EQUALITY COMMISSION FOR NORTHERN IRELAND

Public Authority 2012 – 2013 Annual Progress Report on:

- Section 75 of the NI Act 1998 and
- Section 49A of the Disability Discrimination Order (DDO) 2006

Name of public authority (Enter details below)

Department of Health, Social Services and Public Safety

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Template Contents

<table>
<thead>
<tr>
<th>Part A: Section 75 Annual Progress Report 2012 – 2013</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>3</td>
</tr>
<tr>
<td>Section 1: Strategic Implementation of the Section 75 Duties</td>
<td>21</td>
</tr>
<tr>
<td>Section 2: Examples of Section 75 Outcomes / Impacts</td>
<td>24</td>
</tr>
<tr>
<td>Section 3: Screening</td>
<td>34</td>
</tr>
<tr>
<td>Section 4: Equality Impact Assessment (EQIA)</td>
<td>40</td>
</tr>
<tr>
<td>Section 5: Training</td>
<td>42</td>
</tr>
<tr>
<td>Section 6: Communication</td>
<td>45</td>
</tr>
<tr>
<td>Section 7: Data Collection &amp; Analysis</td>
<td>47</td>
</tr>
<tr>
<td>Section 8: Information Provision, Access to Information and Services</td>
<td>51</td>
</tr>
<tr>
<td>Section 9: Complaints</td>
<td>53</td>
</tr>
<tr>
<td>Section 10: Consultation and Engagement</td>
<td>54</td>
</tr>
<tr>
<td>Section 11: The Good Relations Duty</td>
<td>57</td>
</tr>
<tr>
<td>Section 12: Additional Comments</td>
<td>58</td>
</tr>
</tbody>
</table>

| Part B: ‘Disability Duties’ - Annual Report 1 April 2012 / 31 March 2013 | 59   |


Part A: Section 75 Annual Progress Report 2012 - 2013

Executive Summary

• What were the key policy / service developments made by the authority during this reporting period to better promote equality of opportunity and good relations and what outcomes were achieved?

(Enter text below)

General

Tackling health inequalities remains a priority for this Department, and is one of the key drivers for many of its strategies and policies. Importantly, during this period the Department published and consulted on “Fit and Well – Changing Lives” a new cross cutting public health strategy to replace “Investing for Health” (see below).

Health inequalities can arise from a wide range of social, economic and health related factors. Often they are about deep rooted social and environmental factors that mitigate against genuine choice and equality of opportunity. Health outcomes are generally worse in the most deprived areas in Northern Ireland when compared with those witnessed elsewhere in the region. The following key policy/service developments contribute to the promotion of equality of opportunity, the promotion of good relations, and improved outcomes by seeking to address health inequalities and by making services more accessible and responsive. It is, however, important to keep in mind that some of the benefits from health strategies and policies are long term and accordingly it is not always possible to demonstrate better outcomes in the short term.

The Department continues to maintain and develop an extensive system to monitor health inequalities in Northern Ireland – the Northern Ireland Health and Social Care Inequalities System (NIHSCIMS) which comprises indicators which are monitored over time to assess area differences in mortality, morbidity, utilisation of and access to health and social care services in Northern Ireland. For example, during this reporting period the Department issued the fourth update bulletin from Northern Ireland Health & Social Care Inequalities Monitoring System in June 2012,

**Fit and Well – Changing Lives**

The Investing for Health (IfH) strategy, launched in March 2002 and developed by all Government Departments, through the Ministerial Group on Public Health, remains the key policy driver for tackling health inequalities. During this reporting period, work has continued to tackle the factors which adversely affect health and perpetuate health inequalities through a wide range of IfH supporting strategies, programmes and activities.

The Department, in 2010/11, undertook a high level strategic review of the Investing for Health strategy and, following on from that review, work has been taken forward on the development of an updated strategic direction for public health which was published for consultation in July 2012.

“Fit and Well - Changing Lives” is the proposed new 10-year public health framework and is designed to be strategic, and to provide direction for policies and actions to improve the health and wellbeing of the people of Northern Ireland. Like its predecessor ‘Investing for Health’ this proposed new strategic framework will require partnership working across government, the statutory and community and voluntary sectors.

Building on the aims of ‘Investing for Health’ - “To improve the health and well-being status of all our people, and to reduce inequalities in health” it was proposed that “Fit and Well – Changing Lives” would move Northern Ireland towards a vision - “Where all people are enabled and supported in achieving their full health potential and well-being.” This vision seeks to create the conditions for individuals and communities to take control of their own lives.
“Fit and Well – Changing Lives” is intended to provide an opportunity to address existing and some emerging issues since ‘Investing for Health’ was first published. The proposed policy aims for the new strategic framework included:

- Give every child the best start;
- Enable all children and young people to develop the skills and capacity to reach their full potential and have control over their lives;
- To enable young adults to grow, manage change and maximise their potential;
- Enable working age adults to have a full and satisfying life and social wellbeing;
- To enable people in later years to have a satisfying and active life;
- Promote healthy safe, sustainable places and thriving communities; and
- Ensure health is a consideration in the development of public policies.

**Obesity**

The number of people within Northern Ireland who are overweight or obese has been rising year on year in the past few decades. Through strategies such as Fit Futures, the Department previously focused on addressing childhood obesity and making investments in their future health and wellbeing.

The Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022 - “A Fitter Future for All” was launched in March 2012 and seeks to prevent obesity across the whole population of Northern Ireland, and therefore focuses on three main life course stages; Antenatal, Maternal and Early Years; Children and Young People; and Adults and General Population.

The framework will affect the whole population through particular outcomes specific to those of lower socio-economic groups. A key action for the Department within the action plan was the development of a new Breastfeeding Strategy (see next section).
**New Breastfeeding Strategy**

A draft Breastfeeding Strategy was issued for public consultation in May 2012. The Strategy aims to protect, promote, support, and normalise breastfeeding within the population in Northern Ireland. All Section 75 groups are affected by the strategy and its objectives; evidence shows that younger mothers are less likely to breastfeed; breastfeeding rates among travellers are very low; mothers who breastfed their previous child are more likely to breastfeed subsequent children.

The Strategy recommended that support should be made available to every mother and baby. The proposed strategic actions should help ensure this by improving knowledge, supporting mothers, providing supportive environments for breastfeeding and collecting data to inform delivery of the Strategy.

The beneficial health effects of breastfeeding are well recognised for both mother and baby and where clearly identified within the consultation document.

**Improving Dementia Services – A Regional Strategy**

In 2011/12 the Department published the strategy – ‘Improving Dementia Services in Northern Ireland- A Regional Strategy’. The strategy sets the direction of travel for improving dementia services and identified a number of areas where improvements need to be made in the way we provide care for people with dementia, whether in their own homes, in care homes or in hospital.

A key action for the Department within the action plan was to finalise the draft Policy for Developing Advocacy Services – A Guide for Commissioners and monitor its implementation (see new section).
**Advocacy Services**


This Policy Guide was developed by a working group chaired by the PCC and aimed to help commissioners better understand and develop advocacy services in a health and social care setting in Northern Ireland. It builds on the Bamford Review report on Human Rights and Equality of Opportunity and the outcomes of a workshop held by the Advocacy NI Network in January 2010, it describes the different models of advocacy and sets out core principles and standards for the future commissioning and delivery of all advocacy services whilst recognising that these may need to be tailored to address the needs of specific client groups.

**Gender Action Plans**

The Department continues to implement its action measures for men and women in support of the OFMDFM led Gender Equality Strategy. The actions address priority issues such as domestic violence, suicide and alcohol and drug abuse. A range of other health policy areas are also covered such as: life expectancy, tobacco, obesity, mental health and learning disabilities, and maternity services.

**Quality 2020 – A 10 year Quality Strategy for Health and Social Care in NI**

Following on from the publication of the policy “Quality 2020 - A 10-Year Quality Strategy For Health and Social Care In Northern Ireland” the Department published the associated Implementation Plan in May 2012.

The purpose of Quality 2020 is to create a strategic framework and plan of action that will protect and improve quality in health and social care over the next 10 years. It recognises that this will be a period of major challenges, including financial constraints, as well as opportunities and demands from various quarters. It is planned that it will be subject to review every 3 years to ensure that it remains fit for purpose.
Living with long term conditions

In April 2012, the Department launched the policy framework, ‘Living with Long Term Conditions’. The framework was developed to provide an overarching context and direction for supporting people who are living with long term conditions. It does not address directly the health prevention and promotion issues relating to long term conditions but rather is focused on how people living with such conditions can be supported to maintain and enhance as far as possible their health and well-being and quality of life. It was designed to be relevant across a wide range of long term conditions and for all care settings. It aims to help commissioners and providers in the statutory, independent, voluntary and community sectors plan and deliver more effective services to support people with long term conditions and their carers.

Skin Cancer Prevention Strategy and Action Plan Northern Ireland 2011-2021

In July 2011 the Department launched a new Skin Cancer Prevention Strategy and Action Plan 2011-2021. The strategy, aimed at reducing the incidence of, and deaths from, skin cancer in Northern Ireland was developed by a Department led inter-sectoral working group. The Strategy focused on the prevention and early detection of skin cancers. While it has been developed to take account of the entire population, it pays particular attention to children and young people, and those who spend a significant amount of time outdoors, either through work or leisure.

The Action Plan tasked the Department with bringing forward legislation placing controls on sunbed use. The following regulations came into operation in May 2012.

- the Sunbeds (Information) Regulations (Northern Ireland) 2012;
- the Sunbeds (Fixed Penalty) (Amount) Regulations (Northern Ireland) 2012; and
- the Sunbeds (Fixed Penalty) (General) Regulations (Northern Ireland) 2012

Sexual Health Promotion Strategy & Action Plan 2008-2013

A range of programmes and services to reduce the rate of teenage pregnancy and promote good sexual health have continued to be taken forward in line with the
DHSSPS Sexual Health Promotion Strategy and Action Plan. During 2012/13, to support Relationship and Sexuality Education (RSE) in Schools, the Public Health Agency, is working in partnership with DE and ELBs to provide training and support to teachers, and is establishing a programme to commission a number of voluntary organisations to deliver RSE programmes in youth and community settings.

The Sexual Health Improvement Network, led by the PHA, established a subgroup to look at STI / HIV prevention in high risk groups and developing a work plan. The PHA continues to commission health intervention outreach sessions for men who have sex with men.

Maternity Strategy


The document set out the strategic direction for maternity care in Northern Ireland for the next six years. It followed public consultation in late 2011 when four workshops were held and 132 responses were received. The Strategy adopts an outcomes approach to maternity care; the six desired outcomes are:

- give every baby and family the best start in life;
- effective communication and high-quality maternity care;
- healthier women at the start of pregnancy (preconception care);
- effective, locally accessible, antenatal care and a positive experience for prospective parents;
- safe labour and birth (intrapartum) care with improved experiences for mothers and babies; and
- appropriate advice, and support for parents and baby after birth.
Service Frameworks Development

Safety, Quality and Standards Directorate produce service frameworks setting out the standards of care used by patients, clients and carers, and they seek to ensure that every person gets the same quality of care regardless of age, sex, ethnicity, race, class or wherever they live.

During this reporting period the Department:

- launched the Learning Disability Service Framework in September 2012. The aim of the Learning Disability Service Framework is to improve the health and wellbeing of people with a learning disability, their carers and their families by promoting social inclusion, reducing inequalities in health and social wellbeing, and improving the quality of care;
- reviewed the Service Framework for Cardiovascular Health and Wellbeing;
- and consulted on a Service Framework for Older People's Health and Wellbeing.

Work has continued on the development of a Service Framework for Children and Young People's Health and Wellbeing.

Autism Strategy and Action Plan

The Department continues to lead on the drafting and development of the Cross Departmental Autism Strategy and action Plan which went out to public consultation during this reporting period with the consultation closing in March 2013. The purpose of the Strategy will be to make public services better for individual children, young persons and adults with autism, their carers and families.

The Strategy aims to ensure that the services commissioned and provided by government departments in NI for people with autism, their families and carers will have developed in such a way 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.

**Tobacco Control**

A new ten-year strategy was launched by the Department in February 2012. This new strategy has three main objectives: to reduce the numbers of people in Northern Ireland taking up smoking; to encourage more smokers here to quit; and to afford greater protection for the whole population from tobacco-related harm. Although the strategy is aimed at the entire population, it will retain a focus on: children and young people; pregnant women, and their partners, who smoke; and disadvantaged adults.

Legislation was introduced from 31 October 2012, banning the display of tobacco products in large retail outlets in Northern Ireland. The aim is to discourage children and young people from taking up the smoking habit and to create a supportive environment for people who want to quit.

**EQUALITY, GOOD RELATIONS AND HUMAN RIGHTS STRATEGY AND ACTION PLAN**

Implementation of the actions supporting the [Equality, Good Relations and Human Rights strategy](#), has continued during 2012/13. A key objective in the strategy is about delivering culturally competent services.

• **Hard to reach Groups**

DHSSPS continues to implement actions to support the “[Tackling Violence at Home’ strategy](#)”. The Strategy’s [Action Plan for 2010/12](#) includes a commitment
to engage with people from hard to reach groups including lesbian, gay & bisexual, and Transsexuals. A “Hard to Reach” Domestic and Sexual Violence Working Group was established in October 2011 to help deliver on relevant actions in the Strategy’s Action Plan to better engage hard to reach groups, including, Lesbian, Gay, Bisexual and Transsexuals (LGBT), older people, ethnic minorities and people with disabilities, ensuring that the unique needs of these people are met. Membership of the group included stakeholders from a broad range of organisations which represent the interests of individuals from hard to reach groups.

DHSSPS and the Department of Justice have jointly developed the Tackling Domestic and Sexual Violence and Abuse Action Plan Action: April 2012 to September 2013. The Plan includes an action around engagement with people from hard to reach groups who may be victims of domestic or sexual violence.

- **Interpreting Service**

  The Department, via the Regional Health and Social Care Board, continued to fund the Northern Ireland Health and Social Care Interpreting Service. The demand for the service has continued to increase year on year; 75,649 requests were received during this reporting period covering some 39 languages.

  All interpreters on the NIHSCIS register are now required to be accredited to OCN Level 4 in Health and Social Care. Belfast HSC Trust manages the NIHSCIS and has facilitated the provision of professional development sessions for the 380 interpreters on the NIHSCIS register. The aim of this is to provide learning and development opportunities for the interpreter and to specifically broaden their knowledge of health and social care specialties, and improve their interpreting competence in more complex areas.

  Professional development programmes have been developed in a number of complex areas:
• Mental Health;
• Domestic Violence;
• Speech and Language;
• Dealing with Traumatic experiences; and
• Social Work.

Suicide Prevention Strategy

During this reporting period the Department led the development of the Refreshed Protect Life Strategy which was published in June 2012. The strategy is cross departmental and cross sectoral and involved extensive engagement with key stakeholders including community groups and families bereaved by suicide. The refresh has drawn on learning from a number of sources including: an extensive review of evidence worldwide; evaluation of component parts of Protect Life and experience from strategy implementation. The new aim of the refreshed strategy is “to reduce the differential in the suicide rate between deprived and non-deprived areas”. With a hugely marked differential in suicide rates between deprived and non-deprived areas, particularly for males in the 15 to 45 age group, it is considered that reducing this disparity has the best potential to save lives.

Mental Capacity (Health, Welfare and Finance) Bill

The Department continued work to prepare a Mental Capacity (Health, Welfare and Finance) Bill, which will provide for a statutory presumption of mental capacity in all the assessments of that capacity in those thought incapable of making decision themselves and substitute decision making arrangements for those considered unable to make a decision for themselves. In 2011-12 the Health and Justice Ministers agreed to extend the scope of the Bill to those subject to the criminal justice system. This will mean that individuals who lack capacity and who are being dealt with under the criminal justice system will have available to them the same protections as individuals in civil society.
The bulk of the Bill has been prepared and, following integration of the provisions which will relate to those within the criminal justice system, it is now hoped that the Bill will be issued for public consultation in 2014.

Improving and Safeguarding Social Wellbeing

In April 2012 the Department published ‘A Strategy for Social Work in Northern Ireland 2012-2022’ which set out a vision and agenda for action for social work and social workers in improving and safeguarding the social well-being of individuals, families and communities. It provides a framework for practice that reflects the role of social work in early intervention and prevention as well as in more targeted and specialist services for those in need of care or protection. There are ten strategic priorities which set out the direction for social work for the future and will help improve outcomes for service users, strengthen supports for frontline workers and improve the quality of social work services.

Minimum Standards for Childminding and Day Care for Children under age 12

Following a consultation in 2011/12 the Department published Childminding and Day Care for Children under age 12 – Minimum Standards in July 2012. The Minimum Standards have been developed to provide assurance of a consistent level of quality in these services, and also to ensure a consistent regional approach to registration and inspection. Health and Social Care (HSC) Trusts are responsible for registering and inspecting these services against the requirements laid down in the Children (Northern Ireland) Order 1995. The standards have been developed in this context, and aim to clarify the requirements contained in the legislation. This will ensure a regional approach to registration and inspection which will in turn mean that children and their parents who use these services, along with service providers, can have confidence that all services will be measured against the same benchmark.

Child and Adolescent Mental Health Services – a Service Model
Following a consultation in 2011/12 the Department published ‘Child and Adolescent Mental Health Services – a Service Model’ in July 2012. The aim is to confirm the preferred model for the organisation and delivery of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland. The document was developed in response to a specific recommendation of the 2011 report of the Regulation and Quality Improvement Authority (RQIA) Independent Review of CAMHS in Northern Ireland and also adheres to the overall strategic direction for CAMHS as set out in the Bamford Review.

**The Future of Adult Care and Support in Northern Ireland**

In Northern Ireland, like the rest of the UK and Europe, adult care and support provision is coming under increasing pressure for range of reasons, such as an ageing population, increased expectations and a difficult financial climate. Given this, it is widely believed that our current care and support system will be unable to cope with the demands of the future unless significant changes are made.

For this reason, in September 2012, the Department launched a six month consultation on the discussion document “Who Cares? The Future of Adult Care and Support in Northern Ireland”. This was a first step in a three stage process to reform the provision and funding of adult care and support services.

The purpose of the “Who Cares?” discussion document was to raise awareness about these pressures among the population of Northern Ireland, and to engage as many people as possible in a meaningful debate about the future provision and funding of these services.

- What are the main initiatives planned in the coming year to ensure the authority improves outcomes in terms of equality of opportunity and good relations for individuals from the nine categories covered by Section 75?
  
  *(Enter text below)*
Quality 2020 – A 10 year Quality Strategy for Health and Social Care in NI

Following on from the publication of the policy “Quality 2020 - A 10-Year Quality Strategy For Health and Social Care In Northern Ireland” the Department published the associated Implementation Plan in May 2012.

The implementation plan includes an action to extend the use of service frameworks. It is expected that this work will commence during 2013/14.

Maternity Strategy


The Health and Social Care Board (HSCB) and Public Health Agency (PHA) will co-lead the implementation of this Strategy. They will work with local health economies to include Local Commissioning Groups, HSC Trusts, primary care practitioners, and other providers of maternity care.

The HSCB/PHA will be responsible for development of a regional Action Plan using the twenty-two objectives and six outcomes identified in the strategy.

Each objective will require the HSCB/PHA to develop a number of actions. Improvements should be made in line with the best possible, up to-date evidence from research. Performance measures to demonstrate improvement in service provision and outcomes for women and the wider family circle will be a necessary part of the Action Plan.

Sexual Health Promotion Strategy & Action Plan

In June 2013, Minister Poots agreed to extend the life of the Sexual Health Promotion Strategy and Action Plan 2008-2013 to 2015. The development of the extension will be based on a review of progress over the period of the Strategy and will include a limited number of new actions.
**Breastfeeding**

Breastfeeding - A Great Start: A Strategy for Northern Ireland 2013-2023 was launched in June 2013. The purpose of the Strategy is to improve the health and well-being of mothers and babies in Northern Ireland through breastfeeding. The Strategy recognizes that some groups may require particular action and support including young mothers, vulnerable infants (including premature infants, those with disabilities and long term illness), families with inborn errors of metabolism, mothers from ethnic minority groups and migrants.

**Suicide Prevention**

The Protect Life Strategy was refreshed in 2012 to cover the period up to April 2014 to maintain momentum of the delivery of suicide prevention initiatives and programmes, and to allow time for meaningful evaluation of the Strategy. Evaluation has been completed and the evaluation report was published in October 2012. It is now proposed to develop a new suicide prevention strategy and high level action plan to cover the period 2014–2019.

**Service Frameworks Development**

The Department will publish the Service Framework for Older People’s Health and Wellbeing and the revised Service Framework for Cardiovascular Health and Wellbeing. The Service Framework for Respiratory Health and Wellbeing will be reviewed and work will continue on the development of a Service Framework for Children and Young People’s Health and Wellbeing.

**Tobacco Control**

In April 2013 the Department introduced the Tobacco Retailers Bill to the Assembly and is expected to reach the Final Stage before the end of December 2013. This Bill places a requirement on all retailers to register if they wish to sell tobacco products and introduces tougher sanctions against retailers for persistent under-age tobacco sales.
**Fit and Well – Changing Lives**

During this reporting period the Department consulted on, and continues to work on, the development of the planned successor to the Investment for Health Strategy “Fit and Well – Changing Lives”. Like its predecessor ‘Investing for Health’ this proposed new strategic framework will require partnership working across government, the statutory and community and voluntary sectors. It is anticipated that the final framework will be published during 2013/14, subject to executive approval.

**Autism Strategy and Action Plan**

The Department continues to lead on the drafting and development of the Cross Departmental Autism Strategy and action Plan. The public consultation closed in March 2013. The purpose of the Strategy will be to make public services better for individual children, young persons and adults with autism, their carers and families.

**New Strategic Direction for Alcohol & Drugs Phase 2 (2011-2016)**

The Department continues to progress the New Strategic Direction for Alcohol & Drugs (NSD) Phase 2 - 2011-2016. This Strategy is cross-departmental, cross-sectoral and Phase 2 sets out outcomes across five main areas: prevention and early intervention; harm reduction; treatment and support; law and criminal justice; and monitoring, evaluation and research.

**Safeguarding Children and Vulnerable Adults**

The Department is currently revising Government’s key children’s safeguarding policy guidance, Co-operating to Safeguard Children to ensure that it is reflective of changes in legislation, guidance, policies and procedures and changes in service delivery structures since it was published in 2003. It is intended the revised document will provide the overarching policy framework for all relevant Departments, their agencies and other key stakeholders, in respect of working together to safeguard children in Northern Ireland. This policy framework is due to be published in March 2015.
The Department and Department Of Justice are taking forward the development of a Safeguarding Vulnerable Adults Policy Framework. This framework will stipulate a number of policy objectives ranging from the prevention of adult abuse through implementation of good safeguarding arrangements to effective protective responses from lead protection agencies (principally the police and social services) when adult abuse occurs or is suspected. It is hoped that the policy framework will be issued for consultation later this year.

**Mental Capacity (Health, Welfare and Finance) Bill**

While it had been hoped to consult on the Mental Capacity Bill in mid 2013, the Department has decided to await the integration of the clauses which will apply to those within the criminal justice system before consulting on the Bill in its entirety. The Bill is expected to be issued for consultation in 2014.

**The Future of Adult Care and Support in Northern Ireland**

The Department is currently considering how best to take forward the second stage of the Reform of Adult Care and Support. This stage will see the development of proposals for reform, covering both the strategic direction of adult care and support services, and how these are funded. Proposals will build on the draft vision and founding principles outlined in the stage 1 discussion document “Who Cares?” All proposals will be subject to full public consultation in due course.

**New / Revised Equality Schemes**

- Please indicate whether this reporting period applies to a new or revised scheme and (if appropriate) when the scheme was approved?
  
  *(Enter text below)*

The Department’s revised Equality Scheme was approved by the Equality Commission on 28 March 2012. For the purposes of this annual report the Department’s new Equality Scheme applies.
Implementation of the Scheme began in April 2012 and has progressed throughout the year. Some elements of the implementation will be actioned in 2013/14.
Section 1: Strategic Implementation of the Section 75 Duties

- Please outline evidence of progress made in developing and meeting *equality and good relations objectives*, performance indicators and targets in corporate and annual operating plans during 2012-13. (Enter text below)

1.1 The Department continues to work towards meeting its key targets in keeping with the commitments set out in the [Programme for Government 2011-2015](#) to address inequality, and ensure fairness, inclusion and equality of opportunity. The key targets focus on reducing smoking, suicide, binge drinking, illicit drug use particularly among young people and vulnerable groups; halting the rise in obesity and increasing the average life expectancy for women and men, as well as reducing the life expectancy differential between the most disadvantaged areas and the NI average.

**Corporate/Business plan**

1.2 The Department’s Corporate/Business plan for 2011- 2015 reflects 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. The Department’s business plan 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. In addition, the plan includes an action for the Department to exercise effective oversight of its Arms Length Bodies in terms of their statutory obligations.

**Programme for Government**

1.3 PfG 2011-15 was agreed by the Executive on 8 March 2012, endorsed by the Assembly on 12 March 2012 and published by the First Minister and Deputy First Minister also on 12 March 2012.
In the PfG 2011-15 there are five high level priorities which are to be delivered by 82 commitments. Six of these are led by DHSSPS. They are:

- Allocate an increasing percentage of the overall health budget to public health;
- Enrol people who have a long-term (chronic) condition, and who want to be enrolled, in a dedicated chronic condition management programme;
- Invest £7.2 million in programmes to tackle obesity;
- Introduce a package of measures aimed at improving Safeguarding Outcomes for Children and Vulnerable Adults across Northern Ireland;
- Improve patient and client outcomes and access to new treatments and services; and
- Reconfigure, Reform and modernise the delivery of Health and Social care services to improve the quality of patient care.

Formal monitoring and reporting of progress against PfG 2011-15 began in quarter 2 of 2012-13, which covered the period April – September 2012. Delivery Plans, which clearly articulate how each commitment is delivered and against which progress is measured, have been developed and approved by the Minister.

**Management of Arm’s Length Bodies**

1.4 The Department has oversight responsibility for the Arms Length bodies which, together, make up the health, social care and public safety system.

The following table shows the current position in terms of having 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 have asked the SBNI to prepare an Equality Scheme and Equality Action Plan. These are to be submitted to the Commission by 1 August 2013.
Section 2: Examples of Section 75 Outcomes / Impacts

Given the renewed focus of Section 75 aiming to achieve more tangible impacts and outcomes and addressing key inequalities; please report in this section how the authority’s work has impacted on individuals across the Section 75 categories. Consider narrative in the following structure:

- Describe the action measure /section 75 process undertaken.
- Who was affected across the Section 75 categories?
- What impact it achieved?

• Please give examples of changes to policies or practices using screening or EQIA, which have resulted in outcomes or impacts for individuals. If the change was a result of an EQIA please indicate this and also reference the title of the relevant EQIA.
  (Enter text below)

• Please give examples of outcomes or impacts on individuals as a result of any other Section 75 processes e.g. consultation or monitoring:
  (Enter text below)

Review of HSC Student Bursaries 2012

2.1 In February 2012 the DHSSPS undertook a Review of Bursary support schemes for the following professional groups – Nursing, Midwifery, Social Work, Allied Health Professional and Fifth year medical and dental students.

After considering officials’ briefings on responses to the consultation document and the policy screening document the Minister agreed changes to the bursary scheme for Nursing And Midwifery students entering training in 2012/13. Minister’s decision, was to decrease the basic non means tested bursary (by £890 per annum) but to increase the means-tested dependency allowances by 5% to help mitigate against perceived loss of income, for those with dependents. This was in keeping with Department’s commitment to the widening participation principle which aims to promote and provide equality of opportunity in access to health and social care
training. Book and uniform allowance (£190 one-off payment) was also discontinued for all new students.

Following a meeting with National Union of Students and the Union of Students Ireland (NSU-USI), however, Minister granted continuation of book and uniform allowance (£190) for one additional year to mitigate against the short timescale between announcement on the outcome of the consultation and students beginning training.

**New Breastfeeding Strategy**

2.2 A draft Breastfeeding Strategy was issued for public consultation in May 2012. As part of the consultation process a small number of those who responded felt that the needs of migrant families, BME groups and travellers, teenage mothers and mothers who choose not to breastfeed needed to be addressed. The Department agreed to amend the Strategy’s Actions to include the needs of travellers, migrant families and BME groups.

**Minimum Standards for Childminding and Day Care for Children Under Age 12**

2.3 Following a consultation in 2011/12 the Department published Childminding and Day Care for Children under age 12 – Minimum Standards in July 2012. As part of the consultation process Children in Northern Ireland (CiNI) submitted detailed proposals for refinement of the values and principles underpinning the standards to reflect a rights-based approach and these have been adopted into the final document.

**Living with long term conditions**

2.4 In April 2012, the Department launched the policy framework, ‘Living with Long Term Conditions’. As part of the consultation process two respondents referred to
the potential for stigma for people with a long term condition and that this should be mentioned in the text. Reference was subsequently added to this effect.

In addition, one respondent noted that some people may be unable to avail of services and attention should be given to hard to reach groups such as migrant workers, ethnic minorities and people with learning difficulties. The document makes reference to the need for care and information to be tailored to individuals. References on the need for individual circumstances to be taken into consideration were subsequently strengthened in chapters 1, 2, 3 and 5.

**Advocacy Services**

2.5 Following a consultation in 2011/12 the Department published the policy “Developing Advocacy Services - A Guide For Commissioners and associated Action Plan” in May 2012. The Department engaged widely with service users, carers and other stakeholders via consultation workshops and the formal consultation process. As a result of feedback and consultation responses received changes were made to the final Policy Guide. These changes are detailed in this section of the Department’s 2011/12 Annual Progress Report.

**Location of Shared Services**

2.6 Following a consultation in 2011/12 the Department published its decision in relation to the location of shared services for certain HSC functions: finance (payments and income), human resources (recruitment and selection) and payroll, travel and subsistence. The consultation attracted a large response (2,471) and in light of the comments received mitigations were introduced to help address these issues. The major issues raised in the consultation responses were addressed in the revised EQIA.

As a mitigating action, the Minister decided to create, for a period of up to two years, satellite recruitment and selection office in Londonderry and a satellite accounts
payable office in Downpatrick. This additional transitional arrangement will sustain services during the move to the four centres of expertise structure and mitigate the uncertainties faced by a significant number of staff currently employed by the Western and South Eastern Trusts.

Details are set out in the Department’s response to the consultation and final EQIA which can be view [here](#).

**The Future of Adult Care and Support in Northern Ireland**

2.7 The consultation on the discussion paper “Who Cares – The Future of Adult Care and Support in Northern Ireland” raised a number of issues around equality and equal access to care and support services. These included:

- social isolation of people living in rural areas, particularly older people;
- the impact of changes on women, who are more likely to be unpaid carers, paid care workers, and more likely to be in receipt of domiciliary care services;
- older people may be disproportionately affected by concerns about the complex nature of the management of Direct Payments;
- the needs of people with learning disabilities may be overlooked due to the sustained focus and lobby around the needs of the larger Older People population;
- disabled people and people with dependents may be adversely impacted by reductions in services;
- LGBT people may feel uncomfortable in formal care settings;
- People without family to provide informal care may be disadvantaged as they have less support to enable them to remain independent in their own homes.

These issues will be considered during the development of proposals at stage 2.
Please give examples of outcomes or impacts on individuals as a result of any action measures undertaken as part of your Section 75 action plan:
(Enter text below)

Physical and Sensory Disability Strategy

2.8 Inclusion of a specific action in the new Physical and Sensory Disability Strategy to address the difficulties faced by people with a sensory impairment in accessing information about HSC services

The Department’s Physical and Sensory Disability Strategy and Action Plan includes the following action:

Ensure that information and advice about services is accessible and staff are trained to communicate appropriately with people with disabilities - this could include, for example, establishing a regional best practice model for communicating HSC appointments to people who are blind or partially sighted.

Progress to date includes:

- The production of an Accessible Communication Guidelines as a result of funding allocated to Action on Hearing Loss/ Royal National Institute for the Blind to produce regional composite guidelines for GPs for patients with sensory loss.

- Engagement is underway with the Regional Patient Access System Group to explore how patient booking systems can be made accessible for service users with sensory needs.

The HSC Board established the Disability Strategy Implementation Group which is tasked with taking forward the implementation of the Strategy.
Cervical Cancer Screening

2.9 Lower uptake of cervical cancer screening in women aged 25-29 compared to those in the older age brackets up to 64

The proportion of Northern Ireland women having a smear test has been increasing year on year. However, almost a quarter of women, in Northern Ireland still do not attend for cervical screening.

To help combat this, and in order to raise awareness, the Department of Health and Social Services and Public Safety (DHSSPS) and Public Health Agency (PHA) work with a range of stakeholders, including a number of cancer charities who provide information and support for all individuals and their families affected by cancer in Northern Ireland. For example the PHA fund Women's Resource & Development Agency (WRDA) to train community facilitators to deliver breast and cervical awareness programmes in Belfast and South Eastern Trust areas to vulnerable groups.

National Cervical Cancer Prevention Week is held in January each year and the Public Health Agency (PHA) use this opportunity to highlight the importance for women of attending for screening.

The PHA has undertaken work to explore how potential inequalities in the uptake and coverage of all cancer screening programmes can be addressed. A workshop took place on 10th November 2011 for a range of stakeholders including cancer charities, those who work with hard to reach groups and health professionals involved in all aspects of the screening process, such as promotion, implementation and delivery. A four year action plan (2012-2015) to help promote informed choice in cancer screening, including cervical screening, has been developed by the PHA, and is currently being implemented.
**Young people binge drinking**

2.10 The New Strategic Direction for Alcohol and Drug Phase 2 (NSD) focuses on preventing, addressing, and reducing the harm related to alcohol and drug misuse. It is underpinned by the Addressing Young People’s Drinking Action Plan. The HSC is leading a range of actions to target these issues.

NSD Phase 2 will run until the end of 2016. The addressing Young people’s Drinking Action Plan has been incorporated within the revised NSD.

We have seen a reduction in the number of young people (11-16) getting drunk from 33% in 2003 to 23% in 2010. 50% of drinkers in the 18-29 age group binge drink (down from 54% in 2008). 32% of drinkers in the 18-29 age group drink above the weekly sensible limits (down from 35% in 2008).

**Reduction in Mixed Wards**

2.11 Since January 2008 Trusts have been required to ensure that all new hospitals are planned on the basis of 100 per cent single rooms and that the number of single rooms in existing facilities is maximised when carrying out major refurbishments. Over time, the implementation of this policy will facilitate an end to mixed-sex ward areas.

Health Estates Investment Group (HEIG) deals with design and planning for new buildings. All new buildings have bedded areas with single sex accommodation in single ensuite rooms, this applies to all programmes of care. The standards also apply to areas such as recovery or day surgery/endoscopy units means that there are dedicated bays with toilet facilities.

HEIG has also sponsoring upgrades to Clinical Environments one of the criteria used is in relation to the provision of Privacy and Dignity. This capital money has
been allocated to Trusts and mainly deals with improving access to single sex toilet and shower accommodation and single room use.

New facilities where opened at various Trusts; for example, the Western Trust’s new South West Acute Hospital was opened in June 2012 Hospital and provides access to 300 single rooms.

Suicide among males

2.12 During this reporting period the Department led the development of the Refreshed Protect Life Strategy which was published in June 2012. The strategy is cross departmental and cross sectoral and involved extensive engagement with key stakeholders including community groups and families bereaved by suicide. The refresh has drawn on learning from a number of sources including: an extensive review of evidence worldwide; evaluation of component parts of Protect Life and experience from strategy implementation. The new aim of the refreshed strategy is “to reduce the differential in the suicide rate between deprived and non-deprived areas”. With a hugely marked differential in suicide rates between deprived and non-deprived areas, particularly for males in the 15 to 45 age group, it is considered that reducing this disparity has the best potential to save lives.

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

2.13 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 the aim is to have a significant reduction in the number of people in long stay hospitals, supporting the aim that no-one will be in a learning disability hospital unless they are receiving treatment, by March 2015. A further 42 long stay learning disability patients were resettled against a regional target of 38.
Development of Advocacy services for those lacking capacity


This Policy Guide was developed by a working group chaired by the PCC and aimed to help commissioners better understand and develop advocacy services in a health and social care setting in Northern Ireland. It builds on the Bamford Review report on Human Rights and Equality of Opportunity and the outcomes of a workshop held by the Advocacy NI Network in January 2010, it describes the different models of advocacy and sets out core principles and standards for the future commissioning and delivery of all advocacy services whilst recognising that these may need to be tailored to address the needs of specific client groups.

Mental Capacity (Health, Welfare and Finance) Bill.

2.15 The Department continued work to prepare a Mental Capacity (Health, Welfare and Finance) Bill, which will provide for a statutory presumption of mental capacity in all the assessments of that capacity in those thought incapable of making decision themselves and substitute decision making arrangements for those considered unable to make a decision for themselves. In 2011-12 the Health and Justice Ministers agreed to extend the scope of the Bill to those subject to the criminal justice system. This will mean that individuals who lack capacity and who are being dealt with under the criminal justice system will have available to them the same protections as individuals in civil society. The bulk of the Bill has been prepared and, following integration of the provisions which will relate to those within the criminal justice system, it is now hoped that the Bill will be issued for public consultation in 2014.
Tackling domestic and sexual violence among “hard to reach” groups.

2.16 DHSSPS continues to implement actions to support the “Tackling Violence at Home’ strategy”. The Strategy’s Action Plan for 2010/12 includes a commitment to engage with people from hard to reach groups including lesbian, gay & bisexual, and Transsexuals. A “Hard to Reach” Domestic and Sexual Violence Working Group was established in October 2011 to help deliver on relevant actions in the Strategy’s Action Plan to better engage hard to reach groups, including, Lesbian, Gay, Bisexual and Transsexuals (LGBT), older people, ethnic minorities and people with disabilities, ensuring that the unique needs of these people are met. Membership of the group included stakeholders from a broad range of hard to reach groups.

DHSSPS and the Department of Justice have jointly developed the Tackling Domestic and Sexual Violence and Abuse Action Plan Action: April 2012 to September 2013. The Plan includes an action around engagement with people from hard to reach groups who may be victims of domestic or sexual violence.

Furthermore, a key initiative in the effort to raise the standards of care for all victims of sexual violence in Northern Ireland is the establishment of a regional Sexual Assault Referral Centre (SARC) within the grounds of Antrim Area Hospital. The SARC, known as ‘The Rowan’, opened in June 2013 and provides victims of rape and serious sexual assaults with a safe, secure and confidential environment.
**Section 3: Screening**

- Please provide an update of new / proposed / revised *policies screened* during the year.

For those authorities that have started issuing of screening reports in year; this section may be completed in part by appending, to this annual report, a copy of all screening reports issued within the reporting period.

Where screening reports have not been issued, for part or all of the reporting period, please complete the table below:

<table>
<thead>
<tr>
<th>Title of policy subject to screening</th>
<th>What was the screening decision? E.g. screened in, screened out, mitigation, EQIA...</th>
<th>Were any concerns raised about screening by consultees; including the Commission?</th>
<th>Is policy being subject to EQIA? Yes/No If yes indicate timeline for assessment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of the HSC Student Bursary Scheme 2012</td>
<td>Screened out with Mitigation - see 2.1</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Consultation on proposed increases to employee contribution rates in Firefighter Pension Schemes (2013-14)</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>A 10 Year Quality Strategy for Health and Social Care in Northern Ireland</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Learning Disability Service Framework</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE CG 10 Diabetes (type II) Footcare</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE CG 138 Patient Experience in Adult NHS Services</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
<td>NICE CG 139 Infection Control</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE CG 140 Opioids in Palliative Care</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE CG 141 Acute Upper Gastrointestinal Bleeding</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
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<tr>
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</tr>
<tr>
<td>NICE CG 142 Autistic Spectrum Conditions in Adults</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
<td>NICE CG 143 Sickle Cell Acute Painful Episode</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
<td>NICE CG 144 Venous Thromboembolic Diseases</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
<td>NICE CG 145 - Spasticity in Children and Young People</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
<td>NICE CG 146 Osteoporosis: assessing the risk of fragility fracture</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
<td>NICE CG 147 Lower limb peripheral arterial disease</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
<td>NICE CG 148 Urinary incontinence in neurological disease</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
<td>NICE CG 149 Antibiotics for early-onset neonatal infection</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
<td>NICE CG 150 Diagnosis and management of headaches in young people and adults</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
<td>NICE CG 151 Prevention and management of neutropenic sepsis in cancer patients</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE CG 152 - Crohn's disease: management in adults, children and young people.</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
<td>NICE CG 153 - Psoriasis: the assessment and management of psoriasis</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
<td>NICE CG 154 – Etopic</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
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<td>What was the screening decision? E.g. screened in, screened out, mitigation, EQIA...</td>
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</tr>
<tr>
<td>pregnancy and miscarriage</td>
<td></td>
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<tr>
<td>NICE CG 26 Post Traumatic Stress Disorder</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE CG 29 Pressure Ulcer Management</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 258 Lung Cancer (non small-cell, EGFR-TK mutation positive, first line) – Erlotinib</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 1 Wisdom Teeth Removal</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
<td>NICE TA 10 Asthma (children under 5) Inhaler Devices</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 25 Pancreatic Cancer - Gemcitabine</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 250 Breast Cancer (locally advanced or metastatic) - Eribulin</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 241 Dasatinib, nilotinib and standard-dose imatinib for the first line treatment of chronic myeloid leukaemia (incl part-review of TA 70)</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 252 Hepatitis C (genotype 1) - Boceprevir</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 253Hepatitis C (genotype 1) - Telaprevir</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
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<tr>
<td>NICE TA 254 Multiple Sclerosis (relapsed-remitting) Fingolimod</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 255 Cabazitaxel for the second line treatment of hormone refractory, metastatic prostate</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Title of policy subject to screening</td>
<td>What was the screening decision? E.g. screened in, screened out, mitigation, EQIA...</td>
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</tr>
<tr>
<td>cancer</td>
<td></td>
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<tr>
<td>NICE TA 256 Atrial Fibrillation (stroke prevention) - Rivaroxaban</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 261 Rivaroxaban for the treatment of deep vein thrombosis and prevention of recurrent deep vein thrombosis and pulmonary embolism</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 263 Bevacizumab in combination with capecitabine for the first-line treatment of metastatic breast cancer</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 264 Alteplase for treating acute ischaemic stroke (review of technology appraisal guidance 122)</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 266 - Mannitol dry powder for inhalation for the treatment of cystic fibrosis</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 267 - Ivabradine for the treatment of chronic heart failure</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 271 - Fluocinolone acetonide intravitreal implant for the treatment of chronic diabetic macular oedema after an inadequate response to prior therapy</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 257 Breast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title of policy subject to screening</td>
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</tr>
<tr>
<td>Cancer (first-line treatment, metastatic hormone-receptor-positive that overexpresses HER2) - Lapatinib or Trastuzumab (in combination with an aromaste inhibitor)</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 260 Migraine (chronic) - Botulinum Toxin Type A</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 259 Prostate Cancer (castration-resistant, metastatic, previously treated with a Docetaxel-containing regimen) - Abiraterone</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 268 – Ipilimumab for previously treated advanced (unresectable or metastatic) malignant melanoma.</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 272 – Vinflunine for the treatment of advanced or metastatic transitional cell carcinoma of the urothelial tract</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 265 – Denosumab for the treatment of bone metastases from solid tumours</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NICE TA 269 – Vemurafenib for the treatment of locally advanced or metastatic BRAF V600 mutation-positive melanoma.</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Title of policy subject to screening</td>
<td>What was the screening decision? E.g. screened in, screened out, mitigation, EQIA...</td>
<td>Were any concerns raised about screening by consultees; including the Commission?</td>
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</tr>
<tr>
<td>Generic Standards for Service Framework</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Policy for Cleaning Provision and Management in Health and Social Care Sector</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>A Strategic Framework for the delivery of HSC Catering Services 2012-2016</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>A Strategic Framework for the Delivery of HSC Laundry &amp; Linen Service 2012-2017</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Appointment of Consultants (Amendment) Regulations (Northern Ireland) 2012</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Proposed amendments to the Council of the Pharmaceutical Society of Northern Ireland (Continuing Professional Development) Regulations (Northern Ireland) 2012</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Proposals for New Arrangements for Pharmacy Pre-Registration Training in Northern Ireland</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Guidance to the Safeguarding Board for Northern Ireland</td>
<td>Screened out</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
**Section 4: Equality Impact Assessment (EQIA)**

Please provide an update of policies subject to EQIA during 2012-13, stage 7 EQIA monitoring activities and an indicative EQIA timetable for 2013-14.

- **EQIA Timetable: April 2012 - March 2013**

<table>
<thead>
<tr>
<th>Title of Policy EQIA</th>
<th>EQIA Stage at end March 2013 (Steps 1-6)</th>
<th>Outline adjustments to policy intended to benefit individuals and the relevant Section 75 categories due to be affected.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental capacity and mental health legislative proposals</td>
<td>Ongoing 6</td>
<td>Following earlier consultation and further policy development, this EQIA has been updated. It will be published alongside the consultation paper for the draft Bill in early 2014.</td>
</tr>
<tr>
<td>Consultation and EQIA on the draft Adoption and Children Bill</td>
<td>Ongoing 2</td>
<td></td>
</tr>
<tr>
<td>Consultation on the Model of Shared Services for Implementation in Health and Social Care in Northern Ireland</td>
<td>7</td>
<td>Final decision and EQIA published in May 2013</td>
</tr>
</tbody>
</table>

Where the EQIA timetable for 2012-13 (as detailed in the previous annual S75 progress report to the Commission) has not been met, please provide details of the factors responsible for delay and details of the timetable for re-scheduling the EQIA/s in question.

*(Enter text below)*

- **Ongoing EQIA Monitoring Activities: April 2012- March 2013**

| Title of EQIA subject to Stage 7 monitoring | Indicate if differential impacts previously identified have reduced or increased | Indicate if adverse impacts previously identified have reduced or increased |
Please outline any proposals, arising from the authority’s monitoring for adverse impacts, for revision of the policy to achieve better outcomes the relevant equality groups:

(Enter text below)

2013-14 EQIA Timetable

<table>
<thead>
<tr>
<th>Title of EQIAs due to be commenced during April 2013 – March 2014</th>
<th>Revised or New policy?</th>
<th>Please indicate expected timescale of Decision Making stage i.e. Stage 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consult on closure of Independent Living Fund (ILF) in 2015 and develop proposals for future support of ILF users in NI.</td>
<td>New</td>
<td>Not known at time of report</td>
</tr>
<tr>
<td>Consultation and EQIA on the draft Adoption and Children Bill</td>
<td>Revised</td>
<td>2013-14 (Provisionally)</td>
</tr>
</tbody>
</table>
Section 5: Training

- Please outline training provision during the year associated with the Section 75 Duties / Equality Scheme requirements including types of training provision and conclusions from any training evaluations. (Enter text below)

5.1 The DHSSPS Equality Web Pages are regularly updated and are a useful source of information and guidance for staff on section 75 matters.

5.2 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).

- **National Vocational Qualifications**

  The Department offers NVQ Levels 2 and 3 in Business Administration which contain a mandatory unit requiring candidates to demonstrate competence in working and interacting with others in a way that is sensitive to individual needs and which respects all backgrounds, abilities, values, customs, beliefs and shows compliance with organisational procedures and legal requirements in relation to discrimination legislation.

  In 2012/13 eleven DHSSPS staff were undertaking an NVQ at either Level 2 or Level 3 and 2 DHSSPS NVQ Assessors worked with DFP assisting CAL with the delivery of DFPs NVQ programme. Candidates received a total of 28 credits for completed NVQ Units.

- **Diversity Now Training**

  The Department continues to organise classroom based training in Diversity for all staff who are new to the Department and the NICS. This year 21 staff
attended this training which is designed to deliver 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.

- **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 42 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 29 staff receiving the information and awareness this year.

- **Deaf Awareness**
  The Department regularly organises training in Deaf Awareness to be provided on site for DHSSPS staff. Due to the significant number of staff who have already benefited from this training there was insufficient demand to run a departmental courses during this reporting period. However it is planned to organise this training again, numbers permitting, in the coming year. A new initiative is that the Department will be working with Action on Hearing Loss later this year to offer Departmental staff an opportunity to have their hearing tested.
5.3 The Centre for Applied Learning (CAL) delivers focused training to departmental staff who are directly engaged in taking forward the implementation of the equality scheme commitments. CAL’s delivery of training to departmental staff include courses such as Diversity Now, EQIA Workshops, Public Consultation and Engagement in the NI Context, Disability Awareness for frontline staff and An Introduction to Section 75. The suite of training provided by CAL is kept under regular review and revised when required.

5.4 An Introduction to Section 75

During this reporting period the Department’s Equality Unit, in conjunction with Personal Development Branch, trawled departmental staff for interest in an opportunity to refresh Section 75 awareness/knowledge. A total of 22 staff expressed interest to avail of the opportunity. It is expected that CAL will deliver this training during 2013/14 reporting period.
Section 6: Communication

- Please outline how the authority communicated progress on delivery of the Section 75 Duties during the year and evidence of the impact / success of such activities.
(Enter text below)

**Department Website**

6.1 The [Equality](#) section on the Department’s website is regularly updated and continues to provide information on developments and progress on promoting equality of opportunity and good relations and includes copies of the Department’s Annual Reports to the Equality Commission. The Consultation page on the Department’s website contains useful links, guidance and sources of information on consultations.

**Equality and Human Rights Steering Group**

6.2 The Equality and Human Rights Steering Group (EHRSG) continues to provide a valuable forum for discussion and dissemination of information on progress on the delivery of the statutory duties. EHRSG, chaired by the Department, comprises equality leads from the Department and the Health and Social Care (HSC) family of organisations, Progress on delivery of the statutory duties is discussed at all meetings.

6.3 EHRSG continues to engage regularly with Section 75 representative groups. During this reporting period the Group met with “Royal College of Speech and Language Therapists” which helps raise awareness of communication disabilities and difficulties. EHRSG also met with officials from the Department, the Regional Health and Care Board to discuss issues and policies that impacted on S75 groups and tackling inequalities, Officials from the Equality Commission also made a presentation on its new S75 Training Programme to the Group. EHRSG intends to maintain its engagement with S75 representatives in the coming year.

**Consultation**
6.4 In August 2012 the Department consulted on all of its policies equality screened between April 2011 and March 2012.

6.5 During this reporting period the Department set about updating its consultee list. Work is continuing towards completion of this exercise.

**Internal**

6.6 When appropriate, the internal team briefing system and the associated monthly team talk bulletin is used to communicate progress on the delivery of the Section 75 duties to staff.

6.7 Following the approval of the Department’s new Equality Scheme a number of actions were taken to raise awareness and deliver implementation. These included:

- Briefing of staff through the Department’s branch team briefing mechanism;
- Information through the written team brief bulletin;
- Production of a summary version of the new Equality Scheme;
- Consultees advised of the new Equality Scheme;
- An annual exercise to update the consultation list; and
- Roll out of the new Equality Screening Template and Associated guidance.
Section 7: Data Collection & Analysis

• Please outline any systems that were established during the year to supplement available statistical and qualitative research or any research undertaken / commissioned to obtain information on the needs and experiences of individuals from the nine categories covered by Section 75, including the needs and experiences of people with multiple identities.

(Enter text below)

• Please outline any use of the Commission’s Section 75 Monitoring Guide.

(Enter text below)

Health Survey Northern Ireland

7.1 During this reporting period the Department released the first results from the 2011/12 Health Survey Northern Ireland. 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 2011/12 survey include general health, vaccinations, diet & nutrition, availability of food, obesity, smoking, drinking, physical activity, mental health, carers, sexual health, breast screening and cervical smear testing.

Further bulletins covering analysis by Health and Social Care Trusts, deprivation, and sexual health can be viewed here.

Inequalities Monitoring System

7.2 The Department continues to maintain and develop the Northern Ireland Health and Social Care Inequalities System (NIHSCIMS). The HSCIMS has over recent years developed from solely a regional monitoring system to include additional health inequalities analyses and all its various reports produced to date can be
downloaded from the Department’s website. The NIHSCIMS produces regular annual updates on the extent of inequality experienced by those living in the 20% most deprived areas and that experienced by those living in rural areas when compared with the regional average and monitors these changes overtime across a range of mortality, morbidity, accessibility and service utilisation indicators. This information is a key component used to provide evidence to assess the effectiveness of key departmental programmes designed to reduce health inequalities.

The Department published the Northern Ireland Health and Social Care Inequalities System 4th update bulletin in June 2012. This update was followed by two further reports; “Northern Ireland Health and Social Care Inequalities Sub – Regional Inequalities – HSC Trusts 2012” and “Northern Ireland Health and Social Care Inequalities Monitoring System Life Expectancy Decomposition 2013”

Northern Ireland Neighbourhood Information Service website

7.3 The Northern Ireland Neighbourhood Information Service website, continues to provide statistics to help monitor progress against Investing for Health (IfH) strategy goals and objectives. The IfH strategy aims to improve the health of the entire population of Northern Ireland and to reduce health inequalities.

Other Research Reports

7.4 A number of other research/statistical reports were produced during this period including the following:

7.5 Publication of ‘Children Order Statistical Tables for Northern Ireland 2011/12’
‘Children Order Statistical Trends for Northern Ireland 2005/06 to 2010/11.

Northern Ireland Hospital Statistics: Emergency Care (2012/13).

Northern Ireland hospital statistics: Mental Health & Learning Disability (2011/12).

Northern Ireland Inpatient and Outpatient Hospital Statistics for 2011/12.

Statistics from the Northern Ireland Drug Misuse Database: 1 April 2011 – 31 March 2012.

Statistics for Community Care for Adults in Northern Ireland 2011-2012

Statistics from the Northern Ireland Drug Addicts Index 2012.

Statistics on Smoking Cessation Services in Northern Ireland: 2011/2012

More research/Statistical information can be accessed on the Department’s website

Ethnic Monitoring

7.6 The Race Equality Strategy 2005-2010 identified ethnic monitoring as an essential action in order to achieve racial equality. Ethnic monitoring allows service providers to identify possible inequalities; investigate the causes; and address any unfairness or disadvantage. Monitoring, however, is also an important strand in ensuring that the public authorities meet their statutory and international obligations such as those arising from Section 75 of the Northern Ireland Act 1998, the Race Relations Order (NI) 1997 and the UN Convention on the Elimination of Racial Discrimination.
In July 2011 OFMDFM published “Guidance for Monitoring Racial Equality” which provided a standardised framework to help public bodies collect information in a consistent but flexible manner. The adoption of the framework would enable the benchmarking of monitoring data with the 2011 Census of Population results in a standardised manner.

The Health & Social Care Board has led on a project to improve ethnic monitoring on Health and Social Care systems. The following areas are involved:

- Child Health System
- Community Systems -
  - Social Services Client Administration and Retrieval Environment,
  - Regional Sure Start Database;
- Hospital Systems –
  - Patient administration System - inpatients,
  - A&E systems, and
  - Northern Ireland Maternity System.

Ethnic Monitoring guidance has been drafted incorporating the OFMDFM guidance. This guidance will also apply to any other Health and Social Care system(s) which implement Ethnic Monitoring.

It is expected that ethnic monitoring will go live on the above systems during 2013/2014 subject to the satisfactory completion of system changes, delivery of staff training and the production of information leaflets for the public. After a period of 12-18 months the systems will be evaluated to determine their effectiveness.
Section 8: Information Provision, Access to Information and Services

- Please provide details of any initiatives / steps taken during the year, including take up, to improve access to services; including provision of information in accessible formats.

(Enter text below)

Alternative Formats

8.1 The Department continues to make appropriate literature and consultation documents available in alternative formats e.g. easy read versions and, where appropriate, Braille, large print, and audio format. Translations into other languages other than English are available on request.

The Department is represented on the Regional HSC Accessible Formats Steering Group (RAFSG). The overall purpose of the group is to support individuals in making informed choices about their health and social care through the provision of accessible information and, during this reporting period, produced an Accessible Formats guide which members introduced to their respective organisations. The Guidance document included policy and guidance templates for adapting and adopting in line with local organisational circumstances.

During this reporting period the Department provided alternative formats, upon request, in large print/type, CD and Audio formats and produced easy read versions of consultations.

A number of consultations also included alternative format documents, for example:

- Easy access version of the Older People’s Service Framework;
- Easy read version of the Autism Strategy (2013 - 2020) and Action Plan (2013 - 2015); and
8.2 The Department, via the Regional Health and Social Care Board, continues to provide funding for the Northern Ireland Health and Social Care Interpreting Service (NIHSCIS). The NIHSCIS helps to improve access to health and social care services for those who do not speak English as either as a first or competent second language.

In this reporting period 75,649 interpreting requests were received covering some 39 languages. The demand for the service has continued to increase year on year with the number of requests up on the 2011/12 figure of 63,868.

The NIHSCIS has progressed further with the professional development of Interpreters. All interpreters on the NIHSCIS register are now required to be accredited to OCN Level 4 in Health and Social Care. Belfast HSC Trust manages the NIHSCIS and has facilitated the provision of professional development sessions for the 380 interpreters on the NIHSCIS register. Professional development programmes have been developed in a number of complex areas such as Mental Health, Domestic Violence, Social Services, Speech and Language Therapy and Dealing with Traumatic experiences.
Section 9: Complaints

• Please identify the number of Section 75 related complaints:
  ➢ received and resolved by the authority (including how this was achieved);
  ➢ which were not resolved to the satisfaction of the complainant;
  ➢ which were referred to the Equality Commission.

(Enter text below)

9.1 During this reporting period the Department did not receive any Section 75 related complaints under the Equality Scheme complaints procedures.
Section 10: Consultation and Engagement

- Please provide details of the measures taken to enhance the level of engagement with *individuals* and representative groups during the year.
- Please outline any use of the Commission’s guidance on consulting with and involving children and young people.

(Enter text below)

**Fit and Well – Changing Lives**

10.1 The consultation on the new public health strategic framework engaged with a number of network organisations to proactively seek the views of key stakeholder sectors or population groups. These organisations included:

- NI Parenting – 2 focus groups were held with 31 Parents caring for 38 children.
- CiNi/Participation Network – meetings held with 2 groups of young people facilitated by Include Youth, (one of which was held at Woodlands Youth Justice Centre), and feedback from a meeting held with young people with disabilities by the Cedar Foundation at which the framework was discussed.

The original closing date for the consultation was 31st October 2012. This was extended to 16th November following a number of requests for more time.

**The Future of Adult Care and Support in Northern Ireland**

10.2 The first stage of the Reform of Adult Care and Support was a six month consultation exercise on the discussion document *“Who Cares? - The Future of Adult Care and Support in Northern Ireland”*. The consultation period was extended from the standard 3 months to 6 months, to ensure greater opportunities for engagement, and was designed to raise awareness around the challenges facing the care and support system and start a debate around what people want from care and support services and how they should be funded. Fifteen public consultation events were held around NI, evenly spread geographically and
including morning, afternoon and evening sessions to accommodate as many people as possible. In addition, a further nineteen focus group meetings/events were arranged to engage directly with key stakeholders, including providers, voluntary/community groups, people using services and carers. This included people with a brain injury, people with learning disabilities, and young people with learning difficulties approaching transition from full time education. Of these, two larger focus group events, attended by a total of 240 people, were organised in conjunction with Age Northern Ireland. In total, over 600 people attended public events or meetings and 185 written responses to the consultation were received in varying formats.

**Sexual Orientation**

10.3 The Department engages with the Transgender Forum and the Lesbian, Gay, Bisexual and Transgender Forum which are organised and chaired by the sectors to discuss issues which affects them.

**Safeguarding Board NI**

10.4 During this reporting period the Department engaged Participation Network to develop a child/young person friendly version of the SBNI guidance. This was used to engage directly with children and young persons to facilitate their views on the effectiveness of arrangements to safeguard and promote the welfare of children to be taken into account.

**Mental Capacity (Health, Welfare and Finance) Bill**

10.5 The Department continues to work with stakeholders through its Reference Group which to date has quality assured the Department’s policy proposals. Officials have engaged with The Law Society, Children’s Law Centre. Equality Commission and the Human Rights Commission as well as attending and speaking at seminars and conferences to discuss and deliver presentations on the provisions of the Bill.


**Departmental Consultee List**

10.6 During this reporting period the Department, in order to ensure that it consults as widely as possible, embarked upon an exercise to update its current consultee/stakeholder contact list. Work is still ongoing and it is hoped that this will be finalised in the near future.

**Autism Strategy and Action Plan**

10.7 The Department continued lead and work on co-ordinating an Autism Strategy and Action Plan. To help inform and identify key areas of the strategy the Department was keen to hear the views of those with autism, their families and carers on what they would like to see addressed in the strategy. To do this the Department ran workshops across NI, working closely with the voluntary sector and conducted an online questionnaire and also consulted with children.
Section 11: The Good Relations Duty

- Please provide details of additional steps taken to implement or progress the good relations duty during the year. Please indicate any findings or expected outcomes from this work.

(Enter text below)

- Please outline any use of the Commission’s Good Relations Guide.

(Enter text below)

Promoting good relations is a by product of many of the Department’s activities.

11.1 The Department continues to promote diversity in awareness training courses which helps to educate and train DHSSPS Staff to have respect for people as individuals and promote good relations between different people through understanding.

11.2 The Investing for Health (IfH) Partnerships which are made up of representatives from the local statutory, community & voluntary and private sector continue to take forward local actions to support the IfH Strategy.

Equality, Good Relations and Human Rights strategy and action plan

11.3 The Equality, Good Relations and Human Rights strategy and action plan continues to provide a guiding framework for decision making and for securing support for equality, good relations and human rights initiatives. Work is continuing to build on the progress that has already been made. For example:

- Requests to the Northern Ireland Interpreting Service has continued to grow, rising from 63,868 (2011/12) to 75,649 (2012/13).
Section 12: Additional Comments

• Please provide any additional information/comments.
  (Enter text below)

This report outlines the positive steps the Department has taken in meeting the Section 75 statutory equality duties.

Much of this period has been taken up with implementing the Department’s revised Equality Scheme notably the roll out of the new screening template and the associated guidance. There was also increased demand on the Department’s Equality Unit as a result of request for support from business areas during this transition period. It is intended during 2013/2014 to carry out a review of the screening template to assess how it is working.
### Part B: ‘Disability Duties’
Annual Report 1 April 2012 / 31 March 2013

1. How many action measures for this reporting period 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 the following detail 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>Outputs¹</th>
<th>Outcomes / Impact²</th>
</tr>
</thead>
<tbody>
<tr>
<td>National³</td>
<td>The Public Appointment Unit has continued to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• mail Disability Action to ensure that they are notified for all vacancies for circulation to Disability Actions mailing list; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• mail RNIB to ensure that they receive notification of all vacancies for circulation to their own mail list in various formats.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Notifications carried out as agreed with organisations.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Statistics on the number of applications from people with a disability was not available on time for inclusion in this report. The figures will be provided in the 2013/14 report.</td>
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</tr>
</tbody>
</table>

¹ 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.

² 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.

³ National: Situations where people can influence policy at a high impact level e.g. Public Appointments
| Regional⁴ | 1 | Draft Autism Strategy launched for public consultation (3 December 2012 – 15 March 2013) | 7 public consultation events attended by 136 people (including 14 people with autism). 47 individual consultation responses and 80 online questionnaires received. | The stated aim of the draft Autism Strategy is to ensure that the services commissioned and provided by government departments in NI for people with autism, their families and carers will have developed in such a way 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.  

Due to the extensive public consultation response and the impact this has had on the draft consultation document across all  

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⁴ Regional: Situations where people can influence policy decision making at a middle impact level
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>the key departments involved, Strategy will not be finalised and launched in early summer 2013.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See also sections 2(c) and 3</td>
<td>New <strong>Bamford Action Plan 2012-15</strong> published March 2013</td>
</tr>
<tr>
<td>Local</td>
<td></td>
<td>Understanding of progress in learning disability services and recommendations for follow up action plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improved mental health and learning disability services across the health, education, employment, housing and leisure sectors.</td>
</tr>
</tbody>
</table>

5 **Local**: Situations where people can influence policy decision making at lower impact level e.g. one off consultations, local fora.
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 Deaf Awareness training. The training will be designed and delivered by Action on Hearing Loss staff with a hearing disability.</td>
<td>Offered to all DHSSPS staff in May 2012 (see also measure 4 below). The Department has offered Deaf Awareness training on a yearly basis and uptake in the past has been very good. There was not the demand for a further course to be run by DHSSPS this year. However all staff were given the opportunity to attend an OFMDFM deaf awareness training seminar in October.</td>
<td>Opportunities for DHSSPS staff to attend Deaf Awareness training will continue to be promoted. Demand for a further DHSSPS training course will be assessed again in August 2013.</td>
</tr>
<tr>
<td>2 RNIB Employer Awareness</td>
<td>The Department has promoted an Employer Awareness Session delivered by RNIB to all DHSSPS staff.</td>
<td>The aim of this session is: To raise awareness about what blind and partially sighted can achieve in the workplace and on their communication needs.</td>
</tr>
<tr>
<td>3 Disability Awareness Training. The training includes information on the Department’s obligations under the Disability Discrimination legislation and also the additional Disability duties.</td>
<td>All staff new to the NICS and the Department during the year received classroom based training. Resources: 11 staff training days and training costs £945</td>
<td>The course objectives are: -give participants a better understanding of the impact on society of people with a disability; -enable participants to be more comfortable communicating with people with disabilities; and</td>
</tr>
</tbody>
</table>
|   | The training will not just address physical and sensory disability issues but also raise awareness of hidden disabilities. | -provide information on the rights of people with disabilities. 
This has built staff knowledge and understanding of disability issues from the outset, improved communication and helped promote a culture of positive attitudes. |
|---|---|---|
| 4 | DHSSPS will work to ensure that the online diversity awareness training, which includes Disability Duties is revised and updated to reflect current needs and subsequently rolled out to all staff. | Following revision of the e-learning package a further roll out of the online training to all staff is planned for 2014. 
The Department will continue to work to ensure that the online diversity training is current and is completed by all staff. 
This will build on staff awareness of the Disability Discrimination legislation and promote positive attitudes towards people with a disability. |
|   | DHSSPS is represented on the NICS Training Commissioners’ Group and this Group is working with Corporate Human Resources to ensure the necessary revision to the e-learning package. 
In 2012/13 a total of 21 DHSSPS staff attended classroom training. | Following discussions with other Departments, DHSSPS obtained agreement that their staff would given access to relevant opportunities e.g. the OFMDFM Deaf Awareness training seminar in October 2012. 
This agreement which has now been reached with DOJ in addition to OFMDFM will broaden and increase the opportunities available to Departmental staff to increase and enhance their knowledge and understanding of the needs of people with disabilities. |
| 5 | All DHSSPS staff were given access to training opportunities which are provided by other departments and which promote awareness of the needs of people with disabilities. |   |
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>
</table>
| 1 Publications will be translated and made available in other formats on request or as appropriate for example Braille, audio, large print as requested | In 2012/13 the Information Office received the following requests all of which were met.  
- Large print version of Who Cares Consultation document;  
- Audio versions of the Who Cares report and questionnaire;  
- CD and large type versions of the Who Cares consultation reports; and  
- Large print version of Fit and Well report. | Service users able to access information in their preferred format. |
| 2 Autism Strategy (see 2a) |  |  |
| 3 Speech, language and Communication Therapy Action Plan | **The Speech, Language and Communication Therapy Action Plan**: Improving Services for Children and Young People 2011/12 – 2012/13 was published in March 2011.  
DHSSPS officials recently received the final progress report from the Public Health Agency (PHA) which indicated that all actions within the | The actions covered four key themes:-  
Theme A – Commissioning and Service Redesign to Maximise Outcomes.  
Theme B – Supporting and Empowering Children, Parents and Carers  
Theme C – Enabling HSC Staff to Promote Early Recognition, Assessment, Intervention, Treatment, Care and Support |
| 4 | Bamford Action Plan |
|   | See also sections 2(a) and 3 |

Action plan were completed within the given timeframe.

Discussions have highlighted areas of further work that the PHA proposes to take forward on establishment of an SLT reform group.

Theme D – Collaboration between Speech and Language Therapists and Teachers and Education Professionals to Enable them to Promote Early Recognition, Assessment, Intervention and Support

Executive endorsement of Bamford Action Plan 2012-15
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>
</table>
| 1                                | Carry out annual exercise to encourage DHSSPS staff to declare disabilities/long-term health conditions and ensure consideration is given to implementation of all identified reasonable adjustments. | **May and Oct 2012** - role of Disability Liaison Officer (DLO) promoted to all staff via e-mail  
**May 2012** - reserved car parking policy issued to all staff  
**Sept 2012** – Team Talk article promoting role of DLO | All reasonable adjustments (including allocation of car parking spaces) implemented for disabled staff. |
| 2                                | Key disability speakers will be invited to address the Equality & Human Rights Steering Group | **In December 2012 a representative of the Royal College of Speech and Language Therapists made a presentation to the group. This set out:**  
- the RCS&LT’s desire to help raise awareness of communication disabilities and difficulties;  
- the different types of need arising from congenital or acquired speech and language difficulties;  
- various scenarios around communication disabilities / difficulties illustrating the importance of addressing the need;  
- how some people would require Augmentative or Alternative Communication skills; and |
<table>
<thead>
<tr>
<th></th>
<th>Ongoing equality work in other areas of the UK in this area.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td><strong>Oversight of the Department’s Arm’s Length Bodies</strong></td>
</tr>
<tr>
<td></td>
<td>At the 31 March 2013 the position was as follows:-</td>
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<tr>
<td></td>
<td><strong>Plans in place</strong>:-</td>
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<td></td>
<td>- Belfast HSC Trust</td>
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<td></td>
<td>- Blood Transfusion Service</td>
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<td></td>
<td>- NI Ambulance Service HSC Trust</td>
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<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>- NI Social Care Council</td>
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<td>- Northern HSC Trust</td>
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<td>- Regulation and Quality Improvement Authority</td>
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<td>- Southern HSC Trust</td>
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<td>- South Eastern HSC Trust</td>
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<td></td>
<td>- Western HSC Trust</td>
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<tr>
<td></td>
<td><strong>Requested by ECNI during 2012/13 and in place wef 1 April 2013</strong>:-</td>
</tr>
<tr>
<td></td>
<td>- Business Services Organisation</td>
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<tr>
<td></td>
<td>- Health and Social Care Board</td>
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<tr>
<td></td>
<td>- NI Medical and Dental Training Agency</td>
</tr>
<tr>
<td></td>
<td>- NI Practice and Education Council</td>
</tr>
<tr>
<td></td>
<td>- Patient Client Council</td>
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<td></td>
<td>- Public Health Agency</td>
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</table>

The Safeguarding Board for Northern Ireland (SBNI) was established by the Department in 2012. The Equality Commission have asked the SBNI to prepare an Action Plan and to submit it by 1 August 2013.
<table>
<thead>
<tr>
<th></th>
<th>Inclusion of a section on the Disability Duties within the Department’s screening template.</th>
<th>The Department’s screening template was updated during 2012 to reflect the new Equality Scheme. The new version continues to include a section on the Disability Duties.</th>
<th>Screening is mainstreamed within DHSSPS and the inclusion of the Disability Duties as part of that process has helped to ensure that staff give consideration to them when they are developing policies.</th>
</tr>
</thead>
</table>
| 4 | Provide information and awareness seminars to staff on specific disabilities / long term health conditions. | Events held between April 2012 / March 2013.  
- Healthy Joints Talk - May 2012  
- Arthritis Awareness - June 2012  
- Sleep Issues & Skin Conditions Talk - Sept 2012  
- Diabetes Awareness - Nov 2012  
- Female Balance Nutrition Talk - Nov 2012  
- Weight Loss Programme - Jan 2013  
- Migraine & Headaches Nutrition talk - Feb 2013  
- Mens health Awareness / Checks - March 2013  
- Mental Wellbeing Awareness - March 2013 | This raises disability awareness (including the impact of “hidden” disabilities) with staff and line managers. |
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 <strong>Physical and Sensory Disability Strategy and Action Plan 2011 – 2015</strong></td>
<td>Key departmental outputs during this period include:</td>
<td>A Disability Strategy Implementation Group has been will be established to direct, co-ordinate and manage the implementation of the Action Plan.</td>
</tr>
<tr>
<td></td>
<td>Living with Long Term Conditions – A Policy Framework April 2012; and</td>
<td>The Group is chaired / led by the HSC Board and works with a range of representatives from statutory agencies and bodies, the voluntary and community sector and service users.</td>
</tr>
<tr>
<td></td>
<td>Developing Advocacy Services – A guide for Commissioners – May 2012.</td>
<td></td>
</tr>
<tr>
<td>2 <strong>Acquired Brain Injury Action Plan.</strong></td>
<td>The Action Plan established the Regional Acquired Brain Injury Implementation Group (RABIIG) to take forward the implementation of the actions.</td>
<td>RABIIG concluded its work in February 2013 achieving considerable progress in implementing the action plan. Some actions, which are resource dependent, such as accommodation needs provision, remain to be implemented but the HSC Board is considering how to take these few remaining actions.</td>
</tr>
</tbody>
</table>
Implementation of the Action Plan has helped to reduce feelings of social isolation for brain injury sufferers and increase awareness of the conditions among health professionals.

<table>
<thead>
<tr>
<th>3</th>
<th>Learning Disability Service Framework. The Standards cover:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Safeguarding and Communication and Involvement in the Planning and Delivery of Services;</td>
</tr>
<tr>
<td></td>
<td>• Children and Young People;</td>
</tr>
<tr>
<td></td>
<td>• Entering Adulthood;</td>
</tr>
<tr>
<td></td>
<td>• Inclusion in Community Life;</td>
</tr>
<tr>
<td></td>
<td>• Meeting General Physical and Mental Health Needs;</td>
</tr>
<tr>
<td></td>
<td>• Meeting Complex Physical and Mental Health Needs;</td>
</tr>
<tr>
<td></td>
<td>• At Home in the Community;</td>
</tr>
<tr>
<td></td>
<td>The Learning Disability Service Framework was published in September 2012. This Framework aims to improve the health and wellbeing of people with a learning disability, their carers and families, by promoting social inclusion, reducing inequalities in health and social wellbeing and improving the quality of health and social care services, especially supporting those most vulnerable in our society.</td>
</tr>
<tr>
<td></td>
<td>The Service Framework for people with a learning disability serves a number of functions:</td>
</tr>
<tr>
<td></td>
<td>• For people with a learning disability, it details what it is they can expect in terms of care and support to meet their individual needs in ways that they understand and are accessible.</td>
</tr>
<tr>
<td></td>
<td>• For carers and families of people with a learning disability, it outlines what it is they can expect in terms of access to services for their family member and of their involvement as partners in the planning processes.</td>
</tr>
<tr>
<td></td>
<td>• For staff in front line service</td>
</tr>
<tr>
<td>• Ageing Well; and</td>
<td>delivery, it enables them to communicate effectively in assisting people with a learning disability to access mainstream and specialist HSC services appropriately.</td>
</tr>
<tr>
<td>• Palliative and End of Life Care.</td>
<td>• For commissioners and those with responsibility for the delivery of services in the statutory and independent sectors, it assists them in achieving an integrated model of services and supports around the person in line with the expectations of service users and their families.</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>Milestones⁶ / Outputs</th>
<th>Outcomes/Impacts</th>
<th>Reasons not fully achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Bamford Action Plan</td>
<td>Twice yearly Inter-departmental meetings to monitor and evaluate delivery against actions</td>
<td>HSC Bamford Taskforce Annual report to Minister</td>
<td>Only one meeting was held in the reporting period, in July 2012. No further meetings took place as the new Action Plan was work-in-progress. The IDSOG did meet in April 2013.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>This report has been completed and submitted to the Department, but not yet formally to the Minister.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The Bamford Action Plan 2012-15 was only published in March 2013, therefore no monitoring of this Plan took place in the 2012/13 year. A monitoring round was carried out in March 2013. It was agreed by the IDSOG to publish</td>
</tr>
<tr>
<td></td>
<td>Publish monitoring information on the Bamford Action Plan 2012-15 on a yearly basis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

⁶ **Milestones** – Please outline what part progress has been made towards the particular measures; even if full output or outcomes/impact have not been achieved.
Facilitate twice-yearly Bamford Ministerial Group meetings

monitoring information on a yearly basis with the next published monitoring round being Oct/Nov 2013.

There was no Bamford Ministerial meeting in 2012/13 as the Evaluation and the development of the new Bamford Action Plan were work-in-progress. The Executive have been informed of developments and have endorsed the new Bamford Action Plan. Ministerial meeting planned for later in 2013.

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 Carry out annual exercise to encourage staff to declare disabilities/long-term health conditions See section 2(d)</td>
<td>This action was abandoned following review of the policy (in light of the recording of disability information now only being recordable via HRConnect portal self-service facility). As a result the policy has been re-launched with the focus on the provision of guidance on our responsibilities (in terms of reasonable adjustments) and the supporting role of the Disability Liaison Officer.</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. During the implementation of the Acquired Brain Injury Action Plan and the Speech, Language and Communication Therapy Action Plan, six monthly progress reports were received providing updates.
6. Following the publication of the Physical and Sensory Disability Strategy and Action Plan, an Implementation Group has 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.
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**?

Please delete:  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. Incorporated service user and carer reports in Evaluation report (Bamford)</td>
<td><strong>Evaluation report on Bamford Action Plan 2009-11</strong></td>
<td>May 2012</td>
</tr>
</tbody>
</table>
| 3. Drafting of the Mental Capacity Bill                                                             | The Department, in conjunction with the Department of Justice, has continued the development of the Mental Capacity Bill. The bulk of the Bill on the DHSSPS side has been prepared.  
The inclusion of criminal justice provisions has been a challenging and complex task. In order to ensure that these provisions are fully integrated into the Bill it has been decided to delay public consultation until 2014. | The Bill will be issued for public consultation in 2014. |


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?

The Department’s current Disability Action Plan will be updated in 2013/2014 to include a 5 year review. Given that the current plan runs until December 2014 consideration will also be given as to the future direction of the plan and this may result in future changes being introduced.