agenda

Title of Meeting	135th Meeting of the Public Health Agency Board
Date	19 August 2021 at 1.30pm
Venue	Via Zoom

standing items

1 1.30	Welcome and apologies		Chair
2 1.30	Declaration of Interests		Chair
3 1.30	Minutes of Previous Meeting held on 17 June 2021		Chair
4 1.35	Matters Arising		Chair
5 1.40	Chair's Business		Chair
6 1.45	Chief Executive's Report		Chief Executive
7 2.00	Finance Report To include: • Finance Report	**PHA/01/08/21**	Director of Finance
8 2.20	Update on COVID-19		Chief Executive
9 2.40	Communicating with Different Audiences (Publics) Demarcation between Department and PHA • Press and Broadcast Media • Social Media • Annual Report • Leaflets • Billboards		Chair

for approval

10 3.00	PHA Five Year Review of Equality Scheme	**PHA/02/08/21**	Mr Wilson

11 3.10	Draft Annual Progress Report 2020-21 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order	**PHA/03/08/21**	Mr Wilson

for noting

12 3.30	Update on Personal and Public Involvement	**PHA/04/08/21**	Mr Morton
13 3.50	NI Clinical Research Recovery Resilience and Growth Taskforce	**PHA/05/08/21**	Dr Farrell

closing items

14 Any Other Business
4.10

15 Details of next meeting:

Thursday 16 September 2021 at 1.30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS

HSC Public Health Agency

minutes

Title of Meeting	134th Meeting of the Public Health Agency Board
Date	17 June 2021 at 1.30pm
Venue	12/22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	-	Chair (*via video link*)
Mrs Olive MacLeod	-	Interim Chief Executive (*via video link*)
Mr Rodney Morton	-	Director of Nursing and Allied Health Professionals (*via video link*)
Mr Stephen Wilson	-	Interim Director of Operations
Alderman William Ashe	-	Non-Executive Director (*via video link*)
Mr John Patrick Clayton	-	Non-Executive Director (*via video link*)
Ms Deepa Mann-Kler	-	Non-Executive Director (*via video link*)
Alderman Paul Porter	-	Non-Executive Director (*via video link*)
Professor Nichola Rooney	-	Non-Executive Director (*via video link*)
Mr Joseph Stewart	-	Non-Executive Director (*via video link*)

In Attendance

Dr Aideen Keaney	-	Director of Quality Improvement *(via video link)*
Ms Tracey McCaig	-	Interim Director of Finance, HSCB *(via video link)*
Mr Brendan Whittle	-	Director of Social Care and Children, HSCB *(via video link)*
Mr Robert Graham	-	Secretariat

Apologies

Dr Stephen Bergin	-	Interim Director of Public Health

68/21	**Item 1 – Welcome and Apologies**
68/21.1	The Chair welcomed everyone to the meeting. Apologies were noted from Dr Stephen Bergin.
69/21	**Item 2 – Declaration of Interests**
69/21.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No declarations were made.
70/21	**Item 3 – Minutes of previous meeting held on 20 May 2021**
70/21.1	The minutes of the Board meeting held on 20 May 2021 were

APPROVED as an accurate record of that meeting.

71/21 **Item 4 – Matters Arising**

60/21.1 Data Analysts

71/21.1 The Chair noted in the last minute that there was reference to a shortage of data analysts and he asked if there was any update. The Interim Chief Executive confirmed that there are candidates on a waiting list but PHA is awaiting confirmation of funding. The Chair reiterated a point he had made at previous meetings about the level of funding allocated to contact tracing across the United Kingdom and that Northern Ireland should be receiving 1/35th of that amount.

72/21 **Item 11 - PHA Annual Report and Accounts 2020/21 (PHA/03/06/21)**

72/21.1 Ms McCaig advised that the draft Annual Report and Accounts had been considered by the Governance and Audit Committee (GAC) on 11 June and that Board members had seen a draft before they were submitted to the Northern Ireland Audit Office in May. She said that the GAC was updated on any changes at last week's meeting and that the external auditors had briefed members on progress to date with the audit. She said she was pleased to report that there were no recommendations from the auditors.

72/21.2 Mr Stewart said that the GAC had considered the Annual Report and Accounts in detail and would unanimously recommend them for approval to the Board. He said that, given the year just passed, it was an excellent achievement for Ms McCaig's team and the Executive Directors to achieve a break even position. He noted that there had been a significant reduction in the absenteeism rate, a matter he said he would follow up with Human Resources at a later stage. He surmised that if staff are working under pressure now, the number of such staff may increase further when the situation eases.

72/21.3 Mr Stewart advised that, in terms of the structure of the Report, any issues raised by the Board had been included in the final draft and that although the external audit report to those charged with governance was considered as a draft, no further action was needed in terms of the Annual Report and Accounts. He reiterated his thanks to Ms McCaig and her team and the Executive Directors for compiling the final document.

72/21.4 The Board **APPROVED** the Annual Report and Accounts for 2020/21.

73/21 **Item 5 – Chair's Business**

73/21.1 The Chair said that his Report focused on two issues, long COVID and addiction to gambling. He said that he had asked for long COVID to be placed on the agenda for today's meeting.

73/21.2 The Chair said that with regard to gambling, there had been a programme on Channel 4 which showed that the growing contribution of the gambling interest to soccer sponsorship which represents a shift from the beer industry. He expressed concern that this will see a surge in the number of problem gamblers, particularly among younger people. He noted that there is a review being undertaken of the Gambling Act. He added that although there is help for older gamblers, he did not feel that there is support for younger gamblers and if this situation continues, there may be mental health consequences for these younger people.

74/21 Item 6 – Chief Executive's Report

74/21.1 The Interim Chief Executive said that the latest Report provides a lot of information for members on the work of the Agency. She advised that there was a successful campaign in Kilkeel recently to encourage individuals who may have contracted the Delta variant to present themselves for testing and this will be replicated in two other Council areas this weekend through the use of a targeted mailshot. She said that PHA has spoken to the Local Councils and the relevant Trusts to get support from their Chief Executives and will be carrying out a briefing with them next week. She reported that PHA is aiming to buy time to get the vaccination programme completed in order to contain the variant as the number of cases is beginning to increase again in Northern Ireland. She advised that the Kent variant also remains in circulation thus adding to the complexity of the work. Mr Stewart noted that there was good support from elected representatives from right across the political spectrum for PHA's work in Kilkeel and he hoped that the same support would be forthcoming across other Council areas. The Interim Chief Executive agreed and said that Dr Bergin uses the science to determine where the next outbreaks may occur and that the offers are made to Local Councils for PHA to engage with them.

74/21.2 Ms Mann-Kler thanked the Interim Chief Executive for the Report and asked for an update on the new operating model in terms of a roadmap and timelines, and also for further detail on the equitable vaccine rollout programme. Mr Morton responded and said that with regard to the future operating model, there is a targeted public consultation ongoing on the new planning model. He advised that the HSCB and PHA are having discussions about the interface between the two organisations and there is a programme of work to look at this which should be completed over the next few weeks. He said that it is critical that in the future the new Group and the PHA will have to work in partnership and there should be a multi-disciplinary planning mechanism going forward. He confirmed that as of 1 April 2022 HSCB will no longer exist so there needs to be clarity in terms of how the arrangements for health and social care services across Northern Ireland will work. He said that this planning needs to take account of the new integrated services model which brings together Trusts, general practice and community planning. Mr Wilson added that in terms of the outworking of the Hussey Review, Mr Stephen Murray and he had met with Mr Andrew Dawson from the

Department of Health to consider the first draft of a Project Initiation Document (PID) and after feeding back some comments he is hoping to receive an updated PID shortly and he undertook to share that with members **(Action 1 – Mr Wilson)**.

74/21.3 Mr Morton advised that in terms of the equitable vaccine rollout, there is a monitoring framework which looks at the uptake of the vaccine and as part of this Ms Deirdre Webb and her team have been commissioned to look at areas where the uptake has not been as high and to look at how this could be improved. He said that this is one element of an overarching programme and he said that he could provide more detail on this if required. He advised that PHA is developing bespoke programmes to reach out to specific communities. Mr Clayton said that he would welcome seeing a paper on this **(Action 2 – Mr Morton)**.

74/21.4 Mr Clayton noted that this morning there was media coverage of the first cruise ship arriving into Belfast Harbour this year and that the Chief Executive of Belfast Harbour was keen to point out the involvement of PHA in this area. The Interim Chief Executive advised that Ms Mary Carey had been working on a comprehensive risk assessment with Belfast Harbour to ensure that there is a plan in place. She suggested that Ms Carey could come to a future meeting to talk about the plan. She added that there is an element of risk with all cruise ships coming in and she noted that PHA has undertaken a specific vaccination programme for fishermen **(Action 3 – Interim Chief Executive)**.

74/21.5 The Chair commented that in terms of the screening update, it would be useful to present the update in terms of the percentage of numbers for each programme compared to the same period two years ago so as to determine what advances are being made. The Interim Chief Executive said that she would ask Dr Tracy Owen to do this **(Action 4 – Interim Chief Executive)**.

75/21 Item 7 – Finance Report (PHA/01/06/21)

75/21.1 Ms McCaig said that following the presentation she delivered in April on the overall HSC budget, the budget was consulted on and equality screened and now it is for the PHA to determine its own priorities and how it will fund these. She explained that the Financial Plan being presented today provides information on both revenue and capital spend and highlights assumptions and risks. She noted that at this stage there remain a lot of uncertainties.

75/21.2 Ms McCaig outlined that PHA has received an allocation of just under £105m and there are some other recurrent allocations due giving a total of £121m. She pointed out that in addition to recurrent and non-recurrent allocations, there is a category called assumed recurrent, the risks for which will be managed centrally by the Department of Health. She acknowledged that these present a challenge and will have to be monitored closely. She added that her team will be monitoring these

over the HSC as a whole.

75/21.3 Ms McCaig advised that the next section of the Plan showed the breakdown of the £96.7m of programme expenditure, both Trust and non-Trust, and noted that there is additional information relating to a breakdown of this expenditure in the appendices. She gave an overview of the assumed recurrent funding areas, beginning with service pressures and then areas such as staffing, screening and Transformation.

75/21.4 Ms McCaig said that there is £6.3m of funding ring-fenced for COVID-19, primarily to fund the contact tracing service, but also for other elements too. She said that she would work with PHA colleagues in the event that the contact tracing service needs to be scaled up. She reported that PHA's management and administration budget is £24.9m.

75/21.5 Ms McCaig explained that PHA was asked by the Department to undertake a baseline review of its revenue budget to determine if there would be any natural slippage and then to consider how this slippage could be used. She suggested that there may be slippage of £800k from the management and administration budget, £1.6m from the £10m allocated to address inescapable pressures and £0.5m from demand-led services. She outlined how PHA could make use of this slippage to fund in-year pressures and priorities including COVID-19, screening, palliative care and HSCQI. She added that PHA would be sharing the outcome of its baseline review with the Department.

75/21.6 Ms McCaig listed some assumptions that have been made in preparing this Plan. She advised that there are some areas where funding has been secured but PHA has not received the funds, for example in relation to pay awards. She said that PHA is anticipating receiving an element of the £20m earmarked for safe staffing. She added that further funds may be needed for COVID-19 or for demand-led services and that community and voluntary sector contracts will need to be monitored closely in the event that providers cannot deliver additional activity.

75/21.7 Ms McCaig gave an overview of the summary revenue position reiterating that it will be a challenging year and she undertook to keep Board members informed through the monthly reports. She outlined the opening capital position which includes funding for Research and Development.

75/21.8 Ms McCaig thanked Mr Wilson and his team for their work in helping to put together this Plan and she recommended it for approval by the Board.

75/21.9 Mr Stewart thanked Ms McCaig and said that the Plan was clear and understandable and commended the way in which it was presented. The Chair endorsed Mr Stewart's remarks and conveyed his gratitude to Ms McCaig and her team.

75/21.10 Mr Clayton also thanked Ms McCaig for the presentation, but sought clarity on the "assumed recurrent funding". He asked whether this meant that it is recurrent but that the Department will manage the risk, and if this is the case, does it mean that PHA can recruit additional staff and is able to retain them. Ms McCaig said that she had no issues that the funding will be recurrent, but she suggested that at some stage PHA could be asked to do a savings plan. She added that it would be dependent on any decisions made by the NI Executive following decisions made by HM Treasury. Mr Clayton said that he welcomed the additional funding but felt it was an unusual phrase, hence his reservation. Ms McCaig advised that she had asked the Department for an assurance and had received a memo that said that any assumed allocations are based on what it is normal to expect the Department to resource, so it is a balance risk. However she said that her team would be monitoring this across the whole HSC system.

75/21.11 Ms Mann-Kler welcomed the setting out of the context and the breakdown of the programme expenditure, but asked how the determination is made in terms of how much funding is allocated to each area. Ms McCaig suggested that this would have been an appropriate issue to pick up with Mr Séamus Mullen at the last Board meeting but she would look into this **(Action 5 – Ms McCaig)**.

75/21.12 The Chair noted that each year PHA has an underspend and asked how this could be utilised. Ms McCaig explained that by carrying out the baseline review at this stage, PHA has already identified areas where there could be underspends, but she conceded that over the course of the year, more slippage could arise, and this will have to be managed.

75/21.13 Professor Rooney said that it would be helpful for the Board to understand how the funding has been allocated. She asked about the funding for the private sector. Mr Wilson confirmed that some of this would mainly relate to vaccinations and campaigns.

75/21.14 Mr Stewart returned to the point made by Ms Mann-Kler and said that the Board should be involved in determining priorities and in submissions that are sent to the Department and that this should be looked at as part of the review of the Assurance Framework. He added that if the Board is to have an influence in terms of where PHA allocates its funding, it should be inputting into these discussions.

75/21.15 The Board **APPROVED** the Financial Plan.

76/21 Item 8 – Update on COVID-19

76/21.1 The Interim Chief Executive noted that most of the issues relating to COVID-19 had already been discussed. She said that PHA is currently seeking to recruit more contact tracers in anticipation of a further surge of cases and is working with Local Councils.

76/21.2 The Chair noted that the Minister for Health has announced £1m of funding for the treatment of long Covid, but following an announcement by Simon Stevens that there is £100m being allocated in England, this would equate to £3.3 in Northern Ireland. He asked who will be taking the initiative in this work. The Interim Chief Executive advised that Mr Morton's team has commenced work in this area following a request last winter. She explained that once money is allocated to the Trusts, each Trust will make the necessary assessments. Mr Morton added that this assessment service will be carried out through both GPs and secondary care. He noted that there is also a recognition of the psychological impact of long Covid.

77/21 Item 9 - Update from Chair of Governance and Audit Committee (PHA/02/06/21)

77/21.1 Mr Stewart advised that the minutes of the Governance and Audit Committee (GAC) meeting of 15 April were available for members for noting, and that the Committee had since met on 11 June, principally to consider the Annual Report and Accounts. He said that he was grateful to his colleagues for their contribution to the meeting.

77/21.2 Mr Stewart reported that the Committee considered the Internal Audit report into the Contact Tracing Service and that the audit has received a satisfactory level of assurance. He advised that the Report will come to a future Board meeting, but in the interim he said that there were four recommendations, none of which were of Priority 1 status. He said that the Committee also received the Head of Internal Audit report and noted all audits undertaken during 2020/21 had received a satisfactory level of assurance. He added that the Committee had approved the Internal Audit Charter.

77/21.3 Mr Stewart said that from the Annual Report the Committee had picked up on the issue of reporting about the diversity of the workforce and he would pick this up at a later meeting. He advised that the Committee had received the latest Fraud Liaison Officer Report where there was a couple of data matching issues which were being investigated. He said that the External Audit draft Report to those Charged with Governance was also considered and that PHA had received an unqualified audit opinion, which was an excellent outcome.

77/21.4 Mr Stewart advised that the Committee was pleased to note that the Executive Directors have been regularly reviewing and updating the Corporate Risk Register and it is now seen as a "live" document. He added that at meeting the Committee considers a different directorate risk register and at this meeting the Nursing and AHP directorate was presented. On behalf of the Committee, he thanked Mr Morton for a comprehensive overview of the Register and noted that Mr Morton and Ms Denise Boulter will be conducting a root and branch review. Given this, he felt that perhaps the Committee had considered the Register too early and he would invite Mr Morton back to a future meeting. He said

	that the Committee would welcome a review of the wording around the implications of the closure of HSCB on PHA.
77/21.5	Mr Stewart said that a report on the use of Direct Award Contracts (DACs) had been presented and added that PHA had to obtain approval from the Permanent Secretary for the extension of its media contract, and that this contract needed to be re-tendered soon.
77/21.6	The Chair thanked the members of the Committee for their ongoing commitment to its work and their application to detail which is of immense benefit to the PHA Board as a whole.
77/21.7	The Board noted the update from the Chair of the Governance and Audit Committee.
78/21	**Item 10 – Update from Chair of Remuneration Committee**
78/21.1	The Chair advised that the Remuneration Committee had met recently and was joined by Mr Robin Arbuthnot from BSO Human Resources. He said that he had asked Mr Arbuthnot for an update in terms of the outworking of the recent surveys undertaken in PHA and had been advised that the PHA Organisational Workforce Development (OWD) group would be re-established to look at the findings of the recent Cultural Assessment Survey and Working from Home survey. He felt that it was important that action plans from surveys are carried through.
78/21.2	The Chair reported that in terms of senior executive pay, pay awards have been made for two of the years that were outstanding, but not as yet for a further two. He expressed a hope that matters relating to senior executive pay could be resolved without the need for legal action. He noted that the amount of money required for PHA to fund the pay awards is a very small part of the overall PHA budget.
78/21.3	The Chair said that there was discussion at the meeting about learning and development for nursing and AHP staff and being able to access public health training.
78/21.4	The Board noted the update from the Chair of the Remuneration Committee.
79/21	**Item 12 - PHA Annual Business Plan 2021/22 (PHA/04/06/21)**
79/12.1	Mr Wilson advised that the Annual Business Plan was approved by the Executive Directors at their meeting on 8 June and was being brought to the Board today for approval. He explained that the current Corporate Plan runs from 2017 to 2021 but the Department has instructed that this be extended by a further year. He said he was aware that there has been work undertaken on a new Corporate Plan but that will be carried forward into the future so this Business Plan represents the final Business Plan emanating from the current Corporate Plan.

79/12.2 Mr Wilson outlined the structure of the Business Plan saying that it looked at three areas; the outcomes within the current Corporate Plan, work under development as part of the new Plan, and the response to COVID-19. He highlighted that one of the actions relating to the work of HSCQI needs to be amended.

79/12.3 Ms Mann-Kler thanked Mr Wilson for the draft Plan and said that it is important that PHA has this Plan in place. She asked whether there should be any reference to the Regional Care Framework which was recently announced. She noted that there were references in the Plan to Outcomes Based Accountability (OBA) and asked if there would be more rigour in applying that approach this year given there have been ongoing discussions regarding this for the last 2/3 years. Mr Wilson said that within the Operations directorate work has commenced, in conjunction with the other directorates, in developing a new performance management framework. He agreed that there is an issue in terms of how PHA brings greater rigour to this work but conceded that the last year has been frenetic. He said that the reporting to the Board will be tailored appropriately and members will see more detail on this going forward. The Chair commented that it had been 3 years since members undertook the OBA training and that PHA should reaffirm its commitment to that approach. Mr Wilson agreed that it is the way forward **(Action 6 – Mr Wilson)**.

79/12.4 Mr Clayton noted that the covering paper indicated that individual actions within the Plan would be equality screened as required. He said that given the low uptake in some screening programmes, there should be a target around this in the Plan itself. He commented that, given the one year delay in the development of the Corporate Plan and how there should be a new Programme for Government in place, this Plan could become out of date and asked if there would be an opportunity to revisit it. Mr Wilson said that the equality screening issue could be looked at and he added that the Business Plan is subject to change from time to time and so could be updated if required. However, he noted that even if there were a new Programme for Government any targets within the Programme relating to health and wellbeing would be unlikely to be drastically different from those already in place.

79/12.5 The Board **APPROVED** the PHA Business Plan 2021/22.

80/21 Item 13 – Corporate Risk Register (PHA/05/06/21)

80/21.1 Mr Wilson noted that Mr Stewart had advised members that the Corporate Risk Register had been considered by the Governance and Audit Committee at its last meeting. He said that this is the Register as at 31 March 2021, but that it is constantly kept under review. He advised that following this last review, one risk, that pertaining to the staff Intranet, was de-escalated to the Operations directorate risk register, and four other risks had their rating reduced from “high” to “medium”.

80/21.2 Mr Clayton asked for more information on the exit strategy referred to in the risk around the recruitment of vaccinators. Mr Morton explained that there are two elements to this, one relates to the redistribution of staff to Trusts and the other relates to staff moving to work in primary care. He said that PHA continues to work with the Department on this matter and is also looking at the requirements for a winter vaccination programme. He advised that he would keep members updated on any issues which may emerge **(Action 7 – Mr Morton)**.

80/21.3 The Board **APPROVED** the Corporate Risk Register.

81/21 Item 14 – Any Other Business

81/21.1 The Chair noted that this is the last meeting at which the Interim Chief Executive and the two Non-Executive local Council members would be in attendance.

81/21.2 The Chair said that Mrs MacLeod had agreed to become Interim Chief Executive of the Agency at a critical time and that it was a daunting challenge to take on the role, but one which she did not hesitate to undertake. He added that Mrs MacLeod showed unwavering commitment to the task and worked night and day as well as weekends to deal with the many issues of the pandemic and oversaw the establishment of the Contact Tracing Service which was established at breakneck speed.

81/21.3 The Chair noted that while he and Mrs MacLeod did not always agree on every issue, they maintained a professional working relationship and he commended her ability not to baulk at any decisions that were required to be made. He paid tribute to her contribution to the work of the Agency and wished her well for her retirement.

81/21.4 The Interim Chief Executive thanked the Chair and said that it had been a privilege to work for the Agency. She acknowledged the resilience and adaptability of the staff of the Agency and the willingness to be redeployed when required. She said that working for the Agency has been an honour.

81/21.5 The Chair said that the PHA Board's two longest serving Non-Executive Directors, Alderman Porter and Alderman Ashe are finishing their terms at the end of July and he thanked them for bringing the view of Local Government to the discussions of the Board as this is a critical connection and it is important that public health is embedded in the work of the Councils. He thanked them for their stalwart contributions over the years and he noted that at the last Remuneration Committee, there had been a discussion about them not being approached to share their experiences of being Board members, but he said that he would ensure that he would be speaking to them to get their feedback on their experience before their terms end.

81/21.6 Mr Stewart said that he wished to be associated with the Chair's remarks, and he hoped that there would be an opportunity to say farewell in a more fitting manner. Professor Rooney supported that and thanked the Interim Chief Executive for her leadership during this time. He commented that it was unusual that the Chair of the PHA Board was not on the selection panel for the new Board members.

81/21.7 Alderman Ashe, on behalf of himself an Alderman Porter, thanked the Interim Chief Executive for her work and wished her well for her retirement and said that she brought a great deal of expertise to the Agency. He said that Alderman Porter and he had enjoyed their time on the Board and that it had been a learning curve from the outset. He added that if there were one failing that the Agency had, it is that it does not sing its own praises enough. He noted that over the years PHA staff have been asked to step up where needed and face the music. He finished by saying that everyone has to value their time more.

81/21.8 The Chair drew the meeting to a close.

82/21 Item 15 – Details of Next Meeting

Thursday 19 August 2021 at 1:30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 7ES

Signed by Chair:

Date:

Public Health Agency

Finance Report

2021-22

Month 3 - June 2021

PHA Financial Report - Executive Summary

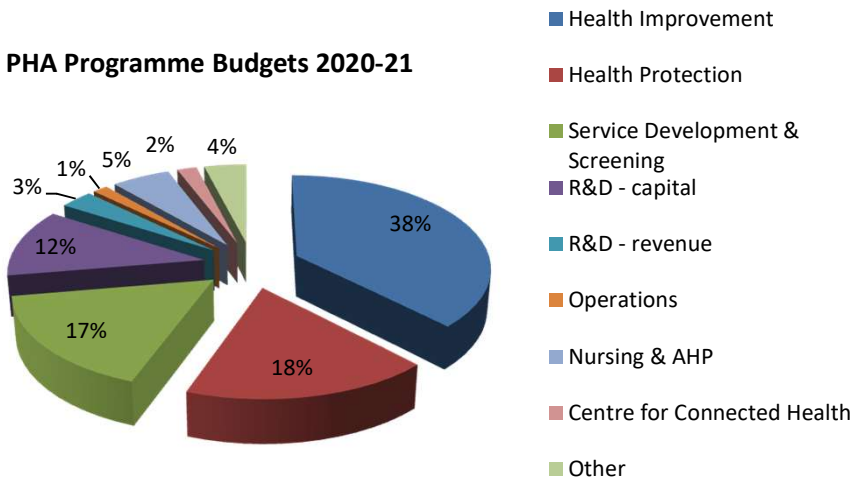
Year to Date Financial Position (page 2)

At the end of month 3 PHA is reporting a small underspend of £0.03m against its profiled budget. This underspend is primarily the result of underspends on Administration budgets (page 6), offset by some expenditure ahead of profile on Programme and Ringfenced budgets.

Budget managers continue to be encouraged to closely review their profiles and financial positions to ensure the PHA meets its breakeven obligations at year-end.

Programme Budgets (pages 3&4)

The chart below illustrates how the Programme budget is broken down across the main areas of expenditure.

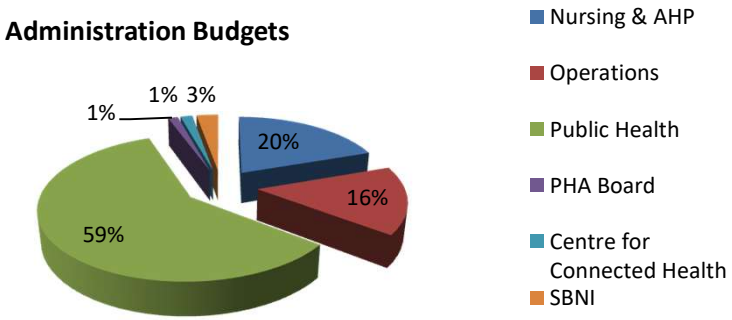


Administration Budgets (page 5)

Approximately half of the Administration budget relates to the Directorate of Public Health, as shown in the chart below.

A significant number of vacant posts remain within PHA, and this is creating slippage on the Administration budget.

Management is proactively working to fill vacant posts and to ensure business needs continue to be met.



Full Year Forecast Position & Risks (page 2)

PHA is currently forecasting a surplus of £0.4m for the full year, arising from identified slippage on Administration budgets less anticipated utilisation on Programme priorities throughout the year.

At this early stage in the financial year, staffing resources have already been diverted to assist in PHA's response to the latest Covid-19 surge. There is a risk that this, and any further surges later in the year, may have an impact on planned expenditure and therefore an ongoing review of Administration and Programme spend will be conducted to update the full year forecast as required.

Public Health Agency
2021 -22 Summary Position - June 2021

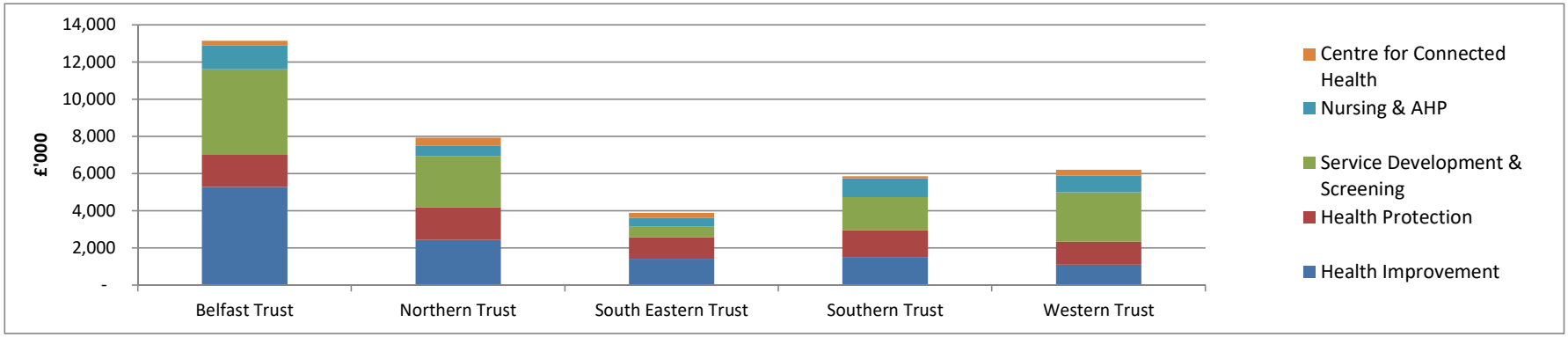
	Annual Budget					Year to Date				
	Programme		Ringfenced	Mgt &	Total	Programme		Ringfenced	Mgt &	Total
	Trust	PHA Direct	Trust & Direct	Admin		Trust	PHA Direct	Trust & Direct	Admin	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Available Resources										
Departmental Revenue Allocation	37,056	53,134	7,353	25,949	**123,492**	9,264	5,962	1,346	6,342	**22,914**
Revenue Income from Other Sources	-	-	-	958	**958**	-	-	-	211	**211**
Total Available Resources	37,056	53,134	7,353	26,907	**124,450**	9,264	5,962	1,346	6,553	**23,124**
Expenditure										
Trusts	37,056	-	-	-	**37,056**	9,264	-	-	-	**9,264**
PHA Direct Programme *	-	53,519	7,353	-	**60,872**	-	6,050	1,518	-	**7,568**
PHA Administration	-	-	-	26,162	**26,162**	-	-		6,263	**6,263**
Total Proposed Budgets	37,056	53,519	7,353	26,162	**124,090**	9,264	6,050	1,518	6,263	**23,095**
Surplus/(Deficit) - Revenue	-	(385)	-	745	**360**	-	(88)	(172)	290	**29**
Cumulative variance (%)						***0.00%***	***-1.48%***	***-12.80%***	***4.42%***	***0.13%***

The year to date financial position for the PHA shows an underspend of £0.03m, which is the result of underspend on Admin budgets offset by expenditure ahead of profile in Ringfenced and PHA Programme budgets.

A year-end underspend of £0.4m is currently forecast, due to some additional early slippage not identified in the PHA's approved Financial Plan. This forecast position may be subject to change through the year and will be kept under review to identify any significant movements. For example, this would include any in year impact to PHA's normal operations from its ongoing response to Covid-19 surges (such as support to the Contact Tracing service).

** PHA Direct Programme includes amounts which may transfer to Trusts later in the year*

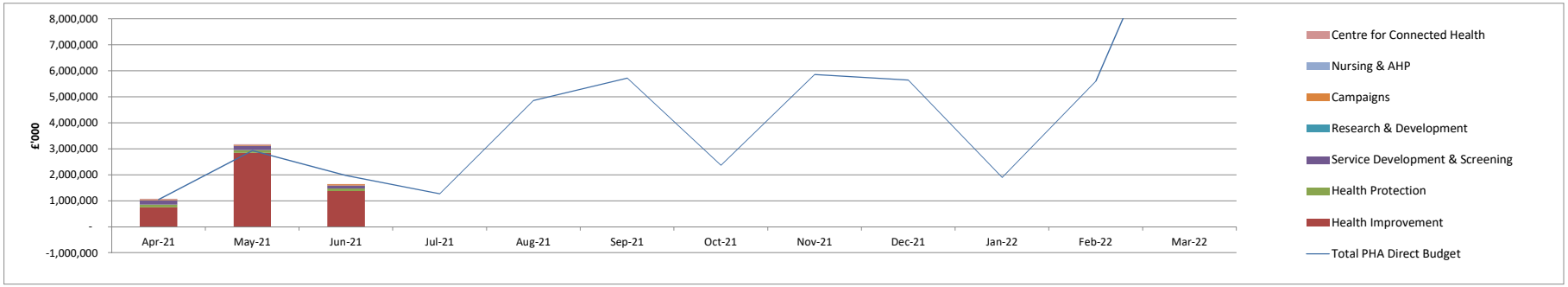
Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust £'000	Northern Trust £'000	South Eastern Trust £'000	Southern Trust £'000	Western Trust £'000	Total Planned Expenditure £'000	YTD Budget £'000	YTD Expenditure £'000	YTD Surplus / (Deficit) £'000
Health Improvement	5,287	2,442	1,425	1,518	1,109	**11,782**	2,945	2,945	-
Health Protection	1,718	1,729	1,148	1,429	1,239	**7,262**	1,815	1,815	-
Service Development & Screening	4,607	2,782	581	1,796	2,649	**12,415**	3,104	3,104	-
Nursing & AHP	1,273	558	457	1,015	890	**4,192**	1,048	1,048	-
Centre for Connected Health	265	422	286	106	326	**1,405**	351	351	-
Total current RRLs	**13,150**	**7,934**	**3,897**	**5,863**	**6,212**	**37,056**	**9,264**	**9,264**	-
Cumulative variance (%)									***0.00%***

The above table shows the current Trust allocations split by budget area. Budgets have been realigned in the current month and therefore a breakeven position is shown for the year to date where funds previously held against PHA Direct budget have now been issued to Trusts.

PHA Direct Programme Expenditure



	Apr-21 £'000	May-21 £'000	Jun-21 £'000	Jul-21 £'000	Aug-21 £'000	Sep-21 £'000	Oct-21 £'000	Nov-21 £'000	Dec-21 £'000	Jan-22 £'000	Feb-22 £'000	Mar-22 £'000	Total £'000	YTD Budget £'000	YTD Spend £'000	Variance £'000	
Profiled Budget																	
Health Improvement	884	2,625	1,357	868	4,413	650	1,095	4,493	1,078	624	4,603	4,053	**26,742**	4,866	4,982	(116)	*-2.4%*
Health Protection	77	100	87	85	92	4,790	835	927	2,630	513	100	721	**10,957**	264	312	(48)	*-18.3%*
Service Development & Screening	51	158	470	242	349	224	333	307	224	233	257	1,911	**4,757**	679	551	128	*18.9%*
Research & Development	-	-	-	-	-	-	-	-	1,676	-	-	1,535	**3,211**	-	-	-	*0.0%*
Campaigns	10	10	20	5	5	5	1	98	26	500	264	528	**1,471**	40	108	(68)	*-169.7%*
Nursing & AHP	4	22	4	59	2	47	99	31	1	22	77	1,076	**1,445**	31	4	27	*87.5%*
Centre for Connected Health	20	20	43	11	5	5	5	5	11	10	311	38	**484**	83	78	5	*6.4%*
Other	-	-	-	-	-	-	-	-	-	-	-	4,067	**4,067**	-	16	(16)	*100.0%*
Total PHA Direct Budget	**1,046**	**2,935**	**1,981**	**1,270**	**4,866**	**5,721**	**2,368**	**5,861**	**5,646**	**1,900**	**5,612**	**13,928**	**53,134**	**5,962**	**6,050**	**(87)**	
Cumulative variance (%)																***-1.47%***	
Actual Expenditure	**1,128**	**3,228**	**1,693**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**6,050**				
Variance	**(82)**	**(293)**	**288**										**(87)**				

The year-to-date position shows a small overspend of approximately £0.1m which is the result of the timing of payments in the first quarter of the year.

An overspend of approximately £0.4m for the full year is currently anticipated on PHA Direct budgets, reflecting the planned utilisation of some of the underspend within Administration areas to fund key Programme Priorities.

Public Health Agency
2021-22 Ringfenced Position

	Annual Budget				Year to Date			
	Covid £'000	Transformation £'000	DAERA & EITP £'000	£'000	Covid £'000	Transformation £'000	DAERA & EITP £'000	£'000
Available Resources								
DoH Allocation	-	272	-	**272**	-	-	-	**-**
Assumed Allocation	6,915	-	166	**7,081**	1,310	-	36	**1,346**
Total	6,915	272	166	**7,353**	1,310	-	36	**1,346**
Expenditure								
Trusts	-	-	-	**-**	-	-	-	**-**
PHA Direct	6,915	272	166	**7,353**	1,418	68	32	**1,518**
Total	6,915	272	166	**7,353**	1,418	68	32	**1,518**
Surplus/(Deficit)	**-**	**-**	**-**	**-**	**(109)**	**(68)**	**4**	**(172)**

PHA has received a COVID allocation of £6.3m to date, £5.0m of which is for Contract Tracing. PHA is working with DoH to assess the costs of expanding the Contact Tracing service, and further funding is expected for this. More detail on the COVID funding allocations PHA has received is provided in page 9 of this report.

A number of Transformation projects are also on-going, and separate ringfenced funding has been received for these totalling £0.3m. These projects are being monitored and reported on separately to DoH, and it is assumed that any underspends identified will be retracted by DoH and a breakeven position will be achieved for the year.

PHA Administration

2021-22 Directorate Budgets

	Nursing & AHP £'000	Quality Improvement £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget								
Salaries	5,031	582	2,979	15,214	301	365	396	**24,867**
Goods & Services	159	1	1,129	335	35	42	339	**2,040**
Total Budget	**5,189**	**584**	**4,108**	**15,549**	**337**	**407**	**735**	**26,908**
Budget profiled to date								
Salaries	1,231	145	744	3,656	75	90	99	**6,042**
Goods & Services	40	1	282	84	9	10	85	**511**
Total	**1,271**	**147**	**1,027**	**3,740**	**84**	**100**	**184**	**6,553**
Actual expenditure to date								
Salaries	1,051	118	668	3,699	67	103	129	**5,836**
Goods & Services	13	2	298	49	23	15	26	**427**
Total	**1,065**	**120**	**966**	**3,748**	**90**	**118**	**156**	**6,263**
Surplus/(Deficit) to date								
Salaries	180	27	76	(42)	8	(13)	(30)	**205**
Goods & Services	26	(0)	(15)	34	(14)	(5)	58	**84**
Surplus/(Deficit)	**206**	**27**	**61**	**(8)**	**(6)**	**(18)**	**28**	**290**
Cumulative variance (%)	*16.23%*	*18.14%*	*5.93%*	*-0.21%*	*-7.28%*	*-18.01%*	*15.26%*	***4.42%***

PHA's administration budget is showing a year-to-date surplus of £0.3m, which is being generated by a number of long standing vacancies along with the impact of many staff continuing to work primarily from home, which is driving reduced expenditure in areas such as travel and courses. Senior management continue to monitor the position closely in the context of the PHA's obligation to achieve a breakeven position for the financial year. The full year surplus is currently forecast to be £0.7m. In previous years this would normally have been absorbed through PHA Direct budgets to address programme priorities, but the potential to do this in 2021-22 may be restricted due to the impact of Covid-19.

The SBNI budget is ringfenced and any underspend will be returned to DoH prior to year end.

Public Health Agency
2021-22 Capital Position

	Annual Budget			Year to Date		
	Trust £'000	PHA Direct £'000	£'000	Trust £'000	PHA Direct £'000	£'000
Available Resources						
Capital Grant - R&D	-	12,000	**12,000**	-	1,000	**1,000**
Other Capital funding	-	-	**-**	-	-	**-**
Capital Grant Allocation	**-**	**12,000**	**12,000**	**-**	**1,000**	**1,000**
Expenditure						
Capital Grant - R&D	-	12,000	**12,000**	-	855	**855**
Other Capital funding	-	-	**-**	-	-	**-**
Capital Expenditure	**-**	**12,000**	**12,000**	**-**	**855**	**855**
Surplus/(Deficit) - Capital	**-**	**-**	**-**	**-**	**145**	**145**

PHA has received an assumed Capital budget of £12.0m in 2021-22, which relates to Research & Development projects in Trusts and other organisations. At present no funds have been allocated to Trusts and Expenditure of £0.9m on R&D projects is shown for the year to date, with a breakeven position anticipated for the full year.

PHA Prompt Payment

Prompt Payment Statistics

	June 2021 Value	June 2021 Volume	Cumulative position as at June 2021 Value	Cumulative position as at June 2021 Volume
Total bills paid (relating to Prompt Payment target)	£4,499,327	555	£16,552,653	1,791
Total bills paid on time (within 30 days or under other agreed terms)	£4,498,541	552	£16,528,338	1,778
Percentage of bills paid on time	**100.0%**	**99.5%**	**99.9%**	**99.3%**

Prompt Payment performance for June and the year to date shows that on value the PHA is achieving its 30 day target of 95.0%. Cumulatively to date, PHA is achieving the 95% target on volume and value, and prompt payment targets will continued to be monitored closely over the 2021-22 financial year.

The 10 day prompt payment performance remains very strong at 92.9% on volume for the year to date, which significantly exceeds the 10 day DoH target for 2021-22 of 70%.

PHA COVID-funded Expenditure to month 3

	Budget to 30 June 2021 £'000	Spend to 30 June 2021 £'000	Balance to Spend at 30 June 2021 £'000	*Notes*
Contact Tracing Centre	1,256	1,293	3,735	*1*
Vaccine Roll Out Programme		126	469	*2*
Infection Prevention Control Nursing		-	420	
Band 8s Overtime		-	50	
Respiratory / ICU Surge Support Team		-	94	
Post Covid Syndrome Support Team		-	271	
Care home outreach support		-	191	
Schools Support Team		-	115	
HSCQI		-	150	
	1,256	**1,419**	**5,496**	

Notes

1 *A further Contact Tracing business case is being worked on to address any new shortfall in current budget along with a proposal for maintaining Contract Tracing to 31 March 2022.*

2 *Funding is assumed to be coming from DoH for the Vaccine infrastructure funding 2021/22 (£595k)*

HSC Public Health Agency

item 10

Title of Meeting	PHA Board Meeting
Date	19 August 2021
Title of paper	PHA Five Year Review of Equality Scheme
Reference	PHA/02/08/21
Prepared by	Karen Beattie, Equality Unit, BSO
Lead Director	Stephen Wilson
Recommendation	For **Approval** ☒ For **Noting** ☐

Purpose

The purpose of this paper is to seek Board approval of the review of PHA's Equality Scheme for submission to the Equality Commission.

Summary

HSC organisations have committed to reviewing their Equality Scheme every five years. The last review was completed in March 2016.

The Equality Commission advise that the review should be a process of self-assessment and a critical evaluation of work to promote equality and good relations to date. The Commission specifies the review should consider what has been achieved, what remains to be done, and lessons learned. It likewise stated that the summary to be shared with the Equality Commission should focus on:

- how the scheme's implementation has benefitted individuals within the Section 75 groups;
- how leaders within the authority are engaged in the scheme's implementation;
- challenges and how they have been overcome;
- lessons learned, and;
- good practice (ECNI 2016, p.6).

The attached report has been prepared in consultation with Directorates across PHA and Board members.

PHA Five Year Review of Equality Scheme

June 2021

Table of Contents

1. Introduction

Like all public bodies, the PHA (Public Health Agency) have committed to reviewing its Equality Scheme under Section 75 of the Northern Ireland Act (1998) every five years. Ultimately, the purpose of the review is to take learning and set direction for the coming years by critically evaluating the way the organisation has implemented Section 75 over the past five years.

The review is a process of self-assessment. As specified by Equality Commission guidance[1] , the review involves looking at what has been achieved, what remains to be done, and lessons learned. It should be based on evidence. The guidance states that the collection and consideration of additional quantitative and qualitative data may be necessary, alongside use of existing information from previous Annual Progress Reports on the implementation of Section 75.

This report presents the key findings from the review. Background information on the organisation and the methodology of the review is included in the opening section. The scope and structure of the concluding section is designed to cover the Equality Commission's requirements in relation to a summary of the main findings.

2. Background

2.1 The organisation

The PHA is part of health and social care in Northern Ireland. Our aim is to address the causes and associated inequalities of preventable ill-health and lack of wellbeing. We are the major regional organisation in Northern Ireland for health protection and health and social wellbeing improvement. In fulfilling our mandate to protect public health, improve public health and social wellbeing, and reduce inequalities in health and social wellbeing, the PHA works within an operational framework of three areas: Public Health, Nursing and Allied Health Professionals, and Operations. Our corporate and business plans reflect these arrangements and our purpose as an organisation.

The PHA is a regional organisation, currently comprising 459 full and part-time members of staff.

2.2 Methodology of the review

This review was undertaken in partnership with the other regional HSC organisations, supported by the Business Services Organisation (BSO) Equality

[1] Equality Commission for Northern Ireland (2016): Guidance on conducting a 5 year review of an equality scheme.

Unit. It involved the collection of both quantitative and qualitative data to inform the report.

The quantitative data elements informing the review include:

- A desk-top exercise looking at in-house data, including PHA figures on staff training and equality screenings over the five year review period, as well as Corporate reports and Business Plans.
- PHA Annual Progress Reports to the Equality Commission (2016-17 to 2019-20) as well as quarterly screening reports for 2020-21.
- The Assistant Director (AD) for Planning and Operations, and the Planning and Projects Managers led on the completion of a questionnaire examining key areas of Section 75 implementation.
- Assistant Directors completed a proforma exploring implementation of Section 75 in their respective teams.
- Board members also expressed an interest in contributing to the review, and provided feedback via a short proforma.

Findings from interviews and focus groups with key stakeholders also informed the review. These qualitative data sources included:

- a focus group organised by the Equality Unit in Business Services Organisation (BSO) on behalf of the PHA with members of Tapestry, the staff disability network of the 11 regional HSC organisations. Tapestry is made up of staff who have an interest in disability or carers' issues.
- A focus group with members of the regional HSC Equality Forum, which brings together the equality leads in the 11 regional HSC organisations.
- An interview with the Equality Lead (AD for Planning and Operations) in PHA;
- Focus groups with PHA Directors; Assistant Directors; and selected programme leads. A limitation of the review is that, due to the timing of the exercise, it was not possible to hold a focus group with senior managers in the Public Health Directorate as resources were focused on the Covid-19 pandemic response. However, the Director of Public Health did take part in an AMT focus group, and contributions from the Public Health Directorate to the PHA Annual Progress Reports for the last 5 years were examined and included in the review where appropriate.
- A focus group with the PHA Agency Management Team, to explore lessons learned, key priorities and actions for Equality Scheme implementation over the coming years.

3. Key Findings

3.1 Outcomes

3.1.1 Outcomes for service users

A wide range of initiatives with tangible outcomes for specific Section 75 groups are evident over the last five year period. These include a series of projects that clearly demonstrate co-production and close engagement with service users and the voluntary sector (for example, in establishing the Frailty Network within Northern Ireland). A number of actions demonstrate improvements in access to information for certain equality groups, whilst also raising awareness of the need for inclusivity (e.g. the translation of resources into other languages, or into easy read format for people with learning disabilities). Examples of good practice include the provision of information materials in Portuguese, Lithuanian, Polish and Russian for the Take Home Naloxone programme; installation of Browsealoud on our corporate website; and developing resources in easy read formats, such as the Step by Step physical activity booklet.

Other key themes demonstrated throughout the review period include improved **access and uptake of services.** Examples include work with the Roma community to promote vaccination uptake; and development of the Abdominal Aortic Aneurysm (AAA) screening to meet the needs of specific groups of men.

A further group of examples highlight the development of **new and innovative approaches** to improving quality, safety and the patient experience for particular groups. Examples include the development of new digital technologies to improve the health of older people, and use of innovative techniques within public health campaigns, such as the use of mannequins within the Be Cancer Aware public health campaign.

Working in partnership with other agencies in the private, community and voluntary sectors, provides an important opportunity to **influence the promotion of equality issues**. This is particularly important where other organisations or agencies are not bound by the same legislative requirements as public bodies. Examples of this include proactively promoting equality of opportunity in our contracts with recruitment agencies, and for alcohol and drug services commissioned across NI as part of a regional tendering programme.

There has been a drive to increase employment opportunities for service users, particularly those with disabilities, both in the delivery of services commissioned by the PHA, and within the PHA workforce itself. For example, opportunities have been created for those with learning disabilities, mental health issues, sensory disabilities and the frail elderly to fill peer support positions, and as peer advocates. This is evident in programs of work commissioned by the Nursing AHP Directorate, where

organisations commissioned to provide services must employ service users in the delivery of programs. Examples include the Still Me awareness raising campaign, the development of the Dementia Learning and Development Framework, and the recruitment of Dementia Navigators working across all Health and Social Care Trusts. Other examples include the creation of a lived experience post to head up a regional network of people with lived experience to input into programmes of service delivery. Other examples include the Breastfeeding Peer Support Training program designed by the Health Improvement Team in the Directorate of Public Health. It is recognized that not only does this create socio-economic opportunities and social inclusion, but also ensures service delivery reflects lived experience.

3.1.2 Outcomes for staff

In relation to the workplace, PHA has made progress in identifying and seeking to address the needs of staff and candidates with a disability.

Tapestry, the disability network for staff working in the PHA and the other regional HSC organisations, has provided a platform to staff with a disability to raise and discuss disability issues in a safe environment. In turn this has helped to create a more open culture around disability.

With regards to reasonable adjustments within their work, most Tapestry members who took part in the focus group felt that they are well supported. However, they also made the point that more support should have been put in place in the initial stages of employment to avoid lengthy periods of trial and error.

While regional organisations' Accessible Formats policies have been useful in improving the public access to information, Tapestry members unearthed persisting gaps in its application with regards to staff. Accessibility issues were also identified in relation to recruitment and selection processes and training.

Staff with sensory loss and those with a learning disability report significant barriers resulting from a lack of accessibility in policies and procedures, the systems used (such as HRPTS and eProcurement) and general information shared with all staff was not accessible to them. This applies to information relating to the recruitment and selection process (including pre-employment checks) once staff with a disability are in post. Likewise, mainstream training is largely inaccessible for them, both as to training course materials, e-learning, and a lack of trainers' understanding of the specific information and communication needs of staff with a disability.

Staff awareness days have proved to be effective in increasing awareness, knowledge and skills of staff and line managers in meeting the needs of colleagues with a particular disability.

The PHA have participated in the HSC Disability Placement Scheme, with a number of people who had been placed within the PHA having been successful in getting

paid work. Although the PHA have offered at least one placement per year as part of the scheme, it is acknowledged that this is fewer in comparison with the other regional HSC organisations.

Over the last five years, the PHA introduced a new reflective practice programme for non-clinical staff who work in the challenging areas of suicide and self-harm prevention, mental health promotion and drugs and alcohol. Many of these staff deal with often complex issues around the sudden loss of life, engaging with bereaved families and dealing with challenging media queries. It is recognised this can place additional stress on staff, impacting on their emotional and mental health. This programme offered staff a reflective one-to-one supervision programme with a qualified clinical supervisor.

The PHA have played an active role in facilitating the HSC forum for staff of different sexual orientations and gender identities. This is a confidential forum that provides a safe and welcoming space for lesbian, gay, bisexual and transgender people working within health and social care. It also seeks to create an inclusive environment, and improve wellbeing. The dedicated website to support staff in HSC now includes an online gallery of staff who are ‘out at work’.
An e-learning module was also developed, raising awareness of issues impacting on people of different sexual orientations, including the impact of heterosexism and homophobia at work. This was widely promoted within HSC settings.

The PHA has also supported National Pride Awareness Week throughout the reporting period, which raises the visibility and awareness of people of different sexual orientations and gender identities and their families. This is a joint effort by several community organisations, with the PHA actively involved in this. The programme of events occurring over the week is included in Connect, our staff newsletter.

Some outcomes for staff identifying as transgender or non-binary have been achieved with the development of the Gender Identity and Expression Employment Policy. In the first place, it has increased the visibility of the range of gender identities and put in place provisions for supporting staff who transition. Whilst this has served to lay an important foundation, staff guidance, training and awareness raising initiatives are essential as a next step to progress on meeting the needs of staff across all gender identities.

The response to the Covid-19 pandemic has brought significant benefits for people with dependents in terms of greater flexibility in managing caring and working responsibilities during the working day. This has been evidenced in recent surveys with staff on working from home.

Groups of staff whose needs remain largely unmet and unidentified include ethnic minorities. Given the relatively small numbers in the PHA there are clear opportunities for the organisation linking in with regional work in this respect.

Lessons Learned:

- There has been a drive to increase employment opportunities for service users, particularly those with disabilities, both in the delivery of services commissioned by the PHA, and within the PHA workforce itself, particularly within the NursingAHP Directorate. For example, opportunities have been created for those with learning disabilities, mental health issues, sensory disabilities and the frail elderly to fill peer support positions, and as peer advocates. It is recognized that not only does this create socio-economic opportunities and social inclusion, but also ensures service delivery reflects lived experience.
- The appointment of people with visible disabilities to senior posts within the organisation over the last five years sends a clear message about the positive contribution disabled people make to the workforce, and tackles negative stereotypes.
- The response to the Covid-19 pandemic has brought significant benefits for people with dependents in terms of greater flexibility in managing caring and working responsibilities during the working day. Further work is required to explore the experience of PHA staff who are carers of balancing their work and caring responsibilities to ascertain to what extent current support meets their needs and what additional support may need to be put in place.

Looking Ahead:

- We will review the learning throughout the Covid-19 pandemic to look at how we can best deliver services to groups that are particularly marginalised (e.g. those with learning disabilities; hard of hearing; ethnic minority groups etc.). We will use examples of good practice, such as those demonstrated by the Communications team within the Operations Directorate, and Health Improvement within the Directorate of Public Health in terms of improving access to public health information and services such as population screening.
- We will seek to sustain the particular benefits that new working practices during the Covid-19 pandemic have created for people with a disability and carers through working from home. We will ensure that we consider equality issues for all nine equality groupings as we plan for a return to the office and new working practices.
- In relation to staff and candidates with a disability, we will build on the momentum and achievements over the past five years. Achieving greater consistency in the level of support provided by line managers including through mandatory training and sharing good practice will be a key focus, both in relation disability, caring responsibilities and beyond.
- We will work with BSO and our regional colleagues in order to improve access to the recruitment system and the e-procurement process in order to make systems accessible for staff and candidates with disabilities.
- In relation to our workforce we will devote particular attention to identifying and seeking to meet the needs of our staff, including those

    - from ethnic minority backgrounds (to include engaging with and listening to our staff to get a better understanding of the lived experience of racism in Northern Ireland and in Health and Social Care in Northern Ireland);
    - carers of elderly dependants or a person with a disability
    - people who identify as transgender or non-binary.
- In any of this work, we will explore the scope for working together with Trust colleagues where this is likely to produce particular benefits.
- We will increase the number of placements we offer as part of the regional HSC Disability Placement Scheme. Going forward we will endeavour to offer 3 placement opportunities across the organisation.

3.2 Business Planning, Policy and Decision Making, and Governance

3.2.1 Planning

There is a clear focus on all aspects of Equality in the PHA's Corporate Plan 2017-2021 and Annual Business Plans. These strategic documents reflect the PHA's role in reducing health inequalities generally, with some actions explicitly addressing key equality issues both from a public health perspective and operationally.

The PHA Corporate Plan 2017-2021 includes five key outcomes. Two of these relate directly to Section 75 groups. For example, the theme "All children and young people have the best start in life" includes a number of programmes to support parents and carers to provide a nurturing environment for children and young people. One example of this is the introduction and development of antenatal and new-born population screening programmes in line with the recommendations of the national and local screening committees. Another key theme in the Corporate plan is "All older adults are enabled to live healthier and more fulfilling lives", including the development and implementation of multi-agency healthy ageing programmes to engage with and improve the health and wellbeing of older people.

PHA Business Plans over the last 5 years have referenced a range of objectives directly related to promoting equality and good relations for Section 75 groups. These actions specifically targeted:

- the needs of people of different ages (e.g. implementing an Infant Mental Health Plan);
- those with disabilities (e.g. implementation and evaluation of the Hospital Passport scheme for people with a learning disability);
- carers (e.g. commissioning and monitoring uptake of stop smoking services specifically for pregnant smokers);

- people from different community backgrounds and ethnicities (e.g. develop and implement a regional arts programme to enhance the wellbeing and quality of life of older people across Northern Ireland);
- actions to meet the needs of people of a specific gender (e.g. introduction of primary screening with Human Papillomavirus Virus (HPV) testing within the Cervical Screening programme).

3.2.2 Reporting

Each Division within the PHA prepares an annual return which is forwarded to the Equality Unit for collation and forms part of the Equality, Good Relations and Disability Duties Annual Progress Report.

The cover paper for any papers brought to AMT requires the author to indicate if an Equality Screening or EQIA has been undertaken. Where equality proofing has not been carried out, the author is currently not required to provide a rationale. Checks as to the availability of evidence in the form of the requisite equality screening documentation are not carried out. AMT and Board members moreover do not routinely receive any information on equality issues identified and how these have been addressed in the policy or decision.

3.2.3 Policy and Decision-Making

The PHA is committed to equality screen all policies and decisions. In recent years the PHA has made a concerted effort to increase the number of policies and project plans being screened and published. However, this remains a challenge for the organisation. Certain areas of the organisation, for example all Social Care procurement pieces, and any new pieces of work to be procured, must have an equality screening template completed before the procurement process can start.

The PHA's Business Plan is equality screened each year and contributors to the Annual Business Plan are also asked to identify which actions will be screened during the year. This is shared with relevant senior officers to ensure, where needed, projects and work streams are individually screened.

In addition, where required, ad hoc programmes of work are also developed and screened by senior officers and management staff.

Papers submitted to the Board and AMT for approval must be accompanied by a cover-sheet, reminding staff of the need to consider an equality screening.

Regular support and training on all aspects of Equality & Good Relations is available to staff from the BSO Equality Unit.

The list of policies screened between 1st April 2016 and 31st March 2021 (see Appendix) shows that:

- in total 25 screening templates were published;
- it is encouraging to note that the majority of policies (16) screened relate to specific PHA functions, and 9 of these related to corporate affairs.

The information shows an increase in the share of screenings relating to programmes of work within the Public Health Directorate during 2020-21, a trend led by the Health Improvement Team in particular. This is corroborated by data on advice sought from the Equality Unit on individual equality screening exercises indicating that further pieces of work are in the course of being screened.

From early 2020, and as a result of the Covid-19 global pandemic, Health and Social Care services were significantly reconfigured to reduce the risk of Covid-19 transmission. The PHA has supported the Department of Health and reviewed its priorities in order to support the HSC from the outset of the pandemic. In response to the pandemic, a number of standard operational procedures were developed and equality screened where appropriate.

While, in carrying out its functions, the PHA produces outcomes for all of the Section 75 groups (see Section 3.5), fulfilling the specific duties under Section 75 remains a challenge, specifically in relation to equality screening. Engagement with senior staff in the course of the review has underlined perceptions by some of equality screening as overly bureaucratic and a tick box exercise, questioning its value. In some cases, this is underpinned by a limited understanding of the requirement to consider multiple identities and the diversity of needs of people within target groups.

Lessons Learned:

- In relation to project and work stream planning, the PHA has put in place governance arrangements that have shown some success in progressing the mainstreaming of equality considerations. In order to encourage staff to fulfil Section 75 duties in relation to screening and EQIAs, these have been integrated into PHA business processes. This includes, for example, a check box on the coversheet for all papers going to the PHA Agency Management Team, which requires the author to give assurance that an equality assessment has been undertaken, where relevant. However, gaps remain as to the absence of checks regarding the availability of evidence of equality screenings and, importantly, in relation to any requirements to provide a rationale for any items not screened.
- The Cover page accompanying proposed programmes of work for approval at AMT allows staff the opportunity to highlight any key equality issues.
- The challenge is to mainstream equality throughout the organisation, given that programme delivery can involve different Directorates and divisions. For

example, the Public Health Directorate design and deliver health and wellbeing programmes, and are supported by the Operations Directorate to do this, through public information campaigns and/ or programme evaluation. One way of ensuring that equality issues are mainstreamed and implemented cohesively is to ensure these are firmly embedded at the initial stages of planning the programme.

Looking Ahead:

- Although the AMT coversheet indicates if a screening has been undertaken or not, it does not explain why equality proofing has not been done. AMT and Board members moreover do not routinely receive any information on equality issues identified and how these have been addressed in the policy or decision. We will introduce a cover page for completion by the respective lead to accompany any policy or decision submitted to SMT and Board for approval or noting to include a summary of equality impacts identified in the screening, how these are addressed in the policy or decision, and details on where the completed screening template is publicly available.
- Where a coversheet indicates that a screening is not required, AMT will challenge this where appropriate.
- We will ensure that equality issues are mainstreamed and implemented cohesively across different Directorates of the organisation involved in joint programme delivery, ensuring these are firmly embedded at the initial stages of programme planning.
- We will develop an annual screening programme based on Business Plan objectives, planned projects and work streams, as a minimum set. We will introduce the requirement to report to AMT on a quarterly basis on progress on undertaking identified screenings.

3.3 Access to Information and Services and Monitoring

3.3.1 Access to information and services

The PHA Accessible Formats Policy ensures that information can be provided in alternative formats on request and ensures that venues, information and the way PHA conducts its meetings are accessible.

Over the last five year period, the PHA has demonstrated a commitment to the provision of information in a range of languages and formats. For example, this includes the translation of resources such as the ‘Newborn blood spot screening’ leaflet into 10 minority ethnic languages, or the ‘When to keep children off school’ resource translated into 14 languages. A number of documents were also published

in an easy read format for people with learning disabilities, for example information on breast screening.

Since the start of Covid-19 pandemic, further important developments have been made in improving access to services and information. For example, public health information and emotional/ mental health resources have been provided in video format, and accompanied by both Irish and British Sign language. This clearly demonstrates an awareness of the information and communication needs of people with mild-moderate learning disabilities, and people with hearing difficulties.

The PHA has also worked with other HSC organisations in order to introduce a free remote interpreting service for British Sign Language (BSL) and Irish Sign Language (ISL) users in Northern Ireland. This has provided the Deaf community with access to NHS111 and all health and social care services during the Covid-19 pandemic.

The PHA has worked with a number of other voluntary organisations, in order to ensure the information needs of other Section 75 groups are met. For example, in response to the Covid-19 pandemic, we worked in partnership with RNIB NI, and Guide Dogs NI, to develop guidance on social distancing for blind and partially sighted people in Northern Ireland.

These resources were published on the main PHA website, which not only improves access to information, but also raises awareness of the need for inclusivity and highlights the diverse nature of our population. Another example of this awareness raising is the inclusion of racially diverse images on banners and promotional materials.

3.3.2 Monitoring

The PHA has access to a number of equality data sources, e.g. Census, the NI HSC Workforce Census, and HRPTS, the Human Resources system used across the HSC (for equality and diversity data for staff). The organisation also has access to other population databases, such as those provided by the Data Warehouse in BSO (e.g. Northern Ireland Maternity System [NIMATS] or the Child Health System [CHS]). Data from these sources are used, as and where applicable, in the screening of PHA programmes of work, policies and decisions.

In terms of service monitoring, the Health Improvement team in the Public Health Directorate in particular has taken steps to ensure that Section 75 data is collected and analysed for service users. This ensures that not only can the PHA determine who is using the services they commission, but also importantly, which groups are not accessing these.

However, there are limitations to the data available. For example, the databases in the Data Warehouse do not cover all nine Section 75 groups. Not all Directorates routinely collect Section 75 monitoring data on services provided.

Equality monitoring for PHA staff is carried out by self-completion on our Human Resources IT system in relation to all nine equality categories. Summary equality data for the organisation as a whole is downloaded and reviewed quarterly. The most up to date data is shared with staff conducting equality screenings.

Prompts to encourage staff to do so are sent to all PHA staff regularly. In addition, the benefits for both staff and the organisation of good quality equality data are highlighted at relevant staff events, such as our Disability Awareness Days.

Despite these efforts, completion rates have not improved for the categories of dependents, sexual orientation, political opinion, ethnicity and disability in particular. Non-completion levels for the above remain at 55-90% (61% for disability). More robust staff data is necessary to inform the equality screening of relevant policies and decisions. More robust data would help fully inform the equality screening of relevant policies and decisions.

Lessons Learned:

- As new PHA social care contracts are procured, Section 75 information is now collected as part of routine progress monitoring, particularly within the Health Improvement team in the Public Health Directorate (e.g. the procurement of Community Development programmes).
- Within the Directorate of Public Health, there is evidence to suggest certain programmes are modified if monitoring data reveals areas of concern, or where there are areas of under-representation from one of more of the Section 75 groups. Examples of this include mitigating actions taken by the Abdominal Aortic Aneurysm (AAA) screening programme in order to increase participation of single men in the programme; and the measles vaccination programme where certain ethnic minority groups were targeted.
- The quality of the equality data sets that we most need to draw on for our work have significant limitations. Also, there is a lack of equality monitoring undertaken to date of policies equality screened previously. This has an impact on the ability to improve the equality evidence base, and subsequently improve service provision.

Looking Ahead:

- We will further encourage staff to complete equality and diversity information to strengthen the data, e.g. on disability.
- We will ensure that equality monitoring data is collected and analysed for all services we provide, and for policies screened to date.
- When we commission services, we will use our influence to encourage other organisations in the voluntary, community and private sector to monitor the Section 75 groups who have access to their services, and look at the outcomes

for these groups (e.g. in our work procuring new contracts with recruitment agencies).

- We will continue to provide public health information in suitable formats for those with additional needs (e.g. minority ethnic groups, people with disabilities). We will include prompts either within business case documentation, on cover papers to ensure information and communication / access needs for any programmes of work have been considered.

3.4 Engagement

Reducing health inequalities is fundamental to PHA work, and a great deal of work over the last five years has been done in partnership with voluntary, community and academic organisations. As a result there are working relationships with a range of Section 75 groups across Northern Ireland. These working relationships are described in more detail in each of the subsections below.

3.4.1 Engagement in pre-procurement

Over the reporting period, teams within the PHA engaged with voluntary and community organisations prior to the development and procuring of new service models. For example, the PHA Lifeline team within Health Improvement actively targeted groups supporting people with disabilities (particularly sensory disabilities, and mental ill-health); those of different sexual orientations; different ethnic minority groups; transgender and non-binary organisations etc. in order to ensure the new service met the needs of these groups. Also, as part of the initial design of the new Community Development procurement a wide variety of voluntary and community groups supporting individuals across all Section 75 groups took part in a range of activities including online engagement, focus groups, and meetings.

3.4.2 Ongoing engagement

Most PHA directorates have focused on ongoing engagement with service users. This is very evident in certain areas of work across all three of the PHA Directorates. Within the Nursing and Allied Health Professionals Directorate, for example, the establishment of the regional Frailty Network within Northern Ireland has ensured Older People are at the heart of all work, decisions and outputs, and are included on advisory groups for certain work streams.

Another example of engagement is the work done on by The Regional Hospital Passport for People with Learning Disabilities team. This was developed to provide information about a person with a learning disability to enable hospital staff to make reasonable adjustments to provide safe and effective care and improve the care experience for the person with learning disability. As part of the ongoing evaluation of this programme, the PHA worked with the Telling It Like It Is (TILII) group who identified areas for improvement and help to ensure the programme meets individual service user needs.

Similarly, in the Directorate of Public Health, the work undertaken by the Abdominal Aortic Aneurysm (AAA) screening team in organising events ensures that feedback from service users helps shape the future of the programme in Northern Ireland, whilst other engagement has focused on work with Rainbow to support service users of different sexual orientations. Other engagement work has focused on forming relationships with groups supporting Travellers, and other ethnic minorities such as the Roma Community to improve access to vaccination programmes.
In the Operations Directorate, significant work has been undertaken with advocacy groups supporting those with sensory disabilities (e.g. Royal National Institute for the Deaf (RNID) in order to improve access to health information, particularly in response to the Covid-19 pandemic.

3.4.3 Consultation

As a member of the Equality Forum of the 11 regional HSC organisations, the PHA has access to some Section 75 groups via its consultation database, which has been used to consult with on the development of Human Resources policies, e.g. the Gender Identity Employment Policy. The PHA also has access to other HSC forums, such as Tapestry Disability Staff Forum, to engage and consult with on a range of employment and service issues. To date, the latter have not been approached as a matter of course in the development of Human Resources policies.

Lessons Learned:

- We recognise that equality groups can cut across one another, and that the people we engage with can fall into a number of different equality categories (e.g. individuals in different ethnic groups will be of different genders, and will have different sexual orientations etc.). However, we do not always know what Section 75 groups people who take part in our public consultation and engagement exercises belong to. While some projects across the PHA do collect equality monitoring information as part of engagement and consultation work (e.g. HSC Research and Development Personal and Public Involvement (PPI) Strategy), without this information and without targeting any particular equality groupings to encourage them to become involved we cannot be sure that we hear a diverse range of voices.

- While dedicated staff forums on disability, sexual orientation and gender identity exist within the HSC, these have not been engaged with in the development of Human Resources policies as a matter of course.

Looking Ahead:

- In order to better gauge how diverse the voices are that we hear at our engagement and consultation events we will collect equality/diversity information on a voluntary basis.
- We will seek assurance from our provider of Human Resources services that engagement with the existing staff forums has been undertaken for any policies they develop on our behalf.

3.5 Ensuring PHA staff assist the organisation in implementing Section 75

Whilst the new regional HSC template for Job Descriptions and Personnel Specifications no longer makes reference to the Section 75 duties, Section 75 statutory duties are integrated into all existing PHA job descriptions.

Over the past five years, the organisation has put robust arrangements in place to ensure that staff complete equality training.

Completion of the Making a Difference[2] equality e-learning programme is mandatory for all staff (Part 1 for all staff, Part 2 for line managers).This training is one of our actions within our Equality and Disability Action Plans. Compliance with all mandatory e-learning programmes is monitored by line managers. These processes have proven effective, given that as at 31st March 2021, 35 staff had completed this programme.

Moreover, 64 members of staff completed equality screening training over the last five years, while 34 undertook training in conducting EQIAs.

In addition to the above, other training has focused on Good Relations and Cultural Awareness (attended by 28 staff); and training on disability awareness and reasonable adjustments (12 staff).

Lessons Learned:

- Reference to the Section 75 duties in all Job Descriptions is essential for making equality everybody's business in the organisation.

[2] The programme was developed jointly by all HSC organisations. Prior to the introduction of this, it had been mandatory for staff to undertake the Discovering Diversity eLearning, again a bespoke package, developed in-house.

- We recognise a gap in ensuring that senior decision-makers are fully trained on equality screenings and EQIAs. The subjective nature of the current definition of the group of staff who must undertake equality screening and EQIA training poses additional barriers to effective monitoring and enforcement across the organisation.

Looking Ahead:

- We will seek assurance from our provider of Human Resources services that reference to the Section 75 duties is reintegrated into the template used for all new Job Descriptions.
- All senior decision-makers will undertake training on equality screening and EQIA within two years.
- A new definition of "relevant staff" who are to undertake equality screening and EQIA training will be introduced. This will be based on staff bandings (Band 5 and above) as a minimum set, with Directors responsible for identifying additional staff in need of the training.

3.6 Leadership

The Assistant Director for Planning and Operations is the equality lead and, supported by the Senior Operations Manager, acts as the main driver for the equality agenda. The Senior Operations Manager is a member of the HSC Equality Forum facilitated by BSO's Equality Unit, who meet on a quarterly basis to share good practice in the implementation of Section 75 and to plan joint work. At a strategic level, the BSO's Equality Unit represents member organisations on a number of regional groups, reporting back to the Forum as and where required. The equality lead engages with the Equality Commission at key points.

To date, there has been no direct interaction between the HSC Equality Forum and AMT or PHA Board. Not all Directorates/service areas have established regular internal reporting on equality matters discussed at the Forum.

A prompt for regional organisations to share information about good practice initiatives is included as a standing item on the agenda of these quarterly HSC Regional Equality Forum meetings. In practice, there remains scope for strengthening this function of the forum.

Whilst the HSC Equality Forum is an asset, members also perceive a tendency for the ownership of the equality agenda to be limited to the nominated equality leads (ie. forum members) and equality professionals. In turn, they see a need to widen

the ownership; to identify and clearly articulate equality messages, to emphasise the message that equality should be constantly on the agenda throughout organisations and to building this into governance arrangements. Equality issues are seen to tend to fall off the agenda if not constantly revisited from the top down.

HSC Equality Forum members proposed establishing an Equality Forum within each of the larger regional HSC organisations to ensure equality issues stay at the forefront of business functions. This was also echoed in focus groups with PHA senior managers, who felt that setting up a PHA Equality Forum would improve ownership of the equality agenda across the organisation. It was also felt this would help to share learning across the different Directorates, and raise awareness of key equality issues organisation thereby mainstreaming and improving practice.

The PHA Board are kept informed of Equality issues through twice yearly comprehensive updates. Board members also provide comment and feedback, and approve the PHA Annual Progress Report to the Equality Commission. The Board play an active role in ensuring compliance with Section 75 duties.

The Chair of the PHA has been nominated as the PHA Disability Champion at board level. The champion has been highly effective in:

- advocating for people with a disability in board and committee business
- providing scrutiny and challenge of PHA business from a disability perspective
- acting as a sponsor for relevant initiatives and visibly demonstrating the commitment to promoting disability equality at the highest level of the organisation.

The work of the champion has been further enhanced by collaboration across the 11 regional HSC organisations through the Disability Champions Network, facilitated by the Equality Unit. Champions meet three times a year to receive briefings and discuss disability matters at a strategic level.

Members of AMT are involved in Section 75 implementation in a number of ways:

- annual progress reporting: scrutiny of progress and direction setting for the coming year, and;
- discussing and taking action where required on Equality Scheme issues brought to the team by the Assistant Director for Planning and Operations and BSO Equality Unit

Senior managers play an important role by:

- contributing to annual progress reporting by identifying relevant initiatives in their area of responsibility;
- undertaking screening of projects and pieces of work, and;
- ensuring training attendance of relevant staff.

Visibly promoting and celebrating diversity is another key aspect in active leadership on Section 75 implementation. For example, two disability awareness days are organised each year and all staff are encouraged to participate in these, read information provided, attend information sessions etc. Details of the HSC Tapestry Disability Staff Forum are also shared with staff, who are encouraged and facilitated to attend meetings within their working day.

Visible promotion of equality is also demonstrated where senior managers in the PHA joined the Belfast Pride parade and celebrations. Information stands were set up and manned by PHA volunteers at PRIDE and in HSC venues providing information on health and wellbeing issues that affect lesbian, gay, bisexual and transgender and non-binary people in Northern Ireland.
Good practice in raising the profile of equality issues are reported in Connect, the PHA staff newsletter.

Lessons Learned:

- Getting the timing right is important in relation to influencing senior decision-makers and creating and maintaining a culture of equality and diversity.
- Working in close partnership with the other 10 regional HSC organisations through the Equality Forum produces important benefits, including access to resources and prompts on deadlines. Likewise, awareness of progress across partner organisations can strengthen arguments of the need to bring about progress in one's own organisation. There remains scope for strengthening of sharing of good practice across the forum to enable the organisations to learn from each other.

Looking Ahead:

- We will highlight and demonstrate our commitment to the equality and diversity agenda to new leaders, such as Board members, when they join, including through training.
- We will invite the Equality Commission to a PHA Board meeting to discuss the specific challenges faced by the PHA in implementing Section 75, and the role of the Board in steering progress. Board members who took part in this review were keen to hear about good practice demonstrated by other organisations in the area of equality and diversity.
- The regional HSC Equality Forum will dedicate more time to the sharing of good practice initiatives at its quarterly meetings.
- Consideration will be given to establishing an internal PHA Equality Forum to mainstream and improve ownership of the equality agenda across the

organisation, and to share learning across the different Directorates. This will include membership across the 3 PHA Directorates.

4. Conclusions

How has the scheme's implementation benefitted individuals within the Section 75 groups?

A wide range of initiatives with tangible outcomes for specific Section 75 groups are evident over the last five year period. These include a series of projects that clearly demonstrate co-production and close engagement with service users and the voluntary sector. A number of actions demonstrate improvements in access to information for certain equality groups, whilst also raising awareness of the need for inclusivity (e.g. the translation of resources into other languages, or into easy read format for people with learning disabilities). Other key themes demonstrated throughout the review period include improved **access and uptake of services.** A further group of examples highlight the development of **new and innovative approaches** to improving quality, safety and the patient experience for particular groups.

Working in partnership with other agencies in the private, community and voluntary sectors over the last year, provides an important opportunity to **influence the promotion of equality issues**. This is particularly important where other organisations or agencies are not bound by the same legislative requirements as public bodies.

In relation to the workplace, the PHA has made progress in identifying and seeking to address the needs of staff and candidates with a disability. Staff awareness days have proved to be effective in increasing awareness, knowledge and skills of staff and line managers in meeting the needs of colleagues with a particular disability. In addition, Tapestry has given a platform to staff who have a disability to raise and discuss disability issues in a safe environment.

The PHA have played an active role in facilitating the HSC Staff Forum for sexual orientation and gender identity, and supporting PRIDE Awareness Week.

How are leaders within the authority engaged in the scheme's implementation?

The Assistant Director for Planning and Operations is the equality lead, supported by the Senior Operations Manager, acts as the main driver for the equality agenda.

The PHA Board are kept informed of Equality issues through twice yearly comprehensive updates. Board members also provide comment and feedback, and approve the PHA Annual Progress Report to the Equality Commission. The Board play an active role in ensuring compliance with Section 75 duties.

Members of AMT are involved in Section 75 implementation in a number of ways:

- Annual progress reporting: scrutiny of progress and direction setting for the coming year
- Discussion and taking action where required on Equality Scheme issues brought to the team by the Assistant Director for Planning and Operations and the BSO's Equality Unit
- Equality screening of annual Business Plan and development of screening programme.

Senior managers play an important role by:

- Contributing to annual progress reporting by identifying relevant initiatives in their area of responsibility
- Undertaking screening of projects and work streams in discussion with and assisted by the Corporate Services Manager, and
- Ensuring training attendance of relevant staff.

Challenges and how they have been overcome

The PHA have demonstrated very positive outcomes for almost all of the Section 75 groups, and engaged fully with voluntary and community groups representing most of the Section 75 groups. However, the key challenge over the past five years has been the integration of governance processes in ensuring all of the Section 75 duties are implemented fully, particularly in equality screening. Whilst it cannot be argued therefore that this challenge was overcome during the period covered by the review, important progress has been made. Important elements of this include processes such as the cover sheet accompanying papers for AMT, highlighting if an equality screening has been completed, and a push to increase the numbers of senior staff attending screening and EQIA training in recent years.

Beyond the measures identified in the previous section, the disability awareness days represent good practice, in the main by focusing on the lived experience of people within individual equality categories and on how staff can best support their colleagues belonging to these.

Lessons Learned

(1) Outcomes

- There has been a drive to increase employment opportunities for service users, particularly those with disabilities, both in the delivery of services commissioned by the PHA, and within the PHA workforce itself, particularly within the Nursing AHP Directorate. For example, opportunities have been created for those with

learning disabilities, mental health issues, sensory disabilities and the frail elderly to fill peer support positions, and as peer advocates. It is recognized that not only does this create socio-economic opportunities and social inclusion, but also ensures service delivery reflects lived experience.

- The appointment of people with visible disabilities to senior posts within the organisation over the last five years sends a clear message about the positive contribution disabled people make to the workforce, and tackles negative stereotypes.
- The response to the Covid-19 pandemic has brought significant benefits for people with dependents in terms of greater flexibility in managing caring and working responsibilities during the working day. Further work is required to explore the experience of PHA staff who are carers of balancing their work and caring responsibilities to ascertain to what extent current support meets their needs and what additional support may need to be put in place.

(2) Business Planning, Policy and Decision-Making, and Governance

- In relation to project and work stream planning, the PHA has put in place governance arrangements that have shown some success in progressing the mainstreaming of equality considerations. In order to encourage staff to fulfil Section 75 duties in relation to screening and EQIAs, these have been integrated into PHA business processes. This includes, for example, a check box on the coversheet for all papers going to the PHA Agency Management Team, which requires the author to give assurance that an equality assessment has been undertaken, where relevant. However, gaps remain as to the absence of checks regarding the availability of evidence of equality screenings and, importantly, in relation to any requirements to provide a rationale for any items not screened.
- The Cover page accompanying proposed programmes of work for approval at AMT allows staff the opportunity to highlight any key equality issues.
- The challenge is to mainstream equality throughout the organisation, given that programme delivery can involve different Directorates and divisions. For example, the Public Health Directorate design and deliver health and wellbeing programmes, and are supported by the Operations Directorate to do this, through public information campaigns and/ or programme evaluation. One way of ensuring that equality issues are mainstreamed and implemented cohesively is to ensure these are firmly embedded at the initial stages of planning the programme.

(3) Monitoring, Access to Information and Services

- As new PHA social care contracts are procured, Section 75 information is now collected as part of routine progress monitoring, particularly within the Health

Improvement team in the Public Health Directorate (e.g. the procurement of Community Development programmes).

- Within the Directorate of Public Health, there is evidence to suggest certain programmes are modified if monitoring data reveals areas of concern, or where there are areas of under-representation from one of more of the Section 75 groups. Examples of this include mitigating actions taken by the Abdominal Aortic Aneurysm (AAA) screening programme in order to increase participation of single men in the programme; and the measles vaccination programme where certain ethnic minority groups were targeted to increase uptake.
- The quality of the equality data sets that we most need to draw on for our work have significant limitations. Also, there is a lack of equality monitoring undertaken to date of policies equality screened previously. This has an impact on the ability to improve the equality evidence base, and subsequently improve service provision.

(4) Engagement

- We recognise that equality groups can cut across one another, and that the people we engage with can fall into a number of different equality categories (e.g. individuals in different ethnic groups will be of different genders, and will have different sexual orientations etc.). However, we do not always know what Section 75 groups people who take part in our public consultation and engagement exercises belong to. While some projects across the PHA do collect equality monitoring information as part of engagement and consultation work (e.g. HSC Research and Development Personal and Public Involvement (PPI) Strategy), without this information and without targeting any particular equality groupings to encourage them to become involved we cannot be sure that we hear a diverse range of voices.
- While dedicated staff forums on disability, sexual orientation and gender identity exist within the HSC, these have not been engaged with in the development of Human Resources policies as a matter of course.

(5) Ensuring PHA staff assist the organisation in implementing Section 75

- Reference to the Section 75 duties in all Job Descriptions is essential for making equality everybody's business in the organisation.
- We recognise a gap in ensuring that senior decision-makers are fully trained on equality screenings and EQIAs. The current definition of staff groups who must undertake equality screening and EQIA training is subjective, and poses additional barriers to effective monitoring and enforcement across the organisation.

(6) Leadership

- Getting the timing right is important in relation to influencing senior decision-makers and creating and maintaining a culture of equality and diversity.
- Working in close partnership with the other 10 regional HSC organisations through the Equality Forum produces important benefits, including access to resources and prompts on deadlines. Likewise, awareness of progress across partner organisations can strengthen arguments of the need to bring about progress in one's own organisation. There remains scope for strengthening of sharing of good practice across the forum to enable the organisations to learn from each other.

Going Forward

(1) Outcomes

- We will review the learning throughout the Covid-19 pandemic to look at how we can best deliver services to groups that are particularly marginalised (e.g. those with learning disabilities; hard of hearing; ethnic minority groups etc.). We will use examples of good practice, such as those demonstrated by the Communications team within the Operations Directorate, and Health Improvement within the Directorate of Public Health in terms of improving access to public health information and services such as population screening.
- We will seek to sustain the particular benefits that new working practices during the Covid pandemic have created for people with a disability and carers through working from home. We will ensure that we consider equality issues for all nine equality groupings as we plan for a return to the office and new working practices.
- In relation to staff and candidates with a disability, we will build on the momentum and achievements over the past five years. Achieving greater consistency in the level of support provided by line managers including through mandatory training and sharing good practice will be a key focus, both in relation disability, caring responsibilities and beyond.
- We will work with BSO and our regional colleagues in order to improve access to the recruitment system and the e-procurement process in order to make systems accessible for staff and candidates with disabilities.
- In relation to our workforce we will devote particular attention to identifying and seeking to meet the needs of our staff
    - from ethnic minority backgrounds (to include engaging with and listening to our staff to get a better understanding of the lived experience of racism in Northern Ireland and in Health and Social Care in Northern Ireland);

  - carers of elderly dependants or a person with a disability
  - people who identify as transgender or non-binary.
- In any of this work, we will explore the scope for working together with Trust colleagues where this is likely to produce particular benefits.
- We will increase the number of placements we offer as part of the regional HSC Disability Placement Scheme. Going forward we will endeavour to offer 3 placement opportunities across the organisation.

(2) Business Planning, Policy- and Decision-Making, and Governance

- Although the AMT coversheet indicates if a screening has been undertaken or not, it does not explain why equality proofing has not been completed. AMT and Board members moreover do not routinely receive any information on equality issues identified and how these have been addressed in the policy or decision. We will introduce a cover page for completion by the respective lead to accompany any policy or decision submitted to SMT and Board for approval or noting to include a summary of equality impacts identified in the screening, how these are addressed in the policy or decision, and details on where the completed screening template is publicly available.
- Where a coversheet indicates that a screening is not required, AMT will challenge this where appropriate.
- We will ensure that equality issues are mainstreamed and implemented cohesively across different Directorates of the organisation involved in joint programme delivery, ensuring these are firmly embedded at the initial stages of programme planning.
- We will develop an annual screening programme based on Business Plan objectives, planned projects and work streams, as a minimum set. We will introduce the requirement to report to AMT on a quarterly basis on progress on undertaking identified screenings.

(3) Monitoring, Access to Information and Services

- We will further encourage staff to complete equality and diversity information to strengthen the data, e.g. on disability.
- We will ensure that equality monitoring data is collected and analysed for services we provide, and for policies screened to date.
- When we commission services, we will use our influence to encourage other organisations in the voluntary, community and private sector to monitor the Section 75 groups who have access to their services, and look at the outcomes

for these groups (e.g. in our work procuring new contracts with recruitment agencies).
- We will continue to use our experience to ensure that public health information is provided in suitable formats for those with additional needs (e.g. minority ethnic groups, people with disabilities). We will include prompts either within business case documentation, on cover papers to ensure information and communication / access needs for any programmes of work have been considered.

(4) Engagement

- In order to better gauge how diverse the voices are that we hear at our engagement and consultation events we will collect equality/diversity information on a voluntary basis.
- We will seek assurance from our provider of Human Resources services that engagement with the existing staff forums has been undertaken for any policies they develop on our behalf.

(5) Ensuring PHA staff assist the organisation in implementing Section 75

- We will seek assurance from our provider of Human Resources services that reference to the Section 75 duties is reintegrated into the template used for all new Job Descriptions.
- All senior decision-makers will undertake training on equality screening and EQIA within two years.
- A new definition of “relevant staff” who are to undertake equality screening and EQIA training will be introduced. This will be based on staff bandings (band 5 and above) as a minimum set, with Directors responsible for identifying additional staff in need of the training.

(6) Leadership

- We will highlight and demonstrate our commitment to the equality and diversity agenda to new leaders, such as Board members, when they join, including through training.
- We will invite the Equality Commission to a PHA Board meeting to discuss the specific challenges faced by the PHA in implementing Section 75, and the role of

the Board in steering progress. Board members who took part in this review were keen to hear about good practice demonstrated by other organisations in the area of equality and diversity.

- The regional HSC Equality Forum will dedicate more time to the sharing of good practice initiatives at its quarterly meetings.
- Consideration will be given to establishing an internal PHA Equality Forum to mainstream and improve ownership of the equality agenda across the organisation, and to share learning across the different Directorates. This will include membership across the 3 PHA Directorates.

Appendix: List of policies equality screened from 1 Apr 2016 to 31 Mar 2021

Year	Policy Title	Decision
2016-17	Infant Mental Health Plan	Screened out with mitigation
2016-17	Workplace Health and Well-being Support Tender Strategy	Screened out with mitigation
2016-17	Data Protection/Confidentiality Policy 2015 – 2017	Screened out with mitigation
2017-18	Hospital Passport	Screened out with mitigation
2017-18	Corporate Plan	Screened out with mitigation
2017-18	Tapestry Communication and Information Screening	Screened out with mitigation
2017-18	Gender Identity and Expression - Employment Policy	Screened out with mitigation
2017-18	Retendering of the Youth Engagement Service (formerly known as One Stop Shops)	Screened out with mitigation
2018-19	Disability Action Plan 2013 -2019 – updated April 2018	Screened out with mitigation
2018-19	Annual Business Plan 2018-19	Screened out without mitigation
2018-19	Rural Needs Policy	Screened out without mitigation
2018-19	Development and delivery of Crisis De-Escalation service to be piloted in the Belfast Health and Social Care Trust Area	Screened out with mitigation
2018-19	"Expansion of Community Development Approaches" Framework (Report to Transformation Implementation Group) Year 1 Recommendations 2018/19	Screened out with mitigation
2018-19	Whistleblowing Policy	Screened out with mitigation
2018-19	Procurement of Community Garden Project	Screened out with mitigation
2019-20	Annual Business Plan 2019-20	Screened out with mitigation
2019-20	Farm Family Health Check Programme (FFHCP)	Screened out with mitigation
2019-20	Expansion of Northern Ireland Newborn Blood Spot Programme	Screened out with mitigation

2019-20	Diabetes Prevention Programme Northern Ireland Published under PHA - Screening Report is Org/Regional	Screened out with mitigation
2020-21	Physical Activity Referral Scheme (PARS)	Screened in for EQIA
2020-21	Southern Cycling Scheme (SCH)	Screened out with mitigation
2020-21	Implementation of the Faecal Immunochemical Test (FIT) as replacement test for the faecal occult blood (FOB) test in the Northern Ireland Bowel Cancer Screening Programme	Screened out with mitigation
2020-21	Involvement Strategy for Protect Life 2 Commissioned Services	Screened out with mitigation
2020-21	Relationship and Sexuality Education (RSE)	Screened out with mitigation

HSC Public Health Agency

item 11

Title of Meeting	PHA Board Meeting
Date	19 August 2021
Title of paper	Draft Annual Progress Report 2020-21 to the Equality Commission on Implementation of Section 75 and the Duties under the Disability Discrimination Order
Reference	PHA/03/08/21
Prepared by	Karen Beattie, Equality Unit, BSO
Lead Director	Stephen Wilson
Recommendation	For **Approval** ☒ For **Noting** ☐

Purpose

The purpose of this paper is to seek Board approval of the PHA's Annual Progress Report to the Equality Commission.

Summary

This report presents the statutory annual return to the Equality Commission for the period covering April 2020 to March 2021.

While much of the work this year has focused on responding to and managing the COVID-19 pandemic, in spite of this, there are examples of programmes which positively impact on specific Section 75 groups, such as the ongoing work to support people affected by Blood Borne Viruses.

There is also evidence of positive outcomes associated with the development and use of new technology. This includes more flexible ways of working for PHA staff in the ability to work from home, as well as improvements in outcomes for Section 75 groups. One example of the latter is the introduction of SMART clinics to maximise the numbers of people attending PHA Population Screening programmes, and the new Text-a-Nurse programme.

The 2020-21 report also highlights an increase in the number of projects that clearly demonstrate co-production and close engagement with service users, other HSC organisations and the voluntary sector (demonstrated for example, in work to identify and support for children and young people with Special Educational Needs (SEN), and in developing a Contingency Framework to support vulnerable children and young people during the first COVID lockdown).

One of the most positive outcomes this year, however, is the communication with certain equality groups regarding COVID-19, particularly those with sensory impairments. The use of video and graphic content and the translation of resources ensure that information was shared in a timely fashion, and in the most appropriate format so that these groups in the population were able to understand, accept and adhere to critical public health guidance.

However, work still needs to be done in the implementation of certain equality duties:

- The number of published equality screenings remains low. Only five equality screenings were published, plus 2 programmes subjected to a full Equality Impact Assessment (EQIA).This remains an area of concern, leaving the organisation vulnerable to challenge.
- There is a lack of equality monitoring activities referenced. This has an impact on the ability to improve the equality evidence base, and subsequently improve service provision.
- There is a lack of equality monitoring undertaken to date of policies equality screened in previous years.

It is proposed that efforts in 2021-22 are focused on the following:

- equality data collection and monitoring, including for policies screened;
- equality screenings and their timely publication;
- engagement with all Section 75 groups as part of pre-consultation exercises and collection of equality information by this means.

Public Authority Statutory Equality, Good Relations and Disability Duties - Annual Progress Report 2020-21

Contact:

• Section 75 of the NI Act 1998 and Equality Scheme	Name: Stephen Wilson Telephone: 03005550114 Email: Stephen.wilson@hscni.net
• Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan	As above ☑ Name: Telephone: Email:

Documents published relating to our Equality Scheme can be found at:

http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality

(ECNI Q28):
Our Equality Scheme is due to be reviewed by 31st March 2026

Signature:

This report has been prepared adapting a template circulated by the Equality Commission. It presents our progress in fulfilling our statutory equality and disability duties. This report reflects progress made between April 2020 and March 2021

Contents

Chapter 1 Summary Quantitative Report

(ECNI Q15,16,19) Screening, EQIAs and Consultation

1. Number of policies screened (as recorded in screening reports). (see also Chapter 6) 5	Screened in **1**	Screened out with mitigation 4	Screened out without mitigation 0	Screening decision reviewed following concerns raised by consultees No concerns were raised by consultees on screenings published in 2020-21
2. Number of policies subjected to Equality Impact Assessment.	1 in 2020-21 (Physical Activity Referral Scheme (PARS)			
3. Indicate the stage of progress of each ongoing EQIA.	**Title and Stage** • Community Development: Consideration of Data/Assessment of Impacts/Consideration of Measures (STARTED 2019-2020) • Physical Activity Referral Scheme (PARS): Consideration of Data/Assessment of Impacts/Consideration of Measures (STARTED 2020-21)			
4. Number of policy consultations conducted				3
5. Number of policy consultations conducted with screening presented. (See also Chapter 2, Table 2)				1

(ECNI Q24) Training

6. Staff training undertaken during 2020-21. (See also Chapter 2, Q6)

Course	**Staff Trained**	**Board Members Trained**
Screening Training	12	

Equality Impact Assessment Training	10	
Total	**22**	**0**

eLearning: Discovering Diversity

Module 1 to 4 – Diversity	7
Module 5 – Disability	5
Module 6 – Cultural Competencies	5

eLearning: Making a Difference	293

(ECNI Q27) Complaints

7. Number of complaints in relation to the Equality Scheme received during 2020-21	0
Please provide detail of any complaints:	n/a

(ECNI Q7) Equality Action Plan (see also Chapter 3)

8. Within the 2020-21 reporting period, please indicate the number of:

Actions completed:	3	Actions ongoing:	2	Actions to commence:	2

(ECNI Part B Q1)
Disability Action Plan (see also Chapter 4)

9. Within the 2020-21 reporting period, please indicate the number of:

Actions completed:	3	Actions ongoing:	0	Actions to commence:	1

Chapter 2 Section 75 Progress Report

(ECNI Q1,2,3,3a,3b,23)

1. In 2020-21, please provide **examples** of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved. Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.

Table 1 below outlines progress to better promote equality of opportunity and good relations[i].

All Section 75 groups:

- Facilitated by the BSO Procurement and Logistics Service, the PHA continued to actively promote equality of opportunity in contracts with recruitment agencies. PaLS have established a number of Frameworks for the supply of temporary agency workers to HSC organisations and HSC Trusts. Work has been ongoing throughout the year to ensure the new contracts with recruitment agencies supplying HSC organisations with non-medical agency workers (e.g. admin staff, social workers etc.) reflect minimum equality awareness training for recruitment agency staff. New contracts will also reflect a requirement to collect Section 75 monitoring data from candidates on a regular basis, and measures to ensure a diverse group of candidates.
- The Equality Unit worked with Human Resources colleagues to capture enriched data through the Working from Home survey, which was completed during January 2021. Key questions were added in relation to caring responsibilities, disability, age, gender and ethnicity to enable us to determine if these are a factor in experiences of working from home.

Table 1:

Persons of different religious belief	Places of worship play an important role in providing spiritual leadership for many individuals, and in bringing communities together. However, their communal nature makes them places that are particularly vulnerable to the spread of COVID-19. Representatives from the Health Protection team engaged with different faith groups to ensure our guidance associated with COVID-19 is adapted to meet the needs of these populations. This included guidance on social distancing, activities and rituals within churches and other places of worship.
Persons of different racial groups	• During 2020/21, Health Improvement Teams identified and implemented a portfolio of support mechanisms and dissemination of key public health messages to address community health needs within ethnic minority communities. This was supported through work with 61 minority ethnic and migrant partners and 28 plus Traveller Forum members. • Materials supporting the rollout of the COVID-19 vaccination programme were translated into 17 different ethnic minority languages. Interpreters were available to answer any specific questions people might have had about the vaccine or vaccination process. • In addition, the PHA Health Protection team have supported the development of COVID-19 resources for the Syrian Vulnerable Persons Resettlement Scheme (VPRS). • Another key regional Health Improvement initiative developed in response to COVID-19 during 2020/21 included additional engagement and support provided to BAME communities in accessing Mental Health Services during COVID-19. • HSC Research and Development (R&D) contributed to the development of a UK wide COVID-19 vaccine research registry to expedite recruitment to vaccine trials. Over 8,000 people registered in Northern Ireland and almost 500 took part in the NI arm of the Novavax trial. Media campaigns took place to encourage representation from the BAME communities in this registry and in the vaccine trials. • This year, the HSCQI aimed to improve the racial diversity in our publications, and on

Persons of different racial groups	imagery on our website. One example of this was the development of a regional 'maternity wallet' designed to hold maternity notes.
Persons of different age	• There are around 350,000 children and young people attending schools and preschools in Northern Ireland. In late August 2020 schools across Northern Ireland reopened following a five month break as a result of the pandemic. In recognition of the size of the school population and the important role education plays in promoting children's health and wellbeing, the Agency prioritised support for schools and other educational establishments and established a dedicated PHA COVID-19 education support cell. The overall aim of the education cell was to reduce the risk of transmission of COVID-19 within schools when a positive case was identified by providing early advice and support on how to effectively manage the individual situation. The cell also risk assesses and manages outbreaks in the school setting, establishing multiagency incident management teams in response to larger or complex outbreaks when required. • The PHA has chaired a Joint Health Education Oversight Group throughout the pandemic with representatives from Department of Health (DoH),Department of Education (DE), Health and Social Care Board (HSCB) and Education Authority (EA) to proactively manage the needs of children and young people. This helped develop a tiered Contingency Framework to ensure there was a planned and co-ordinated approach to support 'Vulnerable' children and young people. In addition, during the first lock-down, 138 vulnerable children and young people were able to access school placements across the region, which helped manage their and their family's needs. • The PHA has worked in partnership with the Patient and Client Council (PCC), families of care home residents, the HSCB, The Regulation and Quality Improvement Authority (RQIA), Commissioner for Older People for Northern Ireland (COPNI) and the

Persons of different age	DoH on a range of initiatives aimed at supporting care homes to increase the number of care partners, in line with the DoH guidance on Care Partners for NI Care Homes. This included developing resources for visitors and care partners, gathering the opinion of families and care home providers and using social media to raise awareness of the guidance; where specific issues were identified targeted intervention was put in place with individual homes. A monitoring process has been put in place to gather intelligence on a daily basis as to progress implementation. • This year the flu vaccination programme was even more crucial, given the additional threat associated with the COVID-19 pandemic, and the implications of co-infection with both viruses. Given this risk, in the 2020/21 season, access to the influenza vaccination was expanded and has been offered to the following groups: - pre-school children aged 2 years and over; - all children in primary school and year 8 in secondary school; - adults aged 65 years and over; - adults aged under 65 years 'at clinical risk'; - health and social care workers; and - 50-64 year olds (from January 2021 onwards). Despite the difficulties presented by COVID-19 and associated social restrictions, vaccination uptake levels for most target groups in the 2020/21 flu season have exceeded those in previous years. • The Newborn Hearing screening programme has implemented the SMART4Hearing information system which will help improve the operation and monitoring of the programme going forward. • The PHA, in conjunction with HSCB Children's social care colleagues, jointly commissioned QUB to undertake research into the **Allied Health Professionals' involvement with Care Experienced Children and Young People across NI**. The

Persons of different age	research outlined the current position and highlighted recommendations for future practice. • Text-a-Nurse service has been launched to provide young people with a secure and confidential text messaging service to a school nurse for advice and support. The service is aimed at 11 to 19 year olds and will be delivered by the School Nursing Teams. It is one of a range of resources to support the implementation of the Framework for Children and Young People's Emotional Health and Wellbeing in Education. This new scheme will allow young people to seek advice about sensitive health issues without a face to face appointment. School nurses will provide help on a range of issues including, emotional health and wellbeing, alcohol and drugs, sexual health, bullying and general health issues. • HSC R&D funding was prioritised for several COVID-19 Urgent Public Health trials offering the opportunity for local patients and public to benefit from the latest treatments and tests. A local rapid funding call was also run to target local needs while aligning with the UK exercise. Over 26,000 people in Northern Ireland have taken part in these studies over the past year, including those focusing on school children. • Representatives from Health Protection have attended Age Friendly Network meeting to ensure our COVID-19 guidance is adapted to meet the needs of these populations.
Persons of different sexual orientation	• The Newborn Hearing Screening Programme leaflets now use terminology such as 'those with parental responsibility' rather than "Mum" or "Dad", which helps ensure the language we use is equitable, sensitive and accommodating to all sexual orientations, gender identities and family compositions. • As a result of the ongoing Blood Borne Viruses outbreak in Northern Ireland, Health Protection is working closely with third sector organisations who support people of different sexual orientations living with HIV. It is hoped that the skills of these advocacy

	organisations can be harnessed to further support people diagnosed with these diseases.
Persons of different genders and gender identities	• PHA Screening programmes are adapting to the new environment and looking at ways they can maximise capacity and participation. For example, the breast screening programme introduced a system called SMART clinics to maximise the number of participants that can be invited to attend a screening clinic based on probability of attendance. This better utilisation of appointment slots enabled the programme to reinstate self-referral for women over the age of 70. • In the development of an information leaflet for induction of labour, the HSCQI Hub consulted with the equality team on the choice of language and then further engaged with Focus the Identity Trust to agree the final version of the regional leaflet. • The Cancer Screening Team and Abdominal Aortic Aneurysm (AAA) Screening Team drafted a transgender leaflet. The teams engaged with Transgender NI and other advocacy organisations in developing the resource. Publication was stalled due to COVID-19, but is planned for 2021-22. 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.
Persons with and without a disability	• Our work on promoting equality for people with a disability in the workplace is reported on in detail in the Disability Action Plan Progress Report 2020-21 (Chapter 4). This comprises, for example, Tapestry, our Disability Staff Network; and our Disability Awareness Days for staff. As a result of staff working from home during the COVID-19 pandemic, we saw a wave of change our ways of working. A move to greater use of online technologies resulted in improved access to events e.g. training, disability awareness days, staff disability network for all staff, and in particular staff who are carers and those with a disability.

Persons with and without a disability	• Communicating effectively is a key aspect of public health in any context. During COVID-19, it is particularly vital to ensure that information is shared, at the right time, to the right audience and in the most appropriate format so that the population is able to understand, accept and adhere to critical public health guidance. The PHA's response to COVID-19 was diverse, covering many key areas. Video and graphic content have been produced and also translated into a range of languages to expand reach to specific audiences. Video has also integrated subtitles by default and in certain cases also included British Sign Language and Irish Sign Language signing. One example of this was the Attendance and participation in a live COVID-19 Q&A session with sign language interpreters hosted by British Deaf Association NI. This complemented the ongoing work of PHA communications team in making British Sign Language and Irish Sign Language videos to explain advice and guidance associated with COVID-19 in an accessible format. Health Protection supported the development of resources for COVID-19 vaccinations for those with learning disabilities and for those who are blind or partially sighted. • Through the 10,000 More Voices project, information was gathered on the lived experience of care home residents. This work was completed by the PHA in September 2020 and the feedback from residents was used to inform the recommendations of the DoH Rapid Learning Initiative in relation to care homes. • 10,000 More Voices in collaboration with British Deaf Association (BDA), National Deaf Children's Society (NDCS) and Action on Hearing Loss and HSCT Equality teams co-designed a poster to help staff support someone who is deaf in engaging with a service. Posters and training cards were printed and issued to each trust and also to the Care Homes in the independent sector. • Feedback from a service user's experience of attending HSC facilities with support of a Guide dog prompted the development of a training resource for staff in partnership with the author of the story. This guide is now disseminated across the region as a Co-

Persons with and without a disability	produced resource to improve the experience of service users who require assistance of a Guide Dog. • An animation was produced by the Regional PHA Dysphagia team, providing the public with information about dysphagia, how to recognize the signs and symptoms and where to go for help. This was released on social media platforms. • The Breast Cancer Screening Team published an easy read leaflet to make breast cancer screening more accessible. The resource was developed with input from Learning Disability charities and was piloted in SHSCT before publication. The leaflet is now used by Health Care Facilitators throughout NI during annual health checks with eligible women. It is also available to anyone who would like to use it via health promotion leads and on the NI Direct & PHA websites. • The PHA commissioned the Women's Resource Development Agency (WRDA) to adapt their Cancer Screening Awareness Sessions for online delivery due to the pandemic. Specific sessions were adapted for those with additional support needs, (e.g. mental health and/ or learning disability, physical or sensory disability) making the information more accessible .The online sessions are delivered by zoom or webinar and can be attended by individuals or groups. In 2020-21, 33 of the sessions delivered by WRDA were to groups with Additional Support Needs using Zoom or webinar. The sessions were also translated into both British and Irish sign language. • The PHA designed a booklet to provide guidance to support the use of music and music-based activities in care home settings to improve the health, wellbeing and quality of life of residents. The "**Bringing Music Activities to people living in care home settings; Covid 19 and beyond"** booklet provides activities and suggestions to support sensory stimulation activities and signpost to available online resources. It is thought this will provide benefits particularly for those with dementia. • The PHA Infection Prevention and Control (IPC) Cell in conjunction with HSCB Physical

Persons with and without a disability	and Sensory Disability colleagues developed a "Protocol for the use of the Clearmask" to support the implementation of the ClearMask™ product across NI Heath and Social Care settings. Individuals who are hard-of-hearing or deaf who rely on lip reading or other facial gestures have particularly benefited from the product. Ongoing work is taking place to source and test alternative transparent masks to aid communication. • The PHA led an initiative to appoint Orthoptist's across all Special schools in the region, as research has shown that children in Special Schools were at greater risk of presenting with eye-care needs and it is estimated that children with learning difficulties are 28 times more likely to have a serious eye problem. The development of a Orthoptist led model for children in Special Schools will provide a comprehensive eye assessment of children which would help ensure the holistic needs of children are identified and met with appropriate advice, support and intervention, to support their needs and help them progress and develop and access the curriculum to the best of their ability. • In the past year, the PHA has led work on to ensure identification and support for children and young people with Special Educational Needs (SEN). There is now a standardised approach across Northern Ireland and more timely health advice for children undergoing statutory assessment with the Education Authority. As a result of this work, 79% of reports are provided within a 6 week timeframe. • One study funded under the COVID-19 Rapid Call included a survey of psychological morbidity in 44 people with end stage renal disease showing higher levels of distress and lower quality of life as a result of shielding during the pandemic. • New Guidelines for the management of HIV positive pregnant women were produced by the PHA to provide best practice on screening for human immunodeficiency virus (HIV) in pregnancy; treatment and management of women screened positive for HIV during pregnancy or post-delivery; and postpartum management of women and their babies.

Persons with and without a disability	This also includes guidance to prevent mother to child transmission of HIV; and for the welfare of the woman and her baby. • Implementation of quantitative faecal immunochemical testing (FIT) within the Bowel Cancer Screening Programme (BCSP) since January 2021 may improve accessibility for persons with a disability. Quantitative FIT is more sensitive than the existing test, simpler to carry out and requires only one sample rather than three. In other parts of the UK introducing FIT has resulted in an increase in screening uptake. Impact of qFIT will be monitored and reviewed as part of BCSP.
Persons with and without dependants	• Carers UK Report: caring behind closed doors: six months on (October 2020). Findings of the report were presented to a number of key groups of staff stimulate discussion and explore needs of staff who are carers and ways to help and support them. These included Tapestry, our staff disability network; the HSC regional organisations network of Disability Champions; the BSO Equality Forum, which includes senior representatives from each service area in the organisation; and the Equality Unit led Equality Forum which includes senior representatives from each regional HSC organisation. As a result of these discussions it was agreed that there was a need to explore needs of staff who are carers within the regional HSC organisations. Questions relating to carers were therefore added to a staff survey on experiences of working from home. Results of the survey will be analysed and shared during 2021-22. • An information guide was produced last year for carers of people with a dysphasia. “How to Help People with Swallowing Difficulties Keep Their Mouths Clean” emphasizes the importance of daily oral care regardless of the presence or absence of teeth and even when Nil by Mouth. The guide includes safe and best practice guidance on oral hygiene. • The PHA collaborated with the Patient and Client Council to engage with families and Care Home residents to reflect on specific change in the system (for example visiting).

Persons with and without dependants	This survey was co-designed with families of residents and it is anticipated will launch in 2021 to support an ongoing conversation between the Care Homes, residents and families which will inform change. • The PHA led work on the development of a Circular to guide HSC organisations in the Reimbursement of out of Pocket Expenses for those service users and carers engaged with us. This has been formally issued by the DoH and should ensure that marginalised and excluded people are enabled to actively participate in work with the HSC. This is an important step in ensuring that the voice and views of those who are "easy to ignore" are factored into the planning and deliberations involved in the development, design and delivery of services.

Where changes resulted from screenings, these will be listed in Chapter 7, the mitigation report.

The following changes resulted from EQIAs: Not applicable – no EQIA reports were published in the reporting period.

(ECNI Q4,5,6)

2. During the 2020-21 reporting period

(a) were the Section 75 statutory duties integrated within…?

	Yes/No	Details
Job descriptions	No	The new template for Job Descriptions and Personnel Specifications used across Health and Social Care no longer makes reference to the Section 75 duties.
Performance objectives for staff	Yes	In some cases, individual PHA Directorates may decide to include relevant objectives.

(b) were objectives and targets relating to Section 75 integrated into…?

	Yes/No	Details
Corporate/ strategic plans	Yes	The current PHA Corporate Plan includes five key outcomes. Two of these relate directly to Section 75 groups: 1. All children and young people have the best start in life. Associated actions include, for example; "To introduce and develop antenatal and new-born population screening programmes in line with the recommendations of the national and local screening committees" 2. All older adults are enabled to live healthier and more fulfilling lives. Associated actions include, for example: "Develop and implement multi-agency healthy ageing programmes to engage with and improve the health and wellbeing of older people"
Annual business plans	Yes	Given the unprecedented impact of COVID-19 from the end of 2019/20 and throughout 2020/21, an Annual Business Plan for 2020/21 was not produced. However, previous Business Plans have included a range of actions for most of the section 75 groups, including gender, age, disability, sexual orientation, ethnic group and dependant status. Specific targets relating to each of these groups are included in previous Annual Progress reports.

(ECNI Q11,12,17)

3. Please provide any details and examples of good practice in consultation during the 2020-21 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Table 2

Policy publicly consulted on	**What equality document did you issue alongside the policy consultation document?**	**Which Section 75 groups did you consult with?**	**What consultation methods did you use?** **AND** **Which of these drew the greatest number of responses from consultees?**	**Do you have any comments on your experience of this consultation?**
Care home visiting in COVID-19 pandemic	☐ Screening template ☐ EQIA report ☒ none	Care home staff, residents and their representatives and families, including persons with or without dependants, persons of different age and persons with or without a disability.	Online survey (face to face contact via interviews or focus groups was not possible under COVID-19 conditions).	This project was led by the PHA Nursing directorate with input from the Health Protection directorate. The survey had 1325 responses (70% from residents' relatives or representatives; 24% care home staff and 6% residents). As we continue to deal with the challenge of the COVID-19 pandemic in NI and make progress with vaccination it is recognised that there is a need to continually review visiting in Care

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use? AND Which of these drew the greatest number of responses from consultees?	Do you have any comments on your experience of this consultation?
				Homes, balancing both risk and the need for families to spend quality time together. The survey explored service users and carers attitudes towards visiting in and out of Care Homes, including what was most important to them and any concerns they had.
Development of Specialists Community Perinatal Mental Health Teams	☒Screening template ☐ EQIA report ☐ none	Those with disabilities (service users with lived experience of Perinatal Mental Health Issues); carers (Families of service users).	Consultation included online focus groups with service users with lived experience (10 people). Also an online survey with service users, family members and carers, and professionals (120 responses)	The combination of both qualitative and quantitative approaches allowed us to explore service users' experiences and attitudes towards perinatal mental health services. The online survey resulted in a good representation of service users from different parts of Northern Ireland, and also good range of service users of different

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use? AND Which of these drew the greatest number of responses from consultees?	Do you have any comments on your experience of this consultation?
				ages. It was also easier for respondents to complete and return compared to a postal survey, and meant we were able to reach different groups who wanted to be involved.
Accessing mental health services during the first wave of the COVID-19 pandemic.	☐ Screening template ☐ EQIA report ☒ none	Service users of both Adult Mental Health Services, and Children and Adolescents Mental Health Services (CAMHS); families and carers of service users; those with physical and sensory disabilities.	10, 000 More Voices online survey for respondents to share their experience. Printed easy-read version, with pre-paid envelopes. Telephone via the 10,000 More Voices team. Zoom workshops to engage with those who use British Sign Language or	The survey was promoted in a number of different ways to promote participation. Promotion of the survey mainly took place on infographics on social media platforms, and videos were used to encourage people to take part. Service user consultants in each of the Trusts also encouraged people to engage.

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use? AND Which of these drew the greatest number of responses from consultees?	Do you have any comments on your experience of this consultation?
			Irish Sign Language. Over 600 people took part in the online survey.	

(ECNI Q21, 26)

4. In analysing monitoring information gathered, was any action taken to change/review any policies?

Yes / ~~No / Not applicable~~ (delete as appropriate)

Please provide any details and examples:

Table 3

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
Development of induction of Labour information booklet	Feedback from service user groups suggested we needed to reflect greater diversity in the language used in the publication	We engaged with advocacy organisations, such as Focus the Identify Trust, and sought advice on language and wording used in the booklet.	Greater diversity is reflected within the documentation for service users
Accessing mental health services during the first wave of the COVID-19 pandemic.	Evidence from service user consultants working in HSC Trusts had indicated that people mental ill-health were experiencing challenges relating to accessing mental Health services resulting in negative impact on their mental health and wellbeing during Covid pandemic. Information from the 10,000 More Voices survey which was carried out during the first COVID-19 wave (May and June 2020) provided 632 stories from	Analysis and key messages shared with strategic forums to influence plans for the rebuild of Mental Health Services. Findings will also help inform the Mental Health Strategy for Northern Ireland.	Key messages from the survey have been integrated into future service planning, and the experiences of service users and carers will shape delivery of care in Mental Health Services. The information was used to inform the reset and recovery plans for mental health services across Northern Ireland. The survey report will inform the development of the NI Mental Health Strategy. This will have an impact on those

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
	people accessing mental health services in NI		who experience mental ill-health and their families and carers.
Development of resources relating to Covid-19 vaccination	Feedback from carers and staff working with people with Learning Disability had suggested that some staff and families were having difficulty communicating key messages regarding the vaccination to individuals with communication difficulties.	The Nursing Mental Health and Learning Disability Team worked with PHA Communication colleagues to develop an easy read resource. This new resource is now available to download from the PHA website. PHA worked with Learning Disability networks across Northern Ireland to continually reinforce public health messaging.	Research shows that people with Learning Disabilities and their families have been disproportionately affected by Covid-19, compared to the rest of the population.[1] Access to Easy Read accessible information has been key to helping alleviate fears and translate public health messages into easy to understand formats. Feedback from Trust staff and has been very positive. The easy read resource has helped to

[1] Public Health England. COVID-10: deaths of people with learning disabilities. Published November 12, 2020. https://www.gov.uk/government/publications/covid-19-deaths-of-people-with-learningdisabilities

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
			communicate the key messages regarding vaccination and reinforce the messages regarding the need to continue to adhere to social distancing, handwashing and wearing masks following vaccination.
Vaccine research registry	Analysis of people signing up to registry by age, gender, geographical location and ethnicity. Results showed that while the registry had attracted almost equal numbers of men and women and age distributions, ethnic minority communities were under-represented.	Local and national media campaigns held to target ethnic minority communities who are under-represented on registry using case studies and Radio and TV interviews with local participants. Adverts and leaflets were disseminated via local community leaders, and the NI Together website.	The aim was to raise awareness within the ethnic minority communities of the importance of research into vaccine development and opportunities to be included in clinical trials. This is on-going as the vaccines are rolled out.
FIT	Data collected by other Bowel	Materials supporting the	The introduction of the new

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
Implementation in the Bowel Cancer Screening Programme	Cancer Screening programmes in the UK and elsewhere was analysed. This included monitoring information showing low participation of certain Section 75 groups, such as men, ethnic minorities, those with learning disabilities, physical disabilities and sensory impairments, as well as those in more deprived areas.	programme were translated into a number of different languages. An instructional leaflet was developed in collaboration with other parts of the UK, with extensive public input to produce an infographic suitable for all literacy levels. The following actions are planned to optimise bowel screening accessibility: - Development of a care pathway for bowel cancer screening for individuals with a disability (sensory, physical or learning disability), including tailored patient information - Development of information leaflet for carers	screening test may improve accessibility and opportunity to participate in bowel cancer screening. People with Visual disabilities, dexterity problems or learning disability may have had difficulty in completing the previous test. The new test poses fewer barriers and therefore some people with a disability will be able to participate in bowel cancer screening who could not do so under the old test regime. There is an assumed increase in disabilities as people age. A simpler, single step test may be easier for people to use.

Service or Policy	What equality monitoring information did you collect and analyse?	What action did you take as a result of this analysis? AND Did you make any changes to the service or policy as a result?	What difference did this make for Section 75 groups?
		- Review and improve equality monitoring data within the BCSP when the IT system is evaluated in terms of its fitness for purpose - Incorporate questions on disability and ethnicity into the next bowel screening patient experience survey.	

(ECNI Q22)

5. Please provide any details or examples of where the monitoring of policies, during the 2020-21 reporting period, has shown changes to differential/adverse impacts previously assessed:

Table 4

Policy previously screened or EQIAed	**Did you gather and analyse any equality monitoring information during 2020-21?** **(Please tick)**	**What were the adverse impacts at the point of screening or EQIA?**	**What changes to these occurred in 2020-21, as indicated by the equality monitoring data you gathered?**
People attending R&D events and training	☒ Yes ☐ No	Screening showed a low number of people from certain groups attending R&D events and training.	Analysis of delegates attending Building Research Partnerships training continued to show a lack of diversity and low uptake among service users.

(ECNI Q25)

6. Please provide any examples of relevant training shown to have worked well, in that participants have achieved the necessary skills and knowledge to achieve the stated objectives:

The PHA avails of the joint Section 75 training programme that is coordinated and delivered by the BSO Equality Unit for staff across all 11 partner organisations. The following statistics thus relate to the evaluations undertaken by all participants for the training:

Screening Training Evaluation

The figures in bold below represent the percentage of participants who selected 'Very Well' or 'Well'. Participants were asked: "Overall, how well do you think the aims of the course were met?":

- an understanding of the statutory requirements for screening: **100%**
- an understanding of the benefits of screening: **100%**
- an understanding of the screening process: **100%**
- skills in practically carrying out screening: **100%**
- Part 2 of the training was a live Zoom session. When participants were asked "What are your views on the time spent on this Zoom session?", **89%** said 'About the right length'.

EQIA Training Evaluation

Participants were asked: "Overall how well do you think you have achieved the following learning outcomes":

- an understanding of what the law says on EQIAs: **100%**
- an understanding of the EQIA process: **100%**
- an understanding of the benefits of EQIAs: **100%**
- develop skills in practically carrying out EQIAs: **100%**
- Again, Part 2 of the training was a live Zoom session. When asked: "What are your views on the time spent on this Zoom session?", all participants **(100%)** said training was 'About the right length' **.**

Other training

In November 2020, a PHA learning and development strategy was developed, providing training in the following areas:

- Psychological First Aid
- Regional Support For Vulnerable People

- Interpreter Services (English as a second language, hearing impairments, dyslexia)
- RNID training
- Suicide Awareness
- Emotional Distress
- Supporting Psychological Wellbeing
- Autism Awareness

(ECNI Q29)

7. Are there areas of the Equality Scheme arrangements (screening/consultation/training) your organisation anticipates will be focused upon in the next reporting period? (please provide details)

During 2021/22 we will focus on:

- Building on the learning and good practice generated throughout the COVID-19 pandemic to look at how we can best deliver services to Section 75 groups with specific needs (e.g. those with learning disabilities; hard of hearing; ethnic minority groups etc.). Examples of good practice in improving access to public health information and services are documented throughout this report.
- We will ensure that equality issues are mainstreamed and implemented cohesively across different Directorates of the organisation involved in joint programme delivery, ensuring these are firmly embedded at the initial stages of programme planning. This includes the completion of equality screenings and their timely publication.
- We will ensure that equality monitoring data is collected and analysed for services we provide, and for policies screened to date.

Further Explanatory Notes

1 Consultation and Engagement

(ECNI Q10)
targeting

During the year, where relevant, we took a targeted approach to consultation in addition to issuing an initial notification of consultation. Moreover, we engaged with targeted groups as part of our work preceding formal consultations, as for instance, in the case of the consultation on Care home visiting in COVID-19 pandemic. This is to inform our consultation documents.

(ECNI Q13)
awareness raising for consultees on Equality Scheme commitments – During the year, in our quarterly screening reports we raised awareness as to our commitments relating to equality screenings and their publication. In any EQIA reports we explained our commitments relating to Equality Impact Assessments. We likewise refer to our Equality Scheme commitments in the Equality and Disability Action Plan documents.

(ECNI Q14)
consultation list – During the year, we reviewed our consultation list every quarter.

2 Audit of Information Systems

(ECNI Q20)
We completed an audit of information systems at an early stage of our Equality Scheme implementation, in line with our Scheme commitments.

[i] This includes as a result of

- screening / Equality Impact Assessments (EQIAs)
- monitoring
- staff training
- engagement and consultation
- improvements in access to information and services
- implementation of Equality and Disability Action Plans.

In most cases, it is not possible to ascribe developments and changes to one single factor, and new initiatives are not necessarily an outcome of screenings or Equality and Disability Action Plan implementation, such as the work in improving accessibility of information during COVID.

As mainstreaming progresses and the promotion of equality becomes part of the organisational culture and way of working, the more difficult it becomes to ascribe activities and outcomes to the application of a specific element of Equality Scheme implementation.

Equality Action Plan 2020-22
Report on progress made during 2020-21

This document summarises progress made during 2020-21 against the actions we identified in our Equality Action Plan. The plan covers the period 2020-22 and is available on our website: http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality

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

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
1. Newborn Hearing Screening programme (NHSP) [Link to Corporate Plan: Outcome #1. All children and young people have the best start in life] Develop new NHSP leaflets for service users.	**Ethnicity** Ensure NHSP resources are accessible for those whose first language is not English. Use of ethnically diverse imagery in redevelopment of the NHSP leaflet. Plain English will be used so that the messages contained within NHSP leaflets are clear and easily understood.	NHSP leaflets have been redeveloped	Assistant Director Public Health/Screening End March 2021
What we did this year The PHA has developed three leaflets to explain the stages of the Newborn 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. **This action has been completed.**			

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
2. Northern Ireland Maternity System (NIMATS) [Link to Corporate Plan: Outcome #3. All individuals and communities are equipped and enabled to live long healthy lives] Add new fields to NIMATS to record if a pregnant woman has a disability.	**Disability** Quantitative data will be available on the numbers and types of disabilities amongst pregnant women to help inform future work. Staff will be more aware of patient needs.	Fields added to NIMATS Fields completed by the hospital midwives. Quantitative data available by 2021	NIMATS operational group End March 2021
What we did this year Although discussions were underway to include new fields to record if a pregnant woman has a disability, this has not yet been added to NIMATS due to operational pressures dealing with covid. **This action has not been completed**			

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
3. Northern Ireland Cancer and Abdominal Aortic Aneurysm (AAA) Screening Programmes [Link to Corporate Plan: Outcome #3. All individuals and communities are equipped and enabled to live long healthy lives] Work with transgender groups to produce a regional screening transgender leaflet for cancer (i.e. breast, bowel and cervical) and AAA.	**Gender** Transgender people are in a position to make an informed choice about their participation in cancer and AAA screening	Leaflet has been produced in collaboration with gender identity groups	Assistant Director Public Health/ Screening End March 2021
What we did this year The Cancer Screening Team and AAA Screening Team drafted a transgender leaflet, engaging with Transgender NI and other advocacy organisations to develop the resource. Publication was stalled due to COVID, but is planned for 2021-22. 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 **We still have work to do to complete this action.**			

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
5. Cancer Prevention [Link to Corporate Plan: Outcome #1. All children and young people have the best start in life] Explore uptake rates for HPV vaccination programmes throughout NI for both post-primary boys and girls.	**Gender** Maintain high uptake of HPV vaccines in girls and ensure high uptake of new programme for boys is also achieved in line with that achieved for the girls. Monitor uptake at school level and target appropriate interventions at those with lower uptake.	Collection and analysis of vaccination uptake data for: - Boys and girls - School location.	Assistant Director of Health Protection End March 2021
What we did this year Since 2012, as part of the national HPV immunisation programme, 12-13 year old girls in Northern Ireland have been offered a vaccine which protects against certain strains of HPV. In 2019 the programme was extended to boys aged 12-13 years. This year was the first time HPV vaccination coverage in Northern Ireland was presented for both males and females, and by Trust area. Annual HPV vaccination coverage statistics for Northern Ireland show that at February 2021, 84% of 12 – 13 year old girls had received the first dose of the vaccine, compared to 79% of 12 -13 year old boys. However, in line with UK Government COVID-19 guidance, all education settings were closed from 23 March 2020 and delivery of immunisation programmes was paused. This has had a significant impact on coverage of the HPV vaccination programme in the 2019-20 academic year, with the majority of year 9 students unable to receive their second dose. **This action has been completed.**			

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
7. Roll out the Gender Identity and Expression Employment Policy [Link to Corporate Plan: Outcome #5: Our organisation works effectively] Deliver awareness and training initiatives to relevant staff.	**Gender** Transgender and non-binary staff feel more supported in the workplace.	Feedback from staff who have drawn support through the policy indicates a positive experience.	Director of Human Resources with support from Equality Unit End March 2021
What we did this year Apart from the ongoing roll-out of the Making a Difference eLearning for all staff, which includes a dedicated scenario in relation to gender identity, no additional awareness and training initiatives were delivered to staff during the year. **We did not complete this action.**			

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
8. Supporting staff who are carers [Link to Corporate Plan: Outcome #5: Our organisation works effectively] Deliver promotional campaign raising awareness of carer's support and policies available.	**Dependent status** Staff who are carers feel more supported in the workplace.	Awareness of support and policies available for staff who are carers has increased.	Director of Human Resources with support from Equality Unit End March 2021

What we did over the last year

The last year was a challenging one for all staff in the PHA due to COVID. A Working from Home policy was developed to help support staff and managers during the pandemic. All staff where possible were required to work from home, and appropriate IT equipment was provided to help facilitate this. COVID had an impact on carers' arrangements, including closure of schools and day centres. The PHA encouraged managers to be more flexible with how their staff carried out their work which would enable them to carry out home schooling and provide caring arrangements. We also provided our staff with access to information and a range of resources on managing their mental health and well-being.

The PHA also carried out two working from home surveys with our staff, looking at flexibility and work life balance. The feedback indicated that 60% of staff had a more flexible schedule and 63% had a better work life balance. The survey also collected demographic data including caring responsibilities. We are committed to

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
further analysing the survey data by dependant status to find out more about the experience, views and needs of our staff who are carers – both during the pandemic and going forward – and to what extent they differ from staff who do not have caring responsibilities. **This action has been completed.**			
9. Domestic violence [Link to Corporate Plan: Outcome #5: Our organisation works effectively] Undertake awareness raising relating to new support mechanisms (developed by BSO) to support staff with experience of domestic violence.	**All section 75 categories** Staff with experience of domestic violence feel better supported.	Feedback from staff who have drawn support through the mechanisms indicates a positive experience.	Director of Human Resources with support from Equality Unit End March 2021
What we did this year A Domestic Abuse policy was developed by BSO, supported by 3 awareness sessions provided for staff. Unfortunately these were not as well attended as hoped; however, those who did attend felt the facilitator was excellent and used examples throughout which made the information easier to understand. Others suggested further information on how to spot the signs of domestic abuse would be useful. The session was presented by			

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
a representative from the voluntary sector. Looking ahead, the PHA will work with other HSC organisations to develop a regional policy and approach to domestic abuse which will ensure the HSC is consistent in the support and advice we are providing to our staff. **We still have some work to do to complete this action.**			

Chapter 3: PHA Equality Action Plan Progress Report 2020-21

Conclusions

- In 2020-21, we completed 3 actions (Numbers 1, 5, 8)
- We didn’t do what we said we would do for 2 actions (Numbers 2, 7).
- We still have some work to do to complete 2 actions (Numbers 3, 9).
- All of the actions in our action plan are at regional and at local level. Our action plan is a live document. We will tell the Equality Commission about any changes.

Disability Action Plan 2020-2022 Report on progress made during 2020-21

This document summarises progress made during 2020-21 against the actions we identified in our Equality Action Plan. The plan covers the period 2020-2022 and is available on our website: http://www.publichealth.hscni.net/directorate-operations/planning-and-corporate-services/equality

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

What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
2. HIV infection in pregnancy: Northern Ireland guidelines for the management of women and their babies. Engage with HIV positive women who have experienced childbirth recently to review the new HIV guidelines and suggested changes to service provision.	**Participation in public life** Participation of HIV positive women in development of regional guidelines and care pathway across NI. Improvements in service provision for all low risk HIV positive women by offering antenatal care and delivery in local units. Promotion of positive attitudes towards HIV positive women through staff training.	Engagement with Positive Life members. Updated guidelines circulated to all Trusts. Awareness sessions delivered to all Trusts about the management of HIV positive mothers and their babies.	Regional Antenatal Infection Screening Programme Co-ordinator End March 2021
What we did this year During the development of the guidelines Positive life was contacted and asked if members would like to contribute to the guidelines by reviewing them or making suggestions about the pathway for women testing			

positive for HIV, however no-one from the group was keen to get involved so this did not happen. The guidelines were circulated to all relevant people in each Trust for review and comments before finalising so hopefully we have captured any issues regarding the pathways by doing this.

The Regional HIV guidelines were published in August 2020 and circulated to all Trusts and this now allows for low risk women with HIV to be looked after and delivered in their own Trust as opposed to being transferred to Belfast for care. Awareness raising initiatives with clinicians and other staff are underway in each Trust.

This action has been completed.

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
3. Staff Awareness Days Raise awareness of specific barriers faced by people with disabilities	**Promotion of positive attitudes** Staff are better equipped to identify and meet the needs of colleagues and service users with a disability	Two annual Awareness Days profiled in collaboration with voluntary sector groups. Features run on Connect (PHA intranet). >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days.	Equality Unit End March 2021

What we did this year

Last year, the BSO (on our behalf) organised two Disability Awareness Days for staff. Prior to the events, staff across the regional HSC organisations were asked which disabilities they would like more information on. Most staff wanted to know more about Deafness and Hearing Loss, and Bipolar Disorder, so these were the focus of Awareness Days held in 2020-21.

We emailed staff to let them know about the Awareness Days. We also wrote about the Awareness Days in our staff newsletter and added information to the Tapestry website http://tapestry.hscni.net/.

On the Deafness and Hearing Loss day we set up a Zoom meeting, with a speaker from a deaf and hearing loss organisation (Royal National Institute for the Deaf). The speaker explained the problems that deaf people face, especially during Covid when people wear masks which make lip-reading difficult. Two of our staff are deaf wrote about their experience of working during Covid; with their stories added to the Tapestry website.

The second Awareness Day was about Living with Bipolar Disorder. Two speakers took part in this – one of these was an individual with lived experience of bipolar, and the other worked in Belfast Recovery College. Videos of both awareness days are on the Tapestry website.

Staff feedback was very positive for both sessions. Next year we will do a survey to ask staff for further suggestions for future Awareness Days.

This action has been completed.

Chapter 3: PHA Disability Equality Action Plan Progress Report 2020-21

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
4. Tapestry Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	**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.	Feedback from Tapestry members	Agency Management Team with support from Equality Unit End March 2022
What we did this year During 2020-21, new members came to Tapestry meetings and joined the Tapestry mailing list. This was a 10% increase from last years' numbers. Tapestry was promoted to all staff in the regional HSC organisations through posters, emails, and staff newsletters. We also included information on Tapestry at training sessions and events. Another member of staff with a disability came forward to tell their story and act as a role model. Their story was published on the Tapestry website. At our meetings, we encouraged staff with disabilities in each of the regional HSC organisations to act as role models for others. This year, our meetings went virtual using the online meeting software, Zoom, in light of the Covid-19 Pandemic. Members were able to join remotely from offices or home. The Equality Unit held several surveys throughout 2020-21 for Tapestry members on their experiences of working through Covid-19 and the wearing of face masks to better understand the impacts and what we as employers, line managers and colleagues can do to offer support.			

This action has been completed.

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
6. Disability Work Placements Create and promote meaningful placement opportunities for people with disabilities.	Promotion of positive attitudes People with a disability gain meaningful work experience. Staff are better equipped to identify and meet the needs of colleagues and service users with a disability	At least one placement offered by PHA every year Feedback through annual evaluation of scheme indicates that placement meets expectations.	Agency Management Team with support from Equality Unit End March 2021

What we did this year

Due to Covid related government guidelines the Placement Scheme was suspended during 2020-21. The Scheme will resume as soon as it is safe to do so.

We did not complete this action.

Conclusions

- In 2020-21, we completed 3 actions (Numbers 2, 3, and 4)
- We didn’t do what we said we would do for 1 action. (Number 6)
- All of the actions in our action plan are at regional and at local level. Our action plan is a live document. We will tell the Equality Commission about any changes.

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Updated April 2020

Equality and Human Rights Screening Report

April 2020 – March 2021

These screenings can be viewed on the PHA website under:
http://www.hscbusiness.hscni.net/services/3086.htm

Policy / Procedure	Policy Aims	Date	Screening Decision
Implementation of the Faecal Immunochemical Test (FIT) as replacement test for the faecal occult blood (FOB) test in the Northern Ireland Bowel Cancer Screening Programme	The Northern Ireland Bowel Cancer Screening Programme aims to reduce mortality from bowel cancer by detecting cancers early in their progression so that they can be treated more effectively. The existing programme uses a card-based guaiac faecal occult blood test (gFOBT). In January 2016, the UK National Screening Committee recommended that quantitative faecal immunochemical testing (FIT) should be adopted by the Bowel Cancer Screening Programme as the primary screening test for bowel cancer.	Nov 20	Screened out with mitigation
Involvement Strategy for Protect Life 2 Commissioned Services	The aim of this strategy is to deliver effective processes to maximize the opportunity for stakeholders to engage and be more involved in planning future services in mental and emotional wellbeing, self-harm and suicide prevention, intervention and post-vention for	Jan-21	Screened out with mitigation

	which PHA have responsibility.		
Physical Activity Referral Scheme (PARS)	PARS is an obesity prevention funded initiative, sitting under the Regional Obesity Implementation Plan. The overall aim of PARS is to increase physical activity levels in adults in line with the Chief Medical Officer Physical Activity guidelines with a primary focus on those who are overweight/ obese (i.e. people with a BMI >25kg/m2 to <40kg/m2). The regional PARS will now adhere to regional standards and guidelines for Level 3 exercise referral programmes.	Jul-20	'Screened in' for equality impact assessment (EQIA)
Relationship and Sexuality Education (RSE) in the community service specification	The aim of the RSE in the community programme is to improve the sexual health and well-being of young people aged 12-19 years across Northern Ireland by enabling them to make healthier choices. Programmes commissioned will target young people in community settings throughout Northern Ireland.	Jan-21	Screened out with mitigation
Southern Cycling	The overall aim of the	Jul-20	Screened out with

Scheme (SCH)	SCH scheme was to: • increase awareness of the health benefits of cycling; • increase the number of people in the Southern Area who have access to the bikes; • train qualified cycle leaders to National Standards, who can lead Cycle for Health groups within their local communities.		mitigation

No concerns were raised by consultees on any of the screenings published in 2020-21.

Equality and Human Rights Mitigation Report

April 2020 – March 2021

Implementation of the Faecal Immunochemical Test (FIT) as replacement test for the faecal occult blood (FOB) test in the Northern Ireland Bowel Cancer Screening Programme

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
Existing literature for the Bowel Cancer Screening Programme, in respect to the new type test (FIT), is to be updated with attention is given to information needs of people with sensory and learning disabilities Education and Promoting informed Choice information sessions to include carers, men in areas of social deprivation and ethnic minorities. The programme provides translations of information sheets and instruction leaflets on the current test. These are being changed to account for the new test. Patient information leaflets are prepared in a range of translated languages, based on local need (Screening team working with Communications Publications team to identify local translation needs in Northern Ireland) The new patient information infographic on how to complete the test was developed through a project group based in Wales. This project included Personal and Public Involvement aspects, and the infographic contains mostly pictorial elements. It was therefore agreed that an easy-read version was not required in addition to this.	Translation of information into different languages. Keep under review any alternative test methods to offer people with disabilities. Enhancement of materials and training included in service for “Addressing Inequalities in Cancer Screening Through Promoting Informed Choice The programme will continue to monitor information available in terms of social deprivation and demographics to better promote equality of opportunity. Development of an information resource for carers through links with Bowel Cancer UK. Equality monitoring data is not currently provided within the demographic data that feeds into the bowel screening information system. It is anticipated that there will be significant changes to screening IT systems in coming years (in relation to the development of Encompass), and we will endeavour to incorporate equality monitoring mechanisms into these IT systems. Patient experience surveys are undertaken every few years; we plan

	to incorporate questions on disability and ethnicity into the next survey. We have consulted with colleagues in other screening areas and note work recently undertaken in relation to defining a care pathway for breast cancer and individuals with a disability. We hope to progress a similar action in relation to bowel screening in the near future. We will also continue to work with colleagues in relation to other developments to improve screening participation among individuals with sensory impairments and physical disabilities. We will continue to engage with primary care doctors and encourage them as to possible actions which may improve screening uptake among patient groups who are less likely to engage with bowel screening (such as men, individuals from lower socioeconomic group, BAME groups, learning disabilities, physical disabilities and sensory impairments).

Involvement Strategy for Protect Life 2 Commissioned Services

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
• PHA will provide information in alternative formats as requested. • Interpreting and signers will be made available on request. • Supporting documents will be made • available in braille and large	• Monitor requests for alternative formats and / or language to inform the production of future involvement processes.

text if requested. • 1:1 direct involvements will be made available to services users and carers if requested. **Gender** • Consideration will be given to time and methodology used. • PHA will encourage Participation through an online methodology and promotion via networks that support e.g. Men's Sheds. • Participation will be encouraged through an online methodology and promotion through organisations that support individuals who identify as transgender or non-binary e.g.SAIL, Rainbow NI. • Participation will be promoted through current networks that provide support to LGB and trans people. **Age** • Participation will be promoted through current networks that provide support to persons of different ages e.g. Youth Reference Group, Age Friendly Officers. • We will follow 'Let's Talk Lets Listen' ECNI Guidance on engaging with children and young people **Religion** • Participation will be promoted through the Flourish Churches	

suicide initiative. **Political Opinion** • Political parties will have the opportunity to input to involvement processes. **Marital Status** • The needs of single parents will be considered in relation to timing of involvement to take into account childcare arrangements. **Disability** • Participation will be promoted through current networks that provide support to persons living with a disability • Where appropriate a video will be produced with subtitles to outline involvement. • Interpreters and/or signers will be available if required and supporting documents will be provided in braille or large text on request. • Accessibility will be taken into account in all forms of communication and information e.g.sign language, interpreting and all requests for alternative formats will be considered. **Ethnicity** • Translation/Interpreting services will be provided on request. • Participation will be promoted through current networks that provide support to members of	

BAME and Traveller Communities. **Sexual Orientation** • Participation will be promoted through current networks that provide support to LGB people.	

Relationship and Sexuality Education (RSE) in the community service specification

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
The target group are young people aged 12-19 years. This includes young people who may have mental health issues, those who have a physical disability, are from a minority ethnic group etc. Specialist programmes have been designed and commissioned for those not included above (those with a learning or sensory disability) as these are commissioned separately by the PHA. In the specification the following will be highlighted for tenderer (s) • Tenderer(s) should demonstrate how they support Trainers to ensure that they have relevant skills and training. • Tenderer(s) will demonstrate their experience of targeting and recruiting target groups of young people as listed above in 1.2 and devising innovative programmes to attract these hard to reach groups. • Tenderer(s) will demonstrate how they have developed RSE programmes for young people with	As this specification is taken forward equality issues will be reviewed and addressed as appropriate. This will also be included in the monitoring forms which the successful organisation will have to complete every quarter. Addressed in the response to the tender specification.

low literacy and other needs. • The service provided should promote social inclusion, addressing issues around disadvantage, sexual orientation, gender identity, ethnicity, disability and rural/urban communities. • Tenderer(s) will have policies for staff on child protection and guidelines for staff around disclosure and other sensitive issues. • Trainers will display non-judgmental attitudes when discussing topics such as unplanned pregnancy, condom use, emergency contraception, Lesbian, Gay, Bisexual and Transgender issues.	

Southern Cycling Scheme (SCH)

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
As a public body, all Councils are required to adhere to all section 75 legislation and provide regular training for all its staff and volunteers **Gender** – still available to both males and females but a number of customised programmes will be devised specifically for females • Councils have already identified the need to develop a bespoke cycling programme exclusively for women to enhance their personal confidence and provide sessions off-the-roads in Country	PHA will continue to monitor and evaluate the use of the cycling resources in accordance with section 75 guidance

parks and tow paths which are usually quitter and perceived safer for novice cyclists **Age** – offering greater opportunities for older people • Placing older people in groups of similar strength and cycling ability; provision of special bicycles designed for those with balance/stability issues. **Religion/Political opinion** - venues of cycling Pods has not been raised as an issue to date • All current and proposed new locations are Council-owned and therefore are considered neutral by all political views **Marital Status** – ensuring programmes and opportunities are offered to all and the health benefits of cycling are widely publicised • Extensive marketing of all cycling programmes, and active engagement with different community groups, such as Men's Sheds **Dependent Status** – scheme has been offered to carers for all age groups and across Southern area. The Council lead scheme can be offered with much greater flexibility in terms of time and locations. Councils	

will be able to offer evening and weekend options and can provide a mobile service whereby bikes can be transported to many different locations which means people will not have to travel long distances to access the resources. Any costs likely to be introduced with the new schemes will be kept to minimum and concessionary rates available based on established Council concessionary schemes. **Disability** The Council lead schemes will link directly with Councils existing Disability hubs and centrally located within public transport networks. Tandem bikes are available within Councils will make all reasonable adjustments to meet users' needs Mental health clients already use the scheme and will continue via SHSCT–led cycles and PARS programmes Whilst the current stock of bikes are not suitable for people with physical disabilities, each Council has its own programme which accommodates the needs of people with physical disabilities through their disability hub services (a NI wide programme funded by Disability Sport NI). **Ethnicity** The cycling resources will be available to all ethnic groups and individuals and will be widely advertised	

Sexual orientation The cycling resources will be available to everyone and openly advertised. All council staff are trained in equality and diversity issues	

Appendix: Updated PHA Equality and Disability Action Plans 2020 – 2022

Section 75
Equality Action Plan
2020-2022

Public Health Agency (PHA)

Updated August 2021

If you need this document in another format or language please get in touch with us. Our contact details are at the back of this document.

Introduction

In 2010 the Equality Commission for NI asked the Public Health Agency (PHA) to develop an action plan outlining actions to promote equality of opportunity and good relations and address inequalities.

Our action plan outlines actions related to our functions and takes 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.publichealth.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. The appendix provides examples of groups covered under these categories. It also requires us to consider good relations in relation to political opinion, religion and ethnicity.

In all our reviews and updates of this plan, we have given consideration to existing priorities and new and emerging priorities. This plan will remain a 'live' document and as such will be reviewed every year. When we have completed an action we take it off our plan. This way, our updated plan shows the actions we still need to complete.

In 2017, when our plan came towards its end, we spoke to the Equality Commission about what we should best do. This is because in late 2015, the Minister for Health announced that there would be important changes in Health and Social Care that would affect us. The Health and Social Care Board would be closed and the Public Health Agency would be impacted by this in important ways. We agreed with the Equality Commission that we would extend our plan until those changes have been made; we would develop and consult on a new plan after that; and, in the meantime, we would update the plan every year to make sure we keep making things better for people across the nine equality categories.

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 in 2017-18. We have drawn on the learning from this work for our plan. We have updated our actions and have added a number of new actions. We want to deliver on several of these jointly with our partner organisations in Health and Social Care.

This document presents the updated action plan for 2020-22.

We monitor progress on our plan and report on this every year, as part of the Annual Progress Report on Section 75 implementation to the Equality Commission.

We will undertake a wider review following the pending reconfiguration in Health and Social Care. We will involve Section 75 equality groups and individuals in this review.

The actions in this plan are reflective of the outcomes and associated actions defined in the PHA's Corporate Plan 2017-2021. Each theme in the action plan includes a reference to the relevant outcome and associated actions, for ease of reference.

What we do

The Public Health Agency is part of health and social care in Northern Ireland. We were set up in April 2009.

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.

What is in our Equality Action Plan

The following table outlines our key actions for the coming two years. It does not reflect all of our work to address inequalities in health and wellbeing. Rather, it presents a set of priority actions relating to the nine categories under Section 75. This document is also available on our website: www.publichealth.hscni.net

The Public Health Agency (PHA) Equality Action Plan 2020-2022

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
2. Northern Ireland Maternity System (NIMATS) [Link to Corporate Plan: Outcome #3. All individuals and communities are equipped and enabled to live long healthy lives] Add new fields to NIMATS to record if a pregnant woman has a disability.	**Disability** Quantitative data will be available on the numbers and types of disabilities amongst pregnant women to help inform future work. Staff will be more aware of patient needs.	Fields added to NIMATS Fields completed by the hospital midwives. Quantitative data available by 2022	NIMATS operational group End March 2022
3. Northern Ireland Cancer and Abdominal Aortic Aneurysm (AAA) Screening Programmes 3 [Link to Corporate Plan: Outcome #3. All individuals and communities are equipped and enabled to live long healthy lives] Work with transgender groups to produce a regional screening transgender leaflet for cancer (i.e. breast, bowel and cervical) and AAA.	**Gender** Transgender people are in a position to make an informed choice about their participation in cancer and AAA screening	Leaflet has been produced in collaboration with gender identity groups	Assistant Director Public Health/Screening End March 2022

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
4. Regional Antenatal Infection Screening Programme [Link to Corporate Plan: Outcome #3. All individuals and communities are equipped and enabled to live long healthy lives] Look at the numbers & ethnicity of women diagnosed with hepatitis B who do not attend for review appointments and try to improve attendance for Black and Minority Ethnic (BME) women.	**Ethnic minorities** Examine barriers preventing BME women attending review appointments and look at ways to address these.	Data collection and analysis of ethnicity of women who attend/do not attend review appointments Increased numbers of BME women attending for review appointments within 10 working days as per National standard Target ≥97%	Regional Antenatal Screening Co-ordinator End March 2022
6. HSC Research & Development (R&D) Division [Link to Corporate Plan: Outcome #4. All health and wellbeing services should be safe and high quality] Investigate barriers to Personal and Public Involvement (PPI) in HSC Research, especially for those who are less likely to take part in research and PPI, such as younger people, and those from ethnic minority groups.	**Age and ethnic minority** Increase the number of young people and ethnic minorities taking part in PPI activities.	Study to evaluate PPI in HSC R&D has been commissioned/undertaken Recommendations for next phase of PPI in HSC Research have been provided A new membership scheme has been established Public Awareness Days for PPI have been developed	Assistant Director HSC Research & Development End March 2022

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
7. Roll out the Gender Identity and Expression Employment Policy [Link to Corporate Plan: Outcome #5: Our organisation works effectively] Deliver awareness and training initiatives to relevant staff.	**Gender** Transgender and non-binary staff feel more supported in the workplace.	Data collected from all staff who have drawn support through the policy indicates a positive experience.	Director of Human Resources with support from Equality Unit End March 2022
9. Domestic violence [Link to Corporate Plan: Outcome #5: Our organisation works effectively] Undertake awareness raising relating to new support mechanisms (developed by BSO) to support staff with experience of domestic violence.	**All Section 75 categories** Staff with experience of domestic violence feel better supported.	Data collected from all staff who have drawn support through the mechanisms indicates a positive experience.	Director of Human Resources End March 2022

Appendix 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); Transgender people; Non-binary 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.

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For text relay please prefix with 18001
Website: www.publichealth.hscni.net

Updated August 2021

Disability Action Plan 2020-2022

Public Health Agency (PHA)

Updated August 2021

If you need this document in another format or language please get in touch with us. Our contact details are at the back of this document.

Introduction

The Public Health Agency 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 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 in our work to make things better for people with disabilities.

As Andrew Dougal and Valerie Watts – Chair & Chief Executive of the Public Health Agency – have stated 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' plans 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 plan.

We will 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 we do what we have promised to do is Stephen Wilson. If you have any questions you can contact Stephen Wilson at:

Name: Stephen Wilson

Title: Director of Operations

Address: 4th floor (South), 12-22 Linenhall Street, Belfast, BT2 8BS

Telephone number: 03005550114 prefix with 18001 for Text Relay

Email: stephen.wilson@publichealth.hscni.net

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:
http://www.publichealth.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.

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, sexual orientation, ethnicity 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 also read what the Equality Commission said would be good to do. 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. So we invited any of our staff who have a disability to be part of a small group to work on this. We also said that any of our staff who are interested could join.

We then invited disability groups to a meeting to find out what they thought about our ideas. We also asked them whether there was anything else we could do.

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

We reviewed our plan in 2015 following comments received by the Equality Commission for Northern Ireland. This plan covered the time from 2015-18.

In 2017, when our plan came towards its end, we spoke to the Equality Commission about what we should best do. This is because in late 2015, the Minister for Health announced that there would be important changes in Health and Social Care that would affect us. The Health and Social Care Board would be closed and the Public Health Agency would be impacted by this in important ways. We agreed with the Equality Commission that we would extend our plan until those changes have been made; we would develop and consult on a new plan after that; and, in the meantime, we would update the plan every year to make sure we keep making things better for people with a disability.

How we have updated this plan

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 in 2017-18.

We have drawn on the learning from this work for the updated plan for 2020-22.

We have updated the actions that relate to working with us and have added a new action. We want to deliver on these together with our partner organisations in Health and Social Care. We have also updated actions that relate directly to what we do. Some of them seek to encourage greater participation of people with a disability in what we do. Through others we promote positive attitudes towards people with a disability.

What we do

The Public Health Agency is part of health and social care in Northern Ireland. We were set up in April 2009.

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.

How people can be involved in our work

There are many ways in which people can be involved in the work of the Public Health Agency. This includes, for example:

- Focus groups in the development and evaluation of relevant public information campaigns, for example on flu or bowel cancer screening
- Project Retain – putting the voice of older people at the heart of nursing care
- HSC Research and Development: sitting on research funding awards panels or taking part in research steering groups.

What we have done up to now

This is some of 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

- Images and photographs of events include people with a disability whenever they participate in these.
- For information targeted at people with a disability efforts are taken to include photographs of them.
- Disability issues are covered in much of PHA's communication due to its remit (for example reports on PHA conferences such as on brain injuries).
- 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.
- The Equality Unit have developed a signposting resource for all staff on support available in the community. It includes information and contact details for a number of disability organisations. We update this resource every year.
- To date, we have held 13 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, Dyslexia, Multiple Sclerosis, Autism, Fibromyalgia, and on mild to moderate mental health conditions.
- 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 developed a module on disability for inclusion in the eLearning "Discovering Diversity" training package. This resource is available to all Health and Social Care staff. We also developed a scenario focusing on disability issues in our new eLearning "Making a Difference". All our staff have to complete this training.
- In Equality Screening Training we look at how the disability duties can be considered in practice. Whenever staff take decisions they must write down what they have done or plan to do to promote the disability duties in their decisions.

Encourage the participation of disabled people in public life

- We set up a disability network for staff in the PHA 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 participate in a disability work placement scheme together with the 10 other regional Health and Social Care organisations. This means we offer 26-weeks work placements for people who have a disability.

- Along with our partner organisations and led by the Equality Unit, we have put in place a process for publishing equality screening templates as soon as they are completed. A disability organisation had suggested that we do so. We do the same for publishing quarterly screening reports. We ask people for their thoughts and suggestions on our screenings.

- 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 have adopted an Accessible Formats Policy. It says how we decide which documents we produce in a range of different formats. We have put together practical tips for staff, for example on how to get different formats done.

- 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.

- Nursing: we have involved people with a learning disability in developing the Regional HSC Hospital Passport. The passport is for people with a learning disability to complete (with or without help) and present to staff every time they have contact with a general hospital. It gives staff important information on the person and how they prefer to communicate, their medical history and any support they might need while in hospital.

- HSC Research and Development: we have held consultation exercises with surviving patients and carers with cancer as part of Cancer Conference.

- HSC Research and Development: we have run workshops for patients and members of the public to explore issues related to becoming and being a member of the public involved in research and the role of researchers in facilitating this involvement. This course is called Building Research Partnerships.

- Service users with dementia, learning disability, mental health issues and their carers have been involved in the steering groups for the Bamford and Dementia Research Programmes. Persons with dementia and young people who are care leavers have also been involved on some of these projects as peer researchers.

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. The Equality Unit in the Business Services Organisation (BSO) will support us in the implementation of this action plan.

Public Health Agency (PHA) Disability Action Plan 2020-2022
What we will do to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
1. Allied Health Professionals Commission Action on Hearing Loss to deliver deaf awareness training to staff in the PHA.	**Promotion of positive attitudes** Ensure that staff are aware of challenges faced by people who are deaf, and what they can do to support someone who is deaf. Promotion of positive attitudes towards people who are deaf.	Training delivered for Nursing; Allied Health Professionals (AHP); Personal And Public Involvement (PPI); 10,000 Voices; and Patient Experience teams Training sessions evaluated	Assistant Director of Allied Health Professions, Personal and Public Involvement and Patient Experience End March 2022
3. Northern Ireland Diabetic Eye Screening Programme Work alongside service-users to develop the new service delivery model for the NI Diabetic Eye Screening programme.	**Participation in public life** Ensure people with diabetes are involved in the planning of the change to the service. This co-production will improve the service for people with diabetes.	Engagement with service users on key aspects of service delivery, including: • location of fixed sites across NI • communication strategies for different groups of patients.	Assistant Director Public Health/Screening End March 2022

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
4. Staff Awareness Days Raise awareness of specific barriers faced by people with disabilities	**Promotion of positive attitudes** Staff are better equipped to identify and meet the needs of colleagues and service users with a disability	Two annual Awareness Days profiled in collaboration with voluntary sector groups. Features run on Connect (PHA intranet). >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days.	Equality Unit End March 2022
5. Tapestry Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	**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.	Increases in Tapestry membership Yearly actions in Tapestry Action Plan completed	Agency Management Team with support from Equality Unit End March 2022
6. Disability Work Placements	**Promotion of positive attitudes** People with a disability gain	At least one placement	Agency Management

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
Create and promote meaningful placement opportunities for people with disabilities. Examine the scope for offering placements to participants working from home and accessing flexible working options for those with disabilities which may prevent them from travelling to office locations.	meaningful work experience. Staff are better equipped to identify and meet the needs of colleagues and service users with a disability	offered by PHA every year Feedback through annual evaluation of scheme indicates that placement meets expectations.	Team with support from Equality Unit End March 2022
7. Mental Health Charter Sign up to Mental Health Charter and to Every Customer Counts.	**Promotion of positive attitudes** Staff with mental health conditions feel better supported in the workplace	Promotion of both Charter Marks	Agency Management Team with support from Equality Unit End March 2022

Signed by:

_____	_____
Chair	Chief Executive
Date	Date

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Updated August 2021

HSC Public Health Agency

item 12

Title of Meeting	PHA Board Meeting
Date	19 August 2021
Title of paper	Update on Personal and Public Involvement
Reference	PHA/04/08/21
Prepared by	Martin Quinn
Lead Director	Rodney Morton
Recommendation	For **Approval** ☐ For **Noting** ☒

Purpose

The purpose of this paper is to provide the biannual update on PHA's Personal and Public Involvement work.

Summary

Personal and Public Involvement (PPI) is the active and effective involvement of services users, carers and the public in health and social care services. People have a right to be involved in and consulted on decisions that affect their health and social care. Under the Health and Social Care (HSC) Reform Act (NI) 2009, PPI is a legislative requirement.

HSC Public Health Agency

Personal and Public Involvement (PPI)

PHA Board Update August 2021

Personal and Public Involvement (PPI) is the active and effective involvement of services users, carers and the public in health and social care services. People have a right to be involved in and consulted on decisions that affect their health and social care. Under the Health and Social Care (HSC) Reform Act (NI) 2009, PPI is a legislative requirement.

The Public Health Agency (PHA) was assigned primary responsibility for leading the implementation of PPI across the HSC system by the then DHSSPS in the 2012 PPI Policy Circular. It requires the PHA to provide the Department of Health (DoH) with assurances that HSC bodies, and in particular Trusts, meet their PPI Statutory and policy responsibilities. Additional responsibilities confirmed/assigned also included:

Personal and Public Involvement (PPI) Involving you, improving care

- ensuring consistency and co-ordination in approach to PPI;
- the identification and sharing of best PPI practice across HSC;
- communication and awareness-raising about PPI;
- capacity-building and training;
- development of the Engage website;
- monitoring of and reporting on PPI.

Report context & COVID 19 impact

This Update Report on PPI and our work in the related areas of Co-Production and Partnership Working is in line with our Governance requirements, whereby the Board is presented with twice-yearly updates on our work in respect of the Statutory Duty of Involvement and our leadership responsibilities for the oversight of the implementation of PPI policy in the HSC. The report covers January to June 2021. It gives an overview of the developments and progress made in this field, including how we have discharged our leadership responsibilities in Involvement, Co-Production and related areas across the HSC system at a time of unprecedented change, pressure and demand; it also addresses the outcomes we aim to achieve.

As with the last report, the impact of the Covid-19 pandemic and yet further changes to the PPI team have been substantial. Two experienced Senior PPI Officers (Claire & Jill Munce) have moved onto new positions with HSC and Senior Officer Roisin Kelly has been seconded to work with the DoH on No More Silos and the Rebuild agenda. Our Intern Sian Ogle has also left to take up a post with the Voluntary sector halfway through her placement with us. This has resulted in a loss of expertise, experience and capacity for the team, which now stands as Martin Quinn as the Regional Lead and Bronagh Donnelly, who was recently recruited into the Senior PPI Officer. This has meant that we have really had to prioritise what we can do and the leadership, advice, guidance and support we have been able to provide to colleagues in the system, ironically at a time of increased demand for the services we provide.

The PPI staff team redirected much of our time, expertise, skills and experience to support the collective effort to combat the COVID-19 virus. Members of the team have:

- Been active members of the COVID Vaccination communication group;
- Supported the work of the AHP Covid & Long COVID groups
- Contributed to and provided professional involvement advice and guidance to projects connected to the HSC response to COVID-19, or work in the new environment created as a result of COVID and resultant societal impacts.

LEADERSHIP- Influence & Impact

Regional HSC PPI Forum

The Regional HSC PPI Forum (the vehicle through which the PHA exercises much of its leadership in the field of Involvement and Co-Production) continued to meet throughout the Covid pandemic. Whilst challenges were presented to us in terms of how we conducted our business, the move towards virtual meetings has proved successful in ensuring connectivity with other HSC organisations as well as service user and carer Forum members. However the lack of face to face interaction has proved an issue for some who consider virtual connectivity to be no substituted for face to face interaction. It is our hope that into the future we will be able to provide a balance that suits everyone.

There have been two Regional PPI Forum meetings (8th March & 21st June 2021), as well as a workshop on 11th May 2021. The Regional PPI Forum meeting in March carried out a SWOT analysis focusing on the future role, function, form and operation of the Forum. This allowed members to review the Forum in the context of the impact that COVID has had and look forward to the role the PPI Forum has to play in ensuring HSC organisations are meeting their statutory obligation to Involve. This paved the way for a workshop in May, facilitated by the Leadership Centre. It focused on system wide discussions at strategic level;

- How PPI, Co-Production and Partnership Working can be advanced within the HSC?

- What role does the Forum have in driving this agenda forward?
- How will we know that this work is making a difference, having an impact?
- How do we ensure collective ownership and responsibility for this work?

This review comes at an important time, with the challenges brought about by COVID-19, with the PPI policy and legislation now more than 10 years old and the Department of Health has signalled its intention to undertake a review of the policy. Much of the outcome of this work will be utilised by the DoH as they plan to take forward its envisaged review. There will be a concentration on the effective measurement of improved Involvement in the context of achieving PfG Outcome commitments.

We will continue to review the Forum and look at how we move forward and in doing so will be using mechanisms such as the Consultation Institute's measures:

- Activity
- Relevance
- Opportunity
- Information
- Outcomes

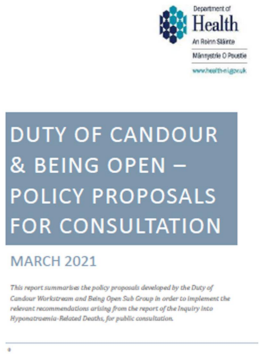
Professional advice and guidance

The PHA PPI team provides professional advice and guidance on Involvement, across the HSC. This is a critical service which has seen further growth in the last six months during a time of constrained capacity. The support provided varies, but in the main entails:

- the provision of professional involvement advice and guidance;
- helping to facilitate the development of an involvement plan;
- practical support in helping the project promoter to secure service user/carer participation;
- professional involvement advice and guidance during the implementation of the work.

The PPI team has provided Involvement leadership, advice and guidance across dozens of pieces of work in the HSC in the last six months, with a number being strategic high profile initiatives. A few of these are outlined:

Hyponatraemia Implementation Programme



The PHA continues to proactively support the DoH in taking forward the Involvement elements of planning around the implementation of the recommendations from the Inquiry into Hyponatraemia Related Deaths, (IHRD). With Claire Fordyce moving to BHSCT this support is not as intensive as it had been previously. However, Martin Quinn, the Regional PPI Lead

continue to provide strategic professional Involvement advice and guidance to the Programme and administrative & project support is provided from James Mc Laughlin (who is assigned full time to the programme).

This has been a hugely important area in which the PHA has been pivotal in ensuring involvement is centrally placed in such a widespread change management programme. The PHA has lead on the development on the Programme's Involvement Strategy, the development of Workstream Involvement Plans, the planning and undertaking of high profile public consultations in this area.

The DoH are assessing how they will take forward the remainder of the implementation phase of the programme, but some recent developments / work that are worthy of note, include work completed under PHA leadership on drafting the Consultation Plan for the Duty of Candour, including the Consultation Mandate, Risk Assessment, Stakeholder Mapping, Dialogue Methods, Sequencing, Engaging the Seldom Heard and the Feedback Plan.

The outputs of this work were shared on Engage: https://consultations.nidirect.gov.uk/doh-1/duty-of-candour/ (closing date 2 August 2021).

The outcomes include an improved process, more inclusive and far-reaching, more balanced and stimulating more mature debate on the key issues, as evidenced by the Workstream Chair.

The three-part agreed evaluation will assess:

- Whether the Consultation Mandate has been fulfilled (process audit)
- What changes, if any, have been made to the original proposals (change audit)
- How consultees feel they have been heard (satisfaction audit).

The results will form part of our next six-monthly report.

HSC Rebuild including No More Silos

To provide professional involvement, co-production, consultation and engagement support to the DoH Hospital Service Reform Department, our Senior PPI Officer, Roisin Kelly, has been assigned to work exclusively on this work with the DoH. Her role is to advise and facilitate best practice approaches across the directorate and within the HSC Rebuild programmes of work.

The Rebuilding Health and Social Care Services Strategic Framework was published in June 2020 in response to COVID-19. The document included a commitment to ensure the principles of involvement and co-production were embedded in the rebuilding of HSC services:

"It will be important that the incremental service rebuilding plans are developed through the application of co-production principles as far as that is possible. The speed at which these plans will need to be developed and adapted will undoubtedly act as a constraint on applying full co-production principles. However, where at all possible, service providers should engage in a timely manner as widely as possible in the development of their incremental service plans."

In order to realise meaningful co-production in line with the HSC Duty to Involve and Consult in the HSC Reform Act 2009, the DoH has worked with service users, carers, HSC Staff and wider stakeholders at regional and local level. Taking advice from Involvement and Co-Production professionals and relevant stakeholders, plans have been established to support involvement and co-production within HSC Rebuild.
Involvement and Co-Production methodology is embedded across HSC Rebuild and is tailored to each programme of work including:

- the Cancer Strategy and by extension the Cancer Rebuild Plan;
- the Review of Urgent and Emergency Care and the No More Silos programme of work, including specific actions for, Enhanced Clinical Care Framework and Intermediate Care Project – A Regionalised Approach
- Elective Care
- Review of Orthopaedics
- Review of General Surgery

The scope of these programmes of work and the extensive range of stakeholders within and external to health and social care requires a wide range of partnership working. These approaches are set out in a plan which is co-produced with service users, carers, policy leads, clinicians, with PHA and PCC input. It outlines the mechanisms that facilitate involvement and co-production to meet the specific needs of the programme of work, stakeholders, timeframes etc. These include:

- Embedding involvement and co-production within the project structure at regional and local level.
- Establishing involvement and co-production groups to support decision making, facilitate wider engagement and involvement of stakeholders and establish best practice advice.
- Using a range of involvement methodologies for example surveys, workshops, engagement events, webinars and reference groups to ensure that there is an opportunity for people who are most effected to have a voice in the process.

International Advisory Board PRIME Centre Wales – the centre for primary and emergency care research in Wales

Canolfan PRIME Cymru
PRIME Centre Wales

Wales Centre for Primary and Emergency (including Unscheduled) Care Research

Canolfan Cymru argyferYmchwil Gofal Sylfaenol a GofalBrys (Canolfan PRIME)

The PHA's Regional PPI lead has been invited to take up a role as PPI advisor on the International Advisory Board for PRIME Centre Wales. PRIME is funded by the Welsh Government (Health & Care Research Wales) at four universities – Bangor, Swansea, South Wales and Cardiff.

There are three Advisory Boards assisting with direction and strategy, to ensure that they meet the current and emerging needs for the evidence base in primary and emergency care. These are the Patient & Public Group, the Wales Advisory Board and the International Advisory Board. The latter is chaired by Prof Niro Siriwardena of Lincoln University, England, and is itself multi-disciplinary, across several countries and includes PPI contributions from across the world.

PHA's Regional PPI lead has been recognised as a key player in this area and will contribute to the work of PRIME by providing PPI advice to the Board and making connections, further stimulating and enabling collaborations to develop international best practice in the field of Involvement

Transformation Funding

The PHA continues to work with HSC partners in respect of the Transformation extension funding allocated by the DoH. Partnership Working Officers advancing PPI and Co-Production have been funded via the PHA and remain in place in each of the five geographically based Trusts. The funding has been secured for all five Partnership Working Officers across the region until March 2023 in the first instance, with the hope of permanent recurring funding thereafter. These roles are critical for the Trusts to be able to meet their statutory obligation to involve and they have become integral posts within each Trust.

The PHA has invested in our own capacity to rebuild its PPI team and has recently secured another permanent Senior PPI Officer position, who will support our strategic endeavours in Involvement, Co-production and Partnership Working in order to enable the agreed PfG and DoH outcomes to be achieved for patients, service users and carers.

The process of starting recruitment for the Regional Peer Mentor Lead is also underway. This post will support the HSC in embedding the concepts and practices of the remuneration of service users and carers across the system. They will advance the concept and practice of engagement, support and remuneration of people with lived and living experience as partners in the HSC, in line with the direction of travel set out in the Co-Production Guide. The PCC has also been funded for work in a similar vein, whereby they wish to test out their “Paid Associates” model. Further updates on the outcomes of this work will be available in the next update report.

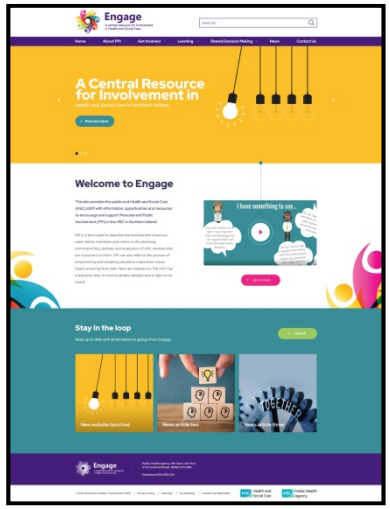
Monitoring

The research that had been commissioned by the PHA from Community Evaluation N.I. and the follow-up report, which was funded from Transformation monies, will inform a workshop that's has been convened by PHA for HSC colleagues, service users and carers. This workshop will build on the afore-mentioned reports to help us take forward the objectives outlined within them and enable a robust monitoring system for PPI, Co-production and Partnership Working. The aim is to have new monitoring arrangements co-designed and operational by Winter 2021/Spring 2022. The ultimate goal is to identify and assess the tangible difference that Involvement and Co-production makes to outcomes for service users, carers, staff and services.

CAPCITY BUILDING AND SUPPORT

Engage website

The Engage website continues to support HSC staff, service users, carers and the general public, to build their knowledge and skills on involvement.



Engage remains the central source of information, good practice and resources on involvement, PPI and Co-Production. It is also somewhere that key opportunities for Involvement across the HSC continues to be promoted.

The PPI team is in the process of reviewing and updating the Engage website; the review has been in partnership with service users and carers and HSC colleagues. The newly refurbished Engage website will be launched in the Autumn. It will provide users with access to training, resources, information and support. It is hoped that new dashboard analytics will enable enhanced assessments of usage, user feedback, changed behaviours and links to improved patient and client outcomes.

Shared Decision Making

The PPI team have worked with our colleagues in the Clinical Education Centre (CEC) to develop and launch the Shared Decision Making (SDM) Initiative. Shared Decision Making is a practise in which a person receiving care and the person providing care work jointly to make decisions, bringing together the expertise of both resulting in what research shows are the best treatment and care decisions for each individual, leading to improved outcomes. The materials developed include an information leaflet, Z card, video/animation and a booklet (including training material for staff).

The official launch which took place on 17 June 2021 saw contributions from key-note speakers including Charlotte Mc Ardle, Chief Nursing Officer, DoH, Rodney Morton, Executive Director of Nursing and Allied Health Professionals in the PHA, Caroline Lee, Head of Clinical Education Centre, Joan Smith, Service User and member of the Shared Decision Making

working group, and Martin Quinn, Regional PPI lead with PHA. The launch was hosted by Tom Mulligan of Clinical Education Centre and attended by 65 participants.

The housing of the SDM materials on Engage, will ensure the resources can be accessed easily by anyone who requires them. It also provides HSC organisations with the opportunity to work in partnership to further progress the work of Involvement, Coproduction and Partnership Working.

Involvement and Co-Production Training

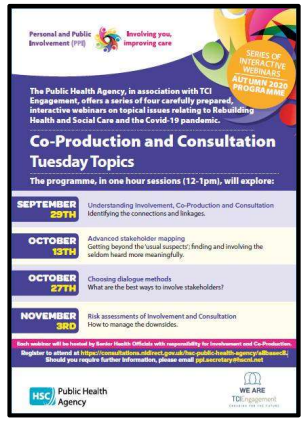
During Covid-19 the PHA has adapted our methods of promotion and delivery for relevant training opportunities for HSC Staff, Service Users, Carers, Community and Voluntary Sector colleagues.

This year, PHA continues to focus on commissioning specialised training for specific Involvement related areas including:

- Co-production and Consultation – two Webinars
- Leading in Partnership – Leadership Programme for Involvement and Co-Production
- Design and delivery of bespoke information and training for staff
- Commissioning of Executive Briefing to be rolled out throughout HSC

Co-Production and Consultation Webinar Series

Building on participant feedback from the successful '*PHA-,Co-Production and Consultation – Tuesday Topics,* webinars delivered in Autumn 2020, which were designed to support Involvement leadership across the HSC, and due to popular demand a further two webinars were developed and delivered, focused on:



- Engaging the 'seldom heard' and the 'seldom online' (Covid compliance)
- Embedding PPI in HSC – measuring outcomes, developing and maintaining partnerships, building community capacity

The additional webinars were attended by more than 130 participants, made available via the Engage website. The series was designed to support HSC staff continue to meet their statutory obligations to Involve and Consult as they navigate Involvement, Co-Production and Consultation, as part of HSC Rebuild and resumption of business.

The webinars were designed and commissioned by the PHA PPI team and delivered by the PHA in partnership with The Consultation Institute, a membership body for public dialogue, engagement, participation and consultation professionals. There was input from a range of PHA, DoH, HSC and service user and carer colleagues across each of the webinars.

Leading in Partnership – Leadership Programme for Involvement and Co-Production

As the Leaders in Partnership Programme continues to grow in demand and popularity, Cohort 6 finished in March 2021with a further 18 participants completing the five day course. To date more than 160 participants have either completed the programme or participated in the Leaders in Partnership Introductory session, including HSC staff, service users, carers and members of the community and voluntary sector. With the continued success of the programme, we have developed one-off sessions, that will give applicants a 'taster' of the programme, as well as being able to reach a wider audience than the current programme can facilitate.

Through these developments, we are aiming to build a cohort of people in the region with knowledge, expertise and experience in involvement and co-production. This "critical mass" of people both within HSC and external to it, with these attributes, will be key in our collective endeavours to deliver systemic cultural change to the HSC, in our drive to become a truly person-centred service; One where partnership working is valued, respected and seen as standard practice and where we strive to co-design and co-produce services that are targeted to need, of the highest quality, are efficient, owned and respected by the community. We will create alumni of participants who have gone through various Involvement & Co-Production training programmes. They will share their experiences of how they have affected change within their organisation and how being involved in has shaped the way in which they carry out their work. These alumni will help shape and possibly deliver future training to ensure involvement from across the HSC as well as with SU/C.

Design and delivery of bespoke information and training for staff

Training was developed and delivered to PHA Health Improvement staff, which was aimed at increasing their awareness and understanding of PPI, Co-production and Partnership Working. The training was developed to stimulate thinking and provide ideas on how to involve people in different settings and in various situations. It was also designed to ensure that staff who had responsibility for contracted services were monitoring Involvement activity and capturing data and information that will inform future SLAs and monitoring arrangements.

Previous training designed by PPI team to raise awareness of Neurological Conditions has been shared with independent care providers in UK. This training will inform future training packages that will be used for staff and carers of people with neurological disabilities.

Executive Briefing Overview

This is a strategic briefing for senior leaders and decision-makers in the HSC. It will bring a focus on the statutory duty of Involvement & Consultation alongside PPI policy responsibilities and Co-Production requirements. It will in a succinct way, re-state the rationale for meaningful Involvement and Co-Production, giving support to senior people/managers as to how they can set direction on the culture of involvement which will permeate the organisation. It will highlight challenges and opportunities in this area and stimulate thinking as to how HSC organisations might live the values and commitments in this field.

Members are asked to consider a date in the next six months to avail of this briefing.

Conclusion and next steps

The challenges brought about by Covid-19 have meant that the PPI team, like colleagues across the HSC, have had to restructure/reimagine how we engage with people and how we conduct our business. As we look to the future and the challenges and opportunities ahead, our focus will be on:

- How we re-engage and involve people,
- How we monitor
- How we seek to recruit new people into the world of PPI, Co-Production and Partnership Working.

Our new challenge will be to re-energise and motivate people in involvement and in strategic pieces of work. The PHA will assist in the review and reframing of Involvement and Co-Production and make adjustments accordingly, as the DoH carries out its review of PPI policy. We will do this with service users and carers as our partners , with fellow HSC organisations and with all relevant stakeholders including colleagues with expertise in these fields including the Consultation Institute and Leadership Centre amongst others.

HSC Public Health Agency

item 13

Title of Meeting	PHA Board Meeting
Date	19 August 2021
Title of paper	NI Clinical Research Recovery Resilience and Growth Taskforce
Reference	PHA/05/08/21
Prepared by	Dr Janice Bailie
Lead Director	Dr Brid Farrell
Recommendation	For **Approval** ☐ For **Noting** ☒

1 Purpose

The purpose of this paper is to inform the PHA Board about the ongoing work in HSC R&D to achieve recovery of the HSC clinical research infrastructure, much of which is funded from the HSC R&D Fund.

2 Background Information

PHA HSC R&D Division convened a Taskforce with membership drawn from across the key stakeholder organisations and networks involved in clinical research. The Taskforce has been asked to develop an implementation plan for recovery, resilience and growth of clinical research over the coming years, which will dovetail with other ongoing opportunities and initiatives such as the Belfast and Derry City Deals.

Northern Ireland Clinical Research Recovery, Resilience and Growth Taskforce

Introduction

Background and Strategic Context

UK-wide

In March 2020, ongoing clinical research was paused UK-wide, including trials across the NHS & HSC R&D infrastructure, in order to focus on COVID-19 research, with staff redeployed to deliver a number of urgent Public Health trials, testing possible treatments for COVID-19, and subsequently vaccines, as well as some emergency clinical care.

The Recovery, Resilience and Growth (RRG) programme for Clinical Research in the UK published a vision document in March 2021, signed off by the four UK Health Ministers. This ambitious strategy aims to not only restore the pre-COVID clinical research but to build back better, making the UK the leading global hub for life sciences, delivering benefits to the economy, the NHS and population health.

Following publication of the vision, and the outcome of the comprehensive spending review in England, a UK-wide RRG Implementation Plan has been drawn up for delivery of Phase 1 of the work during 2021-22. NI officials (Dr Janice Bailie & Dr Maurice O'Kane), have had input to the development of the 2021-22 Implementation Plan alongside colleagues from England, Scotland and Wales.

The vision document outlined five themes as set out below:

- Clinical research embedded in the NHS/HSC
- Patient-centred research
- Streamlined, efficient and innovative research
- Research delivery enabled by data and digital tools
- A sustainable and supported research delivery workforce

The Implementation Plan for 2021-22 includes seven areas for action, covering some work streams that were already ongoing UK-wide with NI involvement, and some new work streams, which may be either UK-wide or England only with local arrangements in the three other nations.

We have clearly indicated that Northern Ireland will participate or align with the themes and actions as far as possible within our available resources and our local legislative and governance context.

Northern Ireland

The Department of Health (DoH) R&D Strategy, *Research for Better Health and Social Care 2016-2025*, aims to support research that brings health and prosperity to the population of Northern Ireland.

A range of R&D infrastructure is supported through the HSC R&D Fund, including the Northern Ireland Clinical Research Network (NICRN), the Northern Ireland Clinical Research Facility (NICRF) and R&D Offices in each of the five geographical Trusts. COVID-19 has had a profound impact on the NI infrastructure, which while continuing to deliver the urgent Public Health COVID-19 studies, remains almost unable to resume normal activity.

The clinical research workforce in Northern Ireland is small in comparison to elsewhere in the UK, due to budgetary limitations. There is no doubt that the R&D infrastructure in Northern Ireland, already a stressed asset, has been the hardest hit of any region in the UK.

Despite the pandemic, Northern Ireland is still poised to take advantage of a number of current and future opportunities for the Health and Life Sciences sector. The Belfast and Derry City Deals focus on improved health, productivity and wealth for the NI region, and will draw heavily on the HSC R&D infrastructure and the newly established Health Innovation Research Alliance Northern Ireland (HIRANI) for their success.

HSC R&D Division, with partners from across the infrastructure involved in clinical research (Trusts, Universities, charities and industry), has set up a Northern Ireland Clinical Research Recovery, Resilience and Growth (NI CRRRG) Taskforce to guide the HSC R&D infrastructure through the recovery phase. This recovery will follow a NI CRRRG Implementation Plan created through the work of the Taskforce and supported by a £3m COVID Recovery Fund allocated by DoH.

This plan will take account of the UK-wide work, but will also include a number of NI-specific priority areas for action. Meetings of the Taskforce and related sub-groups are ongoing.

Northern Ireland is committed to participation in the UK-wide Recovery, Resilience and Growth Programme for clinical research. By actively collaborating with the many UK wide research bodies/taskforces that have been set up, and being ‘open for business’, the NI infrastructure will strengthen the strategic position of clinical trials in Northern Ireland as part of the UK wide clinical research effort. This will bring NI patients the opportunities they deserve to participate in cutting edge research trials and other health and social care research.

Current Status

The Taskforce has met monthly since April of 2021, and is chaired by Professor Mike Clarke, Director of the NI Clinical Trials Unit. The Taskforce has been given the goal of creating the Northern Ireland CRRRG Implementation Plan, a living document that will create a roadmap for recovery, resilience and growth, supported from the £3m Recovery Fund. The Taskforce aims to create an initial agreed version of this plan by approximately end September 2021, which will then be shared with the DoH.

The governance of the £3m Recovery Fund is overseen by a Management Board, with membership drawn from the main stakeholder organisations involved, including HSC R&D Division, QUB, Ulster University, Trust R&D Directors, infrastructure leads

and Chief Scientific Advisor. A framework for bids against the fund has been created and shared with the Taskforce and DoH, and the Board is now ready to accept funding bids. The framework will ensure that only bids that deliver recovery, resilience and growth of the clinical research infrastructure will be supported.

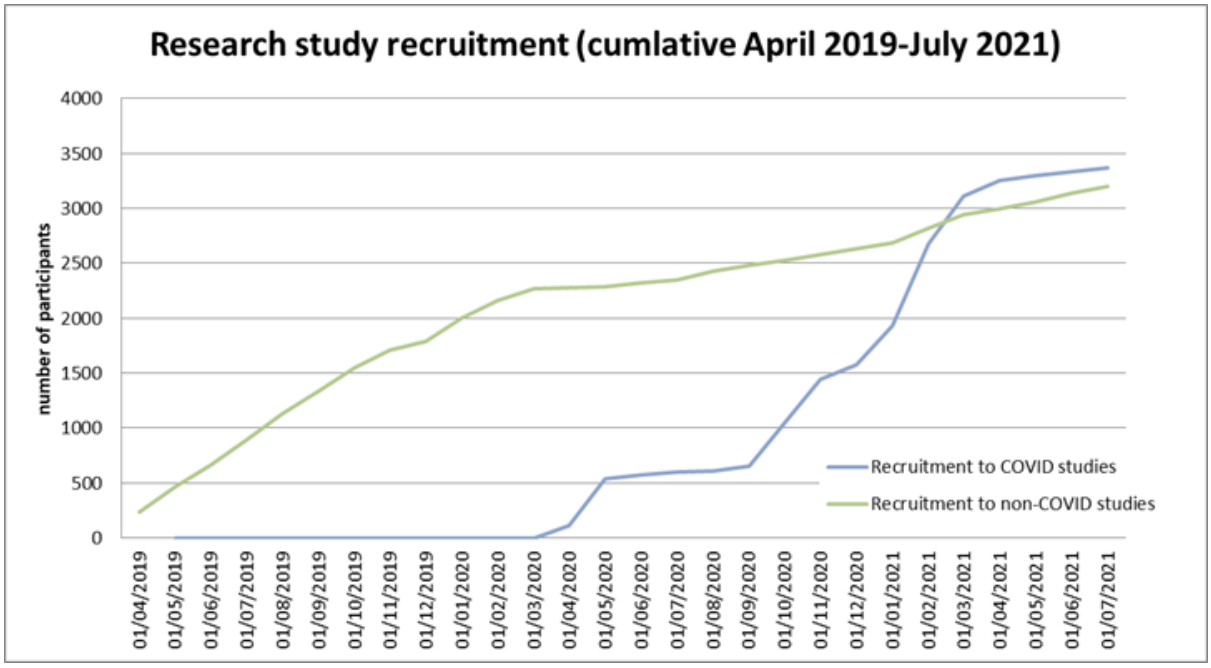
A number of sub-groups of the Taskforce were set up to consider the various priority areas for action, and while these largely mirror the UK-wide priority areas, there are also a number of NI-specific groups agreed by the Taskforce, looking at how to address specific issues that have been identified through the discussions. The next section describes the remit of the various sub-groups, indicates where they are aligned with the UK-wide groups or are NI-specific and an update on their status. The output from these groups will inform the overall NI CRRRG Implementation Plan, and the work will be taken forward with support from the Recovery fund, so funding bids to the £3m fund are expected to come from these sub-Groups, as well as from other parts of the R&D infrastructure.

NI CRRRG Sub-Groups Update

Managed Recovery of clinical trials on the UK Clinical Research Network and NICRN

Essentially all non-COVID-19 research in the UK was paused during the initial stages of the pandemic, largely in favour of COVID-19 research, notably a number of multi-centre urgent Public Health trials that ran across the UK. From these studies some treatment options for COVID-19 were rapidly identified (largely from re-purposing of existing drugs), and several completely new vaccines were rapidly developed and trialled. The investment put in place to support this meant that the speed of start-up and discovery was unprecedented and there were significant benefits to service users and in the fight against COVID-19.

However, re-starting non-COVID-19 research has proved challenging for all four UK nations, and an initial attempt to re-start in mid-2020 had limited success. The managed recovery programme during 2021 has been led by the NIHR in England, but has linked directly to the local delivery networks in the other three administrations, including NICRN. A very simple graph below depicts the various phases of the process, with the cessation of recruitment into non-COVID-19 trials during early 2020, and shows a modest recovery of non-COVID research in recent months.



Centralised R&D Governance Approvals

One remarkable characteristic of the R&D effort during the pandemic was the speed of start-up of the urgent clinical research studies. Although it is not expected that this level of performance could be sustainable for all studies, there is a focus on improving start-up times in general. There are local and UK-wide dimensions to this project and work is ongoing to ensure compatibility between processes and systems across the UK regions.

HSC R&D Division intends to set up a new centralised service within Public Health Agency for overall leadership and delivery of research governance for the HSC in Northern Ireland. This service re-design will centralise functions and/or optimise links with existing regional functions to reduce duplication and complexity where possible, creating a shared purpose and accountability framework for the delivery of 'once for NI' research governance approvals.

This will be delivered through the existing research governance operational sub-group and R&D Directors group meetings.

Income Management and Acquisition of Funding

This is a Northern Ireland-specific group which doesn't directly mirror any of the UK-wide sub-groups. A long-standing issue for the management of income relating to research is that different Trusts approach this in different ways, meaning that capacity funding acquired through, for example, commercial contract research is not always accessible to research teams for investment in additional staff or equipment for future research studies. The remit of this sub-group is to identify what actions would help to resolve this and determine a plan to reach a regionally agreed position.

In addition, this group also has membership from the commercial sector who will participate in discussions on how better to attract commercial investment to the HSC.

Personal and Public Involvement and Priority Setting

This group has met twice and has already generated a skeleton plan to be fed into the overall NI CRRRG Implementation Plan, highlights of this include priority setting exercises such as those conducted by the James Lind Alliance (with service users as partners) and greater awareness raising and communication to address the target of improving awareness and enhancing the research culture within the HSC. One approach adopted in other regions has been to employ 'research champions' and the Group is researching this option as one aspect of delivery for this area.

Post EU Exit and the NI Protocol

While this issue is unique to NI and not specifically related to COVID-19 research, it has the potential to impact the recovery process, as there are inherent risks within the NI protocol that may impact on the availability of medication and the intentions of sponsors to place clinical trials of drugs and devices, or other studies in Northern Ireland.

Two further important groups focused on Data/Digital and research, and Innovative trial design are still forming and have not met yet.

Key Points

Research has been pivotal in the development of diagnostics, treatments and vaccines against the COVID-19 threat.

Research and the R&D workforce UK-wide has made a huge contribution but has been heavily impacted by the COVID-19 pandemic.

There is no doubt that the R&D infrastructure in Northern Ireland, already very lean and a stressed asset, has been the hardest hit of any region in the UK.

Research professionals and participants in research are owed recognition and gratitude for their hard work and contribution to the COVID-19 pandemic effort.

The Clinical Research Recovery, Resilience and Growth (RRG) Programme is an important programme for the UK, as research needs support and investment to be resumed and strengthened, and Northern Ireland is committed to being involved.

NI is already actively involved in some of the RRG work streams, and has plans to join other UK-wide work streams or develop local solutions that are aligned to those in the action plan.

The clinical research workforce in Northern Ireland is small in comparison to elsewhere in the UK, due to budgetary limitations. Therefore we must be conscious

of our available resources to participate in this programme, and need to manage expectations around our ability to deliver on the ambitious aims.

NI has already consulted widely through the NI CRRRG Taskforce and has identified specific local issues that require action, and these will be taken forward alongside the UK-wide work

However, this programme represents an important and valuable opportunity for Northern Ireland patients, as well as research professionals, to be involved in important health and social care research trials and other studies.

HSC R&D Division has convened a local multi-stakeholder Recovery & Resilience Taskforce (NI Clinical Research Recovery, Resilience and Growth Taskforce), to guide the NI R&D infrastructure through the recovery and growth phases.

The NI plan will take into account the UK-wide and local contexts as well as opportunities for benefit to both health and economic development, such as the City Deals and Health Innovation Research Alliance NI (HIRANI).

NI has been fully involved in the development of this UK-wide Phase 1 Implementation Plan

The 2021-22 Implementation Plan will deliver only Phase 1 of the overall UK RRG vision. Phase 2 will require further investment towards a multi-year plan, and collaboration towards delivery of the full vision will continue.

Evidence shows that research active healthcare organisations provide better outcomes for their patients[1-4].

The clinical research workforce in Northern Ireland is small in comparison to elsewhere in the UK, due to budgetary limitations.

A 2012 review of investment in health and social care R&D in Northern Ireland, showed that for every £1 invested, there was a return of £4.14[5].

The level of R&D investment in Northern Ireland remains significantly lower per head of population in comparison to the other UK nations (Scotland - £70m for a population of 6m; Wales - £42m for a population of 3m; NI - £12m for a population of 1.89m).

In terms of infrastructure spend alone, equivalent (NIHR Clinical Research Network) annual spend in England is £306M (or £5.50 per person, based on a population of 55.6M). HSC R&D Division funding for NICRN of £4M a year is £2.12 per person, based on 1.89M NI population.

It was estimated that NIHR CRN (English equivalent of NICRN) supported clinical research activity generated £2.4 billion of gross value added (GVA) and almost 39,500 jobs in the UK in 2014/15[6].

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