

A report of Section 75 Equality Consultation Exercise

Equality Scheme and Audit of Inequalities

November 2011

If you have any comments on this report or require this document in an alternative format (such as large print, Braille, disk, Easy Read, audio file, audio cassette or in minority languages to meet the needs of those not fluent in English) please contact:

Equality Unit, Business Services Organisation
2 Franklin Street
Belfast, BT2 8DQ
Tel: (028) 9053 5531 prefix with 18001 if using Text Relay
Fax: (028) 9053 5641
Email: Equality.Unit@hscni.net

Contents

Introduction	4
Background	4
Organisations involved in the consultation exercise	5
Methods used	6
Analysis of responses	7
Summary of consultees comments and responses provided to comments – Equality Scheme	9 - 30
Summary of consultees comments and responses provided to comments – Audit of Inequalities	31-60
Conclusions	61
Appendix 1 Copies of submissions	61-122
Equality Commission Northern Ireland NICEM Unison Commission for Administration of Justice Older Person’s Advocate	

Introduction

This is a report of the consultation exercise conducted in relation to our equality duties under Section 75 of the Northern Ireland Act 1998. From the outset we wish to acknowledge the time and effort taken by consultees to respond with both detailed written submissions and face to face meetings. We trust that we have reflected views and comments raised and that our responses provide you with the necessary detail to better understand how we have considered any issues raised.

Background

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

Section 75 of the Northern Ireland Act (1998) requires public bodies to comply with two statutory duties. The first duty relates to “*the duty to promote equality of opportunity*” between nine equality categories including religious belief, political opinion, racial group, age, marital status, sexual orientation, gender, disability and dependants. The second duty relates to the “*desirability of promoting good relations*” for three categories, religious belief, political opinion and racial group.

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

The purpose of this report is to provide details on the formal consultation exercise which was launched on 17th December 2010 until 18th March 2011.

Specifically it outlines:

- The organisations involved;
- Methods used;
- Level of response;
- Analysis of Equality Scheme and Audit of Inequalities comments received specifically to the Health and Social Care Board including responses to these comments;
- Next steps; and,
- Conclusions.

Organisations involved in the consultation exercise

Table 1 highlights the organisations who took part in the consultation exercise. Coordination of the exercise was undertaken by the Equality Unit in the Business Services Organisation who are responsible for providing equality and human rights services to each of the organisations listed.

Table 1
Organisations involved in consultation

Blood Transfusion Service	www.nibts.org
Business Services Organisation	www.hscbusiness.hscni.net
Health and Social Care Board	www.hscboard.hscni.net
NI Guardian Ad Litem Agency	www.nigala.hscni.net
NI Practice and Education Council for Nursing and Midwifery	www.nipec.hscni.net
Northern Ireland Social Care Council	www.niscc.info
Patient and Client Council	www.patientclientcouncil.hscni.net
Public Health Agency	www.publichealth.hscni.net
Regulation and Quality Improvement Authority	www.rqia.org.uk

Methods used

As part of the pre engagement exercise the Business Services Organisation, on behalf of and inclusive of the other health and social care organisations listed, established an Advisory Group with a range of representatives from organisations representing those categories covered by Section 75 Equality Duties. This group was invaluable in helping to steer the work of the audit of inequalities.

The consultation exercise was formally announced on 17th December 2010 through a joint newspaper advertisement placed in the Belfast Telegraph.

An announcement of intention to consult was also communicated by email or by post to 349 Consultees on the organisations' Consultee List and placed on each organisation's website at the same time. This included an early indication that the organisations were also planning to undertake further direct engagement with individuals and groups during the consultation period. Staff within the respective organisations were also advised of the consultation exercise via newsletter bulletins.

A follow up press release on 14th January 2011 provided details on the dates and venues of four meetings scheduled for face to face engagement. The dates initially agreed included in Table 2

Table 2
Date and venues of meetings

Date	Venue
14 February 2011 at 11-1pm	NI Social Care Council, 7 th floor Millennium House, Great Victoria Street, Belfast BT2 7AQ
16 February 2011 at 2-4pm	Fire Station, 77 Loughall Road, Armagh
21 February 2011 at 11-1pm	Antrim Enterprise Agency, 58 Greystone Road, Antrim
23 February 2011 at 2-4pm	St Columb's Park, Limavady Road, Derry/Londonderry

These venues were chosen to ensure geographical coverage across Northern Ireland and the planning and organisational arrangements addressed the range of accessibility issues.

A review of the responses received for each location necessitated the cancellation of two of these sessions. The reduction in opportunity for engagement was however off set by the invitation by the Equality Coalition to organisations to participate in a cafe style event hosted at Unison on 9th March 2011. The organisations represented at this event included:

- Business Services Organisation
- Health and Social Care Board
- Northern Ireland Social Care Council
- Patient and Client Council
- Public Health Agency
- Regulation and Quality Improvement Authority

This representation reflected advice received from the Equality Coalition about with whom consultees wished to engage.

Analysis of responses

In total 6 detailed written responses were received by the Health and Social Care Board to the joint consultation exercise. Face to face dialogue took place with 6 organisations or individuals. See Table 3.

Table 3**Consultees who provided responses**

Name of Organisation	Name of consultee	Date Received 2011
Face to Face Meetings		
Older People's Advocate	Kate McCullough	Belfast Event
Individual	Stanley Henderson	Antrim Event
Carers NI	John McCormick	Coalition Event
Mencap	Paschal McKeown	Coalition Event
AgeNI	Judith Cross	Coalition Event
Children's Law Centre	Nathalie Whelehan	Coalition Event
Written responses		
Age NI		18 th March
Unison		16th March
Equality Commission		16th March
NICEM (Northern Ireland Council For Ethnic Minorities)		18th March
CAJ (Commission for Administration of Justice)	Debbie Kohner	10th March
Older People's Advocate	Joan Harbison	18th February

The comments received from consultees by the Health and Social in relation to its Equality Scheme are presented in Table 4. Comments in relation to the Audit of Inequalities and Action Plan are presented in Table 5. These comments have been examined in detail and are presented alongside responses to the issues raised.

Table 4. COMMENTS TO THE HEALTH AND SOCIAL CARE BOARD
Equality Scheme

Comment	Response
Consultee: Equality Commission	
<p>The Commission acknowledges and welcomes the fact that the approach taken by the Board in producing a revised scheme is one which is broadly consistent with the Commission's model scheme.</p>	<p>Comment noted</p>
<p>The Commission is pleased to note that the Board has undertaken an audit of inequalities to inform the development of its draft Action Plan. We also note that the Board is currently consulting on its draft Action Plan and that the plan covers the period 2011- 2013</p>	<p>Comment noted</p>
<p>Foreword In general, the foreword follows the model equality scheme issued by the Commission to the first tranche of public authorities, requested to submit revised equality schemes. We note the demonstration of leadership at the highest level within the Board and high level commitment to the discharge of the Section 75 Statutory Duties.</p>	<p>Comment noted</p>

<p>Chapter 1 Introduction Introduction refers to role and functions of the Board and summarises its three main functions and a <i>range</i> of other functions. We advise that the Board may wish to give some more detailed information in this section of the Introduction on its functions and responsibilities.</p>	Additional information has now been added in respect of the range of other functions
<p>Chapter 2 Our arrangements for assessing our compliance with the section 75 duties Para 2.1 refers to – <i>details on monitoring arrangements include</i>: suggest deleting ‘include’ as the following list does not relate to specific monitoring arrangements.</p> <p>Also the Board may wish to include more details on its internal reporting arrangements and decision-making in the section on Responsibilities and Reporting.</p>	<p>Word removed</p> <p>These arrangements are described in 2.10</p>
Page 10, paragraph 2.10 model scheme directional text left in this section.	Directional text removed
Page 11, there is a reference to action plan being included in Appendix 4 of the scheme. The Commission notes that the Board may have meant that this section refers to the Timetable of Measures at Appendix 4.	Reference to Appendix 4 now states Timetable of Measures

<p>Chapter 3 Our arrangements for consulting Page 16, paragraph 3.2.5, this paragraph refers to a '<i>range of internal and external communications and information</i>'. The Commission would advise that the Board may wish to expand on what is planned and envisaged in relation to the arrangements for consultation and engagement. In addition, the Board could also expand on what arrangements it already has in place, for example, if it has an established standing Consultative Forum.</p>	<p>Comment now added in Equality Scheme to read: The Health and Social Care Board will produce an accessible document outlining the functions of the organisation and the commitments in our Equality Scheme. In addition we will engage with groups in relation to the establishment of an Advisory Group.</p>
<p>Chapter 4 Our arrangements for assessing monitoring and publishing the impact of policies We note the Board's arrangements for assessing, monitoring and publishing the impacts of policies and welcome the commitment to utilising the tools of screening and equality impact assessment for the assessment of policies. Page 24, paragraph 4.25 commitment within scheme to review the effectiveness of sending quarterly screening reports to consultees.</p>	<p>Comment noted</p>

<p>The Commission would advise that if the Board subsequently decides post review of effectiveness of this approach to alter its commitment in respect of screening reports, the Commission should be informed of any changes to scheme commitments.</p> <p>The Commission welcomes the commitment of the Board to monitor more broadly to identify opportunities to better promote equality of opportunity and good relations.</p>	<p>The Equality Scheme now uses the text of the model scheme</p>
<p>Chapter 5 Staff training</p> <p>The Commission welcomes the Board's training commitments as detailed in its draft scheme.</p>	<p>Comments noted</p>
<p>Chapter 6 Our arrangements for ensuring and assessing public access to information and services we provide</p> <p>The Commission notes the Board's arrangements for public access to its services.</p>	<p>Comments noted</p>

<p>Chapter 7 Timetable for measures we propose in this equality scheme</p> <p>In general the timetable of measures, in Appendix 4, reflect those measures contained within the scheme which the Board will implement. Paragraph 7.2 refers to Appendix 4 as including the Board’s commitment to develop an action plan. The Commission would recommend that Appendix 4 also includes a measure ‘to implement/deliver an action plan’.</p>	<p>Comment Noted</p> <p>The action plan at Appendix 4 now includes an action point which reads</p> <p>Implementation of Actions Lead Responsibility Directors Timetable: May 2011-March 2013</p>
<p>Chapter 8 Our complaints procedure</p> <p>Page 33, paragraph 8.1, the Commission notes that the Board has committed in its scheme to endeavouring to ‘manage’ complaints made to it within agreed procedures. The Commission would advise that the Board may wish to consider committing in its scheme to ‘resolving’ rather than managing</p>	<p>It is the Health and Social Care Board’s view is that it is not always possible to resolve complaints</p> <p>Text has been added which advises that we will proactively manage complaints and will do so with sensitivity</p>
<p>Chapter 9 Publication of our equality scheme</p> <p>Page 35, paragraph 9.3, the 2nd bullet point, last sentence has text missing.</p>	<p>This has now been amended</p>

<p>Chapter 10 Review of our equality scheme</p> <p>The Commission welcomes the Board’s commitment to undertake a thorough review of its scheme within the statutory timeframe</p>	<p>Comment noted</p>
<p>Appendices</p> <p>The Commission notes the content of the Appendices to the Board’s equality scheme.</p>	<p>Comment noted</p>
<p>Section 75 Action Plan</p> <p>The Commission notes that the Board has also published for consultation its Action Plan which details the action measures the Board will undertake to better promote equality of opportunity and good relations following its Audit of Inequalities.</p> <p>The Commission will not consider the content of action plans as part of the approval process for equality schemes but welcome the Board’s demonstration of commitment to the implementation of its equality scheme and the discharge of its statutory obligations under Section 75 of the Northern Ireland Act 1998 as demonstrated by the development of its action plan.</p>	<p>Comment noted</p> <p>At 2.11 the comment has been added to indicate that the action plan does not form part of this equality scheme. Appendix 6 references only where this will be located, that is, on the Health and Social Care Board’s website</p>

<p>The Commission would advise that the Board should review and update its action plan over the life time of its equality scheme to ensure that the action plan remains effective and relevant to its functions and work.</p> <p>The Board should inform the Commission of any changes or amendments to its action plan and should also consider including this information in its annual progress report to the Commission.</p>	<p>The Health and Social Care Board can advise that the Action Plan will be reviewed and reported upon on a regular basis through the business planning processes of the Health and Social Care Board, the Corporate Plan and Commissioning Plan.</p> <p>The Equality Commission will be advised of any changes and will receive regular updates through the annual reporting of progress mechanisms</p>
<p>Conclusion</p> <p>The Commission welcomes the approach taken by the Board, particularly with regard to use of the Commissions Model Equality Scheme and the new Guide to the Statutory Duties.</p> <p>This response is made without prejudice to any consideration or determination which the Commission might make in performance of its statutory function to investigate individual complaints under Schedule 9 of the 1998 Act or conduct any other investigation</p>	<p>Comments noted</p>

Consultee: Older People's Advocate	
The equality scheme should be user-friendly especially in the use of language.	We will produce an accessible document (an easy to read and understand version) following scheme approval.
Equality schemes need to identify internal vs. external actions	Comment noted
Consultee: Committee on the Administration of Justice (written submission)	
Encouraged to see organisations have used model scheme as basis, suggest a few additions	Comment noted
Screening – would be useful for consultees to be informed as soon as screening forms are posted on websites, concerned about timelag, especially for policies for which 'no' or 'minor' impact is found	We will explore the feasibility of facilitating this request in the context of designing a process for implementation.
Explain relationship between equality of opportunity duty and good relations duty	Paragraph 1.1 of the scheme refers to Good Relations. An additional sentence has been added to explain the differences in the two duties The importance of both duties is also reiterated in the course of staff training

<p>Add statement to address common misunderstanding that ‘universal application’ implies a neutral impact on equality groups, when it can of course exacerbate inequalities</p>	<p>We share the Committee’s view of the importance of clarifying this matter. This is addressed in the context of staff training. Also, we have recently developed a resource for our staff aimed at tackling common ‘screening myths’ which includes the one referred to by the Committee.</p>
<p>Add statement on positive action:</p>	<p>We share the Committee’s view of the importance of clarifying this matter. This is addressed in the context of staff training.</p>
<p>Verbal comments</p>	
<p>Any deviations from the model Scheme need to be highlighted and explanations provided as to why.</p>	<p>Any changes will be highlighted</p>
<p>The broad policy statement that is provided by the Equality Commission is appropriate. Organisations need to use a common sense approach to its applicability and given that some policies will clearly not have an impact they can be readily screened out. If this is not done it places additional burdens on groups who are expected to respond to some policies that are inappropriate.</p>	<p>Comment noted.</p>
<p>Consultee: Northern Ireland Council for Ethnic Minorities (written submission)</p>	
<p>Disappointing in that Schemes repeat exactly the wording of the Model Scheme with minimal attempt to make the scheme a reflection of what the authority actually does.</p>	<p>The need to follow the model scheme limits our scope for customising it.</p>

<p>This is so that groups can see relevance to them; particularly important for the less well-known health and social care bodies coordinated by the BSO</p>	<p>We do not feel that the degree of change suggested is consistent with the model scheme proscribed by the Equality Commission.</p> <p>Pursuing such change would necessitate complex discussions with the Equality Commission and consequently delay the Health and Social care Board's ability to gain the necessary approval for its Scheme.</p> <p>The main area of customisation foreseen by the Commission relates to the description of functions ('Who we are and what we do').</p> <p>Following approval, we will produce a summary version of the scheme that is easy to read and understand.</p>
<p>There should be one Equality Scheme from the DHSSPS that applies across to all health and social care bodies</p>	<p>Under Section 75 each public authority must develop their own scheme and action plan; each Chief Executive and Board is accountable for their own scheme and plan and thus must have ownership;</p> <p>Given the diversity of functions across Health and Social Care organisations, we would argue that each audit must reflect the consideration of equality issues against the specific functions of the respective organisation; the diversity of audits therefore reflects the diversity of functions across organisations.</p>

Organisations should highlight deviations from Model Scheme with an explanation.	Any deviations will be highlighted
Consultee: Children's Law Centre	
As a legal document the Equality Scheme is by requirement a very technical and complex document consequently many Section 75 categories may not find it accessible or easy to understand.	In terms of accessibility we have commenced work on producing an easy read version of the Equality Scheme this is suitable for people with a learning disability but will also be suitable for a wider audience
Having studied a number of Equality Schemes concluded that the Health and Social Care Board's Scheme was by a mile the better of these documents. On occasions went slightly beyond model scheme requirements by providing useful detail.	The Health and Social Care Board welcomes this positive comment
Suggested minor changes to wording; page 11 and page 20 re text	Amendments have been made to draft Equality Scheme
Consultee: Unison	
<p>Welcome that the Health and Social Care Board has followed to a large extent the Model Equality Scheme produced by the Equality Commission NI</p> <p>There are a number of key issues which we believe must be addressed</p>	Comment noted

<p>The Scheme needs to clarify the precise relationship between the s.75 equality duty and the good relations duty</p>	<p>Paragraph 1.1 of the scheme refers to Good Relations A brief explanation has been added to explain the differences in the two duties. The importance of both duties is also reiterated in the course of staff training</p>
<p>The Scheme requires a section to outline the social, economic and health context within which the organisation and wider health and social care system operates</p>	<p>We do not feel that the degree of change suggested is consistent with the model scheme proscribed by the Equality Commission.</p> <p>Pursuing such change would necessitate complex discussions with the Equality Commission and consequently delay the Health and Social care Board's ability to gain the necessary approval for its Scheme. We feel that the suggestions can be more appropriately addressed by inclusion in other documentation.</p>
<p>UNISON recommend that the Health and Social Care Board use the data and information available to it much more systematically to expose, analyse and then monitor inequalities for Section .75</p>	<p>comment noted The audit of existing information systems will examine gaps, produce baseline information and result in the development of actions to fill gaps. A regular review will also be incorporated.</p>
<p>Understanding and implementing the recommendations</p>	<p>The Health and Social Care Board will consider the</p>

<p>from recent reports produced by Professor Sir Michael Marmott¹ would be a good first step in tackling specific health inequalities faced by Section.75 groups.</p>	<p>relevance of this report and its findings alongside other emerging publications and relevant other documents.</p>
<p>Foreword Welcome commitment given by the Chief Executive and Chairperson need to make clear that the Foreword and Appendices form integral parts of the Scheme</p>	<p>As a point of clarification the Equality Scheme commences with the cover sheet and reference to the Foreword and Appendices is contained within the contents page. This follows the model scheme.</p>
<p>Welcome the commitment of the organisation to fulfilling its Section 75 duties across <u>all</u> its function but suggest that a common definition is used throughout specifying that functions includes powers and duties and covers service provision, employment and procurement functions.</p>	<p>The functions of the organisation as described page 7 is included as this necessarily reflects the descriptions outlined in the Health and Social Care Reform Act 2009. Further detail has been included on pages 8-11 to provide further detail on the functions of the Health and Social Care Board.</p>
<p>The Health and Social Care Board should make clear that the existence of the Action Plan does not detract from its statutory duty to ensure that all its functions and policies are scrutinised to determine where equality of opportunity can be promoted and inequality tackled.</p>	<p>Comment noted. This was always the intent of and approach adopted by the Health and Social Care Board</p>
<p>Decision-makers to utilise all available qualitative and</p>	<p>All data and information identified in the course of the</p>

¹ See Marmott's World Health Organisation Commission report on the Social Determinants of Health and his 3 more recent reports on Health Inequalities in England concluding with the 2010 report 'Fair Society, Healthy Lives'

<p>quantitative data, including the Audit of Inequalities, when applying Section 75 to the organisation's functions and policies not contained within the Action Plan.</p>	<p>audit is to inform screening exercises in the future. The importance of using this evidence is reinforced in screening training</p>
<p>Suggest that the Foreword states the organisation's commitment to taking, all necessary steps to ensure that it complies with its statutory duty and the effective implementation of the Equality Scheme.</p>	<p>This comment has been added on page 2</p>
<p>Introduction</p> <p>The wording in the Foreword to the draft Scheme commits the organisation to providing "the necessary resources" to effectively implement the duty. However, the wording of Paragraph 1.3 waters down this commitment by stating a commitment to 'the necessary available resources' is required. This is a weak formulation of words and should be amended to that contained in the Foreword.</p>	<p>Paragraph 1.3 now corresponds in wording to that used in the Foreword</p>
<p>Chapter 2: Arrangements for Assessing Compliance</p> <p>Include examples of <i>how</i> compliance will actually be assessed in practice.</p>	<p>These arrangements are articulated at paragraph 2.10</p>
<p>Recommend that in paragraph 2.12 the Scheme make clear that the Audit is a living document and requires an</p>	<p>Comment added to Scheme at paragraph 2.12 to take account of this suggestion</p>

<p>on-going, full and comprehensive ‘analysis’ of inequalities.</p>	
<p>We welcome the Health and Social Care Board commitment to monitor progress on delivery every 12 months (para 2.16) but would recommend a re-wording to make it clear that monitoring can take place at an earlier stage if new data or information is received.</p>	<p>Comment added to Scheme at paragraph 2.16 to take account of this suggestion</p>
<p>We welcome more information on the <i>specific discussions</i> the Health and Social Care Board is entering into with users of the services and their representatives. In particular we wish to see specific steps taken to involve the affected Section 75 groups and service users in TSN areas.</p>	<p>These take place in the context of screening exercises and may in the future include user fora (see also the respective point in the Action Plan) The Health and Social Care Board is putting in place mechanisms for engagement under its statutory requirements under Personal Public Involvement and other user engagement fora . This overlaps with the Section 75 agenda</p>
<p>Comments on Chapter 3 Consultation arrangements Encourage the organisation to follow the advice of (and resource) groups with specialist knowledge in this domain, including about how, when, and who to approach; people with disabilities could be involved in developing the consultative methods to be used and involved in delivering that training.</p> <p>However, the primary responsibility must remain with the</p>	<p>We currently engage with representative groups on a range of issues and will continue to take advice in the area of consultation and training. We have involved people with disabilities and other equality categories in training and awareness activity and will continue to build on this good practice. We will continue to liaise with representative groups and individuals</p>

<p>organisation itself to do the necessary work, and to reach out beyond organised groups. Some of the legacy health bodies have in the past undertaken an inclusive consultation process but approach needs to be revisited on a system-wide basis</p> <p>Although the consultation list is comprehensive, organisations needs to ensure it is constantly reviewed</p>	<p>Consultation mechanisms and consultation lists will be regularly reviewed to ensure that they are both effective and contemporary, and build on past good practice.</p>
<p>Para 3.1 should be amended to ensure that the Audit of Inequalities will be consulted upon in addition to the Scheme, action measures And Equality Impact Assessment</p>	<p>The current draft Audit of Inequalities was consulted upon at the same time as the Equality Scheme but it is not the Health and Social Care Board’s intention to commit to annual formal consultation on the Audit of Inequalities and Action Plan</p>
<p>Scheme must set out a clear procedure to ensure that the consultees’ views have been fully considered and either incorporated into the decision-making process or where not reasons are given for their exclusion</p>	<p>This is articulated in the Equality Scheme at 3.2.11 but for point of clarity we can advise that arrangements for dealing with consultation responses are: Log of consultees responses Copies of original responses made available on our website as part of the consultation report</p> <p>Consultation report will include issues and our response</p>

	<p>and made available on the website Final documents with amendments highlighted made available on website at www.hscboard.hscni.net</p>
<p>Consultations on all matters involve all designated groups and individuals; therefore essential that any 'targeted approach to consultation' as specified in paragraph 3.2.1 does not create a 'hierarchy' of consultation.</p>	<p>Comment noted. This view will be articulated in screening and consultation training</p>
<p>Comments on Chapter 4: Arrangements for assessing, monitoring and publishing the impact of policies</p> <p>The Scheme to impart a sense of what the policies mean and how someone could identify if relevant In setting out its functions, duties and powers: The Scheme must be more explicit about who else is involved, particularly in the mixed economy of health care delivery including contractors and sub contractors ;</p> <p>Must set out clearly arrangements on how it will ensure</p>	<p>The scheme includes details on functions Policy authors are advised of the importance of clarifying their policy area in jargon free language and of identifying all the key stakeholders in their initial discussion of their policy area We do not feel that the degree of change suggested is consistent with the model scheme proscribed by the Equality Commission. Pursuing such change would necessitate complex discussions with the Equality Commission and consequently delay the Health and Social Care Board's ability to gain the necessary approval for its Scheme.</p> <p>We feel that these suggestions can be more</p>

<p>that decisions or directives from others both ‘upstream’ and ‘downstream’ will be independently assessed to fully comply with its section 75 obligations;</p> <p>Must ensure that when functions overlap with another public body or agency there is clarity on the action required by each to discharge their statutory obligations.</p>	<p>appropriately addressed by other methods, for example, the Health and Social Care Board will explore the value a document to articulate in easy to understand language. This will detail the functions of the organisation including its linkages with other health and social care organisations, other public bodies and other key independent, community and voluntary providers .</p> <p>Responsibilities for screening both upstream and downstream are articulated in screening training activity</p>
<p>UNISON welcome a more explicit recognition by the organisation that many practices are not the subject of written policy documents, but are nevertheless established policies. Consequently need indicate measures that will be put in place to reflect this more systematically for the purposes of screening and impact assessment.</p>	<p>The Health and Social Care Board follows the model scheme, see paragraph 4.1. This issue is reinforced in screening training, template and guidance.</p>
<p>Procurement</p> <p>The organisation must clearly acknowledge throughout its scheme that procurement is a function to which the equality duty applies.</p> <p>As a minimum standard for the full promotion of equality,</p>	<p>Comment noted</p> <p>Since 2009 services in relation to procurement have been purchased from the Business Services Organisation on a Service Level Agreement.</p> <p>All the issues raised in this response in respect of</p>

<p>it is also essential that Board commit to implementing the 2008 joint <i>'Equality of Opportunity and Sustainable Development in Public Sector Procurement'</i>. Guidance produced by the Equality Commission NI and the Northern Ireland Central Procurement Directorate</p>	<p>procurement and equality issues will be raised directly with the Business Services Organisation and relevant Commissioning staff. We will engage with the Business Services Organisation and other Health and Social Care organisations to explore further the roles and responsibilities of procuring organisations vis-à-vis the Business Services Organisation Procurement and Logistics Service with regards to opportunities for further mainstreaming equality in procurement processes.</p>
<p>Employment</p> <p>The organisation must make a specific commitment in its Scheme to discharging the equality obligation in its function of employment.</p>	<p>Since April 2009 services in relation to Human Resources have been purchased from the Business Services Organisation on a Service Level Agreement. All the issues raised in this response in respect of employment and equality issues raised in this response will be raised directly with the Business Services Organisation. We will engage with the BSO to explore further the roles and responsibilities in employment matters of the organisation's managers vis-à-vis the BSO Human Resources Directorate with regards to opportunities for further mainstreaming of equality.</p>
<p>Screening and Equality Impact Assessments</p>	<p>The Health and Social Care Board has made the commitment to ensure that all staff involved in screening</p>

<p>The lack of equality expertise amongst senior decision-makers has led to the screening out of policies which have had enormous implications for equality of opportunity</p> <p>Essential that the decision on whether an equality impact is minor, major or none is subject to objective criteria. The report on all screening recommendations should be issued for endorsement by the Senior Management Team with the full participation of the organisation's Equality Unit at the earliest possible stage</p>	<p>have attended specialist training; staff will be supported on an ongoing basis in strengthening their skills in screening effectively, such as through support, advice, guidance and feedback</p> <p>Screening documentation is signed off by Directors</p> <p>We consider it essential that the ownership of screening decisions rests with policy decision makers in order to genuinely progress the mainstreaming of equality in the organisation</p>
<p>Essential that the organisation commits to informing consultees when screening forms are issued and posted on the organisation's website</p>	<p>We will explore the feasibility of facilitating this request in the context of designing a process for implementation.</p>
<p>Should commit to ensuring that affected groups are facilitated by whatever methods are appropriate to participate in the screening process at the earliest possible stage, when information gaps need to be addressed.</p>	<p>This issue is addressed in guidance notes for staff on screening which have been developed alongside the new screening template</p>
<p>Essential that the organisation makes it clear that financial considerations will not be a basis for restricting</p>	<p>Being bound by its legal obligations regarding financial accountability the organisation will inevitably need to</p>

or limiting the impact of equality assessment	take resource implications into consideration in considering the impact of equality assessment with regards to mitigation or consideration of alternative policies and decisions
Clarify the measures that it will undertake to ensure that practices that are not the subject of written policy documents but which are established policies of the organisation are both screened and an impact assessments undertaken	Screening of policies and decisions covers both documented and undocumented practices
Scheme to strongly acknowledge that, policies which may appear at first glance to be devoid of equal opportunities implications require a fresh look in order to determine whether there are in fact implications for equality of opportunity. The screening of new and proposed policies must also be subject to this criteria	Comment noted The Health and Social Care Board follows the model scheme
To enable us to understand whether we will achieve measurable outcomes it is essential that specific data is available and baselines established on specific impacts to establish how the Board has related to the affected groups in the past and how it will relate in the future in the context of the Statutory duty.	Comment noted
Chapter 5 Staff Training Urge the organisation to ensure that the Scheme make	Comment noted The Health and Social Care Board follows the model scheme

<p>more explicit that training will not be dependent on grade, responsibilities or any training needs assessment that will in any way dilute their obligations under the Guidelines. The resources for this should be set out in the scheme.</p>	
<p>Chapter 6 Access to Information and Services The organisation must provide the necessary resources to ensure that both the information which is disseminated and, the services provided, are made accessible in a way which ensures equality of opportunity.</p>	<p>Comment noted The Health and Social Care Board follows the model scheme</p>
<p>More imaginative methods of distribution would be welcome such as in public libraries, stalls set up in local shopping centres etc.</p>	<p>Comment noted</p>
<p>Chapter 8 Complaints Implementation of the Scheme should be constantly reviewed to ensure that Section 75 Groups are confident that they will get support and redress.</p>	<p>Comment noted</p>

Table 5. COMMENTS TO THE HEALTH AND SOCIAL CARE BOARD
Audit of Inequalities and Action Plan

Comment	Response
Consultee: Older People’s Advocate	
Organisations should have picked 5 or 6 key areas that all could have worked on together. Format of action plans of the organisations should be uniform and consistent.	Comment noted. The ten Health and Social Care organisations will work together to identify those areas where joint action is feasible and meaningful.
Plans need to be explicit on how information is used and progress reviewed on a regular basis. Include a commitment to review Audit	The HSCB’s Audit and Action Plans will be reviewed on an annual basis
Include commitment to review evidence base and undertake research to fill gaps. The evidence base used in the audit needs to go beyond Northern Ireland.	The audit of existing information systems will examine gaps, produce baseline information and result in the development of proposals on how best to progress towards filling gaps. A regular review will also be incorporated. Addressing the gaps is likely to be a longer term process.

<p>Employment issues - More action on employment needed. The structure of organisations is altering and staff are getting older. Need to also consider gender issues and caring roles as many are caring for the much older relatives and friends.</p> <p>Females are in the majority of those employed within the agencies and this has an impact on designing timeframes for training, childcare and caring needs and maternity</p> <p>Staff issues - Needs of Section 75 groupings internally within the organisation should also be addressed.</p>	<p>This issue is part of considerations in relation to work force strategy</p> <p>The Health and Social Care Board will engage with the BSO Human Resources Directorate in an equality audit of pay and human resources.</p> <p>Widely recognised media are used as sources of recruitment.</p> <p>Personnel specifications include equivalencies to qualifications in the form of experience.</p>
<p>The audit should have recognised that increased longevity and retirement age affects women more so than men, women will be working longer and older section of workforce will become increasingly female – analysis should have considered issues for older women separately from older men; older women face particular difficulties in returning to work after childcare.</p> <p>Consideration should be given to key areas which will impact on this group such as: not being able to carry on with a job which requires considerable physical strength, retraining to be able to diversify and use their skills differently as they grow older, providing flexible working hours and part time working.</p>	<p>Comment noted</p> <p>The BSO and HSC organisations have in place a number of work-life balance policies that recognise the needs of carers, for example, carers leave, flexible working arrangements, employment break policy, special leave policy, equality of opportunity policy.</p> <p>The Director of Human Resources undertakes regular environmental scanning and adapts workforce planning accordingly.</p> <p>The BSO will, on behalf of other health and social care organisations, participate in any regionally agreed equality audit of pay and human resources issues.</p>

<p>The audit should contain statistical evidence of main users and a profile of its staff, including breakdown of managerial roles and Board members particularly those S75 groups who might be under-represented: Gender; Age; Disability; Minority groups</p>	<p>Comment noted, and will be progressed in the context of our audit of information systems, see Equality Scheme paragraph 4.29.</p>
<p>Employment issues – develop new ways of including under-represented S75 groups; could include examining where positions are advertised, considering affirmative action, using different criteria such as experience and skills rather than academic qualifications, introducing shadowing or mentoring schemes, ensuring layout of buildings is suitable and convenient for staff Employment - consider actions to actively recruit older women and use experience as equivalent to academic qualifications in recruitment process to remove barriers for participation of people with a disability and older women in particular.</p>	<p>The BSO uses widely-recognised media as sources of recruitment. Personnel specifications include equivalencies to qualifications in the form of experience</p>
<p>Service users – need more evidence of actions to include engagement with service users.</p>	<p>The Health and Social Care Board in conjunction with the Public Health Agency as part of Personal Public Involvement will be putting in place arrangements to facilitate effective methods for engagement with service users. The over-lap with the Section 75 Equality duties is recognised in this strategy. The Health and Social Care Board’s Community Development Strategy will also enhance greater</p>

	engagement with service users
<p>Board composition - Need to consider how Section 75 categories get opportunities to participate on Boards. What mentoring opportunities are provided to skill up people for joining Boards? Need to look at more meaningful ways of getting older people and other Section 75 groups involved.</p> <p>For example consider joint action by nine organisations to make representation to Office for Public Appointments regarding (a) greater efforts to be undertaken to appoint diverse boards and (b) use of experience as equivalent to academic qualifications in appointment process to remove barriers for participation of people with a disability and older women in particular.</p>	<p>Comment noted.</p> <p>The BSO Equality Unit will raise with the Department of Health and Social Services and Public Safety</p>
<p>Staff issues - Needs of Section 75 groupings internally within the organisation should also be addressed.</p>	<p>Comment noted.</p>
<p>Communication – consideration should be given to the communication needs of older people, who may not have IT skills, or may have sensory impairments, learning disability or low literacy levels.</p>	<p>We will give particular attention to these through our action on improving accessibility of information and services</p>
<p>There needs to be more sharing of information and good practice across organisations.</p>	<p>This will be addressed in our joint equality fora where we work collaboratively with the Business Services Organisation and its other partnership organisations.</p>
<p>Complaints - work with other Health and Social Care</p>	<p>HSC organisations have produced information on how</p>

<p>Organisations organisations to provide overview information on how to raise a complaint and who to raise it with. It will often be the family of an older person who raises a complaint rather than the individual.</p>	<p>to make a complaint. We will work collaboratively to assess accessibility issues</p>
<p>Training-Include actions to address particular training needs of older women and should challenge ageist attitudes and include positive messages about older people</p>	<p>Comment noted</p>
<p>Training- in respect of S75 groups should be ongoing and include engagement and delivery by organisations with the relevant knowledge and expertise. Consider delivering jointly across partner organisations.</p>	<p>Learning and development opportunities will continue to be offered in respect of Section 75 groups and with their input.</p>
<p>Consultee: Committee on the Administration of Justice (written submission)</p>	
<p>Section 75 continues to apply in addition to action plan; risk that action plan could have a limiting influence on the operation of Section 75 outside the specific priorities identified</p>	<p>Section 75 requires us to give consideration to equality on an ongoing basis across all of our functions. We see screening as the key vehicle for doing so; this is also highlighted in training for staff</p>
<p>Data collection and review of audit and action plan – hope that data gaps identified in the audit will be addressed, newly emerging inequalities may not be captured in original audit</p>	<p>The audit of existing information systems will examine gaps, produce baseline information and result in the development of proposals on how best to progress towards filling gaps. A regular review will also be incorporated. Addressing the gaps is likely to be a longer term</p>

	process.
We hope that audit will provide useful tool for policy-makers when applying Section 75 beyond action plans	We acknowledge the value of data gathered which will be used to inform screening exercises more widely. To improve access to data for staff the Equality Unit has created a website section which collates relevant research reports identified HSCB staff have been informed about this
Consultee: Northern Ireland Council for Ethnic Minorities (NICEM) (written submission)	
Essential that the comprehensive collection of evidence is undertaken under the revised Schemes submitted by organisations, particularly for ethnic and religious minority communities.	The audit of existing information systems will examine gaps, produce baseline information and result in the proposals to address to fill gaps. A regular review will also be incorporated.

<p>The audit across the Health Trusts places heavy reliance in the audit of ethnic minority inequalities on NICEM research.² Yet this research is not mentioned in the audit of the BSO-coordinated bodies. In both audits, we ask the question, ‘Where is the research commissioned by the health and social care sector?’</p> <p>There is nothing at all in the evidence base used in this audit on religious minorities.</p>	<p>Addressing gaps is likely to be a longer term process. We note the suggestion and will consider this research in the context of our organisation’s functions.</p> <p>The short timescales specified by the Equality Commission for the audit itself ruled out the option of undertaking new research.</p> <p>A review of the evidence base will be undertaken on an on going basis.</p>
<p>The important issue of the causes of the inequalities identified appears to be absent from both the ECNI guidance and HSC audits; unsure how the organisations can set out actions, outputs and outcomes on the basis of an audit of inequalities without some identification and analysis of the causes of the inequalities</p>	

² At p 79, it is stated, “The majority of the issues below are also found in the NICEM Report “Black and Minority Health and Wellbeing Development Project for North and West Belfast September 2006.” There is also reliance on our research report, Robbie McVeigh and Chris McAfee, “‘Za Chlebem’: The Impact of the Economic Downturn on the Polish Community in Northern Ireland”, Belfast: NICEM, 2009.

<p>Equality Commission Northern Ireland should produce a model audit of inequalities, on the basis of this initial exercise.</p>	<p>This comment is more appropriately directed to the Equality Commission NI.</p>
<p>Audits of Inequalities - We welcome the fact that the BSO-coordinated bodies have collaborated to identify inequalities.</p>	<p>Comment noted.</p>
<p>It seems curious to us that the audit of inequalities is an appendix to the draft action plan. We expected the action plan to flow from the audit. We are also puzzled that, despite an extensive 'evidence base' in an appendix, it is essentially a literature review and there is no connection between the identified inequalities and the evidence base</p>	<p>Comment noted. Considerable work was undertaken in respect of collecting the evidence and selecting actions to progress activity. Some pragmatism was by necessity also required.</p>
<p>We welcome the functional approach initially taken in the audit. We are disappointed that the BSO-coordinated bodies have not followed the lead of the Health Trusts who identified separately inequalities in relation to each section 75 group.</p>	<p>The work was undertaken within each of the directorates consequently we believe that that this contributed to mainstreaming the agenda across the nine equality categories. The audits needed to be wider than simply 'health inequalities'. This led to the joint approach to undertake a "function" based audit, to ensure as far as possible identification</p>

	of all inequalities in all functions.
The action plans should make it transparent how the prioritisation of actions has been conducted.	Comment noted
In our view, the action plans do not identify performance indicators, monitoring arrangements or areas of responsibility. They do not tell us when intended outcomes are to be achieved (not outcome-focused). Some 'intended outcomes' are not really outcomes. What is the inequality?	Comment noted. This is currently in our action plan and will be further considered in implementation
Consultee: Stanley Henderson (oral)	
(1) Accessible information Importance of ensuring that information is made accessible, caution against relying solely on the internet to disseminate information; some people with a disability face particular barriers to using a computer, such as persons with a dexterity impairment Stance currently taken by organisations to produce information in alternative formats in response to requests rather than upfront is considered reasonable to ensure best use of resources; it is crucial to meet individual needs	Comments noted The Health and Social Care Board will consider suggestion to develop criteria and will seek to do so in the course of an accessible information policy, to be produced jointly by BSO and its client organisations to ensure consistency across organisations The Health and Social Care Board as part of its policy work is considering defining a core set of accessible information materials to be produced in a range of formats.

<p>Organisations should, in a first step, define a core set of criteria that will be used in deciding which documents will be produced in a range of formats up front.</p>	
<p>(2) Accessible and responsive services - a recent experience of the attempt to use a 'booking-in' service to showed a lack of responsiveness of the service: messages being left repeatedly on answer machines were not being followed up providers;</p> <p>Only when the individual started using the term 'complaint' a member of staff returned his call. Phones being manned and messages being followed up on are indispensable aspects of an accessible and responsive service; older people generally tend to be put off by an answer machine</p>	<p>Comments are noted. In order to improve access to their services, organisations will seek to define a standard relating to their responsiveness to service users making personal contact with the organisation.</p> <p>(This could include things such as specifying in what circumstances automated services such as answer machines may be used and defining timescales for responding)</p>
<p>(3) Equality data It is important to get the timing right of data collection, as at certain times service users are more inclined to be suspicious about the motivation of the organisation to collect the data People also need assurance that the data will not be sold on to third parties Demonstrating the benefits of collecting equality data could serve to build trust over a period of time</p>	<p>The Health and Social Care Board notes these concerns and practical suggestions. We will take these matters into consideration in the monitoring action plan to be developed following the conduct of the audit of existing information systems.</p>

<p>Consultee: UNISON</p>	
<p>To be robust the Audit of Inequalities should have given a more comprehensive and full picture of the inequalities faced by s.75 groups across the Board's specific functions and policy areas. It should have utilised to better effect the vast quantity of quantitative and qualitative data produced by s.75 and other organisations in recent years - including data held by other public authorities.</p> <p>It should have included specific commissioned research to identified data where gaps are known to exist. Tracking the evidence base into the Action Plans is essential. Remind all public authorities of their responsibility to commission research where insufficient data exists.</p> <p>In this context we would ask the Board to clarify whether (a) it has undertaken a gap analysis, and (b) whether it commissioned its own research to ensure that the Audit and To be robust the Audit of Inequalities should have given a more comprehensive and full picture of the inequalities faced by s.75 groups across the Board's</p>	<p>In the development of the Audit of Inequalities, given the time available, the Health and Social Care Board conducted a detailed examination of both quantitative and qualitative information which explored inequalities across section 75 categories. This looked at both local and national information.</p> <p>The short timescales specified by the Equality Commission for conduct of the audit itself ruled out the option of commissioning new research.</p> <p>The HSCB worked with Strategic Intelligence Unit in the Public Health Agency for the collation of Section 75 data. As a result of the audit of inequalities additional training inputs are planned for delivery to the 13 Service Teams. This will explore links between equality and commissioning and will concentrate on the whole area</p>

<p>specific functions and policy areas.</p>	<p>of evidence and developing the capacity of staff</p> <p>New evidence will be explored for this purpose</p>
<p>Further information is required to determine how unmet need has been addressed in the past and how it will need to be addressed in the future in light of the Board's statutory duty.</p> <p>We would ask the Board to recognise that the Audit itself has a clear use over and above the Action Plan and should be used to inform future screenings and EQIAs. It is an aid to the effective implementation of S.75, not a replacement for it.</p>	<p>Assessing and meeting the needs of the resident population are key functions of the HSCB's regional and local arrangements</p> <p>The audit information is already being disseminated through-out the organisation and the importance of its use reiterated in screening training sessions. In addition it is being used in the inputs into commissioning teams to increase capacity of staff to use the information available.</p>
<p>In the wider context we would request further information on whether the Audit of inequalities, and priorities identified, will inform the way in which the Board's budget is allocated in the future.</p>	<p>The HSCB's budget is allocated in accordance with the identified needs and priorities as set out in its Annual Commissioning Plan.</p>
<p>There is a lack of clear linkage between the inequalities identified in Appendix 1 and specific action within the</p>	<p>The Health and Social Care Board via discussions at Senior Management Team and across Directorates</p>

<p>Action Plan. In particular, there would appear to be no cross-reference to the Audit findings at each item of the Action Plan to show why it is required.</p>	<p>wished to make the action plan meaningful and manageable.</p> <p>The issues raised in Appendix 1 will also be revisited via Directorates for Directorate specific actions and in a review of the Action Plan</p>
<p>We would ask the Board to explain the rationale and criteria for the inclusion of only three areas that would support better commissioning outcomes through reducing inequalities – cardiovascular services, carers and mental health services.</p>	<p>Any work of this nature necessitates a pragmatic approach. Using the evidence that was identified for the audit purposes and dialogue within Directorates these three areas were identified. The Health and Social Care Board recognises the multiple identities within these areas.</p> <p>It is our view that the proposed actions have the potential to address inequalities facing a number of section 75 categories.</p> <p>The action point in relation to improving the commissioning process has the potential to ensure that section 75 equality and human rights issues are an integral part of the process. This includes using and</p>

	<p>developing the capacity of staff to use the evidence that relates to inequalities including the evidence base developed as part of this audit.</p> <p>Similarly the evidence base will be used for equality and human rights screening activity.</p>
<p>We would ask the Board to clarify whether the actions contained in the Action Plan are in fact 'new' actions identified as a direct result of the Audit of Inequalities.</p>	<p>In some of the service areas the actions identified built on previous activity but focused on particular inequalities</p>
<p>It is essential that the targets in the Action Plan are Specific, Measurable, Achievable, Realistic and Time-based.</p>	<p>Comment noted. Measurement targets are included</p>
<p>The Action Plan could be more specific in this regard, particularly in detailing expected outcomes for each s.75 group.</p>	<p>Comment noted The action plan identifies a range of performance measurements to be achieved under identified actions</p>
<p>There must be a full review of the Action Plan after one year. The Action Plan must be a living document to which specific actions will be added in the context of identified inequalities.</p>	<p>The Action Plan will be reviewed and reported upon on a regular basis through the business planning processes of the Health and Social Care Board, including the Corporate Plan and Commissioning Plan.</p>

	Monitoring and regular review of progress will be undertaken to reflect the living nature of the action plan
<p>The language in the document must be amended to accurately reflect the statutory relationship between the equality and good relations duties. As stated previously in this submission, the NI Act 1998 states that public authorities must have 'have <i>due regard</i>' to the need to promote equality of opportunity and must have 'regard' to the need to promote good relations. Need to reflect greater weight of Section 75 1</p> <p>This duty is not just a statutory duty; it is a <i>constitutional</i> duty.</p>	<p>Comment noted.</p> <p>A brief statement was added into Equality Scheme</p>
<p>The Board Action Plan is compromised by failure of method due to the lack of clear linkage between identified inequalities for each s.75 group and specific Actions to address these. There would appear to be no cross-reference to the Audit findings at each item of the Action Plan to show why it is required. In effect there is no audit trail.</p>	<p>The HSCB undertook the audit of inequalities in line with the requirements of the Equality Commission's Guidance.</p> <p>The functions of the organisation were described and a number of equality issues were identified for addressing. To support this process a wide range of available data was collated and gaps in evidence identified.</p>

<p>We are concerned, therefore, that the documents produced ‘fail’ on the two key questions posed by UNISON as the start of this section.</p> <p>Specifically:</p> <ol style="list-style-type: none"> 1. The Audit is not sufficiently robust 2. The Audit does not clearly inform the Action Plan <p>This failure prejudices any judgement by us on whether the Action Plan will be effective.</p>	
<p>Consultee: Children’s Law Centre</p>	
<p>The Health and Social Care Board followed the process as was outlined by the Equality Commission’s Guidance. This was very welcome and compared favourably with some other audits where often insufficient detail was provided to consultees to allow comment.</p> <p>In the Health and Social Care Board’s report details were provided on the process for its conduct, the evidence used and the content of the action plan.</p>	<p>The Health and Social Care Board welcomes this comment.</p>
<p>It was helpful to see the section outlining how the Audit Action will be incorporated into the business planning</p>	<p>The Health and Social Care Board welcomes this comment and confirms that actions for 2011-2012 within</p>

<p>processes of the Health and Social Care Board via the Commissioning Plan and Corporate Plan</p>	<p>the Corporate Plan reflect actions outlined in the audit of inequalities Commissioning processes planned for 2011 onwards also reflect the actions identified in the audit</p>
<p>Acknowledgement of inclusion of the three areas that of carers, mental health and cardiovascular services as areas to explore for better outcomes within the Commissioning section of the audit. Have concerns about the lack of reference to the needs of children and in particular the children's Mental Health Services (CAMHs) and lack of budget in this key area. Request that further consideration is given to the needs of children and young people within the evidence base used by the Health and Social Care Board</p>	<p>Issues raised in relation to children and young people with mental health issues are an integral part of work of the Commissioning Team with responsibility for mental health services</p>
<p>Consultee: AgeNI – Judith Cross – oral comments</p>	
<p>The HSC Organisations Emerging Themes Document produced in October 2010 was a disappointing document particularly the fact that it did not describe the functions of organisation.</p>	<p>The Emerging Themes document as produced by Health and Social Care Organisations was used only as one of a range of sources of documentation to inform the conduct of the audit of inequalities. It was not perceived by the Health and Social Care Board as the audit of inequalities. It will also be used as evidence for future screening exercises</p>
<p>Found the way that the Health and Social Care Board's Audit of Inequalities report as presented was useful in</p>	<p>The Health and Social Care Board welcomes this comment as the audit reflects a concerted effort to make</p>

<p>that it outlined how the audit was undertaken; the functions of the various Directorates of the Health and Social Care Board and an outline of the evidence base used.</p> <p>This followed the requirements of the Equality Commission</p>	<p>the audit of inequalities a meaningful exercise</p>
<p>The section 75 categories need to be factored into the evidence base used in the commissioning process.</p>	<p>This comment reflects the conclusions reached by the Health and Social Care Board within the audit activity and is reflected in the proposed actions to examine systems, information sharing and monitoring. Actions are in place to establish arrangements for collecting and analysing equality data to improve the central data base available within the organisation and to develop the capacity of staff to use the information.</p>
<p>The Health and Social Care Board only meets critical needs. Need preventative services to stop people needing this critical care.</p>	<p>The HSCB in collaboration with the PHA funds a range of preventative initiatives, for example, falls prevention, promoting social inclusion, promoting good nutrition, promoting exercise, respite services, flu prevention and other initiatives. In addition in partnership with other agencies a number of other initiatives are in place such as tackling fuel poverty and community safety.</p>
<p>Lack of community care provision generates waiting lists and perverse outcomes.</p>	<p>Waiting lists for services are closely monitored.</p>
<p>Queried the current arrangements for undertaking approval of the Commissioning Plan between the</p>	<p>The Commissioning Plan has to be approved by both the Health and Social Care Board and the Public Health</p>

Health and Social Care Board and the Public Health Agency.	Agency
Sought clarity on who published the author of the McKinsey report .	Can advise that the McKinsey report was commissioned by the Department of Health and Social Services and Public Safety
There was acknowledgement of the need for the political environment to be conducive for any debate to take place about hospitals versus community care or health improvement plans. The public tend to support hospitals over community care	Comment Noted
Consultee: AgeNI (written submission)	
Age NI considers that the Health and Social Care Board's Audit of Inequalities and Action Plan have the potential to tackle entrenched and persistent inequalities . This is particularly important in relation to meeting the health and social care needs of older people	Comment noted
Age NI believes that the Health and Social Board should be incorporating equality and human rights principles into the provision of social care. The language of care should shift from one of services to one of needs and outcomes.	Some initial discussions have taken place in the Social Care and Children Directorate in respect of developing a human rights based approach. This work will progress in 2011-2012. The learning from this work will be shared across service areas

Tightening eligibility criteria for the provision of social care and moving away from the principles contained within 'People First' , will limit the Board in fulfilling its statutory duty of promoting equality of opportunity for older people.	The HSCB will undertake screening of decisions in accordance with the statutory duty.
Age NI acknowledges the approach taken by the Board in developing its Audit of Inequalities.	The Health and Social Care Board notes this comment. The audit of inequalities work reflects a concerted effort to make the audit of inequalities a meaningful exercise.
Age NI welcomes the need for robust monitoring systems to capture if the health and social care needs of older people are being met. Age NI has had great difficulty in getting access to consistent information on the provision of social care to determine if dignity, independence and choice are at the heart of the delivery of social care for older people.	This comment reflects the conclusions reached by the Health and Social Care Board within the audit activity and is reflected in the action to examine systems, information sharing and monitoring. In addition the HSCB is working with the PHA in relation to progressing the standards:“ Improving Client and Patient Experience”
Age NI would expect to see an audit of inequalities based on a robust analysis of the inequalities faced by older people. It is the examination of these structures, barriers and relationships that shows how inequalities	As part of the audit activity information was examined that related to the needs of older people. The audit of inequalities and action plan is not a one off exercise. The material explored in this exercise plus additional evidence

may be exacerbated as a result of the actions of the Health and Social Care Board. One main component of this would be to use the qualitative and quantitative data held by the Health and Social Care Board.

There was an absence of basic information such as the number of older people in Northern Ireland.

For example, people over 60 in Northern Ireland make up 19% of the population (2) and the number of older people is increasing rapidly; the number of pensioners aged 85 or over in Northern Ireland has increased by almost a quarter in seven years with (28,700 people aged 85) or over in Northern Ireland today. Pensioner poverty in Northern Ireland is increasing and as poverty and inequality go hand in hand. Recent evaluations by the Personal Social Services Research Unit (PPRSU) of the Partnerships for Older People Projects (POPPS) show how not only was there an increase in health related quality of life – 12% for those individuals receiving practical help, the projects also found a significant reduction in the use of hospital emergency beds. Overnight hospital stays were reduced by 47% and the use of Accident and Emergency departments by 29%³.

The absence of this basic analysis leaves the Audit

shared by groups as part of the audit activity will be incorporated into further work with Service Teams for community care, elderly and physical disability.

This and other analyses are used to inform commissioning decisions.

³ PPSRU, *The National Evaluation of Partnerships for Older People Projects*, London DoH

<p>flawed in relation to older people.</p>	
<p>There is no mention of the inequalities faced by older people in accessing commissioned acute and social care services - waiting lists, access to therapies and drugs depending on age; ageist and prejudicial attitudes of staff. Should identify how the commissioning arrangements can be used to improve this. See for example the Joint Committee on Human Rights in its report <i>The Human Rights of Older People in Health Care</i> (4). Evidence that the organisational division between mental health services for adults of working age and older people had resulted in the development of an unfair system(5). Examining through age lens will enable the extent of inequalities faced by older people to be exposed.</p>	<p>Evidence noted</p> <p>The HSCB considers that the organisational arrangements for mental health services for older people facilitate a more age appropriate response to needs.</p>
<p>Measures to tackle age discrimination should be central to this Audit.</p> <p>Age discrimination and human rights violations against</p>	<p>The need to promote equality of opportunity and human rights is incorporated into training.</p>

⁴ *The Human Rights of Older People in Health Care*, 18th Report of Session 2006/07, Joint Committee on Human Rights, 2007

⁵ *Living Well in Later Life, A review of progress against the National Service Framework for Older People 2006*, the Healthcare Commission

<p>older people can manifest themselves in many different formats, such as:</p> <ul style="list-style-type: none"> Upper limits for intervention Prejudicial attitudes among providers Implicit age limits for certain services Restricting movement in some settings Lack of referrals to specialist services, screening and preventative options. 	
<p>When services are limited or restricted older people are disproportionately affected as they are greater users of health and social care. Reductions in meals services, domiciliary services Statistics reveal that in 2008, Trusts provided 176 less care packages (23,553), during this period. In terms of the Meals Service, for the period 2008/09 to 2009/10 there has been a 10% reduction in this service(6).</p>	<p>The HSCB is committed to responding to current financial challenges to minimise the impact on all service users and front line services.</p>
<p>See evidence in The Northern Ireland Life and Times Survey, Attitudes to Older People in 2008(7). The Kings Fund(8).</p>	<p>The HSCB notes this evidence.</p>
<p>The function of the Health and Social Care Board through its commissioning and financial accountability</p>	<p>The HSCB is committed to the promotion of equality of opportunity.</p>

⁶ DHSSPSNI (2010) *Adult Community Statistics, 2009-2010*, DHSSPSNI

⁷ Northern Ireland Life and Times (2008). *Attitudes to Older People*. Belfast. ARK

⁸ http://www.kingsfund.org.uk/publications/old_habits_die.html

<p>role is in a position to challenge ageist prejudice and negative stereotypes, as well as differences in treatment and access to services.</p>	
<p>The Action Plan It is difficult to determine how the three areas for the action plan have been identified and prioritised. Age NI welcomes these areas as they all have the potential to impact positively on older people, We would however expect to see actions in relation to the main functions of the Health and Social Care Board (commissioning services and social care).</p>	<p>In the development of the Audit of Inequalities, given the time available, the Health and Social Care Board conducted a detailed examination of both quantitative and qualitative information which explored inequalities across section 75 categories. This looked at both local and national information.</p> <p>The HSCB identified the 3 areas where we believe progress can be made for carers and mental health and cardiovascular services. Issues facing older people will be incorporated into this work.</p>
<p>Given the current context of social care with rationing of services across all Trust areas; the developments in England, through the Dilnot Commission and the</p>	<p>A Regional re-ablement group has been established.</p>

<p>impact of demographic change, we are surprised that this has not been given greater attention by the Health and Social Care Board. There is clear evidence that projects which promote early intervention and independence such as re-ablement programmes, show how this approach, through a strategic shift to prevention and early intervention.</p> <p>This can produce early outcomes and greater efficiency for health and social care</p>	
<p>We would ask the Health and Social Care Board to clarify what new actions have been identified as a direct result of the Audit of Inequalities. With regard to the targets in the Action plan being SMART, it is essential that specific timetables are attached to the achievement of outcomes</p>	<p>The actions identified by the HSCB are a result of detailed dialogue across Directorates and amongst Senior Management Team. The actions that have been identified in the audit of inequalities build on areas where we hope to achieve outcomes.</p>
<p>The Action Plan should make it clear that it is a living document to which specific action will be added in the context of identified inequalities.</p>	<p>The action plan will be reviewed and revised to reflect progress and emerging issues.</p>
<p>Consultee: Mencap (Paschal McKeown - oral comments)</p>	
<p>The Audit of Inequalities report produced by the Health and Social Care Board represented a thorough report.</p>	<p>Comment noted.</p>

<p>Concern that those with learning disability did not feature as a priority in the audit given that health and social care is so much a feature of people's lives and so much is known about the inequalities they face.</p> <p>Acknowledge the important areas identified under Commissioning Outcomes that is carers, mental health and cardiovascular services but stress the importance of ensuring that, within these three areas, the needs of people with learning disability are also acknowledged and addressed by the Health and Social Care Board. Concern highlighted that within audit of inequalities if learning disability is not actually named then it may not get attention.</p>	<p>Additional work was undertaken within individual Directorates within the Health and Social Care. The needs of people with a learning disability were highlighted within the Social Care Directorate as part of mainstream services.</p> <p>Learning disability is a key priority for the HSCB. The Health and Social Care Board has recently established a number of Service Teams. One of these groups covers people with a learning disability. Additional work is planned to enhance the capacity of staff to explore the evidence across commissioned services which will address multiple identity issues.</p> <p>Needs of people with a learning disability is a key facet in mental health and carers' commissioning activity.</p>
<p>Concerns expressed that there have been substantial reductions in relation to respite care places from those recommended by the Bamford Review- 200 reduced to 125 in recent Priorities for Action (PFA) Targets</p> <p>Reference was made to the McKinsey report where the debate was articulated about the changes needed from hospital services to community services.</p>	<p>The HSCB commissions services in accordance with the requirements set out by the DHSSPSNI in its annual Priorities for Action targets and associated funding.</p> <p>The HSCB is mindful of the over investment in hospital services compared with community services. Consequently the Learning Disability Service team will be addressing adjustment from the Bamford target to 2011</p>

<p>More work needed for the facilitation of change on transition from hospital to the community. The debate centres on family support issues and resettlement issues and more traditional hospital and residential services. Families need the reassurance that the appropriate support will be in the community but Community Care is poorly funded.</p>	<p>PFA target.</p>
<p>A specific concern in service area affecting people with a learning disability is that of dental care services. Some of the problems were noted as, waiting lists, historic ways of doing things and in some instances community staff not skilled up enough to deal with people with any additional needs</p>	<p>Additional resources have been allocated for dental care services.</p>
<p>Learning disability services increasingly look at adults with less attention given to children with disabilities.</p>	<p>In HSCB and Public Health Agency (PHA) Joint Commissioning Plan this issue has been acknowledged. The service needs of children with a learning disability are now more appropriately addressed within Children's Services.</p>
<p>Service organisations need to take holistic approach. The Equal Lives, Bamford Review challenged health and social care organisations to look outside to other</p>	<p>The structures for addressing this are in place through the establishment of the Bamford Inter-departmental Group which is chaired by the Minister for Health and Social</p>

<p>organisations such as education, Transport, District Councils. The links need to be made to the holistic needs but this will not happen if the needs of those with a learning disability are not championed by health and social care</p> <p>Making equality work means active working across organisations with early years strategy work within education and promoting health and wellbeing being used for illustration. It was suggested that the needs of those children with learning disability need to be more visible within this strategy.</p>	<p>Care.</p>
<p>Section 75 equality agenda will become increasingly important over the next few years where decisions will have to be taken at a time of financial constraint</p>	<p>Comment Noted</p>
<p>Consultee: Carers NI (John McCormick - oral comments)</p>	
<p>Acknowledged the inclusion of carers within the commissioning Outcomes of the Health and Social Care Board's Audit of Inequalities as positive but highlighted the need to move beyond aspiration to reality.</p>	<p>Comment noted</p>
<p>Key area for carers is that of respite care and its availability. Greater awareness of the needs of carers for this service is required though issues of budget constraints were acknowledged.</p>	<p>The Health and Social Care Board recognises the importance of this and seeks to maximise respite care as one of the key planks of family support.</p>

<p>Within the Audit in the particular the three outcomes areas, mental health, carers and cardiovascular services it is important to see equality categories reflected in all of these areas. In the area of carers there are additional issues, for example, carers from different ethnic minorities or carers and sexual orientation.</p>	<p>Additional work is planned to enhance the capacity of Service Team staff to explore the evidence across commissioned services which addresses multiple identity issues.</p>
<p>Expressed an interest in the work of the Commissioning Groups established within the Health and Social Care Board and in particular what exactly are they going to do to progress actions for longer term outcomes.</p>	<p>Service Teams have been established within the Health and Social Care Board (jointly with the Public Health Agency) to progress Commissioning activity. Work is also underway to establish most appropriate systems for ensuring there is service user and carer input which also supports Personal and Public Involvement requirements.</p>
<p>Carers Northern Ireland is interested in working with the Health and Social Care Board in the area of unmet need. They plan to do some work identifying needs for some of the Section 75 Categories. Carers NI are happy to talk to the Health and Social Care Board about this.</p>	<p>This offer will be shared with the Commissioning lead for adult services. There may also be opportunities for further engagement in the broad area of improving the evidence base,</p>
<p>The general public find it difficult to understand how health and social care is delivered. They do not know the differences in roles and responsibilities of the various organisations involved including the</p>	<p>The forthcoming Patient Client Council's road-shows will address this issue where opportunities will be taken to provide information about the HSC organisations and their roles and functions.</p>

<p>Department, the Health and Social Care Board, the Trusts. These are complex organisations so it is important that a publication campaign is launched.</p>	
--	--

Conclusion

This report reflects the consultation exercise undertaken to capture feedback on the content on the Health and Social Care Board's Equality Scheme. The detail of the submissions reflects the interest expressed by consultees in the area of equality. Senior Management Team and Board members have considered the submissions from each of the consultees and acknowledge the commitment of all those who responded.

Where it has been possible we have addressed comments within our Equality Scheme. In other instances we have taken the view that we do not feel that the degree of change suggested is consistent with the model scheme proscribed by the Equality Commission. Pursuing such change would necessitate complex discussions with the Equality Commission and consequently delay the Health and Social Care Board's ability to gain the necessary approval for its Scheme.

We feel that these suggestions can be more appropriately addressed by other methods. In our responses we have suggested a number of areas where the issue raised can be more done such as within training and guidance; in the provision of accessible information or more generally in the mainstreaming of the Section 75 agenda.

A separate report will be produced which provides details on the outcomes of the consultation in relation to the Audit of Inequalities and Action Plan undertaken at the same time as the consultation on our Equality Scheme. This will also be placed on our website at: www.hscb.hscni.net

Appendix 1
Copy of original responses to consultation exercise



**AGE NI'S RESPONSE TO THE NI SOCIAL CARE
BOARD'S AUDIT OF INEQUALITIES AND ACTION
PLAN
MARCH 2011**

***“Government can no longer take key policy decisions without first
having conversations with people who will be affected by those
decisions.”***

AGE NI'S RESPONSE TO THE NI SOCIAL CARE BOARD'S AUDIT OF INEQUALITIES AND ACTION PLAN

MARCH 2011

Introduction

1. Age NI welcomes the opportunity to respond to the Health and Social Care Board's Audit of Inequalities and Action Plan. Age NI is the new, independent charity for older people in Northern Ireland, and our vision is to *'create a world in which older people flourish'* and our mission is *'to enhance and improve the lives of older people.'*
2. Age NI considers that the HSC Board's Audit of Inequalities and Action Plan have the potential to tackle entrenched and persistent inequalities in relation to meeting the health and social care needs of older people by promoting equality of opportunity and good relations across the functions of the Board.
3. Age NI believes that the HSC Board should be incorporating equality and human rights principles into the provision of social care. This means that the language of care should shift from one of services to one of needs and outcomes. This means that assessments should be an assessment of a person's social care needs and the outcomes they wish to achieve and should not focus on the person's suitability for a particular service that the Trust may offer. This approach will facilitate the Trust in promoting equality of opportunity and good relations for older people in the provision of social care.
4. In addition, tightening eligibility criteria for the provision of social care and moving away from the principles contained within *'People First'*, will limit the Board in fulfilling its statutory duty of promoting equality of opportunity for older people.

5. Age NI acknowledges the approach taken by the Board in developing its Audit of Inequalities.

The Audit of Inequalities

6. Age NI welcomes the need for robust monitoring systems to capture if the health and social care needs of older people are being met. Age NI has had great difficulty in getting access to consistent information on the provision of social care to determine if dignity, independence and choice are at the heart of the delivery of social care for older people.
7. Age NI believes that the remit of the Audit of Inequalities is to inform the Action Plan to enable the HSC Board to address inequalities based on the functions and policy areas thereby enabling the HSC Board to meet its statutory obligations of promoting equality of opportunity and good relations under Section 75. Therefore, we would expect to see an audit of inequalities based on a robust analysis of the inequalities faced by older people. It is the examination of these structures, barriers and relationships that shows how inequalities may be exacerbated as a result of the actions of the HSC Board. One main component of this would be to use the qualitative and quantitative data held by the HSC Board in the first instance.
8. This is significant for older people now and in the future given the impact of demographic ageing. The absence of basic information such as the number of older people in Northern Ireland. For example, people over 60 in Northern Ireland make up 19% of the population⁹ and the number of older people is increasing rapidly. Figures from the Department of Finance and Personnel show that the number of pensioners aged 85 or over in Northern Ireland has increased by almost a quarter in seven years with 28,700 people aged 85 or over in Northern Ireland today. People in Northern Ireland also experience the lowest disability-free life expectancy of any nation in the UK. We also

⁹ NISRA 2009 Mid-year Population Estimates

know that pensioner poverty in Northern Ireland is increasing and as poverty and inequality go hand in hand, the absence of this basic analysis leaves the Audit flawed in relation to older people.

9. There is no mention of the inequalities faced by older people in accessing commissioned acute and social care services; no sense that an examination of waiting lists, access to therapies and drugs depending on age has been carried out; no sense that ageist and prejudicial attitudes of staff can impact on how older people are treated; and how commissioning arrangements can be used to improve this.

10. For example the Joint Committee on Human Rights in its report *The Human Rights of Older People in Health Care*, highlighted that older people in health care were especially vulnerable to ill treatment because of their dependency on others for their basic needs¹⁰. There is also evidence that the organisational division between mental health services for adults of working age and older people had resulted in the development of an unfair system, as the range of services available differed for each of these groups¹¹. It is the analysis of the HSC Board's functions and applying an age lens that will enable the extent of inequalities faced by older people to be exposed. In addition, measures to tackle age discrimination within the health and social care sector should be central to this Audit.

11.

A

Age discrimination and human rights violations against older people can manifest themselves in many different formats, such as:

- Upper limits for intervention
- Prejudicial attitudes among health and social care providers

¹⁰ *The Human Rights of Older People in Health Care*, 18th Report of Session 2006/07, Joint Committee on Human Rights, 2007

¹¹ *Living Well in Later Life, A review of progress against the National Service Framework for Older People* 2006, the Healthcare Commission

- Implicit age limits for certain services
- Restricting movement in some settings
- Lack of referrals to specialist services, screening and preventative options.

12. In addition, when services are limited or restricted older people are disproportionately affected as they are greater users of health and social care. For example, we can see a downward trend in terms of provision of domiciliary care provision and the Meals Services, despite an increase in the older old population. Statistics reveal that in 2008, Trusts provided 176 less care packages (23,553), during this period. In terms of the Meals Service, for the period 2008/09 to 2009/10 there has been a 10% reduction in this service¹².

13. The Northern Ireland Life and Times Survey, Attitudes to Older People in 2008¹³ found that:

- 57% agreed that health and social workers treat older people differently with regard to their attitudes to them
- 51% agreed that older people are treated differently with regards to waiting lists and operations
- 53% agreed that older people are treated differently with regard to the treatment of their illness.

14. The Kings Fund¹⁴ review on discrimination across the NHS found evidence that older people may be being denied treatment offered to younger patients, and in some hospitals, the standard of hygiene and nutrition given to older people fall below minimum standards. The Kings Fund concluded that while there are many examples of excellent care for older people, there is also much unfair age discrimination.

15. The function of the HSC Board through its commissioning and financial accountability role is in a position to challenge ageist prejudice and

¹² DHSSPSNI (2010) *Adult Community Statistics, 2009-2010*, DHSSPSNI

¹³ Northern Ireland Life and Times (2008). *Attitudes to Older People*. Belfast. ARK

¹⁴ http://www.kingsfund.org.uk/publications/old_habits_die.html

negative stereotypes, as well as differences in treatment and access to services.

The Action Plan

16. It is difficult to determine how the three areas for the action plan have been identified and prioritised. Age NI welcomes these areas as they all have the potential to impact positively on older people, many of whom are dying unnecessarily due to cardiovascular disease, many carers are older themselves and mental health issues as outlined above are important. However, we would expect to see actions in relation to the main functions of the HSC Board. For example, commissioning services and social care. Given the current context of social care in Northern Ireland, with rationing of services across all Trust areas; the developments in England, through the Dilnot Commission and the impact of demographic change, we are surprised that this has not been given greater attention by the HSC Board.
17. There is clear evidence that projects which promote early intervention and independence such as re-ablement programmes, show how this approach, through a strategic shift to prevention and early intervention can produce early outcomes and greater efficiency for health and social care. Examples include the Ageing Well Reach in Northern Ireland,¹⁵ First Connect Service¹⁶ and the Partnerships for Older People Projects¹⁷ in Great Britain. A recent evaluation of the First Connect Service run by Age NI, suggested that the service has proved to be a valuable service for older people and that the HandyVan, SeniorLink and SeniorLine services under First Connect are value for money¹⁸.
18. Recent evaluations by the Personal Social Services Research Unit (PPRSU) of the Partnerships for Older People Projects (POPSS) show

¹⁵ CENI (2009), *Evaluation of Ageing Well Reach*. Belfast CENI

¹⁶ Blake Associates (2009) *Evaluation of First Connect Service: Age Concern Help the Aged NI*

¹⁷ PSSRU, *The National Evaluation of Partnerships for Older People Projects*, London DoH

¹⁸ Blake Associates (2009) *Evaluation of First Connect Service: Age Concern Help the Aged NI*, p21

how not only was there an increase in health related quality of life – 12% for those individuals receiving practical help, the projects also found a significant reduction in the use of hospital emergency beds. Overnight hospital stays were reduced by 47% and the use of Accident and Emergency departments by 29%¹⁹. A focus on prevention and rehabilitation has the potential to dramatically alter how social care is delivered, be cost effective and maintain the dignity, independence and choice for older people, now and in the future.

19.

W

e would ask the HSC Board to clarify what *new* actions have been identified as a direct result of the Audit of Inequalities. With regard to the targets in the Action plan being SMART, it is essential that specific timetables are attached to the achievement of outcomes.

20. The Action Plan should make it clear that it is a living document to which specific action will be added in the context of identified inequalities.

¹⁹ PSSRU, *The National Evaluation of Partnerships for Older People Projects*, London DoH

● Northern Ireland Council

N**I****C****E****M**

FOR ETHNIC MINORITIES

Response to the Business Services

Organisation on its

Draft Equality Scheme,

Audit of Inequalities and

Action Plan

March 2011

1 Introduction

NICEM is an independent non-governmental organisation working to promote a society free from all forms of racism and discrimination, where differences are recognised, respected and valued, and where human rights are guaranteed. As an umbrella organisation²⁰ we represent the interests of black and minority ethnic²¹ (BME) communities in Northern Ireland.

NICEM welcomes the opportunity to make a response to this important consultation. This is a response to the Business Services Organisation (BSO) in relation to the draft schemes, audits and action plans of all the health and social care bodies that it has been coordinating. We will make reference to the draft scheme, audit and action plan of the Public Health Authority (PHA) by way of example. This response is based on our response to the Belfast Trust and we make reference to that response also.

Section 75 of the Northern Ireland Act 1998 was, at that time, a genuinely unique experiment in mainstreaming equality across 9 grounds, including 'racial group'. In the Foreword of the draft Scheme of the Belfast Health and Social Care Trust, it is stated, "While public authorities had worked hard to get the process right and there had been a substantial cultural change and a change in how public policy was made, there was a tangible need for a "shift from process to outcome". These outcomes are the impact or benefits derived for the individual as a result of implementation of the duties."²²

Before considering the implementation of section 75 in the health and social care sector in more detail, we wish to make the initial point that, from NICEM's perspective, **section 75 is largely targeted at promotion of equality of opportunity for individuals in vulnerable communities and groups in Northern**

²⁰ Currently we have 29 affiliated BME groups as full members. This composition is representative of the majority of BME communities in Northern Ireland.

²¹ In this document "Black and Minority Ethnic Communities" or "Minority Ethnic Groups" or "Ethnic Minority" has an inclusive meaning to unite all minority communities. It refers to settled ethnic minorities (including Travellers, Roma and Gypsy), settled religious minorities, migrants (EU and non-EU), asylum seekers and refugees and people of other immigration status.

²² At p 7 of the draft Scheme.

Ireland, in our case, ethnic and religious minority communities. Screening and equality impact assessment (EQIA) exercises are directed at the identification of ‘adverse impact’ on these communities and groups. It is a mistake to individualise the collective nature of section 75 analysis. This individualisation also makes it easier to claim that particular policies have ‘universal impact’ on all individuals, in seeking to avoid identifying the particular adverse impact that some section 75 communities and groups suffer.

NICEM has concerns that the ‘due regard’ duty in section 75 has become a mechanical exercise and that public authorities generally produce ‘defensive’ screening exercises and self-justifying EQIAs. We are also concerned that key elements in original schemes, such as collection of quantitative and qualitative data, collaborative research across sectors and the effective monitoring of policies across all section 75 grounds, have been largely disregarded.

In short, NICEM considers that the bureaucratic application of equality schemes by many public authorities has turned section 75 from an equality ‘mainstreaming’ duty into an equality ‘sidelining’ duty.

NICEM considers that section 75 itself and Schedule 9 of the Act have many deficiencies. Nonetheless, the Effectiveness Review conducted by the Equality Commission (ECNI), the third edition of its Guide on Statutory Duties and the introduction of audits of inequality and action plans all provide a stimulus for the reinvigoration of the ‘mainstreaming’ duty in section 75.

NICEM expects the BSO, and the bodies it is coordinating, to submit mature equality schemes to the ECNI. They should build on the experience of operating under their original scheme and **reflect the particular functions of each body and the different challenges that each faces.** NICEM worked as part of the Equality Coalition to discuss with the ECNI its draft Model Scheme, to which we will refer below, and we consider this to have been a valuable exercise in setting down the minimum standards expected in an approved equality scheme.

NICEM also accepts that drafting an audit of inequalities and an action plan is ‘new territory’ for everyone involved in this process. Nevertheless, NICEM expects both audits and action plans to be ‘living documents’ within the work of the relevant bodies. We

expect them to be regularly reviewed and made more comprehensive and effective. **Most importantly, we consider that the development of audits and action plans are not some form of alternative to effective compliance with each equality scheme, but rather a means of helping the BSO-coordinated bodies adopt best practice in the proactive promotion of equality of opportunity in its work.**

In this sense, this revision of equality schemes and introduction of audits and action plans is an opportunity to learn from the mistakes and inadequacies of the past 10 years and to move forward, even at a time of scarce resources, into a period of genuine mainstreaming of equality.

2 The Process

From NICEM's perspective there should be one Equality Scheme from the DHSSPS that applies across the Board, the Trusts and other health and social care bodies coordinated by the Business Services Organisation. In this way the sector will have more resources by working together and doing a better job on the audit of inequalities and monitoring data. The action plans at each level should reflect each body's unique functional areas.²³ Otherwise, as it appears clear now, action plans at each level will have different directions which are not consistent with each other.

However, the whole sector has to be fully involved in these processes. On this occasion, it is valuable that the health and social care sector is revising its schemes and producing audits and action plans along with the relevant Government Department. In 2000-01, the Government Departments came first and, in the view of many, produced minimalist schemes, which were approved by the ECNI, and set the scene for their respective sectors. Valuable work had obviously been done in the sector but there was still much to do. **It is important that the health and social care sector schemes, audits and action plans are seen as a template for other sectors.**

²³ This was intended by the previous Government in Great Britain in relation to the public sector duties in the Equality Act 2010.

3 Draft Equality Schemes

3.1 Consistency with ECNI Model Scheme

In NICEM's view, **there should be a non-regression principle in relation to the consistency of draft equality schemes with the ECNI Model Scheme.** We would have preferred if the BSO-coordinated bodies had been required by the Commission to indicate any deviation from the minimum requirements of the Model Scheme with an explanation of the deviation. **We feel that public authorities should be required to explain deviations from the Model Scheme in the schemes which they submit to the Commission for approval and that the submitted schemes should be circulated to consultees so that they can comment upon the deviations and explanations.**

3.2 Customised Equality Schemes

Having made that point, **NICEM nevertheless believes that public authorities should make more efforts to customise their schemes to their own functions.** In our view, the BSO-coordinated schemes are disappointing in that they repeat **exactly the wording of the Model Scheme with minimal attempt to make the scheme a reflection of what the authority actually does.** We do not accept that, because the scheme is a 'legal document', it should merely reiterate the terms of the Model Scheme. No doubt, the Commission wishes to approve a scheme within which the obligations of the Trust are clearly set out, so that the Commission can, if necessary, conduct its investigations into alleged failures to comply with it. But this genuine concern is met by the 'non-regression' principle outlined above.

In our view, the scheme should be both inward and outward looking. It should be relevant to those who work for the public authority, so that they can see their role in mainstreaming equality in their organisation.

It should also explain fully to recipients of services, and the public more generally, what the authority actually does so that they can also see how the mainstreaming of equality is relevant to them.

This need is particularly acute amongst the less well-known health and social care bodies coordinated by the BSO. Most people have very little idea what they do. Yet there appears to be far more detail about their work in the draft audit (which will not be as publicly available as either the equality scheme or action plan). **This seems to be a missed opportunity to make each body's scheme a statement of what the body actually does.**

Given that most public authorities have been operating under their original schemes, it should be easy to include practical examples of how the authority has already complied with its original scheme, not just on screening and EQIAs but also on other commitments such as collection of evidence and monitoring of policies.

We are therefore disappointed that the BSO-coordinated bodies have not made efforts to customise their schemes. **More could be done to make the scheme relevant to both those who work for the BSO-coordinated bodies and the citizens who receive their services**, and those who work with it on consultative and other participative forums and respond to consultations.

One particular aspect of the draft Schemes that we find satisfactory is that the BSO coordinated bodies have set themselves specific deadlines when required to do so by the Model Scheme. For example, at §3.2.3 of the PHA draft Scheme, it is stated:-

“Information will be made available, on request, in alternative formats, in a timely manner, usually within 20 working days (unless third party timescales dictate otherwise ...). We will ensure that such consultees have equal time to respond.”

4 Draft Audits of Inequality

4.1 Collection of data

We welcome the draft audit of inequalities across the BSO-coordinated bodies. As stated above, we would have preferred an audit across the entire sector led by the DHSSPS. However it is apparent that the BSO-coordinated bodies have not been comprehensively collecting both quantitative and qualitative data over the past 10 years, as required by their original schemes. In our view, the initial responsibility for the comprehensive collection of evidence lies with the relevant Government Department but with the full involvement of other health and social care sector bodies.

The duty to collect evidence also includes a commitment to conduct research where evidence does not exist. We expected that there would be consortia of health and social care bodies commissioning research and liaising with the further and higher education sector and funders of research in order to conduct this research. This simply has not happened in the past 10 years.

Although we have worked with the ECNI on its Model Scheme, we are now belatedly concerned at the description given to the audit process. At §2.12 of the Model Scheme, replicated at §2.12 of the Scheme of BSO-coordinated bodies, it is stated:-

“The audit of inequalities will gather and analyse information across the Section 75 categories to identify the inequalities that exist for our service users and those affected by our policies.” Bluntly put, **the BSO-coordinated bodies gave commitments in their original schemes to collect quantitative and qualitative data and, like most other public authorities, it is only with the welcome introduction of audits of inequalities that they has begun to take this commitment seriously. It is therefore essential that the comprehensive collection of evidence is undertaken under the revised Schemes submitted by the BSO-coordinated bodies.**

This is particularly the case in relation to ethnic and religious minority communities. In our experience, each community has its own health and social care needs. The audit across the Health Trusts places heavy reliance in the audit of ethnic minority inequalities on NICEM research.²⁴ Yet this research is not mentioned in the audit of the BSO-coordinated bodies. In both audits, we ask the question, ‘Where is the research commissioned by the health and social care sector?’ This is even more apparent in relation to the needs of, and therefore the inequalities suffered by, religious minority communities.²⁵ There is nothing at all in the evidence base used in this audit on religious minorities.

4.2 The audit process

The ECNI defines the audit as a “systematic review and analysis of inequalities”. This ‘analysis’ essentially involves identifying what inequalities exist – the important issue of their causes appears to be absent from both the ECNI guidance and health and social care sector audits. We are unsure how the BSO-coordinated bodies can set out actions, outputs and outcomes on the basis of an audit of inequalities without some identification and analysis of the causes of the inequalities.

We welcome the fact that the BSO-coordinated bodies have collaborated to identify inequalities.

It seems curious to us that the audit of inequalities is an appendix

²⁴ At p 79, it is stated, “The majority of the issues below are also found in the NICEM Report “Black and Minority Health and Wellbeing Development Project for North and West Belfast September 2006.” There is also reliance on our research report, Robbie McVeigh and Chris McAfee, “‘Za Chlebem’: The Impact of the Economic Downturn on the Polish Community in Northern Ireland”, Belfast: NICEM, 2009.

²⁵ At pp 35-37 of the audit.

to the draft action plan. We expected the action plan to flow from the audit. We are also puzzled that, despite an extensive 'evidence base' in an appendix, it is essentially a literature review and there is no connection between the identified inequalities and the evidence base.

We welcome the functional approach initially taken in the audit. **But we are disappointed that the BSO-coordinated bodies have not followed the lead of the Health Trusts and identified separately inequalities in relation to each section 75 group.** Our concern with the Trusts is that they have not followed this approach through into their draft action plans but the BSO-coordinated bodies have not done this even in their audit. **Therefore, there is a need in the future for more comprehensive consultation on, and research into, the inequalities suffered by ethnic and religious minorities.** In particular, consultative forums should be a place where a more holistic appraisal of evidence collection can be discussed.

4.3 Gap analysis

What was missing in the draft audits, including that of the BSO-coordinated bodies, is **a gap analysis of evidence on the inequalities suffered by ethnic and religious minority communities** in Northern Ireland. **Equally important as 'what was out there' is 'what was not out there'.** Even in a period of reduced resources, we consider it essential that comprehensive research and consultation processes take place independently of particular screening and EQIA exercises.

We consider that the ECNI should produce a model audit of inequalities, on the basis of this initial exercise. In any event, we consider that **a gap analysis should be included in the first year of the action plan** of each BSO-coordinated body and that efforts to collect quantitative and qualitative data on priority gaps should be included in the subsequent years of the action plan.

We are concerned that there is no section in the audit on inequalities specifically on ethnic minority communities and that there is no reference to inequalities suffered by religious minority communities. **Obviously, many gaps remain. It is the responsibility of health and social care bodies to identify and fill those gaps.**

4.3 Annual Review

More generally, there should be a full review of the audit (and also

the action plan) after the first year. This should be included in the Trust's Annual Report to the ECNI.

5 Draft Action Plans

5.1 Gap analysis in Draft Action Plan

We wish to see the annual review of audits and action plans, together with the gap analysis and subsequent evidence collection, included in the action plan itself.

5.2 Actions not group-specific

Since we are disappointed that there are no sections of the audit specific to each section 75 ground, we are equally disappointed that the action plans of the BSO-coordinated bodies are not group-specific. We have heard comments that 'this would make the action plan too long' but this is not sustainable. We also hear the phrase 'universal impact' being used to justify this lack of specificity in the action plans.

This justification causes us concern. The whole point of section 75 is to identify the particular adverse impact of the policies of the BSO-coordinated bodies on the communities and groups covered by section 75. **Claims of 'universal impact', without analysis of adverse impact, therefore negate the primary purpose of section 75.**

The purpose of the action plan is to show how the BSO-coordinated bodies will 'promote equality of opportunity' across the nine section 75 grounds. We accept that, in some parts of the public sector, it may be difficult to differentiate some actions in this fashion. But this is not the case in the health and social care sector. In any event, when the gap analysis is undertaken, and the subsequent work plan is put in place, this justification will become less unsustainable.

Those in ethnic and religious minority communities, and those who represent them, wanted to pick up the action plan and see what it means to them. **This lack of transparency in relation to group-specific actions is not acceptable.** The audit has identified group-specific and cross-cutting inequalities in relation to ethnic minority communities and **the action plan must likewise identify group-specific actions, outputs and outcomes.**

5.3 Tracking inequalities into the action plan

This failure to have group-specific actions in the action plans of the BSO-coordinated bodies makes it difficult to track the

inequalities identified in the audit, including the group-specific inequalities, into the actions in the action plans. The decision-making process in identifying actions (and lack of actions) from the audit is opaque rather than transparent.

There is therefore a danger of 'soft options' being chosen, including actions that are already occurring. The action plans should make it transparent how this prioritisation has been conducted.

5.4 Diminishing level of specificity

We are also concerned at a 'law of diminishing returns' from audits into actions, outputs and outcomes. In relation to actions proposed by public authorities, the ECNI specifies that they be outcome-focused and SMART.

In our view, the action plans of the BSO-coordinated bodies **do not identify performance indicators, monitoring arrangements or areas of responsibility.**

They include a timetable for implementation of actions but do not tell us when intended outcomes are to be achieved (not outcome-focused).

Some 'intended outcomes' are not really outcomes.

Some 'Issues to be Addressed' are not inequalities, e.g. in the PHA action plan, "Cancer Screening Programmes: Commissioning and quality assuring cancer screening programmes" is a function. What is the inequality?

6 Conclusion

NICEM welcomes the introduction of audits of inequalities and action plans as part of the equality scheme revision process.

However our first concern is to see the section 75 mainstreaming duty work much more effectively than it has over the past 10 years. The primary purpose of the audit of inequalities, and subsequent gap analysis, is to satisfy the duty of the BSO-coordinated bodies under their schemes to collect evidence of inequalities for the purpose of effective screening and EQIA processes and to improve the monitoring of policies across the nine section 75 grounds.

Similarly the primary purpose of the action plans of the BSO-coordinated bodies is to show examples of actions, outputs and

outcomes which the BSO-coordinated bodies intend to achieve in the process of mainstreaming equality throughout its work and through the implementation of its equality scheme. The content of the action plan, even when reviewed and updated every year, is not a roadmap of all that the BSO-coordinated bodies seek to achieve through their screening and EQIA processes.

In short, the valuable addition of audits of inequalities and action plans are not an alternative to the effective operation of the equality schemes of the BSO-coordinated bodies. Rather these audits and action plans allow the BSO-coordinated bodies, not merely to comply with their equality schemes, but also to adopt best practice in terms of tackling the inequalities which ethnic and religious minority communities face.

We consider that the BSO-coordinated bodies have made a start in revising their equality schemes in line with the ECNI Model Scheme but have failed to customise their draft schemes according to the functions that they perform. We appreciate that the BSO-coordinated bodies have taken a functional approach to their audit of inequalities but consider the methodology to be flawed. Their action plans also have significant deficiencies.

We have sought to show in this response that there are many lessons to be learnt from this consultation process and we hope that the Trust will take on board the constructive remarks that we have made.

For further information in relation to this submission, please contact:

**Barry Fitzpatrick
Deputy Director
Northern Ireland Council for Ethnic Minorities
(NICEM)
Ascot House, 3/F
24-31 Shaftesbury Square
Belfast
BT2 7DB
UK
Tel: +44 (0) 28 9023 8645
Fax: +44 (0) 28 9031 9485
Email: barry@nicem.org.uk**



UNISON submission to
Health & Social Care Board on its
draft Equality Scheme,
Audit of Inequalities and
Action Plan

March 2011

1.0 INTRODUCTION

UNISON is the leading trade union in NI and the largest trade union in the UK with over 1.3 million members.

Our membership includes public service workers in health and social care, the education and higher education services; workers in local government, youth justice; workers in private sector service suppliers; and workers in the community and voluntary sectors.

84% of our membership in NI are women. Our membership also reflects all groups designated under the Statutory Duty of Equality of Opportunity (s.75 of the NI Act 1998).

We are co-convenor, with the CAJ, of the Equality Coalition, an alliance of the affected groups specified in s.75.

The comments we make in respect of this draft Equality Scheme, Audit of Inequalities and Action Plan should be viewed in conjunction with input from other affected groups as a co-operative contribution.

UNISON stress our willingness to work co-operatively with the Board to ensure sound processes for consultation and the participation of all affected individuals and groups in future decision-making.

2.0 DRAFT EQUALITY SCHEME

We welcome that the Board has followed to a large extent the Model Equality Scheme produced by the Equality Commission NI.

However, there are a number of key issues which we believe must be addressed to strengthen the Scheme and to ensure the Board most effectively implements its Section 75 obligations. We believe effective implementation will result in:

- the mainstreaming of equality, placing it at the heart of the Board's decision-making processes;
- the opening up of those decision-making processes to civil society and in particular to the groups affected by s.75;
- better all round health and social care delivery; and
- an effective contribution to consensus building in a divided society.

2.1 The Scheme needs to clarify the precise relationship between the s.75 equality duty and the good relations duty

To prevent misunderstanding, and ensure the most effective application of s.75 by Board staff, the Scheme should clarify the precise relationship between the s.75 equality duty and the good relations duty.

The NI Act 1998 and subsequent Guidance from the Equality Commission for NI make it clear that equality duty is given stronger legal weight than the good relations duty as the former is seen as the

necessary underpinning for the latter. 2010 Equality Commission Guidance states that 'good relations cannot be based on inequality' and that 'the term *due regard* was intended to be, and is, stronger than *regard*'. The discharge of the good relations duty also 'cannot be an alternative to or cannot set aside the equality of opportunity duty.'

Thus, for example, provisions to better promote equality of opportunity for Catholics and nationalists in some geographical areas and some public programmes, or Protestants and unionists in other domains, must reflect real objective need, rather than some search for an 'equitable balance'. Community differentials caused by religious discrimination lie at the heart of much of the inequality in Northern Ireland and the Section 75 duty actively seeks to address and reduce those differentials.

It is essential that the Board clarifies this relationship to ensure that its responsibilities under each duty are clear and unambiguous.

2.2 The Scheme requires a section to outline the social, economic and health context within which the Board operates

We believe that the Scheme would benefit from an introductory section to outline the social, economic and health context within which the Board operates and how it engages with crucial issues of inequality and discrimination. This is crucial in light of the specific role that the Board plays in promoting better health outcomes and tackling health inequalities through the commissioning and other processes.

It would be useful, for example, for the Scheme itself to engage with key issues such as:

- How do we address the *social, economic and cultural determinants of health* when planning, commissioning, providing and monitoring health and social care services?
- How can the health system work in a more *co-ordinated way* to address the causes of ill health related to areas such as poverty, deprivation and poor housing?
- How can we shift priorities and funding towards health *prevention and promotion* – addressing health inequalities as a core aspect of the change process.
- How do we build healthy living and working into *purchasing and commissioning* decisions?
- How do we ensure *equal access* to health and social care services?

UNISON would recommend that the Board use the data and information available to it much more systematically to expose, analyse and then monitor inequalities.

It can be argued that that we don't need innovative and radical solutions to tackling health inequalities in NI. Understanding and implementing the recommendations from recent reports produced by Professor Sir Michael Marmott²⁶ would be a good first step in tackling specific health inequalities faced by s.75 groups.

²⁶ See Marmott's World Health Organisation Commission report on the Social Determinants of Health and his 3 more recent reports on Health Inequalities in England concluding with the 2010 report 'Fair Society, Healthy Lives'

If the Health and Social Care Board, Public Health Agency and wider system were to take the conclusions, recommendations and good practice in these reports and then try with determination to make complementary changes in Northern Ireland – that should be enough to make real change for those who need it the most.

A comprehensive, joined-up approach across the system is essential. It isn't enough to have good plans in a couple of these areas, and ignore the rest. The couple of good plans, in isolation, will fail despite our good intentions and the hard work and commitment of everyone involved.

A starting point for the Board would be to work with the PHA to take each of the areas marked out by Marmot in his final review 'Fair Society, Healthy Lives' in February 2010, and look at options for implementation in NI. Examples of potential actions follow.

- Whilst Marmot didn't recommend alteration to ***free nutritional school meals*** arrangements that shouldn't stop the Board lobbying for improved arrangements in NI.
- Marmot has done a great deal of work on ***health inequalities in the workplace***, linked to the Whitehall studies. Surely the public service, and the health service in particular, should be taking active measures to reduce this gradient?
- In his First Phase report, Marmot refers to ***unexpressed need in relation to health services*** – similar to the issue of unmet need and

differential use of hospital services highlighted in a 2007 Royal Hospitals Trust report prepared by Former Director Evan Bates. A starting point to tackle this issue would be to review urgently the Regional Capitation Formula, which penalizes disadvantaged areas. There's also evidence of more out-of-date services outside Belfast, and reduced access to elective services. It needs more than just allocating the resource cake differently.

- Marmot highlights the need to measure what is going on in relation to various **vulnerable groups**. Much, much more can be done in the health service at modest cost with raw data that is readily available.
- Marmot refers to the huge power of the **health service (and public services) as major employers and procurers of goods and services**. NI is behind the rest of the UK on the procurement side. The West Belfast and Greater Shankill Health Employment Partnership is a good example of what the health service could start to do to recruit and train low income groups into health services jobs and support regeneration of deprived areas.

There should be a commitment to a strong partnership approach to bringing added pressure to raise priority and attention to these issues across the health system.

2.3 Comments on the Foreword

UNISON welcomes the top level commitment given by the Chief Executive and Chairperson to the Board's obligations under Section 75.

It must be made clear, however, that the Foreword and Appendices form integral parts of the Scheme.

Whilst we welcome the commitment of the Board to fulfilling its Section 75 duties across all its functions, these are defined differently in various parts of the Scheme. For clarity we would suggest that a common definition is used throughout the Scheme - specifying that functions includes powers and duties, is of wide import and includes service provision, employment and procurement functions.

The Board should make it clear that the existence of the Action Plan does not detract from its statutory responsibility to ensure that all its functions and policies are scrutinised to determine where equality of opportunity can be promoted and inequality tackled.

It is essential, in this context, that decision-makers utilise **all** available qualitative and quantitative data, including the Audit of Inequalities, when applying s75 to Board functions and policies not contained within the Action Plan.

We would also suggest that the Foreword states the Board's commitment to taking, *all necessary steps* to ensure that it complies with its statutory duty and the effective implementation of the Equality Scheme.

2.4 Comments on Chapter 1: Introduction

The current wording in the Foreword to the draft Scheme commits the Board to providing “the necessary resources” to effectively implement the duty. However, the wording of para 1.3 waters down this commitment by stating a commitment to ‘the necessary *available* resources’ is required. This is a weak formulation of words and should be amended to that contained in the Foreword.

2.5 Comments on Chapter 2: Arrangements for Assessing Compliance

For clarity it would be useful if the Equality Scheme includes examples of *how* compliance will actually be assessed in practice.

Whilst recognising that the Equality Commission Guide uses the term ‘Audit of Inequalities’, this term is often quite limiting in scope. We would therefore recommend that in para 2.12 the Scheme make clear that the Audit is a living documents and requires an ongoing, full and comprehensive ‘analysis’ of inequalities.

We welcome the Board’s commitment to monitor progress on delivery every 12 months (para 2.16) but would recommend a re-wording to make it clear that monitoring can take place at an earlier stage if new data or information is received.

Whilst the current structures for assessing compliance necessarily ensure senior representation, it is likely to point up existing imbalances in many of the categories designated under s.75. Consideration should

be given to how these imbalances are redressed. We welcome more information on the *specific discussions* the Board is entering into with users of the services and their representatives. In particular we wish to see specific steps taken to involve the affected s.75 groups and service users in TSN areas.

2.6 Comments on Chapter 3: Consultation arrangements

We welcome the Board's commitment to open, timely and inclusive consultation. Effective consultation leading to effective participation by affected groups lies at the heart of the statutory duty. It is an area in which the Board has obligations to outreach, assist and resource the consultees.

We would encourage the Board to follow the advice of (and resource) groups with specialist knowledge in this domain. For example such groups could assist in decisions about how, when, and who to approach. People with disabilities could be involved in developing the consultative methods to be used and involved in delivering that training. This kind of investment will ensure that affected people are able to fully participate in the decision making process and contribute to capacity building within the constituency which, in and of itself, will address fundamental issues of inequality and exclusion. However, the primary responsibility must remain with the Board itself to do the necessary work, and to reach out beyond organised groups.

We recognise that some of the legacy health bodies have in the past

undertaken an inclusive consultation process but this whole approach needs to be revisited on a system-wide basis. Although the consultation list is comprehensive, we would hope the Board would seek to ensure it is constantly reviewed to ensure full inclusion.

Para 3.1 should be amended to ensure that the Audit of Inequalities will be consulted upon in addition to the Scheme, action measures And Equality Impact Assessments.

The Scheme must set out a clear procedure to ensure that the views of those consulted have been fully considered and incorporated into the decision-making process. Where those views have not been included the Scheme must set out a clear procedure for ensuring that consultees are given reasons for their exclusion.

We welcome the commitment of the Board to ensure that those involved in facilitating such processes are given *“specific training”* and have *“necessary skills”* to enable meaningful participation.

The Board should also provide the *“necessary resources”* to ensure that both the information which is disseminated and, the services provided, are made accessible in a way which ensures equality of opportunity.

It is essential that consultations on all matters including functions, duties and powers involve all designated groups and individuals. It is therefore essential that any ‘targeted approach to consultation’ as specified in para 3.2.1 does not create a ‘hierarchy’ of consultation with certain

groups becoming the 'gatekeepers' of the process thus excluding others from inclusive participation.

2.7 Comments on Chapter 4: Arrangements for assessing, monitoring and publishing the impact of policies

What is a policy?

The Scheme needs to impart a real sense of what the policies mean and how someone could identify if a policy has a particular relevance to their interest group. In setting out its functions, duties and powers:

- the Board must be more explicit about who else is involved, particularly in the mixed economy of health care delivery. Full details of the Boards contractors and sub contractors and the functions they perform should be set out in the scheme;
- the Board must set out clearly arrangements on how it will ensure that decisions or directives from others both 'upstream' and 'downstream' in the decision-making process will be independently assessed by it to enable it to fully comply with its section 75 obligations;
- the Board must state its specific responsibilities in relation to impact assessment to ensure that any overlapping with another public body or agency does not lead to confusion or lack of clarity on the action required by each body to discharge their statutory obligations.

The Board is obliged under section 75 to promote equality of

opportunity across the range of constituencies mentioned, regardless of where any particular policy originates. Section 75 applies to all policies regardless of their origin and the Scheme must explicitly accept that all policies, once accepted and put into practice within the authority concerned, become its policies.

UNISON would also welcome a more explicit recognition by the Board that many practices are not the subject of written policy documents, but are nevertheless established policies. As recognised in para 4.1, all written and unwritten policies are covered by section 75. The draft Scheme should indicate measures that will be put in place to reflect this more systematically for the purposes of screening and impact assessment.

The Scheme provides insufficient detail on the Board's procurement and employment functions. Section 75 clearly places an obligation on the Board in respect of all its functions, powers and duties. Employment, service provision and procurement are among the key areas on which we expect the Board to fully implement statutory duty. Detailed comments on procurement and employment follow.

Procurement

The Board must clearly acknowledge throughout its scheme that procurement is a function to which the equality duty applies. The following comments were produced by UNISON in 2000. A number of

legacy health bodies agreed that these would be incorporated in future revised schemes. The Department also incorporated them into the implementation of its Scheme.

As a minimum standard for the full promotion of equality, it is also essential that Board commit to implementing the 2008 joint *'Equality of Opportunity and Sustainable Development in Public Sector Procurement'* Guidance produced by the Equality Commission NI and the Northern Ireland Central Procurement Directorate

The Board should commit to a definition of procurement that embraces its responsibilities as:

- a purchaser or provider of services under commissioning arrangements;
- a purchaser of goods, supplies and utilities; and
- a purchaser of services and works

In respect of its role as a purchaser or provider of specific commissioned services, it should acknowledge its responsibility to ensure that commissioning documents and reviews to which it is a party contain a proper process of equality assessment as defined in the legislation, and commit both the provider and purchaser to delivery and review of the service in light of the equality groups in the legislation.

In particular, the Scheme should commit to a specific and integral reporting framework by which the purchaser and provider can publicly account for the equality proofing and performance of commissioned

services.

In respect of the procurement of goods/supplies/utilities, where such procurement is through purchasing consortia which are also subject to the equality duty, the Board should commit to developing its partnership and influence with such bodies to ensure contracts in which it participates test at listing and award stage the competence and capability of suppliers (whether internal or external to Northern Ireland) in respect of the designated equality categories within the legislation.

It should also commit within its Scheme to participating with such bodies to specific initiatives to:

- brief existing suppliers of goods/services/initiatives as to the obligations and standards they need to develop;
- develop awareness amongst potential (and in particular local) suppliers of equality good practice to assist them in participating in contracting, particularly when such participation would promote equality in e.g. TSN areas.

Where the Board contracts directly for goods/supplies/utilities it should state within the Scheme a defined materiality threshold over which the competence of suppliers in demonstrating their adherence and understanding of the specified equality groups is mainstreamed into the processes of advertisement, listing, award and contract review. It should also commit to promoting suppliers awareness and participation as described above.

In respect of the procurement of services and works, it should commit within the Scheme to the following:

- ensuring that any advisors/Consultants/Supervisors retained have an appropriate understanding of the legislation and the Scheme;
- reflecting the requirements of the legislation and Scheme in all contractual documentation;
- ensuring the testing of provider equality competencies is mainstreamed into advertisement, listing, award and monitoring processes;
- specifically testing employment policy, employment practice and provider track record against the designated equality groups, including consideration of adverse findings in the courts or at tribunals over statutory factors.

It should also commit within the scheme to the full implementation within its procurement activities of future legislation from the EU and UK governments (e.g. the expanded role for assessments in procurement of race factors in the draft EU Racism Directive).

Employment

The Board must make a specific commitment in its Scheme to discharging the equality obligation in its function of employment. This should inter alia include:

- a commitment to the systematic creation and review of employment policies covering all the designated equality groups;

- a clear commitment in the Scheme to equality of treatment between the different groups, and the avoidance of any hierarchy, including any distinction between statutory and non statutory discrimination;
- recognition within policies and the Scheme of the nature of multiple oppression and discrimination;
- a clear commitment to link a policy-driven employment framework to equality of pay and remuneration;
- a recognition that all training and development should reflect mainstreamed equality as per the Scheme, not just Scheme-specific training.
- a commitment to the visible integration of equality policy/practice and Health and Safety policy/practice given such strategic links as sexual harassment;
- a commitment that section 75 obligations will form part of the induction training of all Board members and employees;
- integration where appropriate between the section 75 employment obligation and professional practice protocols involving employee obligations for fair treatment;
- **specific recruitment, grievance and disciplinary policies which reflect section 75 obligations;**
- specific training for all those charged with the operation of such policies;
- appropriate and confidential facilities which allow individuals or groups facing discrimination to raise their concerns;
- systematic audits of workforce composition and employment policy effectiveness;

- clear and explicit policy measures, remedies and sanctions for acts of discrimination and harassment in respect of all designated groups;
- a commitment to review and modernisation of policies in the light of positive legal developments that promote equality of opportunity;
- effective consultation with stakeholders (e.g. recognised trade unions) over the implementation and ongoing review of all section 75 employment obligations;
- a mainstreamed approach promoting equality within all bargaining structures;
- a commitment in any screening process to incorporate specific consideration of employment factors;
- acceptance that the employment function covers the definition of “worker” in the widest sense;
- commitment to measures to protect all employees from discriminatory violence or harassment from users of the its services.

Screening and Equality Impact Assessments

We note that the lead role in screening will be taken by the policy decision maker. From experience, the lack of equality expertise amongst senior decision-makers has led to the screening out of policies which have had enormous implications for equality of opportunity.

It is essential that the decision on whether an equality impact is minor, major or none is subject to objective criteria and not on the whim of the lead decision-maker who may not have the necessary training on s.75 issues. There is a real danger that this will lead to an effective climate of no assessments being undertaken, particularly on what may be seen as onerous or contentious policies.

A report on all screening recommendations should be issued for endorsement by the Senior Management Team with the full participation of the organisation's Equality Unit at the earliest possible stage.

The Board should commit to ensuring that affected groups are facilitated to participate in the screening process at the earliest possible stage, through whatever techniques are appropriate, including where required, quantitative survey work, and qualitative discussions with groups, where information gaps need to be addressed.

To ensure that consultees are able to participate effectively in the screening process it is essential that the Board commit to informing consultees when screening forms are issued and posted on the Board website. Without such notification s.75 groups with expertise and data on particular issues will be excluded from influencing policy development – particularly the application of mitigation or alternative measures. This is particularly important on policies where 'no' or 'minor' impact is determined. Groups representing LGBT communities; political opinion or dependents have expressed particular concerns in this regard

since so little research has been done on the needs of their specific constituencies.

It is essential that the Board make it clear that financial considerations will not be a basis for restricting or limiting the impact of equality assessment.

As stated previously all policies, written or unwritten, are covered by section 75. We would therefore ask the Board to clarify the measures that it will undertake to ensure that practices that are not the subject of written policy documents but which are established policies of the Board are both screened and an impact assessments undertaken.

The Board has a responsibility to follow the Guidelines with respect to all policies regardless of the source of the policy – not just those in which equality of opportunity is 'central'. The Board's Scheme would be advised to strongly acknowledge that, alongside the screening for policies which have equality of opportunity as a central focus, policies which may appear at first glance to be devoid of equal opportunities implications, and which have been immune from challenge or question in the past, require a fresh look in order to determine whether there are in fact implications for equality of opportunity. The screening of new and proposed policies must also be subject to this criteria.

To enable us to understand whether we will achieve measurable outcomes it is essential that specific data is available and baselines established on specific impacts to establish how the Board has related to

the affected groups in the past and how it will relate in the future in the context of the Statutory duty.

There is clear scope for collaboration. Where a ‘lead responsibility’ is identified for a particular Equality Impact Assessment the scheme must identify the boundaries of each public authority’s responsibility for decision-making to ensure that responsibilities are not passed on or hived off.

2.8 Comments on Chapter 5: Staff Training

Please see our previous comments on the functions of the Board with regard to *Employment* (para.2.7).

UNISON would urge the Board to ensure that the Scheme make more explicit that training will not be dependent on grade, responsibilities or any training needs assessment that will in any way dilute their obligations under the Guidelines. The resources for this should be set out in the scheme.

As stated previously, the training should clarify the precise relationship between the equality duty and good relations duty and the implications of this for the functions of the Board and policy development.

2.9 Comments on Chapter 6: Arrangements for ensuring and assessing public access to information and services we provide

The Scheme must ensure equality of access to information with regard to how and where the results of equality impact assessments and the monitoring of adverse impact will be published. There must not be a sliding scale of publication according to objectively *determined* interest on a particular issue.

The Board must provide the *necessary resources* to ensure that both the information which is disseminated and, the services provided, are made accessible in a way which ensures equality of opportunity. More imaginative methods of distribution would be welcome such as in public libraries, stalls set up in local shopping centres etc.

2.10 Comments on Chapter 8: Complaints procedure

Implementation of the Scheme should be constantly reviewed to ensure that S.75 groups are confident that they will get support and redress.

3.0 AUDIT OF INEQUALITIES AND ACTION PLAN

UNISON has asked three three fundamental questions with regard to the Board's Audit of Inequalities and Action Plan.

- 1. Is the Audit robust?**
- 2. Does the Audit clearly inform the Action Plan?**
- 3. Will the Action Plan be effective?**

If a document 'fails' on the first two questions, it is reasonable to assume it will fail on the third one.

We would ask the HSC Board to detail the *specific* consultations undertaken with s.75 groups (over and above the ad-hoc group convened by the BSO) to identify (1) the specific inequalities that *those potentially* affected groups felt were relevant to the Organisation's functions and (2) what actions those groups felt were necessary to better promote equality of opportunity.

3.1 Comments on The Audit of Inequalities

To be robust the Audit of Inequalities should have given a more comprehensive and full picture of the inequalities faced by s.75 groups across the Board's specific functions and policy areas. It should have utilised to better effect the vast quantity of quantitative and qualitative data produced by s.75 and other organisations in recent years - including

data held by other public authorities.

It should have include specific commissioned research to identified data where gaps are known to exist. Tracking the evidence base into the Action Plans is essential. We are particularly aware that there are gaps in evidence around sexual orientation, dependents and religion and are reminding all public authorities of their responsibility to commission research where insufficient data exists.

In this context we would ask the Board to clarify whether (a) it has undertaken a gap analysis, and (b) whether it commissioned its own research to ensure that the Audit and Action Plan where as comprehensive as possible.

Further information is also required to determine how unmet need has been addressed in the past and how it will need to be addressed in the future in light of the Board's statutory duty.

We would ask the Board to recognise that the Audit itself has a clear use over and above the Action Plan and should by used to inform future screenings and EQIAs. It is an aid to the effective implementation of S.75, not a replacement for it.

In the wider context we would request further information on whether the Audit of inequalities, and priorities identified, will inform the way in which the Board's budget is allocated in the future.

3.2 Comments on The Action Plan

There is a lack of clear linkage between the inequalities identified in Appendix 1 and specific action within the Action Plan. In particular, there would appear to be no cross-reference to the Audit findings at each item of the Action Plan to show why it is required. In effect there is no audit trail.

We would ask the Board to explain the rationale and criteria for the inclusion of only three areas that would support better commissioning outcomes through reducing inequalities – cardiovascular services, carers and mental health services.

We would ask the Board to clarify whether the actions contained in the Action Plan are in fact 'new' actions identified as a direct result of the Audit of Inequalities.

It is essential that the targets in the Action Plan are Specific, Measurable, Achievable, Realistic and Time-based. The Action Plan could be more specific in this regard, particularly in detailing expected outcomes for each s.75 group.

There must be a full review of the Action Plan after one year. The Action Plan must be a living document to which specific actions will be added in the context of identified inequalities.

In general there is no clear description of how this process interacts with

the corporate planning cycle – as stipulated by the Equality Commission.

There is also little evidence of trade union involvement in the process

The language in the document must be amended to accurately reflect the statutory relationship between the equality and good relations duties. As stated previously in this submission, the NI Act 1998 states that public authorities must have ‘have *due* regard’ to the need to promote equality of opportunity and must have ‘regard’ to the need to promote good relations.

This difference in language not only reflects the language of the Good Friday Agreement, but is intended to strengthen the requirement to promote equality of opportunity, giving it greater weight. This duty is not just a statutory duty; it is a *constitutional* duty.

3.3 Conclusion

The Board Action Plan is compromised by failure of method due to the lack of clear linkage between identified inequalities for each s.75 group and specific Actions to address these. There would appear to be no cross-reference to the Audit findings at each item of the Action Plan to show why it is required. In effect there is no audit trail

We are concerned, therefore, that the documents produced ‘fail’ on the two key questions posed by UNISON as the start of this section.

Specifically:

3. The Audit is not sufficiently robust

4. The Audit does not clearly inform the Action Plan

This failure prejudices any judgement by us on whether the Action Plan will be effective.



For further information contact: Thomas Mahaffy, Policy Officer, UNISON Centre, Galway House, 165 York Street, Belfast BT15 1AL. T. 028 90270190; E.

t.mahaffy@unison.co.uk

Submission from Commission for Administration for Justice

Submission to the Business Services Organisation's Consultation on the draft Equality Schemes for:

- **Blood Transfusion Service;**
- **Business Services Organisation;**
- **Health and Social Care Board;**
- **NI Guardian Ad Litem Agency;**
- **NI Practice and Education Council for Nursing and Midwifery;**
- **Northern Ireland Social Care Council;**
- **Patient and Client Council;**
- **Public Health Agency and Regulation; and**
- **Quality Improvement Authority**

Committee on the Administration of Justice **March 2011**

The Committee on the Administration of Justice ('CAJ') is an independent human rights organisation with cross community membership in Northern Ireland and beyond. It was established in 1981 and lobbies and campaigns on a broad range of human rights issues. CAJ seeks to secure the highest standards in the administration of justice in Northern Ireland by ensuring that the government complies with its obligations in international human rights law. CAJ is co-convenor of the Equality Coalition. We welcome the opportunity to comment on Business Services Organisation's ('BSO') consultation on its draft equality schemes.

We recognise that each health and social care body represented by BSO for equality matters ('Represented HSC Body'²⁷) has very different functions, and would benefit from individual and separate consideration. However, we have limited this submission to general points affecting all of the Represented HSC Bodies' draft equality schemes. As a result, this submission also applies to the draft equality schemes under consultation for the Blood Transfusion Service, Health and Social Care Board, NI Guardian Ad Litem Agency, NI Practice and Education Council for Nursing and Midwifery, Northern Ireland Social Care

²⁷ Including Blood Transfusion Service, Health and Social Care Board, NI Guardian Ad Litem Agency, NI Practice and Education Council for Nursing and Midwifery, Northern Ireland Social Care Council, Patient and Client Council, Public Health Agency and Regulation and Quality Improvement Authority.

Council, Patient and Client Council, Public Health Agency and Regulation and Quality Improvement Authority. In particular, any reference to the BSO equality scheme applies also to each of the Represented HSC Bodies' equality schemes.

CAJ acknowledges BSO's efforts in producing the nine draft equality schemes for the Represented HSC Bodies in good time to allow for Equality Commission ('ECNI') approval before the 1 May 2011 deadline. We were also encouraged to see that BSO has used the ECNI model scheme as a basis. In this brief submission, we would like to suggest a few additions, which would strengthen the BSO equality schemes, and also query one deviation from the ECNI model scheme.

First, it would be helpful for consultees to be informed when screening forms are posted on the BSO website²⁸. We are concerned that, as screening reports are sent to consultees on a quarterly basis (para 4.25), it is possible that civil society may not be aware of a specific policy's screening for a period of three months. By this time, the policy may be implemented or further developed, so that alternative measures would be more difficult to apply. It would therefore be important for civil society to be informed sooner of policies for which 'no' or 'minor' impact was found, but for which they may have specialist knowledge of otherwise unforeseen equality impacts.

We appreciate that BSO will make the screening forms available on its website and on request (para 4.13). However, given that there are over 200 designated public authorities in Northern Ireland, it is impossible to review each of those websites daily, or even weekly, to check if screening forms have been posted. We would therefore recommend that BSO include a statement, at para 4.13, that consultees will be informed of screening forms when they are completed or posted on its website.

Secondly, CAJ recommends that BSO include statements in its equality scheme to explain the operation s75 Northern Ireland Act 1998 ('s75'), which is often misunderstood. In particular, the BSO equality scheme does not explain the relationship between the equality duty (s75(1)) and the good relations duty (s75(2)). The ECNI Guide for Public Authorities²⁹ ('the ECNI Guide') clearly states that 'good relations cannot be based on inequality' and confirms that 'the term due regard was intended to be, and is, stronger than regard'.³⁰ It also clarifies that 'the discharge of the good relations duty cannot

²⁸ Or the relevant Represented HSC Body's website.

²⁹ Section 75 of the Northern Ireland Act 1998: A Guide for Public Authorities, ECNI, April 2010, found at

<http://www.equalityni.org/archive/pdf/S75GuideforPublicAuthoritiesApril2010.pdf>.

³⁰ Ibid at page 26.

be an alternative to or cannot set aside the equality of opportunity duty.³¹

As the BSO equality scheme will be used as a point of reference for its staff's application of s75 and any training provided, it is crucial that the equality scheme itself contains clear statements on the relationship and difference between the two s75 duties. Similarly, the ECNI Guide provides useful statements on positive action and multiple identities. We believe that the inclusion of these statements, or similar, would help staff to understand s75. For example, it is a common misunderstanding that 'universal application' implies a neutral impact on equality groups, when it can, of course, exacerbate inequalities.

The useful passages in the ECNI Guide are as follows: 'The promotion of equality of opportunity entails more than the elimination of discrimination. It requires proactive measures to be taken to facilitate the promotion of equality of opportunity between the categories identified in Section 75 (1). The equality duty should not deter a public authority from taking action to address disadvantage among particular sections of society – indeed such action may be an appropriate response to addressing inequalities. There is no conflict between the Section 75 statutory duties and other affirmative action measures or positive action measures which a public authority may undertake under anti-discrimination laws.'³²

Finally, we would like to remind BSO that, in addition to the s75 action-based plan, s75 continues to apply to all BSO policies in relation to all nine equality groups. Although we recognise the positive impacts that the action-based plan could have on addressing inequalities, we are also aware that it could have a limiting influence on the operation of s75 outside the specific priorities identified within it. Also, newly emerging inequalities may not be captured in the original audit of inequalities. We therefore hope that any data gaps identified in the audit of inequalities will be addressed, and that the audit will provide a useful tool for policy-makers when applying s75 beyond the scope of the action-based plan.

In regard to gaps in data, we note that BSO has made a small amendment to the ECNI model scheme. At para 4.29 of the equality scheme, BSO has limited to 'where appropriate' the commitment to audit existing information systems and take action to address any gaps in data. We are concerned that this could be used to avoid addressing gaps in data, which is fundamentally

³¹ Ibid, at page 27.

³² Ibid, at page 25. At the same page, the ECNI Guide also states: 'Individuals do not neatly fit into one Section 75 category or another, individuals will invariably be members of a number of Section 75 categories. Thus Section 75 enables multiple identity issues to be considered as well as issues regarding particular categories of people.'

important to assessing equality impacts.

Following a discussion with a BSO representative at an Equality Coalition event on 9 March 2011, we understand the language 'where appropriate' is intended to limit action to equality related data. Therefore, we would suggest that the qualification is made more explicit, such as 'in relation to equality groups'. We believe that this would enhance the BSO equality scheme and so make the operation of s75 more effective.

If you would like any further information, please do not hesitate to contact CAJ at the details listed below.

Response to the Audit and Draft Equality Schemes

From Older Person's Advocate

HSC Organisation

Blood Transfusion Service

Business Services Organisation

Health and Social Care Board

NI Guardian Ad Litem Agency

NI Practice and Education Council for Nursing and Midwifery

Northern Ireland Social Care Council

Patient and Client Council

Public Health Agency

Regulation and Quality Improvement Authority

1. Background

As the Advocate for Older People I would like to thank you for the opportunity to respond to the audit and draft equality schemes. The resources available to make substantive responses are very limited in such a small office so it will be a generic response across all the agencies involved in the consultation. I am aware we have also attended a consultation workshop during the consultation period in which the views of the Advocate were also stressed.

Dame Joan Harbison 1st Floor Millennium House 17-25 Great Victoria Street Belfast BT2 7BA

• Phone: (028) 9031 6383 • Email: info@olderpeoplesadvocateni.org

2. Audit of Inequalities

The evidence provided by the agencies in identifying inequalities affecting older people, and in particular older women, seems to be sparse. I know that for older people research and statistics are not sourced centrally but you can

be assured there is a vast amount of information which highlights some of the inequalities faced by older people regarding services and processes. In Appendix A I have listed a number of reports (not exhaustive) which you might find useful.

3. Draft Equality Schemes

As previously discussed to assess each of the equality schemes individually would require a substantial amount of work so below I have responded with generic issues for you to consider in your equality scheme.

a) Consultation

It is important that all the Agencies find a way to consult meaningfully and directly with users.

b) Equality Scheme Structure

- The equality scheme should be user-friendly especially in the use of language
- Agencies need to identify in the equality schemes what actions are directed at enhancing equality within the organisation and what actions provide equality of opportunity for the user
- One Agency has identified the need to review its Audit on a regular basis which is welcomed and we would suggest that other Agencies make the same commitment
- The audit should contain statistical evidence of main users and a profile of its staff, including breakdown of managerial roles / Board members particularly those S75 groups who might be under-represented:
 - Gender
 - Age
 - Disability
 - Minority groups

b) Staffing

- It is important to develop new ways of including S75 groups who are not already represented in the staffing complement of any agency.

This could include:

- examining where positions are advertised
- considering affirmative action
- using different criteria such as experience and skills rather than academic qualifications
- introducing shadowing or mentoring (especially on Boards) schemes
- ensuring the layout of building is suitable and convenient not just for users but for staff

A breakdown of staff complement by different groups will enable an agency to develop actions which will meet the needs of S75 groups. For example females are in the majority of those employed within the agencies and this has an impact on:

- designing timeframes for training
- childcare / caring needs
- maternity provision

In relation to women the Agencies need to recognise they will be longer in the workforce by an additional 5 years from 2012 and consideration needs to be given to key areas which will impact on this group such as:

- not being able to carry on with a job which requires considerable physical strength
- retraining to be able to diversify and use their skills differently as they grow older
- providing flexible working hours and part time working

- returning to full time work once children have grown up

b) Communication

When communicating with older people there is a need to recognise the diversity of need within the group including:

- those who may not have had formal education and may have difficulty with the written word
- those who have no IT skills or IT equipment
- those who may have difficulty in accessing communications due to sensory impairment or learning disability.
- those within nursing home settings
- those who live in isolation and who may have little access to modern technology especially in rural areas

It would be useful if there could be a joined up approach by the Agencies in their schemes so that the links and interfaces between the work of the different organisations is clearly apparent.

It is important that a commitment be given to ensure that any complaints whether internally from staff or externally from service users and carers are dealt with empathetically, transparently and quickly.

c) Training

- Staff awareness training in respect of the needs of different S75 groups should be ongoing and include engagement with and delivery by organisations with the relevant knowledge and expertise. Such training must be specific and meaningful and part of an ongoing dedicated training programme.
- Consideration should be given to the needs of older people who may wish to return to work either through unemployment/redundancy or

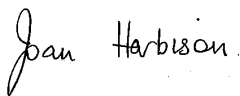
after children have left home or because of increasing financial pressures on personal budgets.

d) Boards of HSC Bodies

- There is a need to ensure that Boards reflect as far as possible the width of the S75 groups and where groups are unrepresented special efforts are made to ensure their inclusion in policy making and in determining the implementation of delivery mechanisms.
- The opportunity for Boards to introduce shadowing or mentoring programmes to support and encourage under-represented S75 groups to participate in public bodies should be considered.
- Boards should be encouraged to set criteria not just based on academic qualifications for election to the Board or recruiting staff. This may require the Board writing to the appropriate Department encouraging a change to the criteria to attract those S75 groups who are not represented in the Board member or staff.

e) Budgeting

Agencies should consider striking age/gender specific budgets to ensure those who are the most likely groups to use services are allocated appropriate resources.



Dame Joan Harbison
Older People's Advocate

Dame Joan Harbison 1st Floor Millennium House 17-25 Great Victoria
Street Belfast BT2 7BA

• Phone: (028) 9031 6383 • Email: info@olderpeoplesadvocateni.org

Response to Consultation Equality Commission NI

Draft Equality Scheme

Health & Social Care Board (PD/104/11)

March 2011

Introduction

The Equality Commission for Northern Ireland (“the Commission”) is an independent public body established under the Northern Ireland Act 1998. The Commission is responsible for implementing the legislation on fair employment, sex discrimination and equal pay, race relations, sexual orientation, disability and age.

The Commission’s remit also includes overseeing the statutory duties on public authorities to promote equality of opportunity and good relations under Section 75 of the Northern Ireland Act 1998, and to promote positive attitudes towards disabled people, and encourage participation by disabled people in public life under the Disability Discrimination Act 1995.

The Commission’s general duties include:

- working towards the elimination of discrimination;
- promoting equality of opportunity and encouraging good practice;
- promoting positive / affirmative action;
- promoting good relations between people of different racial groups;
- overseeing the implementation and effectiveness of the statutory duty on relevant public authorities; and
- keeping the legislation under review.

Section 75 of the Northern Ireland Act 1998 was intended to be transformative. Its aim was to change the practices of government and public authorities so that equality of opportunity and good relations are central to policy making, policy implementation and review and service delivery.

The Commission is fully committed to ensuring and monitoring the effective implementation of the Section 75 statutory duties. The decision to review and revise the Guide to the Statutory Duties (the Guide) is a reflection of this commitment and follows the conclusion of the Section 75 Effectiveness Review which the Commission undertook between 2006-2008, in order to assess the effectiveness of the legislation.

Following the Effectiveness Review recommendations, the Commission's aim was to create a more user friendly Guide, to make improvements in the area of screening of policies and to shift the focus within public authorities from concentrating primarily on the process of implementing Section 75, towards achieving outcomes within the Section 75 framework.

The Commission also produced a model equality scheme for use by public authorities. The purpose and intent of the model equality scheme is to set out best practice and it therefore includes both the legal requirements of Schedule 9 of the Northern Ireland Act 1998 and recommendations contained within the Commission's guide 'Section 75 of the Northern Ireland Act 1998 – A Guide for Public Authorities (April 2010)'.

The Commission welcomes the opportunity to comment on the Health and Social Care Board's (the Board) draft equality scheme (scheme). The Commission's response to the Board's scheme consultation is made with particular reference to the Model Equality Scheme.

However, in the interests of achieving best practice, there are a number of specific comments which the Commission would like to draw attention to, in our response to the Board's scheme, which are outlined below.

General comments

The Commission acknowledges and welcomes the fact that the approach taken by the Board in producing a revised scheme is one which is broadly consistent with the Commission's model scheme.

The Commission is pleased to note that the Board has undertaken an audit of inequalities to inform the development of its draft Action Plan. We also note that the Board is currently consulting on its

draft Action Plan and that the plan covers the period 2011- 2013.

Specific Comments

Foreword

In general, the foreword follows the model equality scheme issued by the Commission to the first tranche of public authorities, requested to submit revised equality schemes. We note the demonstration of leadership at the highest level within the Board and high level commitment to the discharge of the Section 75 Statutory Duties.

Chapter 1 Introduction

Page 7 of Introduction refers to role and functions of the Board and summarises its three main functions. In addition para 4 of the Introduction refers to a *range* of other functions. I would advise that the Board may wish to give some more detailed information in this section of the Introduction on its functions and responsibilities. This would ensure that people are fully aware and informed of the Board's specific functions and it would enable people to ascertain if the Board is promoting equality of opportunity and good relations in relation to its functional responsibilities.

Chapter 2 Our arrangements for assessing our compliance with the section 75 duties

Para 2.1 refers to – *details on monitoring arrangements include*: suggest deleting 'include' as the following list does not relate to specific monitoring arrangements.

Also the Board may wish to include more details on its internal reporting arrangements and decision-making in the section on Responsibilities and Reporting.

Page 10, para 2.10 model scheme directional text left in this section.

Page 11, there is a reference to action plan being included in Appendix 4 of the scheme. The Commission notes that the Board may have meant that this section refers to the Timetable of Measures as being available at Appendix 4.

Chapter 3 Our arrangements for consulting

Page 16, para 3.2.5, this paragraph refers to a '*range of internal and external communications and information*'. The Commission would advise that the Board may wish to expand on what is planned and envisaged in relation to the arrangements for consultation and engagement. In addition, the Board could also expand on what arrangements it already has in place, for example, if it has an established standing Consultative Forum etc.

Chapter 4 Our arrangements for assessing monitoring and publishing the impact of policies

We note the Board's arrangements for assessing, monitoring and publishing the impacts of policies and welcome the commitment to utilising the tools of screening and equality impact assessment for the assessment of policies.

Page 24, para 4.25 commitment within scheme to review the effectiveness of sending quarterly screening reports to consultees. The Commission would advise that if the Board subsequently decides post review of effectiveness of this approach to alter its commitment in respect of screening reports, the Commission should be informed of any changes to scheme commitments.

The Commission welcomes the commitment of the Board to monitor more broadly to identify opportunities to better promote equality of opportunity and good relations.

Chapter 5 Staff training

The Commission welcomes the Board's training commitments as detailed in its draft scheme.

Chapter 6 Our arrangements for ensuring and assessing public access to information and services we provide

The Commission notes the Board's arrangements for public access to its services.

Chapter 7 Timetable for measures we propose in this equality scheme

In general, the timetable of measures in Appendix 4 reflects the measures contained within the scheme which the Board will implement.

Paragraph 7.2 refers to Appendix 4 as including the Board's commitment to develop an action plan. The Commission would recommend that Appendix 4 also includes a measure 'to implement/deliver an action plan'.

Chapter 8 Our complaints procedure

Page 33, para 8.1, the Commission notes that the Board has committed in its scheme to endeavouring to 'manage' complaints made to it within agreed procedures. The Commission would advise that the Board may wish to consider committing in its scheme to 'resolving' complaints made within agreed procedures, rather than managing complaints made.

Chapter 9 Publication of our equality scheme

Page 35, para 9.3, the 2nd bullet point, last sentence has text missing.

Chapter 10 Review of our equality scheme

The Commission welcomes the Board's commitment to undertake a thorough review of its scheme within the statutory timeframe.

Appendices

The Commission notes the content of the Appendices to the Board's equality scheme.

Section 75 Action Plan

The Commission notes that the Board has also published for consultation its Action Plan which details the action measures the Board will undertake to better promote equality of opportunity and good relations following its Audit of Inequalities.

As you know, the Commission will not consider the content of action plans as part of the approval process for equality schemes.

However, we welcome the Board's demonstration of commitment to the implementation of its equality scheme and the discharge of its statutory obligations under Section 75 of the Northern Ireland Act 1998 as demonstrated by the development of its action plan.

The Commission would advise that the Board should review and update its action plan over the life time of its equality scheme to ensure that the action plan remains effective and relevant to its functions and work. The Board should inform the Commission of any changes or amendments to its action plan and should also consider including this information in its annual progress report to the Commission.

Conclusion

The Commission welcomes the approach taken by the Board, particularly with regard to use of the Commissions Model Equality Scheme and the new Guide to the Statutory Duties.

This response is made without prejudice to any consideration or determination which the Commission might make in performance of its statutory function to investigate individual complaints under Schedule 9 of the 1998 Act or conduct any other investigation under that Schedule.



**Health and Social
Care Board**

**12-22
Linenhall Street
Belfast
BT2 8BS**