



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

# Equality Screening, Disability Duties and Human Rights Assessment Template

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**Guidance notes are available to assist with completing this template. For further help please contact the Equality and Human Rights Unit ext 20539.**

## Part 1. Policy scoping

### 1.1 Information about the policy / decision

#### 1.1.1 What is the name of the policy / decision?

Continuing healthcare in Northern Ireland.

#### 1.1.2 Is this an existing, revised or a new policy / decision?

This is a proposed revision to an existing policy.

#### 1.1.3 What is it trying to achieve? (intended aims/outcomes)

A Departmental review on continuing healthcare has identified variances in the application of the existing guidance and continuing healthcare practice across each of the Health and Social Care Trusts. This has led to regional inconsistency and a potential 'postcode lottery' for individuals who are being assessed. The findings of the review has provided the Department with sufficient evidence that further clarity and revision to the local continuing healthcare policy is now required.

It is proposed that the Department will amend the current policy by introducing a single eligibility criteria question 'can your care needs be properly met in any other setting other than a hospital?' If the answer is yes, then the individual would be discharged to the appropriate care setting and subject to the same charging regime as all other individuals in receipt of care packages in the same setting.

The proposed amendment to the policy will help to achieve regional consistency across each of the Health and Social Care Trusts. It will also create a fairer and more transparent system and address. Most importantly, it will address existing inequality issues for individuals, in particular for individuals who require residential or nursing home care.

1.1.4 If there are any Section 75 categories which might be expected to benefit from the intended policy, please explain how.

Through the proposed revision to the policy, the intention is to remove regional inconsistencies and create a fairer and equitable system for all service users.

1.1.5 Who initiated or wrote the policy?

The Department of Health (DoH).

1.1.6 Who owns and who implements the policy?

The Department of Health (DoH) is the policy owner. Health and Social Care Trusts will be responsible for implementing the revised policy.

## 1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision? If yes, are they

Financial

Legislative

Other

Please explain:

Depending on the outcome of the consultation exercise and final option chosen, there may be some additional financial responsibility for the Health and Social Care Trusts.

## 1.3 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

Voluntary/community/trade unions

Other, please specify

Family members and carers involved in the assessment process for care planning.

## 1.4 Other policies with a bearing on this policy / decision. If any:

Policy	Owner(s) of the policy
ECCU 1/2010 'Care Management, Provision of Services and Charging Guidance'	DoH

## 1.5 Available evidence

What evidence/information (both qualitative and quantitative\*) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

The Department of Health (hereafter referred to as the Department) has carried out a comprehensive review to examine the application of continuing healthcare across the Health and Social Care Trusts.

This has involved analysing completed questionnaires submitted by each Health and Social Care Trust, reviewing continuing healthcare queries received directly by the Department, engaging with a range of key stakeholders including representatives from the Commissioner for Older People (COPNI) and Age NI, and examining continuing healthcare policy and practice across England, Scotland and Wales.

Further information can be found within the consultation document available at:

<https://www.health-ni.gov.uk/consultations> or <https://consultations.nidirect.gov.uk/>

<b>Section 75 category</b>	<b>Details of evidence/information</b>
Religious belief	No qualitative or quantitative evidence has been identified in relation to the religious belief of individuals who may or may not have a continuing healthcare need.  The policy will apply equally to all, irrespective of religious belief.
Political opinion	No qualitative or quantitative evidence has been identified in relation to the political opinion of individuals who may or may not have a continuing healthcare need.  The policy will apply equally to all, irrespective of political opinion.
Racial group	No qualitative or quantitative evidence has been identified in relation to the racial group of individuals who may or may not have a continuing healthcare need.

	The policy will apply equally to all, irrespective of racial group.
Age	<p>Health and Social Care Trusts have advised that between the period 1 April 2011 to 30 September 2014, there were 33 adults assessed as eligible for continuing healthcare in Northern Ireland<sup>1</sup>; of these 3 individuals fall within the Elderly Programme of Care.</p> <p>By 30 September 2016, the numbers of individuals assessed as eligible for continuing healthcare by Health and Social Care Trusts had increased from 33 to 43.<sup>2</sup></p> <p>The Department acknowledges that the figure of 43 is much lower than corresponding numbers qualifying for continuing healthcare in England, Scotland and Wales. However, it is important to note that it is not possible to directly draw comparisons between the available statistics as the figures for Northern Ireland do not include those individuals who may meet continuing healthcare eligibility criteria, but receive a care package in their own home for which there is no charge and therefore there is no requirement for the individual to be assessed for continuing healthcare.</p>
Marital status	<p>No qualitative or quantitative evidence has been identified in relation to the marital status of individuals who may or may not have a continuing healthcare need.</p> <p>The policy will apply equally to all, irrespective of marital status.</p>
Sexual orientation	<p>No qualitative or quantitative evidence has been identified in relation to the sexual orientation of individuals who may or may not have a continuing healthcare need.</p> <p>The policy will apply equally to all, irrespective of sexual orientation.</p>
Gender (Men and women generally)	<p>No qualitative or quantitative evidence has been identified in relation to the gender of individuals who may or may not have a continuing healthcare need.</p> <p>The policy will apply equally to all, irrespective of gender.</p>

<sup>1</sup> Information sourced from completed questionnaires submitted by Health and Social Care Trusts to the Department in 2015

<sup>2</sup> Information sourced from Assembly question AQW 4312/16-21

<p>Disability (with or without)</p>	<p>Health and Social Care Trusts have advised that between the period 1 April 2011 to 30 September 2014, there were 33 adults assessed as eligible for continuing healthcare in Northern Ireland; 28 of these individuals fall within the Learning Disability and Physical and Sensory Disability Programmes of Care.</p> <p>By 30 September 2016, the numbers of individuals assessed as eligible for continuing healthcare by Health and Social Care Trusts had increased from 33 to 43.</p> <p>The Department acknowledges that the figure of 43 is much lower than corresponding numbers qualifying for continuing healthcare in England, Scotland and Wales. However, it is important to note that it is not possible to directly draw comparisons between the available statistics as the figures for Northern Ireland do not include those individuals who may meet continuing healthcare eligibility criteria, but receive a care package in their own home for which there is no charge and therefore there is no requirement for the individual to be assessed for continuing healthcare.</p>
<p>Dependants (with or without)</p>	<p>No qualitative or quantitative evidence has been identified in relation to whether individuals who may or may not have a continuing healthcare need have dependants.</p> <p>The policy will apply equally to all, irrespective of dependents.</p>

\* **Qualitative data** – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

**Quantitative data** - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

## 1.6 Needs, experiences and priorities

Taking into account the information recorded in 1.1 to 1.5, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision? Specify details for each of the Section 75 categories

<b>Section 75 category</b>	<b>Details of needs/experiences/priorities</b>
Religious belief	There is no evidence that different religions will have any different needs, experiences, priorities or issues in relation to the policy.
Political opinion	There is no evidence that different political opinions have any different needs, experiences, priorities or issues in relation to the policy.
Racial group	There is no evidence that different racial groups will have any different needs, experiences, priorities or issues in relation to the policy.
Age	<p>As at 30 June 2016, there were 12,368 residential and nursing home care packages in effect. Of this, 10077 (81%) of service users were in the Elderly Programme of Care.<sup>3</sup></p> <p>Ageing of the population in Northern Ireland is set to continue, with the population aged 65 and over projected to increase by 25.8% over a ten year period from 2014 to 2024.<sup>4</sup></p> <p>Therefore, older people requiring residential or nursing home care may be impacted to a greater extent by the proposed revisions to the current policy.</p>

<sup>3</sup> Information sourced from Department of Health (DoH) publication 'Statistics on Community Care for Adults in Northern Ireland 2015-2016', available from: <https://www.health-ni.gov.uk/sites/default/files/publications/health/cc-adults-ni-15-16.pdf>

<sup>4</sup> Information sourced from NISRA Statistical Bulletin 'Population Projections for areas within Northern Ireland: 2014-based', available from: <https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/SNPP14-Bulletin.pdf>



<b>Marital status</b>	There is no evidence that those of different marital status will have any different needs, experiences, priorities or issues in relation to the policy.
<b>Sexual orientation</b>	There is no evidence that those of different sexual orientation will have any different needs, experiences, priorities or issues in relation to the policy.
<b>Gender</b> (Men and women generally)	There is no evidence that different genders will have any different needs, experiences, priorities or issues in relation to the policy.
<b>Disability</b> (with or without)	<p>As at 30 June 2016, there were 12,368 residential and nursing home care packages in effect. Of this, 1,706 (14%) of service users were in the Learning Disability and Physical and Sensory Disability Programmes of Care.<sup>5</sup></p> <p>Therefore, individuals with a disability requiring residential or nursing home care may be impacted to a greater extent by the revisions to the current policy.</p>
<b>Dependants</b> (with or without)	There is no evidence that those with dependents or without dependents will have any different needs, experiences, priorities or issues in relation to the policy.

<sup>5</sup> Information sourced from Department of Health (DoH) publication 'Statistics on Community Care for Adults in Northern Ireland 2015-2016', available from: <https://www.health-ni.gov.uk/sites/default/files/publications/health/cc-adults-ni-15-16.pdf>

## Part 2. Screening questions

2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)		
Section 75 category	Details of policy impact	Level of impact? minor/major/none
Religious belief	No evidence identified that impacts on equality of opportunity.	None.
Political opinion	No evidence identified that impacts on equality of opportunity.	None.
Racial group	No evidence identified that impacts on equality of opportunity.	None.
Age	Impact on equality of opportunity.	Minor positive.
Marital status	No impact on equality of opportunity.	None.
Sexual orientation	No evidence identified that impacts on equality of opportunity.	None.
Gender (Men and women generally)	No evidence identified that impacts on equality of opportunity.	None.
Disability (with or without)	Impact on equality of opportunity.	Minor positive.
Dependants (with or without)	No impact on equality of opportunity.	None.

<b>2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?</b>		
<b>Section 75 category</b>	<b>If <b>Yes</b>, provide details</b>	<b>If <b>No</b>, provide reasons</b>
Religious belief		No. The policy will apply to all irrespective of religious belief.
Political opinion		No. The policy will apply to all irrespective of political opinion.
Racial group		No. The policy will apply to all irrespective of racial group.
Age		No. The policy will apply to all adults irrespective of age.
Marital status		No. The policy will apply to all irrespective of marital status.
Sexual orientation		No. The policy will apply to all irrespective of sexual orientation.
Gender (Men and women generally)		No. The policy will apply to all irrespective of gender.
Disability (with or without)		No. The policy will apply to all irrespective of disability.
Dependants (with or without)		No. The policy will apply to all irrespective of those with or without dependents.

2.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group? (minor/major/none)		
Good relations category	Details of policy impact	Level of impact minor/major/none
Religious belief		None.
Political opinion		None.
Racial group		None.

2.4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?		
Good relations category	If <b>Yes</b> , provide details	If <b>No</b> , provide reasons
Religious belief		No. The policy will apply to all irrespective of religious belief.
Political opinion		No. The policy will apply to all irrespective of political opinion.
Racial group		No. The policy will apply to all irrespective of racial group.

## 2.5 Additional considerations

### Multiple identity

Provide details of data on the impact of the policy on people with multiple identities (e.g. minority ethnic people with a disability, women with a disability, young protestant men, young lesbian, gay or bisexual persons). Specify relevant Section 75 categories concerned.

There is no data available on the impact of the policy on people with multiple identities. The policy will apply equally across all Section 75 categories.

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.

Not applicable at this stage. The proposed revision to the policy will be rescreened once the consultation has been completed and responses analysed.

### Part 3. Screening decision

3.1 How would you summarise the impact of the policy / decision?

No impact  
Minor impact  
Major impact

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Consider mitigation (3.4 – 3.5)

3.2 Do you consider that this policy / decision needs to be subjected to a full Equality Impact Assessment (EQIA)?

Yes - screened in  
No - screened out

<input type="checkbox"/>
<input checked="" type="checkbox"/>

3.3 Please explain your reason for making your decision at 3.2.

The policy will be rescreened following completion of the consultation exercise.

At this stage, the Department is of the view that an EQIA is not required. This is because no evidence has been identified to show that these proposals will have a differential impact on any of the Section 75 groups. The policy will be based on assessed need and will apply equally across all Section 75 categories.

## Mitigation

If you have concluded at 3.1 and 3.2 that the likely impact is '**minor**' and an equality impact assessment is not to be conducted, you must consider mitigation (or scope for further mitigation if some is already included as per 2.6) to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

3.4 Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

Yes

No

3.5 If you responded "**Yes**", please give the **reasons** to support your decision, together with the proposed changes/amendments or alternative policy.

## Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

### 4.1 Please detail how you will monitor the effect of the policy / decision?

Once a final policy decision has been reached and necessary changes implemented, the Department will arrange to review the revised policy to determine its effectiveness.

### 4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

Specific requirements for data collection will be considered once the consultation exercise has been completed and agreement on the final policy decision has been reached.

**Please note:** - For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues.



## Part 5. Disability Duties

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

Not applicable.

5.2 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?

Not applicable.

## Part 6. Human Rights

6.1 Please complete the table below to indicate whether the policy / decision affects anyone's Human Rights?

ARTICLE	POSITIVE IMPACT	NEGATIVE IMPACT = human right interfered with or restricted	NEUTRAL IMPACT
Article 2 – Right to life			✓
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			✓
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			✓
Article 5 – Right to liberty & security of person			✓
Article 6 – Right to a fair & public trial within a reasonable time			✓
Article 7 – Right to freedom from retrospective criminal law & no punishment without law.			✓
Article 8 – Right to respect for private & family life, home and correspondence.			✓
Article 9 – Right to freedom of thought, conscience & religion			✓
Article 10 – Right to freedom of expression			✓
Article 11 – Right to freedom of assembly & association			✓
Article 12 – Right to marry & found a family			✓
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			✓

1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 <sup>st</sup> protocol Article 2 – Right of access to education			✓

6.2 If you have identified a likely negative impact who is affected and how?

Not applicable.

*At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:*

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

6.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy/decision.

Not applicable.

## Part 7 - Approval and authorisation

	<b>Name</b>	<b>Grade</b>	<b>Date</b>
Screened completed by	Julie Houston	DP	08/06/17
Approved by <sup>1</sup>	Jerome Dawson	G7	13/06/17
Forwarded to E&HR Unit <sup>2</sup>			

Notes:

<sup>1</sup> The Screening Template should be approved by a senior manager responsible for the policy this would normally be at least Grade 7.

<sup>2</sup> When the Equality and Human Rights Unit receive a copy of the final screening it will be placed on the Department's website and will be accessible to the public from that point on. In addition, consultees who elect to receive it, will be issued with a quarterly listing all screenings completed during each three month period.

## ADDITIONAL INFORMATION TO INFORM THE ANNUAL PROGRESS REPORT TO THE EQUALITY COMMISSION

**(PLEASE NOTE : THIS IS NOT PART OF THE SCREENING TEMPLATE BUT MUST BE COMPLETED AND RETURNED WITH THE SCREENING)**

1. Please provide details of any measures taken to enhance the level of engagement with individuals and representative groups. Please include any use of the Equality Commissions guidance on consulting with and involving children and young people.

In formulating proposals to revise the current policy, the Department has engaged with Health and Social Care Trusts and other key stakeholders including representatives from Age NI and the Commissioner for Older People (COPNI).

The Department of Health (DoH) will undertake a full public consultation, due to commence in the autumn and will engage with key stakeholders as required. The consultation will be made available on Citizen Space and on the DoH website for members of the public to consider and respond to.

2. In developing this policy / decision were any changes made as a result of equality issues raised during :

- (a) pre-consultation / engagement;
- (b) formal consultation;
- (c) the screening process; and/or
- (d) monitoring / research findings.

If so, please provide a brief summary including how the issue was identified, what changes were made, and what will be the expected outcomes / impacts for those effected.

Not applicable at this stage.

The proposed revision to the current policy will be rescreened once the consultation has been completed and responses analysed.

3. Does this policy / decision include any measure(s) to improve access to services including the provision of information in accessible formats? If so please provide a short summary.

Not applicable.

**Thank you for your co-operation.**  
Equality and Human Rights Unit.