

# **Disability Action Plan 2013-2019**

**Public Health Agency (PHA)**

Updated April 2018

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

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## Introduction

The Public Health Agency has to follow the law which says that in our work we have to

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

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

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

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

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

The person in our organisation who is responsible for making sure that we do what we have promised to do is Ed McClean.

When you have any questions you can contact Ed McClean at:

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

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

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

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

## **Who is included in our plan?**

Our plan relates to the following key areas:

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

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

## **How we developed this plan**

In starting off to develop this plan we looked at what we have done so far to make a difference for people who have a disability. We then read up on what the Equality Commission said would be good to do. This was after they had looked at what other organisations

have done. All this helped us think about what else we could do to make a difference.

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

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

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

We reviewed our plan in 2015 following comments received by the Equality Commission for Northern Ireland.

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

## **What we do**

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

### **We do things like:**

- We find out what things people need to protect them from diseases and other hazards.
- We find out what services people in Northern Ireland need to keep healthy.
- We do not provide the services but work with other organisations that are called Trusts and other voluntary and private organisations that do so.
- We buy services from Trusts including, for example, hospital services.

- We organise and buy screening services. This is about finding out at an early stage whether a person is ill or is at risk of becoming ill.
- We try to make it easier for people to make healthier choices, for example in what they eat.
- We work with other organisations to try and reduce the big differences between different groups of people in Northern Ireland in how healthy and well they are.
- We develop and run campaigns for the general public in Northern Ireland on important health topics, for example on smoking.
- We develop websites on a number of health topics, for example on drugs, alcohol and smoking. Some sites are for specific groups such as young people or health professionals.
- We support research. We also buy and pay for research. We carry out some of the research ourselves.
- We make sure we learn from when something goes wrong in how health care is provided in Northern Ireland.
- We work with other organisations to improve the range and quality of services, for example for people of all ages with learning disabilities.
- We need to make sure services are good quality and check out that they are.
- We work with other health and social care organisations to improve how they engage with those who use their services, with carers and with the public.
- We also employ staff.
- We have to make sure that we obey the laws about employment, services, equality and rights.

## **How people can be involved in our work**

There are a number of ways in which people can be involved in the work of the Public Health Agency. This includes:

- Focus groups in the development and evaluation of relevant public information campaigns, for example on flu or bowel cancer screening
- People with a disability and carers are involved in commissioning work on older people (represented on reference group)
- Neurological Conditions Network
- Reference group for regional guidance on the use of observations and therapeutic engagement
- HSC Research and Development: Evaluation Panels for research applications (such as in relation to learning disability and mental health needs).

## **What we have done up to now**

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

### **Promoting positive attitudes towards disabled people**

- Images and photographs of events include people with a disability whenever they participate in these.
- For information targeted at people with a disability efforts are taken to include photographs of them.
- Disability issues are covered in much of PHA's communication due to its remit (for example reports on PHA conferences such as on brain injuries).
- On our behalf, the Equality Unit in the Business Services Organisation have developed a resource and checklist for staff on how to positively portray people with a disability in their work.

- The Equality Unit have developed a signposting resource for all staff on support available in the community. It includes information and contact details for a number of disability organisations. We update this resource every year.
- To date, we have held nine disability awareness days for our staff. Each looked at different disabilities: Epilepsy, Sight loss and blindness, Depression, Hearing Loss and deafness, Learning disabilities, Cancer, Arthritis and Musculoskeletal conditions, Diabetes and Dyslexia.
- Mental Health training sessions for staff (pilots delivered in 2011-12, “Mood Matters” sessions delivered in 2012-13; six-week course “Life Skills” offered during 2012-13; in 2015-16, 2016-17 and 2017-18 we delivered courses for staff and managers on mental health first aid, mindfulness and managing stress; and courses for staff who are carers)
- We developed a module on disability on for inclusion in the eLearning “Discovering Diversity” training package. This resource is available to all Health and Social Care staff.
- In Equality Screening Training we look at how the disability duties can be considered in practice. Whenever staff take decisions they must write down what they have done or plan to do to promote the disability duties in their decision.

### **Encourage the participation of disabled people in public life**

- We set up a disability network for staff in the PHA and the other 10 regional Health and Social Care organisations. Part of the role of this network is to raise disability issues with decision makers in our organisation.
- We participate in a disability work placement scheme together with the 11 regional Health and Social Care organisations. So far, we have offered 5 placements for people with a disability in the PHA.
- Along with our partner organisations and led by the Equality Unit, we have put in place a process for publishing equality screening templates as soon as they are completed. A disability organisation had suggested that we do so. We do the same for publishing the quarterly screening reports. We

ask people for their thoughts and suggestions on our screenings.

- When we evaluate training that the Equality Unit delivers we include a question on the needs of trainees with a disability. This helps us to find out whether we need to make any further adjustments.
- We let our staff, service users and the public know that they can ask for materials in other formats such as in large print or as a CD.
- HSC Research and Development: We have held consultation exercises with surviving patients and carers with cancer as part of Cancer Conference, in May 2015.
- Two people living with and beyond cancer facilitated the delivery of the Building Research Partnerships course in April and November 2015.
- HSC Research and Development: Personal and Public Involvement workshops held for research pharmacists at National pharmacy research Conference were co-facilitated by service users, in April 2015.
- HSC Research and Development: We involved carers and service users with a disability as speakers at the annual social care conference in February 2016.
- Service users with dementia, learning disability, mental health issues and their carers have been involved in the steering groups for the Bamford and Dementia Research Programmes. Persons with dementia and young people who are care leavers are also involved on two of these projects as peer researchers.
- We have produced an Accessible Formats Policy. It says how we decide which documents we produce in a range of different formats. We have put together practical tips for staff, for example on how to get different formats done.

## **What we are going to do**

In the table below we list all the actions that we will do. We also say when we will do them.

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

**(1) Awareness Raising and Training**

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
1. Encourage staff to declare that they have a disability or care for a person with a disability through awareness raising and provide guidance to staff on the importance of monitoring.	More accurate data in place. Greater number of staff feel comfortable declaring they have a disability.	Increase in completion of disability monitoring information by staff to 90%	PHA end Mar 2019
2. Raise awareness of specific barriers faced by people with disabilities including through linking in with National Awareness Days or Weeks (such as Mind your Health Day).	Increased staff awareness of the range of disabilities and needs	Two annual Awareness Days profiled in collaboration with voluntary sector groups.  Features run on Connect (PHA intranet).  >50% of staff participating in the evaluation indicate that they know more about people living with disabilities as a result of the awareness days.	PHA end Mar 2019

<p>3. <b>Mental Health and Learning Disability:</b> Increase awareness amongst staff in general hospital settings of the Regional Hospital Passport and the need to make reasonable adjustments for people with Learning Disability</p>	<p>Increased awareness amongst staff in general hospital settings of the needs of people with Learning disability. People with learning disability using general hospital settings will be empowered and less dependent on their family/carers.</p>	<p>Awareness raising materials and correspondence circulated to staff</p>	<p>Assistant Director of Nursing, Safety Quality and Patient Experience end Mar 2019</p>
<p>4. In collaboration with disabled people design, deliver and evaluate training for staff and Board Members on disability equality and disability legislation.</p> <p><b>Health Protection:</b> Invite speaker from external organisation (e.g. Disability Action, Mental Health Charity or RNIB) to attend Health Protection staff meeting.</p>	<p>Increased staff and Board Member awareness of the range of disabilities and needs.</p>	<p>All staff trained (general and bespoke) within 2 years through eLearning or interactive sessions and staff awareness initiatives delivered Training evaluation forms</p> <p>Meeting minutes</p>	<p>PHA end Mar 2019</p> <p>Assistant Director Health Protection end Mar 2019</p>

## (2) Getting people involved in our work, Participation and Engagement

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>5. Identify, provide and promote opportunities for more engagement for people with a disability in key work areas.</p> <ul style="list-style-type: none"> <li> <b>10,000 Voices:</b>            Proactively target disability groups to advise of the initiative and how they can become involved (issue press releases; send information leaflets and posters to groups)            Facilitate their involvement (make surveys accessible to people with a disability):            2018-19 work plan will focus on physical and         </li> </ul>	<p>Better engagement of people with a disability (adults and children where relevant) in key areas.            People with a disability are encouraged and empowered to participate in public life.</p>	<p>Opportunities provided in key areas.            Annual review of progress to ECNI</p> <p>Correspondence in relation to the initiative, how to get involved and contact details will regularly be sent to a list of disability organisations</p>	<p>For 10,000 Voices:            Assistant Director of Nursing, Safety Quality and Patient Experience</p> <p>For HSC Research &amp; Development:            Assistant Director HSC Research and Development</p> <p>For Health Protection:            Assistant</p>



<p>raise awareness of research with service users including those with disability and members of the public. Training for researchers and service users and carers provided through workshops and master classes facilitated by researchers as well as service users with disabilities. Training materials provided to give guidance on how to involve and support service users and carers including those with special needs at training days and on website.</p> <ul style="list-style-type: none"> <li>• <b>HSC Research &amp; Development:</b> Offer opportunities to participate in funding panels as they arise,</li> </ul>		<p>Panel members listed on website Equality monitoring forms issued for panel and steering</p>	
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<p>including the doctoral fellowship scheme and Enabling Awards, depending on schemes being run.</p> <ul style="list-style-type: none"> <li> <b>HSC Research &amp; Development:</b>            Offer opportunities to participate in project steering groups and interview panels for particular research projects as a research partner as requests are submitted (e.g. from universities).         </li> <li> <b>HSC Research &amp; Development:</b>            Involve carers and service users with disability as speakers at relevant conferences/workshops e.g. Launch of Dementia         </li> </ul>		<p>group members</p> <p>PIER Request Forms            Feedback Forms            List of members</p> <p>List of speakers            Agendas            Copies of presentations            Handouts e.g. dissemination of personal comments from service users</p>	
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<p>Research Projects.</p> <ul style="list-style-type: none"> <li> <b>HSC Research &amp; Development:</b>  Survivors of cancer and carers will deliver Building Research Partnership Course in 2 one day workshops to encourage research collaborations between researchers and service users to be held in April and October 2019. Course will be advertised to people with a disability and arrangements made to facilitate their involvement. </li> </ul>		<p>List of facilitators will demonstrate involvement of people who have survived cancer but maybe living with difficult symptoms or disability.</p> <p>List of applicants and attendees</p> <p>Circulation List</p> <p>Minutes of meetings and correspondence with disability organisations</p> <p>Arrangements made to accommodate people with a disability e.g. loop systems/special diets/wheelchair access</p> <p>Equality forms issued and collated</p>	
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<ul style="list-style-type: none"> <li>• <b>Health Protection:</b> Liaise with disability organisations and involve them in the planning process for any HP events e.g. Health Protection Symposium 2016.</li>   <li>• <b>Health Protection:</b> Ensure that active consideration is given to those with disabilities when organising local/regional Health Protection events e.g. PHA stand at the Balmoral Show (Health Protection are displaying Hand Hygiene related events on this stand)</li>   <li>• <b>Health Protection:</b> Liaise with Communications Team to ensure that</li> </ul>		<p>Minutes of meetings and correspondence with disability organisations</p> <p>Engagement with people with a disability</p> <p>Correspondence circulated to list of disability organisations</p>	
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internal/external events etc. are advertised. Ensure that Health Protection has access to e-mail circulation lists for disability organisations.			
6. Promote and encourage staff to participate in the disability staff network and support the network in the delivery of its action plan.	Better involvement of staff with a disability in decision-making. Better support for staff with a disability.	Communication issued to staff, promoting the network and encouraging their involvement Features on intranet.	Agency Management Team (AMT) end Mar 2019
7. Explore the scope for developing a shadowing scheme for Board members and other key public life positions in engagement with the Office of the Commissioner for Public Appointments, the Public Appointments Unit and with people with a disability.	Develop capacity of people with a disability to participate in public life positions.	Engagement undertaken with key stakeholders	Director of Operations and Chief Executive's Office end Mar 2019
8. Involve disabled people in delivery and review of this plan.	Better engagement by people with a disability (adults and children where relevant).	Feedback forms from engagement (and roundtable sessions, where appropriate)	AMT with support from BSO Equality Unit end Mar 2019

### (3) Recruitment and Retention

Action Measure	Intended Outcome	Performance Indicator and Target	Timescale and Ownership
<p>9. Create and promote meaningful placement opportunities including for people with disabilities in line with good practice and making use of voluntary expertise in this area.</p>	<p>People with a disability gain meaningful work experience.</p>	<p>At least 1 placement offered by PHA every year</p> <p>Feedback through annual evaluation of scheme indicates that placement meets expectations.</p>	<p>Agency Management Team with support from BSO Equality Unit end Mar 2019</p>
<p>10. Provide information for line managers for when a member of staff declares their disability</p> <ul style="list-style-type: none"> <li>• update Guidance on Reasonable Adjustments</li> <li>• include the above in training for managers, such as absence management training.</li> </ul>	<p>Staff members who declare their disability are better supported in the workplace</p>	<p>Guidance on Reasonable Adjustments updated and shared with line managers</p> <p>Nature of training sessions for managers in which information has been included</p> <p>Feedback from staff who have a disability indicates satisfaction with support provided</p>	<p>BSO Director of Human Resources with support from BSO Equality Unit end Mar 2019</p>
<p>11. Promote use of employment support</p>	<p>People with a disability are supported to access</p>	<p>Number of cases where employment support</p>	<p>BSO Director of</p>

<p>programmes, such as Access to Work, by staff and line managers.</p>	<p>employment opportunities and remain in employment with the PHA.</p> <p>Line managers and staff draw on existing expertise and resources provided through government programmes.</p>	<p>programmes are drawn on</p>	<p>Human Resources with support from BSO Equality Unit end Mar 2019</p>
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The Equality Unit in the Business Services Organisation (BSO) will support staff in the implementation of this action plan.

Signed by:

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Chair

Date

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Chief Executive

Date



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You can also email us through our website on:

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