

## EQUALITY COMMISSION FOR NORTHERN IRELAND

**Response to the consultation by the Department for Health,  
Social Services and Public Safety on *The Right Time, The  
Right Place – An expert examination of the application of  
health and social care governance arrangements for ensuring  
the quality of care provision in Northern Ireland***

**April 2015**

### **Introduction**

1. The Equality Commission for Northern Ireland (the Commission) welcomes the opportunity to respond to ‘The Right Time, The Right Place – An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland’ (hereafter referred to as ‘the Donaldson Report’)
2. In making our response, the Commission provides feedback on equality aspects associated with:
  - the overarching analysis, concluding observations and recommendations;
  - consideration of equality and human rights obligations and, in particular, the UN Convention on the Rights of Persons with Disabilities (UNCPRD); and
  - The Department’s Section 75 responsibilities and Equality Scheme commitments.
3. Our views on the concluding observations and recommendations of the Donaldson Report’s draw on our

work<sup>1</sup> across a range of equality grounds as well as work progressed in our role as the ‘independent mechanism’ in Northern Ireland under the UNCRPD.

### **Overarching - Comments and Recommendations**

4. The Commission notes the proposal to convene an international expert panel to recommend the future configuration of health and social care provision in Northern Ireland but urges that due account of equality and human rights considerations is taken prior to arrival at the recommended configuration.
5. The Commission also seeks assurance that any current disadvantages experienced by equality constituencies in the delivery of health and social care are not compounded, and new disadvantages are not created, resulting in the undermining of the right to adequate health and social care, as a consequence of the re-configuration of services and delivery arrangements.
6. The obligation to prevent retrogression of rights has been articulated by the United Nations Committee on Economic Social and Cultural Rights:  
  
*‘Any deliberate retrogressive measures ... would require the most careful consideration and would need to be fully justified by reference to the totality of the rights provided for in the Covenant and in the context of the full use of the maximum available resources’<sup>2</sup>.*
7. Similarly, the Committee underlines the fact that even in times of severe resources constraints whether caused by a

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<sup>1</sup> See Annex 1 for further information on the Commission’s remit and functions.

<sup>2</sup> Committee on Economic, Social and Cultural Rights: *General Comment No. 3, The Nature of States Parties’ Obligations* (Fifth session, 1990), U.N. Doc. E/1991/23, paragraph 9. Available at: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCESCR%2fGEC%2f4758&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCESCR%2fGEC%2f4758&Lang=en)

process of adjustment, of economic recession, or by other factors the vulnerable members of society can and indeed must be protected by the adoption of relatively low-cost targeted programmes<sup>3</sup>.

8. The obligation to maximize available resources to protect traditionally vulnerable groups such as disabled people is articulated within the International Covenant for Economic Social and Cultural Rights (ICESCR).
9. The UN Committee on Economic, Social and Cultural Rights stated that:  
*“that even where the available resources are demonstrably inadequate, the obligation remains for a State party to strive to ensure the widest possible enjoyment of the relevant rights under the prevailing circumstances. Moreover, the obligations to monitor the extent of the realization, or more especially of the non-realization, of economic, social and cultural rights, and to devise strategies and programmes for their promotion, are not in any way eliminated as a result of resource constraints. Similarly, the Committee underlines the fact that even in times of severe resources constraints whether caused by a process of adjustment, of economic recession, or by other factors the vulnerable members of society can and indeed must be protected by the adoption of relatively low-cost targeted programmes”<sup>4</sup>.*
10. The Commission recognises that although the provisions of the UN Conventions on the Rights of Persons with Disabilities, Rights of the Child and Economic, Social and Cultural Rights allow for the applicable rights to be achieved progressively over time, this does not absolve public

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<sup>3</sup> Committee on Economic, Social and Cultural Rights: *General Comment No. 3, The Nature of States Parties' Obligations* (Fifth session, 1990), U.N. Doc. E/1991/23, paragraph 12. Available at: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCESCR%2fGEC%2f4758&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCESCR%2fGEC%2f4758&Lang=en)

<sup>4</sup> CESCR General Comments No 3, paragraphs 11 and 12 *The Nature of States Parties' Obligations* (Fifth session, 1990), U.N. Doc. E/1991/23. Available at: <http://www1.umn.edu/humanrts/gencomm/epcomm3.htm>

authorities from the requirement to consider their existing policies against Convention standards.

11. The concept of "progressive realisation" appears in article 2.1 of the International Covenant on Economic, Social and Cultural Rights. The UN Committee on Economic, Social and Cultural Rights, in its General Comment No 5, 'Persons with Disabilities', maintains that in order to promote "progressive realisation" of the relevant rights to the maximum of available resources, clearly requires public authorities and state funded agencies to do much more than merely abstain from taking measures which might have a negative impact on persons with disabilities. The obligation in the case of such a disadvantaged group is to take positive action to reduce structural disadvantage and deliver appropriate preferential treatment to persons with disabilities to achieve the objectives of the relevant rights set out in the Convention<sup>5</sup>.
12. Finally, it should also be noted that Article 25(c) of the United Nations Convention on the Rights of Persons with Disabilities requires that health services be provided as close as possible to people's own communities, including in rural areas<sup>6</sup>.

### **General Comments and Observations:**

#### **Accessibility and affordability**

13. The Commission recommends that assessment of accessibility and affordability in health and social care provision should take into consideration those groups who have traditionally had a greater need for health and social care services e.g. disabled people, older people and those

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<sup>5</sup> UN Committee on Social, Economic and Cultural Rights: *General Comment No. 5, Persons with Disabilities* (1994: 11<sup>th</sup> session), paragraph 9. Available at: [http://tbinternet.ohchr.org/Treaties/CESCR/Shared%20Documents/1\\_Global/E\\_1995\\_22\(SUPP\)\\_4760\\_E.doc](http://tbinternet.ohchr.org/Treaties/CESCR/Shared%20Documents/1_Global/E_1995_22(SUPP)_4760_E.doc)

<sup>6</sup> United Nations Convention on the Rights of Persons with Disabilities, Article 25 (c). Available at: <http://www.un.org/disabilities/convention/conventionfull.shtml>

with dependents, as well as taking account of the needs of young people and ethnic minorities (in particular those service users who use English as an additional language).

### **Leadership and commissioning arrangements**

14. The Commission concurs with the proposal that the commissioning of services should be redesigned to make it simpler and more capable of informing and reshaping health and social care services in the future. Furthermore, we acknowledge the need to clearly identify leadership roles and to better coordinate services through partnership arrangements with health and social care agencies.
15. Directions to guide commissioning arrangements should also clearly consider the need to promote equality of opportunity and the desirability of promoting good relations, and therefore application of the relevant Equality Scheme arrangements to enable not only an assessment of the likely equality and good relations impacts, but also transparency and accountability on these matters by presenting them during the development and implementation stages.

### **Acquisition of self-management care skills**

16. The Commission notes the proposal to take further steps towards enabling people to manage their own health treatment but recommends that appropriate support e.g. advice on employment issues associated with the engagement of personal assistance/carers; guidance on the management of direct payments, is made available to those who need it.

### **Review of complaints systems, adverse incident reporting**

17. The Commission welcomes the proposed review and acknowledges its key purposes:
  - enhancement of public accountability;
  - enhancement of responsiveness to service users;

- provision of an urgent communication route;
- contribution to the measurement of the quality of health and social care; and
- a learning tool for health and social care providers to assist in the development of improved services.

### **Better regulation of Health and Social Care**

18. We also welcome the recommendation for a regulatory framework that covers both health and social care.
19. The Commission acknowledges that better regulation is required and supports the proposed introduction of an independent investigation and complaints service, prior to the Ombudsman stage, to enable better and more efficient resolution of complaints.

### **Establishment of a Northern Ireland Institute for Patient Safety**

20. The Commission welcomes the proposed establishment of an Institute involving service users and families, as part of a Northern Ireland wide safety program, and the commitment to provide training to frontline staff and to develop appropriate monitoring and performance arrangements.

### **Use of advanced technology**

21. Although the Commission notes the proposed increased focus on the use of assistive technologies and the need for a unified and consistent approach across Northern Ireland in the provision of health and social care to support people living at home, we would stress the importance of appropriate investment to develop people's capacity to use these.

### **Service user involvement**

22. The Commission welcomes the proposed restructuring of the Patient Client Council to increase the level of service user representation, and to achieve greater independence from

health and social care commissioning and service delivery agencies.

23. We agree that service user involvement should be strengthened in such a way as to better inform:
- shaping and designing of health and social care services;
  - measuring the quality of care;
  - setting standards for consultation;
  - shared decision making;
  - self-care requirements;
  - feedback on practitioner performance.
24. This should be structured in such a way as to enable the Council to highlight and address inequalities across the Section 75 groups. It will also ensure appropriate consideration is given to the need to promote equality of opportunity and desirability of promoting good relations using the evidence base arising.

## **Specific Comments and Recommendations**

### **Donaldson Report Recommendations**

**Recommendation 1: An impartial international panel of experts should be commissioned to deliver to the Northern Ireland population the configuration of health and social care services commensurate with ensuring world-class standards of care.**

25. The Commission notes the recommendation to convene an international expert panel to examine the future application of health and social care provision in Northern Ireland. However, we recommend that the proposed panel should take full account of equality and human rights considerations and ensure that these are properly reflected in the panel's findings and recommendations.

## **Recommendation 2: Strengthening commissioning**

26. We welcome the greater emphasis on the better co-ordination of commissioning services. Partnership working under clear leadership is critical to the design and delivery of health and social care provision. We acknowledge, therefore, the need to identify who has overall responsibility for the commissioning and delivery of health and social care. Clarity on this matter will enhance accountability and transparency to the service user and the general population. As stated above, the commissioning functions are subject to the Section 75 equality and good relations duties.
27. The Commission notes the consideration given to the devolution of health and social care budgets to the five Health and Social Care Trust and the potential for this to facilitate localised accessible service provision and enhance accountability to service users consistent with the ethos of Transforming Your Care.
28. The Commission notes that the Department has already initiated a review of Commissioning which is due to report by summer 2015<sup>7</sup>. It will be important within this review that:
- the duties to have due regard to the need to promote equality of opportunity and regard to the desirability of promoting good relations not only informs and is fulfilled through the process of review, but also are appropriate considerations informing the resultant proposals;
  - the review and any associated changes in the Commissioning approach are screened and considered for Equality Impact Assessment (EQIA); and
  - the Department ensures, going forward, that *Commissioning Plan Directive* is assessed for equality

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<sup>7</sup> Oral Statement to the Assembly by Health Minister Jim Wells MLA (27 January 2015): Quality of Care in Northern Ireland.

impacts, by the Department ,as the Directive is being developed, using the tools of screening and/or EQIA.

29. We recommend that the Department works together with the Health and Social Care Board (HSCB), the Public Health Agency (PHA) and indeed the delivery agents i.e. all the Health and Social Care Trusts to ensure this is robustly undertaken at all stages; including strategy and implementation.
30. The Minister emphasised in his statement in January 2015 that: *‘openness and transparency are vital to ensuring a system that is focused on maintaining quality and continuous improvement’*. This should be equally applied in fulfilling the statutory equality and good relations duties, to clarify responsibilities and enable understanding of proposals and their likely impact on equality and good relations.

**Recommendation 3: Action not Words**

31. The Commission recognises that resources directed towards health and social care provision are currently divided between maintaining the status quo and beginning the roll out of Transforming Your Care. We acknowledge that continuing to support the current level of acute care on the basis that it is currently funded is unlikely to be sustainable in the medium or long term and will not free up the resources needed to enable to the necessary ‘shift left’ required to deliver Transforming Your Care’. There is therefore a risk that the current situation may lead to a regression of rights for equality categories.
32. The Commission therefore welcomes the recommendation that a new costed, timetabled implementation plan for Transforming Your Care should be produced quickly, in order to avoid the risk of such a situation arising.

33. Furthermore, the Commission takes note of the conclusion in the Donaldson report that the ongoing delay in the delivery of Transforming Your Care has led to widespread cynicism regarding the purpose of the initiative, which will likely further undermine effective implementation.
34. The Commission also advises that the public authority developing any new costed, timetabled implementation plan for Transforming Your Care, should screen and consider equality impact assessment of any new plan, ensuring that the assessment of likely equality and good relations impacts are clearly presented alongside that plan.

#### **Recommendation 4: Self-management of chronic disease**

35. We note the proposal to enable people to self-manage their own care requirements. However, the Commission urges that care should be taken to ensure that service users, especially those from vulnerable equality categories, such as older persons and persons with disabilities, are not overly burdened by the administration aspects e.g. management of budget and employment of personal carers and appropriate support is made available to help clients deal with these aspects.
36. Health authorities may wish to examine and evaluate self-management care and treatment in other jurisdictions prior to implementation of this approach to identify good practice and avoid pitfalls.
37. The Commission notes the recommendation for a programme to help service users to develop skills in the management of their own health and social care. We recommend the provision of one to one support in the delivery of skills training in the management of health and social care for those individuals with complex support requirements. Furthermore, the programme should be

extended to family and friends involved in the management of an individual's health and social care.

**Recommendation 5: Better regulation**

38. The Commission recognises the need for better regulation of health and social care. We note the proposed extension of the role of the Regional Quality Improvement Authority (RQIA) with respect to health services, alongside its existing role in monitoring social care. We acknowledge the observation in the report that the absence of a role for RQIA with regard to registration or regulation of Health and Social Care Trusts is not in keeping with the role of independent regulators elsewhere in GB.

39. The Commission also welcomes the recommendation that the RQIA review the existing policy on whistle-blowing. The high media profile of incidents of abuse of people with learning disabilities at the Winterbourne residential care facility in England suggests that effective whistle-blowing procedures are an important aspect of holding health and social care providers to account and ensuring compliance with the requirements of Articles 14<sup>8</sup>, 15<sup>9</sup>, 16<sup>10</sup> and 17<sup>11</sup> of the UNCRPD.

**Recommendation 6: Making incident reports really count**

40. The Commission welcomes this recommendation, particularly set against the concluding observation within the report that investigations into harmful incidents which compromise service users' health and well-being have not significantly reduced the risk to service users.

41. Further, we note the proposed modifications to the system of Adverse and Serious Incidents Reporting and welcome, in particular, the recommendation that there should be

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<sup>8</sup> Article 14: Liberty and security of the person.

<sup>9</sup> Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment.

<sup>10</sup> Article 16: Freedom from exploitation, violence and abuse.

<sup>11</sup> Article 17: Protecting the integrity of the person.

consultation with those working in the mental health field to make sensible changes to the rules and timescales for investigating incidents involving service users with mental health issues.

42. We would also recommend, for similar reasons, consultation with those working in the field of learning disability.

**Recommendation 7: A beacon of excellence in patient safety**

43. The Commission notes the proposed establishment of a Northern Ireland Institute for Patient Safety, involving service users and families, as part of a Northern Ireland wide safety programme. We recognise that no public authority within the health and social care sector has a clear role in this regard. We recommend that the Institute should consider the involvement of service users across the Section 75 categories.
44. The Commission also advises that the Department should ensure any enabling legislation to develop a new public authority should ensure that the authority is designated for the purposes of Section 75.

**Recommendation 8: System wide collection of data and benchmarking against goals.**

45. The Commission acknowledges the observation in the report the Northern Ireland does not have an agency with responsibility to measure performance regarding quality and safety of health and social care provision at regional level. The report advises that the best care systems have invested heavily in data collection.
46. The Commission agrees that system wide data collection would assist benchmarking of service delivery across the region. System wide data collection across the Section 75 categories would not only ensure the availability of data to

enable the assessment of the likely equality impacts of policies and service delivery, but also assist all health public authorities to robustly screen and EQIA policies and effectively monitor the impact of policies. Any specification of a new system should ensure that data can be disaggregated for each of the Section 75 categories.

47. Article 31 of the UNCRPD requires the State Party to undertake the collection of appropriate information, including statistical and research data, to enable the formulation and implementation of policies to give effect to the Convention.
48. Recent research concluded that it was ‘currently extremely difficult to measure the effectiveness of public policy in relation to people with disabilities’ and this was ‘due to a lack of co-ordinated and effective monitoring to quantify the impact of policy change’<sup>12</sup>.
49. Furthermore, the research found that statistics on policies and programmes were very rarely disaggregated to give information on persons with disabilities or on the type of disability<sup>13</sup>.

### **Recommendation 9: Moving to the forefront of new technology**

50. The Commission notes this recommendation but considers that it is important to take into account the lower internet usage by older people or people with sensory disabilities compared to that of the general population. A 2011 survey on Internet usage by the Office for National Statistics revealed that, in Northern Ireland, people with a disability

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<sup>12</sup> Harper, C., McClenahan, S, Byrne, B. and Russell, H. (2012): *Disability programmes and policies: How does Northern Ireland measure up? – Monitoring implementation (public policy and programmes) of the United Nations Convention on the Rights of Persons with Disabilities in Northern Ireland* (Equality Commission for Northern Ireland: Belfast), page 253. Available at: <http://www.equalityni.org/Publications?subject=Disability&type=&year=2012>

Byrne, B., Harper, C., Irvine, R.S., Russell, H. and Fitzpatrick, B. (2014): ‘Shortfalls in public policy and programme delivery in Northern Ireland relative to the Articles of the UNCRPD’, page 158 (Belfast: Equality Commission NI). Available at: <http://www.equalityni.org/uncrpd>

<sup>13</sup> Ibid, page 254.

(46.3%) were much less likely than non-disabled people (77.4%) to have ever used the internet. The figures also reveal that Internet usage amongst disabled people here is less than the UK average for people with disability (63.8%)<sup>14</sup>.

51. The NI Executive's campaign to promote awareness of the digital switchover from analogue to digital television<sup>15</sup> was effective in raising awareness of the new technology amongst older and disabled people. The lessons from this campaign should be considered with regard to their application to raising awareness of the benefits of new assistive technologies in the provision of health and social care.

**Recommendation 10: A much stronger patient voice**

52. The Commission welcomes that recommendation, including the reconstitution of the Patient Client Council to include a greater number of service users. We agree that this group should be totally independent of the health and social care sector.
53. Consideration should also be given to creating opportunities to increase representation of marginalised groups e.g. disabled people, ethnic minorities and older people in public life positions such as the Local Commissioning Groups involved in the implementation and ongoing review of acute service provision.

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<sup>14</sup> Office for National Statistics (2011): *Internet Access Quarterly Update 2011, Q1*. The disaggregated figures for disabled people in Northern Ireland contained in the raw data for this survey were unpublished and were obtained by Disability Action from the ONS in May 2011.

<sup>15</sup> Northern Ireland Direct: *What is Digital Switchover?*

## **Section 75 - equality and good relations considerations**

### **DHSSPS equality considerations of this policy to date i.e. screening / Consideration of EQIA**

54. The current public consultation response template for the Donaldson report states<sup>16</sup> that: '*The Department has also embarked (our emphasis) on an equality screening exercise to determine if any of these recommendations are likely to have a differential impact on equality of opportunity for any of the Section 75 groups.*' The Department follows on, in the consultation questionnaire, to ask 4 questions relating to equality of opportunity and good relations.
55. The Commission, further to the information in the consultation questionnaire, contacted the Department to clarify what screening had been undertaken, during the policy development process to date. The Department indicated that the screening process is being done in parallel and that an initial screening was not completed prior to the consultation on the policy, as the report was published and then went to consultation within a very short timescale.
56. In addition the Department noted that the policy consultation was in their view the start of the development process for this report and represents the earliest opportunity that the Department has had to commence screening. The Department added that the report contains a series of recommendations which the Department is providing an opportunity for stakeholders to express their views on them and at this time there are no resulting Departmental policies or decisions. The Department indicated it expected that any proposals arising from this process would be informed by the

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<sup>16</sup> The Donaldson Report Recommendations, Consultation Response Questionnaire, Part B Equality Implications.

consultation and would of themselves be subject to Equality Screening by the appropriate DHSSPS policy areas / HSC organisation(s).

### **Equality Commission advice**

57. In terms of the policy development process and the consultation phase/stage on the Donaldson policy proposals; it is clear from the Minister's statement in January that the recommendations in the review are accepted and a number are being acted upon whilst consultation is being held. The statutory equality and good relations duties apply to public authorities in carrying out their functions, and the Department needs to ensure its Equality Scheme commitments are being applied appropriately at all stages to enable it to fulfill the duties.
58. The Commission therefore recommends, as per paragraph 4.5 of the Department's equality scheme, that *screening should be completed at the earliest opportunity in the policy development/review process.*
59. In addition, the purpose of screening is to identify those policies that are likely to have an impact on equality of opportunity and good relations. The Donaldson Report and associated recommendations will have a fundamental impact on governance arrangements across the HSC, the delivery of health and health related services across Northern Ireland and ultimately across the Northern Ireland population. In this context it might reasonably have been anticipated that the Department would consider undertaking an Equality Impact Assessment (EQIA) of this policy. Commission advice is that *any consultation on an EQIA is recommended to be undertaken at the same time as the consultation on the policy proposal.*

60. In either case, whether issuing screening undertaken, along with a policy consultation as good practice, or consulting at the same time as the policy consultation, on an EQIA; it is important that when stakeholders views are sought on the equality implications of a policy, *that the public authority who has the responsibility for assessing the equality implications, sets out their equality considerations to date* in order to enable consultees to have sufficient information on which they can make informed comments.
61. In the absence of any evident /transparent equality assessment by the Department on the potential equality impacts of this report, the policy consultation effectively shifts the onus to identify the equality implications of the report, from the Department to consultees.
62. The Commission is happy to advise further on the Departments Section 75 responsibilities in this context and Kevin Oakes, Equality Officer, can be contacted to discuss these issues further if the Department would find that useful:  
Tel: 02890 500 698 Email: koakes@equalityni.org

## Annex 1:

### Summary of concerns and recommendations identified in the Equality Commission's response to 'Transforming Your Care – Vision to Action'<sup>17</sup>.

- **UN Convention on the Rights of Persons with Disabilities**

While some of the proposed measures in Transforming Your Care corresponded well with the delivery of Government's obligations under the UNCRPD, the Commission has recommended that further consideration should be given to: the direct involvement and engagement of disabled people<sup>18</sup>; access to information and services<sup>19</sup>, including in relation to independent living; inclusion of disabled people within the cultural, social, economic life of the community with appropriate support; the multiple identities of disabled people and other equality groups<sup>20</sup>.

- **Section 75 Obligations and Disability Duties**

Further consideration is required in relation to the Board's obligations under Section 75 with regard to the screening exercise; analysis of equality impacts; and decision making with regard to equality impact assessment. Further thought should also be given to appropriate affirmative and positive action measures for Section 75 groups and disabled people in relation to the 'disability duties'.

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<sup>17</sup> Equality Commission for Northern Ireland (January 2013): *Response to Transforming Your Care – Vision to Action*. Available at: <http://www.equalityni.org/Delivering-Equality/Consultancy-responses/Consultation-Response-Files/2013/Transforming-your-care>

<sup>18</sup> The UN Convention on the Rights of Persons with Disabilities; The first principle set out in Article 3 of the Convention, General Principles, of the Convention requires consideration of the need for respect for inherent dignity, individual autonomy, including the freedom to make one's own choices and the independence to enable that choice to be made. Further, within the same provision the Convention calls for the **full and effective participation** and inclusion in society of disabled people. In terms of understanding the collective experience of disabled people and their situation, Article 4(3) of the Convention requires public authorities to closely consult and **actively involve disabled people, including disabled children** through their representative organisations in the development and implementation of legislation and policies to implement the Convention and in decision making processes related to them. Further, the Convention requires that civil society and **disabled people** in particular, **are involved and participate fully in the monitoring processes** (Article 33(3))<sup>18</sup>.

<sup>19</sup> UNCRPD Article 21: Freedom of expression and opinion and access to information.

<sup>20</sup> UNCRPD Article 19: Living independently and being included in the community.

- **Transition Planning for Community Health and Social Care**

The Commission seeks assurances from the Transforming Your Care Team that the transition to community-based health and social care services using the mixed economy model of private and community/voluntary providers will not result in diminution of health and social care services.

Arrangements for transition to supported living arrangements in the community must take into account the specific needs of persons with disabilities, older people, people with dependants and looked after children.

- **Welfare reform**

Configuration of services must take account of changes to social security provision and any adverse impacts arising from the current welfare reform agenda, which are likely to lead to greater future demands on health and social care services.

- **Procurement and Social Clauses**

The Commission recommends that the any future recommendations arising from further examination of the health and social care provision reflect the commitment made in the Programme for Government to include social clauses in all appropriate public procurement exercises.

- **Proposed Investment Models**

The Commission advises that thorough consideration is given to the equality implications, from both an employment and service delivery perspective, of any investment models in the reconfiguration of health and social care. It is important that equality considerations are given due weight in considering any future investment measures.

- **Age Appropriate Delivery of Services – Equality and Non-discrimination**

The Commission advises that care needs to be taken to ensure that equality of opportunity in service provision applies to all aspects of health and social care regardless of age and in particular for children and young people under 16 who currently will have no redress against discrimination in the delivery of goods and services within the proposed Age GFS legislation<sup>21</sup>.

- **Monitoring and Review**

The Commission recommends that equality considerations are integral to the development, implementation and review of legislation, policies and programmes arising from any reconfiguration of health and social care services stemming from this review and the ongoing implementation of Transforming Your Care and Reform of Adult Social Care.

- **Affordable Accessible Transport**

The Commission believes that the availability of transport provision and the development of transport infrastructure should be a key consideration in respect of options for the provision of acute services and wider health and social care provision. Planned cuts to urban door-to-door services and rural transport schemes should be considered in relation to the re-configuration of acute hospitals with regard to the accessibility of services to older and disabled people.

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<sup>21</sup> As of March 2013, a commitment has been given by the Office of the First and Deputy First Minister to introduce age anti-discrimination legislation to prevent discrimination in the area of goods and services for persons 16plus. However, the Commission's recommendation to extend this to children and young people below that age has yet to be adopted.

## Annex 2

### The Equality Commission for Northern Ireland

1. The Equality Commission for Northern Ireland (the Commission) is an independent public body established under the Northern Ireland Act 1998. The Commission is responsible for implementing the legislation on fair employment, sex discrimination and equal pay, race relations, sexual orientation, disability and age.
2. The Commission's remit also includes overseeing the statutory duties on the Department to promote equality of opportunity and good relations under Section 75 of the Northern Ireland Act 1998 (Section 75) and to promote positive attitudes towards disabled people and encourage participation by disabled people in public life under the Disability Discrimination Act 1995.
3. The Commission's general duties include:
  - working towards the elimination of discrimination;
  - promoting equality of opportunity and encouraging good practice;
  - promoting positive / affirmative action;
  - promoting good relations between people of different racial groups;
  - overseeing the implementation and effectiveness of the statutory duties;
  - keeping the legislation under review;
  - promoting good relations between people of different religious belief and / or political opinion.
4. The Equality Commission, together with the Northern Ireland Human Rights Commission, has been designated under the United Nations Convention on the rights of Persons with Disabilities (UNCRPD) as the independent mechanism tasked with promoting, protecting and monitoring implementation of the Convention in Northern Ireland.