

**Department of Health**  
**Draft Budget 2022-25**  
**Equality Impact Assessment**

## **Contents**

- 1. Introduction/ Section 75 of the Northern Ireland Act 1998**
- 2. Policy Scoping**
- 3. Draft Budget 2022-25 Outcome**
- 4. Consideration of Available Data and Screening Decision**
- 5. Impact Assessment**
- 6. Mitigating Actions**
- 7. Monitoring**
- 8. Disability Duties/ Human Rights**
- 9. Rural Needs Act & Children's Services Co-operation Act**
- 10. Conclusion and Consultation Questions**

## **1. Introduction/ Section 75 of the Northern Ireland Act 1998**

1. It is the Department's mission to improve the health and social well-being of the people of Northern Ireland and the Department has a statutory responsibility to promote an integrated system of health and social care designed to secure improvement in the physical and mental health of people in Northern Ireland, the prevention, diagnosis and treatment of illness, and the social wellbeing of the people in Northern Ireland.
  
2. Section 75 of the Northern Ireland Act 1998 requires public authorities, in carrying out their functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity and regard to the desirability of promoting good relations across a range of categories outlined in the Act. The Section 75 equality categories are set out below;
  - People with different religious beliefs;
  - People from different racial groups;
  - People of different ages;
  - People with different marital status;
  - People with different sexual orientations;
  - Men and Women generally;
  - People with or without a disability;
  - People with or without dependants; and
  - People with different political opinions
  
3. The main purpose of the Section 75 statutory equality duties is to bring equality considerations into mainstream policy-making processes, in order to eliminate or minimise any unintentional adverse consequences of policy decisions and to ensure that health and social care is accessible to the whole community. The Section 75 statutory duties are also the key means available to public authorities to address inequalities and demonstrate measurable positive impact on the lives of people experiencing inequalities.

## **Key equality challenges**

4. The Department's Equality Scheme sets out how the Department proposes to fulfil the Section 75 statutory duties, including that the Department will commit the necessary resources in terms of people, time and money to ensure that the Duties are complied with and that effective internal arrangements are in place to ensure the effective compliance with the Duties and for monitoring and reviewing progress.
5. Under the Equality Scheme, the Department commits to develop an Equality Action Plan to promote equality of opportunity and good relations. The initial Plan is informed by an audit of inequalities which gathers and analyses information across the Section 75 categories to identify the inequalities that exist for service users and those affected by the Department's policies.
6. The Equality Scheme and Equality Action Plan for the next 5 years, was published 2 April 2019 and can be accessed on the DoH website (<https://www.health-ni.gov.uk/doh-equality>). The Plan will be subject to review with additional measures added, as appropriate, throughout the life of the plan.

## **2. Policy Scoping**

### **2.1 Name of the policy: Draft Budget 2022-25**

#### **Is this an existing, revised or a new policy?**

The Executive's Draft Budget 2022- 25 was announced by the Finance Minister on 10<sup>th</sup> December 2021. The Draft Budget provides the proposed Resource and Capital investment funding allocations to departments for the 2022-25 budget period. The announcement of the draft Budget triggered the commencement of a Department of Finance (DoF) led public consultation on the Draft Budget, which closes on 7<sup>th</sup> March 2022

This screening reflects the Department of Health consultation process on the Department's Draft Budget Allocations for 2022-25 following the Draft Budget outcome and will run parallel with the DoF exercise.

#### **What is it trying to achieve?**

The consultation document sets out the Department's assessment of the 2022-25 Draft Budget Outcome for the Department and the potential impact on service delivery, patients, and clients.

It sets out, at a strategic level, the steps the Department is proposing to take in order to: continue to deliver its functions and, protect the safety of patients, clients and other services users.

#### **Are there any Section 75 categories which might be expected to benefit from the intended policy?**

The aim of this strategic proposal is to try and protect frontline services as much as possible and through this minimise the impact on service delivery, patients and clients. It is, however, recognised that when the detailed proposals are identified further screening and consultation will be required.

### **Who initiated or wrote the policy?**

The NI Executive agrees the Draft Budgets for Departments. While the Draft Budget is still to be agreed, to inform and shape the decision making process in developing and agreeing the 2022-25 Final Budget the Department is required to complete equality screening and, if applicable, an EQIA on their draft budget allocation.

### **Who owns and who implements the policy?**

Once a final Budget is determined the Department will own this policy and implementation will be the responsibility of the Department and each of its Arm's Length Bodies.

## **2.2 Implementation factors**

### **Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision?**

Yes - financial and legislative

## **2.3 Main stakeholders affected**

### **Who are the internal and external stakeholders (actual or potential) that the policy will impact upon?**

Staff, service users, other public sector organisations, the voluntary/community sector and trade unions

## 2.4 Other policies with a bearing on this policy

Policy	Owner(s) of the policy
<p><b>Draft Budget 2022-25</b></p>	<p><b>Northern Ireland Executive</b></p>
<p><b>Health and Personal Social Services (Northern Ireland) Order 1972</b></p>	<p>} }</p>
<p><b>Health and Social Care (Reform) Act (Northern Ireland) 2009</b></p>	<p>} <b>Key legislation covering the</b> } <b>legal obligations of the Department</b> } <b>and its Arm’s Length Bodies.</b></p>
<p><b>Fire and Rescue Services (Northern Ireland) Order 2006</b></p>	<p>} }</p>
<p><b>Making Life Better– A Whole System Strategic Framework for Public Health 2013 – 2023</b></p>	<p><b>Northern Ireland Executive</b></p>
<p><b>Health and Wellbeing 2026 – Delivering together</b></p>	<p><b>Northern Ireland Executive</b></p>

### **3. Draft Budget Outcome 2022-25**

#### **Key Points to Note**

- While the draft three year NI budget entails significant budgetary pressures across all NI departments, it is important to emphasise that Health is by no means exempt from these pressures.
- The draft budget actually represents a drop in health's funding overall in both 2022/23 and 2023/24 compared to our 2021/22 budget by the time of October monitoring position. There is only an increase in our current funding position when we reach 2024/25.
- The Department is likely to be faced with some difficult decisions to determine what can be funded from the allocation available.
- The draft budget makes provision for targeted action in the areas of waiting list activity, mental health and cancer care.
- Similarly whilst the three year budget settlement for capital shows an uplift on previous years' allocations, it does not meet the minimum capital funding requirements in 2023/24 and 2024/25.
- As the funding required for the Department's ring fenced flagship projects has significantly increased over the budget period, when this is factored in, the residual non-ring fenced allocation in the latter 2 years shows a reduction when compared with previous years.
- Whilst this budget settlement will meet the Department's inescapable capital priorities, it does not permit the Department to commence a number of new critical capital schemes to the timescales that we had intended over the three year period.

#### **RESOURCE BUDGET**



1. The total proposed Resource Budget settlement for the Department of Health in Budget 2022-25 is some **£6,782.4 million**, **£6,947.4 million** and **£7,109.2 million** respectively over the budget years. This will provide proposed additional funding of **£712.6 million**, **£877.6 million** and **£1,039.4 million** above our existing baseline of **£6,069.8 million** as set out in Table 1 below.

**Table 1 Breakdown of Proposed Additional Funding**

	<b>2022/23</b>	<b>2023/24</b>	<b>2024/25</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
<b>Existing Baseline</b>	<b>6,069.8</b>	<b>6,069.8</b>	<b>6,069.8</b>
Elective Care, Cancer Recovery and Mental Health Strategy Rebuild Strategies	120.9	182.4	255.3
NDNA Transformation	49.0	49.0	49.0
General Allocation	425.2	528.6	617.5
2% Departmental Contribution*	117.5	117.5	117.5
<b>Total Additional Allocations</b>	<b>712.6</b>	<b>877.6</b>	<b>1,039.4</b>
<b>Total Budget</b>	<b>6,782.4</b>	<b>6,947.4</b>	<b>7,109.2</b>

\*2% Departmental Contribution represents funding diverted from other Department's baselines towards Health.

2. While the proposed additional funding seems significant it actually represents a drop in funding overall in both 2022/23 and 2023/24 compared to our 2021/22 October monitoring position which is demonstrated in Table 2 below. There is only an increase in our current funding position when we reach 2024/25.

**Table 2 Comparison of Budget Position**

	2021/22	2022/23	2023/24	2024/25
	£'m	£'m	£'m	£'m
<b>Post October Monitoring</b>				
Budget	6,991.4	6,782.4	6,947.4	7,109.2
Change in Budget (£)		(209)	(44)	117.8
Change in Budget (%)		-3.0%	-0.6%	1.7%

3. Practically all the additional funding Health has received for 2021/22 has been non-recurrent and this is necessarily being spent on recurrent commitments such as Transformation, Pay Awards and Covid Response which will all need to continue into 2022/23.
4. In addition, the rate of growth in healthcare costs to maintain service levels runs at around 6%, which would equate to annual increases in funding of some **£360 million** above our baseline., In this context the draft budget settlement will be extremely difficult to manage against our total funding requirements.
5. Table 3 illustrates the likely funding gap for existing service delivery when inflation is factored in.

**Table 3 Comparison of Budget with inflationary impact**

	2021/22	2022/23	2023/24	2024/25
	£'m	£'m	£'m	£'m
	<b>Post October Monitoring</b>			
Budget	6,991.4	6,782.4	6,947.4	7,109.2
Funding requirement including inflation		7,351.4	7,711.4	8,071.4
<b>Funding Gap</b>		<b>569.0</b>	<b>764.0</b>	<b>962.2</b>

6. To live within the budget allocated may require reductions in spending from current levels in some areas. The Department will therefore be faced with some difficult decisions to determine what can be funded from the limited allocation available. More time will be needed to carefully consider the impact of this, with short term measures constrained by what is possible in the time frame available. Some of the key considerations that will need to be taken into account are highlighted below.

***Pay and Safe Staffing***

7. Some **£175 million** of non-recurrent allocations were made to Health within the current 2021/22 year, to fund the Executive’s commitments for AfC Pay Parity and Safe Staffing. As these are ongoing commitments the Department will have to fund this from the general allocation provided in 2022/23 before we can consider other priorities.
8. While the Department is committed to ensuring that the efforts of our staff are recognised through fair pay settlements, particularly in the context of rising living costs, the Draft Budget allocation will not provide funding to cover future pay awards.

9. The draft allocation also does not provide growth in funding for Safe Staffing with the funding likely to remain static at the 2021/22 levels.

### ***NDNA Transformation***

10. While the Draft Budget allocation includes some **£49 million** for NDNA Transformation this funding was also allocated non-recurrently in 2021/22 and will therefore only be sufficient to sustain projects at their current 2021/22 spending levels.
11. In 2021/22 transformation funding is currently being used to fund the following;
- Multi-Disciplinary Teams in Primary Care
  - Cancer Services – such as local Haematology and specialist Haematology services, enhancing regional capacity for basal cell carcinoma surgery, and centralisation of partial nephrectomy provision
  - Stroke Services – Thrombectomy and Early Supported Discharge
  - Mental Health Services such as the Hospital Liaison Service and suicide prevention initiatives
  - Day Case Elective Care Centres
  - Intermediate Care – based on the ‘home first’ ethos, to reduce bed base improve response times and accessibility by responding rapidly and with a focus on recovery, independence and patient experience.
  - Northern Prototype - an integrated approach to health and social care with primary and secondary care working together to build sustainable partnerships and to better meet the needs of the local population
  - Advanced Nurse Practitioners - to enhance the capacity and meet the needs of patients in Primary Care.
  - Pre-registration Nursing - to ensure that the supply of new professional nursing and midwifery graduates is maintained to support the workforce, and for the continued safe delivery of services.

- Diabetes Strategic Framework
- Encompass - to cover the revenue costs of this flagship HSC IT programme, whose vision is to create an electronic health and care record for every citizen in Northern Ireland that better informs and supports their health and wellbeing throughout their life, which links information across primary, secondary, community and social care.

### **Covid Response**

12. The challenges already faced by the Health Service have been compounded by Covid 19 and it is likely that additional costs associated with managing the impact of the virus will continue to be considerable in 2022/23 and beyond. For example, the cost of providing vital additional PPE to provide protection against the virus is currently estimated to cost over **£130 million** a year, with total additional Covid response costs (including PPE) estimated at some **£480 million**.

### **Rebuild Strategies**

13. The Department's Rebuild Management Board identified 17 high level actions (including Covid response) to implement the HSC's commitment to rebuild services and these also form the health interventions within the NI Executive's rebuild plan. Full details of the 17 actions are provided at the end of this section.
14. The Draft Budget settlement is proposing allocating **£120.9 million, £182.4 million** and **£255.3 million** to fund three of these strategies which will enable the Department to take forward the Elective Care Framework, Mental Health Strategy and Cancer Recovery Plan.
15. The Elective Care funding will enable the Department to build on the actions and initiatives that are already underway to maintain and transform elective services. There is a growing gap between population need and the health service capacity

to meet it, this additional funding will mean there is a realistic possibility of reducing waiting times to acceptable levels

16. The funding will enable the Department to implement time bound proposals for how we will systematically tackle the backlog of patients waiting longer than Ministerial standards, and how we will invest in and transform services to allow us to meet the population's demands in future using a combination of independent sector and additional in-house activity
17. The funding for Mental Health will enable the Department to implement the first 3 years of The Mental Health Strategy 2021-2031. Mental health services are now facing unprecedented challenges and it is accepted that the pandemic, in particular lockdown and other restrictions, has had and will continue to have a negative impact on our population's mental wellbeing. The Mental Health Strategy contains 35 actions across three themes with an overall vision to promote good mental health and provide the right care and treatment to those who need it, when they need it and deliver a truly person-centred model of care.
18. The proposed funding will enable the Department to take forward The Cancer Recovery Plan, '*Building back; Rebuilding better*'. This is fully aligned with the 10 year Cancer Strategy, with the Cancer Recovery Plan focusing on the initial 3 year period of the strategy from now until 2024. It was co-produced with the Health and Social Care Board and the Health Trusts. The funding will be focussed on 11 key areas throughout the cancer journey - from awareness and early detection through to palliative and end of life care, and includes recommendations to address diagnosis and waiting times by modernising referral pathways to enable more targeted use of available resources.
19. However given the expected pressures on existing services within Trusts, the Department will be required to assess all funding options.

20. We have estimated that some **£232.5 million, £375.1 million and £494.5 million** additional funding would be required to take forward the other remaining strategies to rebuild HSC services (excluding Covid response). Unfortunately the level of funding that this Draft Budget provides may not fully allow us to undertake these key pieces of work to build a more sustainable Health Service. Key elements that need to be progressed will need to be considered alongside other services in making decisions on how funding is to be allocated.

## CAPITAL BUDGET

21. The proposed net Capital Budget settlement for the Department of Health over the 3 year budget period is some **£349.9 million** in 2022/23, **£369.8 million** in 2023/24 and **£368.3 million** in 2024/25. Whilst the allocation in 2022/23 is sufficient to meet the Department's minimum requirements the funding in the subsequent years falls short by £80 million and £61 million respectively.
22. The three year budget settlement shows an uplift on previous years' capital allocations, however the funding required for the Department's ring fenced flagships has also similarly increased over the three year period due to the construction of the Regional Children's Hospital and the Learning and Development Centre at Desertcreat. When this is factored in, the non-ring fenced allocation for 2022/23 does see a slight increase, however the two subsequent years show a reduction when compared to the allocations in the last two financial years.
23. The budget settlement will enable the Department to meet the flagship projects, contractual commitments, funding to maintain the HSC estate and towards the significant cost of backlog maintenance which currently stands at **£1.2 billion**, new strategies such as the Elective Care Framework and the Cancer recovery plan, all of which are deemed inescapable. To fund these inescapable schemes the Department will need to reduce some of the planned allocations for backlog maintenance in the later years, and despite this, the budget settlement for everything that we must do still falls short.
24. The proposed allocations over the three year period are set out below however it should be noted that these are based on profiles known at December 2021; consequently, they are subject to change given the inherent unpredictability of construction projects which is exacerbated by the current volatility in the supply chain and in the price of materials.



***Flagship Projects - £36.3 million, £94.2 million, £94.8 million***

25. The Mother and Children's flagship project will provide a new Regional Children's Hospital which will deliver integrated and contemporary paediatric healthcare services. The single phase build which is due to complete in 2027 will include 155 inpatient beds, 10 Operating Theatres, a Day Procedure Unit, an emergency department, ambulatory care facilities, outpatient, therapy & medical investigation units.
  
26. A new Maternity Hospital will provide care for over 6,000 births per year and will replace existing facilities. The project will complete in three phases with completion of the main Hospital building (Phase B1) projected for May 2022. Phase B2 and B3 will see the completion of a link bridge to the Critical Care Building and demolition of the existing Neonatal Building; these phases are scheduled to complete in late 2023. The new hospital will provide 16 delivery rooms, 68 beds, an admissions unit and an early pregnancy unit. Maternity post-natal beds and outpatient services will be provided in levels 7-9 of the Critical Care Building access via the linked bridge. The overall Mother and Children's project also includes associated site and energy infrastructure.
  
27. The Northern Ireland Fire and Rescue Service Learning and Development Centre will provide a centralised training function with practical scenario based training facilities. Phase 1 of the project which comprised a six storey tactical firefighting facility and teaching support building was handed over in July 2019. Phase 2 will provide a multi-function training warehouse, fire call-out scenario village, flood water training facility, road traffic collision scenarios and learning support centre, with construction scheduled to commence in April 2022.

***Contractual Commitments - £31.5 million, £24.4 million, £51.8 million***

28. Contractual commitments are inescapable and reflect amounts the Department is obliged to pay to ensure the projects are delivered to the agreed completion dates. There are already a number of projects contractually committed within the

capital programme where the main construction has commenced or is near completion. In addition, there are a number of projects which are either at the design stage or the contracts for these projects have not reached the main construction stage; to discontinue them now would mean these essential facilities would not be able to open. The projects are as follows:

- RVH Critical Care Building
- Ulster Hospital redevelopment
- Craigavon 2nd CT scanner
- Altnagelvin Phase 5.1
- New Children's homes at Glenmona
- Regional Radio Pharmacy
- Northern Mental Health Inpatient Unit
- CAH Low Voltage
- Cityside Health and Care Centre – Stage 1 Design
- Newry Primary Care Centre - equipment

***Contractual Commitments ICT - £81.2 million, £59.0 million, £40.9 million***

29. The pace of change over the next few years across the HSC ICT programme will require significant investment. The projects listed below are some of those that are regarded as critical to the continuity of service and functioning of the health service and the ongoing Covid response.

- Covid Certification Status (Vaccine Passports)
- Vaccine Management System
- Encompass
- NI Pathology Information Systems (NIPIMS)
- Technical Enablement
- Digital Identity Service
- General Medical Services ICT

***New Strategies - £5.7 million, £15.3 million, £11.6 million***

30. The Elective Care Framework and the Cancer recovery Plan contain a number of actions which require capital investment for capital works and equipment.

These are:

- 4th theatre at Lagan Valley
- Rapid diagnostic centre which patients can be referred to with vague symptoms that could be cancer;
- Imaging academy for radiology training;
- Investment for minor capital works and equipment;
- Replacement mammography equipment

***Critical Projects £20.8 million, £13.9 million, £15.3 million***

31. There are a number of projects that whilst not yet contractually committed are also regarded as inescapable. These include the new health and care centre at Lisnaskea; a wastewater surveillance programme which will collect and analyse wastewater samples from 24 wastewater treatment plants across Northern Ireland for COVID-19, as part of the overall efforts to combat the virus; interim bed capacity at Antrim Area Hospital; electrical upgrades at Antrim Area Hospital; and a permanent paediatrics unit at Altnagelvin.

***Critical ICT Projects £59.9 million, £83.8 million, £25.0 million***

32. There are a number of inescapable ICT projects required to replace and modernise critical systems across the region. These include the Northern Ireland Picture Archiving and Communication System which processes and allows the reporting on 1.3m images per annum including; Plain film, Computed Tomography, MRI, Ultrasound, Nuclear Medicine; the Equip programme which facilitates the replacement of the Finance, Procurement, Logistics and Human Resources, Payroll, Travel and Subsistence systems that enable business critical financial, procurement and human resource services across the HSC organisations. Other projects include Blood Production and Tracking system, replacement devices for HSC staff, an upgrade to the Northern Ireland

Ambulance Service computer aided dispatch service, and the renewal of Microsoft licensing for HSC staff at **£50 million** in 2023/24.

***Maintaining Services - £129.3 million, £115.6 million, £115.9 million***

33. Funding in this category, whilst not fully contractually committed is required each year to provide regular and ongoing investment to the Health Service and the Northern Ireland Fire and Rescue Service. It should be noted that the cost to maintain a hospital is much higher than any other public sector building and, as a result, the Department has to direct a significant portion of our annual budget to this category. Regular ongoing investment is also required in vehicle fleet, in particular for the Northern Ireland Ambulance Service and the Northern Ireland Fire and Rescue Service, for the replacement of medical equipment, replacement of flu stocks, research and development, and funding to the HSCB for the GP Improvement scheme.

***Receipts – (£18.8 million), (£18.8 million), (£18.4 million)***

34. The Department also has to account for the sale or disposal of property and assets owned by the Department (retained estate) and its Arm's Length Bodies. Income from asset sales is available for reallocation within the capital budget. In addition, the HSC Research and Development team in the HSCB secure additional funding from external organisations such as Cancer Research UK and the Medical Research Council. Budget cover is also provided to our five main trusts for commercial income they receive to carry out clinical trials.

***New Schemes - £4.6 million, £12.4 million, £68.8 million***

35. This budget settlement will not permit the Department to commence a number of new critical schemes to the timescales that we had intended in this budget period. Unfortunately, whilst these schemes are affordable in 2022/23 they create pressures in 2023/24 and 2024/25 of **£30 million** and **£41 million** respectively. The schemes include the construction of two new mental health inpatient units and the resettlement of patients at Muckamore, a new Women and Children's Unit in Antrim, the reshaping of stroke care, to enhance the electrical resilience

at Daisy Hill as well as investment in emergency services, primary and social care and ICT.

## 17 HSC Rebuild Actions

1.	Continue to develop and deliver HSC Trust Rebuild plans.
2.	Restart, restore and redesign elective care services through the Elective Care Plan.
3.	Recover cancer services in line with the cancer strategy, through the Cancer Recovery Plan: Building Back, Rebuilding Better.
4.	Support the new Regional Medical Imaging Board in ensuring that all HSC imaging services are equipped to support delivery across all relevant Rebuild programmes, in line with the Strategic Framework for Imaging Services.
5.	Support the Pathology Network in ensuring that HSC Pathology Services are equipped to support delivery across all relevant Rebuild programmes, in line with the modernisation and transformation of HSC Pathology Services.
6.	Support the planning and delivery of mental health services, through the Mental Health Strategy for NI.
7.	Support the transformation of urgent and emergency care services, in line with the recent review, through delivery of the COVID-19 Urgent and Emergency Care Action Plan, No More Silos.
8.	Support and reform adult social care services, ensuring sustainability and development of community services, by improving the pay, training and career development pathways of social care workers, and providing support for unpaid carers.
9.	Respond to the social wellbeing needs of people most at risk of marginalisation and isolation in the community.
10.	Recover family and children's social services impacted by COVID-19 in line with the Family and Children's Social Services Recovery Plan and agreed strategic priorities of the Children's Services Improvement Board.
11.	Rebuild children's paediatric services impacted by COVID-19 in line with the Paediatric Healthcare Services Rebuilding Plan and agreed strategic priorities of the Child Health Partnership.
12.	Support and enhance the HSC workforce, in line with the workforce and other related strategies.
13.	Further development and implementation of the Encompass programme.
14.	Rebuild and support the development of Primary Care GP, Dental, Pharmacy and Optometry services, including the roll-out of multi-disciplinary teams.
15.	Closure / Migration of HSCB and Future Planning Model.
16.	Support, stabilise and standardise community services through a new regional model for Intermediate Care, a new model for care and support at home, and support for care homes.
17.	Maintain a focus on the ongoing Covid-19 response and recovery of public and population health services.

## 4. Consideration of Available Data and Screening Decision

1. In assessing the impact of the proposed Draft Budget 2022-25 policy against obligations under Section 75 of the 1998 Act the Department concludes that there is evidence of some differential impact in respect of some **Section 75 categories**. Impacts have been considered against the backdrop of available data and the stated policy intent to determine whether differential impacts identified are adverse. Where this is the case, consideration will be given to potential mitigating factors.
2. Data utilised derives from a number of sources. These include
  - The Northern Ireland Census 2011 <https://www.nisra.gov.uk/publications/2011-census-key-statistics-summary-report>
  - The HSCNI Health Survey Northern Ireland <https://www.health-ni.gov.uk/publications/health-survey-northern-ireland-first-results-202021>
  - NI health and social care inequalities monitoring system (HSCIMS) - health inequalities in Northern Ireland: key facts 2015 <https://www.health-ni.gov.uk/publications/ni-health-and-social-care-inequalities-monitoring-system-hscims-health-inequalities>
  - NI health and social care inequalities monitoring system (HSCIMS) <https://www.health-ni.gov.uk/publications/ni-health-and-social-care-inequalities-monitoring-system-hscims-section-75-analysis>
  - OFMDFM funded 'Grasping the nettle: <https://www.executiveoffice-ni.gov.uk/publications/grasping-nettle-experiences-gender-variant-children-and-transgender-youth-living>
  - Relationship between physical disabilities and addiction <https://www.addictioncenter.com/addiction/disability/>
  - The HSCB Youth Wellbeing Prevalence Study 2020 <http://www.hscboard.hscni.net/our-work/social-care-and-children/youthwellbeing-prevalence-survey-2020/>

- Cara Friend 'Still Shouting' <https://cara-friend.org.uk/wp-content/uploads/2018/08/Still-Shouting-2017.pdf>
- Rainbow Project @All Partied Out' report (2012) <https://www.rainbowproject.org/Handlers/Download.ashx?IDMF=c73e6c9d-0433-45a5-8d85-284e5dff2534>
- [Microsoft Word - HE1 21 586282 Screening Template - Elective Care Framework \(health-ni.gov.uk\)](#)
- [Consultation on the Cancer Strategy for Northern Ireland 2021-2031 | Department of Health \(health-ni.gov.uk\)](#)
- <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-mhs-eqia.pdf> - Equality Screening - Mental Health Strategy
- <https://www.health-ni.gov.uk/sites/default/files/publications/health/Health-and-Social-Care-Workforce-Strategy.pdf> - Equality Screening - Workforce

### **Screening Decision**

3. We have assessed the impact of the Draft Budget 2022-25 policy on a number of Section 75 groups as major namely 'Race' 'Age' 'Sexual Orientation' 'Gender' 'Disability' and 'Dependent Status'. Therefore a full Equality Impact Assessment has been performed and is set out in Section 5.

## 5. Impact Assessment

### 5.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories?

Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
Religious belief	At this time there is no evidence to indicate that the Draft Budget allocation would negatively impact this Section 75 category.	N/A	None
Political opinion	At this time there is no evidence to indicate that the Draft Budget allocation would negatively impact this Section 75 category.	N/A	None
Racial group	<p><b>The Draft Budget Allocation may mean no Additional Funding for HSC Rebuild Action 10: - Implement a programme of reform within Children's Community Social Services.</b></p> <p>It is highly likely that this will have a differential impact on unaccompanied asylum seeking children (UASC) arriving in NI due to the reduction in services. The numbers of UASC has been consistently growing in recent years, with inexplicable spikes occurring at certain points. The needs of some of these young people are significant and the system is struggling to meet their needs, including the basic need of accommodation.</p>	Further work required to assess if any mitigating actions could be identified/ taken forward.	Major



Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
	<p>It is possible that no additional funding to implement the Adoption and Children Bill will have a differential impact on adopted children and looked after children from different racial backgrounds.</p> <p>If funding is not available to introduce the new legislation required to modernise the adoption process, and improve services for looked after children:</p> <ul style="list-style-type: none"> <li>• There may be an increase in adoption disruptions due to a lack of adequate adoption support services for this cohort of children. Most adopted children feel some confusion of identity and being transracially adopted is an extra dimension which this cohort of adopted children have to face; the support needs that they require will be higher;</li> <li>• The number of children coming into care, for example unaccompanied asylum seeking children (UASC) may continue to increase, as a new option for permanence, special guardianship, which would enable a UASC to live in a secure permanent home and maintain strong attachments to their family abroad, will not be introduced.</li> </ul>		
Age	<p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 4: Support the new Regional Medical Imaging Board in ensuring that all HSC imaging services are equipped to support delivery across all relevant Rebuild programmes</b> - This would be felt by most by the young and elderly as these would be the main users of these services.</p>	<p>Further work required to assess if any mitigating actions could be</p>	<p>Major</p>

Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
	<p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 5 Pathology Services</b> which would be felt by all, but particularly young and elderly as these would be the main users of these services.</p> <p><b>The Draft Budget Allocation may mean no additional funding for the Substance Use Strategy which is part of HSC Rebuild Action 6.</b> This would be felt by young and elderly as these would be the main users of these services. Health &amp; Social Care services are available to everyone equally, on the basis of clinical need, and while, overall, the strategy does not provide any negative impact based on age, some differential impact has been identified in respect of both young people and older persons.</p> <p><b>The Draft Budget Allocation may mean no additional funding HSC Rebuild Action 7: No More Silos.</b> This would be felt by most by the young and elderly as these would be the main users of these services.</p> <p><b>The Draft Budget Allocation may mean no Additional Funding for HSC Rebuild Action 8: Reform of Adult Social Care.</b> According to NISRA statistics improving survival, coupled with a general downward trend in the number of births, has resulted in an aging population. No additional funding for reform of adult social care will impact on our aging population.</p> <p><b>The Draft Budget Allocation may mean no Additional Funding for HSC Rebuild Action 10: Implement a programme of reform within Children's</b></p>	<p>identified / taken forward.</p>	

Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
	<p><b>Community Social Services.</b> This would have a differential impact on children and young people by exacerbating pressures on the children's social care system and the risk of poorer outcomes in safeguarding and wellbeing terms for children in need (including in need of protection and looked after children).</p> <p>It is possible that no additional funding to implement the Adoption and Children Bill will have a differential impact on children and young people up to the age of 25.</p> <p>If funding is not available to introduce the new legislation required to modernise the adoption process, and improve services for looked after children:</p> <ul style="list-style-type: none"> <li>• Adoption will continue to be a slow, delayed and cumbersome process which will continue to impact on the welfare of the children involved;</li> <li>• There may be an increase in adoption disruptions due to a lack of adequate adoption support services, which could result in the breakdown of an adoptive placement and the adopted child returning to the care system;</li> <li>• The looked after children and children in need population will continue to grow, as a new option for permanence, special guardianship, which will enable a child, for whom adoption is not appropriate, to leave care and benefit from a legally secure family, will not be introduced.</li> </ul>		

Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
	<ul style="list-style-type: none"> <li>• Educational outcomes for care experienced children and young people will continue to fall significantly short of the average attainment across NI's child population;</li> <li>• Lower outcomes for care leavers in terms of education, employment and training compared to the population in general;</li> <li>• Current legislation in NI lags significantly behind other jurisdictions within the UK; this has resulted in a disparity of treatment of adopters, and children and young people in NI compared to their counterparts in the UK. This disparity will continue to widen as further amendments are made to UK Adoption and Children legislation.</li> </ul> <p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 14: Multi-Disciplinary Teams.</b> This would be felt most by young and elderly as these would be the main users of these services.</p> <p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 14: Community Pharmacy Services</b> – This could mean a cessation of some services, which could lead to suboptimal outcomes, higher rates of hospital admissions, increased morbidity and mortality, and rising healthcare costs. The impact would be felt by young and elderly as they are the main users of these services and there are high pharmacy needs among those groups.</p> <p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 14: Adherence</b> – This could result in higher numbers of</p>		

Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
	<p>patients not adhering to taking their medications as prescribed. This could lead to suboptimal outcomes, higher rates of hospital admissions, increased morbidity and mortality, and rising healthcare costs. This could put additional pressure on and may stop other acute services. The impact would be felt by young and elderly for whom there are high pharmacy needs and as the main users of these services.</p> <p><b>If there was no additional funding for an integrated regional project to deliver PrEP (Pre-exposure Prophylaxis) and online STI (Sexually Transmitted Infections) Testing</b> This could significantly increase the risk to sexually active adults who might come in contact with and/or develop a sexually transmitted infection such as HIV, chlamydia, gonorrhoea and syphilis. It is viewed that 97% of the population have been, or will be, sexually active during their lifetime.</p> <p>The use of PREP is worldwide and it has been deemed as the miracle drug in the fight against AIDS/HIV.</p> <p>A differential impact has been identified in respect of the 18 – 45 years age band. The latest PHA stats show that:</p> <ul style="list-style-type: none"> <li>• 52 new HIV diagnoses were made in Northern Ireland (37 men and 15 women); a 35% decline from 80 in 2018 and a decline of 49% from a peak of 102 new HIV diagnoses reported in 2015.</li> </ul>		

Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
	<ul style="list-style-type: none"> <li>• 21 (40%, 21/52) new HIV diagnoses occurred through gay and bisexual men (GBM) transmission; a 42% decrease from 36 in 2018.</li> <li>• 27 (52%, 27/52) new HIV diagnoses occurred through heterosexual transmission. This is the first time that heterosexual transmission has been higher than gay and bisexual men transmission in the past ten years.</li> <li>• Less than 5 (8%) new HIV diagnoses occurred through other or unknown transmission routes.</li> </ul> <p>The majority (62%, 32/52) of persons newly diagnosed in 2019 were aged between 25 and 49 years. The number and proportion of people diagnosed aged 50 years or over increased from 9% in 2010 to 29% in 2019. However, diagnoses in those aged 65+ have remained low with only 16 new diagnoses.</p>		
Marital status	At this time there is no evidence to indicate that the budget allocation would negatively impact this Section 75 category.	N/A	None
Sexual orientation	<p><b>If there was no additional funding for an integrated regional project to deliver PrEP (Pre-exposure Prophylaxis) and online STI (Sexually Transmitted Infections) Testing</b> - It is felt that no additional funding for an integrated regional project to deliver PrEP and having access to an online STI testing service would have a differential impact on persons of a different sexual orientation. The latest PHA stats show:</p>	Further work required to assess if any mitigating actions could be identified / taken	Major

Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
	<ul style="list-style-type: none"> <li>• 17% (2/12) of new diagnoses in gay and bisexual men tested under RITA were as a result of recently acquired infection, compared with 7% in heterosexuals.</li> <li>• defining illness within 3 months of HIV diagnosis). There were 9 deaths reported. in</li> <li>• 1,123 HIV-infected residents of Northern Ireland (as defined when last seen for statutory medical HIV-related care in 2019) received care (882 men and 241 women).</li> <li>• 99% (961/974) of those receiving care, and where route of transmission was known, acquired their infection through sexual contact. Of these, 61% (596/974) acquired their infection through sexual contact involving gay and bisexual men and 37% (365/974) through heterosexual contact. One percent (13/974) acquired their infection through non-sexual contact.</li> </ul> <p><b>The Draft Budget Allocation may mean no additional funding for the Substance Use Strategy which is part of HSC Rebuild Action 6.</b> This would have a differential impact on persons of a different sexual orientation. LGBT people are substantially more likely than the Northern Ireland population to use drugs and are nearly three times as likely to have taken an illegal drug in their lifetime (62% v 22%). Drug prevalence levels are particularly high for transgendered respondents, 74% of whom have taken an illegal drug in their lifetime.</p>		

Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
<p>Gender  (Men and women generally)</p>	<p><b>The Draft Budget Allocation may mean no additional funding to fund future pay awards which would</b> have a major impact on both men and women as it is recognised that the Health and Social Care workforce is mainly female and that the Northern Ireland Fire and Rescue Service workforce is mainly male.</p> <p><b>If there was no additional funding for an integrated regional project to deliver PrEP (Pre-exposure Prophylaxis) and online STI (Sexually Transmitted Infections) Testing</b> - At this time while there is no evidence to indicate that it would have a differential impact on gender per se, a major aim of this work is to improve the health of MSM (men who have sex with men), a group that experience significant health inequalities. PrEP is one of the few interventions that is cost saving – in both QALY and actual monetary cost. This is internationally recognised.</p> <p>New HIV diagnoses in Northern Ireland have been acquired mostly through sexual transmission over the years, with gay and bisexual men accounting for the majority of these from 2010. However, for the first time in the past decade gay and bisexual transmission has been lower in 2019 than heterosexual transmission. The annual number of diagnoses where infection has been acquired through other exposures remains very low.</p> <p><b>The Draft Budget Allocation may mean no additional funding for the Substance Use Strategy which is part of HSC Rebuild Action 6.</b> This would</p>	<p>Further work required to assess if any mitigating actions could be identified / taken</p>	<p>Major</p>



Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
	<p>have a differential impact on gender. Findings from the most recent Health Survey NI survey (2019/20) showed males (26%) are around three times more likely to exceed the recommended weekly drinking limits than females (9%). The greatest increases in drug-related deaths over the past ten years have been seen in men, aged 25-34. According to the Substance Misuse Database 2019/20, the majority of clients (79.4%) presenting for treatment for drug use were male.</p> <p>Women can experience barriers (eg issues with childcare) to engaging and sustaining involvement with treatment, rehabilitation and aftercare services.</p> <p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 8 Reform of Adult Social Care.</b> As a larger proportion of the social care workforce are female this may impact more on females.</p>		
Disability (with or without)	<p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 4: Support the new Regional Medical Imaging Board in ensuring that all HSC imaging services are equipped to support delivery across all relevant Rebuild programmes.</b> This would have a differential impact on persons with or without a disability. Persons with a disability are more likely to require Imaging services than those without a disability.</p> <p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 5 Pathology Services</b> which would have a differential impact</p>	Further work required to assess if any mitigating actions could be identified/ taken forward.	Major

Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
	<p>on persons with or without a disability. Persons with a disability will be more likely to require pathology services than those without.</p> <p><b>The Draft Budget Allocation may mean no additional funding for the Substance Use Strategy which is part of HSC Rebuild Action 6.</b> This would have a direct differential impact on persons with or without a disability.</p> <p>While an addiction to alcohol and/or other drugs isn't necessarily a disability, a person might be disabled if addiction caused an impairment. For example liver disease or depression caused by alcohol dependency would be an impairment. Disability and addiction are a tragically common pair. Persons with disabilities are substantially more likely to suffer from substance use disorders than the general population, and they are also less likely to receive treatment for them. Conversely, persons with addictions are more likely to become disabled, either through accidental injury or through long-term side effects of substance abuse. People with physical disabilities experience substance use disorders at 2 to 4 times the rate of the general population.</p> <p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 7: No More Silos</b> – This would have a differential impact on persons with or without a disability.</p> <p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 8 Reform of Adult Social Care</b> - As the reform of adult social</p>		

Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
	<p>care would provide a valuable service to those most vulnerable in our society no additional funding would impact on those with a disability.</p> <p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 10 - Implement a programme of reform within Children's Community Social Services-</b> It is possible that this would disproportionately affect looked after children due to the larger proportion of children with a disability in care compared to general population and the continuing pressures for specialist placements and short break provision.</p> <p>It is possible that no additional funding to implement the Adoption and Children Bill would have a differential effect on those disabled children registered as a child in need who avail of short breaks for respite. The Bill will introduce a new power which will enable this cohort of children to be provided with respite care outside the looked after children system. Failure to implement these provisions in the Bill may result in a decrease in the uptake of short breaks by parent and carers with disabled children. This is due to the stigma associated with a child becoming looked after or the child becoming looked after on a more permanent basis.</p> <p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 14: Multi-Disciplinary Teams</b> – This would have a differential impact on persons with or without a disability.</p>		

Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
	<p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 14: Community Pharmacy Services</b> – This could mean a cessation of some services, which could lead to suboptimal outcomes, higher rates of hospital admissions, increased morbidity and mortality, and rising healthcare costs. This would have a differential impact on persons with or without a disability as this group have greater pharmacy needs and are the main users of these services.</p> <p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 14: Adherence.</b> This could result in a higher number of patients not adhering to taking their medications as prescribed. This would lead to suboptimal outcomes, higher rates of hospital admissions, increased morbidity and mortality, and rising healthcare costs. This would put pressure on and stop other acute services. The impact would be felt by those with or without a disability as they have high pharmacy needs and are the main users of these services.</p>		
Dependants  (with or without)	<p><b>The Draft Budget Allocation may mean no additional funding for the Substance Use Strategy which is part of HSC Rebuild Action 6.</b> This would have a differential impact on those with caring responsibilities. Research shows that there is likely to be over 40k children and young people living with substance using parents or carers. The new strategy recognises that this key</p>	Further work required to assess if any mitigating actions could be	Major

Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
	<p>group is at risk of additional harm and seeks to put in place additional supports to address this issue.</p> <p><b>The Draft Budget Allocation will likely mean no additional funding for HSC Rebuild Action 7: No More Silos.</b> This would have a differential impact on those with caring responsibilities.</p> <p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 8 Reform of Adult Social Care</b> - As the reform of adult social care would provide a valuable service to those most vulnerable in our society no additional funding would impact on those with caring responsibilities.</p> <p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 14: Multi-Disciplinary Teams.</b> This would have a differential impact on those with caring responsibilities.</p> <p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 14: Adherence.</b> This could result in a higher number of patients not adhering to taking their medications as prescribed. This would lead to suboptimal outcomes, higher rates of hospital admissions, increased morbidity and mortality, and rising healthcare costs The impact would be felt by dependants who have high pharmacy needs and who rely on relatives as their unpaid carers.</p> <p><b>The Draft Budget Allocation may mean no additional funding for HSC Rebuild Action 10: - Implement a programme of reform within Children's</b></p>	<p>identified/ taken forward.</p>	

Section 75 category:	Details of impact:	Mitigating Actions:	Level of impact:
	<p><b>Community Social Services-</b> It is possible that this would have a differential impact on those with caring responsibilities. Possible areas of impact might include:</p> <ul style="list-style-type: none"> <li>• Schemes provided to support families through voluntary section due to reduction in programme funding from DoH.</li> <li>• Larger proportion of young people in care are parents compared to general population – pressures on specialist placements.</li> </ul> <p>It is possible that no additional funding to implement the Adoption and Children Bill which introduces a new framework for adoption support services would have a differential impact on adoptive families with birth dependents living within their households. Often in such placements, there is a need for additional support to ensure the continuation of adoptive placements, and assist in cases where there is a disruption in the adoptive placement. If funding was not available to introduce the new framework for adoption support services, there may be an increase in adoption disruptions, which could result in the breakdown of an adoptive placement and the adopted child returning to the care system. This may also be the case for children in an informal kinship arrangement, or those that may be placed in the future in a special guardianship arrangement.</p>		

**5.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?**

Not at this stage as specific budget allocations have still to be determined within the Draft Budget 2022-25 policy. Once budget allocations are agreed it will be for policy/business areas and Arm's Length Bodies to determine how they use their allocated budget. It will be the responsibility of individual policy/ business areas and Arm's Length Bodies to take further assessment on their specific decisions.

**5.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?**

None

**5.4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?**

Not at this stage as specific budget allocations have still to be determined within the Draft Budget 2022-25 policy. Once budget allocations are agreed it will be for policy/business areas and Arm's Length Bodies to determine how they use their allocated budget. It will be the responsibility of individual policy/ business areas and Arm's Length Bodies to take further assessment on their specific decisions.

## 6. Mitigating Actions

1. The aim of the Department at a strategic level is to protect frontline services and maintain service provision as much as possible, and, through this minimise the impact on service delivery, patients and clients. The Department's budget will continue to be deployed in support of this objective and will seek to ensure that its proposed budget allocations are applied as far as possible in a manner that does not disproportionately or adversely affect one Section 75 category, over another.
2. The impact of the Executive's proposed Draft Budget 2022-25 on the Department is extremely challenging with the Department facing a constrained financial position over the budget years and we are currently considering options to live within our 2022-25 allocations whilst continuing to maintain effective service delivery.
3. In developing options to live within the proposed 2022-25 budget allocation, consideration will be given to how any adverse impacts on Section 75 groups can be reduced. It will however be extremely difficult to mitigate the potential adverse impacts anticipated, given the scale of additional funding the Department requires in the budget 2022- 25 period. We are committed to working with DoF to secure the additional funding required to improve outcomes for the Northern Ireland population including those Section 75 groups which may potentially be impacted by cost reductions.
4. The Department will seek comments on any potential equality implications arising from the proposed draft Budget 2022-25 and will consider the possible need for any further mitigating actions in relation to responses received during the consultation.



## **7. Monitoring**

1. Any adverse differential impact on equality of opportunity or good relations that may be identified through this assessment process will be taken into account in informing the Department's Budget allocations. Any such findings will be used to inform revised Budget allocations and in-year bids.
2. The Department will continue to monitor equality of opportunity or good relations when assessing its in-year monitoring round bids for additional funding.

## **8. Disability Duties/ Human Rights**

**Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?**

**Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?**

1. Not at this stage as specific budget allocations have still to be determined within the Draft Budget 2022-25 policy. Once budget allocations are agreed it will be for policy/business areas and Arm's Length Bodies to determine how they use their allocated budget. It will be the responsibility of individual policy/ business areas and Arm's Length Bodies to take further assessment on their specific decisions and the impacts on the promotion of positive attitudes towards disabled people.

**Does the policy / decision affects anyone's Human Rights?**

2. The impact of the Draft Budget 2022-25 policy on all Human Rights Articles is neutral.

## **9. Rural Needs Act & Children's Services Co-operation Act**

### **Rural Needs Act Considerations**

1. The Department is committed to ensuring that it fulfils its rural proofing duties and ensures rural needs are appropriately taken into account. Once a final budget has been agreed spending areas will assess whether policies, strategies and plans that are to be taken forward have a differential impact on rural areas, and where appropriate, make adjustments to take account of particular rural circumstances.

### **Children's Services Co-operation Act**

2. DoH and its ALBs are committed to the principles and requirements of the Children's Services Co-operation Act and have considerable experience of contributing to and leading partnerships to improve wellbeing outcomes for children, young people and families.
3. The Department would highlight that if a children's authority (as defined by the Children's Services Co-operation Act (Northern Ireland) 2015) external to DoH was to require DoH or any of its ALBs to co-operate with that authority in the exercise of any of their children's functions defined in s.2 (4) as "any function which may contribute to the wellbeing of children and young persons", this may have considerable financial implications for DoH.
4. DoH will assess whether policies, strategies and plans that are to be taken forward impact the principles and requirements of the Children's Services Co-operation Act, and where appropriate, take account of those particular circumstances.

## 10. Conclusion and Consultation Questions

1. This EQIA has used available evidence to consider all 9 Equality groupings. It is evident that this Draft Budget 2022-25 policy may impact the groups below:

Race

Age

Sexual Orientation

Gender

Disability

Dependant Status

2. The Department has raised its concerns with the Department of Finance (DoF) in regard to the recurrent funding necessary to to maintain service provision and provide a basis for the sustainable rebuild of health services.
3. The Department is committed to working with DoF to secure the additional funding required to improve outcomes for the Northern Ireland population including those Section 75 groups which may potentially be impacted. However, it should be recognised that this needs to be on a recurrent basis in order that service provision can be sustained into future years

4. As part of the consultation process we invite stakeholders to consider the information included within this EQIA and provide feedback through the following consultation questions;
  - a. Are there any adverse impacts in relation to any of the Section 75 equality groups that have not been identified in section 5 of the EQIA Consultation document? If so, what are they? Please provide details?
  - b. Please state what action you think could be taken to reduce or eliminate any adverse impacts in allocation of the Department's draft budget?
  - c. Are there any other comments you would like to make in regard to this EQIA or the consultation process generally?
5. If you wish to comment on the overall budget for Northern Ireland comments can be submitted via the following:

Email your responses: [budgetconsultation@finance-ni.gov.uk](mailto:budgetconsultation@finance-ni.gov.uk)

6. **The deadline for responses to DoF is 7 March 2022.**
7. Comments on the Department of Health Equality Impact Assessment can be submitted via email to:

[Budget2022-25response@health-ni.gov.uk](mailto:Budget2022-25response@health-ni.gov.uk)

8. **To meet the DoF consultation deadline responses need to be received by 7 March 2022 however the Department of Health will continue to consider responses received up to 28 March 2022.**