

# **Disability Action Plan 2015-2019**



Updated April 2018

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<b>What is in this report?</b>	<b>Page</b>
Introduction	3
Who is included in our plan?	4
How we developed this plan	5
What we do	5
How people can be involved in our work	7
What have we done up to now	7
What we are going to do	9
Disability Action Plan	10-17

## 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 the Director of Social Care and Children.

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Every year we write up what we have done of those actions we said we would take. We send this report to the Equality Commission. We also publish this report on our website: [www.hscboard.hscni.net](http://www.hscboard.hscni.net)

We have a look at the plan every year to see whether we need to make any changes to it. If we need to, we write those changes into the plan. Before we make any big changes we talk to people who have a disability to see what they think.

When we finish an action we take it off the plan for the next year. That way we keep our plan up to date. It shows what we still have to do.

In 2016, the Minister for Health re-affirmed the earlier announcement that the Health and Social Care Board will close. Before we close, we will see how we have done in delivering on the actions in the plan. We will also see what we have learned from this. We will let those organisations who will deliver our functions in the future know what we have learned.

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

Our plan relates to the following key areas:

- People with physical disabilities;
- People with sensory disabilities (such as sight loss or hearing loss);
- People with autism or Asperger's Syndrome; people with dyslexia; people with learning disabilities;
- People with mental health conditions (such as depression); and,
- People with conditions that are long-term (such as cancer or diabetes).

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

We reviewed our plan in 2015 following comments received by the Equality Commission for Northern Ireland.

We updated our plans again in 2017-18. Some of our partner organisations in Health and Social Care, such as the Business Services Organisation and the Patient and Client Council, developed and consulted on new plans. We have drawn on the learning from this work and have added a number of new actions. We want to deliver on these jointly with our partner organisations in Health and Social Care.

## **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 seven 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>eHealth and External Collaboration</b>	
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; and
- Social media.

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**

- In workshops and conferences people with disabilities have co presented and co led sessions.
- We developed a module on disability on for inclusion in the eLearning “Discovering Diversity” training package. This resource is available to all Health and Social Care staff.
- We include the disability duties in all Equality Awareness, Screening and EQIA training that the Equality Unit delivers.
- We deliver training sessions on mental health awareness to our staff. Since 2015-16, we have delivered courses each year for staff and managers on mental health first aid, mindfulness and managing stress; and courses for staff who are carers.
- 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 update this resource every year.

- On our behalf, the Equality Unit in the Business Services Organisation have developed a resource and checklist for staff on how to positively portray people with a disability in their work when developing information and publications.
- To date, we have held nine disability awareness days for our staff. Each looked at different disabilities: Epilepsy, Sight loss and blindness, Depression, Hearing Loss and deafness, Learning disabilities, Cancer, Arthritis and Musculoskeletal conditions, Diabetes and Dyslexia.
- We have appointed a Disability Champion in the organisation, the Director of Social Care and Children.

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

- We set up a disability network for staff in the HSCB and the other 10 regional Health and Social Care organisations. Part of the role of this network is to raise disability issues with decision makers in our organisation.
- We run a disability work placement scheme together with the Business Services Organisation for all 11 regional Health and Social Care organisations. So far, we have offered around 4 placements for people with a disability in the HSCB every year.
- At conferences and events people with disabilities have participated as co presenters and workshop leaders.
- 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 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 produced an Accessible Formats Policy. It says how we decide which documents we produce in a range of different formats. We have also put together documents for staff with practical tips, for example on how to get different formats done.

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

In the table below we list all the actions that 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 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>1. Encourage staff to declare that they have a disability or care for a person with a disability</p> <p>Improve quality of information in relation to percentage of staff with a disability on the Human Resources, Payment, Travel and Subsistence (HRPTS) system</p>	<p>We will ensure that Corporate circulars are sent to staff.</p> <p>When we hold awareness and training events we will inform staff of the benefits of completing their monitoring data and inform them how to do this.</p>	<p>Corporate circulars will be sent</p> <p>Corporate induction presentation</p> <p>Increase in completion of disability monitoring information by staff to 90%</p>	<p>BSO Director of Human Resources with support from BSO Equality Unit <b>end Mar 2019</b></p>
<p>2. Raise awareness of specific barriers faced by people with disabilities</p>	<p>Link in with National Awareness Days or Weeks (such as Mind your Health Day)</p>	<p>2 awareness days profiled every year</p> <p>&gt;50% of staff participating in the evaluation indicate they know more about people living with disabilities as a result of the awareness days</p>	<p>BSO Equality Unit <b>end Mar 2019</b></p>

## 2 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>3. Provide support for Tapestry, the Disability Staff Network.</p> <p>Support Tapestry in the delivery of its action plan.</p> <p>Encourage staff to participate and contribute to the staff network.</p>	<p>HSCB will act as the sponsoring agency for the Disability Staff Network.</p> <p>We will send communication to staff, promoting the network and their involvement.</p>	<p>Communication issued</p>	<p>Director of Social Care and Children with support from Personal and Public Involvement Lead in BSO Equality Unit <b>end Mar 2019</b></p>
<p>4. Involve disabled people in delivery and review of this plan</p>	<p>Engage with Service users and carers</p> <p>Engage with Disability Charities and support groups</p>	<p>Review undertaken within 5 years.</p>	<p>Senior Management Team <b>2018-19</b></p>
<p>5. Identify and overcome barriers which prevent service users with a disability from making a</p>	<p>Facilitate a focus group with service users with a disability to obtain their experiences of the</p>	<p>Focus Group feedback report</p> <p>Increase in complaints</p>	<p>Interim Head of Corporate Services <b>end Mar 2019</b></p>

complaint and enhance the accessibility of the HSC Complaints procedure for disabled people	complaints procedure or alternatively to determine why they may decide not to complain We will review complaints received	from people with a disability	
6. 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 accessible formats	Data from the self-completion questionnaires will be analysed to ensure quality of life outcomes  Record of improved outcomes for people with a disability	Director of Social Care and Children  <b>end Mar 2019</b>
7. 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  Specifically we will be	Although the format for engagement for the next phase has not yet been determined, it is likely to include people with a dementia and their carers in:  • Task and finish	Records are maintained of all meetings and engagements and can be made available as evidence of that engagement	Director of Social Care and Children <b>end Mar 2019</b>  The next phase of the implementation programme is likely to take

<p>working on:</p> <ul style="list-style-type: none"> <li>• The redesign of Memory Services based on the work of the Dementia Collaborative (3-5 year initiative) and full roll out of the Dementia Care Pathway</li> <li>• Enhancement of hospital services through the implementation of recommendations from the NI Regional Audit of Dementia Care in Hospitals and from the DTNI programme, further appointments of Dementia Companions and the full implementation of John's Campaign</li> <li>• In collaboration with</li> </ul>	<p>groups</p> <ul style="list-style-type: none"> <li>• Consultative roles</li> <li>• Providing feedback on experiences of services</li> <li>• Participation in the delivery of training</li> </ul>		<p>3-5 years (subject to funding and departmental approval) and will continue to be led by senior staff from the HSCB/PHA during 2018/19.</p>
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employers, academics and training providers, ensure the full implementation of the regional Dementia Learning and Development Framework			
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### 3 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>8. 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>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 4 months</p> <p>Encouragement and support will be provided to participants for applying for HSC posts</p> <p>References will be provided for those on placements</p>	<p>At least 4 placements offered by HSCB every year.</p> <p>Feedback through annual evaluation of scheme indicates that placements meet expectations.</p> <p>At least 1 placement scheme participant is successful in applying for paid employment within 12 months of completing their placement.</p>	<p>Senior Management Team with support from Personal and Public Involvement Lead and BSO Equality Unit</p> <p><b>end Mar 2019</b></p>
<p>9. Provide information for line managers for when a member of staff declares their disability</p>	<p>Develop a flowchart detailing the process for managers to use when a member of staff declares their disability</p>	<p>Flowchart developed and shared with line managers</p> <p>Guidance on Reasonable Adjustments updated and</p>	<p>BSO Director of Human Resources with support from BSO Equality Unit</p> <p><b>end Mar 2019</b></p>

	<p>Update Guidance on Reasonable Adjustments</p> <p>Include the above in training for managers, such as absence management training.</p>	<p>shared with line managers</p> <p>Nature of training sessions for managers in which information has been included</p> <p>Feedback from staff who have a disability indicates satisfaction with support provided</p>	
<p>10. Promote use of employment support programmes, such as Access to Work, by staff and line managers</p>	<p>Provide information and advice to staff and line managers</p>	<p>Number of cases where employment support programmes are drawn on</p>	<p>BSO Director of Human Resources with support from BSO Equality Unit <b>end Mar 2019</b></p>

**The Personal and Public Involvement Lead and the Equality Unit in the Business Services Organisation (BSO) will support staff in the implementation of this action plan.**





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