

## Public Authority Statutory Equality, Good Relations and Disability Duties - Annual Progress Report 2021-22

### Contact:

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<ul style="list-style-type: none"><li>Section 49A of the Disability Discrimination Act 1995 and Disability Action Plan</li></ul>	As above

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

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

### (ECNI Q28):

During 2021-22, we completed the Five-Year Review of Equality Scheme. The report can be found at:

[PHA Five Year Review of Equality Scheme - June 2021.pdf \(hscni.net\)](#)

Our Equality Scheme is due to be reviewed again by 31<sup>st</sup> March 2026.

**Signature:**



**This report has been prepared adapting a template circulated by the Equality Commission. It presents our progress in fulfilling our statutory equality, good relations and disability duties. This report reflects progress made between April 2021 and March 2022.**

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## Chapter 1: Summary Quantitative Report

(ECNI Q15,16,19)

### Screening, EQIAs and Consultation

1. Number of policies screened (as recorded in screening reports). (see also Chapter 6)	Screened in	Screened out with mitigation	Screened out without mitigation	Screening decision reviewed following concerns raised by consultees
2	0	1	1	No concerns raised by consultees on screening published in 2021-22
2. Number of policies subjected to Equality Impact Assessment.	1			
3. Indicate the stage of progress of each EQIA.	Physical Activity Referral Scheme (PARS): Consideration of Data/Assessment of Impacts/Consideration of Measures (STARTED 2020-21)			
4. Number of policy consultations conducted	1			
5. Number of policy consultations conducted with screening presented. (See also Chapter 2, Table 2)	1			

**(ECNI Q24)  
Training**

**6. Staff training undertaken during 2021-22. (See also Chapter 2, Q6)**

<b>Course</b>	<b>No of Staff Trained</b>	<b>No of Board Members Trained</b>
Equality Screening Training	7	0
Equality Impact Assessment Training	3	0
<b>Total</b>	<b>10</b>	<b>0</b>

**eLearning: Making a Difference**

Part 1 – All Staff	5
Part 2 – Line Managers	5

**(ECNI Q27)  
Complaints**

**7. Number of complaints in relation to the Equality Scheme received during 2021-22**

0

Please provide detail of any complaints/grievances:

n/a

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

**8. Within the 2021-22 reporting period, please indicate the number of:**

Actions completed: 3    Actions ongoing: 2    Actions to commence: 1

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

**9. Within the 2021-22 reporting period, please indicate the number of:**

Actions completed: 2    Actions ongoing: 0    Actions to commence: 4

## Chapter 2: Section 75 Progress Report

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

- 1. In 2021-22, please provide examples of key policy/service delivery developments made by the public authority in this reporting period to better promote equality of opportunity and good relations; and the outcomes and improvements achieved. Please relate these to the implementation of your statutory equality and good relations duties and Equality Scheme where appropriate.**

**Return to the Office / Hybrid working and Agile working** was added as a standing item at all quarterly meetings of the equality forum which brings together representatives from each of the 11 regional HSC organisations. The aim was to facilitate the identification and consideration of the needs of staff in decision-making, in particular for staff with a disability and those who are carers; to share good practice; and to ensure engagement with staff members from various section 75 groups.

This included a presentation on the initial findings relating to staff with disabilities and caring responsibilities from the BSO Human Resources Working from Home Survey 2021. Members gave updates on what work was being done or decisions being made within their organisations in relation to agile and flexible working. The need for further in-depth analysis of equality findings in the survey and for assurance that New Ways of Working take account of these findings was recognised.

The PHA Chair also met with Disability Action in the context of the Disability Champions Network (which is chaired by Andrew Dougal, the PHA Chair, and brings together the Champions from the 11 regional HSC organisations) to hear about key considerations and best practice.

Table 1 below outlines examples of progress to better promote equality of opportunity and good relations<sup>1</sup>.

The majority of outcomes demonstrate **improvements in access to information** (eg. through engagement presentations to groups and organisations representing black and minority ethnic communities to communicate forthcoming law changes on organ donation; through developing and distributing materials & videos to support the rollout of the COVID-19 vaccination programme and encourage vaccine uptake within ethnic minority & migrant communities identified as lower uptake communities). At times, this has involved the PHA using its influence on others who can produce outcomes (eg. as part of a tendered contract with PHA, the Women's Resource and Development Agency (WRDA) have strengthened links with Rainbow and Transgender NI, and adapted the content of their sessions to promote informed choice in cancer screening to ensure they are inclusive for individuals/groups across the whole spectrum of gender and gender identities).

Other outcomes relate to **improved access and uptake of services** (eg. virtual clinics in relation to Hepatitis B screening were used for women with transport difficulties especially during the COVID pandemic). Again, in some cases, this was achieved by the PHA using its influence on others (eg. in relation to providing funding to 2 Councils in the Western Locality to develop and deliver Access Inclusion programmes for people with disabilities).

In most cases, it is not possible to ascribe developments to one single factor of Equality Scheme implementation. New initiatives, such as in relation to COVID-19 vaccination uptake, are not necessarily an outcome of any equality screenings or Equality Impacts Assessments.

As mainstreaming progresses and the promotion of equality becomes part of the organisational culture and way of working, the more difficult it becomes to ascribe activities and outcomes to the application of a specific element of Equality Scheme implementation. From this point of view, staff training and engagement and consultation are arguably the most important factors.



Changes resulting directly from equality screenings are reported in Chapter 7, the mitigation report. Those due to the implementation of Equality and Disability Action Plans are reported in Chapters 3 and 4.

**Table 1:**

	<p><b>Outline new developments or changes in policies or practices and the difference they have made for specific equality groupings.</b></p>
<p>Persons of different religious belief</p>	<p><b>Directorate of Operations</b></p> <p><b>Organ donation</b></p> <p>The Department of Health’s duty to promote organ donation is delivered via a 12-month rolling plan to raise awareness and understanding of, and support for organ and tissue donation and transplantation.</p> <p>The education and awareness plan targets a wide range of audiences to ensure as many people are aware of organ and tissue donation and transplantation. Within the plan, there are activities which target different age ranges within the population. This includes dissemination of information to all organisations and networks representing faith groups and churches.</p> <p>Following the Department of Health’s public consultation on the introduction of a soft opt-out system for organ donation which ran from December 2020 – February 2021, an engagement plan was created to communicate widely on the proposed law change. Upon approval of the Organ and Tissue (Deemed Consent) Bill in February 2022, this plan has continued to communicate the forthcoming law change. Activities have included:</p> <ul style="list-style-type: none"> <li>• Engagement presentations to faith groups and churches</li> </ul>

	<ul style="list-style-type: none"> <li>• Dissemination of information to all organisations and networks representing faith groups and churches</li> <li>• A communications needs assessment was carried out in the form of a survey for groups, organisations and individuals to complete</li> <li>• Email and online information shared via NICVA and Community NI, Community Health Development Network and other partners to target all individuals in society.</li> </ul> <p><b>Health Intelligence</b></p> <p>A central function of Health Intelligence is to analyse data (eg from programme data, population-based surveys etc) and report findings to HSC colleagues internal/external to the Agency. In 2021/22, population-based surveys were conducted with samples representative of the NI general population. The population surveys were conducted to gauge public opinion on organ donation, and awareness of the Lifeline suicide prevention helpline. Data were analysed which included breakdowns for age, gender, religious and political affiliation. Findings were reported to HSC colleagues who use the information to make decisions about the future of services and/or interventions.</p>
Persons of different political opinion	<p><b>Directorate of Operations</b></p> <p><b>Health Intelligence</b></p> <p>Please see entry above (under ‘Persons of different religious belief’)</p>

Persons of different racial groups

## **Directorate of Public Health**

### **Health and Wellbeing Improvement**

During 2021/22, Health Improvement Teams identified and implemented a range of support mechanisms and dissemination of key public health messages to address community health needs within ethnic minority and migrant communities. This included a particular focus on developing and distributing materials & videos to support the rollout of the COVID-19 vaccination programme and encourage vaccine uptake within ethnic minority & migrant communities (identified as lower uptake communities). This work was carried out through the Low Vaccine Uptake Working Group and involved significant contributions from the PHA Communications Team. A sample of the outputs are included below;

**COVID-19 vaccination - a guide to the programme** - can be downloaded here [COVID-19 vaccination - a guide to the programme and translations | HSC Public Health Agency \(hscni.net\)](#)

**COVID-19 vaccination - what to expect** - can be downloaded here [COVID-19 vaccination - What to expect and translations | HSC Public Health Agency \(hscni.net\)](#)

Both of the above are available in 17 translations

**BAME social media resources (including influencer videos in own language) -**

<https://www.publichealth.hscni.net/directorates/operations/communications-and-knowledge-management/communications/corporate-and-public>

ReachDeck is available on the PHA website to translate the information including PDFs into other languages. A guide has been produced for the site in 22 languages on using this tool.

<https://www.publichealth.hscni.net/publications/how-translate-information-pha-website-using-reachdeck>

The PHA has a '[Health Messaging' email service](#) to help disseminate priority information resources to subscribers across Northern Ireland, including Ethnic Minority & Migrant support organisation. This service routinely promotes the availability of translated PHA information resources, to c800 subscribers.

Through the Low Vaccine Uptake Working Group, Health Improvement staff led on the sharing of low vaccine uptake data with the 5 HSC Trusts and Community Pharmacy to influence the location of Vaccine Clinics (data shared on a monthly basis from July 2021 – Mar 2022) and encourage a targeted approach to low vaccine uptake areas & communities.

Through the Low Vaccine Uptake Working Group, Health Improvement staff led on a range of engagements with the Food Processing sector, co-ordinating vaccine clinics by Trusts and/or Community Pharmacy in or near the workplaces. Between May and September 2021 there were 26 clinics across 14 sites and 5,695 total doses were administered (1<sup>st</sup> & 2<sup>nd</sup> doses combined).

## Screening

Cancer screening – an Arabic translator was engaged by the Women’s Resource and Development Agency (WRDA) to support the delivery of a number of sessions to promote informed choice in cancer screening, commissioned by the PHA. Resources for these sessions have been translated into Arabic and work is ongoing to develop standalone webinars in Arabic which can be made accessible to this community going forward.

Infectious diseases in pregnancy screening programme – In December 2021 the 2018-2020 annual report was finalised. This report highlighted that

- There had been a delay in the review of some women screening positive for hepatitis B due to the unavailability of specific interpreters, or women not attending for appointments especially in 2019-2020.
- In 2018-2019, 81% of all women who screened positive for hepatitis B were seen within 6 weeks by hepatology services.
- In 2019-2020, only 65% of all women who screened positive for hepatitis B were seen within 6 weeks by hepatology services.
- Since hepatitis B is more prevalent in the western pacific regions of the world many of the women screened positive for hepatitis B would not have English as their first language, which can lead to problems accessing services and understanding the importance of attending appointments.

The recommendations from this report were that there should be a process of continuous audit to: help identify potential barriers, for these women; help to improve service accessibility for all women; and ensure that all women are

reviewed in a timely manner within the recommendations of the National standards.

Actions taken include the following:

- Virtual clinics were used for women with transport difficulties especially during the COVID pandemic.
- Close liaison with hepatology services and maternity services meant that they were able to work together to ensure the necessary blood tests were taken to allow full assessment of the infectivity status of each woman.
- Community support groups were utilised at times to help transport women to appointments if it was necessary to have face to face appointments.
- In the absence of an appropriate interpreter the use of the “Big word” interpreting service meant that women could still be reviewed in a timely manner.
- Hepatitis information leaflets are available in different languages to be sent to women screened positive for hepatitis. These leaflets outline the implications of hepatitis B for themselves and their baby and detail the steps we will take to ensure their own health is maintained, through referral to the hepatologist, and the steps we will take to protect their baby through a schedule of vaccinations after delivery.

Results include the following:

- Provisional data from 2020-2021 shows that 72% of all women who screened positive for hepatitis B were seen within 6 weeks by hepatology services.

	<ul style="list-style-type: none"> <li>• Provisional data for the first 3 quarters in 2021-2022 shows that 91% of all women who screened positive for hepatitis B were seen within 6 weeks by hepatology services.</li> <li>• This is a great improvement and well above the national standard (acceptable level 70%, achievable level of 90%).</li> <li>• We will continue to monitor the data on a quarterly basis and take timely action should performance begin to fall again. However, it should be taken into account that the numbers are small so a few women not meeting the standards will affect the performance percentage greatly.</li> </ul> <p><b>Directorate of Operations</b></p> <p><b>Organ donation</b></p> <p>As per the entry under ‘religious belief’ above, education and awareness activities included</p> <ul style="list-style-type: none"> <li>• Engagement presentations to groups and organisations representing BAME communities</li> <li>• Dissemination of information to all organisations and networks representing a range of racial members of society.</li> </ul>
Persons of different age	<p><b>Directorate of Nursing and Allied Health Professions (AHP)</b></p> <p><b>Nursing</b></p> <p>From early in the onset of the COVID-19 Pandemic visiting into care homes in NI was severely restricted in order to protect care home residents who were viewed</p>



as among the most vulnerable in society; there were high numbers of deaths associated with COVID-19 among this sector.

The impact of isolation from families and loved ones was shown to be extremely detrimental to the health and wellbeing of both and caused major challenges at all levels across the system including politically as the community protested to the severity of restrictions.

The DoH asked this Directorate in the PHA to take forward work to put in place a plan that would support movement towards 'normalised' visiting into care homes.

The work entailed the following:

- Establishment of a Regional Working Group to include all relevant stake holders, Families/Independent Providers/Trusts/RQIA/HSCB/PCC/DoH/COPNI/3<sup>rd</sup> Sector Voluntary
- Scoping Evidence
- Completion of Risk/Benefit analysis
- Survey of the Views of Residents/Families/Care Home Providers
- Development of a Pathway – co-produced with all stake holders which was adopted by the DoH as Departmental Guidance.

The Visiting with Care Pathway developed was a stepped approach to moving towards normalized visiting that was informed by a number of factors including: the views of residents/families/providers, the status of the virus in terms of community transmission levels, number of care home outbreaks,

acuity/hospitalization rates for residents ill with covid-19 and deaths of care home residents from Covid-19.

A 4 weekly review cycle was put in place which informed the Minister in terms of moving along the pathway towards normalized visiting.

Difference this work made:

- Resumed visiting into and out of care home in a way that was managed and safe for residents impacting significantly on the health and well-being of residents and their visitors.
- Reduced pressure across the system from families who were very angry at the restrictions – complaints into COPNI, DoH, RQIA, PHA, PCC, HSCB, Trusts which had been extremely high reduce to practically zero.
- This work was co-produced with families and residents whose views informed all decisions.
- This work gave residents and families a clear voice and influence in decisions made.
- The rights of older people in care homes to a ‘family life’ were resumed.

The DoH, PHA Nursing and AHP team have created guidance for Care Home staff to reduce impacts of a resident experiencing a long lie after a fall. This includes a poster, Immediate Management of Fall protocol and guidance documentation.

The Frailty Network alongside PHA AHP are leading on a Regional Falls in Care Homes project to increase resident wellbeing and reduce falls. This is currently

still in testing phase. The baseline has been identified and it follows an Inter-professional approach with co-design at the heart.

Care Opinion platform within District Nursing – District Nursing teams deliver person and family centred care in the person’s home or in the community and assist people to make autonomous decisions about their care. The majority of people are over 65 years of age (83%). Service user feedback is critical and to facilitate this District Nursing launched a focused Care Opinion campaign on the 18<sup>th</sup> March 2021. This included the design of bespoke promotional material and campaign links. By 13<sup>th</sup> December 2021 100 stories had been published on Care Opinion in relation to the District Nursing services. Stories were shared by service users, relatives, carers and staff on behalf of service users. Care Opinion supports people to highlight what is important to them through open question of ‘What’s your story?’ Feedback to date has been largely positive and in relation to ‘what was good?’ the 5 main themes of the stories shared related to care, staff, Nurses, support and caring. A report has been produced which presents the key messages identified and will inform and influence developments within the District Nursing service.

## **Directorate of Operations**

### **Organ donation**

As per the entry under ‘religious belief’ above, education and awareness activities included

- Development of schools resources for Primary and Post-primary pupils: these resources are currently in development with a Working Group of teachers
- Use of initiatives such as Organ Donation Week to engage with young people, particularly Primary and Post-primary, with age-specific projects
- Engagement presentations to Age NI, U3A
- Dissemination of information to all organisations and networks representing youth and older members of society
- Involvement of Age NI in the development of communications campaigns.

### **Health Intelligence**

Please see entry above (under 'Persons of different religious belief')

Likewise, a central function of Health Intelligence is to analyse data (eg from programme data and population-based surveys etc.) and evaluate programmes or interventions implemented by colleagues throughout the Agency and report findings to colleagues internal and external to the Agency. In 2021/22 Health Intelligence commissioned population-based surveys which included Smoking campaign baseline measures gauging public opinion on smoking restrictions in cars and age of sale of e-cigarettes. Evaluations have included the evaluation of campaigns such as FAST, Smoking, Obesity and COVID vaccination. As routine practice, analysis of data always includes gender, age, SEG and marital status breakdowns. Findings are shared with colleagues who use the information to make decisions about the future of such interventions.

Health Intelligence moreover instigated a monthly survey programme to track public attitudes to Covid-19 and the measures put in place to mitigate its spread. As routine practice, analysis of data always includes gender, age, SEG and marital status breakdowns and findings are shared with colleagues internal and external to the Agency and provides support for the ongoing development of the vaccination programme, key messaging and communications.

In light of low vaccine uptake among HSC staff, Health Intelligence carried out a survey inviting HSC Trust staff, Domiciliary Care Staff and Primary Care Providers to explore their views on the COVID-19 vaccination and any concerns they may have had about the vaccine. As routine practice, analysis of data always includes gender, age, SEG and marital status breakdowns and findings are shared with colleagues internal and external to the Agency. Findings helped inform key messaging on the vaccine to alleviate any concerns people may have and to increase uptake of the vaccine.

In February 2022, Health Intelligence commissioned qualitative research to explore the perceptions and attitudes of the public towards the COVID vaccination programme and the announcement that all COVID legal restrictions would be replaced by guidance. Participants across different ages and genders were recruited to participate in focus groups. The findings have been shared with colleagues and used to inform the PHA vaccination programme and communication materials to overcome vaccine hesitancy.

Health Intelligence commissioned qualitative research with people having experienced chronic homelessness for the Complex Lives Model in Belfast.

	<p>Participants across different ages were recruited to their pathways and related factors into and out of homelessness and when being homeless with a particular focus on risk factors during adolescence and later adulthood. The findings and case studies originating from this work have been shared at a workshop with providers and wider services in the homelessness sector and will feed into the development and implementation of the Belfast Complex Lives approach.</p> <p>Health Intelligence prepares the compendium - The Director of Public Health's Core Tables - which contain a range of demographic information such as estimated home population figures and projections, births information, fertility rates, death rates, information on life expectancy, immunisation rates, infectious diseases and screening uptake rates. These are presented also for gender (where applicable) and age group.</p> <p><a href="https://www.publichealth.hscni.net/directorates/operations/statistics">https://www.publichealth.hscni.net/directorates/operations/statistics</a></p>
Persons with different marital status	<p><b>Directorate of Operations</b></p> <p><b>Health Intelligence</b></p> <p>Please see entries above under 'age'.</p>
Persons of different sexual orientation	<p><b>Directorate of Public Health</b></p> <p><b>Screening</b></p> <p>As part of a tendered contract with PHA, the Women's Resource and Development Agency (WRDA) have strengthened links with Rainbow and Transgender NI, and adapted the content of their sessions to promote informed</p>

	<p>choice in cancer screening to ensure they are inclusive for individuals/groups within the LGBTQIA+ community. Sessions were provided to Rainbow Project staff, enabling them to gain information and knowledge on cancer screening which they can pass on to more vulnerable members of the LGBTQIA+ community who may not be willing to attend a session themselves.</p>
<p>Persons of different genders and gender identities</p>	<p><b>Directorate of Public Health</b></p> <p><b>Screening</b></p> <p>As part of a tendered contract with PHA, the Women’s Resource and Development Agency (WRDA) have strengthened links with Rainbow and Transgender NI, and adapted the content of their sessions to promote informed choice in cancer screening to ensure they are inclusive for individuals/groups within the LGBTQIA+ community.</p> <p><b>Directorate of Operations</b></p> <p><b>Health Intelligence</b></p> <p>Please see entries above (under ‘religious belief’ and ‘age’).</p>
<p>Persons with and without a disability</p>	<p><b>Directorate of Public Health</b></p> <p>Access Inclusion programmes – To develop and embed excellent practice, achieve better health and wellbeing outcomes and reduce health inequalities for people with disabilities, in the Western Locality 2 Councils were funded to develop and deliver Access Inclusion programmes. The programmes work</p>

towards breaking down the economic, physical, social/attitudinal and communication barriers to social inclusion that impact on all aspects of health and wellbeing and ensure that people with disabilities can fully participate in civic life.

### **Screening**

As part of a tendered contract with PHA, the Women's Resource and Development Agency (WRDA) engaged with the British Deaf Association (BDA) to plan and facilitate sessions on promoting informed choice in cancer screening for those people who are deaf or have a hearing impairment. WRDA staff worked closely with interpreters to plan these sessions and ensure delivery of information was accurate and accessible to everyone. They used easy read information guides and assisted BDA staff in creating signed promotional videos to encourage users to attend the sessions. As feedback from the sessions was positive, the BDA produced a video for users to highlight the benefits of attending these sessions and in-vision resources for each of the cancer screening sessions are now being produced. Each of these sessions will be pre-recorded by a BSL translator and an ISL translator as well as include subtitles.

A working partnership has also been developed with RNIB to ensure that all sessions are accessible for those with a visual impairment. This has led to ongoing work with Deafblind UK (NI) to make appropriate adaptation to session Powerpoint resources.



Deafblind awareness training was delivered to staff and community facilitators delivering the promoting informed choice in cancer screening programme.

## **Directorate of Nursing and Allied Health Professions (AHP)**

### **New Models of Prescribing - Physiotherapy Pilot**

In 2019 a transformation project was established to enable prescribers working at the interface to issue prescriptions directly to patients, rather than asking GPs to implement their recommendations. The project considered new and transformative processes to improve access to medicines and pharmaceutical products. During 2020/21 pilot initiative was initiated. A project team was established to ensure effective oversight of the project. The pilot took place within the Southern and South Eastern Trust areas. Twenty physiotherapist prescribers are now writing HS21 prescriptions for patients to assist with management of lymphoedema, pain, musculoskeletal conditions, respiratory illnesses, neurological complaints and women's health issues across the two Trust areas.

One of the benefits of the project is reduced delays in accessing medication that should be started quickly allowing the opportunity to access the right medicines, at the right time, from the right person.

An example of how this has worked is that time to access made-to-measure compression garments for lymphoedema patients has reduced from 3-6 weeks to 1 week.

For patients, the work has reduced unnecessary appointments, promoted faster recovery, and enabled patients to manage their own care.

An evaluation of all the project is underway and work is continuing to enable a technical solution that would support wider commissioning and scale and spread to other HSC Trust areas.

### **Dysphagia NI**

Continuing the work of Dysphagia NI over recent years, during 2021-22 the focus has been on providing staff with up-to-date guidance and information to reduce the risk of choking for adults with dysphagia (eating, drinking and swallowing difficulties), and building awareness of dysphagia among the public.

A range of regional resources and guidance to support staff caring for people with Dysphagia were produced, including ECHO sessions for staff, information materials, newsletters and posters to raise awareness of eating, drinking and swallowing difficulties in community settings.

In addition, a number of actions were taken regionally to support best practice, including the establishment of a dashboard for Speech and Language Therapy Dysphagia waiting times in order to monitor and identify preventative actions on an ongoing basis and a checklist for RQIA inspections of domiciliary care and day centres which was piloted during 2021-22 and reviewed for implementation during 2022-23.

	<p>These actions contribute to ensuring regional consistency in protocols and care pathways, supporting a regional approach to dysphagia awareness and standardized best practice, with the impact of supporting patient safety and wellbeing by reducing the risk of choking for adults with dysphagia.</p> <p><b>Directorate of Operations</b></p> <p><b>Health Intelligence</b></p> <p>COVID vaccination publications material</p> <ul style="list-style-type: none"> <li>• Production of the range of COVID vaccination publications material in the following formats: easy read publications for those with learning disabilities, Braille*, large print accessible word documents, audio recordings, and BSL/ISL videos with sub-titles. *Braille versions of the COVID vaccination leaflets were produced and supplied to Trust vaccination centres following a request at one of the centres. RNIB also made their members aware Braille versions of the COVID vaccination leaflets were available on request. GPs and pharmacies also notified and could request. No requests were received via RNIB, GPs or pharmacy.</li> </ul> <p>COVID vaccination centres</p> <ul style="list-style-type: none"> <li>• Worked with RNID to produce a poster for vaccination centre staff on communicating with people who are deaf or have a hearing loss.</li> </ul>
Persons with and without dependants	<p><b>Directorate of Operations</b></p> <p><b>Health Intelligence</b></p>

Given the evidence of low uptake of the COVID vaccine among young people, Health Intelligence asked a number of questions, as part of the public attitudes Covid-19 monthly surveys, of parents/carers of children aged 5-11 and 12-17 to explore their views on children receiving the vaccine and any concerns they had. This was also further explored in the qualitative research were of the six focus groups, one group was of parents with primary school aged children (5-11 yr olds) and one group was of parents with secondary school aged children (12-17 yr olds). Findings were shared with colleagues and will be used to inform the PHA vaccination programme and communication materials to overcome vaccine hesitancy.

Family Nurse Partnership (FNP) is a licenced, intensive, home visiting programme provided to teenage parents by trained Family Nurses. In 2021 Health Intelligence produced the Family Nurse Partnership (FNP) International Annual Report 2021 Appendices: FNP Analysis of data to 31st December 2020 (Health Intelligence, 2021). The appendices are included in FNP Annual Reports including the Regional International Annual Report and each of the HSC Trust Annual Reviews for the FNP Family Advisory Boards. The collection of FNP data is a licensing requirement to help monitor and improve programme quality and replication of the original evidence-based programme model. The FNP data reports are used to review progress and outcomes with respect to FNP fidelity goals and FNP objectives concerning maternal and child outcomes.

**(ECNI Q4,5,6)**

**2. During the 2021-22 reporting period**

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

	<b>Yes/No</b>	<b>Details</b>
Job descriptions	No	The requirement to assist the organisation with fulfilling the duties under Section 75 of the Northern Ireland Act 1998 and the disability duties has not been included to date.
Performance objectives for staff	No	

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

	<b>Yes/No</b>	<b>Details</b>
Corporate/strategic plans	Yes	The PHA Corporate Plan 2017-2021, rolled over into 2021-22, includes five key outcomes. Two of these relate directly to Section 75 groups:  1. All children and young people have the best start in life 2. All older adults are enabled to live healthier and more fulfilling lives
Annual business plans	Yes	Against the Corporate Plan outcomes, a number of actions included in the Business Plan 2021-22 related to specific Section 75 groupings:  “Expand the routine adult and child influenza vaccines to help manage the impact of the ongoing Covid-19 pandemic. The 2021/22 influenza programme will be targeted at: people aged

		<p>50 years and over in the age based programme; School age children to year 12; and other at risk groups and HSCNI workers.”</p> <p>“Establish a Health Inequalities Network to improve access to data, co-ordination of resources and implementation of evidence based practice in Health &amp; wellbeing improvement”</p> <p>“Procurement of the new Regional Sexual Education service that meets specifications of diversity, communication methods and measurement of impact and implement in target areas”</p>
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(ECNI Q11,12,17)

3. Please provide any details and examples of good practice in consultation during the 2021-22 reporting period, on matters relevant (e.g. the development of a policy that has been screened in) to the need to promote equality of opportunity and/or the desirability of promoting good relations:

Please see Table 2 below.

**Table 2**

Policy publicly consulted on	What equality document did you issue alongside the policy consultation document?	Which Section 75 groups did you consult with?	What consultation methods did you use?  AND  Which of these drew the greatest number of responses from consultees?	Do you have any comments on your experience of this consultation?
<b>Health and Wellbeing Improvement</b>  Pre-consultation for PHA	<input checked="" type="checkbox"/> Screening template  <input type="checkbox"/> EQIA report  <input type="checkbox"/> none	The PHA sought feedback from persons who have been bereaved by suicide, community and voluntary organisations	An 8-week pre-consultation process took place between February and April 2021. This	The zooms sessions worked very well and allowed individuals to participate at times that suited them.

<p>commissioned services under Protect Life 2(PL2): A Strategy for Preventing Suicide and Self-Harm in Northern Ireland</p>		<p>with additional focus groups with a specific focus on ethnic minority community representatives and for LGBTQI+.</p>	<p>included a survey which was hosted via Citizen space along with a number of engagement events and focus groups.</p> <p>Due to COVID-19 restrictions, 8 consultation events were facilitated via Zoom. Information in relation to the pre-consultation process was advertised on the PHA website/social media and disseminated via PHA networks/contacts including: service providers, service users, community</p>	
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			and voluntary organisations, statutory bodies, PSNI and elected representatives. A video was also produced outlining the process which included subtitles.	
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(ECNI Q21, 26)

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

Yes - please see Table 3 below for further information.

**Table 3**

<b>Service or Policy</b>	<b>What equality monitoring information did you collect and analyse?</b>	<b>What action did you take as a result of this analysis?</b>  <b>AND</b> <b>Did you make any changes to the service or policy as a result?</b>	<b>What difference did this make for Section 75 groups?</b>
<b>HSC Research &amp; Development</b>  Evaluation of Building Research Partnership Training	Breakdown of demographic data of participants taking part	Parts of course were changed. Increased efforts were made to target participants from hard to reach groups.	Data still being monitored
<b>HSC Research &amp; Development</b>	Analysis of demographic data of registrants	Increased efforts were made to target people from BAME community through PHA lead, community contacts,	Recruitment rates still low but acknowledged this was a UK wide problem. Efforts are ongoing through nationwide campaigns to improve reach

Vaccine Research Registry		aligning with UK recruitment campaigns.	and improve equality and diversity in all research studies.
<b>Screening</b> Promoting informed choice in cancer screening	Section 75 data collected from the attendees at promoting informed choice in cancer screening sessions (2020-21)	Data showed few service users from the LGBTQIA+ community. Service provider employed a project worker to engage with this target group. Enhanced engagement with stakeholder groups Rainbow, Transgender NI and HereNI. Adaption of content of sessions and resources, targeted promotion, sessions for Rainbow staff and volunteers	2021-22 monitoring showed 32+ service users identified as being from LGBTQIA+ community. Ongoing engagement and monitoring planned.

**(ECNI Q22)**

**5. Please provide any details or examples of where the monitoring of policies, during the 2021-22 reporting period, has shown changes to differential/adverse impacts previously assessed:**

There is no information to evidence that PHA undertook the monitoring of policies, during the 2021-22 reporting period, of policies previously screened or EQIAed.

**Table 4**

<b>Policy previously screened or EQIAed</b>	<b>Did equality proofing show any additional needs/adverse impacts for any of the Section 75 groups?</b>	<b>Did you gather and analyse any equality monitoring information during 2021-22? (Please tick)</b>	<b>Did monitoring data show these adverse impacts had changed in 2021-22? Why do you think this is?</b>

## (ECNI Q25)

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

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

#### Screening Training Evaluations

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

- To develop an understanding of the statutory requirements for screening: **94%**
- To develop an understanding of the benefits of screening: **95%**
- To develop an understanding of the screening process: **85%**
- To develop skills in practically carrying out screening: **83%**

#### EQIA Training Evaluations

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

- To demonstrate an understanding of what the law says on EQIAs **94%**
- To demonstrate an understanding of the EQIA process **98%**
- To demonstrate an understanding of the benefits of EQIAs **96%**
- To develop skills in practically carrying out EQIAs **84%**

The figures in bold represent the percentage of participants who selected 'Very well' or 'Well'.

**(ECNI Q29)**

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

During 2022-23 we will focus on:

- Developing and consulting on new Equality and Disability Action Plans, jointly with our partner organisations
- Implementing key commitments identified in our 5 Year Review of Equality Scheme report.

## Appendix – Further Explanatory Notes

### 1 Consultation and Engagement

#### (ECNI Q10)

**targeting** – During the year, where relevant, we took a targeted approach to consultation in addition to issuing an initial notification of consultation. Moreover, we engaged with targeted groups as part of our work preceding formal consultations, as for instance, in the case of the PHA-commissioned services under Protect Life 2: A Strategy for Preventing Suicide and Self-Harm in Northern Ireland. This is to inform our consultation documents.

#### (ECNI Q13)

**awareness raising for consultees on Equality Scheme commitments** – During the year, in our quarterly screening reports we raised awareness as to our commitments relating to equality screenings and their publication.

#### (ECNI Q14)

**consultation list** – During the year, we reviewed our consultation list every quarter.

### 2 Audit of Information Systems

#### (ECNI Q20)

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

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<sup>i</sup> This includes as a result of

- screening / Equality Impact Assessments (EQIAs)

- 
- monitoring
  - staff training
  - engagement and consultation
  - improvements in access to information and services
  - implementation of Equality and Disability Action Plans.