



**Annual Progress Report 2010/2011 on  
Section 75 of the NI Act 1998 and  
Section 49A of the Disability Discrimination Order  
(DDO) 2006  
to the Equality Commission for Northern Ireland**

**By the Public Health Agency**

**September 2011**

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## **S75 Executive Summary**

*What were the key policy/service developments made by the authority during this reporting period to better promote equality of opportunity and good relations and what outcomes were achieved?*

### **Key policy or service developments**

Health Improvement Action Plans have been prepared and progressed on Minority Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups (LGB&T), Older People and Looked After Children. The PHA Board have also considered the strategic direction for the PHA on older people and have held a number of workshops, linked with the PHA/Health and Social Care (HSC) Board Older People's Commissioning team and developed an internal position paper.

Key initiatives relating to the Communications functions of the Agency included 13 publications which were produced in a range of languages. The numbers vary according to the target audience of the particular leaflet. The total number of translations was 87. Similarly, Cook It recipes were produced specifically for people with learning difficulties in picture format. These were piloted with them prior to production.

New public information leaflets were published in February 2011 for the cervical screening programme. These included specific information for women who are lesbian or bisexual, to highlight that they are also at risk of cervical cancer and should attend for screening when invited. Care was also taken to ensure that the images on the cervical leaflet cover were inclusive of minority ethnic groups.

The bowel cancer screening programme was launched in April 2010. A range of tested information leaflets were developed for the programme and translated versions are available on our cancer screening website. The invitation letters have a translated text on the back of the letter advising the individual to contact the freephone helpline if they need assistance. The helpline has access to an interpreter service as required.

A strategy group on inequalities in uptake and coverage of cancer screening was established during the year. This group is exploring

the barriers to participation in cancer screening across various population groups.

The Agency's Regional Personal and Public Involvement (PPI) Forum, which the PHA uses to drive PPI forward across the HSC, has developed a Service Users Expenses Reimbursement Policy which if implemented in 2011/12 should promote equality of opportunity.

Section 75 monitoring of participants at engagement events is being put in place.

The delivery of Actions associated with the PPI Strategy when finalised, should promote better equality of opportunity.

### **Audit of inequalities, Equality Scheme and Action Plan**

The Business Services Organisation's (BSO) Equality Unit is responsible for supporting and advising the PHA and nine other Health and Social Care partners in relation to equality and human rights duties.

During the reporting period the organisation was heavily engaged in progressing activity as determined by the new Section 75 guidance "A Guide for Public Authorities" issued by the Equality Commission in April 2010. This involved the development of an equality scheme and audit of inequalities and action plan. Following the preliminary request to the Chief Executive on 1<sup>st</sup> May 2011 and formal request on 1<sup>st</sup> August 2011 preparatory work was undertaken in the development of the equality scheme. This included the conduct of an audit of inequalities and the development of an action plan.

A total of eight workshops were convened with staff from each of the three Directorates of the organisation – Operations Directorate, Nursing and Allied Health Professionals Directorate and the Public Health Directorate – one with each of the Assistant Directors and their teams. The workshops were held between September and November 2010.

During each workshop, the staff were asked to consider three main tasks, firstly to identify and outline their functions, then to consider any particular inequalities evident in the execution of these functions and finally what actions they considered might better help

the promotion of equality of opportunity for any of the nine equality categories or three good relations categories.

The BSO Equality Unit, on behalf of the PHA and its partners, moreover convened an Advisory Group which includes individuals from the voluntary sector with knowledge of equality issues and of Section 75 of the Northern Ireland Act (1998). The objective was to obtain advice on both the process and outcomes of the audit of inequalities.

In addition, on receipt of the model scheme from the Equality Commission work was also progressed on the development of the new equality scheme.

The equality scheme and audit of inequalities and action plan were formally consulted on between December 2010 and March 2011. By the end of the financial year, the analysis of consultation comments received was underway.

## **Screening**

On behalf of the PHA and its partners, the Equality Unit led on work for the development of a new HSC screening template. The Unit convened a working group to which all equality managers from across HSC organisations as well as the Department of Health, Social Services and Public Safety were invited. The work was concluded in the later part of 2010 and a new template and associated guidance notes shared for adaptation by individual organisations.

The new screening template and associated guidance were disseminated to staff and placed on the Agency's intranet in January 2011.

During the last quarter, the PHA likewise commenced work on developing a screening policy with the aim to ensure that the Agency complies with its statutory duties under equality, disability and human rights legislation as well as its equality scheme commitments. It also seeks to spell out the screening process, roles and responsibilities in relation to screening, for the benefit of staff and those affected by what we do alike.

In order to promote good practice in equality and human rights screening, the Agency contributed to the production of a new resource for staff, led by the Equality Unit. "Some Common Myths

in Screening” is a short practical guide. It outlines misconceptions relating to different aspects of screening and offers some advice on how to avoid particular pitfalls, accompanied by practical examples to illustrate the key messages presented.

## **eLearning**

On behalf of the PHA and its partners, Equality Unit staff worked with HSC colleagues and professionals from disability organisations to produce a new eLearning resource on disability.

The module, which has been integrated into the existing ‘Discovering Diversity’ package and which is unique to Health and Social Care in Northern Ireland, is aimed at staff right across the HSC.

Its objectives are:

- To challenge assumptions that are commonly held about disabled people.
- To promote more positive attitudes to people with disability.
- To increase staff confidence when providing services to people with disability.
- To increase staff confidence managing/working with people with disabilities.
- To encourage staff and users to challenge traditional practices and make change.

The e-learning programme will be an additional training resource for staff.

## **Accessible Formats**

The Agency worked with HSC as well as Public Safety partners in the hosting of a workshop to begin a dialogue with key individuals and with people working with voluntary sector groups about accessible formats for information materials provided in health, social care and public safety.

The workshop followed three main purposes:

- to start exploring what issues stakeholders view as key for making information accessible to all
- to find out how individuals may wish to be involved in work on accessible formats

- to learn how best to reach out to service users with particular needs.

The event was hosted in October 2010. Individuals who attended on the day included:

- black and minority ethnic people and those not fluent in English
- people with a learning disability
- older people
- people with a sensory impairment.

The workshop clearly underlined that real progress in supporting individuals in making informed choices about their health and social care through the provision of accessible information requires a cultural change recognising the right of individuals to access information in a format suitable to their needs rather than assuming that there is someone else at home who can make sure the individual gets the information they need.

*What are the main initiatives planned in the coming year to ensure the authority improves outcomes in terms of equality of opportunity and good relations for individuals from the nine categories covered by Section 75?*

During 2011/12 a focus of the activity will be concentrated on the finalisation of the equality scheme, securing approval from the Equality Commission and delivering on its commitments. The review of the PHA Action Plan in light of consultation comments received and commencing delivery on actions will likewise be a key priority for the year. These priorities will be further expanded and built upon as part of the 2011/12 work plan.

Specific priorities include progressing the mainstreaming of screening through finalising the development of a screening policy, the introduction of quarterly screening reports and their publication through the internet as well as delivery of screening training to policy leads.

The Agency will lead an HSC-wide initiative to improve the health and well-being of lesbian, gay, bisexual and trans people in HSC workplaces. This will include exploring the scope for establishing a staff forum for lesbian, gay, bisexual and trans (LGB&T) employees. Through engagement with staff, it will also seek to establish baseline information on the experience of HSC



workplaces by LGB&T staff and identify suggestions on how to develop more supportive workplaces.

In addition, the PHA has prioritised a number of training activities to meet the needs of LGB&T service users and staff, including

- Half Day LGB&T awareness training for PHA, HSC Board, BSO and the Patient and Client Council staff in regards to Health and Social Care settings and workplaces
- Traveller Support workers – awareness training for the Southern Area
- GP Update Training for South Eastern, Northern and Belfast areas.

The Health Improvement team's initiatives planned for 2011/12 include the following:

- Further the Fora, conferences and engagement with particular groups and take forward recommendations by ensuring that these are integrated within our objectives and action plans.
- Incorporate equality and diversity needs into the Workplace Health strategy for 2011/12;
- Work collaboratively with LGB&T employees, the 'Unite against Hate' campaign with PSNI and Trade Unions;
- Progress the regional minority ethnic health and social wellbeing steering group;
- Produce a report on Minority Ethnic health and social wellbeing issues across NI;
- Explore the possibility of developing a web-based information resource for ethnic minority wellbeing;
- Explore the possibility of developing a 'One Stop Service' to promote migrant health and wellbeing;
- Host a conference to raise awareness of health and social wellbeing issues for ethnic minorities;

- Establish a Migrant Health and Wellbeing Network as an information and good practice-sharing forum for health and social care professionals.

The Research and Development Division plans to improve information around PPI on its section of the Agency's website and to increase opportunities for involvement.

The blood-borne viruses (BBV) and sexually transmitted infections (STIs) team intends to enhance the level of engagement with representative groups of black and minority ethnic people to improve uptake of testing and services for Hepatitis B and C.

The strategy group on inequalities in uptake and coverage of cancer screening is planning a stakeholder work shop to engage in autumn 2011.

The PPI team will work to ensure that the use of Section 75 monitoring of those with whom we are engaged will be mainstreamed as far as possible. We will work to promote the involvement of all, and in particular marginalised and excluded members of society when it comes to inclusion of service users, carers, the public in the commissioning, design and delivery of services. We intend if funding is available to run a more comprehensive programme of training to ensure that awareness of issues associated with Section 75 Groups is raised.

Members of some of the various Section 75 Groupings who are also service users and or carers will be involved in the design and delivery of PPI training that we design or deliver where possible.

The Health Intelligence team will contribute to commissioning team training on 'making the link' between equality/human rights and commissioning scheduled for the first quarter of 2011/12. The team will likewise work with colleagues across the DHSSPS, the HSC Board and the BSO to improve the information and evidence base on various groups. Specific initiatives include work with Rainbow regarding LGB&T outcomes.

Finally, in order to progress the mainstreaming of equality considerations relating to Agency publications, a question on accessibility / alternative formats will be included in the Communications Support Request Form.

*Please give examples of changes to policies or practices which have resulted in outcomes. If the change was a result of an EQIA please tick the appropriate box in column 3 and reference the title of the relevant EQIA in the space provided below:*

	<b>Outline change in policy or practice which have resulted in outcomes</b>	<b>Tick if result of EQIA</b>
Persons of different religious belief		
Persons of different political opinion		
Persons of different racial groups	Translation of publications into minority ethnic languages  Development of Health Improvement Action Plan for minority ethnic group	
Persons of different age	Age specific outputs such as flu, bowel/cervical/breast screening, mental health campaigns  Older People's Action and Early Years Intervention  Introduction of Bowel Cancer Screening Programme  Development of Health Improvement Action Plan for Older People and Looked After Children	
Persons with different marital status		
Persons of different sexual orientation	Rainbow banner for Gay Pride  Cervical cancer leaflet  Development of Health Improvement Action Plan for LGB&T people	

Men and women generally	Gender specific outputs such as bowel/cervical/breastscreening	
Persons with and without a disability	<p>Cook It project for people with a learning disability</p> <p>Discovering Diversity eLearning: Promoting positive staff attitudes towards people with a disability.</p>	
Persons with and without dependants		

## **Section 1: Strategic Implementation of the Section 75 Duties**

*Please outline evidence of progress made in developing and meeting equality and good relations objectives, performance indicators and targets in corporate and annual operating plans during 2010-11.*

### **Planning**

During 2010/11, a range of objectives in the PHA Business Plan directly related to promoting equality and good relations. These included:

1.4 Engage communities and groups experiencing significant health inequalities in designing and implementing local community development plans

- Target: Complete a programme of engagement and planning with communities and groups who experience significant health inequalities, by 31 March 2011

2.4 Improve the mental wellbeing of the population and reduce suicide and self-harm

- Target: By March 2012, ensure that the suicide rate is reduced to below 14.5 deaths per 100,000. Consistent with this, by September 2010 the PHA will ensure that a deliberate self-harm registry pilot is established in the Belfast HSCT, and that a first draft report is produced by March 2011.
- By September 2010, the PHA will produce an action plan to implement recommendations arising from mental health promotion/suicide prevention training in Northern Ireland.
- By March 2011, the PHA will produce an action plan to take forward the relevant regional and local elements contained within the Mental health and wellbeing promotion strategy.

2.8 Implement new screening programmes

- Target: During 2010–2011, the PHA, HSCB and HSCTs should establish on a phased basis a bowel screening

programme for those aged 60–69 years (to include appropriate arrangements for follow-up treatment).

- During 2010–2011, the PHA should work with the HSCB and HSCTs to commence preparatory work for the phased introduction of screening arrangements for abdominal aortic aneurysm.

### 3.8 Improve the quality of, and access to, mental health services

- Target: Agree preventative and support investments in mental health services as part of the HSCB/PHA commissioning plan

### 3.9 Improve the quality of, and access to, learning disability services

- Target: Agree preventative and support investments in learning disability services as part of the HSCB/PHA commissioning plan

### 3.10 Reduce the impact of ill health, particularly on older people, through implementation of service frameworks

- Target: By March 2011, commissioners and HSCTs should have action plans in place to ensure the implementation of agreed standards from the Cancer Services Framework in accordance with guidance to be issued by the DHSSPS in October 2010.

### 3.13 Improve the patient and client experience

- Target: Further develop the tools for assessment against the Patient and Client Experience standards and work with HSCTs to develop a rolling programme of audits. Following the adoption of the Patient and Client Experience standards in 2009, HSCTs should extend the clinical care areas monitored and increase the range of monitoring tools, and ensure appropriate reporting and follow-up, consistent with direction from the PHA.

In addition, the Operations Directorate Business Plan includes the following specific objective: “Effective equality systems and embedded across all functions”. Reference is made to:

- Annual report
- Audit of Inequalities
- Equality Scheme
- Training.

The BSO's Equality Unit is responsible for supporting and advising the PHA and nine other Health and Social Care partners in relation to equality and human rights duties. Services provided by the Equality Unit to the Agency are defined and managed through a Service Level Agreement. An Equality Work Plan spells out key tasks for completion during the year.

### **Audit of inequalities**

During this reporting period due to the new statutory requirements, there was a concentration of activity in the audit of inequalities. The process for conducting this work was the focus of discussion at a number of Agency Management Team meetings. Planning for the work was undertaken in advance of the formal request being issued to the Chief Executive in August 2010. The Equality Manager, in consultation with the Assistant Director of Planning and Operational Services, drew up a proposal for conducting the audit of inequalities within the Public Health Agency. This was presented to an Agency Management Team meeting in May 2010.

The work was informed by the establishment of an Advisory Group by the BSO Equality Unit on behalf of the PHA and its partner organisations. The Public Health Agency is represented on this Group. It also includes individuals from the voluntary sector with knowledge of equality issues and of Section 75 of the Northern Ireland Act (1998).

The remit of the Advisory Group is to:

- quality assure the design of a robust and effective process in line with Equality Commission requirements
- provide input into the development of tools (such as an audit template) to be employed in the process
- provide feedback on draft documents (both at consultation stage and before submission of final documents to internal decision-makers).

The work was also supported by the design, development and piloting of an audit tool template by staff within the Equality Unit.

This audit tool template was quality assured by members of the Advisory group.

The Agency Management Team agreed that a series of workshops would be convened with staff from each of the three Directorates of the organisation – Operations Directorate, Nursing and Allied Health Professionals Directorate and the Public Health Directorate. A total of eight workshops were convened – one with each of the Assistant Directors and their teams. This covered the following Divisions:

- Service Development and Screening
- Health Protection
- Health Improvement
- Research and Development
- Nursing, Safety, Quality, Patient/Client Experience
- Allied Health Professionals and Personal & Public Involvement
- Communication and Knowledge Management
- Planning and Corporate Services.

The workshops were held between September and November 2010.

During each workshop, the staff were asked to consider three main tasks, firstly to identify and outline their functions, then to consider any particular inequalities evident in the execution of these functions and finally what actions they considered might better help the promotion of equality of opportunity for any of the nine equality categories or three good relations categories.

Additionally, work has been undertaken collaboratively across health and social care organisations. One of the key actions has been the development of a booklet highlighting key inequalities relevant to health and social care organisations. The information contained in the booklet was gathered by Equality Managers across the organisations – with each one assessing research relevant to a specific Section 75 group and identifying emerging themes. This “Emerging Themes” booklet is based on the literature and discussion with key stakeholders. It is intended to support managers with their own audit of inequalities specific to their functional areas.

## **Equality Scheme**



On receipt of the “Model” equality scheme from the Equality Commission in November 2010 the PHA prepared the scheme for discussion at Agency Management Team level in November 2010. At this meeting the detailed audit of inequalities and action plan was also discussed prior to presentation at the board meeting in December 2010. Following approval the consultation exercise was launched in December 2010 and lasted until 18 March 2011.

## **Embedding screening in policy- and decision-making**

The Equality Unit, on behalf of the PHA and its partners, led on work for the development of a new Health and Social Care screening template. This requirement emerged out of the new guidance produced by the Equality Commission in April 2010. The Unit convened a working group to which all equality managers from across Health and Social Care organisations as well as the Department of Health, Social Services and Public Safety were invited. The work was concluded in the later part of 2010 and a new template and associated guidance notes shared for adaptation by individual organisations.

The new template and associated guidance was disseminated to PHA staff and placed on the organisation’s intranet in January 2011.

During the last quarter, the PHA likewise commenced work on developing a screening policy with the aim to ensure that the Agency complies with its statutory duties under equality, disability and human rights legislation as well as its equality scheme commitments. It also seeks to spell out the screening process, roles and responsibilities in relation to screening, for the benefit of staff and those affected by what we do alike.

## **Section 2: Screening**

*Please provide an update of new/proposed/revised policies screened during the year.*

<b>Title of policy subject to screening</b>	<b>Was the <u>Full</u> Screening Report or the <u>Result</u> of initial screening issued for</b>	<b>Was initial screening decision changed following consultatio</b>	<b>Is policy being subject to EQIA? <u>Yes/No</u>? If yes indicate</b>

	consultation? <i>Please enter <u>F</u> or <u>R</u></i>	n? <u>Yes</u> / <u>No</u>	year for assessment.
ICT Security Policies			N
Records Management Policy			N

These policies will be issued to consultees in the context of the publication of the first screening report.

### **Section 3: Equality Impact Assessment (EQIA)**

*Please provide an update of policies subject to EQIA during 2009-10, stage 7 EQIA monitoring activities and an indicative EQIA timetable for 2011-12.*

#### ***EQIA Timetable – April 2010 - March 2011***

n/a

#### ***Ongoing EQIA Monitoring Activities – April 2010-March 2011***

n/a

#### ***2011-12 EQIA Time-table***

n/a

### **Section 4: Training**

*Please outline training provision during the year associated with the Section 75 Duties/Equality Scheme requirements including types of training provision and conclusions from any training evaluations.*

The Agency's PPI lead organised a training programme for 20 HSC staff delivered by the Royal National Institute for the Deaf to raise awareness of the issues surrounding the involvement of and the needs of people who are deaf or hard of hearing.

#### **eLearning**

Equality Unit staff, on behalf of the PHA and its partners, worked closely with organisations across Health and Social Care and the voluntary sector to develop a new e-learning module for all staff working in Health and Social Care organisations. The module has been integrated into the existing 'Discovering Diversity' eLearning programme. The programme is an exciting, interactive and engaging learning resource that has gone far beyond the legislation to support and encourage HSC staff to understand the importance of appreciating difference and to have a better understanding of diversity and disability.

Its objectives are:

- To challenge assumptions that are commonly held about disabled people.
- To promote more positive attitudes to people with disability.
- To increase staff confidence when providing services to people with disability.
- To increase staff confidence managing/working with people with disabilities.
- To encourage staff and users to challenge traditional practices and make change.

People with disabilities and organisations representing people with disabilities were involved in the development of this section, which aims to increase staff confidence when meeting a disabled person, and to ultimately promote positive attitudes towards people with disabilities. Continuing the style of the diversity section, the disability section takes learners on a journey that is interactive, lively and engaging.

### **Staff Resource**

To further support the learning and development of PHA staff, the Equality Unit produced a new resource for staff. "Some Common Myths in Screening" is a short practical guide that aims at promoting good practice in equality and human rights screening. It represents one element of the package of support and advice that the Unit offers staff tasked with carrying out screening of policies and decisions. It outlines misconceptions relating to different aspects of equality and human rights screening, describing what the myth is; explaining why it is a myth; offering some advice on how to avoid this particular pitfall, accompanied by a practical example to illustrate the key message presented.

The document has been placed on the staff intranet. Moreover, information to raise awareness of its existence has been included in the organisation's staff newsletter.

## **Section 5: Communication**

*Please outline how the authority communicated progress on delivery of the Section 75 Duties during the year and evidence of the impact/success of such activities.*

With regards to information for staff, a number of articles in the PHA's staff bulletin provided an update on equality work, including the audit of inequalities, equality scheme and action plan as well as the stakeholder workshop on accessible information.

Externally, the PHA, as part of the collaborative exercise, advertised in the Belfast Telegraph the launch of the equality scheme and audit of inequalities consultation exercise which ran between 17th December 2010 and 18th March 2011. This was supplemented by a press release in February 2011 which advised of the proposed dates for meetings with interested individuals and groups.

Face-to-face engagement in the course of the consultation events (see Section 9) likewise provided an opportunity for the Agency to communicate progress to individuals and representative groups.

As in previous years, the PHA's annual report included a dedicated section on progress in relation to the promotion of equality and good relations. The report was published on the organisation's website.

Finally, progress on the delivery of Section 75 duties was communicated to the Section 75 Advisory Group, convened by the BSO and its partner organisations for the purpose of the audit, equality scheme and action plan. Presentations at face-to-face meetings provided the main vehicle for reporting progress.

## **Section 6: Data Collection & Analysis**

*Please outline any systems that were established during the year to supplement available statistical and qualitative research or any research undertaken/commissioned to obtain information on the needs and experiences of individuals from the nine categories*

*covered by Section 75, including the needs and experiences of people with multiple identities.*

*Please outline any use of the Commission's Section 75 Monitoring Guide.*

The PHA has been developing a New Financial Planning and Monitoring System. Through the new system, which will be rolled out from April 2011, it will be possible to identify how much funding is being invested in programmes that are targeting particular groups such as Travellers and LGB&T people. It would be the intention to produce formal reports from the system that can be accessed, in appropriate formats, if requested.

The 2007 Bamford Review of Mental Health and Learning Disabilities ('Bamford') indicated a considerable number of areas of research need. These recommendations for research were further developed in the Bamford Action Plan launched by the Minister for Health, Social Services and Public Safety in 2009. The Research and Development Division of the Agency worked with users of research (policy-makers, practitioners and commissioners) and with researchers to determine the main priority areas. Patients, clients and carers were also consulted as part of that determination process.

The Research and Development Division commissioned six 'Rapid Reviews' in the areas of Children and Young People, Learning Disability, Primary Care, Patient Outcomes, Psychological Therapies and Personality Disorders in taking forward the Bamford Implementation Plan Research Recommendations.

These considered the available literature, identified policy implications, examined specified sub-themes, determined the key research questions and helped focus the final research call(s). The call(s) will issue after May 2011 dependent on the outcomes of the Rapid Reviews and discussions with potential funding partners.

The Rapid Reviews provided immediate outputs for use by policy-makers, practitioners and commissioners. The Reviews will also be shared with patients, clients and carers and maybe disseminated freely by all recipients. The Reviews will therefore constitute important initial outputs from the needs-led research programme to support the implementation of the Bamford recommendations.

The Research and Development Division moreover established a database of PPI representatives, who are service users and carers.

With regards to the work of the Respiratory Team, a Cohort review database has been established.

During the development of the PPI Strategy, it was agreed to start Section 75 monitoring of participants at workshops aimed at developing the Strategy.

The Agency undertook a number of efforts to improve the evidence base in relation to the needs and experiences of LGB&T people. This included the provision of funding to the Lesbian Advocacy Services Initiative to undertake focus groups with children of LGB&T parents. Similarly, research was commissioned to establish gaps in services for LGB&T service users in nursing and residential homes. Likewise, Rainbow and AgeNI have been funded to undertake research focusing on the needs and experiences of older LGB&T people. Preparations for research to be undertaken via an online survey for LGB&T employees to highlight any issues they felt needed to be addressed by Health and Social Care employers were likewise made.

In addition, an analysis of the All Ireland Travellers Health report was conducted and a briefing made widely available.

Research was also conducted to engage with Minority Ethnic Groups in Northern Ireland and working closely with colleagues in HSC Trusts.

In considering the evidence base to support the audit of inequalities we took the opportunity to search for new evidence. Given the timescales given for the conduct of the audit there was scope for commissioning additional work for data collection. Our exercise was however informed by the outcome of some work that we undertook together with our partner organisation, the HSC Board, to “collate and analyse existing information both internal and external as sources of information”. This exercise included an exploration of local and national quantitative and qualitative research, datasets and statistical information on referrals and uptake of services; consultations, roundtable discussion; good practice initiatives; outcomes from previous screening exercises

and complaints data. Its outcome is available in collated form on the PHA website.

The audit of inequalities exercise was also supported by a review of the contemporary literature in relation to the equality categories. This review is entitled “*Emerging Themes across Health and Social Care (2010)*” and is available at [www.hscbusiness.hscni.net](http://www.hscbusiness.hscni.net) under equality services. This review was undertaken by equality staff within health and social care organisations specifically for the purposes of the audit of inequalities. Staff from the BSO Equality Unit contributed to three of the sections in particular on behalf of the PHA and its partners.

Engagement with Section 75 categories took place as part of the process of quality assuring the literature collated. This evidence is available as a working document but it will also be beneficial for assisting in equality proofing of policies and decisions.

This literature review built on a previous Equality Literature Review undertaken by the Department of Health and Social Services and Public Safety (DHSSPSNI) in 2006. It will be updated as new issues and research emerge including additional material identified as a result of the consultation exercise.

## **Section 7: Information Provision, Access to Information and Services**

*Please provide details of any initiatives/steps taken during the year, including take up, to improve access to services including provision of information in accessible formats.*

Key initiatives relating to the Communications functions of the Agency included the following:

- 13 publications have been produced in a range of languages. The numbers vary according to the target audience of the particular leaflet. The total number of translations was 87.
- Cook It recipes produced specifically for people with learning difficulties in picture format being piloted with them prior to production.
- Website compliance to WCAG guidelines, including standards compliant mark-up, table-less design, alt descriptions for images, font-size options, contrast in design.

- In mass media campaigns, a range of media was used to cover a range of audiences, eg TV sub-titles for hard of hearing, radio for sound.

The blood-borne viruses (BBV) and sexually transmitted infections (STIs) team, responsible for surveillance and health protection in relation to control of hepatitis B, hepatitis C, HIV and other STIs, produced Hepatitis C leaflets in translation “Hepatitis C: Could I be at Risk” - <http://www.publichealth.hscni.net/publications/hepatitis-c-could-i-be-risk-english-and-6-translations>. Hepatitis C is more common in black and minority ethnic groups.

Information on areas of higher prevalence and need for consideration of testing is included in Transmit, the Health Protection bulletin that is sent out to stakeholders and provides information on the work of the team.

New public information leaflets were published in February 2011 for the cervical screening programme. These included specific information for women who are lesbian or bisexual, to highlight that they are also at risk of cervical cancer and should attend for screening when invited. The leaflets were distributed to all GP practices and are enclosed with invitations to attend for screening. In parallel to this, new guidance was issued to GPs and smear takers for cervical screening, incorporating information on the need to offer screening to lesbian and bisexual women. This was also covered during update training sessions with smeartakers held in March 2011 (300 attendees).

Care was also taken to ensure that the images on the cervical leaflet cover were inclusive of minority ethnic groups.

The bowel cancer screening programme was launched in April 2010. A range of tested information leaflets were developed for the programme and translated versions are available on our cancer screening website. The invitation letters have a translated text on the back of the letter advising the individual to contact the freephone helpline if they need assistance. The helpline has access to an interpreter service as required.

The Agency moreover provided funding for the provision of public health messages during key LGB events (including the Pride and Outburst festivals).



The PPI Strategy had an Easy Read version developed. In addition, the Agency's PPI lead organised a training programme for 20 HSC staff delivered by the RNID to raise awareness of the issues surrounding the involvement of and the needs of people who are deaf or hard of hearing.

The Health Intelligence team disseminated information on health inequalities for different groups through various activities, including a specific public brief on Travellers health summarising the all Ireland study and an internal PHA health intelligence brief on LGB&T people.

In the previous year's annual report of progress details were provided on the agreed terms and reference of the Regional Accessible Formats Steering Group. This group was established to develop and agree regional principles and standards for the provision of accessible information. During 2010-2011 work was progressed in accordance with the previous emphasis on stakeholder involvement.

The PHA worked with Health and Social Care as well as Public Safety partners in the hosting of a workshop to begin a dialogue with key individuals and with people working with voluntary sector groups about accessible formats for information materials provided in health, social care and public safety.

The workshop followed three main purposes:

- to start exploring what issues stakeholders view as key for making information accessible to all
- to find out how individuals may wish to be involved in work on accessible formats
- to learn how best to reach out to service users with particular needs.

The event was hosted in October 2010 with participants including:

- black and minority ethnic people and those not fluent in English
- people with a learning disability
- older people
- people with a sensory impairment.

The discussions that took place at the workshop brought to light a wide range of issues in the context of accessibility. It is clear that

voluntary sector representatives do not view issues relating to 'accessible formats' in isolation but as being set in the wider context of 'accessible information'.

This means that access routes to information and the distribution of information by Health, Social Care and Public Safety organisations are of equal concern. The provision of information in one central point for ease of access was a key issue. This relates to both general information on matters of health, social well-being and public safety on the one hand and information in alternative formats on the other.

The internet was thought to be a useful medium for this purpose and many attendees recommended the use of websites for easy access. However there was a degree of caution offered by groups representing older people and learning disability as not all have equality of access to websites.

The diversity of needs and preferences within groups likewise received attention with regards to different levels of literacy. Consequently, participants called for the comprehensive assessment of information and communication needs of individuals and groups. The discussions underlined that once needs of service users have been identified it is vital that this information is shared between professionals working in health, social care and public safety, as the individual moves through the system and accesses services. Information sharing will allow professionals to anticipate and meet needs up front rather than putting the onus on individuals to repeatedly request information in a format suitable for them.

The key concerns relating to accessible formats themselves included the call from all groups for use of larger font sizes, symbols and pictures and a language that is simple, free of jargon including the avoidance of abbreviations. A small number of participants also argued for a greater standardisation across health, social care and public safety publications, in particular regarding symbols and pictures used for those with learning disability.

Some participants acknowledged that not all staff will have the necessary expertise to produce information in accessible formats, in particular relating to Easy Read formats. For this reason, access

to specialist advice, in particular experts working within health, social care and public safety, was highlighted as beneficial.

The workshop revealed an acute awareness amongst voluntary sector representatives that the production of information in accessible formats in some cases will have resource implications. They argued that it is vital that these are taken into consideration at the planning stage.

Finally, the workshop clearly underlined that real progress in supporting individuals in making informed choices about their health and social care through the provision of accessible information requires a cultural change recognising the right of individuals to access information in a format suitable to their needs rather than assuming that there is someone else at home who can make sure the individual gets the information they need.

A full report from the workshop will be made available.

The PHA is keen to ensure that staff, as representative of Section 75 groups in their own right, also have access to information.

In November 2010 a workshop was held, to which all staff working in the Public Health Agency were invited. It provided an opportunity for staff to:

- reflect as an organisation on some of the achievements, learning and progress to date,
- find out more about areas of work which they may not necessarily have much contact in their day to day work, and
- discuss priorities for the next 4 years.

Ten 'Explorer Zones' were set up and staff were given the opportunity to attend a number of them to learn more about what happens in those areas of work. The Explorer Zones included Quality and Safety; Research and Development; Health Protection, ECCH (European Centre for Connected Health); Health Intelligence and Health Protection.

The event also gave staff the opportunity to identify priorities, as they saw them, for the PHA over the next few years. This allowed staff to provide some first thoughts on issues which could be used to shape the organisation's four year Corporate Strategy.

## **Section 8: Complaints**

The PHA did not receive any complaints under the terms of Section 75. If any complaints are received, they are directed to the PHA's Complaints Manager, who reports and monitors the level of complaints on an annual basis.

## **Section 9: Consultation and Engagement**

*Please provide details of the measures taken to enhance the level of engagement with individuals and representative groups during the year.*

*Please outline any use of the Commission's guidance on consulting with and involving children and young people.*

During the latter half of 2010/11 the PHA commenced work on developing its four year corporate strategy. Engagement has been central to the development of the strategy, commencing with input from all PHA staff at the staff event in November 2010. This was followed by further workshops with a range of senior staff and board members. The development process and draft content outline was also shared at a series of PPI/Community Development workshops. Further and wider engagement is taking place early in 2011/12 before the corporate strategy is finalised.

In addition, the Research and Development Division established training days for PPI representatives involved in HSC Research and Development Activities. Likewise, efforts were made to involve PPI representatives on HSC Research and Development Panels including members of the Bamford Monitoring Group.

In relation to the work of the respiratory team, which includes surveillance, prevention and control of TB, Legionnaires' disease, and seasonal/pandemic influenza, a representative from the Patient and Client Council is included in the Regional TB Group.

A strategy group on inequalities in uptake and coverage of cancer screening was established during the year. This group is exploring the barriers to participation in cancer screening across various population groups. A stakeholder work shop to engage further is planned for autumn 2011.

Moreover, the Agency engaged with the Rainbow Project for the mental health campaign.

Engagement is a fundamental principle of health improvement activity across all programme areas. Specifically, the PHA together with the HSC Board, established a Travellers Regional Forum to build relationships, guide PHA/HSC Board direction, take forward the recommendations of the All Ireland Traveller Health study and to share practice and agree collective action across the region. Engagement with other specific groups has included LGB&T community, Minority Ethnic Groups and Older People. A regional steering group for minority ethnic groups was established with the HSC Board and HSC Trusts to set out a clear direction. Consultation and engagement has been ongoing and a major workshop is scheduled for October 2011.

The Agency's PPI lead also sits as the PHA representative on the NICCY Participation Forum, with the aim of making key contacts and learning about effective approaches to facilitate involvement of Children and Young People in the work of the Agency.

During the development of the Agency's Consultation Scheme, a fore runner of the PPI Strategy, the PHA had direct engagement with a number of Section 75 representative groups including Disability Action, Travellers Groups etc.

The development of the PPI Strategy has involved widespread engagement with substantive involvement from the Community & Voluntary Sector, Service Users, Carers and the Public.

### **Equality Scheme and Audit of Inequalities**

The consultation exercise in respect of the audit of inequalities and action plan and development of the new equality scheme, led by the BSO's Equality Unit on behalf of the PHA and its partners, was formally announced on 17th December 2010 through a joint newspaper advertisement placed in the Belfast Telegraph.

An announcement of intention to consult was also communicated by email or by post to 349 Consultees on the organisations' Consultee List and placed on each organisation's website at the same time. This included an early indication that the organisations were also planning to undertake further direct engagement with individuals and groups during the consultation period.

A follow up press release on 14th January 2011 provided details on the dates and venues of meetings scheduled for face to face engagement. Venues were chosen to ensure geographical

coverage across Northern Ireland and the planning and organisational arrangements accommodated a range of accessibility issues. A total of four meetings were organised. Invitations were sent (by email and post) to all consultees with follow up communication closer to the time. Nevertheless uptake proved low. In recognition, the PHA and its partner organisations have decided to review the effectiveness of their consultation arrangements in collaboration with consultees during 2011/12.

### **Section 75 Advisory Group**

This Advisory group, referenced previously in this report, was established in February 2010 by the BSO to assist in the work associated with the development of new equality schemes. The group, which comprises a small number of people with knowledge and interest in equality issues, and in particular the section 75 equality duties, met on three occasions. It also helped to facilitate engagement with the Equality Coalition which is representative of a wider number of Section 75 groups.

As a result of this engagement the Agency also took the opportunity to participate in an event organised by the Equality Coalition and hosted at Unison on 9<sup>th</sup> March 2011. This facilitated engagement by the PHA with a number of organisations and individuals.

The Agency intends to draw on the new contacts established through the Advisory Group and the Equality Coalition to engage with individuals and representative groups on the PHA's Corporate Strategy during 2011/12.

### **Other relevant activities**

As outlined in Section 7, the PHA worked with HSC and Public Safety partners in hosting a workshop on accessible formats with individuals and representative groups. This provided a valuable opportunity to engage with individuals and groups representing older people, people with a learning disability, those not fluent in English and those with a sensory impairment.

Likewise, as mentioned in Section 4, the BSO, on behalf of the PHA and its partners, worked closely with people with disabilities and organisations representing people with disabilities in the development of the new disability eLearning module.

Work on creating a new Section 75 master consultation list for use by the PHA and its partner organisations was completed.

## **Section 10: The Good Relations Duty**

*Please provide details of additional steps taken to implement or progress the good relations duty during the year. Please indicate any findings or expected outcomes from this work.*

*Please outline any use of the Commission's Good Relations Guide.*

### **Don't Get Me Wrong a DVD and Resource pack – Challenging Racism and Sectarianism within Health and Social Care**

The overall aim of “Don't Get Me Wrong” developed in partnership with ArtsEkta was to use a creative thought provoking drama as a training medium. It explores the way in which racism and sectarianism are manifested and exposes how racist language in the form of nicknames or labels and stereotyping based on appearance is used within the everyday vocabulary of service users and staff. The development of the DVD and Resource was a partnership initiative between Health and Social Care organisations, ArtsEkta, the Equality Commission Northern Ireland with drama expertise and artistic input.

The PHA will draw on the resource within relevant future training and awareness raising initiatives.

## **Section 11: New/Revised Equality Schemes**

*If the Commission has notified you of its intention to request a new/revised scheme or formally requested a new/revised scheme and associated action plan, please outline below what progress has been made in the reporting period.*

Please see Section 1 for details. By the end of March, the analysis of consultation comments received on the equality scheme and action plan was underway.

## **Section 12: Additional Comments**

Health Improvement Action Plans have been prepared and progressed on Minority Ethnic (ME) Groups, Lesbian, Gay, Bisexual and Transgender groups (LGB&T), Older People and

Looked After Children. The PHA Board have also considered the strategic direction for the PHA on older people and have held a number of workshops, linked with the PHA/HSCB Older People's Commissioning team and developed an internal position paper.

These Action Plans were developed, agreed and progressed in close cooperation with representative groups. With regards to the LGB&T Action Plan, for example, in addition to training activities, which have been reported on in earlier sections of this review, key actions undertaken include

- securing agreement from Transgender Forum to develop website
- commissioning Cara Friend to extend services across Northern Ireland in the context of the 'Family Ties' project, which supports the families of LGB&T people

### **Annual Report 1 April 2010 / 31 March 2011 'Disability Duties' Questions**

Please note that the PHA has to date not been requested to produce a Disability Action Plan.