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

End of Life Care Early Identification Prototype

Northern Ireland Local Enhanced Service for General Practitioners

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

Aim: To ensure that patients potentially reaching end of life are identified quickly and appropriate support is put in place.

Objectives:

- To improve the identification of patients on GP registers who are likely to be in the last year of life.
- To utilise the search algorithm, AnticiPal (developed and tested by University of Edinburgh) on Vision GP clinical information systems to identify patients who are likely to be in their last year of life.
- To develop and nurture collaborative working between GPs, District Nursing and others in primary care and co-ordinate supportive care for the person in their preferred place.

Key elements:

- Undertake initial training and install Lothian algorithm

- Run the software monthly

- The provision of protected time to use the search algorithm to identify patients with potential palliative care needs and action as per End of Life care Operational System (ELCOS) including consider placing on Palliative Care register

Key Constraints:

- Prototype project

- Aimed at 20 Vision Health Practices across NI

- In addition to current QOF requirements in Palliative Care

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

- Patients perceived to be in their last year of life and of benefit from a palliative care approach earlier
- Patients families and carers

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

- **what are they?**
- **who owns them?**

QOF requirements in Palliative Care
Current QOF requirements include monitoring of the Palliative Care needs of patients throughout Northern Ireland, quarterly.

The purpose of this piece is to embed a monthly run and promote a more regular approach to identifying palliative care need.

(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.

EOLC Early Identification Project Steering Group members

Census 2011: total population in Northern Ireland is 1,810,900 – S75 group data

(McBride, Ruari Santiago (2011): Healthcare Issues for Transgender People Living in Northern Ireland. Institute for Conflict Research.)

GIRES 2014 estimate the number of gender nonconforming employees and service users

(Northern Ireland Life and Times, 2016)

Health Survey NI (2016/17)

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 proportion of females in 2011 is 51.00% (923, 540). The male population is 49.00% (887, 323) in 2011. 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. Applying GIRES figures to NI population n=1,810,900: • 18109 people who do not identify with gender assigned to them at birth • 3622 likely to seek treatment • 362 have undergone transition • 91 have a Gender Recognition Certificate
Age	• 60 – 64 – 5.21% (94, 346) • 65 – 74 – 8.04% (145, 593) • 75 – 84 – 4.79% (86, 740) • 85 – 89 – 1.17% (21, 187) • 90 and over - 0.56% (10, 141)
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.
Political Opinion	Nationality • British only – 39.89% (722, 353) • Irish only – 25.26% (457, 424) • Northern Irish only – 20.94% (379, 195) • British and Northern Irish only – 6.17% (111, 730) • Irish and Northern Irish only – 1.06% (19, 195) • British, Irish and Northern Irish – 1.02% (1847) • British and Irish only – 0.66% (11, 952) • Other – 5.00% (90, 543) “Which of these political parties do you feel closest to?” (Northern Ireland Life and Times, 2016) DUP/Democratic Unionist Party 17% Sinn Fein 14 % Ulster Unionist Party (UUP) 12% Social Democratic and Labour Party (SDLP) 12%

	Alliance Party 9% Other Party (WRITE IN) 3% None of these 23% Other answer (WRITE IN)/ Don't know 12%.
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 Northern Ireland Life and Times (2016) Single (never married) 33% Married and living with husband/wife 50% A civil partner in a legally-registered civil partnership 0% Married and separated from husband/wife 3% Divorced 6% Widowed 8% http://www.ark.ac.uk/nilt/2016/Background/RMARST.html
Dependent Status	• 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. CarersNI State of Caring 2017 Annual survey (UK wide, including

	NI) • 24% of respondents given up work to care • 26% reduced working hours to care Available at https://www.carersuk.org/northernireland/policy/policy-library/state-of-caring-in-northern-ireland-2017-2 Northern Ireland Life and Times (2015) o 17% respondents were carers: 21% of women and 13% of men. Health Survey NI (2016/17) • 13% have caring responsibilities • Approx 70% receive no monetary reward for giving this care • 48% received help from other family members, but 38% received no support from others Parents with dependent children (Census 2011) Responsibility for dependent children: 238,094 households (33.9% of all NI households)
Disability	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. o Deafness or partial hearing loss – **5.14% (93, 078)** o Blindness or partial sight loss – **1.7% (30, 785)** o Communication Difficulty – **1.65% (29, 879)** o Mobility of Dexterity Difficulty – **11.44% (207, 163)** o A learning, intellectual, social or behavioural difficulty. **2.22% (40, 201)** o An emotional, psychological - **5.83% (105, 573)** o or mental health condition o Long – term pain or discomfort – **10.10% (182, 897)** o Shortness of breath or difficulty breathing – **8.72%** o **(157, 907)** o Frequent confusion or memory loss – **1.97% (35, 674)** o A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – **6.55% (118, 612)** o Other condition – **5.22% (94, 527)** o No Condition – **68.57% (1, 241, 709)**

	Northern Ireland Life and Times 2016 "Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?" Yes 24%; No 76%; Don't know 0%. Breakdown by age, gender and religion available at http://www.ark.ac.uk/nilt/2016/Background/ANYHCOND.html **Health Survey NI (2017)** 42% longstanding illness (30% limiting and 12% non-limiting illness)
Ethnicity	1.8% 32,596 of the usual resident population belonged to minority ethnic groups,
Sexual Orientation	There is variation in estimates of the size of the LGB&T population in Northern Ireland. Estimates are as high as 5-7% (65-90,000) of the adult population Northern Ireland (based on the UK government estimate of between 5-7% LGB&T people in the population for the purposes of costing the Civil Partnerships Act).

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	
Age	As most patients will be elderly, reliance may be on carers and therefore those living alone and without support may be at risk of not being identified
Religion	
Political Opinion	
Marital Status	Those bereaved of spouse, or never having married/ co-habited and are therefore living alone may be at risk of not being identified, due to the possibility of being less likely to be in contact with their GP.
Dependent Status	Older people who are carers of adult children may be at risk of not being identified
Disability	
Ethnicity	People from an ethnic background and for whom they and their family do not speak English as their first language may be at risk of not being identified, due to the possibility of being less likely to be in contact with their GP.
Sexual Orientation	

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.

As patients will potentially be in the last year of their life, they may be considered disabled, which would be particularly difficult for those living alone, from an ethnic minority background and / or with caring responsibilities.

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?***
To utilise the algorithm data gathering which will pick up; age, gender, ethnicity.	To include in the Induction training awareness raising of the potential equality issues, so Practices can me mindful of the potential inequality.

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	Monitoring of participating practices to assess the predominance of perceived religion of patients (using Vision Health software to assess)	Report on the successes of the project and use to market to under represented sections of society in the next round/ roll out
Political Opinion	Monitoring of participating practices to assess the predominance of perceived political opinion of patients (using election results)	Report on the successes of the project and use to market to under represented sections of society in the next round/ roll out
Ethnicity	Monitoring of participating practices to assess the predominance ethnicity of patients (using Vision Health software to assess)	Report on the successes of the project and use to market to under represented sections of society in the next round/ roll out

(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	
No further impact	X

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 prototype which will run for 6 months. Once the prototype runs, monitoring of anticipated equality impact can be assessed and measured, with recommendations made if roll out of this prototype occurs.

(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?*
It doesn't	The wider Regional Palliative Care Programme Board administers 4 key projects of which this is one. There is representation from ICPs, which includes service users and carers and the Patient Client Council and Third Sector Voluntary organisations have all shaped this work.

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?*
In terms of End of Life Care, it gives people choice and dignity by identifying their need earlier.	This is a key aim of the Regional Palliative Care Board and the associated Trust delivery fora feeding out from this programme.

(5) CONSIDERATION OF HUMAN RIGHTS

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

s	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.

N/A

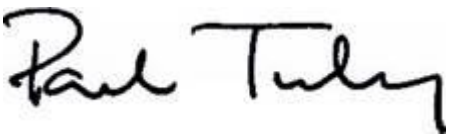
(6) MONITORING

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
N/A	N/A	N/A

Approved Lead Officer: Paul Turley

Position: Regional Commissioning Lead for Palliative Care



Policy/Decision Screened by:

Signed: Joni Millar 9/5/18
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 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

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 95363961 (for Text Relay prefix with 18001); fax: 028 9023 2304