Public Authority Statutory Equality and Good Relations Duties
Annual Progress Report 2017-18

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

Signature:

This report has been prepared using a template circulated by the Equality Commission. It presents our progress in fulfilling our statutory equality and good relations duties, and implementing Equality Scheme commitments and Disability Action Plans. This report reflects progress made between April 2017 and March 2018.
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 2017-18, 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 last Health Minister, Michelle O’Neill, launched her vision ‘Health and Wellbeing 2026: Delivering Together’ in October 2016 and set out her commitment to develop, design and deliver the building blocks that will enable sustained improvement over the next 10 years. The Minister set out specific actions and target dates, including the following due within this reporting period (April 2017 to March 2018), with appropriate update:

<table>
<thead>
<tr>
<th>Action</th>
<th>Target Date</th>
<th>Update at March 2018</th>
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<tbody>
<tr>
<td>Identify current innovative HSC projects at the local level and develop a rolling programme and implementation plan to scale up these projects across the region.</td>
<td>April 2017</td>
<td>Complete. A programme of innovative projects was agreed at TIG 09 August 2017. Implementation plans are being developed.</td>
</tr>
<tr>
<td>Consult on proposals for the reform of adult social care and support, to consider different approaches to ensuring the long-term sustainability of the adult social care system.</td>
<td>April 2017</td>
<td>Complete. Consultation completed; report of expert panel to be considered by incoming Minister.</td>
</tr>
<tr>
<td>Develop a Workforce Strategy covering all aspects of the HSC workforce, including retention and recruitment; opportunities for introducing new job roles; and up-skilling initiatives.</td>
<td>May 2017</td>
<td>Complete. HSC Workforce Strategy agreed by TIG in December 2017 and was published on 14 Ma 2018.</td>
</tr>
<tr>
<td>Develop a HSC-wide Leadership Strategy, to consider a 5 year approach and plan for development of collective leadership behaviours across our system.</td>
<td>May 2017</td>
<td>Complete. Final strategy agreed August 2017 and was launched on 18 October 2017.</td>
</tr>
<tr>
<td>Bring forward proposals relating to the extension of placement options for Looked After Children.</td>
<td>October 2017 - Now 2021</td>
<td>Consultation on draft strategy for Looked After Children- Improving Children’s Lives – launched 9 May 2018 and will close on 4 July. Five workshops will then be jointly hosted by DE and DOH across NI.</td>
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<tr>
<td>Following the completion and evaluation of a pilot project, roll-out access to the electronic care record (NIECR) to community pharmacists and establish a pilot to test access to the record for independent optometrists.</td>
<td>October 2017 - Now August 2018</td>
<td>A business case is under development for development of a network to give pharmacists the same access to the NIECR as GPs. By May 2018, access to the Northern Ireland Electronic Care Record (NIECR) was made available to a pilot group of independent optometrists, with a view to a wider rollout completed by August 2018.</td>
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<tr>
<td>Bring forward proposals for the location and service specification for Elective Care Centres, and Assessment and Treatment Centres.</td>
<td>October 2017</td>
<td>Complete. Initial phase of work concluded in November 2017 with delivery of the report of the Task and Finish Group.</td>
</tr>
<tr>
<td>Consult on proposals for, and complete design of a new user feedback platform open to all those who both use and deliver our services.</td>
<td>October 2017 - Now March 2019</td>
<td>A specification and business case is under development for the procurement of a Real Time User Feedback System. A task and finish group has been established and it is anticipated a whole system solution will have been agreed by March 2019.</td>
</tr>
<tr>
<td>Expand the range of information and interaction available to citizens online and development of a patient portal for dementia patients.</td>
<td>October 2017 - Now Sept 2018</td>
<td>Delivery date pushed back to Summer 2018 due to delay in deciding on best option for portal supplier. A preferred supplier has yet to be identified and approved by the E-Health and Data Analytics Pathfinder Programme Board.</td>
</tr>
</tbody>
</table>
The Department’s ‘Strategy for Social Work in Northern Ireland 2012 – 2022’ laid the parameters for the development of a more culturally competent social services system, recognising that international immigration in NI is relatively new and the cultures that these new social groups bring with them need to be respected, and individuals treated equally. A culturally competent social work service would aim to reach a balance that both respects all cultures, equality and diversity but also confidently challenges harmful cultural practices and abuse perpetrated by people from different cultures. The Department’s Office of Social Services is leading a focussed programme of work to develop a ‘Framework for Culturally Competent Decision Making in Child Care Social Work’ and, to this end, commissioned a desk top review of academic articles, research and information available in respect of Cultural Competence in Social Work Practice in February 2017. This paper informed discussion at a workshop, on 6 June 2018, to explore with key stakeholders from the system of child care in Northern Ireland and from organisations working with or providing services to families and children from different minority ethnic backgrounds, what is required within the Framework. The workshop is a first step in an engagement process that will provide opportunity for contributions to be made from key stakeholder organisations.

The Department is also in the process of reviewing its Equality Scheme with proposed amendments to better promote equality of opportunity and good relations. The consultation closed on 10 April 2017 and responses are currently under consideration. However, a new Equality Scheme will require Ministerial approval.

The Department also issued draft Equality and Disability Action Plans for consultation on 1 December 2017. Consultation ended on 28 February 2018 and responses are currently under consideration with a view to issuing new Plans for 2018-2023 during 2018.

The Department’s Deliver Together Programme, in collaboration with The Executive Office, continues to develop and promote a series of Deliver Together
lunchtime seminars throughout the year including, for 2017/18:

- Stress Awareness - NI Chest, Heart & Stroke
- Visual Impairment Seminar – Employers for Disability NI
- Diabetes Awareness week - Food Fact vs Food Fiction seminar
- Attention Deficit Disorder - ADD-NI

In addition, staff in the Department’s Equality Unit attended training to ensure up to date knowledge and skills are held within the Department, including:

- Section 49 of the DDA and Disability Action Plans (ECNI)
- Public Sector/S75 Duties – A focus on screening (ECNI)
- Stakeholder engagement event on HSC DAP & EAP (BSO)
- Official Launch of the NICS LGBT Staff Network (NICS)
- Disability Awareness Training – (Disability Action/ ECNI)
- Developing a S75 Evidence Base for Screening (ECNI)

The in-house staff magazine ‘The Pulse’ included articles on Human Rights Training for NICS and ECNI Guidance on Section 75 and Budgets.

2. Please provide **examples** of outcomes and/or the impact of **equality action plans/ measures** in 2017-18 (**or append the plan with progress/examples identified**).

**Autism**

Implementation of the current Autism Strategy is ongoing and a second progress report is due to be prepared later this year (2018). Focus continues to be on managing the ongoing impact of the unprecedented demand for autism assessments and services, using the additional recurrent £2m funding announced by the then Minister in 2016. However, in recognition of the need to restructure how services are delivered to cope with this increased demand in a sustainable way, the HSCB, in consultation with the Department, has been leading on a project to design a new regional model for autism services. This new model 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. Once approved, this model will form the basis of further engagement with other
Departments and stakeholders on future actions under the Autism Strategy.


**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. It has developed an initial draft regional sexual health action plan encompassing both health improvement and services and the priority areas continue to be:

- relationship and sexual education;
- youth development programmes;
- improving public awareness of sexual health;
- improving access and availability of contraceptive and GUM services; and
- HIV/STI prevention – especially in high risk groups such as young people, commercial sex workers and men who have sex with men.

The Public Health Agency also fund 10 MSM Nurse led clinics per year in Ballymena and ‘Satellite Homeless Clinics’ 4 times per year.
The Department is also working with the Health and Social Care Board, the Public Health Agency and the Belfast HSC Trust to determine how PrEP could be provided in Northern Ireland for high risk groups.

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 2017/18, the Department carried out a public consultation on draft regulations to restrict the age of sale for e-cigarettes to persons over the age of 18. The consultation closed on 27 October 2017 and a draft report has been prepared. These regulations, together with regulations to restrict smoking in private vehicles carrying children, will be brought into operation at the earliest opportunity.

Protect Life 2
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 report on the new strategy, Protect Life 2 was issued in February 2017. The revised Strategy is at an advanced stage of drafting and will be presented to the next Minister for agreement and publication.

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 screening process is being undertaken again prior to
publication of the Strategy. Consultation in particular highlighted a requirement for
greater focus on children and young people and this will be reflected in the final
Strategy with associated new initiatives.

Domestic and Sexual Violence and Abuse

The Stopping Domestic and Sexual Violence and Abuse Strategy, published in
March 2016¹, 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.

Underpinning the strategy are annual action plans which will published on the
Department’s website.

A 24 hour Domestic & Sexual Violence Helpline is managed by the Women’s Aid
Federation NI, which is funded by DOJ, DoH, and DfC. During 2016/17 29,657
calls were managed, 93% from women and 7% from men, who identified as victims
of domestic violence. Approximately three hundred of the calls were from BME and
Traveller women.

Service Frameworks

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

Work has continued on the development of a Service Framework for Mental Health
and Wellbeing. 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.

The standards have been developed by the HSCB and will be endorsed by the DoH following a public consultation in the spring of 2018. Health and Social Care Trusts and other delivery partners will implement and report on progress.

Work is underway to finalise the 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 2018.

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. NSD Phase 2 is currently being evaluated and reviewed with a view to developing a successor strategy. In the meantime, the current strategy remains extant.

NSD Phase 2 sets 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. Update Reports outlining progress on tackling alcohol and drug related harm have been produced and published
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. The current short term outcomes are being reviewed in 2018 for implementation from June 2019 until the end of the framework in June 2022.

Relevant reports can be accessed through the Department’s Obesity webpage at: https://www.health-ni.gov.uk/articles/obesity-prevention


The 2017-18 progress report is currently being drafted.

3 Has the application of the Equality Scheme commitments resulted in any changes to policy, practice, procedures and/or service delivery areas during the 2017-18 reporting period? (tick one box only)

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

Equality processes

The Department’s Equality Unit proactively encourages departmental business areas to involve the Unit, and the Department’s Information Research Branch, at

an early stage, ensuring that equality issues are considered early, quality of content is improved and business areas have access to a wide range of relevant data, contributing to a stronger evidence base to assess possible impacts and greater appreciation of the particular needs of the various Section 75 groups within the policy development process.

Equality and Human Rights issues were directly highlighted in the staff magazine ‘The Pulse’ in:
July 2017 – article published on Human Rights training for NICS
Sept 2017 – article published on ECNI guidance on Section 75 and Budgets

A Departmental wide e-mail was also issued in September 2017 signposting staff to updates to the Equality Section in the DoH intranet including Revised Departmental Equality Screening Guidance (September 2017), the ECNI Annual Progress Report (August 2017), and the ECNI Budgets and Section 75: A Short Guide.

The Department’s Equality Scheme is currently under review and responses from the public consultation process will inform a revised Equality Scheme for consideration by a new Minister.

The Equality Unit also carried out a public consultation on a new Equality and Disability Action Plan for 2018-23. All stakeholders who have requested notification via the Department’s consultee list received notification of the consultation.

In addition, the consultation on the Protect Life 2 Strategy highlighted a requirement for greater focus on children and young people and this will be reflected in the final Strategy with associated new initiatives. The screening process is being undertaken again prior to publication of the Strategy.

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

Please provide any details and examples:
Equality considerations continue to influence policies across all the functions of the Department. Equality screenings issued for comment with consultations carried out in 2017/18, include:-

- Continuing Healthcare in Northern Ireland: Introducing a Transparent and Fair System

- Changes required to the passporting of individuals to Help with Health Costs as a result of the introduction of Universal Credit

- Regulations Restricting the Age of Sale for Nicotine Inhaling Products to Over Eighteens

- Ionising Radiation (Medical Exposure) Regulations (NI) 2018

- Consultation on a draft “Strategic Framework for Imaging Services in Health and Social Care”

- Revised Service Framework for Mental Health and Wellbeing 2018-2021

As noted in Q3 above, a greater focus on children and young people will be reflected in the final Protect Life II Strategy with associated new initiatives.

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

- As a result of the organisation’s screening of a policy (please give details):
  
  The Department’s commitment and awareness raising iro S75 ensures that all policies are screened at an early stage ensuring equality issues are considered and form part of the policy/decision making process.

- As a result of what was identified through the EQIA and consultation exercise (please give details):
  
  As at Q's 10-11, the Department is actively engaging relevant parties through the process of pre-engagement and involvement of key stakeholders prior to formal consultation, including for 2017/18 on:
  
  - Draft Strategy for Looked After Children which included extensive pre-engagement with a wide range of key stakeholders and children and
young people who would be affected.

- Establishment of a service user and carer reference group to influence the new model of primary care services.
- A virtual reference group to contribute to the development of a Mental Capacity Act (NI) Code of Practice and associated regulations.

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:

Protect Life 2 monitoring will commence once the final strategy is published (requires Ministerial approval) and will include, in particular, impacts identified on children and young people.

In respect of the Tobacco Strategy, the Health survey NI 2016/17 (published in October 2017) captures information from a large sample of adults aged 16 and over on current smoking prevalence and e-cigarette use. The Young Person’s Behaviour and Attitude Survey 2016, published in June 2017, reported on smoking prevalence and e-cigarette use among 11-16 year olds in Northern Ireland. Both surveys include information broken down by gender and deprivation quintile which can be used to inform future policy development.

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

As listed at 3(a) a number of consultations which could impact on services took place including:

- Proposals to reform the continuing healthcare policy in Northern Ireland to achieve an outcome which ensures that there is a transparent and fair system in place for all individuals who may or may not have a continuing
healthcare need.

- Changes required to the passporting of individuals to help with Health Costs as a result of the introduction of Universal Credit which proposed changes to eligibility criteria for exemption from dental and ophthalmic costs and the remission of costs for travelling to and from hospital on referral following the introduction of Universal Credit.

- Consultation on a draft “Strategic Framework for Imaging Services in Health and Social Care” which proposes a number of important recommendations aimed at ensuring imaging services remain safe, effective and sustainable in the long term.

**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 Disability and Equality Action Plans for 2018-23, the Looked After Children Strategy, potential models of multi-disciplinary teams in primary care, and a Code of Practice for the Mental Capacity Act (NI) 2016. More details can be found under Q10.
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 2017-18 reporting period? (tick one box only)

☐ Yes, organisation wide

☒ Yes, some departments/jobs

☐ No, this is not an Equality Scheme commitment

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

☐ Not applicable

Please provide any details and examples:

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

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

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

☐ Yes, organisation wide

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

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

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

In the 2017-18 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 2017-18 report

☐ Not applicable

Please provide any details and examples:

Business Plan

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

The Business Plan for 2017/18 reflected a range of objectives and targets to achieve the overarching outcome ‘We Enjoy Long, Healthy, Active Lives’ including measures within the EAP for example, on Protect Life II and the Looked after Children Strategy.

The Executive Office’s Outcomes Delivery Plan (published in June 2018) includes actions for 2018-19 to give effect to the previous Executive’s objective of ‘Improving wellbeing for all – by tackling disadvantage and driving economic growth’. DoH is specifically named as part of the Outcome Team for:

- Outcome 3: We have a more equal society
- Outcome 4: We enjoy long, healthy, active lives
- Outcome 8: We care for others and we help those in need
- Outcome 12: We give our children the best start in life.

The Business Plan cascades down through the Department and is reflected as appropriate in each business area’s own plans. For example, the annual business plan for the Corporate Management Directorate references the role of the Equality and Human Rights Unit to provide advice relating to the compliances with statutory equality obligations of equality and implementation

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of the Department’s Equality Scheme and collation of inputs into other Equality related strategies.

In addition, the Business Plan includes an action for the Department to hold Arm’s Length Bodies (ALBs) to account for the manner in which they govern themselves and the extent to which they deliver on Ministerial priorities.

Equality action plans/measures

7 Within the 2017-18 reporting period, please indicate the number of:

| Actions completed: | 3 | Actions ongoing: | 18 | Actions to commence: | x |

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 Maternity Strategy Implementation Group (MSIG) 2014 scoping report examining the maternity needs of Black & Minority Ethnic (BME) women in Northern Ireland was used as the basis for a proposal for a specialist midwifery service for vulnerable groups of minority ethnic and migrant women. This was approved by MSIG at the October 2015 meeting and funding is currently being sought from the Department.

Work has also been carried out to scope a pathway to improve pre-conceptual and antenatal care for women with epilepsy to improve outcomes for mothers and babies. As of October 2017, funding has been allocated by HSCB for BHSCT to provide an enhanced regional service. BHSCT are currently recruiting for the additional resource that this funding supports.

Work is also ongoing to enhance care for pregnant women with diabetes. The Diabetes in Pregnancy Sub Group (of the Diabetes Framework Project) is currently refreshing the assessment of needs for women with diabetes in pregnancy.
A subgroup of MSIG has been working on a postnatal care pathway which will set out the baseline visiting profile that women will get, which will be increased as need be, depending on the needs of individual women.

Protect Life 2 will continue to have a focus on men given continued higher rates of suicide. The Change Your Mind anti-stigma programme has a particular focus on men. A range of programmes are also delivered through Protect Life that focus on men including counselling; promotion of mental health through sports and the arts; resilience programmes and initiatives for young men. The Lifeline helpline has also targeted men through awareness raising programmes.

Work is progressing on implementation of the Mental Capacity Act (NI) 2016. A draft Code of Practice and draft regulations have been developed in conjunction with over 300 stakeholders, along with a supplementary booklet of scenarios to support understanding. Full implementation of the Act is; however, subject to political will and resources. As such, no formal date for commencement has been set.

The HSC has continued to focus during 2017/18 on managing the impact of an unprecedented increase in demand for autism services, utilising the additional investment secured in 2016 and pending the approval and implementation of a new regional service model developed by the HSCB. It is intended that this new regional service model will form the basis of further engagement with other Departments and stakeholders on future actions under the Autism Strategy. The Department of Health remains committed to securing improved outcomes for people with autism and their families in line with the Autism Act and Strategy and other key policy drivers, including Health and Wellbeing 2026 Delivering Together and the draft Programme for Government.

Mental Health services continue to be delivered in line with the Regional Mental Health Care Pathway “You in Mind” (launched 2014) which focuses on involving the people who use the services in designing, developing and delivering services. People with lived experience of mental illness are now actively involved in the commissioning and delivery of mental health services across the
region through initiatives such as Recovery Colleges and Peer support roles.

The Bamford Action Plan provided a commitment that all long stay patients from mental health hospitals, who did not require inpatient hospital treatment, would be resettled to enable them to live independently and safely in the community. 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 21 remain to be resettled at 31 March 2018. 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.

During 17/18, a number of smoking cessation clinics have been brought to workplaces and to healthy living centres in order to make them more accessible to routine and manual workers. The routine and manual worker group continues to be a priority group and continued efforts have resulted in a drop in prevalence rates from 34% in 2010/11 to 28% in 2016/17. (Please note that the figures relating to routine and manual occupations are provisional and may be subject to revision.)

During 2017/18, reducing the use of mixed gender accommodation (MGA) has been a regional priority for the Patient and Client Experience Steering Group. All HSC Trusts have developed a policy for the provision of Safe and Effective Care and Treatment in MGA and have processes in place to monitor occurrences of mixed gender accommodation. Since the DoH guiding principles for provision of Safe and Effective Care and Treatment in MGA were issued, the PHA have engaged with HSC Trusts to review the current processes for MGA, agree operational definitions, and develop a regional monitoring template for reporting occurrences using improvement methodology focusing on a small number of wards per hospital site, in the first instance. The reduction of MGA will continue to be a priority throughout 2018/19.
The short term outcomes of the Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012-2022: A Fitter Future for All are being revised for implementation from 2019-2022. It is likely that consideration will continue to be given to all groups. Recording the prevalence of Obesity in the Black Minority Ethnic population specifically is not currently possible by NISRA as the numbers are too small in NI to provide for a robust sample.

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

No amendments were made during the 2017-18 year as a new EAP was developed and issued for consultation. However, actions continued to be progressed, as detailed at (7) above, and including help to address delays in assessment, diagnosis and intervention for those people with autistic spectrum disorder where there has been a significant increase in the number of assessments carried out in each HSC Trust, with Trusts increasing their capacity through a combination of new posts, overtime and additional hours. However, demand continues to rise and it is acknowledged that service reform is required in order to make sustainable improvements in the waiting list position for both assessment and intervention.

9 In reviewing progress on the equality action plan/action measures during the 2017-18 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, as above on autism spectrum disorder, and, as detailed elsewhere in the Annual Progress Report:
  
  - on the Mental Capacity Act – development of a draft Code of Practice and regulations.
  - Initiatives and programmes under Protect Life II.
• Roll out of smoking cessation clinics.
• Prioritisation of reducing the use of mixed gender wards.

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

☑ The final Protect Life 2 Strategy will reflect a greater focus on children and young people, a need identified during consultation.

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

A new Equality Action Plan was developed and issued for consultation during 2017/18. Stakeholder comments will influence the final Plan which is due to issue in 2018.

During 2017/18 the Health and Wellbeing 2026: Delivering Together programme continued to meet targets as set out in Section 1.1.

☑ Measures to address a prioritised inequality have been completed

Guidance to assist the HSC services in the practical implementation of The Provision of Health Services to Persons Not Ordinarily Resident Regulations, which defines entitlement of visitors to NI (including migrants) to accessing health services here, is due to be published summer 2018.

A number of actions set out in the ‘Health and Wellbeing 2026: Delivering Together programme’ have been completed, see Section 1.1.

The Regional Mental Trauma Network, to comprehensively address the legacy of the conflict and address unmet mental health needs, has been established and continues to be developed. Clinicians are being trained and work is ongoing to recruit additional therapists to build capacity of the health and social care elements of the Network, which will work alongside the community and voluntary sector to meet the mental health needs of the population suffering from mental trauma.
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 and targeted stakeholder engagement held on:

- The draft Looked After Children Strategy, including:
  - Preliminary face to face meetings were held with key stakeholders such as children and young people, parents and carers;
  - Editorial discussions were held with HSC social care commissioners, social workers, OGDs (other government departments), clinicians, NIGALA (NI Guardian Ad Litem Agency) and Education officials working collaboratively on the draft strategy;
  - Editorial discussions with foster carers and adoptive parents;
  - VOYPIC facilitated a workshop with children and young people to review key principles, actions and format of the draft strategy;
  - Include Youth facilitated workshops with older young people in the Juvenile Justice Centre to review key principles, actions and format of the draft strategy;
  - The draft strategy was shared with voluntary and community organisations to take views and link with ongoing work in their respective areas;
  - The draft strategy was shared with NIHRC, the Children’s Commissioner, Children’s Law Centre and academics who agreed to assist in the process as “critical friends”;
  - Collaborative working with statistical colleagues throughout on the OBA approach and development of indicators to ensure the link was maintained with draft PfG ethos;
  - Engagement with the Centre for Effective Services as part of the Goal project to ensure link was maintained with development of the NI
Executive’s draft Children and Young People’s Strategy and support provided on indicator development;

- Participated in a workshop with colleagues from the South on the OBA approach as part of Goal project.

The draft Strategy launched for formal consultation on 9 May 2018 and closed on 4 July. A range of public and invitational workshops have been arranged across a range of venues in NI - in locations such as Belfast, Strabane, Antrim, Bangor and Craigavon. Specific workshops with children and young people are being facilitated on our behalf by VOYPIC, Fostering Network, MACs, Start360 and Include Youth.

- The potential models of multi-disciplinary teams in primary care (under the Transformation Programme) - A Primary Care MDT (Multi-Disciplinary Team) workstream was set up to support the development of new models of primary care to ensure there are multi-disciplinary teams with the right mix of skills focussed on the patient. Research continues into potential models of multi-disciplinary teams in primary care with ongoing engagement with a wide range of stakeholders. A MDT workshop ‘Planning Together the Future of Primary Care’ was held on 7 June 2017.

A service user and carer reference group has been established and the first meeting took place on 27 September 2017. The group’s role will be to bring a service user/carer perspective as well as inputting to the proposals for the new model of primary care services. It will also support wider engagement with these crucial stakeholder groups.

- Mental Capacity Act (NI) 2016 Code of Practice - A virtual reference group was established, consisting of over 300 stakeholders, to contribute to the development of the MCA (NI) Code of Practice and associated regulations. The virtual reference group was sent each of the draft chapters of the Code as it was written, for detailed comment, and also received a full draft for comment in April 2017. A number of meetings with stakeholders were also held throughout the year to discuss the Code, and the Department also presented at a number of events to further understanding of the MCA (NI)
and inform stakeholders about the development of the Code of Practice.

➢ Review of Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and underpinning policy - A PPI reference group established to assist with the development of an Engagement Strategy. Meetings took place from September 2017 to February 2018 which both agreed the Engagement Strategy and designed a magazine-styled document explaining the policy issue in a way which could be more easily understood by the general public and interested parties.

Pre-engagement meetings also took place with COPNI and a group of families with relatives in residential/nursing homes.

Please provide any details and examples of good practice in consultation during the 2017-18 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 the early pre-engagement with relevant S75 groups, for example, the Adoption and Children Bill (consultation ended 28 April 2017) included engagement events and workshops hosted by the HSCB, HSCTs and voluntary stakeholder groups. There was specific engagement with foster parents, adoptive parents and kinship carers. VOYPIC facilitated events with care experienced children and young people, and Barnardos undertook, on the Department’s behalf, specific consultation with care experienced children with disabilities. A children and young people’s version of the consultation document was produced and Fostering Network NI helped to develop a questionnaire to seek views of foster parents and the children and young people in their care.

Policy leads are encouraged to publish their draft/provisional screening with the consultation documents and these can be found with the consultation documents at: https://www.health-ni.gov.uk/consultations All screening
documents issued in 2017/18 included the 4 specific equality and human rights questions.

Where appropriate the inclusion of easy read versions are included. For 2017/18 easy read versions were produced for the Revised Service Framework for Mental Health and Wellbeing 2018-2021 and the Draft Disability Action Plan and Equality Action Plan.

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

12

In the 2017-18 reporting period, given the consultation methods offered, which consultation methods were most frequently used by consultees: (tick all that apply)

- [x] Face to face meetings
- [x] Focus groups
- [x] Written documents with the opportunity to comment in writing
- [x] Questionnaires
- [x] Information/notification by email with an opportunity to opt in/out of the consultation
- [ ] Internet discussions
- [ ] 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 September 2017 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.

The Looked After Children Strategy included face to face meetings, editorial discussions and workshops.

The potential Models of Multi-Disciplinary Teams in Primary Care included a MDT workstream and a service user and carer reference group.

A virtual reference group contributed to the Mental Capacity Act Code of Practice.

The Review of HSS (Quality, Improvement and Regulation) (NI) Order 2003 established a PPI reference group to assist with development of an engagement strategy.

More details on the above can be found under Q10.

13 Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2017-18 reporting period? (tick one box only)

☐ Yes ☐ No ☐ Not applicable

Please provide any details and examples:

Public consultation on a proposed new Equality Scheme was carried out, ending in April 2017. The consultation was published on the Department’s
website, all stakeholders on the Departmental consultation list were notified and the consultation was announced on the Department’s Twitter site.

14 Was the consultation list reviewed during the 2017-18 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 2017/18 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.

**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)*:

- 75

In line with Equality Scheme commitments the Department publishes completed screenings on its website on a quarterly basis. Completed screenings for 2017/18 can be found at: [https://www.health-ni.gov.uk/doh-equality#toc-4](https://www.health-ni.gov.uk/doh-equality#toc-4)

The vast majority of these (72) relate to guidance produced by the National Institute for Health and Care Excellence (NICE).
PART A

16  Please provide the number of assessments that were consulted upon during 2017-18:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Policy consultations conducted with screening assessment presented. *A further 3 consultations included information to inform an equality screening.</td>
</tr>
<tr>
<td>0</td>
<td>Policy consultations conducted with an equality impact assessment (EQIA) presented.</td>
</tr>
<tr>
<td>0</td>
<td>Consultations for an EQIA alone.</td>
</tr>
</tbody>
</table>

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

Consultations carried out in 2017/18 are published on the Departmental website at: [https://www.health-ni.gov.uk/consultations](https://www.health-ni.gov.uk/consultations)

Consultations including an equality screening were carried out on:

- Continuing Healthcare in Northern Ireland: Introducing a Transparent and Fair System
- Changes required to the passporting of individuals to Help with Health Costs as a result of the introduction of Universal Credit
- Regulations Restricting the Age of Sale for Nicotine Inhaling Products to Over Eighteens
- Ionising Radiation (Medical Exposure) Regulations (NI) 2018
- Consultation on a draft “Strategic Framework for Imaging Services in Health and Social Care”
- Revised Service Framework for Mental Health and Wellbeing 2018-2021

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
- [x] No
- [ ] Not applicable
Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)

19 Following decisions on a policy, were the results of any EQIAs published during the 2017-18 reporting period? *(tick one box only)*

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

Please provide any details and examples:

No EQIAs were carried out in 2017/18; however, details of screening reports are published quarterly including a statement of the aim of the policy and the screening decision.

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

20 From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2017-18 reporting period? *(tick one box only)*

- [ ] Yes
- [x] 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 Public Health 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.

The Department has undertaken two Inpatient Patient Experience Surveys, 2014 and 2017. The following classificatory variables are captured as part of the survey; however the same difficulty as outlined for the health survey applies to the inpatient surveys: sex, age-group, ethnicity, religion, marital status, limiting long-standing illness, caring responsibility, and sexual identity.

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

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

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

Please provide any details and examples:

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 2017/18 information included:

**Health Inequalities**

The 2018 regional Health Inequalities Annual Report⁴ was published in February 2018. The annual publication is one of a series of reports produced as part of the NI Health & Social Care Inequalities Monitoring System (HSCIMMS) and presents a comprehensive analysis of health inequality gaps between the most and least deprived areas of NI and within HSC Trust and LGD areas, across a range of health indicators. Areas

covered include life expectancy, alcohol, smoking and drug related indicators, premature mortality and mental health.

Health Survey

The “Health Survey (NI): First Results 2016/17”\(^5\) covered the period April 2016 to March 2017 and was published in October 2017. The annual survey included questions relating to general health, mental health and wellbeing, loneliness, social support, obesity, smoking, drinking, social care, care in the sun, and physical activity. A random sample of 5,850 addresses across Northern Ireland was selected for interviewing. The final achieved sample was 3,888 individuals. The response rate for the survey was 59%.

Making Life Better

The Making Life Better Indicators which monitor the wider social determinants of health and well-being were updated in 2017 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 2017-18 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, see website links under Q23 below. The Health Inequalities Annual Report 2018⁶ is a new annual publication and is one of a series of reports produced as part of the NI Health & Social Care Inequalities Monitoring System (HSCIMS). The Report presents a comprehensive analysis of health inequality gaps between the most and least deprived areas of NI, and within Health & Social Care (HSC) Trust and Local Government District (LGD) areas across a range of indicators. This report replaces the previous separately published biennial regional and sub-regional health inequalities reports and is an accompaniment to the 2017 Public Health NI Fact Sheet. While the 2017 Public Health NI Fact Sheet presented the latest statistics at NI, HSC Trust and Local Government District levels for a range of public health outcome statistics, this report provides a more detailed assessment of the associated trends and health inequalities gaps. The report is accompanied by downloadable data tables which contain all figures, including urban and rural breakdowns.

Specifically, implementation of the Autism Strategy has identified, and is managing, the impact of an unprecedented increase in demand for autism services. It is intended that the new regional service model will form the basis of further engagement with other Departments and stakeholders on future actions.

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 and reports that have contributed to the availability of equality and good relations information/data for service delivery planning or policy development include statistics and reports on health inequalities,

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lifestyle choices and behaviour, and autism. Statistics and reports are listed on the Departmental website at:

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

**Staff Training (Model Equality Scheme Chapter 5)**

24 Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2017-18, and the extent to which they met the training objectives in the Equality Scheme.

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

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

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

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 included
under the Deliver Together Programme. During 2017/18 seminars included Stress Awareness, Visual Impairment, Diabetes Awareness and Attention Deficit Disorder. In 2017 a total of 212 staff across the Department attended 11 lunchtime seminars.

The in-house DoH publication ‘The Pulse’ periodically promotes the role of the Diversity Champion and the Disability Working Group and provides information on relevant issues and events including upcoming lunchtime seminars. The April 2018 edition also included a copy of the NICS Diversity Calendar for the 1st quarter of 2018/19 raising awareness of:

**April**
- Lesbian Visibility Day
- Autism Awareness Month / Alcohol Awareness Month / Stress Awareness Month

**May**
- World Ovarian Cancer Day
- Mental Health Awareness Week
- Deaf Awareness Week
- International Day of Homophobia, Transphobia and Bio-phobia
- World Day of Cultural Diversity, Dialogue and Development
- Mental Health Awareness Month / Foster Care Month

The Diversity Calendar, and relevant events, will be published in all subsequent editions.

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

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

- ECNI Section 49 of the DDA and Disability Action Plans training
- ECNI Public Sector/S75 Duties – A focus on screening
- HSC (BSO organised) stakeholder engagement event on DAP & EAP
- Official Launch of the NICS LGBT Staff Network
PART A

- ECNI Disability Awareness Training (taken by Disability Action)
- ECNI – Developing a S75 Evidence Base for Screening
- Belfast City Council Diverse City Events – Irish Cultural and Linguistic Experience

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

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

26 Please list any examples of where monitoring during 2017-18, 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 2017/18 there were 114,382 (106,541 in 2016/17) requests for the top 20 languages. 47.27% of the requests were in the Southern Trust area. 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 Northern Ireland who have a physical, communication or sensory disability. The implementation of the Action Plan has been extended until the end of September 2018 when it will come to an end and the actions will either be implemented or have been allocated to the relevant groups to oversee and continue with the implementation of the actions within this plan.
Complaints (Model Equality Scheme Chapter 8)

27 How many complaints in relation to the Equality Scheme have been received during 2017-18?

Insert number here: 0

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

Section 3: Looking Forward

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

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

The Scheme issued for public consultation in January 2017 with a closing date for responses by 10 April 2017. Consultation responses are currently under consideration and a draft Equality Scheme will be put to a new Minister, when appointed, for approval.

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

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

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

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

- Completion of a revised Equality Scheme (dependent on appointment of a Minister);
PART B - Section 49A of the Disability Discrimination Act 1995 (as amended) and Disability Action Plans

1. Number of action measures for this reporting period that have been: 7

<table>
<thead>
<tr>
<th>Fully achieved</th>
<th>Partially achieved</th>
<th>Not achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>7</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Level &amp; DAP (2012-17) reference</th>
<th>Public Life Action Measures</th>
<th>Outputs$^i$</th>
<th>Outcomes / Impact$^{ii}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>National $^{iii}$ DAP (21)</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.</td>
<td>Expanding our outreach with people with disabilities, encouraging more people with disabilities to apply for our Public Appointment competitions, and ensuring equality of opportunity for people with a disability in applying for public life appointments.</td>
</tr>
</tbody>
</table>
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.

The Department is operating a Guaranteed Interview Scheme (GIS) for its public appointment competitions. The GIS has been developed for applicants with disabilities or those with long term impairment or a health condition that is expected to last for at least 12 months. In these instances, provided that the applicant has demonstrated in his/her application form that he/she has met the criteria for the post being applied for, the applicant will be offered a guaranteed interview. The applicant does not have to have a registered disability to apply and have their application considered under GIS.

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.
<p>| National&lt;sup&gt;iv&lt;/sup&gt; | The NICS Disability Working Group report on recruitment, career development and management support for disabled candidates and employees was approved by Permanent Secretaries Group in May 2017. NICS HR alongside the Disability Working Group are now in the process of implementing the recommendations of the report. DoH is represented on the Disability Working Group. | Targeting issues on recruitment, career development and management support for disabled staff and candidates. |
| DAP (19) |  |  |
| National&lt;sup&gt;iv&lt;/sup&gt; | The Department was involved in arrangements for the first NICS Job Shadowing Day in April 2018. While the initiative was very successful, offers outstripped demand and no applicants were allocated to the Department. Feedback will inform next year with the aim of increasing number of applicants. | To create the NICS workforce we want for the future by offering experience in the workplace for people with disabilities and staff. |
| DAP (19) |  |  |
| Regional&lt;sup&gt;vi&lt;/sup&gt; | 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 2017/18 was 75, the vast majority which were NICE. There were no EQIAs necessary in the 2017/18 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 | The Department uses the tools of screening and equality impact assessment to assess the likely impact of a policy on the promotion of equality of opportunity, good relations, disability and human rights. |
| DAP (16) |  |  |</p>
<table>
<thead>
<tr>
<th>Local vii</th>
<th>DAP (17/20)</th>
<th>’Practical guidance on equality impact assessment (February 2005)’.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To participate in public life through effective pre-engagement and consultation with affected individuals and representative groups.</td>
<td>When organising meetings /events considerations are given to the time of day, appropriateness of the venue, in particular whether it can be accessed by those with disabilities, how the meeting is to be conducted, the use of appropriate language, whether a signer and/or interpreter is necessary, and timing considerations around childcare and other caring responsibilities. Specific consideration was given as to how best to communicate with children and young people, people with disabilities and, in particular, people with learning disabilities. Where appropriate, easy read and young person’s format was made available. Alternative formats, which may include Braille, audio formats (CD, mp3 or DAISY), and large print, will be provided in a timely fashion, usually within 20 working days.</td>
</tr>
<tr>
<td></td>
<td>Ensuring accessibility and format of consultation methods in order to remove barriers to the consultation process</td>
<td></td>
</tr>
</tbody>
</table>
2(b) What **training action measures** were achieved in this reporting period?

<table>
<thead>
<tr>
<th>Training Action Measures</th>
<th>Outputs</th>
<th>Outcome / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAP (1)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To promote awareness and understanding of difficulties faced by people with a disability and to ensure staff have the necessary skills to help promote a culture of positive attitudes.</td>
<td>Refresher diversity training by e-learning completed by all staff every 3 years, and for staff new to the NICS. 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 2017/18 reporting period, including Stress Awareness, Visual Impairment, Diabetes Awareness and Attention Deficit Disorder. In 2017 a total of 212 staff across the Department attended 11 lunchtime seminars. The in-house DoH publication ‘the Pulse’ periodically promotes the role of the Diversity Champion, the Racial Champion and the Disability Working Group to provide information on relevant issues and events and notifies staff of upcoming lunchtime seminars. From April 2018 each edition will also include a copy of the NICS Diversity Calendar for the upcoming quarter and highlight any relevant events.</td>
<td>All staff have current training and awareness sessions on diversity/ disability related issues.</td>
</tr>
<tr>
<td><strong>DAP (1)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DoH is represented on the NICS Diversity Champions network, who meet quarterly, and activities include promotion and awareness measures, the development of targeted training and carrying out research on specific areas where there is little attitudinal information available. The Network is progressing many issues including the NICS People Strategy, Trans-gender Guidance and development of a Gender Action Plan.</td>
<td></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>
</tr>
<tr>
<td>DAP</td>
<td>Service Framework for</td>
<td>The framework has 34 standards which are being progressed and monitored since the launch in 2015. A</td>
</tr>
</tbody>
</table>
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</strong> (20)</td>
<td>Publications will be translated and made available in other formats on request or as appropriate for example Braille, audio, large print as requested. No requests for alternative formats were made in 2017/18; however, the consultation documents for the Equality Action Plan and Disability Action Plan, and the ‘Power to People’ Report published in December 2018, were produced in easy read format. Service users able to access information in their preferred format.</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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation of the Autism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy (2013-20) and Action</td>
<td></td>
<td></td>
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<tr>
<td>Plan (2013-16)</td>
<td></td>
<td></td>
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<tr>
<td>Implementation of the current</td>
<td></td>
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<tr>
<td>strategy is ongoing and a second</td>
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<tr>
<td>progress report is due to be</td>
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<tr>
<td>prepared later this year (2018).</td>
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<tr>
<td>The HSC has continued to focus</td>
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<tr>
<td>during 2017/18 on managing the</td>
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<tr>
<td>impact of an unprecedented increase in demand for autism services, utilising the additional investment secured in 2016 and pending the approval and implementation of a new regional service model developed by the HSCB. Implementation of the strategy has been overseen and monitored by the cross-Departmental Autism Strategy Implementation Senior Officials Group.</td>
<td></td>
<td>To improve the lives of autistic people and their families and carers.</td>
</tr>
<tr>
<td><strong>DAP (16)</strong></td>
<td></td>
<td></td>
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<tr>
<td>Inclusion of a section on the</td>
<td></td>
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<tr>
<td>Disability Duties within the</td>
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<tr>
<td>Department’s screening template.</td>
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<tr>
<td>The Department’s screening</td>
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<tr>
<td>template continues to include a</td>
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<tr>
<td>section on the Disability Duties.</td>
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<tr>
<td>The Department was also</td>
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<td>represented on the ECNI Improving</td>
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<tr>
<td>Screening Practices Forum.</td>
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<td><strong>DAP (14)</strong></td>
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<tr>
<td>Speakers will be invited to</td>
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<tr>
<td>address the Equality &amp; Human</td>
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<tr>
<td>Rights Steering Group (EHRSG).</td>
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<tr>
<td>Minutes are kept and action</td>
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<tr>
<td>points monitored. The EHRSG met</td>
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<td></td>
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<tr>
<td>3 times in 2017/18 and included</td>
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<tr>
<td>discussions on implementation of</td>
<td></td>
<td></td>
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<tr>
<td>the Rural Needs Act (NI) 2016,</td>
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<tr>
<td>Equality and Disability Action</td>
<td></td>
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<tr>
<td>Plans, the Regional Physical and</td>
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<tr>
<td>Disability Strategy and</td>
<td></td>
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<tr>
<td>interpreting and translation</td>
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<tr>
<td>services. A representative from</td>
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<tr>
<td>BSO Legal Services attended to</td>
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<td>raise awareness of alleged</td>
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<td>discrimination in the provision</td>
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<tr>
<td>of health and social care</td>
<td></td>
<td></td>
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<tr>
<td>services.</td>
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<tr>
<td>The forum brings together the EHR leads in the Health &amp; Social Care sector. Engagement across the sector and guest speakers keep the group appraised of current Section 75 issues, including disability, while encouraging the promotion of the disability duties.</td>
<td></td>
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</tr>
</tbody>
</table>
2 (e) Please outline any additional action measures that were fully achieved other than those listed in the tables above:

<table>
<thead>
<tr>
<th>Action Measures fully implemented (other than Training and specific public life measures)</th>
<th>Outputs</th>
<th>Outcomes / Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAP (13)</strong> To ensure accountability and assurance as part of the Department’s Business Planning process.</td>
<td>The Department will annually ensure, through steps in the assurance and accountability framework that all ALBs discharge their disability duties.</td>
<td>Management oversight of Arm’s Length Bodies (ALB) governance and performance will enable monitoring of ALB compliance with the Disability Duties with sponsor branches responsible for ensuring ALB address issues of concern at the Accountability Review.</td>
</tr>
<tr>
<td><strong>DAP (7)</strong> Establishment of a Regional Mental Trauma Network (previously Mental Trauma Service)</td>
<td>The Regional Mental Trauma Network has been established and continues to be developed. Clinicians are being trained and work is ongoing to recruit additional therapists to build capacity of the health and social care elements of the Network, which will work alongside the community and voluntary sector to meet the mental health needs of the population suffering from mental trauma.</td>
<td>To comprehensively address the legacy of the conflict and address unmet mental health needs.</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 viii / 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 2018/23</td>
<td>Pre-consultation engagement commenced in October 2016 with formal consultation ending on 28 February 2018. 10 consultation responses were received and are currently under consideration prior to finalisation of Action Plan.</td>
<td>To promote positive attitudes towards disabled people; and encourage participation by disabled people in public life.</td>
<td>The current DAP was extended following discussions with the Health and Social Care Trusts (HSCT) and in line with the principles of inclusion, collaboration and partnership working. The intention is to produce a more collaborative/outputcomes based DAP for 2018-2023.</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 September 2018 when it will come to an end and the actions will either be implemented or have been allocated to the relevant groups to oversee and continue with the implementation of the actions within this plan.</td>
<td>To achieve improved outcomes, services and support for people in Northern Ireland who have a physical, communication or sensory disability.</td>
<td></td>
</tr>
<tr>
<td><strong>DAP (3)</strong> Inter-departmental Review of Housing Adaptations Final Report and Action Plan 2016</td>
<td>Consultation closed on 19 April 2016 with Final Report and Action Plan drafted.</td>
<td>To help people with disabilities to remain at home and enhance their much valued independence.</td>
<td>The Final Report and Action Plan are still awaiting Ministerial approval and clearance by an NI Executive. Due to the current political situation this has not</td>
</tr>
<tr>
<td>DAP (8)</td>
<td>Mental Health Policy &amp; Service Delivery</td>
<td>Mental Health services continue to be delivered in line with the Regional Mental Health Care Pathway “You in Mind” (launched 2014) which focuses on involving the people who use the services in designing, developing and delivering services. People with lived experience of mental illness are now actively involved in the commissioning and delivery of mental health services across the region through initiatives such as Recovery Colleges and Peer support roles.</td>
<td>To improve the provision of mental health and psychological therapies services with 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, specialist services, and increased focus and resource on physical needs of people with mental ill-health over the period of this plan. More crisis support, and help for carers of people with mental health issues, acting on the findings of the Bamford evaluation, over the period of this plan.</td>
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<tr>
<td><strong>DAP (9)</strong></td>
<td><strong>The development of a Service Framework for Mental Health and Wellbeing</strong></td>
<td><strong>Public consultation commencing April 2018.</strong> Standards reflecting the agreed way of providing care</td>
<td><strong>Setting out the standards of care that individuals, carers and wider family can expect to receive</strong></td>
</tr>
<tr>
<td><strong>DAP (10)</strong></td>
<td>Learning Disability Policy &amp; Service Development</td>
<td>The draft Bamford evaluation report and recommendations remain subject to Executive approval. Pending this, work is to be commenced on the development of a new service model that will seek to respond to current challenges facing learning disability services here and wider strategic developments in health and social care policy.</td>
<td>To improve the lives of people with a learning disability and their families and carers</td>
</tr>
<tr>
<td><strong>DAP (11)</strong></td>
<td>Development of a Service Framework for Children and Young People</td>
<td>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</td>
<td>The overall aim is to improve the health and wellbeing of children and young people, including children with a disability.</td>
</tr>
</tbody>
</table>
4. Please outline what action measures **have not been achieved** and the reasons why.

<table>
<thead>
<tr>
<th>Action Measures not met</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td><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 are no longer 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)*
- 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 2018. Regular reports are provided by the Health & Social Care Board (HSCB) to the Department highlighting progress of the actions.
- Implementation of the Autism Strategy has been overseen and monitored by the cross-Departmental Autism Strategy Implementation Senior Officials Group.
- 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 was published in February 2018 with input from the four UK Health Departments: [https://www.gov.uk/government/publications/uk-rare-disease-policy-board-second-progress-report](https://www.gov.uk/government/publications/uk-rare-disease-policy-board-second-progress-report)
- Service Frameworks include commitments for monitoring and reporting.
- 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 collects information on the involvement of people with disabilities in public appointments and provides to The Executive Office for inclusion in the annual report on 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>The Department’s Disability Action Plan was reviewed and extended to March 2017. A new DAP has been developed and issued for public consultation.</td>
<td>A new Disability Action Plan is being prepared for 2018-23.</td>
<td>Consultation commenced 1 December 2017, ending 28 February 2018 and responses are currently under consideration.</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?

No, a new Disability Action Plan is being developed for 2018/23. Depending on responses to the consultation on the new Plan, there may be revisions to the published draft.
Appendix 1

The Department has oversight responsibility for the 17 arm’s length bodies which, together, make up the health, social care and public safety system.

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

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.

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

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

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

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