



## **EQUALITY COMMISSION FOR NORTHERN IRELAND**

### **Response to 'Fit and Well: Changing Lives – 2012-2022 – A 10-Year Public Health Strategic Framework for Northern Ireland – A Consultation Document'**

**Department of Health, Social Services and Public Safety**

**October 2012**

#### **Introduction**

1. The Equality Commission for Northern Ireland (the Commission)<sup>1</sup> welcomes the opportunity to respond to 'Fit and Well: Changing Lives – 2012-2022 – A 10-Year Public Health Strategic Framework for Northern Ireland – A Consultation Document' from the Department of Health, Social Services and Public Safety (Department).
2. This response takes into account the consultation questionnaire provided. In making our response, the Commission provides feedback on equality aspects associated with:
  - the overarching approach;
  - strategic priorities and equality assessment; and
  - the promotion of the whole system approach
3. This response draws on our work across a range of equality grounds as well as work being progressed in our role as 'independent mechanism' in Northern Ireland under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)<sup>2</sup>.

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<sup>1</sup> See Annex 1

<sup>2</sup> See Annex 1

## Summary

4. The following sets out a summary of our comments and recommendations:
  - i. The Commission supports the revised vision of “*Where all people are enabled and supported in achieving their full health potential and wellbeing.*” We concur that the strategic framework should be implemented to create the conditions for individuals and communities to take control of their own lives.
  - ii. The Commission supports the continuation of the overall aim from ‘Investing for Health’ to “*To improve the health and well-being status of all our people, and to reduce inequalities in health.*”
  - iii. In recognising that health is a fundamental human right, the strategic framework is a step by the State Party in the fulfillment of associated obligations.
  - iv. The strategic framework; associated aims and objectives; and subsequent outcomes thus provide an opportunity for the Department to actively contribute to the progressive realisation of right to health as articulated in the International Covenant for Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The Department, and other departments, will however need to clearly demonstrate and deliver on outcomes aligned to these values through an effective implementation of the strategic framework.
  - v. The Commission broadly welcomes the principles as set out within “Fit and Well”. Whilst we welcome the principle ‘to improve employment opportunities and income levels of those who are most disadvantaged’, we would note the importance of also seeking relevant improvements in housing and educational outcomes for example. These, along with the other principles should reinforce the principle ‘to maximise opportunities for individuals, families and communities to protect and improve their own health’.

- vi. The Commission welcomes the proposed focus on outcomes towards reducing inequalities in health across the life stages for all people in Northern Ireland. In doing so, the Department should consider, across all life stages, the different health experiences faced by women; men; and other equality groups.
- vii. In the context of Government delivering on its obligations under the UNCRPD, the Commission welcomes all public health initiatives that may assist or reduce:
  - those living with long-term conditions;
  - the occurrence of disability; and
  - the onset of secondary, co-morbidity or health risk behaviours for those with disabilities.

Therefore, the Commission recommends that the Department considers and demonstrates how 'Fit and Well' may contribute to the implementation of good practice as outlined within the six developmental areas within the 'Living with Long-term Conditions' policy framework<sup>3</sup>.

- viii. We recommend the inclusion of key actions over the lifespan of 'Fit and Well' to ensure that health and social care providers have adequately prepared for the introduction of legislation prohibiting discrimination on the grounds of age in the provision of goods and services. We recommend that an underpinning theme within 'Fit and Well' is to promote age equality within health and social care together with a commitment to take a series of actions such as an early and in-depth review of the degree to which age discrimination may exist within health and social care and an audit of services prior to the introduction of the legislation.
- ix. The Commission recognises the value of the strategic priorities of 'Early Years' and 'Supporting Vulnerable People and Communities' outlined within 'Fit and Well' towards the achievement of a sustained reduction in health inequalities.
- x. With regards to positive action measures, the Commission would seek further information on how the Department has sought, through the development of this policy, to

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<sup>3</sup> *Living with Long-term Conditions: A Policy Framework* (April 2011) Department of Health, Social Services and Public Safety. <http://www.dhsspsni.gov.uk/living-longterm-conditions.pdf>

progressively realise the right to health. For example, with regards to those with disabilities - has the Department not only met the obligations within Article 25 of the UNCRPD, but has it put in place specific measures necessary to achieve equality for persons with disabilities in accordance with Article 5 of the UNCRPD.

- xi. The Commission considers that for compliance with Article 4(3) of the UNCRPD, the State Party should both consult and actively involve disabled people in the development of draft policies. In developing the draft consultation document for 'Fit and Well', the Commission asks whether the DHSSPS has closely consulted and/or involved key stakeholders, including those with disabilities. If such involvement has occurred, the Department should make this clear in its consultation, and subsequent, documents.
- xii. The Commission recommends that the Department cross-references the evidence it used in developing its screening document (across all equality groups) with the outcome areas proposed within the strategic framework itself. For example, we are concerned that despite the Department's screening document identifying 'Barriers to Health: Migrant Health and Well-being in Belfast', 'Fit and Well' does not appear to explicitly address the specific barriers that minority ethnic groups may face.
- xiii. Further, the Commission feels that the relationship between the 'Transforming Your Care' and 'Fit and Well' is not clearly given due weight within the draft consultation document. In addition, the Strategic Implementation Plan (SIP) for TYC does not, at present, appear to incorporate 'Fit and Well'. It is recommended that the relationships between the TYC and 'Fit and Well' are strengthened within both 'Fit and Well' and a revised SIP, and in its three year action plan and associated equality impact assessment.
- xiv. The Commission strongly endorses the Whole System Approach to policy planning and delivery across the Northern Ireland Government. The Commission welcomes the promotion of a more systematic and structured approach to addressing the reciprocal nature of health and other Government policies within the strategic framework of 'Fit

and Well', and generally across a range of policy areas within the Department.

### **Consultation on 'Fit and Well'**

5. In July 2012, the Department initiated a public consultation on "Fit and Well – Changing Lives" (Fit and Well)<sup>4</sup> a new strategic framework for public health in Northern Ireland. In the public consultation's covering letter it states that 'Fit and Well' provides an opportunity to address existing and some emerging issues since 'Investing for Health' was first published.
6. In responding to the public consultation on 'Fit and Well' the Commission will provide comments on its:
  - overarching approach, including its:
    - vision and aim;
    - values;
    - principles;
    - life course approach; and
    - underpinning themes.
  - strategic priorities and equality assessment, including the:
    - use of positive action measures to promote equality of opportunity and compliance with international human rights treaties;
    - active consultation with key stakeholders;
    - use of equality documentation; and
    - recognition and use of information from departmental and cross-departmental strategies.
  - promotion of the whole system approach and its implementation across Northern Ireland Government.

### ***Overarching Approach***

#### *Vision and Aim:*

7. The Commission supports the revised vision of "*Where all people are enabled and supported in achieving their full health potential and wellbeing.*" We concur that the strategic framework should be

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<sup>4</sup> 'Fit and Well – Changing Lives – A Ten Year Public Health Strategic Framework for Northern Ireland 2012-2022'. (2012). Department of Health, Social Services and Public Safety (DHSSPS). <http://www.dhsspsni.gov.uk/fit-and-well-consultation-document.pdf>

implemented to create the conditions for individuals and communities to take control of their own lives. In doing so, the strategic framework should seek to target to enable the most vulnerable people within our society to achieve better health outcomes. Therefore, the Commission supports the continuation of the overall aim form 'Investing for Health' to "*To improve the health and well-being status of all our people, and to reduce inequalities in health.*"

*Values:*

8. The Commission welcomes the values, and recognition, within "Fit and Well" that health is a fundamental human right, that policies should actively pursue equality of opportunity and promote social inclusion, that individuals and communities should be fully involved in decision making on matters relating to health, and that all citizens should have equal rights to health, health services and health information according to their needs<sup>5</sup>.
9. In recognising that health is a fundamental human right, the strategic framework is a step by the State Party in the fulfillment of associated obligations. In this regard the Commission would highlight:
  - everyone has the right to the enjoyment of the highest attainable standard of physical and mental health under Article 12 of the International Covenant for Economic, Social and Cultural Rights (ICESCR)<sup>6</sup>;
  - persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability under Article 25 of the UNCRPD<sup>7</sup>;
  - children have the right to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health under Article 24 of the Convention on the Rights of the Child (CRC)<sup>8</sup>; and

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<sup>5</sup> 'Fit and Well – Changing Lives – A Ten Year Public Health Strategic Framework for Northern Ireland 2012-2022'. (2012). Department of Health, Social Services and Public Safety (DHSSPS). Page 57. <http://www.dhsspsni.gov.uk/fit-and-well-consultation-document.pdf>

<sup>6</sup> International Covenant on Economic, Social and Cultural Rights (ICESCR). Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966 entry into force 3 January 1976, in accordance with Article 27. <http://www2.ohchr.org/english/law/pdf/cescr.pdf>

<sup>7</sup> Convention on the Rights of Persons with Disabilities. <http://www2.ohchr.org/english/law/pdf/disabilities-convention.pdf>

<sup>8</sup> Convention on the Rights of the Child <http://www2.ohchr.org/english/law/pdf/crc.pdf>

- women are protected against discrimination in the field of health care and have the right of equal access to health care services based on equality between women and men under Article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)<sup>9</sup>.

10. The Commission notes that the Department, and other Departments, will need to clearly demonstrate and deliver on these values through effective implementation of this strategic framework. The strategic framework; associated aims and objectives; and subsequent outcomes thus provide an opportunity for the Department to actively contribute to the progressive realisation of right to health as articulated in the ICESCR, the CRC and the UNCRPD - for example for disabled people, by fulfilling the obligations under Article 5<sup>10</sup>, Article 4(3)<sup>11</sup>, and Article 25 of the UNCRPD and for women under Article 12 and Article 14(6) of CEDAW.

*Principles:*

11. The Commission broadly welcomes the principles as set out within “Fit and Well”. We consider those principles which seek ‘to target social inequalities’ and ‘to combat discrimination’ as particularly welcome. Furthermore, the principles ‘to tackle social exclusion’ and ‘to encourage community involvement in improving health, especially in disadvantaged neighbourhoods’ are essential when addressing social inequalities and discrimination.
12. Whilst we welcome the principle ‘to improve employment opportunities and income levels of those who are most disadvantaged’, we would note the importance of also seeking relevant improvements in housing and educational outcomes for example, which along with other principles should reinforce the principle ‘to maximise opportunities for individuals, families and communities to protect and improve their own health’.

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<sup>9</sup> Convention on the Elimination of All Forms of Discrimination Against Women  
<http://www2.ohchr.org/english/law/cedaw.htm>

<sup>10</sup> UNCRPD Article 5 – Equality and Non-discrimination

<sup>11</sup> UNCRPD Article 4(3) states that “In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.”

*Life Course Approach:*

13. The strategic framework adopts a life course approach. It is structured around five broad life-course stages, with proposed policy aims, and seeks to encourage interventions to achieve outcomes to meet the specific needs of each life stage and to assist transition between each stage. Underpinning and supporting interventions which run along the life course are those which will promote “Sustainable Communities” and “Build Healthy Public Policy”. The Commission recommends that the Department ensures that the strategic framework takes note of the cross-cutting health inequalities which affect the specific life courses of women and men and other equality groups.
14. For each policy aim there are associated long-term outcomes which are made up of shorter three year (2012-2015) outcomes. The Commission welcomes the proposed outcomes across the life stages to improve the health and well-being status of all people in Northern Ireland and to reduce inequalities in health. In the context of Government delivering on its obligations under the UNCRPD, the Commission welcomes all public health initiatives that may assist or reduce:
  - those living with long-term conditions;
  - the impact of disability; and
  - the onset of secondary, co-morbidity or health risk behaviours for those with disabilities

at all stages within the life course. The Commission therefore recommends that the Department considers and demonstrates how ‘Fit and Well’ may facilitate the implementation of good practice as outlined within the six developmental areas within the “Living with Long-term Conditions’ policy framework<sup>12</sup>.

*Underpinning Themes:*

15. In addition to the life course, the Department should note the differential and persistent health inequalities that exist for women and men across the equality grounds. Men have lower life expectancy, higher suicide rates and significant health risks in relation to alcohol, drug and substance abuse; women spend more years in poor health and with a disability or and rates of smoking

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<sup>12</sup> ‘Living with Long-term Conditions: A Policy Framework’ (April 2011) Department of Health, Social Services and Public Safety. <http://www.dhsspsni.gov.uk/living-longterm-conditions.pdf>

and lung cancer have increased and stabilised over the last 20 years. Men access services later and there are few male specific services; women are at greater risk of experiencing health defining poverty. Caring roles are not equally shared.

16. Any framework must recognise the different health experience that exists for women and men at each stage of the life course. The Department's audit of inequalities should provide detail of these differential impacts and the response should be clear in any strategy or framework.
17. The Department will be aware that there is a commitment in the Programme for Government 2011-2015<sup>13</sup> to consult on legislation prohibiting discrimination on the grounds of age in the provision of goods and services with the proposed introduction of the legislation in Northern Ireland during 2014-2015.
18. The Commission believes that the introduction of this age equality legislation outside the workplace will help underpin the current reform proposals including those being taken forward as part of *Transforming Your Care*<sup>14</sup>. This legislation will help ensure that services are provided on the basis of peoples' individual needs, promote better outcomes for service users and ensure greater personalisation of care.
19. We recommend the inclusion of key actions over the lifespan of 'Fit and Well' to ensure that health and social care providers have adequately prepared for the introduction of this legislation.
20. We would highlight that similar legislation recently came into effect in Great Britain on 1 October 2012. In advance, the NHS in Great Britain had already taken preliminary steps aimed at avoiding discrimination claims; for example the NHS Commissioning Board (NHSCB) Authority published an equality analysis at the beginning of 2012. In addition a wide scale review of achieving *age equality in health and social care* was commissioned by the Department of Health in Great Britain in advance of the legislation taking effect. This review included a series of literature reviews commissioned by the Department of Health as well as, following the outcome of the review, the production of NHS Practice Guides on Achieving

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<sup>13</sup> 'Programme for Government 2011-15: Building a Better Future' (2012) Northern Ireland Executive. <http://www.northernireland.gov.uk/pfg-2011-2015-final-report.pdf>

<sup>14</sup> 'Transforming Your Care: A Review of Health and Social Care in Northern Ireland.' (December 2011) Department of Health, Social Services and Public Safety <http://www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf>

Age Equality in Health and Social Care<sup>15</sup> (this resource pack included an audit tool for achieving age equality and a social care practice guide).

21. We therefore recommend that an underpinning theme within 'Fit and Well' should be to promote age equality within health and social care together with a commitment to take a series of actions such as an early and in-depth review of the degree to which age discrimination may exist within health and social care and an auditing of services prior to the introduction of the legislation.

### ***Strategic Priorities & Equality Assessment:***

22. The Commission recognises the value of the strategic priorities of 'Early Years' and 'Supporting Vulnerable People and Communities' outlined within 'Fit and Well' towards the achievement of a sustained reduction in health inequalities.

### ***Positive Action Measures***

23. Under Section 75 of the Northern Ireland Act 1998, public authorities are required:

*“to have due regard to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without.”<sup>16</sup>*

24. While Section 75 is a mainstreaming measure, this can include the introduction of specific positive measures. The Commission considers specific positive action measures as measures that may be necessary to accelerate or achieve *de facto* equality.
25. For example, for disabled people this would also be in accordance with Article 5 of the UNCRPD. Therefore, for example, for the promotion of the rights of disabled people, the Commission asks whether specific measures, or positive action measures, have been put in place by 'Fit and Well' to provide disabled people with the same range, quality and standard of free or affordable health

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<sup>15</sup> Achieving Age Equality in Health and Social Care, NHS Practice Guide produced by NHS Southwest in partnership with the Department of Health. <http://age-equality.southwest.nhs.uk/downloads/guides/age-equality-nhs-practice-guide-ALL-chapters.pdf>

<sup>16</sup> Northern Ireland Act 1998, Section 75. <http://www.legislation.gov.uk/ukpga/1998/47/section/75>

care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes as demanded by Article 25(a). Here, we recommend that the Department liaise with OFMDFM as that department undertook focus groups with women with disabilities which dealt with some of the aforementioned issues.

26. This same question is equally relevant to other Section 75 equality groups, for example the positive action measures outlined with the Gender Equality Strategy. The Commission would, therefore, seek to determine how the 'Fit and Well' would have coherence and synergy with the Gender Equality Strategy, and its revised action plans, as the action plans are directed to specific measures for women and for men, recognising their health inequalities and vulnerabilities they face.

#### *Consultation with Key Stakeholders*

27. Public consultation on the draft 'Fit and Well' document and the associated equality impact assessment is important, for example, towards fulfilling the obligation on Government under Article 4(3) of the UNCRPD.
28. In the context of obligations on Government under Article 4(3) of the UNCRPD the Commission considers the State Party should both consult and actively involve disabled people (and others) in the development of draft policies. In developing the draft consultation document for 'Fit and Well', the Commission asks whether the DHSSPS has closely consulted and/or involved key stakeholders. If such involvement has occurred, the Department should make this clear in its consultation, and subsequent, documents.

#### *The Use of Equality Documentation*

29. The Commission recommends that the Department cross-references the evidence it used in developing its screening document, across all equality groups, with the outcome areas proposed within the strategic framework.
30. The Department's Screening Document identifies 'Barriers to Health: Migrant Health and Well-being in Belfast'<sup>17</sup>. The report identified a number of common barriers including:

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<sup>17</sup> 'Barriers to health: migrant health and wellbeing in Belfast'. Belfast Health Development Unit

- access to health and social care services is difficult for migrants for a number of reasons including the existence of language barriers, uncertainty about entitlement to services and how to access them, fear of discrimination and of cultural needs not being met;
- women and children have particular health needs, for example for immunisation and maternity care and they may miss out on these if they are unable to access services for all the reasons given above;
- mental health problems and dependence on drugs, alcohol or other substances are also a problem for some groups, sometimes exacerbated by the experience of migration; and
- chronic diseases such as diabetes and cardiovascular disease are more common in some migrant groups and many migrants experience social issues, such as housing and poverty.

31. Unfortunately, 'Fit and Well' does not appear to explicitly address the specific barriers that minority ethnic groups may face.

*Recognition and Use of Information from Departmental and Cross-Departmental Strategies*

32. The Commission acknowledges that the Department has a range of strategies which may address public health matters. As many such strategies may not have been accounted for within 'Fit and Well', we recommend that the Department revisit its, and other departments', strategies and considers the inclusion of such initiatives within 'Fit and Well' to ensure, and account for special measures being put in place for those considered as 'vulnerable'.
33. In this regard, the Commission would highlight that 'Fit and Well' contains limited direct reference to outcomes to address health inequalities experienced by the Black and Minority Ethnic (BME) community and Travellers.
34. The International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)<sup>18</sup> requires State Parties to take affirmative steps to establish special measures (also known as positive action) aimed at prohibiting and preventing racial

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<http://www.belfasttrust.hscni.net/pdf/Migrant-Health-Strategy.pdf>

<sup>18</sup> International Convention on the Elimination of All Forms of Racial Discrimination (hereinafter "CERD"), 660 U.N.T.S. 195, entered into force Jan. 4, 1969.

discrimination. Almost all of the substantive articles within ICERD impose affirmative duties on State Parties to ensure equality<sup>19</sup>.

35. The only reference<sup>20</sup> made to the outcomes for the BME community including Travellers, is to ‘support those with Additional Educational Needs eg Looked After Children, Travellers, Newcomers and School Age mothers’. Unfortunately, despite reference to these four groups, the support referred to only relates to ‘looked after children’ and ‘promoting the attendance of pupils from disadvantaged backgrounds’. While we acknowledge that the latter may include both Newcomers and Travellers, no specific or actions or outcomes are referenced to in relation to these two groups.
36. In contrast, we note that the Department’s own Screening Document references the All Ireland Traveller Health Study<sup>21</sup> which acknowledges:
- overall mortality is 3.5 times higher than in the general population for both genders (males 3.7; females 3.1);
  - infant mortality is approximately three and a half times that in the general population;
  - Travellers have a suicide rate which is 6.6 times that of men in the general population;
  - female Traveller life expectancy at birth is 70.1 – eleven years less than the general population;
  - male Travellers life expectancy at birth is 61.7 years – fifteen years less than that of the general population.
37. Some of the actions recommended in the report for the All Ireland Traveller Health Study are that:
- a strategic action plan should be developed;
  - adequacy of accommodation is essential;
  - all aspects of mother and child services merit top priority;
  - men’s health issues need to be addressed specifically; and

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<sup>19</sup> Article 1(4) states, “*special measures* taken for the sole purpose of *securing adequate advancement* of certain racial or ethnic groups or individuals...shall not be deemed racial discrimination.”

<sup>20</sup> Outcome 2 ‘*Children and Young People are supported through teenage years and ready for adulthood/work/further education*’. ‘*Fit and Well – Changing Lives – A Ten Year Public Health Strategic Framework for Northern Ireland 2012-2022*’. (2012). Department of Health, Social Services and Public Safety (DHSSPS). Page 75. <http://www.dhsspsni.gov.uk/fit-and-well-consultation-document.pdf>

<sup>21</sup> All-Ireland Traveller Health Study Our Geels  
[http://www.dohc.ie/publications/traveller\\_health\\_study.html](http://www.dohc.ie/publications/traveller_health_study.html)

- there is a concerted need to address cause-specific issues for respiratory and cardiovascular disease.
38. The Department's website states that the All Ireland Traveller Health Study report '*highlights a number of key points which DHSSPS (and DOHC) will need to consider and take forward appropriately in conjunction with Health and Social Care bodies and other Government Departments*'.
  39. The Commission acknowledges that the Department has a range of strategies which may address the recommendations from the All Ireland Traveller Health Survey. For example, the 'A Strategy for Maternity Care in Northern Ireland 2012 – 2018'<sup>22</sup> may address the need to prioritise 'mother and child services' as identified within the report on the All Ireland Traveller Health Survey. As noted above, we recommend that the Department revisit its, and other departments, strategies and considers the inclusion or referencing of such initiatives within 'Fit and Well'.

### ***The Whole System Approach & Implementation across Northern Ireland Government***

40. The Commission would seek to ensure that the new strategy framework of 'Fit and Well' is also considered in light of the recent review of health and social care in Northern Ireland "Transforming Your Care" (TYC).
41. The Commission feels that the relationship between the TYC and 'Fit and Well' is not clearly given due weight within the draft consultation document. Furthermore, the Strategic Implementation Plan (SIP) for TYC does not, at present, appear to incorporate 'Fit and Well'. It is recommended that the relationships between the TYC and 'Fit and Well' are strengthened within the both 'Fit and Well' and a revised SIP, its three year action plan and associated equality impact assessment. The Commission understands the latter two documents are due for public consultation in the coming year.
42. 'Fit and Well', and well as 'Transforming Your Care' (TYC) and other new policies being developed by the Department, strongly

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<sup>22</sup> 'A Strategy for Maternity Care in Northern Ireland 2012 – 2018' (July 2012). Department of Health, Social Services and Personal Safety. <http://www.dhsspsni.gov.uk/maternitystrategy.pdf>

promote the Whole System Approach<sup>23</sup>, and highlights its relationship with 'Delivering Social Change' delivery framework<sup>24</sup> and other initiatives across the Northern Ireland Government.

43. The Commission strongly endorses the Whole System Approach to policy planning and delivery across the Northern Ireland Government. The Commission welcomes the promotion of a more systematic and structured approach to addressing the reciprocal nature of health and other Government policies within the strategic framework of 'Fit and Well', and generally across a range of policy areas within the Department.

**October 2012**

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<sup>23</sup> 'Fit and Well – Changing Lives – A Ten Year Public Health Strategic Framework for Northern Ireland 2012-2022'. (2012). Department of Health, Social Services and Public Safety (DHSSPS). Page 126. <http://www.dhsspsni.gov.uk/fit-and-well-consultation-document.pdf>

<sup>24</sup> 'Fit and Well – Changing Lives – A Ten Year Public Health Strategic Framework for Northern Ireland 2012-2022'. (2012). Department of Health, Social Services and Public Safety (DHSSPS). Page 54. <http://www.dhsspsni.gov.uk/fit-and-well-consultation-document.pdf>

## **Annex 1: The Equality Commission for Northern Ireland**

1. The Equality Commission for Northern Ireland (the Commission) is an independent public body established under the Northern Ireland Act 1998. The Commission is responsible for implementing the legislation on fair employment, sex discrimination and equal pay, race relations, sexual orientation, disability and age.
2. The Commission's remit also includes overseeing the statutory duties on public authorities to promote equality of opportunity and good relations under Section 75 of the Northern Ireland Act 1998 (Section 75) and to promote positive attitudes towards disabled people and encourage participation by disabled people in public life under the Disability Discrimination Act 1995.
3. The Commission's general duties include:
  - working towards the elimination of discrimination;
  - promoting equality of opportunity and encouraging good practice;
  - promoting positive / affirmative action
  - promoting good relations between people of different racial groups;
  - overseeing the implementation and effectiveness of the statutory duty on relevant public authorities;
  - keeping the legislation under review;
  - promoting good relations between people of different religious belief and / or political opinion.
4. The Commission, with the Northern Ireland Human Rights Commission, has been designated under the United Nations Convention on the rights of Persons with Disabilities (UNCRPD) as the independent mechanism tasked with promoting, protecting and monitoring implementation of UNCRPD in Northern Ireland.