

DRAFT DISABILITY ACTION PLAN (2018-2023)

Introduction Under Section 49 (A) of the Disability Discrimination Action 1995 (DDA 1995) 1. 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/DHSSPS-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.
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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 mission and functions
	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 wellbeing 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; and

• 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 Department has clearly defined functions and responsibilities, and in addition to its role in support of the Minister, the Assembly and the Executive, its main functions will comprise:

- determining and reviewing policy;
- setting standards, priorities and targets for health and social care;
- overseeing the safety and quality of the services provided;
- HSC workforce planning, education and training;
- the HSC capital investment programme;
- financial planning and control;
- regional performance management issues; and
- governance issues and assurance from the ALBs.

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 which we propose for this Disability Action Plan with the performance indicators to address the identified inequality. These will be regularly reviewed and developed, with additional measures identified, throughout the period of the plan. The action measures will promote the positive attitudes towards people with disabilities and encourage their participation in public life.

Measure and *PfG ¹	Policy Area	Intended Outcome	Performance Indicator and Target
Indicator 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. PfGI 2 'Reduce health inequalities' Contributes to: PfGI 26 'Increase respect for each other' (TEO lead) PfGI 42 Increase quality of life for people with disabilities (DfC lead)	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.	 Refresher diversity training e-learning is mandatory for all staff every 3 years, and for new staff. Staff awareness seminars on disability/ diversity related themes are organised on a regular basis throughout the year. The in-house DoH publication 'the Pulse' will periodically promote the role of the Diversity Champion and the Disability Working Group to provide information on relevant issues and events.

¹ Note: PfG not yet finalised

Policy Area	Intended Outcome	Performance Indicator and Target
Equality, Diversity and Inclusion Policy	Representation at NICS Diversity Champions Network and feedback provided, as appropriate, to all staff.	Departmental representation at quarterly meetings.
	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.	 Key issues will be discussed at the EHR Steering group as relevant. (Membership includes HSC and Fire and Rescue Service). Issue of relevant guidance as required.
Healthier Lives programme	Implementation of Healthier Care programme for those living with long-term conditions.	 Early actions to be adopted by February 2018. Report cards in place and reporting regular performance management information by March 2018.
	Equality, Diversity and Inclusion Policy Healthier Lives	Equality, Diversity and Inclusion Policy 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. Elimplementation of Healthier Care programme for those living with long-term

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health' PfGI 9 'Improve support for adults with care needs' Contributes to PfGI 42 'Increase quality of life for people with disabilities' (DfC lead)	Long Term Conditions (LTC) Policy Framework	The policy framework and action plan will support people living with long term conditions to optimise their health and well-being through, for example, information and education to enable self-management.	 A rolling 5-year action plan is in place to implement the development areas identified in the Long Term Conditions Policy Framework. The Department attends a Regional Long Term Conditions Implementation Group, chaired by the Director of Public Health, which meets 3-4 times a year. An annual progress report is provided to the Department against the implementation of the LTC policy framework and LTC action plan.
	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	Full commencement of the Mental Capacity Act including: 1. Regulations in operation 2. Code(s) of Practice published

Measure and *PfG ¹ Indicator	Policy Area	Intended Outcome	Performance Indicator and Target
		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.	Relevant workforce training completed A date for commencement has yet to be agreed. Implementation is subject to Executive agreement; and allocation of resources.
	Mental Trauma Service	Establishment of a Mental Trauma Service (MTS) to address the unmet needs of mental trauma sufferers in a comprehensive, evidence-based way.	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 Mental Trauma Service which will: 1. Improve individual, family and community experience of mental health trauma care - the Service would provide care at the appropriate level, in the appropriate setting. 2. Increase the overall capacity of mental health services in the north through the provision of over 40 new whole time equivalent HSC posts, with associated training and research. 3. 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.

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			Improve governance and accountability through a Partnership Agreement between TEO and DoH to govern the operation of the Service.
			Full operation of the new Service is subject to the required resources being secured.
	Mental Health Policy and Service Development.	Improved provision of mental health and psychological therapies services.	 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. Implementation is dependent on the limits of the financial and other resources allocated to the Department and as priorities and targets are approved by a new Minister and Executive.
	Service	Development of a	Public consultation planned for 2018.
	Framework for	revised Service	
	Mental Health	Framework for Mental Health and Wellbeing	2. Standards reflecting the agreed way of providing care and a common understanding about what
		setting out standards of	HSC providers and users of services can expect

Measure and *PfG ¹ Indicator	Policy Area	Intended Outcome	Performance Indicator and Target
		care that individuals, their carers and wider family can expect to receive from the HSC system.	 to provide and receive will be published in 2018. A Standardised Audit Template and Reporting Timeline will be designed for 2018/19 which will deliver baseline data regarding Phase I implementation by 31 March 2019. 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, April 2019.
	Physical and Sensory Disability Strategy	Improved outcomes, services and supports for people with a physical, communication or sensory disability through implementation of the Physical and Sensory Disability Strategy and Action Plan 2012-2017, extended to September 2018.	 HSCB carried out a desktop review to scope out the current system in place across HSCTs. The purpose was to look at the service and the timely access of prescribed equipment for those with communication difficulties. This will be one of the additional actions in the Physical and Sensory Disability strategy. The RSIG group are progressing remaining actions within the Physical Disability Strategy & Action Plan.
	Autism Strategy	Implementation of the Autism Strategy (2013-20).	Progress report on the Autism Act (NI) 2011 delivered to the Assembly every 3 years. Next report due Sept 2018.

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	Rare Disease Implementation Plan	Implementation of the UK-wide Rare Diseases Strategy by 2020. The Plan provides 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.	 With the UK Government and other Devolved Administrations, implement the 51 commitments of the UK-wide Rare Diseases Strategy are to be implemented, including the additional commitment to further collaboration with ROI. A joint interim progress report to Ministers, from the 4 UK Health Departments, is due by February 2018. A NI Implementation Group oversees delivery of the NI Rare Diseases Implementation Plan, focusing initially on four priority areas: a communications review; 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, with the strategic aim of revolutionising how rare diseases are diagnosed and treated.
	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, subject to NI Executive agreement given the cross cutting nature of the review/action plan.

Measure and *PfG ¹ Indicator	Policy Area	Intended Outcome	Performance Indicator and Target
To support people with a disability to achieve their optimal potential for personal development and social inclusion. PfGI 2 'Reduce health inequalities' PfGI 5 'Improve the quality of the healthcare experience' Contributes to: PfGI11 'Improve educational outcomes' (DE lead) PfGI 12 Reduce educational inequality (DE lead) PfGI 28 'Increase the confidence and capability of people & communities' (DfC lead) PfGI 42 'Increase quality of life for people with disabilities' (DfC lead)	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 Ministerial agreement in 2018. 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 respite and palliative care.

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	Service Framework for Learning	To improve the health and well-being of people with a learning disability	3-year review of the service framework planned to take place in 2018/19.
	Disability	by improving the quality of the service provided to and experienced by those with a learning disability and their carers.	 Progress of the 34 standards aimed at improving the services experienced by those people with a learning disability has been monitored since the Service Framework was launched in January 2015.
			3. Plans to publish a revised Service Framework for consultation by March 2020 and launched by March 2021.
			4. Improvements to services to help clients and their carers make informed choices through better communication and staff awareness/training by March 2018.
			5. Clients supported to live independently and achieve employment opportunities through enhanced services and partnership working by March 2018.
To promote awareness and understanding of difficulties faced by people with a disability and to ensure their voice is heard.	Consultation/ stakeholder engagement	Appropriate engagement and interaction with sector.	1. 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

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PfGI 2 'Reduce health inequalities'			required, will be considered. 2. The use of social media through the DoH twitter account for greater awareness of
Contributes to:			consultation documents and quicker feedback.
PfGI 26 'Increase respect for each other' (TEO lead)			3. Where possible, pre-engagement prior to formal consultation and consideration of outreach pre-engagement with community based groups where relevant.
PfGI 42 Increase quality of life for people with disabilities (DfC lead)			4. As per NICS Policy Making Guide (February 2017) adopting 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.
	Information/ publications	All information will, where possible, be made available in other formats on request.	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.

Measure and *PfG ¹ Indicator	Policy Area	Intended Outcome	Performance Indicator and Target
To promote a culture of positive attitudes that will attract disabled applicants by removing barriers that will affect them and also supporting disabled employees. PfGI 2 'Reduce health inequalities' Contributes to: PfGI14 'Improve the skills profile of the population' (DfE lead) PfGI 16 'Increase the proportion of people in work' (DfE lead) PfGI 26 'Increase respect for each other' (TEO lead) PfGI 42 Increase quality of life for people with disabilities (DfC lead)	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.
Contributes to: PfGI14 'Improve the skills profile of the population' (DfE lead) PfGI 16 'Increase the proportion of people in work' (DfE lead) PfGI 26 'Increase respect for each other' (TEO lead) PfGI 42 Increase quality of life for people with			

Measure and *PfG ¹ Indicator	Policy Area	Intended Outcome	Performance Indicator and Target
	Equality in Public Appointments and meeting the objectives of the Executive's	Working to expand our outreach with people with disabilities and ensuring equality of opportunity for people with a disability in applying for public life appointments.	 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. At the outset of each public appointment
	policy (Feb 2016) of attaining greater diversity in public		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.
	appointments.		3. At the outset of each public appointment competition the advertisement will be re-tweeted by the Executive to ensure it reaches a wider audience.
			4. Utilise a newly developed monitoring form to ensure that data collected from applicants with disabilities on a voluntary basis will be more reliable and helpful in informing decision making within the Department.
			5. 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.
			6. All documentation and advice relating to public

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			 appointments will be considered in terms of language, images and format to ensure ease of accessibility for people with a disability. 7. 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.
	To improve the recruitment process for disabled candidates, encourage people with disabilities to join the service and market the NICS as a disability positive employer.	Implementation of the findings of the NICS Disability Working Group on the NICS position in relation to recruitment, career development and management support for disabled candidates and employees was produced and presented to the Diversity Champions network on 14 December 2016.	 The NICS Disability Working Group report was presented to the Permanent Secretary Group on 19 May 2017. When feedback received appropriate action will be progressed. The Department will continue to be actively involved in the NICS Disability Working Group to champion and advance equality of opportunity in the area of disability through implementing the agreed recommendations emerging from PSG designed to target issues on recruitment, career development and management support for disabled staff and candidates.
To ensure accountability and assurance as part of the Department's Business Planning process.	Accountability and assurance	The oversight of Arm's length Bodies (ALB's) governance and performance will enable the monitoring of ALB's	The Department will annually ensure, through steps in the assurance and accountability framework, that all ALBs discharge their disability duties.

Measure and *PfG ¹ Indicator	Policy Area	Intended Outcome	Performance Indicator and Target
		compliance with the Disability Duties. The sponsor branches are responsible for ensuring ALBs address issues of concern at the Accountability Review.	
To ensure Disability Action Plan, Equality Action Plan and Equality Scheme, are up to date and address any emerging issues.	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.	 The Plans will be a standing item on the EHR Unit Business Plan to ensure ongoing monitoring and reporting. Annual review and updating, as required