HSC 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?

SCREENING TEMPLATE

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 .

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Diabetes Prevention Programme Northern Ireland

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)**

  This new service will offer patients identified in primary care a preventative service in all five Trusts across NI.

  How will this be achieved? - see professional leaflet

- **What are the key constraints?**

  - This programme has had to be operationalised within a very short time frame in keeping with the nature of confidence and supply funding received for the project.
  - The service requires a significant commitment from service users in signing up for a nine month service with 18 contacts.
  - Participation on the programme, with the initial delivery programme, requires a level of intellectual understanding to enable participants to understand the material and make health behaviour changes to ensure effectiveness of the programme. Review of programme materials will happen in 2020.
  - The initial programme materials are only available in English language however future requests for accessible formats, i.e.: different languages, braille, easy read etc. will be considered in line with the PHA Accessible Formats policy and our Equality Scheme as we develop the programme and secure resource for same.

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

Potential service users. Primary care physicians referring to the service.

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

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

This is a brand new service, the first of its kind across NI. It has been established under the auspices of the Diabetes Framework for NI and associated Network. It implements NICE PH 38 guidance to ensure effective delivery of an evidence based service.

(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.

The Diabetes Prevention Programme (DPP NI) has been established in April 2019 as one of the key actions within the“ Diabetes Strategic Framework and Implementation plan” (Nov 2016) and as one of a series of future initiatives to support ‘Health and Well-being 2026, Delivering Together’ which aims to transform Health and Social Care (HSC) services across the north.

Consultation for the framework took place 08 March 2016 - 31 May 2016. During the consultation period Diabetes UK also facilitated a series of events across Northern Ireland in order to encourage feedback on the draft Framework. Responses were received from 35 Organisations and 44 Individuals. The general consensus was that the Framework would not have an adverse impact. However, a small number of respondents expressed that since particular groups had been prioritised, for example younger people with diabetes, this may have an adverse effect on services for others. However, the text clearly states a commitment to ensuring the needs of a range of vulnerable groups including the frail elderly are assessed. There was general support for increased utilisation of digital technology and many felt it would be beneficial as it would increase accessibility to a range of support. Respondents felt that young people in particular would benefit as they are more comfortable with this technology. The need for a focus on reducing inequalities in health was also expressed.

DPP NI will seek referrals from primary care for those who are deemed pre diabetic defined by blood results. Exclusion for referral to the service as deemed not suitable to those participants includes those: with dementia, terminal illness, pregnant or breastfeeding.

DPP NI will use anonymised, regional and local health data and routinely collected surveillance data on specific population groups or geographical areas to inform the future of the service delivery.

DPP NI is a NICE PH38 compliant programme. The committee also recognised that intensive lifestyle-change programmes should be designed to help as many

people as possible to access and take part in them. However, providing these programmes to all these people has a large resource impact. To make the most of resources commissioners may need to prioritise subsets of the population.(NICE, P43). The programme is initially targeted at groups of the population who will benefit most, in a way that is consistent across NI.

https://www.diabetes.co.uk/diabetes-and-ethnicity.html

https://cdn.shopify.com/s/files/1/1922/6045/files/Type2_June2019_Digital.pdf?561

https://www.nisra.gov.uk/statistics/population/mid-year-population-estimates

http://www.ark.ac.uk/nilt/2016/Political_Attitudes/POLPART2.html

Census 2011

The Gender Identity Research and Education Society (GIRES)

https://www.ark.ac.uk/nilt/2018/Background/RMARST.html

Carers NI State of Caring 2017 Annual survey (UK wide, including NI)

Health Survey NI. Available at https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland

https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016#main-points

Northern Ireland HSC Interpreting Service Report: 1 April 2018 - 31 March 2019

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 issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	Potential Users

	General Population Mid-year population estimate (2018; published June 2019) suggest the size of the resident population in Northern Ireland at 30 June 2018 is estimated to be 1.88 million people. Just over half (50.8 per cent) of the population were female, with 955,400 females compared to 926,200 males (49.2 per cent). Transgender 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% 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 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.
Age	General population Mid-year population estimates published by NISRA in 2019 show that: • 0-19 yrs (inclusive) = 485,064 (25.7% of all NI population) • 20 – 34 yrs = 364,623 (19.3%) • 35 – 49 yrs = 366,967 (19.5%)

	• 50 - 64 yrs = 356,790 (19.0%) • 65 – 74 yrs = 169,725 (9.0%) • 75 – 89 yrs = 125,334 (6.6%) • 90+ yrs = 13,138 (0.7%)
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	No specific data could be sourced on political opinion so a variety of NI wide data sources are listed below. • 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) -(Census 2011) **"Generally speaking, do you consider yourself as a unionist, a nationalist or neither?" (**Northern Ireland Life and Times, 2016) - Unionist 29%; Nationalist 24%; Neither 46%; Other/ don't know 2%.
Marital Status	In the most recent census, of the NI population: • 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)
Dependent Status	Carers NI • 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. Census data shows the NI population who: • Have responsibility for dependent children: 238,094 households (33.9% of all NI households) • NI Lone parent families = 115,959, with 123,745 dependent children in family. Of the 115, 959 lone parents, 16, 691 are males and 99,268 are female. (Census 2011)
Disability	Health Survey NI (2017/18) 43% longstanding illness (32% limiting and 11% non-limiting illness) • Males: limiting longstanding illness 29%; non-limiting longstanding illness 11% • Females: limiting longstanding illness 34%; non-limiting longstanding illness 11% • Prevalence of disability increases with age. Limiting longstanding illness increases from 17% among young adults ages 25-34 years to 56% among those who are 75 plus years. https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland
Ethnicity	Type 2 diabetes is up to 6 times more likely in people of South Asian descent. Type 2 diabetes is up to three times more likely in African and

	Africa-Caribbean people The most recent census data show that of the NI population: 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) Figures provided by the HSC Translation service for 2018-19 show that the top most popularly requested languages were: 1. Polish 30948 2. Arabic 16690 3. Lithuanian 16512 4. Romanian 12789 5. Portuguese 8361 6. Bulgarian 7557 7. Tetum 6604 8. Slovak 6152 9. Chinese - Mandarin 5120 10. Chinese - Cantonese 3388

Sexual Orientation	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 as lesbian, gay or bisexual (LGB). This comprised of:
	  ○ 1.2% identifying as gay or lesbian
	  ○ 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 206 (4.1%) • More males (2.3%) than females (1.6%) identified themselves as LGB in 2016. • The population who identified themselves as LGB in 2016 were most likely to be single, never married or civil partnered, at 70.7%.

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	There is no data to suggest that the needs and experiences of service users differ on the basis of gender.
Age	18 years + eligible for the programme. Risk increases in persons over 40 (or over 25 if you're South Asian, African-Caribbean or Black African) We aim to engage a full spread of age groups however initial data shows that those of working age find it difficult to engage with a face to face service in view of the time commitments.
Religion	There is no data to suggest that the needs and experiences of service users differ on the basis of religion.
Political Opinion	There is no data to suggest that the needs and experiences of service users differ on the basis of political opinion.
Marital Status	There is no data to suggest that the needs and experiences of service users differ on the basis of marital status.
Dependent Status	Those with caring responsibilities may struggle to make the time commitments required to benefit from the service.
Disability	It is recognised that individuals who have different disabilities will have different needs with regards to information materials and

	access the program than those without. Individuals who have learning or sensory disabilities or other communication difficulties will have specific needs with regards to information about the service and participation. Also, individuals who have physical or mobility problems may find it more difficult to access the locations in which the service is provided. The current initial programme may not suitable for some adults with a learning disability.
Ethnicity	People from ethnic minority communities may experience or are likely to have particular needs in relation to their culture and communication. They may experience language barriers and may have particular needs regarding accessible communication and information.
Sexual Orientation	There is no data to suggest that the needs and experiences of service users 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.

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?***
Ethnicity The current initial programme is only available in English language – All requests for materials in an accessible format such as in a different language for those whose first language is not English will be considered in accordance with our accessible formats policy. Interpreters are also available through our interpreting and translations service. Disability It is recognised that individuals who have different disabilities will have different needs with regards to information materials and access the programme than those without – All requests for materials in an accessible format such as easy-read for people with a learning disability or braille for someone who is blind will be considered in accordance with our accessible formats policy. Age and Dependents It is acknowledged that those with caring responsibilities or working age adults may struggle to make the time commitments required to benefit from the service. The programme will be	Ethnicity • Offer a digital service which may provide scope for on line coaches to deliver support in different languages • Involve the target community (including community leaders) in planning the design and delivery of the programme to ensure it is sensitive and flexible to the needs, abilities and cultural or religious norms of local people. For example, the programme should offer practical learning opportunities, particularly for those who have difficulties with communication or literacy or whose first language is not English • Translate DPP NI referral leaflet and patient leaflets into relevant languages subject to referrals (needs) • Health coaches within different ethnic communities will be trained to deliver the programme in different languages, based on needs and availability of coaches Working age adults • Deliver programmes in a range of venues such as workplaces,

delivered in a range of venues such as workplaces, leisure, community and faith centres, and outpatient departments and clinics at different times, including during evenings and at weekends, to ensure they are as accessible as possible.	leisure, community and faith centres, and outpatient departments and clinics. Run them at different times, including during evenings and at weekends, to ensure they are as accessible as possible. • Offer a digital service Disability Research needs to inform practice about what works for adults with a learning disability; in terms of diabetes prevention programmes. (Desmond organisation have been piloting development of a suitable programme – still in development)

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	N/a	Ensuring delivery of face to face service in acceptable venues
Political Opinion	N/a	Ensuring delivery of face to face service in acceptable venues
Ethnicity	N/a	Monitor referral numbers / areas from those requiring a service. Respond accordingly once the service is fully operational.

(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.

Actions have been identified to better promote equality of opportunity and or good relations and these are identified in an action plan.

The need for the service above catering for the groups within the population that will benefit most, will be explored as we analyse the referrals to the service and scope needs across NI and how best these needs can be met in an effective manner.

No major adverse impacts were identified from the data and evidence available.

(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?*
Consultation for the framework took place 08 March 2016 - 31 May 2016. During the consultation period Diabetes UK also facilitated a series of events across Northern Ireland in order to encourage feedback and the opinion of people with disabilities on the draft Framework. Responses were received from 35 Organisations and 44 Individuals.	

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 programme coaches in Trusts will make efforts to include all those with a physical disability referred to the programme. Written materials and visual aids can support those with a hearing impairment. People who are deaf may access an interpreter.	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
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*

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)?

Equality & Good Relations	Disability Duties	Human Rights
Data collected for the evaluation of the programme by health intelligence PHA includes Participant Health and Care Number and key sociodemographic factors (gender, age, HSCT area, urban/rural, deprivation) Objectives for evaluation of the DPP NI programme include the need to: - Explore access to the DPP NI programme and the factors that influence access - Assess the Delivery and Fidelity for DPP NI and examine variation by service and patient characteristics - Assess the outcomes for participants of DPP NI and variation by service and patient characteristics All complaints to DPP NI will be monitored.	Coaches follow up service users to ascertain why they may not attend or drop out of a programme. Any issues highlighted will be addressed to increase uptake and retention in service.	All complaints to DPP NI will be monitored. Views of the service users will also be taken into account following the evaluation

Approved Lead Officer:	Trudy Brown
Position:	Regional DPPNI Manager
Date:	10/12/19
Policy/Decision Screened by:	Trudy Brown

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