

Equality and Disability Action Plans 2023-28

Consultation Document
April 2023

Public Health Agency (PHA)

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We will consider any request for this document in another format or language.

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1. Introduction

As Chair and Chief Executive of the Public Health Agency (PHA) we are committed to promoting equality and good relations. For people with a disability, we recognise that we have to do more to promote positive attitudes and to encourage their participation in public life.

We want to make sure we do this in a way that makes a difference to people. 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. This includes making one person responsible overall for making sure we do what we say we are going to do in our Equality and Disability Action Plans.

We will make sure we let our staff know of what is in our plans. 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 we do what we have promised to do is Stephen Wilson. When you have any questions, you can contact him at:

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2. Who we are and what we do

The Public Health Agency (PHA) is part of health and social care in Northern Ireland.

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.

Addressing inequalities in health and wellbeing is at the core of our work. As we face a difficult economic climate, inequalities may worsen over the coming period. For this reason, the PHA will redouble its efforts, working with partners in many different sectors, as well as directly with communities, to ensure we make best use of our collective resources.

You can access further information about what we do on our website: <https://www.publichealth.hscni.net/>

3. How people can be involved in our work

Some of the main ways in which people can be involved in the work of the Public Health Agency include:

- Focus groups in the development and evaluation of relevant public information campaigns, for example on flu or bowel cancer screening
- HSC Research and Development: sitting on research funding awards panels or taking part in research steering groups.

4. What the law says

The Public Health Agency (PHA) has to follow the law under **Section 75 of the Northern Ireland Act 1998**. It says that in our work we have to promote equality and good relations. We have to treat people fairly and based on their needs and to make things better for staff and people who use our services. It also says that we have to build better relationships between different groups of people.

There are nine different equality groups that the law requires us to look at:

- Gender (and gender identities)

- Age
- Religion
- Political opinion
- Ethnicity
- Disability
- Sexual orientation
- Marital status
- Having dependants or not.

There are three good relations groups we need to consider:

- Religion
- Political opinion
- Ethnicity.

We also have to follow the law under the **Disability Discrimination (Northern Ireland) Order 2006**, which says that we have to:

- promote positive attitudes towards people with a disability and
- encourage participation by people with a disability in public life.

This includes people with any type of disability, whether for example, physical disabilities; sensory disabilities (such as sight loss or hearing loss); autism; learning disabilities; dyslexia; mental health conditions (such as depression); or conditions that are long-term (such as cancer or diabetes). Some of these disabilities may be hidden, others may be visible.

Both pieces of legislation require us to develop an action plan: an Equality Action Plan and a Disability Action Plan. We have to send these plans to the Equality Commission for Northern Ireland and then report every year on what we have done.

5. How we reviewed our last plans and developed these new plans

In starting off to develop this plan we looked at what we have done so far to promote equality and good relations, to promote positive attitudes towards people with a disability and to encourage their participation in public life.

As part of our Five-Year Review, we asked all teams in our organisation to think through the following questions:

- What has worked well?
- What hasn't worked well?
- What lessons have we learned?
- Did we do what we said we would do?
- Has this made a difference for people in the way we thought it would?

For the new plans, we asked them to consider two questions:

- In your area of work, what are the key issues for people in the equality groupings?
- What can you do to address these issues?

We encouraged our staff to look at a range of sources of information such as:

- our Five Year Review of Equality Scheme
- monitoring data
- new research or data
- equality screening exercises that have been completed
- their professional experience and knowledge
- issues raised in consultations or through other engagement with staff and service users.

We engaged closely with Tapestry, our Disability Staff Network, in the development of our Disability Action Plans. We held a focus group with them to find out what issues important to them as a member of staff with a disability or as a carer they think the organisation should address as a priority.

We also read up on what the Equality Commission says would be good to do. All this helped us think about what else we could do to make a difference.

6. What we have done so far

This is some of what we have done to promote equality under our previous Equality Action Plan:

- The Cancer Screening Team and AAA Screening Team drafted a transgender leaflet, engaging with Transgender NI

and other advocacy organisations to develop the resource. The leaflet will allow the transgender community to be fully aware of which programmes they are eligible for and to make an informed choice about attending or opting out of these programmes.

- The PHA commissioned the Women's Resource and Development Agency (WRDA) to undertake work with the aim to promote informed choice with regards to the cancer screening programmes in Section 75 groups. Under the contract during 2018-19, for example, 130 Cancer Screening Educational Awareness sessions were delivered and 30 Promotional Events attended. The PHA also commissioned an external evaluation, the findings of which were positive. The report states, "the programme was very well received by the participants, community representatives and care staff overall. Fundamentally, the (contracted) programme is achieving its objective to target hard to reach groups and provide information on breast, cervical and bowel cancer so that individuals can make an informed choice about their attendance when invited for screening."
- The PHA developed three leaflets to explain the stages of the New-born Hearing Screening programme in Northern Ireland. There is also a checklist to help parents/ guardians monitor their baby's development in addition to the Smart4Hearing (S4H) privacy notice, which details how personal information will be processed within the S4H service. The documents were translated into Arabic, Bulgarian, Cantonese, Lithuanian, Mandarin, Polish, Portuguese, Romanian, Slovak and Tetum, and are available to download from the PHA website.
- HSC Research & Development Division: A public awareness campaign was undertaken to increase recruitment to the Panoramic Clinical Trial including via BAME communities.
- Qualitative research was commissioned by the Health Protection team to better understand the views and experiences of Roma people regarding vaccinations. Work focused on why the Roma community decline or accept vaccination for themselves or their children. Four focus groups (25 people) were carried out with the aim of making recommendations of how to overcome barriers to increase

vaccine uptake and in particular uptake of MMR. No evidence was found of deep rooted ethical, cultural / religious barriers for Roma people in relation to getting vaccinated. Recommendations suggested that future interventions focus on exploring solutions to practical barriers to vaccination. Communication was one of the barriers identified, and work has already commenced to address this by developing an animated video about measles and MMR vaccination. It was proposed that the animated video is launched at a Roma meeting and then shared on social media. It was planned that this video is available with a voice over from a member of the Roma community for those who have sight issues.

Promote positive attitudes towards people with a disability

This is some of what we have done to promote positive attitudes towards people with a disability and encourage the participation of people with a disability in public life.

- To date, we have held 17 disability awareness days for our staff. Each looked at a different disability. The aim is to increase the knowledge and awareness of our staff including on how to support a person with that particular disability. Since the pandemic we have been holding these online via Zoom. The sessions are recorded and uploaded to the website of Tapestry, our disability staff network.
- We have developed a dedicated scenario on disability as part of our eLearning resource called 'Making a Difference'. It is available to all Health and Social Care staff. All our staff have been asked to complete the programme at induction.
- We have delivered training sessions on mental health awareness to our staff, including on mental health first aid, mindfulness and managing stress, and courses for staff who are carers.
- One of our non-executive board members, the PHA Chairperson, is the Disability Champion at board level.

Encourage the participation of people with a disability in public life

- In order to facilitate the participation of HIV positive women in the development of regional guidelines ('HIV infection in

pregnancy: Northern Ireland guidelines for the management of women and their babies') and care pathway across NI, the PHA contacted Positive Life, offering members the opportunity to contribute to the guidelines by reviewing them or making suggestions about the pathway for women testing positive for HIV.

- Together with our partners, we set up Tapestry, a disability network for our staff. Part of the role of this network is to raise disability issues with decision makers in our organisation.
- We have participated in the disability work placement scheme, facilitated by the BSO Equality Unit, for all the 11 regional Health and Social Care organisations.

7. What we have learned so far

Some of the key points we have learned from developing and implementing our action plans are described below.

Disability Placement Scheme

- We learned that it is important to bring people together not just at induction stage but also at the end. Thus, we now run an End of Year event too, to celebrate the achievement with everyone involved (participants, placement managers, Employment Support Officers, and the facilitators).
- It is vital that participants are reimbursed for their travel cost quickly. Therefore, we have agreed the principle that no participant be out of pocket for their expenses for more than 1 week.
- The work environment plays an important role for many participants so we have built in this aspect into the written information that placement managers provide upfront on the placement offered.
- A high turnover amongst Employment Support Officers poses particular challenges for ensuring consistency in the implementation of the scheme. An internal briefing for new officers before the scheme kicks off should address this issue.

Disability Awareness Days

- Since we moved our days online we have seen a huge rise in numbers of staff attending our events. Also, they come from a wider range of locations.
- Recording the sessions has been a great success. This means staff who can't attend on the day can access the event whenever it suits them.
- There is a huge information need of staff who are carers of a person with a disability, for example of a person living with ADHD or with dementia.
- Staff are interested in learning more about how to support a family member, not just colleagues in the workplace.

We have found that attendance at awareness day's events is greatest when the subject is most relevant to staff. This can be because they have the condition themselves or they know or work with someone who has the condition. We will continue to ask staff which areas relating to disability they would like more information on.

Tapestry – Disability Staff Network

- Staff fora need refreshed and promoted on an ongoing basis.
- For a forum to be effective in its supporting and influencing role, a committed HR presence at senior level is essential as is the timely engagement and consultation on policies/decisions/strategies etc. to inform the development of these.

Disability Champions

- A Champion who is a Non-Executive board member can be a powerful advocate for the consideration of disability issues in decision-making and its scrutiny.

On a general level, organisational change and staff turn-over can pose a big challenge. It is the personal commitment of staff and leaders to the equality agenda that drives progress. When such individuals leave, actions are at risk of not being taken forward and of ending up merely being rolled over.

8. What is in the new plans

There are two separate tables below. The first table lists all the actions that we will do to promote equality and good relations. This is our Equality Action Plan.

The second table describes what we will do to promote positive attitudes towards people with a disability and to encourage their participation in public life. This is our Disability Action Plan.

In both plans we also say what difference we hope to make and when we will do these actions.

9. How we will monitor these plans

Every year we will write up what we have done. We will also explain when we haven't done something. We send this report to the Equality Commission. We also publish this report on our website:

<https://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality>

We will have a look at the plans every year to see whether we need to make any changes to them. If we need to, we will write those changes into the plans. Before we make any big changes we talk to people in the equality groupings to see what they think.

When we finish an action we will take it off the plans for the next year. That way we will keep our plans up to date. They will show what we still have to do.

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

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

The plans are also available on our website:

<https://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality>

We will send our plans to all organisations and individuals on our consultation list when we have finalised them and also when we have made major changes to them.

To find out whether what we do makes a difference, we will do a number of things, for example:

- For training and awareness events, we ask our staff about what learning they are taking away with them.
- We check summary figures to see whether, for example, more people from a particular under-represented group are availing of a service after promoting it to them specifically.

You can find further information on how we will monitor each action in the plans themselves.

10. Equality Action Plan 2023-28: What we will do to promote equality and good relations

What we will do	What we are trying to achieve and who for (i.e. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
<p>Service Development and Screening</p> <p>Support the implementation of an online booking system for diabetic eye screening. *</p>	<p>Disability, Dependants, Age</p> <p>The online booking system allows participants to select a date for screening more suitable to them via a link within their invitation letter. The objective of this system is to give more flexibility to individuals with caring responsibilities, young people and those of working age.</p> <p>It is also hoped that this in turn will reduce the number of clinic DNAs.</p>	<p>Usage of the system will need to be restricted until the programme has recovered sufficiently and has capacity to offer a variety of screening clinic slots online. The other impact will be the implementation of a low risk pathway in 2023/24, the effects of this new pathway will not be realised until 2025/26 as eligible patients will be moved in a phased approach over 2 years.</p> <p>The impact of the system will be reviewed by the</p>	<p>The implementation and management of the booking system is the responsibility of the Belfast HSC Trust, however the PHA will support the implementation and the impact of the system will be kept under review by the NIDESP Operational Group (with PHA and Belfast HSC Trust membership)</p>

What we will do	What we are trying to achieve and who for (i.e. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
		Belfast HSC Trust along with input from PHA Screening.	Aim to have full implementation by March 2026.
<p>Allied Health Professions</p> <p>Through partnership working with key stakeholders, both statutory and non-statutory to help to determine and plan for the predicted healthcare needs of children and young people with Special Educational Needs (SEN).</p> <p>Specific action 1 – The development of a standardised regional pathway and process across the health and social care system for the</p>	<p>Children and young people (CYP) with SEN will benefit from a standardised health statutory assessment process towards timely access to AHP support/recommendations within the educational setting.</p> <p>CYP will benefit from a holistic approach to addressing their AHP needs</p>	<p>Health services will more consistently meet KPI in respect of the submission of health reports for SEN statutory assessment process.</p> <p>Review of training programmes provided by health and education</p>	<p>PHA by Sept 2024</p> <p>PHA by Sept 2024</p>

What we will do	What we are trying to achieve and who for (i.e. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
<p>identification of children with Special Educational Needs, advice and recommendations on the provision required to meet these needs and the intended outcome of this provision in meeting these needs.</p> <p>Specific action 2 - The development of an integrated model of support across the health and educational sector that can assist to meet the child and young person's needs holistically and which meets requirements within the Children's Services Co-operation Act (2015).</p>	<p>within the school environment, reducing duplication and enhancing consistent messaging.</p>	<p>towards model with greater regional consistency and evidence of cross organisational partnership working.</p>	
<p>Cancer Screening</p> <p>Raise awareness and promote informed choice in cancer screening, focusing on those communities and</p>	<p>Ethnicity, Disability, Sexual Orientation</p> <p>Empower those from the above range of S75 groups</p>	<p>The service provider will deliver 240 Cancer Screening Awareness Sessions annually, in an accessible manner, to</p>	<p>Tender process led by Lead Consultant and Project Manager in Screening (working</p>

What we will do	What we are trying to achieve and who for (i.e. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
<p>population groups who are less likely to participate in screening, including in particular people from ethnic minority backgrounds, people with a disability, and lesbian, gay and bisexual people</p> <ul style="list-style-type: none"> • Take forward a process to retender for the contract with an external organisation with community links to undertake this work. • Once tender is awarded, manage contract and monitor progress to ensure targets are met and target groups reached. PMR, session impact data and equality data will be submitted quarterly and Annually. Contract review meetings will be undertaken quarterly. 	<p>and deprived areas across NI (whose uptake of screening invitations tends to be lower) to make an informed choice to participate in cancer screening.</p> <p>To engage with those in the above S75 groups and deprived areas across NI to raise awareness of cancer signs and symptoms.</p>	<p>participants in target groups and living in socially deprived areas across NI.</p> <p>The annual average number of session attendees from target groups will be approx. 2,400. (N.B. targets would be revised in light of future waves of the pandemic.)</p> <p>Increase session attendees' awareness of the Cancer Screening Programme by 40%</p> <p>Increase session attendees' intention to attend cancer screening when next invited by 20%.</p>	<p>with PALs and Operations).</p> <p>Contract will be awarded to a service provider in Q1 2023/24, to undertake this work for the next 4 years (at a minimum).</p> <p>Contract management will be undertaken on an ongoing basis, by Project Manager in Screening with input from Lead Consultant and others as appropriate.</p>

What we will do	What we are trying to achieve and who for (i.e. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
		Increase session attendees' knowledge of cancer signs and symptoms by 20%.	
<p>Health Improvement</p> <p>Refugees, Asylum seekers, Minority Ethnic & Migrant communities should have the opportunity of equal access to Health and Social Care services in Northern Ireland.</p> <ul style="list-style-type: none"> Engage with SPPG & DoH to consider additional funding needs in the short term and to develop a regional Northern Ireland New Entrants Service (NINES) which is consistent & effective across NI 	<p>Persons of different racial groups</p> <p>Equal access for all Asylum Seekers, Minority Ethnic & Migrants to initial health assessments and associated screening across the Region</p>	<p>Written evidence of engagement and paper submission</p> <p>Formation of working group to address issues relating to capacity for NINES/allied services, membership to include PHA and SPPG commissioning/primary care</p>	<p>PHA Nursing and PHA Health Protection</p> <p>End March 2024</p>

What we will do	What we are trying to achieve and who for (i.e. which Section 75 category specifically)	Performance Indicator and Target	By whom and when
<ul style="list-style-type: none"> Submit a paper to SPPG to highlight the issues to be addressed and develop a business case for the funding requirements. 			

*Due to an ongoing post Covid recovery programme and the implementation of an extended screening interval in 2023/24, the availability of the online booking has had to be restricted to smaller groups, initially it is being used with those who have previously DNA'd. A review will then be carried out looking at functionality, and uptake amongst those targeted. Following this it is expected that availability will be extended to other groups within our eligible population, e.g. those newly diagnosed with diabetes, younger age groups etc.

11. Disability Action Plan 2023-28: What we will do to promote positive attitudes towards people with a disability and encourage the participation of people with a disability in public life

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>Service Development and Screening</p> <p>Since people living with HIV are protected under the Disability Discrimination Act, it is important that all staff caring for pregnant women screened positive for HIV receive training in HIV so that no one receiving maternity care will be discriminated against</p> <p>(1)The PHA will develop a regional power point training presentation by the end of 2023 on the infectious diseases in pregnancy screening programme (IDPS), which includes HIV. This will ensure</p>	<p>Promoting positive attitudes and Encouraging participation in public life</p> <p>To ensure equality of care for all persons affected by HIV.</p>	<p>Power point training presentation developed</p> <p>Leaflet developed</p>	<p>PHA Regional antenatal infection screening programme co-ordinator, by end 2023</p>

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>that the information given to women by staff is up to date and standardised across Trusts.</p> <p>(2)The PHA will work with HSC Trusts to strengthen their internal quality assurance function within the IDPS programme.</p> <p>(3)The PHA will work with the care matters team to develop a specific leaflet with a QR code to be given to women screened positive for infectious diseases in pregnancy including HIV. Women will be encouraged to provide feedback on their journey through maternity services, highlighting any areas where improvement is necessary.</p>			<p>PHA consultant responsible for the IDPS programme, by end 2023.</p> <p>PHA Regional antenatal infection screening programme co-ordinator, by end 2023</p>

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>Awareness Days</p> <p>Raise awareness of the lived experience of people with specific disabilities and conditions.</p>	<p>Promoting positive attitudes:</p> <p>Increased staff awareness of a range of disabilities and conditions.</p>	<p>2 awareness days profiled every year.</p> <p>>50% of staff taking part in the evaluation indicate they know more about people living with disabilities and conditions as a result of the awareness days.</p>	<p>Agency Management Team (AMT) with support from BSO Equality Unit.</p> <p>End Mar 2028</p>
<p>Placement Scheme</p> <p>Create and promote meaningful placement opportunities for people with disabilities.</p>	<p>Promoting positive attitudes and Encouraging participation in public life:</p> <p>People with a disability gain meaningful work experience.</p> <p>People with a disability are successful in applying for paid employment after they have completed a placement.</p>	<p>At least 3 placements in the PHA offered every year.</p> <p>Feedback through annual evaluation of scheme indicates that placement meets expectations.</p> <p>At least 1 placement participant every year is successful in applying for</p>	<p>Agency Management Team (AMT) with support from BSO Equality Unit.</p> <p>End Mar 2028</p>

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
		paid employment within 12 months of completing their placement.	
<p>Tapestry Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its priorities.</p>	<p>Encouraging participation in public life: Staff with a disability feel more confident that their voice is heard in decision-making. Staff with a disability feel better supported.</p>	<p>Tapestry staff survey Increase in Tapestry membership or in participation at meetings</p>	<p>Agency Management Team (AMT) with support from BSO Equality Unit End Mar 2028</p>
<p>Strategic Planning Teams Create and promote opportunities for people with disabilities to participate in PHA's strategic planning process to ensure the needs of people with disabilities are appropriately reflected when setting commissioning priorities.</p>	<p>Encouraging participation in public life: People with a disability are meaningfully involved in setting commissioning priorities initially in the</p>	<p>Review current participation opportunities Develop and implement engagement plan</p>	<p>PHA Planning and Operational Services AD End Mar 2028</p>

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
	following areas (to be regularly reviewed): <ul style="list-style-type: none"> • Mental Health • Older People • Alcohol and Drugs 		

Signed by:

Andrew Dougal

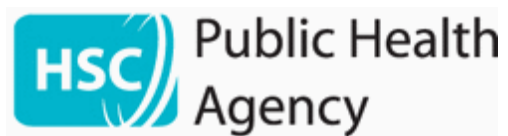
Chair

Date: 10 February 2023

Aidan Dawson

Chief Executive

Date: 10 February 2023



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