

Equality Commission response to the proposed Delivery Plan for Programme for Government Indicators 2¹, 3², 4³ and 7⁴ (Gap between the highest and lowest deprivation quintile in healthy life expectancy at birth; healthy life expectancy at birth; preventable mortality % of babies born at low birth weight)

In January 2016, the Commission set out a number of priorities⁵ for delivery via the work of government over the 2016-21 mandate - to identify and remove barriers to health and social care and wellbeing experienced by particular Section 75 groups; and to ensure investment in healthcare to address the specific needs of equality groups.

In our July 2016 response⁶ to the Programme for Government Framework consultation, we noted our support for the inclusion of the proposed Outcome 4 (we enjoy long, healthy, active lives) and the proposed inclusion of the health indicators on improving mental health; increasing healthy life expectancy; on reducing health inequalities; and on improving the quality of the healthcare experience.

The Commission however highlighted the need to ensure a focus on improving health outcomes across the Section 75 grounds and recommended the Executive identify and remove barriers to health and social care and well-being experienced by particular Section 75 equality groups, including older people; lesbian, gay and bisexual people; trans people; Irish Travellers and other minority ethnic communities; and people with disabilities. We also recommended the Executive ensure investment in health care to address the specific needs of equality groups, including the health care needs of people with disabilities, and young people's mental health needs.

In our subsequent engagement with the Department on this indicator on 11 November last year we highlighted the need to track progress against all actions / core indicators for all Section 75 categories (for example, we pointed out that there was no clear indication the proposed lead measure on improving life expectancy would be monitored across a number of Section 75 grounds; including disability and race).

¹ Gap between the highest and lowest deprivation quintile in healthy life expectancy at birth,

² Healthy life expectancy at birth

³ Preventable mortality

⁴ % of babies born at low birth weight

⁵ ECNI (2016): Equality Priorities: [Programme for Government and Budget Recommendations](#)

⁶ ECNI (2016): [Response to the Executive's consultation on a draft Programme for Government Framework](#)

The following considers the delivery plan content (version downloaded on 28 November 2016) against the key inequalities and policy priorities highlighted by the Commission in January 2016. We hope that this information, in tandem with our response⁷ to the consultation on the draft PfG, will be of assistance in the further development of the delivery plan.

1. We recommend that the delivery plan makes clear that, where the term ‘inequalities’ is used it includes an explicit focus on addressing inequality across the all Section 75 categories with respect to the core indicators, i.e. 2, 3, 4 and 7, for this delivery plan

- a. We welcome that Outcome 4 ‘We enjoy long, healthy, active lives’, contains an acknowledgement of ‘the need to tackle systemic and/or attitudinal barriers to access that may lead to disadvantage and subsequent health inequalities within some communities’ ; and the inclusion of ‘health inequalities’ as a strategic aim of Healthier Lives Programme.
- b. There is however often no indication if the term ‘*inequality*’ is being used with specific reference to Section 75 categories⁸ or solely with regards to deprivation, as appears to be the case elsewhere in Outcome 4 and across the wider draft PfG in general.
- c. Social inequalities exist across a wide range of domains including age, gender, race, ethnicity, religion, disability and sexual orientation. These inequalities interact in complex ways with socioeconomic position in shaping people’s health status⁹.
- d. While we acknowledge the social gradient in health, we consider that tackling the socio-economic drivers of health inequalities should be accompanied by a focus on addressing key inequalities experience by individuals from specific Section 75 categories.
- e. There are a range of inequalities across Section 75 grounds which result in poorer health outcomes for a number of equality groups. The Commission has highlighted poor health outcomes for ethnic groups, including Irish Travellers^{10,11},

⁷ ECNI (2016): [Response to the Executive’s consultation on a draft Programme for Government 2016-21](#)

⁸ We note that statistics on gender have been included in the plan and a general reference to ‘inequalities within ‘some communities and groups’.

⁹ Marmot et al (2010): [Fairer Society, Healthy Lives](#), page 39

¹⁰ ECNI(2014): [Racial Equality – Priorities and recommendations](#), para 7.2, page 28

and people with learning disabilities¹²; barriers for older and younger people in accessing health services¹³ including prejudicial ageist attitudes¹⁴¹⁵ and high levels of poor mental health among young gay men¹⁶ ¹⁷. We have also noted the disadvantage both in terms of access to specialist healthcare and the lack of transgender awareness in the general health care service¹⁸. Indeed, a number of these issues have also been highlighted in the screening for the delivery plan completed on 14 October 2016.

- f. We note the comment in the document (at page 11) that ‘the evidence is that actions are needed that are universal but implemented with a scale and intensity proportionate to the level of social and health needs’. As noted in the Marmot Review, ‘for specific groups who face particular disadvantage and exclusion, additional efforts and investments and diversified provisions will be needed to reach them and to try to reduce the multiple disadvantages they experience’¹⁹.

2. We recommend that, in addition to focusing on socio-economic inequalities, the ‘Narrowing the Gap’ group systematically identifies how the inequalities experienced by S75 Groups should be addressed.

- a. We also welcome the commitment to consider a Health in All Policies approach to policy development across the public sector and the creation of a cross departmental *Narrowing the Gap* group (with a particular focus on inequality). We note the potential for this approach to identify cross cutting policy objectives

¹¹ For example: The 2010 All Ireland Traveller Health Study highlighted that average life expectancy for Traveller men has decreased since 1987

¹² Independent Mechanism for Northern Ireland (May 2014): United Nations Convention on the Rights of Persons with Disabilities - Jurisdictional ‘Parallel’ Report on Implementation in Northern Ireland, pages 42-43 . Available at: <http://www.equalityni.org/uncrpd>

¹³ ECNI (2016): [Age Equality – Policy Priorities and recommendations \(draft\)](#), Chapter 6, pages 8-16

¹⁴ ECNI (2016): [Age Equality – Policy Priorities and recommendations \(draft\)](#), para 5.5, page 5

¹⁵ See the Commission’s publication [Strengthening Protection for All Ages](#)

¹⁶ ECNI (2016): [Promoting Sexual Orientation Equality – Priorities and Recommendations](#), para 6.44, page 23

¹⁷ For example, [Out on Your Own](#) found that over one third (34.4%) of respondents had been diagnosed with a mental illness at some time in their lives and over one quarter (27.1%) had attempted suicide.

¹⁸ ECNI (2016): [Gender Equality – Policy Priorities and Recommendations](#), para 11.5, page 35

¹⁹ Marmot et al (2010): [Fairer Societies, Health Lives](#), page 39.

which will assist the Executive in addressing the wider social determinants of health inequalities²⁰.

- b. Further, we recommend that a revised delivery plan commits to the identification and removal of key barriers for members of specific equality groups – including for older people; LGB people; transgender people; Irish Travellers and other minority ethnic people; and persons with learning disabilities (as aligned to the inequalities noted earlier).

To assist with the further development of the delivery plan, we have set out below some specific comments on the constituent elements of the *Healthier Lives* programme as well as with regard to the other associated actions listed in the Delivery Plan to be led by the Department of Health.

***Healthier Lives* programme**

Healthier Pregnancy programme

- 3. We recommend that the delivery plan makes clear how the Healthier Pregnancy programme will address key inequalities for specific Section 75 equality groups.**
 - a. We welcome that women, including those with mental health issues will benefit from specific commitments – for example:
 - a Healthy Pregnancy Programme including core care pathway to antenatal care;
 - an updated perinatal healthcare pathway and development of service models for women with long term conditions and;
 - development of service models for women with long term conditions such as epilepsy and diabetes.

²⁰ E.g. For example, the Marmot Review recommended action across six policy objectives: Give every child the best start in life; Enable all children young people and adults to maximise their capabilities and have control over their lives; Create fair employment and good work for all; Ensure healthy standard of living for all; Create and develop healthy and sustainable places and communities; Strengthen the role and impact of ill health prevention.

- b. Whilst we welcome the focus on women and including those with mental health issues, we also note the absence of any specific commitments with regards to identifying and removing barriers for lesbian or bisexual people; trans people; persons with learning disabilities; and Irish Travellers and people from other minority ethnic communities²¹.

Healthier Places programme

4. We recommend that the Healthier Places programme is developed to include actions to address differential outcomes and barriers for Section 75 equality groups

- a. We acknowledge the focus within the Healthier Places programme on older people (active ageing and age friendly communities²²); children (improving the early years of life); and on persons with mental-health issues or at risk of mental-health issues (improving mental-health and wellbeing)
- b. However, the Commission has previously highlighted poor health outcomes for ethnic groups including Irish Travellers^{23,24}; barriers for older and younger people in accessing health services²⁵ and high levels of poor mental health among young gay men^{26 27}.
- c. Our UNCRPD Jurisdictional 'Parallel' Report²⁸ further highlights that although people with learning disabilities are more likely to experience major illnesses and more likely to die prematurely, they are less likely to get some of the evidence-

²¹ For example, BME women including Roma, Travellers, Asylum Seekers and Refugees are more likely to access services late (e.g. ante-natal appointments) and to have complications (Source: DHSSPS (2011): *Equality Action Plan for the Department of Health Social Services and Public Safety*).

²² The Commission has previously highlighted the existence of prejudicial ageist attitudes. See: ECNI (2016): *Age Equality – Policy Priorities and recommendations (draft)*, para 5.5, page 5; *Strengthening Protection for All Ages*.

²³ ECNI(2014): *Racial Equality – Priorities and recommendations*, para 7.2, page 28

²⁴ For example, the 2010 All Ireland Traveller Health Study highlighted that average life expectancy for Traveller men has decreased since 1987.

²⁵ ECNI (2016): *Age Equality – Policy Priorities and recommendations (draft)*, Chapter 6, pages 8-16

²⁶ ECNI (2016): *Promoting Sexual Orientation Equality – Priorities and Recommendations*, para 6.44, page 23

²⁷ For example, *Out on Your Own* found that over one third (34.4%) of respondents had been diagnosed with a mental illness at some time in their lives and over one quarter (27.1%) had attempted suicide.

²⁸ ECNI (2014) NI 'Parallel' Jurisdictional Report, Working Paper. Published with NIRHC in our joint role as 'Independent Mechanism for Northern Ireland' under the UNCRPD.

based screening, checks and treatments they need, and continue to face real barriers in accessing services²⁹.

5. The Commission, recommends that the Department for Health identifies and addresses the specific disadvantages faced by refugees in obtaining and accessing appropriate services (including mental health services); ensures that the needs of asylum seekers and refugees are taken into account in the planning, commissioning and delivery of services; and supports asylum seekers and refugees to understand their rights and entitlements to healthcare.

- a. We welcome that the screening document for the delivery plan has identified, inter alia, the experience of conflict, war and torture for some migrants as well as mental-health issues linked to social isolation.
- b. The Commission has highlighted³⁰ research (2012)³¹ on the experiences of the refugees and asylum seekers in Belfast which found ‘striking’ evidence of the ‘impact of the experience of conflict, displacement and migration on mental health and low uptake of mental health services’³². The mental health organisation MIND, has also identified that the language barrier, cultural differences, a lack of clarity around health care entitlements and gaps in service provision, can exacerbate existing mental health conditions and can often lead to asylum seekers and refugees becoming further excluded and marginalised within society³³.

Healthier Lives programme

²⁹ Department of Health, Social Services and Public Safety for Northern Ireland (2012): ‘Fit and Well – Changing Lives. A Ten Year Strategic Public Health Framework for Northern Ireland’, page 48, (Belfast: DHSSPS). See also: Black, Dr. L.A. (2013): ‘Health inequalities and people with a learning disability’ NIAR 769-2013 (Belfast: Northern Ireland Assembly Research and Information Services). Available at: <http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2013/health/13413.pdf>.

³⁰ Equality Commission for Northern Ireland (May 2014): Racial Equality Policy – Priorities and Recommendations, paragraph 7.13, page 32. Available at: <http://www.equalityni.org/Race>

³¹ Institute of Conflict Research (2012): *The Horn of Africa Community in Belfast - a needs assessment*, page 22. Available at <http://www.conflictresearch.org.uk/Resources/Documents/HAPANIapril12.pdf>

³² Ibid, page 22.

³³ MIND (2009): *A civilised society – Mental Health Provision for Refugees and Asylum Seekers in England and Wales*. Available at <http://www.mind.org.uk/media/273472/a-civilised-society.pdf>

6. The Commission welcomes the proposals to improve outcomes for persons living with long-term conditions.

- a. In our response to the consultation by the Health and Social Care Board on Transforming Your Care, we welcomed the intended outcome to deliver increasingly accessible services within a localised framework, offering greater personal choice so that the future of health and social care will be centred around the health and care provision at home rather than hospitalisation or institutionalised care.
- b. The Commission also welcomed the proposed increased focus on the use of assistive technologies in the provision of health and social care to support people living at home. We however emphasised the importance of investment to develop people's capacity to use these³⁴.
- c. We recommend that the delivery plan includes actions aligned to advancing these issues.

Healthier Workplaces programme

7. We recommend that actions to address stereotyping and less favourable treatment in the workplace are considered within the Healthier Workplaces programme.

- a. The Commission welcomes the proposed Healthier Workplaces programme with the focus on valuing staff and on the *advantages that a diverse workforce can bring*. However, it is unclear what specific actions this proposal will encompass.
- b. The Commission has recommended³⁵ that the PfG and associated delivery plans include actions to challenge prejudicial attitudes, behaviour and hate crime - so as to ensure that workplaces, services, public spaces and communities are free from harassment and/or discrimination across the equality grounds.

³⁴ Equality Commission for Northern Ireland (January 2013):
Summary Response to “*Transforming Your Care: From Vision to Action*” Consultation
Health and Social Care Board (HSC) Review Team

³⁵ ECNI (2016), *Priorities for the Programme for Government and Budget 2016-21* - [Social Attitudes](#)

- c. We recommend that the delivery plan includes actions to challenge gender stereotypes; tackle the significant attitudinal barriers to employment for people with disabilities; address sectarianism and racism within the workplace; to challenge negative attitudes towards Irish Travellers, Eastern European migrant workers and other minority ethnic individuals, as well as lesbian, gay and bisexual people and trans individuals.

Wider programme for action: Department for Health

Increase first year training intake for GPs

- 8. We recommend that the proposed investment in primary care will be delivered to ensure the specific barriers experienced by particular Section 75 groups will be overcome.**
 - a. The Commission welcomes the proposal to increase the first year intake for GPs as part of a proposed investment in primary care. Although it will take several years before entrants complete the training, this initiative has the potential to contribute to easing the stresses currently experienced by general practitioners across many parts of Northern Ireland.
 - b. However, it is unclear how the proposed investment in primary care will be delivered to ensure the specific barriers experienced by particular Section 75 groups will be overcome and how this will contribute to advance equality of opportunity. We recommend that the proposed investment includes provisions (for example with regards to training and CPD) to ensure that, in due course, specific barriers experienced by particular Section 75 groups can be overcome.

The publication of the refreshed suicide prevention strategy 'Protect Life 2' and the full implementation of the Self-harm Intervention programme

- 9. We strongly recommend that the final Protect Life 2 strategy includes actions targeted at groups from across the equality categories who are at increased risk of suicide and self-harm in line.**
- a. The Commission has previously drawn attention to the need to target groups who are at increased risk of suicide and self-harm such as members of the Irish Traveller³⁶ and LGBT communities³⁷.

Making every contact count

- 10. We recommend that actions to address the specific needs of members of Section 75 equality categories are considered within the programme.**
- a. Whilst the Commission welcomes the proposed initiative to support people to adopt healthy behaviours and to identify and address the wider social determinants of health, it is unclear if the programme will address the needs of S75 equality groups, for example including the language and cultural barriers to healthcare experienced by minority ethnic groups.

Information and analysis on inequalities for HSC staff and organisations

- 11. Aligned to our overarching key recommendation, we continue to recommend that all indicators are tracked not only in aggregate terms but also for all Section 75 categories; and that this information is used to identify and address key barriers to advancing equality of opportunity and good relations. We recommend that the delivery plan includes a clear commitment to this effect.**

³⁶ [The 2010 All Ireland Traveller Health Study](#) highlighted that suicide rates are almost seven times higher for Traveller men than in the general population. See [All Ireland Traveller Health Study - Summary](#), Table 36, page 94

³⁷ For example, [Out on Your Own](#) found that over one quarter (27.1%) of respondents had attempted suicide.

- a. We welcome a commitment to develop better information and analysis on inequalities for HSC staff and organisations, to inform priority setting and approaches.
- b. We note however that there are currently gaps in the utilisation of information. For example, while the Department has taken the welcome step of introducing ethnic monitoring, the information collected does not appear to have been used to shape the Delivery Plan. We continue to recommend that the Department takes steps to address gaps in the collection and utilisation of information regarding members of the full range of Section 75 equality categories.
- c. We recommend the Department takes steps to address gaps in information; and that this data development agenda includes actions to capture data on the Section 75 categories across all the constituent programmes associated with the PfG delivery plan for indicators 2, 3, 4 and 7.

12. We recommend that a costed delivery plan should be developed with funding linked to outcomes and timelines for completion of goals

- a. With regards to the delivery plan as a whole, the Commission notes that ‘financial implications will be considered in the development of the detailed implementation plans’.
- b. While we recognise the constraints and difficulties, we are clear that equality of opportunity and good relations must be central to all public policy development and implementation, particularly a time of increased competition for public spending³⁸.

³⁸ ‘True equality is not delivered by treating everyone exactly the same but by treating all fairly. Decision makers who have to work with greatly reduced budgets have tough choices to make and people are sure to be disadvantaged as a result. It is even more important, in that context, that all possible steps are taken to protect the most vulnerable in our society and to ensure that the impact on them is a key consideration where cuts in services are being considered’. ECNI (2015): [Section 75 and Budgets: a short guide](#)

- c. Failure to cost implementation strategies has been identified as a major barrier to success in a number of jurisdictions³⁹. Best practice identifies that Government should develop a funding programme to accompany any implementation plans, with funding linked to outcomes and timelines for completion of goals⁴⁰. We note that the Christie Commission report on the future delivery of public services in Scotland⁴¹ highlighted that expenditure on public services which prevent negative outcomes from arising should be prioritised, in order to better ensure effective and sustainable public services capable of meeting the challenges ahead.

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³⁹ For example, in the 2008 implementation review of New Zealand's Disability Strategy, the lack of a national implementation plan and linked funding was identified as a serious barrier in making the strategy effective in the lives of people with disabilities. See Litmus, *New Zealand Disability Strategy Implementation Review 2001-2007* (Wellington: Commissioned by the Office for Disability Issues, 2008), p. 4.

⁴⁰ Flynn, E. (2014): [Summary of critical success factors in implementing national disability strategies](#)

⁴¹ Commission on The Future Delivery of Public Services (2011), *Report on the Future Delivery of Public Services*, pages viii-x. Available at: <http://www.gov.scot/About/Review/publicservicescom> Report on the Future Delivery of Public Services mission