Public Authority Statutory Equality and Good Relations Duties

Annual Progress Report 2018-19

Contact:

- Section 75 of the NI Act 1998 and Equality Scheme
  Name: Judith Tener
  Telephone: 02890 522433
  Email: judith.tener@health-ni.gov.uk

- Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan
  As above

Documents published relating to our Equality Scheme can be found at:
https://www.health-ni.gov.uk/doh-equality

Signature:

This report has been prepared using a template circulated by the Equality Commission. It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans. This report reflects progress made between April 2018 and March 2019.
PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme

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

1 In 2018-19, please provide examples of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

The Department of Health (DoH) has a statutory responsibility to promote an integrated system of health and social care designed to secure improvement in the physical and mental health of people in Northern Ireland, the prevention, diagnosis and treatment of illness, and the social wellbeing of the people in Northern Ireland.

It is the Department's mission to improve the health and social well-being of the people of Northern Ireland. It endeavours to do so by:

- leading a major programme of cross-government action to improve the health and well-being of the population and reduce health inequalities

- this includes interventions involving health promotion and education to encourage people to adopt activities, behaviours and attitudes which lead to better health and well-being

- the aim is a population which is much more engaged in ensuring its own health and well-being

- ensuring the provision of appropriate health and social care services, both in clinical settings such as hospitals and GPs' surgeries, and in the community through nursing, social work and other professional services
The last Health Minister, Michelle O’Neill, launched her vision ‘Health and Wellbeing 2026: Delivering Together’ in October 2016 and set out her commitment to develop, design and deliver the building blocks that would enable sustained improvement over the next 10 years. It is aligned with the aspirations set out within the Northern Ireland Executive’s draft Programme for Government (PfG), and the PfG ambition of enabling people to lead long, healthy and active lives.

**Delivering Together** committed to transforming the whole HSC, as one system, by:

- Building capacity in communities and in prevention;
- Providing more support in primary care;
- Reforming our community and hospital services;
- Organising ourselves to deliver.

A report published in May 2019 outlines progress to date and is available to view online. A shorter interactive version is also available (includes video).

The **Looked After Children Strategy** aims to improve the well-being of all looked after children, to deliver improved outcomes for them in line with our aspirations for all children and young people, by providing them with the best care possible. In addition the Strategy aims, with prevention and early intervention approaches, to ultimately have fewer children and young people needing care in the first place.

On the grounds of age all children (under 18’s) are a Section 75 group and the consultation included engagement with a range of age groups (under 12’s and 13-18) with tailored consultation documents produced for these groups.

The Department recognises that having a disability can have a major impact on children’s life chances. People with disabilities in general, and care experienced children in particular, are more likely to have a disability (particularly a learning disability), are more likely to suffer from multiple disadvantage, are more likely to live in poverty, come from an area of multiple deprivation, are less likely to have educational qualifications and be more likely to be economically inactive. During the pre-editorial discussion period of the draft Looked After Children Strategy, the Strategy Team met with Berni Kelly QUB, (as a Critical Friend) who carried out
research on looked after children with a disability and produced 3 reports entitled: *Over-representation of children with a disability in care (2016)*, *Disabled Children and Young People in Out-of-Home Care Summary Report*, and *You Only Leave Once Transitions and Outcomes for Care Leavers with Mental Health and / or Intellectual Disabilities*.

The Team also met with colleagues in Physical and Sensory Disability Branch and invited them to pre consultation and consultation workshops to ensure an awareness of developments within their policy area and to ensure the needs of Looked After Children and young people with a disability were considered as part of their Physical and Sensory Disability Strategy (2012-2018).

A Year Three Action Plan was delivered under the *Stopping Domestic and Sexual Violence & Abuse Strategy* during 2018/19 and a range of actions have been progressed, for example, DoH and the Department of Justice (DoJ) jointly published new *Guidance for Employers on Developing a Workplace Policy on Domestic and Sexual Violence and Abuse* in Nov 2018. A three year contract was also secured for the future delivery of the Domestic and Sexual Abuse Helpline (jointly funded by DoH, DoJ and DfC (Department for Communities)). This is a free-phone 24/7 service offering information and support to anyone affected by domestic and sexual abuse in Northern Ireland regardless of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability.

The Strategy’s yearly Action Plans\(^1\) continue to be delivered in partnership with key stakeholders across the statutory, voluntary and community sectors. The Department co-Chairs a Stakeholder Assurance Group with DoJ. Members of the group include voluntary and community organisations who represent specific equality and disability groups. The Group met quarterly during 2018/19. This included two half day workshops to share learning and best practice.

The Department’s *Equality Scheme* remains under review with proposed amendments to better promote equality of opportunity and good relations. The

consultation closed on 10 April 2017 however a new Equality Scheme cannot be progressed in the absence of a Minister.

Consultation on new **Equality and Disability Action Plans** ended on 28 February 2018 with a Consultation Outcomes Report published in December 2018 and consultees notified. The Departments Equality Action Plan and Disability Action Plan for 2019-2024 were published on 1 April 2019 with an article published in the staff magazine in April to highlight staff responsibilities.

Following establishment of a NICS network of **Diversity Champions** (DCN) in 2015, the Department of Health representative attends DCN meetings feeding back, as appropriate, to promote and encourage diversity within the Department. The network includes 4 thematic leads for LGB&T, Disability, Gender and Ethnic Minorities.

On 23 January 2018, the Head of Civil Service made a commitment, on behalf of NICS, to promote mental wellbeing in the workplace by signing up to the Equality Commission for Northern Ireland’s **Mental Health Charter**. The Department recognises its duty to protect the mental health of its staff and, in 2018-19, has:

- Issued an invitation to all staff to attend a TEO Health and Fitness Programme event on 11 May 2018 on **stress awareness**. The session was run by a Cognitive Behavioural Therapist on behalf of Employers for Disability NI and provided a better understanding of the main causes and effects of stress, including the top workplace stressors, as well as those in everyday life and practical approaches to managing and coping with stress.

- Highlighted **Supporting Carers, Carers Week Event** on 14 June 2018 organised by The Charity for Civil Servants, Carers NI and NICS Welfare to highlight the wide range of support available to carers working in the NI Civil Service including support at work, looking after your wellbeing, financial assistance and your rights as a carer.

- Facilitated the **Support for Carers** event on 4 March 2019 in Castle Buildings run by the Charity for Civil Servants in conjunction with the WELL
Programme, for anyone with caring responsibilities or supporting carers such as line managers and colleagues. The event aimed to help participants consider different aspects of a carer’s life including the challenges they face, the support available within the workplace, support available externally and how the Charity can assist.

- E-mailed all staff, in May 2018, articles on Mental Health Awareness Week including tips on how to start a conversation with someone about their mental health, how to access help in an emergency and sources of support offered by the NICS.

- Organised lunchtime seminars on Mental Health First Aid run by Inspire Wellbeing on Mental Health Awareness in September 2018; Building Emotional Resilience in November 2018; and Dealing with Difficult Situations in December 2018.

- Published information on World Mental Health Day in the October Pulse magazine.

All staff also have access to, and receive regular updates from, the NICS Health and Wellbeing programme, NICS WELL which is overseen by the Occupational Health service (OHS).

The Departmental Racial Equality Champion attends the NICS Racial Equality Champions Network and meetings of the associated sub-group with membership comprising of people working with or representing minority ethnic people and migrants, including representatives of refugees and asylum seekers. The Northern Ireland Human Rights Commission and the Equality Commission for Northern Ireland are also represented. The Equality and Human Rights Unit supports the work of the Racial Equality Champion and, in order to gain a better understanding of issues affecting ethnic minority communities, staff have attended:

- May 2018 - A Deliver Together lunchtime session on the Syrian Vulnerable Resettlement Programme, hosted by Barnardos with a focus on refugee services and supporting Syrian refugees and newcomer children;
• June 2018 - A Belfast City Council Diverse City cultural awareness event at Belfast Islamic Centre;

• November 2018 - A Belfast City Council Diverse City awareness event at the Indian Community Centre;

• Dec 2018 – A Belfast City Council Diverse City Traveller Awareness event;

• February 2019 – ECNI Traveller Focus event in Craigavon.

The Department’s Deliver Together Programme, in collaboration with The Executive Office (TEO), continues to develop and promote a series of Deliver Together lunchtime seminars throughout the year, in addition to those listed above, for 2018/19:

• To mark Deaf Awareness Week TEO, DoJ and DoH hosted an event in Castle Buildings on 16 May 2018 to provide an opportunity for staff to find out more about hearing loss, have a hearing test and learn some sign language.

• The Department of Health organised a lunchtime seminar for staff on 23 May 2018 to raise awareness on the Syrian Vulnerable Resettlement Programme. Barnardo’s presented the event which focussed on refugee services and ongoing work supporting Syrian refugees and newcomer children.

• 23 June 2018 DoH Encompass Programme– Delivering Care Together – a HSC-wide initiative that will introduce a digital integrated care record to Northern Ireland to support the HSCNI vision to transform health and social care in order to improve health outcomes and create better experiences for those receiving, using and delivering services.

• To mark National Eye Health Week (September 2018) an awareness raising event was held with representatives from Guide Dogs NI, Deafblind
UK, Optometry NI and the NI Prison Service Braille Unit. The DoJ led event was an opportunity for staff to meet representatives from the organisations in an informal setting, and to ask questions to increase their understanding.

The following information was also issued to all DoH staff:

- **April 2018** – On log-in all Department staff were notified of *Lesbian Visibility Day* (26 April) with an article from a member of staff and links to the NICS LGBT Forum and other relevant organisations. The article was to celebrate community diversity and to help break stereotypes while stressing the NICS commitment to creating an inclusive working environment where individual differences are valued and respected.

- **In September 2018** an e-mail was issued requesting volunteers for a DoH **Diversity and Dignity Action Team** (as a result of the Dignity at Work Survey) aimed at creating a more diverse workplace and ensuring our working environment is free from bullying, harassment and discrimination. Volunteers were sought to make our working environment more positive for everyone by sharing their own experiences, inside or outside of work that could bring a unique perspective to the group. The first meeting of the group took place on 8 November 2018.

- **In December 2019** the Departmental Children’s Champion issued an e-mail to all staff highlighting **NI Care Day** and encouraging staff to ‘Show you care by taking your photograph with the Care Day stand in the main entrance hall of Castle Buildings and tweeting it in support to #CareDay19 or #CareToTalk’.

- **In January** an e-mail issued to all staff advertising **HOPE** (Helping Overcome Problems Effectively) events, run by MacMillan Cancer Support, to help those living with or recovering from cancer.

*It should be noted that organisation of awareness raising and events was impacted towards the end of 2018/19 due to reallocation of resources to cover EU-Exit.*
In addition, staff in the Department’s Equality Unit attended training/ awareness events to ensure up to date knowledge and skills are held within the Department, including:

- May 2018 – A Belfast City Council Diverse City workshop event run by Rainbow to raise awareness of key Issues for LGBT People in NI.
- June 2018 – CAL/ Policy Champions Network training (1 day) on Engagement and Consultation.
- Sept 2018 – ECNI training in conjunction with NISRA.

The in-house staff magazine ‘The Pulse’ published articles on:

- The Human Rights Interactive Guide.
- ECNI report and guidance on ‘Section 75 Equality and Good Relations Duties Acting on the Evidence of Public Authority Practices’ and ‘Demonstrating Effective Leadership’.
- International Women’s Day (8 March 2019) – informing staff of the NICSHR and the NICS Women’s Network programme of events to mark International Women’s Day.
- Disabled Access Day 2019 on Saturday 16th March - an article to raise awareness of the UK-wide initiative which encourages organisations to organise a bespoke event or experience to highlight their accessibility and inclusion to people with disabilities, and encourage them to try something new for the first time. The article included links to further information and encouraged involvement in "Try something new and send a review" on Euan’s Guide.

The Equality Commission attended a meeting with senior staff and the Permanent Secretary in September 2018 on the ECNI report and guidance on ‘Section 75 Equality and Good Relations Duties Acting on the Evidence of Public
Authority Practices’ and ‘Demonstrating Effective Leadership’. A follow up article highlighting the issues and reiterating S75 responsibilities was published in the staff magazine ‘Pulse’ for all staff.

The Department volunteered for participation in International Job Shadow Day 2018 which aims to bring together people with disabilities, employers and Supported Employment organisations to raise awareness and highlight the positive contribution disabled people can and do make to the workforce. Although the Department was a willing participant no candidates were matched for placement. The Department will continue to participate in the annual scheme.

Following comments received on the NICS People Survey 2017 and the DoH Dignity at Work survey, the Department launched plans for a ‘Buddy Programme’ in November 2018. The Programme is aimed at establishing a network of volunteer staff and resources to provide a supportive and friendly contact point, particularly for new staff. 28 staff volunteered with 2 information sessions for ‘the buddies’ held. Promotion of the programme will take place in 2019/20.

2. Please provide examples of outcomes and/or the impact of equality action plans/ measures in 2018-19 (or append the plan with progress/examples identified).

Development of a new Equality Action Plan (EAP) was delayed with consultation issuing in December 2017. Due to the extent of the comments received, and other issues including staff resources, a new EAP was not finalised until March 2019. The 2017 EAP was not reviewed and updated at March 2018 on the basis that a new EAP was in development. A new EAP for 2019-2024 has now been published.

The Department continued to progress equality related measures during 2018-19 including:

Strategy for Looked After Children - A public consultation on the joint Health/
Education draft Strategy for Looked after Children took place between May and August 2018. An analysis of the responses by both Departments has commenced with the consultation analysis report due to be published by April 2019. Work is continuing to finalise the draft Strategy by June 2019.

The **Healthy Child, Healthy Future Programme**, delivered by health visitors and school nurses, aims to offer every family information and guidance to support parenting, and make healthy choices, enabling children and their families to achieve optimum health and wellbeing. A 5th Edition of “Health for all Children” was published in February 2019 and will lead to a review, by the Department, of “Healthy Child, Healthy Future” in 2019/20. Work began in 2018/19 to establish a working group consisting of key stakeholders to review current practice and identify evidence based changes by May 2019.

The **Adoption and Children Bill** will deliver a framework for adoption which is more consistent with the principles and provisions of the Children (NI) Order 1995 and international human rights requirements. The Bill will also amend some of the provisions in the Children (NI) Order 1995 to improve services for looked after children. A draft Adoption and Children Bill was published for public consultation in 2017 with analysis of responses completed in 2018/19. Work is continuing with Counsel to finalise the Bill but Ministerial approval will be required prior to introduction.

Work has continued on the implementation of the **Mental Capacity Act (NI) 2016** which will provide a statutory framework for doing an act on behalf of a person who lacks capacity. The Act provides a human rights friendly framework to decision making and will reduce the stigma in relation to mental health. Mental Health Capacity Unit have been working with an informal virtual reference group consisting of a number of members, including service users and community and voluntary sector organisations representing section 75 groups, including disability.

The Department attended 4 NICS **Diversity Champions** Network meetings in 2018/19, taking action within DoH as required and active involvement in
discussions and input to the NICS Diversity Action Plan.

The Department attended **Racial Equality** meetings in June, September, November and December 2018 and met with the Sub-group in July, October and November 2018. The DoH Racial Equality Champion also visited Scotland and Leeds in March 2018 to learn from their experiences.

Following an approach by a member of staff the Department facilitated establishment of a pilot group to offer internal support for staff who are **parents/careers for a child with a disability**. The 1st meeting was held in Dec 2018. In March 2019 the Department issued an e-mail to assess support for a similar network for staff who have **caring responsibilities for an adult**. This could be a partner or other close relative. The purpose of the network will be to give carers the opportunity to meet informally to have a chat about shared experiences. Many carers can feel isolated or overwhelmed. The aim of the network will be to provide support and help when times are tough.

**Service Frameworks**

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

Work has continued on the development of a **Service Framework for Mental Health and Wellbeing** which seeks to improve the health and wellbeing of people with a mental health problem and setting out standards of care that individuals, their carers and wider family can expect to receive from the HSC system. Public consultation took place in Spring 2018 and responses are being analysed. The Framework aims to:

- promote social inclusion;
- reduce inequalities in health and social wellbeing; and
improve the quality of health and social care services.

Work is underway to finalise the Service Framework for Children and Young People, including children with a disability, with the aim to provide multi-agency support to children and their families through:

- better access to person-centred information
- greater involvement in decision-making
- timely interventions and treatments
- greater levels of independence
- access to short breaks and palliative care.

The aim is to launch the framework subject to the necessary approvals in 2019/20.

3 Has the application of the Equality Scheme commitments resulted in any changes to policy, practice, procedures and/or service delivery areas during the 2018-19 reporting period? (tick one box only)

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

Equality processes

The Department’s Equality Unit proactively encourages departmental business areas to involve the Unit, and the Department's Information Research Branch, at an early stage, ensuring that equality issues are considered early, quality of content is improved and business areas have access to a wide range of relevant data, contributing to a stronger evidence base to assess possible impacts and greater appreciation of the particular needs of the various Section 75 groups within the policy development process.

Every member of staff has access to NINIS Statistics direct from their desktop and the Equality Unit will signpost specific data where relevant.
The Equality Commission attended a meeting with senior staff and the Permanent Secretary in September 2018 on the ECNI report and guidance on ‘Section 75 Equality and Good Relations Duties Acting on the Evidence of Public Authority Practices’ and ‘Demonstrating Effective Leadership’. A follow up article highlighting the issues and reiterating S75 responsibilities was published in the staff magazine ‘Pulse’ for all staff. A target in the new DAP for 2018/19 is to arrange for the ECNI to offer training to staff. As a result, to assist in demonstrating compliance with Section 75 duties the Permanent Secretary agreed the following:

1. That the **standard submission cover sheet** for submitting papers for approval is amended to ensure recording of equality implications.

2. An addition was made to the **annual assurance statements** for senior staff stating “I am satisfied that equality, human rights, disability and rural needs statutory obligations are being met with screenings and assessments carried out as required.”

Both actions will assist in addressing a number of the ECNI recommendations including that “Senior leaders and decision-makers in organisations actively request the evidence from equality assessments, as well as routinely seek assurance within their organisations that they are fulfilling the duties to have due regard to the need to promote equality of opportunity and regard to the desirability of promoting good relations”.

In line with our Equality Scheme commitment to consider any good practice or guidance issued by ECNI the Department was actively involved in the ECNI Improving Screening Practices Forum and the Department’s Equality Officer attends the ECNI/NICS Statutory Duties Forum (1\textsuperscript{st} meeting held on 10 October 2018).

The Department’s Equality Scheme remains under review. Responses from the public consultation process, which closed in April 2017, have been considered but a revised Equality Scheme will require consideration and approval by a new
The Equality Unit also carried out a public consultation on new Equality and Disability Action Plans with new Plans for 2019-24 published in April 2019. Easy Read versions were published both for consultation and the final versions.

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

Please provide any details and examples:

Equality considerations continue to influence policies across all the functions of the Department. On the Looked after Children Strategy, an equality screening was issued for comment with the consultation and consultation documents included a Young Persons Version (over age 12) and a Childrens Version (under age 12).

An equality screening issued with the Reshaping Breast Assessment Services consultation launched on 25 March 2019. Pre-engagement took a number of approaches including:

- Clinical engagement - In October 2016 a workshop involving clinical leaders from across the region led to consensus on the approach that would be required to improve and sustain the service model.

- A Project Board was established in April 2017 to review services and develop options for the future model of service delivery. It comprised patient representatives, Trust senior clinical and managerial staff and senior management from the HSCB and PHA.

- A range of service user and public engagement was undertaken by the Project Board, including
  - Service user questionnaires were distributed by five Trusts in March/April 2017;
  - Service user focus groups were facilitated by the HSC Leadership in
venues across Northern Ireland in August 2017;

- Public meetings were facilitated by Local Commissioning Groups throughout July and August 2017;
- Project Board members met with community and voluntary sector organisations in July 2017.

A consultation on Reshaping Stroke Care (Saving Lives Reducing Disability) launched on 26 March 2019, including an equality screening and a Plain English and Aphasia Friendly version of the consultation document. Early engagement commenced in 2017 when the Health and Social Care Board and the Public Health Agency carried out a pre-consultation seeking views on a range of proposals to reshape stroke services. Over 800 responses, together with a further 3,000 template responses were received. Those responses indicated high levels of support for some of the proposals but also significant levels of concern about the impact that implementation of some of the changes may have, including the potential impact on travel times for patients, their carers, and their families, particularly for those living in more rural areas. In response to those views, the University of Calgary and the University of Exeter were commissioned to undertake modelling to provide a robust evidence base on the impact of reshaping hospital based stroke services, including on travel time and clinical outcomes. This consultation is the next stage in a long term process to improve stroke services in NI and the draft equality screening is subject to change following analysis of feedback received during the consultation.

An Equality Impact Assessment\(^2\) (EQIA) was completed in September 2018 on Amendments to Article 77 of the Mental Health (Northern Ireland) Order 1986. The amendments aimed to fix a legal anomaly which may have had the effect that a patient could be discharged from detention by the Mental Health Review Tribunal even though they met the criteria for detention under the Mental Health (Northern Ireland) Order 1986. It was assessed that this anomaly could cause risk of serious

physical harm, including death, to the patient or others. It was acknowledged that the anomaly was likely to have a greater impact on disabled people than others. The amendment aimed to address this anomaly and impact.

Consultation on a **Service Framework for Mental Health and Wellbeing** closed on **31 May 2018**. The Framework was jointly developed by people with lived experience, family members, partners, friends and/ or advocates for people with mental health needs, and professionals involved in commissioning and providing care. An Easy Read version and the equality screening were published with the consultation documents. Responses are being analysed.

Equality screenings are published on the Department of Health website at [https://www.health-ni.gov.uk/doh-equality#toc-4](https://www.health-ni.gov.uk/doh-equality#toc-4)

### 3b. What aspect of the Equality Scheme prompted or led to the change(s)? *(tick all that apply)*

- **As a result of the organisation’s screening of a policy *(please give details):***

  The Department's commitment in the Equality Scheme endeavours to ensure that all policies are screened at an early stage ensuring equality issues are considered and form part of the policy/ decision making process.

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

  As at Q 3a above and Q's 10-11, the Department is actively engaging relevant parties through the process of pre-engagement and involvement of key stakeholders prior to formal consultation, and through the consultation process, for example in early 2017 engagement commenced on Reshaping Stroke Care. Following receipt of around 3800 responses the Department commissioned the University of Calgary and the University of Exeter to undertake modelling to provide a robust evidence base on the impact of reshaping hospital based stroke services, including on travel time and clinical outcomes.
As a result of analysis from monitoring the impact (please give details):
All major policies are subject to ongoing monitoring and reporting including impact monitoring.

In 2018, the Physical and Sensory Disability Strategy ended. To ensure ongoing monitoring and continued effectiveness of progress made the Department agreed to establish a Regional Disability Forum for people with a physical/sensory disability and communication difficulty.

As a result of changes to access to information and services (please specify and give details):
As listed at 3(a) a number of consultations which could impact on services took place including Reshaping Breast Assessment Services and Reshaping Stroke Care.

Other (please specify and give details):
The Department continues to promote Equality of Opportunity and Good Relations when consulting. All consultation documents include a section on the Section 75 statutory duties and questions on Equality and Human Rights are included providing a means for consultees to comment or provide additional information. Pre-engagement and targeted consultation is encouraged with early stakeholder engagement as evidenced within this report.
Section 2: Progress on Equality Scheme commitments and action plans/measures

Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

4 Were the Section 75 statutory duties integrated within job descriptions during the 2018-19 reporting period? (tick one box only)

☐ Yes, organisation wide

☒ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

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

☐ Not applicable

Please provide any details and examples:

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

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

5 Were the Section 75 statutory duties integrated within performance plans during the 2017-18 reporting period? (tick one box only)

☐ Yes, organisation wide

☒ Yes, some departments/jobs
No, this is not an Equality Scheme commitment

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

Not applicable

Please provide any details and examples:

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

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

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

In the 2018-19 reporting period were objectives/ targets/ performance measures relating to the Section 75 statutory duties integrated into corporate plans, strategic planning and/or operational business plans? (tick all that apply)

- Yes, through the work to prepare or develop the new corporate plan
- Yes, through organisation wide annual business planning
Yes, in some departments/jobs

Yes, these are already mainstreamed through the organisation’s ongoing corporate plan

No, the organisation’s planning cycle does not coincide with this 2018-19 report

Not applicable

Please provide any details and examples:

Business Plan

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

The Business Plan for 2018/19\(^3\) reflected the NICS Board Outcome Delivery Plan and included a range of objectives and targets to achieve the overarching outcome ‘We Enjoy Long, Healthy, Active Lives’ by supporting people to take greater control over their own lives and enabling them to make healthy choices about how they live their lives as well as helping to create an environment that makes such choices easier. It also means working with other partners to tackle the root causes of ill-health and reduce health inequalities in Northern Ireland.

The Business Plan cascades down through the Department and is reflected as appropriate in each business area’s own plans. For example, the annual business plan for the Corporate Management Directorate references the role of the Equality and Human Rights Unit to provide advice relating to the compliances with statutory equality obligations of equality and implementation of the Department’s Equality Scheme and collation of inputs into other Equality related strategies together with ensuring proper monitoring of equality and disability obligations with timely reporting to ECNI.

In addition, the Business Plan includes an action for the Department to hold

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PART A

Arm’s Length Bodies (ALBs) to account for the manner in which they govern themselves and the extent to which they deliver on Ministerial priorities.

Equality action plans/measures

7 Within the 2018-19 reporting period, please indicate the number of:

- Actions completed: 10
- Actions ongoing: 11
- Actions to commence: x

Please provide any details and examples (in addition to question 2):

A new Equality Action Plan (EAP) has been published for 2019-2024 with relevant ongoing actions transferring to the new Equality Action Plan (EAP).

Progress on actions in 2018/19 included:

Implementation of the **Autism Strategy (2013-20)** - The Department has a statutory requirement to provide a Progress Report on the Autism Act (NI) 2011 (‘the Act’) to the Assembly every 3 years; a second Progress Report has been drafted. The Act specifically states that the Progress Report must be laid before the Assembly by the Minister of Health, however, legal advice sought during the finalisation of the report confirmed that, in the absence of Ministers, we are unable to fulfil this requirement at this time. However, in recognition of the significant public interest and the commitment demonstrated by all Departments in complying with the requirements of the Act and the Autism Strategy, the Permanent Secretary took the decision to publish the report ‘in draft’ on the Department of Health website, a copy has also been issued to all stakeholders, this includes the Equality Commission.

The Department is committed to meeting the statutory requirements of the Autism Act (NI) 2011 and, in doing so, preparations are currently underway for the next phase of cross-departmental work and stakeholder engagement to agree key actions for the next autism strategy for consideration by an incoming Minister and Executive.
A mid-term review of the **Breastfeeding Strategy 2013-2023** was published in August 2018 and provides a summary of the progress of the action plan and key developments in implementing the Strategy to date, a stocktake of Strategy priorities at present, and proposals for the next steps for the remainder of the Strategy, including new or enhanced actions.

A mid-term review is being carried out on the **10 year strategy for Tobacco Control 2012-2022** with a report expected by end of 2019. Account will be taken of the progress made to date as well as any significant new developments in tobacco control and the direction for the remaining term of the strategy.

Work has continued on implementation of the Mental Capacity Act (NI) 2016. Full implementation of the Act is, however, subject to political will and resources. As such, no formal date for commencement has been set.

**Maternity Care** – Following scoping of a pathway in 2018, the HSCB funded the BHSCT to recruit a specialist nurse in epilepsy maternity care to provide a regional service.

Proposals for service development for the BME population will be progressed subject to funding within the limits of the financial and other resources allocated to the Department and as priorities and targets are approved by a new Minister and Executive.

8 Please give details of changes or amendments made to the equality action plan/measures during the 2017-18 reporting period (*points not identified in an appended plan)*:

No amendments were made during the 2018-19 year as a new EAP was developed and issued for consultation. However, actions continued to be

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4 [https://www.health-ni.gov.uk/articles/breastfeeding](https://www.health-ni.gov.uk/articles/breastfeeding)
progressed, as detailed above.

In reviewing progress on the equality action plan/action measures during the 2018-19 reporting period, the following have been identified: (tick all that apply)

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

A new EAP has been developed for 2019-24 and includes, for example, the following ongoing issues:

- New Strategic Direction for Alcohol and Drugs Phase 2
- Tobacco Control Strategy
- Protect Life 2
- Regional Sexual Health Plan
- Framework for Preventing and Addressing Overweight and Obesity.

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

- A patient portal is under development for dementia patients
- Consideration of the introduction of legislation to protect mothers breastfeeding in public
- Support for children and young people in care to achieve their full potential in line with their peers and give them the best start in life.

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

An audit of Inequalities was carried out as part of the process to develop a new Equality Action Plan which issued for consultation in December 2017. Stakeholder comments were taken into account, where relevant, and a Consultation Outcomes Report issued in December 2018. The new EAP for 2019-24 has been published.

- Measures to address a prioritised inequality have been completed
For example:

- The Physical and Sensory Disability Strategy closed in December 2018. The Strategy and its Action Plan had been extended since its original end date of 2015 to enable more progress to be made on implementing the various actions contained within the plan. To ensure continued effectiveness of progress made the Department agreed to establish a Regional Disability Forum for people with a physical/sensory disability and communication difficulty.

- The original Protect Life Suicide Prevention Strategy ended with a new plan Protect Life 2 included in the new EAP for 2019-2024.
Arrangements for consulting (Model Equality Scheme Chapter 3)

Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance:

(tick one box only)

☐ All the time  ☒ Sometimes  ☐ Never

Due to the absence of a Minister a limited number of consultations issued in 2018/19, however, the Department continued to progress a number of issues. Pre-engagement and targeted consultation is encouraged with, for example, early and targeted stakeholder engagement held on:

The Looked After Children Strategy

Pre-consultation engagement took place November-December 2016. Invites were issued to Directors in Children’s Services Health and Social Care Trusts inviting key front line Social Care Professionals and Social Workers covering all areas of health and social care, to attend a focused workshop. Similar invites were issued for the formal consultation process.

Formal consultation took place between 09 May 2018 and 01 August 2018 which included 5 public consultation workshops and a number of specific workshops for looked after children and young people. Organisations including VOYPIC, Fostering Network, MACS, Start 360 held specific workshops for Care Experienced Children and Young People including those with a disability, to gain their views on the Strategy. Specifically, Fostering Network and VOYPIC were asked to ensure that children and young people with a disability were represented at their targeted workshops for children and young people. During the consultation process, we also engaged with young parents in care, young people from LGBT community and young people in JJC.

Mental Capacity Act (NI) 2016

The Mental Health Capacity Unit (MHCU) work with the implementation virtual reference group for the Mental Capacity Act (NI) 2016 has mainly been through
email. However, where requested, MHCU have used other methods to communicate. This has been particularly relevant with service user groups which have been met through phone conversations and face to face meetings.

11 Please provide any details and examples of good practice in consultation during the 2018-19 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Of the consultations carried out this year, good practice examples include:

- Early engagement was carried out on Reshaping Stroke Care (Saving Lives Reducing Disability) when the Health and Social Care Board and the Public Health Agency carried out a pre-consultation seeking views on a range of proposals to reshape stroke services. Over 800 responses, together with a further 3,000 template responses were received resulting in commissioning of modelling to provide a robust evidence base on the impact of reshaping hospital based stroke services, including on travel time and clinical outcomes.

- The Service Framework for Mental Health and Wellbeing was jointly developed by people with lived experience, family members, partners, friends and/ or advocates for people with mental health needs, and professionals involved in commissioning and providing care. An Easy Read version and the equality screening were published with the consultation documents.

- Pre-engagement on the Reshaping Breast Assessment Services took a number of approaches including:
  - clinical engagement;
  - establishment of a Project Board, comprising patient representatives, Trust senior clinical and managerial staff and senior management from the HSCB and PHA, to review services and develop options for the future model of service delivery;
- The **Looked After Children** Strategy used Citizen Space, the recommended tool for online consultations, allowing all relevant documents to be in one place and facilitating graphical representation of responses.

Children and Young People’s versions of the Strategy were well received and Children’s Voluntary Sector involvement in engagement with Children and Young People (CYP) was invaluable and allowed access to a range of CYP in different settings, and using different means of capturing views (e.g. face to face, play days, pizza nights, surveys, Chat4Change postcards etc).

We engaged with the Centre of Effective Services (CES) under their GOAL Programme. The Goal Programme for Public Service Reform supports systemic change in public services in Ireland and Northern Ireland with the aim of improving outcomes for people using public services. The Programme, funded by The Atlantic Philanthropies, is delivered by CES in partnership with seven government departments in Ireland and Northern Ireland. A number of approaches are in use across the Goal programme to strengthen skills and capacity amongst civil and public servants. CES assisted us with:

- Indicator development
- Finalising consultation documentation
- Facilitation at stakeholder workshop
- Products to assist with consultation analysis

Policy leads are encouraged to publish their draft/provisional screening with the consultation documents and these can be found with the consultation
documents at: https://www.health-ni.gov.uk/consultations

Where appropriate the inclusion of easy read versions are included. For 2018/19 easy read versions were produced for the consultation and finalised Disability Action Plan and Equality Action Plan and for the Service Framework for Mental Health and Wellbeing. The Looked after Children Strategy included a Young Persons Version (over age 12) and a Children’s Version (under age 12) and the Stroke Services consultation included a Plain English and Aphasia Friendly version

Efforts are made to engage as widely as possible including outside Northern Ireland, if appropriate, with relevant matters discussed at NSMC (North South Ministerial Council) meetings. Due to the absence of a Minister no relevant issues were discussed in this reporting period.

In the 2018-19 reporting period, given the consultation methods offered, which consultation methods were most frequently used by consultees: (tick all that apply)

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

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

The method used by consultees varies with each individual policy and the needs of the stakeholders impacted. A central list of stakeholders is maintained with details of areas of interest to allow a stakeholder to opt in or out. This list was reviewed and updated in November 2018 including contact preference.

**The Looked After Children Strategy** consultation included:

- Workshops
- Editorial Discussions / Facilitated Discussion with Children and Young People
- Citizen Space (both written and online documents)
- CYP Versions, under 12 and over 12
- Rural Impact Assessment
- Equality Screening Document
- Childs Rights Impact Assessment
- Questionnaires – As part of our online consultation and in hard copy
- Letter emailed out to consultees with option to complete the questionnaire or not.

Work with the implementation virtual reference group for the **Mental Capacity Act (NI) 2016** has mainly been through email. However, where requested, MHCU have used other methods to communicate including phone conversations and face to face meetings.

13 **Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2018-19 reporting period? (tick one box only)**

- ☐ Yes
- ☒ No
- ☐ Not applicable

Please provide any details and examples:
Public consultation on a proposed new Equality Scheme was carried out, ending in April 2017. The consultation was published on the Department’s website, all stakeholders on the Departmental consultation list were notified and the consultation was announced on the Department’s Twitter site. As a new Equality Scheme cannot be finalised in the absence of a Minister no awareness raising was carried out.

14 Was the consultation list reviewed during the 2018-19 reporting period? (tick one box only)

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

A consultation list is held centrally by the Equality and Human Rights Unit. The list is reviewed regularly and updated as required. During 2018/19 the Department contacted all consultees asking them to confirm/update their contact details, with an option to receive email as an alternative to hard copy.

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

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

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

81* * a further 2 draft screenings were completed and issued for consultation in late March 2019 – on Reshaping Stroke Care and Reshaping Breast Assessment Services. These screenings will be reviewed and finalised in light of any comments received,

In line with Equality Scheme commitments the Department publishes completed screenings on its website on a quarterly basis. Completed screenings for 2018/19 can be found at: [https://www.health-ni.gov.uk/doh-equality#toc-4](https://www.health-ni.gov.uk/doh-equality#toc-4)

The vast majority of these (69) relate to guidance produced by the National Institute for Health and Care Excellence (NICE).
Please provide the number of assessments that were consulted upon during 2018-19:

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<tbody>
<tr>
<td>6*</td>
<td>Policy consultations conducted with screening assessment presented.</td>
</tr>
<tr>
<td>0</td>
<td>Policy consultations conducted with an equality impact assessment (EQIA) presented.</td>
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<tr>
<td>0</td>
<td>Consultations for an EQIA alone.</td>
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* A number of policies were screened but not consulted on:
  
  - Rescheduling of cannabis-based medicinal products under Misuse of Drugs legislation i.e. The Misuse of Drugs (Designation) (Amendment No.2) Order (Northern Ireland) 2018 and The Misuse of Drugs (Amendment No.2) Regulations (Northern Ireland) 2018. This change in policy followed advice from the Chief Medical Officer for England and Chief Medical Advisor to the UK Government (CMO) and the Advisory Council on the Misuse of Drugs (ACMD) which indicated that there is evidence of the therapeutic value of cannabis-based medicinal products for some medical conditions. There was no formal public consultation with regards to this new policy given the short time frame available to bring in the legislation. However in Northern Ireland, Departmental Officials from the Medicines Regulatory Group shared the proposals with members of the Local Intelligence Network (LIN) on 6 September 2018.
  
  
  - Safeguarding Board for Northern Ireland (Membership, Procedure,
**Functions and Committee) Regulations (Northern Ireland) 2012** – consultation not yet underway.

- **Health and Social Care Workforce Strategy** - the Strategy in itself does not make any policy changes but an undertaking was given at the time of publication to consult on individual actions as and when required. The high level and wide ranging nature of the Strategy would make it difficult to meaningfully consult on or assess everything in one exercise.

- **Proposals to review Fees and Bursary Support for Individuals Training to become HSC Professionals** - The consultation did not launch following a decision by DoF not to proceed with an over-arching consultation on NI Departments’ proposals. No decision has yet been made on way forward.


The following existing policies only required amendment due to the UK’s proposed exit from the EU. Public consultation was not, therefore, applicable:

**The Health Services (Cross-Border Health Care and Miscellaneous Amendments) (Northern Ireland) (EU Exit) Regulations 2019**

**Provision of Health Services to Persons Not Ordinarily Resident (Amendment) (Northern Ireland) (EU Exit) Regulations 2019**

An **EQIA** were completed in respect of **Amendments to Article 77 of the Mental Health (NI) Order 1986** but, due to the urgency and significant consequences of delaying the amendments no public consultation took place. The Mental Health (Northern Ireland) Order 1986 provides for a person to be
detained in hospital. Article 4 allows admission for assessment for a maximum of 14 days if the patient is suffering from a mental disorder and there is risk of harm to patient or others. Article 12 provides that a patient who is admitted for assessment can be continued to be detained, after the assessment period, for treatment if the patient is suffering from mental illness or severe mental impairment and there is risk of harm to patient or others. A decision to detain a patient can be challenged in the Mental Health Review Tribunal.

As a result of a Judicial Review in 2016 Court Rules relating to how to apply to the Tribunal were changed. An unintended, and unpredicted, effect of the change in the Court Rules, in conjunction with the provisions of Article 77 of the Order could have the effect that a patient that is detainable for assessment is discharged before the assessment period is completed, even though they meet the criteria for assessment (but not the criteria for treatment that the Tribunal use), even if that patient is a risk to self and others. This is of concern as this could lead to harm, including serious physical harm and death, to the patient or others, and could be in conflict with professional codes of practice.

The only solution to this unintended anomaly in the statute was to amend Article 77 of the Mental Health Order to ensure that the Tribunal use the same criteria as the patient is detained under. The Department considered that such changes had to happen quickly, as there was a risk that not doing the change could lead to harm, including serious physical harm and death. In the preparatory work the Department worked with HSC Trusts, the HSC Board and professionals to ensure that Article 77 could be amended to meet the intent of the legislation as had been the case before the change in Court Rules in 2016. Due to the significant consequences of delaying amendments to the Mental Health Order no public consultation took place.

Please provide details of the main consultations conducted on an assessment (as described above) or other matters relevant to the Section 75 duties:
Consultations carried out in 2018/19 are published on the Departmental website at: [https://www.health-ni.gov.uk/consultations](https://www.health-ni.gov.uk/consultations)

18 Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? *(tick one box only)*

- Yes
- No concerns were raised
- No
- Not applicable

**Looked After Children Strategy** - In light of comments made, the Department included, where necessary, greater emphasis about children with a disability throughout the strategy and included relevant quotes from the reports as a source of evidence. Equality Screening, Rural Needs and Childs Rights were all completed. Analysis of the Strategy consultation is ongoing and any comments made in relation to these documents will be considered and addressed during this process.

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

19 Following decisions on a policy, were the results of any EQIAs published during the 2018-19 reporting period? *(tick one box only)*

- Yes
- No
- Not applicable

Please provide any details and examples:

An EQIA were completed in 2018/19 in respect of Amendments to Article 77 of the Mental Health (NI) Order 1986 and was published along with the quarterly screening reports.

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

20  From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2018-19 reporting period? (tick one box only)

☐ Yes  ☐ No, already taken place

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

Please provide any details:

The Department’s Public Health Information and Research Branch continues to collect data for Section 75 groups with all surveys currently collecting some S75 type information. It is acknowledged that the Department is limited in the analysis we can undertake for categories such as ethnicity and sexual identity as the sample size of around 4,000 respondents in the Health Survey means that a very small proportion of respondents identify as an ethnicity other than ‘White’ and sexual identity other than ‘Heterosexual’, which is difficult to determine a valuable analysis.

The EHR met with a NI Assembly Research Officer in December 2018 to discuss monitoring, and in particular, ethnic monitoring within the Department. A further meeting took place in February 2019 with the Department’s Information Research Branch to assess mechanisms already in place and to signpost the researcher to the new Encompass Team. It is recognised that there is currently no coordinated approach to managing this data in the HSC and the new Encompass programme will replace all existing systems and will collect data centrally and make it available across the HSC (collect it once and share). The new system is expected to be operational in 2020.

Information and research carried out by the Department is available at: https://www.health-ni.gov.uk/topics/doh-statistics-and-research
In analysing monitoring information gathered, was any action taken to change/review any policies? *(tick one box only)*

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

Please provide any details and examples:

As part of the **Stopping Domestic and Sexual Violence & Abuse Strategy** during 2018/19, DoH, DoJ and DfC as joint funders of the Helpline received quarterly activity reports from the service provider. These reports included operational data which helped shape the development of the new contract from 2019 (Q1 refers).

As part of development of the **Looked After Children** Strategy data and information sources included:

- NISRA, DoH and DE, Information Analysis Directorate (IAD) various publications relating to children’s social care;
- HSC Delegated Statutory Functions Reports;
- Queens University Research Reports;
- VOYPIC computer-assisted self-interviewing (CASI) Reports;
- Other sources of data were outlined in draft strategy.

Given their relevance, the following report was also used as a source of evidence for Looked After Children and Young People with disabilities:

*Mc Sherry D, Mind Your Health -The Physical and Mental Health of Looked After Children and Young people in Northern Ireland (QUB, 2016)*

Monitoring information is used widely across the department to inform progress on various strategies, and address emerging pressures. The information is used in decision making and in assessing equality impacts of policies etc. Information is routinely collated on a number of areas with additional information collated as required through targeted monitoring or as part of the consultation process. In 2018/19 information included:
Health Inequalities

The 2019 regional Health Inequalities Annual Report was published in March 2019 and is one of a series of reports produced as part of the NI Health & Social Care Inequalities Monitoring System (HSCIMS). The report presents a comprehensive analysis of health inequality gaps between the most and least deprived areas of NI and within HSC Trust and LGD areas, across a range of health indicators. Areas covered include life expectancy, alcohol, smoking and drug related indicators, premature mortality and mental health.

Health Survey

The “Health Survey (NI): First Results 2017/18” was published in November 2018 and included questions relating to general health, long term conditions, mental health and wellbeing, loneliness, smoking, e-cigarettes, alcohol, BMI, food choices, Attitudes to Breastfeeding and caring responsibilities. From an eligible sample of 5,157 addresses, 2,675 households took part, giving a response rate of 52%. At each household, everyone aged 16 or over was selected to participate in the survey. A total of 3,355 interviews were achieved.

The Public Health NI Fact sheet presents a summary of the latest position in Northern Ireland for a range of public health indicators including life expectancies, standardised death and admission rates, smoking prevalence and obesity rates. Previously a number of these figures would have been first published as part of the health inequalities annual report and, in order to provide timely updates, these outputs are published early with the corresponding inequality analyses following at a later date. The fact sheet is accompanied by a set of downloadable tables that include figures for all health indicators available at the Northern Ireland, Health & Social Care Trust and Local Government District levels.

Quarterly Autism Statistics for NI are published with attached tables which present the number and the rate of accepted referrals for children’s autism assessments and the number and the rate of children diagnosed with autism in each of the Health and Social Care (HSC) Trusts in Northern Ireland.

Information on Mental Health and Learning Disability Inpatients for 2017-18
presents information on inpatients and compulsory admissions under the Mental Health (NI) Order 1986 in mental health and learning disability hospitals.

Information gathered informs priorities within the Department and ensures informed monitoring of impacts on S75 groups.

22 Please provide any details or examples of where the monitoring of policies, during the 2018-19 reporting period, has shown changes to differential/adverse impacts previously assessed:

Not applicable. No adverse impacts identified.

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

Examples include statistics and reports on health inequalities, lifestyle choices and behaviour, and autism. Statistics and reports are listed on the Departmental website at:

https://www.health-ni.gov.uk/topics/doh-statistics-and-research
https://www.health-ni.gov.uk/publications/type/statisticalreports

The Mental Health Capacity Unit gathered data through research into homelessness and health which particularly affects the section 75 group ‘persons with a disability’. A researcher was commissioned to gather data to better understand what research and evidence exists in relation to homelessness health. The sources used were mainly other research, both qualitative and quantitative. The research pulls together existing research to enable a whole system approach to the issue of homelessness health which will help inform policy development in the future.
Staff Training (Model Equality Scheme Chapter 5)

Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2018-19, and the extent to which they met the training objectives in the Equality Scheme.

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

All available CAL courses are circulated to staff regularly throughout the year.

The Department’s web pages, and Intranet pages, are regularly updated and contain a useful source of information and ECNI guidance for staff on Section 75 matters.

Diversity Now Training
Refresher diversity training e-learning is completed by all staff every 3 years, and for new staff. Currently most new staff transferring from elsewhere in the NICS do not require the training.

Awareness Seminars
Awareness seminars on disability/diversity related themes are included under the Deliver Together Programme. During 2018/19 seminars included Stress Awareness, Deaf Awareness, Supporting Carers, Mental Health Awareness. See section 1 for more details. A total of 252 staff across the Department attended 10 lunchtime seminars.

The in-house DoH publication ‘The Pulse’ periodically promotes the role of the Diversity and Disability issues and provides information on relevant issues and events including upcoming lunchtime seminars. During 2018/19 articles included the ECNI report and guidance on Section 75 Equality and Good Relations Duties Acting on the Evidence of Public Authority Practices and Demonstrating Effective Leadership along with articles on International
Women’s Day and Disabled Access Day. A copy of the NICS Diversity Calendar is also published to raise awareness of forthcoming events and issues of interest.

The Disability Action Plan for 2019-2024 includes a number of targets on training and awareness raising including liaison with the Equality Commission to arrange and deliver training on Section 75 and disability duties to Department staff, including senior management.

Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

Staff from the Department’s Equality Unit attended the following external events to develop skills and knowledge across a range of issues:

- June 2018 – CAL/ Policy Champions Network training on Engagement and Consultation.
- Sept 2018 – ECNI training in conjunction with NISRA.

The Department’s Equality Unit continues to be involved with individual screenings with a view to improving the quality of the content and to ensure the staff working on the policy are more aware of the relevance of equality to their work. All staff are encouraged to attend relevant events and the Department runs lunchtime sessions to raise awareness on a range of issues (see Q1 and Q24 for more detail).

Public Access to Information and Services (Model Equality Scheme Chapter 6)

Please list any examples of where monitoring during 2018-19, across all functions, has resulted in action and improvement in relation to access to information and services:
Northern Ireland Health and Social Care Interpreting Service (NIHSCIS)

Demand for interpreting services within HSCTs has continued to grow year on year. In 2018/19 there were 130,025 requests requests for the top 20 languages (a rise from 114,382 in 2017/18 and 106,541 in 2016/17). 44.06% of the requests were in the Southern Trust area, with 30.05% in the Belfast Trust. The service demand and usage is monitored to help identify emerging linguistic needs and pressures.

The Physical and Sensory Disability Strategy was scheduled to end in 2015 but was extended to enable more progress to be made on implementing the various actions contained within the plan. The Strategy closed in December 2018 but to ensure continued effectiveness of progress made the Department agreed to establish a Regional Disability Forum for people with a physical/sensory disability and communication difficulty.

Complaints (Model Equality Scheme Chapter 8)

27 How many complaints in relation to the Equality Scheme have been received during 2018-19?

Insert number here: 0

Please provide any details of each complaint raised and outcome: N/A

Section 3: Looking Forward

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

The Department’s Equality Scheme was approved by the Equality Commission on 28 March 2012 and is currently under review.

The Scheme issued for public consultation in January 2017 with a closing date for responses by 10 April 2017. Consultation responses are under consideration and a draft Equality Scheme will be put to a new Minister, when appointed, for approval.
29. Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? *(please provide details)*

Finalisation of a new Equality Scheme has been delayed due to the absence of a Minister, however, the Department continues to raise awareness of the equality duties by organising awareness events, highlighting issues by e-mail and through the staff magazine ‘Pulse’ and training of staff as required. A number of Department staff attended the new CAL training course on 1 June 2018 on Engagement and Consultation which included statutory Section 75 and other duties. The Equality and Human Rights Unit continues to work closely with policy leads to improve the screening process.

Following a meeting with ECNI and senior staff in September 2018 to highlight the ECNI report and guidance on ‘Section 75 Equality and Good Relations Duties Acting on the Evidence of Public Authority Practices’ and ‘Demonstrating Effective Leadership’, a target has been included in the new DAP for 2018/19 is to arrange for the ECNI to offer training to staff.

30. In relation to the advice and services that the Commission offers, what *equality and good relations priorities* are anticipated over the next (2018-19) reporting period? *(please tick any that apply)*

- [ ] Employment
- [ ] Goods, facilities and services
- [ ] Legislative changes
- [ ] Organisational changes/ new functions
- [ ] Nothing specific, more of the same
- [x] Other (please state):
  - Training on Section 75 and disability duties.
  - Completion of a revised Equality Scheme (dependent on appointment of a Minister).
PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans

Relevant ongoing actions have been included in the new Disability Action Plan for 2019-2024.

The Department of Health Disability Action Plan (DAP) 2012-2017 had been extended to March 2017 in the anticipation that a new DAP would be issued. Development of a new DAP was delayed, with consultation issuing in December 2017. Due to the extent of the comments received, and other issues including staff resources, a new DAP was not finalised until March 2019. The 2017 DAP was not reviewed and updated at March 2018 on the basis that a new DAP was in development. The 2017 DAP is included below with an update provided for the position at end March 2019. A new DAP for 2019-2024 has been published (link at footnote below).

DISABILITY ACTION PLAN 2012-2017 (extended to March 2017)

<table>
<thead>
<tr>
<th>Measures</th>
<th>Timescale</th>
<th>Performance indicators and links to DDO duties</th>
<th>Update at 31 March 2019</th>
</tr>
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<tbody>
<tr>
<td>1. DoH training actions (a) Diversity training:</td>
<td>Ongoing — All staff who enter the NICS will attend the classroom based training along with current and future new staff.</td>
<td>The Department will monitor the completion of the online training and classroom training; and assess pre and post course evaluation if training provided met the objectives, relevance, content and standard expected. This will inform the delivery and planning of future training events.</td>
<td>Achieved: Details of training and awareness sessions carried out, including articles in the in-house publication 'The Pulse' have been included in the main report.</td>
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<td>• Diversity Now’ training is mandatory for all staff new to the NICS within 3 months of their arrival in the Department.</td>
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<td>• Refresher training will be provided to all staff via an e-learning module every 3 years.</td>
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<td>• DoH will liaise with Corporate HR as appropriate on the content of diversity</td>
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The new DAP for 1 April 2019 – 31 March 2024 includes specific measures for training including liaison with the Equality Commission for NI to arrange and

5 https://www.health-ni.gov.uk/doh-equality#toc-2
<table>
<thead>
<tr>
<th>Training</th>
<th>Commission's Annual Progress Report. The Diversity Now course objectives are to:</th>
<th>Deliver training on Section 75 and disability duties to Department staff, including senior management.</th>
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<tbody>
<tr>
<td>(b) Other:</td>
<td>- Explain what is meant by Diversity;</td>
<td>The Department was involved in arrangements for the first NICS Job Shadowing Day in April 2018. While the initiative was very successful, offers outstripped demand and no applicants were allocated to the Department. Feedback will inform next year with the aim of increasing number of applicants.</td>
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<td></td>
<td>- Explain how NI’s diverse society impact on NICS;</td>
<td>DoH is represented on the NICS Diversity Champions network, who meet quarterly, and activities include promotion and awareness measures, the development of targeted training and carrying out research on specific areas where there is little attitudinal information available. The Network is progressing many issues including the NICS People Strategy, Transgender Guidance and development of a Gender Action Plan.</td>
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<td>- Identify the legislative framework;</td>
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<td>- Differentiate stereotyping, prejudice and discrimination; and</td>
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<td></td>
<td>- Recognise your responsibility in implementing NICS Policies.</td>
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<td>The seminars and promotion activities aim to increase staff awareness of disability and diversity issues.</td>
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<tr>
<td>Measures</td>
<td>Timescale Indicators/Target</td>
<td>Performance indicators and links to DDO duties</td>
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<td>2. DoH to lead on the implementation, monitoring and reporting of the cross-departmental Autism Strategy (2013-2020) and Action Plan (2013-16). The Action Plan 2013-2016 has been extended to 2017 during which a further Action Plan will be developed for 2017-2020. The action plan sets out how the needs of the people with autism, their families and carers are to be addressed through their lives. It was developed in partnership with people with autism, their families and carers and the community and voluntary sector.</td>
<td>The delivery and timing of the action measure will be subject to other government department’s involvement and participation, availability of finance for any service developments and Ministerial/Executive agreement. The Autism Act (NI) 2011 also requires a progress report to be delivered to the Assembly every three years.</td>
<td>The action plan will achieve improvement through service redesign and deliver those services at a community level which will include services for people and families living with autism. The action plan sets out eleven key themes within sixteen strategic priorities. The outcomes will be measured by, monitored and reported through the:- • Autism Strategy Inter-departmental Senior Officials Group (ASISOG); • Autism Strategy Regional Multi-Agency Implementation Team (ASRMAIT); • Five Local Autism Fora and Reference Groups; • Autism Strategy Prevalence Sub-Group; and; • NI Autism Strategy Research Advisory Committee</td>
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</table>
| 3. The Inter-Departmental Review of Housing Adaptations Services Final Report and Action Plan 2016: | Consultation issued January 2016 and closed on 19th April 2016 Final Report and Action Plan to be published subject to Ministerial approval and NI Executive agreement. (January 2017) | Housing adaptations help people with disabilities to remain at home and enhance their much valued independence building upon “Home is the Hub of Care.”

21 recommendations are included in the action plan for 2016 and they are grouped under 7 key themes:
- Closer working between statutory bodies.
- Improving partnerships.
- Interagency case management.
- Resources, procurement and recycling.
- Design standards.
- Research.
- Equality and rural proofing.

The Joint Housing Adaptations Steering Group which comprises members from housing, health and social care, community and voluntary sector and service users oversees the implementation of the actions in the action plan and reports to both Departments. | Partially Achieved: Publication of the Housing Adaptations Final Report and Action Plan are subject to Ministerial and NI Executive agreement given the cross cutting nature of the review/action plan. Due to the current political situation this has not been able to be further progressed, however, the Department continues to work with DfC and the Housing Executive including the adoption and rollout of a Housing Adaptations Toolkit to help disabled and older people visualise and discuss proposed housing adaptations. This has been carried forward to the 2019-2024 DAP. |
4. The Physical and Sensory Disability Strategy and Action Plan (PSDS&AP) 2012–2015 aims to help and achieve improved outcomes, services and support for people in the north of Ireland who, regardless of their age, have a physical, communication or sensory disability.

Implementation of the Action Plan has been extended until the end of September 2017. The Department in collaboration with the Health and Social Care Board and with input from the Strategy Implementation Group is currently considering how best to take forward any remaining actions that are not fully implemented by September 2016.

The PSDS&AP has been developed in accordance with articles stated in the UNCRPD and therefore supports the values of dignity, respect, independence, choice, equality and anti-discrimination for disabled people.

The objectives of the strategy and action plan are to:

- Support disabled people to better exercise their rights, choices and life opportunities;
- Support the continuing development of an inclusive and effective range of high quality health and social care services;
- Promote health, wellbeing and maximise potential of individuals;
- Encourage social inclusion of disabled people and work to address stigma associated with disability;
- Encourage family and person-centred services and the promotion of independent living options;
- Help to ensure services are tailored to meet the changing needs of people over the course of their lifetime; and
- Continue to promote and enable balanced risk taking.

Regular reports are provided by HSCB to the Department highlighting progress towards implementation of the actions in the action plan using RAG ratings.

Achieved: The PSDS&AP came to a close in late 2018, however, in continuing to support the aims of the Strategy, a Regional Disability Forum will be set up for people with a physical/sensory disability and communication difficulty.
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<tr>
<td>The plan aims to:</td>
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<td>• Encourage effective and timely liaison between HSC and other public service providers, and encourage providers to consider the effects of rare diseases on people’s lives when they are developing and managing services through the reconstitution of the Northern Ireland Rare Disease Stakeholder Group;</td>
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<td>• Improve awareness of the effects that rare diseases can have on a person’s education, family, social relationships, and ability to work, on an ongoing basis; and</td>
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<td>• Ensure that patients and their families have a say in treatment decisions during their care.</td>
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<td>Reconstitution of the Northern Ireland Rare Disease Stakeholder Group in 2016. Implementation will be ongoing in line with the strategy.</td>
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<td>Reconstitution of the Northern Ireland Rare Disease Stakeholder Group will help to raise the profile of rare diseases and will:</td>
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<td>• highlight the needs of those living with rare conditions to service providers and clinicians;</td>
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<td>• promote the needs of rare disease patients and their families with other NICS Departments who provide services for this section of the community; and</td>
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<tr>
<td>• ensure rare conditions are taken into account when policy is developed; and</td>
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<td>• encourage a partnership approach to care for patients and clinicians;</td>
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<td>Progress will be monitored by reports published by the NI Rare Disease Stakeholder Group and the UK Rare Disease Forum; and delivery of reports commissioned through the NI Rare Disease Stakeholder Group.</td>
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<td>Achieved: A joint interim progress report to Ministers, from the 4 UK Health Departments, was published in February 2018. Progress on implementation of the 51 commitments of the UK-wide Rare Diseases Strategy by 2020, including the additional commitment to further collaboration with ROI will be reported as part of the DAP for 2019-2024.</td>
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The Mental Capacity Bill provides a single statutory framework governing all decision making in relation to the care treatment (for a physical or mental illness) or personal welfare of a person aged 16 or over, who lacks capacity to make a specific decision for him/herself.

Implementation plans to be put to Ministers after the Assembly elections. Decision will have an impact on amount of resource applied to implementation, and therefore timing.

The expected outcomes and how they will be measured/reported:
- A fully implemented Act – all sections commenced.
- Regulations in operation.
- Codes of practice published.
- All of the relevant workforce is trained to a required level – completion of training.
- Office of Public Guardian established.
- Reduction in stigma associated with mental illness – measured by survey questioning.
- Others to be discussed with stakeholders prior to implementation.

The Act, once commenced, will:
- presume that a person has mental capacity to make decisions, unless it can be proved otherwise;
- provide a number of safeguards for individuals who lack mental capacity.
- provide a statutory basis for supported decision-making, and in promoting a fused approach for mental health and mental capacity legislation (including the repeal of the Mental Health (NI) Order 1986 for over 16s; and
- designed to reduce the stigma associated with mental illness.

Partially Achieved: A date for commencement has yet to be agreed and is subject to Executive agreement and allocation of resources. Draft Code of Practice, Regulations and supporting documents have been shared with an implementation reference group in preparation for commencement.
| 7. Establishment of a Mental Trauma Service (MTS). | The delivery of the MTS is based on availability of finance and subject to Ministerial/Executive agreement. | It is expected that the MTS will address the unmet needs of mental trauma suffers in a comprehensive, evidence-based way. The proposed aims of the MTS are to:  
- comprehensively address the legacy of the conflict and address unmet mental health needs (though services would not be limited to trauma acquired in this way);  
- improve individual, family and community experience of mental health trauma care;  
- increase the overall capacity of mental health services in the north;  
- improve the psychological and social outcomes for individuals, their families and communities who have been traumatised as a result of the conflict; and  
- improve governance and accountability. | Partially Achieved: Establishment of MTS has progressed with a ‘soft launch’ of Phase 1 of the RTN is due to begin in September 2019. (under review)  
Progress has also been made on agreeing a Partnership Agreement between TEO and DoH to govern the operation of the Service with aim of finalising by April 2019.  
Full operation of the new Service is subject to the required resources being secured. |
8. Mental Health Policy and Service Development.

The Bamford evaluation is still being drafted, and will be subject to Executive approval before publication. Possibilities at this stage include:

- further investment/service development in early intervention, community and home treatment services;
- more help for carers of people with mental health issues;
- increased mental health awareness raising/education in schools;
- appointment of a mental health champion;
- reduction of fragmentation in services;
- increased focus and resource on physical needs of people with mental ill-health.

| The delivery is based on availability of finance and subject to Ministerial/Executive agreement. |
| The action measure will, as part of the development of an action plan |
| - implement the findings of the Bamford Action Plan evaluation; |
| - identify good practice, deficiencies and needs in mental health services; |
| - incorporate the findings in future policy, service development and funding processes and decisions. |
| It is expected that the measure will lead to improved mental health for the people in the north of Ireland. |

The Bamford evaluation is completed but not yet published. It is subject to Ministerial/Executive agreement.

See (9) below.

Service Frameworks set out the standards of care that individuals, their carers and wider family can expect to receive from the HSC system. The standards set out in a Service Framework reflect the agreed way of providing care. They provide a common understanding about what HSC providers and users of services can expect to provide and receive.

The standards will cover various life stages from childhood to old age as well as some generic standards and specific standards will also contribute to the duties in particular those focused on Inclusion in Community Life, and, At Home in the Community Consultation was planned for Spring 2017. Standards are expected to be published by June 2017.

A Standardised Audit Template and Reporting Timeline will be designed for 2016/17 which will deliver baseline data regarding Phase I implementation. Trusts will use this to report annually against the Framework.

A Managed Care Data Set developed as part of the Mental Health Informatics Project will be designed to gather data across the Domains and Standards from Phase II, April 2017.

The Framework will seek to improve the health and wellbeing of people with a mental health problem by:

- promoting social inclusion;
- reducing inequalities in health and social wellbeing; and
- improving the quality of health and social care services.

Within each standard the quality dimension is considered in terms of how it will promote citizenship, social inclusion and empowerment. Against each of these anticipated performance indicators will be included along with any individual target dates for completion.

Partially Achieved: Public consultation took place in the spring of 2018. Thirty-one responses were received and are being analysed by the Department and the HSCB/PHA. The Service Framework is being amended in light of the comments received.
| 10. Learning Disability Policy and Service Development. | The delivery is based on availability of finance and subject to Ministerial/Executive agreement. | The action measure will, as part of the development of an action plan, implement the findings of the Bamford Action Plan evaluation,  
- identify good practice, deficiencies and needs in learning disability services;  
- incorporate the findings in future policy, service development and funding processes and decisions.  
It is expected that the measure will lead to improved learning disability services for the people in the north of Ireland. | The Bamford evaluation is completed but not yet published. It is subject to Ministerial/Executive agreement.  

The Bamford evaluation is subject to Executive approval before publication. Possibilities for service improvements and/or delivery at this stage include:  
- improvements in the transitioning process from children’s to adult learning disability services;  
- better support for carers, in particular older carers;  
- continued implementation of the Regional Day Opportunities model;  
- development of short breaks provision;  
- enhancement of community learning disability teams to manage and better support the increasing numbers of people with learning disabilities requiring health and social care services;  
- consideration of further development of crisis support to work with those now being supported in the community and avoid re-admissions to hospital;  
- address gaps in community forensic services.
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<tr>
<th>11. Development a Service Framework for Children and Young People.</th>
<th>Standards to be published by February 2017, of which they are 5 standards being considered that specifically address the needs of children and young people with a disability.</th>
<th>The overall aim of the Framework is to improve the health and wellbeing of all children and young people in Northern Ireland; promote social inclusion; reduce inequalities in health and improve quality of health and social care services; and publish the final standards. Monitoring the impact of the standards included in the Framework will be important for demonstrating the long term effectiveness.</th>
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<td>Implementation of the Service Framework will ensure consistently high standards and outcomes are achieved for children in preschool, primary and post primary age groups (0-19 years). This includes children with a disability i.e. physical, sensory or learning disability or prolonged condition which impacts on daily living in such a way that without the provision of adequate support services they would not achieve their optimal potential for personal development and social inclusion. It also includes children with complex health needs, learning and physical disability, sensory impairment, autistic spectrum disorders and emotional/behavioural disorders.</td>
<td></td>
<td>In NI we have two universal information systems that record outcomes of all pregnancies through NIMATS and Child Health programs (screening, surveillance and health promotion) through the Child Health System. This Framework will use these systems together with other information systems used by children’s service providers eg PAS (hospital services), SOSCARE (social service), Badger.net (neonatal services), FNP data system (family nurse partnership). Where information systems are not available to monitor the standards and associated KPIs a system of 6 monthly self assessment will be used with HSC providers supported by evidence to justify their self assessment (eg audits, policies and procedures, staff training).</td>
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<td>Partially Achieved: Development of a Service Framework has progressed with the aim of launching, subject to the necessary approvals, in 2019/20.</td>
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12. The Service Framework for Learning Disability was launched in January 2015. It has 34 standards aimed at improving the services experienced by those people with a learning disability. In particular it sets standards in relation to:

- Communication
- Children’s services
- Transition to adult services
- Healthy lifestyle
- Support to make the most of life opportunities
- Access to HSC services
- Carers
- Aging well, and
- Palliative care

The service framework is due for review in 2019/20.

The KPIs set against each standard contained in the Service Framework are designed to improve the quality of the service provided to and experienced by those with a learning disability and their carers.

The KPIs are measured through various means including audits, case note reviews, and a number of data sets.

It is expected that the service framework will improve the health and well-being of people with a learning disability in Northern Ireland.

<table>
<thead>
<tr>
<th>Measures</th>
<th>Timescale</th>
<th>Performance indicators and links to DDO duties</th>
<th>Update at 31 March 2019</th>
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<tr>
<td>13. The Department’s Business Plans will contain the theme/goal Accountability and assurance. This management oversight of Arm’s length Bodies (ALB’s) governance and performance will enable monitoring of ALB’s compliance with the Disability Duties.</td>
<td>The Department will <strong>annually</strong> ensure, through steps in the assurance and accountability framework that all ALBs discharge their disability duties.</td>
<td>The Equality &amp; Human Rights Unit will escalate issues of concern to the sponsor branches for them to be addressed at the Accountability Review. This will ensure that both the Disability Duties are complied with and that weaknesses/failings are addressed.</td>
<td>Achieved: The Department will annually ensure, through steps in the assurance and accountability framework that all ALBs discharge their disability duties.</td>
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<td>14. Key disability speakers will be invited to address the Equality &amp; Human Rights Steering Group (E&amp;HRSG).</td>
<td><strong>Ongoing</strong> Minutes will be kept and action points monitored.</td>
<td>This forum brings together the Equality and Human Rights leads in the Health and Social Care &amp; Fire and Rescue Services sector. It is expected that this engagement will not only ensure that the group is kept appraised of current specific disability issues but help with the future development and ongoing monitoring of the Disability Duties.</td>
<td>Achieved: Minutes are kept and action points monitored. The EHRSG met 3 times in 2018/19 and included discussions on Equality and Disability Action Plans, Equality Schemes, DSVA, Racial Equality, Gender Identity, and the EU Settlement Scheme. Representatives from RNIB and Action on Hearing Loss attended.</td>
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<td>16. The Department has included the Disability Duties within its equality screening process to ensure that the duties are considered on all new policies. This will also be carried forward in the new Section 75 Equality Schemes introduced in 2012.</td>
<td><strong>Ongoing</strong></td>
<td>The Department will monitor screening to ensure that the Disability Duties are included in the screening process and are considered by policy makers from the outset. This will support both duties.</td>
<td>Achieved: Screenings completed at the earliest opportunity in the policy development/review process and prior to implementation unless there are exceptional circumstances. 81 screenings were completed in 2018/19, the vast majority (69) were NICE. There was one EQIA completed in the 2018/19 reporting period. The Department follows the Equality Commission guidance: ‘Section 75 of the Northern Ireland Act 1998 – A Guide for Public Authorities (April 2010)’, and ‘Practical guidance on equality impact assessment (February 2005)’.</td>
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<tr>
<td>Measures</td>
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<tr>
<td>17. Provide guidance outlining our legal obligations as an employer and publicise the role of the Disability Liaison Officer. Ensure consideration is given to implementation of all identified reasonable adjustments.</td>
<td>Biannually issue guidance to staff reminding them of role of Disability Liaison Officer and employer's obligations. Ensure consideration is given to implementation of all identified reasonable adjustments. Ensure consideration is given to implementation of all identified reasonable adjustments.</td>
<td>This will support the duty to promote positive attitudes towards people with a disability and help create a culture that positively encourages and supports staff in discussing their disability and the adjustments that are needed to address any disadvantage they face in the workplace.</td>
<td>These activities are no longer the responsibility of DoH and will be covered by NICS HR.</td>
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<td>18. Provide information and awareness seminars to staff on specific disabilities/long term health conditions – events are agreed as part of annual WHIP action plan.</td>
<td>The WHIP action plan is set on an <strong>annual basis</strong> – but will address disability. Events to be held at various dates between April 2016 – March 2017. This will support the duty to promote positive attitudes towards people with a disability by providing information on the affect conditions have on people lives.</td>
<td>DoH no longer has a Whip programme. Health related activities and information provided centrally through NICS Well programme.</td>
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<td>19. Recruitment, career development and management support for disabled candidates and employees.</td>
<td>The sub-groups of the NICS Disability Working Group to provide a draft report on their findings on the NICS position in relation to recruitment, career development and management support by October 2016. Further targets – yet to be defined as will flow from Permanent Secretary Group. The Department is represented on the NICS Disability Working Group and involved in a sub-group who’s objectives are to: *Improve the recruitment process for disabled candidates *Encourage people with disabilities to join the service. Market the NICS as a disability positive employer. More generally, the work of the NICS Disability Working Group will champion and advance equality of opportunity in the area of disability through developing a list of recommendations designed to target issues on recruitment, career development and management support for disabled staff and candidates.</td>
<td>Since April 2017, responsibility for the Human Resources function in all NI Departments has passed to NICSHR which is located in the Department of Finance. The Department of Finance S75 Action Plan and the Disability Action Plan now include all Human Resource activity that will be taken across the Northern Ireland Civil Service during the period 2017 – 2022.</td>
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<td>Communications</td>
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<td>20. Publications will be translated and made available in other formats on request or as appropriate for example Braille, audio, large print as requested – browse aloud on website.</td>
<td><strong>Ongoing</strong></td>
<td>This will facilitate engagement by people with a disability.</td>
<td>Achieved. No requests were made in 2018/19 although a number of Easy Read versions were routinely produced and a Plain English and Aphasia Friendly version issued with the Reshaping Stroke Care consultation in March 2019.</td>
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The Department will respond to requests for alternative formats in a timely manner, usually within 20 working days.
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<tr>
<td>21. The Department’s Appointments and Business Unit (ABU) ensures that all documentation and advice relating to public appointments are considered by the sponsor branches and does not form barriers to people with a disability applying for public life appointments.</td>
<td>Ongoing.</td>
<td>The action measures will promote positive attitudes towards people with disabilities and encourage participation by people with a disability in public life by removing barriers to access to the appointments system.</td>
<td>Achieved: Equality considerations have been taken into account throughout the year in Public Appointments planning and the Department of Health has contributed to the development of a Diversity 5-Year Strategic Action Plan (2016-2021) which aims to improve diversity in Public Appointments in N. Ireland. The Department together with other NI Departments is implementing new measures e.g. DoH is represented on a sub-group which is taking positive action during 2019 to increase the proportion of female Chairs across Arms-Length Bodies within the NICS. Also DoH has taken the initiative and now offers the Guaranteed Interview Scheme (GIS) for applicants with a disability as part of its public appointment process.</td>
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<td>In February 2016 the NI Executive adopted a policy of attaining greater diversity in public appointments with improved representation of currently under-represented groups including people with disabilities. Following on from this DoH has underway and planned a range of measures aimed at encouraging people with disabilities.</td>
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<td>A new monitoring form which will ensure that the data collected from applicants with disabilities on a voluntary basis will be more reliable and helpful.</td>
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<td>• working to expand our outreach with people with disabilities e.g. for advertising public appointments to ensure our contact lists are up to date, and specifically including groups for people with disabilities.</td>
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<td>DoH will input to a report for the Head of the NI Civil Service for 2016-2017 and for subsequent years will include information on the involvement of people with disabilities in public appointments.</td>
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<td>• working with our Press Office to ensure that any social media avenues we are using to promote all our public appointments competitions specifically mention that we are interested in seeking applications from people</td>
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with disabilities.
- re-tweeting all future competitions will be re-tweeted by the NI Executive to ensure that the advert reaches a wider audience.
- ensuring that all documentation relating to forthcoming DoH public appointments is considered by the relevant sponsor branches in the Department and work with them to ensure that it does not form barriers to people with a disability applying for public appointments

| Measures are ongoing and updated targets are included in the DAP for 2019-2024. |  |  |
The Department has oversight responsibility for the 17 arm’s length bodies which, together, make up the health, social care and public safety system.

- 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 for Nursing and Midwifery
- NI Social Care Council
- Northern HSC Trust
- Patient Client Council
- Public Health Agency
- Regulation and Quality Improvement Authority
- Southern HSC Trust
- South Eastern HSC Trust
- Western HSC Trust