Public Authority Statutory Equality and Good Relations Duties
Annual Progress Report 2016-17

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Documents published relating to our Equality Scheme can be found at:
https://www.health-ni.gov.uk/DHSSPS-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 2016 and March 2017.
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 2016-17, 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 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 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 will enable sustained improvement over the next 10 years. The Minister set out 18 specific actions to be taken forward between November 2016 and October 2017. The 18 actions can be found at Section 5 of the report1 and include the following due within this reporting period, with appropriate update:

<table>
<thead>
<tr>
<th>Action</th>
<th>Target Date</th>
<th>Update at March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin development of a new framework to fully realise the potential of community pharmacy services to support better health outcomes from medicines and prevent illness.</td>
<td>November 2016</td>
<td>Target to begin development of new framework was met.</td>
</tr>
<tr>
<td>Embark on a consultation on the criteria set out in the Expert Panel Report and start a programme of service configuration reviews</td>
<td>November 2016</td>
<td>Consultation ended 3/2/17. 16 consultation meetings held and 252 responses received. Report being developed.</td>
</tr>
<tr>
<td>Embark on a period of engagement with staff and service users</td>
<td>November 2016</td>
<td>Minister has commenced an extensive programme of engagement with staff, service users, patients and stakeholders</td>
</tr>
<tr>
<td>Establish and seek members for a transformation oversight structure</td>
<td>November 2016</td>
<td>The Transformation Implementing Group (TIG) established with first meeting of the Transformation Advisory Board (TAB), an advisory group to oversee the direction of reform and complement the work of the TIG, on 7 February 2017.</td>
</tr>
<tr>
<td>Develop a comprehensive approach for addressing waiting lists</td>
<td>January 2017</td>
<td>The Minister announced her plan for elective care, including measures to tackle waiting lists, on 7.2.17.</td>
</tr>
<tr>
<td>Complete the initial design work for the Improvement Institute</td>
<td>February 2017</td>
<td>Work has commenced on the establishment of an Improvement Institute, including a programme of extensive engagement with colleagues across the HSC.</td>
</tr>
<tr>
<td>To improve access and resilience, and support the development of new models of care, make significant investment in primary care to ensure there is a multidisciplinary team focussed on the patient and with the right mix of skills.</td>
<td>March 2017</td>
<td>Workstream established and initial scoping work undertaken with recruitment and progress on agreed approach underway. Roll-out of AskMyGP to an additional 10 practices has been completed, with further roll-outs underway.</td>
</tr>
<tr>
<td>Develop design for new structures and approaches to support the reform of planning and administration of the HSC</td>
<td>March 2017</td>
<td>Workstream established and on track to have design for new structures and approaches by end March 2017.</td>
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</tbody>
</table>

The Department is also in the process of reviewing its Equality Scheme. Proposed amendments have been made to better promote equality of opportunity and good

1 https://www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together

2. Please provide examples of outcomes and/or the impact of equality action plans/measures in 2016-17 (or append the plan with progress/examples identified).

Physical and Sensory Disability Strategy and Action Plan

The 2012 strategy confirms the Department’s commitment to improving outcomes, services and support for people in Northern Ireland who have a physical, communication or sensory disability. The Regional Sensory Impairment Group continues to work on the remaining actions within the Strategy and Action Plan which has been extended and will now end in September 2017.

As one of the additional actions the Health and Social Care Board (HSCB) carried out a desktop review to scope out the current system that is in place across the Health and Social Care Trusts (HSCTs). The purpose of this was to look at the service and the timely access of prescribed equipment for those with communication difficulties.

Autism

A Progress Report of the cross-departmental Autism Strategy (2013 – 2020) and Action Plan (2013-2016) was published in November 2015\(^2\) and provides a summary on the status of each of the actions contained in the Strategy Action Plan, together with a brief narrative highlighting key areas of progress at that stage. Since then the main focus has been on the impact of an unprecedented demand on waiting lists with the priority on the waiting lists for autism assessments and services. The HSCB, in consultation with the Department, has been leading on a project to design a new regional model for autism services. This work is at an advanced stage and will improve both the diagnostic process and access to early intervention in line with current best practice and NICE (National Institute for Health and Clinical Excellence) guidelines.

In February 2016, it was announced that children’s Autism services would receive £2m recurrent investment starting in 2016/17 to help reduce waiting lists for an autism

assessment pending finalisation of a new regional service model required to meet current and future demand. Recruitment for additional permanent staff, who will have a key role in improving waiting list management, is underway. In the interim, staff in all of the HSC Trusts have been carrying out additional assessments by reliance on overtime and additional hours. The unprecedented demand for autism assessments continues to increase with an increase in 2015/16 of 17% and continuing an upward trend into the current year.


Housing Adaptations Services

The Inter-Departmental Review of Housing Adaptations Services Final Report and Action Plan includes recommendations on how the Departments, agencies and others can better collaborate with each other, use resources more effectively, and deliver better services to help people with disabilities to remain at home and enhance their independence. The consultation closed on 19th April 2016 with a Final Report and Action Plan to be published in 2017, subject to Ministerial approval and NI Executive agreement.

Sexual Health

It is acknowledged that some population groups are more vulnerable and at risk of poor sexual health including young people under 25 years, especially those who are looked after or leaving care; gay and bisexual men; and commercial sex workers. Some people with a disability or from an ethnic minority community may have particular requirements in accessing information, advice and services and the number of diagnoses of HIV in persons from outside the United Kingdom is increasing and appropriate action is being taken regarding health promotion among such groups.

The Sexual Health Promotion Strategy and Action Plan 2008-2013 and Addendum

“Progress And Priorities” (2013-2015) included actions for the further development of a sexual health public information campaign to raise awareness of specific sexual health issues, with a particular focus on those most at risk, community based personal development programmes, and training.

The regional Sexual Health Implementation Network continues to meet and deliver a range of programmes to improve sexual health and is considering the potential for a new regional sexual health plan covering service and promotional actions.

Measures in 2016/17 include:

- A dedicated clinic for students in the University of Ulster was launched in September 2016 with the NHSCT providing a dedicated clinic for men who have sex with men (MSM) to encourage regular HIV testing.
- The Minister officially opened a new Contraceptive and Sexual Health Hub at Braid Valley Hospital in Ballymena in December 2016.
- In August 2016 the Minister announced an investment of over £100,000 into the HIV vaccination programme. The programme is targeted at MSM aged up to 45 who attend GUM and HIV clinics and will help provide protection against HPV (human papilloma virus) which can cause a range of cancers.
- In addition, following a ruling by the Northern Ireland Court of Appeal in March 2016 determining blood donation as a devolved matter, the Executive agreed an application by the Health Minister to take an urgent decision to lift the ban on blood donations by men who have had sex with other men.

**Tobacco control**

The 10 year strategy for Tobacco Control (2012-2022) contains aspirational targets to be achieved by 2020. An implementation steering group, set up to deliver on the strategy, has established a number of separate work streams focusing on research and information; protection and enforcement; services and brief intervention; communication and education; and policy and legislation. The accompanying action plan is revised and updated on an annual basis with completed actions removed and new actions added.

In 2015/16, primary legislation was passed in the Assembly to allow the Department to make regulations to ban smoking in cars when children are present and to restrict the
age of sale for e-cigarettes to persons over the age of 18. As a result, a consultation on the *Smoke-free (Private Vehicles) Regulations*, aimed at extending the existing smoke-free legislation by setting out the circumstances by which private vehicles must be smoke-free, was launched in January 2017. The consultation closed on 3 March 2017.

**Protect Life II**

The Protect Life Suicide Prevention Strategy and Action Plan has been in operation since 2006. Taken forward by the Public Health Agency the Strategy aims to reduce the differential in the suicide rate between deprived and non-deprived areas. All actions within the refreshed Protect Life Strategy have been taken forward with many still ongoing.

A consultation on a new strategy and action plan, Protect Life II, closed in November 2016. A post consultation report has been developed with a revised Strategy due for publication in summer 2017.

The equality screening process for the Protect Life 2 Strategy identified a number of positive impacts to promote equality of opportunity across the range of Section 75 groups with a positive impact on the health and emotional wellbeing of the population as a whole.

The Health Minister met with community and voluntary sector representatives in June 2016 to hear about their suicide prevention work across Belfast and, in November 2016 the Health Ministers, Michelle O’Neill and Simon Harris TD jointly launched a new North South ‘Concerned about Suicide’ leaflet. The leaflet highlights how to recognise that someone may be at risk, what to say and importantly how to help someone.

**Domestic and Sexual Violence and Abuse**

The Stopping Domestic and Sexual Violence and Abuse Strategy, published in March 2016[^4], aims to provide equality of access to services for all users/victims and to have full consideration of and compliance with Section 75 legislation.

The Strategy recognises that domestic and sexual violence and abuse occurs right across society. It knows no boundaries with regard to age, gender identity, marital status, race, ethnicity or religious group, sexual orientation, social class, disability, geography or any other Section 75 category.

An associated Year-one implementation Plan was published in May 2016\(^5\) and the Inter-Ministerial Group and the Strategic Delivery Board, in association with relevant stakeholders, will develop a year two action plan in 2017/18.

A 24 hour Domestic & Sexual Violence Helpline is managed by the Women’s Aid Federation NI, which is funded by DOJ, DoH, and NIHE through DSD. During 2015/16 25,932 calls were managed, 55.5% from women and 2.8% from men, who identified as victims of domestic violence.

**Mental Capacity Act (Northern Ireland) 2016**

The Department, along with the Department of Justice, introduced the Mental Capacity Bill to the Northern Ireland Assembly on 8 June 2015. It passed all Assembly stages, including Final Stage on 15 March 2016, and received Royal Assent on 9 May 2016. The Act introduces a single, statutory framework governing all situations where a decision needs to be made in relation to the care, treatment (for a physical or mental illness) or personal welfare, of a person aged 16 or over, who lacks capacity to make the decision for themselves, thus reducing stigma for those with mental health issues and providing statutory protection for some of the most vulnerable in society.

Full commencement for the Act will be subject to Executive agreement and allocation of resources, and will include putting regulations into operation, publishing code(s) of practice, and completing relevant workforce training.

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 commenced on development of a Service Framework for Mental Health. 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.

DoH will produce the standards. Health and Social Care Trusts and other delivery partners will implement and report on progress. Consultation is planned for Spring 2017.

Work is underway on development of a Service Framework for the Health and Wellbeing of Children and Young People with the aim 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
- publish the final standards.

The aim is to launch the framework by September 2017.

Alcohol health effects

The cross-departmental strategy for reducing the harm related to substance misuse, the New Strategic Direction for Alcohol and Drugs (NSD) Phase 2 was launched in
2012. The NSD was reviewed, revised and extended until 2016.

NSD Phase 2 set out 141 outcomes, to be achieved by a range of Government Departments, agencies, the community and voluntary sector, and others. Progress continues to been made on a number of these outcomes, with the majority on track for achievement within the timescale expected. The fourth Annual Report produced in July 2016 outlines progress on tackling alcohol and drug related harm⁶.

**Dementia Services**

The Department has expanded the range of information and interaction available to citizens online by developing a patient portal for dementia patients. As a result of the DSC/AP (Delivering Social Change/ Atlantic Philanthropies) dementia signature project a dementia website has been developed in conjunction with NI Direct and went live in May 2016.

The DSC/AP initiative runs for a 3 year period to March 2018 with the aim of improving the quality of care and support for people living with dementia and their carers. It aims to achieve this through promoting greater awareness and understanding of dementia in the wider public, enhancing the quality of care through improved training opportunities on dementia care for health and social care staff, and developing innovative short break support services for carers of people with dementia.

**A Fitter Future For All**

A Fitter Future For All - Framework for Preventing and Addressing Overweight and Obesity 2012 - 2022 includes targets to reduce the level of obesity in adults by 4% and overweight and obesity by 3% by 2022. In children to reduce obesity by 3% and overweight and obesity by 2% by 2022. A range of outcomes have been developed to help meet these targets across the life course and in all settings. Short term outcomes are reviewed every three years. Relevant reports can be accessed through the Department’s Obesity webpage at: [https://www.health-ni.gov.uk/articles/obesity-](https://www.health-ni.gov.uk/articles/obesity-)

3 Has the application of the Equality Scheme commitments resulted in any changes to policy, practice, procedures and/or service delivery areas during the 2016-17 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 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.

The Equality Unit is copied into any Equality Commission responses to consultations which commented on Section 75 aspects. The Equality Unit follow up on all of these with the policy leads to ensure, as far as possible, the concerns have either been addressed or are in the process of being addressed.

The Department’s Equality Scheme was reviewed in 2016 and put out to public consultation in January 2017. Consultation responses will inform the new Equality Scheme for 2017-22.

The Equality Unit has also carried out pre-engagement with stakeholders in preparation for consultation on a new Disability Action Plan and is liaising with Health and Social Care Trusts, including involvement in a pre-engagement event on 19 January 2017, to ensure a more collaborative approach in drafting Disability and Equality Action Plans for 2017-22.
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3 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. The following are examples:-

**Mental Capacity Act**

The Mental Capacity Act received Royal Assent on 9 May 2016. As a result of information and comments received from stakeholders, amendments were made to the Mental Capacity Bill including amendments to ensure compliance with the European Convention on Human Rights, in particular Article 5 (the right to liberty and security) and 14 (prohibition of discrimination); and amendments to provide for a person’s right to appeal a decision relating to deprivation of liberty, when they don’t have the capacity to appeal personally. These amendments were screened out for equality impacts.

**Housing Adaptations Services**

In January 2016 the Department together with Northern Ireland Housing Executive (NIHE) launched a consultation on Housing Adaptations. Housing adaptations are changes that are made to the home of a person with a disability to make it suitable for their needs and promote independent living. The Review examined the current system of approval, the use of resources, and the delivery of housing adaptations in the north of Ireland on a cross tenure basis to maximise resources, ensure best value and equality of provision across health and social care trusts and housing providers. The Department for Communities/Department for Health consultation report on the Interdepartmental Review of Housing Adaptations Services is completed but not yet cleared by the Executive, however the actions within the action plan continue to be taken forward.
Protect Life 2

Pre-consultation feedback on Protect Life 2 – A Strategy for suicide prevention in the north of Ireland significantly contributed to the development of the consultation document. Amendments made to the consultation document included a new section considering suicide prevention in children and trends in both younger and older age groups; actions specifically targeted at the Lesbian, Gay and Bisexual community; a table showing the percentages of deaths that occur by suicide at all age groups; and reflecting the increased risk for men who have experienced relationship breakdown.

Individual Funding Requests

Public consultation on an evaluation of the current process for Individual Funding Requests (IFR) determined that a new policy should be considered to improve access to specialist medicines not routinely commissioned within Northern Ireland in circumstances where clinical exceptionality can be established and where there is an agreed clinical need. The new policy was developed by a clinically led working group and introduces a Regional Scrutiny Committee which will be a clinical body responsible for providing advice to the commissioner on each application.

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 and awareness raising in relation to S75 ensures that all policies are screened at an early stage ensuring equality issues 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 indicated in 3(a), amendments were made to the Mental Capacity Bill following stakeholder comments.

Pre-consultation on the Protect Life 2 Strategy significantly influenced the
consultation document and ensured consideration and targeted actions for specific groups, as outlined in section 3(a).

Feedback from public consultation of an evaluation of the current process for Individual Funding Requests (IFR) determined that a new policy should be considered to improve access to specialist medicines not routinely commissioned within Northern Ireland in circumstances where clinical exceptionality can be established and where there is an agreed clinical need.

☑️ 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, for example, the Protect Life Suicide Prevention Strategy has now been refreshed with the development of Protect Life II.

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

The Regional Sensory Impairment Group are still working on the remaining actions within the Physical Disability Strategy and Action Plan. The Health and Social Care Board carried out a desktop review to scope out the current system that is in place across the HSCTs. The purpose of this was to look at the service and the timely access of prescribed equipment for those with communication difficulties. This will be one of the additional actions in the Physical Disability Strategy which has been extended and will now end in September 2017.

☑️ 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 held on the proposed Disability and Equality Action Plans for 2017-22
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and throughout the development of the Mental Capacity Act.

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 2016-17 reporting period? *(tick one box only)*

☐ Yes, organisation wide

☒ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

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

☐ Not applicable

Please provide any details and examples:

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

Given its functions in relation to Section 75, all relevant staff within the Department’s Strategic Management Branch have included Equality duties as part of 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 2016-17 reporting period? *(tick one box only)*

☐ Yes, organisation wide

☒ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment
PART A

☐ 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 PPPs 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 Departments’ Equality and Human Rights Unit. The discharge of Section 75 duties are reflected as objectives in the personal performance plans of relevant staff within Corporate Management Directorate which are subject to an annual appraisal.

6 In the 2016-17 reporting period were objectives/ targets/ performance measures relating to the Section 75 statutory duties integrated into corporate plans, strategic planning and/or operational business plans? (tick all that apply)

☐ Yes, through the work to prepare or develop the new corporate plan

☐ Yes, through organisation wide annual business planning

☐ Yes, in some departments/jobs
No, these are already mainstreamed through the organisation’s ongoing corporate plan

☐ No, the organisation’s planning cycle does not coincide with this 2016-17 report

☐ Not applicable

Please provide any details and examples:

Corporate/Business Plan

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

Due to the unforeseen circumstances surrounding the Assembly no Corporate/Business Plan was finalised in 2016/17. The Department, however, continued to develop the range of objectives and targets surrounding the promotion of equality, in terms of addressing unacceptable inequalities in health and improving patient access, set out in its Corporate/Business plan for 2011-2015. It is anticipated a Corporate/Business Plan will be in place for 2017/22.

The Corporate Plan cascades down through the Department and is reflected as appropriate in each business areas own plans. For example, the annual business plan for 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.

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


Equality action plans/measures

7 Within the 2016-17 reporting period, please indicate the number of:

<table>
<thead>
<tr>
<th>Actions completed:</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions ongoing:</td>
<td>17</td>
</tr>
<tr>
<td>Actions to commence:</td>
<td>x</td>
</tr>
</tbody>
</table>

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

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

The Atlantic Philanthropies/Delivering Social Change initiative was launched in September 2014 for a 3 year period to March 2018 with the aim of improving the quality of care and support for people living with dementia and their carers. A dementia website was developed and launched in May 2016.

The Department is bringing forward proposals relating to the extension of placement options for Looked After Children by October 2017.

The New Strategic Direction (NSD) for Alcohol and Drugs was reviewed, revised and extended until 2016.

Other actions are longer term and require progressive realisation over a number of years, for example:

Fitter Future For All - Framework for Preventing and Addressing Overweight and Obesity 2012 - 2022. A range of outcomes have been developed to help meet the targets across the life course of the framework and in all settings. Short term outcomes are reviewed every three years. See section (2) for more detail.

The Tobacco Strategy contains aspirational targets to be achieved by 2020. A Public Health Agency Action Plan is revised and updated on a continual basis with completed actions removed and new actions added. See section (2) for more detail.
Please give details of changes or amendments made to the equality action plan/measures during the 2016-17 reporting period (points not identified in an appended plan):

Resettlement in the community of all long stay patients from mental health and learning disability hospitals, which will allow those resettled to build and enjoy a life including access to social and other opportunities and to live as independently as possible with the appropriate support. This has largely been completed as out of the original 819 people to be resettled from long-stay mental health or learning disability hospitals, only 22 remain to be resettled. Many of these people have very complex needs and the HSC Trusts, NIHE and housing providers continue to work together, in a very challenging budgetary climate, to ensure that no-one is living unnecessarily in hospital.

Raising awareness of migrant worker’s entitlements to services has been addressed on a legislative platform through the implementation of the Provision of Health Services Not Ordinarily Resident Regulations (NI) 2015. The Department is currently working on guidance to assist the HSC in the practical implementation of those regulations, but the scope is much wider than migrant workers. However clear, concise and practical guidance has been produced by the Health and Social Care Trusts which is helpful in pointing people to services and an explanation of entitlements.

In reviewing progress on the equality action plan/action measures during the 2016-17 reporting period, the following have been identified: (tick all that apply)

- Continuing action(s), to progress the next stage addressing the known inequality
  
  For example, the Autism Strategy and the Physical and Sensory Disability Strategy.

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8 http://www.southerntrust.hscni.net/pdf/AccessToHealthAndSocialCareBookletNov15_English.pdf
Action(s) to address the known inequality in a different way

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

For example, Health and Wellbeing 2026: Delivering Together, launched in October 2016 and includes targets for:

- plans for elective care, including measures to tackle waiting lists, announced in February 2017
- improved access and resilience including investment in primary care to ensure there is a multidisciplinary team focussed on the patient and with the right mix of skills.

Measures to address a prioritised inequality have been completed

There were 2 action measures in the current EAP plan for persons (with learning disability, or mental health problems) who remained in long stay hospital not having access to same levels of social inclusion as the rest of the population. Resettlement in the community of all long stay patients from mental health and learning disability hospitals allows those resettled to build and enjoy a life including access to social and other opportunities and to live as independently as possible with the appropriate support. The resettlement programme has been largely completed. Out of the original 819 people to be resettled from long-stay mental health or learning disability hospitals, only 22 remain to be resettled. Many of these people have very complex needs and the HSC Trusts, NIHE and housing providers continue to work together, in a very challenging budgetary climate, to ensure that no-one is living unnecessarily in hospital.

The 3rd action measure was in respect of the “Habitual Residence Conditions New Points Based System – raising awareness of Migrant Worker’s entitlement to services - lack of clarity on the rights and entitlements of the different categories of Migrant Workers”. The Provision of Health Services to Persons Not Ordinarily Resident Regulations defines entitlement of visitors to NI
(including migrants) to accessing health services here. The Department is currently working on guidance to assist the HSC services in the practical implementation of those regulations, but the scope is much wider than migrant workers.

**Arrangements for consulting (Model Equality Scheme Chapter 3)**

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

- [ ] All the time
- [x] Sometimes
- [ ] Never

Pre-engagement and targeted consultation is encouraged with, for example, early stakeholder engagement held on the proposed Disability and Equality Action Plans for 2017-22, the Protect Life II, and throughout the development of the Mental Capacity Act.

11 Please provide any **details and examples of good practice** in consultation during the 2016-17 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:

During this report period there were no policies that were screened in for an EQIA. Of the consultations carried out this year, good practice examples include:

- Early pre-engagement with S75 groups, for example, on the Departments draft Disability Action Plan which is due for completion in 2017/18, THE Protect Life II Strategy and the Mental Capacity Act.

- Policy leads are encouraged to publish their draft/provisional screening with the consultation documents, for example, Consultation on Criteria for Reconfiguring Health and Social Care; Protect Life II – A Strategy for Suicide Prevention; and Regulations Restricting Smoking in Private Vehicles where Children are Present.
• The Department and the Northern Ireland Rare Disease Partnership are commencing a series of engagement workshops in March 2017, as part of the implementation of the Northern Ireland Rare Diseases Plan. The objective is to improve the information and communication about rare diseases as it is currently available to patients, their carers and healthcare professionals.

• Policy leads are encouraged to include four specific equality and human rights questions within consultation response documents. All policy consultations issued in 2016/17 included the 4 specific questions.

• Where appropriate the inclusion of easy read versions are included, for example:
  - the consultation on Improving Health within the Criminal Justice System – A Plan To Make Sure People Who Are Involved With The Police, Courts Or Prisons Are Healthy And Safe
  - the Call for Evidence on adult care and support
  - Stopping Domestic and Sexual Violence and Abuse in Northern Ireland Strategy and Implementation Plan – Young Persons Version
  - Young Persons version of the Adoption and Children Bill consultation

• Efforts are made to engage as widely as possible including outside the north of Ireland, if appropriate, with relevant matters discussed at NSMC (North South Ministerial Council) meetings, for example:
  - The Public Health Agency (PHA) working with the National Office for Suicide Prevention to produce the ‘Concerned About Suicide’ leaflet.
  - The PHA collaboration with a number of sporting bodies on a cross border basis, including IRFU through its work with Ulster Rugby as well as the GAA which developed the GAA All Island Critical Incident Plan for member clubs.

• In addition to the five themes of the UK-wide Rare Diseases Strategy,
the Northern Ireland Plan also includes a sixth theme relating to opportunities to realise mutual benefits through collaborative approaches to rare diseases with the Republic of Ireland.

12 In the 2016-17 reporting period, given the consultation methods offered, which consultation methods were most frequently used by consultees: (tick all that apply)

- Face to face meetings
- Focus groups
- Written documents with the opportunity to comment in writing
- Questionnaires
- Information/notification by email with an opportunity to opt in/out of the consultation
- Internet discussions
- Telephone consultations
- Other (please specify):

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

The 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 updated in October 2016 including contact preference.

The draft Disability Action Plan included a face to face meeting with representatives across a range of groups, written document for comment and a questionnaire for responses.
Notification of the consultation on the draft Equality Scheme issued by e-mail and post, as requested. The consultation included a draft document and a questionnaire to aid responses.

In progressing the Mental Capacity Act, (Northern Ireland) 2016 a virtual reference group, with 150 members including section 75, voluntary and community groups, was formed with draft legislation circulated for comment. By December 2015 11 chapters had been circulated.


The Department published a consultation on 25 January 2017 seeking views of the public and stakeholders on the proposed reformed individual funding request (IFR) policy which provides access to high cost specialist drugs where there is an agreed clinical need but where the drugs are not fully approved for routine use by the National Institute for Health and Care Excellence (NICE). Also published for consultation is a draft user guide in easy read format. The Department of Health is seeking the views of the public and stakeholders on the draft policy and the user guide through the medium of a questionnaire. The consultation will end on 7 April 2017.

The Department is seeking views on a draft Adoption and Children Bill with a consultee questionnaire. Pre-engagement took place with some children who are in care, facilitated by the Voice of Young People in Care and targeted engagement with children formed part of the consultation. The consultation, together with a young person’s version, was launched on 16 January 2017 with
a closing date of 10 April 2017. The intention behind the Bill is to overhaul and modernise the legal framework for adoption that will preserve what works well in our current system but will introduce a range of new measures to give effect to the Department’s policy and strategy.

13 Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2016-17 reporting period? *(tick one box only)*

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

Please provide any details and examples:

- A pre-engagement meeting took place in late 2016 in respect of the Department’s Disability Action Plan and Departmental officials participated in a HSCT stakeholder event on 19 January 2017 to ascertain views on equality and disability issues.

- The Department’s Equality Scheme was reviewed and updated, issuing for public consultation in January 2017. The consultation closed on 10 April 2017 and a new Scheme will be issued for 2017-22.

14 Was the consultation list reviewed during the 2016-17 reporting period? *(tick one box only)*

- [x] 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 2016/17 the Department wrote to all consultees asking them to confirm/update their contact details, with an option to receive email as an alternative to hard copy. Contact details for some organisations were further updated as part of the issue of the Equality Scheme in January 2017.
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):

106

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

16 Please provide the number of assessments that were consulted upon during 2016-17:

Policy consultations conducted with screening assessment presented.

Policy consultations conducted with an equality impact assessment (EQIA) presented.

Consultations for an EQIA alone.

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

The main items are listed on appendix 2.

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

Following decisions on a policy, were the results of any EQIAs published during the 2016-17 reporting period? (tick one box only)

☐ Yes     ☒ No     ☐ Not applicable

Please provide any details and examples:

No EQIAs were carried out in 2016/17, however, details of screening reports are published quarterly including a statement of the aim of the policy and the screening decision. A link to completed screening templates on the Department website is included.

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

From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2016-17 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:

A meeting with EHR and the Department’s Information and Research Branch took place in February 2017 to discuss information requirements and the scope for the collection of data for Section 75 groups. It was determined that all surveys currently collect some S75 type information, with the annual Health Survey collecting details on sex, age, ethnicity, religion, number of children in household, marital status, limiting long-standing illness, and sexual identity. However, 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.

However, there was an ‘Inpatient survey’ in 2014 which addressed the section 75 groups. Preparatory work is underway for the 2017 Inpatient Patient Experience Survey with a view to the survey being undertaken by the end of 2017/18. It is acknowledged there remains sensitivity of respondents in providing information on ethnicity and sexual orientation.

Information and research carried out by the Department is available at: https://www.health-ni.gov.uk/topics/doh-statistics-and-research

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

☐ Yes  ☐ No  ☐ Not applicable

Please provide any details and examples:

Monitoring information is used widely across the department to inform progress on various strategies, 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 2016/17 information included:

**Health Inequalities**

The 2016 regional report on health inequalities in the north of Ireland⁹ was published in October 2016. The biennial publication is one of a series of reports produced as part of the NI Health & Social Care Inequalities Monitoring System (HSCIMS) and presents a comprehensive analysis of health inequality gaps between the most and least deprived areas, across a range of health indicators. Areas covered include life expectancy, alcohol, smoking and drug related indicators, premature mortality and mental health.

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Health Survey

The “Health Survey (NI): First Results 2015/16”\textsuperscript{10} covered the period April 2015 to March 2016 and published in November 2016. The annual survey included questions relating to general health, mental health and wellbeing, diet and nutrition, obesity, smoking, drinking, and sexual health. A random sample of 5,850 addresses across the north of Ireland was selected for interviewing. The final achieved sample was 3,915 individuals. The response rate for the survey was 60%.

Making Life Better

The Making Life Better Indicators which monitor the wider social determinants of health and well-being were updated in 2016 and include:

- Life expectancy
- Healthy Life Expectancy
- Disability Free Life Expectancy
- Infant mortality
- Smoking in pregnancy
- Breastfeeding on discharge
- Key Stage 2 Achievement
- GCSE Achievement
- Long-term unemployment
- NEETs
- Smoking
- Alcohol-related Admissions
- Adults who drink above sensible drinking guidelines
- Teenage Births
- Adult Obesity
- Childhood Obesity
- Mental Health & Wellbeing
- Suicide
- Blood Pressure/ Hypertension
- Long-term Conditions
- Investment in Public Health
- Poverty
- Child Poverty
- Economic Inactivity
- Housing Standards
- Air Quality
- Water Quality
- Social Capital
- Road Collisions

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

Please provide any details or examples of where the monitoring of policies, during the 2016-17 reporting period, has shown changes to differential/adverse impacts previously assessed:

Data gathered by the Department, and other sources, is used in informing development and screening of policies, including the Northern Ireland health and social care inequalities monitoring system (HSCIMS) which enables the

\textsuperscript{10} https://www.health-ni.gov.uk/news/health-survey-ni-201516
examination of health inequalities within sub-regions of Northern Ireland and includes a comparison between the average and the most deprived areas in each geographical area. The biennial publication ‘Sub Regional Health Inequalities Statistics 2017’ was published on 15 February 2017 and presents a comprehensive analysis of health inequality gaps within Health & Social Care Trusts and Local Government Districts, across a range of indicators. Many indicators are also presented by District Electoral Area, with a comparison to the surrounding LGD. The report is accompanied by downloadable data tables which contain all figures.

Monitoring of the Protect Life Suicide Prevention Strategy, which informed the Protect Life II Strategy, identified a number of positive impacts to promote equality of opportunity across the range of Section 75 groups with a positive impact on the health and emotional wellbeing of the population as a whole.

The evaluation of the process for Individual Funding Requests determined the requirement for a new policy to improve access to specialist medicines.

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

**The Physical and Sensory Disability Strategy**
The Regional Sensory Impairment Group continues to work on the remaining actions within the Strategy and Action Plan which has been extended and will now end in September 2017.

As one of the additional actions HSCB carried out a desktop review to scope
The purpose of this was to look at the service and the timely access of prescribed equipment for those with communication difficulties.

**The Prevalence of Autism (including Aspergers Syndrome) in School age Children in Northern Ireland 2016**

This annual report aims to show the prevalence rate of ASD amongst the compulsory school age population. Analyses are provided by health and social care trust, gender, school year, special educational needs and multiple deprivation measure.


These tables include the number and the rate of children referred for an assessment for autism spectrum disorder (ASD), the number of children diagnosed with ASD and the number of children who had completed an assessment for ASD. This information is updated on the department’s website each quarter as the information becomes available.

**Waiting Times**

Details of waiting times for patients accessing cancer services, emergency care, outpatient, inpatient and diagnostic services.

**Carers’ Statistics**

These bulletins present findings from the latest survey of carers’ statistics for the north of Ireland. Figures are presented regionally and by Health and Social Care Trusts in respect of completed and declined carers’ assessments, reassessments, completed reviews and reasons why offers to be assessed

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15 [https://www.health-ni.gov.uk/articles/carers%E2%80%99-assessments-and-reassessments](https://www.health-ni.gov.uk/articles/carers%E2%80%99-assessments-and-reassessments)
were declined.

**Domiciliary care services for adults in Northern Ireland 2016**

This report summarises information collected from health and social care trusts on adults receiving domiciliary care services from the statutory and independent sectors during the survey week in September 2016. It details information on the numbers of clients receiving domiciliary care, visits, contact hours and intensive domiciliary care provision.

**Statistics on Community Care for Adults in Northern Ireland 2015 – 2016**

This report presents information on a range of community activity gathered from health and social care (HSC) trusts including contacts with HSC trusts, care packages in effect, meals on wheels services, residential and nursing accommodation and day care registrations.

**Children’s Social Care Statistics 2015/16**

Information is collated on children’s social care activity including children in need, child protection, looked after children, residential homes and day care provision for children aged under 12. Data is available on Care Leavers aged 16 – 18 who left care during the previous financial year including educational achievement, economic activity and placement prior to leaving care. Tables on children adopted from care in 2015/16 and information on children in care who had been continuously looked after for at least the 12 month period up to 30 September 2015.

**Child Protection Statistics**

Quarterly report on Child Protection Statistics. Figures detailed within the bulletin include numbers of children on the Child Protection Register by legal status, age, category of abuse and duration on the Register, and numbers of Child Protection Referrals by source of referral during the quarter.

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16 [https://www.health-ni.gov.uk/articles/domiciliary-care](https://www.health-ni.gov.uk/articles/domiciliary-care)
Mental Health & Learning Disability (2015/16)\textsuperscript{20}

The statistical bulletin presents information on inpatients and compulsory admissions under the Mental Health (NI) Order 1986.

Northern Ireland termination of pregnancy statistics, 2015/16\textsuperscript{21}

This statistical bulletin presents information on the number of medical abortions and terminations of pregnancy during 2014/15. It details information on the number of terminations of pregnancy by HSC Trust, by country of residence and by age band.

Statistics on smoking cessation services in Northern Ireland: 2015/16\textsuperscript{22}

The information released provides information on people reporting to smoking cessation services throughout the north of Ireland during the year 2015/16.

Audiology completed waits 2015/16\textsuperscript{23}

These tables present information from the health and social care (HSC) board on completed waits for people waiting to be fitted with a hearing aid. Figures are presented regionally, by HSC trust and by weeks waiting.

Hospital statistics: outpatient activity statistics 2015/16\textsuperscript{24}

Presents information on outpatient activity at consultant led and integrated clinical assessment and treatment service (ICATS) services. It details information on new and review attendances, missed appointments (DNAs), patient cancellations (CNAs), hospital cancellations, ward attendances and reason for cancellation.

Hospital statistics: inpatient and day case activity statistics 2015/16\textsuperscript{25}

Presents information on inpatient and day case activity at health and social care trusts in the north of Ireland, including available beds, occupied beds, average length of stay, theatre activity and hospital births.


\textsuperscript{21} [https://www.health-ni.gov.uk/articles/termination-pregnancy](https://www.health-ni.gov.uk/articles/termination-pregnancy)

\textsuperscript{22} [https://www.health-ni.gov.uk/publications/statistics-smoking-cessation-services-northern-ireland-201516](https://www.health-ni.gov.uk/publications/statistics-smoking-cessation-services-northern-ireland-201516)

\textsuperscript{23} [https://www.health-ni.gov.uk/publications/audiology-completed-waits-201516](https://www.health-ni.gov.uk/publications/audiology-completed-waits-201516)

\textsuperscript{24} [https://www.health-ni.gov.uk/articles/outpatient-activity](https://www.health-ni.gov.uk/articles/outpatient-activity)

\textsuperscript{25} [https://www.health-ni.gov.uk/articles/inpatient-and-day-case-activity](https://www.health-ni.gov.uk/articles/inpatient-and-day-case-activity)
Hospital Statistics: Emergency Care 2015/16
The statistical bulletin presents information on the total activity at emergency care departments in the north of Ireland during 2015/16, including information on new, unplanned and planned review attendances, waiting times at emergency care departments, patient transport and emergency response.

Acute episode based activity 2015/16
Acute episode-based activity statistics present information on acute, episode-based activity at health and social care trusts in the north of Ireland across four volumes. This set of publications details key information on all activity and provides breakdowns of activity by specialty, diagnosis, procedure / intervention and healthcare resource group.

Statistics from the Northern Ireland Drug Misuse Database: 1 April 2015 – 31 March 2016
The statistical bulletin provides information on individuals presenting to treatment services with problem drug misuse that is collected through the north of Ireland Drug Misuse Database.

Patient Education / Self Management Programmes for People with Long Term Conditions 2015/16
Patient education self management programmes are delivered to people with long term conditions as an aid for effective self management in order to maintain or enhance their health and well-being as well as their clinical, emotional and social outcomes. It details information on the type, provision, frequency and trust area of the programmes delivered.

Northern Ireland Quality and Outcomes Framework (QOF)

The QOF measures achievement against a range of evidence-based indicators, with points and payments awarded according to the level of achievement. The framework has four main components:

- clinical Indicators
- public health indicators (including additional services)
- patient experience
- quality and productivity indicators

The Achievement Data Quality and Outcomes Framework for 2015/16

This bulletin summarises the Quality & Outcomes Framework (QOF) achievement data from general practices relating to the period from April 2015 to March 2016.

Northern Ireland health and social care (HSC) workforce census March 2016

A comprehensive profile of HSC staff by organisation, staff group and category, age, gender and working pattern. Includes analysis of turnover and vacancies.

Health and Social Care Workforce Vacancies – March 2015

This biannual statistical publication presents an analysis of vacancies actively being recruited to, by occupational group, staff group, organisation, and pay band. In addition consultant specialities and hospital location of medical and dental vacancies are included.

Complaints received by HSC Trusts, Board and family practitioner services in Northern Ireland 2015/16

This statistical release presents information on complaint issues received by HSC Trusts in the north of Ireland. It details the number of HSC Trust

30 https://www.health-ni.gov.uk/articles/qof-achievement-data
32 https://www.health-ni.gov.uk/articles/staff-vacancies
33 https://www.health-ni.gov.uk/articles/complaints-statistics
complaint issues received, by the programme of care, category, subject, specialty of the complaint and the time taken to provide a substantive response.

**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 2016-17, 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.

The Department’s Equality and Human Rights Unit have continued to highlight the training that is available via CAL both in written and oral advice.

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.

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

**Diversity Now Training**
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 organised on, at a minimum, an annual basis. During 2016/17 seminars were arranged on Deaf
Awareness, LGBT awareness, Suicide, Dementia, Carers NI, Women’s Aid and Communication Disabilities. In 2016 a total of 325 staff across the Department attended 10 lunchtime seminars.

The in-house DoH publication ‘the Pulse’ periodically promotes the role of the Diversity Champion and the Disability Working Group to provide information on relevant issues and events. The February 2017 edition notified staff of upcoming lunchtime seminars on Dementia Awareness, Deaf Awareness and Disability Awareness (Speech and Language) and gave updates on the Deliver Together programme which included promoting diversity and staff engagement. The December 2016 edition included an article on the NICS Diversity Champions Network and included contact organisations for LGBT support. The September 2016 edition included articles on maternity leave, ‘Caring for the Carer’ and the NICS Disability Working Group. April 2016 highlighted the CAL launch of 2 Positive Mental Health Toolkits, one for staff and one for line managers, and World Autism Awareness Week. The June 2016 edition highlighted Mental Health Awareness Week and Access to Air Travel for Passengers with a Disability or Reduced Mobility – Case Study on Travelling with a Child with ASD.

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

The Department’s Equality Unit has become much more 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.

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

Please list any examples of where monitoring during 2016-17, 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 2016/17 there were 106,541 requests for the top 20 languages. The service demand and usage is monitored to help identify emerging linguistic needs and pressures.

Physical and Sensory Disability Strategy and Action Plan
The strategy confirms the Department’s commitment to improving outcomes, services and support for people in the north of Ireland who have a physical, communication or sensory disability. During 2016/17, the Health and Social Care Board carried out a desktop review to scope out the current system that is in place across the HSCTs. The purpose was to look at the service and the timely access of prescribed equipment for those with communication difficulties. This will be one of the additional actions in the Physical Disability Strategy which has been extended and will now end in September 2017.

Complaints (Model Equality Scheme Chapter 8)

27 How many complaints in relation to the Equality Scheme have been received during 2016-17?
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 will inform the new Equality Scheme for 2017-22.
29. Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? (please provide details)

The key areas of focus are likely to be:

- consideration of consultation responses on the new Equality Scheme with possible implementation of a revised screening template;
- working with policy leads to improve the screening process;
- raising awareness of the Equality Duties;
- training.

An update of the audit of inequalities is also planned to align with the next business planning cycle 2017/2022.

30. In relation to the advice and services that the Commission offers, what equality and good relations priorities are anticipated over the next (2017-18) reporting period? (please tick any that apply)

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

- Completion of the Equality Scheme for 2017/22;
- Implementation of a revised screening template;
- Completion of an Audit of Inequalities to inform a new Equality Action Plan and Disability Action Plan for 2017/22
PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans

1. Number of action measures for this reporting period that have been:³⁴

- 13 Fully achieved
- 6 Partially achieved
- 2 Not achieved

2. Please outline below details on all actions that have been fully achieved in the reporting period.

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

<table>
<thead>
<tr>
<th>Level &amp; DAP (2012-17) reference</th>
<th>Public Life Action Measures</th>
<th>Outputs¹</th>
<th>Outcomes / Impact²</th>
</tr>
</thead>
<tbody>
<tr>
<td>National³</td>
<td>To promote a culture of positive attitudes and removing barriers that attracts disabled applicants and supports disabled employees</td>
<td>Annual review of contact lists, specifically including groups representing people with disabilities to ensure a wide outreach when advertising public appointments. At the outset, of each public appointment competition, liaison with DoH Press Office to ensure that all social media avenues are utilised and specifically mention that the</td>
<td>Expanding our outreach with people with disabilities and ensuring equality of opportunity for people with a disability in applying for public life appointments.</td>
</tr>
<tr>
<td>Nationaliv</td>
<td><strong>DAP (19)</strong></td>
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</tbody>
</table>

Department is interested in seeking applications from people with disabilities. The advertisement will be re-tweeted by the Executive to ensure it reaches a wider audience.

All documentation and advice relating to public appointments is considered in terms of language, images and format to ensure ease of accessibility for people with a disability.

DoH contributes to the development of a Diversity 5-Year Strategic Action Plan (2016-2021) aiming to improve diversity in Public Appointments and implement the measures subsequently agreed.

Findings of the NICS Disability Working Group on the NICS position in relation to recruitment, career development and management support for disabled candidates and employees, was produced and presented to the Diversity Champions network on 14 December 2016. To be considered with recommendations and action by the PSG (Permanent Secretary Group) in May 2017. DoH is represented on the Disability

Targeting issues on recruitment, career development and management support for disabled staff and candidates.
<table>
<thead>
<tr>
<th>Working Group.</th>
<th>National&lt;sup&gt;iv&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAP (19)</strong></td>
<td>Our Department is committed to the work experience placement scheme for people with disabilities, offering a minimum of 1 placement per year. During 2016/17 the DoH Public Appointments Unit undertook 2 work placements for one day a week over a six week period.</td>
</tr>
<tr>
<td></td>
<td>To create the NICS workforce we want for the future by offering experience in the workplace for people with disabilities and staff.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Working Group.</th>
<th>Regional&lt;sup&gt;iv&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAP (16)</strong></td>
<td>To have due regard to the need to promote equality of opportunity and good relations for its Section 75 obligations, and its commitment to meeting its disability duties under the Disability Discrimination Act 1995 (as amended by Article 5 of the Disability Discrimination (NI) Order 2006. Screenings completed at the earliest opportunity in the policy development/review process and prior to implementation unless there are exceptional circumstances. The numbers of completed screenings for 2016/17 was 106, the vast majority which were NICE. There were no EQIAs necessary in the 2016/17 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>
</tr>
<tr>
<td></td>
<td>The Department uses the tools of <strong>screening</strong> and <strong>equality impact assessment</strong> to assess the likely impact of a policy on the promotion of equality of opportunity, good relations, disability and human rights.</td>
</tr>
<tr>
<td>LocalDAP (17/20)</td>
<td>To participate in public life through effective pre-engagement and consultation with affected individuals and representative groups.</td>
</tr>
</tbody>
</table>
2(b) What **training action measures** were achieved in this reporting period?

<table>
<thead>
<tr>
<th>Training Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAP (1)</strong></td>
<td>Refresher diversity training by e-learning completed by all staff every 3 years, and for new staff. Currently most new staff are transferring from elsewhere in the NICS and do not require the training.</td>
<td>All staff have current training and awareness sessions on diversity/disability related issues.</td>
</tr>
<tr>
<td></td>
<td>All staff have current training and awareness sessions on diversity/disability related issues.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Awareness seminars on disability/diversity related themes organised on, at a minimum, an annual basis. There was a series of seminars carried out in the 2016/17 reporting period for Dementia, Suicide, Carers, Autism, Deaf awareness, Women’s Aid, LGBT issues in the workplace and communication disabilities. The seminars were well received by staff. It was noted that in 2016 a total of 325 staff across the department attended 10 lunchtime seminars, the majority of which were diversity/disability related events.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The in-house DoH publication ‘the Pulse’ periodically promotes the role of the Diversity Champion, and updates to the Disability Working Group, to provide information on relevant issues and events for all staff.</td>
<td></td>
</tr>
<tr>
<td><strong>DAP (1)</strong></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. A successful master class on Diversity and</td>
<td>The Diversity Champions Network is committed to the NICS Equality, Diversity &amp; Inclusion Policy and to helping embed a culture of diversity across the NICS.</td>
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<td></td>
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</tbody>
</table>
Inclusive Leadership was held on 4 November 2016.

**DAP (12)**

**Service Framework for Learning Disability**

The framework has 34 standards which are being progressed and monitored since the launch in 2015. A number of actions are planned for the 2017/18 reporting period, with plans to revise the service framework with consultation by March 2020.

To improve the health and well-being of people with learning disabilities by improving the quality of the service provided to and experienced by those with a learning disability and their carers.

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

<table>
<thead>
<tr>
<th>Communications Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAP (20)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publications will be translated and made available in other formats on request or as appropriate for example Braille, audio, large print as requested.</td>
<td>All requests received in 2016/17 by the Information Office were met.</td>
<td>Service users able to access information in their preferred format.</td>
</tr>
<tr>
<td>Refer to Question 2(a) regional input regarding the pre engagement and consultation processes which promote an effective media of communication.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2 (d) What action measures were achieved to ‘encourage others’ to promote the two duties:

<table>
<thead>
<tr>
<th>Encourage others Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAP (2)</strong> Implementation of the Autism Strategy (2013-20) and Action Plan (2013-16)</td>
<td>The Action Plan had been extended to 2017 during which a further action plan will be developed for 2017-20 subject to cross departmental involvement, availability of finance for any service developments and Ministerial/Executive agreement. A progress report is delivered to the Assembly every 3 years. Last progress report published September 2015.</td>
<td>The action plan will achieve improvement through service redesign and deliver those services at a community level to include services for people and families living with autism.</td>
</tr>
<tr>
<td><strong>DAP (4)</strong> Physical and Sensory Disability Strategy and Action Plan (2012-2015)</td>
<td>The implementation of the Action Plan has been extended until the end of the September 2017.</td>
<td>To achieve improved outcomes, services and support for people in Northern Ireland who have a physical, communication or sensory disability.</td>
</tr>
<tr>
<td><strong>DAP (16)</strong> Inclusion of a section on the Disability Duties within the Department’s screening template.</td>
<td>The Department’s screening template continues to include a section on the Disability Duties.</td>
<td>Screening is mainstreamed within DoH and the inclusion of the Disability Duties as part of that process has helped to ensure that staff give consideration to them when they are developing policies.</td>
</tr>
<tr>
<td><strong>DAP (14)</strong> Speakers will be invited to address the Equality &amp; Human Rights Steering Group (EHRSG).</td>
<td>Minutes are kept and action points monitored. The EHRSG met twice in the 2016/17 reporting.</td>
<td>The forum brings together the EHR leads in the Health &amp; Social Care sector. It is expected that the</td>
</tr>
</tbody>
</table>
The Equality Commission attended the first meeting to discuss the priorities for the health sector and upcoming areas of work in relation to the research project for health inequalities and the new initiative “Every Customer Counts”. A DoH representative attended the 2nd meeting to provide insight into the legislative and implementation arrangements for the Mental Capacity Act (NI) 2016.

2 (e) Please outline any additional action measures that were fully achieved other than those listed in the tables above:

<table>
<thead>
<tr>
<th>Action Measures fully implemented (other than Training and specific public life measures)</th>
<th>Outputs</th>
<th>Outcomes / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAP (6)</strong> Mental Capacity Bill</td>
<td>The Mental Capacity Bill passed its Final Stage in the Assembly on 15 March 2016, and received Royal Assent on 9 May 2016 to become the Mental Capacity Act (Northern Ireland) 2016.</td>
<td>Implementation of the Mental Capacity Act 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.</td>
</tr>
<tr>
<td><strong>DAP (13)</strong></td>
<td>To ensure accountability and assurance as part of the Department’s Business Planning process.</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>
</tr>
<tr>
<td><strong>DAP (5)</strong></td>
<td>NI Rare Diseases Implementation Plan (2015-2020)</td>
<td>Implementation is ongoing in line with the strategy. Reconstitution of the NI Rare Disease Stakeholder Group in 2016.</td>
</tr>
</tbody>
</table>
3. Please outline what action measures have been **partly achieved** as follows:

<table>
<thead>
<tr>
<th>Action Measures partly achieved</th>
<th>Milestones/vii / Outputs</th>
<th>Outcomes/Impacts</th>
<th>Reasons not fully achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAP (15)</strong> Development of a new Disability Action Plan for 2017/22</td>
<td>Pre-consultation engagement commenced in October 2016 with formal consultation anticipated in autumn 2017.</td>
<td>To promote positive attitudes towards disabled people; and encourage participation by disabled people in public life.</td>
<td>Following discussions with the Health and Social Care Trusts (HSCT) and in line with the principles of inclusion, collaboration and partnership working, the Department extended the current DAP to the end of March 2017. The intention is to produce a more collaborative DAP for 2017-2022.</td>
</tr>
<tr>
<td><strong>DAP (7)</strong> Mental Trauma Service</td>
<td>The Mental Trauma Model continues to be developed with the intention that the final model will support the voluntary and community sector in creating an integrated approach with the Health and Social Care system to address mental health need.</td>
<td>To comprehensively address the legacy of the conflict and address unmet mental health needs.</td>
<td>Establishment of a Mental Trauma Service has a speculative working date of April 2018, subject to resources.</td>
</tr>
<tr>
<td><strong>DAP (8)</strong> Mental Health Policy &amp; Service Delivery</td>
<td>A move towards parity of esteem for mental health evidenced by, among other matters, further investment/service development in early intervention, community and home treatment services,</td>
<td>To improve the provision of mental health and psychological therapies services.</td>
<td>The Bamford evaluation is completed but not yet published. It is subject to Ministerial/Executive agreement.</td>
</tr>
</tbody>
</table>
| DAP (9) | The development of a Service Framework for Mental Health | Public consultation planned for Spring 2017  
Standards reflecting the agreed way of providing care and a common understanding about what HSC providers and users of services can expect to provide and receive will be published by September 2017. | Setting out the standards of care that individuals, carers and wider family can expect to receive from the HSC system. | Actions not to progress until later in 2017. |
|---|---|---|---|---|
| DAP (10) | Learning Disability Policy & Service Development | To identify good practice, deficiencies and needs in learning disability services through the findings of the Bamford Evaluation  
To incorporate the findings into | To implement the findings of the Bamford Action Plan evaluation and improve learning disability services. | The Bamford evaluation is completed but not yet published. It is subject to Ministerial/Executive agreement. Actions not to progress until 2017/18. |
| DAP (11) | Development of a Service Framework for Children and Young People | In Year 1 it is anticipated a number of actions to be implemented:  
Development of child friendly literature and practice improvements.  
High quality multi-agency support for disabled teenagers (age 14+).  
Design, delivery and review of provision of high quality short breaks.  
Support for children with palliative care through the development of agreed emergency healthcare plans and support from Trusts. | The overall aim is to improve the health and wellbeing of children and young people, including children with a disability. | Service framework to be launched in Sept 2017 and a number of actions to be carried out in Year 1. |
4. Please outline what action measures have not been achieved and the reasons why.

<table>
<thead>
<tr>
<th>Action Measures not met</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAP (17)</strong> Provision of guidance outlining the Department’s legal obligations as an employer and publicise the role of the Disability Liaison Officer.</td>
<td>These activities will no longer be the responsibility of DoH and will be covered by NICS HR.</td>
</tr>
<tr>
<td><strong>DAP (18)</strong> Provide information and awareness seminars to staff on specific disabilities/long term health conditions – events are agreed as part of the annual WHIP action plan</td>
<td>DoH no longer has a Whip programme. Health related activities and information provided centrally through NICS Well programme</td>
</tr>
</tbody>
</table>
5. What monitoring tools have been put in place to evaluate the degree to which actions have been effective / develop new opportunities for action?

(a) Qualitative  (b) Quantitative

- Evaluation of the 2012-2015 Bamford Action Plan. *(Note: The evaluation completed and to receive Executive approval before publication)*
- Monitoring of progress against Bamford actions led by DoH and reported to the Inter-Departmental Senior Officials Group; and ongoing monitoring by the Bamford Monitoring Group.
- The Strategic Implementation Group for the Physical and Sensory Disability Strategy and Action Plan direct, co-ordinate and manage the implementation of the Action Plan, for which an extension has been agreed until September 2017. Regular reports are provided by the Health & Social Care Board (HSCB) to the Department highlighting progress of the actions.
- Six monthly monitoring of progress against the actions in the Autism Strategy and Action Plan are reported to the Autism Senior Officials Group. A progress report to be delivered to the Assembly every three years.
- Ongoing implementation and progress monitoring: locally by the Northern Ireland Rare Disease Stakeholder Group and nationally by the UK Rare Disease Policy Board comprising representatives from the four UK Health Departments.
- Based on the 51 commitments of the UK-wide Rare Diseases Strategy, the second two-yearly joint interim report to the Secretary of State for Health is due to be published by February 2018 with input from the four UK Health Departments. Discussion is ongoing between the Departments for developing appropriate metrics for measuring and monitoring achievements against the 51 commitments.
- Trusts will report to the HSCB annually against the frameworks.
- The Joint Housing Adaptations Steering Group oversee the implementation of the actions of the Inter-Department Review of Housing Adaptations Final Report/Action Plan and report to both Departments DoH and DfC.
- 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.
- DoH provides input to a report for the Head of the NICS to include information on the involvement of people of disabilities in public appointments.
6. As a result of monitoring progress against actions has your organisation either:

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

YES

If yes please outline below:

<table>
<thead>
<tr>
<th>Revised/Additional Action Measures</th>
<th>Performance Indicator</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The Department’s Disability Action Plan had been reviewed and extended to March 2017. The DAP has been updated to reflect current measures and a number of new measures have been identified and included in the revised DAP: • Establishment of a Mental Trauma Service • Mental Health Policy and Service Development • Service Framework for Mental Health • Learning Disability Policy and Service Development • Development of a Service Framework for Children and Young People • Monitoring and review of the Service Framework for Learning Disability</td>
<td>A new Disability Action Plan is being prepared for 2017-22.</td>
<td>Consultation anticipated autumn 2017.</td>
</tr>
</tbody>
</table>

7. Do you intend to make any further revisions to your plan in light of your organisation’s annual review of the plan? If so, please outline proposed changes?

Following the public consultation for the Disabled Action Plan 2017/22 which is anticipated for mid 2017, and depending on the consultee response, there may be revisions to the plan which will be addressed accordingly.
**Completed Screenings published 2016/17**

In line with Equality Scheme commitments the Department publishes completed screenings on its website on a quarterly basis.

**Quarter 1 1st April 2016 - 31st June 2016**

<table>
<thead>
<tr>
<th>Title of policy subject to screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICE (Public Health) Guideline – PH56 - Vitamin D: increasing supplement use among at-risk groups</td>
</tr>
<tr>
<td>NICE (Clinical) Guideline NG41 – Spinal injury: assessment and initial management</td>
</tr>
<tr>
<td>NICE (Clinical) Guideline NG40 – Major trauma: service delivery</td>
</tr>
<tr>
<td>NICE (Clinical) Guideline NG39 - Major trauma: assessment and initial management</td>
</tr>
<tr>
<td>NICE (Clinical) Guideline NG 38 - Fractures (non-complex): assessment and management</td>
</tr>
<tr>
<td>NICE (Clinical) Guideline NG 37 - Fractures (complex): assessment and management</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA20 - Riluzole (Rilutek) for the treatment of Motor Neurone Disease</td>
</tr>
<tr>
<td>NICE (Clinical) Guideline NG42 - Motor neurone disease: assessment and management</td>
</tr>
<tr>
<td>NICE (Public Health) Guideline – NG44 - Community engagement: improving health and wellbeing and reducing health inequalities</td>
</tr>
<tr>
<td>NICE Guideline NG35 - Myeloma: diagnosis and management</td>
</tr>
<tr>
<td>NICE (Clinical) Guideline CG72 – Attention deficit hyperactivity disorder: diagnosis and management – Addendum</td>
</tr>
</tbody>
</table>
NICE (Clinical) Guideline NG36 – Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over

NICE (Public Health) Guideline – PH35 - Type 2 diabetes prevention: population and community-level interventions

NICE (Public Health) Guideline – NG16 - Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset

NICE Guideline NG 33 – Tuberculosis

NICE (Public Health) Guideline – NG34 - Sunlight exposure: risks and benefits

NICE (Public Health) Guideline – NG13 - Workplace health: management practices

NICE Technology Appraisal TA 98 - Methylphenidate, atomoxetine and dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and adolescents

NICE Clinical Guideline NG45 - Routine preoperative tests for elective surgery

NICE Technology Appraisal TA389 - Topotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine for treating recurrent ovarian cancer

NICE Technology Appraisal TA388 - Sacubitril valsartan for treating heart failure with systolic dysfunction

NICE Technology Appraisal TA 386 - Ruxolitinib for treating related splenomegaly or symptoms in adults with myelofibrosis

NICE Technology Appraisal NICE TA 23 - Temozolomide for the treatment of recurrent malignant glioma (brain cancer)

NICE (Clinical) Guideline CG32 - Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition

NICE Clinical Guideline CG97 - Lower urinary tract symptoms in men: assessment and management – Addendum
<table>
<thead>
<tr>
<th>Title of policy subject to screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICE (Public Health) Guideline – PH38 - Type 2 diabetes: prevention in people at high risk</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA 391 - Cabazitaxel for hormone relapsed metastatic prostate cancer treated with docetaxel (review of TA255)</td>
</tr>
<tr>
<td>NICE (Public Health) Guideline – NG30 - Oral health promotion: general dental practice</td>
</tr>
<tr>
<td>NICE (Public Health) Guideline – PH55 - Oral health: local authorities and partners</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA 390 - Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes</td>
</tr>
<tr>
<td>National Statistics – proposed changes to DHSSPS statistical publications</td>
</tr>
<tr>
<td>Standards for Supported Lodgings for Young Adults (aged 16-21) in Northern Ireland</td>
</tr>
<tr>
<td>The remodelling of the administrative structures of the Health and Social Care system</td>
</tr>
<tr>
<td>Consideration Stage amendments to the Mental Capacity Bill</td>
</tr>
</tbody>
</table>

### Quarter 2 1st July 2016 - 30th September 2016

<table>
<thead>
<tr>
<th>Title of policy subject to screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICE Clinical Guideline NG47 - Haematological cancers: improving outcomes</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA397 - Belimumab for the treatment of active autoantibody-positive systemic lupus erythematosus</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA396 - Trametinib in combination with dabrafenib for treating advanced ( unresectable or metastatic) melanoma</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA395 - Ceritinib for previously treated anaplastic lymphoma kinase-positive non-small-cell lung cancer</td>
</tr>
<tr>
<td>Document Title</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA394</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA393</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA392</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG98</td>
</tr>
<tr>
<td>NICE Public Health Guideline – PH52</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA399</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA398</td>
</tr>
<tr>
<td>NICE Public Health Guideline – PH54</td>
</tr>
<tr>
<td>NICE Clinical Guideline NG50</td>
</tr>
<tr>
<td>NICE Technology Appraisal - TA 400</td>
</tr>
<tr>
<td>NICE Clinical Guideline NG49</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA403</td>
</tr>
<tr>
<td>NICE Clinical Guideline NG52</td>
</tr>
<tr>
<td>NICE Clinical Guideline NG51</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA402</td>
</tr>
</tbody>
</table>
NICE Technology Appraisal TA401 - Bosutinib for previously treated chronic myeloid leukaemia (Review of TA299)

NICE Technology Appraisal TA404 - Degarelix for treating advanced hormone-dependent prostate cancer

NICE Public Health Guideline PH53 - Weight management: lifestyle services for overweight or obese adults

NICE Technology Appraisal TA405 - Trifluridine–tipiracil for previously treated metastatic colorectal cancer

General Dental Services (Amt) Regulations (NI) 2016

Protect Life 2 – A Strategy for suicide prevention in the north of Ireland

Amendments to the Pharmaceutical Services Regulations (NI) 1997

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Quarter 3 1st October 2016 - 31st December 2016

<table>
<thead>
<tr>
<th>Title of policy subject to screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICE Technology Appraisal - TA407 - Secukinumab for treating ankylosing spondylitis after inadequate response to non-steroidal anti-inflammatory drugs or TNF-alpha inhibitors</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA412 - Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA410 - Talimogene laherparepvec for treating unresectable metastatic melanoma</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA409 - Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA 406 - Crizotinib for untreated anaplastic lymphoma kinase-positive non-small-cell lung cancer</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA408 - Pegaspargase for treating acute lymphoblastic leukaemia</td>
</tr>
<tr>
<td>Document Title</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA411 - Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer</td>
</tr>
<tr>
<td>NICE Clinical Guideline - NG54 - Mental health problems in people with learning disabilities: prevention, assessment and management</td>
</tr>
<tr>
<td>NICE Public Health Guideline NG48 - Oral health for adults in care homes</td>
</tr>
<tr>
<td>NICE Clinical Guideline - NG56 - Multimorbidity: clinical assessment and management</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA415 - Certolizumab pegol for treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA414 - Cobimetinib in combination with vemurafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA413 Elbasvir–grazoprevir for treating chronic hepatitis C</td>
</tr>
<tr>
<td>NG26 - Children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA418 - Dapagliflozin in triple therapy for treating type 2 diabetes (part review of TA288)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA417 - Nivolumab for treated or metastatic renal cell carcinoma</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA419 - Apremilast for treating moderate to severe plaque psoriasis (review of TA368)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA420 - Ticagrelor for secondary prevention of atherothrombotic events after myocardial infarction</td>
</tr>
<tr>
<td>“The Right Time, The Right Place”: An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland</td>
</tr>
<tr>
<td>Criteria for Reconfiguring Health and Social Care Services</td>
</tr>
</tbody>
</table>
Quarter 4 1st January 2017 - 31st March 2017

<table>
<thead>
<tr>
<th>Title of policy subject to screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Adoption and Children Bill</td>
</tr>
<tr>
<td>Individual Funding Request (IFR) process</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG19 - Dental checks: intervals between oral health reviews</td>
</tr>
<tr>
<td>NICE Clinical Guideline CG65 - Hypothermia: prevention and management in adults having surgery – Addendum</td>
</tr>
<tr>
<td>NICE Public Health Guideline NG55 - Harmful sexual behaviour among children and young people</td>
</tr>
<tr>
<td>NICE Clinical Guideline NG57 - Physical health of people in prison</td>
</tr>
<tr>
<td>NICE Clinical Guideline NG59 - Low back pain and sciatica in over 16s: assessment and management (updates &amp; replaces CG88)</td>
</tr>
<tr>
<td>NICE Clinical Guideline NG61 - End of life care for infants, children and young people with life-limiting conditions: planning and management</td>
</tr>
<tr>
<td>NICE Clinical Guideline NG62 - Cerebral palsy in under 25s: assessment and management</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA421 - Everolimus with exemestane for treating advanced breast cancer after endocrine therapy (review of TA295)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA422 - Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer (review of TA296)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA423 - Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens (review of TA250)</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA424 - Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA425</td>
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<tr>
<td>NICE Technology Appraisal TA426</td>
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<tr>
<td>NICE Technology Appraisal TA427</td>
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<td>NICE Technology Appraisal TA428</td>
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<td>NICE Technology Appraisal TA429</td>
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<td>NICE Technology Appraisal TA430</td>
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<tr>
<td>NICE Technology Appraisal TA431</td>
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<tr>
<td>NICE Technology Appraisal TA432</td>
</tr>
<tr>
<td>NICE Technology Appraisal TA433</td>
</tr>
</tbody>
</table>

Delivery plan arising from Programme for Government 2016-21 indicators 2,3,4 and 7

PFG Indicator 5 - Improve the quality of the healthcare experience – Development of Quality Health and Social Care Experience Framework

PFG Indicator 6 – Improve mental health

PFG Indicator 10 - Improve support for Looked After Children
Main consultations conducted on an assessment or other matters relevant to the Section 75 duties (Para 17 refers)

<table>
<thead>
<tr>
<th>Consultations 16/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Funding Request (IFR)</td>
</tr>
<tr>
<td>Adoption and Children (Northern Ireland) Bill</td>
</tr>
<tr>
<td>Equality Scheme for the Department of Health 2017 (no equality screening required)</td>
</tr>
<tr>
<td>Regulations restricting smoking in private vehicles when children are present</td>
</tr>
<tr>
<td>Health and Social Care Transformation – Consultation on Criteria for Reconfiguring Health and Social Care Services</td>
</tr>
<tr>
<td>Review of the fees charged and the frequency of inspections undertaken by RQIA</td>
</tr>
<tr>
<td>Protect Life 2 - A Strategy for Suicide Prevention in the north of Ireland</td>
</tr>
<tr>
<td>Proposed changes to the Pharmaceutical Services Regulations (NI) 1997</td>
</tr>
<tr>
<td>Consultation on proposed amendments to the Nursing and Midwifery Council (NMC) governing legislation to remove statutory midwifery supervision and improve the effectiveness and efficiency of its fitness to practise processes</td>
</tr>
<tr>
<td>Proposed changes to the General Dental Services Regulations (NI) 1993 – references to dental foundation training</td>
</tr>
</tbody>
</table>
The Department has oversight responsibility for the 18 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
- Safeguarding Board for Northern Ireland
- Southern HSC Trust
- South Eastern HSC Trust
- Western HSC Trust
ECNI END NOTES:-

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

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

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

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

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

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

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

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