Public Authority Statutory Equality and Good Relations Duties
Annual Progress Report 2014-15

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Documents published relating to our Equality Scheme can be found at:

Signature:

This report has been prepared using a template circulated by the Equality Commission.

It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans.

This report reflects progress made between April 2014 and March 2015
PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme

Section 1: Equality and good relations outcomes, impacts and good practice

1. In 2014-15, please provide examples of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved. *Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.*

Making Life Better

Making Life Better\(^1\), the new 10-year public health strategic framework published in June 2014, aims to achieve better health and wellbeing for everyone and reduce health inequalities through action taken across the whole of Government.

The gradient approach adopted in the framework – actions that are universal but with scale and intensity proportionate to social and health needs – has been informed by the work of the World Health Organisation and the Marmot review into health inequalities.

The framework sets out implementation and governance arrangements that will ensure a strong strategic lead at Ministerial level and secure a joined up approach across Departments.

A Regional Project Board led by Public Health Agency will drive delivery at regional level in collaboration with other key stakeholders, including local government and the community and voluntary sector Partnerships at local level will focus on local need and will align with the new local government community planning arrangements over time.

Endorsement from colleagues in the World Health Organisation has confirmed the framework’s alignment with Health 2020. Dr Agis Tsouros, Director, WHO Division of Policy and Governance for Health and Well-being said; “We would like to commend the authors of the document for their work, both in terms of the

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participatory process for developing it, and for the comprehensive nature of its contents. Indeed, this constitutes a very good example of how principles and approaches of Health 2020 can be successfully incorporated in national strategies.

“There is a strong focus within this framework on the importance of empowering individuals, communities and partner organisations. It addresses health inequalities by supporting people to lead healthy lives and providing equal opportunities to healthy choices for all. This strategy addresses all the major challenges of public health and proposes innovative perspectives, such as the mapping of individual and community assets and the proactive attitude needed by all members of society in making their life and health better.”

The framework recognises the importance of the “right to health” as set out in the World Health Organisation (WHO) Constitution and in international and regional human rights treaties, such as the UN Convention on the Rights of the Child, including General Comment No 15 (2013), Convention on the Elimination of all forms of Discrimination Against Women, and Convention on the Rights of Persons with Disabilities.

It also recognises that:

“promoting equality of opportunity is fundamental to the achievement of the aims of this framework. The social determinants of health affect Section 75 groups differently, for example the social and economic roles performed by men and women significantly affect the health risks to which they are exposed over the life course. Evidence shows that inequalities based on race, disability, age, religion or belief, gender, sexual orientation and gender identity can interact in complex ways with socioeconomic position in shaping people’s health and wellbeing. A key purpose of this framework is to set out a strategic direction and actions that will actively pursue health equity and social inclusion. Tackling the major inequalities in health and wellbeing and their causes will help promote equality of opportunity and good relations.

The value of community development as a process to empower and bring
about changes to individuals, communities and wider society founded on
social justice, equality and inclusion is recognised. Adopting an asset-
based approach, an aim of this framework is to equip and enable
individuals, families and communities to address the issues affecting their
health and wellbeing and make healthy choices.”

Making Life Better: Monitoring the Wider Social Determinants of Health &
Wellbeing – Key Indicators and Baselines report

In June 2014 the Department released the Making Life Better: Monitoring the
Wider Social Determinants of Health & Wellbeing – Key Indicators and Baselines
report2. This statistical bulletin is the first in a series that will monitor the key
indicators set out against each of the themes contained in the Making Life Better
strategic framework.

As this was the initial year of the framework, the report presented the baselines
for each of the key indicators of the framework as well as an analysis of the scale
of inequalities, geographical breakdown and recent trends in relation to a number
of the indicators.

Sexual Health

Some population groups are more at risk of poor sexual health. In support of the
Department’s Sexual Health Promotion Strategy, the Public Health Agency
developed a public information campaign during 2014/15 to promote sexual
health and well-being. The target audience of the campaign is 16-34 year olds as
this group has the highest rate of sexually transmitted infections. While the
campaign is aimed at the general population, the proposed focus, based on
knowledge and behaviour, is males, those living in areas of deprivation, those
with lower levels of educational attainment and men who have sex with men. The
campaign launch will be in 2015/16 with TV, radio and social media activity.

During 2014/15, a public consultation was undertaken by DHSSPS on a proposed
policy change to revoke the HIV Testing Kits and Services Regulations (Northern
Ireland) 1998, thereby removing the ban on the sale of HIV self-testing kits

2 http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dhssps/news-dhssps-june-
2014/news-dhssps-260614-publication-of-making.htm
directly to the public in Northern Ireland (without the involvement of a health professional). It is generally recommended that an HIV test is carried out in a healthcare setting; however, some people are deterred from using existing testing services. Providing the choice to self-test for HIV may reach out to those who do not use existing services; may help reduce undiagnosed HIV and provide an additional pathway to HIV prevention, care and treatment. The responses to the consultation are being carefully considered.

**Tobacco control**

Smoking kills around 2,300 people in Northern Ireland each year and smoking levels are considerably higher in areas of deprivation. Implementation of the Department’s 10-year tobacco control strategy is being taken forward by the Tobacco Strategy Implementation Steering Group. Achievements in 2014/15 include: completion of evidence reviews into effective interventions in priority groups; ongoing work to support Trusts to implement smokefree grounds; further development of the 28 day Workplace Stop Smoking Challenge; running of public information campaigns to warn about the harm caused by tobacco; and the extension of brief intervention training for health professionals. Furthermore, in 2014/15, agreement was secured to Northern Ireland being included in UK-wide regulations to introduce standardised packaging for tobacco products from May 2016.

**Suicide Prevention**

Implementation of the Protect Life Suicide Prevention Strategy is taken forward by the Public Health Agency. The Protect Life Strategy aims to reduce the differential in the suicide rate between deprived and non-deprived areas. Achievements in 2014/15 include:

- Delivery of ‘The Fog’ mental health and wellbeing public awareness campaign which primarily targeted males from deprived areas
- Provision of Lifeline 24/7 crisis response helpline
- Training courses on mental health awareness and suicide prevention for health and social care staff and a wide range of community gatekeepers
PART A

- Community led suicide prevention and bereavement support services
- Development of Flourish! suicide prevention initiative in churches
- Emergency Department Card Before You Leave Scheme.

A new Suicide Prevention Strategy is currently under development. The aim of the previous Strategy outlined above is expected to be retained. The new Strategy will also have a particular focus on postvention to support family and friends bereaved by suicide. In 2015/16 the Public Health Agency will be procuring a range of suicide prevention and emotional health and wellbeing services to support the Strategy.

Domestic and Sexual Violence and Abuse

Tackling Violence at Home” strategy aims to respond to the needs of all victims (male, female and children) of domestic violence and abuse. The strategy is supported by an action plan which also encompasses actions relating to the ‘Tackling Sexual Violence and Abuse’ regional strategy and translates the principles and aims into practice by setting out key activities and priorities to be achieved within a defined timescale.

The action plan includes a key action to engage with people from hard to reach groups who may be victims of domestic or sexual violence. Both Strategies and the associated action plan will remain current until the publication of the new strategy ‘Stopping Domestic and Sexual Violence and Abuse’

The new joint strategy will, as with the previous strategies, respond to the needs of all victims/survivors (male, female and children) of domestic and sexual violence and abuse, focusing on the need of each individual and recognising that particular needs exist for some groups such as age, gender, disability, sexual orientation, cultural, social or ethnic background. A consultation report\(^3\) was published in November 2014. It is expected that the new strategy will be published in 2015/16.

Mental Capacity Bill

The Department, along with the Department of Justice (DoJ), published the core civil provisions of the draft Mental Capacity Bill, together with a policy statement on criminal justice issues on 27 May 2014. The consultation ran for 14 weeks closing in September 2014.

In support of the consultation the Department produced an easy read version⁴ and a comic explaining the Bill⁵. A version of the consultation document in audio format was produced following a request. The Department also published an updated Equality Impact Assessment⁶ to accompany the Department of Justice Impact Assessment.

Two press releases were also issued to all media outlets: one on 27 May 2014 to coincide with the consultation launch; and one on 16 June announcing five public meetings in Ballymena, Armagh, Belfast, Derry/Londonderry and Newcastle.

DHSSPS also attended approximately 40 additional meetings and focus groups during the consultation period delivering tailored presentations, listening to feedback and on occasion, facilitating discussion. DoJ attended these meetings where appropriate as well as attending a number of additional meetings specifically focused on criminal justice.

Engagement continued after the close of the consultation period, particularly with children and young people.

The draft Bill will introduce a single, statutory framework governing all situations where a decision needs to be made in relation to the care, treatment (for a physical or mental illness) or personal welfare, of a person aged 16 or over, who lacks capacity to make the decision for themselves.

The Bill was introduced to the Northern Ireland Assembly on 8 June 2015 and has now reached Committee Stage.

⁴ http://www.dhsspsni.gov.uk/mental_capacity_bill_consultation_-_easy_read.pdf
Paediatric Services

As a result of the Paediatric Services Review in 2013/14, the Department has drafted a Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community in Northern Ireland (2015 - 2025) and Strategy for Children’s Palliative and End-of-Life Care in Northern Ireland (2015-25).

Maternity Strategy

During 2014/15, the group established to oversee the implementation of the recommendations of the “Strategy for Maternity Care in Northern Ireland 2012-2018” has continued to monitor and drive progress through its quarterly meetings.

One of the aims of the Strategy is to provide high-quality, safe, sustainable and appropriate maternity services to ensure the best outcome for women and babies, including those from ethnic minorities.

A scoping report has been undertaken to examine the maternity needs of Black & Minority Ethnic (BME) women in Northern Ireland. The report is with the Chief Medical Officer for review.

A recommendation to develop a regional midwife role for BME women has been accepted as a priority for bidding in the next available funding release.

Service Frameworks

Service Frameworks set out explicit evidence based standards for health and social care used by patients, clients, carers and their wider families, to help them understand the standard of care they can expect to receive. They are used by health and social care organisations to drive performance management in planning and delivering services.

Service Framework for Children and Young People

The Service Framework for Children and Young People was screened and consulted on in 2014/15. This service framework aims to improve the health and life chances of all children through support and services focused on antenatal and 0-18 years, with targeted interventions for those children and young people and their families who need additional support. It seeks to do this by setting 34
standards in relation to:

- Improving birth outcomes;
- Promoting child development across the life course;
- Acute and long-term conditions;
- Childhood disability;
- Positive mental health and emotional wellbeing; and
- Children in special circumstances.

The intended aim is to provide comprehensive, equitable, safe, effective and integrated care to children and young people and their families close to their home wherever possible.

The consultation included a children’s easy read version\(^7\) and closed in January 2015.

**Service Framework for Respiratory Health and Wellbeing**

The Revised Service Framework for Respiratory Health and Wellbeing was consulted on in 2014/15. The aim of this framework is to improve the health and wellbeing of the population of Northern Ireland, reduce inequalities and improve the quality of health and social care in relation to respiratory disease, recognising that achievement of this aim goes beyond traditional HSC boundaries and is strongly influenced by population/individual attitudes and behaviours, and the contribution of other sectors.

The revised Framework contains 56 standards relating to all respiratory conditions as well as to specific conditions such as asthma and chronic obstructive pulmonary disease (COPD) and includes generic standards which apply to everyone.

The consultation included a patient’s version\(^8\) and closed in January 2015.

**Revised care standards for nursing homes**

In July 2014 the Department commenced consultation on Minimum Care Standards for Nursing Homes. The standards set out the minimum requirements

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\(^7\) [http://www.dhsspsni.gov.uk/children_s_services_framework_-_yp_version.pdf](http://www.dhsspsni.gov.uk/children_s_services_framework_-_yp_version.pdf)

\(^8\) [http://www.dhsspsni.gov.uk/revised_service_framework_for_respiratory_health_and_wellbeing_consultation_-_patients_version.pdf](http://www.dhsspsni.gov.uk/revised_service_framework_for_respiratory_health_and_wellbeing_consultation_-_patients_version.pdf)
that providers of these services must achieve. They also set the level of service that the residents in nursing home care and their families and carers can expect. The final standards will be used by the Regulation and Quality Improvement Authority (RQIA) as part of its programme for the registration and inspection of nursing homes to assess and report on the quality of care delivered.

**Minimum Standards for Children’s Homes**

In April 2014 the Department published Minimum Standards for Children’s Homes\(^9\). The standards set out the minimum requirements that children’s homes must achieve. They also set the level of service that the children and young people living in residential care can expect.

The standards will be used by the Regulation and Quality Improvement Authority as part of its programme for the registration and inspection of children’s homes to assess and report on the quality of care delivered.

The values and principles underpinning the Standards cover: dignity and respect; independence; rights; equality and diversity; choice; fulfilment; safety; privacy; and, confidentiality. To accompany this version of the standards, the Department has also (in conjunction with Participation Network and VOYPIC) produced children’s\(^10\) and young people’s\(^11\) versions that are accessible to the different age and ability ranges of the children and young people using the various services.

**Minimum Standards for Independent Healthcare Establishments**

In July 2014 the Department published Minimum Standards for Independent Healthcare Establishments\(^12\). The standards set out the minimum requirements that independent healthcare facilities must achieve. They also set the level of service that the patients and clients using them can expect.

The standards will be used by the Regulation and Quality Improvement Authority (RQIA) as part of its programme for the registration and inspection of independent healthcare establishments to assess and report on the quality of care delivered.


\(^12\) [http://www.dhsspsni.gov.uk/ind_hc_standards.pdf](http://www.dhsspsni.gov.uk/ind_hc_standards.pdf)
The values and principles underpinning the Standards cover: dignity and respect; independence; rights; equality and diversity; choice; fulfilment; safety; privacy; and, confidentiality. To accompany this version of the standards a children’s and young people’s version\textsuperscript{13} has also been produced.

**Bamford Monitoring Report**

The Department of Health, Social Services and Public Safety (DHSSPS) published the follow-on Bamford Action Plan 2012-15 in March 2013. The Bamford Action Plan 2012-15 contains 76 actions under the five main Bamford delivery themes:

- Promoting positive health, wellbeing and early intervention;
- Supporting people to lead independent lives;
- Supporting carers and families;
- Providing better services to meet individual needs; and
- Developing structures and a legislative framework.

The Department committed to publish monitoring information on the implementation of the Bamford Action Plan 2012-15 on a yearly basis. The second annual monitoring report\textsuperscript{14} was agreed by the Ministerial Group for Mental Health and Learning Disability in November 2014 and published in February 2015.

**Adult Safeguarding Policy**

The Department and the Department of Justice (DOJ) launched a joint public consultation on a draft Adult Safeguarding Policy in November 2014. The intention of the draft policy is to improve safeguarding arrangements for adults who are at risk of harm from abuse, exploitation or neglect, thereby reducing the prevalence of harm and providing adults at risk of harm with effective support and, where necessary, protective responses, including access to justice. The policy aims to:

- promote zero-tolerance of harm to all adults from abuse, exploitation or neglect;

\textsuperscript{13} [http://www.dhsspsni.gov.uk/ind_hc_cyp_version.pdf](http://www.dhsspsni.gov.uk/ind_hc_cyp_version.pdf)

influence the way society thinks about harm to adults resulting from abuse, exploitation or neglect by embedding a culture which recognises every adult’s right to respect and dignity, honesty, humanity and compassion in every aspect of their life;

prevent and reduce the risk of harm to adults, while supporting people’s right to maintain control over their lives and make informed choices free from coercion;

seek organisations to work collaboratively across sectors and on an inter-agency and multi-disciplinary basis, to introduce a range of preventative measures to promote individual’s capacity to keep themselves safe and to prevent harm occurring;

establish clear procedures for reporting and responding to concerns that an adult is, or may be, at risk of being harmed or in need of protection;

promote access to justice for adults at risk who have been harmed as a result of abuse, exploitation or neglect;

promote a continuous learning approach to adult safeguarding.

As part of the consultation process the Department produced an easy read version\(^\text{15}\) of the draft strategy. Responses to the consultation were received from organisations and individuals from across the statutory, voluntary, community, faith and independent sectors.

Following consideration of responses to the consultation and subsequent adjustment to the policy it is expected that the policy will be published in 2015/16.

Community Resuscitation Strategy for Northern Ireland

In Northern Ireland in a typical year over 1,400 people suffer an out-of-hospital cardiac arrest. Fewer than 10% of them survive to be discharged from hospital. Early cardiopulmonary resuscitation (CPR) and a defibrillator shock are vital to a person’s chances of surviving a cardiac arrest. Survival rates are higher in places where more people are trained to perform CPR and are willing to intervene.

Building on a commitment in the Service Framework for Cardiovascular Health

\(^{15}\) \text{http://www.dhsspsni.gov.uk/easy_read_version_draft_adult_safeguarding_policy_3.pdf\(1.02\text{mb}\)}
and Wellbeing, and working with a range of departments and agencies, DHSSPS has developed a Community Resuscitation Strategy for Northern Ireland. The aim is to increase survival for those who suffer an out-of-hospital cardiac arrest by having more people in the community trained to perform CPR and to use an automated external defibrillator.

The Community Resuscitation Strategy was published in July 2014.

Please provide examples of outcomes and/or the impact of equality action plans/ measures in 2014-15 (or append the plan with progress/examples identified).

Physical and Sensory Disability Strategy

The Equality Action Plan had an item requiring that an action be included in the Physical and Sensory Disability Strategy to address the difficulties faced by people with sensory impairment in accessing information about HSC services.

The Strategy Implementation Group and its 3 thematic work streams continue to implement the various actions contained within the Action Plan and a number of actions have been completed and others are still in progress. Best Practice Guidance – Creating Accessible Primary Care Services for People with Sensory Loss has been developed (funded by the HSCB). All GPs in NI were invited to the launch of this Guidance on 5 November 2014. It is available to GPs and other primary care providers on the HSCB primary care intranet site.

HSC Trusts and voluntary sector partners also developed and adopted a Making Communication Accessible Guide in 2012 which is currently under review, led by HSC Trust Equality Managers. A ‘consortium’ approach has been agreed between HSC Trusts, Business Services Organisation and the HSCB to capitalise on the various initiatives that organisations have been involved in over recent years on Accessible Health Information.

The HSC Board has adopted an Accessible Formats Policy. This policy commits
the HSCB to ensuring that all their information is accessible.

Dementia Services

The Department developed a regional strategy to improve dementia services, which included an action to increase staff awareness and skills across HSC.

It is estimated that there are 19,000 people living with dementia in Northern Ireland. The vast majority of these people are over the age of 65. Dementia can have a significant impact on the lives of people living with dementia and their families, and carers. There is a lack of information and awareness about dementia among the public and health care professionals, and there are difficulties in accessing the appropriate level of care and support. It is estimated that 7,000 of the 19,000 people with dementia have not received a diagnosis.

The Department launched its regional strategy on dementia in 2011 with the aim of improving the lives of people with dementia and their carers. In 2014/15 funding was used to develop memory clinics across each of the five HSC Trusts. These clinics should help to provide a timely diagnosis of dementia, and information and support to inform decisions about future care and treatment. Training for health care staff is ongoing on basic awareness and understanding of dementia.

The Atlantic Philanthropies/Delivering Social Change Dementia initiative was launched in September 2014. It will provide funding over three years to improve services for people with dementia. It will focus on three key strands: promoting greater understanding and awareness of dementia across the whole community; enhancing the quality of services through greater training opportunities for staff; and developing innovative support services for carers of people with dementia.

Resettlement from long stay hospitals of people with a learning disability.

People with a learning disability who remain in long stay hospitals do not have the same access to social inclusion as the rest of the population. To address this, the aim is to have a significant reduction in the number of people in long stay hospitals. The aim was that no-one will be in a learning disability hospital unless they are receiving treatment, by March 2015. Of the original cohort of learning
disability patients identified in hospital (numbering 347 in 2007) just 35 patients remain to be resettled.

**Mental Capacity Bill**

The Department, along with the Department of Justice, published the core civil provisions of the draft Mental Capacity Bill, together with a policy statement on criminal justice issues on 27 May 2014. The consultation ran for 14 weeks closing in September 2014.

The draft Bill will introduce a single, statutory framework governing all situations where a decision needs to be made in relation to the care, treatment (for a physical or mental illness) or personal welfare, of a person aged 16 or over, who lacks capacity to make the decision for themselves.

The Mental Capacity Bill was introduced to the Northern Ireland Assembly on 8 June 2015 and has now reached Committee Stage.

It aims to deliver on a major recommendation arising out of the Bamford Review of Mental Health and Learning Disability to develop a comprehensive legislative framework that introduces mental capacity legislation and reforms mental health law in Northern Ireland.

**Resettlement from long stay wards of people with Mental Health problems**

The Mental Health resettlement programme is substantially complete. A small number of clients remain to be resettled after 31 March 2015 for a range of reasons, including the completion of new build schemes where timescales have slipped due to planning and construction delays.

The reconfiguration of current long stay wards is ongoing and will continue in line with the completion of the resettlement programme and the investment in new single site mental health inpatient units.

**Maternity Strategy**

A scoping report has been undertaken to examine the maternity needs of Black & Minority Ethnic (BME) women in Northern Ireland. The report is with the Chief

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Medical Officer for review.

A recommendation to develop a regional midwife role for BME women has been accepted as a priority for bidding in the next available funding release.

Suicide Prevention

In Northern Ireland, as is the case in the rest of the UK, males continue to be 3 times more likely to die by suicide than females. Particular focus has therefore been given to preventing suicide in men.

The delivery of 'The Fog' mental health and wellbeing public awareness campaign in 2014/15 was primarily targeted at males from deprived areas.

In 2014/15 awareness raising of the Lifeline service has also had a focus on sporting events with a predominantly male audience and has been targeted at some predominantly male occupations.

There has been a programme of training with sports coaches with regard to suicide prevention and mental health and wellbeing to be aware of the signs of mental ill health and raise awareness of the sources of support. This has had a particular focus on young men.

A wide range of suicide prevention programmes are available across Northern Ireland. These would include Lifeline, the Card Before You Leave scheme in Emergency Departments, counselling, self harm and bereavement support services. Each local area has a range of suicide prevention initiatives which are specifically targeted at men.

Domestic and Sexual Violence and Abuse

DHSSPS, DOJ and NIHE, fund the 24 hr free domestic and sexual violence phone Helpline, managed by Women’s Aid Federation NI. The Helpline is open to anyone affected by domestic and/or sexual violence. New promotional materials have been produced and will be distributed to frontline services in 15/16.

DHSSPS have engaged with stakeholders through the Regional Strategy Group on Domestic and Sexual Violence and Abuse to further develop the new strategy.
“Stopping Domestic and Sexual Violence and Abuse” and to take cognisance of the responses received during the public consultation process.

DHSSPS also continues to engage with Rainbow, NICEM, NSPCC, men and women’s groups and other S75 key stakeholders with regard to the actions in the Domestic and Sexual Violence and Abuse 2012/13 Action Plan which has been extended until the publication of the new strategy ‘Stopping Domestic and Sexual Violence and Abuse’.

The Hard-to-reach Action Plan has been incorporated into the ongoing responsibilities of the Prevention and Support Sub-group which is led by DHSSPS. The Sub-Group will now begin to progress the updated actions on a task and finish basis.

3 Has the application of the Equality Scheme commitments resulted in any changes to policy, practice, procedures and/or service delivery areas during the 2014-15 reporting period? (tick one box only)

☐ Yes  ☐ No (go to Q.4)  ☐ Not applicable (go to Q.4)

Please provide any details and examples:

Mental Capacity Bill
While no significant changes were made to the Department’s policy, drafting of the Bill was refined as a result of comments made during the consultation period.

The Department has produced a consultation report\(^\text{17}\) which sets out the Department’s responses to the issues raised in the consultation.

Adult Safeguarding Policy
All responses to the public consultation were considered and the draft policy was amended where appropriate. The Department has produced a consultation report\(^\text{18}\) which details the Department’s responses to the issues raised in the consultation.


Service Framework for Children and Young People

Initial screening identified that there could be a minor impact on the following S75 categories: racial group, age, disability and dependents.

Further views were sought on equality as part of the public consultation which closed in January 2015.

Consultation comments are being considered by section leads and this process is ongoing. Any changes to the service framework as a result of the consultation comments will take place in the 15/16 reporting period.

Service Framework for Respiratory Health and Wellbeing

Initial screening identified that there could be a minor impact on gender.

Further views were sought on equality as part of the public consultation which closed in January 2015.

While changes were made to the document following public consultation, none of these changes directly related to issues raised over equality.

Revised care standards for nursing homes

Consultation comments led to some changes in the revised care standards for nursing homes. The Department has produced a consultation report which details the Department’s responses to the issues raised in the consultation.

3a With regard to the change(s) made to policies, practices or procedures and/or service delivery areas, what difference was made, or will be made, for individuals, i.e. the impact on those according to Section 75 category?

Please provide any details and examples:

Mental Capacity Bill

Drafting of the Bill was refined to address any potential for confusion or misunderstanding around how the Bill is intended to work on the ground.

For example, the Children’s Law Centre raised an issue over the potential for confusion over the ‘presumption of capacity’ citing the House of Lords Select Committee who commented that it “is widely misunderstood. At Times it is used to justify non-intervention by health and social care services, either, erroneously or, in some cases deliberately.” In response the Department has initiated, in consultation with the Legislative Counsel, a review of clause 1 of the Bill with the view of addressing any misunderstanding. It is also expected that the Explanatory Notes to the Bill will explain key changes made as a result of the review of clause 1 and that the Code of Practice will further exemplify how the principles are intended to operate when decisions are being made under the Bill. Further details on this and other issues raised are set out in the Department’s Consultation Report\(^{20}\).

**Revised care standards for nursing homes**

The revised standards apply to nursing homes. At 30 June 2014 there were 264 homes registered with RQIA. Nursing homes are residential facilities providing nursing care 24 hours per day (as defined in Article 11 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003).

Those living in nursing homes are predominantly older people. There are also populations with physical and/or learning disability and/or mental health needs. Some respondents felt strongly that standards should set out higher staffing levels for homes in order to meet the range of residents’ needs and shift the focus which is often perceived to be task-driven rather than person-centred. Accordingly, the standards have been reworded to reflect the regulations and now state that registered person and registered manager must ensure that enough staff of the appropriate skill level are on duty at all times to meet residents’ assessed needs. The standard includes the requirement for 35% of care staff on duty to be registered nurses. When the standards are published, RQIA will withdraw its minimum staffing level guidance. This will mean that the onus is on homes to assure themselves that the correct ratio and skill mix of staff is in place at any time. Further details on this and other issues raised are set out in the

Department’s Consultation Report\textsuperscript{21}.

\textbf{3b} What aspect of the Equality Scheme prompted or led to the change(s)? \textit{(tick all that apply)}

- As a result of the organisation’s screening of a policy \textit{(please give details)}:

- As a result of what was identified through the EQIA and consultation exercise \textit{(please give details)}:

\textbf{Mental Capacity Bill}

Drafting of the Bill was refined as a result of comments made during public consultation (see 3a above).

\textbf{Adult Safeguarding Policy}

Consultation Exercise - Amendments to wording in the policy to improve clarity were made. For example the use of the term ‘mental infirmity’ in the draft policy was highlighted as inappropriate by a number of consultees. The term does not appear in the final policy.

\textbf{Revised care standards for nursing homes}

Consultation Exercise - the name of the document was changed as it was felt “minimum standards” was not reflective of the range and complexity of the work required of providers to comply. Follow-up letters were issued to the HSC to request Trust support for providers for example in making training available for home staff to meet the standards.

\textbf{The Service Framework for Children and Young People}

The screening of the Service Framework for Children and Young People notes that monitoring of the implementation of this service framework will be undertaken jointly by the HSCB and PHA. These two HSC bodies will jointly develop and approve an implementation plan prior to the

\textsuperscript{21} \url{http://www.dhsspsni.gov.uk/nursing_homes_standards_-_report_on_responses_to_consultation.pdf}
commencement of the first year of the framework’s three year life cycle.

For each of the Standards in the service framework, key performance indicators (KPIs) have been identified to establish the baseline and monitor performance after that. Monitoring the implementation of the standards in the framework will be undertaken through HSCB/PHA bi-annual progress reports which will be submitted to the Department to coincide with and inform the in year accountability meetings.

Monitoring will be a combination of quantitative data and self assessment in the 3 years following launch of the strategy. The monitoring and recording processes will be underpinned by the use of systems and programmes. However, it was recognised in the screening\(^\text{22}\) that there where situations where information systems are not available to monitor the standards and associated key performance indicators, and that a system of 6 monthly self assessment audits would need to be conducted.

**Care Standards for Children’s Homes**

The equality screening\(^\text{23}\) on Care Standards for Children’s Homes records that amendments were made to the standards. More standards now have evidence attached and there is now a standard on the needs of children using short break care. Colleagues are producing guidance for the management of medicines in homes and this will be published alongside the standards.

The screening was been amended to incorporate more statistical evidence as to the make-up of the population. Amendments were made to the language of the standards to reflect children’s rights in UNCRC in some areas (disability, education, to be heard, etc).

\(\checkmark\) **As a result of analysis from monitoring the impact (please give details):**

**Making Life Better**

In this reporting period the Department published Making Life Better, the

\(^{22}\) [http://www.dhsspsni.gov.uk/sfw.pdf](http://www.dhsspsni.gov.uk/sfw.pdf)
\(^{23}\) [http://www.dhsspsni.gov.uk/childrens_homes.pdf](http://www.dhsspsni.gov.uk/childrens_homes.pdf)
new 10-year public health strategic framework which aims to achieve better health and wellbeing for everyone and reduce health inequalities through action taken across the whole of Government. The previous strategy and the new strategy are underpinned by the NI Health and Social Care Inequalities Monitoring System.

To support the new strategy the Department developed and published the Making Life Better: Monitoring the Wider Social Determinants of Health & Wellbeing – Key Indicators and Baselines report. The Making Life Better Indicator Monitoring System is included under the remit of the Northern Ireland Health & Social Care Inequalities Monitoring System (NIHSCIMS) which is maintained by Public Health Information & Research Branch. The NIHSCIMS includes biennial monitoring of inequality gaps both at regional and sub-regional levels, life table decomposition (a detailed analysis of life expectancy gaps), and differences in health outcomes among equality groups (S75) in NI.

As a result of changes to access to information and services (please specify and give details):

Within Health and Social Care this happens at different levels, for example.

Physical and Sensory Disability Strategy

The Strategy Implementation Group of the Physical and Sensory Disability Strategy and its 3 thematic work streams continue to implement the various actions contained within the Action Plan and a number of actions have been completed and others are still in progress. Best Practice Guidance – Creating Accessible Primary Care Services for People with Sensory Loss has been developed (funded by the HSCB). All GPs in NI were invited to the launch of this Guidance on 5 November 2014. It is available to GPs and other primary care providers on the HSCB primary care intranet site.

HSC Trusts and voluntary sector partners also developed and adopted a Making Communication Accessible Guide in 2012 which is currently under review, led by HSC Trust Equality Managers. A ‘consortium’ approach has been agreed between HSC Trusts, Business Services Organisation and the HSCB to capitalise on the various initiatives that organisations have been involved in over recent years on Accessible Health Information.

**Together we Can Project**

This project is a joint effort between Northern Ireland and Lithuania and will research, design, develop and market a wide range of Lithuanian/English leaflets on a variety of cancer specific information, including support and sign-posting early detection, prevention and cancer awareness. The work being undertaken by the two countries will help people to better understand the challenges of cancer, especially awareness of the signs and symptoms.

The leaflets will initially be targeted towards detecting and preventing breast and bowel cancers and spotting the signs and symptoms of cervical and lung cancers, plus a number of health messages aimed to reduce the risks of cancer.

**Other (please specify and give details):**

The Department continues to promote Equality of Opportunity and Good Relations when consulting. All consultation documents include a section on the Section 75 statutory duties and questions on Equality and Human Rights are included providing a means for consultees to comment or provide additional information.
Section 2: Progress on Equality Scheme commitments and action plans/measures

Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

4. Were the Section 75 statutory duties integrated within job descriptions during the 2014-15 reporting period? (tick one box only)

☐ Yes, organisation wide

☒ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

☐ No, this is scheduled for later in the Equality Scheme, or has already been done

☐ Not applicable

Please provide any details and examples:

Paragraph 2.9 of the Department’s Equality Scheme sets out that where relevant, employees’ job descriptions and performance plans reflect their contributions to the discharge of the Section 75 statutory duties and implementation of the equality scheme.

Given its functions in relation to Section 75, all relevant staff within the Department’s Strategic Management branch have included Equality duties as part of the job descriptions. This would also be reflected as appropriate in other business areas across the Department. As duties and roles can change from one year to the next the focus is more on Annual Personal Performance Agreements (PPAs) see part 5 below.

5. Were the Section 75 statutory duties integrated within performance plans during the 2014-15 reporting period? (tick one box only)

☐ Yes, organisation wide
PART A

☑ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

☐ No, this is scheduled for later in the Equality Scheme, or has already been done

☐ Not applicable

Please provide any details and examples:

Paragraph 2.9 of the Department’s Equality Scheme sets out – “Where relevant, employees’ job descriptions and performance plans reflect their contributions to the discharge of the Section 75 statutory duties and implementation of the equality scheme. The personal performance plans are subject to appraisal in the annual performance review.”

All staff in the Department have PPAs which include Personal Development Plans (PDPs). Each staff member agrees the content of these with their line manager according to their particular function. Where appropriate Section 75 duties are recorded and this may either be in relation to work planned for the coming year or particular training needs that have been identified in relation to that planned work.

The implementation of the Department’s equality scheme is directed and overseen by staff within the Department’s Strategic Management Directorate. Section 75 duties are mainstreamed within policy development and policy leads are supported accordingly by staff within the Departments’ Equality and Human Rights Unit. The discharge of Section 75 duties are reflected as objectives in the personal performance plans of relevant staff within strategic management directorate which are subject to an annual appraisal.

6 In the 2014-15 reporting period were objectives/ targets/ performance measures relating to the Section 75 statutory duties integrated into corporate plans, strategic planning and/or operational business plans? (tick all that apply)
Yes, through the work to prepare or develop the new corporate plan

Yes, through organisation wide annual business planning

Yes, in some departments/jobs

No, these are already mainstreamed through the organisation’s ongoing corporate plan

No, the organisation’s planning cycle does not coincide with this 2013-14 report

Not applicable

Please provide any details and examples:

Corporate/Business plan
The Department continues to reflect the importance of promoting equality through measures that aim to reduce health inequalities and measures to implement the statutory duties under Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order 2006.

In its Corporate/Business plan for 2011-2015 the Department is committed to a range of objectives and targets surrounding the promotion of equality in terms of addressing unacceptable inequalities in health and improving patient access. The Corporate Plan cascades down through the Department and is reflected as appropriate in each business areas own plans. For example, the annual business plan for Strategic Management Directorate referenced the role of the Equality and Human Rights Unit.

In addition, the Corporate/Business plan includes an action for the Department to exercise effective oversight of its Arms Length Bodies in terms of their statutory obligations.

The Department has oversight responsibility for the 17 arm’s length bodies which, together, make up the health, social care and public safety system. All of the Arm’s Length Bodies have Equality Schemes and Equality Action Plans in place.
The Safeguarding Board for Northern Ireland (SBNI) was established by the Department in 2012. The Equality Commission asked the SBNI to prepare an Equality Scheme and Equality Action Plan and these are now in place.

**Equality action plans/measures**

7 Within the 2014-15 reporting period, please indicate the number of:

<table>
<thead>
<tr>
<th>Actions completed:</th>
<th>Actions ongoing:</th>
<th>Actions to commence:</th>
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<td></td>
<td>20</td>
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Please provide any details and examples (in addition to question 2):

For the most part the actions included in the Department’s Equality Action Plan (EAP) are in various ways ongoing, for example.

One item related to the inclusion of an action within the Physical and Sensory Disability Strategy to address the difficulties faced by people with a sensory impairment such as deafness or blindness in accessing information about HSC
services. The action was completed at that time but since then there have been various actions taken across Health and Social Care in support of this. In this reporting period new actions in support of the action in the strategy have been taken forward (see question 2).

Some of the actions were longer term requiring progressive realisation over a number of years, for example, the resettlement from long stay hospitals of people with a learning disability and the resettlement from long stay wards of people with Mental Health problems. Updates on the progress with these actions is set out in question 2.

Progressive realisation also applies to other policy work, for example. Work relating to Mental Capacity has progressed over the years from early policy development through to consultation on a draft Bill during this reporting period and this will continue during 2015/16 when the Bill is expected to progress through the NI Assembly (see question 2).

8 Please give details of changes or amendments made to the equality action plan/measures during the 2014-15 reporting period (points not identified in an appended plan):

Please see comments above and the progress items at question 2.

9 In reviewing progress on the equality action plan/action measures during the 2014-15 reporting period, the following have been identified: (tick all that apply)

- ✔ Continuing action(s), to progress the next stage addressing the known inequality

- Action(s) to address the known inequality in a different way

- Action(s) to address newly identified inequalities/recently prioritised inequalities

- Measures to address a prioritised inequality have been completed
Arrangements for consulting (Model Equality Scheme Chapter 3)

10 Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: (tick one box only)

☐ All the time  ☒ Sometimes  ☐ Never

11 Please provide any details and examples of good practice in consultation during the 2014-15 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Mental Capacity Bill

The Department, along with the Department of Justice (DoJ), published the core civil provisions of the draft Mental Capacity Bill, together with a policy statement on criminal justice issues on 27 May 2014.

The Department’s initial Equality Impact Assessment, completed in 2010 was updated and published alongside the consultation document on the Draft Bill. Consultation ran for 14 weeks and documents were made available on the DHSSPS and DoJ websites along with an easy read version. The consultation document was also made available in audio format following a specific request.

To raise awareness of the consultation, a wide range of key stakeholders were contacted with over 500 letters/emails distributed to the relevant statutory, independent, voluntary and community sector organisations and political representatives. Two press releases were also issued to all media outlets: one on 27th May to coincide with the consultation launch; and one on 16th June announcing five public meetings in Ballymena, Armagh, Belfast, Derry/Londonderry and Newcastle.

DHSSPS also attended approximately 40 additional meetings and focus groups during the consultation period delivering tailored presentations, listening to

26 http://www.dhsspsni.gov.uk/mental_capacity_bill_consultation_-_easy_read.pdf
feedback and on occasion, facilitating discussion. DoJ attended these meetings where appropriate as well as attending a number of additional meetings specifically focused on criminal justice. Details of these can be found in the consultation report\textsuperscript{27} which is available on the Department’s website.

Engagement continued after the close of the consultation period, particularly with children and young people. Both DHSSPS and DoJ Bill teams developed a comic which was used to help explain the key aspects of the Bill at a number of meetings with children and young people. A copy of the comic\textsuperscript{28} was also published on Departmental websites.

**Foster Placement and Fostering Agencies Regulations**

As part of the consultation process for the Draft Foster Placement and Fostering Agencies Regulations (Northern Ireland) 2014, a child friendly version\textsuperscript{29} of the consultation document was prepared. There was also engagement with children in care and with foster carers both directly and indirectly as part of the pre-consultation process.

**Adult Safeguarding Policy**

Consultation documentation was available on the DHSSPS web site and also accessible through the DOJ website. An ‘Easy Read’ version\textsuperscript{30} of the draft policy, including questions, was also made available online. The department issued an email drawing attention to the consultation exercise to many organisations across the statutory, voluntary, community, faith and independent sectors.

Engagement meetings were also held with stakeholder groups.

**Maternity Strategy**

A number of actions have fallen out of the Maternity strategy, for example.


\textsuperscript{29} [http://www.dhsspsni.gov.uk/final_fostering.pdf](http://www.dhsspsni.gov.uk/final_fostering.pdf)

\textsuperscript{30} [http://www.dhsspsni.gov.uk/easy_read_version_draft_adult_safeguarding_policy_3.pdf](http://www.dhsspsni.gov.uk/easy_read_version_draft_adult_safeguarding_policy_3.pdf)
PART A

- Community Maternity Services Project\(^{31}\) – Community Maternity Care online questionnaires for Obstetricians, GPs, midwives, and women – engagement with 359 midwives, 47 obstetricians, 1138 women, 109 GPs. Focus groups convened included Surestart Groups, Breastfeeding support groups etc.

- Antenatal Education Review – the Public health Agency commissioned qualitative research into Antenatal Education i.e. 10 group discussions with new mothers and fathers across Northern Ireland. In addition, one small group was conducted with Irish Travellers and four with other ethnic minorities e.g. Polish and Chinese.

- National Maternity Survey – QUB (in conjunction with the National Perinatal Epidemiology Unit (NPEU) based at Oxford University have received funding to carry out a maternity survey. In January – March 2015, this survey was sent to all women in Northern Ireland who had had a baby between October and December 2014.

- 10,000 Voices initiative included responses from women from all backgrounds who had used Maternity services in Northern Ireland.

**Service Framework for Children and Young People**

The model used for the development of the Service Framework for Children and Young People incorporated extensive engagement and involvement with young people, parents, health and social care professionals, service users, carers and voluntary organisations. A children’s version – easy read\(^{32}\) – was developed Meetings and advice were offered to provide assistance to anyone who required it.

**Service Framework for Respiratory Health and Wellbeing**

The following measures were taken:

- Service users and representative groups were invited to sit on subgroups;
- Meetings were offered to provide assistance to anyone who required it; and
- An patient’s/easy access version\(^{33}\) of the document was developed.

\(^{31}\) http://www.nipehscni.net/communityMaternityCare.aspx
\(^{32}\) http://www.dhsspsni.gov.uk/children_s_services_framework_-_yp_version.pdf
\(^{33}\) http://www.dhsspsni.gov.uk/revised_service_framework_for_respiratory_health_and_wellbeing_consultation_-_patients_version.pdf
Revised care standards for nursing homes

A residents’ guide\(^{34}\) to the standards was produced as part of the consultation process and this was refined post-consultation and remains available on the DHSSPS website.

In developing the standards AgeNI was commissioned to work directly with residents in a number of homes to ascertain their views and priorities for standards. They worked directly with residents including those with dementia. Further details are set out in the report - Review of Minimum Standards in Nursing Homes Engagement with residents in nursing homes\(^{35}\).

Additionally, as part of the development, the Department convened workshops to which all providers were invited and visited homes directly. Details are set out in the report – “Summary findings from workshops with Nursing Home Providers and HSC Trust Care Managers” \(^{36}\).

The NIHRC issued a press release commending the approach to developing these standards\(^{37}\).

12 In the 2014-15 reporting period, given the consultation methods offered, which consultation methods were most frequently used by consultees: (tick all that apply)

- [x] Face to face meetings
- [x] Focus groups
- [x] Written documents with the opportunity to comment in writing
- [x] Questionnaires
- [x] Information/notification by email with an opportunity to opt in/out of the

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\(^{34}\) http://www.dhsspsni.gov.uk/nursing_homes_standards_-_residents_guide.pdf
\(^{36}\) http://www.dhsspsni.gov.uk/nursing_homes_consultation_-_provider_workshops_report.pdf
consultation

☐ Internet discussions
☒ Telephone consultations
☐ Other (please specify):

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees’ membership of particular Section 75 categories:

The methods used by consultees varies with each individual policy and the needs of the stakeholders impacted. The following sets out some examples.

**Mental Capacity Bill**

To raise awareness of the consultation, a wide range of key stakeholders were contacted with over 500 letters/emails distributed to the relevant statutory, independent, voluntary and community sector organisations and political representatives.

Consultation documents were made available on the DHSSPS and DoJ websites along with an easy read version and comic (which was used to help explain the key aspects of the Bill at a number of meetings with children and young people). The consultation document was also made available in audio format following a specific request.

Two press releases were also issued to all media outlets: one on 27th May to coincide with the consultation launch; and one on 16th June announcing five public meetings in Ballymena, Armagh, Belfast, Derry/Londonderry and Newcastle. A total of 87 people attended these meetings.

In addition to these public meetings there were approximately 40 additional focus groups at which officials delivered tailored presentations, listening to feedback and on occasion, facilitating discussion. These meetings were one of the most common methods used by key stakeholders to engage with the consultation process. A list of
PART A

the meetings is available at Appendix A of the consultation summary report\textsuperscript{38}.

**Independent Living Fund**

Following the decision by the Department for Work and Pensions to close the Independent Living Fund (ILF) on 30 June 2015, the Department engaged with stakeholders and sought views on how current users of the ILF in Northern Ireland could be supported from 1 July 2015. Following a stakeholder event in June 2013 the Department established an ILF Advisory Group to help officials in development of proposals. Membership of this Group included the HSC Board, HSC Trusts, voluntary and community sector organisations and ILF users and their carers. Subsequently a number of options for the future of ILF users in NI were identified for consideration and which went out to public consultation.

In this reporting period a consultation was launched on a number of options this was supported by two stakeholder events. A total of 58 written responses were received but somewhat unusually 238 postcards.

**Sale of HIV self-testing kits**

The consultation documents on a proposal to remove the ban on the sale of HIV self-testing kits to the public in Northern Ireland were published on the Department’s website. All could respond to the consultation using an on-line questionnaire, by email or by posting their responses to the Department. One respondent (a voluntary organisation) held a focus group with its clients to inform the organisation’s response.

**Maternity Strategy**

Community Maternity Services Project – Community Maternity Care online questionnaires for Obstetricians, GPs, midwives, and women – engagement with 359 midwives, 47 obstetricians, 1138 women, 109 GPs. Focus groups convened included Surestart Groups, Breastfeeding support groups etc.

Antenatal Education Review – the Public health Agency commissioned qualitative research into Antenatal Education i.e. 10 group discussions with new mothers and

\textsuperscript{38} http://www.dhsspsni.gov.uk/mental-capacity-bill-consultation-summary-report.pdf
fathers across Northern Ireland. In addition, one small group was conducted with Irish Travellers and four with other ethnic minorities e.g. Polish and Chinese.

National Maternity Survey – QUB (in conjunction with the National Perinatal Epidemiology Unit (NPEU) based at Oxford University have received funding to carry out a maternity survey. In January – March 2015, this survey was sent to all women in Northern Ireland who had had a baby between October and December 2014.

10,000 Voices initiative included responses from women from all backgrounds who had used Maternity services in Northern Ireland.

**Adult Safeguarding Policy**

There were 58 written responses received to the consultation from organisations and individuals from across the statutory, voluntary, community, faith and independent sectors. Of the 58 responses, 43 used the Departmental template and 15 were received in a freestyle format.

Engagement meetings were held with the Northern Ireland Adult Safeguarding Partnership, the South Eastern Local Adult Safeguarding Partnership, the RQIA, the Association for Real Change NI Telling It Like Is Group (Learning Disability Service User Group), the Southern Trust FIT4U Group (physical and/or sensory disability Service User Group), the Presbyterian Council for Social Witness (Faith Group).

**Domestic and Sexual Violence and Abuse**

DHSSPS have engaged with stakeholders through the Regional Strategy Group on Domestic and Sexual Violence and Abuse to further develop the new strategy “Stopping Domestic and Sexual Violence and Abuse” and to take cognisance of the responses received during the public consultation process.

DHSSPS also continues to engage with Rainbow, NICEM, NSPCC, men and women’s groups and other S75 key stakeholders with regard to the actions in the Domestic and Sexual Violence and Abuse 2012/13 Action Plan which has been extended until the publication of the new strategy ‘Stopping Domestic and Sexual
Violence and Abuse’.

The Hard-to-reach Action Plan has been incorporated into the ongoing responsibilities of the Prevention and Support Sub-group which is led by DHSSPS. The Sub-Group will now begin to progress the updated actions on a task and finish basis.

Consultees seeking to respond to the DSVA Strategy consultation utilised:

- Telephone engagement;
- Engagement meetings with specific groups;
- One to one meetings; and
- Written responses – electronic and hard-copy.

Sixty nine responses were received and were published on the Departmental website.

13 Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2014-15 reporting period? (tick one box only)

☑ Yes ☐ No ☐ Not applicable

Please provide any details and examples:

The direct awareness raising activities were carried out following the approval of the Department’s Equality Scheme in 2012. Since then it would be more indirect actions, for example, consultation documents contain a statement on the Section 75 Statutory duties and consultations response questionnaires includes questions on Equality of Opportunity, opportunities for the promotion of good relations, and, Human Rights39.

14 Was the consultation list reviewed during the 2014-15 reporting period? (tick one box only)

☑ Yes ☐ No ☐ Not applicable – no commitment to review

The consultation list was reviewed internally and updated as necessary, however, an external exercise will not next happen until 2015/16.

**Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)**

[insert link to any web pages where screening templates and/or other reports associated with Equality Scheme commitments are published]

**15** Please provide the **number of policies** screened during the year (*as recorded in screening reports)*:

67

Details of the screenings can be viewed in the attached appendix 1. The vast majority of these relate to guidance produced by the National Institute for Health and Care Excellence (NICE).

**16** Please provide the **number of assessments** that were consulted upon during 2014-15:

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<tbody>
<tr>
<td>15</td>
<td>Policy consultations conducted with <em>screening</em> assessment presented.</td>
</tr>
<tr>
<td>1</td>
<td>Policy consultations conducted with <em>an equality impact assessment</em> (EQIA) presented.</td>
</tr>
<tr>
<td>0</td>
<td>Consultations for an <em>EQIA</em> alone.</td>
</tr>
</tbody>
</table>

**17** Please provide details of the **main consultations** conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:

The main items are listed on appendix 2.
Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? *(tick one box only)*

- [x] Yes  - [ ] No concerns were raised  - [ ] No  - [ ] Not applicable

Please provide any details and examples:

**Domestic and Sexual Violence and Abuse**

The Stopping Domestic and Sexual Violence and Abuse in Northern Ireland” Strategy was screened out pre-consultation. ECNI advised DHSSPS that evidence in screening did not fully support screening decision.

The strategy is being re-screened, this is also being informed by the public consultation responses received.

**Care Standards for Children’s Homes**

The equality screening\(^{40}\) on Care Standards for Children’s Homes records that amendments were made to the standards. More standards now have evidence attached and there is now a standard on the needs of children using short break care. Colleagues are producing guidance for the management of medicines in homes and this will be published alongside the standards.

The screening was been amended to incorporate more statistical evidence as to the make-up of the population. Amendments were made to the language of the standards to reflect children’s rights in UNCRC in some areas (disability, education, to be heard, etc).

**Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)**

Following decisions on a policy, were the results of any EQIAs published during the 2014-15 reporting period? *(tick one box only)*

- [x] Yes  - [ ] No  - [ ] Not applicable

Please provide any details and examples:

\(^{40}\) [http://www.dhsspsni.gov.uk/childrens_homes.pdf](http://www.dhsspsni.gov.uk/childrens_homes.pdf)
Mental Capacity Bill

The Department, along with the Department of Justice (DoJ), published the core civil provisions of the draft Mental Capacity Bill, together with a policy statement on criminal justice issues on 27 May 2014. The consultation ran for 14 weeks closing in September 2014.

In support of the consultation the Department produced an easy read version\(^{41}\) and a comic explaining the Bill\(^{42}\). A version of the consultation document in audio format was produced following a request. The Department also published an updated Equality Impact Assessment\(^{43}\) to accompany the Department of Justice Impact Assessment.

Arrangements for monitoring and publishing the results of monitoring (Model Equality Scheme Chapter 4)

20 From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2014-15 reporting period? (tick one box only)

☐ Yes  ☒ No, already taken place

☐ No, scheduled to take place at a later date  ☐ Not applicable

Please provide any details:

Since the initial audit, work has been ongoing on improving ethnic monitoring across Health and Social Care, ethnic monitoring has been extended to the following systems:

- Child Health System (CHS),
- Community Systems –
  - Social Services Client Administration and Retrieval Environment (SOSCARE),

\(^{41}\) [http://www.dhsspsni.gov.uk/mental_capacity_bill_consultation_-_easy_read.pdf](http://www.dhsspsni.gov.uk/mental_capacity_bill_consultation_-_easy_read.pdf)
PART A

- Regional Sure Start Database,
- Hospital Systems –
  - Patient administration System (PAS) inpatients, and
  - Northern Ireland Maternity System (NIMATS).

Work has also continued within the context of the NI Health and Social Care Inequalities Monitoring System. To support the new strategic framework for public health the Department has produced a report - Making Life Better: Monitoring the Wider Social Determinants of Health & Wellbeing – Key Indicators and Baselines.44

In June 2014 the Department released the Making Life Better: Monitoring the Wider Social Determinants of Health & Wellbeing – Key Indicators and Baselines report. This statistical bulletin is the first in a series that will monitor the key indicators set out against each of the themes contained in the Making Life Better strategic framework.

As this was the initial year of the framework, the report presented the baselines for each of the key indicators of the framework as well as an analysis of the scale of inequalities, geographical breakdown and recent trends in relation to a number of the indicators.

21 In analysing monitoring information gathered, was any action taken to change/review any policies? *(tick one box only)*

☐ Yes  ☐ No  ☐ Not applicable

Please provide any details and examples:

Monitoring information is used widely across the department to inform progress on various strategies, for example:

**Making Life Better**

A cross-Departmental group has developed a set of key indicators to facilitate high-level monitoring of progress on Making Life Better; the indicators and 2014

baselines, where possible disaggregated by deprivation levels, have been published in the DHSSPS website. The published material also gives further analysis using the social gradient approach.

Domestic and Sexual Violence and Abuse

During the reporting period the Department continued to work on the development the new Domestic and Sexual Violence and Abuse Strategy. This work has been informed by monitoring of services.

Since its launch in January 2010, under Multi Agency Risk Assessment Conferencing 95 cases have been considered where the victim is at high risk of Domestic Violence and was a person with a disability. Safety plans have been developed to support these victims.

The most recent figures (2012-2013) indicate that the 24 Hour Domestic Violence Helpline received 44,664 calls, an increase of 3,031 calls on the previous year.

During 2012/13 80% of women callers raised ‘Health and Well-being issues‘ including: mental health (e.g. anxiety, panic attacks); addiction, mobility issues and other Health impairments such as epilepsy and diabetes.

In 2014/15 the Rowan, Sexual Assault Referral Centre, stats indicate;

- Support and advice was offered to 705 individuals.
- 38% of those referred into the Rowan were children and young people (n=203) i.e. under the age of 18 years; 62% were adults (n=328). Sexual violence and sexual abuse affects people across all age ranges, from infants to the very elderly.
- In relation to gender breakdown: the majority of individuals referred were female (n=469; 88%); 12% were male (n=62).
- For a number of individuals and families who have engaged with the service English was their second language (2.4%). Interpreting services were employed as required to assist and support people engage fully with the assessment and care offered.
- A significant number of people (46%) attending the Rowan presented with
PART A

242 complex and / or additional needs, such as: living with chronic and enduring mental ill-health, physical ill-health and/or learning disabilities.

Please provide any details or examples of where the monitoring of policies, during the 2014-15 reporting period, has shown changes to differential/adverse impacts previously assessed:

NIHSCIMS-Region 2014 Report:
In November 2014 the Department published the NI Health & Social Care Inequalities Monitoring System – Regional 2014 report\(^{15}\). The following summarises the key facts in terms of health inequalities.

Key findings
Health outcomes are generally worse in the most deprived areas in Northern Ireland when compared both with those witnessed in the region generally and in the least deprived areas. Large differences (known as health inequality gaps) continue to exist for a number of different health measures.

- Males in the 20% most deprived areas could expect, on average, to live 4.3 fewer years than the NI average and 7.3 fewer years than those in the 20% least deprived areas.
- Female life expectancy in the most deprived areas was 2.6 years less than the regional average and 4.3 years less than that in the least deprived areas.
- Those living in the least deprived areas could expect to live in good health for thirteen years longer than those in the most deprived areas.
- The overall death rate for males as measured by the All Age All Cause Mortality (AAACM) rate was a fifth higher in the most deprived areas (1,567 deaths per 100,000 population) than the NI average (1,304 deaths per 100,000 population), and 44% higher than in the least deprived areas (1,090 deaths per 100,000 population).
- The overall death rate for females (AAACM) in the most deprived areas (1,093 deaths per 100,000 population) was 17% higher than regionally (935

deaths per 100,000 population), and a third higher than in the least deprived areas (829 deaths per 100,000 population).

- The suicide rate in the most deprived areas (30.7 deaths per 100,000 population) was almost double the regional average (16.2 deaths per 100,000 population), and three times that in the least deprived areas (10.1 deaths per 100,000 population).

Largest health inequality gaps

- The standardised admission rate for alcohol related conditions in the most deprived areas (1,528 admissions per 100,000 population) was more than four times higher than that in the least deprived areas (291 admissions per 100,000 population).
- The drug and alcohol related death rates in the most deprived areas were both around three times higher than those in the least deprived areas.
- In the most deprived areas (500 admissions per 100,000 population), the standardised self-harm admission rate was over three times higher than that in the least deprived areas (114 admissions per 100,000 population).
- There were more than four times as many teenage births per 1,000 population in the most deprived areas compared with the least deprived areas.
- Other large inequality gaps were observed in the admission rate for drugs related conditions, smoking during pregnancy, death rate (for under 75 years) from respiratory diseases, and suicide.

Decreases in inequality gaps

The most-least deprived inequality gap for the standardised death rate due to alcohol decreased, from 411% in 2004-08 to 307% in 2008-12. This was due both to a decrease in the rate in the most deprived areas and an increase in the least deprived areas.

- With the infant mortality rate continuing to decrease both across the region and in the most deprived areas, there was almost no inequality gap observed.
• The Primary 1 obesity rate inequality gap narrowed by a third between 2008/09 and 2012/13 as a result of decreases in rates both regionally and in the most deprived areas, in addition to an increase in the rate within the least deprived areas.

• The inequality gap in the crude suicide rate decreased from 238% to 204% however this was due to a higher increase in suicide rates within the least deprived areas than in the most deprived areas.

• The most-least deprived inequality gap for the standardised death rate due to drugs decreased, from 376% in 2004-08 to 295% in 2008-12.

Increases in inequality gaps

• The most-least deprived inequality gap for the overall standardised admission rate increased by a quarter over the period, from 27% to 33%.

• The standardised day case admission rate inequality gap increased by 50% over the period, from 14% to 21%. The inequality gap for elective admission rates also increased over the period by a quarter, from 20% to 25%.

• The inequality gap for standardised death rate due to smoking increased, from 110% to 127%.

• The inequality gap in the male AAACM increased from 37% to 44% however this was due to a higher decrease in mortality rates within the least deprived areas than in the most deprived areas.

• The standardised death rate for respiratory disease in under 75s decreased in the least deprived areas while remaining fairly constant in the most derived areas, resulting in the inequality gap widening by almost a fifth.

Health outcomes are generally better in rural areas when compared with those in the region generally

• Males and females living in rural areas could expect to live 1.5 and 1.3 years longer respectively, compared with the regional average.

• Lung cancer incidence and death rates in rural areas are both around a quarter lower than regionally.

• In rural areas, the standardised death rate attributable to drugs was under half that experienced regionally. Similar gaps were found in the drug related
admission rate and both admission and death rates relating to alcohol.

- The self harm admission rate in rural areas was less than half that regionally.
- The suicide rate in rural areas was a quarter lower than the regional average.
- The teenage birth rate in rural areas was 40% below the regional average.

This Report also enables the examination of health inequalities within sub-regions of Northern Ireland and includes a comparison between the average and the most deprived areas in each geographical area.

In March 2015 the Department published the ‘Northern Ireland Health and Social Care Inequalities Monitoring System – Sub-regional 2015’ report\(^46\). The Report is an update of the 2012 Sub-regional Inequalities Health and Social Care Trusts report, and follows on from the NI Health & Social Care Inequalities Monitoring System – Regional 2014 report which presented data at the NI level. The 2015 sub-regional report has been further developed to present results at the new Local Government District (LGD) level, as well as continuing to report on the five Health & Social Care (HSC) Trusts. The bulletin provides an up-to-date picture of health inequalities within Trusts and LGDs in relation to area differences in morbidity, mortality, utilisation and access to health and social services.

Health outcomes are generally worse in the most deprived areas within each Trust/LGD when compared with those witnessed in the Trust/LGD as a whole. Large differences (health inequality gaps) continue to exist for a number of different health measures.

**HSC trust inequalities**

**Life Expectancy inequality gaps**

- The inequality gaps for both male and female life expectancy in 2010-12 were high in the Belfast Trust (5.5 and 3.5 years respectively) with large gaps also experienced in the Western Trust (4.8 years for males and 3.3

years for females).

Most notable decreases in LGD inequality gaps

- Within each LGD there were only one or two marked decreases in inequality gaps over the period analysed. Notable improvements were seen in gaps for cancer related mortality in the Fermanagh & Omagh LGD (from 19% in 2004-08 to 9% in 2008-12), breastfeeding in Mid & East Antrim (from 31% in 2009 to 16% in 2013) and the crude suicide rate in the Causeway Coast & Glens LGD (from 93% in 2004-08 to 48% in 2008-12).

Most notable increases in LGD inequality gaps

- Notable increases in LGD inequality gaps were seen in the Mid & East Antrim LGD where the gap in the standardised death rate for respiratory disease increased fivefold from 5% to 25% between 2004-08 and 2008-12, and also in the inequality gap in suicide rates within the North Down & Ards LGD, which more than trebled from 17% to 56%.

Largest health inequality gaps

- The largest inequality gaps in health outcomes commonly experienced within each of the Trusts were alcohol related admissions (ranging from 88% in the Southern to 138% in the Western Trust), alcohol related mortality (83% in the Northern to 158% in the Western Trust), and self-harm admissions (86% in the Southern to 107% in the Western Trust).

Most notable decreases in Trust inequality gaps

- Within each Trust there were only one or two marked decreases in inequality gaps over the period analysed.
- The most notable decrease was seen in the Southern Trust where the gap in childhood obesity narrowed by over a third from 47% to 33% between 2008/09-10/11 and 2010/11-12/13.
Most notable increases in Trust inequality gaps

- The number of marked increases in Trust inequality gaps was also relatively small ranging from one in the Belfast and South Eastern Trusts to four in the Western Trust.
- The most notable increase was seen in the Western Trust where the gap in the standardised death rate for lung cancer widened from 34% to 58% between 2004-08 and 2008-12.

Local government district inequalities

Life Expectancy inequality gaps

- The inequality gaps for male life expectancy in 2010-12 was high in the Belfast and Derry & Strabane LGDs (both 4.5 years), with large gaps were also experienced in Mid & East Antrim (4.3 years) and Lisburn & Castlereagh (4.1 years) LGDs.
- Belfast also saw a large life expectancy gap for females (3.4 years). Other large gaps were experienced in Causeway Coast & Glens, Derry & Strabane and Mid & East Antrim (all 2.5 years).

Largest health inequality gaps

- The largest inequality gaps in health outcomes commonly experienced within each of the LGDs were alcohol related admissions (ranging from 57% in Mid Ulster to 127% in the Mid & East Antrim LGD), drug related admissions (60% in Fermanagh & Omagh to 126% in the Mid & East Antrim LGD), and self-harm admissions (51% in Fermanagh & Omagh to 126% in the Antrim & Newtownabbey LGD).
- Suicide was one of the largest gaps for all LGD areas with the exception of Antrim & Newtownabbey.
- Teenage Birth rates were also one of the largest inequality gaps for the majority of LGDs with the exception of Derry & Strabane, Fermanagh & Omagh, and Mid Ulster LGDs.
Most notable decreases in LGD inequality gaps

- Within each LGD there were only one or two marked decreases in inequality gaps over the period analysed. Notable improvements were seen in gaps for cancer related mortality in the Fermanagh & Omagh LGD (from 19% in 2004-08 to 9% in 2008-12), breastfeeding in Mid & East Antrim (from 31% in 2009 to 16% in 2013) and the crude suicide rate in the Causeway Coast & Glens LGD (from 93% in 2004-08 to 48% in 2008-12).

Most notable increases in LGD inequality gaps

- Notable increases in LGD inequality gaps were seen in the Mid & East Antrim LGD where the gap in the standardised death rate for respiratory disease increased fivefold from 5% to 25% between 2004-08 and 2008-12, and also in the inequality gap in suicide rates within the North Down & Ards LGD, which more than trebled from 17% to 56%.

Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

The main items are recorded in response to question 22.

Other examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development are listed below:

Health Survey Northern Ireland (November 2014)

During this reporting period the Department released the results from the 2013/14 Health Survey Northern Ireland\(^47\). This Departmental survey runs every year on a continuous basis and covers a range of health topics that are important to the lives of people in Northern Ireland today. The topics included in the 2013/14 survey included: General Health, Mental Health and Wellbeing, Diet and Nutrition, Physical Activity, Obesity, Smoking, Drinking, and, Sexual Health.

‘Kinship Care – Children Living in Households without a Parent Present Northern Ireland 2011’

This statistical bulletin\(^{48}\) provides key information on the number of children in Northern Ireland living in a household without a parent present. This paper uses data extracted from the 2011 Northern Ireland Household Census. The statistics presented in this paper cover a range of topics about children and those caring for them including age, gender, ethnicity, community background, health, economic status and area deprivation level.

The Prevalence of Autism (including Asperger’s Syndrome) in School Age Children in Northern Ireland 2014 (November 2014)\(^{49}\)

Presents information taken from the latest Northern Ireland School Census on children identified as autistic. Analyses are reported by gender, school year, HSC Trust area, urban/rural location, deprivation measures and SEN stage

Patient Education / Self Management Programmes for People with Long Term Conditions (2013/14) (March 2015)\(^{50}\)

Presents statistical information on patient education / self management programmes for long term conditions collected from Health & Social Care (HSC) Trusts and independent programme providers. It details information on the type, provision, frequency and Trust area of the programmes delivered.

Cancer waiting times

Presents information on waiting times for patients accessing cancer services at hospitals in Northern Ireland during each quarter.

- Quarter 3 (Oct-Dec) 2014/15 (March 2015)\(^{51}\)
- Quarter 2 (July – September 2014) (January 2015)\(^{52}\)
- Quarter 1 (April – June 2014) (September 2014)\(^{53}\)
- Quarter 4 (January - March 2014)\(^{54}\)


Emergency Care Waiting Time

Presents information on the time spent waiting in emergency care departments in Northern Ireland for both new and unplanned review attendances, and reports on the performance of against the Ministerial target in Northern Ireland.

- Provisional Information for February 2015 (March 2015)\(^5\)
- Provisional Information for January 2015 (March 2015)\(^6\)
- Statistics (October – December 2014) (January 2015)\(^7\)
- Statistics (July – September 2014) (October 2015)\(^8\)
- Statistics (April – June 2014) (July 2014)\(^9\)
- Statistics (January - March 2014) (April 2014)\(^10\)

Carers’ Statistics

These bulletins present findings from the latest survey of Carers’ Statistics for Northern Ireland. Figures are presented regionally and by Health & Social Care (HSC) Trust in respect of completed and declined carers’ assessments, reassessments, completed reviews and reasons why offers to be assessed were declined.

- Statistics (October - December 2014) (March 2015)\(^11\)
- Quarter ending 30th September 2014 (November 2014)\(^12\)
- Quarter ending 30th June 2014 (September 2014)\(^13\)
- Quarter ending 31st March 2014) (June 2014)\(^14\)

Outpatient Waiting Times

Presents information on waiting times at the end of each quarter for a first outpatient appointment and a first ICATS appointment.

\(^12\)http://www.dhsspsni.gov.uk/index/statistics/carers-ni-q2-14-15.pdf
\(^13\)http://www.dhsspsni.gov.uk/index/statistics/carers-ni-q1-14-15.pdf
• Quarter Ending December 2014 (February 2015)\textsuperscript{65}
• Quarter Ending September 2014 (November 2014)\textsuperscript{66}
• Quarter Ending June 2014 (August 2014)\textsuperscript{67}
• Quarter Ending March 2014 (May 2014)\textsuperscript{68}

Diagnostic Waiting Times

Presents information on waiting times at the end of each quarter for a diagnostic service and diagnostic reporting times.

• Quarter Ending December 2014 (February 2015)\textsuperscript{69}
• Quarter Ending September 2014 (November 2015)\textsuperscript{70}
• Quarter Ending June 2014 (August 2014)\textsuperscript{71}
• Quarter Ending March 2014 (June 2014)\textsuperscript{72}

Inpatient Waiting Times

Presents information on waiting times at the end of each quarter for admission for inpatient treatment.

• Quarter Ending December 2014 (February 2015)\textsuperscript{73}
• Quarter Ending September 2014 (November 2014)\textsuperscript{74}
• Northern Ireland Waiting Time Statistics: Inpatient Waiting Times Quarter Ending June 2014\textsuperscript{75}
• Quarter Ending March 2014\textsuperscript{76}

Child Protection Statistics

Quarterly report on Child Protection Statistics. Figures are presented for referrals by source of referral, and for the Child Protection Register by legal status, age,

\textsuperscript{65} http://www.dhsspsni.gov.uk/index/statistics/hs-niwtstd-outpatient-waiting-times-q3-14-15.pdf
\textsuperscript{67} http://www.dhsspsni.gov.uk/index/statistics/hs-niwtstd-outpatient-waiting-times-q1-14-15.pdf
\textsuperscript{68} http://www.dhsspsni.gov.uk/index/statistics/owlp-q4-2013-2014.pdf
\textsuperscript{69} http://www.dhsspsni.gov.uk/index/statistics/hs-niwtstd-diagnostic-waiting-times-q3-14-15.pdf
\textsuperscript{70} http://www.dhsspsni.gov.uk/index/statistics/hs-niwtstd-diagnostic-waiting-times-q2-14-15.pdf
\textsuperscript{71} http://www.dhsspsni.gov.uk/index/statistics/hs-niwtstd-diagnostic-waiting-times-q1-14-15.pdf
\textsuperscript{72} http://www.dhsspsni.gov.uk/index/statistics/dwp-q4-2013-2014.pdf
\textsuperscript{73} http://www.dhsspsni.gov.uk/index/statistics/hs-niwtsw-inpatient-waiting-times-q3-14-15.pdf
\textsuperscript{74} http://www.dhsspsni.gov.uk/index/statistics/hs-niwtsw-inpatient-waiting-times-q2-14-15.pdf
\textsuperscript{75} http://www.dhsspsni.gov.uk/index/statistics/hs-niwtsw-inpatient-waiting-times-q1-14-15.pdf
\textsuperscript{76} http://www.dhsspsni.gov.uk/index/statistics/iwp-q4-2013-2014.pdf
category of abuse and duration on the register. Analyses are presented by Health and Social Care Trusts in Northern Ireland.

- Quarter (October – December 2014) (February 2015)\(^77\)
- Quarter ending 30 September 2014)\(^78\)
- Quarter ending 31 March 2014) (May 2014)\(^79\)

Domiciliary Care Services for Adults in Northern Ireland (2014) (February 2015)\(^80\)

Information collected from Health & Social Care (HSC) Trusts on adults receiving domiciliary care services from the statutory and independent sectors during the survey week (14th - 20th September 2014). It details information on the numbers of clients receiving domiciliary care, visits, contact hours and intensive domiciliary care provision.

Mental Health and Learning Disability

Presents information on activity in mental health and learning disability hospitals in Northern Ireland, including Inpatient and Day Case Activity, Outpatient Activity, and Compulsory Admissions Under the Mental Health (NI) Order 1986. Hospital Statistics: Mental Health and Learning Disability (2013/14) (September 2014)\(^81\)

Northern Ireland Termination of Pregnancy Statistics 2013/14 (January 2015)\(^82\)

Presents information on the number of medical abortions and terminations of pregnancies at Health and Social Care Trusts in Northern Ireland during 2006/07 to 2013/14. It details information by HSC Trust, Country of Residence and Age Band.

Census of Drug and Alcohol Treatment Services in Northern Ireland – 1st September 2014 (January 2015)\(^83\)

This report presents Census findings collected in statutory and non-statutory drug

\(^77\) http://www.dhsspsni.gov.uk/index/statistics/qcps-q3-13-14.pdf
and alcohol services.

**Northern Ireland Care Leavers 2013/14 (January 2015)**

This statistical bulletin presents findings from the latest surveys of young care leavers aged 16-18 and care leavers aged 19. Figures are based on the community information returns OC1 and OC3 collected from Health and Social Care Trusts in Northern Ireland. A range of analyses are reported including educational attainment and economic activity of care leavers by age, gender, religion, and placement type.

**Firework Injury Statistics 2014 (December 2014)**

Presents information on the number of persons injured by fireworks and treated at emergency care departments in Northern Ireland during the Halloween period (17th October to 14th November each year).

**Statistics on Smoking Cessation Services in Northern Ireland: 2013/14 (December 2014)**

This Report, produced by the Department provides information on smoking cessation services. Data are included on the monitoring of smoking cessation services in Northern Ireland during the period 1st April 2013 to 31st March 2014. This report also provides an analysis of data collected in 2013/14 in respect of clients who set a quit date during 2012/13 (52 week follow-up).

**Children Adopted from Care in Northern Ireland 2013/14 (December 2014)**

This bulletin details statistical information relating to children adopted from care in Northern Ireland. The tables within the bulletin present a range of information about these children, including gender and age, and durations between different stages in the adoption process. The bulletin is based on the DHSSPS statistical return AD1, which was collected from each of the five Health and Social Care Trusts in Northern Ireland.

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2014 Northern Ireland Sight Test & Ophthalmic Public Health Survey (December 2014)\textsuperscript{88}

This report presents the findings of the sight test survey which estimates the demand for sight tests and resulting prescribing of glasses or contact lenses.

Inpatient Patient Experience Survey 2014 (November 2014)\textsuperscript{89}

This report presents results from the 2014 Inpatient Patient Experience Survey.

Statistics on Community Care for Adults in Northern Ireland 2013 – 2014 (October 2014)\textsuperscript{90}

This annual report presents information on a range of community activity gathered from HSC Trusts, including comparisons over the past five years on contacts with HSC Trusts, residential and nursing care packages in effect, persons receiving a meals on wheels service, available places in residential and nursing accommodation and persons registered at day care facilities.

Children’s Social Care Statistics Northern Ireland 2013/14 (October 2014)\textsuperscript{91}

This bulletin presents children’s social care activity data by Health and Social Care Trusts in Northern Ireland including five year trends where data is available. Areas covered include Children in Need, Child Protection, Looked After Children, Residential Homes and Day Care provision for children aged under 12.

Hospital Statistics: Inpatient and Day Case Activity Statistics (2013/2014)(October 2014)\textsuperscript{92}

Presents information on inpatient and day case activity at Health and Social Care Trusts in Northern Ireland, including available beds, occupied beds, average length of stay, theatre activity and hospital births. This publication was revised on Thursday 23rd October to take account of a change in reporting practices and the re-classification of some activity. This has resulted in small changes to a number of tables within the Acute, Mental Health and Learning Disability Programmes of

\textsuperscript{88} \url{http://www.dhsspsni.gov.uk/index/statistics/ni-sts-2014.pdf}
\textsuperscript{89} \url{http://www.dhsspsni.gov.uk/index/statistics/inpatient-patient-experience-survey-2014.pdf}
\textsuperscript{90} \url{http://www.dhsspsni.gov.uk/index/statistics/cc-adults-ni-13-14.pdf}
\textsuperscript{91} \url{http://www.dhsspsni.gov.uk/index/statistics/child-social-care-13-14.pdf}
\textsuperscript{92} \url{http://www.dhsspsni.gov.uk/index/statistics/hs-inpatient-day-case-stats-13-14.pdf}
Care. These changes have ensured consistency with other publications.

Statistics from the Northern Ireland Drug Misuse Database: 1 April 2013 – 31 March 2014 (October 2014)93
This report presents findings on people presenting to services with problem drug misuse for the first time, or the first time in six months.

Quality and Outcomes Framework achievement data for 2013/14 (October 2014)94
This bulletin summarises the tenth year of Quality & Outcomes Framework (QOF) achievement data from general practices relating to the period from April 2013 to March 2014. There were several changes to the framework this year; most significant were the introduction of a new clinical area, Rheumatoid Arthritis (four new indicators) and the addition of the Public Health Domain (to include CVD-PP, Blood Pressure, Obesity and Smoking indicators).

Northern Ireland Health and Social Care Workforce Census March 2014 (September 2014)95
A comprehensive profile of HSC staff by organisation, staff group and category, age, gender and working pattern. Includes analysis of turnover and vacancies.

Adult Drinking Patterns in Northern Ireland 2013 (August 2014)96
This report provides information on adult drinking patterns of respondents aged 18-75 years.

Hospital Statistics: Outpatient Activity Statistics 2013-2014 (August 2014)97
Presents information on activity at consultant led and ICATS outpatient services, including New and Review Attendances, Missed Appointments (DNAs), Patient Cancellations (CNAs) and Hospital Cancellations.

Hospital Statistics: Emergency Care 2013-2014 (June 2014)\(^{98}\)

Presents information on activity at Emergency Care Departments, including data on New Attendances, Planned & Unplanned Review Attendances at Emergency Care Departments, Waiting Times in Emergency Care Departments, Patient Transport and Emergency Response.

Children in Care in Northern Ireland 2012-13 Statistical Bulletin (July 2014)\(^{99}\)

This bulletin presents findings from the latest survey of children in care continuously for twelve months or longer at 30 September. It details analyses relating to the child’s placement and health, the educational attainment in Key Stage assessments and GCSE/GNVQ, current activity as well as cautions and convictions.

Complaints Received by HSC Trusts, Board and Family Practitioner Services in Northern Ireland (2013/14) (July 2014)\(^{100}\)

Summary of information collected on complaint issues received by each of the six Health & Social Care (HSC) Trusts in Northern Ireland, by subject and POC.

Rare Diseases

Raw Disease Prevalence Trend Data (June 2014)\(^{101}\).

Presents information on disease register counts and prevalence per 1,000 population from 2004 to the latest year. These disease registers are an integral part of the Quality & Outcomes Framework.

2013/14 Raw Disease Prevalence Data for Northern Ireland (June 2014)\(^{102}\)

This bulletin presents frequency distributions of disease prevalence across GP practices in reporting year 2013/14.

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Staff Training (Model Equality Scheme Chapter 5)

24 Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2014-15, and the extent to which they met the training objectives in the Equality Scheme.

The key actions set out in para 5.4 of the Department’s Equality Scheme were completed in line with the timetable of the Scheme. Staff continue to have access to a summary and a full copy of the Equality Scheme.

In December 2014 an e-mail was sent to all Policy leads reminding them of the importance of equality considerations in policy development. This covered key issues:

- The definition of policy;
- The need for robust screenings (and EQIAs if required);
- Consultation;
- Engagement (including the Commission’s Let’s Talk Let’s Listen);
- Guidance available;
- Equality related training courses provided by the Centre for Applied Learning to the Northern Ireland Civil Servants; and
- Help and support available.

The DHSSPS Equality Web Pages, currently under review, and the Department’s Intranet pages, are regularly updated and contain a useful source of information and ECNI guidance for staff on section 75 matters.

The Department includes elements relating to Equality and Diversity awareness in training courses delivered to staff both in-house and in generic courses delivered on the Department’s behalf by the Centre for Applied Learning (CAL).

- Diversity Now Training

DHSSPS organises classroom based training in Diversity for all staff who are new to the Department and the NICS. This year 6 DHSSPS staff attended this
training which is designed to give participants an overview of NICS policy and procedures in Equal Opportunities and Diversity and to highlight their roles and responsibilities in implementing both NICS policies and procedures. The training also covers differentiating stereotyping, prejudice and discrimination and identifying the legislative framework underpinning Diversity and Equality of Opportunity and explains how Northern Ireland’s diverse society impacts on the NICS.

The Department includes elements relating to Equality/Diversity awareness in training courses delivered to staff both in-house and in generic courses delivered on our behalf by the Centre for Applied Learning.

*For example:*-

- **Recruitment and Selection Training**
  Equality and Diversity awareness is included in the new Recruitment and Selection modular training which is delivered to those staff who are involved in recruitment and selection processes. A total of 16 staff were trained during the year.

- **Induction Training**
  The Department’s online Induction package continues to include a section outlining the roles and responsibilities that each member of staff has in meeting Section 75 requirements. All new staff receive this information and awareness on their first day in the Department with 37 staff receiving the information and awareness this year.

- **Deaf Awareness/Action on Hearing Loss Seminar**
  The Department has previously organised training in Deaf Awareness to be provided on site for DHSSPS staff. A significant number of DHSSPS staff that have already benefited from this training expressions of interest were sought from staff in March 2014, however there has been insufficient demand to run a course 14/15.
25 Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

The Department’s Public Appointments Unit, in co-operation with Equality Managers of the 5 HSC Trusts, held an awareness event in September 2014 targeted specifically at disability groups. Attendees included service users, carers, representatives of groups for people with a disability, a representative from the Equality Commission and personnel from the Trusts who have a particular interest in the needs of people with a disability.

The event was extremely well received by the Disability sector in that it provided a valuable insight into the public appointments process together with a very real insight into the level of commitment required of a non-executive director. This event has led on to further discussions between the public appointments department and the disability sector aimed at seeking ways of overcoming barriers to participation whilst working within the parameters of anti-discrimination legislation.

26 Please list any examples of where monitoring during 2014-15, across all functions, has resulted in action and improvement in relation to access to information and services:

Northern Ireland Health and Social Care Interpreting Service (NIHSCIS)

Demand for interpreting services has continued to grow year on year. In 2014/15 there were over 96,000 requests received covering 40 different languages.

The monitoring and review of interpreting provision has resulted in a number of key recommendations including the switch from the Belfast Trust to the BSO as the new provider as it was viewed as a better strategic fit. A further recommendation is a shift toward greater use of telephone interpreting away
from a steady reliance on face to face - where it is appropriate and safe to do so. A regional set of criteria have been developed to support HSC practitioners in deciding when best to use either telephone or face to face interpreters. Further, the development of a new IT on-line portal will further streamline the booking process and lead to a more effective and efficient use of professionally qualified interpreters and matching of clients needs across the region.

**Autism Strategy**

The majority of government departments and ALB’s have increased access to information for people with Autism through Information Hubs, Signposting to services via Advice Services, links provided on NI Direct to autism voluntary organisations and HSCT websites giving details of Autism Services and advocacy services.

For example, in January 2015 the DHSSPS Minister launched the Belfast Adult Autism Advice Service – a new information and signposting service that covers a wide range of information needs for adults with autism. The BAAAS ‘First Stop Shop’ will address needs including education, training and employment, social benefits, housing and promoting wellbeing.

**Physical and Sensory Disability Strategy**

The Strategy Implementation Group and its 3 thematic work streams continue to implement the various actions contained within the Action Plan and a number of actions have been completed and others are still in progress. Best Practice Guidance – Creating Accessible Primary Care Services for People with Sensory Loss has been developed (funded by the HSCB). All GPs in NI were invited to the launch of this Guidance on 5 November 2014. It is available to GPs and other primary care providers on the HSCB primary care intranet site.

**Complaints (Model Equality Scheme Chapter 8)**

27 How many complaints in relation to the Equality Scheme have been received during 2014-15?

Insert number here: **0**
Please provide any details of each complaint raised and outcome:

**Section 3: Looking Forward**

28 **Please indicate when the Equality Scheme is due for review:**

The Department’s Equality Scheme is due for review by March 2017.

29 **Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period?** *(please provide details)*

The key areas of focus are likely to be: working with policy leads to improve the screening process; awareness raising of the Equality Duties; and training. An update of the audit of inequalities is also planned to align with the next business planning cycle 2016/2020.

30 **In relation to the advice and services that the Commission offers, what equality and good relations priorities are anticipated over the next (2015-16) reporting period?** *(please tick any that apply)*

- [ ] Employment
- [ ] Goods, facilities and services
- [ ] Legislative changes
- [ ] Organisational changes/ new functions
- [ ] Nothing specific, more of the same
- [x] Other (please state):

  5 year review of Equality Schemes.
### PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans

**1. Number of action measures for this reporting period** that have been:

<table>
<thead>
<tr>
<th>Fully achieved</th>
<th>Partially achieved</th>
<th>Not achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
2. Please outline below details on all actions that have been fully achieved in the reporting period.

2 (a) Please highlight what public life measures have been achieved to encourage disabled people to participate in public life at National, Regional and Local levels:

<table>
<thead>
<tr>
<th>Level</th>
<th>Public Life Action Measures</th>
<th>Outputs</th>
<th>Outcomes / Impact</th>
</tr>
</thead>
</table>
| National 1 | The Public Appointment Unit has continued to:  
- mail Disability Action to ensure that they are notified for all vacancies for circulation to Disability Actions mailing list; and  
- mail RNIB to ensure that they receive notification of all vacancies for circulation to their own mail list in various formats.  
Following a report printed by the Commissioner for Public Appointments, PAU are exploring new approaches to raising awareness advertising to ensure that our public appointment opportunities are widely publicised to reach as wide and diverse an audience as possible and are represented on the PA Forum exploring this. | Notifications carried out as agreed with organisations. | Statistics on the number of applications from people who have declared for 2013/14 will be included in the OFMDFM Annual Report.  
DHSSPS Arms Length Bodies have 2 non-executives who have declared a disability.  
The Department’s Public Appointments Unit has actively widened our distribution of all advertisements for Non-Executive members and notably all our advertising now includes the use of Social Media. We have also engaged in outreach to a diverse range of groups. |
<table>
<thead>
<tr>
<th>2</th>
<th>Public Appointments to hold an awareness event in September 2014 in co-operation with Equality Managers of the 5 HSC Trusts targeted specifically at disability groups.</th>
<th>The Department’s PAU planned and developed a successful workshop which was targeted at raising awareness of public appointments amongst people with disabilities. The workshop took place on 30 September 2014.</th>
<th>Attendees included service users, carers, representatives of groups for people with a disability, a representative from the Equality Commission and personnel from the Trusts who have a particular interest in the needs of people with a disability.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regionaliv</td>
<td>Publication of the Autism Strategy (2013 – 2020) and associated Action Plan (2013-2016)</td>
<td>The Department has established the Autism Strategy Inter-departmental Senior Officials Group to oversee implementation of the Strategy &amp; Action Plan. The Autism Strategy Regional Multi-Agency Implementation Team has been established under the chairmanship of the HSC Board. An event for the Autism community and voluntary sector was held in March 2015 to ensure this sector’s input to the Action Plan and</td>
<td>The Strategy and Action Plan have been developed in accordance with articles stated in the United Nations Conventions on the Rights of Persons with Disabilities (UNCRPD) to support the values of dignity, respect, independence, choice, equality and anti-discrimination for people with autism, their families and carers. This Strategy aims to ensure that the services commissioned and / or provided by public sector organisations in NI for people with autism, their families and carers will develop in such a way</td>
</tr>
</tbody>
</table>
help facilitate appropriate representation at meetings of the Autism Implementation Team.

The Health Minister updated the Assembly All Party Group for Autism in February 2015.

that they:

- Promote awareness and better understanding of the challenges faced by people with autism;
- Support people with autism, their families and carers to become well informed about accessing the services they need;
- Encourage social inclusion of people with autism and work to address discrimination / stigmatisation; and
- Are tailored to meet the changing needs of people with autism over the course of their lifetime.

The Action Plan contains 37 actions each with a specific outcome requirements / performance indicators. The structure the eleven themes and associated strategic priorities:

1. Awareness;
2. Accessibility;
3. Children, Young People and Family;
|   |   | 4. Health and Wellbeing  
5. Education;  
6. Transitions;  
7. Employability;  
8. Independence, Choice and Control;  
9. Access to Justice; and  
10. Being Part of the Community; and Participation and Active Citizenship. |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2(b) What **training action measures** were achieved in this reporting period?

<table>
<thead>
<tr>
<th>Training Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The provision of Diversity Now Training (includes Disability Duties).</td>
<td>In 2014/15, a total of 6 DHSSPS staff attended classroom training.</td>
</tr>
<tr>
<td>2</td>
<td>Publication of the <a href="#">Autism Strategy and Action Plan</a> see 2(a)</td>
<td>All Government Departments have delivered Autism awareness-raising to their frontline staff and Arms Length Bodies (ALB’s). Information is available in various formats through a range of resources for all</td>
</tr>
</tbody>
</table>
staff. Examples include factsheets, leaflets, conferences and seminars, through a range of methods such as team briefs, corporate communications and intranet websites.

Awareness training has also been delivered to staff in most government departments and ALB’s. This training was designed by the NICS Centre for Applied Learning, however some ALB’s have delivered awareness training for front-line staff in partnership with voluntary organisations such as Autism NI and the National Autistic Society (NAS).

| Increase awareness and understanding about autism among the general public with the aim of promoting positive attitudes toward people with autism. | }
2(c) What Positive attitudes **action measures** in the area of **Communications** were achieved in this reporting period?

<table>
<thead>
<tr>
<th>Communications Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Publications will be translated and made available in other formats on request or as appropriate for example Braille, audio, large print as requested.</td>
<td>All requests received in 2014/15 by the Information Office were met.</td>
<td>Service users able to access information in their preferred format.</td>
</tr>
<tr>
<td>2 Publication of the <a href="#">Autism Strategy and Action Plan</a> see 2(a)</td>
<td>The majority of government departments and ALB’s have increased access to information for people with Autism through Information Hubs, Signposting to services via Advice Services, links provided on NI Direct to autism voluntary organisations and HSCT websites giving details of Autism Services and advocacy services. For example, in January 2015 the DHSSPS Minister launched the Belfast Adult Autism Advice Service – a new information and signposting service that covers a wide range of information needs for adults with autism. The BAAAS ‘First Stop Shop’ will address needs including education, training and employment,</td>
<td>Increase the level of accessible / inclusive communications so that people with autism can access information as independently as possible.</td>
</tr>
</tbody>
</table>
social benefits, housing and promoting wellbeing.

DEL provide a range of impartial and professional services to clients of all ages and abilities to people in education, training, employment and to the unemployed, including those with autism. Professionally qualified Careers Advisers can help people, including those with autism, realise their career aspirations and achieve their full potential in education, training or employment.

DEL Careers advisers are also actively involved in the transition planning process for young people who have a statement of special educational need including those with autism.

The Driver and Vehicle Agency offers a range of adjustments to the theory and practical driving test to accommodate candidates with disabilities, including additional time in certain circumstances.

DoJ has produced a guide for criminal justice professionals in Northern Ireland to assist all practitioners who may come into contact with someone with autism.
<table>
<thead>
<tr>
<th>3</th>
<th><strong>Physical and Sensory Disability Strategy and Action Plan 2011 – 2015</strong></th>
</tr>
</thead>
</table>
| The Physical and Sensory Disability Strategy included and action to ensure that information and advice about services is accessible and staff are trained to communicate appropriately with people who are blind or partially sighted.  

The Strategy Implementation Group and its 3 thematic work streams continue to implement the various actions contained within the Action Plan and a number of actions have been completed and others are still in progress. **Best Practice Guidance – Creating Accessible Primary Care Services for People with Sensory Loss** has been developed (funded by the HSCB). All GPs in NI were invited to the launch of this Guidance on 5 November 2014. It is available to GPs and other primary care providers on the HSCB primary care intranet site.  

An E-Learning resource for HSC staff to raise awareness of hearing and sight loss has been developed and is being tested for implementation, to be rolled out for Information will become more accessible. Use of positive images promoted.  

This guidance is aimed at making primary care more accessible for people with sensory loss.  

Improved awareness for HSC Staff and voluntary sector partners in respect of those with hearing and sight loss. |
<table>
<thead>
<tr>
<th></th>
<th>all HSC staff and voluntary sector partners when complete.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HSC Trusts and voluntary sector partners also developed and adopted a Making Communication Accessible Guide in 2012 which is currently under review, led by HSC Trust Equality Managers. A ‘consortium’ approach has been agreed between HSC Trusts, Business Services Organisation and the HSCB to capitalise on the various initiatives that organisations have been involved in over recent years on Accessible Health Information.</td>
</tr>
<tr>
<td></td>
<td>The HSC Board has adopted an Accessible Formats Policy. This policy commits the HSCB to ensuring that all their information is accessible.</td>
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<tr>
<td></td>
<td>Will ensure consistency of approach adopting best practice in the provision of Accessible Health Information.</td>
</tr>
<tr>
<td></td>
<td>This policy helps staff identify what information should be produced in accessible formats and how to assess requests from members of the public for information to be produced in accessible formats.</td>
</tr>
</tbody>
</table>
2 (d) What action measures were achieved to ‘**encourage others**’ to promote the two duties:

<table>
<thead>
<tr>
<th>Encourage others Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provision of guidance outlining the Department’s legal obligations as an employer and publicise the role of the Disability Liaison Officer.</td>
<td>Bi–annual reminder issued to staff. All reasonable adjustments (including allocation of car parking spaces) implemented for staff with a disability. Has supported staff with a disability to discuss their particular needs and the adjustments that are needed to address any disadvantage they face in the workplace.</td>
</tr>
<tr>
<td>2</td>
<td>Publication of the <a href="#">Autism Strategy and Action Plan</a> see 2(a)</td>
<td>See action plan for details.</td>
</tr>
<tr>
<td>3</td>
<td>Oversight of the Department’s Arm’s Length Bodies</td>
<td>Disability Action Plans in place.</td>
</tr>
<tr>
<td></td>
<td>At the 31 March 2015 the position was as follows:-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plans in place:-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Belfast HSC Trust</td>
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<tr>
<td></td>
<td>• Blood Transfusion Service</td>
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<tr>
<td></td>
<td>• NI Ambulance Service HSC Trust</td>
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<tr>
<td></td>
<td>• NI Fire and Rescue Service</td>
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<td></td>
<td>• NI Guardian Ad Litem Agency</td>
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<td></td>
<td>• NI Social Care Council</td>
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<td></td>
<td>• Northern HSC Trust</td>
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<tr>
<td></td>
<td>• Regulation and Quality Improvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>4</strong> Inclusion of a section on the Disability Duties within the Department’s screening template.</td>
<td><strong>The Department’s screening template continues to include a section on the Disability Duties.</strong></td>
</tr>
<tr>
<td>---</td>
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</tbody>
</table>
|   | **5** Provide information and awareness seminars to staff on disabilities / long term health conditions. | **Events held between April 2014 / March 2015.**  
- Thinking ahead for your Back Musculoskeletal Awareness – April 2014;  
- OHS Lifestyle assessments – June 2014;  
- Health Fair – range of health options & health checks;  
- Weight Loss Programme – Sept – Dec 2014; and Mental resilience & Stress Awareness seminar - October 2014. | **This raises disability awareness (including the impact of “hidden” disabilities) with staff and line managers.** |
<table>
<thead>
<tr>
<th>6</th>
<th>Disability speakers will be invited to address the Equality &amp; Human Rights Steering Group.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In May 2014 David Galloway (RNIB) &amp; Martina McCafferty (HSCB) briefed the Group on the Physical &amp; Sensory Disability Action Plan in particular actions 17–19 relating to a Skilled Workforce. David advised members that one objective, that all HSC staff should be given disability awareness training which includes equality and human rights training, presented challenges and asked members for their support in trying to address the barriers already encountered.</td>
<td></td>
</tr>
<tr>
<td>Members recognised that a difficulty with this objective was that the priorities for mandatory training varied across HSC Trusts. After some discussion among members actions were agreed.</td>
<td></td>
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<tr>
<td>This is to be followed up in 2015/16.</td>
<td></td>
</tr>
<tr>
<td>In October 2014 Rosemary Murray, Children &amp; Young People’s Participation Project (Barnardo’s) and Sam Gibson, a Peer Volunteer. Rosemary set out the background to the Project and how it engages with and involved young people over the past 12 years. Over time the project evolved from being a local based project to a regional project – very much based on the rights of children with a disability. Rosemary and Sam delivered a presentation setting out the current challenges facing Children &amp; Young People with disabilities getting their voice heard in comparison to the</td>
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<tr>
<td>Members acknowledged the decreasing role of “Champions” and advised that they were willing, where possible, to help fill any void Rosemary experiences.</td>
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<tr>
<td>It was thought that there would be worth in Rosemary delivering her presentation to departmental officials – perhaps as a lunchtime seminar - and it was agreed that</td>
<td></td>
</tr>
<tr>
<td>early days of the project when there was easier access to government and they were supported by “Champions”.</td>
<td>this would be explored.</td>
</tr>
</tbody>
</table>
2 (e) Please outline **any additional action measures** that were fully achieved other than those listed in the tables above:

<table>
<thead>
<tr>
<th>Action Measures fully implemented (other than Training and specific public life measures)</th>
<th>Outputs</th>
<th>Outcomes / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical and Sensory Disability Strategy and Action Plan 2011 – 2015</td>
<td>A Disability Strategy Implementation Group (SIG) was established to direct, co-ordinate and manage the implementation of the Strategy and Action Plan. The Group is co-chaired by the HSC Board and Disability Action and works with a range of representatives from statutory agencies and bodies, the voluntary and community sector and service users. A regional deafblind needs analysis has been carried out by SENSE a leading deafblind voluntary organisation. This work also helped to raise awareness within the HSC workforce and has identified additional training requirements.</td>
<td>The HSCB advises that good progress has been made in a number of areas with a number of actions completed. It is recognised that there will likely be a number of actions not fully implemented by “Strategy end” in September 2015. SIG will be considering how these issues will be addressed post September 2015 and will advise the Department accordingly. This report will be made available in the forthcoming year.</td>
</tr>
</tbody>
</table>
| 3 | Mental Capacity Bill | The Bill will revoke the current Mental Health (NI) Order 1986 for people aged 16 and over and put in place a new legal framework for acting or making decisions on behalf of people who lack the mental capacity to make a specific decision for themselves.  

The Bill will firstly provide for a statutory presumption of mental capacity in all adults to make decisions for themselves and require consultation. |
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<tbody>
<tr>
<td>Publish monitoring information on the Bamford Action Plan 2012-15 on a yearly basis.</td>
<td>Achieved – the second annual monitoring report was agreed by the Ministerial Group for Mental Health and Learning Disability in Nov 2014 and published in February 2015.</td>
<td></td>
</tr>
</tbody>
</table>
| 3 | Mental Capacity Bill | The Bill will revoke the current Mental Health (NI) Order 1986 for people aged 16 and over and put in place a new legal framework for acting or making decisions on behalf of people who lack the mental capacity to make a specific decision for themselves.  

The Bill will firstly provide for a statutory presumption of mental capacity in all adults to make decisions for themselves and require consultation. |
| | The 2014 Monitoring Report was published in February 2015. | Achieved – the second annual monitoring report was agreed by the Ministerial Group for Mental Health and Learning Disability in Nov 2014 and published in February 2015. |
| | Consultation was launched on 27 May 2014 and closed on 2 September 2014, yielding 121 responses. |
| | The consultation response document was published in January 2015. |
that a person is given all practicable help and support to enable them to make their own decisions. Only where it is shown that a person lacks capacity, will the main provisions of the Bill apply. These will provide mechanisms whereby acts or decisions in connection with the care, treatment (both physical and mental health treatment), or personal welfare (including financial matters) can be made in the best interests of those lacking capacity.

At the same time, the Bill will provide safeguards for those affected, and those safeguards will increase as the seriousness of the intervention increases. All interventions must be in the person’s best interests, a nominated person must be put in place to represent the person and for more serious interventions, additional safeguards must be engaged, such as a formal assessment of capacity, an independent advocate where appropriate, second opinions in certain circumstances and for the most serious of interventions, such as deprivation of liberty, HSC Trust authorisation will be required.
|   | Rare Diseases Implementation Plan | The Department published a Statement of Intent in June 2014 which set out the Department’s approach to delivering the 51 commitments [UK Strategy for Rare Diseases](#) in Northern Ireland. The consultation on the draft Northern Ireland Implementation Plan closed in January 2015. | The draft NI Plan identifies short, medium and long term actions designed to improve services for people living with rare diseases in Northern Ireland during the period 2014 to 2020. The actions address the five main objectives in the UK Strategy:  
  - empowering those affected by rare diseases;  
  - identifying and preventing rare diseases;  
  - diagnosis and early intervention;  
  - coordination of care, and  
  - the role of research. |
<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Support for users of the Independent Living Fund post closure in June 2015</td>
<td>The Department launched a consultation seeking views on how current users of the ILF in Northern Ireland can be supported from 1 July 2015. The consultation closed in January 2015.</td>
</tr>
</tbody>
</table>
3. Please outline what action measures have been **partly achieved** as follows:

<table>
<thead>
<tr>
<th>Action Measures partly achieved</th>
<th>Milestones / Outputs</th>
<th>Outcomes / Impacts</th>
<th>Reasons not fully achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Seminar on Hearing Loss</td>
<td>Expressions of interest sought from staff.</td>
<td>Staff made aware of the Hearing Loss issues and the options for addressing.</td>
<td>The Department has previously organised training in Deaf Awareness to be provided on site for DHSSPS staff. A significant number of DHSSPS staff that have already benefited from this training. Expressions of interest were sought from all staff in March 14, with the possibility of running a seminar during 2014/15. However, there was insufficient demand to run a course.</td>
</tr>
</tbody>
</table>
4. Please outline what action measures **have not been achieved** and the reasons why.

<table>
<thead>
<tr>
<th>Action Measures not met</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Development of a new Disability Action Plan for 2015-2019</td>
<td>The Department’s current Disability Action Plan (DAP) was published in 2012 with an expectation at that time that a new DAP would be required for 2015/2019. As a result of the decision to introduce five-year fixed terms for devolved administrations and extend the current Assembly’s mandate into 2015/2016 the business planning cycle has changed and the Department’s next full business planning cycle will now be for the period 2016/2021. In accordance with the Equality Commission’s preference the Department decided to extend the existing plan so that the new Disability Action Plan can be aligned with the business planning process.</td>
</tr>
</tbody>
</table>
5. What **monitoring tools** have been put in place to evaluate the degree to which actions have been effective / develop new opportunities for action?

(a) Qualitative

2. Six monthly monitoring of progress against Bamford actions led by DHSSPS and reported to the Inter-Departmental Senior Officials Group.
5. Following the publication of the Physical and Sensory Disability Strategy and Action Plan 2012-15, an Strategy Implementation Group (SIG) has was been established to direct, co-ordinate and manage the implementation of the Action Plan.

(b) Quantitative

2. Six monthly monitoring of progress against Bamford actions led by DHSSPS and reported to the Inter-Departmental Senior Officials Group.
5. Six monthly progress reports from the HSCB to DHSSPS on the implementation of the Physical and Sensory Disability Strategy Action Plan 2012-15.
6. As a result of monitoring progress against actions has your organisation either:

- made any **revisions** to your plan during the reporting period or
- taken any **additional steps** to meet the disability duties which were **not outlined in your original** disability action plan / any other changes?

**YES**

If yes please outline below:

<table>
<thead>
<tr>
<th>Revised/Additional Action Measures</th>
<th>Performance Indicator</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Drafting of the Mental Capacity Bill and related subordinate legislation.</td>
<td>The introduction version of the Mental Capacity Bill was finalised in March 2015, and will be introduced in the Assembly in 2015. As part of the work on the Mental Capacity Bill project, the Department commenced early drafting work in 2014/15 on the subordinate legislation which will eventually help to implement the Bill, should it become law, and this will continue in 2015/16. This will include the drafting of Regulations on the role of independent advocates.</td>
<td>Drafting of subordinate legislation will continue during 2015/16. Passage of the Bill will depend on Assembly timetabling.</td>
</tr>
<tr>
<td>2 The Department’s disability action has been extended and new items included.</td>
<td>See item 4 – 1 above.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>See items 2(e) 4 and 5</td>
<td></td>
</tr>
</tbody>
</table>
7. Do you intend to make any further revisions to your plan in light of your organisation’s annual review of the plan? If so, please outline proposed changes?

1. The HSC Board will list ‘Accessible Primary Care Services for people with sensory loss’ as a topic that GP practices can include in their Annual Governance Plan for 2015/16 in order to raise awareness of this issue and mainstream the provision of accessible information. The HSCB will also write to all Trusts, Integrated Care Partnerships and GP practices to remind them of their legal duty to make reasonable adjustments to ensure that their services are accessible for people with a disability including for those who are visually impaired. This includes the provision of information about their services in an alternative format.

2. The action to develop a new Disability Action Plan for 2015-2019 will be updated to reflect the decision to extend the existing plan and prepare a plan for 2016-2020 (see item 4-1 above).
In line with Equality Scheme commitments the Department publishes completed screenings on its website on a quarterly basis.

**Quarter 1 1st April 2014 - 31st June 2014**

<table>
<thead>
<tr>
<th>Title of policy subject to screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICE Clinical Guideline CG176 - Head injury: Triage, assessment, investigation and early management of head injury in children, young people and adults (updates &amp; replaces CG 56) (PDF 73KB)</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG177 - The care and management of osteoarthritis in adults – (updates and replaces CG 59) (PDF 72KB)</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG178 - Psychosis and schizophrenia in adults: treatment and management – (updates and replaces CG 82) (PDF 75KB)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA308 - Rituximab in combination with glucocorticoids for treating anti-neutrophil cytoplasmic antibody-associated vasculitis (PDF 71KB)</td>
</tr>
<tr>
<td>Changes in the licensing of medicines means that the Schedule in Health and Personal Social Services (General Medical Services)(Prescription of Drugs Etc) Regulations (Northern Ireland) 2004 has to be amended. (PDF 159KB)</td>
</tr>
<tr>
<td>Service Framework for Children and Young People (PDF 303KB)</td>
</tr>
<tr>
<td>A proposed amendment to Regulation 17 (Case Management Review (CMR) function) of The Safeguarding Board for Northern Ireland (Membership, Procedure, Functions and Committee) Regulations (Northern Ireland) 2012 (PDF 173KB)</td>
</tr>
<tr>
<td>Draft Foster Placement and Fostering Agencies Regulations (Northern Ireland) 2014 (PDF 175KB)</td>
</tr>
<tr>
<td>The Service Framework for Older People (PDF 271KB)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA307 - Aflibercept in combination with irinotecan and fluorouracil-based therapy for the treatment of metastatic colorectal cancer which has progressed following prior oxaplatin-based chemotherapy (PDF 70KB)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA309 - Pemetrexed for maintenance treatment following induction therapy with pemetrexed and cisplatin for non-squamous non-small-cell lung cancer (PDF 70KB)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA310 - Afatinib for treating epidermal growth factor...</td>
</tr>
</tbody>
</table>
NICE Technology Appraisal TA311 - Bortezomib for induction therapy in multiple myeloma before high dose chemotherapy and autologous stem cell transplantation (PDF 79KB)

The Firefighters' Pension Scheme (Amendment) (No 2) Order (NI) 2014 (PDF 176KB)


Quarter 2 1st July 2014 - 30th September 2014

<table>
<thead>
<tr>
<th>Title of policy subject to screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICE Technology Appraisal TA312 - Alemtuzumab for the treatment of relapsing-remitting multiple sclerosis (PDF 71KB)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA313 - Ustekinumab for treating active psoriatic arthritis (PDF 71KB)</td>
</tr>
<tr>
<td>Service Framework for Cardiovascular Health and Wellbeing (PDF 250KB)</td>
</tr>
<tr>
<td>Health (Miscellaneous Provisions) Bill (Northern Ireland) 2014 – regulations to prohibit the sale of nicotine-containing products, including e-cigarettes, to persons under the age of eighteen (PDF 164KB)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA315 - Canagliflozin in combination therapy for treating type 2 diabetes (PDF 73KB)</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG179 - Management and Prevention of Pressure Ulcers (Updates and replaces Pressure relieving devices (CG7) and Pressure ulcer management (CG29) (PDF 75KB)</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG174 - Intravenous fluid therapy in adults in hospital (PDF 75KB)</td>
</tr>
<tr>
<td>Development of Integrated Care Partnerships (ICPs). (PDF 313KB)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA314 - Implantable cardioverter defibrillators and cardiac resynchronisation therapy for arrhythmias and heart failure (review of TA95 and TA120) (PDF 73KB)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA316 - Enzalutamide for the treatment of metastatic...</td>
</tr>
</tbody>
</table>
hormone relapsed prostate cancer previously treated with a docetaxel-containing regimen oxaplatin-based chemotherapy (PDF 70KB)

NICE Clinical Guideline CG180 - The management of atrial fibrillation (updates & replaces CG36) (PDF 74KB)

NICE Technology Appraisal TA317 - Prasugrel with percutaneous coronary intervention for treating acute coronary syndrome (review of TA182) (PDF 73KB)

NICE Technology Appraisal TA318 - Lubiprostone for treating chronic idiopathic constipation (PDF 71KB)

NICE Technology Appraisal TA319 - Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma (PDF 71KB)

Minimum Care Standards for Children’s Homes (PDF 192KB)

Minimum Care Standards for Independent Healthcare Establishments (PDF 193KB)

UK-wide regulations to introduce standardised (plain) packaging of tobacco products. (PDF 166KB)

NICE Clinical Guideline CG182 - Chronic kidney disease: early identification and management of chronic kidney disease in adults in primary and secondary care (PDF 79KB)

NICE Clinical Guideline CG181 - Lipid Modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease (PDF 77KB)

Strengthening the Commitment: A Northern Ireland draft Action Plan for local implementation of the recommendations of the UK Modernising Learning Disabilities (PDF 182KB)

Quarter 3 1st October 2014 - 31st December 2014

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<th>Title of policy subject to screening</th>
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<tr>
<td>Standards for Supported Lodgings for Young Adults (aged 16 – 21) in Northern Ireland (PDF 216 KB)</td>
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<tr>
<td>NICE Clinical Guideline CG183 - Drug allergy: diagnosis and management of drug allergy in adults, children and young people (PDF 71KB)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA 332 - Lenalidomide for treating myelodysplastic</td>
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<tr>
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<tr>
<td>syndromes associated with an isolated deletion 5q cytogenetic abnormality</td>
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<tr>
<td>NICE Clinical Guideline CG184 - Dyspepsia and gastroesophageal reflux disease: Investigation and management of dyspepsia, symptoms suggestive of gastroesophageal reflux disease, or both.</td>
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<tr>
<td>NICE Technology Appraisal TA320 - Dimethyl fumarate for the treatment of relapsing-remitting multiple sclerosis</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG81 - The addendum to NICE clinical guideline 81 has added recommendations on exercise in people with or at risk of breast-cancer-related lymphoedema to section 1.5 of the NICE guideline.</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG30 - Long-acting reversible contraception (update)</td>
</tr>
<tr>
<td>The Firefighters’ Pension Scheme (Amendment) (No 3) Order (NI) 2014 The New Firefighters’ Pension Scheme (Amendment) (No 3) Order (NI) 2014 The Firefighters’ Compensation Scheme (Amendment) Order (NI) 2014</td>
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<tr>
<td>NICE Technology Appraisal TA 321 - Dabrafenib for treating unresectable, advanced or metastatic BRAFV600 mutation-positive melanoma</td>
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<tr>
<td>NICE Clinical Guideline CG185 - Bipolar disorder: the assessment and management of bipolar disorder in adults, children and young people in primary and secondary care - updates and replaces NICE clinical guideline 38 (published July 2006)</td>
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<tr>
<td>NICE Clinical Guideline CG187 - Acute heart failure: diagnosing and managing acute heart failure in adults</td>
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<tr>
<td>Secondary Uses of Service User Information</td>
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<tr>
<td>NICE Clinical Guideline CG186 - Multiple sclerosis: management of multiple sclerosis in primary and secondary care</td>
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<td>NICE Technology Appraisal TA325 - Nalmefene for reducing alcohol consumption in people with alcohol dependence</td>
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<tr>
<td>NICE Technology Appraisal TA323 - Erythropoiesis-stimulating agents (epoetin and darbepoetin) for treating cancer-treatment induced anaemia (including review of TA142)</td>
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<tr>
<td>NICE Technology Appraisal TA324 - Dual-chamber pacemakers for treating symptomatic bradycardia due to sick sinus syndrome without atrioventricular block, (part review of Technology Appraisal 88)</td>
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### Quarter 4 1st January 2015 - 31st March 2015

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<th>Title of policy subject to screening</th>
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<tbody>
<tr>
<td>NICE Technology Appraisal TA326 - Imatinib for the adjuvant treatment of gastrointestinal stromal tumours (review of TA196) (PDF 69KB)</td>
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<tr>
<td>NICE Technology Appraisal TA327 - Dabigatran etexilate for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism (PDF 72KB)</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG189 - Obesity: identification, assessment and management of overweight and obesity in children, young people and adults (PDF 73KB)</td>
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<tr>
<td>NICE Clinical Guideline CG37 - Postnatal care - Addendum (PDF 70KB)</td>
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<tr>
<td>NICE Clinical Guideline CG131 - Colorectal cancer: The diagnosis and management of colorectal cancer – Addendum (1.2.2 &amp; 1.2.4 Addendum) (PDF 74KB)</td>
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<tr>
<td>NICE Clinical Guideline CG190 - Intrapartum care: care of healthy women and their babies during childbirth - This guideline updates and replaces NICE guideline CG55 (PDF 71KB)</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG191 - Pneumonia: Diagnosis and management of community- and hospital-acquired pneumonia in adults (PDF 72KB)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA - Sipuleucel-T for the first line treatment of metastatic hormone relapsed prostate cancer (PDF 74KB)</td>
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<tr>
<td>NICE Clinical Guideline CG192 - Antenatal and postnatal mental health: clinical management and service guidance (PDF 76KB)</td>
</tr>
<tr>
<td>NICE (Clinical) Guidelines (NG1) - Gastro-oesophageal reflux disease (GORD): recognition, diagnosis and management in children and young people children and young people (PDF 75KB)</td>
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<tr>
<td>NICE Technology Appraisal TA333 - Axitinib for the treatment of advanced renal cell</td>
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<td>carcinoma after failure of prior systemic treatment</td>
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<td>NICE Technology Appraisal TA - Simeprevir in combination with peginterferon alfa and ribavirin for treating genotype 1 or 4 chronic hepatitis C</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA329 - Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (including a review of TA140 and TA262)</td>
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<tr>
<td>Firefighters (Transitional and Consequential Provisions) Regulations (Northern Ireland) 2015</td>
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<tr>
<td>Service Framework for Children and Young People</td>
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<tr>
<td>A proposed amendment to Regulation 17 (Case Management Review (CMR) function) of The Safeguarding Board for Northern Ireland (Membership, Procedure, Functions and Committee) Regulations (Northern Ireland) 2012</td>
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<tr>
<td>Draft Foster Placement and Fostering Agencies Regulations (Northern Ireland) 2014</td>
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<tr>
<td>The Service Framework for Older People</td>
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<tr>
<td>The Firefighters’ Pension Scheme (Amendment) (No 2) Order (NI) 2014</td>
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<tr>
<td>Service Framework for Cardiovascular Health and Wellbeing</td>
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<tr>
<td>Health (Miscellaneous Provisions) Bill (Northern Ireland) 2014 – regulations to prohibit the sale of nicotine-containing products, including e-cigarettes, to persons under the age of eighteen</td>
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<tr>
<td>Development of Integrated Care Partnerships (ICPs)</td>
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<tr>
<td>Minimum Care Standards for Children’s Homes</td>
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<tr>
<td>Minimum Care Standards for Independent Healthcare Establishments</td>
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<td>Mental Capacity Bill (EQIA Updated May 2014)</td>
</tr>
</tbody>
</table>
ECNI END NOTES:-

i Outputs – defined as act of producing, amount of something produced over a period, processes undertaken to implement the action measure e.g. Undertook 10 training sessions with 100 people at customer service level.

ii Outcome / Impact – what specifically and tangibly has changed in making progress towards the duties? What impact can directly be attributed to taking this action? Indicate the results of undertaking this action e.g. Evaluation indicating a tangible shift in attitudes before and after training.

iii National : Situations where people can influence policy at a high impact level e.g. Public Appointments

iv Regional: Situations where people can influence policy decision making at a middle impact level

v Local : Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.

vi Milestones – Please outline what part progress has been made towards the particular measures; even if full output or outcomes/ impact have not been achieved.