

DISABILITY ACTION PLAN (2019-2024)

1.	Introduction	
	Under Section 49 (A) of the Disability Discrimination Action 1995 (DDA 1995) as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006, the Department of Health is required, when carrying out its functions, to have due regard to the need to:	
	Promote positive attitudes towards disabled people; and	
	Encourage participation by disabled people in public life.	
	Under Section 49(B) of the DDA 1995, the Department of Health is also required to submit to the Equality Commission a Disability Action Plan (DAP) showing how it proposes to fulfil these duties in relation to its functions.	
2.	Statement of commitment to meeting the duties	
	The Department is committed to meeting the disability duties and to the implementation of this Disability Action Plan. The Department will allocate the necessary available resources, in terms of people, time and money, in order to implement this plan and, where appropriate, build objectives and targets relating to the disability duties into corporate and annual operating plans. The Department will also put appropriate internal arrangements in place to ensure that the disability duties are complied with and this Disability Action Plan fully implemented. The Department will ensure the effective communication of the plan to staff, and will ensure that staff have the	
	necessary training and guidance on the disability duties and the implementation of the plan.	
	We confirm our commitment to submitting an annual report to the Equality Commission on the implementation of this plan as well as carrying out a five yearly review of this plan. A copy of this plan, our annual progress report to the Equality Commission and our five year review of this plan will be made available on our website. https://www.health-ni.gov.uk/doh-equality	
3.	Consultation	
	Consultation and engagement with service users are well-established features of the Department's development and planning for health and social care.	
	The Department is committed to carrying out consultation in accordance with the Equality Commission's guiding principles and recognises the need for such consultation to be timely, open and inclusive. The Department is also	

committed to engaging effectively with disabled people and their representatives in the drafting, implementation, monitoring and review of this Plan and will ensure that this engagement continues in the future.

Public consultation on this document took place from 1 December 2017 to 28 February 2018.

4. Internal arrangements and contact details

Within the Department day-to-day responsibility for dealing with and reporting on the DAP lies with the Equality and Human Rights Unit. In addition, the Unit will be the contact for anyone seeking further information relating to the Plan and/or the Duties. The contact details for all such enquiries are:-

Equality and Human Rights Unit Department of Health Room D3 Castle Buildings Stormont Estate BELFAST BT4 3SQ

Telephone: 028 9052 0537 E-mail: equality@health-ni.gov.uk

Text relay:

Making a call from a textphone: Dial 18001 + 028 90 520537

Making a call from a telephone Dial 18002 + 028 90 520537

Text Relay Assist can also set up the call for you – dial 0870 240 51 52 from a telephone.

If you require this plan in an alternative format please contact the Department as above to discuss your requirements.

5. The Department's statutory responsibilities

The Department of Health (DoH) has a statutory responsibility to promote an integrated system of health and social care (HSC) 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

The Department's statutory responsibilities under the Health and Social Care (Reform) Act (Northern Ireland) 2009 are to:

- Develop policies;
- Determine priorities;
- Secure and allocate resources;

- Set standards and guidelines;
- Secure the commissioning of relevant programmes and initiatives;
- Monitor and hold to account its ALBs; and
- Promote a whole system approach.

Since April 2017, responsibility for the Human Resources function in all NI Departments has passed to NICSHR which is located in the Department of Finance. The Department of Finance S75 Action Plan and the Disability Action Plan now include all Human Resource activity that will be taken across the Northern Ireland Civil Service during the period 2017 – 2022.

6. Public Life Positions

All public appointments in the Department of Health are made, as far as practicable, in accordance with the Code of Practice for Ministerial Appointments (NI), which is issued by the Commissioner for Public Appointments (NI). Further information, with details of actions taken, or planned centrally, in respect of the two disability duties, is contained in TEO's Disability Action Plan.

The range of public life positions for which the Department of Health has responsibility is as follows:

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

Not regulated by the Commissioner for Public Appointments:

- Pharmaceutical Society of NI
- HSC Pensions Scheme Board

7. Action Measures

The table below details the measures the Department will take forward to promote positive attitudes towards people with disabilities and encourage their participation in public life. The measures will be reviewed, with additional measures identified, throughout the period of the plan.

Measure: To promote awareness and understanding of issues faced by people with a disability and to ensure staff have the necessary skills to help promote a culture of positive attitudes. These measures will assist the Department in meeting PfGl¹ 2 'Reduce health inequalities' and will contribute to PfGl 26 'Increase respect for each other' (TEO lead) and PfGl 42 Increase quality of life for people with disabilities (DfC lead)

	icy Area	Intended Outcome	Performance Indicator and Target
1	Personnel Development/ Deliver Together engagement programme	All staff will have current training and access to a series of awareness sessions on diversity/ disability related issues, including sessions delivered directly by people with a disability and representative organisations.	 Arrange staff awareness seminars on disability/ diversity related themes, at a minimum, 6 times a year. Where possible voluntary organisations/ disability groups will be invited to deliver sessions. The in-house DoH publication 'the Pulse' will be issued 5 times a year to all staff and is a mechanism to raise awareness and promote diversity within the Department. Events and relevant issues will also be posted on the Departmental intranet as they arise. The Department intranet will be kept up to date with relevant guidance and links, eg to ECNI website, and any new/ relevant issues will be notified to staff with signposting as appropriate. The Equality Unit will issue a minimum of 2 equality/ disability articles per year, by e-mail or in the Pulse, to raise awareness and highlight statutory responsibilities. An article on the importance of using images that display positive images of people with a disability in Departmental publications will issue before September 2019. To increase awareness and support for specific disability related events these will be highlighted to staff e.g. Deaf Awareness Week, Carers Week, Mental Health Awareness Week etc

¹ Note: PfG not yet finalised

2	Training		 All staff will complete Unconscious Bias training e-learning, organised by NICSHR Centre for Applied Learning (CAL), every 3 years. Liaison with the Equality Commission for NI to arrange and deliver training on Section 75 and disability duties to Department staff, including senior management. Attendance at specific disability related training, as appropriate.
3	Equality, Diversity and Inclusion Policy	To develop a fuller awareness of issues facing NICS/DoH staff leading to a better understanding of the needs and requirements of people with disabilities.	 Departmental representation at quarterly NICS Diversity Champions Network meetings, taking action within DoH as required and active involvement in discussions and input to the Diversity Action Plan. Timely implementation of relevant actions from the NICS Disability Champion and Working Group(s). Timely implementation of relevant actions from the DoH Dignity and Diversity Action Team (established Nov 2019) to create a more diverse and positive working environment, free from bullying, harassment and discrimination. Facilitate meetings of an internal support group within DoH for staff who are parents/carers for a child with a disability (1st meeting held in Dec 2018).
		EHR leads maintain a current understanding of issues faced by the sector and of emerging policies and issues within the DoH and HSC, and update staff as relevant.	The Department's EHR Unit will arrange and Chair a minimum of 3 meetings of the Equality and Human Rights Steering Group annually to discuss key issues and share knowledge and good practice. (Membership includes HSC, NIAS and Fire and Rescue Service).

4	ECNI Mental Health Charter	To create an open and inclusive workplace culture which displays respect for those with mental ill health.	 Departmental EHR staff will attend relevant training/information events held by the Equality Commission and other relevant groups and disseminate, as appropriate, throughout the Department. Issue of relevant guidance/ updates as required. The Department will promote and participate in any initiatives arising from the NICS commitment to the Mental Health Charter to ensure support for managers and staff and promote mental health and wellbeing in the workplace.
			es faced by people with a disability and to ensure their voice GI 2 'Reduce health inequalities' and contribute to PfGI 26
			pality of life for people with disabilities (DfC lead).
Pol	licy Area	Intended Outcome	Performance Indicator and Target
5	Consultation/ stakeholder engagement	Appropriate engagement and interaction with sector.	 When organising meetings/ events, 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 whether the provision of childcare and support for other carers is required, will be considered. The use of social media through the DoH twitter account for greater awareness of consultation documents and quicker feedback.
			 Where possible, pre-engagement prior to formal consultation and consideration of outreach pre-engagement with S75 groups and specific disability community based groups where relevant. As per NICS Policy Making Guide (February 2017) adopting

6 Me	Information/ publications asure: To promote a culture	All information will, where possible, be made available in other formats on request.	 the models of co-production, co-design and co-create to ensure policies are developed in partnership with stakeholders, with voluntary and community groups, charities etc., as well as the people who are most likely to be impacted or otherwise affected by the implementation. Alternative formats, which may include Braille, audio formats (CD, mp3 or DAISY), large print, will be provided in a timely fashion, usually within 20 working days. Specific consideration will be given as to how best to communicate with children and young people, people with disabilities (in particular people with learning disabilities) and minority ethnic communities. Where appropriate, this will include Easy Read.
the inec	m and also supporting disaqualities' and contribute to Pf0	bled employees. These measures GI14 'Improve the skills profile of the	will assist the Department in meeting PfGI 2 'Reduce health population' (DfE lead), PfGI 16 'Increase the proportion of people ad) and PfGI 42 Increase quality of life for people with disabilities
Policy Area Intended Outcome		Intended Outcome	Performance Indicator and Target
7	Equality, Diversity and Inclusion Policy	To create a NICS workforce we want for the future.	 Participation in the work experience placement scheme for people with disabilities, offering a minimum of 1 placement per year.
			Participate in the annual International Job Shadowing Day in April each year to offer a minimum of 1 placement within the

Department of Health.

 Support implementation of any recommendations from DoF, the NICS Disability Champion and Working Group(s) on placement opportunities, career development and management support for disabled staff, within reasonable

			timescales.
			Note: Since April 2017, responsibility for the Human Resources function in all NI Departments has passed to NICSHR which is located in the Department of Finance. The Department of Finance S75 Action Plan and the Disability Action Plan now include all Human Resource activity that will be taken across the Northern Ireland Civil Service during the period 2017 – 2022.
8	Equality in Public Appointments and meeting the objectives of the Executive's policy (Feb 2016) of attaining greater	Working to expand our outreach with people with disabilities and ensuring equality of opportunity for people with a disability in applying for public life	 Annual review of contact lists to ensure they are up to date, and specifically including groups representing people with disabilities to ensure a wide outreach when advertising public appointments.
	diversity in public appointments.	appointments.	 At the outset of each public appointment competition liaison with DoH Press Office to ensure that all social media avenues are utilised and specifically mention that the Department is interested in seeking applications from people with disabilities.
			 At the outset of each public appointment competition the advertisement will be re-tweeted by the Executive to ensure it reaches a wider audience.
			At the outset of each public appointments competition ensure that data is collected from applicants with disabilities on a voluntary basis.
			The Department will continue to liaise through Disability Action as a means of outreach to disabled people to encourage participation in public appointments.
			Input to Annual Report for the Head of the NI Civil Service to include information on the involvement of people with

			 disabilities in public appointments. All documentation and advice relating to public appointments will be considered in terms of language, images and format to ensure ease of accessibility for people with a disability. DoH contributing to the development of a Diversity 5-Year Strategic Action Plan (2016-2021) which aims to improve diversity in Public Appointments in N. Ireland and implementing the Measures subsequently agreed.
pul 'Im The	blic and private life. These no prove the quality of the health	neasures will assist the Department	nus enhance opportunities for participation by disabled people in in meeting PfGI 2,3,4 & 7 'Reduce health inequalities', PfGI 5 ental health' and PfGI 9 'Improve support for adults with care needs'. In disabilities' (DfC lead). Performance Indicator and Target
9	Long Term Conditions (LTC) Policy Framework	The policy framework and action plan, being taken forward by the PHA and HSCB, supports people living with long term conditions to optimise their health and wellbeing through, for example, information and education to enable self-management.	 The Department will attend meetings of the Regional Long Term Conditions Implementation Group, chaired by the Director of Public Health, and will oversee the rolling 5-year action plan to implement the development areas identified in the Long Term Conditions Policy Framework. The Department will ensure an annual progress report is completed to report progress on the implementation of the framework and LTC action plan, including actions to support improved access to patient education programmes. A number of key areas have been identified for the LTC Implementation Group for 2018-2020. These include continuing to work with key stakeholders in order to: Increase access to patient education programmes and support self-management to improve patient care, including through use

Continue to implement the Diabetes Strategic Framework. This work includes:
 a regionally agreed foot pathway to be implemented from 2019 that should in the future result in fewer amputations; Modernisation of the retinal screening service to reduce the likelihood of visual loss in diabetic patients; The introduction of a regional Diabetes Prevention Programme in February 2019 for people with pre diabetes with a view to preventing or delaying the onset of diabetes.
Encourage and support the use of technology in care pathways to support people living with long term conditions. This includes:
 The Magic project on stroke is a technology small business research initiative funded from Horizon 2020 funding. This project is trialling the use of innovation and technology to improve stroke care in the community following hospital discharge. All 5 Trusts in N Ireland are participating in the testing of the prototypes; My Stroke Guide has been developed by the Stroke Association as a website to provide on-line stroke support. It provides information on prevention, services, support groups and managing the consequences of stroke with over 200 videos to provide people with advice about stroke and recovery; NI Direct https://www.nidirect.gov.uk/conditions/strokes contains up to date information on the causes, symptoms
 and prevention of stroke. It also provides information and advice on other long term conditions; The Northern Ireland Electronic Care Record (NIECR) has a diabetes care pathway in place to enrol patients with diabetes onto the system. This allows systematic care to be provided and should in the future measure outcomes of care.

			 Improve services for people living with chronic pain; Ensure that a holistic approach is taken to support people living with co-morbidities recognising that people over the age of 65 frequently have more than one long term condition and require tailored support to help them manage their conditions effectively; Carers – continue to support carers and ensure their views are heard, for example through the Public Health Agency's '10,000 more voices' initiative, in order to improve people's experience of health and social care.
10	Mental Capacity Act	Implementation of the Mental Capacity Act to provide a single statutory framework governing all decision making in relation to the care treatment (for a physical or mental illness) or personal welfare of a person aged 16 or over, who lacks capacity to make a specific decision for him/herself.	 Full commencement of the Mental Capacity Act including: Regulations in operation Code of Practice published Relevant workforce training completed A date for commencement has yet to be agreed and is subject to Executive agreement and allocation of resources. Draft Code of Practice, Regulations and supporting documents have been shared with an implementation reference group in preparation for commencement.
11	Regional Trauma Network	Comprehensively address the legacy of the conflict and address unmet mental health needs (though services would not be limited to trauma acquired in this way) through the establishment of a Regional Trauma Network	 Improve individual, family and community experience of mental health trauma care - the network would provide care at the appropriate level, in the appropriate setting. The 'soft launch' of Phase 1 of the RTN is due to begin in September 2019. (under review) Increase the overall capacity of mental health services through the provision of over 40 new whole time equivalent HSC posts, with associated training and research.

			 Improve the psychological and social outcomes for individuals, their families and communities who have been traumatised as a result of the conflict by establishing clear clinical outcomes measurement and delivering services in response to findings and trends. Phase 1 of the RTN will run from September 2019 (under review) – March 2020. Once completed, Phase 2 and 3 will be rolled out up to September 2021. Agree a Partnership Agreement between TEO and DoH to govern the operation of the Service by April 2019. Full operation of the new Service is subject to the required resources being secured.
12	Service Framework for Mental Health	Development of a revised Service Framework for Mental Health and Wellbeing setting out standards of care that individuals, their carers and wider family can expect to receive from the HSC system.	 Public consultation took place in the spring of 2018. Thirty-one responses were received and are being analysed by the Department and the HSCB/PHA. The Service Framework is being amended in light of the comments received. Standards reflecting the agreed way of providing care and a common understanding about what HSC providers and users of services can expect to provide and receive will be published following the necessary approvals in 2019/2020. A Standardised Audit Template and Reporting Timeline will be designed which will deliver baseline data regarding Phase I implementation by 31 March 2021. Trusts will report to the HSCB annually against the Framework. A Managed Care Data Set developed as part of the Mental Health Informatics Project will be designed to gather data across the Domains and Standards from Phase II.

13	Autism Strategy	Implementation of the Autism Strategy (2013-20).	 The Department is committed to providing a Progress Report on the Autism Act (NI) 2011 to the Assembly every 3 years. A second Progress Report has been drafted and shared with NICS Departments and HSCT for feedback. The Report is being updated in light of comments received (@ Feb 2019). Guidance is being sought on the statutory requirement to lay the Report before the Assembly with the aim of laying within the 2019/20 year.
14	Rare Disease Implementation Plan	Implementation of the UK-wide Rare Diseases Strategy by 2020. The Strategy provides for a holistic approach to caring for people with a rare disease and to maximise available resources for research, innovation and collaboration to benefit the entire rare disease community. It also aims to improve awareness and encourage providers of health and other public services to consider the effects of rare diseases on people's lives when developing and managing services.	 A joint interim progress report to Ministers, from the 4 UK Health Departments, was published in February 2018 and, with the UK Government and other Devolved Administrations, the Department will progress implementation of the 51 commitments of the UK-wide Rare Diseases Strategy by 2020, including the additional commitment to further collaboration with ROI. A NI Implementation Group oversees delivery of the NI Rare Diseases Implementation Plan, focussing initially on four priority areas: a communications review to address gaps identified for rare disease patients and inform service improvement; a clinical training needs analysis; scoping work on the development of rare disease registry; and participation in the UK 100,000 Genomes Project by establishing the first Genomic Medicine Centre in Belfast and submitting 1200 rare disease and cancer samples for analysis by March 2019, with the strategic aim of developing local capability to revolutionise how rare diseases are diagnosed and treated in future.

15	Housing Adaptations Services Action Plan	Following the Inter-Departmental Review, implementation of the recommendations from the Report and Action Plan will ensure better collaboration, more effective use of resources and better delivery of services.	 Publication of the Housing Adaptations Final Report and Action Plan are subject to Ministerial and NI Executive agreement given the cross cutting nature of the review/action plan. Due to the current political situation this has not been able to be further progressed, however, the Department will continue to work with DfC and the Housing Executive including the adoption and rollout of a Housing Adaptations Toolkit to help disabled and older people visualise and discuss proposed housing adaptations, during 2019.
The explement lead with	Measure: To support people with a disability to achieve their optimal potential for personal development and social inclusion. These measures will assist the Department in meeting PfGI 2 'Reduce health inequalities' and PfGI 5 'Improve the quality of the healthcare experience'. They will also contribute to PfGI11 'Improve educational outcomes' (DE lead), PfGI 12 Reduce educational inequality (DE ead), PfGI 28 'Increase the confidence and capability of people & communities' (DfC lead) and PfGI 42 'Increase quality of life for people with disabilities' (DfC lead).		
Pol	icy Area	Intended Outcome	Performance Indicator and Target
16	Service Framework for	Development of a Service	A Service Framework is currently in development and will be launched subject to the passager (approvals in 2010/20).

Policy Area		Intended Outcome	Performance Indicator and Target
16	Service Framework for Children & Young People	Development of a Service Framework for Children & Young People, including children with a disability.	 A Service Framework is currently in development and will be launched subject to the necessary approvals in 2019/20. It is expected that the Framework will provide multi-agency support to children and their families through: better access to person-centred information greater involvement in decision-making timely interventions and treatments greater levels of independence access to short breaks and palliative care.
17	Stroke Services	As part of the wider program of reform of services under Deliver Together, the Department launched a public consultation on reshaping hospital-based stroke services on 26 March 2019. The	 The consultation will run until 18 June 2019. The Department aims to consider responses and produce a Consultation Outcome Report within the 2019/20 year. Details and scale of change will be agreed following consultation.

		consultation will run for 12 weeks and focus on hospital-based stroke services and the need to consider these services in the context of wider stroke services including rehabilitation. The aim is to significantly change stroke services for the better, saving lives and reducing disability.						
Measure: To ensure accountability and assurance as part of the Department's Business Planning process.								
Pol	icy Area	Intended Outcome	Pe	erformance Indicator and Target				
18	Accountability and assurance	The oversight of Arm's length Bodies (ALB's) governance and performance will enable the monitoring of ALB's compliance with the Disability Duties. The sponsor branches are responsible for ensuring ALBs address issues of concern at the Accountability Review.	•	The Department will annually ensure, through steps in the assurance and accountability framework, that all ALBs discharge their disability duties.				
	Measure: To ensure Disability Action Plan, Equality Action Plan and Equality Scheme, are up to date and address any emerging issues.							
Pol	icy Area	Intended Outcome		Performance Indicator and Target				
19	Statutory requirement and best practice	To have due regard to the need to promote equality of opportunity and good relations for its Section 75 obligations, and commitment to meeting its disability duties.	•					