Health and Social
Care Board

Equality, Good Relations and Human Rights SCREENING

The Health and Social Care Board is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

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 or none)

2) Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

3) To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor, major or none)

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

See Guidance Notes for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

For information (evidence, data, research etc) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website:
http://www.hscbusiness.hscni.net/services/1798.htm

Health and Social Care Board

Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Development of adult regional neuropsychology services

1.2 Description of policy or decision

A neurological condition is a disturbance of mental function due to brain trauma associated with one or more of the following neurocognitive, psychotic , neurotic, behavioural or pyschophysiologic manifestations or mental impairment.

Clinical Neuropsychology, located within the Royal Victoria Hospital, provides services to Regional Neurosciences – this includes acute inpatients, Neurology and Neurosurgery outpatient services which include regional clinics

This proposal from the Belfast HSC Trust is to increase the capacity for the regional neuropsychology service. There is a significant gap in (wte whole time equivalent) of psychological staff in order to deliver the core service of outpatient provision with a focus on Neuropsychological assessment and Neuropsychological adjustment. Additional capacity is needed to provide more coherent services to the neuro wards within RVH and to meet wte of comparative peers. This proposal focuses on better meeting outpatient demand for services related to cognitive assessment and neuro-adjustment.

This proposal will support additional funding for additional capacity to allow the Trust to increase access to this regional service for these patients and their families. In particular, quality of life and emotional wellbeing may be significantly improved (in comparison to no service) when the patient and family are adjusting to a new diagnosis, during transition to the wider MDT, when coping with complex treatment plans and with a fluctuating course of the condition and its management.

In summary the main benefits of this proposal are:

1. Improve the holistic and multidisciplinary delivered service to patients as recommended

by the September 2018 stakeholder workshop

2. Improve the transition process for patients from the acute service to the wider MDT in the community (listed as a primary objective of DoH, HSCB and PHA)

3. Improve empowerment of patients and coordination of their care

4. Provide more timely access for patients to psychological services as underlined in the 13 week PTL.

5. Support the recommendations of the neuropsychology NSF and NICE guidelines.

6. Offers skill mix to recruitment exercise and a more realistic recruitment target.

1.3 Main stakeholders affected (internal and external)

Service users and their families/carers, staff.

1.4 Other policies or decisions with a bearing on this policy or decision

In response to elective care waiting times and in line with Health & Wellbeing: Delivering Together 2026, the HSCB identified the reform of neurology as a priority in terms of building capacity and implementing new ways of working.

At a stakeholder workshop (September 2018) delegates endorsed, for 2019/20, the commissioning of additional places in the neurology training programme, the deployment of new pathways for headache patients and improving the multi-disciplinary arrangements to support hospital and community care.

It also supports the aims of the ongoing DoH Review of Neurology Services which included timely access to treatment, improved information and better communication particularly around symptom management and medication advice, increased support for self-management, the need for a connector/coordinator to help people navigate the system, increased public awareness of the impact of neurological conditions and an increase in Nurse Specialists and improved access to exercise classes.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

Health & Wellbeing: Delivering Together 2026 DOH Review of Neurology Services Census 2011 NISRA data June 2020 **http://healthallianceni.com/health-social-wellbeing/bme-groups/** McBride, Ruari Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Institute for Conflict Research.)

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	***What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	The neuropsychology service is for both male and female. However, it is recognised that in some conditions such as cerebral palsy and autism it is more common in males than females–males will therefore be overrepresented overall. At 30 June 2020, Northern Ireland's population was estimated to be 1.90 million people. Just over half of the population (50.7 per cent) were female, with 961,400 females compared to 934,200

	males (49.3 per cent). NISRA Transgender Research suggests for the Northern Ireland population as a whole: • 140-160 individuals are affiliated with transgender groups • 120 individuals have presented with Gender Identity Disphoria • There are more trans women than trans men living in Northern Ireland. (McBride, Ruari Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Institute for Conflict Research.) The Gender Identity Research and Education Society (GIRES) estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office (2011) and subsequently updated (2014): • gender variant to some degree 1% • have sought some medical care 0.025% • having already undergone transition 0.015% (Source: GIRES. The Number of Gender Variant People in the UK - Update 2011. Available at http://www.gires.org.uk/prevalence.php) The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among young people is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men). Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2019) N=1,881,600 (approx.): • 18,816 people who do not identify with gender assigned to them at birth • 470 likely to have sought medical care • 282 likely to have undergone transition.
Age	The regional neuropsychology service is for adults only and so therefore the potential users for the service is 18 age and over

	• 124,472 people aged 16-39 years; • 109,164 people aged 40-64 years; and • 55,840 people 65 years and older. (NISRA) NISRA Estimated the proportion of people aged 65 years and over is projected to rise from 16.0% in 2016 to 24.5% in 2041.
Religion	There are no accurate NI robust statistics of religion of neurology patients or staff which would enable analysis of this aspect but there is no evidence of differential impact on the grounds of religion. Religion or Religion brought up in • 45.14% (817, 424) of the population were either Catholic or **brought up** as Catholic. • 48.36% (875, 733) stated that they were Protestant or **brought up** as Protestant. • 0.92% (16, 660) of the population belonged to or had been **brought up** in other religions and Philosophies. • 5.59% (101, 227) neither belonged to, nor had been brought up in a religion. (Census 2011)
Political Opinion	There are no accurate NI robust statistics of political opinion of neurology patients or staff which would enable analysis of this aspect but there is no evidence of differential impact on the grounds of political opinion. A recent survey of the NI population, published in 2018, explored political opinion. People were asked “Generally speaking, do you consider yourself as a unionist**,** a nationalist or neither?” Of those that responded to the survey, 26% generally considered themselves to be Unionist; 21% said they were Nationalist; 50% said neither Unionist nor Nationalist; and 1% said “Other”. 2% said they didn’t know (Northern Ireland Life and Times, 2018).
Marital Status	There are no accurate NI robust statistics of marital of neurology patients or staff which would enable analysis of this aspect but there is no evidence of differential impact on the grounds of marital status

	• 47.56% (680, 840) of those aged 16 or over were married • 36.14% (517, 359) were single • 0.09% (1288) were registered in same-sex civil partnerships • 9.43% (134, 994) were either divorced, separated or formerly in a same – sex partnership • 6.78% (97, 058) were either widowed or a surviving partner (Census 2011) **Northern Ireland Life and Times (2018)** Single (never married) 32% Married and living with husband/wife 51% A civil partner in a legally-registered civil partnership 0% Married and separated from husband/wife 3% Divorced 6% Widowed 7% **Civil partnerships** Annual Reports of the Registrar General for NI show that Between 2005 to 2018 inclusive, there have been 1298 civil partnerships registered in NI. Of these, 539 have been male civil partnerships, and 571 have been female civil partnerships.
Dependent Status	According to the Census 2011 for NI population; • 11.81% (213, 863) of the usually resident population provide unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill – health/disabilities or problems related to old age. • 3.11% (56, 318) provided 50 hours care or more. • 33.86% (238, 129) of households contained dependent children. • 40.29% (283, 350) contained a least one person with a long – term health problem or a disability. CarersNI • 1 in every 8 adults is a carer • 2% of 0-17 year olds are carers, based on the 2011 Census • There are approximately 220,000 carers in Northern Ireland (• Any one of us has a 6.6% chance of becoming a carer in any

	year • One quarter of all carers provide over 50 hours of care per week • People providing high levels of care are twice as likely to be permanently sick or disabled than the average person • 64% of carers are women; 36% are men.
Disability	Neurological symptoms and long term neurological conditions account for over 20% of emergency medical admissions, 3-8% of Emergency Department attendances and are some of the most common reasons for GP consultations. It's estimated 34,000 people in Northern Ireland will suffer from a long term neurological condition such as Epilepsy, Multiple Sclerosis, Parkinson's or a rarer disorder such as Muscular Dystrophy." Neurology - Echo Northern Ireland Neurological disabilities include a wide range of disorders such as epilepsy, learning disabilities , neuromuscular disorders, autism, ADD , brain tumors and cerebral palsy. Some neurological conditions are congenital, emerging from birth. According to the Census 2011 for NI population; • 20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities. • 68.57% (1, 241709) of residents did not have long – term health condition. • Deafness or partial hearing loss – **5.14% (93, 078)** • Blindness or partial sight loss – **1.7% (30, 785)** • Communication Difficulty – **1.65% (29, 879)** • Mobility or Dexterity Difficulty – **11.44% (207, 163)** • A learning, intellectual, social or behavioural difficulty - **2.22% (40, 201)** • An emotional, psychological or mental health condition - **5.83% (105, 573)** • Long – term pain or discomfort – **10.10% (182, 897)** • Shortness of breath or difficulty breathing – **8.72% (157, 907)** • Frequent confusion or memory loss – **1.97% (35, 674)** • A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – **6.55% (118, 612)**

	• Other condition – **5.22% (94, 527)** • No Condition – **68.57% (1, 241, 709)** (Census 2011) 43% longstanding illness (30% limiting and 12% non-limiting illness) • Males: limiting longstanding illness 28%; non-limiting longstanding illness 12% • Females: limiting longstanding illness 33%; non-limiting longstanding illness 12% • Prevalence of disability increases with age. Limiting longstanding illness increases from 18% among young adults aged 25 -34 years to 52% among those who are 75 plus years.
Ethnicity	There are no accurate NI robust statistics of ethnicity of neurology patients or staff which would enable analysis of this aspect. 1.8% (32,596) of the usual resident population belonged to minority ethnic groups: **White –** 98.21% (1, 778, 449) **Chinese** – 0.35% (6, 338) **Irish Traveller** – 0.07% (1, 268) **Indian –** 0.34% (6, 157) **Pakistani –** 0.06% (1, 087) **Bangladeshi** – 0.03% (543) **Other Asian** – 0.28% (5, 070) **Black Caribbean** – 0.02% (362) **Black African** – 0.13% (2354) **Black Other** – 0.05% (905) **Mixed** – 0.33% (5976) **Other** – 0.13% (2354) (Census, 2011) -
Sexual	There are no accurate NI robust statistics of sexual orientation of

Orientation	neurology patients or staff which would enable analysis of this aspect but unlikely to impact.
	
	In 2016, estimates from the Annual Population Survey (APS) showed that:
	
	• 93.4% of the UK population identified as heterosexual or straight and 2.0% of the population identified themselves as lesbian, gay or bisexual (LGB). This comprised of:
	    o 1.2% identifying as gay or lesbian
	    o 0.8% identifying as bisexual
	• A further 0.5% of the population identified themselves as “Other”, which means that they did not consider themselves to fit into the heterosexual or straight, bisexual, gay or lesbian categories. A further 4.1% refused, or did not know how to identify themselves.
	• The population aged 16 to 24 were the age group most likely to identify as LGB in 2016 (4.1%).
	• More males (2.3%) than females (1.6%) identified themselves as LGB in 2016.
	• The population who identified as LGB in 2016 were most likely to be single, never married or civil partnered, at 70.7%.
	• Sexual identity is one part of the umbrella concept of “sexual orientation”. Sexual identity does not necessarily reflect sexual attraction or sexual behaviour – these are separate concepts that Office for National Statistics (ONS) currently does not measure.

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Category	*Needs and Experiences*
Gender	Both Male and Female, service users and staff will benefit from the service proposals. Transgender people may have particular concerns about being cared for in a hospital setting (for example, based on negative experiences in the past). Gender specific care, with due consideration towards those in the transgender community will be provided as far as reasonably possible, if requested.
Age	This service is for adult patients only. Services are already provided for children and young people through the existing paediatric service. Older people may have particular needs in relation to accessing neuropsychology services.
Religion	There is no evidence of differential impact on the grounds of religion.
Political Opinion	There is no evidence of differential impact on the grounds of political opinion.
Marital Status	There is no evidence of a differential impact on the grounds of dependent status. Marital status of service users will be respected, including same sex families / carers. Those with a neurological condition who do not have a partner may have particular needs in accessing the service if they are seeking advice themselves rather than via a partner.
Dependent Status	Caring for someone with a neurological condition, especially during the later stages of the disease, is very demanding. Support is likely to be needed in the future. It is common for carers to 'burn out' mentally and physically from the demands of looking after someone with high care needs and challenging symptoms, day after day.
Disability	The service users with learning, physical or sensory disabilities will have particular needs, primarily around access to the service and information. As such services will be tailored to meet their specific needs.
Ethnicity	It is recognised that people from ethnic minorities can experience difficulties accessing public services based on language barriers as well as lack of familiarity with the services that are available. The Health Alliance notes well documented difficulties encountered by minority ethnic communities in trying to access health and social care. These include:Language difficulties; - Lack of awareness and lack of appropriate information on the services available; -

	- - The need for a permanent address in order to register with a General Practitioner; - Fears about entitlement to health care; - Difficulty in coming to grips with a health care system that is different to what exists in their country of origin; - The failure of some services to meet migrants' cultural or religious needs; - Institutional racism and the negative attitudes of some health care staff; and Immigration restrictions Ethnicity of the users will not determine service accessibility or delivery so has no impact on service development. Those service users who need assistance to access the services will be facilitated including the provision of interpreting. Those requiring assistance to access services will be given the necessary support. (including provision of interpreting or translation services).
Sexual Orientation	Research suggests that older lesbian, gay and bisexual people are more socially isolated and have fewer family and community networks they can draw on for support. Some people in a same sex relationship may have particular concerns about being cared for in a hospital Setting. Service providers will be respectful of same sex families. Sexual orientation of the users will not determine service accessibility or delivery. Service providers will be respectful of same sex families.

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

2.5 **Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?**

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
For those service users who have special requirement needs these must be addressed by the Trust through existing arrangements and agreed protocols. The service will be tailored and personalized to the service user, taking account of their different needs based on any section 75 characteristic. Some section 75 groups may be uneasy with strangers even though they are HSC staff coming into their homes particularly those who live on their own, elderly, or belong to the LGB community or identify as transgender or non-binary.	Access to services and service delivery will be monitored as part of the service agreement and any potential impacts will be addressed as part of the ongoing equality monitoring process. Trusts will be required to monitor the impact on some section 75 users going forward. Staff training and awareness

2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	*Impact*	*Suggestions*
Religion	NONE	
Political Opinion	NONE	
Ethnicity	NONE	

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	
Minor impact	x
No further impact	

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	
No	X

Please give reasons for your decisions.

This is a positive proposal providing a better service and improved outcomes for patients with neuropsychological conditions. The mitigating measures proposed in 2.5 will address the identified needs.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

How does the policy or decision currently encourage disabled people to participate in public life?	*What else could you do to encourage disabled people to participate in public life?*
Engagement with service users and carers prior to the commencement of the DOH comprehensive regional review (2018) took place where service users and carers identified a number of key areas where the experience of neurology services could be significantly improved. https://www.health-ni.gov.uk/rns	

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

How does the policy or decision currently promote positive attitudes towards disabled people?	*What else could you do to promote positive attitudes towards disabled people?*
N/A	N/A

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Are Human Rights relevant?
Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	NO
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	NO
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	NO
Article 5 – Right to liberty & security of person	NO
Article 6 – Right to a fair & public trial within a reasonable time	NO
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	NO
Article 8 – Right to respect for private & family life, home and correspondence.	NO
Article 9 – Right to freedom of thought, conscience & religion	NO
Article 10 – Right to freedom of expression	NO
Article 11 – Right to freedom of assembly & association	NO
Article 12 – Right to marry & found a family	NO
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	NO
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	NO
1st protocol Article 2 – Right of access to education	NO

If you have answered no to all of the above please move onto to move on to ***Question 6*** *on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision have a potential positive impact or does it potentially interfere with anyone's Human Rights?

List the Article Number	Positive impact or potential interference?	How?	Does this raise any legal issues?* Yes/No

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 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 or decision.

HSC Trusts will be encouraged to continue to deliver relevant human rights based training for front line staff.

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights?

Equality & Good Relations	Disability Duties	Human Rights
The LCG and the Trusts will regularly monitor the outcomes of the investment. The proposal will be subject to Post Project Evaluation to ensure that any negative impacts can be highlighted and resolved. Data is not currently available for the following equality groupings; -Age -Gender -Disability -Ethnicity The Trusts are required to collect this information for monitoring purposes.		

Approved Lead Officer: Mr Iain Deboys

Position: AD Commissioning

Policy/Decision Screened by: Bernie Mooty

Signed:
Date: March 2022

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

Please forward completed template to:
Equality.Unit@hscni.net

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If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact the Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net; phone: 028 95363961 (for Text Relay prefix with 18001); fax: 028 9023 2304