



# Health and Social Care Board

## Public Authority Statutory Equality and Good Relations Duties Annual Progress Report 2015-16

### Contact:

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Documents published relating to our Equality Scheme can be found at:  
Please insert link or details here

### Signature:

**This report has been prepared using a template circulated by the  
Equality Commission.**

**It presents our progress in fulfilling our statutory equality and good  
relations duties, and implementing Equality Scheme commitments and  
Disability Action Plans.**

**This report reflects progress made between April 2015 and March 2016**

## **PART A – Section 75 of the Northern Ireland Act 1998 and Equality Scheme**

### **Section 1: Equality and good relations outcomes, impacts and good practice**

- 1** In 2015-16, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved.

*Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.*

**Table 1:**

	<b>Outline new developments or changes in policies, practices, service planning or delivery and the difference they have made.</b>
Persons of different religious belief	•
Persons of different political opinion	•
Persons of different racial groups	•
Persons of different age	<p><b>Commissioning – Belfast Local Commissioning Group</b></p> <ul style="list-style-type: none"> <li>• Belfast LCG committed investments for persons of different ages including specific investments in the following <ul style="list-style-type: none"> <li>○ Paediatric Services: Neonatal, Community Midwife Pilot, DESMOND Structured Education for children and their parents/carers and RBHSC additional Consultant and nursing staff to enhance the existing service.</li> <li>○ Older People: Acute Care at Home, Domiciliary Care, Reablement, Community Rehabilitation, Interim Step Down Beds, MDT Input to Intermediate Care, Home Based Support, Rapid Access to Personalised Support and 7 Day Social Work Support for Discharge</li> </ul> </li> </ul>

### Commissioning – Northern Local Commissioning Group

- ***Medical Care Review for patients on arrival in Nursing Homes (1345)***

It is a significant step for any patient to move into a nursing home as their condition deteriorates. It requires communication with the patient, staff and relatives as well as reviewing their acute and chronic medical conditions, social circumstances and sorting out their medications. When the patient is new to the practice the task is infinitely harder as new relationships have to be established with the patient and their relatives as well.

This investment ensured that patients had a comprehensive face to face review with a GP as soon as possible after they arrived in a Nursing Home. This included ascertaining the current and significant past medical history, medications and allergies and other relevant information from various sources; developing an immediate care plan; arranging medications and other services as required and communicating with the patient, relatives, staff and other healthcare professionals as appropriate.

- ***Permanent Placements; Free Nursing Costs; and Temporary Placements (1355)***

Population projections through to 2023 show that the older population (ie 85+ years) in the Northern area is rising by an average of 6% per year. As such a significant investment in 2015/16 was made into the provision of permanent placements in nursing homes for those patients requiring this level of specialist care which cannot be met through other health and social care provision alternatives.

Whilst the strategic direction is to support older people to remain in their

own homes for as long as possible, it is recognised that as people live longer, their complexity of needs can be heightened and therefore a proportion will require nursing home care.

- ***Domiciliary Care Hours (1356)***

Population projections through to 2023 show that the older population (ie 65+ years) in the Northern area is rising by an average of 3% per year. Currently 5% of the older population in the Northern area are in receipt of domiciliary care.

The investment in 2015/16 was made to meet the gap identified in the projected needs of those older people requiring this service to allow them to remain living in their own home. This is the preferred option for the majority of the older population as it maintains their independence. Assessments carried out allow clear goals to be set to optimise the service user's ability to continue to or return to living in their own home for as long as possible.

### **Commissioning – South Eastern Local Commissioning Group**

- Investment by the SELCG in paediatrics services provision within the South Eastern locality have improved the quality of care delivered for children and their carers in aiming to reduce waiting times and improve accessibility to services. Also in relation to older people services' for the older population (aged 65+ years) and enabled them to be cared for in the home setting without the need for residential or nursing home care. Specific investments in POC 4 Older People Services included Domnall Fracture Rehabilitation,

Complex Discharge Pathway, District Nursing, Carers, Safe and Well Project including Health Promotion, Mental Health Services for Older People, Domiciliary Care Packages and Minor Adaptions – Aids and Appliances.

**Finance**

- A new capitation formula for Mental Health POC has been developed to target any additional funding to areas of greater need via different age profiles and gender.

**Transforming Your Care**

- New Care Pathways have been designed for post exacerbation paediatric asthma, and a range of service change developments to support its implementation, including modifications to the NI Electronic Care Record and a ‘Safe for Home’ checklist. These are currently being tested with two hospitals, and therefore outcomes have not yet been evaluated. Current planning is that testing will be rolled out to primary care and other secondary care sites over coming months.

**Corporate Services – Communications**

During 2015-16 the HSCB corporate website was redesigned.

During the early stages of the development usability studies were carried out with a range of HSC staff, BSO Equality Unit, and service users. Results from these studies were incorporated into the development of the website’s structure with the aim of making it more user friendly and resourceful for its users. User testing of the HSCB corporate website will be conducted with staff and user

	<p>groups.</p> <p>The tone in which we will speak to our audience will be plain English, where acronyms, health and social care, or clinical terms are used these will be explained.</p> <p>The HSCB has established Vimeo, YouTube and AudioBoom channels which have enabled the provision of information in alternative formats ie. audio and video, to a wider audience.</p>
Persons with different marital status	<p><b>Social Care and Children</b></p> <ul style="list-style-type: none"> <li>• Protocol &amp; Guidelines for Sexual Relationships for Adults with a Learning Disability April 2016</li> </ul>
Persons of different sexual orientation	<p><b>Social Care and Children</b></p> <ul style="list-style-type: none"> <li>• Protocol &amp; Guidelines for Sexual Relationships for Adults with a Learning Disability April 2016</li> </ul>
Men and women generally	<p><b>Commissioning – Belfast Local Commissioning Group</b></p> <ul style="list-style-type: none"> <li>• Joint investment was made by BLCG and Specialist Services Team to enhance the neonatal medical workforce by 2.6wte Neonatologists and 7.0wte Band 6 nurses which will augment the current medical rota in the delivery of specialist NICU services in line with national guidance, provide consultant cover for the neonatal transport service and see a return to the previous commissioned capacity of NNU cots with an agreed change in cot profile to</li> </ul>

address demand at ICU and HDU level.

- Investment has also been made in a Community Midwife Pilot to extend the existing service available to ensure a dedicated midwife will be available until 10pm every night, to support parents of babies in the first 28 days of life, who are resident in the Belfast Health and Social Care Trust area.

### **Commissioning – Northern Local Commissioning Group**

- ***Speciality Doctor for Anti-natal Diabetes (1369)***

Diabetic pregnancies are high risk pregnancies with additional risks for the mother and baby. Diabetic pregnancy is associated with poorer pregnancy outcomes for mothers (macrosomia, increased risk of stillbirth and miscarriage, and pre-eclampsia) and infants (higher perinatal mortality and congenital malformation). Diabetic mothers need to attend hospital earlier and more frequently than non-diabetic mothers.

In the Northern area, mothers with diabetes are managed at Antrim Hospital. All mothers with diabetes are encouraged to deliver in maternity units with 24 hour access to advanced neonatal resuscitation. Locally, there has been a year on year significant increase in the numbers of diabetic mothers managed by Antrim Hospital.

The significant increase is due to the rising levels of obesity, changes to diagnostic thresholds for diagnoses of gestational diabetes and more older women having babies.

In light of this demographic pressure, the HSCB commissioned an additional 0.5 Specialty Doctor in Diabetes to support the joint obstetric-diabetic antenatal clinic in Antrim Hospital to ensure the appropriate management of



the growing number of mothers with diabetes.

Outcomes achieved: improved management of diabetic mothers by facilitating greater access to joint obstetric-diabetic antenatal clinics in Antrim Hospital. This investment also enabled the NHSCT to meet the updated NICE Guideline NG3 (February 2015) on the management of diabetes in pregnancy.

### **Commissioning – Specialist Commissioning**

- Changes in laboratory accreditation standards underwritten by the UK Stem Cell Forum (UKSCSF) mean that to continue to operate the Belfast Cord Blood Bank would require significant additional investment, bringing the annual cost of running the service to around £600,000.
- The HSC Board wanted to ensure that cord blood is not collected and processed in a unit that does not meet extant standards which makes it unsuitable for use, that the best use of financial resources is made, that cords currently stored in Belfast Cord Blood Bank are disposed of or transferred to a suitable facility with appropriate licenses and that there is a robust arrangement for directed cord donations. The HSC Board proposed to achieve these objectives by closing BCBB and using resources to support other HSC activity and put in place robust arrangements with NHS blood and transplant for future processing and storage of directed cords and support local collection of directed cord blood.
- Blood is taken from umbilical cords. Only 1.2% women giving birth in NI

	<p>currently donate cord blood and only 0.2% maternities banked</p> <p><b>Commissioning – South Eastern Local Commissioning Group</b></p> <ul style="list-style-type: none"> <li>• Investments made by SELCG for maternity services are for women and aim to have a positive impact on their quality of care in terms of improved accessibility to appropriate services</li> </ul> <p><b>Finance</b></p> <ul style="list-style-type: none"> <li>• A new capitation formula for Mental Health POC has been developed to target any additional funding to areas of greater need via different age profiles and gender.</li> </ul>
<p>Persons with and without a disability</p>	<p><b>Commissioning – Belfast Local Commissioning Group</b></p> <ul style="list-style-type: none"> <li>• Investments made by BLCG for those with physical and sensory disabilities, those with learning disabilities and those with mental health issues have had a positive impact on their quality of care in terms of improved accessibility to appropriate services.</li> <li>• Belfast LCG has committed recurrent investment in POC 5 Mental Health to enable the roll out of the Primary Care Talking Therapies Consortium, to enable those patients with mild to moderate mental health problems to receive NICE recommended therapies within a primary care setting and enable step up or step down of patients who require more or less intensive intervention at the appropriate time. Investment was also committed to BHSCT to enhance the Community Mental and Forensic Health Teams to enable the Trust to strengthen its existing community mental health team</li> </ul>

	<p>to mitigate the pressures from increasing demand. Recurrent investment was also committed to enhance the existing alcohol and substance misuse service to ensure provision of a seven day service which encompasses a wider range of admission wards, ensures required interventions within 24/48 hours and provides follow up care with primary, community and voluntary providers to ensure continuity of care for the patient.</p> <ul style="list-style-type: none"><li>• Belfast LCG has committed recurrent investment in POC 6 Learning Disability to increase the provision of both planned and unplanned short breaks in line with the growth in population of people living with a learning disability.</li><li>• Investment was also committed across POC 5 and POC6 to enhance the support to carers of clients who access CAMHS or Adult ASD services, promoting the sharing of knowledge, social inclusion and resilience and providing financial assistance for short breaks.</li><li>• BLCG committed investment to BHSCT and Integrated Care Partnerships to development of a Foot Protection Team and enhancement of the Structured Patient Education Team ensuring that all patients with Diabetes can be offered Structured Patient Education and the Walking Away from Diabetes programme is implemented and also ensuring that recognised standards for frequency of foot reviews are met to reduce the risk of developing ulceration or amputation.</li><li>• Investments made by the BLCG under POC 7 Physical Disability include increased domiciliary care packages, enhancement of the British Red Cross Wheelchair Loan Services and the existing BHSCT contract and investment was also committed for the provision of additional C-LEG Units</li></ul>
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	<p>to support the trial of patients on the waiting list and to assist with the ongoing need to replace equipment for existing patients whose C-Leg is being repaired.</p> <ul style="list-style-type: none"><li>• Investment was committed across Physical Disability POC 7 to enable the Trust to manage the increasing demand of patients with Korsakoff syndrome.</li><li>• Belfast LCG committed investment in the Vascular and Neurosciences service located within MPH which would enable the recruitment of specialist staff to facilitate and manage patients through their pathway including reduced delayed bed days, improved discharge co-ordination, pre and post op assessment for amputee patients and provision of rehabilitation step down beds.</li><li>• Belfast LCG committed recurrent and non-recurrent investment across the Glaucoma and Ophthalmology service for the provision of additional consultant sessions and also the modernisation of surgical treatment.</li></ul> <p><b>Commissioning – Northern Local Commissioning Group</b></p> <ul style="list-style-type: none"><li>• The development of a <b>“Wellness Facility” in the Causeway area</b> to facilitate early discharge from hospital and maintain service users in the community. Outcomes included actively engaging with individuals and organisations in a person centred way to identify then address their physical and emotional health and wellbeing needs; supporting and empowering individuals to reach their full potential; enabling people who use the services to re-connect with their community; developing transferrable skills which would allow people to either volunteer or be</li></ul>
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	<p>employed; signposting information and advice to other local services that support physical and mental health and wellbeing needs; providing emotional and practical support plus advice and training on health and wellbeing to marginalised groups; and reducing hospital admission and supporting early discharge. Groups of between 8 – 15 people attend dependent on the group and the menu of available courses is refreshed every 12 weeks.</p> <ul style="list-style-type: none"><li>• Additional “<b>Psychological Well-being Hubs</b>” offer a model of service for the low level types of interventions that are effective in dealing with common mental health issues before they escalate to problems of a more complex and enduring nature. This partnership driven community based service delivers low level psychological therapies at step 2 of the stepped care model.</li><li>• Outcomes achieved through this investment include extended range of interventions available with greater focus on early intervention, in particular provision of additional low intensity talking therapy sessions services through third sector providers; effective governance, referral management and care co-ordination arrangements across primary and secondary care; and targeted improvements based on robust analysis of needs and service availability/gaps. Uptake has been excellent and it is hoped additional funding can be found to expand the service to cope with rising demand.</li><li>• Investment in phase 1 of a three year plan was to enhance <b>Psychological Service</b> Provision across NHSCT Inpatient facilities and to improve the patient pathway across services. In Year 1, the NHSCT recruited 1.0 WTE Consultant Clinical Psychologist post to deliver specialist services to adults</li></ul>
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	<p>within the inpatient assessment and treatment wards within the Trust.</p> <p>Four key functions are being provided: provision of high quality acute care by providing inpatient psychological intervention; promote recovery and inclusion for people using acute mental health services; support the development of a specialist acute care workforce; and quality improvement, service development and research.</p> <p>Funding was made available for the appointment of a <b>Band 6 Social Worker/additional Carer for the Magherafelt and Cookstown area to co-ordinate additional support for carers of people with Mental Health issues</b>. The Social Worker scoped both statutory and non-statutory services that are available within the area; and is responsible for acting as a focal point for carers so that they can receive the support they need to maintain good health for themselves as well as for their loved one and thereby provide as much independence for their loved one as is safe and effective.</p> <ul style="list-style-type: none"> <li>• <b><i>Dual Diagnosis (1372)</i></b> The NLCG supported the NHSCT's identified need for a Dual Diagnosis Co-ordinator to support the strategic development of working with co-morbidity across all Mental Health teams.</li> </ul> <p>The key areas of work included:</p> <ul style="list-style-type: none"> <li>• Leading on workforce development – training &amp; building competency for Mental Health in working with co-occurring substance misuse AND building competency for Addictions in working with co-occurring mental illness</li> <li>• Lead on building the Dual Diagnosis champion infrastructure, management</li> </ul>
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	<p>and support structures</p> <ul style="list-style-type: none"><li>• Provide supervision for staff working with complex cases</li><li>• Directly input into all teams to build a ‘no wrong door’ culture</li><li>• Develop care pathways to support effective and safe care management</li><li>• Develop policies, protocols to support the care pathways etc.</li></ul> <p>Investing in this post has improved the service for service users within the NHSCT, and gives a strong message of the HSCB’s commitment to the importance of this area of service user need.</p> <ul style="list-style-type: none"><li>• <b><i>Learning Disability (1362)</i></b> The proposals address demographic growth for 2015/16 which will result in a higher volume of people requiring services as well as an increased acuity as people with a learning disability live longer and the requirement for additional placements in Day Centres.</li><li>• <b><i>Physical Disability (Wheelchairs) (1363)</i></b> Demographic pressure impacts on the need for wheelchairs both for older people and for those with a physical disability. The availability of wheelchairs can also contribute to more timely discharge from hospital.</li></ul> <p>The investment in 2015/16 was to enable the NHSCT to provide additional wheelchairs to expedite hospital discharge.</p> <p><b>Commissioning – South Eastern Local Commissioning Group</b></p>
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- Investments made by SELCG for those with physical and sensory disabilities, those with learning disabilities and those with mental health issues had a positive impact on their quality of care in terms of improved accessibility to appropriate services. Investments made by the SELCG under POC 6 Learning Disability include Day Centres – increased staff regarding the needs of complex young adults and Day Opportunities. Investments made by the SELCG under POC 7 Physical Disability include Domiciliary Care, Wheelchair Loan Services, Carers short breaks and Supported Living.

### **Finance**

- A new capitation formula for Mental Health POC has been developed to target any additional funding to areas of greater need.

### **Social Care and Children**

- During 2015-16 the HSCB has continued to lead on the ongoing progression of the Physical & Sensory Disability Action Plan 2012-2015 through the Strategic Implementation Group and Regional workstreams and partnership working with Disabled people, Statutory services and Community & Voluntary Groups.
- Outcomes achieved in 2015-16 under the auspices of the P&SD strategy have included :
- Deafblind report- A regional deafblind needs analysis report was completed and key findings of this review were launched at a workshop in autumn 2015. Specialist deafblind training for staff commenced in September 2015.



- Regional Sensory Care Pathways for hearing and sight loss have been developed and implemented by HSCTs.
- A Regional Sensory Training Framework was developed.
- A level 1 e-learning Sensory Awareness raising programme for hearing and sight loss was developed in 2015 and will be launched on 1<sup>st</sup> July 2016.
- Regional Review of Communication Support Services and an Equality Impact Assessment was completed in 2015-16. The recommendations of this Review and EQIA assessment opened for public consultation on 6<sup>th</sup> June for 13 weeks.
- My Journey My Voice- a multi-sensory interactive exhibition highlighting the needs of people with communication impairment was funded by HSCB in partnership with RCSLT and Disability Action; this exhibition is being taken round the region at host sites.
- Making Communication Accessible- A Guide for all HSC Staff was developed and will be formally launched on 27<sup>th</sup> June 2016
- Social Networking – following a formal independent evaluation the HSCB provided recurrent funding in 2015-16 to enable HSCTs to commission social networking services for disabled people from the third sector.
- ABI awareness raising annual week of events
- Protocol & Guidelines for Sexual Relationships for Adults with a Learning Disability April 2016
- Talking Yourself Well-Psychological Therapies Care Pathway 2015

**Corporate Services – Communications**

	<p>The HSCB websites are registered with <a href="#">Browsealoud</a>.</p> <p>During 2015-16 the HSCB corporate website was redesigned. The new website follows guidelines issued by the World Wide Web Consortium (W3C) and the Royal National Institute for the Blind (RNIB) and is accessible to Web Accessibility Initiative (WAI) standards – to at least level AA.</p> <p>Diverse images will be used on the website and intranet where appropriate.</p> <p><a href="#">Web Accessibility information</a> is available on the new website.</p> <p>During the early stages of the development usability studies were carried out with a range of HSCB staff (including the Disability Working Group), HSC staff, BSO Equality Unit, and service users. Results from these studies were incorporated into the development of the website’s structure with the aim of making it more user friendly and resourceful for its users.</p> <p>The HSCB has established Vimeo, YouTube and AudioBoom channels which have enabled the provision of information in alternative formats ie. audio and video, to a wider audience.</p>
<p>Persons with and without dependants</p>	<p><b>Commissioning – Belfast Local Commissioning Group</b></p> <ul style="list-style-type: none"> <li>• Belfast LCG committed investment in Carer Support across POC 5 and POC 6. Investment was also committed for Service Users and their carers who have received a diabetes diagnosis; this investment provides education, advice and support from diagnosis through to follow up care.</li> </ul>



## **Equality monitoring**

During the year, the Equality Unit, on behalf ourselves and our partners, coordinated a six week staff monitoring initiative which targeted messages at staff through direct email, screen pop ups and posters, to encourage them to fill out their staff data on our HRPTS system. This produced some marginal increases across some of the Section 75 categories however we acknowledge that we have some more work to do to improve the data.

Over and above the particular initiative, prompts to staff on completing equality information on the new Human Resources systems, the HRPTS, were issued at several times during the year.

## **Good Relations Statement**

Following engagement with Trade Union Colleagues we agreed and launched a Good Relations Statement, in partnership with the 10 other regional HSC Organisations. The statement was launched in the Islamic Centre, Belfast with input by the Community Relations Council.

We will work with our partners in 2016-2017 to develop some actions that put meaning to our new statement.

## **Gender Identity Employment Policy**

Together with our colleagues from the Health and Social Care (HSC) Trusts we jointly progressed the development of a gender identity employment policy. To this end, equality and human resources staff engaged with groups and individuals from the gender identity sector as well as the LGB& T staff forum in Health and Social Care. Likewise, staff from the regional gender identity service fed into the process.

## **Bulletins, newsletter, senior briefings, intranet and email**

We provided our staff with information in the form of emails, features on our intranet or staff newsletters and bulletin. These focused on the following:

- Awareness of Disability Staff Network and Staff Survey
- Training Dates
- Disability Work Placements
- Hearing Loss Awareness Day information and feature
- Learning Disability Awareness Day information and feature
- Staff Equality Monitoring
- Launch and Promotion of Disability Staff Forum.

In addition, a number of senior briefings were provided on the following areas:

- Draft Annual Progress Report
- Training Plan 2015-16
- Disability Placements - Request for placement offers
- Five Year Review of Equality Scheme
- OFMDFM age legislation proposals
- Website Accessibility
- Staff monitoring
- Standards and Guidance for the Involvement of Disabled People in our work
- Good Relations Statement and its launch as well as
- regular updates on the Disability Staff Forum, Awareness Days and Disability Placements.

### **Website Accessibility**

We gave consideration to a number of ways of assessing and improving accessibility of our website, including self-assessment, automated testing tools, website accessibility evaluation services and user-based accessibility testing. We will launch our new website, which was user tested for assessibility, in 2016-17.

### **Standards and Guidance for the Involvement of Disabled People**

There are many reasons why it is important to consult and involve service users, carers and the wider community.

People with disabilities tend to be excluded from public services and when health and social care outcomes are agreed with communities, needs are better met and people can be supported to manage their own care. There is a growing body of literature to show that good quality involvement can lead to improved health and social care outcomes, better value for money and improved quality of life for service users, their families and carers, community and the whole of Health and Social Care.

We therefore, in partnership with the BSO Equality Unit and our HSC Regional colleagues, developed standards and guidance for the involvement of disabled people in our work. We also developed a

checklist for staff to ensure that people with a disability can be fully involved when we are arranging meetings / running events.

This was developed in consultation with disabled people and organisations representing disabled people such as; ARC NI, Autism NI, British Deaf Association NI, Omnibus Partnership, Patients Group of Royal College of GPs, Positive Futures, SHSCT, Telling it like it is group.

### **Disability Staff Forum**

We finalised the establishment of a HSC Disability Staff Forum for staff members in our organisation. This Forum is open to staff working in all 11 HSC Regional Organisations who have an interest in Disability. We are sponsoring the Forum in 2016-2017.

We worked with HSC colleagues in the Business Services Organisation Equality Unit to develop and agree a workable and effective structure for the Forum.

The Forum was launched at the end of 2015-2016 and will begin formal meetings, draft terms of reference and establish and promote itself throughout 2016 – 2017.

We will work with partners during 2016-2017 to determine the long term sponsorship of the Forum.

### **Disability Work Placements**

4 individuals began their 26-week work placement with us. The scheme is run jointly with the other regional HSC organisations. Overall, 25 opportunities were created in 2015-16; by the end of March, 15 individuals were currently participating in the scheme.

### **Disability Awareness Days**

Featuring two staff awareness days on disabilities during the year was also one of our objectives. In September, we focused on Hearing Loss. In February, we drew the attention to Learning Disabilities.

On both days, we offered our staff the opportunity to attend a talk by Action on Hearing Loss and Mencap in a number of our office locations. In addition, we provided staff with information materials and signposting information on how to access further support.

- 2** Please provide **examples** of outcomes and/or the impact of **equality action plans/** measures in 2015-16 (*or append the plan with progress/examples identified*).

Please see Appendix 1: Equality Action Plan Progress Report 2015-16

**3** Has the **application of the Equality Scheme** commitments resulted in any **changes** to policy, practice, procedures and/or service delivery areas during the 2015-16 reporting period? *(tick one box only)*

- Yes**                       No (go to Q.4)                       Not applicable (go to Q.4)

Please provide any details and examples:

Please see Table 1 under Question 1 for further information. Please also see Appendix 2 and 3: Screening Report 2015-16 and Mitigation

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

Please provide any details and examples:

Please see Table 1 under Question 1 for further information. Please also see Appendix 2 and 3: Screening Report 2015-16 and Mitigation

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

**As a result of the organisation's screening of a policy (please give details):**

Please refer to tables 1, 2 and 3

As a result of what was identified through the EQIA and consultation exercise *(please give details):*

As a result of analysis from monitoring the impact *(please give details):*

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

Please refer to tables 1 and 3.



- Other (*please specify and give details*):

## Section 2: Progress on Equality Scheme commitments and action plans/measures

### Arrangements for assessing compliance (Model Equality Scheme Chapter 2)

**4** Were the Section 75 statutory duties integrated within job descriptions during the 2015-16 reporting period? (*tick one box only*)

- Yes, organisation wide
- Yes, some departments/jobs**
- No, this is not an Equality Scheme commitment
- No, this is scheduled for later in the Equality Scheme, or has already been done
- Not applicable

Please provide any details and examples:

The HSCB includes the following statements in our job descriptions:

- Maintains staff relationships and morale among staff reporting to him/her;
- Participates in the selection and appointment of staff reporting to him/her in accordance with approved procedures;
- ***To assist the Board in the fulfilment of its statutory duty under section 75 of the Northern Ireland Act 1998, to provide equality of opportunity and the promotion of good relations;***
- To support the Board in complying with its obligations under Human Rights legislation.

**5** Were the Section 75 statutory duties integrated within performance plans during the 2015-16 reporting period? (*tick one box only*)

- Yes, organisation wide
- Yes, some departments/jobs

- No, this is not an Equality Scheme commitment
- No, this is scheduled for later in the Equality Scheme, or has already been done**
- Not applicable

Please provide any details and examples:

We will ensure that objectives relating to undertaking equality screenings and where relevant EQIAs are integrated into personal performance plans of senior staff.

**6** In the 2015-16 reporting period were **objectives/ targets/ performance measures** relating to the Section 75 statutory duties **integrated** into corporate plans, strategic planning and/or operational business plans? *(tick all that apply)*

- Yes, through the work to prepare or develop the new corporate plan
- Yes, through organisation wide annual business planning
- Yes, in some departments/jobs
- No, these are already mainstreamed through the organisation's ongoing corporate plan**
- No, the organisation's planning cycle does not coincide with this 2015-16 report
- Not applicable

Please provide any details and examples:

Embedding and mainstreaming the Section 75 Equality Duties remains a key objective for the HSCB. This is integrated into the HSCB Corporate Plan 2014/15 to 2016/17. Theme 2 of the Plan is to ***'improve the health and social wellbeing of the population of NI with a focus on prevention and reducing health inequalities, promoting equality, human rights and diversity in all the HSCB's functions.'*** The first objective under this theme is to ***'promote Equality, Human Rights, and Diversity in all HSCB functions and***

***meet statutory requirements’.***

### **Equality action plans/measures**

**7** Within the 2015-16 reporting period, please indicate the **number** of:

Actions completed:  Actions ongoing:  Actions to commence:

Please provide any details and examples (*in addition to question 2*):

Please see Appendix 1: Equality Action Plan Progress Report 2015-16

**8** Please give details of changes or amendments made to the equality action plan/measures during the 2015-16 reporting period (*points not identified in an appended plan*):

There were no changes to the Equality Action Plan during the 2015-16 reporting period due to the review and public consultation undertaken of the organisation’s equality action plan during the previous reporting period.

**9** In reviewing progress on the equality action plan/action measures during the 2015-16 reporting period, the following have been identified: (*tick all that apply*)

- Continuing action(s), to progress the next stage addressing the known inequality**
- Action(s) to address the known inequality in a different way
- Action(s) to address newly identified inequalities/recently prioritised inequalities
- Measures to address a prioritised inequality have been completed**

### **Arrangements for consulting (Model Equality Scheme Chapter 3)**

**10** Following the initial notification of consultations, a targeted approach was taken – and consultation with those for whom the issue was of particular relevance: (*tick one box only*)

All the time

**Sometimes**

Never

Where relevant we tend to engage with targeted groups as part of our work preceding formal consultation. This is to inform our consultation documents.

- 11** Please provide any **details and examples of good practice** in consultation during the 2015-16 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Please see Table 2 below.

**Table 2**

<b>Service Area</b>	<b>Policy consulted on</b>  <b>Updated</b>	<b>What equality document did you issue alongside the policy consultation document? (screening template/EQI A report/none)</b>  (NB: if you only issued an EQIA report and not a policy consultation document please include this information)	<b>What consultation methods did you use?</b>	<b>Which of the methods you used drew the greatest number of responses from consultees?</b>  (NB: if the consultation started in 2015-16 but is still on-going, please give an interim indication of methods most used and outline the closing date)	<b>If consultees raised concerns, did you review your initial screening decision?</b>	<b>Do you have any comments on your experience of this consultation ?</b>

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<p>Commissioning - Belfast</p>	<p>PPI Workshops:  March 2015, June 2015, October 2015 and February 2016</p>		<p>PPI Engagement Workshops</p>	<p>Facilitated Group Work at each PPI event facilitated and promoted engagement and participation from service users and carers and subsequent feedback surveys from these events</p>	<p>PPI Engagement is a worthwhile process however throughout our events we encountered difficulty in reaching service users and carers themselves even though our events were widely promoted through Social Media, existing contact lists and wider promotion through the primary, community and voluntary</p>
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						sectors
Commissioning – Specialist	Future Arrangements for access to Cord Blood Bank Services in Northern Ireland	None	Public Consultation running from Monday 2 March 2015 to Friday 22 May 2015. Meetings with key stakeholders including NIBTS Chief Executive and Medical Director and NIBTS staff. Correspondence and discussion with DHSSPS. Discussion with Co-Director for maternity services BHSCT and Paediatric	Only one response was received via public consultation, but this was not directly related to the Belfast Cord Blood Bank.	No concerns were raised.	

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			Haematologist			
Commissioning – South Eastern	Consultation with community and voluntary groups re proposed service investments in 2015/16 and to inform the Local Commissioning Planning processes going into 2016/17	None	PPI workshops for example, specific engagement events on long term conditions in October 2015, on unscheduled care in November 2015 and on health improvement for the adult population in March 2016.	PPI workshops for example, specific engagement events on long term conditions in October 2015, on unscheduled care in November 2015 and on health improvement for the adult population in March 2016.	Views and priorities coming out of the workshops were reflected in the Local Commissioning Processes.	Feedback / evaluation from participants indicated that they welcomed the opportunity to influence the content of commissioning planning processes and commissioning decisions
Finance	Updated formula for Mental Health Programme of Care to be incorporated into the Regional	Screening Template	Targeted public consultation via E-mail to Trusts and Voluntary Organisations	Only one method used	No	The consultation provided valuable feedback which will be incorporated into the next



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	Capitation Formula					formula review
Integrated Care	<p><b><u>Pharmacy</u></b></p> <p>Community Pharmacy Fees for 2016/17 (Including global sum fees and non-global sum fees)</p>	Screening Template	<p>Data from the Pharmaceutical Society NI</p> <p>Previous responses received to consultations on fees</p> <p>Representations made in association with the on-going judicial review</p> <p>On-going discussions with community pharmacy NI</p> <p>Financial and prescription volume modelling taken</p>	Unknown	Not applicable	None

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			from BSO			
Integrated Care	<b><u>GMS</u></b> Proposed Merger of Corran and Blackarch Surgeries (within Corran Surgery) in Larne	Screening template was completed as a desktop exercise	Questionnaire issued to all patients of Blackarch Surgery  Public consultation	Questionnaire – 41% response	No. Response assisted with mitigation of impact of service change	Questionnaire useful tool to establish patient views and inform mitigation of impact.
Integrated Care	Application by Practice 314, Ballymena Health Centre to close branch surgery in Clough (and associated dispensing service from Clough)	Screening template was completed as a desktop exercise	A survey of all patients attending the branch surgery was carried out.  A patient information session was held in the branch surgery on 24.9.15. The event was publicised on posters in the	More responses were received in relation to the survey, i.e. 55.  14 patients attended the information event	All concerns were reviewed in turn and addressed at the information event. Alternative, safer and improved arrangements for service provision existed in	The survey was useful for collecting information on the nature and extent of patient concerns. The subsequent information event was an opportunity to provide assurances in relation to

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			<p>branch and main surgeries. It was led by the Senior GP. Other attendees</p> <p>included GP, Practice Manager, Patient &amp; Client Council rep, HSCB staff, Community Pharmacy.</p>		<p>relation to all concern raised.</p>	<p>these concerns.</p>
<p>Integrated Care</p>	<p>Proposed closure of Mount Oriel Medical Practice's branch surgery located at 142/144 University Street, Belfast</p>	<p>Screening template was completed as a desktop exercise.</p>	<p>A written questionnaire was issued to patients potentially most affected by the proposed change in the service, i.e. those patients who have used the branch</p>	<p>N/A – one method only was used.</p>	<p>No concerns were raised by responders. The response assisted with mitigation of the impact of the service change.</p>	<p>The questionnaire was helpful in establishing patient views.</p>

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			surgery.			
Integrated Care	Proposed closure of The Irwin Practice, Finaghy Health Centre's branch surgery, located within Dunluce Health Centre, Belfast	Screening template was completed as a desktop exercise.	A written questionnaire issued to patients who potentially could be most affected by the proposed change in the service, i.e. those patients mapped as living within the vicinity of the branch surgery.	The consultation commenced in 2015/16. Anticipated that this should be completed during 2016.  Still ongoing.  Analysis of responses to the questionnaire is in progress.	Consultation still on-going.	Consultation still on-going.
Social Care and Children	Short Break Services for people with a dementia and their informal caregivers	Equality Screening completed	One-to-one interviews, face to face and telephone  Focus groups  One-to-one discussions after Focus	Focus Groups had the greatest number of responses – 54 attended.	The impacts of the policy will be primarily positive for service users. A number of small issues	

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			Groups Questionnaires		were identified; however these have been mitigated and feature where appropriate in the contract with providers	
Social Care and Children	Dementia Champion Training Programme for staff in both the Statutory and Independent Sectors	Equality Screening completed	Training Needs Analysis (TNA) was circulated to a wide range of staff  Meetings with People living with a dementia and their families/carers	TNA returns had the greatest number of responses	The impacts of the policy will be primarily positive for people living with a dementia and Health and Social Care Staff.  A number of small issues were identified,	

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					however these have been mitigated and will feature where appropriate in the contract with providers	
Social Care and Children	Training for Informal Caregivers, family members or friends of people living with a dementia	Equality Screening completed	Training Needs Analysis (TNA) was circulated to a wide range of staff  Meetings with People living with a dementia and their families/carers	TNA returns had the greatest number of responses	The impacts of the policy will be primarily positive for people living with a dementia and Health and Social Care Staff. A number of small issues were identified,	

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					however these have been mitigated and will feature where appropriate in the contract with providers	
Social Care and Children	The Dementia Learning and Development Framework	Equality Screening completed	<p>Training Needs Analysis (TNA) was circulated to a wide range of staff</p> <p>Meetings with People living with a dementia and their families/carers</p> <p>Feedback and Engagement Questionnaire</p>	<p>152 completed TNA returns were the greatest number of responses</p> <p>121 responses were received as part of the Feedback and Engagement</p>	The impacts of the policy will be primarily positive for people living with a dementia and Health and Social Care Staff. A number of small issues were identified,	

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			on the final draft was developed through Survey Monkey and shared widely	process	however these have been mitigated and will feature where appropriate in the contract with providers  Comments received as part of the Feedback and Engagement Process were considered and if relevant reflected in the Framework document.	
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**12** In the 2015-16 reporting period, given the consultation methods offered, which consultation methods were **most frequently used by consultees**: *(tick all that apply)*

- Face to face meetings
- Focus groups**
- Written documents with the opportunity to comment in writing**
- Questionnaires**
- Information/notification by email with an opportunity to opt in/out of the consultation**
- Internet discussions
- Telephone consultations
- Other *(please specify)*:

Please provide any details or examples of the uptake of these methods of consultation in relation to the consultees' membership of particular Section 75 categories:

Please see Table 2 under Question 11 above.

**13** Were any awareness-raising activities for consultees undertaken, on the commitments in the Equality Scheme, during the 2015-16 reporting period? *(tick one box only)*

- Yes**       No       Not applicable

Please provide any details and examples:

In our quarterly screening reports we raise awareness as to our commitments relating to equality screenings and their publication.

As part of our engagement and consultation during Equality impact Assessments we also highlight our Equality Scheme commitments to the public.

**14** Was the consultation list reviewed during the 2015-16 reporting period? *(tick one box only)*

- Yes**       **No**       **Not applicable – no commitment to review**

**Arrangements for assessing and consulting on the likely impact of policies (Model Equality Scheme Chapter 4)**

The Business Services Organisation Equality Unit collate and publish equality screening templates and other reports associated with Equality Scheme commitments on our behalf, please see:

<http://www.hscbusiness.hscni.net/services/2644.htm>

**15** Please provide the **number** of policies screened during the year (as recorded in screening reports):

33
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**16** Please provide the **number of assessments** that were consulted upon during 2015-16:

10	Policy consultations conducted with <b>screening</b> assessment presented.
1	Policy consultations conducted <b>with an equality impact assessment</b> (EQIA) presented.
0	Consultations for an <b>EQIA</b> alone.

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

Please see Table 2 under Question 11 above

**18** Were any screening decisions (or equivalent initial assessments of relevance) reviewed following concerns raised by consultees? (*tick one box only*)

- Yes**       **No concerns**       **No**       **Not**

**were raised**

applicable

Please provide any details and examples:

Please see Table 2 under Question 11 above.

### Arrangements for publishing the results of assessments (Model Equality Scheme Chapter 4)

**19** Following decisions on a policy, were the results of any EQIAs published during the 2015-16 reporting period? *(tick one box only)*

**Yes**       No       Not applicable

Please provide any details and examples:

The results of the EQIA and Consultation of Self Directed Support were published as part of the papers going to the Board meeting of the Health and Social Care Board. The relevant documents can be found at: <http://www.hscboard.hscni.net/publications/self-directed-support/>

The eHealth and Care Strategy which was completed the last financial year but not formally launched until 2015-16 has also been published.

Finally, a number of EQIAs have begun and are in the initial stages, due to be completed and published in 2016-17.

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

**20** From the Equality Scheme monitoring arrangements, was there an audit of existing information systems during the 2015-16 reporting period? *(tick one box only)*

Yes       **No, already taken place**  
 No, scheduled to take place at a later date       Not applicable

Please provide any details:

Please see last year's Annual Progress Report.

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

**Yes**                       No                       Not applicable

Please provide any details and examples:

Please see Table 3 below.

**Table 3**

<b>Service or Policy</b>	<b>What equality monitoring information did you analyse?</b>	<b>Did the way you used the data result in improved access to information or services?</b>
NISRA/NINIS CENSUS INFORMATION 2011 (Commissioning – Belfast)	Population (Current and Projections) Gender Age Dependent Status Disability Ethnicity	This enabled us to determine demand for services, projected demand and the overall current and projected population of the Belfast locality.
QOF GP Register Data (Commissioning – Belfast)	Prevalence Rates: Diabetes, Stroke, Mental Health, Learning Disability, Physical Disability,	Yes this enabled us to complete a full needs assessment for services we would commission.
BCBB cord blood (Commissioning Specialist)	No one in NI has benefited from BCBB cord blood. Only around 350 donations are collected each year = 1.4% out of a total 25,000 maternities. Of the 350 only 50 are banked (0.2% of 25,000 NI maternities).	Cost of all options – including improving and maintaining BCBB calculated – not cost effective.

**22** Please provide any details or examples of where the monitoring of policies, during the 2015-16 reporting period, has shown changes to differential/adverse impacts previously assessed:

No monitoring was undertaken of policies previously assessed

- 23** Please provide any details or examples of monitoring that has contributed to the availability of equality and good relations information/data for service delivery planning or policy development:

Please see Table 3 under Question 21 above

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

- 24** Please report on the activities from the training plan/programme (section 5.4 of the Model Equality Scheme) undertaken during 2015-16, and the extent to which they met the training objectives in the Equality Scheme.

#### HSCB 15/16 TRAINING

EQIA	9
Screening training	14
Human Rights	20
Corporate Induction	13
Placement training	1
<b>Total</b>	<b>57</b>

#### eLearning: Discovering Diversity Training Figures

Module 1 to 4 – Diversity	89
Module 5 – Disability	133
Module 6 – Cultural Competencies	66

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

The Health and Social Care Board avails of the joint Section 75 training programme that is coordinated and delivered by the BSO Equality Unit for staff across all 11 partner organisations. The following statistics thus relate to the evaluations undertaken by all participants for the Equality Screening Training and Equality Impact Assessment

Training respectively.

### **Equality Screening Training**

The figures in bold represent the percentage of participants who selected 'Very Well' or 'Well' when asked the questions below.

Participants were asked: "Overall how well do you think the course met its aims":

- To develop an understanding of the statutory requirements for screening: **99.0%**
- To develop an understanding of the benefits of screening: **99.0%**
- To develop an understanding of the screening process: **97.0%**
- To develop skills in practically carrying out screening: **97.0%**

The figure in bold represents the percentage of participants who selected 'Extremely Valuable' or 'Valuable' when asked the question below.

Participants were asked: "How valuable was the course to you personally? **97.0%**

### **Equality Impact Assessment Training**

Participants were asked: "Overall how well do you think you have achieved the following learning outcomes:

- To demonstrate an understanding of what the law says on EQIAs **83.0%**
- To demonstrate an understanding of the EQIA process **83.0%**
- To demonstrate an understanding of the benefits of EQIAs **78.0%**
- To develop skills in practically carrying out EQIAs **72.0%**

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

**26** Please list **any examples** of where monitoring during 2015-16, across all functions, has resulted in action and improvement in relation to **access to information and services**:

Please see Table 3 under Question 21 above.



## Complaints (Model Equality Scheme Chapter 8)

**27** How many complaints **in relation to the Equality Scheme** have been received during 2015-16?

Insert number here:

0

Please provide any details of each complaint raised and outcome:

## Section 3: Looking Forward

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

The Equality Scheme was due for review in April 2016. However, given the Ministerial announcement to close the Health and Social Care Board, a decision was taken not to review the Equality Scheme as this was not felt a best use of resource in those circumstances.

However, a document detailing good practice around Equality and Section 75, which will include Actions the Health and Social Care Board feel should continue from our Action Plan, will be produced to assist discussions around any future arrangements.

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

- undertaking equality screenings across all HSCB service areas and ensuring that screening templates are forwarded to the Equality Unit for publication (to comply with statutory requirements under Section 75)
- issuing equality screening documents alongside policy documents in any policy consultations and engagement
- Continuing our focus on EQIAs
- undertaking monitoring, including on policies screened.

**30** In relation to the advice and services that the Commission offers, what **equality and good relations priorities** are anticipated over the next

(2016-17) reporting period? *(please tick any that apply)*

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

# Appendix 1

## **Audit of Inequalities Action Plan 2013-18 (Reviewed)**

**Report on the progress we made  
from April 2015 to March 2016**



## Appendix 1: HSCB Equality Action Plan - Progress Reporting against Implementation Plan 2015-16

### Accessibility of communications and information

**Context:** The provision of information in a range of formats is recognized a key means of promoting equality of opportunity in relation to services. There is currently no policy in place to facilitate this happening.

What do we want to do?	Equality category	How are we going to do it?	How will we prove it?	Timescale and ownership
Ensure equality of access by service users and staff to information and communications provided by the Health	All 9 equality categories	Prepare a Health and Social Care Board Information Policy, and arrange training	Accessible Formats Policy Awareness Raising Literature	Director of Performance Management and Corporate Services

<p>and Social Care Board</p>		<p>for staff</p> <p>Prioritise key documents for production in accessible formats</p>	<p>Availability of alternative formats of key publications</p>	<p>Equality, Human Rights and Diversity Working Group</p> <p>Disability Working Group</p> <p>2015-2017</p>
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**Progress 2015-16**

An Accessible Formats Policy was developed and adopted last year. This year awareness and support materials were developed to support staff in the implementation of the policy. A staff briefing with associated flow charts were drafted for senior managers who delivered the briefing at team

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meetings throughout the HSCB. Two 'frequently asked questions' resources were also developed for line managers and staff.

On-going support on the production of accessible formats is provided by the BSO Equality Unit.

Key documents for up-front translation will be identified in 2016-2017.

## Awareness raising, training and capacity

**Context:** The Health and Social Care Board is responsible ensuring that it has trained workforce including training in equality, human rights and diversity.

What do we want to do?	Equality category	How are we going to do it?	How will we prove it?	Timescale and ownership
Develop and maintain staff awareness, skills and competence in relation to section 75 equality duties in accordance with their role	All 9 equality categories	Provide targeted training and initiatives for staff and  expose staff to relevant equality data to inform decision making	Staff survey in 2017 to assess the impact of training	Director of Performance Management and Corporate Services  Directors and Assistants

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		Involve Section 75 equality groups in the delivery of training		Directors  Equality, Human Rights and Diversity Forum  2015-2017
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**Progress 2015-16**

Staff were offered opportunities and encouraged to participate in the Equality Screening and Equality Impact Assessment Training programme delivered by the Business Services Organisation Equality Unit.

Staff are also informed of the Service offered by the BSO Equality Unit and have unlimited access to their range of equality information and tools, including a comprehensive equality information bank. This helps staff when making decisions.



The Discovering Diversity eLearning Training Programme is also available to staff who are encouraged to complete this programme.

## Making Complaints Accessible

**Context:** People from minority or marginalised groups, such as older people, younger people, BME groups including travellers and Roma and disabled people, face particular difficulties in accessing services, making complaints and getting mistakes corrected. The Health Professions Council’s ‘Scoping Report on Existing Research on Complaints Mechanisms’ says this can partly be explained by a relative lack of knowledge about how services work. People from BME groups may also be more likely to fear the consequences of complaining or asserting themselves.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Identify and overcome barriers which prevent service users from making complaints and ensure that the HSC Complaints Procedure is	Age Disability Ethnicity	Facilitate three focus groups with service users with a disability, older people and people from the Roma community, to obtain their experiences of	Focus Group feedback reports  Increase in complaints for	Complaints/Litigation Manager – Corporate Services 2015-2017  2016-2018

<p>accessible for everyone in Northern Ireland, regardless of characteristic</p>		<p>the complaints procedure or alternatively to determine why they may decide not to complain</p>	<p>people with a disability</p>	
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**Progress 2015-16**

5 members of the public attended the focus group which was held on the 16 November 2015.

**Advertising Mechanisms**

To raise awareness of the workshop, the Board liaised with specific groups who work with older persons, to include; The Pensioners Parliament, Age NI, the Greater Belfast Senior Citizen’s Forum and Engage with Age. In addition the Board’s Commissioning Teams circulated details of the workshop to relevant groups.

**Themes**

A number of themes were reviewed to include; Accessibility, Communication, Support, Learning from complaints, Perceived barriers to complaining, and Improving the complaints process

## Findings

- The majority of those present, knew how to make a complaint regarding services provided by HSC Organisations. Each attendee received a copy of the revised HSC Complaints 'Signposting' Leaflet and the importance of widely publicising the complaints procedure was noted.
- There was an understanding that a lack of communication or poor quality communication, between investigating teams and complainants may exacerbate a situation and therefore, early intervention is a vital tool in resolving complaints quickly and effectively
- Importance of a 'common sense' approach when it comes to communicating the treatment and care which is required for a family member or a loved one, particularly if the patient cannot communicate effectively
- The majority of attendees were aware of the availability of the Patient and Client Council, (PCC)
- The importance of communicating the learning arising from complaints was highlighted as a key factor as many were 'doubtful whether any change or learning has been made'.
- Whilst patients/service users may know how to make a complaint, some may decide not to as they are not 'brave enough' and they are fearful of potential repercussions of the care and treatment provided to a family member or loved one
- Service users highlighted the importance of staff providing an apology if and when things go wrong, and that this is not an admission of liability by the HSC Organisation. It was emphasised that complainants want nothing more than to be listened to, respected and provided with an explanation of the care provided and how the organisation will improve
- There was an agreement that workshops are an effective mechanism to engage with the public to discuss the complaints process and to improve complaints handling arrangements
- It is apparent that treatment and care to include privacy and dignity, and communication, remain major issues of concern. It was suggested that these topics are reviewed in greater detail at a Complaints Learning Event in 2016

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## Improving Data Quality

**Context:** The Health and Social Care Board is responsible for commissioning a range of services for the whole of the population of Northern Ireland. There are gaps in the information base and use of equality information to inform decision making processes.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Improve the quality, consistency and availability of data on the ethnic status of HSC service users across Northern Ireland	Ethnicity	We will monitor the quality of ethnic data being collected in the HSC ethnic monitoring pilot, identify risks and make recommendations for rolling out this pilot to other areas	Risk and monitoring reports  Ethnic data in HSC	Senior Information Manager Performance Management and Service Improvement 2015-2018

		of HSC		
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**Progress 2015-16**

A letter issued to HSC Chief Executive's informing them of the need to collect ethnic minority data on specified client IT systems for service utilisation purposes. Compliance reports will be produced in 2016 Q4 (when the last IT system - PAS is able to facilitate relevant data collection) from which monitoring of implementation of the guidelines can be assessed going forward.

## Improving access to mental health services

**Context:** The Northern area are developing an enhanced service at their Emergency Departments to provide improved access (reduce delays) for patients needing a mental health assessment and signposting to on-going treatment.

A recent review of the evidence on co-morbidities indicates that people with long-term physical health conditions, who together account for around 70% of all expenditure in the NHS, are two to three times more likely than the general population to experience mental health problems such as depression, anxiety or dementia (Naylor *et al.*, 2012).

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Tackle poor access to mental health	Age	We will enhance the psychiatric liaison	Increase number of Mental Health	Social Care Commissioning Lead



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<p>services in emergency situations by improving access to mental health assessments for all adults</p>	<p>Disability</p>	<p>service at Causeway Hospital and Antrim Area Hospital making these a 24 hours a day, 7 day a week service</p>	<p>Assessments Increase number of Self-Harm Assessments Reduction in admission to hospital</p>	<p>for Mental Health and Learning Disability  2015-2016</p>
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**Progress 2015-16**

The Rapid Assessment Interface Discharge (RAID) Pilot commenced in the NHSCT at Antrim Area & Causeway Hospital in September 2015. The outcomes of the Pilot will be assessed in September 2016 to help a decision on the services being made permanent.



### Improving access to autism services for adults

**Context:** The Health and Social Care Board has invested an additional £500,000 regionally in developing Adult Diagnostic Services in each Trust. Each Trust through a Local ASD Forum is working with their community partners to progress the development of one stop shop services. There is however a need to identify some further funding to enable Trusts to develop and strengthen mentoring services.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Tackle the lack of support for adults with autism and improve access to services for adults with autism	Age Disability	We will establish a multi-agency group to support the development of advice centres across health, education, employment and benefits	'One stop shops' and advice centres across NI will be established	Social Care Commissioning Lead for Mental Health and Learning Disability  2015-2016

## Progress 2015-16

Adult ASD Diagnostic Services are available in all Trusts. Multi agency partnerships are in place for a range of follow up supports and services.

### Delivering Better Outcomes

**Context:** Self Directed Support is being introduced to social care to offer greater choice flexibility and control to service users and carers thereby supporting improved outcomes and quality of life for individuals.

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What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
<p>Improve the, social participation, involvement and individual outcomes of service users and carers of Social Care Services in terms of quality of life</p>	<p>Age Disability Dependants</p>	<p>We will introduce Self Directed Support</p>	<p>Data from Adult Social Care Outcomes Toolkit, which involves a Self-Completion aspect</p> <p>Analysis of outcomes and analysis of comparable data in year 3</p>	<p>Social Care Commissioning Lead, Mental Health and Learning Disability 2015-2016</p> <p>Director of Social Care and Children 2017-2018</p>

## Progress 2015-16

The Self Directed Support Initiative continues to progress steadily particularly in a number of key areas with 4-of the 5 Trusts now providing SDS in a phased approach, The SEHSCT is operationalising SDS across all POC's geographically spread across the whole SE Trust area since April 1<sup>st</sup> 2016. The increase in SDS activity within the SET is reflective of this approach. Other Trusts endeavour to have full implementation within this current year ie end of March 2017

Personalised care with increasing control over budgets is being delivered through the Self-Directed Support (SDS) initiative. This is a strength based approach to assessment underpinned by the principals of co-production. SDS is about individuals their strengths and assets, their right to live fulfilling lives and to participate in assessing their own needs and exercise choice and control over any support provided.

SDS affords individual choice and the combination of a number of support options through a personal budget namely:

- Direct Payment (a cash payment in lieu of services)
- Managed budgets (where the Trust holds the budget, but the person is in control of how it is spent)
- Trust Arranges Support on behalf of the service users.

. Following statutory requirements under Human Rights, Equality and Diversity Legislation necessitating a public consultation on an Equality Impact Assessment, mainstreaming has been extended until March 2019. This would provide HSC Trusts realistic timelines to achieve the 1-3 measurable for Managed Budgets and Direct Payments and the Departmental SDS Indicator. (which states by March 2019, all service users and carers will be assessed or reassessed at review under the SDS approach, and will be offered the choice to access Direct

Payments, a Managed Budget, Trust arranged services, or a mix of those options, to meet any eligible needs identified).

Supporting SDS Activities to date includes:

- Recruitment of regional and local staff to support the SDS Initiative ;
- Establishment of local and regional project structures to support the initiative
- A stocktake of Trust readiness was carried out across HSC Trusts;
- Financial Modelling took place with HSC Trusts to establish a Regional minimum rate
- Initial Equality Screening identified the need for a full SDS EQIA this was subsequently carried out from Feb-May 2015 report of findings was presented to the Board of the HSCB 2016. These findings and recommendations have helped shape and inform the planning and implementation of the SDS initiative as it progressed.
- 5 Stakeholder Events were held across the region focussing on service user and carer voice
- Service users and carers are involved at all levels of the initiative both at local Trust and regional Board level
- A regional communication and engagement strategy plan is in situ and kept under review to meet the needs of the project as it progresses focussing particularly on service user and carer information needs
- SDS Training was developed for HSC Staff Training includes L1 Awareness training; L2 Process Training and L3 Support Planning training
- SDS Resources developed include: a Regional Practitioners Guide, Service User Guide an updated Direct Payments Guide, a regional SDS information leaflet and FAQ's.
- SDS Activity Monitoring Toolkit has been developed to capture Assessments under SDS and SDS Options 1-4 chosen this is currently being trialled across all HSC Trusts.
- Adult Social Care Outcomes Toolkit (ASCOT). The ASCOT toolkit has been identified as the most appropriate outcomes measure tool for SDS. HSC Staff Training has commenced and trialling will commence in 2016-17

Communicating Better
<p><b>Context:</b> Those represented under the 9 equality categories under Section 75 have diverse communication needs. The HSCB will be proactive, and responsive where relevant, to enable everyone to access information via our Website.</p>
<ul style="list-style-type: none"> <li>• A Provider Toolkit has been developed to support market development</li> <li>• A Range of Podcasts have been developed highlighting individual experiences of SDS from the perspective of Service User, Carer, Practitioner and Provider</li> <li>• A Regional Event (SDS Making it a Reality) was held in March 2016 to promote and share the SDS journey so far with Service Users, Carers, Practitioners and Providers.</li> </ul>

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Ensure equality of	All 9 equality	The HSCB website	Results of user	Head of



PART A

<p>access by service users and staff to information and communications provided by the Health and Social Care Board</p>	<p>categories</p>	<p>and staff intranet will adhere to accessibility standards for all equality categories</p> <p>Use of plain English and clarity of messaging in written and verbal communications across the work of the Communications Team</p>	<p>testing the HSCB Website</p> <p>Documents and publications in accessible formats</p>	<p>Communications 2015-2016</p>
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## Progress 2015-16

- The new website is currently being designed and developed by a web design company in line with W3C. This involves users testing it.
- This website is Browsealoud enabled. Browsealoud is a speech enabling program that makes web content more accessible to anyone who has difficulties reading. Simply by pointing your mouse at an area of text, a menu or a hyperlink, Browsealoud will read it out loud.
- We try to make sure that all images on this site have brief alternative text which, where appropriate, identifies an image or its function. This alternative text (alt-text) is generally only visible when the browser's automatic image loading feature is turned off, or when you rollover an image with your mouse.
- You can change the text size on these web pages using your browser settings and keyboard shortcuts, commonly [Ctrl] and [+] keys to enlarge, [Ctrl] and [-] keys to reduce text size.
- All text links are written so that they make sense when read out of context.
- Some of our documents are already available online in audio and easy read format.

## Improving Patients, Service Users and Carers Experiences

**Context:** Although there is no empirical evidence around failure to identify user/carer needs following referral from GOS and in advance of a clinic outpatient appointment, it is possible that such soft barriers exist. In flagging potential needs in advance, HSC would seek to improve the user experience and journey. This fits well with investment in Eye Care Liaison Officers (ECLO's) following consultation and diagnosis. These key workers help users/carers understand and manage their eye condition, taking time to explain the impact.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Improve the experiences of patients, service users or carers of General Ophthalmic, and secondary care	Age Disability Ethnicity Dependants	We will develop and introduce an eReferral Dataset which will include a field to capture information on	eReferral Dataset piloted and introduced	Assistant Director of Integrated Care 2015-2016

PART A

ophthalmology, Services by identifying and meeting their accessibility needs		patient, service user or carer accessibility needs, such as communication requirements, or the need for special assistance. This information will be available to Trusts/Clinics in advance of appointment	Patient, Service User and/or Carer feedback	
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**Progress 2015-16**

Ophthalmic-specific templates, for use in direct referral of patients from General Ophthalmic Services (GOS) directly into Trust Ophthalmology clinics have been developed in readiness for eReferral, via the Clinical Commissioning Gateway (CCG) from GOS.

As well as the usual patient demographics, there is a non-mandatory field where the referring optometrist can highlight service user/carer needs with respect to communication needs or special assistance when attending Trust clinics.

Although non-mandatory, planned training for GOS practitioners on the use of CCG will include awareness-raising on the importance of using this field to improve patient access and experience.

In addition, current primary care optometry Local Enhanced Services (LES) and Independent Prescribing patient experience audits now capture information on disabilities including communication needs and the requirement for user/care special assistance.

## Improving outcomes for Service Users and Carers

**Context:** The regional strategy aims to improve services and support arrangements to people living with dementia, their families and carers. This includes the development of a range of quality information, training initiatives and direct care provision that enables people to make informed choices about their care and treatment and as far as possible allow them to live well with dementia through the provision of flexible, person centred services.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Raise awareness of dementia and options for treatment, care and support to everyone in Northern Ireland	Age (Older People) (Younger People) Disability Ethnicity Sexual Orientation	We will present relevant awareness raising information in accessible formats for those with sensory issues and from minority ethnic backgrounds	Awareness raising materials will be in accessible formats	Social Care Commissioning Lead 2015-2018

Involve people living with dementia and carers in the work of the Health and Social Care Board, in the delivery of the Dementia Strategy	Dependants	Host a number of focus groups, which will include participation of carers of people with dementia, in the implementation of Dementia Strategy	Notes of Focus Group meetings	Social Care Commissioning Lead 2015-2018
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### Progress in 2015-16

The Dementia Together NI Project team has had regular engagements with representatives from various groups including B&EM, Travellers, LGBT and other 'hard to reach' groups as part of the overall awareness raising programme.

DTNI now has a database of 600+ organisations / individuals that receive regular updates on the progress of the project team and are included in all consultation exercises which in recent months have included:

- Input into the design and content of the NIDirect (dementia) website
- Contribution to the development (including Job Descriptions) of the Dementia Navigator role

- Development of a Dementia Learning and Development Framework (to be launched - September 2016)
- Design of a new Dementia Champions programme for health and social care staff (commenced June 2016)
- Development of a training programme for carers of persons living with a dementia (commenced June 2016)
- Development of delirium training materials
- Design of a range of short-breaks and carers support schemes (commenced June 2016)
- Development of a public awareness campaign (due to launch in Autumn 2016) which will focus on reducing stigma and promoting timely diagnosis
- Publication of two new information guides (i) What if it's Dementia? and (ii) The Early Stages of Dementia

These objectives have been achieved through focus groups, one-to-one meetings and electronic communication.

There is a regional group working on the specific needs of people with learning disability and dementia which has also engaged with people with learning disabilities and their carers to develop (i) care pathways, (ii) assessment tools, (iii) staff training programmes and (iv) the development of specific services e.g. short-breaks for carers

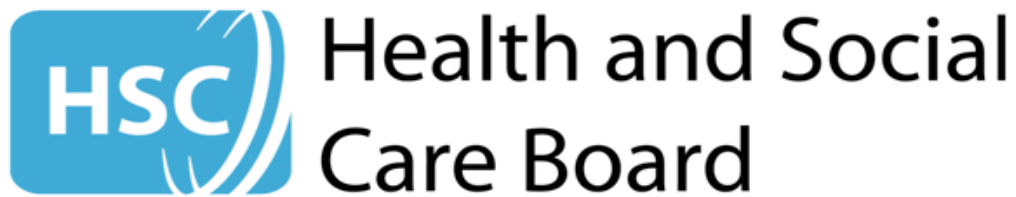




## **Appendix 2**

# **Equality and Human Rights Screening Report**

**April 2015 – March 2016**



**Table 1**

*1	'screened in' for equality impact assessment (EQIA)
2	'screened out' with mitigation
3	'screened out' without mitigation

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
HSCB	Review of Vascular Services in Northern Ireland	The aim of this review is to identify a model which will provide safe and sustainable vascular services for patients that will deliver world class outcomes, support other clinical services and the abdominal aortic aneurysm screening programme, and improve equity of access to high quality care.	Jul 14	2
HSCB	Social Clauses Guidance	To provide guidance to HSC organisations on the use of Social Considerations and Social Clauses in Procurement, in particular those contracts let directly by those organisations, and to encourage their wider use throughout HSC	Apr-15	3

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
HSCB	Request to amalgamate Corran GP Surgery (Moyle Medical Centre, Old Glenarm Road, Larne, BT40 1XH) with Blackarch GP Surgery (Larne Health Centre, Gloucester Avenue, Larne, BT40 1PB)	The joining together of Blackarch GP Surgery with Corran GP Surgery within Moyle Medical Centre where Corran Surgery is already located.	Aug - 15	3
HSCB	Revised Disability Action Plan	This Disability Action Plan for the period 2013-2018 represents our organisation's responsibilities under the Disability Discrimination Act (1995) as amended by the Disability Order 2006.	Aug - 15	2

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
<b>HSCB</b>	Disability Placement Scheme Screening	The 26 week placement opportunities are unpaid, targeted at people with a diverse range of disabilities wishing to gain meaningful work experience. The objective is twofold: to support people with a disability gaining meaningful work experience and to promote positive attitudes to people with a disability.	Feb - 15	2
<b>HSCB</b>	Information Risk Policy	This policy lays the framework for a formal information risk management programme in the HSCB by establishing responsibility for information risk, identification and analysis, planning for information risk mitigation and information risk management.	Sept-15	3
<b>HSCB</b>	Social Work Research Strategy Screening	Social Work Research Strategy 2015-2020: In Pursuit of Excellence - Supporting the profession in relation to social work services in Northern Ireland	Aug-15	2
<b>HSCB</b>	Closure of GP branch surgery	The aim is to close the branch surgery at 142-144 University Street and to provide a full range of clinical services for all	Jan-16	2

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
	at 142-144 University Street	registered patients at the main surgery located at the Knockbrea Wellbeing and Treatment Centre.		
<b>HSCB</b>	Dementia Short Break Screening Emergency Support Service Enhanced Day Opportunities Service Extended Domiciliary Care Service Home Support Service	Provide new non-institutional short break support / services that give people with a dementia and their carers greater choice and access to short break support options that meet their personal needs in terms of the type and frequency of provision.	Mar-16	2
<b>HSCB</b>	Caregivers Training -	A tender for the provision of customised training to Informal Caregivers, family members or friends of people living with a	Jan-16	2

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
	Tenders Caregivers	dementia		
<b>HSCB</b>	Dementia Champions-Tender	Tender for the provision of a customised Dementia Champions Training Programme across Northern Ireland for staff in both the Statutory and Non Statutory sectors.	Jan-16	2
<b>HSCB</b>	Pharmacy Global Sum	The pharmacy global sum provides the core dispensing and practice fees for community pharmacy. The HSCB is required to set the fees for community pharmacy services each year, following consultation.	Nov-15	3
<b>HSCB</b>	Art Service B Document	This proposal focuses on providing care at home for clients, avoiding unnecessary admission to hospital, having home as “the hub” of care with care provided at home or within the community and ultimately having where appropriate “patient choice” at the centre of care provided.	Mar-16	2

<b>Org.</b>	<b>Policy / Procedure and Screening Documentation</b>	<b>Policy Aims</b>	<b>Date</b>	<b>*Screening Decision</b>
<b>HSCB</b>	Choice Diabetes	The CHOICE program is a structured education program designed for children and young people with Type 1 diabetes and their families. It is based on a program originally developed by the University of Ulster for adolescents but has been expanded to include all age groups and a modified program for insulin pump users.	Mar-16	2
<b>HSCB</b>	Diabetes Shared Care	Proactive management of diabetes by primary and secondary care teams working collaboratively. This will be implemented through a model of enhanced support for primary care with the establishment of a consultant-led multidisciplinary team working across all GP practices.	Dec-15	2
<b>HSCB</b>	Antenatal Diabetes	This investment is aimed at modernising the service for a more integrated care pathway delivered by multidisciplinary staffing in joint antenatal diabetics clinics.	Mar-16	2
<b>HSCB</b>	Carer Support	provision of support to carers of clients who access CAMHS or	Jul-15	2



Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
		Adult ASD services, promoting the sharing of knowledge, social inclusion and resilience and providing financial assistance for short breaks.		
<b>HSCB</b>	Early Intervention Phychosis Screening	This decision/ service development will enhance provision of CPD in line with NICE recommendations	Mar-16	2
<b>HSCB</b>	Enhancing Professional Staff in ED	This proposal seeks to enhance support in Emergency Departments to improve patient flow	Mar-16	3
<b>HSCB</b>	Provision of Short Breaks	This proposal is to deliver an increase in short break provision by around 400 bed days per annum to support growth in population of people with a learning disability with complex health and / or behavioural needs that are living with family carers and other community placements.	Sep-15	2

<b>Org.</b>	<b>Policy / Procedure and Screening Documentation</b>	<b>Policy Aims</b>	<b>Date</b>	<b>*Screening Decision</b>
<b>HSCB</b>	Replacement ENT Consultant and additional staff	This is to fill a capacity gap in BHSCT	Sep-15	3
<b>HSCB</b>	Increasing Nursing	This proposal seeks to enhance support in Emergency Departments to improve patient flow	Mar-16	3
<b>HSCB</b>	(NOUS)	Enhance the availability of scanning to ensure there is a 7 day service available for elective and non-elective patients incorporating same day / next day reporting	Mar-16	3
<b>HSCB</b>	Neuro-rehabilitation	Invest in additional AHP staff to support the additional medical staff funded in BHSCT	Aug-15	2
<b>HSCB</b>	Paediatric	Enable the Trust to provide a dedicated DGH allergy level service	Mar-16	2

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
	Respiratory, Allergy and Anaphylaxis	in RBHSC and provide an equal service to that available for children in other HSC Trusts within Northern Ireland		
<b>HSCB</b>	Vascular And Neurosurgery	This proposal is for enhanced funding to reduce discharge delays from neurosurgery wards	Dec-15	2
<b>HSCB</b>	Acute Care at Home Screening	This proposal focuses on providing care at home for clients, avoiding unnecessary admission to hospital, having home as “the hub” of care with care provided at home or within the community and ultimately having where appropriate “patient choice” at the centre of care provided.	Mar-16	2
<b>HSCB</b>	Alcohol and	This investment is to provide a 7 day model over the core hours	Mar-16	2

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
	Substance Misuse	of 8am -4pm across the Belfast HSC Trust hospital alcohol liaison service		
<b>HSCB</b>	Twice Daily ED	This investment is to ensure twice daily senior decision making for acute medical specialty inpatients and ward round improvements to improve patient flow in Emergency Departments in BHSCT area.	Mar-16	3
<b>HSCB</b>	IPT Level 1	This investment is to provide short breaks for carers	Mar-16	2
<b>HSCB</b>	IPT Level 2	This investment is for the enhancement of a Paediatric Respiratory, Allergy and Anaphylaxis in the South Eastern Social Care Trust	Apr-15	2
<b>HSCB</b>	Substance Misuse Liaison	This investment is to move from a 5 day model to a 7 day model over the core hours of 8am -4pm across the South Eastern	Apr-15	2

Org.	Policy / Procedure and Screening Documentation	Policy Aims	Date	*Screening Decision
	Services	HSC Trust hospital alcohol liaison service		
<b>HSCB</b>	Supported Living (Acquired Brain Injury)	This investment, coupled with existing care funding, will enable these individuals to lead more independent lives within the new facility. This proposal is to employ a social worker	Apr-15	3

## **Appendix 3**

# **Equality and Human Rights Mitigation Report**

**April 2015 – March 2016**



Review of Vascular Services in Northern Ireland - July 2014

<p><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></p>	<p><i>What do you intend to do in future to address the equality issues you identified?</i></p>
<p>The following measures have been agreed as part of the service review:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensured that those elements of the vascular service that can remain locally, will stay local. Only a small number of patients who require major inpatient arterial surgery or lower limb amputation will be affected and they will be travelling to a higher quality service.</li> <li><input type="checkbox"/> Recommended to continue provision of venous, out -patients and vascular access surgery at CAH and ALT</li> <li><input type="checkbox"/> Agreed to develop robust transfer protocols to ensure safe service provision for all those who require transfer to the regional arterial centre at RVH</li> <li><input type="checkbox"/> Agreed to develop robust repatriation protocols for all major amputation patients so</li> </ul>	<p>We intend to monitor patient outcomes through the National Vascular Database and monitor the outcomes of all emergency transfers from Altnagelvin and Craigavon.</p>

that they can be discharged back to their base hospital as soon as it is clinically safe to do so.

Committed to the provision of major limb amputation surgery locally where this is in a patient's best interest.

Develop a vascular network to provide an outreach service with a significant specialist vascular presence in Altnagelvin Area Hospital during normal working hours. This will support the provision of local vascular outpatients, vascular day case surgery, management of the diabetic foot and in-patient venous surgery at Altnagelvin. The ability to provide a similar service to Craigavon Area Hospital will depend upon available resources.

Altnagelvin is the first priority due to the distance from Belfast.

Develop an interventional radiology (IR) network that will provide an outreach service from Belfast to support the IR service at Altnagelvin and facilitate IRs based at Altnagelvin to come



<p>to Belfast to develop and maintain their skills in vascular work to encourage the recruitment and retention of IR staff at Altnagelvin. The ability to provide a similar service to Craigavon Area Hospital will depend upon available resources. Altnagelvin is the first priority due to the distance from Belfast.</p>	
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**Revised Disability Action Plan – August 2015**

<p><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></p>	<p><i>What do you intend to do in future to address the equality issues you identified?</i></p>
<p>In developing the disability action plan staff with disabilities and staff who had caring responsibilities for people with disabilities were actively involved in its development</p> <p>This entire disability action plan has been developed as positive action, in order to make a difference to staff and service users with a disability.</p>	<p>The actions within the plan are time specific with specific outcomes highlighted. In progressing actions cognisance will be taken of the wider section 75 equality categories that are also the key characteristics of people with disabilities. Monitoring of the action plan on an ongoing basis is key as is the involvement of people with disabilities as identified as one of the actions in the plan. The following elements of the plan will be subjected to a stand alone</p>

<p>It offers commitments through a number of concise actions that have specified outcomes and precise timelines.</p> <p>By adopting this action plan we believe that we will be in a position to make tangible differences.</p> <p>In recognising the importance of accessibility the disability action plan includes a specific action for adaption and adoption of an accessible formats policy.</p> <p>Disability Awareness Days</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Work to feature specific disabilities will take into consideration the need to include a range of age groups, ethnic groups and genders when testimonials and case studies are selected.</li> <li><input type="checkbox"/> Information distributed to staff will take on board the needs of both staff with a particular disability and staff who are carers.</li> </ul> <p>Work Placements</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> We will work with a range of disability organisations to ensure opportunities are offered to people from a wide spectrum of disabilities, as well as different gender and</li> </ul>	<p>equality screening, and where appropriate, equality impact assessment:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Work Placements</li> <li><input type="checkbox"/> Staff Forum</li> <li><input type="checkbox"/> Disability Awareness Days</li> <li><input type="checkbox"/> Checklist and guidance for the involvement of people with a disability and their carers.</li> </ul>
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<p>age groups.</p> <p>Staff Forum</p> <p><input type="checkbox"/> We will ensure that the way the forum operates allows people with a range of disabilities and from a range of age and ethnic backgrounds to be involved (for example, by providing information in accessible formats and choosing accessible venues).</p>	
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### Disability Placement Scheme Screening – February 2015

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The scheme incorporates provisions for identifying and making reasonable adjustments.</p> <p>Supported Employment Solutions are responsible for ensuring their communication and information is accessible for all.</p> <p>A number of placement locations are chosen to encourage access to the scheme for people in a range of areas and from a range of religious and</p>	<p>Outreach measures by Supported Employment Solutions to target equality groups less likely to sign on with consortium organisations (including transgender people).</p>

<p>community backgrounds.</p> <p>Identifying and addressing training and awareness needs of staff is also a key component. This should also capture training and awareness needs relating to multiple identities of participants (such as in relation to gender identity and sexual orientation).</p>	
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### Social Work Research Strategy Screening – August 2015

<p><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></p>	<p><i>What do you intend to do in future to address the equality issues you identified?</i></p>
<p>Equality and Human Rights were considered as an integral part of the development of the Social Work Research and Continuous Improvement Strategy. See Section 7 in the Strategy</p> <p>Given the overarching and integral importance of these issues a key</p>	<p>Expand on work commenced as part of the strategy development for pro-actively involving service users and carers. Work collaboratively with colleagues with a track record in service user and carer involvement and Personal and Public Involvement to deliver on this objective</p> <p>Section 75 equality lens to be kept as a focus in any discussions or decisions on strategic research priorities.</p>

<p>(Section 7) considers equality, human rights and personal and public involvement activity in detail and in particular what needs to be considered to ensure greater synergy between these overlapping agendas albeit acknowledging specific and distinct legislative requirements.</p> <p>Collaborative engagement with others with a track record in service user involvement – personal and public involvement to develop a plan to work towards more sustainable activity in the longer term.</p> <p>A specific objective and associated action is included in the Strategy that looks at better ways to involve and engage service users and carers in the whole research process and exploring way to build capacity</p>	<p>Further work required in respect of sustainability Progress activity in this area in respect of Priority 6 and Priority 7</p>
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**Closure of GP branch surgery at 142-144 University Street – January 2016**

<p><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></p>	<p><i>What do you intend to do in future to address the equality issues you identified?</i></p>
<p>If approval is granted to close the branch surgery, the HSCB will encourage the practice to give due consideration to the possibility of providing an increased number of home visits particularly to those older or disabled patients unable to travel as readily as younger, non-disabled individuals.</p> <p>The HSCB will encourage the practice to communicate any closure to all patients, using accessible formats for minority ethnic and disabled patients.</p>	<p>Monitor the impact of the guidelines and review.</p>

Dementia Short Break Screening – March 2016

<p><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></p>	<p><i>What do you intend to do in future to address the equality issues you identified?</i></p>
<p>Strategic mix of a range of communications channels (including the use of new technologies) to communicate effectively with target audiences.</p> <p>A total of six one to one interviews with informal caregivers took place in Northern Ireland, two of these were telephone interviews and four were face to face.</p> <p>Six focus groups took place, one group included people with dementia, another was a mixed group of people with dementia and their informal caregivers and the other groups included only informal caregivers. At the end of each focus group the opportunity was given for one to one discussion; this was availed of by all groups with the exception of the people in a dementia only group. In total</p>	<p>The provider/s will be required to consider the needs of key stakeholder groups and issues identified under Section 75 including the needs of service users / carers and staff.</p> <p>The HSCB and the PHA expects the provider/s to adhere to HSCB and PHA quality standards, NICE guidelines and be flexible to respond to emerging evidence of best practice.</p> <p>This will also be included in the monitoring forms which the successful organisation will have to complete every quarter.</p> <p>The HSCB and the PHA require the provider/s to take effective measures to ensure diversity of membership through targeted promotion within groups of those that are underrepresented.</p> <p>All applicants will be asked to demonstrate that they understand the diverse needs of key targets groups and outline how they intend to engage with them.</p>

54 people attended focus groups: 33 informal caregivers, 11 people with dementia and ten staff members. Whilst no clinical rating scale for dementia was used to measure the severity of dementia of those people taking part based on the interviews undertaken a broad range of dementia was identified, including mild to moderate and moderate to severe. Twenty individual questionnaires were returned.

In the specification the following will be highlighted for tenderer (s):

- The service provided should promote social inclusion, addressing issues around disadvantage, sexual orientation, gender identity, ethnicity, disability and rural/urban communities.
- Tenderer(s) will have policies for staff on vulnerable adults.
- Where possible the provider will be required to provide a carer of the same gender of the service user, if requested

Section 75 profile of



<p>participants will be undertaken.</p> <p>The day opportunities will be developed by the provider in consultation with service users</p> <p>Participants should be proportionate to the general dementia population</p>	
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**Caregivers Training – Tenders – January 2016**

<p><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></p>	<p><i>What do you intend to do in future to address the equality issues you identified?</i></p>
<p>Training will be tailored to suit the different attendees from a range of different sectors including hard to reach groups</p> <p>In the specification the following will be highlighted for tenderer (s):</p> <p><input type="checkbox"/> The training should be accessible to all applicants including those with a physical disability and / or a sensory impairment. Training therefore should be adaptable to suit these particular groups and provided in a range of</p>	<p>The provider/s will be required to consider needs of key stakeholder groups and issues identified under Section 75 including the needs of service users / carers and staff. The HSCB and the PHA expects the provider/s to adhere to HSCB and PHA quality standards, NICE guidelines and be flexible to respond to emerging evidence of best practice.</p> <p>This will also be included in the monitoring forms which the successful organisation will have to complete every quarter.</p> <p>The provider/s will be required to take, and report on, effective measures to ensure diversity of membership through targeted</p>

appropriate formats. The needs of travellers should also be considered in terms of accessibility of the course, due to lower than average literacy rates amongst this community.

Dates – the successful Tenderer will provide a schedule outlining the dates for training. The successful Tenderer will work with the relevant HSCT to ensure that dates for training are booked well in advance and communicated to the Caregivers as early as possible.

Venues – the successful Tenderer must ensure that the venue is appropriate, convenient and accessible to Caregivers. Note: Training must be accessible to all what the first language of the patient is. When the revised pro-forma is issued, we will include a section regarding other communication needs and this will also be reflected in the revised Appendix 1 of the referral criteria.

participants including those with a physical disability and / or a sensory impairment.

promotion within groups of those that are underrepresented. All applicants will be asked to demonstrate that they understand the diverse needs of key targets groups and outline how they intend to engage with them.

Training therefore should be adaptable to suit these particular groups and provided in a range of appropriate formats.

Consideration should be given to neutrality of training venues when arrangements are being made.

□ *Locations* – the successful Tenderer in each Lot must ensure that courses are spread geographically across the relevant HSCT area.

□ *Timing of Training* – Training must be delivered at times that meet the needs of Caregivers. This may mean that courses are delivered outside normal working hours. The successful Tenderer will ensure that staff are available to deliver the training at different times which may include the evenings and weekends.

□ *Flexibility* - Tenderers must make provision for Caregivers who miss sessions due to their caring and other commitments and allow for Caregivers to attend subsequent conducts of the relevant modules.

□ *Continuity of Services* - The successful Tenderer must have a plan in place to manage any potential risk to service provision caused by

<p>the absence of trainers, issues with venue availability, or</p> <p>any other unforeseen events that may cause disruption to the training.</p>	
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**Dementia Champions-Tender – January 2016**

<p><i><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i></p>	<p><i><b>What do you intend to do in future to address the equality issues you identified?</b></i></p>
<p>Training will be tailored to suit the different attendees from a range of different sectors including hard to reach groups</p> <p>In the specification the following will be highlighted for tenderer (s):</p> <p><input type="checkbox"/> The training should be accessible to all applicants including those with a</p>	

physical disability and / or a sensory impairment. Training therefore should be adaptable to suit these particular groups and provided in a range of appropriate formats.

Dates – the successful Tenderer will ensure that dates for training are booked at least three months in advance of the designated training day and communicated to Participants and line managers. The successful Tenderer will be responsible for ensuring that training is made available at suitable times and locations for all Participants. Dates should also be considered that allow the widest possible pool of applicants to be considered, including those working PT or with condensed hours.

Venue(s) – the successful Tenderer must ensure that the training is delivered in each of the five Health and Social Care Trust areas and the venue(s) must be appropriate, convenient and accessible to Participants.

Referrals – All communications regarding referrals will be in accessible

The provider/s will be required to consider needs of key stakeholder groups and issues identified under Section 75 including the needs of service users / carers and staff. The HSCB and the PHA expects the provider/s to adhere to HSCB and PHA quality standards, NICE guidelines and be flexible to respond to emerging evidence of best practice.

This will also be included in the monitoring forms which the successful organisation will have to complete every quarter.

The provider/s will be required to take, and report on, effective measures to ensure diversity of membership through targeted promotion within groups of those that are underrepresented.

All applicants will be asked to demonstrate that they understand the diverse needs of key targets groups and outline how they intend to engage with them.

formats where appropriate. Consideration should also be given to neutrality of training venues when arrangements are being made.

The training should be accessible to all Participants including those with a physical disability and / or a sensory impairment. Training therefore should be adaptable to suit these particular groups and provided in a range of appropriate formats.

Flexibility - Tenderers must make provision for Participants who miss sessions due to their work and other commitments and allow for Participants to attend subsequent conducts of the relevant modules.

Continuity of Services - The successful Tenderer must have a plan in place to manage any potential risk to service provision caused by the absence of trainers, issues with venue availability, or any other unforeseen events that may cause disruption to the training.

## Art Service B Document – March 2016

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Included in the Specification for the Arts Service –</p> <p>The Arts Service will seek to capitalise on the potential positive health and wellbeing outcomes associated with participation in the Arts by providing a range of artistic and cultural activities within Health and Social Care facilities and engaging with the full range of service users.</p> <p>Service users will include, but not be limited to: older people, people with dementia; person with mental illness; adults with a disability; children and young people, including children with a disability, and adults with brain injury. This may on occasions also include and involve members of the public not directly in receipt of a particular service.</p> <p>The Arts Service will be</p>	

delivered in the full range of Health and Social Care settings including but not limited to; hospitals, residential establishments (statutory and private), day care setting, supported living settings.

The Arts Service will adopt a person-centred approach.

The successful provider will be responsible for ensuring that staff have access to training which enables them to understand the needs of service users and carers.

All staff must avail of both child protection and vulnerable adults training at a level that is consistent with their role and function as set out in the Safeguarding Board Northern Ireland (SBNI) Training and Qualifications Framework.

The provider will ensure that staff can engage with those who have specific communication needs resulting from, for example; sensory loss, learning and physical disabilities, mental health conditions, head injury, dementia.



## Choice Diabetes – March 2016

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The service will be accessible to all children and young people that qualify for access through the provision of:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Child Friendly and age appropriate materials</li><li><input type="checkbox"/> Alternative formats for children and young people with sensory impairments or learning disabilities</li><li><input type="checkbox"/> Accessible buildings will be used for those with a physical disability</li><li><input type="checkbox"/> Participants will have access to the HSC interpreting service if required</li><li><input type="checkbox"/> Timings of sessions will be considered to ensure the widest range of people possible can participate, not limited by caring</li></ul>	

responsibilities	
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### Antenatal Diabetes – March 2016

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>All information / support / guidance will be in accessible formats as required to meet the needs of the service user based on disability status</p> <p>All mothers with diabetes from minority ethnic communities will have access to the HSC Interpreting Service if required.</p>	

### Carer Support – July 2015

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>When developing this service proposal the Trust engaged</p>	

<p>with Service users and carers to ensure that the proposal would provide adequate, appropriate care that met the needs of all.</p> <p>The provision of short breaks/ carers support will be tailored to the individual, taking account of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Their age</li> <li><input type="checkbox"/> Cultural and ethnic background</li> <li><input type="checkbox"/> Disability status</li> </ul>	
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**Early Intervention Phychosis Screening– March2016**

<b><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></b>	<b><i>What do you intend to do in future to address the equality issues you identified?</i></b>
<p>The service will be accessible to service users that qualify for access through the provision of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child Friendly and age appropriate materials where required</li> <li><input type="checkbox"/> Alternative formats for children and young people</li> </ul>	<p>N/A</p>

<p>with sensory impairments or learning disabilities where required</p> <p><input type="checkbox"/> Participants will have access to the HSC interpreting service if required</p>	
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**Provision of Short Breaks– September 2015**

<p><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></p>	<p><i>What do you intend to do in future to address the equality issues you identified?</i></p>
<p>Provide appropriate and sufficient support and advice to local teams and staff in all Trusts to ensure that patients can access services when required and are aware of the services available to them</p> <p>Information will be in accessible formats.</p> <p>The service will be accessible to all children transitioning to adult services that qualify for access, including through the provision of, where appropriate:</p> <p><input type="checkbox"/> Child Friendly and age appropriate materials</p>	

<ul style="list-style-type: none"> <li><input type="checkbox"/> Alternative formats for children and young people with sensory impairments</li> <li><input type="checkbox"/> Participants will have access to the HSC interpreting service if required</li> <li><input type="checkbox"/> Timings of support will be considered to ensure the widest range of people possible can participate, not limited by caring responsibilities</li> </ul>	
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**Neuro-rehabilitation – August 2015**

<i><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i>	<i><b>What do you intend to do in future to address the equality issues you identified?</b></i>
<p>The service will be accessible to all adults that qualify for access, including through the provision of, where appropriate:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alternative formats for adults with sensory impairments or learning disabilities</li> <li><input type="checkbox"/> Participants will have access to the HSC</li> </ul>	<p>N/A</p>

<p>interpreting service if required</p> <p><input type="checkbox"/> Timings of sessions will be considered to ensure the widest range of people possible can participate, not limited by caring responsibilities</p>	
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**Paediatric Respiratory, Allergy and Anaphylaxis – March 2016**

<b><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></b>	<b><i>What do you intend to do in future to address the equality issues you identified?</i></b>
<p>For those service users who have special requirement needs these must be addressed by the Trust through existing arrangements and agreed protocols.</p> <p>Information will be in a child friendly format and accessible formats will be used when required.</p>	<p>N/A</p>

Vascular And Neurosurgery – December 2015

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The service will be accessible to all adults that qualify for access, including through the provision of, where appropriate:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alternative formats for people with sensory impairments or learning disabilities</li> <li><input type="checkbox"/> Participants will have access to the HSC interpreting service if required</li> </ul>	<p>N/A.</p>

Acute Care at Home Screening– March 2016

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Services will be accessible</p>	<p>Access to services and service delivery will be monitored as part of the service</p>

<p>by all who require intervention or treatment and intensive stakeholder engagement was completed to ensure that the needs of all service users were considered in the development and implementation of the service</p> <p>The service will be tailored and personalized to the service user, taking account of their different needs based on any section 75 characteristic</p>	<p>agreement and any potential impacts will be addressed as part of the ongoing equality monitoring process.</p>
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**Alcohol and Substance Misuse – March 2016**

<p><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></p>	<p><i>What do you intend to do in future to address the equality issues you identified?</i></p>
<p>The service will be accessible to all adults that qualify for access when attending ED, including through the provision of, where appropriate:</p> <p><input type="checkbox"/> Information provided in alternative formats people with sensory impairments or learning disabilities</p>	<p>N/A</p>



<input type="checkbox"/> Participants will have access to the HSC interpreting service if required  <input type="checkbox"/> Staff will have a general awareness of the complexities of substance abuse across Section 75 characteristics	
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**IPT Level 1 Short Breaks– March 2016**

<i><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i>	<i><b>What do you intend to do in future to address the equality issues you identified?</b></i>
<p>The provision of short breaks/ carers support will be tailored to the individual, taking account of:</p> <input type="checkbox"/> Their age <input type="checkbox"/> Cultural and ethnic background <input type="checkbox"/> Disability status	<p>N/A</p>

**IPT Level 2– April 2015**

<i><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i>	<i><b>What do you intend to do in future to address the equality issues you identified?</b></i>
<p>The service will be accessible to all young people that qualify for access, including through the provision of, where appropriate:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Child Friendly and age appropriate materials</li><li><input type="checkbox"/> Alternative formats for children and young people with sensory impairments or learning disabilities</li><li><input type="checkbox"/> Participants will have access to the HSC interpreting service if required</li></ul> <p>N/A</p>	<p>N/A</p>

## Substance Misuse Liaison Services – April 2015

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The service will be accessible to all adults that qualify for access when attending ED, including through the provision of, where appropriate:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Information provided in alternative formats people with sensory impairments or learning disabilities</li><li><input type="checkbox"/> Participants will have access to the HSC interpreting service if required</li><li><input type="checkbox"/> Staff will have a general awareness of the complexities of substance abuse across Section 75 characteristics</li></ul>	N/A

## Diabetes Shared Care – December 2015

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The service will be offered to all qualifying patients via their GP.</p> <p>It will include information and support, which will be offered in an age appropriate way to both older and younger people and people with learning disabilities or sensory impairments.</p> <p>Any information that requires translation will be provided and patients from minority ethnic communities will have access to the HSC interpreting service.</p>	N/A

**Appendix 4**

**Audit of Inequalities Action Plan**

**2013 – 2018**

**Health and Social Care Board**

**Accessibility statement**

Any request for the document in another format or language will be considered.

**July 2013**

**Reviewed July 2015**

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Action Plan	8

## **Introduction**

In 2010 the Equality Commission NI asked the Health and Social Care Board to develop an action plan outlining actions to promote equality of opportunity and good relations and address inequalities. Our first action plan was developed for a period of two years (2011-2013), to align it with our corporate and business planning cycles at the time.

This document presents the reviewed and updated action plan for the period 2013-18. It was subsequently reviewed at the end of the 2014-2015 business year and published for consultation at the beginning of the 2015-2016 business year. In its development consideration was given to a review of existing priorities and consideration of new priorities. This plan will remain a 'live' document and as such will be reviewed on an annual basis.

The actions in this plan are reflective of actions and commitments included in the Health and Social Care Board's corporate plan. A number of the actions relate specifically to commissioning and will be reviewed as part of on-going monitoring in this area.

## **Equality scheme commitments**

Our action plan outlined actions related to our functions and took account of our equality scheme commitments relating to Section



75 of the Northern Ireland Act 1998. Our equality scheme is available on our website: [www.hscboard.hscni.net](http://www.hscboard.hscni.net)

The law requires us when we carry out work that we promote equality of opportunity across nine equality categories; age, gender, disability, marital status, political opinion, caring responsibilities, sexual orientation, religion and ethnicity. It also requires us to consider good relations in relation to political opinion, religion and ethnicity. Appendix 1 provides examples of groups covered under these categories.

In our equality scheme we gave a commitment to monitoring progress and updating the plan as necessary. We also said we would engage and consult with stakeholders when reviewing the action plan.

During the last two years we have kept our equality action plan under review and reported annually, to the Equality Commission, on what we have done.

### **How we carried out the review**

As we are in Year 2 of this current action plan, it was decided to take a comprehensive look at the actions and review the plan, with a view to making it more relevant to the work of the Health and Social Care Board in a changing financial and service delivery environment.

In carrying out this review we considered a number of questions.

1. Have actions been delivered? If not, should these be carried over into our new plan?
2. Have intended outcomes been achieved? If actions were delivered but the intended outcome has not been achieved, should we look at carrying over the priority into the new plan with new actions?
3. Were there actions identified in our first audit of inequalities but not prioritised for our first plan? If these are still relevant we carried them over into the new plan.
4. Over the last two years, are there new emerging issues that have not been picked up in the previous plan, that should be included during this review?

We also looked at a range of sources of information such as:

- new research
- new data having become available
- new equality screening exercises having been completed
- issues raised in consultations or through other engagement with staff and service users since our first action plan.

This process also involved extensive engagement with senior staff in all HSCB directorates and a wider consultation will all staff.

From this we identified new actions for the period 2013-2018.

## **What we do**

The Health and Social Care Board is part of health and social care in Northern Ireland.

The Health and Social Care Board was established in April 2009 and our main roles include:

- Finding out what services people in Northern Ireland need to keep healthy.
- Finding out what things people need to live by themselves in the community.
- Funding provider organisations including Trusts and other voluntary and private organisations to provide health and social care services.
- We make sure that the services provided are good quality.
- Ensuring that there is sufficient money in the budget to pay for the services.

The Health and Social Care has eight directorates responsible for the following areas of work Board.

Table 1 Directorates within the Health and Social Care Board

<b>Commissioning</b>	<b>Social Care and Children</b>
Planning for safe and effective health and social care services for everybody in Northern Ireland	Ensuring services are in line with the law and helping adults and children to live independently
<b>Performance and Service Improvement</b>	<b>Integrated Care</b>
Making sure that people deliver the services that we have contracted for	Managing contracts with Doctors, Pharmacists, Dentists and Optometrists
<b>Financial Accountability</b>	<b>Corporate Services</b>
Making sure that we spend money wisely and don't spend more money than we have	Supporting the business of the Health and Social Care Board
<b>Transforming your Care</b>	<b>eHealth and External Collaboration</b>
Plans for making changes to health and social care over the next five years	Overseeing the strategic development of Information and Communication Technologies (ICT) services across the region

## **What is in our equality action plan?**

The following table outlines our actions for the next five years. We will keep this plan under regular review and report annually on progress to the Equality Commission NI. We will undertake a wider review in five years and will involve Section 75 equality groups and individuals in that review.

This document is also available on our website:

<http://www.hscboard.hscni.net/about-us/equality-human-rights-and-diversity/>

**Table 2 Revised Plan for Implementation of Equality Action Plan 2015-2018**

**Accessibility of communications and information**

**Context:** The provision of information in a range of formats is recognized a key means of promoting equality of opportunity in relation to services. There is currently no policy in place to facilitate this happening.

What do we want to do?	Equality category	How are we going to do it?	How will we prove it?	Timescale and ownership
Ensure equality of access by service users and staff to information and communications provided by the Health	All 9 equality categories	Prioritise key documents for production in accessible formats	Availability of alternative formats of key publications	Director of Performance Management and Corporate Services

and Social Care Board				Equality, Human Rights and Diversity Working Group Disability Working Group  2016-2017
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## Awareness raising, training and capacity

**Context:** The Health and Social Care Board is responsible ensuring that it has trained workforce including training in equality, human rights and diversity.

What do we want to do?	Equality category	How are we going to do it?	How will we prove it?	Timescale and ownership
Develop and maintain staff awareness, skills and competence in relation to section 75 equality duties in accordance with their role	All 9 equality categories	Provide targeted training and initiatives for staff and  expose staff to relevant equality data to inform decision making  Involve Section 75	Staff survey in 2017 to assess the impact of training	Director of Performance Management and Corporate Services  Directors and Assistants Directors



		equality groups in the delivery of training		Equality, Human Rights and Diversity Forum  2015-2017
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### Making Complaints Accessible

**Context:** People from minority or marginalised groups, such as older people, younger people, BME groups including travellers and Roma and disabled people, face particular difficulties in accessing services, making complaints and getting mistakes corrected. The Health Professions Council’s ‘Scoping Report on Existing Research on Complaints Mechanisms’ says this can partly be explained by a relative lack of knowledge about how services work. People from BME groups may also be more likely to fear the consequences of complaining or asserting themselves.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Identify and overcome barriers which prevent service users from making complaints and ensure that the HSC Complaints Procedure is accessible for everyone in Northern Ireland, regardless of characteristic	Age Disability Ethnicity	Facilitate three focus groups with service users with a disability, older people and people from the Roma community, to obtain their experiences of the complaints procedure or alternatively to determine why they may decide not to complain	Focus Group feedback reports  Increase in complaints for people with a disability	Complaints/Litigation Manager – Corporate Services 2015-2017  2016-2018

## Improving Data Quality

**Context:** The Health and Social Care Board is responsible for commissioning a range of services for the whole of the population of Northern Ireland. There are gaps in the information base and use of equality information to inform decision making processes.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Improve the quality, consistency and availability of data on the ethnic status of HSC service users across Northern Ireland	Ethnicity	We will monitor the quality of ethnic data being collected in the HSC ethnic monitoring pilot, identify risks and make recommendations for rolling out this pilot to other areas	Risk and monitoring reports  Ethnic data in HSC	Senior Information Manager Performance Management and Service Improvement 2015-2018

		of HSC		
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## Delivering Better Outcomes

**Context:** Self Directed Support is being introduced to social care to offer greater choice flexibility and control to service users and carers thereby supporting improved outcomes and quality of life for individuals.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Improve the, social participation, involvement and individual outcomes of service users and	Age Disability Dependants	We will monitor the introduction of Self Directed Support	Data from Adult Social Care Outcomes Toolkit, which involves a Self-Completion	Director of Social Care and Children 2017-2018

carers of Social Care Services in terms of quality of life			aspect Analysis of outcomes and analysis of comparable data in year 3	
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## Improving outcomes for Service Users and Carers

**Context:** The regional strategy aims to improve services and support arrangements to people living with dementia, their families and carers. This includes the development of a range of quality information, training initiatives and direct care provision that enables people to make informed choices about their care and treatment and as far as possible allow them to live well with dementia through the provision of flexible, person centred services.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Raise awareness of dementia and options for treatment, care and support to everyone in Northern Ireland	Age (Older People) (Younger People) Disability Ethnicity Sexual Orientation	We will present relevant awareness raising information in accessible formats for those with sensory issues and from minority ethnic backgrounds	Awareness raising materials will be in accessible formats	Social Care Commissioning Lead 2015-2018

<p>Involve people living with dementia and carers in the work of the Health and Social Care Board, in the delivery of the Dementia Strategy</p>	<p>Dependants</p>	<p>Host a number of focus groups, which will include participation of carers of people with dementia, in the implementation of Dementia Strategy</p>	<p>Notes of Focus Group meetings</p>	<p>Social Care Commissioning Lead 2015-2018</p>
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## Appendix 1 Examples of groups covered under the Section 75 categories

***Please note, this list is for illustration purposes only, it is not exhaustive.***

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<b>Category</b>	<b>Example groups</b>
Religious belief	Buddhist; Catholic; Hindu; Jewish; Muslim, people of no religious belief; Protestant; Sikh; other faiths.
Political opinion	Nationalist generally; Unionists generally; members/supporters of other political parties.
Racial group	Black people; Chinese; Indians; Pakistanis; people of mixed ethnic background; Polish; Roma; Travellers; White people.
Men and women generally	Men (including boys); Trans-gendered people; Transsexual people; Women (including girls).
Marital status	Civil partners or people in civil partnerships; divorced people; married people; separated people; single people; widowed people.
Age	Children and young people; older people.
Persons with a disability	Persons with disabilities as defined by the Disability Discrimination Act 1995. This includes people affected by a range of rare diseases.
Persons with dependants	Persons with personal responsibility for the care of a child; for the care of a person with a disability; or the care of a dependant older person.
Sexual	Bisexual people; heterosexual people; gay or lesbian

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orientation      people.

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**12-22 Linenhall Street,  
Belfast, BT2 8BS**



Health and Social  
Care Board

Appendix 5

# **Disability Action Plan 2013-2018 (reviewed)**

Health and Social Care Board  
(HSCB)

**What we did between April  
2015 and March 2016**

If you need this document in another format please get in touch with us. Our contact details are at the back of this document.

You can find our Disability Action Plan on our website:  
<http://www.hscboard.hscni.net/about-us/equality-human-rights-and-diversity/>

**(1) Communication**

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
<p>1. Assess and improve accessibility of website</p>	<p>The website will follow guidelines issued by the World Wide Web Consortium (W3C) and the Royal National Institute for the Blind (RNIB) and must be accessible to Web Accessibility Initiative (WAI) standards – to at least level AA</p> <p>The website will be compatible with appropriate assistive technology</p> <p>User testing will be conducted with staff and</p>	<p>We will user test our site and collect user feedback</p> <p>We will monitor suggestions for improvements and complaints about the websites accessibility</p>	<p>Head of Communications, Corporate Services 2015-2016</p> <p>2016-2018</p>

	user group which will include people with sensory, physical disability, and learning disability		
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### **What we did over the past year**

- The new website is currently being designed and developed by a web design company in line with W3C. This involves users testing it.
- This website is Browsealoud enabled. Browsealoud is a speech enabling program that makes web content more accessible to anyone who has difficulties reading. Simply by pointing your mouse at an area of text, a menu or a hyperlink, Browsealoud will read it out loud.
- We try to make sure that all images on this site have brief alternative text which, where appropriate, identifies an image or its function. This alternative text (alt-text) is generally only visible when the browser's automatic image loading feature is turned off, or when you rollover an image with your mouse.
- You can change the text size on these web pages using your browser settings and keyboard shortcuts, commonly [Ctrl] and [+] keys to enlarge, [Ctrl] and [-] keys to reduce text size.
- All text links are written so that they make sense when read out of context.
- Some of our documents are already available online in audio and easy read format.

**This work is now completed**

**(2) Awareness Raising and Training**

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
<p>2. Encourage staff to declare that they have a disability or able to care for a person with a disability</p> <p>Provide guidance to staff on the importance of monitoring</p> <p>Improve quality of information in relation to percentage of staff with a disability from the Human Resources, Payment, Travel and Subsistence</p>	<p>We will produce guidance for staff on the importance of monitoring</p> <p>We will ensure that Corporate circulars are sent to staff bi-annually</p> <p>We will inform staff as part of corporate induction of the importance of completing their monitoring data and inform them how to do this</p>	<p>Guidance will be developed</p> <p>Corporate circulars will be sent</p> <p>Corporate induction presentation</p> <p>Through an increase in staff disclosure of equality data</p>	<p>Director of Performance Improvement and Corporate Services 2015-2018</p>

(HRPTS) system	We will run an awareness campaign to encourage people to complete the self-service monitoring data for disability	Awareness literature	
<p><b>What we did over the past year</b></p> <ul style="list-style-type: none"> <li>• This year for six weeks we ran a campaign to encourage our staff to tell us whether or not they have a disability. We sent emails and put up posters. In our organisation staff themselves can keep their equality data up to date on a database. We can't make staff do that. We can only ask them to do so and explain why it is good for them to let the organisation know if they have a disability.</li> <li>• When we looked at the data afterwards we saw that only a few more people filled in this information. Overall, 78.50% of staff have completed this data. Less than 2% of our staff have said that they have a disability. The changes are really small. So we need to keep working on this.</li> <li>• When we asked staff what puts them off some told us they are afraid that they will be treated unfairly if they say that they have a disability. Others said they don't think that the organisation needs to know that they have a disability. We want to talk to our disability staff forum next year what we else we could do.</li> <li>• Corporate circulars are send to staff bi annually and when we have staff inductions, as part of that process, staff are encouraged to complete their data on the self-completion section of the staff HR system.</li> </ul>			

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
3. Raise awareness of specific barriers faced by people with disabilities	Link in with National Awareness Days or Weeks (such as Mind your Health Day) on a bi-annual basis	<p>Annual awareness days profiled</p> <p>Equality event hosted</p> <p>Staff awareness survey undertaken demonstrates increased awareness</p>	<p>Equality and Human Rights Manager</p> <p>HSCB Disability Core Group</p> <p>HSCB Disability Working Group</p> <p>Bi-Annually</p>

**What we did over the past year**

- We featured two disability awareness days again this year. These were Hearing Loss and Deafness in September and Learning Disabilities in January 2016.
- Staff and volunteers from Action on Hearing Loss came to some of our offices and spoke about the experience of living with sight loss. They also offered doing hearing tests. We were surprised how many staff wanted to get this test done on the day.
- In January, Mencap and the Evergreen Centre helped us raise awareness of learning disabilities. They



gave a talk and brought a lot of information with them.

- On both days we also put together a leaflet for staff. These were part of our series called 'Disability Insight' with key information. We also provided links to videos with testimonials from people who live with these conditions. We wanted staff to have the chance to listen to people with a disability first hand.

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
<p>4. In collaboration with disabled people design, deliver and evaluate training for staff on disability equality</p>	<p>We will develop and deliver a comprehensive, classroom based training programme for key staff working in HSCB</p>	<p>List of key staff identified for training</p> <p>Training programme contents</p> <p>Training Evaluations</p>	<p>Personal and Public Involvement Lead 2015-2018</p>

**What we did over the past year**

- This action is still being progressed.

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
5. Develop staff skills to learn and share knowledge with colleagues within Performance Management and Service Improvement Directorate	Identify two Equality Champions, to include disability, within PMSI Directorate	Two Champions will be identified. Record of learning shared	Senior Performance Manager  2015 – 2016

**What we did over the past year**

- We recruited a member of staff via Supported Employment Services (SES), and the Business Services Organisation. This initiative enables people with disabilities to return to the work place after long absences due to disability. Working collaboratively with the Equality Unit and SES, we put appropriate support networks in place to assist the staff member including relevant training. We have arranged for her to attend training courses that will enhance her employability in the HSC upon completion of her placement and continue to support her during her placement with us.
- Staff members have been identified as Equality Champions and have a role in sharing learning.

**This work is now completed**

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
6. Improve the awareness of depression and related issues for all Well Being Hub Coordinators	Beating the Blues Training Programme will be delivered to all Well Being Hub Coordinators	Training Evaluations	Social Care Commissioning Lead for Mental Health and Learning Disability 2015-2016
<p><b>What we did over the past year</b></p> <p>All Primary Care Well Being Hub Co-ordinators have availed of training in Beating the Blues so that the programme can be made more readily available through primary care for people with mild to moderate depression</p>			

### (3) Getting people involved in our work, Participation and Engagement

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
<p>7. Develop standards and guidance with the involvement of people with a disability and their carers in relation to accessibility of facilities</p> <p>Ensure greater accessibility and involvement for adults, children and young people with disabilities and where relevant carers</p>	<p>We will speak to disabled people to better understand their access needs and requirements. We will develop staff guidance and outline standards for staff to adhere to when HSCB is considering hiring external venues and inviting disabled people to participate in work programmes</p>	<p>Checklist in place and in use on involving people with a disability in meetings including payments of expenses</p>	<p>Personal Public Involvement lead 2015-2016</p>
<p><b>What we did over the past year</b></p> <ul style="list-style-type: none"> <li>• In partnership with the BSO Equality Unit and our HSC Regional colleagues, developed standards and guidance for the involvement of disabled people in our work. We also developed a checklist for staff to ensure that people with a disability can be fully involved when we are arranging meetings / running events.</li> <li>• This was developed in consultation with disabled people and organisations representing disabled people</li> </ul>			

such as; ARC NI, Autism NI, British Deaf Association NI, Omnibus Partnership, Patients Group of Royal College of GPs, Positive Futures, SHSCT, Telling it like it is group.  
**This work is now completed**

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
<p>8. Explore scope and interest in the establishment of a forum for staff on disability</p> <p>Provide support for a Disability Staff Forum</p>	<p>Engage with staff via staff survey and focus groups on terms of reference for a disability staff forum</p> <p>HSCB will act as the sponsoring agency for the Disability Staff Forum</p>	<p>Results of staff survey and focus groups</p> <p>Forum established</p> <p>Forum terms of reference</p> <p>Record of Sponsorship arrangements</p>	<p>HSCB Disability Core Group</p> <p>BSO Equality Unit 2015-2016</p> <p>Director of Social Care and Children 2016-2017</p>

**What we did over the past year**

- We did a survey with our staff to find out about their ideas for a staff forum. Across all our organisations together 852 staff did the survey. After it, we invited staff to meetings to tell us more. We talked about what

the forum should look like, who should be able to join it and what could people put off from taking part. These discussions really helped us.

- We then ran a competition to choose a name for the forum. In March 2016, we launched the forum. We invited all our staff to come.
- We are agreed to sponsor the Forum for 2016-17.

**This work is now completed.**

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
<p>9. Identify and overcome barriers which prevent service users with a disability from making a complaint and enhance the accessibility of the HSC Complaints procedure for disabled</p>	<p>Facilitate a focus group with service users with a disability to obtain their experiences of the complaints procedure or alternatively to determine why they may decide not to complain</p> <p>We will review complaints received</p>	<p>Focus Group feedback report</p>	<p>Complaints/Litigation Manager – Corporate Services 2015-2016</p>

people		Increase in complaints from people with a disability	2016-2017
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**What we did over the past year**

- This action has not been completed. Discussions were undertaken with a range of disability representative groups to scope interest in a focus group. This will be delivered in 2016-17.

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
10. Involve disabled people in the measurement of quality of life outcomes for people in receipt of Self-Directed Support	Through the introduction of a validated tool (Adult Social Care Outcomes Toolkit ASCOT) which involves a self-completion questionnaire, which contributes to individual care plans  The self-completion questionnaire will be in	Data from the self-completion questionnaires will be analysed to ensure quality of life outcomes  Record of improved outcomes for people with a	Social Care Commissioning Lead, Mental Health and Learning Disability 2015-2016  Director of Social Care and Children

	accessible formats	disability	2017-2018
<b>What we did over the past year</b>			
<ul style="list-style-type: none"> <li>• The licences have been agreed with PSSRU/Kent University. Initial training of key Trust staff has taken place facilitated by Kent University and the trialling of the Adult Social Care Outcomes Tool is planned to begin with South Eastern Trust as the first Trust to go to full implementation of the SDS model.</li> <li>• The learning from this trialling will inform and support the introduction of ASCOT in the other 4 HSC Trusts.</li> </ul>			

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
11. Ensure that the redesigned HSCB website is fully accessible for people with a disability	User testing, including people with a disability will be carried out on the redesigned website	Feedback from user testing session	Head of Communications 2015-2016
<b>What we did over the past year</b>			
<ul style="list-style-type: none"> <li>• The new website is currently being designed and developed by a web design company in line with W3C. This involves users testing it.</li> </ul>			



- This website is Browsealoud enabled. Browsealoud is a speech enabling program that makes web content more accessible to anyone who has difficulties reading. Simply by pointing your mouse at an area of text, a menu or a hyperlink, Browsealoud will read it out loud.
- We try to make sure that all images on this site have brief alternative text which, where appropriate, identifies an image or its function. This alternative text (alt-text) is generally only visible when the browser's automatic image loading feature is turned off, or when you rollover an image with your mouse.
- You can change the text size on these web pages using your browser settings and keyboard shortcuts, commonly [Ctrl] and [+] keys to enlarge, [Ctrl] and [-] keys to reduce text size.
- All text links are written so that they make sense when read out of context.
- Some of our documents are already available online in audio and easy read format.

**This work is now completed**

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
12. Involve people living with dementia and their carers in the	We will host a number of focus groups, work streams and 'task and finish groups'	Records of attendance and minutes of meetings and other engagements	Social Care Commissioning Lead, 2015-2018

work of the Health and Social Care Board, in the delivery of the Dementia Strategy	which will include participation of people living with dementia and their carers, in the implementation of the Dementia Strategy		
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**What we did over the past year**

The Dementia Together NI Project has engaged extensively with people with a dementia and their carers. All of our work has been underpinned with a co-production approach.

- People with a dementia and their carers participated in a series of regional focus groups to identify gaps in information and to assist us with the development of new booklets and the website content.
- Engagement also occurred with ‘hard to reach’ groups such as Traveller community and Chinese Community.
- People with a dementia and organisations representing people with dementia and carers attend our monthly task and finish group which has the task of guiding the public information campaign planned for the autumn.

Training and Development work stream examples include:

- A person with delirium assisted us with the development of the regional training pack and online e-learning training package for staff.
- People with a dementia and their carers as well as organisations representing people with dementia and carers attended focus groups over six months to design a learning and development framework for staff working in dementia care. Thereafter an additional 50 additional people provided feedback on the draft document produced. This is due for ministerial launch in June 2016.

- Carers and people with a dementia participated in focus groups held to develop new training programmes for staff and carers. These new programmes for training Carers and Dementia Champions have been commissioned and first cohorts are due to commence during June 2016.

Short breaks and Support to Carers work stream examples include:

- 80 people with a dementia and their carers either attended one to one interviews; focus groups or completed questionnaires to help shape new service provision. The views expressed were used to inform the development of new and innovative short break pilot projects across the Region.

**This work is now completed**

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
13. Involve people with disabilities in their own care through new pain management pilot in Belfast local Commissioning Group area.	BLCG will commission a number of self-management courses from a community provider. GPs will be able to refer patients suffering from chronic pain through a central referral hub and patients will get the	Data from the self-completion questionnaires at the beginning and end of course completion will be analysed to ensure quality of life outcomes	Assistant Director of Commissioning BLCG 2015-2017

	<p>opportunity to talk through these courses with a hub coordinator before choosing which course and location best suits their particular needs.</p>	<p>Record of improved outcomes for people with a disability</p>	
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**What we did over the past year**

- The Belfast Local Commissioning Group commissioned a series of chronic pain management courses across Belfast, which commenced in September 2015. These courses consisted of six, two week courses and one, six week course across various venues with a focus on how to help patients understand more about persistent pain, provide options to self-manage and coping strategies as well as signposting patients to useful resources.
- The final courses were completed in March 2016 and the evaluation report is being finalised with provider and Commissioning team.
- The Final Evaluation report will be completed within the upcoming weeks.

#### (4) Recruitment and Retention

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
<p>14. Create and promote meaningful placement opportunities for people with disabilities in line with good practice and commitments of Section 75 equality duties, and making use of voluntary expertise in this area</p> <p>Produce practical guidance on process and external supports</p>	<p>People with a disability gain meaningful work experience over 26 weeks</p> <p>People on the scheme are eligible to apply for internal jobs after 5 months and support will be provided apply</p> <p>References will be provided for those on placements</p>	<p>Evaluations from participants</p> <p>Applications made</p> <p>References provided</p>	<p>HSCB Disability Core Group</p> <p>Disability Champion</p> <p>2015-2016</p>
<p><b>What we did over the past year</b></p> <ul style="list-style-type: none"> <li>We sent information to all our senior managers about placements. We asked them to have a think whether they could offer a placement for a person with a disability. We told them about how the placements work and what they need to do. We learned from our experience of hosting people last year. They told us what went well. They were also able to tell us what we need to do differently.</li> </ul>			

- We offered 4 placements in total. They will spend 26 weeks on their work placement. With the support of BSO Equality Unit, half way through their placement we offered them training on how to apply for jobs in Health and Social Care. We also took them through mock interviews.

**This work is now completed**

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
<p>15. Encourage disabled people to apply for employment opportunities and remain in the workforce</p> <p>Encourage greater numbers of people with a disability to apply for jobs</p>	<p>We will attend career fairs, include a welcoming statement and issue job adverts to local disability organisations and explore adopting more flexible working arrangements and review job descriptions</p>	<p>Information pack for applicants with a disability developed and in use</p> <p>Attendance at career fairs</p> <p>Senior Management Team minutes</p>	<p>HSCB Disability Core Group 2015-2016</p>

**What we did over the past year**

- We think that staff who have a disability themselves are the ones who should decide how we best do this. We therefore want to bring this suggestion to the staff forum next year.

## **(5) Additional Measures**

- We always include Disability on our list of things to talk about at our quarterly Equality Forum with our partner organisations.
- We report on progress against our Disability Action Plan to our Board and Senior Management Team (the people at the top of our organisation).

## **(6) Encourage Others**

- We include questions relating to the two duties in our equality and human rights screening form. The screening form is completed for all policies and decisions. This includes work that involves other Health and Social Care organisations.

## **(7) Monitoring**

- We evaluated what difference our campaign made to encourage staff to fill in their disability information on the Human Resources IT system.
- In March we set up a meeting with those who are on a work placement with us under the Disability Scheme and with their Employment Support Officers. This will help us to evaluate how the scheme went this year. We will also invite all their placement managers to a meeting when placements finish in June.

## **(8) Revisions**

- During 2014-15 we had asked all the teams in our organisation to have a think about what else they could do to promote positive attitudes and to give people with a disability more chances to be involved in our

work. We wanted to make sure that all parts of our organisation take part. They came up with new ideas. We consulted on this new plan during 2015-16.

## **(9) Conclusions**

We completed nine actions (#1,2,3,6, 7,8,11,12,14).

We have not yet done what we said we would do under actions #15. This is because we think that staff who have a disability themselves are the ones who should decide on this. We therefore want to bring this suggestion to the staff forum once it is up and running. We will do this before the end of June 2016.

We still have some work to do to complete action #4,8,9,12,14, however these are on target for completion before the date of delivery as specified in the plan.

All of the actions in our action plan are at regional and at local level.

Our action plan is a live document. If we make any big changes to our plan we will involve people with a disability. We will tell the Equality Commission about any changes.





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**June 2016**

## Appendix 6

# Disability Action Plan 2013-2018



Any request for the document in another format or language will be considered.

April 2013  
Revised July 2015

<b>What is in this report?</b>	<b>Page</b>
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## Introduction

The Health and Social Care Board is committed to best practice with regards to our staff and service users that have a disability. We aim to be recognised as leaders in Health and Social Care for equality and diversity.

The law provides us with some minimum standards; however we aim to exceed these. The law says that in our work we have to:

- promote positive attitudes towards disabled people; and
- encourage participation by disabled people in public life.

The law also says that we have to develop a disability action plan. We have to send this plan to the Equality Commission. The plan needs to say what we will do to make things better for people with disabilities.

We want to make sure we do this in a way that makes a difference to people with a disability. We will put in place what is necessary to do so. This includes people, time and money. Where it is right to do so, we will include actions from this plan in the yearly plans we develop for the organisation as a whole. These are called 'corporate' or 'business' plans.

We will also put everything in place in the organisation to make sure that we do what we have to under the law, and more, as we recognise the valuable contribution that people with a disability can make, if barriers were removed. This includes making one person responsible overall for making sure we do what we say we are going to do in our plan.

We will make sure we let our staff know what is in our plan. We will also train our staff and help them understand what they need to do.

The person in our organisation who is responsible for making sure that the actions in this plan are taken forward is Fionnuala McAndrew.

Contact details:

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Every year we will write up what we have done of those actions we said we would take. We will send this report to the Equality Commission. We will also publish this report on our website:

[www.hscboard.hscni.net](http://www.hscboard.hscni.net)

This revised plan is the result of reviewing our annual actions and understanding how this Plan fits into the work that we do, in a changing climate. Through this review, we have strove to make this plan more robust, meaningful and impactful.

After three years we will look at our plan again to see how we have done. We will also see what else we could do.

Whenever we develop or look at our plan we will invite people who have a disability to help us.

## **Who is included in our plan?**

Our plan relates to the following key areas:

- People with physical disabilities;
- People with sensory disabilities;
- People with learning disabilities;
- People with mental health disabilities; and,
- People with other hidden disabilities.

It also covers people who are included in more than one of these areas. We have other equality laws that require us to promote equality of opportunity across a number of diverse categories. In our plans we need to also think about other factors such as caring responsibilities, age, gender, gender identity, sexual orientation, ethnicity, religion and marital status.

## **How we developed this plan**

In developing this plan we looked at what we have done so far to make a difference for people who have a disability. We then read what the Equality Commission said would be good to do. This was after they had looked at what other organisations have done.

All this helped us think about what else we could do to make a difference.

We thought it was important to involve people who have a disability in developing our plan. We invited any of our staff who have a disability or have an interest in disability issues to be part of a small group to work on this. We held staff consultation events and offered staff opportunities to help develop this plan.

The reviewed plan then went to public consultation, to get the views of the general public on what we are proposing.

## **Why we reviewed this plan**

We reviewed our plan in 2015 following comments received by the Equality Commission for Northern Ireland. The Commission recognised our positive and progressive work, they recognised the way we worked with other Health and Social Care agencies and seen how this delivered positive results for disabled people.

However, they asked us to make our actions clearer, to highlight better who is responsible for each of the actions and to have more actions from the directorates within the Board.

However, we went further. Not only did we review our actions to make them clearer, we made them stronger. We clearly outlined those actions that we will do across the whole organisation and those actions that come from within our service areas. We have also clearly highlighted who is responsible for making sure that we achieve our actions.

## **What we do**

The Health and Social Care Board is part of health and social care in Northern Ireland.

The Health and Social Care Board was established in April 2009 and our main roles include:

- Finding out what services people in Northern Ireland need to keep healthy.
- Finding out what things people need to live by themselves in the community.
- Funding provider organisations including Trusts and other voluntary and private organisations to provide health and social care services.
- We make sure that the services provided are good quality.
- Ensuring that there is sufficient money in the budget to pay for the services.

The Health and Social Care Board has eight directorates responsible for the following areas of work.

Table 1 Directorates within the Health and Social Care Board

<b>Commissioning</b>	<b>Social Care and Children</b>
Planning for safe and effective health and social care services for everybody in Northern Ireland	Ensuring services are in line with the law and helping adults and children to live independently
<b>Performance and Service Improvement</b>	<b>Integrated Care</b>
Making sure that people deliver the services that we have contracted for	Managing contracts with Doctors, Pharmacists, Dentists and Optometrists
<b>Financial Accountability</b>	<b>Corporate Services</b>
Making sure that we spend money wisely and don't spend more money than we have	Supporting the business of the Health and Social Care Board
<b>Transforming your Care</b>	<b>eHealth and External Collaboration</b>
Plans for making changes to health and social care over the next five years	Overseeing the strategic development of Information and Communication Technologies (ICT) services across the region



## **How people can be involved in our work**

There are a number of ways in which people can be involved in the work of the Health and Social Care Board.

This can be through:

- Working groups;
- Focus groups;
- Engagement events;
- Consultation events;
- Public meetings;
- Social media; and,
- We would also encourage engagement in the public appointments to the health and social care board.

## **What we have done up to now**

This is what we have done already to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life.

### **Promoting positive attitudes towards disabled people**

- We strive to ensure that corporate literature promotes positive images of a range of people, including people with disabilities, through the development and dissemination of a 'Positive Portrayal guide for staff'.
- In workshops and conferences people with disabilities have co presented and co led sessions.
- We worked on the development of a module on disability on for inclusion in the eLearning "Discovering Diversity" training package. This resource was launched in May 2011 and is now available to all Health and Social Care staff.

- We include the disability duties in all Equality Awareness and Screening Training that the Equality Unit delivers.
- In Screening Training we look at how the disability duties can be considered in practice. We also delivered pilot training sessions on mental health awareness to our staff.
- We produced a signposting resource for our staff available on the HSCB's intranet. It provides information on support networks in the community for people with a disability and those who care for a person with a disability.
- We have piloted a disability work placement scheme and have committed to making this more permanent.
- We have hosted bi-annual disability awareness days, with a variety of topics, inviting in guest speakers and committing to these in future.
- We have appointed a Disability Champion in the organisation, Fionnuala McAndrew, Director of Social Care and Children.
- We produced a 'Positive Portrayal of Disabled People guide' for staff to consider when developing information and publications.

### **Encourage the participation of disabled people in public life**

- At conferences and events people with disabilities have participated as co presenters and workshop leaders.
- We met with AdaptNI in December 2011 regarding their training programme 'In the Loop'. It supports people with a disability to make their voices heard on committees and in public life positions. We also talked to them about signposting people with a disability who they work with to public life opportunities in our organisation.

- We have put in place a process for publishing screening templates as soon as they are completed. A disability organisation had suggested that we do so. We do the same for publishing the quarterly screening reports.
- When we evaluate training that the Equality Unit delivers we include a question on the needs of trainees with a disability. This helps us to find out whether we need to make any further adjustments.
- We include the disability duties in all Equality Awareness and Screening Training that the Equality Unit delivers.
- In Screening Training we look at how the disability duties can be considered in practice. Whenever staff take decisions they must write down what they have done or plan to do to promote the disability duties in their decision.
- We let our staff, service users and the public know that they can ask for materials in other formats such as in large print or as a CD.
- We have piloted a disability work placement scheme and have committed to making this more permanent.
- We have hosted bi-annual disability awareness days, with a variety of topics, inviting in guest speakers and committing to these in future.

## **What we are going to do**

In the table below we list all the actions that we suggest we will do. We also say when we will do them. This report and action plan is also available on our website: [www.hscboard.hscni.net](http://www.hscboard.hscni.net)

**Table 2: Action Plan: What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life**

**(1) Communication**

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
Assess and improve accessibility of website	User testing will be conducted with staff and user group which will include people with sensory, physical disability, and learning disability	We will user test our site and collect user feedback  We will monitor suggestions for improvements and complaints about the websites accessibility	Head of Communications, Corporate Services  2016-2018
We will ensure a consistent approach to accessible formats across	We will monitor decisions of staff annually to ensure consistent approaches are	A memo to staff informing them of the policy and its	Equality and Human Rights Forum (bi-annual review of

HSCB	being taken to decisions on accessible formats	application Newsletter Feature  The Accessible Formats Policy will be highlighted in Staff Induction  The accessible formats databases on HSCB share point	databases)
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## (2) Awareness Raising and Training

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
Encourage staff to declare that they have a disability or able to care for a person with a disability	We will produce guidance for staff on the importance of monitoring	Guidance will be developed	Director of Performance Improvement and Corporate Services

<p>Provide guidance to staff on the importance of monitoring</p> <p>Improve quality of information in relation to percentage of staff with a disability from the Human Resources, Payment, Travel and Subsistence (HRPTS) system</p>	<p>We will ensure that Corporate circulars are sent to staff bi-annually</p> <p>We will inform staff as part of corporate induction of the importance of completing their monitoring data and inform them how to do this</p> <p>We will run an awareness campaign to encourage people to complete the self-service monitoring</p>	<p>Corporate circulars will be sent</p> <p>Corporate induction presentation</p> <p>Through an increase in staff disclosure of equality data</p> <p>Awareness literature</p>	<p>2015-2018</p>
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	data for disability		
Raise awareness of specific barriers faced by people with disabilities	Link in with National Awareness Days or Weeks (such as Mind your Health Day) on a bi-annual basis	Annual awareness days profiled  Equality event hosted  Staff awareness survey undertaken demonstrates increased awareness	Equality and Human Rights Manager  HSCB Disability Core Group  HSCB Disability Working Group  Bi-Annually
In collaboration with disabled people design, deliver and evaluate training for staff on disability equality	We will develop and deliver a comprehensive, classroom based training programme for key staff working in HSCB	List of key staff identified for training  Training programme contents	Personal and Public Involvement Lead 2015-2018

		Training Evaluations	
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**(3) Getting people involved in our work, Participation and Engagement**

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
<p>Provide support for a Disability Staff Forum</p> <p>We will encourage staff to participate and contribute to the staff forum</p>	<p>HSCB will act as the sponsoring agency for the Disability Staff Forum</p> <p>We will send notifications to staff, promoting the forum and their involvement</p>	<p>arrangements</p> <p>Notifications issued</p>	<p>HSCB Disability Core Group</p> <p>BSO Equality Unit 2015-2016</p> <p>Director of Social Care and Children</p>



			2016-2017  Equality and Human Rights Forum 2017-2018
Develop a shadowing scheme for non-executive Board members (including Local Commissioning Groups and Integrated Care Partnerships) and other key public life positions in engagement with the Public Appointments Unit and with people with a disability.	We will provide guidance and support for Board members and people with a disability to enable and facilitate shadowing.	Guidance for Board members  Guidance for Disabled People  Record of matched Board members	HSCB Disability Core Group 2017-2018
Involve disabled people in delivery and review of this plan	Engage with Service users and carers  Engage with Disability Charities and support groups	Review undertaken within 5 years.	HSCB Disability Core Group  2017-2018
Identify and overcome	Facilitate a focus group with	Focus Group feedback	Complaints/Litigation

<p>barriers which prevent service users with a disability from making a complaint and enhance the accessibility of the HSC Complaints procedure for disabled people</p>	<p>service users with a disability to obtain their experiences of the complaints procedure or alternatively to determine why they may decide not to complain</p> <p>We will review complaints received</p>	<p>report</p> <p>Increase in complaints from people with a disability</p>	<p>Manager – Corporate Services 2016-2017</p> <p>2017-2018</p>
<p>Involve disabled people in the measurement of quality of life outcomes for people in receipt of Self-Directed Support</p>	<p>Through the introduction of a validated tool (Adult Social Care Outcomes Toolkit ASCOT) which involves a self-completion questionnaire, which contributes to individual care plans</p> <p>The self-completion questionnaire will be in</p>	<p>Data from the self-completion questionnaires will be analysed to ensure quality of life outcomes</p> <p>Record of improved outcomes for people with a</p>	<p>Director of Social Care and Children 2017-2018</p>

	accessible formats	disability	
Involve people living with dementia and their carers in the work of the Health and Social Care Board, in the delivery of the Dementia Strategy	We will host a number of focus groups, work streams and 'task and finish groups' which will include participation of people living with dementia and their carers, in the implementation of the Dementia Strategy	Records of attendance and minutes of meetings and other engagements	Social Care Commissioning Lead, 2015-2018
Involve people with disabilities in their own care through new pain management pilot in Belfast local Commissioning Group area.	BLCG will commission a number of self-management courses from a community provider. GPs will be able to refer patients suffering from chronic pain through a central referral hub and patients will get the opportunity to talk through these courses with a hub coordinator before choosing which course and location	Data from the self-completion questionnaires at the beginning and end of course completion will be analysed to ensure quality of life outcomes  Record of improved outcomes for people with a disability	Assistant Director of Commissioning BLCG 2015-2017

	best suits their particular needs.		
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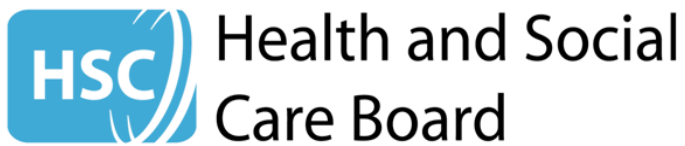
#### (4) Recruitment and Retention

What do we want to do?	How are we going to do it?	How will we prove it?	Timescale and Ownership
<p>Create and promote meaningful placement opportunities for people with disabilities in line with good practice and commitments of Section 75 equality duties, and making use of voluntary expertise in this area</p> <p>Produce practical guidance on process and external supports</p>	<p>People with a disability gain meaningful work experience over 26 weeks</p> <p>People on the scheme are eligible to apply for internal jobs after 5 months and support will be provided apply</p> <p>References will be provided for those on placements</p>	<p>Evaluations from participants</p> <p>Applications made</p> <p>References provided</p>	<p>HSCB Disability Core Group</p> <p>Disability Champion</p> <p>2016-2018</p>
<p>Encourage disabled people to apply for employment opportunities and remain in the</p>	<p>Working with the Disability Staff Forum, we will attend career fairs, include a welcoming statement and</p>	<p>Information pack for applicants with a disability developed and in use</p>	<p>HSCB Disability Core Group</p>

workforce  Encourage greater numbers of people with a disability to apply for jobs	issue job adverts to local disability organisations and explore adopting more flexible working arrangements and review job descriptions	Attendance at career fairs  Senior Management Team minutes	2016-2017
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**The Health and Social Care Board has a Disability Core Group, made up of senior representatives of the organisations, representing each Directorate of the Board. This group meets three times per year. The HSCB also has a Disability Working Group, which is made up of staff with a disability or an interest in disability. This group work on the practical initiatives of the Disability Action Plan.**

**The Equality Unit in the Business Services Organisation (BSO) in collaboration with the HSCB's Disability Core Group and Disability Working Group will support staff in the implementation of this action plan**



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