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 Corporate Plan 2017-2021

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 Corporate Plan 2017-2021 details our purpose, focus, outcomes and direction for the period 2017-2021. A high level document, it highlights those themes of work that we must take forward to progress towards the achievement of the five outcomes, and recognises the context in which we will do this. The Corporate Plan also details the key indicators the Public Health Agency will use to monitor public health in relation to the specified outcomes and focus for the period 2017-2021. It provides a basis for the Annual Business Plan and strategic direction and is a core accountability tool for the Department of Health, (DoH). The core goals of the strategy 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 The current context of restricted finances and upcoming HSC reform must be noted as potential constraints of this strategy, but both of these have been considered throughout strategy development.

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. DOH Commissioning Directions (NI) 2015-16
  2. Commissioning Plan 2015-16 – HSCB/PHA
  3. Transforming Your Care: From Vision to Action – DoH
  4. Quality 2020 – DoH
  5. Making Life Better - DoH
  6. Marmot Review
  7. Changing the Culture 2010 Strategy – DoH
  8. Guidance on quality and safety – National Institute for Clinical Excellence
  9. Francis Report
  10. Guidance relating to governance, finance etc - DoH
  11. Policy guidance in relation to health improvement, health protection, service development, screening, quality & safety - DoH
  12. Patient and Client Experience Standards for Northern Ireland - PHA
  13. Bamford Rapid Review Action Plan – PHA/HSCB
  14. Personal and public involvement strategy and action plan - PHA
  15. Social Inclusion Strategy – DfC
  16. Northern Ireland Prison Service and Social Wellbeing Strategy – PHA/HSCB
  17. Northern Ireland Maternity Strategy - DoH

18. Promoting Good Nutrition Strategy – DoH
19. AHP Strategy - DoH
20. Eye Care Strategy - HSCB
21. The Palliative and End of Life Care Strategy for Adults in NI – HSCB/PHA
22. PHA board meetings
23. Community Planning - led by each Local Council
24. Department of Health. Systems, Not Structures: changing health and social care. Expert Panel Report. Belfast: DoH
25. Department of Health. Health and Wellbeing 2026: Delivering Together. Belfast: DoH, 2016
26. Department of Health, Social Services and Public Safety. Making Life Better: a whole system strategic framework for public health 2013– 2023. Belfast: DHSSPS, 2013
27. Northern Ireland Executive. Draft Programme for Government Framework 2016– 21. Belfast: NIE, 2016

(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. DoH - Commissioning Directions (NI) 2015-16
2. Previous Corporate Strategy, Annual Business Plans and Directorate Plans and equality screenings
3. Meetings – through Directors & Assistant Directors to staff in their Directorates, Agency Management Team and PHA board.
4. Northern Ireland Statistics and Research Agency (NISRA)
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
9. Workshops (and subsequent reports) with staff and key stakeholders including service users to discuss priorities
10. Engagement with service users through social media – Facebook and Twitter
11. DoH Making Life Better consultation (previously Fit and Well)
12. NISRA Making Life Better area profiles
13. Public Consultation on the draft Corporate plan 2017-21 (28 Nov 2016-22 Feb 2017)
14. Stakeholder workshops in Jan 2017 to engage on the draft Plan

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	*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?*

Gender	NI Population Statistics * Male 49% Female 51% Population of Northern Ireland in 2011 was 1,810,900 (2011 Census) Reed et al. 2009: 8/100000 (115) transgender people in NI. "Research (McBride, Ruari-Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Belfast) suggests: 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." PHA Staff ^ Male 23.37% Female 76.63%
Age	NI Population Statistics * 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% 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. Overall NI Age Profile **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) PHA Staff ^ **<25** - 0.89% **25-29** - 6.80% **30-34** - 10.65% **35-39** - 16.27% **40-44** - 19.82% **45-49** - 14.20% **50-54** - 15.68% **55-59** - 13.31% **60-64** - 1.18% **65-69** - 0.00%
Religion	NI Population Statistics * Catholic - 45.14% Protestants - 48.36% Other - 0.91% Unknown - 5.59% PHA Staff ^ Not known – - 3.85% Protestant – - 46.45% Catholic – - 47.63% Other = - 2.07%
Political Opinion	NI Population Statistics* 62.8% of the population voted in the 2007 NI Assembly election. Of these 47% voted Unionist, 41% voted Nationalist and 12% Other (BBC).
Marital Status	NI Population Statistics* 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
Dependent Status	NI Population Statistics* 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. Based on the most recent information from Carers Northern Ireland, the following facts relate to carers. 1. 1 in every 8 adults is a carer 2. There are approximately 207,000 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 £4.4 billion a year - more than the annual NHS spending in Northern Ireland. 5. The main carers' benefit is worth just £55.55 for a minimum of 35 hours - £7.94 per day 6. 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. The recent Carers Rights Day Report, Missing Out: The identification challenge[33] highlighted that 58% of carers here took over a year to identify themselves as carers, 29% took over 5 years and 13% took over 10 years. This means that carers here are losing out on the practical, emotional and financial supports available to them, including services provided by Health and Social Care Trusts.

	Our recent State of Caring survey[15] highlighted that: • 51% carers have let a health problem go untreated • 50% carers say their mental health has gotten worse • 31% only get help when it's an emergency
Disability	NI Population Statistics* 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. 68.57% (1, 241,709) of residents did not have a long – term health condition. Deafness or partial hearing loss – **5.14% (93, 078)** Blindness or partial sight loss – **1.7% (30, 785)** Communication Difficulty – **1.65% (29, 879)** Mobility of Dexterity Difficulty – **11.44% (207, 163)** A learning, intellectual, social or behavioural difficulty - **2.22% (40, 201)** An emotional, psychological or mental health condition - **5.83% (105, 573)** Long – term pain or discomfort – **10.10% (182, 897)** Shortness of breath or difficulty breathing – **8.72% (157, 907)** Frequent confusion or memory loss – **1.97% (35, 674)** A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – **6.55% (118, 612)** Other condition – **5.22% (94, 527)** No Condition – **68.57% (1, 241, 709)** 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. 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).
Ethnicity	NI Population Statistics* **1.8% 32,596 of the usual resident population belonged to minority ethnic groups,** **White –** 98.21% (1, 778, 449) **Chinese** – 0.35% (6, 338) **Irish Traveller** – 0.07% (1, 268) **Indian –** 0.34% (6, 157) **Pakistani –** 0.06% (1, 087) **Bangladeshi** – 0.03% (543) **Other Asian** – 0.28% (5, 070) **Black Caribbean** – 0.02% (362) **Black African** – 0.13% (2354) **Black Other** – 0.05% (905) **Mixed** – 0.33% (5976) **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
Sexual Orientation	McClenahan, Simon (2012): Multiple identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action. "The general view in Northern Ireland among LGB&T organisations, service providers and policy makers is that an estimated 6% to 10% of the population identifies as lesbian, gay, bisexual and transgender." Note- sources do not provide figures solely on those persons who identify as lesbian, gay and bisexual and so the above percentage is a slight overestimate.

*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 Corporate Plan 2017-2021 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 the strategic direction, and will be supported by the annual business plan and detailed plans and business cases as relevant over the four years. 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, Social Services and Public Safety publication on inequalities monitoring www.hscbusiness.hscni.net/pdf/NI_HSC_inequalities_monitoring_pdf_744KB.pdf, no one screening exercise or EQIA can do justice in giving consideration to all these aspects.*

The direction set out in 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 needs to experience the positive impact on health inequalities intended in this Corporate 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 has been considered and detailed in a separate document for staff use.

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 taken forward under the outcomes set out in the Corporate 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?

In developing the policy or decision what did you do or change to address the equality issues you	*What do you intend to do in future to address the equality issues you identified?*

identified?	
The Corporate 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. Following consultation on the draft Corporate Plan and Equality Screening, amendments were made to strengthen the focus on reducing health inequalities Using our Communication department's expertise in public information the Corporate Plan was written in a style to make it accessible and understandable for a wide range of external stakeholders as well as PHA staff. When preparing the Plan we took the opportunity to review the purpose, vision and values to ensure its continued relevance to our work and our population. An easy read version of both the draft consultation plan and the final plan was developed	The key actions and focus on reducing health inequalities contained within the plan will guide the work of the PHA throughout the four years and will be closely monitored through a variety of established performance monitoring systems. Information will be gathered throughout the consultation period to further screen and consider the potential impact. The Corporate Plan will be widely accessible and will be available in alternative formats including an easy read version which will be developed with the final version of the Plan. As actions are taken forward in line with the outcomes of the Corporate Plan, 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. Service leads will be asked during development of each Annual Business Plan to review the need for screening at an early stage in planning and to consider and identify the actions, strategies and policies they will be progressing that will be screened and/or impact assessed. We will also continue to implement the actions detailed in our action plan which accompanies our Equality

| | | Scheme 2013-18. |
| | | Ultimately, however, we remain committed to equality screening, and if necessary equality impact assessing, the policies we develop and decisions we take. |

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)

Group	*Impact*	*Suggestions*
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	
Minor impact	
No further impact	√

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

Yes	
No	√

Please give reasons for your decisions.

The PHA Corporate Plan sets out the focus and direction for the PHA from 2017-2021.

Tackling health and wellbeing inequalities and improving health and wellbeing through early intervention and prevention 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, 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 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 and specific needs may need addressed to ensure that all people can experience the intended positive impact from this Corporate Plan. Individual strategies and policies will be equality screened as they are developed and taken forward.

(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?

How does the policy or decision currently encourage disabled people to participate in public life?	*What else could you do to encourage disabled people to participate in public life?*
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. This includes: • 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	Encourage disabled people to get involved in user groups etc Always ensure that venues and events are completely accessible. Seek to ensure that timings of meetings are such that people can use public transport and provide appropriate care parking facilities. Provide support for carers costs if required.

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?

How does the policy or decision currently promote positive	*What else could you do to promote positive attitudes*

attitudes towards disabled people?	*towards disabled people?*
The PHA promotes positive attitudes towards disabled people and values their views. 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. Specific actions in the Plan include: • ensure people are better informed about health matters through easily accessible up-to-date information and materials (this will include ensuring that information is accessible and appropriate for people with disabilities)	Encourage positive attitudes to disabled people and challenge negative stereotyping through availability of corporate training programs such as e-learning Discovering Diversity programme. Work is currently being undertaken to ensure the needs of disabled people continue to be taken account of when developing public health campaigns/resources.

(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
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st 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: <u>Rosemary Taylor</u>

Position: Assistant Director Planning and Operational Services

Date: May 2017

Policy/Decision Screened by: Julie Mawhinney

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

Annex: PHA Corporate Plan Suggested Indicators

The following table outlines the current known availability of data on Section 75 groups for the proposed PHA Corporate Plan indicators and has been compiled using data and information available on NINIS, NISA, PfG Measurement and the *Northern Ireland Health Survey First Results 2014/15* report. Work will continue to identify if this information is available and thus inform the ongoing screening of the draft Corporate Plan and as it is amended and finalised following consultation.

	Gender	Age	Religion	Political Opinion	Marital Status	Dependent Status	Disability	Ethnicity	Sexual Orientation
gap in life expectancy between males and females[C];	Yes	Yes	No	No	No	No	No	No	No
gap between highest and lowest deprivation quintile in healthy life expectancy at birth[A];	Yes	No	No	No	No	No	No	No	No
healthy life expectancy at birth[A];	Yes	No	No	No	No	No	No	No	No
healthy Life Expectancy at 65 years [D]	Yes	Yes (birth and at 65)	No	No	No	No	No	No	No
Disability Free Life Expectancy	Yes	No	No	No	No	No	No	No	No

	Gender	Age	Religion	Political Opinion	Marital Status	Dependent Status	Disability	Ethnicity	Sexual Orientation
% people at 65 years (and over) reporting good health[D]	Yes	Yes	No	No	No	No	No	No	No
Preventable mortality[A]	Yes	No	No	No	No	No	No	No	No
infant mortality rates[C];	No	No	No	No	No	No	No	No	No
proportion of mothers breastfeeding on discharge and differential between the average and most deprived[C];	No	No	No	No	No	No	No	No	No
Improve health in pregnancy: proportion of babies born at a low birth weight[A];	No	No	No	No	No	No	No	No	No
Teenage births	-	Yes (teenage defined as between 13 and 19 yrs)	No	No	No	No	No	No	No

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	Gender	Age	Religion	Political Opinion	Marital Status	Dependent Status	Disability	Ethnicity	Sexual Orientation
percentage of obese children (aged 4-5 years) and adults[D];	Yes	Yes	No	No	No	No	No	No	No
Children aged 0-4yrs registered with a dentist	No	Yes	No	No	No	No	No	No	No
% children at the appropriate stage of development in their immediate pre-school year[A,B]	No	No	No	No	No	No	No	No	No
proportion of adults (aged 18 and over) who smoke and in the most deprived areas[D];	Yes	Yes	No	No	No	No	No	No	No
Percentage of obese adults	Yes	Yes	No	No	No	No	No	No	No
population mental and emotional wellbeing as measured on the Warwick-Edinburgh	Yes	No	No	No	No	No	No	No	No

	Gender	Age	Religion	Political Opinion	Marital Status	Dependent Status	Disability	Ethnicity	Sexual Orientation
Mental Wellbeing scale (WEMWBS);									
Improve mental health – lead measure, % of population with GHQ12 scores ≥4 (signifying possible mental health problem) [A];	Yes	Yes	Yes	No	Yes	No	No	No	No
incidence of suicide and in deprived areas[C];	Yes	No	No	No	No	No	No	No	No
alcohol-related admissions to hospital/proportion of adults (18+) who consume alcohol above weekly sensible drinking limits for women and men[D];	Yes	Yes	No	No	No	No	No	No	No

	Gender	Age	Religion	Political Opinion	Marital Status	Dependent Status	Disability	Ethnicity	Sexual Orientation
uptake of adult screening programmes[E];									
population vaccination coverage[E];									
PPI: proportion/percentage of PHA projects and contracts including PPI/monitor uptake of Engage and Involve PPI training across HSC[E];									
number of falls and implementation of the FallSafe bundle[E];									
Improve the quality of the healthcare experience – **– lead measure, % of people who are**	No	No	No	No	No	No	No	No	No

	Gender	Age	Religion	Political Opinion	Marital Status	Dependent Status	Disability	Ethnicity	Sexual Orientation
satisfied with health and social care (based on their recent contact)[A,B];									
data on awareness of media campaigns, reach of press releases[E];									
data from staff satisfaction survey[E].									
Controls Assurance Standards									

References

Northern Ireland Neighbourhood Information Service – available at: http://www.ninis2.nisra.gov.uk/public/Home.aspx

PfG Indicators Measurement Annex – available at: https://www.nisra.gov.uk/statistics/programme-government

Northern Ireland Health Survey First Results 2014/15 – available at: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsni-first-results-14-15.pdf

Health Inequalities Regional Report 2016 – available at: https://www.health-ni.gov.uk/publications/health-inequalities-regional-report-2016

Notes

A.

- Information drawn from the measurement annex for PfG indicators at https://www.nisra.gov.uk/statistics/programme-government
- Please note the following table for the PfG indicator on mental health

Disability	No	Questions on long-standing illness and limiting long-standing illness.
Dependants	No	There is a question on the number of children in the household.
Sexual Orientation	No	There is a question on sexual identity.
Racial Group	No	There is a question on ethnic group.

B. Data development is required on the PfG health care experience indicator: % of people who are satisfied with health and social care (based on their recent contact); % children at the appropriate stage of development in their immediate pre-school year;

C. Information not available on NINIS but work will continue to identify if and where possible and appropriate

D. Information also taken from the Northern Ireland Health Survey First Results 2014/15

E. Unknown at time of publication but work continues to consider this as the Corporate Plan and equality screening develop and finalise