

EQUALITY IMPLICATIONS OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY POLICIES

SECOND STAGE CONSULTATION PAPER

**NORTHERN IRELAND ACT 1998
SECTION 75
STATUTORY EQUALITY OBLIGATIONS**

April 2001

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APPENDICES

1. Assessment of priority of region-wide policies
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This paper has been issued by the HSSPS family consisting of the Department of Health, Social Services and Public Safety, four area Health and Social Services Boards and associated HSS Trusts, HSS Agencies, HSS Councils, Northern Ireland Council for Postgraduate Medical and Dental Education and the Fire Authority for Northern Ireland. The full list of contact persons is in Appendix 4.

INTRODUCTION

HSSPS FAMILY

1. The overall objective of the Health, Social Services and Public Safety (HSSPS) family is to promote and improve the health, social wellbeing and safety of the **whole** population.
2. The bodies which make up the HSSPS family are the Department of Health, Social Services and Public Safety (DHSSPS), four Health and Social Services Boards, nineteen HSS Trusts, five specialist agencies, the Mental Health Commission, four HSS Councils, the Northern Ireland Council for Postgraduate Medical and Dental Education, the National Board for Nursing, Midwifery and Health Visiting and the Fire Authority for Northern Ireland. The Mental Health Commission and the National Board for Nursing, Midwifery and Health Visiting are at different stages in their equality work and are not therefore included in this document. They will be consulting separately.

Equality Obligations

3. The Northern Ireland Act, 1998, has placed new statutory equality obligations on each of the bodies within the HSSPS family. From 1 January 2000, the Department and all of its associated bodies must, in carrying out their functions, have due regard to the need to promote **equality of opportunity**:

- (a) between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
 - (b) between men and women generally;
 - (c) between persons with a disability and persons without; and
 - (d) between persons with dependants and persons without.
- 4. Without prejudice to these obligations, a public authority is also required, in carrying out its functions, to have regard to the desirability of **promoting good relations** between persons of different religious belief, political opinion or racial group.
- 5. The Equality Commission for Northern Ireland has issued guidelines which set out what public authorities must do to fulfil their equality obligations. This includes submitting to the Commission, after public consultation, an Equality Scheme and a programme of Equality Impact Assessments (EIA).
- 6. All the bodies within the HSSPS family have submitted Equality Schemes to the Commission. We are now conducting a two-stage consultation process which will lead to a programme of equality work. In response to comments received during Stage 1, and in order to ease the burden on consultees, the HSSPS family is taking a collaborative approach to this exercise and proposes also to take a similar approach to drawing up and implementing our equality impact assessment programmes.
- 7. The first stage of the consultation process, which was completed in February/March, involved the issue of initial consultation papers seeking views on the equality implications of our policies.

The Stage 2 Consultation Paper

8. This is the second stage consultation paper. Among other things, the paper:
 - provides an analysis of the responses received in the first-stage consultation exercise conducted by the HSSPS family; and
 - makes proposals for an equality impact assessment programme.
9. The paper is divided into six sections:

Section 1 provides a summary of the responses to the Stage 1 consultation process;

Section 2 provides an overview of the approach which the HSSPS family proposes to take to conducting its programme of equality work;

Section 3 sets out the results of 'screening' of policies for equality of opportunity implications and the prioritisation of equality impact assessment work;

Section 4 makes proposals for the conduct of good practice reviews;

Section 5 makes proposals for liaison panels;

Section 6 describes how we propose to conduct the Stage 2 consultation.

10. **Annexes 1 and 2** to the paper summarise details of the region-wide policies for impact assessment. **Annex 3** identifies policies to be assessed at local level and **Annex 4** contains information on contact points on equality matters within the HSSPS family.
11. Following consultation on the paper, we will submit a report to the Equality Commission seeking the Commission's approval for a programme of equality impact assessments.

Consultation

12. This paper is offered for public consultation. The Department and its associated bodies will welcome any comments or enquiries, as well as requests for meetings to discuss the paper.
13. The paper can be made available in Braille, audio cassette, Irish and Chinese. It can be accessed on the Department's Internet website at www.dhsspsni.gov.uk.

14. Enquiries about consultation arrangements and comments on the paper should be made by mail, fax or e-mail to:

Mr Roy Keenan
Department of Health Social Services and Public
Safety (DHSSPS)
Room C4.1
Castle Buildings
Stormont
BELFAST, BT4 3SJ

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14. If you prefer, you can use a local contact. Please see the list at Appendix 4.

SECTION 1: REPONSES TO STAGE ONE CONSULTATION

Summary

- 1.1 This section provides a broad overview of the key issues and themes arising from the first stage consultation papers issued by the HSSPS family. A more detailed report on the outcome of Stage 1 has been prepared by the Department and can be obtained from **Roy Keenan in the Equality Unit, DHSSPS**. Summaries relevant to specific Boards, Trusts etc can also be obtained from the appropriate contact points at Appendix 4.

Introduction

- 1.2 The Department and its associated bodies adopted a collaborative approach to the Stage 1 consultation discussions. This included having joint representation at public meetings arranged by the Boards and Trusts, and at meetings which the Department arranged with regional voluntary and other groups.
- 1.3 Stage 1 consultation papers were issued in November and December 2000, with the exercise coming to a close in early March.
- 1.4 In total, the Department and its associated bodies conducted over 100 consultation meetings, engaging with over 650 consultees. Over 200 written responses were received from a wide range of organisations and individuals.

1.5 The consultation papers invited comments generally and posed some specific consultation questions. Consultees' views focused mainly on the following topics:

- consultation;
- concerns about equality;
- the equality impact assessment programme;
- promoting equality of opportunity and good relations more effectively.

Consultation

1.6 Comments received on consultation covered three main areas:

- the two-stage consultation exercise;
- general good practice on conducting consultation; and
- the possible establishment of equality liaison groups/panels.

1.7 As regards the two-stage exercise, there was a general welcome for the collaborative approach and commitment of the HSSPS family to stage 1. Respondents stated that this should continue in stage 2 and beyond, as the work on equality rolled forward. Some respondents indicated that it was difficult to cope with several consultation documents and it was suggested that a composite stage 2 consultation paper should be drawn up for the whole HSSPS family. This composite document responds to that suggestion.

1.8 Other main points were:

- concerns about consultation overload in the voluntary and community sector;
- need for awareness-raising and capacity-building to enable meaningful consultation;
- the process is **not** resource neutral;
- a preference for targeted consultation, such as focus groups and “one-stop shop” events.

1.9 In addition, the following points were made in relation to consultation in general:

- begin the process as early as possible;
- pay specific attention to groups with special needs (eg young people, those with learning disabilities);
- avoid jargon in documents;
- hold meetings in accessible venues;
- speak direct to service users.

1.10 The proposal in the stage 1 paper to establish consultation liaison groups was broadly welcomed. Proposals on taking this proposal forward are at Section 5.

Concerns on Equality

1.11 In many instances consultees preferred to discuss general concerns at the stage 1 consultation meetings rather than concentrate on specific screening or consultation questions. Many written responses were also along these lines.

1.12 Consultees' concerns on equality were wide-ranging and relating to specific policies/policy areas, as well as broad cross-cutting issues. Many of the concerns centred around two issues:

- access to information; and
- access to services.

1.13 Many barriers to accessing services were cited, including:

- language and cultural issues;
- location of services/rural issues;
- waiting lists;
- clinical judgement/ethical issues;
- childcare provision for members of the Chinese community;
- out-of-hours services;
- centralisation of services;
- employment opportunities, particularly in relation to ethnic minorities and disability.

1.14 A particular concern was the position of General Practitioners who are outside the scope of equality obligations, but who are regarded as gatekeepers to more specialist health and social services provision.

1.15 Human resources issues were also considered particularly important, especially in terms of recruitment and employment procedures, training and development. Many respondents referred to the need to change staff attitudes to service users.

The Equality Impact Assessment Programme

1.16 The stage 1 consultation paper contained proposals on factors which should be taken into account to prioritise the equality impact assessment programme. Consultees broadly agreed with these factors. Some additional suggestions were put forward, including:

- rural proofing;
- applying New Targeting Social Need and Human Rights considerations;
- the extent of the likely impact of the policy.

1.17 Consultees identified a wide range of priorities for the impact assessment programme. The grouping of policies was recognised as essential to ensure that impact assessments are meaningful and many possible groupings were suggested. Consultees also

welcomed the proposed synchronisation of the programme among the HSSPS family.

Promoting equality of opportunity and good relations more effectively

1.18 In response to the stage 1 consultation question about things which could be done to promote equality of opportunity or good relations more effectively, there was a wide range of responses which can be grouped under 2 headings:

- those which referred to existing examples of good practice in service delivery, which could be replicated elsewhere; and
- those which suggested better ways in which to deliver services, carry out consultation etc.

1.19 Specific proposals on how the HSSPS family propose to take these issues/suggestions forward are discussed at Section 4.

Literature Review

1.20 The Department and its associated bodies, conscious of the need to consider all relevant data and information relating to the identification and prioritisation of policies for impact assessment, commissioned a review of the recent literature on equality of opportunity issues.

1.21 A number of publications and sources of information were identified by consultees during Stage 1 consultation. These, as well as other

local sources of information and publications and services from Ireland and Great Britain were reviewed and the equality of opportunity issues for the 9 categories identified. A summary of the review can also be accessed on the DHSSPS internet site www.dhssps.gov.uk. A copy of the complete Review can be obtained from the Department.

Conclusion

1.22 The HSSPS family has conducted a wide-ranging stage 1 consultation exercise, which has produced a valuable body of information and feedback. This has been taken fully into account in preparing the proposals set out in this paper.

SECTION 2: OVERVIEW OF THE HSSPS APPROACH

Summary

2.1 This section provides an overview of:

- the basic aims of equality work within the HSSPS family;
- the collaborative approach which we propose to take in carrying out our programme of equality work;
- the key commitments, factors and principles which will guide the development and execution of the work programme.
- work in train to improve the range and quality of information required to undertake equality work.

Position Statement

2.2 A number of individuals and organisations have suggested that the HSSPS family should clarify its understanding of “equality” and the need to address equality issues within the HSSPS area. It was strongly felt that a “position statement” supplementing the commitments contained in Equality Schemes would do much to advance the goal of openness in conducting our business. Importantly, it was considered that such a statement would form the basis of better understanding of the basic aims of equality work

both within the HSSPS family and between it and the people it serves.

2.3 Equality in the HSSPS business area means that all people, should:

- i. have equality of opportunity to access the public services which the HSSPS family provides;
- ii. have services which are both relevant and sensitive to their needs;
- iii. be able to use the services with the confidence that they will be treated with respect;
- iv. have equal opportunities for membership on HSS Boards, Trusts, HSS Councils, Fire Authority and other agencies;
- v. have equality of opportunity both in service provision and in employment within the HSSPS business area.

2.4 The HSSPS family recognises the need to take fully into account different needs in developing and implementing its policies. Equality does not, therefore, mean treating everyone exactly the same irrespective of their differing needs.

2.5 In recent years, the HSSPS family has made considerable efforts to ensure that its policies respond to and are targeted at the specific needs of society. However, we recognise that there are

inequalities in the health of the population, in need for health and social services, and in access to health and social services. Much more needs to be done to ensure that the services we provide are appropriate and sensitive to the needs of the whole population.

More specifically, we fully recognise the need:-

- to examine and make changes where necessary to meet the needs of the individual Section 75 groups;
- to commission and provide appropriate services for all those who make up local populations; and
- to monitor closely progress in promoting equality of opportunity and good relations.

2.6 The statutory requirements under section 75 of the Northern Ireland Act must be considered alongside the Human Rights Act 1998 and the New Targeting Social Need initiative. The HSSPS family recognises the complementarity of these obligations and will take a coherent approach to their implementation with the goal of increasing social justice in the area of health, social services and public safety.

2.7 The Equality Scheme of each of the HSSPS bodies sets out in detail how we propose to fulfil our equality duties. The key principles and commitments included in these Schemes and on which we will now build in our equality work programme include:

- a firm commitment to fulfilling our statutory equality duties;
- positive action to address inequalities in health;
- ensuring that concern for equality is built in from the start of the development of policy, the design of services and monitoring and evaluation frameworks;
- involving those with an interest in our work, and in particular the Section 75 equality groups, through wide ranging consultation;
- improving baseline and ongoing information together with research and statistics; and
- developing the training and development of staff on equality awareness and on mainstreaming equality into our work.

Our Approach

2.8 The policies under which the Department and each of the bodies within the HSSPS family discharge our various functions, duties and activities can be categorised under three broad headings – Region-wide policies, Area Policies and Local Policies.

- (a) **Region-wide policies** are developed regionally and shape how services are planned, managed and delivered locally.

- (b) **Area policies** are developed primarily by Health and Social Services Boards and influence how services are delivered within the Board areas.
- (c) **Local policies** are developed by individual organisations to govern the performance of their particular functions.

2.9 The HSSPS family take the view that:

- (i) as the equality impact of region-wide policies is dependent on decisions taken by all members of the HPSS family at regional, area and local level, the impact assessment of those policies originating in the Department should be conducted as a single exercise with relevant HSSPS bodies acting collaboratively to produce, consult on and publish a region-wide impact assessment which explores the equality implications at all levels;
- (ii) impact assessments of area policies should normally be undertaken jointly by commissioners and providers of services; and
- (iii) impact assessments of local policies should be undertaken by local providers of services with input from commissioners of services, or the Department, where appropriate.

2.10 We believe that the main benefits of this collaborative approach by the HSSPS family will be to:

- produce assessments which are more meaningful to those affected by the policies;
- reduce the burden on consultees;

- speed up impact assessment work, and by pooling resources, make the work more easy to manage.

2.11 This collaborative approach has been widely welcomed by consultees. Consultees have, however, also made the point that, regardless of where any particular policy originates, once accepted and put into practice within an authority, the policy becomes the policy of that particular authority which must be held accountable for it.

2.12 The HSSPS family fully accepts this and, consequently, will conduct equality impact assessments in a manner which recognises the distinct statutory obligations of each of the bodies concerned. An impact assessment of a specified HSSPS policy or region-wide grouping of policies will incorporate all relevant policies at HSS Board, Trust and Agency level and will ensure that each body is individually accountable for its implementation of each policy.

Equality Impact Assessments

2.13 The HSSPS family is committed to the process of conducting Equality Impact Assessments (EIA) and view this as an invaluable way of identifying and addressing equality issues. Impact assessments will, therefore, be carried out in compliance with the Equality Commission's Guidance, and in recognition that this process is central to ensuring full implementation of the Section 75 duties.

2.14 The primary aim of each impact assessment will be to determine for each element of each policy the extent of differential impact upon the relevant groups and in the light of this assessment to consider:

- (a) measures which might be employed to mitigate any adverse impact; and
- (b) alternative policies which might better achieve the promotion of equality of opportunity.

2.15 A region-wide impact assessment will involve establishing a Group comprising, representatives from the Department, the HSS Boards, Trusts and Agencies. The aim will be to identify and assess the impact of a policy at regional, area and local level. Consultation will involve each Board, Trust and Agency consulting on all the associated policies which they implement at local level. All bodies will be equal partners in the process, addressing the aspects of the policy as it applies to each body's functions and responsibility.

2.16 However, the responses to the Stage 1 consultation, including the conclusions of the Literature Review, have led us to conclude that we need more quickly to tackle, on a thematic basis, a number of pressing equality issues which are cross-cutting in nature. These issues may not be picked up by equality impact assessments for some time. We therefore propose to carry out what we have termed 'Good Practice Reviews' as a means of delivering improvements more quickly to the Section 75 groups and

‘mainstreaming’ equality practices into the work of the HSSPS family. Our approach to this is set out in Section 4 of this paper.

Equality Information

2.17 The HSSPS family recognises that a good information base is of critical importance in fulfilling our statutory equality requirements. Relevant, reliable and up-to-date data are required to inform the screening of policies, equality impact assessments, and the monitoring of progress towards equality of opportunity.

2.18 An audit has been undertaken, by the Department’s Information and Analysis Unit (IAU), of available data in the HPSS information systems accessed by the Department. This audit includes an assessment of data quality, and identification of gaps in relation to the nine equality groups. A number of surveys and other databases have been similarly reviewed. A copy of this report is available from Dr Liz McWhirter, Director, Information and Analysis Unit, Department of Health, Social Services and Public Safety, Annexe 2, Castle Buildings, Stormont, Belfast BT4 3UD (Telephone: 028 90 522522; Fax: 028 90 523288; E-mail: liz.mcwhirter@dhsspsni.gov.uk. It is also available on the IAU website (www.dhsspsni.gov.uk/iau/).

2.19 An equality Information Steering Group has been established. It is chaired by the Deputy Secretary who is responsible for equality issues within the Department, and comprises representatives from the Department, HSS Boards, HSS Trusts and HSS Agencies, and representation from the statutory equality groups. The terms of

reference for this Group are available on request, and can be accessed on the IAU website.

2.20 Three Working Sub-Groups have been established. They relate to Hospital and Mental Health Information; Community, Children, and Personal Social Services Information; and Workforce and Family Practitioner Services Information. The role of the sub-groups is to scope existing information from all Health and Personal Social Services systems, and to make recommendations on future developments, including the commissioning of research and surveys into identifying and addressing gaps in equality information. The sub-groups will work closely with existing Information Liaison Groups, where possible, to help develop and implement new information requirements. An Action Plan has been developed to take forward the programme of work required. A summary of this Action Plan is available on request and can be accessed on the IAU website. Sub-Group membership includes representation from the Department, Boards, Trusts and Agencies and representatives of the statutory equality groups, and they are chaired by HPSS representatives.

CONSULTATION QUESTIONS

1. **We would be interested to have your views on the joint approach being proposed by the HSSPS for the conduct of equality impact assessments.**
2. **What are your views on the approach being taken by the HSSPS to establish the information requirements to fulfil our statutory equality obligations?**

SECTION 3: SCREENING AND EQUALITY WORK PROGRAMME

Summary

- 3.1 This section sets out the results of “screening” of policies for equality of opportunity implications and the prioritisation of policies for equality impact assessment.

Guidelines

- 3.2 The Equality Commission’s guidelines set out three screening procedures which must be carried out on all existing and proposed policies:-

1. reviewing all areas of existing policy against the screening criteria established by the Equality Commission;
2. considering whether to subject policies to the equality impact assessment procedure;
3. prioritising the policies for equality impact assessment.

Step 1: Review of policies against screening criteria

- 3.3 All existing and proposed region-wide policies have been reviewed against the following criteria:
- A. Is there any evidence of higher or lower participation or uptake by different groups?

- B. Is there any evidence that different groups have different needs, experiences, issues and priorities in relation to the particular policy?
- C. Is there an opportunity to better promote equality of opportunity or better community relations by altering the policy or working with others in government or in the larger community?
- D. Have consultations with relevant groups, organisations or individuals indicated that particular policies create problems which are specific to them?

3.4 In identifying and addressing all the screening criteria, the HSSPS family had regard to:-

- comments which we received on our draft Equality Schemes;
- comments made by representative organisation at pre-consultation meetings conducted by the HSSPS family in August and September 2000;
- the responses to the Stage 1 consultation exercise on equality implications of policies;
- the literature review of relevant papers and reports;
- the experience and judgement of staff.

3.5 In addressing the screening criteria, we have interpreted “evidence” in questions A and B as meaning any “indication” regardless of whether it is supported by hard data. On question C,

we have taken the view that if the answer to the first two questions is positive, there must be an opportunity to promote equality of opportunity when a policy is subjected to an impact assessment. On question D, we have taken into account the views expressed in the previous consultation exercises and the findings of the literature review.

- 3.6 The vast majority of policies received a positive answer to at least one of the questions. The responses demonstrate that, given the highly personal nature of HSSPS policies, there is a potential equality impact within most policies.

Step 2: Consideration of policies for full equality impact assessment

- 3.7 If the answer to any of the screening questions is positive, consideration must be given to whether to subject the policy to the equality impact assessment procedure. The Equality Commission's guidelines state:

- *“the purpose of screening is to identify these policies which are likely to have significant impact on equality of opportunity so that greatest resources can be directed to these”.*

- 3.8 Given the views of those consulted, and the lack of detailed information on the effect of the policies on all the relevant equality groups, the HSSPS family has considerable difficulty in sifting out and excluding policies from impact assessment on grounds that

their equality implications may not be significant. In most cases this could only be determined by an equality impact assessment.

Step 3: Prioritising policies for equality impact assessment

3.9 The Equality Commission's guidelines state that a view must be reached on the priority issues for equality impact assessment.

3.10 The HSSPS family considered that to carry out this effectively, fairly, and openly we needed to draw up a list of criteria which should be used to determine our priorities for equality impact assessments. Drawing from the views and comments expressed in the Stage 1 consultation exercise, we have agreed a list of 5 key factors and 6 guiding principles. These are set out in Table 1 on the next page.

Table 1

KEY FACTORS AND GUIDING PRINCIPLES TO BE TAKEN INTO ACCOUNT IN DRAWING UP A PROGRAMME OF EQUALITY WORK

Key Factors

The Equality Commission's criteria for prioritising policies for EIA ie social need, effect on people's daily lives, effect on economic, social and human rights.

Policy areas/policies which have the greatest potential for equality of opportunity implications, taking account of views of consultees.

All relevant data and information including reviews of literature.

Individual considerations such as when a policy is due to be reviewed or to be superseded or to expire, or knowledge that data/information will become available at a certain time.

Collaboration with other public authority stakeholders.

Guiding Principles

Where there is lack of information or where a response to consultation has been limited, it should not be assumed that no problems exist.

Lack of information in any particular area should not influence the prioritisation of a policy for impact assessment.

Policies should be grouped together for equality impact assessment where this is likely to present a more meaningful and practical way of addressing the issues.

Action which can be taken to promote equality of opportunity should not be delayed pending a formal equality impact assessment of a policy.

Action which can be taken to address health inequalities should not be delayed pending a formal impact assessment of a policy.

Good practice reviews on cross-cutting issues should be initiated as an effective way of promoting equality of opportunity, but they should not be seen as a substitute for an equality impact assessment.

Impact Assessment Programme

3.11 While an overall assessment of the priority which we consider should be given to each region-wide policy is set out in Appendix 1, we do not think it is feasible or realistic to take decisions now about the long term programme. The HSSPS family believes that we should consult **each year** about priorities drawing on the experience gained from impact assessments carried out. The region-wide and HSS Agency policies which we consider should have priority for impact assessment in the first two years of the programme are listed below. We will commence impact assessments on as many of these policies as possible during the two years commencing 1 July 2001. A summary description of each policy is provided in Appendix 2.

Region-Wide Policies for Impact Assessment (Not in any order of priority)

1. Specific Children's Services: [Adoption; Children at Risk of Offending; Leaving and After Care Services; Independent Visitors Scheme; Looked after Children; Complaints and Representation Procedures for Children; Recruitment of Foster Carers; Residential Care for Children; Secure Accommodation for Children]
2. Family Support/Children in Need; Social Services for Children with a disability
3. Funding for Voluntary and Community organisations

4. Assessment and Care Management, including Carers' Strategy, Respite Care, Community Care, Direct Payments; and Right to a Carer's Assessment
5. Charging for Residential Care
6. Learning Disability
7. Out of Hours Arrangements for General Medical Services
8. Oral Health Strategy; General Dental Services
9. Sub-Fertility Treatment
10. Acute Care-Acute Hospitals Review
11. New Central Maternity Unit
12. Strategic Review of Cardiac Services
13. Renal Services Review
14. Alcohol Strategy; Drug Strategy
15. Tobacco Control
16. Investing for Health

17. Mental Health Promotion Strategy; Prevention of Suicide
18. Teenage Parenthood
19. Procurement (Buildings, Plant and Equipment) *
20. Private Finance Initiative / Private Public Partnership
21. Capital Investment Strategy; General Capital Review
22. Strategic Review of the Ambulance Service
23. Annual Allocation of Resources
24. Agenda for change relating to pay and conditions of HPSS staff.
25. Regional Human Resources Strategy
26. Information and Communication Technology (ICT) strategy for the HPSS.
27. New local body for nurses, midwives and health visitors.

*** *The Department of Finance and Personnel (DFP) has lead responsibility on policies on public procurement. The HSSPS family will participate jointly with DFP in an equality impact assessment of other procurement policies which relate to HSSPS.***

3.12 The programme covers 44 region-wide policies. However, since these policies cascade to area and local levels, they span a much wider network of subsidiary policies throughout the HSSPS family. When work on an impact assessment begins, it may be found that the assessment needs to embrace other related policies. In this case, we will include such policies in the impact assessment.

Local Policies

3.13 Trusts and Agencies (where appropriate) will be full partners in the conduct of the impact assessment of each region-wide policy. This is a significant workload to which the proposed programme of Good Practice Reviews must be added. The majority of Trusts and Agencies consider the region-wide programme of impact assessments covers most of the issues raised with them locally. Others have decided to carry out impact assessments on a range of local policies and these are listed in Appendix 3. In addition, some Trusts will issue separately from this paper a programme of local impact assessments.

3.14 In putting forward this draft programme for consultation, we have taken into account a number of factors:

- We have had considerable difficulty in placing, on a clear and objective basis, one area on which to focus attention before another.

- At this stage of our experience we cannot accurately estimate the time and other resources which carrying out an impact assessment is likely to consume. The initial assessments will be particularly difficult and we do not anticipate being able to carry out more than 13 or 14 region-wide assessments in the first year.
- In addition, new policies/actions which will require to be impact assessed will inevitably arise in the course of the programme. While we have advance knowledge of some of these, there are others which will arise in the course of our business which cannot be forecasted in advance. This means that the programme is likely to be expanded depending on the amount of new business which presents, and may require additional staff and other resources.
- We must also take into account the time and resources required to carry out the Good Practice Reviews described in the next Section.

3.15 The programme for year two will, therefore, be reviewed in light of the annual consultation on priorities and the experience of year one.

CONSULTATION QUESTIONS

- 3. We would be interested in your views regarding the process adopted by HSSPS bodies to screen their policies and the conclusions reached.**
- 4. What are your views in the 5 key factors and 5 guiding principles that the HSSPS bodies have used to determine their priorities for a programme of equality impact assessments?**
- 5. What are your views on the HSSPS region-wide proposed impact assessments for the first two years of the programme – 2001-2002 and 2002-2003?**
- 6. We would be interested in your views on the HSSPS Agency and local impact assessments for the first two years of the programme, 2001-2002 and 2002-2003.**
- 7. Do you agree that the HSSPS family should consult each year about priorities for impact assessment?**

SECTION 4: GOOD PRACTICE REVIEWS

Summary

- 4.1 This section proposes the introduction of 'Good Practice Reviews' as a means of actively addressing equality issues and integrating equality considerations into the work of the HSSPS family.

Good Practice Reviews

- 4.2 A recurring theme voiced by consultees throughout the Stage 1 consultation process was that the Section 75 duties clearly require public authorities to go beyond a defensive approach and to take positive steps to promote equality of opportunity and good relations actively.
- 4.3 It was suggested that an effective and practical way of promoting equality would be to employ what we have termed Good Practice Reviews. Their purpose would be to address specific pressing issues, stimulate immediate and positive action, and mainstream equality awareness amongst staff.
- 4.4 It is proposed that the reviews which, by their nature, have cross-cutting implications for a range of groups, would be carried out in selected areas and the findings disseminated on a regional basis. The reviews could, however, also be carried out in relation to a problem experienced by a particular group.
- 4.5 It is envisaged that areas of existing best practice in the HSSPS and other organisations would fairly quickly be researched and

reviewed. The outcome of the reviews would lead to improvements overall through, for example, recommendations being made, good practice guidance drawn up and published, or examples of existing best practice being adopted.

- 4.6 A key feature of good practice reviews will be that they will be capable of being carried out quickly with the aim of getting practical action implemented where it affects service users.
- 4.7 It is not intended that good practice reviews should in any way be a substitute for equality impact assessments. Rather the reviews would supplement and support the programme of assessments, focusing on project or thematic work to promote equality. The reviews would, however, inform equality impact assessment of specific policies.

Views of Consultees

- 4.8 Access to services was a recurring theme raised by many consultees and included physical access to facilities.
- 4.9 Lack of awareness of the range of services available and how they operated was frequently raised. Many consultees felt that the dissemination of information regarding services was vital, particularly for those groups with the added disadvantage of, for example, language barriers, illiteracy and learning disabilities, etc.
- 4.10 Consultees considered it essential that services are provided in a sensitive manner which took account of the particular needs of the

affected groups including religious and cultural values. For example, the needs of ethnic minorities in areas such as bereavement, burials, diet and religion are different to those of the majority communities.

4.11 Access to information was linked closely to access to services and the need for effective communication. Consultees pointed to the need for better/more accessible information that would take account of the particular needs of the included categories, ie different formats, effective distribution and customising of materials to meet specific needs. Again, the immediate barriers of language, illiteracy, etc., were identified.

4.12 The need for the development of a policy for interpreting services was also raised in that experience of the provision of interpreters for minority ethnic language in the Health and Personal Social Services has been very mixed and ad hoc with interpreters being provided in a minority of cases. Health promotion/disease prevention programmes were provided by way of example with an emphasis being placed on the need to ensure that information is available in accessible formats. The need to include affected groups in design of such materials was also raised, as was the need to ensure that they are widely disseminated.

Programme

4.13 We propose, in years 1 and 2 of our equality work programme, to carry out good practice reviews in the following areas:

Access to Information

Access to Services

Attitudes of Staff, and in particular, training of staff in cultural diversity and equality awareness

User Involvement

Complaints Procedures

CONSULTATION QUESTIONS

- 8. We would be interested in your views on the proposal to introduce 'Good Practice Review' as a means of addressing equality issues which have cross-cutting implications for a range of groups.**
- 9. We would be interested in your views on the proposed programme of Good Practice Reviews for the first two years of work.**

SECTION 5: EQUALITY LIAISON PANELS

Summary

5.1 This section makes proposals for the establishment of liaison panels to facilitate equality work within the HSSPS family.

Need for Liaison Mechanisms

5.2 For consultation and communication to be effective, Section 75 groups need to be involved at all stages and in all aspects of developing and implementing our equality strategy.

5.3 During consultation on the draft Equality Schemes of HSSPS bodies, it became clear that there was a need to establish mechanisms and networks which would facilitate ongoing dialogue and partnership working with representatives of the Section 75 groups.

5.4 Such mechanisms would potentially benefit the community and voluntary sector by providing channels for expressing their views and influencing the implementation of the equality obligations. In terms of benefits for HSSPS bodies, a ready source of views and information would be available on general issues and concerns, and on developing and implementing our equality strategies more generally.

5.5 It is important to emphasise that these mechanisms are not a substitute for wider consultation on equality issues but would

provide a touchstone for general views and comments on the overall implementation of the equality obligations. They will, therefore, supplement rather than replace existing channels of communication.

- 5.6 The Department's Stage 1 consultation paper suggested setting up liaison arrangements with representatives of the Section 75 equality groups. Some liaison groups already exist at local levels and, although few respondents expressed views on the form which liaison groups might take, the proposal was strongly supported.

Proposals

- 5.7 It is proposed that:

- i. there should be one region-wide Liaison Panel which will consider regional issues and four Area Panels (one within each HSS Board area) to consider issues from a more localised perspective;
- ii. the membership of the panels will comprise members drawn from the nine Section 75 equality groups, and officials from the HSSPS family;
- iii. the Regional Panel will be chaired in its formative period by an appropriate Civil Servant. Local panels will be chaired by a Senior Executive of the Health and Social Services Boards;

- iv. Nominations will be sought from organisations representing the Section 75 groups.

Role

5.8 The role of the panels will include:

- providing views on consultation proposals;
- providing views on the conduct of equality impact assessments and good practice reviews;
- providing advice on fulfilling the equality obligations, including training, communication etc;
- providing views on equality issues in the widest sense.

5.9 To ensure the successful working of Equality Liaison Panels, HSSPS bodies will:

- provide appropriate information to enable members to participate fully;
- take on board feedback from the Panel, and consider it appropriately;
- provide feedback to the Panel where action has been taken as a result of the Panel's input;

- inform the Panel where it has not been possible to implement the Panel's recommendations explaining the reasons behind this situation;
- reimburse group members for reasonable expenses incurred.

CONSULTATION QUESTIONS

- 10. What are your views on the proposals to establish a Regional Panel covering all Board areas and 4 Area Panels?**
- 11. We would be interested in your views on the proposed membership and role of the Liaison Panels.**

SECTION 6: STAGE 2 CONSULTATION ARRANGEMENTS

Summary

6.1 This section describes how we propose to carry out the Stage 2 Consultation process.

Lessons from Stage 1

6.2 Our experience from the Stage 1 Screening process has shown us that effective and inclusive consultation is not easy to achieve. To achieve our equality obligations we clearly need to draw on the lessons learned and progressively overcome the barriers to effective and inclusive consultation.

6.3 The collaborative approach adopted by the HSSPS family has been widely welcomed. The two-stage consultation process was seen by respondents as important in developing their knowledge and capacity to engage meaningfully in consultation. It is also seen as important by HSSPS staff in developing their understanding of the diverse needs and experience of people in the Section 75 equality groups.

6.4 Problems identified by respondents included the need to address the problem of “consultation fatigue” which was perceived by many as developing throughout the voluntary and community sector. In addition, many perceived time and lack of resources as a major barrier determining the capacity of people meaningfully to become involved in consultation exercises.

6.5 Respondents referred to various methods which they felt would aid communication and consultation. In particular, respondents advocated the increased use of focus groups and workshops, and the provision of summaries and briefings. Holding of meetings in “familiar environments” such as luncheon clubs, old people’s homes and youth centres and a less formal style of meetings were strongly suggested as measures which would help people gain assurance and increase their ability to express their views.

Face-to-Face Dialogue

6.6 During the Stage 2 consultation the HSSPS family will work collaboratively to ensure that the consultation exercise is as inclusive as possible. We will continue to work with representative groups and individuals of the Section 75 categories in identifying how they may wish to share their views. The methods we propose to use include:

- public meetings which may include particular interest groups;
- focus group meetings;
- going to where people are, for example, clubs and day centres etc;
- linking into already established networks and meetings;

- enabling groups to host the meeting and set the agenda on their terms.

6.7 In organising consultation meetings we will aim to be as inclusive as is possible to enable full participation by taking account of the needs and customs of different groups.

Geographical Spread of Meetings

6.8 To allow opportunity for as wide a consultation as is possible a selected number of meetings will be organised at regional, area and local level. This will take account of urban and rural communities. It will also allow groups and individuals to choose the location that is most appropriate to them.

Advertisement of Meetings

6.9 To ensure that information about dates, times, venues and purpose of the meeting is widely disseminated a number of methods of advertisement will be used. These will include: press releases, newspaper advertisements, newsletters produced by other groups and networks, other groups' mailing lists, websites and direct written and telephone invitations.

Written Responses

6.10 For ease of reply a short pro forma accompanies this consultation document. This can be posted to:

Roy Keenan

Department of Health, Social Services and Public Safety

Room C4.1

Castle Buildings

BELFAST, BT4 3SJ

Fax: 028 90523494 e-mail: roy.keenan2@dhsspsni.gov.uk

Alternatively, you can return the form to a local contact. Please refer to the list at Appendix 4. The pro-forma will be accessible on the Department's internet website at www.dhsspsni.gov.uk.

Responses to the pro forma can be made using the website address.

Requests for Consultation

6.11 The consultation methods suggested in this Section are by no means exhaustive. We would welcome any additional suggestions from people on other methods we should use to engage people in this process and to ensure that our consultation is as inclusive as is possible of all the Section 75 categories.

Enquiries

6.12 Enquiries about meetings or any aspects of this paper can be made at any of the contact points listed in Appendix 4.

**PROPOSED PROGRAMME OF REGION-WIDE HSSPS POLICIES FOR
EQUALITY IMPACT ASSESSMENT – PHASE 1, 2, 3.**

Phase 1 (P1)	Spanning Years 1-2
Phase 2 (P2)	Priority rating to be re-assessed at an annual review of the EIA Programme
Phase 3 (P3)	Priority rating to be re-assessed at an annual review of the EIA Programme

Policies in Phase 1 shown in **bold**. Policy groupings in Phase 1 shown in **bold/italics**. The policies are listed under generic headings and cover policies at regional, area and local levels.

	P 1	P 2	P 3
<u>1. Family and Child Care</u>			
Abortion			X
[Adoption Services Children at Risk of Offending; Independent Visitors Scheme; Leaving and After Care Services; Looked after Children; Complaints and Representation Procedures for Children; Recruitment of Foster Carers; Residential Care for Children; Secure Accommodation for children]	X		
Childcare Strategy			X
Child Protection		X	
Domestic Violence		X	
Employment of Children			X
<i>[Family Support/Children in Need; Social Services for Children with a Disability]</i>	X		
Funding for Voluntary and Community Organisations	X		
Sure Start		X	

	P 1	P 2	P 3
<u>2. Community Care</u>			
<i>[Assessment and Care Management; Carers' Strategy; Respite Care; Community Care: Direct Payments; Right to a carer's assessment]</i>	X		
Charging for Non-Residential Care and for Personal Social Services		X	
Charging for Residential Care	X		
Community Development		X	
Continence policy		X	
Dementia Policy			X
Learning Disability	X		
Mental Health		X	
Prevention of Abuse of Vulnerable Adults		X	
Registration and Inspection of Nursing and Residential Care Homes			X
Access to PAMs services and Occupational Therapy		X	
Adaptation to Housing Stock(joint lead with Housing Executive-review currently ongoing)		X	
Motability Scheme Policy(prime responsibility for the policy is with DSD. DHSSPS responsibility only extends to continuing support for "trikes")			X
[Physical or Sensory Disability; Wheelchair policy /Aids to daily living]		X	
<u>3. Primary Care</u>			
Arrangements for Dispensing by Doctors			X
<i>[General Dental Services; Oral Health Strategy]</i>	X		
General Medical Services		X	
General Medical Services – Audit Issues– Post Payment Monitoring Probity Practice Visits; Exemption Fraud – Recovery of Family			

	P 1	P 2	P 3
Practitioner service charges, where exemption/remission wrongly claimed; Monitoring of Practitioner Claims			X
General Ophthalmic Services			X
GMS Local Development Schemes			X
GP Fundholding			X
Health Service Charges		X	
Health Services for Non-Residents		X	
Out of Hours arrangements for General Medical Services	X		
Personal Dental Services		X	
Personal Medical Services Pilots			X
Pharmaceutical Services (dispensing of drugs and medicines)		X	
Prescribing Incentive Scheme for non-Fundholding GPs			X
Primary Care Commissioning Pilot Initiative			X
Prison Dental Service			X
Referral Dental Service			X
Select List Scheme – Blacklisting of certain drugs		X	
<u>Weighted Capitation Formula for Allocating Prescribing Monies</u>		<u>X</u>	

4. Secondary Care

Acute Care – Acute Hospitals Review	X		
Cancer Services		X	
Cloning			X
Hospital Travel Costs			X

	P 1	P 2	P 3
Sub-fertility Treatment	X		
Human Fertilisation and Embryology			X
Human Fertilisation and Embryology - Egg Freezing			X
Human Fertilisation and Embryology – Egg Sharing			X
Maternity Services Policy		X	
Organ Retention		X	
Consent to Treatment		X	
New Central Maternity Unit	X		
Palliative Care			X
Payment to Sperm and Egg Donors			X
Radiation Protection			X
Renal Services	X		
Storage of Gametes and Embryos			X
Strategic Review of Cardiac Services	X		
Surrogacy			X
Professional regulation arising from Nurses, Midwives and Health Visitors Act including the establishment of the Northern Ireland National Board for Nurses, Midwives and Health Visitors (function is disappearing)			X
Nursing Services for Acutely ill Children		X	
New Local Body for Nurses, Midwives and Health Visitors	<u>X</u>		
Nurse Prescribing			X
Guidance to Nurses, Midwives and Health Visitors arising from the Children Order		X	
Licensing of Nursing Agencies		X	
“Valuing Diversity” – Strategy for Nursing, Midwifery and Health Visiting			X
Establishment of Nurse Consultant posts			X
Complementary Treatment Policy			X

	P 1	P 2	P 3
Xenotransplantation			X

5. Public Health

Communicable Disease			X
[Alcohol Strategy; Drug Strategy]	X		
Fluoridation of Drinking Water Supplies			X
Health Action Zones		X	
Home Accident Prevention			X
Immunisation		X	
Investing for Health	X		
Tobacco Control	X		
Medicines: safety, quality and efficacy			X
[Mental Health Promotion Strategy; Prevention of Suicide]	X		
Screening		X	
Family Planning		X	
Teenage Parenthood	X		
The Animals (Scientific Procedures) Act 1971			X
The Poisons (Northern Ireland) Order 1976			X

6. Finance

Annual Allocation of Resources	X		
Capitation Formula for allocating funds to HSS Boards		X	
Funding Arrangements for Capital Charges			X
Private Finance Initiative/PPP	X		
Road Traffic Accidents: Recovery of Hospital Costs			X

7. Human Resources

	P 1	P 2	P 3
Commissioning of Nurse, Midwife and Health Visiting Education		X	
Distinction and Meritorious Service Awards		X	
[HPSS selection and Appointment Procedures - Selection and Appointment Procedures for Medical and Dental Staff; Children and Vulnerable Persons' Safeguard Policies]		X	
[In Service training provision for HPSS Staff including:-Finance Training in the HPSS; Education and Training for Medical and Dental Staff; New Deal on the Long Term Unemployed; General Management Graduate Training]		X	
[Employment Medical Service; Occupational Health Service for HPSS staff]		X	
Agenda for Change	X		
Confidence in the Future Assessment of Doctors		X	
<i>[Terms and Conditions of Service for Staff in the Health and Personal Social Services including:</i>	X		
- <i>Administrative and Clerical Staff Rates of Pay and Conditions of Service Handbook;</i>			
- <i>Medical and Dental Staff Conditions of Service Handbook;</i>			
- <i>Social Work Staff Rates and Conditions of Service Handbook;</i>			
- <i>Maintenance Staff Rates of Pay and Conditions of Service Handbook;</i>			
- <i>Ambulance Staff Rates of Pay and Conditions of Service Handbook;</i>			
- <i>Ancillary and General Staff Rates of Pay and Conditions of Service Handbook]</i>			

	P 1	P 2	P 3
- Nurses and Midwives Rates of Pay and Conditions of Service Handbook; and		X	
- Professional and Technical Staff Rates of Pay and Conditions of Service Handbook.		X	
Senior Managers Rates of Pay and Conditions of Service Handbook		X	
Senior Managers Grading Procedures		X	
General Terms and Conditions of Service Handbook		X	
Stand by, On Call, Excess hours and Emergency duty policies		X	
Working Time Regulations in HPSS		X	
Guidance on Tackling Racial Harassment in the HPSS		X	
Employing of European Economic Area Nationals		X	
Employing Disabled People in the HPSS		X	
Equal Opportunity Provisions		X	
Health and Safety in the HPSS		X	
Expenditure on Staff Benefits			X
Guidance for Staff on Relations with the Public and Media			X
Standards of Business Conduct for HPSS Staff			X
New Deal on Junior Doctors Hours		X	
Agenda for Change – Pay Modernisation		X	
Regional Human Resources Strategy	X		
Partnership Board Arrangements			X
DHSSPS Personnel Policies		X	

8. Estates

Land Transaction Handbook			X
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	P 1	P 2	P 3
Technical Guidance on design etc.			X
Procurement Policy (Buildings, Plant and Equipment)	X		
Retained Estate			X

9. **Information and Communication Technology**

Development and issue of formal Information and Communications Technology (ICT) standards and guidance for the HPSS			X
Development and Support of Information and Communications Technology (ICT) in the HPSS			X
Information and Communications Technology (ICT) strategy for the HPSS.	X		
Personal Data Confidentiality Policy		X	

10. **Planning and Performance Management**

<i>[Capital Investment Strategy General Capital Review];</i>	X		
Charter for Patients and Clients		X	
Quality First Policy		X	
HPSS Complaints Procedure		X	
Well into 2000		X	
Health and Wellbeing Into the Next Millennium 1997-2002 (The Regional Strategy)		X	

11. **Public Safety**

Emergency Planning for the HPSS			X
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	P 1	P 2	P 3
Strategic Review of the Ambulance Service	X		
Fire Precautions, Advice and Guidance			X
Recruitment and Staff complementing of the Fire Service			X
Response times to fire call outs		X	
<u>12. Other Policies</u>			
Adverse Incidents			X
Consumer involvement		X	
<u>Living with the Trauma of the “Troubles”</u>		<u>X</u>	
New Targeting Social Need		X	
<u>Provision of legal services to the HPSS via a</u>			<u>X</u>
<u>'Select list'</u>			
Information and Statistics Policy			X
Research Policy		X	
Complaints Procedures		X	

SUMMARY OF PRIORITY POLICIES FOR IMPACT ASSESSMENT

Note: A summary of all region-wide policies is available on the Department's Internet Website or on request from the Department's Equality Unit.

Adoption Services

Adoption services comprise the arrangements under which those wishing to become adoptive parents are approved by adoption agencies and the procedures under which children are selected for adoption by statutory agencies.

Children at Risk of Offending

The requirement that Health and Social Services Trusts should take steps to encourage children not to commit criminal offences.

Leaving and Aftercare Services

The requirements for children/young people leaving the care of social services to be provided with help and support after they have left the care system.

Independent Visitors Scheme

The requirement for independent visitors to be provided for children accommodated by social services and who would not otherwise receive regular visits.

Looked After Children

The policies under which children are provided with residential care and fostering services, including decisions about placements and whether a child receives these types of service; the arrangements for ensuring the welfare of children looked after.

Complaints and Representation Procedures for Children

The duty placed on Health and Social Services Trusts to operate complaints procedures in relation to specified services under the Children (NI) Order.

Recruitment of Foster Carers

The policy context is set by the findings from “Fostering in Northern Ireland: Children and their Carers” and the UK National Standards for the recruitment, selection, training and support of foster carers.

Residential Care for Children

The provision of residential care places for those children for whom this type of care is the best option and greater choice in the placement of

children looked after by Health and Social Services Trusts through the provision of a range of residential facilities.

Secure Accommodation for children

The arrangements for the provision of secure accommodation and the criteria controlling the use of secure accommodation.

Family Support / Children in Need

Family support services provided by Health and Social Services Trusts and the voluntary sector in line with Article 18 of the Children (NI) Order.

Social Services for children with a disability

The requirement for personal social services to be provided to children with a disability in order to minimise the effect of disability.

Funding for Voluntary and Community Organisations

The arrangements for funding the core costs of voluntary and community organisations.

Assessment and Care Management

Entitlement of all members of the community with continuing and complex health and social care needs to a full assessment of their need

for care. The comprehensive and multi-disciplinary assessment should embrace physical, mental and social functioning and take account of the role, needs and views of carers. The outcome of all assessments will lead to agreed care plans and decisions on service provision in accordance with principles of the “People First” Community Care Policy.

Carers’ Strategy

Recognition of carers’ work and the provision of strategic support to allow carers to carry out their role.

Respite Care

Respite Care is care that gives carers or family a break from looking after someone. It can be provided in hospital, in people’s own homes or in residential care and nursing homes and other settings. Each Health and Social Services Board or HSS Trust sets its own eligibility criteria, which will take into account the nature, complexity and intensity of health and social care needs of both users and their carers.

Community Care: Direct Payments

Where a member of the community has been assessed as needing personal social services, direct cash payments may be made in lieu of the services he/she has been assessed as needing, to enable him/her to arrange the relevant services. The aim of the policy is to promote independence.

Right to Carer's Assessment

Departmental Direction and guidance issued in 1996 established the right of carers to request a separate assessment of their own needs. The aim is to promote greater recognition of the role of carers, to support continuing caring, and to develop an integrated family based approach involving both users and carers that enables timely interventions.

Charging for Residential Care

Care-managed clients in residential care and nursing homes are required to pay a contribution towards the cost of their care. Most of income and capital over £10,000 is subject to charges. People with capital assets, including property exceeding £16,000, must pay the full cost of their care.

Learning Disability

A comprehensive range of supportive community services for people with a learning disability and their carers with the overall objective that long-term institutional care should no longer be provided in a traditional specialist hospital environment. The aim of the policy is inclusion.

Out of Hours Arrangements for General Medical Services

Arrangements that are put in place to ensure that the public have access to general medical services provided by General Practitioners outside of normal working hours, for example at weekends, night-time and on public holidays.

Oral Health Strategy

The strategy sets targets for improving the oral health of the population as a whole and suggests ways in which this can be achieved. Targets include, for example, reductions in the number of decayed, missing or filled teeth amongst adults and children as measured by regular dental surveys of the population. In implementing the strategy, Health and Social Services Boards and others are expected to assess the oral health needs of people in their areas and, where appropriate, take action to address special needs and to reduce variations in oral health. This may include the setting of more specific targets at area or local level.

General Dental Services

This covers the provision of dental treatment and appliances under the Health Service by general dental practitioners. For example, such treatment could include simple fillings or extractions or more complicated procedures such as orthodontics.

Sub-Fertility Treatment

A range of sub-fertility services is provided on the HPSS, but not in-vitro fertilisation (IVF). Patients receiving IVF treatment do so on a private basis. Many also obtain IVF-related medication on prescription from their GP, although some GPs no longer prescribe these drugs on the grounds that the hospital consultant has clinical responsibility for such patients. The provision of sub-fertility services, including IVF, has recently been considered by the Regional Medical Services Consortium. It has recommended improvements in the provision of sub-fertility services, and also proposes that a certain level of IVF treatment should be available on the HPSS.

Acute Care – Acute Hospitals Review

Acute care encompasses a wide range of hospital-based inpatient, outpatient, day patient and accident and emergency services and consumes a significant proportion of total investment in the Health and Personal Social Services. It is important that this resource meets the needs of patients by providing appropriate, responsive and clinically effective care, as efficiently as possible.

New Central Maternity Unit

Following a recommendation by the Eastern Health and Social Services Board in 1993, the Government decided to combine the maternity

services provided in the Jubilee and Royal maternity hospitals on one site to ensure that mothers and babies receive the best possible care and treatment. As well as providing better services for the Belfast area, the combined maternity unit will also provide a regional service to cope with the highest risk births and very ill babies who require very specialised care and treatment. Previous decisions to site the combined service at the Belfast City Hospital HSS Trust site and subsequently at the Royal Group of Hospitals HSS Trust site, have been overturned. As an interim measure these services have now been brought together in the Royal Maternity Hospital until such times as a new maternity unit would be available. The Minister has announced her intention to issue a new consultation document on this issue in the spring of 2001 to take careful account of the legitimate concerns of all those with an interest in this development.

Strategic Review of Cardiac Services

The review will undertake an urgent assessment of the need for cardiac surgery, including paediatric cardiac surgery, in the light of developments in interventional cardiology, emerging clinical practices and changing incidence of heart disease. It will take particular account of the need to develop high quality services that: operate efficiently; are delivered in a timely manner when they are needed; achieve good outcomes; and ensure equality of access. The review will be completed early next year.

Renal Services

The policy covers how renal services should be developed in terms of level and quality of service.

Alcohol Strategy

The Strategy for Reducing Alcohol Related Harm aims to reduce the harm caused to individuals and society by the misuse of alcohol. Its main objectives are to: encourage responsible attitudes to drinking; promote effective treatment services; and protect individuals and communities from alcohol related harm.

Drug Strategy for Northern Ireland

The Drug Strategy for Northern Ireland highlights the need for action to reduce drug misuse and drug related harm, particularly among young people and within communities. It focuses on education and prevention; treatment and rehabilitation; and reducing the availability of drugs.

The Department of Health, Social Services and Public Safety is charged with co-ordinating action across Departments to ensure achievement of the Strategy's objectives.

Tobacco Control

It is intended to publish a new inter-departmental Action Plan on Tobacco Control for consultation by October 2001. This will set out how the Departments and their agencies, acting together and in partnership with their business and voluntary sectors, will work to reduce the health

and economic burden of smoking in our society; strengthen treatment services for people who want to stop smoking; protect non-smokers from the dangers of environmental tobacco smoke; and prevent children from smoking.

Investing for Health

“Investing for Health” is an inter-Departmental strategic process, co-ordinated by DHSSPS on behalf of the Ministerial Group on Public Health. Its central purpose is to mobilise and co-ordinate efforts across society to improve the health of our people and reduce inequalities in health between different population groups.

“Investing for Health” calls for a concentrated effort to reduce inequalities between different population groups, including those associated with socio-economic conditions. Within this overarching principle, it invites views on priority population groups, settings, and issues. The consultation period is scheduled to end on 31 May, 2001.

Mental Health Promotion Strategy; Prevention of Suicide

The aims of the strategy are to increase understanding about mental health and develop programmes to promote positive mental health. It focuses on the different needs of children, young people, adults and the elderly and those within these age ranges who would benefit from specific initiatives. It includes a specific section on suicide.

Teenage Parenthood

The policy is to reduce the number of unplanned births to teenagers and to minimise the adverse consequences of those births to teenage mothers and their children.

Procurement Policy (Buildings, Plant and Equipment)

The purpose of the Department's policies on the procurement of buildings, plant and equipment is to ensure that:

- (a) the Department, Boards, Trusts, Agencies and other Health and Social Services bodies comply with all European requirements as set out in the Directives on Works Contracts (93/37 EEC), Services Contracts (92/50 EEC), and Supplies Contracts (77/62 EEC) and
- (b) the process of procurement achieves value for money and accountability.

Private Finance Initiative/PPP

Requiring all business cases for capital investment and related services to consider the merits of private sector ownership and provision, and to allow the private sector to bid for the relevant services, such bids being evaluated against each other and against the publicly funded option.

Capital Investment Strategy

The allocation of capital funding to Health and Social Services Trusts for the development of major projects. Resources have been allocated mainly for major projects in the Acute Sector on the basis of need in the Health and Personal Social Services and underwritten by an objective financial appraisal.

Apart from the Belfast City Hospital and Antrim Hospital, the larger Acute facilities date from the 1960s or earlier and are in need of modernisation. Substantial resources have been invested in developing these Acute facilities across Northern Ireland.

General Capital Review

This is a block of capital funding which is distributed for investment by Health and Social Services Trusts in their own estate priorities. Distribution is on the basis of each Trust's proportionate share of the total value of contract income with Health and Social Services Boards.

Strategic Review of the Ambulance Service

The Report of the Strategic Review made recommendations for changes to improve the provision of ambulance services. The Report was issued for public consultation and the comments received have been collated. Further evaluation of the Report's 71 recommendations is required before Minister can decide on which recommendations will be implemented and the timescale for doing so.

Annual Allocation of Resources

The Department makes resource allocation decisions in the 4-5 months leading up to each new financial year. These are based on overall available resources set against the recurrent baseline, inflation provision, and specific decisions on the application of the balance.

Agenda for Change – relating to pay and conditions of HPSS staff.

Negotiations are currently taking place with staff organisations in the GB with a view to a major reform of the system of remuneration, grading and working practices in the NHS and HPSS. It is recognised that the current arrangements are not adequate to meet the need to modernise our services. Implementation of an agreement will have widespread implications for pay and employment policies in the HPSS.

Regional Human Resources Strategy

Work has been ongoing to develop a Human Resources Strategy which will cover staff working in HPSS. The strategy, which has been drafted by a joint working party of management and staff representatives, will provide a frame which will guide HPSS employers practices and policies across the broad range of employment issues.

Information and Communications Technology (ICT) Strategy for the HPSS

The Department has set up a project to develop a new strategy for the use of information and communications technology (ICT) in the health and personal social services. The aim is to publish a consultation document early in 2001 which will set out a vision for how ICT can be used to support health and social care. A more detailed statement setting out a plan for implementation of the strategy is expected to be published in Summer 2001.

New Local Body for Nurses, Midwives and Health Visitors

The Department is currently developing proposals for the establishment of a new Local Body for Nurses, Midwives and Health Visitors. The Body will support the initial and ongoing education, practice and performance of nurses, midwives and health visitors. A consultation paper was published in August 2000 and following a positive response, the proposals for the local body are being further developed and will be subject to consideration for an Equality Impact Assessment. Subject to approval and the required legislation being passed, the Local Body will become established (estimated timeframe April 2002) and will be required to produce its own Equality Scheme.

EQUALITY IMPACT ASSESSMENT PROGRAMME FOR REGIONAL HSS AGENCIES, TRUSTS, COUNCILS AND THE FIRE AUTHORITY

Organisation	Policy Area	Policy Description
Northern Ireland Blood Transfusion Service	Blood Donor Selection	General considerations relating to the medical assessment of criteria for acceptance of donors.
	Donor Services Policies	Premises for Blood Donation, personal interviewing of new and lapsed donors, policy on children attending donation session, general health and haemoglobin (Hb) check, over-age list.
Health Promotion Agency for Northern Ireland	Public Information Campaigns	<p>Policy background to public information campaigns highlighting the following areas:</p> <ul style="list-style-type: none"> • the scope of campaigns • strategic context • research and analysis • use of statistical and other information • the scope of campaigns • the distribution of information <p>Policies relating to the following:</p>
Northern Ireland Council for Postgraduate Medical and Dental Education	Policies relating to the training of GPs and Dentists	<ul style="list-style-type: none"> • Supernumerary Specialist Registrar Scheme • Flexible Training Scheme • GP Retainer Scheme • Selection of Trainers and Training Practices (both GPs and Dentists) • Course Selection procedure for continuing dental education • Specialist registrar placements

Organisation	Policy Area	Policy Description
Northern Ireland Guardian Ad Litem Agency	Specialist policies relating to working with children	<ul style="list-style-type: none"> Provision of information, selection of GaLs, practice guidelines for working with children, awareness training for staff.
Central Services Agency	Access to documents and services relating to Family Practitioner Services	<ul style="list-style-type: none"> Policies relating to the application for services and allocation of patients to GPs, transfer of patients to doctor's lists, assignment to temporary lists.
Fire Authority for Northern Ireland	Employee Resourcing(including the Retained Service) and Entry Standards(Operational)	Policies and procedures associated with the recruitment and selection of both Wholetime and Retained (Part-time) Firefighters, including community outreach, and the impact of current statutory entry requirements for the Fire Service.
Mater Hospital HSS Trust	Do not resuscitate policy Recruitment and selection	
Royal Group of Hospitals and Dental Hospitals HSS Trust (spanning years 2001/2002 to 2003/2004)	Management of Complaints Car parking at the Royal Hospitals Work experience/career conventions	<p>Arrangements for addressing complaints.</p> <p>Car parking arrangements and charges for patients, visitors and staff.</p> <p>Work experience for school children and participation in careers conventions</p>

Organisation	Policy Area	Policy Description
North and West Belfast HSS Trust	Recruitment and Selection	Policies relating to the recruitment and selection of Trust staff
South and East Belfast HSS Trust	Employment Policies	Policies relating to recruitment and selection, learning and development and equality of opportunity
HSS Councils	Liaison with the Voluntary and Community Sector	Policy relating to the monitoring and enhancing of links with organisations working in the voluntary and community sector. Where appropriate, working in partnership with the objective of improving services and keeping Councils informed of relevant issues

APPENDIX 4

DHSSPS AND ASSOCIATED BODIES – EQUALITY CONTACTS

Department

Roy Keenan
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Upper Newtownards Road
Belfast
BT4 3SJ
Tel: 028 90 522433

Eastern HSS Board

Anne McGlade
Champion House
12-22 Linenhall Street
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BT2 8BS
Tel: 028 90 321313

Belfast City Hospital Trust

Mervyn Barkley
Lisburn Road
Belfast
BT9 7AB
Tel: 028 90 329241

Down Lisburn HSS Trust

Suzanne McCartney
Lisburn Health Centre
22-25 Linenhall Street
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BT28 1LU
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Green Park Healthcare HSS Trust

Brian Sore
Musgrave Park Hospital
Stockmans Lane
Belfast
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Tel: 028 90 669501 Ext 2909

Royal Group of Hospitals HSS Trust

Evan Bates
274 Grosvenor Road
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South & East Belfast HSS Trust

Vivienne Walker
Knockbracken Healthcare Park
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North & West Belfast HSS Trust

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Mariad Mitchell
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BT1 6DP
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Eastern HSS Council

Jane Graham
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Tel: 028 90 321230

Northern HSS Board

Bride Harkin
County Hall
Galgorm Road
Ballymena
BT42 1QB
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**Mater Infirmorum Hospital
HSS Trust**

Joan Peden
45-47 Crumlin Road
Belfast
BT14 6AB

Tel: 02890 802560

**Ulster Community and
Hospitals HSS Trust**

Susan Thompson
Ulster Hospital
Upper Newtownards Road
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BT16 ORH
Tel: 028 90 484511

Causeway HSS Trust

Donna Allen
8e Coleraine Road
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BT53 6BP
Tel: 028 276 661452

Homefirst Community HSS Trust

Alison Annett
The Cottage
5 Greenmount Avenue
Ballymena
BT43 6DA
Tel: 028 25 633700

United Hospitals HSS Trust

Anne McCormill
Bush House
Antrim Area Hospital
45 Bush Road
Antrim
BT41 2RL
Tel: 028 94 424859

Northern HSS Council

Noel Graham
8 Broadway Avenue
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BT42 7AA
Tel: 028 35 655777

Southern HSS Board

Karen Braithwaite
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Armagh & Dungannon HSS Trust

Gordon Wells
Heather Ellis
St Luke's Hospital
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Craigavon Area Hospital Group Trust

Jane McKimm
68 Lurgan Road
Portadown
BT63 5QQ
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**Craigavon & Banbridge
Community HSS Trust**

Lynda Gordon
Bannvale House
10 Moyallen Road
Gilford
BT63 5JX
Tel: 028 38 316691

Newry & Mourne HSS Trust

Mervyn Ferris
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Newry
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Southern HSS Council

Seamus Magee
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High Street
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Western Equality Schemes Forum

Frances Rolston-Bruce
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Tyrone and Fermanagh Hospital
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Western HSS Board

Michael Gormley
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Clooney Road
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Tel: 028 71 860086

**Altnagelvin Group of Hospitals
HSS Trust**

Manus Doherty
Altnagelvin Area Hospital
Glenshane Road
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Sperrin Lakeland HSS Trust

Bridget O'Rawe or
Frances Rolston-Bruce
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Tyrone & Fermanagh Hosp
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BT79 0NS
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Central Services Agency

Gregg Irwin
25 Adelaide Street
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BT2 8FH
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NI Blood Transfusion Service

Jenny Calvert
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51 Lisburn Road
Belfast
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Tel: 028 90 321414

**Foyle HSS Trust (including
Westcare Business Services)**

Noel Quigley
Riverview House
Abercorn Road
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Western HSS Council

Stanley Millar
Hilltop
Tyrone & Fermanagh Hospital
Omagh
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Tel: 028 82 252555

NI Health Promotion Agency

Kevin Doherty
18 Ormeau Avenue
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**NI Guardian ad Litem
Services Agency**

Carol Diffen
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79 Chichester Street
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**NI Regional Medical Physics
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NI Ambulance Service

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NI Council for Postgraduate Medical and Dental Education

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Fire Authority for NI

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