



# **PHA Five Year Review of Equality Scheme**

**June 2021**

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# 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<sup>1</sup>, 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

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<sup>1</sup> 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 to 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 1<sup>st</sup> April 2016 and 31<sup>st</sup> 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<sup>2</sup> 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 31<sup>st</sup> 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.

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<sup>2</sup> 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 to 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 - <u>Screening Report</u> 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