

Audit of Inequalities Action Plan 2013 – 2018



Accessibility statement

Any request for the document in another format or language will be considered.

July 2013
Reviewed July 2015

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Introduction

In 2010 the Equality Commission NI asked the Health and Social Care Board to develop an action plan outlining actions to promote equality of opportunity and good relations and address inequalities. Our first action plan was developed for a period of two years (2011-2013), to align it with our corporate and business planning cycles at the time.

This document presents the reviewed and updated action plan for the period 2015-18. It was subsequently reviewed at the end of the 2014-2015 business year and published for consultation in 2015-2016. In its development consideration was given to a review of existing priorities and consideration of new priorities. This plan will remain a 'live' document and as such will be reviewed on an annual basis.

The actions in this plan are reflective of actions and commitments included in the Health and Social Care Board's corporate plan. A number of the actions relate specifically to commissioning and will be reviewed as part of on-going monitoring in this area.

Equality scheme commitments

Our action plan outlined actions related to our functions and took account of our equality scheme commitments relating to Section 75 of the Northern Ireland Act 1998. Our equality scheme is available on our website: www.hscboard.hscni.net

The law requires us when we carry out work that we promote equality of opportunity across nine equality categories; age, gender, disability, marital status, political opinion, caring responsibilities, sexual orientation, religion and ethnicity. It also requires us to consider good relations in relation to political opinion, religion and ethnicity. Appendix 1 provides examples of groups covered under these categories.

In our equality scheme we gave a commitment to monitoring progress and updating the plan as necessary. We also said we would engage and consult with stakeholders when reviewing the action plan.

During the last two years we have kept our equality action plan under review and reported annually, to the Equality Commission, on what we have done. We have decided to significantly review our action plan and develop a range of new actions.

How we carried out the review

As we are in Year 3 of this current action plan, the HSCB took the decision to review and revise our Action Plan. This revised plan is the result of reviewing our annual actions and understanding how this Plan fits into the work that we do, in a changing climate. Through this review, we have strove to make this plan more robust, meaningful and impactful.

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

1. Have actions been delivered? If not are they still relevant and if so, should these be carried over into our new plan?
2. Have intended outcomes been achieved? If actions were delivered but the intended outcome has not been achieved, should we look at carrying over the priority into the new plan with new actions?
3. Were there actions identified in our first audit of inequalities but not prioritised for our first plan? If these are still relevant we carried them over into the new plan.
4. Over the last two years, are there new emerging issues that have not been picked up in the previous plan, that should be included during this review?
5. Is there anything individual directorates could do to make the Equality Action Plan relevant to their work?

We also looked at a range of sources of information such as:

- new research
- new data having become available
- new equality screening exercises having been completed
- issues raised in consultations or through other engagement with staff and service users since our first action plan.

This process also involved extensive engagement with senior staff in all HSCB directorates and a wider consultation with all staff.

From this we identified new actions for the period 2015-2018.

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 has eight directorates responsible for the following areas of work Board.

Table 1 Directorates within the Health and Social Care Board

Commissioning	Social Care and Children
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
Performance and Service Improvement	Integrated Care
Making sure that people deliver the services that we have contracted for	Managing contracts with Doctors, Pharmacists, Dentists and Optometrists
Financial Accountability	Corporate Services
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
Transforming your Care	eHealth and External Collaboration
Plans for making changes to health and social care over the next five years	Overseeing the strategic development of Information and Communication Technologies (ICT) services across the region

What is in our equality action plan?

The following table outlines our actions for the next three years. We will keep this plan under regular review and report annually on progress to the Equality Commission NI. We will undertake a wider review in three years and will involve Section 75 equality groups and individuals in that review.

This document is also available on our website:

www.hscboard.hscni.net

Table 2 Revised Plan for Implementation of Equality Action Plan 2015-2018

Accessibility of communications and information

Context: The provision of information in a range of formats is recognized a key means of promoting equality of opportunity in relation to services. There is currently no policy in place to facilitate this happening.

What do we want to do?	Equality category	How are we going to do it?	How will we prove it?	Timescale and ownership
Ensure equality of access by service users and staff to information and communications provided by the Health and Social Care Board	All 9 equality categories	<p>Prepare a Health and Social Care Board Information Policy, and arrange training for staff</p> <p>Prioritise key documents for production in accessible formats</p>	<p>Accessible Formats Policy</p> <p>Awareness Raising Literature</p> <p>Availability of alternative formats of key publications</p>	<p>Director of Performance Management and Corporate Services</p> <p>Equality, Human Rights and Diversity Working Group</p> <p>Disability Working Group</p>

				2015-2017
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Awareness raising, training and capacity

Context: The Health and Social Care Board is responsible ensuring that it has trained workforce including training in equality, human rights and diversity.

What do we want to do?	Equality category	How are we going to do it?	How will we prove it?	Timescale and ownership
Develop and maintain staff awareness, skills and competence in relation to section 75 equality duties in accordance with their role	All 9 equality categories	<p>Provide targeted training and initiatives for staff and expose staff to relevant equality data to inform decision making</p> <p>Involve Section 75 equality groups in the delivery of training</p>	Staff survey in 2017 to assess the impact of training	<p>Director of Performance Management and Corporate Services</p> <p>Directors and Assistants Directors</p> <p>Equality, Human Rights and Diversity Forum</p> <p>2015-2017</p>

Making Complaints Accessible

Context: People from minority or marginalised groups, such as older people, younger people, BME groups including travellers and Roma and disabled people, face particular difficulties in accessing services, making complaints and getting mistakes corrected. The Health Professions Council’s ‘Scoping Report on Existing Research on Complaints Mechanisms’ says this can partly be explained by a relative lack of knowledge about how services work. People from BME groups may also be more likely to fear the consequences of complaining or asserting themselves.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Identify and overcome barriers which prevent service users from making complaints and ensure that the HSC Complaints Procedure is accessible for everyone in Northern Ireland, regardless of characteristic	Age Disability Ethnicity	Facilitate three focus groups with service users [disability, older people and people from the Roma community], to obtain their experiences of the complaints procedure or alternatively to determine why they may decide not to complain	Focus Group feedback reports Increase in complaints for people with a disability, Roma background or older people	Complaints/Litigation Manager – Corporate Services 2015-2017 2016-2018

Improving Data Quality

Context: The Health and Social Care Board is responsible for commissioning a range of services for the whole of the population of Northern Ireland. There are gaps in the information base and use of equality information to inform decision making processes.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Improve the quality, consistency and availability of data on the ethnic status of HSC service users across Northern Ireland	Ethnicity	We will monitor the quality of ethnic data being collected in the HSC ethnic monitoring pilot, identify risks and make recommendations for rolling out this pilot to other areas of HSC	Risk and monitoring reports Ethnic data in HSC	Senior Information Manager Performance Management and Service Improvement 2015-2018

Improving access to autism services for adults

Context: The Health and Social Care Board has invested an additional £500,000 regionally in developing Adult Diagnostic Services in each Trust. Each Trust through a Local ASD Forum is working with their community partners to progress the development of one stop shop services. There is however a need to identify some further funding to enable Trusts to develop and strengthen mentoring services.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Tackle the lack of support for adults with autism and improve access to services for adults with autism	Age Disability	We will establish a multi-agency group to support the development of advice centres across health, education, employment and benefits	'One stop shops' and advice centres across NI will be established	Social Care Commissioning Lead for Mental Health and Learning Disability 2015-2016

Improving access to mental health services

Context: The Northern area are developing an enhanced service at their Emergency Departments to provide improved access (reduce delays) for patients needing a mental health assessment and signposting to on-going treatment.

A recent review of the evidence on co-morbidities indicates that people with long-term physical health conditions, who together account for around 70% of all expenditure in the NHS, are two to three times more likely than the general population to experience mental health problems such as depression, anxiety or dementia (Naylor *et al.*, 2012).

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Tackle poor access to mental health services in emergency situations by improving access to mental health assessments for all adults	Age Disability	We will enhance the psychiatric liaison service at Causeway Hospital and Antrim Area Hospital making these a 24 hours a day, 7 day a week service	Increase number of Mental Health Assessments Increase number of Self-Harm Assessments Reduction in admission to hospital	Social Care Commissioning Lead for Mental Health and Learning Disability 2015-2016

Delivering Better Outcomes

Context: Self Directed Support is being introduced to social care to offer greater choice flexibility and control to service users and carers thereby supporting improved outcomes and quality of life for individuals.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Improve the, social participation, involvement and individual outcomes of service users and carers of Social Care Services in terms of quality of life	Age Disability Dependants	We will introduce Self Directed Support	Data from Adult Social Care Outcomes Toolkit, which involves a Self-Completion aspect Analysis of outcomes and analysis of comparable data in year 3	Social Care Commissioning Lead, Mental Health and Learning Disability 2015-2016 Director of Social Care and Children 2017-2018

Communicating Better

Context: Those represented under the 9 equality categories under Section 75 have diverse communication needs. The HSCB will be proactive, and responsive where relevant, to enable everyone to access information via our Website.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Ensure equality of access by service users and staff to information and communications provided by the Health and Social Care Board	All 9 equality categories	<p>The HSCB website and staff intranet will adhere to accessibility standards for all equality categories</p> <p>Use of plain English and clarity of messaging in written and verbal communications across the work of the Communications Team</p>	<p>Results of user testing the HSCB Website</p> <p>Documents and publications in accessible formats</p>	Head of Communications 2015-2016

Improving Patients, Service Users and Carers Experiences

Context: Although there is no empirical evidence around failure to identify user/carer needs following referral from GOS and in advance of a clinic outpatient appointment, it is possible that such soft barriers exist. In flagging potential needs in advance, HSC would seek to improve the user experience and journey. This fits well with investment in Eye Care Liaison Officers (ECLO's) following consultation and diagnosis. These key workers help users/carers understand and manage their eye condition, taking time to explain the impact.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Improve the experiences of patients, service users or carers of General Ophthalmic, and secondary care ophthalmology, Services by identifying and meeting their accessibility needs	Age Disability Ethnicity Dependants	We will develop and introduce an eReferral Dataset which will include a field to capture information on patient, service user or carer accessibility needs, such as communication requirements, or the need for special	eReferral Dataset piloted and introduced Patient, Service User and/or Carer feedback	Assistant Director of Integrated Care 2015-2016

		assistance. This information will be available to Trusts/Clinics in advance of appointment		
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Improving outcomes for Service Users and Carers

Context: The regional strategy aims to improve services and support arrangements to people living with dementia, their families and carers. This includes the development of a range of quality information, training initiatives and direct care provision that enables people to make informed choices about their care and treatment and as far as possible allow them to live well with dementia through the provision of flexible, person centred services.

What do we want to do?	Equality Category	How are we going to do it?	How will we prove it?	Timescale and Ownership
Raise awareness of dementia and options for treatment, care and support to everyone in Northern Ireland	Age (Older People) (Younger People) Disability Ethnicity Sexual Orientation	We will present relevant awareness raising information in accessible formats for those with sensory issues and from minority ethnic backgrounds	Awareness raising materials will be in accessible formats	Social Care Commissioning Lead 2015-2018
Involve people living with dementia and carers in the work of	Dependants	Host a number of focus groups, which will include	Notes of Focus Group meetings	Social Care Commissioning Lead 2015-2018

the Health and Social Care Board, in the delivery of the Dementia Strategy		participation of carers of people with dementia, in the implementation of Dementia Strategy		
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Appendix 1 Examples of groups covered under the Section 75 categories

Please note, this list is for illustration purposes only, it is not exhaustive.

Category	Example groups
Religious belief	Buddhist; Catholic; Hindu; Jewish; Muslim, people of no religious belief; Protestant; Sikh; other faiths.
Political opinion	Nationalist generally; Unionists generally; members/supporters of other political parties.
Racial group	Black people; Chinese; Indians; Pakistanis; people of mixed ethnic background; Polish; Roma; Travellers; White people.
Men and women generally	Men (including boys); Trans-gendered people; Transsexual people; Women (including girls).
Marital status	Civil partners or people in civil partnerships; divorced people; married people; separated people; single people; widowed people.
Age	Children and young people; older people.
Persons with a disability	Persons with disabilities as defined by the Disability Discrimination Act 1995. This includes people affected by a range of rare diseases.
Persons with dependants	Persons with personal responsibility for the care of a child; for the care of a person with a disability; or the care of a dependant older person.
Sexual orientation	Bisexual people; heterosexual people; gay or lesbian people.

Consultation Questionnaire

Your views

In relation to the revised action plans we are seeking your views on a number of areas.

We are happy to receive your comments by letter, by email, or in another format. If you prefer to provide your comments in person please do not hesitate to get in touch and we will be happy to meet with you. We have included a number of questions below to give you an idea of the areas on which we are interested in hearing your views. Alternatively we would welcome your general comments on the approach to the draft action plans.

- What are your views on the proposed actions identified in the action plan?
- Are there any other actions that you think we should consider?
- If you have other evidence that you feel would be useful can you please provide details?
- Are there any specific service areas or activities where you think we need to improve accessibility?
- Do you have any other comments?

The consultation closes **at 5pm on 30th November 2015.**

Please tick if you are:

Responding on behalf of an organisation?

or

Responding as an individual?

Please let us know which equality or good relations area(s) you have experience in?

Equality	Please tick:	Good relations	Please tick:
Age		Political opinion	
Gender		Racial Group	
Dependants		Religion and Belief	
Disability			
Marital status			
Political opinion/Trade union			
Racial Group			
Religion and belief			
Sexual Orientation			

Please provide:

Your name:

Your Organisation: (if relevant)

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

Please send your comments by 5pm on 30th November 2015.

The Equality Unit

Business Services Organisation

2 Franklin Street, Belfast, BT2 8DQ

Telephone 028 95363961 for Text Relay users prefix with 18001

Email: equality.unit@hscni.net

Thank you

A report of feedback received as part of this consultation will be made available. Please note that we will under Freedom of Information Act (2000) make public any responses received. Summary responses will be published. In limited circumstances we will consider requests for confidentiality but this cannot be guaranteed.



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