

Section 75

Equality Action Plan

2013 – 2019

Public Health Agency (PHA)

Updated April 2018

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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.

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 and have added a number of new actions. We want to deliver on these jointly with our partner organisations in Health and Social Care.

This document presents the updated action plan for 2018-19.

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 year. 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 PHA Equality Action Plan 2013-2019

Theme 1: Portraying Diversity Link to Corporate Plan: '3. All individuals and communities are equipped and enabled to live long healthy lives'	Key inequalities and opportunities to promote equality and good relations: <ul style="list-style-type: none"> • opportunity to ensure that images we use in information resources portray diversity 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Monitor and review resources for positive images of equalities communities	Positive images promote inclusion and recognise equality and diversity of the equalities communities we work with	Images reflect diversity Feature in CONNECT to raise awareness of need to be inclusive with images	Public and Professional Information Manager	end Mar 2019

<p>Theme 2:</p> <p>Cancer Screening</p> <p>Link to Corporate Plan: ‘3. All individuals and communities are equipped and enabled to live long healthy lives’</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <p>BME Groups - There are a number of factors that can influence participation by some BME groups in cancer screening, including:</p> <ul style="list-style-type: none"> • Divergence in perceptions held by screening staff and migrant ethnic groups regarding cancer screening. • Suspicion of authority. • The degree of knowledge about screening. • The type of health care in individuals’ native countries, i.e. no experience of these types of programmes. • Lack of access to primary care. <p>Learning Difficulties - Cancer screening uptake is lower amongst the population of people with learning difficulties than among those in the general population. Barriers to accessing cancer screening include:</p> <ul style="list-style-type: none"> • communication issues, including literacy problems; • consent issues; • physical health; • inability to undergo screening due to physical limitations <p>LGB&T - Lesbian women are less likely to participate in preventive health care, including breast and cervical cancer screening than heterosexual women. There is an assumption that they do not need to undertake cervical screening. Transgender people need to have access to relevant and up to date information on accessing gender-specific health screening programmes.</p>
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	<p>Physical and Sensory Disability - A key issue affecting those with sensory and/or physical disabilities is the availability of accessible information. The bowel cancer screening test kit is completed by individuals at home. Due to the nature of the test (collecting a stool sample) individuals with a physical or sensory disability will have difficulty accessing the screening programme.</p> <p>Evidence</p> <ul style="list-style-type: none"> • People from these minority groups may have problems accessing or understanding information about cancer screening and in some cases the methods of screening may create obstacles for some individuals. The PHA does not have data of uptake of cancer screening by individuals from section 75 groups. Our data collection is not specific enough. There is anecdotal evidence that uptake of cancer screening is lower amongst some section 75 groupings. 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Monitor delivery of Women's Resource and Development Agency (WRDA) contract	The promotion of informed choice with regards to the cancer screening programmes in section 75 groups	<p>(2018-19 targets to be agreed)</p> <ul style="list-style-type: none"> • Number of awareness sessions delivered • Number of promotional events held • Number of Community Facilitators recruited and trained to Level 3 Certificate in Learning and Development 	WRDA/ QARC	Contract to June 2018

New transgender screening leaflet to be adapted for NI from Public Health England and NHS Wales leaflet and to be included within Communications schedule	Transgender people are in a position to make an informed choice about their participation in cancer screening	Leaflet has been produced in collaboration with gender identity groups	QARC	end Mar 2019
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<p>Theme 3:</p> <p>Childhood Immunisation</p> <p>Link to Corporate Plan:</p> <p>'1. All children and young people have the best start in life'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • Whilst childhood immunisation uptake levels are generally very good in Northern Ireland and above the UK average there is variation in uptake. Lower levels occur in some areas of deprivation and also in some groups e.g. the Traveller community and some ethnic minority groups, such as those from the Roma community. There can also be problems with some recent migrants accessing vaccination services. <p>Evidence</p> <ul style="list-style-type: none"> • Vaccination uptake figures and reports from professionals working with affected groups. • NICE Public Health Guidance 21: Reducing differences in uptake of immunisations in children and young people aged under 19 years. <p>This guidance identifies the following groups as being at risk of not being fully immunised:</p> <ul style="list-style-type: none"> ○ those who have missed previous vaccinations (whether as a result of parental choice or otherwise) ○ looked after children ○ those with physical or learning disabilities ○ children of teenage or lone parents ○ those not registered with a GP ○ younger children from large families ○ children who are hospitalised or have a chronic illness ○ those from some minority ethnic groups ○ those from non-English speaking families ○ vulnerable children, such as those whose families are travellers, asylum seekers or are homeless. <ul style="list-style-type: none"> • Outbreaks of measles associated with imported cases from Romania across the United Kingdom and Ireland
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	<ul style="list-style-type: none"> Department of Health (2017), <i>the health status of Roma</i> outlines that: the Roma community often suffer poorer health and unhealthier living conditions compared to majority populations, including living in extended families, being socially isolated, and overcrowding. Roma children are particularly affected by a range of barriers in obtaining health services, with significant differences in child vaccination rates reported 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Commission a qualitative study, through the use of focus groups, to establish reasons why the Roma community decline or accept vaccination for themselves and their children.	To gain an understanding of the barriers to vaccination for the Roma community and to explore ways to overcome them, with a focus on measles and the MMR vaccine	<ul style="list-style-type: none"> Select provider to deliver qualitative study Recruit participants for intended focus groups Carry out six focus groups with selection of male and female adults from Roma community Analyse findings and complete written report Provide recommendations on development of interventions to improve vaccination uptake 	External provider and Health Protection Directorate PHA	End March 2019

<p>Theme 4:</p> <p>Migrants (relevant to both duties under Section 75)</p> <p>Link to Corporate Plan: ' 3. All individuals and communities are equipped and enabled to live long healthy lives'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <ul style="list-style-type: none"> • For migrants, having little or no English is considered to be one of the most significant barriers to accessing health and social care and other key services. There is a need to improve our knowledge and understanding of the challenges relating to this issue. There is a need for more partnership working among all key stakeholders, in particular with migrant groups; and • for a more co-ordinated approach in addressing migrant health and social wellbeing issues across NI. <p>Evidence:</p> <ul style="list-style-type: none"> • Health and Social Needs among Migrants and Minority Ethnic Communities in the Western area (Jarman, 2009); • Barriers to Health: migrant health and wellbeing in Belfast. A study carried out as part of the EC Healthy and Wealthy Together project (Johnston, Belfast Health Development Unit 2010); • Health Protection Issues Affecting Immigrants – A Literature Review (Veal and Johnston 2010 unpublished). • Poverty and ethnicity: key messages for NI (Joseph Rowntree Foundation,2016) 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Review delivery of the Northern Ireland New Entrant Service (NINES) to reflect the findings of the	Action taken to address the gaps in service identified by the evaluation with particular reference to immunisation and mental health	NINES will continue to offer holistic services to new entrants, including families	Belfast Trust and Southern HSCTrust	end Mar 2019

service evaluation undertaken in 2017	issues.	and children.	working with PHA and HSCB	
Through partnership working across the sectors explore how best to support improved access to English classes.	Improved knowledge and understanding of the issues and challenges relating to accessing English classes in NI including examples of good practice to help inform future action.	Action plan developed to implement the recommendations of the 2017 report on Partnership Approaches to Improving Access to English Classes	Cross – sectoral task and finish sub group of the Regional ME Steering Group	end Mar 2019
Undertake stakeholder consultation and other preparations for procurement of the Stronger Together Regional Minority Ethnic Health and Social Wellbeing Network for sharing of information, good practice and capacity building	Improved co-ordination between agencies, in meeting the health and social wellbeing needs of minority ethnic communities.	Enhanced network established with members comprising stakeholders and network users from across HSC and ethnic minority groups across Northern Ireland.	To be commissioned	end July2019
Evaluation of the regional pilot programme to promote mental and emotional wellbeing for ethnic minority communities in NI	Increased knowledge of effective approaches relating to promoting minority ethnic mental health and emotional wellbeing.	Evaluation report produced including recommendations for future service delivery	South Tyrone Empowerment Programme	end Mar 2019

			(STEP)	
Continue to work with key agencies and organisations across the sectors to review, develop and implement an annual regional action plan to address minority ethnic health and social wellbeing issues	Co-ordinated, cross-sectoral action undertaken to address identified minority ethnic health and social wellbeing needs	Annual Action plan developed and being implemented	Regional ME Steering Group	Annua lly by end Mar 2019

<p>Theme 5: Lesbian, Gay, Bisexual and Transgender</p> <p>Link to Corporate Plan: ' 3. All individuals and communities are equipped and enabled to live long healthy lives'</p>	<p>Key inequalities and opportunities to promote equality and good relations:</p> <p>Employment generally</p> <ul style="list-style-type: none"> • atmosphere and culture of discrimination, exclusion, homophobia and heterosexism (language, jokes, comments, graffiti) • lack of confidence in reporting and disciplinary procedures • lack of visibility of LGB&T people in the health and social care workplace <p>Services</p> <ul style="list-style-type: none"> • research in England on LGB&T experience of healthcare suggests numerous barriers including homophobia and heterosexism, misunderstandings and lack of knowledge, lack of appropriate protocols, poor adherence to confidentiality and the absence of LGB&T -friendly resources • LGB&T people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self-harm than heterosexual people. Other issues include; access to services and attitudes. Issues regarding Older LGB&T in communal facilities, with concerns around negative responses on the grounds of their sexuality from institutions when life changing events occur for example, loss of independence through hospitalisation, going into residential home or having home carers. <p>Research</p> <ul style="list-style-type: none"> • To date very little general LGB&T health research has been published in Northern Ireland <p>Evidence</p> <ul style="list-style-type: none"> • publications summarised and referenced in: PHA (2011): Health Intelligence Briefing on Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues HSC (2010): Section 75 Emerging Themes across Health and Social Care. Section 9
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	<ul style="list-style-type: none"> The Rainbow Project (2011) Through Our Eyes: Experiences of Lesbian, Gay and Bisexual People in the Workplace. 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
eLearning				
engage with key stakeholders	Increased capacity of staff working across HSC settings to better meet the needs of the LGB&T population.	E-learning programme promoted to staff working across HSC Settings by e-mail and on intranet sites.	Hilary Parke/Maria nne Ireland	end March 2019
Promote e-learning programme.		<p>E-Learning programme used as part of induction programme and ongoing Equality and Diversity Training.</p> <p>Use of programme monitored and feedback from learners used to inform changes.</p> <p>Link to training publicised on dedicated LGB&T website.</p> <p>E-learning programme promoted as part of KSF requirements for all staff.</p>	<p>Human Resources</p> <p>Hilary Parke with Staff Forum</p> <p>Human Resources</p>	

HSC staff forum				
Continue to support the HSC LGB&T Staff Forum.	LGB&T staff working within HSC organisations feels valued, equal and are empowered to contribute to effect change in the organisation. HSC organisations visibly demonstrate their commitment to promoting equality for LGB&T staff	Promotion of Forum continues through information stalls at HSC locations, posters in workplaces, articles in staff and union bulletins.	Hilary Parke	end Mar 2019
Maintain a dedicated website for the Forum.				
Mental Health and Emotional Wellbeing				
Commission services to support the mental health and emotional wellbeing needs of Lesbian and Bisexual women, Gay and bisexual men and Transgender individuals and their families.	Individuals who identify as LGB&T will have access to services to help address their mental health and emotional wellbeing needs. Transgender individuals and their families will have access to support. Sexual Orientation and Gender identity training will be available across all HSC localities. Increase awareness, understanding and skills and support developments to reduce stigma and discrimination by increasing public awareness, understanding and skills to create a safe and open environment for people who are	The Annual Action Plan will include the following:- Rainbow will provide a minimum of 45 interventions to support Gay and Bisexual men across Northern Ireland. Rainbow will provide a minimum of 45 interventions to support Lesbian and Bisexual women across Northern Ireland SAIL will provide a minimum of 45 interventions to support transgender individuals and their families across Northern	Hilary Parke	end of March 2019

	<p>lesbian, gay, bisexual and transgender.</p> <p>Ensure LGB+T individuals have access to services, help and support that will help maintain and improve their health & wellbeing.</p>	Ireland		
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Theme 6: Personal and Public Involvement Link to Corporate Plan: ‘5. Our organisation works effectively’	Key inequalities and opportunities to promote equality and good relations: <ul style="list-style-type: none"> • Work to embed the culture of Personal and Public Involvement (PPI) within this, and other HSC organisations. Strategically promote and enhance the concept and culture of personal and public involvement. Evidence <ul style="list-style-type: none"> • Research on service user and carer involvement and experience throughout HSC 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Include Section 75 as scoring criteria in the allocation of funds from the Promotion and Advancement of PPI Programme.	Section 75 groups will have an opportunity to become engaged in PPI activity through PHA funding.	25% of PPI Projects will involve Section 75 groups.	PHA PPI Team	end March 2018
PHA to review accessibility of information provided on the Engage website.	Ensure that relevant information is available in accessible formats and appropriate formatting and technology is used.	Engage website meets appropriate guidelines for accessible websites.	PHA PPI Team	End Mar 2019

Theme 7: PHA as an employer Link to Corporate Plan: '5. Our organisation works effectively'	Key inequalities and opportunities to promote equality and good relations: <ul style="list-style-type: none"> • need to raise the capacity of our staff to play a positive role in implementing the gender identity and expression employment policy effectively • possibly opportunity to better promote equality for carers and older staff in relation to their information needs • opportunity to strengthen the capacity of line managers to meet the needs of their staff • lack of comprehensive staff equality data Evidence <ul style="list-style-type: none"> • feedback from engagement and consultation on the gender identity and expression employment policy • feedback from staff; submission from Older People's Advocate 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Gender Identity				
Roll out the Gender Identity and Expression Employment Policy	Staff who identify as transgender and non-binary feel more supported in the workplace	Training Plan developed Records of awareness raising initiatives delivered	Operations & Human Resources	end Mar 2019
Carers				
Provide information for staff on available policies and measures that might meet	Staff who are carers feel more supported in the workplace	Information leaflets are provided	Operations & Human Resources	end Mar 2019

their needs; including sign-posting to relevant support organisations.				
Older people				
<p>Link in with regional work on NHS “Working Longer” initiative</p> <p>Engage with staff to find out about support needs for working on beyond previous retirement age and suggestions for additional support</p>	<p>PHA staff are in a position to make informed choices in relation to working beyond previous retirement age</p> <p>Older staff who are choosing to work on are supported</p>	engagement has taken place	Operations & Human Resources	end Mar 2019
Meeting section 75-related needs of staff				
Work with BSO and partner organisations to develop a line manager guide on reasonable adjustments for staff from a range of Section 75 groups	<p>Increased capacity of line managers to identify and respond to the range of Section 75 needs of their staff</p> <p>staff feel that their needs are being met</p>	resource produced	Human Resources	end Mar 2019
Section 75 monitoring				
<p>Monitor completion figures</p> <p>Encourage staff to complete</p>	robust data is in place to allow assessment of impacts and	quarterly downloads completed	Human Resources	end Mar 2019

equality data section on HR system via self-service	developing targeted actions	prompts issued to staff		
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Theme 8: Board composition Link to Corporate Plan: ‘5. Our organisation works effectively’	Key inequalities and opportunities to promote equality and good relations: <ul style="list-style-type: none"> lack of comprehensive data on the Section 75 profile of members of HSC boards; indications that some groups are under-represented (including ethnic minorities, younger people, people with a disability) Evidence <ul style="list-style-type: none"> no robust information available; submission from Older People’s Advocate 			
Action Point	Intended Outcome	Performance Indicator and Target	By Whom	By When
Approach Office for Public Appointments or Public Appointments Unit to welcome thoughts on the matter and seek advice on how greater diversity can be achieved	the Agency uses its influence to promote diversity	Engagement undertaken	Operations	end Mar 2019

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; Transsexual people; Women (including girls).
Marital status	Civil partners or people in civil partnerships; divorced people; married people; separated people; single people; widowed people.
Age	Children and young people; older people.
Persons with a disability	Persons with disabilities as defined by the Disability Discrimination Act 1995. This includes people affected by a range of rare diseases.
Persons with dependants	Persons with personal responsibility for the care of a child; for the care of a person with a disability; or the care of a dependant older person.
Sexual orientation	Bisexual people; heterosexual people; gay or lesbian people.



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