



Health and
Social Care

Equality and Disability Action Plans 2018 - 2023

Consultation Outcome Report



March 2018

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Acknowledgement

We would like to extend our sincere appreciation to everyone who participated in the pre-consultation event in January 2017 and to all who helped shape the draft plans. The Trusts also wish to thank all those who provided considered responses during the public consultation phase. Your valuable contributions have helped to shape the final plans. In the true spirit of partnership working, co-production and co-design we look forward to working with the Section 75 groups in seeking to implement the measures in our plans.

Alternative Formats

Some people may need this information in a different format for example, a minority language, Easyread, large print, Braille or electronic formats. Please let us know what format would be best for you. Contacts on Page 16

1 Introduction and background

The five Health and Social Care (HSC) Trusts and the Northern Ireland Ambulance Service have concluded their public consultation on their draft regional equality and disability action plans. These plans set out the actions we proposed to take forward collaboratively over the next five years.

This consultation ran from 7th August to 7th November 2017. At the same time we also consulted on our respective local plans.

During the consultation period, consultees were invited to respond to the draft plans to ensure that the measures identified impact positively on the lives of service users, carers and staff.

Pre-engagement






The draft plans were shaped and developed with input from a range of stakeholders during a pre-consultation event on 19 January 2017. The purpose of this Delivering Together Workshop was to engage with a wide range of key stakeholders regarding development of their new 5-year Section 75 Inequalities Action Plan and Disability Action Plan which will span the 5-year period from 2018-2023. This approach was in keeping with the clear direction set out by the Health Minister's Health and Wellbeing: 2026 Delivering Together strategy. The purpose of working in this way is that plans will be designed for and with people and communities rather than by organisations and services.



It was important to continue the established dialogue and engagement with the local community and with those who have an interest in how we provide health and social care services. This on-going engagement and partnership working has been instrumental in the development of the Plans.

A wide range of stakeholders were invited to the event and we hosted the event with a “blank canvas” in order to co-design the proposed actions in partnership with a wide range of participants. In order to maximise opportunities for providing views, feedback was gathered during the event using a variety of methods including café style conversations, a ‘Big Brother’ style diary room, a Graffiti Wall and post-boxes.

To inform development of our regional and local Equality Action Plans and Disability Action Plans and Good Relations Plans and to maximise opportunities for involvement, the workshop comprised café style conversations regarding the following 5 areas.

-  Simplifying our Section 75 processes
-  Promoting equality
-  Our Staff
-  Disability Duties
-  Promoting good relations

An [outcome report](#) was produced to highlight the process and the rich information received and how we, as Health and Social Care Trusts, would use this information as the basis of our respective action plans.

We then set about developing our draft plans largely based on the feedback from the pre-consultation event and also on our audit of Section 75 inequalities. The HSC Trusts worked collaboratively to develop a regional Equality Action Plan and regional Disability Action Plan and furthermore worked on formulating a local action plan for each Trust area.

All the feedback received shaped all the plans. Our draft actions were based on what we were told at this event and in other forums. Our actions were also informed by our broader research and audit into the inequalities (emerging themes) that still exist in health and social care.

Formal Thirteen Week Consultation

In addition to the pre-engagement event we formally consulted collaboratively on our plans from 7th August to 7th November 2017. Over 1500 groups, organisations and individuals listed in the Trusts' regional consultation database and local consultees received an email or letter informing them of the consultation arrangements. Consultees were encouraged to respond using Citizen Space, an online consultation platform, to simplify the process of responding to the public consultation. This link was available and readily accessed on our websites. An overview of the plans and how to respond was also provided in British and Irish Sign Language. Plans were also available in easy read format and other formats on request.

In recognition that some people may prefer to respond in a different way, views were welcomed by a variety of means including in writing, email, telephoning and face to face meetings.

During the formal consultation responses were received from the following organisations. HSC Trusts received written responses from the following organisations:

- Alzheimer's Society
- Autism NI
- Belfast Trust Carers' Reference Group
- Equality Commission Northern Ireland
- Lisburn and Castlereagh Borough Council
- Parenting NI

- Royal College of Speech and Language Therapists
- Sinn Fein
- TILLI (Tell it Like it is)
- Unison

Trust Equality Leads also had the pleasure of attending the annual conference of the Northern Ireland Pensioners' Parliament at the Europa Hotel on Thursday 26th October 2017 and took note of the health and social care motion, relating to the action plans.

Through Clizenspace the online consultation software tool Trusts received responses from 15 individuals – including staff, service users, and the community and voluntary organisations.

Outcome of consultation and engagement

The Trusts have reviewed each response, identified the key themes which have been reflected in this report for our Trust Boards and for information purposes for interested stakeholders. Plans have been amended to reflect the feedback we have received.

Our Trust Boards have considered this report and the amended plans at their public meetings held throughout March 2018. On approval, this report and all amended plans are now available on all Trust websites and all individuals and organisations we have engaged with and those listed on the consultation database have been notified.

2 Consultation feedback

All the feedback received has been analysed and grouped into the emerging key themes as detailed below.

General comments

In general the actions in the plans were supported. Collaborative working between HSC Trusts and the NI Ambulance Service was welcomed.

“Working in partnership provides the Trusts and Ambulance Service with the opportunity to identify regional priorities, to share best practice and pool resources complementing work at local level.”

There was acknowledgement of the range of initiatives that Trusts and NIAS have undertaken over the last planning cycles aimed at embedding the principles of equality and good relations in policy, planning and practice.

The importance of co-design and partnership working was emphasised and it was suggested that links should be made with community planning processes in local Councils. It was suggested that draft plans do not currently address The Rural Needs Act or the Brown Principles.

Clarification and further information was sought on the research referred to on page four of the draft equality plan and further detail was sought on the ECNI Statement of Inequalities referred to on page five of the plan.

There was support for an annual 'Equality' event to showcase best practice and the suggestion that this should highlight the work done by allied health professionals in supporting people with disabilities.

We will

The Trusts will link with their Regional HSC Community Planning Forum (comprising all HSC bodies) to ensure that the actions in the plans are reflective of and linked to local community planning.

Trusts are currently considering the impact of the Rural Needs Act and developing structures and processes to ensure compliance.

Trusts will reflect the Brown Principles in the development of any future guidance for Trust Board, Senior Managers and Policy Makers.

The up to date audit of inequalities Emerging Themes document is available on all Trust websites.

The Trusts look forward to highlighting the excellent work done by allied health professionals at its first annual 'equality' event to showcase best practice.

Layout and format of plans

It was felt that the plans should include a summary of achievements from the 2014-2017 action plans, a summary of inequalities and additional information on the sources used to inform the audit of

inequalities (Emerging Themes document) and the actions identified. And that reference should also be made to the ECNI's policy position papers.

It was suggested that whilst the actions are positive in principle more detail is required and plans should include clear and measurable performance indicators, outputs and outcomes and quantify "activities" over the five year timeframe.

It was recommended that a robust monitoring and evaluation framework should be developed to inform progress and measures in the plans should track progress across all S75 grounds.

There was concern that some of the equality action plans include a very limited number of actions and while actions in the regional plan were welcomed there was also some concern about local implementation.

We will

A summary of achievements from the 2014-2017 action plans is now included in the new plans.

Details of sources used to inform the audit of inequalities and the actions identified are now detailed in the updated audit of inequalities (emerging themes) document which is available on all Trust websites.

The plans have been further strengthened to clarify the performance indicators over the five year timeframe.

A robust monitoring and evaluation framework, that tracks progress across all S75 grounds has been established – for more details see page 17.

Screening and Equality Impact Assessment (EQIA) processes

The proposal to improve the quality of screening and EQIA processes and showcase best practice was welcomed. There was a view that the section on 'simplifying our process' should focus on improving how the Trusts 'discharge their S75 obligations'.

It was suggested that the focus should be on building capacity of Trust policy makers to mainstream equality screening and the EQIA process into development and review of policy/decision making and ensure that

policies do not discriminate or disadvantage any of the S75 groups even where it is perceived that they will be beneficial to others/groups.

There was a view that ‘those in managerial positions’ should be ‘more engaged’ in their S75 obligations and that S75 is intended to be ‘transformative’ and used to facilitate better public policy making and outcomes. It was felt that all “change management proposals’ should be subject to EQIAs.

The view was expressed that equality leads should play an integral part of the policy development and decision-making processes, challenging the direction of policies when required. There was some concern about ‘non-compliance’ with Trusts’ S75 obligations in relation to savings plans consulted on during 2017.

We will

Trusts will ensure that the section on ‘simplifying our process’ will focus on improving how the Trusts ‘discharge their S75 obligations’. This section is retitled ‘Ensuring the Effective Discharge of our S75 Equality Duties’ to ensure the appropriate message is conveyed.

Trusts have for many years been developing support tools to build the capacity of policy makers to mainstream equality. Trusts believe the development of a regional HSC Screening and Equality Impact Assessment (EQIA) Tool Kit and review of training will ensure best practice across all levels and ensure consistency.

Trusts will ensure that “change management proposals’ are screened in line with ECNI guidance and if appropriate subject to full EQIA. It is important to note that all Trust equality leads do play an integral part of the policy development and decision-making processes.

The Trusts acknowledge the concern raised in relation to S75 compliance during the savings plans consultation in 2017 but believe that this is beyond the scope of the Equality and Disability Action Plans and all issues raised relating to this have been fully responded to in each of the Trusts’ Savings Plan – Consultation Outcome Reports available on Trust websites.

Communication

A key theme of the responses related to communication and the view was expressed that the approach to communication must include the physical communication environment as well as effective information dissemination.

It was suggested that the bespoke needs of individuals with communication difficulties should be considered as this group are most likely to experience inequalities and that 'My Journey My Voice' should be promoted as part of any review of training. It was also suggested that 'inclusive communication' is included to make sure that people with communication support needs are not marginalised.

There was a recommendation that adjustments should be made to information to ensure it is accessible for people with Autism and that specific Autism awareness training should be provided to staff.

There was concern that Northern Ireland does not have the 'Accessible Communication Standard' similar to England and the suggestion that the five standards should be included in the proposed 'welcome pack'.

The view was expressed the Northern Ireland Health and Social Care Interpreting Service should include all forms of communication support.

It was suggested that the plan should include an action to support the development of positive attitudes to communication disability at a young age to promote inclusion, good mental health and reduce bullying.

We will

Trusts will ensure that all actions relating to communication include the physical communication environment and effective information dissemination.

Plans have been amended to include an action to support the development of positive attitudes to communication disability.

The review of training will consider and learn from the 'My Journey My Voice' and ensure that specific Autism awareness training is provided to staff.

An action has been added to the plan to include a commitment to adopt an 'Accessible Communication Standard' similar to England and the five standards will be included in the proposed 'welcome pack'. This will ensure information is accessible for people with Autism.

Procurement

The commitment to ensuring that equality and human rights are at the heart of procurement was welcomed but more information was sought on the process and it was suggested that Trusts engage with unions on the proposed 'checklist'. It was suggested that the Trusts should include a specific target in the equality action plan to comply with the ECNI guidance on 'Equality of Opportunity and Sustainable Development in Public Sector Procurement.'

The Trusts were also urged to engage with unions on the development of a checklist to ensure equality, disability and human rights are at the 'heart of procurement'.

We will

Trusts look forward to working with a range of partners, including unions, to develop a checklist that ensures equality, disability and human rights are integral to the procurement process. This checklist will ensure compliance with the ECNI guidance on 'Equality of Opportunity and Sustainable Development in Public Sector Procurement' – as relevant to health and social care.

HSC Trusts will bring forward the checklist in relation to procurement to year 1– it is important to note that this has been preceded by regional HSC workshops which have focussed on equality, human rights and disability considerations

Further suggestions for inclusion in Equality Action Plan

It was also suggested that Trusts should work in partnership with older people's groups to develop guidance for HSC staff on meeting the needs of older people.

The view was expressed that the plans should include actions to 'combat systemic health inequalities between those in the most and least deprived wards'. There was recognition that reducing inequality requires a cross governmental approach but it was felt that health has a key role to play and the regional action plan should include a commitment to address this.

It was suggested the plan should also include actions relating to homeless people, children in care and victims of crime.

We will

The Trust has included an action in the plan which commits to working in partnership with older people's groups, including the Pensioner's Parliament, to develop guidance for HSC staff on meeting the needs of older people.

It is important to note that the Equality Action Plan and Disability Action Plan are developed to specifically address inequalities relating to the relevant legislation and relevant equality categories.

Supporting our staff

Another key theme emerging from the responses focused on recommendations and suggestions relating to how we support our staff. It was suggested that Trusts can address inequality in their functions as an employer through providing employment opportunities for marginalised Section 75 groups and the long term unemployed and improving pay and terms and conditions. It was felt that given the size of the Trusts' workforce, ambitious targets should be set to employ a certain number of people with disabilities and care leavers.

It was suggested that Trusts need to ensure that the recruitment and selection processes are equally accessible to external applicants as well as internal applicants to avoid potentially perpetuating existing religious under-representation within Trust workforces. It was suggested that the recruitment and selection should be reviewed to make sure that people with communication support needs are not disadvantaged and that the shortlisting criteria 'good oral communication skills' should be reviewed as it may discriminate against people with a communication disability.

There was a view that equality should be at the centre of the negotiating arrangements each Trust has with UNISON and that Equality Leads should attend regular meetings of local negotiating structures.

It was suggested that Trusts should begin to collate information on the gender pay gap and continue to support projects that provide support to victims of domestic violence. The Gender Identity and Expression Policy was welcomed.

There was some concern about the impact of Brexit and Trusts were asked to carry out a baseline assessment of the extent to which health and social care services are dependent on migrant workers and to review their Joint Declaration of Protection.

There was a call for the Plan to commit to the real living wage being the minimum pay point for health and social care workers regardless of age and it was suggested that younger workers should be employed on permanent, public sector contracts.

We will

As one of the largest employers in Northern Ireland, Trusts are mindful of the role they can play in addressing inequality and have included an action to work on this.

Trusts will ensure that the action relating to simplifying the recruitment and selection process reflects the needs of both external and internal applicants and the needs of people with communication support needs. This will also be reflected in new regional HSC guidance on Recruitment and Selection.

The Trust has long established negotiating arrangements with unions and when appropriate Equality Leads have attended and will continue to attend meetings.

A Gender Identity and Expression Policy has been consulted on and is in the process of being approved locally by each of the Trusts. A Task and Finish Group has been established to ensure the effective implementation of this policy across health and social care.

Trusts are committed to ensuring compliance with any new legislation governing gender pay reporting and addressing any inequalities identified. A position paper has been considered by Trust Human Resources Directors – however it is important to note that in the absence of a functioning Assembly, ratification is not possible.

Departments are working collaboratively to ensure that the impact of Brexit is fully identified and where possible mitigated. Trusts will continue to work collaboratively in line with Departmental guidance.

Each Trust has a Joint Declaration of Protection which is reviewed regularly in partnership with union colleagues.

The Trusts continue to consider pay and remuneration of the health and social care workforce and obligations that will flow from any new legislation that governs pay.

Disability Action Plans

The broad range of actions included in the Disability Action Plan was generally welcomed. There was a view that the Disability Action Plan (DAP) should include a definition of disability to ensure that people reading the plan understand the broad context and performance indicators that are clear and measurable. There was also a view that actions in the DAP should 'go beyond' what is already required under the Disability Discrimination Act (DDA) Part II. It was suggested that the DAP would benefit from clear links between the two disability duties. There was concern that Northern Ireland is falling behind the rest of the UK in disability legislation as it does not have an 'accessible communication standard' and it was suggested that all health and social care information is standardised and accessible to people with communication difficulties.

It was suggested that the plan should include actions for all groups of people with disabilities as should include actions relating specifically to communication disability. It was also suggested the disability equality training should include information about communication disability. There was a call to promote the 'My Journey My Voice' programme as part of disability equality training. More detail was requested on how the training is to be delivered over the course of the DAP and on how monitoring and evaluation could measure the impact of training on both the duties.

There was a recommendation that the electronic care record should include a section describing that an individual has a communication difficulty and the accessibility check list should include statements which demonstrate an inclusive communication approach. It was also suggested that the 'Employment of Persons with a Disability' policy should cite communication disability as a hidden disability and the "guidance on supporting people with Autism in employment " should be broadened to include supporting people with communication difficulties. Likewise it was felt that any communication strategy should include a section on 'inclusive communication' to ensure that people with communication support needs are not marginalised.

It was felt that the Plan should include an action relating to needs of people affected by dementia, and for those needs to be properly understood by staff.

There was also a call for 'more ambitious' employment related targets given the number of staff employed by the Trusts.

It was suggested that the structures within Trusts are confusing and the language used and names given to services are not understood by the public.

Trusts were urged to establish a process that ensures access to all forms of communication support including support for BSL users, Makaton users and people who have Autism Spectrum Disorder.

We will

The Disability Action Plan (DAP) has been amended to include a definition of disability and performance indicators.

The DAP now sets out which actions are related to the two disability duties.

An action has been added to the DAP to examine the 'accessible communication standard' and promote the standardisation of all health and social care information and ensure accessibility to everyone including people with communication difficulties. The Trusts are committed to ensuring that the language used in communication is easy to follow and is understood by the public.

The DAP includes an action that commits to ensuring access to all forms of communication support including support for BSL/ISL users, Makaton users people who have Autism Spectrum Disorder.

The DAP has been amended to include an action relating specifically to communication disability and now includes more detail on training and how that will be monitored.

Trusts will ensure that the accessibility check list includes statements which demonstrate an inclusive communication approach. Trusts will also examine how the electronic care record could include a section describing that an individual has a communication difficulty.

The 'Employment of Persons with a Disability' policy will identify communication disability as a hidden disability and the "guidance on supporting people with Autism in employment" will include supporting people with communication difficulties.

The Plan has been amended to include an action relation specifically to

people living with dementia.

Partnership working

There was support for the commitment in our Plan to continue to work with individuals, representative groups and trade unions to make sure that our actions make a real difference both for our service users and for our staff. There was also support for the establishment of a Joint Consultative Forum. It was suggested that as Unison is the largest trade union in the health and social care sector it should be invited to sit on the Joint Consultative Forum and that Trusts should make a commitment in the Plan to partnership working with Unison as 'part of the core business'.

We will

The Trusts are committed to the establishment of a Joint Consultative Forum. The Trusts will continue to work with all trade unions to ensure effective partnership working. Trade unions currently sit on range of local and regional negotiating fora across health and social care and Trust are committed to ensuring the effectiveness of these partnerships.

Monitoring and review

We are aware that our plans may be issued prior to the publication of the Equality Commission's key statement on inequalities in health and social care and as such, commit to keeping our plans as living documents which may be added to or amended over their lifespan of the next 5 years, as more information becomes available or priorities change.

Progress in implementing the measures contained in all the Plans will be reported on via annual Section 75 Progress Reports to Trust Boards and the Equality Commission. Copies of the progress reports will be made available on the Trusts' websites.

Contact details of Equality Teams in your area :

<p>Orla Barron Equality Lead</p>	<p>Belfast HSC Trust Tel: 028 9504 6567 Mobile / Text 0782 514 6432 Email: orla.barron@belfasttrust.hscni.net</p>
<p>Alison Irwin Head of Equality</p>	<p>Northern HSC Trust Tel: 028 276 61377 Mobile / Text: 0782 566 7154 E-mail: equality.unit@northerntrust.hscni.net</p>
<p>Lynda Gordon Equality Lead</p>	<p>Southern HSC Trust Tel: 028 3756 4151 Email: lynda.gordon@southerntrust.hscni.net</p>
<p>Susan Thompson Equality Lead</p>	<p>South Eastern HSC Trust Tel: 028 9151 2177 Text phone: 028 91510137 Email: Susan.thompson@setrust.hscni.net</p>
<p>Siobhan O'Donnell Head of Equality & Involvement</p>	<p>Western HSC Trust Tel: 028 8283 5278 Email: Equality.Admin@westerntrust.hscni.net.</p>
<p>Michelle Lemon Assistant Director: Equality, PPI & Patient Experience</p>	<p>Northern Ireland Ambulance Service Tel: 028 9040 0999 Text phone: 028 9040 0871 Email: michelle.lemon@nias.hscni.net</p>