

Equality and Human Rights Screening Template

The PHA is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

SCREENING TEMPLATE

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template .

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Public Health Agency - Annual Business Plan 2018/2019

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

The Public Health Agency (PHA) Annual Business Plan 2018-2019 details how we will make best use of our resources to achieve our core goals, as set out in our Corporate Plan 2017-2021

These are:

- All children and young people have the best start in life
- All older adults are enabled to live healthier and more fulfilling lives
- All individuals and communities are equipped and enabled to live long healthy lives
- All health and wellbeing services should be safe and high quality
- Our organisation works effectively

This plan focuses on significant new initiatives for 2018-19, and does not detail all the PHA's planned work.

It will provide a basis for staff objectives and training and is a core accountability tool for the Department of Health.

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

Internal: Public Health Agency staff

External: Service users and the public, DoH, Health and Social Care Board (HSCB), Local Commissioning Groups (LCGs), Patient and Client Council (PCC), Business Services Organisation (BSO), Health and Social Care Trusts, Voluntary & Community Sector, Professional organisations, Other Statutory Organisations such as education, housing, local government, justice, culture and private sector organisations.

1.4 Other policies or decisions with a bearing on this policy or decision

- **what are they?**

- **who owns them?**

1. Transforming Your Care: From Vision to Action – DoH
2. Quality 2020 – DoH
3. Marmot Review
4. Changing the Culture 2010 Strategy – DoH
5. Guidance on quality and safety – National Institute for Clinical Excellence
6. Francis Report
7. Guidance relating to governance, finance etc - DoH
8. Policy guidance in relation to health improvement, health protection, service development, screening, quality & safety - DoH
9. Patient and Client Experience Standards for Northern Ireland - PHA
10. Bamford Rapid Review Action Plan – PHA/HSCB
11. Personal and public involvement strategy and action plan - PHA
12. Social Inclusion Strategy – DfC
13. Northern Ireland Prison Service and Social Wellbeing Strategy – PHA/HSCB
14. Northern Ireland Maternity Strategy - DoH
15. Promoting Good Nutrition Strategy – DoH
16. AHP Strategy - DoH
17. Eye Care Strategy - HSCB
18. The Palliative and End of Life Care Strategy for Adults in NI – HSCB/PHA

19. PHA board meetings
20. Community Planning - led by each Local Council
21. Department of Health. Systems, Not Structures: changing health and social care. Expert Panel Report. Belfast: DoH
22. Department of Health. Health and Wellbeing 2026: Delivering Together. Belfast: DoH, 2016
23. Department of Health, Social Services and Public Safety. Making Life Better: a whole system strategic framework for public health 2013– 2023. Belfast: DHSSPS, 2013
24. Northern Ireland Executive. Draft Programme for Government Framework 2016– 21. Belfast: NIE, 2016
25. PHA Corporate Plan 2017-2021

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

1. Directorate Plans
2. Detailed Programme Action Plans.
3. Meetings – through Directors & Assistant Directors to staff in their Directorates, Agency Management Team and PHA board.
4. Northern Ireland Statistics and Research Agency
5. Personal and public involvement strategy and action plan
6. Statistics and information from Carers NI
7. Statistics and information from The Poverty Site
www.poverty.org.uk/summary/ni.htm
8. Statistics and information from the BSO Human Resource Directorate

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	<i>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	<p>NI Population Statistics</p> <p>The proportion of females in 2011 is 51.00% (923, 540). The male population is 49.00% (887, 323) in 2011.</p> <p>Transgender</p> <p>Research suggests for the Northern Ireland population as a whole:</p> <ul style="list-style-type: none"> • 140-160 individuals are affiliated with transgender groups • 120 individuals have presented with Gender Identity Disphoria • There are more trans women than trans men living in Northern Ireland. <p>(McBride, Ruari Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Institute for Conflict Research.)</p> <p>GIRES 2014</p> <p>estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office and subsequently updated:</p> <ul style="list-style-type: none"> • gender nonconforming to some degree (1%) • likely to seek medical treatment for their condition at some stage (0.2%) • receiving such treatment already (0.03%) • having already undergone transition (0.02%) • having a GRC (0.005%) • likely to begin treatment during the year (0.004%). <p>The number who have sought treatment seems likely to continue</p>

	<p>growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among youngsters is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).</p> <p>Applying GIRES figures to NI population n=1,810,900:</p> <ul style="list-style-type: none"> • 18109 people who do not identify with gender assigned to them at birth • 3622 likely to seek treatment • 362 have undergone transition • 91 have a Gender Recognition Certificate <p>PHA Staff ^</p> <table data-bbox="319 1153 670 1243"> <tr> <td>Male</td> <td>20.33%</td> </tr> <tr> <td>Female</td> <td>79.67%</td> </tr> </table>	Male	20.33%	Female	79.67%
Male	20.33%				
Female	79.67%				
Age	<p>NI Population Statistics *</p> <p>Children 0-4 yrs 124,400 - 6.87% of the total population 5 to 9 years – 111,300 - 6.15% 10 to 14 years - 119,000 – 6.57% Young people 15 to 19 years- 126,200 – 6.97% Total under 19 years 480,900 – 26.56%</p> <p>Older People People over 60 in N Ireland now make up 19% of the population (Census 2011). The number of people aged over 85 years makes up 1.73% of the population (Census 2011). Pensioner poverty is increasing; there is a link between poverty and inequality.</p>				

	<p>Overall NI Age Profile</p> <p>0 – 15 – 20.95% (379,378) 16 – 19 – 5.61% (101,589) 20 – 24 – 6.96% (126,036) 25 – 29 – 6.85% (124,044) 30 – 44 – 20.65% (373,943) 45 – 59 – 19.21% 347,867) 60 – 64 – 5.21% (94,346) 65 – 74 – 8.04% (145,593) 75 – 84 – 4.79% (86,740) 85 – 89 – 1.17% (21,187) 90 and over - 0.56% (10,141)</p> <p>PHA Staff ^</p> <p><25 - 0.67% 25-29 - 6.67% 30-34 - 11.00% 35-39 - 13.67% 40-44 - 17.00% 45-49 - 19.33% 50-54 - 17.00% 55-59 - 10.33% 60-64 - 3.67% 65-69 - 0.67%</p>
Religion	<p>NI Population Statistics *</p> <p>Religion or Religion brought up in</p> <ul style="list-style-type: none"> • 45.14% (817, 424) of the population were either Catholic or brought up as Catholic. • 48.36% (875, 733) stated that they were Protestant or brought up as Protestant. • 0.92% (16, 660) of the population belonged to or had been brought up in other religions and Philosophies. • 5.59% (101, 227) neither belonged to, nor had been brought up in a religion.

	<p>Catholic 40.76% (738, 108)</p> <p>Presbyterian Church in Ireland 19.06% (345, 150)</p> <p>Church of Ireland 13.74% (248, 813)</p> <p>Methodist Church in Ireland 3% (54, 326)</p> <p>Other Christian(including Christian related) 5.76% (104, 308)</p> <p>Other religions 0.82% (14, 849)</p> <p>No religion 10.11% (183, 078)</p> <p>Did not state religion 6.75% (122, 233)</p> <p>PHA Staff ^</p> <table data-bbox="319 1048 1085 1220"> <tr> <td>Not known-</td> <td>17.00%</td> </tr> <tr> <td>Protestant/Perceived Protestant-</td> <td>41.67%</td> </tr> <tr> <td>Catholic/Perceived Catholic-</td> <td>39.67%</td> </tr> <tr> <td>Other-</td> <td>1.67%</td> </tr> </table>	Not known-	17.00%	Protestant/Perceived Protestant-	41.67%	Catholic/Perceived Catholic-	39.67%	Other-	1.67%
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<p>Political Opinion</p>	<p>NI Population Statistics*</p> <p>64.8% of the population voted in the 2017 NI Assembly election. Of these 43.6% voted Unionist, 39.8% voted Nationalist and 16.6% Other (BBC).</p> <p>Nationality</p> <ul data-bbox="319 1590 1244 2016" style="list-style-type: none"> • British only – 39.89% (722, 353) • Irish only – 25.26% (457, 424) • Northern Irish only – 20.94% (379, 195) • British and Northern Irish only – 6.17% (111, 730) • Irish and Northern Irish only – 1.06% (19, 195) • British, Irish and Northern Irish – 1.02% (1847) 								

- British and Irish only – 0.66% (11, 952)
- Other – 5.00% (90, 543)

“Which of these political parties do you feel closest to?”
(Northern Ireland Life and Times, 2016)

DUP/Democratic Unionist Party 17%

Sinn Fein 14 %

Ulster Unionist Party (UUP) 12%

Social Democratic and Labour Party (SDLP) 12%

Alliance Party 9%

Other Party (WRITE IN) 3%

None of these 23%

Other answer (WRITE IN)/ Don't know 12%. Breakdown by males and females, religion and age can be found here:

http://www.ark.ac.uk/nilt/2016/Political_Attitudes/POLPART2.html

“Generally speaking, do you consider yourself as a unionist, a nationalist or neither?” (Northern Ireland Life and Times, 2016)

Unionist 29%; Nationalist 24%; Neither 46%; Other/ don't know 2%. Breakdown by males and females, religion and age can be found here:

http://www.ark.ac.uk/nilt/2016/Political_Attitudes/UNINATID.html

<p>Marital Status</p>	<p>NI Population Statistics*</p> <p>47.56% (680,840) of those aged 16 or over were married 36.14% (517,359) were single 0.09% (1288) were registered in same-sex civil partnerships 9.43% (134,994) were either divorced, separated or formerly in a same-sex partnership 6.78% (97,058) were either widowed or a surviving partner</p> <p>Northern Ireland Life and Times (2016)</p> <p>Single (never married) 33%</p> <p>Married and living with husband/wife 50%</p> <p>A civil partner in a legally-registered civil partnership 0%</p> <p>Married and separated from husband/wife 3%</p> <p>Divorced 6%</p> <p>Widowed 8%</p> <p>Results for males/ females; religion; age available here http://www.ark.ac.uk/nilt/2016/Background/RMARST.html</p>
<p>Dependent Status</p>	<p>NI Population Statistics*</p> <ol style="list-style-type: none"> 1. 11.81% (213,863) of the usually resident population provide unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill – health/disabilities or problems related to old age. 2. 3.11% (56,318) provided 50 hours care or more. 3. 33.86% (238,129) of households contained dependent children. 4. 40.29% (283,350) contained a least one person with a long – term health problem or a disability. <p>Based on the most recent information from Carers Northern Ireland, the following facts relate to carers.</p> <ol style="list-style-type: none"> 1. 1 in every 8 adults is a carer 2. There are approximately 220,000 carers in Northern Ireland 3. Any one of us has a 6.6% chance of becoming a carer in any year

4. Carers save the Northern Ireland economy over £4.6 billion a year - more than the annual NHS spending in Northern Ireland.
5. The main carers' benefit is worth just £62.70 for a minimum of 35 hours - £8.96 per day
6. Over one quarter of all carers provide over 50 hours of care per week
7. People providing high levels of care are twice as likely to be permanently sick or disabled than the average person
8. Approximately 30,000 people in Northern Ireland care for more than one person
9. 64% of carers are women; 36% are men
10. By 2037 the number of carers could have increased to 400,000
This information can be accessed at info@carersni.org – June 2011.
11. 2% of 0-17 year olds are carers, based on the 2011 Census

CarersNI State of Caring 2017 Annual survey (UK wide, including NI)

- 24% of respondents given up work to care
- 26% reduced working hours to care

Available at <https://www.carersuk.org/northernireland/policy/policy-library/state-of-caring-in-northern-ireland-2017-2>

Northern Ireland Life and Times (2015)

- 17% respondents were carers: 21% of women and 13% of men.

Health Survey NI (2016/17)

- 13% have caring responsibilities
- Approx 70% receive no monetary reward for giving this care
- 48% received help from other family members, but 38% received no support from others

Disability	<p>NI Population Statistics*</p> <p>20.69% (374,668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.</p> <p>68.57% (1,241,709) of residents did not have a long – term health condition.</p> <p>Deafness or partial hearing loss – 5.14% (93,078)</p> <p>Blindness or partial sight loss – 1.7% (30,785)</p> <p>Communication Difficulty – 1.65% (29,879)</p> <p>Mobility of Dexterity Difficulty – 11.44% (207,163)</p> <p>A learning, intellectual, social or behavioural difficulty - 2.22% (40,201)</p> <p>An emotional, psychological or mental health condition - 5.83% (105,573)</p> <p>Long – term pain or discomfort – 10.10% (182,897)</p> <p>Shortness of breath or difficulty breathing – 8.72% (157,907)</p> <p>Frequent confusion or memory loss – 1.97% (35,674)</p> <p>A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – 6.55% (118,612)</p> <p>Other condition – 5.22% (94,527)</p> <p>No Condition – 68.57% (1,241,709)</p> <p>More than one person in five (300,000) people in Northern Ireland has a disability. The incidence of disability in Northern Ireland has traditionally been higher than Great Britain - persons with limiting long term illness 20.36% in Northern Ireland.</p> <p>Among those of working age, 30% of those with a work-limiting disability are working. A further 15% lack, but want, paid work but 55% do not want paid work. (The Poverty Site / Labour Force Survey 2011).</p>
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	<p>Northern Ireland Life and Times 2016</p> <p>“Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?”</p> <p>Yes 24%; No 76%; Don't know 0%. Breakdown by age, gender and religion available at http://www.ark.ac.uk/nilt/2016/Background/ANYHCOND.html</p> <p>Health Survey NI (2017)</p> <p>42% longstanding illness (30% limiting and 12% non-limiting illness)</p>
Ethnicity	<p>NI Population Statistics*</p> <p>1.8% 32,596 of the usual resident population belonged to minority ethnic groups,</p> <p>White – 98.21% (1,778,449)</p> <p>Chinese – 0.35% (6,338)</p> <p>Irish Traveller – 0.07% (1,268)</p> <p>Indian – 0.34% (6,157)</p> <p>Pakistani – 0.06% (1,087)</p> <p>Bangladeshi – 0.03% (543)</p> <p>Other Asian – 0.28% (5,070)</p> <p>Black Caribbean – 0.02% (362)</p> <p>Black African – 0.13% (2354)</p> <p>Black Other – 0.05% (905)</p> <p>Mixed – 0.33% (5976)</p>

Other – 0.13% (2354)

Language (Spoken by those aged 3 and over);

English – 96.86% (1,681,210)

Polish – 1.02%(17,704)

Lithuanian – 0.36% (6,249)

Irish (Gaelic) – 0.24% (4,166)

Portuguese – 0.13% (2,256)

Slovak – 0.13% (2,256)

Chinese – 0.13% (2,256)

Tagalog/Filipino – 0.11% (1,909)

Latvian – 0.07% (1,215)

Russian – 0.07% (1,215)

Hungarian – 0.06% (1,041)

Other – 0.75% (13,018)

There may be added difficulty for those with language barriers

Northern Ireland Pooled Household Survey (NIPHS) tables, published 2017. Data (2013/14 and 2014/15) from four NI Household Surveys (i.e. Labour Force Survey, Family Resources Survey; NI Health Survey, and Continuous Household Survey). Results presented for 11 Local Government Districts. Presented as 'Ethnicity White' and 'All Other Ethnicities' due to small cell sizes. Available here <https://www.nisra.gov.uk/publications/northern-ireland-pooled-household-survey-niphs-tables>

2013/14: Ethnicity White 98.2% (1,399,000); All other Ethnicities 1.6% (23,000) (No response not included)

2014/15: Ethnicity White 98.2% (1,409,000); All other Ethnicities 1.8% (26,000)

Sexual Orientation	There is variation in estimates of the size of the LGB&T population in Northern Ireland. Estimates are as high as 5-7% (65-90,000) of the adult population Northern Ireland (based on the UK government estimate of between 5-7% LGB&T people in the population for the purposes of costing the Civil Partnerships Act).
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*NI populations statistics provided by NISRA from 2011 Census unless indicated otherwise

^ PHA staffing statistics provided by Human Resource equality monitoring information.

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

The PHA Annual Business Plan 2018-2019 covers a wide range of issues across health improvement, health protection, safety and quality, research and development and screening and has the aim of improving the health and wellbeing of all people in NI (covering all section 75 groups) as well as reducing health inequalities. The document is high level and sets out the key strategic actions for 2018/19, and will be supported by the directorate business plans and detailed plans and business cases as relevant. The Plan also recognises organisational reorganisation and the need to support staff, especially at a time of reform.

The health and well-being of individuals and groups spans a wide range of issues throughout their lives. The Agency recognises that the needs, experiences and priorities of individuals and groups within each Section 75 category may vary substantially. Some overarching work has been conducted over recent years to identify emerging themes regarding these, documented in publications such as

- *the PHA's "Health Briefings"*
www.publichealth.hscni.net/directorate-operations/communication-and-knowledge-management/health-intelligence
- *the HSC document on "Section 75 Groups - Emerging Themes"*
www.hscbusiness.hscni.net/pdf/Emerging_Themes_Booklet_25_Oct_10.pdf alongside the regular Department of Health publication on inequalities monitoring
www.hscbusiness.hscni.net/pdf/NI_HSC_inequalities_monitoring_pdf_744

[KB.pdf](#), no one screening exercise or EQIA can do justice in giving consideration to all these aspects.

The Plan is closely aligned with the core functions of the Agency, as defined by the legislation, and with other key strategies including the Making Life Better Public Health Framework and draft PFG.

PHA recognises that the needs, experiences and priorities of individuals and groups within each Section 75 category will vary and that some may require specific actions to experience the positive impact on health inequalities intended in this Annual Business Plan. As PHA takes forward work to achieve each outcome, the actions, work and programmes will be screened individually. It is at this more detailed level that the needs, experiences and priorities of and potential impact on the Section 75 named groups will be considered and assessed specifically within each policy and strategy screening exercise. Additional equality information was identified during development of, and consultation on, the PHA Corporate Plan 2017-2021. This has also been considered and is available to inform staff as they take forward specific actions.

Category	Needs and Experiences
Gender	
Age	
Religion	
Political Opinion	
Marital Status	
Dependent Status	
Disability	
Ethnicity	
Sexual Orientation	

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

Please also see the comments at the start of 2.3

It is possible that some of the work to be taken forward in the Annual Business Plan may impact on people with multiple identities. PHA recognises that the needs and experiences of people with multiple identities will vary across our work. In our commitment to ensuring that potential impacts are considered and mitigated, PHA will screen policies and strategies individually to ensure that the potential impacts of each policy or strategy are considered fully in that context.

2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<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 Annual Business Plan development included ensuring that it fully reflected the PHA role in reducing health inequalities. Some of these explicitly aim to address key equality issues.</p> <p>Using our Communication department's expertise in public information the Annual Business Plan was written in a style to make it accessible and understandable for a wide range of external stakeholders as well as PHA staff.</p> <p>The feedback from the consultation on the PHA Corporate Plan 2017-21 was used to inform the development of this Annual Business Plan 2018/19.</p>	<p>The key actions and focus on reducing health inequalities contained within the plan will guide the work of the PHA throughout 2018/19 and will be closely monitored through a variety of established performance monitoring systems.</p> <p>The Annual Business Plan will be widely accessible and will be available in alternative formats.</p> <p>As each of the actions are taken forward equality issues will be reviewed and addressed as appropriate. Service leads have been reminded to keep under constant review the need for screening at an early stage when planning.</p> <p>We will also continue to implement the actions detailed in our action plan which accompanies our Equality Scheme 2013-18.</p> <p>Ultimately, however, we remain committed to equality screening, and if necessary equality impact assessing, the policies we develop and decisions we take.</p>

2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	Tackling the major inequalities in health and wellbeing and their causes will help promote equality of opportunity and good relations.	Continued focus on Partnership working and public participation at regional, local and community level
Political Opinion	Tackling the major inequalities in health and wellbeing and their causes will help promote equality of opportunity and good relations.	Continued focus on Partnership working and public participation at regional, local and community level
Ethnicity	Tackling the major inequalities in health and wellbeing and their causes will help promote equality of opportunity and good relations.	Continued focus on Partnership working and public participation at regional, local and community level

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

**How would you categorise the impacts of this decision or policy?
(refer to guidance notes for guidance on impact)**

Please tick:

Major impact	<input type="checkbox"/>
Minor impact	<input checked="" type="checkbox"/>
No further impact	<input type="checkbox"/>

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

The PHA Annual Business Plan sets out the key priorities and actions that will be progressed by the PHA in 2018-19. Tackling health and wellbeing inequalities is the essence of the Plan and complements the Section 75 Agenda, whilst promoting a shift across the health service, to the prevention of disease.

The Plan covers a wide range of issues across health improvement, health protection, service development and screening and has the aim of improving the health and wellbeing of all people in NI (covering all section 75 groups) as well as reducing health inequalities. A number of initiatives are aimed directly at Section 75 groups.

The health and well-being of individuals and groups involves a huge range of aspects. With regards to each of these, the Agency recognises that the needs, experiences and priorities of groups within each Section 75 category may vary substantially.

Where the PHA is not the lead organisation in collaborative work the PHA will endeavour to use its influence to remind the lead organisation of the importance of Equality Screening.

Individual strategies and policies will be equality screened as they are taken forward. As a minimum this will include the following actions of the plan:

Obesity prevention action plan – Early Years Obesity Prevention programme and Physical Activity Referral programme.

Range of programmes to promote mental and emotional wellbeing and prevent suicide.

Commissioning Stop Smoking Services

FIT (Faecal Immunochemical Test) testing within Bowel Cancer Screening Programme (Department of Health and Public Health Agency)

Pilot Wellbeing and Recovery Star mental health teams and recovery colleges.

Involvement Action Plan 2018-20 (Personal and Public Involvement)

Supporting the HSCB in carrying out an Equality Impact Assessment for the Stroke modernisation programme.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
<p>The PHA actively promotes the inclusion of disabled people in service planning, monitoring and evaluation such as through Personal and Public Involvement initiatives and advisory groups. The PHA has additional regional leadership responsibilities for PPI.</p> <p>This includes:</p> <ul style="list-style-type: none"> • The implementation of PPI across the HSC • The chairing of the regional HSC PPI forum • Report sharing best PPI practice across all HSC bodies • The establishment and pilot of robust PPI monitoring arrangements • Raising awareness of and understanding PPI through training 	<p>Encourage disabled people to get involved in user groups etc</p> <p>Always ensure that venues and events are completely accessible.</p> <p>Seek to ensure that timings of meetings are such that people can use public transport and provide appropriate care parking facilities.</p> <p>Provide support for carers costs if required.</p>

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
<p>The PHA promotes positive attitudes towards disabled people and values their views.</p> <p>The vision and outcomes stated in the Plan are for all people to be enabled and supported to achieve their full health and wellbeing potential.</p>	<p>Encourage positive attitudes to disabled people and challenge negative stereotyping through availability of corporate training programs such as e-learning Discovering Diversity programme.</p>

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 st protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above please move on to **Question 6** on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?* Yes/No

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
A range of information and data will be collected to help us fulfil our legal requirements as well as assist in the planning of services for the future	A range of information and data, including inclusion and participation of disabled people where possible, will be collected to help us fulfil our legal requirements as well as assist in the planning of services for the future	Data on promoting a culture of respect for human rights within the PHA. For example work will continue on the rights of Travellers and Black & Minority Ethnic groups.

Approved Lead Officer: Rosemary Taylor

Position: Assistant Director Planning and Operational Services

Date: April 2018

Policy/Decision Screened by: Rossa Keegan

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

Please forward completed template to: Equality.Unit@hscni.net

Template produced June 2011

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact the Business Services Organisation's Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net;
phone: 028 90535531 (for Text Relay prefix with 18002); fax: 028 9023
2304

