Public Health Agency

Equality and Human Rights Screening Template

The PHA is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

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)

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

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/none)

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

For advice & support on screening contact:

Equality Unit
Business Services Organisation
2 Franklin Street
Belfast BT2 8DQ

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SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Public Health Agency (PHA) Annual Business Plan 2026-27

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)**

The 2026/27 Annual Business Plan sets out key priorities, actions, and deliverables for the year ahead, aligned with PHA **2025–2030 Corporate Plan**, **the draft Programme for Government 2024–2027**, and a broad range of departmental policies and strategies, including the *Making Life Better* public health framework and *Health and Wellbeing 2026: Delivering Together*.

Reducing health inequalities is central to the PHA Corporate Plan and underpins the priorities advanced in this Annual Business Plan. While the plan does not capture every action the PHA will undertake during 2026/27, it highlights key activities across all organisational functions and directorates, structured around five strategic outcomes.

The plan identifies priority areas requiring particular focus—both in 2026/27 and in future years—to drive progress in protecting and improving population health and reducing inequalities. It is supported by Directorate Business Plans, which set out the full scope of ongoing core work, including delivery against Ministerial priorities and Corporate Plan outcomes.

The following strategic themes reflect core areas of focus as we work toward our vision of a healthier Northern Ireland:

- **Health Protection**
- **Starting Well**
- **Living Well**
- **Ageing Well**
- **Our Organisation**

By embedding an Outcomes-Based Accountability (OBA) framework, this plan provides a clear, evidence-driven approach to public health improvement—enabling us

to measure progress, assess impact, and drive meaningful change at every stage of life.

Looking ahead to 2026-27 PHA's commitment to reducing health inequalities remains at the core of this plan. This will be a challenging year, requiring PHA to balance key commitments within a tight financial context and legislative, organisational and system-wide change. The priorities set out in this plan relate to everyone in Northern Ireland including those of every age, gender, ethnicity, sexual orientation, ability, disability; whether a service user, a carer, independent or someone needing care. The outcomes are ambitious, and will require energy, courage, commitment and creativity to deliver them – all against the backdrop of increasing demands and financial constraints, as well as structural reform. PHA will take a 'whole system' approach and make partnership, involvement and engagement central to work, to make the best use of combined resources. PHA will work collaboratively with service users and carers, the community and voluntary sector and across government to have a positive, lasting impact on health and wellbeing

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

Internal: Public Health Agency staff

External:
Service users and the public, DoH, Strategic Planning and Performance Group (SPPG), PHA/SPPG Joint Commissioning Groups, Integrated Care System (ICS) Area Integrated Partnership Board (AIPB), Local Commissioning Groups (LCGs), Patient and Client Council, Business Services Organisation, Health and Social Care Trusts, Community & Voluntary Sector, Professional organisations, Other Statutory Organisations such as education, housing, local government, justice, culture and Private Sector Organisations.

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

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

1. PHA Corporate Plan 2025-2030. Available via PHA website

2. PHA Board meetings

3. Community Planning led by each local Council

4. Guidance relating to governance, finance etc. Belfast: DoH

5. Guidance on quality and safety National Institute for Clinical Excellence

6. Policy guidance in relation to health improvement, health protection, service development, screening, quality & safety. Belfast: DoH

7. Health and Wellbeing 2026: Delivering Together. Belfast: DoH, 2016

8. Making Life Better: A Whole System Strategic Framework for Public Health 2013-2023. Belfast: Department of Health Social Services and Public Safety (DHSSPS), Jun 2014

9. Doing What Matters Most - Draft Programme for Government (PfG) Framework 2024-27. Belfast: NIE, 2024

10. Integrated Care System for Northern Ireland Framework (ICSNI), May 2024. Belfast: DoH

11. Mental Health Strategy 2021-2031. Belfast: DoH, 2021

12. Mental Health Strategy Early Intervention and Prevention Action Plan 2022-2025. Belfast: DoH, 2022

13. Live Better Initiatives. Belfast: DoH, 2024

14. Equality and Disability Action Plans 2023-2028. PHA, 2023

15. Protect Life 2 Strategy for Preventing Suicide and Self Harm, 2019. Belfast: DoH

16. Breastfeeding - A Great Start: A Strategy for Northern Ireland 2013-2023 [Internet], 2013. DHSSPS

17. A Fitter Future for All 2 [Internet], 2019. DHSSPS

18. Ten-Year Tobacco Control Strategy for Northern Ireland [Internet], 2012. DHSSPS

19. Preventing Harm, Empowering Recovery - A Strategic Framework to Tackle the Harm from Substance Use (2021-31) 2 Substance Use Strategy 2021-31 [Internet], 2021. DoH

20. A Cancer Strategy for Northern Ireland (2022-2032) [Internet], 2022. DoH

21. Health Inequalities - A Product of the NI Health and Social Care Inequalities Monitoring System. Department of Health

22. Health Survey (NI) First Results 2019/20. Department of Health

23. Systems, Not Structures: Changing Health and Social Care (Bengoa Report) Expert Panel Report, 2016. Belfast: DoH

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UK & International References

24. Fair Society, Healthy Lives - The Marmot Review, 2010. Available via www.parliament.uk

25. Health Equity in England: The Marmot Review 10 Years On, 2020. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. [Internet]. Available via The Institute of Health Equity

26. Compassionate Leadership. Available via The Kings Fund

27. Functions and Standards of a Public Health System [Internet], 2020. Faculty of Public Health

28. Creating Healthy Places: Perspectives from NHS England's Healthy New Towns Programme [Internet]. The Kings Fund

29. A Vision for Population Health Towards a Healthier Future [Internet], 2018. Buck D, Baylis A, Dougall D, Robertson R, available via The Kings Fund

30. What Are Health Inequalities? 2022. Williams E, Buck D, Babalola G, Maguire D. [Internet]. Available via The King Fund

31. Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health - Commission on Social Determinants of Health [Internet], 2008. Available via World Health Organisation (WHO)

32. World Health Organization. Closing the Gap in a Generation. Health Equity Through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health. Geneva: WHO, 2008

33. WHO - The Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP)

The listed policies provide the strategic, legislative, and evidence-based context informing the Annual Business Plan. As a high-level planning document, detailed service-level policies are addressed through subsequent screening at the point of delivery.

(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

A range of quantitative and qualitative data sources have been used to inform equality screening of the PHA Annual Business Plan 2026–27. This reflects the strategic nature of the plan and draws on the most relevant and up-to-date evidence available at this level.

Evidence sources include:

- Previous PHA Corporate Strategy, Annual Business Plans and Directorate Business Plans
- Health Survey Northern Ireland results and the Health Inequalities Annual Report (2024)
- Relevant equality screenings undertaken across the organisation
- Engagement through Directors and Assistant Directors with staff in their Directorates, the Agency Management Team and the PHA Board
- Northern Ireland Statistics and Research Agency (NISRA) population and demographic data
- Personal and Public Involvement (PPI) strategy and action plan
- Statistics and evidence from Carers NI
- Workforce equality monitoring information provided by the BSO Human Resources Directorate
- Workshops and engagement with staff and key stakeholders, including service users, to inform priority setting

As individual directorate business plans, policies and programmes are developed under this Annual Business Plan, further and more detailed data will be considered as part of separate equality screenings at the point of delivery.

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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.

<table>
<tr><th>Category</th><th>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</th></tr>
<tr><td>Gender</td><td>At 30 June 2024, Northern Ireland’s population was estimated to be 1.93 million people. Between mid-2023 and mid-2024, the population of Northern Ireland increased by 7,500 people (0.4 per cent). Just over half of the population (50.7 per cent) were female, with 978,100 females compared to 949,800 males (49.3 per cent). (NISRA Statistical Bulletin 2024)

PHA Workforce (as of Sept 2025)
<table><tr><td>Male</td><td>23%</td></tr><tr><td>Female</td><td>77%</td></tr></table>
Transgender
The Gender Identity Research & Education Society (GIRES) highlights the following Office for National Statistics (ONS) 2021 UK Census question which asked people aged over 16: “Is the gender you identify with the same as your sex registered at birth?”

45.7 million (94.0% of the UK population aged 16 years and over) answered the question:
• 45.4 million (93.5%) answered “Yes” and
• 262,000 (0.5%) answered “No”
• 1.9 million (6.0%) did not answer the question.

Several factors may have reduced the number of “No” responses as the Census can be completed by a single family member for a whole household. Consequently, some trans and gender diverse people may not have been able to answer the question themselves. Others may not have felt it was safe to do so.
Of the 262,000 people (0.5%) who answered “No”, indicating that their gender identity was different from their sex registered at birth:

• 118,000 (0.24%) answered “No” but did not provide any further information
• 48,000 (0.10%) identified as a trans man
• 48,000 (0.10%) identified as a trans woman</td></tr>
</table>

	• 30,000 (0.06%) identified as non-binary • 18,000 (0.04%) wrote in a different gender identity Data from other sources indicate that the Census figures may understate the size of the trans and gender diverse population. Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2018) N=1,881,600: • 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. A 30-Country Ipsos Global Advisor Survey reflects 3.1% of people saying they were trans, non-binary, gender queer or gender fluid, Agender or another gender that was not male or female.
Age	Census 2021 Population Statistics reflect there are 365,200 children in Northern Ireland aged 0 to 14, a 10,500 increase compared from the 354,700 children in 2011. In contrast the number of persons aged 65 and over has increased from 263,700 in 2011 to 326,500 in 2021. The ageing of the population can also be seen in the median age of the population (the age at which half the population are above or below), which over the last decade has increased by two years from 37 in 2011 to 39 in 2021. Children (defined as those aged 0 to 14) make up 19.2% of the Northern Ireland population. This percentage varies across Local Government Districts and is highest in Mid Ulster where the proportion is 21.7%, and lowest in Ards and North Down where the proportion is 17.0% One in eight children and young people in Northern Ireland experienced emotional difficulties, one in ten had conduct problems and one in seven problems with hyperactivity. (The Executive Summary of the Youth and Wellbeing Prevalence Survey 2020) People over 60 make up 19% of the population, according to Census 2021. This represents a near 25% increase from 2011 and demonstrates the scale of population change due to ageing. People aged 65 and over account for 326,500 people or 17.2% of the Northern Ireland population. (Census 2021) The number of people aged 85 and over in Northern Ireland was estimated to be 39,500 in mid-2020, an increase of 700 people (1.9 per cent) since mid-

2019. Over the decade, the population aged 85 and over grew by 8,700 people (28.1 per cent) (Census Bulletin 2021)

By mid-2027, the number of people aged 65 and over is projected to overtake the number of children. By mid-2045, almost 1 in 4 people in Northern Ireland are projected to be aged 65 and over (NISRA Bulletin 2020)

The number of people aged 65 and older will grow from 17.8% in 2023 (342,482 total individuals) to 25.8% in 2050 (499,337 total individuals) The number of people aged 65 and over will, on average, grow annually by 7,409 individuals until 2040, and in the period 2024 to 2034, it will grow by 8,517 individuals on average every year. (NISRA 2020 and 2023 Statistics)

In 2022/23 the percentage of primary 1 pupils in the most deprived areas affected by obesity was more than double the proportion in the least deprived areas. The inequality gap in year 8 pupils affected by obesity was slightly lower, with the proportion in the most deprived areas 94% higher than in the least deprived areas.(Health Inequalities Annual Report 2024, DOH)

NI Age Profile

Band /Population/ Percentage

- 0-14 365,200 19.2%
- 15-64 1,211,500 63.7%
- 15-39 594,400 31.2%
- 40-64 617,100 32.4%
- 65+ 326,500 17.2%
- 65-84 287,100 15.1%
- 85+ 39,400 2.1%

(Census 2021)

PHA Workforce (as of Sept 2025)

Age Group	%
16-24	1
25-29	5.02
30-34	5.85
35-39	12.71
40-44	11.2
45-49	12.54
50-54	14.72
55-59	16.39
60-64	12.37
>=65	8.19

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<table>
<tr>
<td>Religion</td>
<td>In Northern Ireland, the main current religions are Catholic (42.3%), Presbyterian (16.6%), and Church of Ireland (11.5%). Other Christian denominations and other religions make up the remaining 24.7 (Census Bulletin; Religion 2021)

In addition, 17.4% of the population had ‘No religion’ – this is a marked increase on 2011 when 10.1% had ‘No religion’. This points to the increased secularisation of our population.

Religion or Religion brought up in
The 2021 Census, regarding religious background, highlights four of the six NI counties had a Catholic majority and two had a Protestant majority. Just under one person in five (19.0%) either had ‘no religion’ (17.4%) or ‘religion not stated’ (1.6%). The equivalent percentages for the main religions were:

• Catholic (42.3%)
• Presbyterian Church in Ireland (16.6%)
• Church of Ireland (11.5%)
• Methodist (2.4%)
• Other Christian denominations (6.9%)
• Other non-Christian Religions (1.3%)

Census Statistics 2021 bringing together information on current religion and religion of upbringing, 45.7% of the population were either Catholic or brought up as a Catholic, while 43.5% were recorded as ‘Protestant and other Christian (including Christian related)’. Again, bringing together information on current religion and religion of upbringing, 1.5% of the population are classified as ‘other religions’ and 9.3% of the population identified that they neither belonged to nor were brought up in a religion (‘None’).

PHA Workforce (as of Sept 2025)
<table>
<tr><td>Perceived Protestant</td><td>2.17%</td></tr>
<tr><td>Protestant</td><td>15.55%</td></tr>
<tr><td>Perceived Roman Catholic</td><td>0.67%</td></tr>
<tr><td>Roman Catholic</td><td>16.89%</td></tr>
<tr><td>Neither</td><td>1.67%</td></tr>
<tr><td>Perceived Neither</td><td>0.0%</td></tr>
<tr><td>Not assigned</td><td>63.04%</td></tr>
</table>
</td>
</tr>
<tr>
<td>Political Opinion</td>
<td>63% of the population voted in the 2022 NI Assembly election. Of these 29% voted Sinn Fein, 21% DUP, 14% Alliance, 11% UUP, and 9% SDLP (BBCNI).</td>
</tr>
</table>

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The 2021 Census showed National identity (person based) number and percentage:

National Identity	Population number	Population percentage
British only	606,263	31.86%
Irish only	554,415	29.13%
Northern Irish only	376,444	19.78%
British and Irish only	11,768	0.62%
British and Northern Irish only	151,327	7.95%
Irish and Northern Irish only	33,581	1.76%
British, Irish and Northern Irish only	28,050	1.47%
Other	141,327	7.43%

PHA Workforce (as of Sept 2025)

Broadly Nationalist	2.01%
Other	4.35%
Broadly Unionist	1.34%
Not assigned	88.46%
Do not wish to answer	3.85%

Marital Status

46% (693,000 adults) were married or in a civil partnership in 2021. This made up 46% of our population aged 16 and over. In contrast 577,000 adults (38%) were single (never married/civil partnered).

Of the adult population living in households, just over half lived as part of a couple within the household (53% or 794,000 people in a married, civil partnership or co-habiting couple). The remaining 695,000 adults (47%), did not live as part of a couple within the household. (NISRA Bulletin)
Census 2021 findings highlight following population data:

- Single (never married/civil partnered) 576,700 (38.1%)
- Married 690,500 (45.6%)
- In a civil partnership 2,700 (0.2%)
- Separated [note 1] 57,300 (3.8%)
- Divorced [note 1] 91,100 (6.0%)
- Widowed [note 1] 96,400 (6.4%)

Note 1: These classifications include both the married and civil partnership equivalents. 'Separated' is 'separated (still legally married or still legally in a civil

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<table>
<tr><td></td><td>partnership)', 'divorced' is 'divorced or formerly in a civil partnership now dissolved' and 'widowed' is 'widowed or surviving partner from a civil partnership'

PHA Workforce (as of Sept 2025)

<table>
<tr><td>Divorced</td><td>0.84%</td></tr>
<tr><td>Mar/CP</td><td>27.93%</td></tr>
<tr><td>Other</td><td>0.33%</td></tr>
<tr><td>Separated</td><td>0.17%</td></tr>
<tr><td>Single</td><td>7.53%</td></tr>
<tr><td>Unknown</td><td>63.21%</td></tr>
<tr><td>Widowed</td><td>0.0%</td></tr>
<tr><td>Not assigned</td><td>0.0%</td></tr>
<tr><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>Dependent Status</td><td>There are over 220,000 people providing unpaid care for a sick or disabled family member or friend in Northern Ireland. Despite the multi-billion-pound savings they deliver here each year, too many local carers are being driven to breaking point by unrelenting caring duties, few opportunities for a break, poverty and patchy support from Health and Social Care services. (A New Deal for unpaid carers in Northern Ireland | Carers UK 2023)

CarersNI State of Caring 2023 Annual survey (UK wide, including NI) This report examines the impact of unpaid caring on health and wellbeing in Northern Ireland, based on data from Carers NI's State of Caring 2023 survey.

It shows:
• 1 in 4 carers in Northern Ireland are suffering mental ill-health
• 50% feel lonely at least some of the time
• 43% identify more breaks as among their main needs as a carer
• More than 1 in 3 have put off health treatment for themselves because of the demands of caring. (Available at State of Caring 2023: The impact of caring on health in Northern Ireland | Carers UK)

Carers NI (State of Caring 2022 report)
There are over 290,000 people providing some form of unpaid care for a sick or disabled family member or friend in Northern Ireland – around 1 in 5 adults. (Carers UK, 2022).

Of those participating in the survey:
• 82% identified as female and 17% identified as male.</td></tr>
</table>

- 4% are aged 25-34, 17% are aged 35-44, 33% are aged 45-54, 31% are aged 55-64 and 14% are aged 65+.
- 24% have a disability.
- 98% described their ethnicity as white.
- 28% have childcare responsibilities for a non-disabled child under the age of 18 alongside their caring role.
- 56% are in some form of employment and 18% are retired from work.
- 31% have been caring for 15 years or more, 16% for between 10-14 years, 25% for 5-9 years, 25% for 1-4 years, and 3% for less than a year.
- 46% provide 90 hours or more of care per week, 13% care for 50-89 hours, 23% care for 20-49 hours, and 19% care for 1-19 hours per week.
- 67% care for one person, 25% care for two people, 5% care for three people and 3% care for four or more people.

Census 2021 data highlights that one person in eight of the population aged 5 or more (or 222,200 people) provided unpaid care to a relative or friend who had a health condition or illness. The 2021 Census notes how many hours the carer provided each week. One person in twenty-five (68,700 people) provided 50 or more hours of unpaid care per week. • While people of all ages provided unpaid care, it was most common among those aged 40 to 64, at one person in five (or 124,600 people). • The census also found that 2,600 children aged 5 to 14 provided unpaid care. • The overall number of people providing unpaid care has not changed markedly from Census 2011 to Census 2021. However the number of people providing 50 or more hours unpaid care each week has increased (up from 56,300 people in 2011 to 68,700 people in 2021)

The 2021 census illustrated that in Northern Ireland (usual residents aged 5 and over 1,789,348) the percentage of usual residents aged 5 and over who provide:

- No unpaid care 87.58%
- 1-19 hours unpaid care per week 5.63%
- 20-34 hours unpaid care per week 1.38%
- 35-49 hours unpaid care per week 1.57%
- 50+ hours unpaid care per week 3.84%

PHA Workforce (as of Sept 2025)

Yes	8.19%
Not assigned	87.29%
No	4.52%

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Disability	According to NISRA statistics (Census 2021) nearly one person in every nine in Northern Ireland had a long-term health problem or disability which limited their day-to-day activities a lot (218,000 people). Over half of the population aged 65 or more (56.8% or 185,300 people) had a limiting long-term health problem or disability. In contrast, this falls to just under 8% of those aged 0 to 14. The number of people that had a long-term health problem or disability which limited their day-to-day activities increased from 374,600 people in 2011 to 463,000 people in 2021 (or a nearly 25% increase in number over the decade). This level of increase mirrors the ageing of our population. While the overall level of a limiting long-term health problem or disability increased from 20.7% to 24.3%, the largest change is in people whose day-to-day activities were limited 'a little' – up from 159,400 people in 2011 to 245,100 people in 2021. The type of long-term health condition that was most frequently reported (whether solely or in combination with others) was 'long-term pain or discomfort' (11.6% of the population or 220,300 people). The least prevalent long-term health condition was 'Intellectual or learning disability' (0.9% or 16,900 people). Out of all usual residents (n=1,903,179), the Percentage of usual residents whose day-to-day activities are: • Limited a lot – 11.45% • Limited a little – 12.88% • Not limited – 75.67% ('day-to-day activities limited' covers any health problem or disability, including problems related to old age, which has lasted or is expected to last for at least 12 months.) The 2021 census also set out the following types of long-term condition held by the population:

Type of long-term condition	**Percentage of population with condition %**
Deafness or partial hearing loss	5.75
Blindness or partial sight loss	1.78

Mobility of Dexterity Difficulty that requires wheelchair use	1.48
Mobility of Dexterity Difficulty that limits basic physical activities	10.91
Intellectual or learning disability	0.89
Learning difficulty	3.5
Autism or Asperger syndrome	1.86
An emotional, psychological or mental health condition	8.68
Frequent periods of confusion or memory loss	1.99
Long – term pain or discomfort.	11.58
Shortness of breath or difficulty breathing	10.29
Other condition	8.81

PHA Workforce as of Sept 2025

No	26.25%
Not assigned	71.91%
Yes	1.84%

Ethnicity

Census 2021 data highlights that in 2021 the number of people with a white ethnic group was 1,837,600 (96.6% of the population). Conversely, the total number of people with a minority ethnic group stood at 65,600 people (3.4% of the population).

Within this latter classification, the largest groups were Mixed Ethnicities (14,400), Black (11,000), Indian (9,900), Chinese (9,500), and Filipino (4,500). Irish Traveller, Arab, Pakistani and Roma ethnicities also each constituted 1,500 people or more.

2021 Census

Ethnic group	**Population number**	**Population Percentage**
White	1,837,600	96.60%
Black	11,000	0.60%
Indian	9,900	0.50%
Chinese	9,500	0.50%
Filipino	4,500	0.20%
Irish Traveller	2,600	0.10%
Arab	1,800	0.10%
Pakistani	1,600	0.10%
Roma	1,500	0.10%

Mixed Ethnicities	14,400	0.80%
Other Asian	5,200	0.30%
Other Ethnicities	3,600	0.20%
All usual residents	1,903,200	100.00%

On census day 2021, 4.6 per cent (85,100 people) of NI population aged 3 and over had a main language other than English. In 2011, English was not the main language of 3.1 per cent (54,500 people). In 2021 the most prevalent main languages other than English were Polish (20,100 people), Lithuanian (9,000), Irish (6,000), Romanian (5,600) and Portuguese (5,000). The statistics released in the 2021 Census show an increasingly diverse population across ethnic group, main language, country of birth and passports held. This increasing diversity is evident to a greater or lesser degree across all 11 local councils

PHA Workforce (as of Sept 2025)

Not assigned	84.45%
White	15.38%
Other	0
Black African	0.17%
Indian	0
Chinese	0

Sexual Orientation

The NI Census collected information on sexual orientation for the first time in 2021. NI population (Census 2021) highlighted:

- 31,600 people aged 16 and over (or 2.1%) identified as LGB+ ('lesbian, gay, bisexual or other sexual orientation'),
- 1.364 million people (90.0%) identified as 'straight or heterosexual' and
- 119,000 people (7.9%) either did not answer the question or ticked 'prefer not to say'.
- • 4.1% of adults (1 in 25) in Belfast identified as LGB+, while 1.1% of adults in Mid Ulster identified as LGB+.

Public Health Agency

	• 4.6% of people aged 16 to 24 identified as LGB+, this falls to 0.3% of people aged 65 and over. • • Across England, Wales and Northern Ireland, Northern Ireland (2.1%) has the lowest percentage of people who identify as (LGB+), thereafter comes Wales with 3.0% of people who identify as LGB+ and then England with 3.2% (Census 2021) PHA Workforce (Sept 2025) Do not wish to answer 0.84% Not assigned 71.91% Opposite sex 10.37% Both Sexes 0.17% Same sex 0.84%

PHA workforce statistics provided by Human Resource equality monitoring information as of Sept 2025.

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.

The PHA Annual Business Plan 2026–2027 sets out a high-level strategic direction for the year across key areas including health improvement, health protection, safety and quality, research and development, and screening. Its overall aim is to improve the health and wellbeing of everyone in Northern Ireland, covering all Section 75 groups, and to reduce health inequalities.

The plan recognises that health and wellbeing needs vary significantly across different individuals and groups, particularly within each Section 75 category. Because of this, the PHA acknowledges that some groups may require specific or tailored actions to benefit fully and to address inequalities effectively.

The direction outlined in the plan is closely aligned with:

- The **PHA Corporate Plan 2025–2023**,
- Legislative functions of the Agency, and
- Wider strategic frameworks such as **Making Life Better** and the **Programme for Government (PFG)**.

While the annual plan sets out the overall strategic approach, it will be supported by detailed directorate business plans and business cases. As work progresses, each action, policy, or programme will undergo its own screening process. It is at this detailed stage that the needs, experiences, and priorities of Section 75 groups will be fully assessed to ensure decisions appropriately consider and address potential impacts on equality and health inequalities.

Category	***Needs and Experiences***
Gender	At this strategic level, no differential needs have been identified to indicate that needs and experiences differ on the basis of gender.
Age	The Plan includes specific actions targeted at children, young people and older people. While these actions are intended to improve health outcomes and reduce inequalities, implementation should ensure equitable access to services, information and engagement opportunities across all age groups.
Religion	At this strategic level, no differential needs have been identified to indicate that the needs and experiences differ on the basis of religion.
Political Opinion	At this level, no differential needs have been identified to indicate that needs and experiences differ on the basis of political opinion.
Marital Status	At this level, no differential needs have been identified to indicate that needs and experiences differ on the basis of marital status.
Dependent Status	At this level, no differential needs have been identified to indicate that needs and experiences differ on the basis of dependent status.
Disability	Many actions within the Plan seek to improve outcomes for people with disabilities, long-term conditions and additional needs. Consideration should be given to physical, sensory, learning and communication needs during implementation to ensure equitable access and participation.
Ethnicity	Consideration must be given to those whose first language is not English, and who may require access to documentation in a different language.
Sexual Orientation	At this level, no differential needs have been identified to indicate that needs and experiences differ on the basis of 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.

It is possible that some of the work taken forward under the outcomes set out in the Annual Business plan may impact on people with multiple identities. PHA recognises that the needs and experiences of people with multiple identities will vary across our work. In our commitment to ensuring that potential impacts are considered and mitigated, PHA will screen policies and strategies individually to ensure that the potential impacts of each policy or strategy are considered fully in that context.

2.5 Making Changes

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?***
In screening the PHA Annual Business Plan 2026-27, PHA are aware that individual service areas will need to equality screen their individual service area business plans. Issues relating to accessible information for people with disabilities are considered. Those whose first language is not English: As part of HSCNI, people can	PHA can make available on request alternative formats of publications

access the regional interpreting, translation and transcription services.	

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 identified at this stage	
Political Opinion	None identified at this stage	
Ethnicity	None identified at this stage	

(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.

The PHA Annual Plan 2026–2027 outlines the Agency's priorities for the year, placing strong emphasis on reducing health and wellbeing inequalities and improving population health through early intervention and prevention. This approach supports the Section 75 agenda and reinforces a system-wide shift toward preventing illness rather than responding to it.

The plan spans key areas including health improvement, health protection, safety and quality, research and development, and screening. Its overarching aim is to enhance the health and wellbeing of all people in Northern Ireland, ensuring that the needs of all Section 75 groups are considered and that inequalities are reduced.

Recognising that different groups may have varying needs, experiences and priorities, the PHA acknowledges that specific actions may be required to ensure equal benefit across the population. As detailed programmes, policies, and strategies are developed, each will undergo equality screening to assess their impact on Section 75 groups.

The main equality considerations related to the Annual Business Plan have already been identified, and individual service areas will screen their own business plans. It is not expected that conducting a full Equality Impact Assessment (EQIA) on the overall PHA Business Plan would uncover additional opportunities to promote equality beyond what is already addressed.

(4) CONSIDERATION OF DISABILITY DUTIES

HSC Public Health Agency

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?***
The Annual Business Plan does not introduce specific participation mechanisms; however, disability considerations are embedded through inclusive engagement approaches and will be addressed in detail through screened delivery plans.	Specific actions to encourage disabled people to participate in public life will be taken forward through individual directorate business plans, policies and programmes, including accessible engagement approaches that will be equality screened as they are developed.

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?***
The Annual Business Plan promotes positive attitudes towards disabled people by reinforcing inclusive principles, reducing health inequalities, and supporting fair and respectful approaches to improving health and wellbeing across the population.	Specific actions to promote positive attitudes towards disabled people will be taken forward through individual directorate business plans, policies and programmes, which will be equality screened as they are developed.

(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
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 on to **Question 6** on monitoring*

HSC Public Health Agency

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 legal issues?* Yes/No

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

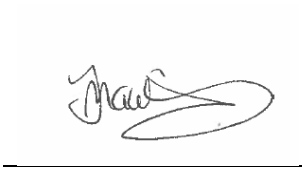
5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

(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)?

Monitoring will be undertaken through routinely collected organisational data and feedback. As individual directorate business plans, policies, programmes and projects are developed under this Plan, each will be equality screened separately, where appropriate. Any additional data required to monitor impacts on equality of opportunity, good relations, disability duties or human rights will be identified and collected at that stage to ensure that any potential differential impacts are recognised and addressed.

Equality & Good Relations	Disability Duties	Human Rights

Approved Lead Officer: 

Position: Senior Lead for Planning, Performance and Innovation

Date: 31 March 2026

Policy/Decision Screened by: Marie- Thérèse Higgins

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 June 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 Business Services Organisation's Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net; phone: 028 9536 3961(for Text Relay prefix with 18002)