Training			
Measures	Timescale Indicators/Target	Performance indicators and links to DDO duties	
 1. DoH training actions (a) Diversity training: Diversity Now' training is mandatory for all staff new to the NICS within 3 months of their arrival in the Department. Refresher training will be provided to all staff via an e-learning module every 3 years. . (b) Other: DoH will use its Deliver Together engagement programme to provide awareness seminars on disability/diversity related themes on at least an annual basis DoH will work in liaison with other Departments in Castle Buildings to increase access to diversity events. DoH will use its in-house Departmental publication for staff "The Pulse" to promote the role of the Diversity Champion and Disability Working Group (refer to Action Measure No 17), and to provide relevant information on diversity and disability issues and events. The Department is represented on the NICS Diversity Champions Network which meets every 3 months. The role is to develop awareness within their own departments through events, communications and briefing their Departmental Boards on diversity. A work plan has also been developed which includes disability. 	Ongoing	The Department will monitor the completion of the online training and classroom training; and assess pre and post course evaluation if training provided met the objectives, relevance, content and standard expected. This will inform the delivery and planning of future training events. An annual update will be provided to the Department's Equality and Human Rights Unit for inclusion in the Equality Commission's Annual Progress Report. The Diversity Now course objectives are to: Explain what is meant by Diversity; Explain how NI's diverse society impact on NICS; Identify the legislative framework; Differentiate stereotyping, prejudice and discrimination; and Recognise your responsibility in implementing NICS Policies. The seminars and promotion activities aim to increase staff awareness of disability and diversity issues.	

Policy Issues		
Measures	Timescale Indicators/Target	Performance indicators and links to DDO duties
2. DoH to lead on the implementation, monitoring and reporting of the cross-departmental Autism Strategy (2013-2020) and Action Plan (2013-16). The Action Plan 2013-2016 has been extended to 2017 during which a further Action Plan will be developed for 2017-2020. The action plan sets out how the needs of the people with autism, their families and carers are to be addressed through their lives. It was developed in partnership with people with autism, their families and carers and the community and voluntary sector.	The delivery and timing of the action measure will be subject to other government department's involvement and participation, availability of finance for any service developments and Ministerial/Executive agreement. The Autism Act (NI) 2011 also requires a progress report to be delivered to the Assembly every three years.	The action plan will achieve improvement through service redesign and deliver those services at a community level which will include services for people and families living with autism. The action plan sets out eleven key themes within sixteen strategic priorities. The outcomes will be measured by, monitored and reported through the:- • Autism Strategy Inter-departmental Senior Officials Group (ASISOG); • Autism Strategy Regional Multi-Agency Implementation Team (ASRMAIT); • Five Local Autism Fora and Reference Groups; • Autism Strategy Prevalence Sub-Group; and; • NI Autism Strategy Research Advisory Committee The Strategy and Action Plan was developed in accordance with UNCRPD articles to support the values of dignity, respect, independence, choice, equality and antidiscrimination for people with Autism, their families and carers.
3. The Inter-Departmental Review of Housing Adaptations Services Final Report and Action Plan 2016: The Inter- Departmental Review of Housing Adaptations Services Final Report and Action Plan includes recommendations on how the Departments, agencies and others can better collaborate with each other, use resources more effectively, and deliver better services.	Consultation issued January 2016 and closed on 19th April 2016 Final Report and Action Plan to be published subject to Ministerial approval and NI Executive agreement in 2017.	Housing adaptations help people with disabilities to remain at home and enhance their much valued independence building upon "Home is the Hub of Care." 21 recommendations are included in the action plan for 2016 and they are grouped under 7 key themes: Closer working between statutory bodies. Improving partnerships. Interagency case management. Resources, procurement and recycling. Design standards.

		 Research. Equality and rural proofing. The Joint Housing Adaptations Steering Group which comprises members from housing, health and social care, community and voluntary sector and service users oversees the implementation of the actions in the action plan and reports to both Departments.
4. The Physical and Sensory Disability Strategy and Action Plan (PSDS & AP) 2012-17 aims to help and achieve improved outcomes, services and support for people in the north of Ireland who, regardless of their age, have a physical, communication or sensory disability.	The implementation of the Action Plan has been extended until the end of September 2017. The Department in collaboration with the Health and Social Care Board and with input from the Strategy Implementation Group is currently considering how best to take forward any remaining actions that are not fully implemented by September 2016.	The PSDS&AP has been developed in accordance with articles stated in the UNCRPD and therefore supports the values of dignity, respect, independence, choice, equality and antidiscrimination for disabled people. The objectives of the strategy and action plan are to: Support disabled people to better exercise their rights, choices and life opportunities; Support the continuing development of an inclusive and effective range of high quality health and social care services; Promote health, wellbeing and maximise potential of individuals; Encourage social inclusion of disabled people and work to address stigma associated with disability; Encourage family and person-centred services and the promotion of independent living options; Help to ensure services are tailored to meet the changing needs of people over the course of their lifetime; and Continue to promote and enable balanced risk taking. Regular reports are provided by the HSCB to the Department highlighting progress towards implementation of the actions in the action plan using RAG ratings.

5. NI Rare Disease Implementation Plan (2015-2020). https://www.health-

ni.gov.uk/sites/default/files/publications/dhssps/ni-rare-diseases-implementation-plan-oct-2015.pdf

The plan aims to:

- Encourage effective and timely liaison between HSC and other public service providers, and encourage providers to consider the effects of rare diseases on people's lives when they are developing and managing services through the reconstitution of the Northern Ireland Rare Disease Stakeholder Group;
- Improve awareness of the effects that rare diseases can have on a person's education, family, social relationships, and ability to work, on an ongoing basis; and

Ensure that patients and their families have a say in treatment decisions during their care.

6. Implementation of the Mental Capacity Act.

The Mental Capacity Bill provides a single statutory framework governing all decision making in relation to the care treatment (for a physical or mental illness) or personal welfare of a person aged 16 or over, who lacks capacity to make a specific decision for him/herself.

Reconstitution of the Northern Ireland Rare Disease Stakeholder Group in 2016.

Implementation will be ongoing in line with the strategy.

Reconstitution of the Northern Ireland Rare Disease Stakeholder Group will help to raise the profile of rare diseases and will:

- highlight the needs of those living with rare conditions to service providers and clinicians;
- promote the needs of rare disease patients and their families with other NICS Departments who provide services for this section of the community; and
- ensure rare conditions are taken into account when policy is developed; and
- encourage a partnership approach to care for patients and clinicians;

Progress will be monitored by reports published by the NI Rare Disease Stakeholder Group and the UK Rare Disease Forum; and delivery of reports commissioned through the NI Rare Disease Stakeholder Group.

Implementation plans to be put to Ministers after the Assembly elections. Decision will have an impact on amount of resource applied to implementation, and therefore timing. The expected outcomes and how they will be measured/reported:

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

The Act, once commenced, will:

• presume that a person has mental capacity to

7. Establishment of a Mental Trauma Service (MTS). The full details for the MTS model continue to be developed. The intention is that the final model will support the voluntary and community sector to create an integrated approach with the Health and Social Care system to address mental health need.	The delivery of the MTS is based on availability of finance and subject to Ministerial/Executive agreement.	make decisions, unless it can be proved otherwise; provide a number of safeguards for individuals who lack mental capacity. provide a statutory basis for supported decision-making, and in promoting a fused approach for mental health and mental capacity legislation (including the repeal of the Mental Health (NI) Order 1986 for over 16s; and designed to reduce the stigma associated with mental illness. It is expected that the MTS will address the unmet needs of mental trauma suffers in a comprehensive, evidence-based way. The proposed aims of the MTS are to: comprehensively address the legacy of the conflict and address unmet mental health needs (though services would not be limited to trauma acquired in this way); improve individual, family and community experience of mental health trauma care; increase the overall capacity of mental health services in the north; improve the psychological and social outcomes for individuals, their families and communities who have been traumatised as a result of the conflict; and improve governance and accountability.
8. Mental Health Policy and Service Development. The Bamford evaluation is still being drafted, and will be subject to Executive approval before publication. Possibilities at this stage include:	The delivery is based on availability of finance and subject to Ministerial/Executive agreement.	The action measure will, as part of the development of an action plan • implement the findings of the Bamford Action Plan evaluation;

 further investment/service development in early intervention, community and home treatment services; more help for carers of people with mental health issues; increased mental health awareness raising/education in schools; appointment of a mental health champion; reduction of fragmentation in services; increased focus and resource on physical needs of people with mental ill-health. 		 identify good practice, deficiencies and needs in mental health services; incorporate the findings in future policy, service development and funding processes and decisions. It is expected that the measure will lead to improved mental health for the people in the north of Ireland.
9. The development a Service Framework for Mental Health. Service Frameworks set out the standards of care that individuals, their carers and wider family can expect to receive from the HSC system. The standards set out in a Service Framework reflect the agreed way of providing care. They provide a common understanding about what HSC providers and users of services can expect to provide and receive. The standards will cover various life stages from childhood to old age as well as some generic standards and specific standards will also contribute to the duties in particular those focused on Inclusion in Community Life, and, At Home in the Community	Consultation is planned for Autumn 2017. Standards are expected to be published in 2017. A Standardised Audit Template and Reporting Timeline will be designed for 2017/187 which will deliver baseline data regarding Phase I implementation. Trusts will use this to report annually against the Framework. A Managed Care Data Set developed as part of the Mental Health Informatics Project will be designed to gather data across the Domains and Standards from Phase II, April 2018.	The Framework will seek to improve the health and wellbeing of people with a mental health problem by: • promoting social inclusion; • reducing inequalities in health and social wellbeing; and • improving the quality of health and social care services. Within each standard the quality dimension is considered in terms of how it will promote citizenship, social inclusion and empowerment. Against each of these anticipated performance indicators will be included along with any individual target dates for completion.
10. Learning Disability Policy and Service Development. The Bamford evaluation is subject to Executive approval before publication. Possibilities for service improvements and/or delivery at this stage include: improvements in the transitioning process from	The delivery is based on availability of finance and subject to Ministerial/Executive agreement.	The action measure will, as part of the development of an action plan will implement the findings of the Bamford Action Plan evaluation, • identify good practice, deficiencies and needs

children's to adult learning disability services;

- better support for carers, in particular older carers;
- continued implementation of the Regional Day Opportunities model;
- development of short breaks provision;
- enhancement of community learning disability teams to manage and better support the increasing numbers of people with learning disabilities requiring health and social care services;
- consideration of further development of crisis support to work with those now being supported in the community and avoid re-admissions to hospital;
- address gaps in community forensic services.

11. Development a Service Framework for Children and Young People.

Implementation of the Service Framework will ensure consistently high standards and outcomes are achieved for children in preschool, primary and post primary age groups (0-19 years). This includes children with a disability i.e. physical, sensory or learning disability or prolonged condition which impacts on daily living in such a way that without the provision of adequate support services they would not achieve their optimal potential for personal development and social inclusion. It also includes children with complex health needs, learning and physical disability, sensory impairment, autistic spectrum disorders and emotional/behavioural disorders.

Standards to be published by Autumn 2017, of which they are 5 standards being considered that specifically, address the needs of children and young people with a disability.

in learning disability services;

 incorporate the findings in future policy, service development and funding processes and decisions.

It is expected that the measure will lead to improved learning disability services for the people in the north of Ireland.

The overall aim of the Service Framework for the Health and Wellbeing of Children and Young People is to:

- improve the health and wellbeing of all children and young people in Northern Ireland,
- promote social inclusion,
- reduce inequalities in health and improve quality of health and social care services.
- publish the final standards.

Monitoring the impact of the standards included in the Service Framework will be important for demonstrating the long term effectiveness of the framework.

In the north of Ireland we have two universal information systems that record outcomes of all pregnancies through NIMATS and Child Health programs (screening, surveillance and health promotion) through the Child Health System.

This framework will use these universal systems together with other information systems used by children's service providers e.g. PAS (hospital services), SOSCARE (social service), Badger.net (neonatal services), FNP data system (family nurse partnership).

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		Where information systems are not available to monitor the standards and associated Key Performance Indicators (KPIs) a system of 6 monthly self-assessment will be used with health and social care providers supported by evidence to justify their self-assessment (e.g. audits, policies and procedures, training completed by staff) will be put in place.	
	The service framework is due for review in 2018/19.	The KPIs set against each standard contained in the Service Framework are designed to improve the quality of the service provided to and experienced by those with a learning disability and their carers. The KPIs are measured through various means including audits, case note reviews, and a number of data sets. It is expected that the service framework will improve the health and well-being of people with a learning disability in Northern Ireland.	
Departmental Business Planning			
Measures	Timescale Indicators/Target	Performance indicators and links to DDO duties	
13. The Department's Business Plans will contain the theme/goal Accountability and assurance. This management oversight of Arm's length Bodies (ALB's) governance and performance will enable monitoring of ALB's compliance with the Disability Duties.	The Department will annually ensure, through steps in the assurance and accountability framework that all ALBs discharge their disability duties.	The Equality & Human Rights Unit will escalate issues of concern to the sponsor branches for them to be addressed at the Accountability Review. This will ensure that both the Disability Duties are complied with and that weaknesses/failings are addressed.	

14. Key disability speakers will be invited to address the Equality & Human Rights Steering Group (E&HRSG).	Ongoing Minutes will be kept and action points monitored.	This forum brings together the Equality and Human Rights leads in the Health and Social Care & Fire and Rescue Services sector. It is expected that this engagement will not only ensure that the group is kept appraised of current specific disability issues but help with the future development and ongoing monitoring of the Disability Duties.
15. Development of a new Disability Action Plan for 2017-2021	Pre-consultation engagement commenced in October 2016. Formal consultation – November/December 2017	The DAP is a legal requirement specifically intended to address the Disability Duties.
16. The Department has included the Disability Duties within its equality screening process to ensure that the duties are considered on all new policies. This will also be carried forward in the new Section 75 Equality Schemes introduced in 2012.	Ongoing	The Department will monitor screening to ensure that the Disability Duties are included in the screening process and are considered by policy makers from the outset. This will support both duties.
	Personnel issues	
Measures	Timescale Indicators/Target	Performance indicators and links to DDO duties
17. Provide guidance outlining our legal obligations as an employer and publicise the role of the Disability Liaison Officer. Ensure consideration is given to implementation of all identified reasonable adjustments.	Biannually issue guidance to staff reminding them of role of Disability Liaison Officer and employer's obligations. Ensure consideration is given to implementation of all identified reasonable adjustments. Ensure consideration is given to implementation of all identified reasonable adjustments.	This will support the duty to promote positive attitudes towards people with a disability and help create a culture that positively encourages and supports staff in discussing their disability and the adjustments that are needed to address any disadvantage they face in the workplace.

18. Provide information and awareness seminars to staff on disability/diversity related themes—	Events to be held at various dates throughout the reporting year	This will support the duty to promote positive attitudes towards people with a disability by providing information on the affect conditions have on people lives.	
19. Recruitment, career development and management support for disabled candidates and employees.	The sub-groups of the NICS Disability Working Group presented a report on their findings on the NICS position in relation to recruitment, career development and management in May 2017. Further targets – yet to be defined as it will flow from Permanent Secretary Group.	The Department is represented on the NICS Disability Working Group and involved in a sub-group who's objectives are to: • Improve the recruitment process for disabled candidates • Encourage people with disabilities to join the service. Market the NICS as a disability positive employer. More generally, the work of the NICS Disability Working Group will champion and advance equality of opportunity in the area of disability through developing a list of recommendations designed to target issues on recruitment, career development and management support for disabled staff and candidates.	
	Communications	candidates.	
Measures			
	Indicators/Target	duties	
20. Publications will be translated and made available in other formats on request or as appropriate for example Braille, audio, large print as requested – browse aloud on website	Ongoing The Department will respond to requests for alternative formats in a timely manner, usually within 20 working days.	This will facilitate engagement by people with a disability.	

Public Appointments			
Measures	Timescale Indicators/Target	Performance indicators and links to DDO duties	
 21. The Department's Appointments and Business Unit (ABU) ensures that all documentation and advice relating to public appointments are considered by the sponsor branches and does not form barriers to people with a disability applying for public life appointments. In February 2016 the NI Executive adopted a policy of attaining greater diversity in public appointments with improved representation of currently under-represented groups including people with disabilities. Following on from this DoH has underway and planned a range of measures aimed at encouraging people with disabilities. working to expand our outreach with people with disabilities e.g. for advertising public appointments to ensure our contact lists are up to date, and specifically including groups for people with disabilities. working with our Press Office to ensure that any social media avenues we are using to promote all our public appointments competitions specifically mention that we are interested in seeking applications from people with disabilities. re-tweeting all future competitions will be re-tweeted by the NI Executive to ensure that the advert reaches a wider audience. ensuring that all documentation relating to forthcoming DoH public appointments is considered by the relevant sponsor branches in the Department and work with them to ensure that it does not form barriers to people with a disability applying for public appointments 	Ongoing.	The action measures will promote positive attitudes towards people with disabilities and encourage participation by people with a disability in public life by removing barriers to access to the appointments system. A new monitoring form which will ensure that the data collected from applicants with disabilities on a voluntary basis will be more reliable and helpful. DoH will input to a report for the Head of the NI Civil Service for 2016-2017 and for subsequent years will include information on the involvement of people with disabilities in public appointments	