Public Health Agency

Section 75
Equality Action Plan
2013 – 2018

Draft for Consultation

Public Health Agency

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December 2012

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Introduction

In 2010 the Equality Commission NI asked the Public Health Agency 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.

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.publichealth.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.

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 coming to the end of our two years we undertook a larger scale review, to consider what actions to include in our new equality action plan.

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

1. Have actions been delivered? If not these were carried over into our new plan.
2. Have intended outcomes been achieved? If actions were delivered but the intended outcome has not been achieved we carried 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.

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.

From this we considered if new actions needed to be developed for 2013-2018.

What we do

The Public Health Agency is part of health and social care in Northern Ireland. We were set up in April 2009.

We do things like:

- We find out what things people need to protect them from diseases and other hazards.
- We find out what services people in Northern Ireland need to keep healthy.
- We do not provide the services but work with other organisations that are called Trusts and other voluntary and private organisations that do so.
- We buy services from Trusts including, for example, hospital services.
- We organise and buy screening services. This is about finding out at an early stage whether a person is ill or is at risk of becoming ill.
- We try to make it easier for people to make healthier choices, for example in what they eat.
- We work with other organisations to try and reduce the big differences between different groups of people in Northern Ireland in how healthy and well they are.
- We develop and run campaigns for the general public in Northern Ireland on important health topics, for example on smoking.
- We develop websites on a number of health topics, for example on drugs, alcohol and smoking. Some sites are for specific groups such as young people or health professionals.

- We support research. We also buy and pay for research. We carry out some of the research ourselves.
- We make sure we learn from when something goes wrong in how health care is provided in Northern Ireland.
- We work with other organisations to improve the range and quality of services, for example for people of all ages with learning disabilities.
- We need to make sure services are good quality and check out that they are.
- We work with other health and social care organisations to improve how they engage with those who use their services, with carers and with the public.
- We also employ staff.
- We have to make sure that we obey the laws about employment, services, equality and rights.

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. We will involve Section 75 equality groups and individuals in this review. This document is also available on our website: www.publichealth.hscni.net

The PHA Equality Action Plan 2013-2018

Theme 1: Provision of Accessible Information	**Key inequalities and opportunities to promote equality and good relations:** • people with a disability experience barriers in accessing website information • opportunity to mainstream consideration of accessible information needs in all projects involving the production of information materials **Evidence** • http://www.w3.org/standards/webdesign/accessibility			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
complete review of existing sites and ensure new sites are compliant with relevant guidelines and standards (such as W3C A4)	highest level of accessibility enables people with a disability to have equal access to information	annual compliance check	Public and Professional Information Manager	ongoing

Theme 2:	**Key inequalities and opportunities to promote equality and good relations:**
Cancer Screening	**BME Groups** - There are a number of factors that can influence participation by some BME groups in cancer screening, including: • Divergence in perceptions held by screening staff and migrant ethnic groups regarding cancer screening. • Suspicion of authority. • The degree of knowledge about screening. • The type of health care in individuals' native countries, i.e. no experience of these types of programmes. • Lack of access to primary care. **Learning Difficulties** - Cancer screening uptake is lower amongst the population of women with learning difficulties than among women in the general population. Barriers to accessing cancer screening include: • communication issues, including literacy problems; • consent issues; • physical health; • inability to undergo screening due to physical limitations **LGB&T** - Lesbian women are less likely to participate in preventive health care, including breast and cervical cancer screening than heterosexual women. There is an assumption that they do not need to undertake cervical screening.

	Physical and Sensory Disability - A key issue affecting those with sensory and/or physical disabilities is the availability of accessible information. The bowel cancer screening test kit is completed by individuals at home. Due to the nature of the test (collecting a stool sample) individuals with a physical or sensory disability will have difficulty accessing the screening programme. **Evidence** • People from these minority groups may have problems accessing or understanding information about cancer screening and in some cases the methods of screening may create obstacles for some individuals. The PHA does not have data of uptake of cancer screening by individuals from section 75 groups. Our data collection is not specific enough. There is anecdotal evidence that uptake of cancer screening is lower amongst some section 75 groupings. A Strategy Group to promote informed choice in cancer screening has been established and led by the Quality Assurance Reference Centre. This Group has considered a range of research literature and held a series of meetings with community and voluntary organisations that represent people from section 75 groups. Organisations have offered an insight into the obstacles and inequalities that people face in accessing cancer screening and confirmed the research findings. A workshop with key stakeholders to promote informed choice in cancer screening was held in November 2011. The attendees advised what the obstacles were to people and groups understanding and accessing cancer screening programmes and suggestions to improve informed choice and hopefully then to improve uptake. The action plan form this workshop will be published by March 2013.

Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
A workshop with key stakeholders to promote informed choice in cancer screening was held in November 2011. Implement actions from the action plan that was drafted following the workshop.	Actions to be undertaken that will improve uptake of cancer screening amongst section 75 groups and people living in deprived areas.	That actions from the plan are completed. Further links are established with internal PHA departments and external organisations who represent these section 75 groups. *It will be difficult to link changes in the uptake of cancer screening programmes directly to this work. Cancer screening programmes do not collect data on all section 75 groups.*	QARC	March 2014 and on-going into 2014/15.

Theme 3: Childhood Immunisation	**Key inequalities and opportunities to promote equality and good relations:** • Whilst childhood immunisation uptake levels are generally very good in Northern Ireland and above the UK average there is variation in uptake. Lower levels occur in some areas of deprivation and also in some groups e.g. the Traveller community. There can also be problems with some recent migrants accessing vaccination services. **Evidence** • Vaccination uptake figures and reports from professionals working with affected groups. • NICE Public Health Guidance 21: Reducing differences in uptake of immunisations in children and young people aged under 19 years. This guidance identifies the following groups as being at risk of not being fully immunised: ○ those who have missed previous vaccinations (whether as a result of parental choice or otherwise) ○ looked after children ○ those with physical or learning disabilities ○ children of teenage or lone parents ○ those not registered with a GP ○ younger children from large families ○ children who are hospitalised or have a chronic illness ○ those from some minority ethnic groups ○ those from non-English speaking families ○ vulnerable children, such as those whose families are travellers, asylum seekers or are homeless.

Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Feed back individual uptake rates to health professionals, along with comparative data, so they know how they are performing compared with their peers.	The gap in uptake rates between the highest and lowest performing areas will be reduced as much as possible.	Uptake rates and comparable data fed back to GP practices.	Health protection nurses	ongoing
Visiting individual practices with low rates to discuss how these can be improved.		Practice visits taken place.	Health protection nurses	ongoing
Develop a one stop shop for new migrants that will include a range of services including bringing children up to date with their immunisations.		One stop shop set up and offering childhood immunisations.	Belfast Trust working with PHA	ongoing Service started, new elements still being added and develope d

Work with Trusts to develop initiatives to promote childhood immunisations with the Travelling community.		Initiatives developed to promote childhood immunisation with Traveller community.	Health protection nurses working with Trusts	ongoing
Continue to monitor uptake closely and work with professionals to achieve ongoing improvement.		Uptake levels will be monitored on a quarterly basis as immunisation statistics are produced.	Consultant health protection & health protection nurses.	ongoing

<table>
<tr><td>Theme 4:
Migrants</td><td colspan="4">Key inequalities and opportunities to promote equality and good relations:
• There is a lack of robust data on the health and social wellbeing needs of migrants in NI;
• There is a need for more partnership working among all key stakeholders, in particular with migrant groups; and
• for a more co-ordinated approach in addressing migrant health and social wellbeing issues across NI.
Evidence:
• Health and Social Needs among Migrants and Minority Ethnic Communities in the Western area (Jarman, 2009);
• Barriers to Health: migrant health and wellbeing in Belfast. A study carried out as part of the EC Healthy and Wealthy Together project (Johnston, Belfast Health Development Unit 2010);
• Health Protection Issues Affecting Immigrants – A Literature Review (Veal and Johnston 2010 unpublished).</td></tr>
<tr><td>Action Point</td><td>Intended Outcome</td><td>Performance Indicator and Target</td><td>By Whom</td><td>By When</td></tr>
<tr><td>Improve data collection of migrants and their health and social wellbeing needs with a particular focus on community systems (SOSCARE); hospital</td><td>Improved data collection on the health and social wellbeing needs of minority ethnic communities in NI</td><td>Review and amendment, as required, of the identified data sources across NI</td><td>Pilot Ethnic Monitoring Project</td><td>Mar
2014</td></tr>
</table>

systems (PAS) and GP systems.				
Work with PHA, HSCB, Trust, BSO and community and voluntary sector colleagues to achieve an effective information and good practice sharing Migrant Health and Social Wellbeing Collaborative Network for health and social care professionals, ME groups and others.	Improved access to information sharing, good practice and expert knowledge and skills relating to the health and social wellbeing of ethnic minorities and contributing to more accessible, responsive and equitable programmes and services.	A Minority Ethnic Health and Social Wellbeing Collaborative established with a database of a minimum of 30 members from HSC and ethnic minority groups across Northern Ireland	Regional Minority Ethnic Health and Wellbeing Steering Group	Mar 2014
Review the evidence on approaches taken to improving minority ethnic health and social wellbeing, elsewhere across the UK and internationally, to help inform local commissioning and decision making.	Improved evidence based approaches to addressing minority ethnic health and social wellbeing issues.	Review completed of one key issue (to be identified).	Regional ME Steering Group & Health Intelligence colleagues	Dec 2013
Continue to work with key agencies and organisations across the sectors to review, develop and implement an annual regional action plan to address minority ethnic	Co-ordinated cross-sectoral action undertaken to address identified minority ethnic health and social wellbeing needs	Annual Action plan developed and being implemented	Regional ME Steering Group	Annua lly by Mar

health and social wellbeing issues				

Theme 5: Lesbian, Gay, Bisexual and Transgender	**Key inequalities and opportunities to promote equality and good relations:**
	Employment generally • atmosphere and culture of discrimination, homophobia and heterosexism (language, jokes, comments, graffiti) • lack of confidence in reporting and disciplinary procedures • lack of visibility of LGB&T people in the health and social care workplace Services • research in England on LGB&T experience of healthcare suggests numerous barriers including homophobia and heterosexism, misunderstandings and lack of knowledge, lack of appropriate protocols, poor adherence to confidentiality and the absence of LGB&T -friendly resources • LGB&T people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self-harm than heterosexual people. Other issues include; access to services and attitudes. Issues regarding Older LGB&T in communal facilities, with concerns around negative responses on the grounds of their sexuality from institutions when life changing events occur for example, loss of independence through hospitalisation, going into residential home or having home carers. Research • To date very little general LGB&T health research has been published in Northern Ireland **Evidence** • publications summarised and referenced in: PHA (2011): Health Intelligence Briefing on Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues HSC (2010): Section 75 Emerging Themes across Health and Social Care. Section 9

Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
(1) eLearning				
engage with key stakeholders Promote e-learning programme.	Increased capacity of staff working across HSC settings to better meet the needs of the LGB&T population.	E-learning programme promoted to staff working across HSC Settings. E-Learning programme used as part of induction programme and ongoing Equality and Diversity Training. Use of programme monitored and feedback from learners used to inform changes. E-learning programme promoted as part of KSF requirements for all staff.	Deirdre McNamee Human Resources Deirdre McNamee Human Resources	End March 2018
(2) HSC staff forum				
Continue to support the HSC LGB&T Staff Forum. Develop a dedicated website for the Forum.	LGB&T staff working within HSC organisations feel valued and are empowered to contribute to effect change in the organisation. HSC organisations visibly	LGB&T staff are willing to be to engage in the Forum. New members join the Forum and e-mail circulation list.	Deirdre McNamee	end Mar 2018

	demonstrate their commitment to promoting equality for LGB&T staff	Forum members contribute to the development of and ongoing updating of the Forum website.		
(3) Research				
conduct survey with staff across HSC settings Research proposal developed by PHA which will be commissioned in 2013/2014	Organisation has robust evidence to develop actions to support LGB&T individuals working in the HSC sector LGB&T individuals will feel that their needs are being considered organisation is in a position to measure outcomes of agreed actions	Survey completed and report written up research carried out and report written up findings disseminated	PHA Health Intelligence	end Mar 2018
(4) Guidelines for older LGB&T people in residential and day care facilities				
Work with AgeNI, RQIA, LGB&T Sector, Unison and the Independent Care Sector to develop guidelines to support older LGB&T people in residential and day care facilities.	Staff working within a range of settings to support older people will be better informed of the needs of older LGB&T people and the implications for their Health and Social care.	Proposal developed. Research carried out to inform the development of guidelines. Guidelines developed and disseminated. Training to support the guidelines provided as part of LGB&T awareness training.	Deirdre McNamee Chris Totten	end March 2018

Theme 6: Personal and Public Involvement	**Key inequalities and opportunities to promote equality and good relations:** • Work to embed the culture of Personal and Public Involvement (PPI) within this, and other HSC organisations. Strategically promote and enhance the concept and culture of personal and public involvement. **Evidence** • Research on service user and carer involvement and experience throughout HSC			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
Develop a protocol to evidence compliance with personal and public involvement for planning, delivery & evaluation of services.	Identify opportunities for involvement of service users and carers including Section 75 groups	Protocol developed	PHA PPI Team	Dec 2013
Include Section 75 as scoring criteria in the allocation of funds from the Promotion and Advancement of PPI Programme.	Section 75 groups will have an opportunity to become engaged in PPI activity through PHA funding.	25% of PPI Projects will involve Section 75 groups.	PHA PPI Team	March 2014
Commission PPI training programme for use across	To raise awareness and understanding of the principles,	PPI Training Programme commissioned.	PHA PPI Team	March 2014

HSC.	values and practice of PPI. Helps to ensure HSC organisations are pro-active in their involvement of service users, carers and Section 75 groups.			
Develop a PPI communication and promotional strategy.	Promote the concept of PPI. Ensure that Section 75 groups are represented in PPI Communication Strategy.	Communication Plan developed.	PHA PPI Team	March 2014
PHA to identify gaps in PPI research, theory & practical application. Commission research with a focus on lessons to be extrapolated & shared across the HSC.	Ensure that PPI is actively researched in a Northern Ireland Context, taking into consideration Section 75 groups.	GAP analysis. Research commissioned. Learning applied.	PHA PPI Team/PHA R&D Office	Dec 2013 June 2014 onwards

Theme 7: PHA as an employer	**Key inequalities and opportunities to promote equality and good relations:** • opportunity to better promote equality for older staff who may wish to work on (potential lack of dedicated information) • lack of comprehensive staff equality data **Evidence** • feedback from staff; submission from Older People's Advocate			
Action Point	**Intended Outcome**	**Performance Indicator and Target**	**By Whom**	**By When**
(1) Older people				
engage with staff to (a) provide information on existing policies and pension arrangements (b) find out about staff preferences for working on beyond previous retirement age and suggestions for additional support	PHA staff are in a position to make informed choices in relation to working beyond previous retirement age Older staff are choosing to work on are supported	engagement event has taken place	Operations & Human Resources	Mar 2016
(2) Meeting section 75-related needs of staff				
work with BSO and partner organisations to develop a line manager guide on reasonable adjustments for	Increased capacity of line managers to identify and respond to the range of Section 75 needs of their staff	resource produced	Human Resources	Mar 2015

staff from a range of Section 75 groups	staff feel that their needs are being met			
(3) Section 75 monitoring				
develop communication strategy for staff on rationale for collecting data collect staff data	robust data is in place to allow assessment of impacts and developing targeted actions	gaps have been identified and staff datasets are comprehensive	Communications Lead and Human Resources	Following implementation of the new Human Resources system in 2013-14

<table>
<tr><td>Theme 8:
Board composition</td><td colspan="4">Key inequalities and opportunities to promote equality and good relations:
• lack of comprehensive data on the Section 75 profile of members of HSC boards; indications that some groups are under-represented (including ethnic minorities, younger people, people with a disability)
Evidence
• no robust information available; submission from Older People’s Advocate</td></tr>
<tr><td>Action Point</td><td>Intended Outcome</td><td>Performance Indicator and Target</td><td>By Whom</td><td>By When</td></tr>
<tr><td>Approach Office for Public Appointments or Public Appointments Unit to welcome thoughts on the matter and seek advice on how greater diversity can be achieved</td><td>the Agency uses its influence to promote diversity</td><td>Engagement undertaken</td><td>Operations</td><td>Mar 2018</td></tr>
</table>

Your views

We are happy to receive your comments by letter, by email, or in another format. If you prefer to provide your comments in person please do not hesitate to get in touch and we will be happy to meet with you.

Please tick if you are:

Responding on behalf of an organisation ☐

or

As an individual ☐

Please provide:

Your name:

Your Organisation: (if relevant)

Your contact details: including your address, telephone, textphone and email address.

Please send your comments by 1st March 2013 to the Equality Unit in the Business Services Organisation, who are co-ordinating this consultation on our behalf:

The Equality Unit
Business Services Organisation
2 Franklin Street, Belfast, BT2 8DQ
Telephone 028 9053 5531 for Text Relay users prefix with 18001
Email: equality.unit@hscni.net Fax: 028 9053 5641

Please note that we will, under Freedom of Information Act (2000), make public any responses received. Summary responses will be published. In limited circumstances we will consider requests for confidentiality but this cannot be guaranteed.

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