HSC Health and Social Care Board

Audit of Inequalities Action Plan 2013 – 2018

Draft for Consultation

Health and Social Care Board

This document can be made available on request and where reasonably practicable in an alternative format, Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority languages to meet the needs of those for whom English is not their first language.

February 2013

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Introduction

In 2010 the Equality Commission NI asked the Health and Social Care Board to develop an action plan outlining actions to promote equality of opportunity and good relations and address inequalities. Our first action plan was developed for a period of two years (2011-2013), to align it with our corporate and business planning cycles at the time.

Equality scheme commitments

Our action plan outlined actions related to our functions and took 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.hscboard.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. It also requires us to consider good relations in relation to political opinion, religion and ethnicity.

In our equality scheme we gave a commitment to monitoring progress and updating the plan as necessary. We also said we would engage and consult with stakeholders when reviewing the action plan.

During the last two years we have kept our equality action plan under review and reported annually, to the Equality Commission, on what we have done.

How we carried out the review

As we are coming to the end of the period covered by our action plan we undertook a review to consider what actions to include in our new equality action plan.

In carrying out this review we considered a number of questions.

1. Have actions been delivered? If not these were carried over into our new plan.
2. Have intended outcomes been achieved? If actions were delivered but the intended outcome has not been achieved we carried over the priority into the new plan with new actions.
3. Were there actions identified in our first audit of inequalities but not prioritised for our first plan? If these are still relevant we carried them over into the new plan.

We also looked at a range of sources of information such as:

- new research
- new data having become available
- new equality screening exercises having been completed
- issues raised in consultations or through other engagement with staff and service users since our first action plan.

From this we identified new actions for the period 2013-2018.

What we do

The Health and Social Care Board is part of health and social care in Northern Ireland.

The Health and Social Care Board was established in April 2009 and our main roles include:

- Finding out what services people in Northern Ireland need to keep healthy.
- Finding out what things people need to live by themselves in the community.
- Funding provider organisations including Trusts and other voluntary and private organisations to provide health and social care services.
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- We make sure that the services provided are good quality.
- Ensuring that there is sufficient money in the budget to pay for the services.

The Health and Social Care has seven directorates responsible for the following areas of work Board.

Table 1 Directorates within the Health and Social Care Board

Commissioning	**Social Care and Children**
Planning for safe and effective health and social care services for everybody in Northern Ireland	Ensuring services are in line with the law and helping adults and children to live independently
Performance and Service Improvement	**Integrated Care**
Making sure that people deliver the services that we have contracted for	Managing contracts with Doctors, Pharmacists, Dentists and Optometrists
Financial Accountability	**Corporate Services**
Making sure that we spend money wisely and don't spend more money than we have	Supporting the business of the Health and Social Care Board
Transforming your Care	
Plans for making changes to health and social care over the next five years	

What is in our equality action plan?

The following table outlines our actions for the next five years. We will keep this plan under regular review and report annually on progress to the Equality Commission NI. We will undertake a wider review in five years an will involve Section 75 equality groups and individuals in that review.

This document is also available on our website: www.hscboard.hscni.net

Table 2 Plan for Implementation of Equality Audit of Inequalities Action Plan 2013-2018

Systems, Information sharing and monitoring
Context: The Health and Social Care Board is responsible for commissioning a range of services for the whole of the population of Northern Ireland. There are gaps in the information base and use of equality information to inform decision making processes.

Issue	Equality / Inequality category	Action to mitigate inequity / inequality	Measurable outcome	Timescale
There is a need to enhance the information base across the Health and Social Care Board to ensure that policy development and service developments reflect the needs of the diversity within	All 9 equality categories.	Establish arrangements for collecting and analysing equality data to improve the central data base available within the Health and Social Care Board within the constraints needed to preserve confidentiality	Increased information monitoring systems that reflect activity relating to Section 75 equality categories to inform policy and service development.	2015

our population.		Develop or adopt new systems to record, report and analyse data on equality categories. **Responsibility:** Director of Performance Management and Service Improvement Head of Corporate Services.		

Accessibility of communications and information
Context: The provision of information in a range of formats is recognized a key means of promoting equality of opportunity in relation to services. There is currently no policy in place to facilitate this happening.

Issue	Equality - Inequality category	Action to mitigate inequity - inequality	Measurable outcome	Timescale
There is a need to ensure equality of access by service users and staff to information and communications provided by the Health and Social Care Board.	All 9 equality categories.	Prepare a Health and Social Care Board Information Policy, and arrange training for staff. Prioritise key documents for production in accessible formats.	Issue a revised policy on accessibility of information with appropriate engagement and equality and human rights screening undertaken.	2013-2015

		Address Website accessibility for all equality categories. **Responsibility:** Head of Corporate Services. Equality Unit in BSO. Equality, Human Rights and Diversity Working Group and Disability Working Group.	Availability of alternative formats of key publications and the Website.	

Awareness raising, training and capacity
Context: The Health and Social Care Board is responsible ensuring that is has trained workforce including training in equality, human rights and diversity.

Issue	Equality - Inequality category	Action to mitigate inequity - inequality	Measurable outcome	Timescale
Staff need to develop and maintain awareness, skills and competence in relation to section 75 equality duties accordance with their role.	All 9 equality categories.	Provide targeted training and initiatives Expose staff with relevant equality data to inform decision making Involve Section 75 equality groups in the delivery of training.	Staff survey in 2015 to assess the impact of training.	2013-2015

		Responsibility: Head of Corporate Services Equality Unit in Business Services Organisation with support from relevant Directors and Assistants Directors in HSCB Equality, Human Rights and Diversity Forum.		

Commissioning Goals - improving the process
Context: The Health and Social Care Board is responsible for ensuring that equality of opportunity is incorporated as a key element of the commissioning goals to achieve continuous improvement, quality and efficiency.

Issue	Equality - Inequality category	Action to mitigate inequity - inequality	Measurable outcome	Timescale
Ensure that the inequalities agenda is 'mainstreamed' within routine commissioning processes, including actions to address inequalities information gaps and inequalities in access to or outcomes from health and social care services.	All 9 equality categories.	Service Teams to identify and report on key actions on an annual basis and report to demonstrate progress in relation to promoting equality of opportunity. **Responsibility:** Director of Commissioning Head of Corporate Services Commissioning Leads.	Standard template developed and in use by all commissioning service teams to identify actions to address inequalities, and report annually	Annually

Commissioning Goals - improving the outcomes

Context: Evidence of services commissioned in such a way to reduce identified inequalities. Ensure equality of opportunity as an outcome of the Commissioning process of the Health and Social Care Board.

Over all responsibility lies with the Director of Commissioning but each Service Team is responsible for implementing agreed actions.

Area: Maternity, Paediatric, Child Health, Sub fertility Service Team

Equality: Ante natal, intra-partum and post natal services are by definition specific to females within fertile age range, regardless of religion, political opinion, marital status, dependent status, disability, ethnicity or sexual orientation. Related services can be provided to men in their role as potential or actual fathers in relation to a pregnant or planning to be pregnant female and can also be provided to pre and post fertile age females as required.

Inequalities: Outcomes for women and children from socio-economic disadvantaged areas, for women who smoke or consume above safe alcohol limits, who misuse drugs or who are significantly overweight are recognised to be poorer than for those women who do not engage in these risk taking behaviours. Outcomes for children who are breastfed are also recognised to be better than those who are not.

Service Team Issue	Equality - Inequality category	Action to mitigate inequity - inequality	Measurable outcome	
1. Births to mothers born outside UK and Ireland have increased over last decade (3% in 2001 compared to 10% in 2010) and maternity and child health services need to be able to ensure women and children receive information and services so that they can fully engage with services.	Ethnicity – potential for outcomes for women born outside UK and Ireland and their children to be less than those of indigenous population.	On-going monitoring of births to mothers born outside UK and Ireland Information on pregnancy and child health available in a variety of languages. Scoping exercise to be developed and carried out (resource permitting) to determine the specific issues for ethnic minority pregnant women, migrants, refugees and asylum seekers and their impact on maternity services.	Quarterly data on births. Further develop monitoring to include ethnicity in peri-natal data base. Scoping exercise complete by March 2014.	2013-2014

Outcomes for children born to teenage mothers are poorer than for other mothers.	Age of mother.	3 Family Nurse Partnership programmes are up and running in Western, Southern and Belfast LCG localities SAMs (School Age Mothers) programme running in other localities.	100 families recruited in each site Intense programme support to each registered mother. Evaluation of programmes on-going.	

Service Team Area: Long term conditions

Equality:
Figures confirm that diabetes is one of our biggest health challenges. Most increases will be Type 2 diabetes. There is also an increasing evidence of obesity. If we are to curb this growing health crisis and see a reduction in the number of people dying from diabetes and its complications, we need to increase awareness of the risks, bring about wholesale changes in lifestyle, improve self-management among people with diabetes and improve access to integrated diabetes care services. There are particular issues in respect of age and disability.

Service Team Issue	Equality - Inequality category	Action to mitigate inequity - inequality	Measurable outcome	
Diabetes is more common in men than women but women are more likely to experience poorer outcomes	gender	Type 2 diabetes is related to obesity. This can be diagnosed earlier during pregnancy and program can be offered at that time	Reduce likelihood of developing diabetes Monitor level of diabetes control	Annually
Obesity more common in children and adults with Learning disability putting them at risk of developing type 2 diabetes	Learning disability	Offer preventive programs to address obesity in adults with learning disability and early detection of Type 2 diabetes when it happens	Reduce levels of obesity Early detection of diabetes	Annually

Area: Older People and Physical Disability Service Team

Equality: Older People are subject to a range of inequalities some of which are related to societal mis-understanding of the ageing process, whilst others are related to issues about gender, cognitive ability, physical and sensory disability and ethnicity. Many older people are themselves carers as well as being recipients of health and social care services in their own right.

Inequalities: Older People can be an excluded social group both due to society's preconceptions around age and also because of the other factors described above (for example gender, ethnicity, disability). However they can also be excluded due to their more limited access to Information Technology, economic inactivity, lower incomes and also due to issues related to visual or hearing impairment.

Service Team Issue	Equality - Inequality category	Action to mitigate inequity - inequality	Measurable outcome	
1. Older People require a comprehensive assessment of their needs which addresses the holistic nature of the presenting need whilst also being responsive to issues	Inequity in terms of gender (females are over-represented in the older population) and also regarding physical and sensory disability.	Adoption of an agreed regional approach to assessment via development of a tool that will meet the needs of this client group and that can deal with both 'simple' and 'complex'	Development and roll out of a Northern Ireland 'Single Assessment Tool' (NISAT) to target the needs of older people in the first instance.	2013-2014

which may require specialist input. Undue delay and duplication of assessment processes is inefficient and unsatisfactory from both a client and governance perspective.		presenting need. Work with Trusts to develop and refine the regional assessment tool as described above and pilot it Secure funding for regional roll out.	Secure funding to support a regional roll-out of all elements of the NISAT tool (e-NISAT). Monitor roll-out via monitoring reports from Trusts.	
2. Long term dependence of older people upon traditional domiciliary care services that do not meet their needs and which are becoming difficult to fund at the levels required by the current service model.	As above, inequity in terms of gender (females are over-represented in the older population) and also regarding physical health and sensory disability.	Development of an approach to care that has an inherent 'rehabilitative' component and that supports the achievement of specified independence goals. Embedding this new service model into	Each HSC Trust to develop a plan for the implementation of re-ablement services and re-configuration of their existing domiciliary care service models. Trusts to have a Re-ablement service fully operational by	

		Trusts, delivering a service change away from longer term domiciliary care provision that does not always promote choice and independence.	March 2014. Trust to submit a service baseline, establish activity monitoring processes and report on these during 2013-2014.	

Area: Children and Families Commissioning Service Team

Equality: Looked after children placement services; foster care both kinship and stranger, residential care, and 16+ supported accommodation, are provided to all young people male and female on the basis of need regardless of religion, political opinion, dependant status, disability, ethnicity or sexual orientation. Young people are presenting to the service with an increasing complexity of need in relation to their emotional and physical health, and their social and educational functioning.

Inequalities: Research has highlighted that Looked After Children have significantly poorer outcomes as adults, compared with children in the general population, in relation to their health (mental and physical) and education, and are over represented within the criminal justice system.

Service Team	Equality - Inequality	Action to mitigate	Measurable	Timescale

Issue	category	inequity - inequality	outcome	
1The rising demands in terms of number of referrals and increasing numbers of children entering the looked after system are significant.	Age in terms of the number of older children that is those aged 16 and 17 who require to be looked after or accommodated as a consequence of homelessness.	Regional Guidance being disseminated to ensure that rights and entitlements of this age group under Children (NI) Order are upheld. Quarterly monitoring to report on pathways of young people aged 16 / 17 who present as homeless.	100% of all young people aged 16 / 17 who present as homeless receive robust assessment and appropriate intervention pathway.	2013-2014
2. There is an ageing foster care population and the need to replenish where there is turnover is a challenge.	Age – dispelling myths about age of eligibility to foster Marital Status – dispelling myths about marital status of those who can apply to foster. Whilst population of carers is ageing	Regional Adoption and Fostering website is being populated to create greater awareness of eligibility to apply and need for foster carers for different groups of children. Regional awareness raising and recruitment	Increase in number of enquiries. Increase in number of carers recruited to specialist schemes.	

	applications are welcome from all adult ages. There is no compulsory retirement age for carers. One of barriers to fostering is economic as partners often work full time.	campaigns. Analysis of need of the type and range of carer resource required to meet the needs of children who require family placements.		
3. The increase in number of children with complex health care and social care needs is increasing requiring significant packages of support. There is a growing number of children within this group who are unable to be cared for at home on a permanent basis by	Disability.	Potential for increased outcomes for children with complex medical disability and social care needs in respect of ensuring compliance with Article 20 and 23 of the UNCRC and Article 7 of the UNCRPD.	A regional needs analysis in regard to the area of Children with disability will be progressed and this area will be identified as a priority within that analysis. As part of the process the views of carers , young people and their advocates will be core to the process and inbuilt	

their carers /parents requiring either medium or long term provision beyond the current short break provision.			into the project structure.	
4. There is a regional pressure being identified by all Trusts in relation to the need for specialist supports for young people with disability who also present with Challenging behaviour and where sustaining a family placement is becoming increasingly difficult.	Disability.	As part of the regional needs assessment to be taken forward by the HSCB in relation to children with disabilities theChildren's Service Improvement Board Subgroup on disability (CSIP) will as part of its work plan be asked to formulate a scoping exercise in relation to need and best practice.	Scoping report to be progressed and review of current provision. Example of regional good practice will be identified which will inform the commissioning of services for this specific group of young people.	

5. Educational outcomes for Looked After Children (LAC).	LAC perform significantly poorer than non LAC in terms of educational outcomes.	The introduction of Personal Education Plans for all Looked After Children. This is a joint project between Health and Social Care and the Education sector. Multi agency planning to increase the number of 16 +LAC and those previously looked after who are in education, employment or training.	Improved Standard Assessment Test Scores (SATs) for Looked After Children who are looked After for 12 months or longer. The statistics regarding the education, training and employment of eligible, relevant and qualifying young people. shows an increase in the % in education, training and employment.	2013-2014
6 The mental health needs of Looked After Children	LAC present with significant and lasting emotional and mental	In cooperation with the Justice sector establish a forensic	A reduction in the number of young people having to	

(LAC).	health needs resulting in poorer outcomes as adults including overrepresentation in the justice system	psychiatric/psychology service to provide specialist assessment and intervention for young people within the care and justice sectors.	access care and Children and Adult Mental Health Service (CAMHS) services out of country. Develop a measure in cooperation with Justice Services around a reduction in the number of young people having repeat offences relating to sexually harmful behaviour, violence and arson.	

Area: Integrated Care Pharmaceutical Services

Equality: Pharmaceutical services are commissioned to provide reasonable access to medicines and related support services

Inequalities: The provision of community pharmacy services is not actively commissioned by the Board therefore the range and provision of such services may lead to inequalities in certain parts of NI

Service Team Issue	Equality - Inequality category	Action to mitigate inequity - inequality	Measurable outcome	Timescale
There are differing levels of provision of community pharmacy services across NI.	All 9 equality categories.	Needs assessment should identify if there is over/under-provision and inform re-profiling if appropriate.	Need assessment undertaken and appropriate actions initiated.	2013-2014
Community pharmacies are a unique focus for local communities to address health and social need – this can be limited dependent upon pharmacy	All 9 equality categories. I	Development of the Building Community Pharmacy Partnership programme to support community development approach to deal with	Number of new pharmacy services. Evidence of improvements in health outcomes.	

capacity and knowledge of what pharmacy can offer.		local health inequalities.		

Area: Integrated Care Dental Services

Equality: **Context:** 60.3% of the NI population is currently registered for NHS dental care. Amongst the Polish Community this figure is 32.6%. There is some regional and age-group variation.

Inequality: Access to NHS dental registration is uniformly available, yet there is a barrier for some of the Polish Community is it language, culture e).

Issue	Equality - Inequality category	Action to mitigate inequity - inequality	Measurable outcome	Timescale
NHS dental registrations within the Polish Community.	Ethnicity	Audit of registered and unregistered Polish patients to identify barriers to dental registration, evaluation of the audit and introduction of appropriate measures to	Increasing the percentage of NHS registered dental patients in the Polish Community.	One year with appropriate re-audits.

		improve access.		

Area: Medicines Management Commissioning Team

Equality: The use of medicines, procured, selected, dispensed and administered should be in response to clinical need and based upon evidence based decision making. All patients should have access to clinically appropriate, high quality and cost-effective treatments.

Inequalities: Patients as recipients of medicines should be appropriately engaged in the appropriate selection and use of medicines. Inequalities may emerge where there is not the appropriate application of evidence within a clinical setting.

Service Team Issue	Equality - Inequality category	Action to mitigate inequity - inequality	Measurable outcome	Timescale
There is some evidence that the prescription of medicines in particular therapeutic areas and in	All 9 equality categories.	Scoping exercise to be developed and carried out (resource permitting) to determine if there is evidence of bias on	Scoping exercise complete by March 2014	2013-2014

particular patient groups is not always done based on clinical need and evidence but bias such as age may be a factor.		any of the equality grounds but in particular age.		
The NI Formulary will be developed and implemented on an on-going basis – while the primary audience for the formulary will be the prescribers, it is recognised that service users have an important role to play in shaping the formulary.	All 9 equality categories.	A programme of service user involvement.	Series of four community engagement groups to be delivered Service User engagement plan to be developed for on-going development and implementation of the formulary by March 2014.	

Your views

We are happy to receive your comments by letter, by email, or in another format. If you prefer to provide your comments in person please do not hesitate to get in touch and we will be happy to meet with you. 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. What are your views on the proposed actions identified in the action plan?

- Are there any other actions that you think we should consider?
- If you have other evidence that you feel would be useful can you please provide details?
- Do you have any other comments?

Please tick if you are:

Responding on behalf of an organisation? ☐
or

As an individual ☐

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

Equality	*Please tick:*	***Good relations***	*Please tick:*
Age		*Political opinion*	
Gender		*Racial Group*	
Dependants		*Religion and Belief*	
Disability			
Marital status			
Political opinion/Trade union			
Racial Group			
Religion and belief			
Sexual Orientation			

Please provide:

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

Please send your comments by 7th May 2013 to the Equality Unit in the Business Services Organisation, who are co-ordinating this consultation on our behalf:

The Equality Unit
Business Services Organisation
2 Franklin Street, Belfast, BT2 8DQ
Telephone 028 9053 5531 for Text Relay users prefix with 18001
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Fax: 028 9031 6721

Please note that we 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

Thank you

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