

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>

Equality, Good Relations and Human Rights
SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

Title of policy or decision

HSCB Financial Plan 2021-2022 – Covid-19 response element

Description of policy or decision

The Minister for Health approved an opening revenue budget for 2021/22 providing an additional £495.2m which was available to support increases to inflation, ongoing Covid-19 response, rebuilding and transformation of HSC services. The vast majority of this budget has been provided on an in-year, or non-recurrent, basis only with the exception of funds held to cover the Agenda for Change (AfC) pay increases in 2021/22.

It is accepted that the budget settlement is not adequate to meet the level of inescapable pressures being faced by the HSC, nor will it provide a basis for the sustainable rebuild of our services post the response to Covid-19. The funds provided have helped to mitigate some of our funding pressures, however significant financial pressures still exist across the HSC system which will require careful management throughout 2021/22 if expenditure is to be contained within the budget notified.

The Department of Health (DoH) led the Financial Planning process for 2021/22, supported by the HSCB, with the HSCB leading on the deployment to Trusts, PHA and Independent Providers of some £119m (excluding PPE) of funds to support the HSC's ongoing response to the Covid-19 pandemic in 2021/22. As such the DoH has undertaken high level equality screening for all new funds with the exception of Covid response funding. **The detailed application for this Covid response has been the responsibility of the HSCB. The screening therefore focuses on the decisions round application of this funding.**

During the financial year the HSCB will work collaboratively and support the DoH in planning for HSC breakeven which will include providing clarity to HSC Providers on available funding sources, reviewing and analysing pressures, funding gaps and business cases, ensuring that funds allocated to the HSCB are deployed to maximum effect.

Following the approval of the budget by the Minister the HSCB has received opening allocation letters from the DoH initially providing £5,937m of revenue budget allocation and a further capital allocation of £15m.

In considering Equality impacts the HSCB's role as decision maker has been considered in

conjunction with the Equality Commission's guidance on Budget setting.

The budget settlement was developed by the DoH and subsequently approved by the Minister for Health, the budget sets out the whole budget for the HSC including new and baseline resources to support services already on the ground. Crucially the decision has not been made by the HSCB.

Within the financial plan document there are 3 key considerations:

- a) New funds for priorities directed by the DoH
- b) Roll forward of baseline resources
- c) Pressures and slippage

Consideration and background to each of these elements has been set out below:

a. New Funds

The HSCB has a key role in deployment of the new funds to commission the related service directed by the Minister's approved budget. In doing so the individual schemes or programmes being proposed will be screened by the HSCB or Trust and an EQIA completed where deemed appropriate. This approach I believe is supported by the Equality guidance on budgets which advises that 'due regard/regard must be paid at the time of a decision, as assessment of impacts must precede the decision and the information from that assessment be known to the decision maker.' The data gathering associated with the 2021/22 Financial plan was led by the DoH and a high level screening has already taken place by the DoH to support their decisions. **From the perspective of new funds the screening has been completed by the DoH and published as part of the budget consultation – see links below.**

<https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-high-level-equality-screening-budget-2021-22.pdf>

Draft Budget Outcome Consultation | Department of Health (health-ni.gov.uk)

The key point for HSCB in considering this position was the understanding of by whom and when the decision was made (link above to the DoH published document which underpinned the approved budget). The HSCB cannot vary the budget once approved by Minister, without formal agreement, and it will be subject to significant levels of detailed monitoring by DoH during the year.

b. Baseline Resources

No change has been proposed to baseline funding by the HSCB as part of this financial plan. However, if subsequently in working with HSC Trusts and as a result of a financial deficit the Trust, or other reason, a proposal to change our baseline commissioned service the HSCB would require the providing organisation or commissioner to complete and EQIA, this is a process which has been used in the past where there were proposals to close, move or

change services.

Any changes in how baseline resources are spent will be subject to a business case including associated equality considerations (reference background set out above).

c. Pressures and Slippage

There are always financial pressures and natural slippage on budgets which occur throughout financial years, within this plan there is no decision to force slippage on budgets, thus redirecting funds.

The HSCB has also been allocated in year funds to support the COVID-19 response eg for purchase of PPE, this is time limited funding to support the continued pandemic response, but will still have a consideration of impact on S75 pre deployment during the year via our normal investment decision making processes.

This section now focuses on the specific decisions made by the HSCB on the application of Covid response funding within the financial plan.

The planned areas for funding can be grouped as follows:

- Service delivery and workforce-staff to support the response;
- Infrastructure, equipment, digital and communications;
- Revenue cost of capital investment;
- Family Health Services; and
- Covid Vaccination centre running costs, vaccine programme and testing.

The funding is very short term in nature. The objective of funding the covid response is to protect the whole population from the impact of the pandemic. The detailed roll out of this funding within Trusts may however target those most in need and most vulnerable and it is expected that Trusts will complete their own detailed equality reviews when the detailed qualitative information is available. The determination on which groups should be targeted in the roll out of the Covid response funds is out with the remit of the HSCB Financial Plan.

1.2

What is it trying to achieve? (aims and objectives)

The financial plan sets out the funds available to the HSCB, the risks and uncertainties and summarises the opening budgets against the high level reporting areas.

Sections of the plan summarises:

- i. Sources of income for the HSCB, in line with DoH 2021/22 opening Financial Allocation letter and projections on other income streams and assumed income.
- ii. Planned application of resources set against high level budget areas.
- iii. Risks and uncertainties associated with the 2021/22 financial plan.
- iv. Summary of HSCB projected financial position for 2021/22.

The purpose is to:

- provide strategic financial information in respect of the opening HSCB financial plan and to set the opening budgets for HSCB Commissioning, Family Health Services and Management and Administration
- ensure SMT and Board members are informed regarding any caveats, uncertainties and risks in respect of the financial plan
- provide assurance to SMT and Board members that all actions taken by budget holders with the support of the Finance Directorate will seek to provide an overall breakeven position for HSCB in 2021/22.

How will this be achieved?

Detailed budgets have been developed which underpin this financial plan and will be monitored and reported to budget holders, the Senior Management Team (SMT) and the Board on a monthly basis. All actions taken by budget holders with the support of the Finance Directorate will seek to provide an overall breakeven position for 2021/22 in support of the HSCB's statutory duty.

HSCB Finance Directorate will engage closely with colleagues in the DoH and HSC organisations in the roll out and monitoring of the financial plan

1.3 Main stakeholders affected (internal and external)

- All residents in Northern Ireland
- Those most vulnerable to Covid infection in terms of
 - Prevalence
 - Severity of impacts
- Their Carers

(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.

Information to inform this review was gathered from the following sources:

Electoral Office NI, 2011

NISRA

<http://www.carersuk.org/northernireland/news-ni/facts-and-figures>

Equality Commission NI, 2006

NI Life and Times Survey

HSC workforce census

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.

The affected group is best approximated by results from the current census (Census 2011).

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 population of Northern Ireland on Census Day 2011 was 1,810,900 of which there were 887,300 (49%) Males and 923,500 (51%) Females.

	<p>The Covid response funding will be made available to meet the needs of the population equally.</p>									
Age	<p>Current users - Potential users</p> <p>The age breakdown of the population of Northern Ireland on Census Day 2011 was made up as shown in below:</p> <table border="1" data-bbox="363 495 1211 725"> <tr> <td>0-14</td> <td>354,703</td> <td>19.6%</td> </tr> <tr> <td>15-64</td> <td>1,192,440</td> <td>65.8%</td> </tr> <tr> <td>65+</td> <td>263,720</td> <td>14.6%</td> </tr> </table> <p>(2011 Census)</p> <ul style="list-style-type: none"> • Aspects of the covid response funding will be targeted towards the age groups most vulnerable to the impact of the pandemic in terms of health and wellbeing. It is anticipated that the older demographic will have a greater need for these resources eg vaccination programme and those most vulnerable to Covid infection in terms of <ul style="list-style-type: none"> ○ Prevalence ○ Severity of impacts • Their Carers. 	0-14	354,703	19.6%	15-64	1,192,440	65.8%	65+	263,720	14.6%
0-14	354,703	19.6%								
15-64	1,192,440	65.8%								
65+	263,720	14.6%								
Religion	<p>Current users - Potential users</p> <p>The population of Northern Ireland on Census Day 2011 and their Religious Background was made up as shown below:</p> <table border="1" data-bbox="363 1563 1161 1825"> <thead> <tr> <th>Proportion</th> <th>Religious Background</th> </tr> </thead> <tbody> <tr> <td>40.8%</td> <td>Catholic background</td> </tr> <tr> <td>41.6%</td> <td>Protestant and other Christian background</td> </tr> <tr> <td>17.7%</td> <td>other religions, no religion or religion not stated</td> </tr> </tbody> </table> <p>(2011 Census)</p> <p>At this time there is no evidence to indicate that the Draft 2021/22 HSCB Financial Plan would have a differential impact on persons of a different</p>	Proportion	Religious Background	40.8%	Catholic background	41.6%	Protestant and other Christian background	17.7%	other religions, no religion or religion not stated	
Proportion	Religious Background									
40.8%	Catholic background									
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17.7%	other religions, no religion or religion not stated									

	religious belief.												
Political Opinion	<p>Current users - Population data</p> <p>First preference votes per party in NI Assembly Elections 2011:</p> <table border="1" data-bbox="363 869 1437 1323"> <tr> <td>DUP</td> <td>198, 436</td> </tr> <tr> <td>Sinn Fein</td> <td>178,222</td> </tr> <tr> <td>UUP</td> <td>87,531</td> </tr> <tr> <td>SDLP</td> <td>94,286</td> </tr> <tr> <td>Alliance</td> <td>50,875</td> </tr> <tr> <td>Other</td> <td>52,384</td> </tr> </table> <p>(Electoral Office NI, 2011)</p> <p>Information has not been released in this format since 2011.</p> <p>At this time there is no evidence to indicate that the Draft 2021/22 HSCB Financial Plan would have a differential impact on persons of a different political opinion.</p>	DUP	198, 436	Sinn Fein	178,222	UUP	87,531	SDLP	94,286	Alliance	50,875	Other	52,384
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Sinn Fein	178,222												
UUP	87,531												
SDLP	94,286												
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Other	52,384												
Marital Status	<p>Current users - Population data</p> <p>The population of Northern Ireland on Census Day 2011 and their Marital Status was as shown below:</p> <table border="1" data-bbox="363 1839 1437 1986"> <tr> <td>Married</td> <td>51.62%</td> </tr> <tr> <td>Single never married</td> <td>36.14%</td> </tr> </table>	Married	51.62%	Single never married	36.14%								
Married	51.62%												
Single never married	36.14%												

	Divorced/Widowed	12.24%
Dependent Status	<p>(2011 Census)</p> <p>This section considers those in the population aged 16 years and older.</p> <p>At this time there is no evidence to indicate that the Draft 2021/22 HSCB Financial Plan would have a differential impact on persons of a different Marital status.</p> <p>Current users - Population data</p> <p>Dependent children</p> <p>The last census shows that 238,094 households (33.9% of all NI households) had dependent children.</p> <p>Single parents</p> <p>In Northern Ireland there are approximately 92,000 lone parents with 150,000 children. 25% of all children are from one parent families, separated or divorced.</p> <p>Carers</p> <p>Based on information from Carers Northern Ireland, the following facts relate to carers:</p> <p>1 in every 8 adults is a carer</p> <p>There are approximately 214,000 carers in Northern Ireland</p> <p>Any one person has a 6.6% chance of becoming a carer in any year</p> <p>One quarter of all carers (26%) provide over 50 hours of care per week</p> <p>People providing high levels of care are twice as likely to be permanently sick or disabled than the average person</p> <p>Approximately 30,000 people in Northern Ireland care for more than one person</p> <p>64% of carers are women; 36% are men</p> <p>http://www.carersuk.org/northernireland/news-ni/facts-and-figures</p>	

At this time there is no evidence to indicate that the Draft 2021/22 HSCB Financial Plan would have a differential impact on persons of a different Dependant status.

Disability

Current users - Population data

A breakdown of the long term health problems reported in the 2011 census is included below (it is possible to have more than one long term health problem):

	All usual residents	Proportion of Population
All usual residents	1,810,863	100%
Deafness or partial hearing loss	93,091	5%
Blindness or partial sight loss	30,862	2%
Communication difficulty	29,871	2%
A mobility or dexterity difficulty	207,173	11%
A learning, intellectual, social or behavioural difficulty	40,177	2%
An emotional, psychological or Mental Health condition	105,528	6%
Long-term pain or discomfort	182,820	10%
Shortness of breath or difficulty breathing	157,890	9%
Frequent periods of confusion or memory loss	35,616	2%
A chronic illness	118,554	7%
Other condition	94,617	5%
No condition	1,241,785	69%

(2011 Census)

Aspects of the covid response funding will be targeted towards the age groups most vulnerable to the impact of the pandemic in terms of health and wellbeing. It is anticipated that the those persons with a disability or underlying health issues will have a greater need for these resources eg vaccination programme

Ethnicity

Current users - Population data

	<p>This formula is applied to the entire population, the ethnic construction of which is shown below:</p> <table border="1" data-bbox="368 277 1161 412"> <thead> <tr> <th data-bbox="368 277 695 322">Ethnic Group</th> <th data-bbox="695 277 1161 322">Number of residents</th> </tr> </thead> <tbody> <tr> <td data-bbox="368 322 695 367">White</td> <td data-bbox="695 322 1161 367">1,779,750</td> </tr> <tr> <td data-bbox="368 367 695 412">Non-white</td> <td data-bbox="695 367 1161 412">31,113</td> </tr> </tbody> </table> <p>(2011 Census data)</p> <p>At the higher level of financial planning undertaken by the HSCB it is not possible to conclude whether there will be a differential impact on persons of a different ethnicity. However, in responding to needs on the ground there may be a differential when Trusts complete their equality assessment of the rollout of the financial plan.</p>	Ethnic Group	Number of residents	White	1,779,750	Non-white	31,113
Ethnic Group	Number of residents						
White	1,779,750						
Non-white	31,113						
Sexual Orientation	<p>Between 2006 and 2018, there were 1,310 recorded Civil Partnerships. However, this is not indicative of the LGB population. Figures from ONS state that 1.2% of the household population in Northern Ireland identify as LGB. The ONS figures are estimates based on data from the Annual Population Survey.</p> <p>At the higher level of financial planning undertaken by the HSCB it is not possible to conclude whether there will be a differential impact on persons of a different sexual orientation. However, in responding to needs on the ground there may be a differential when Trusts complete their equality assessment of the rollout of the financial plan.</p>						

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.

In assessing the funding requirements in respect of the covid response aspects of the financial plan relevant organisations were asked to submit specific bids identifying expenditure on the ground in respect of ongoing operation response. The collection of qualitative data in respect of the expenditure will form part of the respective organisation detailed roll out of funding plan. Therefore this does not form part of the high level financial planning process undertaken by the HSCB.

More details on the impact of the funding on each of the categories will be highlighted on investment templates provided by the requesting organisation. This will happen after the detailed roll out of this plan.

Category	Needs and Experiences
Gender	
Age	
Religion	
Marital Status	
Dependent Status	
Disability	
Ethnicity	
Sexual Orientation	
Political Opinion	

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.

This Covid response funding should redistribute available funds to residents with higher needs. However this will be determined on the ground by organisations rolling out the plan.

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?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
(NA)	The HSCB is promoting equality by having conversations with the Department on mainstreaming equality in the financial planning processes and the development of equality monitoring (data collection and regular analysis by relevant Section 75 categories).

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)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	n/a	n/a
Political Opinion	n/a	n/a
Ethnicity	n/a	n/a

(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)

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

Please tick:

Major impact	<input type="checkbox"/>
Minor impact	<input type="checkbox"/>
No further impact	<input checked="" type="checkbox"/>

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

This is not about choosing one budget line over another, it is about implementation of a policy decision already made. HSCB are reviewing the quantum of resources required for Covid Response. Therefore the HSCB has chosen no further impact.

The HSCB has not been the decision maker on the budget as set out in the financial plan and the background set out above, however importantly in consideration of equity of resource deployment, the HSCB does support the DoH on a regular programme of assessments of capitation and equity on HSC resources.

These very complex reviews help to inform the direction of travel for strategic investment decisions taken by the DoH. The policy for implementation of the formula and the pace of change at which equity gaps are addressed is determined by the DoH following detailed engagement

and consultation with the HSCB.

While HSCB was not the decision maker for the budget areas this does not release the HSCB from responsibilities to complete screening and relevant impact assessments, however these are considered in line with delegated authority when the HSCB makes a decision on how to discharge the budget (ie commissioning decisions) and related targets. This is completed during the investment decision making process with relevant stakeholders eg Trusts during the financial year and not at this point of the cycle. The service will consider the equality impact.

(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?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
n/a	<p>The HSCB works with representative groups and individuals of the Section 75 categories to obtain their views.</p> <p>The HSCB is committed to making information as accessible as possible and to promoting meaningful engagement.</p> <p>The HSCB has developed a PPI (Personal and Public Involvement) programme to help Service User, Carer or their representative understand and influence planning and decision-making in the health service</p>

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?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
n/a	n/a

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? 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
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 st protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above please 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 interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise any legal issues?*
			Yes/No
n/a			

** 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.

N/a

(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
Regular analysis of funding decisions on Section 75 categories	Regular analysis of funding decisions on Section 75 disability category	Regular analysis of funding decisions Section 75 categories

Approved Lead Officer: Tracey McCaig

Position: Interim Director of Finance, HSCB

Policy/Decision Screened by:

Signed: 1/10/21
Date:

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 consulted, 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**

Template produced November 2011

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 90535531 (for Text Relay prefix with 18001);
fax: 028 9023 2304