**

**Department of Health**

**Draft Equality Action Plan**

**and**

**Disability Action Plan**

**Consultation Outcome Report**

Dec 2018

A hard copy of this document, or a copy in a different format, can be provided on request by contacting:

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**1. Introduction and background**

The Department of Health has concluded a public consultation on their draft Equality and Disability Action Plans. These plans set out the actions we proposed to take forward over the next five years.

The consultation ran from 1 December 2017 to 28th February 2018 and this report has been produced to highlight the comments received during the consultation period and the Department’s response.

The Department would like to take this opportunity to thank all those who participated in the consultation. This invaluable input and expertise will help to shape the Equality and Disability Action Plans.

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| 2. Consultation |

A full public consultation was launched on 1 December 2017 and closed on 28 February 2018. All those recorded in the Department’s consultation list received a letter informing them of the consultation arrangements. The consultation documents were made available on the Department’s website and the documents were also available in hard copy or in different formats on request.

A full copy of the draft Equality Action Plan and Disability Action Plan issued for consultation can be found on the Department’s website: <https://www.health-ni.gov.uk/consultations/draft-disability-action-plan-and-equality-action-plan>

## 3. Responses received

A total of ten written responses were received from:

Marie Curie

Equality Commission for Northern Ireland

Family Fund

Early Years

Southern Health & Social Care Trust Mental Health & Disability Services

Sinn Fein

Children’s Law Centre

Lollipop Playgroup

Womens Regional Consortium

South Eastern Health and Social Care Trust *(no substantive comments)*

A summary of the issues raised on the **Equality Action Plan**, and the Department’s response, can be found at **Annex A**.

A summary of the issues raised on the **Disability Action Plan**, and the Department’s response, can be found at **Annex B**.

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| **4.** Next steps |

Following the feedback received during the consultation the Department is reviewing the draft action plans and aims to publish final documents early in 2019.

The Equality Commission for Northern Ireland is holding a specific Disability Action Plan Compliance and Advisory Event on 11 December 2018 and learning and good practice from this event will be taken into account before finalising the Department’s plans.

The action plans will be reviewed on an annual basis and may be added to or amended over their 5-year lifespan, as more information becomes available or priorities change.

| **ANNEX A** |
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| Department of Health consultation Equality Action Plan (EAP) 2018Consultation responses and Department comments |
|  | **Issue Raised** | **Comment / Recommendation** | **Action taken / comments** |
|  | 1. **Marie Curie**
 |
| **1.1** | Over-lapping inequalities | Welcome focus on needs of older people, BME groups, dementia patients, LGBT people and carers, however, health inequalities are treated in isolation when, in reality these overlap. | The Department acknowledges the potential for health inequalities to overlap. The Department’s equality screening process considers the impact on multiple identities as part of the policy making process.  |
| **1.2** | Additional health inequalities | Unequal access to appropriate care and support for people living with terminal illness/ failure to access palliative care, including additional measures to meet needs of BME, dementia patients, LGBT people and carers. | *‘*Living Matters: Dying Matters’, the Department’s palliative and end of life care strategy for adults in Northern Ireland, was published in March 2010 with a vision that any person with an advanced, non-curative condition is supported to live well and die well, irrespective of their condition or care setting.  The overall aim of the strategy is to improve the quality of palliative and end of life care for adults by providing a policy framework which enables statutory, independent, community and voluntary care providers to deliver high quality palliative and end of life care that is focused on the person rather than the disease as well as support for carers. The Palliative Care in Partnership programme aims to further improve access to palliative and end of life care services in Northern Ireland through a number of key areas.  These include better, and more timely, identification of patients who would benefit from a palliative approach both in primary and secondary care; education and training; access to specialist palliative care advice and support; and promoting advance care planning in the wider community.   |
| **1.3** | Migrant, BME communities | Additional barriers to accessing healthcare with a terminal illness e.g.* Lack of cultural and religious sensitivity in how services delivered;
* Discrimination;
* Shortages of female doctors for Muslim women;
* Inadequate interpreting and advocacy provision;
* Feelings of older minority ethnic patients not taken seriously;
* Dietary needs;
* Assumption family will provide care at home;
* Negative experiences: racism and insensitivity;
* Poor communication.
 | The Department/ HSCTs seek to ensure services meet the needs of the BME community including those who are living with terminal illnesses. The Department and ECNI produced the ‘Race Equality in HSC – A Short Guide to Good Practice in Service Provision’ in 2011 and HSC Trusts have a number of intitiatives/ guides in place, including:* NINES: NI New Entrant Scheme – for adults and children who are new to NI and not already registered with a GP.
* Access to H&SC Guidance – available in different languages
* Guide to Ethnic Monitoring of Service Users – helps identify uptake of services and possible barriers.
* Belfast and Northern HSCT have a Good Relations Strategy in place, the Western Trust has commenced the process to develop a GR Strategy. The SEHSCT has a Good Relations Statement and the SHSCT has Good & Harmonious Working Environment Guidelines with the aim of developing a GR Strategy.
* Belfast Trust also has a translated welcome pack for all inpatients available in 18 different languages and a recently developed translated information pack for their Well Being and Treatment Centres.
* The Public Health Agency leads on some regional work relating to the health and well-being of BME people in NI and has an Ethnic Minority and Migrant Health and Social Wellbeing Thematic Action Plan in place.

The joint EAP for the 5 HSCTs and the NI Ambulance Service includes an action to ‘work in partnership with BME groups to develop guidance for H&SC staff on meeting the needs of older people in BME communities and ensure access to services. |
| **1.4** | Recommendations | Ethnic values should be integrated into policies on palliative and end of life care with BME groups involved in development. | All departmental policies are screened under Section 75 of the Northern Ireland Act 1998. HSCTs screen their own work areas. We seek to ensure all services meet the needs of S75 groups including the BME community. The Department and ECNI produced the ‘Race Equality in HSC – A Short Guide to Good Practice in Service Provision’ in 2011, and more awareness of specific BME issues is being taken forward by the Department’s Racial Equality Champion as part of the TEO led Racial Equality Strategy 2015-25. |
|  | Training for healthcare professionals on cultural competency, effective communication and translation services.[[1]](#footnote-1) | This EAP and DAP are in respect of the Department and Departmental staff only. HSCT issues, including training for HSC staff, are a matter for the Trusts and for inclusion in their EAP and DAP. These issues are, however, taken into account by the Department when developing policies and guidance, for example, the Department’s Office of Social Services is liaising with stakeholders to develop a Framework for Culturally Competent Decision Making in Child Care Social Work with the aim of reaching a balance that respects all cultures, equality and diversity. The Department is also committed to progressing the aims of the Racial Equality Strategy 2015-2025 with a Racial Equality Champion in place to ensure that all policies and operational practices of the department take account of the aims and principles of the strategy. Translations are available on request with the HSCTs routinely producing relevant documents in different languages (see 1.3 above) |
|  | Pain charts/dictionaries/phrase books available in hospitals & GP surgeries in absence of interpreters. | These are primarily issues for HSCTs, however, they have also been identified by the Racial Equality Sub-Group, established under the NICS Racial Equality Strategy 2015-2025, and the Department’s Racial equality Champion has written to HSCT Chief Executives highlighting the issues. *See Footnote 1*.  |
|  | Awareness raising/ outreach on palliative/ end of life care. Develop a system of information provision for consultants & GPs on available palliative care for BME. |
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| **1.5** | Traveller community | Improve outcomes.Higher mortality rates; shorter life expectancy.Higher burden of chronic diseases; greater prevalence of cancer, stroke and respiratory conditions.More likely to delay accessing care/ more reliance on emergency services.Barriers – discrimination/communication/cultural issues. | The Racial Equality Strategy 2015-2025 includes the Irish Traveller community and the Department recognises that this group can have specific health requirements. The following are particularly relevant in the context of securing improvements in the health and social wellbeing of ethnic minority communities, including Travellers:* Sexual Health Promotion Strategy
* Oral Health Strategy
* Protect Life 2: Suicide Prevention Strategy
* Promoting Mental Health Strategy and Action Plan
* New Strategic Direction for Alcohol and Drugs
* Domestic Violence & Sexual Abuse Strategy

The joint EAP for the 5 HSCTs and the NI Ambulance Service includes an action to ‘co-design a staff information booklet in partnership with representatives from the Traveller Community aimed at raising staff awareness and understanding of Traveller history and culture’ |
| **1.6** | Dementia | Barriers to accessing appropriate and high quality end of life care: * Identification and planning
* Inequality of access
* Quality of care
 | Development of the Regional Dementia Care Pathway is ongoing and represents the out-workings of a number of recommendations from the Regional Dementia Strategy “Improving Dementia Services in NI” (2011) and is aimed at improving the services and support arrangements currently available for people with dementia, their families and carers. Requires Ministerial sign off. Dementia commissioning arrangements are in place between the HSCB and Trusts. |
| **1.7** | Actions | * Increase dementia training in H&SC settings.
* Develop stronger relationships between dementia specialists and palliative care services.
* Embed a palliative care approach rather than inappropriate interventions.
* Infrastructure to allow appropriate referral to tailored, specific support services for carers.
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| **1.8** | LGBT inequalities | Barriers:* Anticipating discrimination.
* Complexities of religion and LGBT end of life care.
* Assumptions about identity and family structure.
* Unsupport grief and bereavement.
 | *See Footnote 1.* HSCT issues, including training for HSC staff etc are a matter for the Trusts and for inclusion in their EAP. The joint EAP for the 5 HSCTs and the NI Ambulance Service includes an action to ‘work with regional colleagues and representative organisations to support the development of a Regional Gender Identity and Expression Policy’ including raised awareness among staff that discrimination against transgender and non-binary people is not acceptable.  |
| **1.9** | Recommendations | * Staff training on specific LGBT concerns and needs at end of life.
* Work with local charities to better understand end of life needs.
* Ensure literature/ materials are inclusive of all diverse groups.
* Specifically consider LGBT issues & access to palliative care in considering implementation strategies.
 | As above (1.8)Within the Department, the NICS LGBT Staff Network, launched in 2017, and will ensure staff are kept informed of developments and any issues arising. Updates from the Network are given at the quarterly NICS Diversity Champion meetings, attended by a DoH representative.  |
| **1.10** | CarersActions | * Legal rights for carers/ guaranteed right to support services.
* Bespoke training and support for end of life carers.
* Awareness raising of support for older carers.
* Accessible information/ appropriate format, noting that many carers do not recognise this label for themselves.
* Carers assessments need to be more holistic of all required support.
 | The regional *Caring for Carers* strategy, dealing with health and personal social services, employment, training, education, availability of information and support services, was published in 2006 and is overdue for review. We have decided to take the opportunity to review existing policy on the support available to carers in the North of Ireland as part of the wider *Reform of Adult Social Care*, since the support provided to carers forms a key component ensuring sustainability of the system of care and support as a whole.  The first stage of the Reform saw an extensive public consultation to facilitate the debate around the future of adult care and support with ensuring adequate support for carers being raised consistently as a key issue.  Consequently, new rights and duties with respect to carers are currently being considered, as part of the second stage of the Reform, with plans to consult on proposals for change in Spring 2019.    |
|  | 1. **Family Fund**
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| **2.1** | Health Inequalities | Recommend inclusion of disabled and seriously ill children and young people and their families in list of health inequalities with outcome to remove barriers and provide support: Disabled children and the families that raise them, face significant extra financial costs and significant barriers to opportunity, in attempting to lead their everyday lives. | Age and Disability are included under a number of health inequalities and would include consideration of factors affecting disabled and seriously ill children and their families.Financial support in the form of welfare and benefits payments are the responsibility of the Department for Communities. Access to transport is the Department for Infrastructure. |
| **2.2** | Action Measures | (4) Rapidly ageing population health inequality – support for young carers. Should include not just young carers who care for adults but explicitly mention c&yp who care for siblings and include families raising disabled and seriously ill children and young people. | The Department is committed to supporting all young carers, whether that care is provided to a parent, grandparent, sibling or another close family member.  Over half a million pounds was invested during 2017/18 to provide support and assistance to these young people across Northern Ireland.  While this aspect of the equality action plan is concerned with those caring for older people, the needs of all young carers will be considered within the forthcoming Family and Parenting Support Strategy.  This new Strategy is being developed by the Department of Health, on behalf of all government departments, and will be subject to consultation before the end of the year. |
| **2.3** |  | Health inequality (2) ‘difference in health & wellbeing outcomes’ should specifically cite families raising disabled and seriously ill children and young people. Include disability in list of S75 category affected. | The Physical and Sensory Disability Strategy (PSDS) addresses the needs of all age groups, both children and adults, regardless of the cause of their disability. In accordance with the article and principles stated in the United Nations Convention on the Rights of Persons with Disabilities it promotes: Dignity and respect for individual differences; social inclusion and acceptance of the individual by society; independence and life opportunities; informed choices; anti-discrimination in service provision; and equality of opportunity and access to services and facilities. The Children & Young People’s Strategic Partnership’s (incorporated in the PSDS) key purpose is to harness and integrate the efforts and resources of those front line agencies in the statutory, voluntary and community sectors who interact with our children and young people, to maximise the positive impact. Health and Social Care agencies along with Education and Library Boards etc are actively involved in the work of the partnership and its various sub-groups. The Family Fund provides grants for a wide range of items, such as washing machines, sensory toys, family breaks, bedding, tablets, furniture, outdoor play equipment, clothing and computers. It is focused on directly supporting the needs of the children or young people with a disability and their families. The grants help break down many of the barriers families face, improving their quality of life and easing the additional daily pressures. ‘disability’ has been added as a S75 category affected. |
| **2.4** |  | Key action measure (3) – include specific outcomes and performance indicators for disabled children and young people. | Noted – EAP has been updated. |

|  | 1. **Early Years**
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| **3.1** |  | Response agrees that the broad level of health inequalities have been identified and that measures will have a positive action plan on S75 groups. Response details the Early Years Family Health and Toybox initiatives and highlights holistic approaches to family engagement and participation emphasised through these initiatives. | The Department notes the comments made and confirms its commitment to working with the Department of Education on early years matters. |
|  | 1. **Lollipop Playgroup**
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| **4.1** |  | Statutory sector takes priority over voluntary sector in meeting needs of SEN children in terms of supported help and difference in money paid to staff with voluntary sector staff often having to share their time between 2 children. | DoH has been working closely with DE to improve interfaces and cooperation between the Education Authority and HSC Trusts around the statutory SEN assessment process, and thus assist in the delivery of more effective services to children with SEN.   Health Transformation Funding has recently been allocated to the Health and Social Care Board and Public Health Agency to support this work and deliver the reforms necessary to standardise and streamline SEN processes and enhance integrated working across health and education. |
| **4.2** |  | Concern that EAP does not go far enough to ensure implementation and timescale. | Noted – EAP has been reviewed in light of comment. |

|  | **(5)** **Women’s Regional Consortium (Consortium for the Regional Support for Women in Disadvantaged and Rural Areas)** |
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| **5.1** | Mental Health | Recommendation: In pursuit of improved mental health outcomes for disadvantaged women, government should attend to the cumulative mental health impact of ongoing austerity and the legacy of the conflict, while also ring-fencing mental health from any further fiscal cuts under extended austerity.In addition, the role of community-based provision in addressing this disadvantage and its implications for cohort wellbeing should be properly recognised and sustainably supported. | The Department recognises mental health as a key priority and is committed to working towards parity of esteem for mental health and improving specialist services. Moving towards parity of esteem for mental health is an overarching aspiration with the aim of ensuring mental health receives its fair share of time, attention and resource. Steps are being taken to address how this could be evidenced – this would include, but not limited to, increasing share of mental health funding within overall HSC budget. Progress is also being made in establishing a Regional Mental Trauma Network for NI, to address the unmet needs of people in NI with mental health problems directly related to the conflict here, as well as other traumatic events, and to improve the mental health of people suffering as a result. The Network is based on the internationally recognised Psychological Therapies Stepped Care Model, and will provide a range of services both within the community and in clinical settings, dealing with a spectrum of severity from low to high intensity.  Adult Mental Health services are delivered in line with the Regional Mental Health Care Pathway You in Mind which sets out the key standards and service model for the delivery of mental health care across Northern Ireland, redefining how mental health services are shaped here, to create an environment which builds hope, supports recovery and restores a person’s sense of control. There is now an increased focus on community care and treatment; with early intervention, crisis response, home treatment and increased use of evidence-based psychological therapies keeping people out of acute settings. |
| **5.2** | BME | Recommendation: Government should undertake measures to ensure proper recognition and accommodation of BME needs and interests in healthcare service design and delivery. Due regard should be given therein to any significant prevailing disaggregated data gaps such as might threaten to undermine efficacy on this front. | Under the Racial Equality Strategy (2015-2025), the Department of Health has appointed a Racial Equality Champion who attends the Racial Equality Sub-Group to hear first-hand issues affecting BME and other ethnic minority groups. The Department and Equality Commission for NI produced the ‘Race Equality in HSC – A Short Guide to Good Practice in Service Provision’ in 2011 and HSC Trusts have a number of initiatives/ guides in place, including:* Access to H&SC Guidance – available in different languages.
* Guide to Ethnic Monitoring of Service Users – helps identify uptake of services and possible barriers.
* The Public Health Agency leads on some regional work relating to the health and well-being of BME people in NI and has an Ethnic Minority and Migrant Health and Social Wellbeing Thematic Action Plan in place.
* The joint EAP for the 5 HSCTs and the NI Ambulance Service includes an action to ‘work in partnership with BME groups to develop guidance for H&SC staff on meeting the needs of older people in BME communities and ensure access to services.
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| **5.3** | Health Inequality/ Disability | Recommendation: Government should seek to address more effectively the relationship between poverty, health inequalities and disability, cultivating a rights perspective on this debate such as would allow it to properly identify and take account of the wider social justice issues at stake. Due regard should be given therein to any significant disaggregated data gaps such as might threaten to undermine that undertaking. | The NI Health and Social Care Inequalities Monitoring System (HSCIMS), developed by the Information Analysis Directorate (IAD) within the Department of Health, was established in 2002. The HSCIMS comprises a basket of indicators which are monitored over time to assess area differences (including gaps in health outcomes between the most and least deprived areas in NI) in mortality, morbidity, utilisation of and access to health and social care services in Northern Ireland. |

| **5.4** |  | Summary of Participant Reported Concerns:1. Chronic underfunding and under provision, particularly mental health
2. Cuts to community based provision, particularly psychiatric outreach and clinic delivery.
3. Service withdrawal: rural underfunding & under provision; withdrawal of treatment for lipoedema and lymphedema in Strabane & maternity services in Omagh together with services in Derry, Lisburn and Greater Belfast.
4. Over prescribing of medication/ absence of alternative treatments.
5. Ethnic Minority health needs/ racism.
6. Lack of empathy /understanding of mental health.
7. Lack of support services & treatment for mental illness.
8. Service user neglect/ failings in continuity of care and care planning.
9. Inadequate social care – dementia provision.
10. Treatment delays and postponement/ waiting times/ out of hours services.
11. Social service delivery not fit for purpose.
12. Fears of social services involvement with mental health issues, notably fear of removal of children from family home.
13. Lack of integrated care and service provision.
14. Under provision & dysfunctionality in social care.
15. Need for properly integrated health & social care.
16. Ambulance service inadequacies.
17. Improved early intervention and support required.
18. Shortfalls in health education programmes.
19. Dysfunctionality in primary care.
20. Neglect of community hospital need.
 | * Mental health issues: It is the Department’s mission to improve the health and social well-being of the people of Northern Ireland. It endeavours to do so by:

• leading a major programme of cross-government action to improve the health and wellbeing of the population and reduce health inequalities. This includes interventions involving health promotion and education to encourage people to adopt activities, behaviours and attitudes which lead to better health and well-being. The aim is a population which is much more engaged in ensuring its own health and well-being; and• ensuring the provision of appropriate health and social care services, both in clinical settings such as hospitals and GPs’ surgeries and in the community through nursing, social work and other professional services.* A number of mental health policy areas are included in the draft Disability Action Plan including implementation of the Mental Capacity act, establishment of a Mental Trauma Service, a Service Framework for Mental Health, and improved provision of mental health and psychological therapies services, including investment/service development in early intervention, community and home treatment services, specialist services, and increased focus and resource on physical needs of people with mental ill-health.
* The Deliver Together Programme includes actions to improve access and resilience, and support the development of new models of care including significant investment in primary care. It also contains proposals for the reform of adult social care and support.
* All policies, strategies and plans, and when designing and delivering public services, are subject to assessment under the Rural Needs Act (NI) 2016.
* Training has been provided for frontline H&SC staff dealing with people who present with self-harm or in emotional crisis.
* Waiting times are being addressed under the Elective Care Plan, published in Feb 2017, with an annual progress report available at: <https://www.health-ni.gov.uk/publications/elective-care-plan-transformation-and-reform-elective-care-services> **.** £30 million from the £100 million health and social care transformation funding for 2018/19 will be targeted at waiting times, in working towards achieving stabilisation of our current hospital waiting lists.
* It is difficult to ascertain from the response what “Health education” refers to – e.g. prevention/health promotion, and /or condition management? From the perspective of prevention, community and voluntary sectors are regarded as strategic partners in the alleviation of health inequalities at community level, for example a large proportion of the PHA’s programme budget is devoted to enabling the community and voluntary sectors to provide a range of services where there is greatest need. Significant investment goes towards services that address for example mental health promotion and suicide awareness and prevention; prevention of obesity; smoking cessation; reducing drug and alcohol misuse etc. A high proportion of these activities are targeted at disadvantaged communities and specific groupings.
* NIAS have recently concluded a comprehensive review of their services following which they developed a new clinical response model in order to redress current demand/capacity deficits. NIAS launched a 12 week consultation on their new Clinical Response Model on 27 September 2018 and continues to invite responses, views, feedback and requests for meetings from stakeholders, including members of the public.
* Other issues eg BME and dementia are included elsewhere within this response.
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|  | **(6) Southern Health and Social Care Trust – Mental Health and Disability Services** |
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| **6.1** | Health Inequalities | Important to ensure that adults with a learning disability and early onset dementia receive timely interventions and support with a bonafide call on resources allocated to mainstream Dementia Services. | * The Service Framework for Learning Disability has a specific standard relating to timely access to dementia services.
* Dementia commissioning arrangements between the HSCB and Trusts are in place.
* Ongoing development of Regional Dementia Care Pathway. This Pathway represents the out-workings of a number of recommendations from the Regional Dementia Strategy “Improving Dementia Services in NI” (2011) and is aimed at improving the services and support arrangements currently available for people with dementia, their families and carers. Requires Ministerial sign off.
 |
| **6.2** | No reference to very complex needs of young school leavers with a disability who require bespoke care packages when entering Adult Services.Vast difference (inequality) in resource allocation within children’s services as opposed to funding available when transferring to Adult Services. | Health Transformation funding has been allocated to the Health and Social Care Board to develop a new regional service model for Learning Disability service that is outcomes-based and provides a strategic response to the significant, often inter-related, challenges currently facing the Learning Disability programme of care, including the growing number of young people with complex needs transitioning into adult services from children’s services every year along with the increasing number of older adults with learning disability and ageing family carers. The model will be accompanied by a robust and costed regional information plan that will specify clear actions addressing any challenges and gaps. |
| **6.3** | No mention of ASD with/ or without a learning disability.Cost of service provision.No mention of Autism Strategy.No mention of dual diagnosis of adults with learning disability and mental health. | The Service Framework for Mental Health & Wellbeing acknowledged the right of adults with Learning Disability to have equitable access to appropriate mainstream Mental Health services. Health transformation funding has been provided to a project to improve treatment outcomes for people with intellectual impairment who have comorbid mental health problems, with the aim of reducing hospital admissions and also reducing length of stay in hospital. This project will provide awareness and skills training for specialist LD and MH staff. |
| **6.4** | Adult Care | Improved support for adults with care needs – aspirational to state ‘Make acute care at home available to the whole population. This new model of care to be rolled out to all areas by 2019.’ Significant difficulties in recruiting carers. Needs greater incentives to attract and retain appropriately trained staff. | Southern Trust confirmed that their comments were in respect of difficulties experienced in attracting paid carers in some geographical localities within the Southern Trust area. This is a matter for the Trust, but Trust Home Care and Independent Sector providers continuously try to address this issue through recurrent recruitment campaigns. It is acknowledged these attempts have only met with partial success to date. |
| **6.5** | Obesity | Obesity Strategy/ Action Plan needs continuously reviewed to determine if key messages and targets disseminated in appropriate formats.More radical strategies may need to be implemented to achieve desired outcomes – need to look at longer term gains. | Noted. The Public Health Agency has responsibility for managing public information campaigns and utilising social media channels as appropriate. The current obesity prevention Framework (A Fitter Future for All) is updated annually and undergoes regular reviews to consider new evidence and research to ensure the actions are fit for purpose. |
| **6.6** | Age and other factors | ‘A rapidly ageing population of which society is getting older ….’. No mention of:* ASD with LD and or without – cost of service provision.
* Autism Strategy.
* Dual diagnosis for adults with LD and mental health.
* Mental health assessment required for LD/PD/ASD

Dementia is mentioned but nothing about growing numbers with LD. | Health Transformation funding has been allocated to the Health and Social Care Board to develop a new regional service model for Learning Disability service that is outcomes-based and provides a strategic response to the significant, often inter-related, challenges currently facing the Learning Disability programme of care, including the growing number of young people with complex needs transitioning into adult services from children’s services every year along with the increasing number of older adults with learning disability and ageing family carers. The model will be accompanied by a robust and costed regional information plan that will specify clear actions addressing any challenges and gaps.The Service Framework for Mental Health & Wellbeing acknowledged the right of adults with Learning Disability to have equitable access to appropriate mainstream Mental Health services. Health transformation funding has been provided to a project to improve treatment outcomes for people with intellectual impairment who have comorbid mental health problems, with the aim of reducing hospital admissions and also reducing length of stay in hospital. This project will provide awareness and skills training for specialist LD and MH staff. |
| **6.7** | Outcomes between most and least deprived areas | No mention of:* ASD with and without LD/mental health (dual) diagnosis.
* Mental health and physical disability.
* Deprivation – financial burden to access services/ transport.
* Social isolation.
 | Noted.Many of these issues are included in the Disability Action Plan and listed at the end of the EAP, to prevent duplicate reporting on actions. |
| **6.8** | Economic, social & environmental factors | * Day opportunities – changing environments impacting mental health.
* Early intervention.
* Autism Strategy.
 | The Health and Social Care Board’s Regional Model for Day Opportunities for People with Learning Disabilities aims to ensure that the range and quality of post-19 opportunities for those with a learning disability across NI is more consistent. Implementation is being taken forward through the Regional Day Opportunities Inter-departmental (and cross-sectoral) Implementation Group.  The main emphasis is on expanding the range of opportunities in further education; training; employment; community and voluntary involvement; sport and leisure.  Each HSC Trust has a Local Implementation Group. The success of the model is dependent on the involvement of a number of Departments and agencies who have responsibilities in ensuring ‘access’ to services and supports, no matter what the needs of the individual.The Autism Strategy first Action Plan included a number of actions relating to early intervention. A review of this Action Plan is ongoing and a report is being prepared. Health Transformation funding has also been provided to the HSCB to enable the finalisation and implementation of a new regional framework that will integrate children’s autism, ADHD and CAMHS services. The draft framework was developed by the HSCB following a review of autism services in response to a sustained increase in demand for autism services which has had a significant adverse impact on waiting lists. The framework has a focus on early intervention and prevention in line with the evidence base which indicates that such an approach supports improved outcomes for children and young people. |
| **6.9** | Syrian Refugees | * Growing no’s of Syrian refuges with LD and/or PD (interpreters).
* Range of publications necessary, including Easy Read.
* Specialist staff to engage with refugees owing to pedagogical needs.
* Access to postnatal/ anti natal/ other services?
 | The HSCTs are committed to producing alternative formats on request and regularly produce easy read versions as a matter of course. The HSC ‘Making Communication Accessible for All’ published in 2016 includes advice and guidance to staff so they can communicate more effectively with people who may have a disability or a communication support need, as well as specific guidance on producing easy read versions.See also response at 1.3. |
| **6.10** | Dementia | * Growing no’s of LD Dementia.
* Resource implications for targeted services especially staff skills to meeting changing needs.
* Advocates: requires less children/ less carers.
* Targeted training across all care settings.
 | The Department acknowledges the potential for health inequalities to overlap and equality screening process considers the impact on multiple identities as part of the policy making process.Development of the Regional Dementia Care Pathway is ongoing and represents the out-workings of a number of recommendations from the Regional Dementia Strategy “Improving Dementia Services in NI” (2011) aimed at improving the services and support arrangements currently available for people with dementia, their families and carers. Requires Ministerial sign off. The Service Framework for Learning Disability also has a specific standard relating to timely access to dementia services. Dementia commissioning arrangements are in place between the HSCB and Trusts. |
| **6.11** | Sexual ill health | * No targeted plan for those with LD/PD/ASD.
* Does regional sexual Health Plan encompass this with learning disability or specific pedagogical needs?
* Autism strategy
 | A new Sexual Health Action Plan 2019-2023 is being developed which aims to improve, protect and promote the sexual health and wellbeing of the population in Northern Ireland. |
| **6.12** | Cervical Cancer Screening | * Resources required for carers and adults with disabilities to understand implications and benefits of early intervention.
* Front line staff require specific training to provide info. in a meaningful way to those with disabilities.
 | The Department’s EAP and DAP are in respect of the Department and Departmental staff only. HSCT issues, including training for HSC staff etc are a matter for the Trusts and for inclusion in their EAP and DAP.The Centre for Applied Learning provide training on Disability Awareness for Frontline Staff (e-Learning) which aimsto increase knowledge of disability and to provide frontline staff with an introduction to disability awareness. The course: * Defines disability in relation to the Disability Discrimination Act;
* States how disability discrimination can occur;
* Lists barriers for people with disabilities accessing services, and;
* Explains appropriate positive language and etiquette to be used when providing services to people with disabilities.
 |
| **6.13** | Marginalised women less likely to avail of antenatal and post-natal maternity or sexual health services | Whilst there has been scope there is no mention of services that can respond to a particular group of people in a meaningful way. | A new Sexual Health Action Plan 2019-2023 is being developed which aims to improve, protect and promote the sexual health and wellbeing of the population in Northern Ireland. |
| **6.14** | DSVA | Client group are not attending planned services – work through schools. | Prevention and early intervention is a key strand of the *Stopping Domestic and Sexual Violence and Abuse Strategy* which is currently being delivered through a series of cross Departmental Action Plans.  |
| **6.15** | Criminal Justice System | * Need a range of assessments to diagnose those who engage in criminal activity due to undiagnosed conditions eg ASD, learning difficulties, trauma etc.
* ASD diagnostic required for 18+ in line with Autism Strategy.
 | A health assessment is currently undertaken on committal and mental health pathways are now in place. Through the early intervention nurse, patients with mental health issues are identified at committal and allocated for appropriate treatment. The range of mental health services available across the three prison sites include Cognitive Behavioural Therapy, Forensic Occupational Therapy and crisis response services. Across the three sites there are 2.4 full time consultant psychiatrists and one whole time equivalent staff grade psychiatrist. Health promotion options such as “safe behind the door” groups are offered to those who find long periods of ‘lock up’ difficult to cope with. Addictions are managed through the primary care team and the clinical addictions team. Withdrawal scales and tools are used for the safe management of these patients and where the patient meets the criteria, substitution is offered and managed in relation to opiates.Those with a personality disorder are also identified at committals. In most of the cases they are already known to a community team and this is ascertained either by means of the Electronic Care System or the patient identifying their key worker in the community. Need is then assessed and healthcare delivered as appropriate. |
|  | *See Disability Action Plan at Annex B for general/cross-over comments.* |

|  | **(7) Sinn Fein** |
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| **7.1** | Additional statutory obligations | Propose following obligations embedded in Equality and Disability Action Plans:* S28E duty to address poverty and disadvantage & to target resources on basis of objective need.
* Child Poverty Act 2010.
* Rural Needs Act.
 |  These obligations do not fall within the Section 75 statutory obligations. However, these issues are under consideration for inclusion within a new Equality Scheme and, with Ministerial approval, may be added to the EAP at a future date. It should be noted that rural needs are assessed as part of the policy development process in line with the Rural Needs Act (NI) 2016. |
| **7.2** | Equality Scheme | Refers to Equality Schemes updated in last mandate. | The Department of Health issued significant amendments to the Equality Scheme for consultation at the end of the last mandate. The consultation ended in April 2017 but cannot be progressed without Ministerial approval. As such, the current (2012) Equality Scheme remains valid. |
| **7.3** | Data and indicators | Refers to limited analysis undertaken for, e.g. ethnicity and sexual identity. Recommends action to address data gaps particularly in context of provision to newcomer families and barriers to healthcare experienced by LGBT people. | The annual Health Survey collects details on sex, age, ethnicity, religion, number of children in household, marital status, limiting long-standing illness, and sexual identity. However, the Department is limited in the analysis it can undertake for categories such as ethnicity and sexual identity as the sample size of around 4,000 respondents means that a very small proportion of respondents identify as an ethnicity other than ‘White’ and sexual identity other than ‘Heterosexual’ analysis.Inpatient Patient Experience Surveys, undertaken in 2014 and 2017, encountered the same difficulty.Information and research carried out by DoH is available at:<https://www.health-ni.gov.uk/topics/doh-statistics-and-research> |
| **7.4** | Inequalities Identified | Recommend Department re-evaluates approach to potential actions to address the inequality and not simply the area of healthcare, particularly in relation to health & wellbeing outcomes between most and least deprived areas:* Life expectancy
* Mental health problems
* Indicators of birth weights
* Obesity

(Mental Health action measures addressed in DAP) | Noted.The Health and Wellbeing Report 2016 set out what the Department will do to tackle the challenges faced in the health service and address health inequalities. The actions set out in the report continue to be progressed to move towards stabilisation, reconfiguration and transformation of the service.In addition the draft PfG Outcomes 3 and 4, and Making Life Better, the strategic framework for public health, provide direction for and promote collaborative action to address the social inequalities which result in health inequalities.  |
| **7.5** |  | Target to increase no. of breast feeding mothers from lower socio-economic background to be measured solely through implementation of breastfeeding strategyand legislation – need actual targets e.g iro increasing proportion of breastfeeding mothers in neighbourhood renewal areas. | The Department has an ongoing Breastfeeding Strategy *Breastfeeding - A Great Start: A Strategy for Northern Ireland (2013-23).* The Strategy’s aim is to improve the health and well-being of mothers and babies in Northern Ireland through breastfeeding. The Strategy’s Action Plan measures the prevalence of breastfeeding mothers in deprived areas.In 2016/17, 30.8% of mothers from most deprived areas were breastfeeding at discharge compared to 64.4% of mothers from the least deprived areas. (It should however be noted that breastfeeding rates increase with age of mother, and more deprived areas have a higher proportion of younger mothers) and in 2015/16, the prevalence of breastfeeding at 12 months old was only 4.3% in the most deprived areas compared with 14.2% in the least deprived areas. |
| **7.6** |  | As above, need specific outcomes and indicators in respect of age, gender and race. | The Breastfeeding Strategy’s Action Plan records age and race indictors from the [Children’s Health in Northern Ireland Report In 2016/17](http://www.publichealth.hscni.net/sites/default/files/RUAG%20Childrens%20Health%20in%20NI%20-%202016-17%20-%20FINAL%20-%20Dec%202017.pdf):* 30.8% of mothers from most deprived areas were breastfeeding at discharge compared to 64.4% of mothers from the least deprived areas. It should however be noted that breastfeeding rates increase with age of mother, and more deprived areas have a higher proportion of younger mothers.
* Breastfeeding rates were much higher in infants born to ‘non-white’ mothers, however the number of births for some ethnic groupings was small and caution is advised.
 |
| **7.7** | General comments | * Actions and indicators are conflated a number of times throughout the table – recommend addition of a separate column on actions.
* ‘Performance Indicator and target’ column often includes unnecessary commentary relating to actions which are not specifically addressing inequality.
* Should include dates/ timelines by which actions will be taken, or the measure of the extent of the action.
* Some target dates have passed and need updating.
* Table should include a column stating what the objective is/ what action will be taken towards achieving it/ identify target or indicator to measure progress.
* Number/ label rows for ease of reference.
* Targets & indicators need to be clear and specific for proper measurement.
* Need quantitative and qualitative indicators.
* Need quantitative and qualitative evidence gathering on health inequalities.
 | Comments noted. EAP has been reviewed following consultation.Health inequalities in Northern Ireland (NI) are examined through the NI health and social care inequalities monitoring system (HSCIMS). Reports and analysis can be accessed at the link below <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/health-inequalities-statistics> |
| **7.8** | * Action Plans must be robust and clear how it will meet objectives and measure outcomes.
* Must be evidence based and demonstrate the qualitative and quantitative data relied upon.
* Should demonstrate how Dept will engage with relevant authorities eg ECNI and HRC.
* Should demonstrate consideration of ‘Brown Principles’.
 | Comments noted. EAP has been reviewed following consultation. |
| **7.9** | Long-term health conditions | Point (1) on EAP relates age and long-term health conditions – outcomes are generic and do not address health inequalities. | Comments noted. EAP has been reviewed following consultation. |
| **7.10** | Carer’s Assessment | Welcome efforts to increase take-up of carer’s assessments but need to demonstrate improved support for carers eg respite. Recommend a measure to evaluate support for carers. | The regional *Caring for Carers* strategy, dealing with health and personal social services, employment, training, education, availability of information and support services, was published in 2006 and is overdue for review. We have decided to take the opportunity to review existing policy on the support available to carers in the North of Ireland as part of the wider *Reform of Adult Social Care*, since the support provided to carers forms a key component ensuring sustainability of the system of care and support as a whole.  The first stage of the Reform saw an extensive public consultation to facilitate the debate around the future of adult care and support with ensuring adequate support for carers being raised consistently as a key issue.  Consequently, new rights and duties with respect to carers are currently being considered, as part of the second stage of the Reform, with plans to consult on proposals for change in Spring 2019.    |
| **7.11** | H&W Outcomes | EAP point (2) ‘Difference in health & wellbeing outcomes…’ – various levels of specivity/ some includes commentary as opposed to mechanisms for measurement – need actual indicators of or targets for progress.Also recommend inclusion of measures taking account of relationship between socio-economic background and health inequalities. | Comments noted. EAP has been reviewed following consultation. |
| **7.12** | Factors & experiences early in life | EAP point (3) – * recommend specific targets to measure progress for looked after children and child development.
* Recommend reference to c&yp with disabilities, particularly in DoH role in statementing process.
 | Comments noted and EAP is being reviewed following consultation.Outcome measures were included as part of the formal consultation process on the draft Strategy for Looked After Children. Responses are currently being analysed and outcome measures will be finalised as the work progresses. |
| **7.13** | EAP points 4-10 | Need numerical targets. | Comment noted. EAP has been reviewed following consultation. |
| **7.14** | Cervical cancer screening | Need to outline in detail how to encourage uptake.Also seek clarification on why focus is on cervical cancer with no consideration of ovarian cancer and endometriosis. | The evidence of the benefits and harms of screening for ovarian cancer were reviewed by the UK National Screening Committee (UK NSC) in 2016. The UK NSC recommended that a national screening programme for ovarian cancer should not be introduced. This is due to the results from the UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS) trial and an independent cost effectiveness review which demonstrated that a reduction in mortality from screening was not achieved at a median of 11 years of follow up. Population screening, is offered to specific populations (e.g. age-groups, age/gender cohorts) who have no signs or symptoms of the disease being screened for.  This is what distinguishes screening from diagnostic testing.Lower uptake in cervical screening for women in the younger age bracket 25-29 has been identified within the Equality Action Plan as a health inequality that needs to be addressed.  In September 2018 the Public Health Agency (PHA) ran a social media campaign to promote awareness of cervical screening. This was specifically aimed at younger women and the PHA plan to repeat this again in January 2019 to coincide with cervical cancer prevention week.  A peer facilitator education programme to raise awareness of cancer screening and promote informed choice is also in place to deliver peer education sessions within local communities, with a focus on areas of deprivation and those with special needs, where participation in screening is likely to be lower, including participation in cervical screening for the younger age groups.    |
| **7.15** | Marginalised Women | EAP point (8):* Important people furthest away from services have access to antenatal and postnatal maternity services and sexual health services.
* Need performance indicators to monitor progress.
 |  Equality screening and rural needs assessments are carried out as part of the decision making process on all policies. |
| **7.16** | Rural Needs | Essential Action Plan addresses health inequalities in rural areas (Rural Needs Act 2016) | Rural needs sits outside the Section 75 obligations. However, the Department pays due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans, and when designing and delivering public services through a Rural Needs Impact Assessment and in line with the obligations under the Rural Needs Act 2016 . |
| **7.17** | Request an update on any available data (quantitative and qualitative) examined to consider health inequalities experienced by rural women. | The HSCIMS includes statistics on health outcomes across a range of population groups including urban/rural, gender, age, deprivation etc. Assessments of life expectancies are presented and analysed for urban and rural females, and similarly for males.Although routine reports from the HSCIMS do not primarily focus analysis on rural females for the other health outcome indicators included, the information is held as part of the HSCIMS and is readily available. |
| **7.18** | Religion | No reference to religion (S75 group) affected by health inequality despite being identified in Audit of Inequalities. | ‘Religion’ has been added to Health Inequality (2) on the EAP: * The equality screening for Making Life Better acknowledged that a greater proportion of residents in the most deprived areas in Northern Ireland are from the Catholic Community. While the framework will benefit the whole population, there is a particular focus on improving the health of the most disadvantaged and groups at risk of experiencing worse health. As such the framework may indirectly benefit Catholics who make up the greater proportion of residents living in the most deprived areas.
* The Protect Life II equality screening also recognised there is a health inequality aspect to the burden of suicide with the suicide rate in the most deprived areas almost twice the NI average. The screening also acknowledged the role of the church and faith leaders in recognising the symptoms of poor mental health.
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|  | 1. **Childrens Law Centre (CLC)**
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| **8.1** | Screening/ EQIA | The EAP and DAP fall within the definition of a policy and, therefore, require equality screening. CLC requests a full EQIA with public consultation, including direct consultation with c&yp. | The Department does not feel that an EQIA is appropriate at this stage. The Action Plan covers a significant number of policy areas and the equality screening process will be completed by individual policy areas as the policies are refined and developed. |
| **8.2** | Engagement | CLC requests details of any direct consultation carried out, or intended to be carried out, with c&yp on DAP & EAP, including details of any child accessible versions which have or will be made available. |  No direct consultation was carried out with C&YP however the following organisations were contacted in 2016 as part of the early engagement process on the DAP and EAP:

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| --- | --- |
| National Autistic SocietyAutism NIRNIBDisability ActionThe Cedar FoundationShine Foundation | Action MS Multiple Sclerosis SocietyMencapPositive FuturesAction Mental Health |
| Association for Real Change (ARC) |
| Royal College of Speech and Language Therapists |

In addition Departmental representatives met with ARC members on 11 November 2016. The meeting was attended by representatives from the following organisations:

|  |  |
| --- | --- |
| Caring BreaksMencapPositive FuturesMourne Grange, Camphill | PraxisThe Croft CommunityCamphillTriangle Housing Association |
| Where relevant, policy areas will consult directly with specific groups, including children and young people, during the development of the policy. |

 |
| **8.3** | Consultation responses | CLC request details of system used to analyse responses to the consultation and degree of weight attributed to individual and organisational response, including clarification of how the Dept will proceed in order to properly discharge its S75 duties. | Consultation forms part of the evidence gathering process to inform policy within the Department. All responses are treated with equal weight and the Department publishes a summary of all comments submitted and the Department’s considered response. Where appropriate, the Action Plan will be amended to address comments received and individual policies falling out of the Action Plans will be equality screened as part of further consultation on the specific policy. |
| **8.4** | Human Rights | CLC seeks assurance that UNCRC and UNCRPD were used as part of audit process and in developing EAP and DAP. | The Department is committed to the rights contained in the UNCRC and the UNCRPD and considers these rights as part of the policy making process. Many of the targets listed on the EAP and DAP directly relate to these areas eg* LTC Policy Framework
* Mental health/ learning disability related policies
* Service Framework for Children & Young People
* Housing Adaptations etc
 |
| **8.5** | Data Collection | Concerns re lack of data relating to children.Recommends collection of NI child specific disaggregated data to ensure action plans and strategies address human rights and equality deficits experienced by children and especially disabled children in NI. | The Department’s Public Health Information and Research Branch (PHIRB) is involved in the commissioning, managing and publishing of results from departmental funded surveys, and to provide support to a range of key DoH strategies.  Specifically in respect of children and young people, PHIRB have carried out a Young Persons Behaviour & Attitudes Survey in 2000, 2003, 2007, 2010, 2013 and 2016. This is a school based survey carried out among 11-16 year olds and includes questions on a wide range of topics including smoking, alcohol, drugs and solvents, long-standing illness/condition and responses based on the Warwick-Edinburgh Mental Wellbeing Scale. The most recent survey can be found at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/bulletin-16-ypbas.pdf>Making Life Better is a strategic framework which provides direction for policies and actions to improve health and wellbeing and reduce health inequalities through collaborative working on the broad range of determinants of health and wellbeing. It primarily focusses on prevention and early intervention and is underpinned by strategies and actions to address specific issues. The cross-departmental strategic framework is monitored by the Department through the collection of data on a range of health and social determinant indicators. Inequalities experienced by children are addressed under the ‘Give every child the best start’ theme, including smoking in pregnancy, breastfeeding and educational attainment. Indicators focus on the associated deprivation gap/differentials observed. Data on child poverty is also collected and monitored. This information is published annually by PHIRB.PHIRB also publish rates and deprivation gaps on Primary 1 and Year 8 obesity, looked after children, avoidable mortality among children and young people and autism prevalence within the annual Health Inequalities report.Community Information Branch within DoH publish annually information on Children in Need (children in contact with social services), children on the Child Protection Register and children in care, covering age, gender, disability, ethnicity and religion. Additionally CIB captures, compiles and disseminates detailed information on children in care, children adopted from care and care leavers (young people leaving care aged 16-18) via bespoke [survey](https://www.health-ni.gov.uk/publications/children-care-northern-ireland-201617)s including (where relevant) age, gender, religion, ethnicity, disability, dependants, deprivation and economic activity.  |
| **8.6** | Collaborative Working & Resource Sharing | Recommend reference to Children’s Services Co-operation Act – failure to co-operate and collaborate effectively across departments, particularly DE and DoH re children with SEN and disabilities. | When commenced, the Special Educational Needs and Disability (SEND) Act 2016 will put in place specific duties regarding co-operation between health and education to identify, assess and provide services to children with SEN, including in the preparation of a transition plan. DoH has been working closely with DE to improve interfaces and cooperation between the Education Authority and HSC Trusts around the statutory SEN assessment process, and thus assist in the delivery of more effective services to children with SEN.   Health Transformation Funding has recently been allocated to the Health and Social Care Board and Public Health Agency to support this work and deliver the reforms necessary to standardise and streamline SEN processes and enhance integrated working across health and education. |
| **8.7** | Key findings & AoI | ‘Difference in H&W outcomes…’ * CLC seek assurance that children under age of 18 included in S75 categories affected.
* Recommend ‘persons with disability and those without’ added.
 | Health Inequality (2) on ‘the difference in health and wellbeing outcomes…’ includes people with a disability (added to S75 category affected) and Making Life Better which takes account of particular needs across the lifecourse with priority given to ‘Giving Every Child the Best Start’ as the most likely route to breaking the cycle of disadvantage |
| **8.8** | Inequality no. 3 ‘Economic, social and environmental factors…’ – recommend ‘persons with disability and those without’ added. | ‘Disability’ added to Section 75 category affected. |
| **8.9** | CAMHS | * Imperative the Department takes actions forward in both EAP and DAP in relation to CAMHS.
* Link between long term unemployment and mental health needs in young people.
* Lack of forensic inpatient paediatric psychiatric provision/ specialist CAMHS eg anorexia and complex mental health needs.
* Concerns re mental health diagnosis – alcohol & substance misuse/ suicidal.
* Need firm commitment for budget for CAMHS.
 | The Department recognises children’s mental health as a key priority and are committed to improving Children and Adolescent Mental Health services.A new Integrated Care Pathway for Child & Adolescent Mental Health Services (CAMHS) in NI was launched in March 2018. Working Together:  A Pathway for Children & Young People through CAMHS supports better integrated working and seamless care provided on the basis of need. <http://www.hscboard.hscni.net/download/PUBLICATIONS/MENTAL%20HEALTH%20AND%20LEARNING%20DISABILITY/you_in_mind/CAMHS-Pathway> Close to £1m additional investment from the Transformation Fund has been made available for CAMHS specific projects. These include conducting the first prevalence study on children’s mental health, improving the transition process for young people moving into adult mental health services and project work to improve data systems.An additional £274k has also been allocated to Think Family projects which are expected to have a positive impact on children and young people. |
| **8.10** | BME/ Irish Travellers | Inequality no. 4 - recommend ‘persons with disability and those without’ added. |  The EAP action no.4 refers specifically to the race inequality cited. Communications in different formats for persons with a disability is included as a specific action in the Disability Action Plan. |
| **8.11** | Carers Needs Assessment | Need to cease practice of carers of young people with disabilities not being offered separate carers assessments but instead having needs combined with UNOCINI Assessment Framework. | Under our current legislation *Carers and Direct Payments Act (NI) 2002* HSC Trusts have a statutory duty to make information regarding a carer’s right to an assessment widely available and to inform individuals directly of that right, where it appears to the Trust that an individual is carrying out a caring role. A carer’s assessment looks at each carer as an individual with their own personal circumstances, and will identify any particular needs they may have as a result.The “Carers Support and Needs Assessment” component of the Northern Ireland Single Assessment Tool (NISAT) is used for assessing the needs of adult carers, thus ensuring a standardised approach to assessment regardless of the location of the carer in Northern Ireland. However, children with caring responsibilities, or in some circumstances adults caring for children with disabilities, will be assessed under the Understanding the Needs of Children in Northern Ireland (UNOCINI) assessment framework.UNOCINI is a holistic assessment of the needs of a child. This can include an assessment about whether the child’s parent/carer is able to provide them with the support that they require. Therefore if a child is a carer, UNOCINI would be the appropriate assessment.The Department is committed to supporting all young carers and the needs of all young carers will be considered within the forthcoming Family and Parenting Support Strategy, being developed by the Department of Health on behalf of all government departments, and will be subject to consultation before the end of the year. |

| **8.12** |  | Lack of transparency in panel process and complaints process too long to achieve a satisfactory result. | In order to support carers in their caring role and their need to have access to a social life, educational, training and employment opportunities, a carers’ strategy, “Caring for Carers”, was published by the DoH (formerly DHSSPS) in January 2006. The strategy is inter-departmental and inter-agency, dealing with health and personal social services, employment, training, education, availability of information and support services.As the Strategy is now due for review the DoH has decided to take the opportunity to review existing policy on the support available to carers in Northern Ireland as part of the ongoing wider *Reform of Adult Social Care*, since the support provided to carers forms a key component ensuring sustainability of the system of care and support as a whole.The first stage of the Reform saw an extensive public consultation to facilitate the debate around the future of adult care and support with ensuring adequate support for carers being raised consistently as a key issue. Consequently, new rights and duties with respect to carers are currently being considered, as part of the second stage of the Reform, with plans to consult on proposals for change in Spring 2019.  |
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| **8.13** |  | Dept needs to encourage uptake of carers assessment and ensure they are meaningful and identify needs of carers that are actually addressed. | In the most recent quarter for which statistics are available, quarter ending 30 June 2018, a carer’s assessment was offered to 4,079 carers in Northern Ireland. This represented a 5% (188) increase on the number of assessments offered in the previous quarter (3,891), and an increase of 13% (478) when compared to the same quarter in 2017 (3,601).Of the 4,079 carers’ assessments offered, 52% (2,109) were accepted / completed and 48% (1,970) were declined.Those carers caring for someone in the Family and Childcare / Children with Disabilities client group were the most likely to accept an offer of an assessment, whereas those caring for someone in the Children and Adolescent Mental Health Service (CAMHS) client group were most likely to decline an offer of an assessment. More information can be found at:<https://www.health-ni.gov.uk/publications/quarterly-carers-statistics-northern-ireland-april-june-2018> |
| **8.14** | Making Life Better | Much of CLC response to Strategic Framework for Public Health in 2012 is still an issue i.e. need for collaborative working, support for early intervention and no explicit commitment to properly fund CAMHS. | Making Life Better is a strategic framework which provides direction for policies and actions to improve health and wellbeing and reduce health inequalities through collaborative working on the broad range of determinants of health and wellbeing. It primarily focusses on prevention and early intervention and is underpinned by strategies and actions to address specific issues. |
| **8.15** | Alcohol and Drugs | Would welcome a commitment in EAP to address serious inequality arising from exclusion of under 16s in Mental Capacity Act (NI) 2016. Major obstacle to ensuring equality for children with mental health needs and alcohol and drug related harm. (Mental Health Order is not child specific) | The Mental Health Order (MHO) will continue to apply to under 16s as it, along with Children (NI) Order 1995, already contains important protections for children. In addition, Schedule 8 of the new Mental Capacity Act (MCA) makes provision for additional safeguards to be inserted to the MHO to enhance protections for children under 16 subject to the Order. These include a new overarching principle of best interests similar to that in section 7 of the MCA but more child-focused. It will mean that when making decisions about a child’s treatment or care, the primary consideration must be the child’s best interests, and the views of the child must be taken into account.The MCA also amends the MHO to make provision for independent advocates to be available to represent and support children admitted to hospital for assessment or treatment of mental disorder or where certain kinds of serious treatment are being proposed for the child. There is also a new duty to provide age appropriate accommodation for all persons under 18 who are admitted to hospital for the assessment or treatment of mental disorder. The Department is satisfied that there is already an existing protective framework in place for children under the age of 16 who are subject to the MHO. This framework will be further strengthened by significant new safeguards within the MCA for children. |
| Need to consider provision for alcohol and drug related harm for c&yp – require a unit separate to Beechcroft and Lakewood which can provide assessment and treatment for young people with alcohol and substance misuse issues. | There is ongoing consideration of appropriate services for all age groups. The regional alcohol and drug services commissioning framework will be updated by the PHA/HSCB in the near future and should take account of emerging evidence and need. |
| **8.16** | Protect Life II | Consultation document recognises need for early intervention but fails to elaborate what these will look like in practice, especially for c&yp. | There are a range of current actions within the *Protect Life* suicide prevention strategy targeted at young people which will continue. These include: suicide prevention training for teachers, youth workers, and sport coaches; prevention training delivered directly to young people; the ‘iMatter’ programme for building school pupils’ emotional resilience; the schools’ counselling service; positive mental health campaigns; and the Arts Council ‘*Young People & Wellbeing Programme*’. Further detail will be provided in PHA implementation plans for Protect Life 2. |
| Limited information in draft strategy iro funding/ whether additional monies will be available for early intervention measures. | There is not currently any available additional funding beyond the existing Protect Life budget. However a range of early intervention programmes which relate to Protect Life 2 are being funded through the transformation programme. |
| Lack of child specific data within draft strategy. | Data relating to suicide prevention and self-harm in children will be covered in the Protect Life 2 Strategy. While rates remain low for children compared to other age groups it is important to retain a focus on children and young people to prevent future suicidality. Evidence indicates that an approach which emphasises broader positive mental health and training in coping skills is most effective for the school setting. |
| Strategy should be co-ordinated across government and must give cognisance to duties under the Children’s Co-operation act 2015. | The Protect Life 2 Strategy will ensure continued leadership through the Ministerial Co-ordination Group on Suicide Prevention. Officials also meet through the Making Life Better All Departments Officials Group which covers suicide prevention.  |
| **8.17** | Looked After Children Strategy  | Responded to consultation in Dec 2016. Will await publication of full consultation. | No action necessary. |
| **8.18** | Sexual Health | Recommend EAP takes account of UNCRC Concluding Observations to ‘Develop and adopt a comprehensive sexual and reproductive health policy for adolescents, with particular attention to reducing inequalities and with participation of adolescents’. |  A new Sexual Health Action Plan 2019-2023 is being developed which aims to improve, protect and promote the sexual health and wellbeing of the population in Northern Ireland. |
| **8.19** | DVSA/ CSE | The response details a number of concerns, particularly around child sexual exploitation and abuse. |  The United Nations Convention on the Rights of the Child underpins child safeguarding legislation and policy in Northern Ireland. A significant programme of work has been undertaken to address the findings of Professor Marshall’s 2014 report into Child Sexual Exploitation in Northern Ireland. That report made 17 key recommendations and 60 supporting recommendations. As at 1 November 2017, 12 key recommendations and 53 supporting recommendations had been completed. A cross-departmental Child Protection Senior Official’s Group (CPSOG) is responsible for overseeing the implementation of the Marshall recommendations. This group has recognised the need for further work and has asked the SBNI to conduct an evaluation of the response to CSE in Northern Ireland. Following the completion of this evaluation, the CPSOG will consider the next steps required to ensure that the significant work to date to address CSE in Northern Ireland has a lasting impact, and that any remaining gaps or areas for improvement are addressed.Officials on the CPSOG have requested a paper on the recommendations relating to child protection concerns raised by the UNCRC in its 2016 Concluding Observations report. This is due to be considered at the next meeting on 15 January 2019, with a view to including actions on the group’s work plan for 2019/20.The e-Safety Strategy remains in the development stage.We have considered the statutory Guidance on decision-making for NI Departments during the period for Northern Ireland Executive formation and the advice received on 8 November 2018 from the Departmental Solicitor, that relates to the Northern Ireland (Executive Formation and Exercise of Functions) Act 2018.There is a strong public interest argument in favour of progressing this work. The views of Permanent Secretaries have also been sought and those received so far are supportive.If there are no objections, the Permanent Secretary for Health will instruct the SBNI to update the draft strategy and move to public consultation. Importantly, even if public consultation proceeds, publication of a final e-Safety Strategy will depend on Executive approval or, in the absence of an Executive, further consideration of the Guidance that relates to the Northern Ireland (Executive Formation and Exercise of Functions) Act 2018. |
| There should be a commencement of Clause 36 of the Family Homes and Domestic Violence Order (NI) 1998 | The Department cannot comment on the implementation of Clause 36 of the Family Homes and Domestic Violence Order (Northern Ireland) 1998 - this is a matter for the Department of Justice.  |
| **8.20** | Criminal Justice System (CJS) | Awaiting publication of the ‘Improving Health within Criminal Justice Strategy and Action Plan’ but would comment:* Disproportionate over representation of c&yp with mental health needs within the CJS in NI.
* Imperative there is a clearly stated focus within the Improving Health Strategy to measure mental health needs of young people who come into contact with CJS.
 | The Department recognises the prevalence of the mental health needs among all those children, young people and adults in contact with the Criminal Justice System in Northern Ireland. When published the “Improving Health within the Criminal Justice Strategy and Action Plan” will introduce a number of strands and actions that will focus on measuring and delivering a fused approach for mental health and mental capacity for all those in contact with the criminal justice system. |
|  | 1. **South Eastern Health and Social Care Trust (SEHSCT)**
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| **9.1** |  | No comment on document. | No response required. |

| **ANNEX B** |
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| Department of Health consultation Disability Action Plan (DAP) 2018Consultation responses and Department comments |
| **Response ref.** | **Issue** | **Comment / Recommendation** | **Action taken / comments** |
|  | 1. **Marie Curie**
 |
| **1.1** | **Staff training** | Training & awareness of HSC staff with dedicated modules related to communicating with disabled people living with a terminal illness; & support. | HSCTs are responsible for training and awareness of HSC staff and develop their own EAP and DAP. The Department’s EAP and DAP is in respect of the Department and Departmental staff only. |
| **1.2** | **Access to information** | Would encourage translation of information and publications into easy read format across HSC. Marie Curie launched a set of easy read booklets for people with a learning difficulty last year. | The DoH Equality Scheme commits the Department to providing information in alternative formats on request. In 2017/18 easy read versions were produced for consultations on the Revised Service Framework for Mental Health and Well-being 2018-2021 and the draft DAP and EAP. An easy read version of ‘Power to People’, on how to reform adult care and support systems, published in December 2018 and actions under the Service Framework for Learning Disability included the launch of easy read materials promoting the Annual Health Check Service. Easy read versions of consultations in 2016/17 included:* Improving Health within the Criminal Justice System
* the Call for Evidence on adult care and support
* Stopping Domestic and Sexual Violence and Abuse in NI Strategy and Implementation Plan – Young Persons Version
* Young Persons version - Adoption & Children Bill consultation
* the proposed reformed individual funding request (IFR) policy with a draft user guide in easy read format

HSCTs are also committed to producing alternative formats on request and regularly produce easy read versions as a matter of course. The HSC ‘Making Communication Accessible for All’ published in 2016 includes advice and guidance to staff so they can communicate more effectively with people who may have a disability or a communication support need, as well as guidance on producing easy read versions. |
| **1.3** | **Long term conditions** | Concern that the Patient Education and Self- Management Programmes introduced under the LTC Policy Framework are not reaching all of those who might benefit from them. Recommends a new public awareness raising effort and encourage healthcare professionals to signpost patients. | The Department recognises the importance of providing information to patients about their condition, how to manage their condition and what to do if they experience difficulty in managing their condition. Structured patient education plays a key role in this. The most recently published report by DOH on patient education and self-management programmes in 2016/17 (published November 2017) showed that there were 41 patient education / self-management programmes provided a total of 1,291 times with 12,910 participants in 2016/17. Programme frequency increased by 42% when compared to 2015/16. Participant numbers decreased by 15% in 2016/17 when compared to 2015/16. *It should be noted that participant numbers were not available for a number of areas for 2016/17 which had been available in 2015/16 - this impacted on the 2016/17 participant figures*.In addition to formal structured education programmes, people living with long term conditions can also benefit from peer support, through, for example, support groups. The Department will continue to work with the Regional Long Term Conditions Implementation Group and other stakeholders to raise awareness of the benefits of patient education self-management programmes and improve access to programmes, particularly for those who are newly diagnosed with a long term condition. Consideration is also being given to how it might be possible to exploit the opportunities of digital media as a means of improving access to patient education and self-management programmes and support. |
| **1.4** | **Mental Capacity Act** | Refers to recommendations made in response to draft Mental Capacity Bill:* Public awareness campaign - public & professionals.
* Extensive training for professionals.
* Registration process for Lasting Powers of Attorney.
* Public input into Codes of Practice.
* Clear TOR for panels making decisions under Schedule 1 of the Act, with appropriate panel representation.
 | The implementation work of the Mental Capacity Act (Northern Ireland) 2016 is ongoing and significant work has been done to date. This includes first drafts of the Code of Practice and Regulations which have been shared with the Department’s virtual reference group. Over 3,000 comments have been received to date. The Department is committed to publically consult both the Code of Practice and the Regulations before commencement of the Act.The Department also recognises the need for robust training and is therefore developing training packages for all health and social care staff in Northern Ireland. This includes a range of different training methods, including e-learning, classroom based training and specialist training programmes, including training for making formal assessments of capacity, deprivation of liberty and trust panel members. |
| **1.5** | **Mental health** | Opportunity to develop mental health policy and services alongside a revised Service Framework for mental health. Recommendations:* Training for all HSC mental health staff on supporting people affected by terminal illness.
* Mandatory training in mental health & palliative care including focus on early identification of mental health needs among those affected by terminal illness.
* Enhanced mental health support for those affected by terminal illness in home and community settings.
* Enhanced bereavement services including quick access services in a crisis situation as a result of the death.
* Public awareness raising campaign to signpost organisations and services that provide mental health support for those affected by terminal illness.
 | The ‘*Palliative Care in Partnership Programme*’ was established in 2016 to support the further development of palliative and end of life care in Northern Ireland. Its remit includes ensuring the delivery of key priorities in palliative and end of life care both regionally and locally; ensuring what is designed and developed is person-centred; and advising on and sharing best practice already in place to support people with palliative care needs and those important to them. Palliative care is provided in response to the holistic assessment of the needs of the individual and those important to them.  This includes an individual’s physical, psychological, social and spiritual care from initial identification of palliative care needs through to support for those important to the individual in bereavement. The development of the palliative care key worker role, typically the District Nurse, will help ensure that care for people living with a life limiting condition is planned with them, is co-ordinated and meets their individual needs as these change over time, including the person’s need for social, emotional, mental health and spiritual support. One of the key areas being taken forward as part of the Palliative Care in Partnership Programme is improving training in palliative and end of life care for health and social care staff, staff working in nursing homes and carers. This includes training and education to help ensure better, more timely identification of people with palliative care needs that will in turn support better care and quality of life. Proposals have been developed to improve postgraduate training to ensure competencies of the workforce. This would entail embedding interdisciplinary, inter-sectoral training and education to include acute, community, primary care and the nursing and residential care sectors and having in place postgraduate education training places for medical, nursing, social work, AHPs and pharmacy.  |
| **1.6** | **Housing Adaptations** | * Crucial that recommendations in the Housing Adaptations Final Report and Action Plan continue to be addressed.
* Adaptations should be carried out regardless of the amount of time they will be used with a fast track system for people with short life expectancy.
 | The Review still awaits Executive approval but the work-streams from the recommendations of the Review are being progressed and some are completed. Many of the work streams relating to timely and appropriate adaptations being carried out utilising the fast track systems for people with a short life expectancy are now complete.  |
| **1.7** | **Service Framework for Learning Disability** | Response lists a number of issues to be taken into account in the planning and delivery of palliative/ end of life care services for people with learning disabilities with explicit reflection in the revised Service Framework for Learning Disability. | Health Transformation funding has been allocated to the Health and Social Care Board to develop a new regional service model for Learning Disability service that is outcomes-based and provides a strategic response to the significant, often inter-related, challenges currently facing the Learning Disability programme of care, including the growing number of young people with complex needs transitioning into adult services from children’s services every year along with the increasing number of older adults with learning disability and ageing family carers. The model will be accompanied by a robust and costed regional information plan that will specify clear actions addressing any challenges and gaps. |
| **1.8** | Support by healthcare professionals for people with a learning disability to make informed decisions about care and treatment during terminal illness. |
| **1.9** | Communication should be primary with accessible and appropriate information available. |
| **1.10** | Training for healthcare professionals in identifying palliative care needs among those with learning disabilities with a terminal illness, communicating & providing palliative & end of life care. |

|  | 1. **Equality Commission for NI (ECNI)**
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| **2.1** | **Performance Indicators/ Actions** | Recommend more specific performance indicators. Provide more detail on individual actions and clearly define to ensure monitoring can effectively measure the impact and enable adjustments to be made.Review measures to ensure actions go beyond what the Department is already doing in terms of policy development and implementation, and required to do under DDA Part II employment and Part III access to goods, facilities and services. | The Department has reviewed and amended the Action Plan to address these comments.The Action Plan includes new initiatives and developing policies eg in respect of mental health, Housing Adaptations Services Action Plan, and Service Framework for Children and Young People which go beyond the DDA duties to improve and enhance services etc. |
|  |
| **2.2** | **Staff training** | Outline intended steps to ensure training and guidance on disability equality legislation and disability awareness is provided to staff and office holders. | Action Plan has been updated including information and appropriate signposting on Department intranet site.Training available for Department staff through CAL (Centre for Applied Learning) includes:* Autism Spectrum Disorder (ASD) Awareness (e-Learning)
* Disability Awareness for Frontline Staff (e-Learning)
* Supporting Vulnerable People (e-Learning)
* Introduction to Human Rights (e-Learning)
* Introduction to Section 75 (e-Learning)
* Positive Mental Health Toolkit for All Staff (e-learning)
* Positive Mental Health Toolkit for Line Managers (e-learning)
* Unconscious Bias (eLearning) (Mandatory for all staff at EOII and above) (*Note that staff at SCS Level are required to attend ½ day classroom training)*
* Mental Health Awareness for Line Managers (a half day course for line managers)
* Policy Making And Human Rights (half day course)
 |
|  | Training opportunities are used to promote positive attitudes to disabled people and to communicate commitments to disability duties and DAP. | Training measures included, and updated, on Action Plan. |
|  | Provide detail on intended training and targets for attendance, evaluation etc | Mandatory Unconscious Bias Training is monitored to ensure completion. All other training is based on need/ request. The Department does not record targets for training. |
|  | Further consideration of internal communication methods with regard to disability duties. | Action Plan has been updated including notifications to staff and use of intranet. |
| **2.3** | **Public Life Measures** | Consider further barriers to determine actions to remove or reduce impact of barriers. | Action Plan has been updated to include work with the NICS Disability Champion to identify barriers to placement opportunities (both within the disability sector and staff) and to increase opportunities for disabled people and participation in the annual International Job Shadowing Day. |
| Consider further promotion and measures to address under representation of disabled people in public positions including participation in public decision making processes. |
| **2.4** | **Positive Attitudes** | Welcome number of positive actions to promote positive attitudes but recommend more detail including clear targets and monitoring. | Action Plan has been reviewed following consultation. |
| Make clear how actions meet the disability duties – in addition to obligations arising from the Disability Discrimination Act. Actions should specifically meet requirements of disability duties. | Advice on this will be sought from ECNI at their DAP Compliance and Advisory event on 11 December 2018. |
| **2.5** | **Employment Measures** | Recommend more ambitious employment related targets including a more ambitious target of 1 place per year as part of a work experience placement scheme. | The Department, and NICS as a whole, is looking at this issue including possible barriers for both applicants and employer. The NICS/ Department took part, for the first time, in International Job Shadowing Day on 25 April 2018. The number of posts offered outweighed demand and the Department of Health was not offered any placements. Lessons learned will inform next years programme. |

|  | 1. **Family Fund**
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| **3.1** | **Action Measures** | Request further clarity on measure (1) around proposal for ‘all staff’ to have training and access to awareness sessions. Should include H&SC professionals, education professionals, transport professionals, emergency services etc.  | The HSCTs are responsible for training and awareness of HSC staff. The Trusts develop their own EAP and DAP.The Department’s EAP and DAP is in respect of the Department and Departmental staff only. |
| **3.2** | Recommend involvement of disabled people’s organisations and individuals in training programme. | Training courses are, mainly, developed and provided by CAL (Centre for Applied Learning) for use across the NICS with additional opportunities for staff to attend training/ events run by voluntary organisations. All CAL training will have Subject Matter Experts quality assuring training. Many of the awareness sessions delivered within the Department are run by voluntary organisations e.g. Deaf Awareness/Action on Hearing Loss, RNIB etc. The DAP has been amended to reflect this. |
| **3.3** | Would welcome publishing of records on training and frequency by all government departments. | There is no current proposal to publish training records. |
| **3.4** | Recommends change to 2nd performance indicator – target changed from ‘timely interventions and treatments’ to ‘early interventions and treatments’. |  “Timely” is a more accurate term which can include early interventions when this is appropriate. |
| **3.5** |  | PfG indicator to promote awareness and understanding…’ – there should be outcomes around people-centred planning and decision making involving disabled people. | Policy areas (1) and (2) have been amended to reflect involvement of disability groups in training and awareness raising.People-centred planning and involvement in decision making falls under the specific policy areas and the engagement/ consultation process. |
| **3.6** | Target for producing alternative formats should be reduced from 20 working days to ten, with an aim of 5 working days. | The Department endeavours to produce alternative formats as quickly as possible but is dependent on external sourcing. Where there is an unreasonable delay we will, where possible, extend the response deadline accordingly. |

|  | 1. **Early Years**
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| **4.1** | **Service Framework for Children & Young People** | Issues relating to Trust based support funding for children with additional needs at pre-school level. Financial support does not cover costs and there are inconsistencies in approaches across Trust areas. | Funding is a matter for the HSCTs. |
|  | 1. **Southern Health and Social Care Trust – Mental Health and Disability Services**
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| **5.1** | **Overall comments** | * Difference in ethos and practice between children’s disability and adult disability.
* Transition planning not mentioned.
* Aspirational targets eg ‘in collaboration with disabled people..’ and ‘all staff trained within 2 years…’. Significant requirement requiring full support of Trusts.
* How to ensure mandatory training prioritised.
 | These would appear to be issues for the HSC Trusts and do not seem to refer to targets in the DoH plans. |
| **5.2** | **Awareness Raising/ Training** | * Ensure key messages are communicated by persons with a disability.
* Training needs to be developed involving persons with a disability and adequately resourced.
* Refresher diversity training by e-learning could be construed as tokenistic – can tackle greater numbers but does not have the qualitative impact of listening directly to a person with a disability.
 | Training courses are, mainly, developed and provided by CAL (Centre for Applied Learning) for use across the NICS with additional opportunities for staff to attend training/ events run by voluntary organisations. All CAL training will have Subject Matter Experts quality assuring training. Many of the awareness sessions delivered within the Department are run by voluntary organisations e.g. Deaf Awareness/Action on Hearing Loss, RNIB etc. The DAP has been amended to reflect this.  |
| **5.3** | **Adults with Care Needs** | Intended outcome and performance indicators concerningly sparse – many ways to measure improved support for adults with care needs. | The DAP includes a number of outcomes under “To improve the health of people with a disability…” which supports PfGI 9 “Improve support for adults with care needs” including:* Implementation of Healthier Care Programme for those living with LTC.
* LTC Policy Framework and Action Plan
* Implementation of the Mental Capacity Act
* Establishment of a Mental Trauma Service
* Improved provision of mental health and psychological therapies services
* Revised Framework for Mental Health and Wellbeing
* Implementation of the Physical and Sensory Disability Strategy
* Implementation of the Autism Strategy
* Implementation of the Rare Diseases Strategy
* Implementation of the Housing Adaptations Services Action Plan
 |
| **5.4** | **Mental Health** | PfG 16 Improve Mental Health – no intended outcome cited. | The PfG indicators listed refer to a significant number of policy areas, each of which will help to contribute to the PfG targets. Outcomes will be specific to policy area. |
| **5.5** | **Adults with a Disability** | Measure ‘to support people with a disability to achieve their optimal potential for personal development and social inclusion’ – heavily weighted towards c&yp. Refers to Regional Consultation on Day Opportunities for Adults with a Disability published in 2014. | While only the Service Framework for Children & Young People and the Service Framework for Learning Disability are specifically listed under the measure “to support people with a disability…” the policy areas and outcomes under “to improve the health of people with a disability..” are relevant in supporting adults to achieve their optimal potential. |

|  | **(6) Sinn Fein** |
| --- | --- |
| **6.1** | **Participation in Public Life** | Demonstrate how DoH will engage with ECNI and OCPA in meeting public appointments/ recruitment goals for people with a disability. | DoH already engages with representatives from the Office of the Commissioner for Public Appointments and the Equality Commission NI during regular meetings of the Public Appointments Forum. A wide range of issues are discussed at these meetings including meeting public appointments/recruitment goals for people with a disability. DoH currently offers the Guaranteed Interview Scheme (GIS) for applicants with a disability as part of its public appointment process. |
| **6.2** | **Format** | Table sometimes contains a confusing mixture of outcomes, actions and indicators/ targets – needs clarity.Some outcomes are unambitious. | DAP has been reviewed following consultation. |
|  | *For general and cross-cutting comments see the Equality Action Plan response table.* |
|  | **(7) Childrens Law Centre (CLC)** |
| **7.1** | **Awareness/ Understanding** **/ Skills** | Indicator 2 ‘reduce health inequalities’ – measure only considers deprivation. Recommend additional datasets eg inequalities iro Roma, gypsy & traveller children, children belonging to other ethnic minorities, migrant children, children in care & custody, children living with HIV/AIDS & LGBT & intersex children. | PfG Indicators are a matter for the NI Executive. The Department is not in a position to alter agreed text. However, the comments have been noted and consideration will be given, as relevant, to these issues as they arise within the policy making process. |
| **7.2** | Indicator 42 ‘Increase quality of life for people with disabilities’ – concern the Labour Force Survey will be used to ascertain ‘average life satisfaction score of people with disabilities’ as only relates to those over 16 years old. Clearly age discriminatory. | PfG Indicators are a matter for the NI Executive. The Department is not in a position to alter agreed text. However, the comments have been noted and relevant policies in the DoH will take into account the needs of the age groups affected and, where appropriate, include engagement with children with disabilities and other stakeholders. |
| **7.3** | **Public and Private Life** | Concerns that PfG indicators will lead to c&yp being missing from datasets collected and the associated actions/targets:Indicator 5 – CLC would advocate that all c&yp should be supported to voice their views and actively engage in decision-making and planning for their lives. C&yp should be engaged and included in the wider aspects of planning, developing and delivering services in the H&SC system. | PfG Indicators are a matter for the NI Executive. The Department is not in a position to alter agreed text. However, the comments have been noted and consideration will be given to involvement of children and young people in the decision making process as they arise within the policy making and engagement process. |
| **7.4** | Indicator 6 ‘Improve mental health’ – concerned that data proposed to measure does not include children under 16/ nor are further datasets proposed to include or measure c&yp with mental health issues. | In the absence of a functioning executive, the draft Programme for Government remains in draft form only. Measurements and content of the draft PfG will be reviewed in line with strategic direction provided by any newly formed Government in future.  |
| **7.5** | **Service Framework for C&YP** | CLC would encourage children’s involvement in development of the service framework, focussing particularly on service users.CLC will reserve any further comment until publication of the Framework for consultation. | The service framework was developed by the HSCB/PHA and involved extensive engagement with a range of stakeholders including children and young people. |
| **7.6** | **Awareness and Understanding** | Seek assurance that actions ‘to promote awareness and understanding of difficulties faced by people with a disability and to ensure their voice is heard’ include c&yp. | Comments noted.The Service Framework for Children and Young People is very much predicated on the principle of engagement with children and their families in the care/treatment/planning etc.  In addition, there will be a child-friendly version of the CYPSF produced (similar to the one used for the public consultation).   |
| **7.7** | Seek assurance that information will be made available in child accessible format. |
|  | **(8) South Eastern Health and Social Care Trust (SEHSCT)** |
| **8.1** |  | No comment on document. | No response required. |

1. The Department’s EAP and DAP are in respect of the Department and Departmental staff only. HSCT issues, including training for HSC staff etc are a matter for the Trusts and for inclusion in their EAP and DAP. [↑](#footnote-ref-1)