HSC Health and Social Care Board

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DRAFT

Audit of Inequalities across the functions of the Health and Social Care Board

Action Plan 2011 - 2013

Consultation Report

December 2010

How can you respond?

During December 2010 – March 2011 you are invited you to let us know what you think of the contents of this report. The report provides details on how we in the Health and Social Care Board undertook work in relation to an Audit of Inequalities as required by the Equality Commission Northern Ireland. This work is part as part of our statutory equality duties under Section 75 of the Northern Ireland Act 1998.

The report also includes the Action Plan developed as a result of this work. This plan outlines some proposed actions by the Health and Social Care Board that are intended to better promote equality of opportunity and good relations.

This consultation document is also available online at **www.hscboard.hscni.net** along with an Easy Access Version.

If you would like this document in an alternative format or if you have other questions or queries about its content please contact:

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To respond you can use the list of questions that accompany this consultation exercise or if you prefer you can choose to respond with other comments. You can provide responses in writing, by email or in another format. See end of report for details.

Please forward responses to Anne McGlade by 18th March 2011 Please note that the Health and Social Care Board will under Freedom of Information Act (2000) make public any responses received. Summary responses will be published. In limited circumstances we will consider requests for confidentiality but this cannot be guaranteed.

Contents

Foreword

The Health and Social Care Board was established in April 2009 and has a key role to play in assessing the needs of the population and planning and securing health and social services that respond to that need within financial constraints. The objective is that of improving and protecting the health and social wellbeing of the population and of reducing differences in access to good health and social care and quality of life.

In reviewing the evidence base to support the audit of inequalities a number of interrelated components were highlighted. A person's socio economic background is still a key factor in determining their life chances in relation to their health and social wellbeing, their education or their employment prospects. Poverty affects health and social well being both directly or indirectly. In addition poor health can cause poverty.

Social exclusion on the other hand is the process by which groups and individuals are prevented from participating fully in society. Social exclusion is more than income poverty. It is about isolation from participation in social life, from power and decision making. Social exclusion can arise on the basis of a person's age, gender, sexual orientation, disability, ethnicity, civil or marital status, religion, political opinion or their caring responsibilities. These categories are covered by Section 75 of the Northern Ireland Act 1998 which has an important role to play in tackling inequalities and in promoting greater equality of opportunity, inclusion and diversity.

The Health and Social Care Board recognises that it has a key role to play in helping to address inequalities in health and wellbeing and in improving opportunities for all. This audit of inequalities and associated action plan is an important first step and the outcome of the exercise highlighted a number of key issues. These related to:

- The adequacy of information systems;
- The accessibility of communication processes;
- The need for more explicit consideration of inequalities issues; in corporate and commissioning processes;

- More explicit consideration of equality of opportunity in the outcomes of commissioning;
- Awareness raising and training; and,
- Utilising our influence to promote equality and diversity.

Actions to address these inequalities and others identified in relation to access to services and outcomes are highlighted throughout this report and in the Action Plan on pages 19-23.

In a number of areas of inequality, particularly where there is also a socio economic component it is clear that the responsibility for addressing these also lie with other bodies. Better outcomes will therefore be best achieved by working in partnership with other health and social care organisations, other public bodies and with the independent and community sectors. At a later date following the outcomes of this first audit of inequalities there is an opportunity for health and social care organisations to consider the actions identified, and in particular those that have wider implications that could be best progressed through collaborative working.

Background

This exercise has arisen in response to the new statutory guidance in relation to "Section 75 of the Northern Ireland Act 1998: A guide for Public Authorities" (2010). Public authorities are now required by the Equality Commission Northern Ireland to produce an equality scheme and associated action plan informed by an audit of inequalities.

Section 75 of the Northern Ireland Act (1998) requires the Health and Social Care Board to comply with two statutory duties. The first duty is the equality of opportunity duty. It relates to nine equality categories including religious belief, political opinion, racial group, age, marital status, sexual orientation, gender, disability and dependants. The second duty is the good relations duty which relates to three categories religious belief, political opinion and racial group.

The Chief Executive of the Health and Social Care Board received the formal request to carry out the audit of in equalities on the 1st August 2010. This provided a three months preparatory time in advance of the formal request by the Equality Commission Northern Ireland for the production of an Equality Scheme. This request was issued on 1st November 2010 with an expectation that after a formal consultation exercise the Health and Social Care Board would be in a position to submit its Equality Scheme and the Action Plan resulting out of the Audit of Inequalities work to the Equality Commission Northern Ireland by 1st May 2011.

The audit of inequalities was perceived as a practical exercise to allow public authorities to scrutinise their functions in detail and consider what inequalities currently exist. The expectation was that these inequalities could be addressed through the identification of specific actions designed to better promote equality of opportunity and good relations.

Purpose of this report

The purpose of the report is to provide information on both the process, that is, how the audit of inequalities was carried out by the Health and Social Care Board and on the outcomes, that is, the action plan emerging from the exercise.

This report also provides details on how the Health and Social Care Board will monitor and review any of the actions identified.

About the Health and Social Care Board

On 1 April 2009 the single Health and Social Care Board replaced the four Health and Social Services Boards. Its focus is on three key legislative functions of commissioning, performance and service improvement and financial accountability. It relates to the entire population of Northern Ireland. Additional functions relate to Corporate Services, Social Care and Integrated Care. These functions are described in detail on pages 11-16.

How we conducted the audit of inequalities?

The Chief Executive and Directors within the Health and Social Care Board, referred to as the Senior Management Team, meet on a weekly basis to discuss the operational business of the organisation. The Director of Public Health and Medical Director and Director of Nursing and Allied Health Professionals of the Public Health Agency attend these meetings. The process for conducting the audit of inequalities work was the focus of discussion in a number of these meetings. Planning for the work was undertaken in advance of the formal request being issued to the Chief Executive in August 2010. The work was informed by the establishment of an Advisory Group by the Business Services Organisation on behalf of a number of its client organisations. (The Business Services Organisation is responsible for supporting and advising ten Health and Social Care organisations in relation to equality and human rights duties.) The Health and Social Care Board is represented on this Advisory Group. It includes individuals from the voluntary sector with knowledge of equality issues and of Section 75 of the Northern Ireland Act (1998).

In view of the overlapping nature of the three key legislative functions of the Health and Social Care Board, those of, commissioning, performance and service improvement and financial accountability it was agreed at a July 2010 Senior Management Team meeting that a workshop event be arranged, inclusive of the entire Senior Management Team, to take this work forward collaboratively. It was also considered that this event was important to demonstrate the commitment of the Chief Executive and the Senior Management Team and their acknowledgement of the importance of the exercise.

To supplement the workshop further dialogue about the audit of inequalities exercise took place across each of these three Directorates; Commissioning, Performance and Service Improvement and Finance and also the Directorates of Social Care and Children, Integrated Care and Corporate Services.

During the Audit senior staff within each of these Directorates gave consideration to three tasks, namely: describing their functions; outlining particular equality and inequality issues; and identifying actions that they considered might help better promote equality of opportunity for any of the nine equality or three good relations categories. This process also acknowledged that inequalities do not always come packaged in parcels marked, for example, age, disability, sexual orientation, or race but that they often overlap.

A workshop was arranged for 2nd November 2010 chaired by the Chief Executive. At the workshop Senior Management Team members considered the implications of the Health and Social Care functions, in the context of equality and good relations. This exercise used the knowledge of the Senior Management Team members supported by input by the Public Health Agency on the available evidence of equalities and inequalities. This evidence base was identified by literature searches, from internal processes including complaints, from previous engagement with groups and organisations and from existing data bases currently used for commissioning and planning purposes. The evidence used is summarised on pages 17-18.

Additional material is attached as Appendices 2.1, 2.2 and 2.3.

Definition of functions

The Health and Social Care Board was established by the Health and Social Care Minister on 1st April 2009 and faces a diverse and challenging role as it seeks to develop health and social care services across Northern Ireland. The Board replaced the four former area-based health and social services Boards under the Review of Public Administration in Northern Ireland. This was an important process to streamline many public services, which continues at the present time.

The role of the Health and Social Care Board is contained in the Health and Social Care (Reform) Act 2009 as follows:

1   To arrange or 'commission' a comprehensive range of modern and effective health and social services for the 1.7 million people who live in Northern Ireland.

2   To performance manage Health and Social Care Trusts that directly provide services to people to ensure that these achieve optimal quality and value for money, in line with relevant government targets.

3   To effectively deploy and manage its annual funding from the Northern Ireland Executive – currently around £3.7 billion – to ensure that this is targeted upon need and reflects the aspirations of local communities and their representatives.

4   In addition to these three functions for which the Health and Social Care Board is responsible a range of other functions transferred from the four areas based Boards. These include social care, corporate services and integrated care. It also operates in a partnership role with the Public Health Agency to help it in its role in protecting public health and actively promoting health improvement of the people in Northern Ireland.

For ease of reading Table 1 proves a summary of key functions followed by a more detailed outline of Directorate Functions.

Summary of the functions of the Health and Social Care Board

Table 1

Commissioning	Social Care and Children
Establishing a framework for the delivery of safe and effective health and social care services that reflect the local needs and are able to able to deliver for the whole of the population in Northern Ireland	Ensuring effective and safe social care services that help promote the independence of both adults and children by connecting the needs and aspirations of users and carers
Performance and Service Improvement	**Integrated Care**
Making sure that those responsible for the delivery of services do so in accordance with their contractual obligations and in line with specified standards and targets	Managing contracts with the independent sector: GPs, Community Pharmacists, Dentists and Optometrists
Financial Accountability	**Corporate Services**
Making sure that spending decisions represent value for money and stay within budget	Supporting the business of the Health and Social Care Board

Detailed description of functions

Commissioning

Commissioning a range of modern, accessible, safe and effective services for the 1.7 million people who in live in Northern Ireland. Specific functions include:

- Regional commissioning
    - Service planning and contracting;
    - Develop an annual regional Commissioning Plan in partnership with the Public Health Agency, to meet Department of Health and Social Services (DHSSPSNI) requirements and Quality Services Frameworks
    - Service monitoring
    - Service evaluation
    - Developing a strategic framework for prison health
    - Managing Clinical Care Networks

- Local commissioning
    - Develop local Commissioning Plans
    - Service monitoring
    - Service evaluation

- Work with providers to identify and prioritise capital funding developments.

Performance and service improvement

Ensure that robust performance management, service improvement and information management systems are in place within the Health and Social Care Board to support the delivery of targets and priorities established by the Department of Health and Social Services and Public Safety. Specific functions include:

- Performance Management
    - o Ensure that Health and Social Care Trusts deliver on key requirements under Priorities for Action
    - o Have in place effective, timely and accurate monitoring information
    - o Develop accurate and consistent definitions
    - o Accountability arrangements including the identification of risks and taking appropriate action

- Service improvement
    - o To support and enable provider organisations to identify and disseminate good practice, including safety and quality issues in a number of areas
    - o Include scheduled care, unscheduled care, mental health disability and community care for adults and children and primary care services from G.Ps, dentists, optometrists and community pharmacists

- Information management
    - o To provide robust, accurate and timely management information and analysis to assist the Health and Social Care Board fulfil its key functions

- Information Communications Technology (ICT)
    - o To use ICT to improve performance;
    - o To commission ICT projects and services; and
    - o Day to day management of ICT budgets.

Financial accountability

Ensure effective and efficient use of funding allocated by the Department of Health and Social Care and Public Safety to commission health and social care. This includes:

- Efficient and effective use of financial management of resources associated with the operation of the Health and Social Care Board
- Monitoring the financial performance of Trusts

- Approve the operational financial control in respect of the Trusts.

Social Care and Children

The Directorate of Social Care and Children has a duty to support the welfare of adults and children through safe and effective social care services. This is achieved by the commissioning of services that meet the delegated Statutory Duties of the Health and Social Care Board. These functions include:

- Family support and protection
- Safeguarding vulnerable children and adults
- Supporting older, disabled and isolated people
- Supporting people with mental health issues or learning disabilities and their carers
- Regulation of Early Years facilities
- Integrated planning for adults and children
- Community development.

Integrated Care

This directorate includes:

- Develop and manage patient and client centred Contracts for Family Practitioner Services provided by GPs, Community Pharmacists, Dentists and Optometrists
- Promote better care through more joined up working across Family Practitioner Services and between Family Practitioner Services and others providing health and social care services, including Health and Social Care Trusts, the Independent Sector, the Voluntary Sector and the Community Sector
- Contribute to the development and delivery of the Health and Social Care Board's corporate work plan.

Corporate Services

To ensure the effective working of the Health and Social Care Board through the support of business processes and decision making processes. These cover:

- Complaints, litigation and personal and public involvement
- Corporate Governance
- Communications and publications
- Information governance
- Corporate business services
- Oversight of Human Resources and Equality and Human Rights services provided to the Health and Social Care Board by the Business Services Organisation.

What evidence did we use?

In considering the evidence base to support the audit of inequalities the Health and Social Care Board took advice from the Equality Commission's Guidance (2010) on the need to *"collate and analyse existing information both internal and external as sources of information".* This included local and national quantitative and qualitative research, datasets and statistical information on referrals and uptake of services; consultations, roundtable discussions, good practice initiatives, outcomes from previous screening exercises and complaints data. In addition Equality Unit staff (Business Services Organisation) met with Section 75 leads in the Equality Commission in May 2010. The purpose of this meeting was to clarify expectations and outline the approach proposed for the conduct of the audit exercise. It was agreed that the internal scrutiny of functions was an essential element of the process.

To underpin the process the Health and Social Care Board, with support from the Senior Health Intelligence Manager of the Public Health Agency, undertook a statistical review and analysis of key information in relation to each of the nine Section 75 equality categories. The sources of evidence used in this review and analysis is attached included at Appendix 2.1

The presentation provided a high level overview of issues. The approach taken was to examine usage, access times and outcomes in addition to survey data on perceived differences across the equality strands. Issues in relation to the underlying socio economic status of equality groupings as identified by Carr Hill (2007) were also explored. It highlighted some key issues in relation to the capacity of current information systems to collect and analyse information to inform decision making processes. The evidence base also provided the opportunity for the Health and Social Care Board to consider a number of specific areas that would support better commissioning outcomes through reducing inequalities.

Three areas were selected: cardiovascular services; carers and mental health services.

The rationale for the choice of these areas is further outlined in Appendix 2.3 and actions articulated in the Action Plan on pages 19 – 26`.

The outcomes from a recent exercise carried out by the Patient Client Council (2010) which captured the views and experiences of 940 people across Northern Ireland in relation to future priorities for health and social care in Northern Ireland was also considered.

The exercise was also supported by a review of the contemporary literature in relation to the equality categories. This review is entitled *"Emerging Themes Across Health and Social Care (2010*) and is available at www.hscbusiness.hscni.net under equality services. This review was undertaken by equality staff within health and social care organisations specifically for the purposes of the audit of inequalities. Engagement with Section 75 categories took place as part of the process of quality assuring the literature collated. This evidence is available as a working document that will also be beneficial for assisting in equality proofing of policies and decisions. This literature review will be updated as new issues and research emerge including as a result of the consultation exercise.

This review built on a previous Equality Literature Review Department of Health and Social Services and Public Safety (DHSSPSNI) (2006).

Evidence on "*Commissioning for Equality and Inclusion"* by Zarb (2009) of the Equality and Human Rights Commission in England was also considered in the context of advice offered for achieving both equality of access and outcomes and supporting inclusion.

A detailed list of the data sources used for the audit exercise is attached as Appendix 2.2.

The Advisory Group, as highlighted on page 9 of this report, provided the opportunity for early engagement by a range of groups covered by the Section 75 categories. This was helpful in shaping how the audit of inequalities was undertaken and in considering key inequalities.

Action Plan to Address Inequalities

It should be noted that the information included in Appendix 1 includes activity by directorates that will contribute to the success of the Corporate Action Plan for the Health and Social Care Board. This activity will be implemented and monitored by directorates. The following therefore includes key corporate objectives and actions.

ISSUE	Systems, Information Sharing and Monitoring
ACHIEVE	The utilisation of an up to date information base across the Health and Social Care Board that ensures that policy development and service developments reflect the needs of the diversity within our population
ACTIONS	- Establish a revised methodology for collecting and analysing equality data - Develop or adopt new systems to record, report and analyse data on equality categories - Improve the central data base available corporately within the Health and Social Care Board within the constraints needed to preserve confidentiality - Develop the capacity of staff to use the information to inform policy or decision making and review
PERFORMANCE MEASURE	The establishment of a more comprehensive data base that routinely reflects activity relating to the Section 75 equality categories
LINK	Corporate Plan
DATE	2011- 2012, 2012 -2013 and beyond

ISSUE	Accessibility of Communications and Information
ACHIEVE	**What do we want to achieve?** Equality of access by all service users and staff to information and communications provided by the Health and Social Care Board
ACTIONS	- Revise the Health and Social Care Board's Accessibility Guidelines and develop into a policy - Put in place training and support to staff for implementation of accessible information policy - Prioritise key documents for greatest public impact: Corporate Plan, Commissioning Plan and Annual Report - Address Website accessibility for all equality categories - Review the contribution of new technology to facilitate informed engagement - Undertake formal consultation on a Personal and Public Involvement strategy and consultation scheme for the Health and Social Care Board - Develop Personal and Public Involvement work that complements and enhances engagement work being progressed through the Local Commissioning Groups - Work within the Regional Personal and Public Involvement forum to agree a consistent policy for the payment of expenses to those engaged in participative work with the Health and Social Care Board - Work with the Patient and Client Council to explore the opportunities offered by their Membership Scheme to support the Health and Social Care Board's future Personal and Public Involvement strategy

PERFORMANCE MEASURE	Completion of a revised policy on accessibility of information. Availability of alternative formats for key publications and the Website Achievement of agreed Personal Public Involvement objectives
LINK	Corporate Plan
DATE	2011-2012 and beyond

ISSUE	Commissioning Goals - Improving the Process
ACHIEVE	Equality of opportunity as a key element of the Commissioning goals of the health and social care Board to achieve continuous improvement, quality and efficiency
ACTIONS	• More attention given to collecting and analysing information including information about and from groups that are not fully included be the Commissioning process • New structures established for Commissioning to more explicitly take equality information into account • Ensure needs assessment arrangements at regional and local levels considering issues of inequality in relation to access to services and outcomes • Improve mechanisms for the engagement of section 75 equality categories in the Commissioning process • Develop the capacity of commissioning staff, including the provision of equality screening training, to ensure that the commissioning process and policies incorporate equality and diversity issues
PERFORMANCE MEASURE	Establishment of revised commissioning process and structure that routinely ensures the more explicit consideration at a regional and local level of data relating to inequalities for Section 75 categories

LINK	Commissioning Plan
DATE	2011-2012, 2012-2013 and beyond

ISSUE	Commissioning Goals - Improving the Outcomes
ACHIEVE	Equality of opportunity as a key element of the Commissioning goals of the health and social care Board to achieve continuous improvement, quality and outcomes
ACTIONS 1)	Select 3 areas to pilot activity that proactively takes into account section 75 equality issues • **Cardiovascular** Under the auspices of the Cardiovascular Framework Implementation Group the Health and Social Care Board, supported by the Public Health Agency will undertake the following o Establish a small working group including staff from General Medical Services, Belfast Local Commissioning Group, Public Health Medicine and Health Improvement o Consider the approach used in Sheffield to which reduced cardiovascular mortality in deprived areas by 23% over 4-5 years and by 16% in Sheffield as a whole o Consider the recommendations on cardiovascular risk factor management in the report on Health inequalities by the Royal College of General practitioners o Develop a scheme for enhanced management of cardiovascular risk factors in people who live in North and West Belfast.

	This will be done in discussion with local GP's, Belfast Local Commissioning Group and primary Care partnerships in the area. o Secure approval and funding for the scheme o Oversee implementation o Report progress through the Cardiovascular Implementation Group and the long term Conditions Commissioning Team to the Health and Social Care Board, the Public Health Agency and Belfast Local Commissioning Group
2)	• **Carers** o Review the collection of data that takes into account section 75 equality categories to support the early identification of carers and their needs o Establish regional carers' forum to promote the effective engagement of carers to ensure that carers feed directly into the planning and decision making processes for improved carer support o Develop regional criteria to promote better access and promotion of short breaks and respite o To require appropriate services to be developed for young adult carers including transition planning o To identify the types of supports required for young adult carers and develop and redesign carer support for this group

3)	**Mental Health**
	o Targeted campaigns alongside local community and voluntary organisations to promote available help for Section 75 categories including, but not exclusively, male Travellers, young men at risk from suicide and those who are gay, lesbian bisexual or those who are transgender where particular issues have been identified o Investigate the potential for more primary care based help in relation to mental health to be made available from the findings of the Primary Care Partnership Pathfinder Initiative in West Belfast o Implement the findings of the ongoing review of crisis response and home treatment services being undertaken by the Performance Management and Service Improvement Directorate to ensure consistency in response to crisis across Northern Ireland including areas where suicide rates are high. o Promote the "Stepped Care Model" to ensure that people get the right access to the right sorts of care at the right time through access to talking therapies and relevant counselling services in their local areas
PERFORMANCE MEASURE	Implementation of agreed actions for each of the service categories
LINK	Commissioning Plan
DATE	2011-2012, 2012-2013 and beyond

ISSUE	Awareness Raising, Training and Capacity
ACHIEVE	Ensure staff develop and maintain awareness, skills and competence in accordance with their role
ACTIONS	• Targeted training and initiatives • Expose staff to the use of relevant equality data to inform decision making • Involve Section 75 equality groups in the delivery of training
PERFORMANCE MEASURE	Staff survey in 2011-2012 to assess the impact of training
LINK	Corporate Plan
DATE	2011-2012,2012-2013 and beyond

ISSUE	Utilise its Influencing Role
ACIHEVE	The Health and Social Care Board to use its position as an authoritative voice to promote equality and diversity across health and social care
ACTIONS	• Ensure that when responding to the Department of Health and Social Services and Public Safety in relation to the Annual Priorities for Action that evidence in relation to inequalities or barriers faced by the nine equality strands is articulated • Work in partnership with other health and social care organisations including the Public Health Agency and Health and Social Care Trusts on areas of commonality
PERFORMANCE MEASURE	Example of improved partnership working to address issues that contribute to inequality for Section 75 categories

LINK	Commissioning Plan
DATE	2011-2012 and beyond

How the action plan will be reviewed and monitored?

Within the Health and Social Care Board the two existing business processes and plans best placed to bring forward identified actions are the Commissioning Plan and the Corporate Plan; the latter already includes strategic Equality Human Rights and Diversity objectives. Embedding specific equality actions within the Commissioning and Corporate Plans will ensure that the equality, human rights and diversity agenda become an integral part of the business planning processes and subject to the mainstream monitoring and accountability processes. There are also allied strategies in relation to Human Resources and Finance. Table 2 provides an illustration of this.

Corporate Planning Structure

Table 2

Corporate Planning Process		
Managing Resources - Human Resources Strategy - Strategic Resources Framework	**Commissioning Plan** - Effective Regional and Local Commissioning of Services - Performance and Service Improvement - Good use of resources and Value for Money	**Corporate Plan** - Mission - Values - Annual Corporate Aims - Supported by individual Directorate Plans and Performance reviews
Strategies, Policies and other Supporting Plans		

The Commissioning Plan

The legislation enacted on 1st April 2009 created a new commissioning structure with the establishment of a region wide Health and Social Care Board, including 5 Local Commissioning Groups ((LCGs) and a Public Health Agency. Section 8 of the Act requires the Health and Social Care Board, in respect of each financial year, to prepare and publish a commissioning plan in full consultation with and approved by the Public Health Agency. The Commissioning Plan outlines how the commissioning task is to be approached each year. It is an outline of the decisions necessary to ensure that the needs of the population are assessed and the appropriate systems are in place to respond to that need.

The Commissioning Plan 2010/11 is available on the Health and Social Care Board's website: www.hscboard.hscni.net

Monitoring progress via the Commissioning Plan

The Commissioning Plan is approved by the Health and Social Care Board, the Public Health Agency and the Department of Health and Social Services and Public Safety. It also feeds into the Service Budget Agreements that are drawn up with the six Health and Social Care Trusts in Northern Ireland responsible for the delivery of safe and effective services. Trusts are subject to monitoring by the Performance Management and Service Improvement Directorate of the Health and Social Care Board, and comprehensive reports on progress are made to each monthly meeting of the board of the Health and Social Care Board.

The Corporate Plan

The Corporate Plan reflects the agenda items that are not to do with Commissioning but rather those that relate to the internal activity of the organisation on how it conducts it business.

In terms of staff performance equality actions will be reflected in regular review and appraisal processes. The Corporate Plan currently includes overarching targets for Section 75 equality duties including a process for monitoring of progress on the Health and Social Care Board's annual Equality, Human Rights and Diversity Action Plan. This plan is an operational plan which outlines specific actions in relation to: reporting of progress; training activity; screening and equality impact assessment activity; communications; engagement internally and externally; consultation; monitoring and review and good practice initiatives

The additional actions as identified by the audit of inequalities work will be incorporated into this process and reviewed on a regular basis. Individual Directorates will also consider specific actions they can progress within their business planning processes including monitoring and evaluation.

Monitoring progress via the Corporate Plan

The Corporate Plan is formally approved by the board and updates on progress are presented annually to Board Members.

The Equality, Human Rights and Diversity Action Plan is reviewed by the Programme Director of Corporate Services and the Equality Manager. Reports on progress are reviewed by the Equality Human Rights and Diversity Forum, Senior Management Team and Board members on a four monthly basis.

Conclusion

The audit of inequalities conducted within the Health and Social Care Board during 2010 provided the opportunity for a review and analysis of the key functions through the lens of Section 75 equality duties. The audit work, in itself, was a useful exercise as it allowed the opportunity for a debate amongst Senior Management Team members and other staff across Directorates on the implications of their work for the promotion of equality of opportunity and good relations.

The action plan on pages 19-23 is the result of this dialogue with staff and was supported by the use of evidence drawn from current information systems, research, consultation exercises and other administrative systems.

The key actions identified are those where we think we can make a real difference to promotion of equality of opportunities. Linking the actions identified to regular review and monitoring processes associated with the business planning processes already in place in the organisation that of the Commissioning Plan and the Corporate Plan will help support the mainstreaming of the equality duties within the Health and Social Care Board.

Appendices

Appendix 1

Detailed description of functions across Directorates and outcomes of the audit of inequalities exercise

Description of functions	What inequalities were identified?	What types of measures would address these inequalities?
Commissioning		
Key function		

Commission a range of modern, accessible and effective services for the 1.7 million people who live in Northern Ireland:
 	
Sub functions
• Regional commissioning
  o Service planning and contracting;
  o Develop an annual regional Commissioning Plan in partnership with the Public Health Agency, to meet Department of Health and Social Services (DHSSPSNI) requirements and Quality Services Frameworks
	Shortfalls in information in relation to the equality categories to inform the commissioning process and for monitoring purposes
	
	Needs assessment arrangements do not explicitly articulate issues of inequality in relation to Section 75 categories in access of services and outcomes
		Ensure that a more robust data base is in place
		
		The new regional structures established for commissioning arrangements will have as a key function the need to respond to inequalities in access and outcomes
		
		Continue to ensure that the capitation formula reflects accurate assessment of need

○ Service monitoring ○ Service evaluations ○ Managing clinical care networks ○ Setting a strategic framework for healthcare in prisons		
• Local commissioning ○ Develop local Commissioning Plans ○ Service monitoring ○ Service evaluation	Information shortfalls Lack of explicit articulation of inequalities in access to services and outcomes in relation to Section 75 categories	Local commissioning plans will be required to demonstrate that key inequalities have been identified and plans are in place to address these
Performance Management		
Key Function		
Ensure that robust performance management, service improvement and information management systems are in place within the Health and Social Care Board to support the delivery of targets and priorities established by the Department of Health and Social Services and Public Safety.		

Sub functions
• Performance Management
    o Ensure that Health and Social Care Trusts deliver on key requirements under Priorities for Action
    o Have in place effective, timely, and accurate monitoring information
    o Develop accurate and consistent definitions
    o Accountability arrangements including the identification of risks and taking appropriate action
	Lack of explicit reference to Section 75 categories in Priorities for Action (PfA) targets	Health and Social Care Board to use its influencing role in offering feedback to the Department of Health and Social Services and Public Safety about content of Priorities for Action targets
		
		At year end Performance Management Team to map the impact of its work on Priorities for Action Targets taking cognisance of equality issues
		
		Ad hoc reviews of individual service will be undertaken if evidence on need identified

• Service improvement o To support and enable provider organisations to identify and disseminate good practice, including safety and quality issues in scheduled care, unscheduled care, mental health, disability and community care for adults and children , and primary care services from G.Ps, dentists, optometrists and community pharmacists	The potential for specific areas of inequality not to be picked up in wider service improvement programmes	More explicit consideration of section 75 issues in determining the programme for service improvement
• Information management o To provide robust, accurate and timely management information and analysis to assist the Health and Social Care Board fulfil its key commissioning functions	Shortfalls in information datasets to support the work of the Directorate	Link to the Corporate objective of improving core datasets
• Information Communications Technology (ICT) o Review and monitoring of Information of ICT Strategy	Failure to collect information in relation to a number of Section 75 equality categories	In developing new systems consideration will be given to functionality in respect of Section 75 equality

○ Commissioning new ICT products and services		requirements
Financial accountability		
Key function		
• Delivery of a full range of financial functions within HSCB including provision of expert financial advice to Directors, Programme of Care Leads, other Senior Managers within Health and Social Care Board and its Commissioning Groups. Developing and monitoring the Health and Social Care Board's Financial Strategy and Financial Plans • Strategic and Operational Management of the financial resources of the Health and Social Care Board • Achievement of breakeven on expenditure directly committed by the Health and Social Care Board on its staff and goods and services	In a number of the activities associated with the finance functions issues of inequalities were not identified. The finance function is to ensure that the financial resources are transacted and reported in a way which reflects sound accounting principles and practice accords with accounting regulations. These include value for money, financial governance and stewardship of resources.	

• Subject to Departmental direction, lead the health and social care financial stability agenda ensuring achievement of agreed objectives. • Ensuring value for money through requiring all organisations to transform their services, embedding a culture of prevention, earlier intervention and service reform and improvement to meet increasing population needs and demands and the expectations of local communities.	This involves processing and reporting on financial decisions made by budget holders and other officers who have the authority to commit resources	

Sub functions
• Financial and Strategic Planning
  .
    o Production of a financial Planning Framework and Processes for the Health and Social Care Board. This includes ongoing liaison with the Department of Health and Public Safety.
	Potential difficulties in making financial information accessible to the public and other stakeholders	Financial reports which are available to the public such as the Strategic Resource Framework will be provided in accessible and understandable format.

This is in relation to allocations including the production of financial planning returns and in year monitoring submissions o Financial input and advice into Commissioning Plan o Financial input the development of Service and Budget Agreements including production of annual (SBA) financial schedules		
• Financial Performance Management o Provide information to assist in the management of Health and Social Care organisations in respect of strategic programmes and to develop appropriate benchmarks to enhance performance standards. This includes development of the Strategic Resource Framework, provision of Health and Social Care Trust and Board financial returns.	Potential difficulties in making financial information accessible to the public and other stakeholders	Financial reports which are available to the public such as the Strategic Resource Framework will be provided in accessible and understandable format.

o Liaison with the Department of health and Public Safety regarding the application of benchmarking financial information for, example reference costs o Working with senior Finance staff in a range of organisations and the Health and Social Care Board team to ensure delivery of planned financial position each year. This will be achieved through financial performance management of the Health and Social Care Organisations and a rigorous approach to all financial flexibilities		
• Financial Resource Management o This includes the production of robust financial plans that achieve the financial balance over the planned period.	None identified	

This is supported by monthly monitoring information to the Department of Health and Social Services and Public Safety the Health and Social Care Board and Budget Holders. This sets out assumptions, risks to delivery and management action being taken. This includes an overview and assurance on the sound management of revenue, capital and cash limits across the Health and Social Care Board and the Public Health Agency		
• Financial Governance o Ensuring the provision of financial systems and processes to facilitate efficient and effective financial management of the Health and Social Care Board's resources	None identified	

o This includes the maintenance of appropriate Financial Governance arrangements through regular review and control, and includes: the Management Statement and Financial Memorandum; Standing Financial Instructions; Standing Orders and Schemes of Delegation. This includes liaison with internal and External Auditors and the provision of support and advice to the Audit Committee		
• Support Regional and Local Commissioning o Providing financial advice and support within the financial framework of the Health and Social Care Board, to Local Commissioning Groups for each planning cycle	None identified	

This requires maintaining a comprehensive overview of progress of financial plans ensuring linkages are made between finance and other key Directorates including Commissioning, Performance, Primary Care, Social Care and with Workforce Planning		

• Family Practitioner Support
    ○ Providing financial support to the introduction of primary care partnerships within each of the 5 local Commissioning Group areas and introduction of demand management arrangements
    ○ Providing financial support to Family Practitioner Services including the development of reporting regimes in respect of the funding to be devolved to the Health and Social Care Board 1st July 2010
	None identified	

o Assisting in the development of plans to establish effective management of prescribing expenditure		
• Service Development Support (Business Cases) o Provision of strategic financial advice on the significant business cases across the region for the provision of the Health and Social Care infrastructure ensuring the affordability and value for money of proposals	None identified	
• Capitation Formula Development and Equity Strategy o The development of a regional statistical formula to measure the relative need for resources across Local Commissioning Groups and Programmes of Care	The current capitation Formula was assessed to ensure that no Section 75 category was negatively impacted. None were identified as being disadvantaged	Capitation Formula Group has been re established by the Health and Social Board. Development of the formula will take account where possible of the various equality categories and the work will be appropriately equality proofed.

o The Financial Directorate provides an annual equity analysis comparing the formula results with financial plans to identify potential equity issues across these areas		
• Value for money audits o The development of a programme of Value for Money audits designed to ensure the efficient, effective and economic use of resources across the Health and Social Care	None identified	
Integrated Care		
Key Function		
To develop, implement and performance manage the delivery of high quality patient and client centred Family Practitioner Services provided by GPs, Community Pharmacists, Dentists and Optometrists	Access to services and information about services provided and charges, where applicable	Continued support for provision of information in different formats and locations on accessing services

To promote better care through more joined up working within and between Family Practitioner Services and between Family Practitioner Services and others providing health and social care services These include the Health and Social Care Trusts, the Independent Sector, the Voluntary Sector and the Community Sector	Potential inequalities in terms of impact of resource decisions for each of the Family Practitioners Services across a range of equality categories	Equality screening and equality impact assessment, as required, will be undertaken. This will contribute to better decision making in respect of allocation of Directorate of Integrated Care resources

Sub functions
 	
• General medical services
  o To implement and performance manage the GMS contract, Quality and Outcomes Framework and clinical governance arrangements for General Medical Services
  o To develop, implement and performance manage the delivery of enhanced services, as directed by the DHSSPS or required locally to meet the prioritised needs of the population
	Access to services and provision of information to those from different equality categories for example older people and the very young who are more likely to access services, or males aged 16-40 who are less likely to access services	Develop a mechanism for GP practices to report on instances where those from different equality categories (for example, racial group) indicate they have had difficulty registering with other GP practices
		
		Review of use of appropriate translation services for accessing General Medical Services

o To manage General Medical Services premises projects and develop Information Management and Technology to support the effective delivery of General Medical Services	Access to services and provision of information in the appropriate format and translation services for different racial groups.	
• Pharmacy and Medicines Management o To deliver a new Drug Tariff for Northern Ireland implement and performance manage the GMS contract, Quality and Outcomes Framework and clinical governance arrangements for General Medical Services o To negotiate, develop, implement and performance manage a new Community Pharmacy Contract, including clinical governance arrangements	Medicines are more frequently used by older people, those being cared for and by those with disability Contingency measures that might be taken by a prescriber when challenged that they are overspending may impact on these equality groups The Board will be taking an active role in deciding what medicines are available for Health and Social Care	The allocation of prescribing budgets uses the demographic data provided by NISRA to help determine capitation allocation. The Board has agreed the policy of increasing the percentage of the formula based upon capitation as opposed to historical and it is anticipated that there will be 100% capitation within 3 years

o To commission, develop standards for and performance manage the delivery of high quality, rational and cost effective use of medicines to derive maximum health gain for the population	This may have an impact depending upon who the medicines are primarily indicated	
• Dental Services o To negotiate, develop, implement and performance manage contracts and clinical governance arrangements for General Dental Services, Oral Surgery and Orthodontics o To advise the Board on the commissioning of Community Dental Services for the provision of care for those with disabilities, the disadvantaged and dental screening of school children.	Access to premises for and provision of information in the appropriate format to those with physical, sensory and or learning disability and those from different racial groups Access for those without medical cards and or ability to pay for private care	In relation to access issues, work with voluntary and community sector and the Patient and Client Council to monitor ongoing situation and respond accordingly to issues raised

• Optometry
   o To negotiate, develop, implement and performance manage contracts and clinical governance arrangements for Optometry services
   o To advise the Board, as and when required, on the commissioning of ophthalmology services from HSC Trusts.
	Access to premises and provision of services for those with physical, sensory and/or learning disability
	
	Access to information in the appropriate format for different racial groups and for those with physical, sensory and or learning
	
	Access for those without medical cards and/or ability to pay for private care
		In relation to access issues, work with voluntary and community sector and the Patient and Client Council to monitor ongoing situation and respond accordingly to issues raised

Social Care and Children		
Key function		
The primary duty of the Directorate of Social Care and Children is to ensure the social welfare of the Board's population.		

This is achieved by the commissioning of services that meet the Statutory Duties of the Board which have been delegated to the Trusts. These include: family support and protection; safeguarding vulnerable children and adults; supporting older, disabled and isolated people; supporting people with mental health issues or learning disabilities and their carers; the regulation of Early Years facilities and integrated planning for children and young people		
Sub functions - Commissioning - Contribution of social care to Health and Social Care Board's Commissioning cycle - Benchmarking service quality and finance - Quality assurance by monitoring outcomes - Identification of best practice - Stakeholder involvement	Accessibility of information on services for excluded groups Comparative underinvestment in social care as a service targeted at the most disadvantaged groups (Appleby 2005)	Improved communications about social care services Communications a strategic theme within communications plan Improved central database available corporately

o Unique elements of commissioning of services for adults and children	Accessibility and robustness of data in relation to the equality categories for assessment of need purposes	

• Integrated Planning
  o Employability for Looked after Children (LAC)
  o Safeguarding
  o Accommodation needs of Looked After Children
  o Child Care Partnership
  o Community Development
  o Supporting People
  o Bamford Taskforce
  o Self Directed Support
	Gaps in data collected in relation to corporate parenting.
	
	Data restricted to age, gender, disability and religion
	
	Gaps in relation to data collected in relation to carers (Direct Payments) Gaps in data for equality categories other adult programmes, for example mental health
	
	Data in relation to black and minority ethnic groups or sexual orientation is lacking despite qualitative evidence of needs
		Improved information on adult element of statutory functions
		
		Selection of a particular area, for pilot, for example, mental health.
		
		Information to inform commissioning decisions
		
		Finalise Community Development taking cognisance of Section 75 equality issues

	Attitudes of staff about the value of data collection	

• Statutory Functions
   o Commission services ensuring that Trusts meet delegated statutory functions
   o Monitoring
   o Measuring performance
   o Providing advice
	Accessibility of information in relation to needs assessment particularly in relation to Section 75 categories	Improved central database available corporately

• Service improvement, reform and implementation
   o Child protection issues
   o Children's services
   o Mental health adults and children Identification of best practice
   o Interface between children and adult services
	Data restricted to age, gender disability and religion
	
	More explicit consideration of equality issues
		Improved data base
		
		Design Service Improvement Projects to ensure greater commitment to the planning process to ensure that there is a more active engagement with marginalised groups in order to seek out their views

Corporate services		
Key function		
To ensure the effective working of the Health and Social Care Board through the support of business processes and decision making processes		

Responsible for the designated statutory functions in relation to quality and safety functions Monitor Service Level Agreements with the Business Services Organisation. Corporate services comprises of five core functions - Complaints - Information Governance - Governance - Communications - Corporate Business Services		
Sub functions		
- Complaints, Litigation and Personal Public Involvement *Complaints* - To ensure the Board meets its requirements of "Complaints in the HSC" in respect of monitoring and performance management of complaints in respect of HSC Trusts and Family Planning Services.	Accessibility of complaints procedure in terms of format and languages	To review current procedure with a view to improved support/accessibility for complainants

- Identify learning and service improvements on a regional basis. To ensure service improvements on a regional. To ensure systems in place to enable Health and Social Care Board Staff to investigate and respond to complaints regarding its work - Provide support and advice to Family Practitioner Services Interface between children and adult services • *Medical Litigation* - To proactively manage outstanding claims of legacy organisations until completion, including seeking early settlement to reduce costs and identifying learning or areas of concern	None identified	

• *Emergency Preparedness and Continuity*
 	
  o To ensure that the Health and Social Care Board has in place arrangements to ensure it meets requirements in terms of Controls Assurance Standards, ability to respond and recover to an emergency situation.
  o To ensure that the Health and Social Care Board has in place systems to deal with major interruption to permit delivery of business critical functions
  o Mental health adults and children Identification of best practice
 	
• *Assembly Questions*
  o To ensure that the Health and Social Care Board has in place effective systems to receive and respond to Assembly Questions and others
	Section 75 Equality issues not adequately factored into the process	In the development of the integrated Emergency Preparedness Plan with the Public Health Agency and the Business Services Organisation ensure that recognition is taken of Section 75 categories

• *Personal and Public Involvement* o To ensure that the Health and Social Care Board complies with it legislative requirements in respect of Personal and Public Involvement in the development of Consultation Scheme and Personal and Public Involvement Strategy and to promote it within the organisation	Adequacy of arrangements for proactive engagement and involvement of section 75 groups	To actively consult with Section 75 groupings and staff on the development and implementation of an effective Personal Involvement Strategy, including specific arrangements for Consultation and Accessibility
• Information Governance Information Governance (IG) is the collective title for a number of work areas primarily concerned with the management of the Board's Information Assets. Work areas can be broadly categorised under the following headings: • *Access to information* o To ensure that the Health and Social Care Board complies with legislation governing the release of information	Reliance on website for dissemination of information potentially impacts on a number of Section 75 groups. Evidence suggests a number of people still do not have internet access in Northern Ireland	Review use of website for dissemination of information in context of accessibility for all

o Key legislation includes the Freedom of Information Act 200, Data Protection Act 1998 and the Environmental Regulations 2004		
• *Management of Information, risks and security* o To ensure the Health and Social Care Board recognises and addresses appropriately the risks associated with the creation of, processing, handling, storage and destruction of confidential information in line with legislation	None identified	
• *Records Management* o To ensure that the Health and Social Care Board adopts appropriate Records Management Systems to meet legislative and statutory requirements and standards for the records management	None identified	

• Governance		
• *Corporate risk management* o To ensure that the Health and Social Care Board has in place systems and processes to identify, manage and review risk which ensures the health and Social Care Board is properly informed about the totality of the organisation risks and is provided with assurances on the effective management of the corporate risks that arise in meeting strategic objectives	None identified	
• *Controls assurance* o To ensure that the Health and Social Care Board has a programme in place for the self assessment of compliance and identification of required action.	None identified	

This is to ensure that we meet or improve the required levels of compliance with the Health and Personal Social Services' Controls Assurance Standards	None identified	

• *Serious adverse incidents*
    o To ensure the Health and Social Care board has systems and processes in place for the reporting and management of serious adverse incidents occurring within all commissioned services and is able to respond and learn from Serious Adverse Incidents
    o To undertake regional analysis of such events in conjunction with the Public Health Agency, identifying and cascading learning to ensure service improvements and enhanced systems of working practices across the health and Social Care		

• Communications
  o Responding to the media and the use of media for public relations issues
  o Presentation of information in the context Corporate Plan Commissioning Plan and Annual Report
  o Publications
  o Website information
	Accessibility issues in relation to public communications by some groups including race, age, and disability	Review Health and Social Care Board's accessibility guidelines. Develop into a policy
		
		Ensure staff awareness of the requirements of policy
		
		Monitor adherence to policy

• **Corporate Business Management**
  o Provide the corporate secretariat for the Health and Social Care Board and its committees
  o Compliance with statutory and legislative requirements
 	
  o Facilities management including health and safety, fire safety, security and associated statutory standards
  o Corporate governance
	Some aspects of Health and Social Care Board meetings are inaccessible in context of disability and sensory impairment needs;
	 physical access and communications needs including those who require interpreters and loop systems
		Review accessibility guidelines.
		Include public meetings in guidance(inclusive of Board meetings and Local Commissioning Group meetings
		
		Develop check list of good practice in relation to accessibility issues for arranging meetings events

	Staff needs, including meetings and training sessions, do not always address accessibility and mobility in advance	Put in place a review process regarding implementation of policies
	Need to consider needs of visitors and tenants in Health and Social Care Board to ensure facilities do not disadvantage any group	Develop a process to ensure awareness of policies and guidance in relation to accessibility and communication issues amongst all staff and Board members
		Engage with Human Resources and other Directorates about identification of staff needs and ensure that any training, meetings or events provide staff with the opportunity to inform of particular needs in advance

• **Additional support services provided by the Business Services Organisation through Service level Agreements**		*Actions identified to be taken forward by BSO Equality Unit in conjunction with the Health and Social Care Board*
• *Equality and Human Rights* ○ *Ensure that the Health and Social Care Board complies with statutory requirements and promotes good practice in relation to Equality Human Rights and Diversity. Put in place and maintain the infrastructure to support the statutory duties. These include: compliance; training; Mainstreaming, support and Information*	*Gaps in material and information on website in respect of equality categories* *Some under researched groups such as marital status* *Information base on sensitive categories such as political opinion and sexual orientation limited* *Issues in relation to accessibility of information (staff and public)*	*Review resources section on Equality Unit Website and update literature as required* *Work collaboratively with Health and Social Care organisations to address gaps refine evidence* *Work with Human Resources to identify communication needs of staff* *Provide information through range of media and formats*

	Over reliance on written formats for provision of information *Lack process for feedback and quality assurance of screening processes and outcomes*	*Ensure equality consultation reports adhere to the guidelines in place in the Health and Social Care Board including the need for accessible formats* *Review with Health and Social Care Board the potential for developing a balanced process to allow sampling of policies and decisions for quality assurance and feedback*

• *Human Resources*
   o *Administer the recruitment and selection of staff*
   o *Provide advice and guidance to managers on issues relating to the employment of staff*
	Policies do not facilitate equality of opportunity or recognise the specific needs	*Recruitment and selection policy to be reviewed and screened following Review of Public Administration implementation*
		
		Deliver awareness training for line managers on relevant policies & procedures

o *Identify, facilitate and where appropriate provide relevant training and development to staff in the organisation* o *Develop plans for the future number of staff and skills required for the organisation*	*The culture and the environments does not fully meet with the requirements of section 75 requirements or diversity issues* *Inconsistencies in the application of policies Limited acknowledgement of the impacts on the public re equality of opportunity of the Health and Social Care Board's recruitment polices Limited monitoring of impacts of policies*	*Establish within Human Resources a list and checklist of potential reasonable adjustments that could be introduced for Section 75 categories* *Develop and screen Health and Wellbeing policy* *Address Human Resources issues arising from the implementation of the Review of Public Administration* *Review data on staff to support policy formulation and implementation Gain SMT approval* *Assess the potential of initiatives for employment opportunities for disadvantaged groups*

Appendix 2.1
Evidence base used review and analysis of available equality data and identification of gaps in data

The sources referenced in this Appendix are those used in the Senior Manager Team workshop 2nd November 2010 for discussion on inequalities. The material referenced here was used to inform the agenda of this event.

(For contextual purposes the following table is included as it includes a summary of data routinely collected in the Health and Social Care Board).

What do we routinely collect?

	Main system availability	Issues /notes	
Gender	YES	None known	🙂
Age	YES	None known	🙂
Civil /Martial Status	Field present	Coverage patchy – definition of cohabitation issues	🙂
Race/ethnicity	Have fields	Not well populated/defined-Work going on to improve	🙂
Religion	YES	Coverage issues /Tendency to use proxies	🙂
Political opinion	NO	We use a proxy based in geography and voting patterns	🙁
Sexual Orientation	NO	Survey or issue /interest group driven	🙁
Disability	VARIABLE	Definitional issues – multiple conditions, mental and physical health issues - consistency	🙂
Dependants	MOST NOT	Carers-adult and children definitions	🙁

Age

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A Social Exclusion Unit Final Report, Office of the Deputy Prime Minister January 2006

Gray A, 2009 All our futures : attitudes to age and ageing in Northern Ireland ARK http://www.ark.ac.uk/publications/updates/update61.pdf

Heenan D, 2010 Rural Ageing in NI: Quality of Life Amongst Older People University of Ulster
http://www.ofmdfmni.gov.uk/rural_ageing_in_ni___quality_of_life_amongst_older_people.pdf

Population projections - pyramids from NISRA -
http://www.nisra.gov.uk/demography/default.asp3.htm

Age Gender costs – http://www.dhsspsni.gov.uk/cfrg5_-_presentation_delivered_as_part_of_the_consultation__capitation_formula_review_group.pdf
And
http://www.dhsspsni.gov.uk/the-fifth-report-from-the-capitation-formula-review-group.pdf

Projections for people aged 85+ for Northern Ireland:
http://www.nisra.gov.uk/demography/default.asp134.htm

Northern Ireland Life and Times Survey 2008
http://www.ark.ac.uk/nilt/2008/   (attitudes to age issues)

http://www.dhsspsni.gov.uk/ni_gpps_commentary_18_june_final_version.pdf

GP Patient Survey in Northern Ireland Commentary Report
2009 -2010
http://www.dhsspsni.gov.uk/index/hss/gp_contracts/gp_contract_qof/gp_patient_survey.htm

Gender

Birth proportions – NISRA
http://www.nisra.gov.uk/demography/default.asp8.htm

Life expectancy by gender NI-NISRA
http://www.nisra.gov.uk/demography/default.asp130.htm

Death risk ratios – DPH annual report 2008 Core Tables
http://www.publichealth.hscni.net/sites/default/files/core%20tables%20amended%20monica%20sloan%20170810_1.pdf

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Report From Seminar It's a Man's World – or is it? PHA seminar held on Tuesday 15 June 2010 -
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Religion

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Labour Force Survey Religion 2008
OFMDFM Research Branch (November 2009)

Marital /Civil Status

Births by martial status – NISRA
http://www.nisra.gov.uk/demography/default.asp8.htm

Marriage trends – NISRA
http://www.nisra.gov.uk/demography/default.asp11.htm
Northern Ireland Health and Wellbeing survey 2005/6 NISRA
http://www.csu.nisra.gov.uk/survey.asp5.htm

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Watt P and McGaughey F (Editors) 2006
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http://www.ofmdfmni.gov.uk/nccrireport2.pdf

Equality Awareness Survey 2008 : Equality Commission

Northern Ireland Life and Times Survey 2008
http://www.ark.ac.uk/nilt/2008/

Black and Ethnic Minority Worker mapping **-** January 2010: NIHE

Public Health Agency internal briefing on Births Trends 2010

Department of Education School Census 2008
http://www.deni.gov.uk/index/32-statisticsandresearch_pg.htm

NCB NI and ARK YLT 2010 Attitudes to Difference: Young People's Attitudes to and Experiences of Contact with People from Different Minority Ethnic and Migrant Communities
http://www.ofmdfmni.gov.uk/attd_web_final-2.pdf

Gordon DS, Graham L, Robinson M, Taulbut M. 2010 Dimensions of Diversity: Population differences and health improvement opportunities. Glasgow: NHS Scotland p 132
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http://www.ofmdfmni.gov.uk/phobic.pdf

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And http://www.carersni.org/Policyandpractice/Research

DHSSPS : Inspection of Social Care Support Services for Carers of Older People http://www.dhsspsni.gov.uk/index/ssi/ssi-inspection_of_social_care_support_services_for_carers_of_older_people

Additional references

Indicators of equality and diversity

Jamison J, Buchanan R, Carr-Hill R,
McDade D and Dixon P 2007Indicators of equality and diversity in Northern Ireland
Literature review (PDF 579 KB)
Report of consultation (PDF 564 KB)
Buchanan R, McDade D and Jamison J

Patterns of social difference
Section 1 - chapters 1and 2 (PDF 4.54 MB)
Section 2 - chapters 3 and 4 (PDF 4.68 MB)
Section 3 - chapters 5 and 6 (PDF 3.24 MB)
Section 4 - chapters 7 to 10 (PDF 1.74 MB)

Section 5 - chapters 11, 12 and annex (PDF 1.36 MB)
Author : Carr-Hill R and Dixon P
Measuring change (PDF 932 KB)
Carr-Hill R, R Buchanan R Dixon P and Jamison J

Project executive summary (PDF 86.7 KB)
Carr-Hill R, R Buchanan R Dixon P and Jamison J

http://www.ofmdfmni.gov.uk/index/equality/equalityresearch/research-publications/publication-az.htm

Appendix 2.2
Further reference list of the evidence used in relation to specific actions identified

Accessibility of Communications and Information

Health and Social Care Board (2010) Accessibility issues to consider when producing information.

Disability Action (2007): "We have rights too".

Disability Action (2008): Providing accessible information – a guide.

Equality Commission NI, (2010) Section 75 of the Northern Ireland Act 1998. A guide for public authorities

Equality Commission for Northern Ireland (2008): A formal investigation under the Disability Discrimination Legislation to evaluate the accessibility of health information in Northern Ireland for people with a learning disability.

Good Practice Review Guidance to Crack the Information Barrier in Health and Social Care (2003) Five C's of Information
Cracking the Information Barrier by Standard Setting

Information for all Team (2004): Information for All Guidance.
www.easyinfo.org.uk

McConkey, Roy (2006): Accessibility of healthcare information for people with a learning disability.

Mencap (2002): Am I making myself clear? Mencap's guidelines for accessible writing.

Mencap (2009): Communicating with people with a learning disability.
RNIB (2002): See it right.

RNID (2008): Producing information for people who are deaf or hard of hearing.

RNID and Sign Community (BDA) (2009): Access to Public Services for Deaf Sign Language Users – User Forum Project Report.

RNID, RNIB, Sign Community (BDA) (2010): Is it my turn yet? Access to GP practices in Northern Ireland for people who are deaf, hard of hearing, blind or partially sighted.

Social Care Institute for Excellence (2005): How to make information accessible – Easy read Guidelines.

For website accessibility: World Wide Web Consortiums Web Access Guidelines www.w3.org

Consultation Events and Submissions

Roundtable on 'Provision of information for people who are blind or partially sighted' (Central Services Agency Feb 2009): Disability Action, Cedar Foundation, Help the Aged

Workshop on 'Involving you in Information for all' (Accessible Formats Steering Group Oct 2010): RNIB, Newtownabbey Senior Citizen Forum, TILI Group, Disability Action, Chinese Welfare Association, Polish Craigavon Community Network, Parent Carers Council, Southern Area Action With Travellers, Action Mental Health, Arc

Systems, Information Sharing and Monitoring
Office of National Statistics (ONS) Report for the review of equality data (2009)

See also references included in Appendix 2.1

Commissioning Goals - Improving the Process and Improving Outcomes

Appleby (2005) Independent Review of Health and Social Care in Northern Ireland. DHSSPSNI available at www.dhsspsni.gov/applely-rpt

Becker and Becker (2008) Young adult carers in the UK. Experiences, needs and services for carers aged 16-24 . Princess Trust for Carers

Brent County Council Corporate (2008) Guidelines on Equalities Monitoring. Corporate Diversity Team

Buckner and Yeandle (2007) Valuing carers: Calculating the value of unpaid care. Carers Uk

Department of Health and Social Services and Public Safety (2004) Equality and Inequalities in Health and Social Care, a Statistical Overview

Department of Health and Social Services and Public Safety (2010) Psychological Therapies Strategy. DHSSPSNI

Department of Health and Social Services and Public Safety (2006) Survey of carers of older people in Northern Ireland, Community Information Branch, DHSSPSNI

Farrell, McAvoy, Wilde and Combat Poverty (2008) Tackling Health Inequalities. An All Ireland Approach to Social Determinants

Health and Social Care Board and Public Health Agency (2010) Commissioning Plan 2010-2011

Health and Social Care Board (2010) Primary Care Partnership Pathfinder Initiative in West Belfast

Health and Social Care (2010) Preparing for HSC Equality Action Plans, Audit of Inequalities Section 75 Equality Groups Emerging Themes HSC available at www.hscbusiness.hscni.net under equality section

Zarb (2009) Presentation to Guardian and ADASS National Commissioning Conference, Birmingham, 22-23 June 2009, Commissioning for equality and inclusion

Awareness Raising Training and Capacity

Ongoing feedback and engagement with Section 75 categories highlight the need for training

Utilise Its Influencing Role

DHSSPSNI Priorities for Action 2010-2011 (May 2010)

Patient Client Council (2010) The People's Priorities: A view from patients, service users, carers and communities on future priorities for health and social care in Northern Ireland available at: www.patientclientcouncil.hscni.net

Appendix 2.3

Evidence in relation to:
Cardiovascular services
Carers
Mental Health

Cardiovascular services

What is the evidence base?
The scale of the problem
There is a 7-year gap in life expectancy for men between the most and least deprived areas in Northern Ireland. The gap for women is 4 years. Heart and circulatory disease (cardiovascular disease or CVD) is the main cause of death in Northern Ireland. In 2007 it accounted for nearly 5,000 deaths: that's nearly a third of all deaths.
CVD is also a major cause of premature death (death before the age of 75): • over a quarter (27%) of premature deaths in men and over a fifth (21%) of premature deaths in women in 2007. At any time, around 180 patients are in hospital with conditions related to ischaemic heart disease, with around 11,000 admissions per year to hospitals in Northern Ireland.

The main forms of CVD are coronary heart disease (CHD) and stroke. More than half of all deaths from CVD are from
CHD and about a quarter are from stroke. CHD causes around 2,500 deaths a year in Northern Ireland: • approximately one in five deaths in men and one in seven deaths in women. Coronary heart disease is also prevalent amongst certain minority ethnic groups particularly south Asians here higher rates of premature deaths are recorded (DHSSPS a Statistical Overview 2004)

Whilst premature death rates from CHD in Northern Ireland have fallen by more than 50% for both men and women the rate of people living with CHD and other circulatory heart disease appears to be rising especially in older age groups.

The main risk factors for CVD are smoking, high blood pressure, high cholesterol, being overweight or obese, and diabetes. GPs in Northern Ireland manage these conditions and performance levels are higher in Northern Ireland than other parts of the UK.

However, the prevalence of these risk factors remains higher in deprived areas than affluent areas, for example, smoking rates in North and West Belfast are around 37% compared to 13% in South Down. There is also scope to improve the control of these risk factors and reduce variation in performance between practices.

North and West Belfast contain many of the most deprived areas in Northern Ireland.

Carers

What is the evidence base?

Identification of carers: There are185,000 carers in Northern Ireland (Buckner and Yeandle et al 2007) of these it is estimated that over 25% provide 50+ hours (DHSSPSNI 2006). Currently Trusts identify substantially lower numbers. This means that large numbers of carers remain unrecognized.

Short breaks - Respite care: There is little consistency in targeting carers in need of respite – a Trust may have several sets of criteria. Better methods of assessing the strain and stress of caring as experienced by carers.

Carer experience: Carers indicate that they are often viewed by staff as additional competitors for scarce resources rather than as equal partners in the care of the person. They sense staff ambivalence rather than the prospect of collaboration. Trust training programmes include development sessions on this for staff, yet day-to-day practice still lags behind the aspirations of partnership.

Young carers: Young adult carers experience the move from being supported as young person through Children's Services to the support provided as an adult as inappropriate.

The recreational and leisure activities that are offered to young carers at this transition stage are links into activities for mature adult carers (Becker and Becker 2008).

Evidence on carers is included in "Preparing for Action Plans - Audit of Inequalities Section 75 Equality Groups Emerging Themes" Health and Social Care 2010. Carers issues were also raised as a priority in the recent report which sought views on priorities for health and social care in Northern Ireland (PCC 2010).

Mental Health

What is the evidence base?

It has long been recognised and well evidenced that mental health is significantly impacted upon by social and economic factors.

This is at least partially demonstrated in links between mental ill health and factors such as unemployment and socio-economic status.

With regard to specific Section 75 categories there are particular issues for mental ill health which are super-imposed on these wider societal factors.

Gay, Lesbian and Bi Sexual and Transgender: People in these categories have significantly higher than average rates of anxiety, depression, self harm and suicides alongside higher problem drug and alcohol use.

Travellers': Life expectancy at birth is 61.7 years some 15 years less than that of the general population. Among the significant contributing factor to this alongside physical ill health is the fact that male Travellers have a suicide rate which is 6.6 times that of men in the rest of the population.

Geographical issues: In Northern Ireland the specific areas of North and West Belfast, L'Derry, Strabane and some other more localised districts have disproportionately higher rates of suicide than other areas particularly among young men.

The Health and Social Care Board a working with the Public Health Agency is addressing these and other mental health issues through specific actions which need to be enhanced and continued to tackle these areas of concern.

Your views on our proposed approach and action plan developed to promote equality of opportunity and good relations?

In relation to the two year action plan to promote equality of opportunity and good relations we are seeking your views on a number of areas.

We are happy to receive your comments by letter, by email or in another format. We have included a number of questions below to give you an idea of the areas on which we are interested in hearing your views

- Do you have any comments on the general approach to the two year action plan?
- Do you have any views on the proposed priorities identified in the action plan?
- Are there any new and or emerging priorities within the areas of service delivery, employment or engagement that you think we should consider?
- Do you have any comments on the evidence used to support this audit of inequalities?
- If you have other evidence that you feel would be useful can you please provide details?
- Are there any specific service areas or activities where you think we need to improve accessibility?
- Please share any other comments that you have?

Please note that the outcome of this audit of inequalities has to be submitted to the Equality Commission by 1st May 2011. To meet this deadline this requires the final report to be considered Senior Management Team in mid April and approved at a Health and Social Care Board meeting on 30th April 2011. Consequently it is unlikely that the Board will be unable to approve any extension to the closing date.

Disability Equality Duties

We would welcome your views and comments on our proposed actions

Under Section 49A of the Disability Discrimination Act 1995 (DDA 1995) (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006) the Health and Social Board is required when carrying out its functions to have due regard to the need to:

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

Under Section 49B of the DDA 1995, we are also required to submit to the Equality Commission a disability action plan showing how we propose to fulfill these duties in relation to our functions.

We see this as an important duty aimed at promoting disability equality. Whilst the timescale for the submission of this disability action plan has yet to be determined by the Equality Commission when we were carrying out our Audit of Inequalities and developing our action plan we took the opportunity to also consider our functions in the context of these specific duties.

Our findings revealed a number of similarities in the inequalities facing Section 75 categories (which also include those with disabilities) and these two duties specifically in relation to promoting positive attitudes and participation in public life.

The actions identified by the audit of inequalities that we feel will also contribute to promoting disability equality are listed below.
Details on the Health and Social Care Board's functions and details on performance measures and timescales for actions are as identified in the Audit of Inequalities across the Functions of the Health and Social Care Board. Action Plan 2010 - 2013 (December 2010)
www.hscboard.hscni.net

In summary these include:

Accessibility of communications and information

We will:

- When revising the accessibility guidelines ensure that these guidelines address the disability equality duties.
- Encourage staff to use positive images of people with disabilities
- Develop our Personal Public Involvement work in such a way that complements and enhances positive engagement with people with disabilities.
- Address website accessibility that will help support greater involvement and engagement of people with disabilities

Commissioning goals - Improving the process

We will

- Improve mechanisms for the engagement of people with disabilities
- Develop the capacity of commissioning staff to ensure that these processes incorporate disability equality issues

Awareness raising and training

We will:
- Ensure that training initiatives incorporate the disability equality duties
- Include people with disabilities in the delivery of this training

Systems information sharing and monitoring

We will:

- o Develop a more comprehensive data base to assist in ensuring data is available (both in employment and services) on people with disabilities.
- o Develop the capacity of staff to use this data to inform policy or decisions
- o Ensure that equality screening and monitoring of policies that the disability equality duties are adequately addressed

We will be undertaking additional engagement with Disability groups and individuals when developing the disability action plan but as part of this consultation exercise we wish to take the opportunity to invite you to provide any views and comments you have on these actions.

Please add any comments you have on the proposed actions

Please add any suggestions you have on other actions to promote disability equality

Please let us know if you are:

Responding on behalf of an organisation?
or
Responding as an individual?

Please let us know which equality area(s) you have experience in?

Equality	**Good relations**
Age	Political opinion
Gender	Religion and Belief
Disability	Racial group
Sexual Orientation	
Marital status	
Religion and belief	
Dependants	
Disability	
Political opinion/trade union	

Please provide:
Your name:
Your Organisation: (if relevant)
Your contact details: including your address, telephone and email address.

Please send your comments by 18th March 2011 to:

Anne McGlade
Equality Manager
Business Services Organisation
2 Franklin Street, Belfast, BT2 8DQ
Telephone 028 90535577 if using Text Relay prefix with 18001
Email: anne.mcglade@hscni.net

Thank you

A report of feedback received as part of this consultation will be made available.

Health and Social Care Board

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