EQUALITY COMMISSION FOR NORTHERN IRELAND

Public Authority 2013 – 2014 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

Equality Officer (Enter name and contact details below)
Linda Devlin
Strategic Management Branch
C518, Castle Buildings
Stormont, Belfast
BT4 3SQ
02890 523398
## Template Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part A: Section 75 Annual Progress Report 1 April 2013 / 31 March 2014</strong></td>
<td></td>
</tr>
<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>36</td>
</tr>
<tr>
<td>Section 4: Equality Impact Assessment (EQIA)</td>
<td>44</td>
</tr>
<tr>
<td>Section 5: Training</td>
<td>46</td>
</tr>
<tr>
<td>Section 6: Communication</td>
<td>49</td>
</tr>
<tr>
<td>Section 7: Data Collection &amp; Analysis</td>
<td>51</td>
</tr>
<tr>
<td>Section 8: Information Provision, Access to Information and Services</td>
<td>58</td>
</tr>
<tr>
<td>Section 9: Complaints</td>
<td>60</td>
</tr>
<tr>
<td>Section 10: Consultation and Engagement</td>
<td>61</td>
</tr>
<tr>
<td>Section 11: The Good Relations Duty</td>
<td>66</td>
</tr>
<tr>
<td><strong>Part B: ‘Disability Duties’ - Annual Report 1 April 2013 / 31 March 2014</strong></td>
<td>67</td>
</tr>
</tbody>
</table>
Executive Summary

General

Addressing health inequalities is not just a priority for this Department but also a key driver for many of the Department’s strategies and policies. A wide range of social, economic and health related issues can contribute to Health inequalities. It is recognised that people in different social circumstances experience different levels of health and that health outcomes are generally worse in the most deprived areas in Northern Ireland when compared with those witnessed in the region.

A recently published “Review of the social determinants and the health divide in the WHO European Region” states that in countries with the best health and narrowest health inequities the evidence suggests “this is related to a long and sustained period of improvement in the lives people are able to lead – socially cohesive societies, increasingly affluent, with developed welfare states and high quality education and health services.”

During this reporting period the Department continued to develop the Executive’s new cross cutting strategic framework for public health, to replace “Investing for Health”. The new framework, “Making Life Better”, will seek to provide direction for policies and actions to improve the health and wellbeing of the people of Northern Ireland and reduce inequalities in health. It will identify a number of long term outcomes which address the wider determinants of health as well as those which focus on specific health outcomes. The new strategic framework will be published in 2014/15 and has been informed by an analysis of responses received from the publication and consultation on the draft paper “Fit and Well – Changing Lives” including a substantive report from the Assembly’s Health Committee.
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. During this reporting period the Department issued a report on “Life Expectancy Decomposition 2013 – An overview of changes in Northern Ireland life expectancy 2001-03 to 2008-10” along with the findings of the “Health Survey Northern Ireland for 2012/13”. This survey is conducted annually on a continuous basis and covers a range of health topics.

This publication of the new strategic health framework in 2014/15 will be supported by the first in a series of reports that will monitor the key indicators set out against each of the themes contained in the strategic framework. As this will be the initial year of the framework, the report will focus on introducing each of the indicators and presenting the baseline position.

- 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)


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

In 2010/11, the Department undertook a high level strategic review of the IfH strategy which led to the development of a draft strategic framework for public health “Fit and Well - Changing Lives” - published for consultation in July 2012. During 2013/14 the
Department continued to develop the framework and this has been informed by an analysis of and building on responses received from the publication and consultation on the draft paper “Fit and Well – Changing Lives” including a substantive report from the Assembly’s Health Committee.

A consultation report and a response to the Health Committee’s report were prepared during 2013/14 and these will be published with the new framework. In addition, there will be the publication of the first in a series of reports that will monitor the key indicators set out against each of the themes contained in the strategic framework. As this will be the initial year of the framework, the report will focus on introducing each of the indicators and presenting the baseline position.

**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. In March 2014, the Strategy and Action Plan (2008-2013) was updated with an Addendum “Progress and Priorities” to extend the lifespan of the Strategy to the end of December 2015. It includes a revised action plan in support of the aim to improve, protect and promote sexual health and well-being within the population of Northern Ireland. The Addendum recognises that there are still sexual health inequalities, and those considered to require particular action continue to include young people and men who have sex with men (MSM).

Also during this reporting period actions in support of the Strategy which promote equality of opportunity and good relations included a targeted sexual health campaign for MSM in Nov 2013; provision of programmes and support for young people and those with a learning disability; awareness raising and provision of training for HSC staff (and youth and community workers in non-statutory settings) in partnership with voluntary organisations representative of LGBT sector. A faith subgroup is one of the subgroups reporting to the Regional Network overseeing the Strategy’s implementation.
**Tobacco Control**

Implementation of the Department’s 10-year tobacco control strategy is being taken forward by the Tobacco Strategy Implementation Steering Group. Achievements in 2013/14 include:

- completion of evidence reviews into effective interventions in priority groups;
- training for enforcement officers in relation to underage sales;
- running of public information campaigns to warn about the harm caused by tobacco;
- extension of brief intervention training for health professionals; and supporting the Western HSC Trust to go completely smokefree.

The Tobacco Retailers Act (NI) 2014 was granted Royal Assent in March 2014. It introduces tougher sanctions on retailers for regular underage sales, including higher penalties and the possibility of being banned from selling tobacco for a period of time. The Act also creates an offence of proxy purchasing in relation to tobacco and also requires all tobacco retailers in Northern Ireland to register with a central body. The aim is to reduce smoking prevalence by preventing children and young people from accessing tobacco products.

**Suicide Prevention Strategy**

Implementation of the **Protect Life Suicide Prevention Strategy** is taken forward by the **Public Health Agency**. Achievements in 2013/14 include:

- delivery of *The Boxer* mental health and wellbeing public awareness campaign;
- **Lifeline 24/7** crisis support helpline;
- training courses on mental health awareness and suicide prevention for health and social care staff;
- community-led suicide prevention and bereavement support services, and;
- the Emergency Department Card Before You Leave Scheme. The Protect Life Strategy aims to reduce the differential in the suicide rate between the deprived and non-deprived areas.
Domestic and Sexual Violence and Abuse Strategy

The Department, in association with the Department of Justice, continues to develop a Regional Domestic and Sexual Violence and Abuse Strategy. This strategy aims to improve support, services and advice for all victims irrespective of age, gender, ability, sexual orientation, ethnicity or religion, and to bring perpetrators to justice. The Strategy went out to public consultation in January 2014. The new Joint Strategy will build on the work achieved under the current strategies, “Tackling Violence at Home”, “Tackling Sexual Violence and Abuse” and the joint action plan. This joint action plan will be extended until publication of the new Strategy.

Key actions during 2013/14 included:

- The opening of Northern Ireland’s first Sexual Assault Referral Centre “the Rowan” in June 2013. The centre, located at Antrim Area Hospital, will support all victims of sexual violence and provide victims of rape and serious sexual assaults with a safe, secure and confidential environment. The service is available 24/7, 365 days a year and self referrals were accepted from September 2013; and
- The launch of a 24 Hour Domestic & Sexual Violence Helpline in March 2014.

Mental Capacity (Health, Welfare and Finance) Bill

Within this reporting period the Department, in conjunction with the Department of Justice, has continued to progress the development of the Mental Capacity Bill. The Bill went out to public consultation in May 2014.

Paediatric Services

During this reporting period the Department embarked on a review of Paediatric Healthcare Services. The Review will be completed in three phases. Phases one and two covers hospital and community services and were taken forward concurrently and the findings and recommendations went out to consultation in November 2013. The paper “Enhancing Healthcare Services For Children and Young People in Northern
Ireland (From Birth to 18 Years) aims to provide a strategic direction, over the next ten years, for the future development of HSC services for children and young people from birth to eighteen years, recognising the interface between hospital and community services.

Phase three will focus on a Review of Children’s Palliative and End of Life Care with complex and life-limiting conditions and is being considered separately in order to give prominence to this important topic. The consultation document was launched in January 2014.

Service Frameworks

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

During this reporting period, the Department consulted on the Revised Service Framework for Cardiovascular Health and Wellbeing. This framework sets out standards in relation to the prevention, assessment, diagnosis, treatment, care, rehabilitation and palliative care of individuals/communities who currently have, or are at greater risk of developing, cardiovascular disease.

Within this reporting period, the Department also published a Service Framework for Older People. This framework aims to improve the health and wellbeing of older people, their carers and their families by promoting social inclusion, reducing inequalities in health and social wellbeing, and improving the quality of care. The Service Framework for Older People sets 46 standards in relation to:

- Person Centred Care;
- Health and Social Wellbeing Improvement;
- Safeguarding;
• Carers;
• Conditions More Common in Older People;
• Medicines Management; and
• Transitions of Care.


During this reporting period the Department launched the cross departmental *Autism Strategy (2013 – 2020) and Action Plan (2013 – 2016)* on behalf of the Northern Ireland Executive. It has been developed through a process of collaborative and consultative working between people with autism, their families and carers, representatives from all NI government departments and some key community and voluntary sector organisations.

The Strategy and Action Plan have been developed in accordance with articles stated in the United Nations Conventions on the Rights of Persons with Disabilities (UNCRPD) to support the values of dignity, respect, independence, choice, equality and anti-discrimination for people with autism, their families and carers. The UNCRPD articles have informed the themes, strategic priorities and actions in the Strategy and Action Plan.

The Strategy aims to ensure that the services commissioned and / or provided by public sector organisations in NI for people with autism, their families and carers will develop in such a way 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.
Obesity

A new **Food in Schools Policy**, called **Healthy Food for Healthy Outcomes - Food in Schools Policy**, was launched in September 2013 by DHSSPS and the Department of Education. This is an overarching policy advocating a ‘wholeschool approach’ to all food provided in schools, and to the development of the necessary knowledge and skills in relation to healthy eating and lifestyles. It was developed jointly by both Departments in response to concerns about rising levels of overweight and obesity in children and young people and will help to ensure that relevant outcomes within the current Obesity Prevention Framework: **A Fitter Future for All**, will be achieved. The Policy can be accessed via the following link [www.deni.gov.uk/food-in-schools-policy.htm](http://www.deni.gov.uk/food-in-schools-policy.htm)

Breastfeeding Strategy

In June 2013 the Department launched **Breastfeeding – A Great Start: A Strategy for Northern Ireland (2013-2023)**. The protection, promotion and support of breastfeeding are vitally important public health issues. Breastfeeding promotes health, prevents disease and helps contribute to reducing health inequalities. The purpose of the Strategy is to improve the health and well-being of mothers and babies in Northern Ireland through breastfeeding. This will be achieved through partnership working across voluntary and statutory agencies.

Any amount of breastfeeding has benefits for both child and mother, and the longer the duration of breastfeeding, the greater the effect on improving the child's health. Virtually all mothers can breastfeed, provided they have accurate information and the support of their family, the health care system and society at large (WHO). However, it is also recognised that not all mothers will choose to breastfeed and that they should be supported whatever their infant feeding choice.

The Foster Placement & Fostering Agencies Regulations (Northern Ireland) 2014

During this reporting period the Department drafted and consulted on the **Foster Placement & Fostering Agencies Regulations (Northern Ireland) 2014** with the intention of revoking and replacing The Foster Placement (Children) Regulations (Northern
Ireland) 1996. One of the main changes which these new Regulations will make is they will allow fostering agencies to approve foster parents once they have been assessed, which under the existing 1996 Regulations, can currently only be carried out by Health and Social Care Trusts and voluntary organisations. The new Regulations will also bring fostering agencies within the scope of inspection and regulation by the Regulation and Quality Improvement Authority.

**Maternity Strategy**

In July 2012, the Department published *A Strategy for Maternity Care in Northern Ireland 2012 – 2018*. This document set out the strategic direction for maternity care in Northern Ireland for the next six years. One of the aims of the strategy is to provide high-quality, safe, sustainable and appropriate maternity services to ensure the best outcome for women and babies, including those from ethnic minorities. During 2013/14 an implementation group was established to take forward the recommendations.

**Minimum Standards for Children’s Homes**

During this reporting period the Department consulted on “The Minimum Standards for Children’s Homes”. The standards not only aim to improve the quality and consistency of care for children and young people living in Children’s Homes but also provide further detail on the criteria for registration and inspection set out in the Children’s Homes Regulations (Northern Ireland) 2005. The standards will apply to all services registered with RQIA as residential childcare providers under the regulations – children’s homes (including secure care) and short break (sometimes known as respite) services. The standards have been revised and reviewed with the aim of keeping child-centred care to the fore and the views of children living in residential care and using short break services were sought and included in the document.

Values and Principles Underpinning the Standards were defined as: Dignity and Respect; Independence; Rights; Equality and Diversity; Choice; Fulfilment; Safety; Privacy; and Confidentiality.
Minimum Standards for Independent Healthcare Establishments

In June 2013, the Department went out to consult on the Minimum Standards for Independent Healthcare Establishments. These standards apply to independent hospitals, independent clinics, and independent medical agencies. They will set out the minimum requirements that independent healthcare facilities must achieve and will also set the level of service that the patients and clients using them can expect.

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

Community Resuscitation Strategy for Northern Ireland

Despite technological improvements in medicine there has been little improvement in survival from cardiac arrest in many developed countries, including Northern Ireland, in the past 50 years. It is still the case that over 90% of people who collapse with a cardiac arrest outside hospital will die. In the last year in Northern Ireland there have been over 1,400 cardiac arrests that occurred in the community outside a hospital environment. Fewer than 10% of people who suffer an out-of-hospital cardiac arrest survive to be discharged from hospital.

In November 2013 the Department consulted on "A Community Resuscitation Strategy for Northern Ireland" with the aim of significantly increasing the number of people with CPR skills so that they could provide help to someone who suffers an out-of-hospital cardiac arrest, thus increasing considerably their chance of survival.

Bamford Monitoring Report

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

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

The Department committed to publish monitoring information on the implementation of the Bamford Action Plan 2012-15 on a yearly basis. The first annual monitoring report was agreed by the Ministerial Group for Mental Health and Learning Disability in November 2013 and published in February 2014.

Safeguarding Children

Following consultation on a Proposed Amendment to the Safeguarding Board for Northern Ireland (Membership, Procedure, Functions and Committee) Regulations (Northern Ireland) 2012, the amendment was revised to reflect the views of key voluntary sector stakeholders i.e. that case management reviews will be completed where learning can be gained.

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.

The Department has also engaged with the OFMDFM in relation to the development of a new Gender Equality Strategy.

Inter – Departmental Review of Housing Adaptations Services

During this reporting period the Department, in conjunction with the Department for Social Development, launched a consultation on the Inter-departmental Review of Housing Adaptations Services. The Northern Ireland Housing Executive (NIHE) co-ordinated the consultation on behalf of both Departments.
DHSSPS and DSD have responsibility for different aspects of housing adaptations and both Ministers, working together, took the decision to look at how these services could be improved. Housing adaptations help facilitate people with disabilities to remain at home and enjoy their much cherished and valued independence. The Northern Ireland Executive is committed to providing this important service. As an important part of this review, the views of service users, their families and carers, and their representative organisations were sought.

The Future of Adult Care and Support in Northern Ireland

In September 2012 the Department launched a six month public consultation on the discussion document “Who Cares? The Future of Adult Care and Support in Northern Ireland”. This consultation, the first stage of a three stage process to review and reform adult care and support was intended to give people the opportunity to influence the reform agenda from the very beginning. The consultation concluded on 15 March 2013, and a report, Who Cares? The Future of Adult Care and Support in Northern Ireland, Consultation Analysis Report, was published on 14 August 2013.

- 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)

Making Life Better

The new strategic framework for public health “Making Life Better” will be published in 2014/15. It builds on the former public health strategy “Investing for Health”. Cross-sectoral delivery and monitoring structures will be put in place, as set out in the framework. Engagement in delivery at local level will take some time to evolve, given the current changes happening in local government, a key partner in delivering the framework’s objectives.
Achieving a healthier Northern Ireland will hinge largely on what is done collaboratively through both policy and practice to influence the wide range of factors that influence lives and choices. The framework is not just about actions and programmes at government level – it also provides direction for work at both regional and local levels with public agencies, including local government, local communities and others working in partnership. Through strengthened co-ordination and partnership working in a whole system approach, the framework will seek to create the conditions for individuals and communities to take control of their own lives, and move towards a vision for Northern Ireland where – “All people are enabled and supported in achieving their full health and wellbeing potential”.

**Sexual Health Promotion Strategy & Action Plan**

In support of the Sexual Health Promotion Strategy objectives, the PHA and regional Sexual Health Promotion Network will be considering the development of a sexual health public information campaign, and communication (text, social media etc) opportunities with difficult to reach groups e.g. young people, those from LGBT community, those from an ethnic community and commercial sex workers.

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.

**Tobacco Control**

In 2014/15, the Department will be implementing the provisions of the Tobacco Retailers (Northern Ireland) Act. This will include the establishment of a registration authority to take forward a central register for tobacco retailers and the introduction of tougher penalties for underage sales of tobacco to children and young people. Other measures under consideration include regulations to introduce standardised packaging for tobacco products. The aim behind these measures is to prevent the uptake of smoking by children and young people.
Suicide Prevention

A new Protect Life suicide prevention strategy is currently under development. In line with the previous Strategy the aim will be to reduce the differential in the suicide rate between deprived and non-deprived areas. The new strategy will also cover mental and emotional wellbeing throughout the life course. The Public Health Agency are developing a new public awareness campaign for mental health and wellbeing which will be targeted at those most at risk.

Domestic and Sexual Violence and Abuse Strategy

The Department continues to work to progress the Domestic and Sexual Violence and Abuse Strategy and aims to publish this Strategy in 2014/2015.

Mental Capacity (Health, Welfare and Finance) Bill

The Department, along with the Department of Justice, continues to progress work on developing the Mental Capacity (Health, Welfare and Finance) Bill. The Proposals for New Mental Capacity Legislation for Northern Ireland went out to public consultation on 27 May 2014 and will run until September 2014 after which responses will be analysed and a final draft of the Mental Capacity Bill will be finalised. It is hoped that the draft Bill will be introduced in to the Assembly in January 2015.

Also as part of this work on the Mental Capacity Bill, the Department plans to commence drafting work on the subordinate legislation which will eventually help to implement the Bill, should it become law. This will include the drafting of Regulations on the role of independent advocates.

Paediatric Services

The Review of Paediatric Services, incorporating “Enhancing Healthcare Services For Children and Young People in Northern Ireland (From Birth to 18 Years)” and a “Review of Children’s Palliative and End-of-Life Care” were launched for consultation during 2013/14. Following consideration of the consultation responses received, the Department intends to produce a final strategy for paediatric healthcare services
covering the period 2014 to 2024. The strategy will incorporate the three phases of the Review and, subject to Ministerial approval, will be published by the Department in 2014.

**Service Frameworks Development**

The Department continues to work on the development of a Children and Young People Health and Wellbeing Service Framework and there are plans to conduct a fundamental review on Service Frameworks for Respiratory Health and Wellbeing, Cancer Prevention Treatment and Care and Mental Health and Wellbeing. A fundamental review will evaluate the final achieved position against the performance indicators and targets that have been set in the frameworks. It will also assess the effectiveness of the standards and their continued utilisation and relevance.


The Department continues to work on implementing the Autism Strategy (2013 – 2020) and Action Plan (2013 – 2016). The Strategy sets out the strategic direction for the further development of services and support for people with autism, their families and carers and the Action Plan contains the key actions with associated timescales for the delivery of these services and support over the period 2013 – 2016.

The strategy and action plan include:

- A Public Autism Awareness Campaign;
- Planned improvements in accessibility to goods and services;
- Support families living with autism, including more access to information about support and services available;
- The establishment of a multi-agency autism advice service pilot in the Northern Health and Social Care Trust; and
- Data Collection within Health and Social Care.
**Safeguarding Children**

Consultation on a Proposed Amendment to the Safeguarding Board for Northern Ireland (Membership, Procedure, Functions and Committee) Regulations (Northern Ireland) 2012 to reduce the quorum requirements to ensure that meetings of the SBNI are quorate and at the same time ensure that conflicts of interest are managed. This will include an amendment to Regulation 3 of the SBNI regulations to include a designated doctor for safeguarding children as a member of the SBNI.

Revised guidance will be issued to the SBNI in 2014/15.

**Breastfeeding Strategy**

The strategy, *Breastfeeding – A Great Start: A Strategy for Northern Ireland (2013-2023)* was launched in June 2013 and work will continue during 14/15 reporting period to ensure a successful implementation of the strategy which will help to increase initiation and duration of breastfeeding and improve public health which will in turn lead to a reduction in health inequalities.

Implementation will be led by the Public Health Agency through a detailed strategy action plan based on the outcomes and strategic actions set out in the strategy document. A strategy implementation steering group, chaired by the PHA and made up of key stakeholders, with the authority to co-opt representatives as necessary, will be established to steer and drive forward delivery of the Strategy and its strategic actions. Progress reports will be submitted through the Chair, on behalf of the Group, to the Department.

**Minimum Care Standards for Nursing Homes**

During 2014/15 the Department will progress work to revise and update Minimum Standards for Nursing Homes. The original standards were published in 2008 and these will be updated to take into account developments in nursing home care. The draft revised standards will be developed in partnership with service users, providers and commissioners as well as the RQIA.
Community Resuscitation Strategy for Northern Ireland

The Department will continue to progress work in developing/implementing the Community Resuscitation Strategy for Northern Ireland. The strategy will be launched in 2014/15 and will seek to encourage people, through training, to either refresh or attain CPR skills and to keep them up to date.

Inter – Departmental Review of Housing Adaptations Services

The Department, in conjunction with DSD, will continue to work together to move the Review of Housing Adaptations forward. Subject to Executive approval it is hoped that the outcome of the review, together with an action plan, will be launched for consultation in 2014/15.

The Future of Adult Care and Support in Northern Ireland

The first stage of the reform process was a six month consultation on the discussion document "Who Cares? The Future of Adult Care and Support in Northern Ireland". This consultation process concluded in March 2013, and an Analysis Report summarising the findings of the consultation was published in August 2013.

The Department will continue to progress work to move toward the next stage of the reform process which will focus on the development of a range of proposals for change to the current care and support system. It is anticipated that stage two of reform may take some time to allow for complex financial modelling. During this development stage, however, the Reform’s webpage http://www.dhsspsni.gov.uk/index/hss/reform-cas.htm will be updated regularly to ensure people remain informed of progress.

Once the development stage is complete there will be a further period of public consultation, details of which will be posted on the webpage closer to the time.
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.
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 2013-14.

(Enter text below)

The Department has continued to work towards meeting its commitments given in the Programme for Government 2011-2015 to address inequality, and ensure fairness, inclusion and equality of opportunity. It continues to work towards meeting its key targets 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

In its Corporate/Business plan for 2011-2015 the Department continues to reflect the importance of promoting equality through measures that aim to reduce health inequalities and measures to implement the statutory duties under Section 75 of the Northern Ireland Act 1998 and Section 49A of the Disability Discrimination Order 2006.

The Department, in its 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

In the Programme for Government 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.

The Department monitors progress against these commitments on a quarterly basis. All commitments are currently on track for delivery.

Management of Arm’s Length Bodies

The Department has oversight responsibility for the 17 arm’s length bodies which, together, make up the health, social care and public safety system. All of the Arm’s Length Bodies have Equality Schemes and Equality Action Plans in place.

- Belfast HSC Trust
- Blood Transfusion Service
- Business Services Organisation
- Health and Social Care Board
- NI Ambulance Service HSC Trust
- NI Fire and Rescue Service
- NI Guardian Ad Litem Agency
- NI Medical and Dental Training Agency
- NI Practice and Education Council
- NI Social Care Council
- Northern HSC Trust
- Patient Client Council - Public Health Agency (Nov 2011)
- Regulation and Quality Improvement Authority
- Southern HSC Trust
- South Eastern HSC Trust
- Western HSC Trust

**The Safeguarding Board for Northern Ireland (Sdni)**

The Safeguarding Board for Northern Ireland (Sdni) was established by the Department in 2012. The Equality Commission asked the Sdni to prepare an Equality Scheme and Equality Action Plan to be submitted to the Commission by 1 August 2013. The Sdni’s equality scheme was approved by the Equality Commission in September 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)

**Domestic and Sexual Violence and Abuse Strategy**

The Domestic and Sexual Violence and Abuse Strategy has been screened in line with Departmental equality screening policy for equality of opportunity and was found not to impact negatively on any grouping under Section 75. However, as requested by consultation respondees the document will be rescreened prior to publication of Strategy.

**The Foster Placement & Fostering Agencies Regulations (Northern Ireland) 2014**

Following engagement with stakeholders, Regulation 8(2) impacting on those of different Religious/Political/Racial backgrounds was amended. VOYPIC and The Fostering Network were keen that the existing policy from 1996 (which only took religious belief of child in care and foster parent into account), be amended to take into account other cultural/racial considerations.

**Minimum Standards for Children’s Homes**

Whilst the majority of those who answered the Equality and Good Relation question in the consultation document felt that the standards did not adversely impact on equality of
opportunity for any of the nine Section 75 groups, several respondents felt that the standards should be more strongly aligned to the rights of children as set out in the UN Convention of the Rights of the Child. To that end, the introduction now states a number of rights that underpin the standards and some individual standards and criteria have been revised to more closely reflect the rights of children and young people, for example to be heard and to receive an education.

**Autism Strategy**

Following the consultation and equality screening of the Autism Strategy a number of changes were incorporated these included the following items:

- The format of the Action Plan was revised to reflect some of the main issues of concern identified in particular making it more outcome-based and measurable;

- Some of the initial timescales for target completion have been revised and the Plan now makes clear where the lead responsibility for each action lies;

- The section in the action plan for Children, Young People and Family was elaborated to include actions on promoting awareness of the autism support services available via the Family Support NI website, Family Support Hubs. It also included improved support for families in terms of carers assessments and respite / shorts breaks;

- A new dedicated themed section for Education was added to the Strategy and Action Plan with an associated Strategic Priority in Section 3 of the Strategy and actions in the relevant themed section of the Action Plan;

- A new section in the Action Plan for Education included actions in respect of capacity building in schools and youth services for children and young people with autism and providing improved support for parents and carers in terms of informed choice and involvement;
• The section in the Action Plan for Employment was elaborated to include actions on better support in respect of access to higher education, employment and training opportunities;

• A new dedicated themed section for Health and Wellbeing was added to the Strategy and Action Plan with an associated Strategic Priority in Section 3 of the Strategy and actions in the relevant themed section of the Action Plan;

• The new section in the Action Plan for Health and Wellbeing included actions in respect of improving access to diagnosis and assessment in adult autism services;

• The section in the Action Plan for Independence, Choice and Control was elaborated to include actions in respect of the impact of Welfare Reform on people with autism and increasing the use of personalised budgets and direct payments within health and social care for people with autism and their families and carers;

• The section in the action plan on Transitions was elaborated to include more bespoke actions in respect of specific transitions for people with autism;

• The section in the Action Plan on Being Part of the Community was elaborated to include actions in respect of culture, art and leisure specifying how these services and facilities embrace the needs of people with autism; and

• A new overarching Leadership / Implementation section was incorporated into the Action Plan which assigns specific actions and responsibility to provide governance, leadership and direction during the implementation of the Strategy and Action Plan.

In addition, a comprehensive report was appended to the Strategy and Action Plan describing the estimated prevalence of ASD (Autism and Asperger syndrome) amongst school age children (4 – 15 years old) attending grant aided schools across NI between 2008/09 and 2012/13. The report also considered the differences in estimated prevalence rates between: Health and Social Care Trusts, children in urban and rural
areas; and children in different areas of deprivation in NI.

An additional action has been added to the Action Plan to keep under review the requirement to re-screen the equality analysis when sufficient prevalence data has been collated and to utilise compiled data to help inform and address potential inequalities over the period of implementation of the Strategy and Action Plan.

• 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

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 Physical and Sensory Disability Strategy, launched in February 2012, included an action to ensure that information and advice about services is accessible and staff are trained to communicate appropriately with people who are blind or partially sighted.

To this end, the Business Services Organisation produced a guide on accessible information for Trusts. This guide has been issued to HSC organisations through the Regional Accessible Formats Steering Group for implementation.

Cervical Cancer Screening

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

The overall coverage rate in Northern Ireland for cervical cancer screening has been increasing year on year. The overall coverage of 78.04% at end March 2013 compares to 73.45% at end March 2008. This is the highest coverage rate ever reported by the programme in Northern Ireland. Coverage has increased in women aged 25- 54, with
the largest increases seen in those aged 25-34. All women invited for screening by the regional call recall centre receive an information leaflet with their letter, which supports them to make an informed decision on participation. Individual GP practices have taken specific steps to improve access to screening for their population based on local need: for example providing walk in appointments with the practice nurse and undertaking opportunistic screening.

Opportunities are taken to promote the screening programme at a regional level through local media releases and activities at key times of the year, such as during Cervical Cancer Prevention Week in January and Cervical Screening Awareness week in June.

Following a series of meetings and a workshop with representative voluntary groups, a four year ‘Informed Choice Action Plan’ (2012-15) was developed by the Public Health Agency (PHA). The Action Plan provides a coordinated approach to promote informed choice of the three cancer screening programmes. Examples of the on-going work to promote cervical screening are outlined below.

- The Women’s Resource Development Agency (WRDA) is currently contracted to deliver a peer facilitator programme to educate and raise awareness of breast, cervical and bowel cancer screening with community groups. This focuses on the Belfast and South Eastern Trust areas, targeted at areas of social deprivation. The trained facilitators delivered awareness sessions to 50 community groups throughout 2013. A tendering process is now being progressed to roll out this model to the whole of Northern Ireland.

- Training and awareness sessions with GPs and primary care staff are ongoing.

- The PHA plans to commission focus group work in 2014/15 with non-attenders for cancer screening to better understand the barriers to participation and identify any actions which can be taken to overcome these. For cervical screening, the barriers for participation by younger women will specifically be explored.
Sexual Health

Younger people and men who have sex with men are especially vulnerable to sexual ill-health.

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. In March 2014, the Strategy and Action Plan (2008-2013) was updated with an Addendum “Progress and Priorities” to extend the lifespan of the Strategy to the end of December 2015. It includes a revised action plan in support of the aim to improve, protect and promote sexual health and well-being within the population of Northern Ireland. The Addendum recognises that there are still sexual health inequalities, and those considered to require particular action continue to include young people and men who have sex with men (MSM).

Also during this reporting period actions in support of the Strategy which promote equality of opportunity and good relations included a targeted sexual health campaign for MSM in Nov 2013; provision of programmes and support for young people and those with a learning disability; awareness raising and provision of training for HSC staff (and youth and community workers in non-statutory settings) in partnership with voluntary organisations representative of LGBT sector. A faith subgroup is one of the subgroups reporting to the regional Network overseeing the Strategy’s implementation.

Young people binge drinking

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.
The NSD Second Update Report – June 2014 indicates a reduction in the number of young people (11-16) getting drunk from 34% in 2003 to 14% 2013. In addition, the number of young people (11-16) who have ever taken an alcoholic drink has reduced from 60% in 2003 to 38% in 2013.

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

People with a learning disability who remain in long stay hospitals do not have the same access to social inclusion as the rest of the population. To address this, the aim is to have a significant reduction in the number of people in long stay hospitals, supporting the aim that no-one will be in a learning disability hospital unless they are receiving treatment, by March 2015. At year-end 31 March 2014, 74 long-stay learning disability patents were resettled against a regional target of 75.

Mental Capacity (Health, Welfare and Finance) Bill

The Bill will revoke the current Mental Health (NI) Order 1986 for people aged 16 and over and put in place a new legal framework for acting or making decisions on behalf of people who lack the mental capacity to make a specific decision for themselves.

The Bill will firstly provide for a statutory presumption of mental capacity in all adults to make decisions for themselves and require that a person is given all practicable help and support to enable them to make their own decisions. Only where it is shown that a person lacks capacity, will the main provisions of the Bill apply. These will provide mechanisms whereby acts or decisions in connection with the care, treatment (both physical and mental health treatment), or personal welfare (including financial matters) can be made in the best interests of those lacking capacity.

At the same time, the Bill will provide safeguards for those affected, and those safeguards will increase as the seriousness of the intervention increases. All interventions must be in the person’s best interests, a nominated person must be put in place to represent the person and for more serious interventions, additional safeguards must be engaged, such as a formal assessment of capacity, an independent advocate.
where appropriate, second opinions in certain circumstances and for the most serious of interventions, such as deprivation of liberty, HSC Trust authorisation will be required.

The draft Bill will be issued for public consultation in 2014/15.


The Equality Action Plan identified that people with autistic spectrum disorder face delays in assessment, diagnosis and intervention further restricting access to social and employment opportunities.

The **Autism Strategy (2013 – 2020) and Action Plan (2013 – 2016)** were developed to try and address the needs of people with autism, their families and carers throughout their lives – It is likely that the policy will meet the needs of individuals within the S75 categories as outlined in the completed equality screening template.

The Strategy and Action Plan were developed in accordance with articles stated in the United Nations Conventions on the Rights of Persons with Disabilities (UNCRPD) to support the values of dignity, respect, independence, choice, equality and anti-discrimination for people with autism, their families and carers. The UNCRPD articles have informed the themes, strategic priorities and actions in the Strategy and Action Plan.

In recognition of the need for a ‘whole life’ approach to the provision of services and support a cross-departmental Project Board was established to progress the development of the Strategy and Action Plan. Members of the Board comprised representatives from all government departments working, in partnership with people with autism, parents and carers and the community and voluntary sector.

• 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)


Following the consultation and equality screening of the Autism Strategy a number of changes were incorporated; these included the following items:

• The format of the Action Plan was revised to reflect some of the main issues of concern identified in particular making it more outcome-based and measurable;

• Some of the initial timescales for target completion have been revised and the Plan now makes clear where the lead responsibility for each action lies;

• The section in the action plan for Children, Young People and Family was elaborated to include actions on promoting awareness of the autism support services available via the Family Support NI website, Family Support Hubs. It also included improved support for families in terms of carers assessments and respite / short breaks;

• A new dedicated themed section for Education was added to the Strategy and Action Plan with an associated Strategic Priority in Section 3 of the Strategy and actions in the relevant themed section of the Action Plan;

• A new section in the Action Plan for Education included actions in respect of capacity building in schools and youth services for children and young people with autism and providing improved support for parents and carers in terms of informed choice and involvement;

• The section in the Action Plan for Employment was elaborated to include actions on better support in respect of access to higher education, employment and training.
opportunities;

- A new dedicated themed section for Health and Wellbeing was added to the Strategy and Action Plan with an associated Strategic Priority in Section 3 of the Strategy and actions in the relevant themed section of the Action Plan;

- The new section in the Action Plan for Health and Wellbeing included actions in respect of improving access to diagnosis and assessment in adult autism services;

- The section in the Action Plan for Independence, Choice and Control was elaborated to include actions in respect of the impact of Welfare Reform on people with autism and increasing the use of personalised budgets and direct payments within health and social care for people with autism and their families and carers;

- The section in the action plan on Transitions was elaborated to include more bespoke actions in respect of specific transitions for people with autism;

- The section in the Action Plan on Being Part of the Community was elaborated to include actions in respect of culture, art and leisure specifying how these services and facilities embrace the needs of people with autism; and

- A new overarching Leadership / Implementation section was incorporated into the Action Plan which assigns specific actions and responsibility to provide governance, leadership and direction during the implementation of the Strategy and Action Plan.

In addition, a comprehensive report was appended to the Strategy and Action Plan describing the estimated prevalence of ASD (Autism and Asperger syndrome) amongst school age children (4 – 15 years old) attending grant aided schools across NI between 2008/09 and 2012/13. The report also considered the differences in estimated prevalence rates between: Health and Social Care Trusts, children in urban and rural areas; and children in different areas of deprivation in NI.
An additional action has been added to the Action Plan to keep under review the requirement to re-screen the equality analysis when sufficient prevalence data has been collated and to utilise compiled data to help inform and address potential inequalities over the period of implementation of the Strategy and Action Plan.

**Minimum Standards for Independent Healthcare Establishments**

Several respondents to the consultation felt that references to an end of life “care pathway” should be revised in light of issues raised in the review of the Liverpool Care Pathway. The standards now refer to “an appropriate personalised care plan written into (patient) notes ensuring that attention has been paid to key elements of end of life care including communication, review of interventions, symptom control and hydration and nutrition”.

As a result of several issues raised, standards for assisted conception have been amended to make specific reference to the requirements of the Human Fertilisation and Embryo Authority (HFEA) Code of Practice.

**Minimum Standards for Children’s Homes**

Several issues were raised via consultation responses that were taken into consideration and prompted some adjustments to be made to the Standards e.g.

- **Align the standards more strongly to the rights of children as set out in the UN Convention of the Rights of the Child.**
  - The introduction to the Standards now set out a number of rights that underpin the Standards and also some individual Standards and Criteria have been revised to more closely reflect the rights of children and young people, for example to be heard and to receive an education.

**Short Break care**

- A new standard was included for short break care.
Promoting Good Health and Wellbeing

- The standard on promoting good health and wellbeing was amended including references to guidance on nutrition for looked after children; access to smoking cessation and substance abuse services; the health assessment and access to a LAC nurse.

Safeguarding

- Sexual exploitation of some children and young people in residential care became a high-profile media story during the consultation. The introduction to the Standards was amended to highlight the particular vulnerabilities of this group and the balance that homes (in discharging their duties as corporate parents) must strike in preserving children’s rights to be safe and protected from abuse whilst striving to give them a quality of life comparable to that of their peers.

Internet Access

- Use of the internet was an important issue for children and young people. Whilst access to the internet is important, there were concerns expressed that some children and young people may be at increased risk from unrestricted access. To mitigate this, the criteria have been revised to reiterate that access is dependent on an individual risk assessment. A statement on cyber-bullying has also been added as suggested.
**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>NICE Technology Appraisals (TA 274 - Ranibizumab for treating diabetic macular oedema (rapid review of technology appraisal guidance 237)</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisals - TA 275 - Apixaban for the prevention of stroke and systemic embolism in people with non-valcular atrial fibrillation.</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisals: - TA 276- Cystic fibrosis (pseudomonas lung infection) - colistimethate sodium and tobramycin</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>General Ophthalmic Services: Determination 2009</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>Optical Charges and Payments (Amendment) Regulations (Northern Ireland) 2013</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guidelines –</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</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>
<td>Is policy being subject to EQIA? Yes/No If yes indicate timeline for assessment.</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CG157 Hyperphosphataemia in chronic kidney disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NICE Technology Appraisal TA279 - Percutaneous vertebroplasty and percutaneous balloon kyphoplasty for the treatment of osteoporotic vertebral fractures</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA278 - Omalizumab for the treatment of severe persistent allergic asthma in children aged 6 and over and adults (review of TA133 and TA201)</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA282 - Pirfenidone for treating idiopathic pulmonary fibrosis.</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA280 - Abatacept for the treatment of rheumatoid arthritis only after the failure of conventional disease-modifying anti-rheumatic drugs (rapid review of TA234)</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG158 - Conduct disorders in children and young people</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>Breastfeeding - A Great Start: A Strategy for Northern Ireland 2013-2023</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</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>
<td>Is policy being subject to EQIA? Yes/No If yes indicate timeline for assessment.</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG155 - Psychosis and schizophrenia in children and young people</td>
<td>No EQIA</td>
<td>The Children's Law Centre considered there was a potential adverse impact for those under 16, as they would not be covered under the draft Mental Capacity Bill. DHSSPS recognise the need to discuss the issues with stakeholders and to working with them on this important issue.</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal – TA 283 Ranibizumab for treating visual impairment caused by macular oedema secondary to retinal vein occlusion</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal – TA284 Bevacizumab in combination with paclitaxel and carboplatin for first-line treatment of advanced ovarian cancer</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal – TA285 Bevacizumab in combination with gemcitabine and carboplatin for treating the first recurrence of platinum-sensitive advanced ovarian cancer</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal – TA287 Rivaroxaban for treating pulmonary embolism and preventing recurrent venous thromboembolism</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</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>
<td>Is policy being subject to EQIA? Yes/No If yes indicate timeline for assessment.</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA 289 - Ruxolitinib for disease-related splenomegaly or symptoms in adult with myelofibrosis</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA 290 - Mirabegron for treating symptoms of overactive bladder</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA 291 - Pegloticase for treating severe debilitating chronic tophaceous gout</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG 159 - Social anxiety disorder</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG166 - Ulcerative colitis: management in adults, children and young people</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG160 - Feverish illness in children</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG165 - Hepatitis B (chronic): Diagnosis and management of chronic hepatitis B in children, young people and adults</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG164 - Familial breast cancer (PDF 69KB)</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG163 - Idiopathic pulmonary fibrosis</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG162 - Stroke</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</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>
<td>Is policy being subject to EQIA? Yes/No If yes indicate timeline for assessment.</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>rehabilitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NICE Clinical Guideline CG161 - The assessment and prevention of falls in older people</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal – TA 294 Aflibercept solution for injection for the first line treatment of wet age-related macular degeneration</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal – TA 292 Arapiprazole for treating moderate to severe manic episodes in adolescents with bipolar I disorder</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal - TA293 Eltrombopag for the treatment of chronic idiopathic (immune) thrombocytopenic purpura (review of technology appraisal 205)</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal – TA288 Dapagliflozin in combination therapy for treating type 2 diabetes</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG167 - Myocardial Infarction with ST-segment elevation (STEMI)</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>General Ophthalmic Services (Amendment) Regulations (Northern Ireland) 2013</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal - TA 295</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</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>
<td>Is policy being subject to EQIA? Yes/No If yes indicate timeline for assessment.</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Everolimus in combination with an aromatase inhibitor for the treatment of HER2 negative, oestrogen receptor positive locally advanced or metastatic breast cancer after prior endocrine therapy</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal – TA296 Crizotinib for the treatment of previously treated non-small-cell lung cancer associated with an anaplastic lymphoma kinase fusion gene</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG169 - Acute kidney injury</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG170 - Autism - management of autism in children and young people</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG171 - Urinary incontinence in women</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG 168 - Varicose veins in the legs</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guidelines – CG156 Fertility: assessment and treatment for people with fertility problems</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal – TA298 Ranibizumab for treating choroidal neovascularisation associated with pathological myopia</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</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>
<td>Is policy being subject to EQIA? Yes/No If yes indicate timeline for assessment.</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>NICE Technology Appraisal – TA299 Bosutinib for previously treated chronic myeloid leukaemia</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal – TA300 Peginterferon alfa and ribavirin for the treatment of chronic hepatitis C in children and young people</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG172 - Myocardial Infarction Secondary Prevention (updates &amp; replaces CG 48)</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>Management of HIV-infected healthcare workers (HCWs) in Northern Ireland</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG173 - Neuropathic pain: the pharmacological management of neuropathic pain in adults in non-specialist settings (updates &amp; replaces CG96)</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA303 - Teriflunomide for treating relapsing forms of multiple sclerosis</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG175 - Prostate cancer: diagnosis and treatment - (updates and replaces Prostate cancer NICE CG 58)</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA304 - Total hip replacement and</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</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>
<td>Is policy being subject to EQIA? Yes/No If yes indicate timeline for assessment.</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>resurfacing arthroplasty for the treatment of pain or disability resulting from end stage arthritis of the hip (Review of technology appraisal guidance 2 and 44)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NICE Technology Appraisal TA305 - Aflibercept solution for injection for the treatment of macular oedema caused by central retinal vein occlusion</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA306 - Pixantrone monotherapy for treating multiply relapsed or refractory aggressive non-Hodgkin's B-cell lymphoma</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>Addendum to the Sexual Health Promotion Strategy &amp; Action Plan</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA</td>
</tr>
<tr>
<td>Cross-Departmental Autism Strategy (2013-20) and Action Plan (2013-16)</td>
<td>Screened Out</td>
<td>No</td>
<td>No EQIA. An action in the Action Plan will keep under review the requirement to re-screen the equality analysis when sufficient prevalence data has been collated.</td>
</tr>
</tbody>
</table>
Section 4: Equality Impact Assessment (EQIA)

Please provide an update of policies subject to EQIA during 2013-14, stage 7 EQIA monitoring activities and an indicative EQIA timetable for 2014-15.

- EQIA Timetable: April 2013 - March 2014

<table>
<thead>
<tr>
<th>Title of Policy EQIA</th>
<th>EQIA Stage at end March 2014 (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>Completed</td>
<td>Updated EQIA included with consultation on the Bill.</td>
</tr>
</tbody>
</table>

Where the EQIA timetable for 2013-14 (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 2013- March 2014

<table>
<thead>
<tr>
<th>Title of EQIA subject to Stage 7 monitoring</th>
<th>Indicate if differential impacts previously identified have reduced or increased</th>
<th>Indicate if adverse impacts previously identified have reduced or increased</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)

2014-15 EQIA Timetable

<table>
<thead>
<tr>
<th>Title of EQIAs due to be commenced during April 2014 – March 2015</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></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></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)

The DHSSPS [Equality Web Pages](#) are regularly updated and continue to be a useful source of information and guidance for staff on Section 75 matters.

Equality and Diversity remain an integral part of awareness training courses delivered by the DHSSPS to staff and in generic courses delivered on the Department’s behalf by the Centre for Applied Learning (CAL).

• **Diversity Now Training**

DHSSPS organises classroom based training in Diversity for all staff who are new to the Department and the NICS. This year 19 DHSSPS staff attended this training which is designed to give participants an overview of NICS policy and procedures in Equal Opportunities and Diversity and to highlight their roles and responsibilities in implementing both NICS policies and procedures. The training also covers differentiating stereotyping, prejudice and discrimination and identifying the legislative framework underpinning Diversity and Equality of Opportunity and explains how Northern Ireland’s diverse society impacts on the NICS.

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

*For example:-*

• **Recruitment and Selection Training**

Equality and Diversity awareness is included in the new Recruitment and Selection modular training which is delivered to those staff who are involved in
recruitment and selection processes. A total of 21 staff were trained during this reporting period.

- **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. During this reporting period, 66 staff received the information and awareness training.

- **National Vocational Qualifications**

  The Department recently completed a review of the NVQ package delivered by Personnel Development Branch and has made the decision to withdraw the NVQ programme from its suite of training opportunities.

  The rationale for introducing NVQs was based on business need at a point in time when there were no administrative development opportunities available for these grades.

  The NVQ programme has been very successful within the Department and has met its original objectives; however it is apparent from uptake rates and demand from staff within the Department for NVQs has declined.

  The Department no longer has a dedicated NVQ Programme Manager nevertheless it remains committed to ensuring that the two candidates remaining on the programme should be provided with every opportunity to complete their qualification.

  During 2013/14, there were 3 members of staff working towards a NVQ at either Level 2 or Level 3. At the External Verifiers visit held on 23rd January 2014 one
member of staff achieved their full qualification at Level 2; there were no full awards at Level 3 during this period.

- **Deaf Awareness/Action on Hearing Loss Seminar**

  During this reporting period, staff were given the opportunity to attend a seminar on Hearing Loss delivered by Action on Hearing Loss. Following the seminar 27 staff had their hearing tested.

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 includes 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.

**An Introduction to Section 75**

During this reporting period CAL facilitated a DHSSPS request to deliver An Introduction to Section 75 course. A total of 22 staff availed of the opportunity to attend.
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

The Equality section on the Department’s website continues to be regularly updated and provides 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 web pages also provide up to date information on the Department’s screening and EQIA programme which are not only updated and shared quarterly online but a hardcopy report is also sent out to consultees on the department’s consultee contact list. The Consultation page on the Department’s website also contains useful links, guidance and sources of information on consultations.

Equality and Human Rights Steering Group

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

EHRSG regularly engages with Section 75 representative groups. During this reporting period the Group met with representatives from the Department to discuss progress / Section 75 impacts regarding policy development for Mental Capacity Bill, EU Directive 2011/24/EU – (the application of patients’ rights in cross-border healthcare & Overseas Visitors Legislation). The Group also met with representatives from the BSO Counter Fraud & Probit Unit and the RHSCB re issues around Access to Healthcare and development of Ethnic Monitoring guidance respectively. During 2014/15 the Steering Group has plans to invite representatives from Barnardo’s the NI Rare Disease Partnership and Mediation NI along to meetings.
Consultation

Within this reporting period, the Department consulted on all of its policies equality screened between April 2012 and March 2013. Although it was not a 2012/2013 screening a response was received from the NI Rare Disease Partnership flagging the need for the equality aspects of rare diseases. The response was passed to the policy lead within the Department for consideration.

Internal Communication

When required, the Department’s Equality & Human Rights Unit has provided guidance and advice to policy leads within the Department in relation to the requirements of the Department’s Equality Scheme. Detailed advice was provided on a range of issues including consultation and engagement, screening and EQIA process. Staff have been referred to relevant ECNI advice and guidance, alerted to potential equality issues and potential sources of information and research.
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

During this reporting period the Department released the results from the 2012/13 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 2012/13 survey include adult general health, self assessed health state, informal caring for sick, disabled or elderly person, Smoking, Alcohol, Adult obesity, Physical activity, Child health, Breastfeeding, Skin cancer prevention, Use of Sunbeds, Hospital visits, General Practitioners, Medicines and Pharmacy, Sexual Health and Carbon Monoxide and smoke alarms.

Inequalities Monitoring System

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.

To facilitate high-level monitoring of progress of the Department’s new strategic framework for public health, a set of key indicators has been developed and will be published in 2014/15. These include overarching indicators on life expectancy, supported by indicators linked to five of the framework’s themes which will serve as proxy measures to monitor progress towards the outcomes. The indicators will reflect the wider socio-economic and environmental determinants of health (for example educational attainment, poverty levels, air and water quality) as well as health indicators and behaviours.

**Northern Ireland Neighbourhood Information Service website**

The [Northern Ireland Neighbourhood Information Service](http://www.nihsni.nhs.uk) 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**

A number of other research/statistical information/reports were produced during this reporting period which can be accessed on the [Department’s website](http://www.nihsni.nhs.uk) including:-

- statistics on the time spent waiting in emergency care departments within Northern Ireland during the months of January, February and March 2013 (April 2013);
- ‘Health and Social Care Inequalities Monitoring System: Life Expectancy Decomposition – An overview of changes in Northern Ireland life expectancy 2001-03 to 2008-10’ (May 2013);
• **March 2013 Northern Ireland Waiting List Statistics Releases** (May 2013);

• ‘**Carers’ Statistics for Northern Ireland (quarter ending 31 March 2013)** (June 2013)’;

• **the Northern Ireland Cancer Waiting Times Statistics Release for January, February and March 2013** (June 2013);

• statistics on activity at emergency care departments and the Northern Ireland Ambulance Service within Northern Ireland during the year ending 31 March 2013 (June 2013);

• statistics on complaint issues received by the six Health and Social Care (HSC) Trusts, HSC Board and Family Practitioner Services within Northern Ireland for the year ending 31 March 2013 (June 2013);

• ‘**Children in Care in Northern Ireland 2010/11 Statistical Bulletin**’ (July 2013);

• statistics on the time spent waiting in emergency care departments within Northern Ireland during the months of April, May and June 2013 (July 2013);

• **2012/13 Inpatient and Outpatient Hospital Statistics for Northern Ireland** (July 2013)

• **statistics on activity within the Mental Health and Learning Disability programmes of care (POC) in Hospitals within Northern Ireland for the year ending 31 March 2013** (August 2013);

• **June 2013 Northern Ireland Waiting List Statistics Releases** (August 2013);
• ‘Children Order Child Protection and Referral Statistics for Northern Ireland (quarter ending 30 June 2013)’ (August 2013);

• ‘Carers’ Statistics for Northern Ireland (quarter ending 30 June 2013)’ (September 2013);

• Northern Ireland Cancer Waiting Times Statistics Release for April, May and June 2013 (September 2013);

• statistics relating to smoking cessation services for 2012/13 (October 2013);

• Statistics from the Northern Ireland Drug Misuse Database: 1 April 2012 - 31 March 2013 (October 2013);

• statistics on the time spent waiting in emergency care departments within Northern Ireland during the months of July, August and September 2013 (October 2013);

• ‘Children’s Social Care Statistics for Northern Ireland 2012/13’ (October 2013);

• Statistics of the Northern Ireland Health and Social Care (HSC) Workforce at 31 March 2013 (November 2013);

• The Northern Ireland Episode Based Acute Hospital Inpatient and Day Case Activity Data for 2012/13 (November 2013);

• ‘Children Order Child Protection and Referral Statistics for Northern Ireland (quarter ending 30 September 2013)’ (November 2013);
• **Publication of the first Patient Client Experience Standards Report** (November 2013);

• **Statistics collected from Health & Social Care (HSC) Trusts, Agencies and Legacy Health and Social Services (HSS) Boards on all clinical/social care negligence cases in Northern Ireland open during the year ending 31 March 2013** (November 2013);

• **The September 2013 Northern Ireland Waiting List Statistics Releases** (November 2013);

• **Published the ‘Children Adopted from Care in Northern Ireland 2012/13’** (November 2013);

• **‘Carers’ Statistics for Northern Ireland (quarter ending 30 September 2013)’** (December 2013);

• **the 'Statistics on Community Care for Adults in Northern Ireland 2012-2013' statistical bulletin** (December 2013);

• **the Northern Ireland Cancer Waiting Times Statistics Release for July, August and September 2013** (January 2014);

• **statistics relating to medical abortions and terminations of pregnancy during 2012/13** (January 2014);

• **statistical bulletin summarising information on young care leavers aged 16 to 18 in Northern Ireland who left care during the year ending 31 March 2013** (January 2014);
• statistics on the time spent waiting in emergency care departments within Northern Ireland during the months of October, November and December 2013 (January 2014);

• statistical bulletin summarising information on care leavers aged 19 in Northern Ireland who left care during the year ending 31 March 2013 (February 2014);

• statistical bulletin summarising information on adults receiving domiciliary care services during a survey week in September 2013 (February 2014);

• December 2013 Northern Ireland Waiting List Statistics Releases (February 2014);

• ‘Children Order Child Protection and Referral Statistics for Northern Ireland (quarter ending 31 December 2013)’ (February 2014);

• ‘Carers’ Statistics for Northern Ireland (quarter ending 31 December 2013)’ (March 2014);

• Northern Ireland Cancer Waiting Times Statistics Release for October, November and December 2013 (March 2014);

**Ethnic Monitoring**

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 the following Health and Social Care systems:
• 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

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. The Business Services Organisation produced a guide on accessible information for Trusts. This guide has been issued to HSC organisations through the Regional Accessible Formats Steering Group for implementation. The Guidance document included policy and guidance templates for adapting and adopting in line with local organisational circumstances.

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 languages other than English are available on request. 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 versions**

- Revised Service Framework for Cardiovascular Health and Wellbeing;
- Autism Strategy consultation document the final Autism Strategy document;
- Domestic and Sexual Violence and Abuse Strategy; and
- Inter-Departmental Review of Housing Adaptations.
Young Persons versions

Enhancing Healthcare Services For Children and Young People in Northern Ireland (From Birth to 18 Years);
Review of Children’s Palliative and End-of-Life Care;
Foster Placement & Fostering Agencies Regulations (Northern Ireland) 2014;
Minimum Standards for Independent Healthcare Establishments;
Minimum Standards for Children’s Homes Children’s Version; and
Minimum Standards for Children’s Homes Young People’s Version.

The consultation page on the Department’s website also provides advice to colleagues regarding consultation with children and young people and those with learning disabilities.

How to Access Health and Social Care Booklet

The Equality and Human Rights Steering Group, chaired by the Department, comprises equality leads from the Department and the Health and Social Care (HSC) family of organisations commenced work on updating the booklet How to Access Health and Social Care Booklet. This booklet, available in 17 languages, was first produced to meet an information need amongst people from minority ethnic backgrounds who have moved to Northern Ireland. Work is continuing to bring the information up to date.

Northern Ireland Health and Social Care Interpreting Service

The Department, via the Regional Health and Social Care Board, continued 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 either as a first or competent second language.

The demand for the service has continued to increase year on year. In this reporting period 87,694 interpreting requests were received covering some 35 languages compared to 75,649 requests in 2012/13 reporting period. The Service uses a central register of over 430 interpreters all of whom are either accredited to Level 4 of the Open
College Network NI ( Equivalent to NVQ Level 3) or working towards it.

Belfast Health & Social Care Trust manages the NIHSCIS and has facilitated the provision of professional development sessions for the interpreters. 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 such as: Mental Health; Domestic Violence; Speech and Language; Dealing with Traumatic experiences; and Social Work and Maternity.

The NIHSCIS also delivers the “Working Well with Interpreters” training programme to students in the General Practitioner Module at Queens University Belfast.

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)

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)

Domestic and Sexual Violence and Abuse Strategy

The Department, in partnership with the Department of Justice, issued 1200 consultation letters to a targeted stakeholder list and advertised in three Northern Ireland newspapers regarding the DSVA Strategy Consultation. Officials sought assistance from key stakeholders, including the Domestic and Sexual Violence and Abuse Regional Strategy Group (RSG) members, to promote the consultation and encourage all those affected/impacted by domestic and sexual violence and abuse to participate.

As part of this engagement officials jointly delivered presentations to interested stakeholder groups on the thinking and rationale behind the proposed content of the draft strategy. From the end of February to the end of April 2014, officials delivered fifteen presentations to a range of audiences across Northern Ireland. These included statutory staff, volunteers, victims/survivors, children and young people, ethnic minority groups, LGB & T representatives and older peoples groups. Officials also met with a number of individual victims who wished to discuss the Government’s response to domestic and sexual violence and abuse.

The responses and advice tendered throughout these engagements with hard-to-reach groups and via the routine consultation responses will inform further progression and development of the DSVA Strategy.

Paediatric Services

When developing/consulting on the Review of Paediatric Services, the Department worked with Children in Northern Ireland (CINI) to arrange focus groups with children and young people.
The focus groups were held with various groups of children e.g. children with different experiences of the health services, from different social backgrounds. One to one interviews were also held with palliative children and their families to ensure the full spectrum of children using paediatric services were involved in the development of the new strategies.

The same level of engagement was repeated during the consultation period to gain the views of the children on the draft strategies.

**Service Frameworks**

During the consultation process for the Service framework for Cardiovascular Health and Well Being during 2013/14, a number of individuals and groups were consulted including HSC organisations, local councils, voluntary and community groups, service users, carer groups and professional bodies. A number of engagements were also undertaken during the course of the consultation for the Service Framework for Older People. When the framework was launched at Parliament Buildings attendees included a number of service users and key stakeholders e.g.

- The Commissioner for Older People;
- The Chair plus members of the Older People’s Reference Group;
- Carers NI;
- Age NI; and
- Alzheimers Society.


A comprehensive scoping and pre-consultation exercise was conducted to help inform the remit, themes and strategic priorities for this Strategy and Action Plan. This involved a series of engagement events across Northern Ireland to take the views of people with autism, their families and carers regarding the key issues they wish to see taken forward in the Strategy and Action Plan.
Children and young people with autism also attended two further engagement events, hosted in Belfast and Omagh. These engagement events were facilitated by some autism voluntary sector organisations with active participation from all government departments and relevant agencies.

In addition to the engagement events, the Department developed an online questionnaire which was specifically targeted at a wider range of people with autism who were unable to, or did not want to attend and / or participate in the engagement events. This was in response to pre consultation feedback that suggested this method of consultation/engagement may be more preferable for seeking the views of people with autism as opposed to larger engagement events.

The information and feedback from both the engagement events and the responses to the questionnaires has played a key part in helping to inform the structure and content of the draft Strategy and Action Plan to be issued for formal public consultation.

Autism Strategy Project Board meetings

- Pre briefs held in advance of meetings with 'experts through experience’ to discuss the agenda or any issues they may have re the meeting.

Autism Strategy Stakeholder Launch event


**The Foster Placement & Fostering Agencies Regulations (Northern Ireland) 2014**

During development of the draft “Foster Placement & Fostering Agencies Regulations (Northern Ireland) 2014” the Department engaged with both children in care and Carers at an arranged event in September 2013. Also, both VOYPIC and The Fostering
Network were represented on the pre-consultation working group and were also commissioned to produce a survey on children’s views.

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

During this reporting period, the Department has continued to engage with key stakeholders including, but not limited to:

- Members of project board;
- Members of reference groups;
- The Law Society;
- Children’s Law Center;
- Equality Commission; and
- Human Rights Commission.

Departmental Officials have also attended several seminars to deliver presentations on the provisions of the Bill.

**Community Resuscitation Strategy for Northern Ireland**

The Community Resuscitation Strategy was developed by a group which had representation from the Northern Ireland Ambulance Service, a number of government departments, Health and Social Care Organisations and community and voluntary bodies involved in resuscitation training.

By definition, a community resuscitation strategy has to be a collaborative effort involving the active participation of many people in all walks of life. Community engagement and participation are crucial to its success.

**Inter-departmental Review of Housing Adaptations**

As an important part of this review, the views of service users, their families and carers, and their representative organisations were sought. Consultation and Engagement events were held in accessible locations in Belfast, Omagh and Londonderry to allow
hard to reach groups to contribute to the consultation and both British Sign Language and Irish Sign Language interpreters were provided at these events.

**Minimum Standards for Children’s Homes**

In developing these standards the Department engaged directly with young people who live in and use the services through a series of workshops across NI, including in the regional secure centre at Lakewood. Also the working group that reviewed the standards included representation from VOYPIC (representing children who live in care homes) and Sixth Sense (representing disabled children who use short break services).
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.

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.

**Equality, Good Relations and Human Rights strategy and action plan**

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 have continued to grow, rising from 75,649 (2012/13) to 87,694 (2013/14).
### Part B: ‘Disability Duties’
**Annual Report 1 April 2013 / 31 March 2014**

1. How many action measures for this reporting period have been **Fully** Achieved? 18  

**Partially** Achieved? 2  

**Not** Achieved? 0
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>National²</td>
<td>The Public Appointment Unit has continued to:</td>
<td></td>
<td>Statistics on the number of applications from people who have declared for 2013/14 will be included in the OFMDFM Annual Report.</td>
</tr>
<tr>
<td>1</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>
<td>Notifications carried out as agreed with organisations.</td>
<td>DHSSPS Arms Length Bodies have 2 non-executives who have declared a disability.</td>
</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
<table>
<thead>
<tr>
<th>Level</th>
<th>Public Life Action Measures</th>
<th>Outputs(^1)</th>
<th>Outcomes / Impact(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional(^4) 2</td>
<td>Publication of the Autism Strategy (2013 – 2016) and associated Action Plan (2013-2015)</td>
<td>The Autism Strategy (2013 – 2020) and Action Plan (2013 – 2016) was approved for publication by the NI Executive at their meeting on 28 November 2013 and formally launched on behalf of the Executive in the Assembly on 14 January 2014. A further event was held on 15 January 2014 for key stakeholders who were involved in the development of the Strategy – this included the Autism Strategy Project Board, key representatives from government departments and their agencies, voluntary organisations and young people with autism, from the Southern Trust area, who presented their DVD ‘Understanding me, Understanding Autism’.</td>
<td>The Strategy and Action Plan have been developed in accordance with articles stated in the United Nations Conventions on the Rights of Persons with Disabilities (UNCRPD) to support the values of dignity, respect, independence, choice, equality and anti-discrimination for people with autism, their families and carers. This Strategy aims to ensure that the services commissioned and / or provided by public sector organisations in NI for people with autism, their families and carers will develop in such a way 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</td>
</tr>
</tbody>
</table>

\(^4\) **Regional**: Situations where people can influence policy decision making at a middle impact level
<table>
<thead>
<tr>
<th>Level</th>
<th>Public Life Action Measures</th>
<th>Outputs (^1)</th>
<th>Outcomes / Impact (^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>needs of people with autism over the course of their lifetime.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The Action Plan contains 37 actions each with a specific outcome requirements / performance indicators. The structure the eleven themes and associated strategic priorities:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Awareness;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Accessibility;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Children, Young People and Family;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4. Health and Wellbeing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5. Education;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6. Transitions;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7. Employability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8. Independence, Choice and Control;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9. Access to Justice;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10. Being Part of the Community; and Participation and Active Citizenship.</td>
</tr>
<tr>
<td>Local(^5)</td>
<td></td>
<td></td>
<td></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 Seminar on Hearing Loss</td>
<td>All staff were given the opportunity to attend a seminar on Hearing Loss delivered by Action on Hearing Loss. Of those who attended 27 staff members opted to have their own hearing tested.</td>
<td>Staff made aware of the Hearing Loss issues and the options for addressing.</td>
</tr>
</tbody>
</table>
| 2 The provision of Diversity Now Training, (includes Disability Duties). | In 2013/14 a total of 19 DHSSPS staff attended classroom training. | This training is designed to give participants an overview of NICS policy and procedures in Equal Opportunities and Diversity and to highlight their roles and responsibilities in implementing both NICS policies and procedures.

The training also covers differentiating stereotyping, prejudice and discrimination and identifying the legislative framework underpinning Diversity and Equality of Opportunity and explains how Northern Ireland’s diverse society impacts on the NICS.

This will build on staff awareness of the Disability Discrimination legislation and promote positive attitudes towards people with a disability. |
3 | **Employer supported volunteering programme** | In 2013/14 staff completed a volunteering challenge with Connect Ability, which aims to help residents with a learning or physical disability get online. | This provides practical help for those with a disability and also offered the opportunity for staff to better understand disability.

4 | **Publication of the Autism Strategy and Action Plan** see 2(a) | See actions under Strategic Priority 1 Awareness - | To work in partnership with representatives from all government departments to access a range of awareness training which will support the public and private sector in providing services to people with autism, their families and carers.

Increase awareness and understanding about autism among the general public with the aim of promoting positive attitudes toward people with autism.

---

**2(c) What Positive attitudes action measures in the area of Communications were achieved in this reporting period?**

<table>
<thead>
<tr>
<th>Communications Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Publications will be translated and made available in other formats on request or as appropriate for example Braille, audio, large print as requested</td>
<td>All requests received in 2013/14 by the Information Office were met.</td>
</tr>
<tr>
<td>Communications Action Measures</td>
<td>Outputs</td>
<td>Outcome / Impact</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------</td>
<td>-----------------</td>
</tr>
<tr>
<td>2 Publication of the <a href="#">Autism Strategy and Action Plan</a> see 2(a)</td>
<td>See actions under Strategic Priority 2 Accessibility -</td>
<td>Increase the level of accessible / inclusive communications so that people with autism can access information as independently as possible.</td>
</tr>
<tr>
<td>3 <a href="#">Physical and Sensory Disability Strategy and Action Plan 2011 – 2015</a></td>
<td>The Physical and Sensory Disability Strategy included and action to ensure that information and advice about services is accessible and staff are trained to communicate appropriately with people who are blind or partially sighted. To this end, the Business Services Organisation produced a guide on accessible information for Trusts. This guide has been issued to HSC organisations through the Regional Accessible Formats Steering Group for implementation.</td>
<td>Information will become more accessible. Use of positive images promoted.</td>
</tr>
</tbody>
</table>
2 (d) What action measures were achieved to ‘encourage others’ to promote the two duties:

<table>
<thead>
<tr>
<th>Encourage others Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Provision of guidance outlining the Department’s legal obligations as an employer and publicise the role of the Disability Liaison Officer.</td>
<td>Bi–annual reminder issued to staff. All reasonable adjustments (including allocation of car parking spaces) implemented for disabled staff.</td>
<td>Has supported staff with a disability to discuss their particular needs and the adjustments that are needed to address any disadvantage they face in the workplace.</td>
</tr>
<tr>
<td>2 Publication of the <a href="#">Autism Strategy and Action Plan</a> see 2(a)</td>
<td>See action plan for details.</td>
<td>The strategy is cross cutting involving all government departments and a wide variety of delivery partners such a local councils. One of the aims of the strategy is to encourage social inclusion of people with autism and work to address discrimination / stigmatisation.</td>
</tr>
<tr>
<td>3 Oversight of the Department’s Arm’s Length Bodies</td>
<td>Disability Action Plans in place.</td>
<td>At the 31 March 2014 the position was as follows:-</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Plans in place:-</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Belfast HSC Trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Blood Transfusion Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- NI Ambulance Service HSC Trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- NI Fire and Rescue Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- NI Guardian Ad Litem Agency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- NI Social Care Council</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Northern HSC Trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Regulation and Quality Improvement Authority</td>
</tr>
<tr>
<td>Encourage others Action Measures</td>
<td>Outputs</td>
<td>Outcome / Impact</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------</td>
<td>-----------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Southern HSC Trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- South Eastern HSC Trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Western HSC Trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Business Services Organisation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Health and Social Care Board</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- NI Medical and Dental Training Agency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- NI Practice and Education Council</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Patient Client Council</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Public Health Agency</td>
</tr>
</tbody>
</table>

During 2013/14 the HSC Trusts have consulted on new DAPs (2014-2017) and these will come into force in 2014/15.

The Safeguarding Board for Northern Ireland (SBNI) was established by the Department in 2012. The Equality Commission asked the SBNI to prepare an Action Plan and one is now in place.

4 Inclusion of a section on the Disability Duties within the Department’s screening template. The Department’s screening template continues to include a section on the Disability Duties. 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.

5 Provide information and awareness seminars to staff on specific disabilities / long term health conditions. Events held between April 2013 / March 2014.
  - Mental Wellbeing Awareness - This raises disability awareness (including the impact of “hidden” disabilities) with staff and line managers.
<table>
<thead>
<tr>
<th>Encourage others Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>seminars - April &amp; Nov 2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• OHS Lifestyle assessments – May 2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Introduction to Yoga, Well Being &amp; Musculoskeletal Awareness - Sept 13 &amp; Jan 14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Weight Loss Programme - Sept 2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Action Cancer Big Bus - Cancer Awareness – Nov &amp; Dec 2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hearing Awareness / Testing - Dec 2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• WELL Health Checks - Feb 2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dementia Awareness Seminar – Mar 2014</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Key disability speakers will be invited to address the Equality &amp; Human Rights Steering Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Group was briefed by departmental policy leads on the Mental Capacity Bill this included</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The briefing was aimed at equipping the HSC Equality leads with the necessary information and awareness of the issues involved in the Mental Capacity Bill so that they were able to go back into their own organisations and consider the impacts that may arise.</td>
<td></td>
</tr>
</tbody>
</table>
2 (e) Please outline any additional action measures that were fully achieved other than those listed in the tables above:

<table>
<thead>
<tr>
<th>Action Measures fully implemented (other than Training and specific public life measures)</th>
<th>Outputs</th>
<th>Outcomes / Impact</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> <em>Physical and Sensory Disability Strategy and Action Plan 2011 – 2015</em></td>
<td>A Disability Strategy Implementation Group (SIG) was established to direct, co-ordinate and manage the implementation of the Strategy and Action Plan. The Group is co-chaired by the HSC Board and Disability Action and works with a range of representatives from statutory agencies and bodies, the voluntary and community sector and service users. A Workshop was held on 3 December 2013 to mark the International Day of Persons with Disabilities and to highlight some of the progress made in delivering on the Action Plan and showcasing a number of projects being delivered across NI by both the statutory and voluntary sector.</td>
<td>The latest draft progress report from the HSCB shows that progress has been made in a number of areas with several actions completed. It is recognised that there will likely be a number of actions not fully implemented by “Strategy end” in September 2015. A workshop was held in June 2014 to identify these “legacy” issues and over the coming months, SIG will be considering how these issues will be delivered post September 2015.</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Bamford Action Plan</td>
<td>Twice yearly Inter-departmental meetings to monitor and evaluate</td>
<td>Achieved – the Bamford Inter-Departmental Senior Officials</td>
<td></td>
</tr>
<tr>
<td>Action Measures fully implemented (other than Training and specific public life measures)</td>
<td>Outputs</td>
<td>Outcomes / Impact</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HSC Bamford Taskforce Annual report to Minister.</td>
<td>This report has been completed and submitted to the Department, but not yet formally sent to the Minister.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Publish monitoring information on the Bamford Action Plan 2012-15 on a yearly basis.</td>
<td>Achieved – the first annual <a href="#">monitoring report</a> was agreed by the Ministerial Group for Mental Health and Learning Disability in Nov 2013 and published in February 2014.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Participation at HSC event on the UN Convention on the Rights of Persons with a disability.</td>
<td>In September 2013 Departmental officials took part in an event related to the UNCRPD providing the attendees with an update on the Mental Capacity Bill. The audience included Trust Directors and non Executive Directors, BSO, HSC Board and other representatives with an interest in Disability related issues.</td>
<td>Attendees were briefed on the proposals and given the opportunity to ask questions. They were also invited to contact the officials after the event if they wished to discuss things further.</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 Key disability speakers will be invited to address the Equality &amp; Human Rights Steering Group</td>
<td>Focus on disability awareness training with HSC in particular the challenges faced in ensuring consistency across Trusts in relation to priorities for mandatory training.</td>
<td>An invitation had been extended to David Galloway (RNIB) and Martina McCafferty (HSCB) in relation to the Information and Training work-stream of the Physical and Sensory Disability Strategy – due to scheduling and availability this could not be facilitated until the May 2014 meeting.</td>
<td></td>
</tr>
<tr>
<td>2 Mental Capacity Bill</td>
<td>Launch of consultation on the Mental Capacity Bill</td>
<td>The Bill will revoke the current Mental Health (NI) Order 1986 for people aged 16 and over and put in place a new legal framework for acting or making decisions on behalf of people who lack the mental capacity to make a specific decision for themselves. The Bill will firstly provide for a statutory presumption of mental capacity in all</td>
<td>The intention was to launch a public consultation of the draft civil provisions, along with a detailed policy proposal regarding the Criminal Justice aspects of the Bill, in March 2014. This was delayed beyond the 2013/14 reporting</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.
<table>
<thead>
<tr>
<th>Action Measures partly achieved</th>
<th>Milestones(^6) / Outputs</th>
<th>Outcomes/Impacts</th>
<th>Reasons not fully achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>adults to make decisions for themselves and require that a person is given all practicable help and support to enable them to make their own decisions. Only where it is shown that a person lacks capacity, will the main provisions of the Bill apply. These will provide mechanisms whereby acts or decisions in connection with the care, treatment (both physical and mental health treatment), or personal welfare (including financial matters) can be made in the best interests of those lacking capacity. At the same time, the Bill will provide safeguards for those affected, and those safeguards will increase as the seriousness of the intervention increases. All interventions must be in the person's best interests, a nominated person must be put in place to represent the person and for more serious interventions, additional safeguards must be engaged, such as a formal assessment of capacity, an independent advocate where appropriate, second opinions in certain circumstances and for the most serious of interventions, such as deprivation of liberty, HSC Trust authorisation will be required.</td>
<td>period (actual launch was on 27 May 2014).</td>
</tr>
</tbody>
</table>
4. Please outline what **action measures have not been achieved** and the reasons why?

<table>
<thead>
<tr>
<th>Action Measures not met</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 None</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></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 / No

If yes please outline below:

<table>
<thead>
<tr>
<th>Revised/Additional Action Measures</th>
<th>Performance Indicator</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Drafting of the Mental Capacity Bill and related subordinate legislation.</td>
<td>The public consultation exercise was launched on 27 May 2014. This exercise will run until 2 September, after which responses will be analysed and a final draft of the Mental Capacity Bill will be finalised. The target is to introduce the draft Bill in to the Assembly in January 2015. As part of the work on the Mental Capacity Bill project, the Department will in 2014/15 be commencing drafting work on the subordinate legislation which will eventually help to implement the Bill, should it become law. This will include the drafting of Regulations on the role of independent advocates.</td>
<td>The Bill will be issued for public consultation in 2014/15.</td>
</tr>
</tbody>
</table>
7. Do you intend to make any further revisions to your plan in light of your organisation’s annual review of the plan? If so, please outline proposed changes?

The Department’s current DAP will be updated in 2014/2015 to include an action regarding the development of a new DAP (2015-2019).

Following a report printed by the Commissioner for Public Appointments, PAU are exploring new approaches to raising awareness advertising to ensure that our public appointment opportunities are widely publicised to reach as wide and diverse an audience as possible and are represented on the PA Forum exploring this.

Public Appointments are planning an awareness event in September 2014 in co-operation with Equality Managers of the 5 HSC Trusts targeted specifically at disability groups.

An easy access version of the Autism Strategy is in the final stage of development and will be available on the departmental website early in 2014/15.

Establishment of implementation structures for the Autism Strategy and Action Plan, that will include the involvement of people with autism, their families and carers.