



Public Health
Agency

PHA Equality and Disability Action Plans 2022-23

Section 75

Equality Action Plan

2022-23

Public Health Agency (PHA)

May 2022

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

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Introduction

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

Our action plan outlines actions related to our functions and takes account of our Equality Scheme commitments relating to Section 75 of the Northern Ireland Act 1998. Our Equality Scheme is available on our website: www.publichealth.hscni.net

The law requires us when we carry out work that we promote equality of opportunity across nine equality categories; age, gender, disability, marital status, political opinion, caring responsibilities, sexual orientation, religion and ethnicity. The appendix provides examples of groups covered under these categories. It also requires us to consider good relations in relation to political opinion, religion and ethnicity.

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

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

Some of our partner organisations in Health and Social Care, such as the Business Services Organisation and the Patient and Client Council, developed and consulted on new plans in 2017-18. We have drawn on the learning from this work for our plan. We have updated our actions and have added a number of new actions. We want to deliver on several of these jointly with our partner organisations in Health and Social Care.

This document presents the updated action plan for 2022-23.

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

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

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

What we do

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

We do things like:

- We find out what things people need to protect them from diseases and other hazards.
- We find out what services people in Northern Ireland need to keep healthy.
- We do not provide the services but work with other organisations that are called Trusts and other voluntary and private organisations that do so.
- We buy services from Trusts including, for example, hospital services.
- We organise and buy screening services. This is about finding out at an early stage whether a person is ill or is at risk of becoming ill.
- We try to make it easier for people to make healthier choices, for example in what they eat.
- We work with other organisations to try and reduce the big differences between different groups of people in Northern Ireland in how healthy and well they are.
- We develop and run campaigns for the general public in Northern Ireland on important health topics, for example on smoking.

- We develop websites on a number of health topics, for example on drugs, alcohol and smoking. Some sites are for specific groups such as young people or health professionals.
- We support research. We also buy and pay for research. We carry out some of the research ourselves.
- We make sure we learn from when something goes wrong in how health care is provided in Northern Ireland.
- We work with other organisations to improve the range and quality of services, for example for people of all ages with learning disabilities.
- We need to make sure services are good quality and check out that they are.
- We work with other health and social care organisations to improve how they engage with those who use their services, with carers and with the public.
- We also employ staff.
- We have to make sure that we obey the laws about employment, services, equality and rights.

Addressing inequalities in health and wellbeing is at the core of our work. As we face a difficult economic climate, inequalities may worsen over the coming period. For this reason, the PHA will redouble its efforts, working with partners in many different sectors, as well as directly with communities, to ensure we make best use of our collective resources.

What is in our Equality Action Plan

The following table outlines our key actions for 2022-23. It does not reflect all of our work to address inequalities in health and wellbeing. Rather, it presents a set of priority actions relating to the nine categories under Section 75. This document is also available on our website:

www.publichealth.hscni.net

The Public Health Agency (PHA) Equality Action Plan 2022-23

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
<p>1. HSC Research & Development (R&D) Division</p> <p>[Link to Corporate Plan: Outcome #4. All health and wellbeing services should be safe and high quality]</p> <p>Investigate barriers to Personal and Public Involvement (PPI) and participation in HSC Research, especially for those who are less likely to take part in research and PPI, such as younger people, and those from ethnic minority groups.</p>	<p>Age and ethnic minority</p> <p>Increase the number of people including young people and those from ethnic minorities taking part in PPI activities and getting involved in research as participants.</p>	<p>Study to evaluate PPI in HSC R&D has been undertaken and reported.</p> <p>The PPI action plan developed as part of the NI Clinical Research, Recovery, Resilience and Growth Programme has been implemented in accordance with stated timeline.</p> <p>Recommendations for next phase of PPI in HSC Research have been provided.</p> <p>Numbers of people taking part in clinical trials and other research studies in Northern Ireland and in PPI activities including PIER, particularly from younger age groups and ethnic minorities where involvement is lower, have</p>	<p>Assistant Director HSC Research & Development</p> <p>End March 2023</p>

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
		<p>increased.</p> <p>Public Awareness Days for PPI including the launch of the NI CRRRG action plan, have been delivered in collaboration with partners including those agencies involved with BAME communities.</p> <p>The HSC R&D application for funding process will include questions on equality, inclusion and diversity.</p>	
<p>2. Roll out the Gender Identity and Expression Employment Policy</p> <p>[Link to Corporate Plan: Outcome #5: Our organisation works effectively]</p> <p>Identify and pilot training available from organisations in the gender identity sector and put arrangements in place to access such training for teams where a member of staff comes forward to</p>	<p>Gender</p> <p>Transgender and non-binary staff feel more supported in the workplace.</p>	<p>Data collected from all staff who have drawn support through the policy indicates a positive experience.</p>	<p>Director of Human Resources</p> <p>End March 2023</p>

What we will do	What we are trying to achieve and who for	Performance Indicator and Target	By whom and when
disclose that they identify as transgender or non-binary.			

Appendix Examples of groups covered under the Section 75 categories

Please note, this list is for illustration purposes only, it is not exhaustive.

Category	Example groups
Religious belief	Buddhist; Catholic; Hindu; Jewish; Muslim, people of no religious belief; Protestant; Sikh; other faiths.
Political opinion	Nationalist generally; Unionists generally; members/supporters of other political parties.
Racial group	Black people; Chinese; Indians; Pakistanis; people of mixed ethnic background; Polish; Roma; Travellers; White people.
Men and women generally	Men (including boys); Transgender people; Non-binary people; Women (including girls).
Marital status	Civil partners or people in civil partnerships; divorced people; married people; separated people; single people; widowed people.
Age	Children and young people; older people.
Persons with a disability	Persons with disabilities as defined by the Disability Discrimination Act 1995. This includes people affected by a range of rare diseases.
Persons with dependants	Persons with personal responsibility for the care of a child; for the care of a person with a disability; or the care of a dependant older person.
Sexual orientation	Bisexual people; heterosexual people; gay or lesbian people.



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May 2022

Disability Action Plan 2022-23

Public Health Agency (PHA)

May 2022

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Our contact details are at the back of this document.

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Introduction

The Public Health Agency is committed to best practice with regards to our staff and service users that have a disability. We aim to be recognised as leaders in Health and Social Care for equality and diversity. The law says that in our work we have to:

- promote positive attitudes towards disabled people; and
- encourage participation by disabled people in public life.

The law also says that we have to develop a disability action plan. We have to send this plan to the Equality Commission. The plan needs to say what we will do in our work to make things better for people with disabilities.

As Andrew Dougal and Aidan Dawson – Chair & Chief Executive of the Public Health Agency – have stated we want to make sure we do this in a way that makes a difference to people with a disability. We will put in place what is necessary to do so. This includes people, time and money. Where it is right to do so, we will include actions from this plan in the yearly plans we develop for the organisation as a whole. These are called ‘corporate’ plans or ‘business’ plans.

We will also put everything in place in the organisation to make sure that we do what we have to under the law. This includes making one person responsible overall for making sure we do what we say we are going to do in our plan.

We will let our staff know what is in our plan. We will also train our staff and help them understand what they need to do.

The person in our organisation who is responsible for making sure that we do what we have promised to do is Stephen Wilson. If you have any questions you can contact Stephen Wilson at:

Name: Stephen Wilson

Title: Director of Operations

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

Telephone number: 03005550114 prefix with 18001 for Text Relay

Email: stephen.wilson@publichealth.hscni.net

Every year we write up what we have done of those actions we said we would take. We send this report to the Equality Commission. We also publish this report on our website:

<http://www.publichealth.hscni.net/>

We have a look at the plan every year to see whether we need to make any changes to it. If we need to, we write those changes into the plan. Before we make any big changes we talk to people who have a disability to see what they think.

When we finish an action we take it off the plan for the next year. That way we keep our plan up to date. It shows what we still have to do.

Who is included in our plan?

Our plan relates to the following key areas:

- People with physical disabilities;
- People with sensory disabilities (such as sight loss or hearing loss);
- People with autism or Asperger's Syndrome; people with dyslexia; people with learning disabilities;
- People with mental health conditions (such as depression); and,
- People with conditions that are long-term (such as cancer or diabetes).

It also covers people who are included in more than one of these areas. We have other equality laws that require us to promote equality of opportunity across a number of diverse categories. In our plans we need to also think about other factors such as caring responsibilities, age, gender, sexual orientation, ethnicity and marital status.

How we developed this plan

In developing this plan we looked at what we have done so far to make a difference for people who have a disability. We also read what the Equality Commission said would be good to do. All this helped us think about what else we could do to make a difference.

We thought it was important to involve people who have a disability in developing our plan. So we invited any of our staff who have a disability to be part of a small group to work on this. We also said that any of our staff who are interested could join.

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

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

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

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

How we have updated this plan

Some of our partner organisations in Health and Social Care, such as the Business Services Organisation and the Patient and Client Council, developed and consulted on new plans in 2017-18.

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

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

What we do

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

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How people can be involved in our work

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

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

This is some of what we have done up to now

This is some of what we have done already to promote positive attitudes towards disabled people and encourage the participation of disabled people in public life.

Promoting positive attitudes towards disabled people

- Images and photographs of events include people with a disability whenever they participate in these.
- For information targeted at people with a disability efforts are taken to include photographs of them.
- Disability issues are covered in much of PHA's communication due to its remit (for example reports on PHA conferences such as on brain injuries).
- On our behalf, the Equality Unit in the Business Services Organisation have developed a resource and checklist for staff on how to positively portray people with a disability in their work.
- The Equality Unit have developed a signposting resource for all staff on support available in the community. It includes information and contact details for a number of disability organisations. We update this resource every year.
- To date, we have held a series of disability awareness days for our staff. Each looked at different disabilities. Information about the days is available on the website of Tapestry, our staff disability network.
- We deliver training sessions on mental health awareness to our staff. Since 2015-16, we have delivered courses each year for staff and managers such as on mental health first aid, mindfulness and managing stress; and courses for staff who are carers.
- We developed a scenario focusing on disability issues in our eLearning "Making a Difference". All our staff have to complete this training.
- In Equality Screening Training we look at how the disability duties can be considered in practice. Whenever staff take decisions they must write down what they have done or plan to do to promote the disability duties in their decisions.

Encourage the participation of disabled people in public life

- We set up a disability network for staff in the PHA and the other 10 regional Health and Social Care organisations. Part of the role of this network is to raise disability issues with decision makers in our organisation.

- We participate in a disability work placement scheme together with the 10 other regional Health and Social Care organisations. This means we offer 26-weeks work placements for people who have a disability.
- Along with our partner organisations and led by the Equality Unit, we have put in place a process for publishing equality screening templates as soon as they are completed. A disability organisation had suggested that we do so. We do the same for publishing quarterly screening reports. We ask people for their thoughts and suggestions on our screenings.
- When we evaluate training that the Equality Unit delivers we include a question on the needs of trainees with a disability. This helps us to find out whether we need to make any further adjustments.
- We have adopted an Accessible Formats Policy. It says how we decide which documents we produce in a range of different formats. We have put together practical tips for staff, for example on how to get different formats done and we let our staff, service users and the public know that they can ask for materials in other formats such as in large print or as a CD.
- Nursing: we have involved people with a learning disability in developing the Regional HSC Hospital Passport. The passport is for people with a learning disability to complete (with or without help) and present to staff every time they have contact with a general hospital. It gives staff important information on the person and how they prefer to communicate, their medical history and any support they might need while in hospital.
- HSC Research and Development: we have held consultation exercises with surviving patients and carers with cancer as part of Cancer Conference.
- HSC Research and Development: we have run workshops for patients and members of the public to explore issues related to becoming and being a member of the public involved in research and the role of researchers in facilitating this involvement. This course is called Building Research Partnerships.
- Service users with dementia, learning disability, mental health issues and their carers have been involved in the steering groups for the Bamford and Dementia Research Programmes. Persons with dementia and young people who are care leavers have also been involved on some of these projects as peer researchers.

What we are going to do

In the table below we list all the actions that we will do. We also say when we will do them. The Equality Unit in the Business Services Organisation (BSO) will support us in the implementation of this action plan.

Public Health Agency (PHA) Disability Action Plan 2022-23

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

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
<p>1. Allied Health Professionals Commission RNID (formerly Action on Hearing Loss) to deliver deaf awareness training to staff in the PHA.</p>	<p>Promotion of positive attitudes Ensure that staff are aware of challenges faced by people who are deaf, and what they can do to support someone who is deaf. Promotion of positive attitudes towards people who are deaf.</p>	<p>Training delivered for Nursing; Allied Health Professionals (AHP); Personal And Public Involvement (PPI); 10,000 Voices; and Patient Experience teams Training sessions evaluated</p>	<p>Assistant Director of Allied Health Professions, Personal and Public Involvement and Patient Experience End March 2023</p>
<p>2. Staff Awareness Days Raise awareness of specific barriers faced by people with disabilities</p>	<p>Promotion of positive attitudes Staff are better equipped to identify and meet the needs of colleagues and service users with a disability</p>	<p>Two annual Awareness Days profiled in collaboration with voluntary sector groups. Features run on Connect (PHA intranet). >50% of staff participating in the evaluation indicate</p>	<p>Equality Unit End March 2023</p>

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
		that they know more about people living with disabilities as a result of the awareness days.	
<p>3. Tapestry</p> <p>Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its agreed priorities.</p>	<p>Participation in public life</p> <p>Staff with a disability feel more confident that their voice is heard in decision-making.</p> <p>Staff with a disability feel better supported.</p>	<p>Increases in Tapestry membership or in participation at meetings</p>	<p>Agency Management Team</p> <p>End March 2023</p>
<p>4. Disability Work Placements</p> <p>Create and promote meaningful placement opportunities for people with disabilities.</p>	<p>Promotion of positive attitudes</p> <p>People with a disability gain meaningful work experience.</p> <p>Staff are better equipped to identify and meet the needs of colleagues and service users with a disability</p>	<p>At least one placement offered by PHA for 2022-23 Scheme</p> <p>Feedback through annual evaluation of scheme indicates that placement meets expectations.</p>	<p>Agency Management Team</p> <p>End March 2023</p>
<p>5. Mental Health Charter</p> <p>Sign up to Mental Health</p>	<p>Promotion of positive attitudes</p> <p>Staff with mental health conditions</p>	<p>Promotion of Charter Mark</p>	<p>Agency Management</p>

What we will do	What we are trying to achieve	Performance Indicator and Target	By whom and when
Charter.	feel better supported in the workplace		Team End March 2023

Signed by:



Andrew Dougal

Chair

Date: 20/07/22



Aidan Dawson

Chief Executive

Date: 20/07/22



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