

Department of Health

By email only: budgetconsultation@finance-ni.gov.uk

25 February 2021

Dear Sir / Madam

Re: Budget 2021-22 and Screening

We welcome the opportunity to respond to the Department's consultation on its budget for 2021/22 and Screening. I trust that you will find our feedback of assistance.

We note the Department's assessment that '*the budget settlement will be very challenging to manage against our total funding requirements as it is not adequate to meet the rising demand and the growing needs of our ageing population.*' We further notes the indication that it will '*not provide a basis for the sustainable rebuild of our health service*'.

The Commission has previously stated, in the context of 2010 funding cuts, that we recognise that decision-makers who have to work with greatly reduced budgets have tough choices to make and people are sure to be disadvantaged as a result. We noted that it is even more important in that context, that all possible steps are taken to protect the most vulnerable in our society and to ensure that the impact on them is a key consideration where cuts in services are being considered.

Section 75

The Department of Health's High Level Screening Budget 2021-2022 includes some detailed and relevant data on the equality impacts and it is acknowledged that the document has been issued for consultation.

The Section 75 duties require the Department, in carrying out its functions, to have due regard to the need to promote equality of opportunity and regard to the desirability of promoting good relations. The Section 75 duties include the Department's function of setting a budget and considering the budget impacts on its policies and service delivery.

The duties should enable financial decisions which are informed by evidence of the impact they are likely to have, where mitigation and alternative policies have been considered, and which are transparent and accountable. As such, the Department is required to implement its equality scheme arrangements when developing its budget policies, ensuring the proportionate application of its duties, using the tools of equality screening and equality impact assessment.

The screening template used by the Department for this screening differs to that agreed as part of the Department's approved equality scheme, resulting in some aspects of the screening process being omitted. For example, while the Department's equality assessment identifies major and minor impacts on equality of opportunity an overall decision is not included as to whether the policy is screened in for EQIA, screened out with or without mitigation.

We also note that the screening determines that 'difficult decisions will be required and it is likely that the Section 75 categories 'Race', 'Age' 'Gender' and 'Disability' will be most heavily impacted (paragraph 24). The identification of major impacts should have prompted the Department to fully consider conducting an equality impact assessment, in line with its equality scheme arrangements.

Given the potential adverse impacts identified in the screening, it is particularly important that the Department fully considers potential alternative arrangements, mitigations and its monitoring arrangements on its budget for 2021-2022, appreciating that budget allocations are not yet finalised. It is also important, in line with its equality scheme arrangements, that the Department fully considers if there are opportunities to promote equality of opportunity.

Public Policy Recommendations

In considering the prioritisation of budget allocation, it will be important to ensure a focus on tackling the immediate and longer term impacts of COVID-19, particularly where they give rise to new or exacerbated inequalities. In that context I would urge you to consider a number of our wider recommendations which if addressed could effectively tackle long-standing inequalities and prevent the exacerbation of existing inequalities.

There are a range of inequalities across Section 75 grounds which result in poorer health outcomes for a number of equality groups. The Commission has highlighted poor health outcomes for ethnic groups, including Irish Travellers; and people with learning disabilities; barriers for older and younger people in accessing health services including prejudicial ageist attitudes⁵ and high levels of poor mental health among young gay men. We have also noted the disadvantage both in terms of access to specialist healthcare and the lack of transgender awareness in the general health care service.

The Marmot Review noted that 'for specific groups who face particular disadvantage and exclusion, additional efforts and investments and diversified provisions will be needed to reach them and to try to reduce the multiple disadvantages they experience.'

We reiterate our recommendation¹ that the Department identify and remove barriers to health and social care and well-being experienced by particular Section 75

¹ <https://www.equalityni.org/Delivering-Equality/Addressing-inequality/Health-social-care/Policy-responses>

equality groups, including older people; lesbian, gay, bisexual people; trans people; Irish Travellers and other minority ethnic communities; and people with disabilities. We also recommend that the Department ensure investment in health care to address the specific needs of equality groups, including the health care needs of people with disabilities; and young people's mental health needs. For example, our UNCRPD Jurisdictional 'Parallel' Report also highlighted that although people with learning disabilities are more likely to experience major illnesses and more likely to die prematurely, they are less likely to get some of the evidence-based screening, checks and treatments they need, and continue to face real barriers in accessing services.

With regards to disabled people and carers, in relation to COVID-19 we set out a number of concerns to the Health Minister in written correspondence of 27 April 2020. In that correspondence we advised that disabled people in Northern Ireland had voiced fear and anxiety to the Commission about ensuring non-discriminatory access to treatment if they become ill; about how they might, and should, be treated if they are immobilised or admitted to hospital; and the risk that decisions may be made about their support or care without their input. Fears were also expressed regarding the continuity of access to essential support services and appropriate care in the home (including due to potential shortages of resources or carers because of redeployment, illness, or a lack of personal protective equipment). Family carers also expressed concerns regarding the impacts of isolation on those in supported living or institutional settings, who might become even more isolated or unwell without family visits and without the daily routines on which they depend.

We called for action to ensure:

- that health support or social care for disabled people is not adversely impacted by the current crisis, in compliance with anti-discrimination laws and international obligations;
- that equality-disaggregated data, including on disability, is being collected, analysed and used to inform decision making in relation to COVID-19; and
- the involvement of disabled people in decision making, both at a personal level and in the development of legislation, public policy or service provision in response to COVID-19, including through their representative organisations.

Equality characteristics should not be a barrier to obtaining access to the highest standard of care. Nobody should be unfairly disadvantaged because of who they are; and protected equality grounds or characteristics should not be a determinant of outcomes. In that context we also reiterate the importance of taking action to track the progress of all key outcomes across all of the Section 75 categories - for example to monitor progress in improving life expectancy across a number of Section 75 grounds; including disability and race.

Finally, we are aware that social inequalities exist across a wide range of equality domains including age, gender, race, ethnicity, religion, disability and sexual orientation. These inequalities interact in complex ways with socio-economic position in shaping people's health status. While the Commission acknowledges the social gradient in health, we consider that tackling the socio-economic drivers of health should be accompanied by a focus on addressing key inequalities experienced by individuals from across the Section 75 categories.

In our view, the above points to a range of key issues which if addressed could effectively tackle long-standing inequalities and prevent the exacerbation of existing / development of new inequalities as a result of the COVID-19 pandemic.

Equality Data

The Equality Commission has long identified the need for robust equality data in Northern Ireland, both to enable good evidence-based policy making and to ensure effective compliance with the equality and good relations duties established by the Northern Ireland Act 1998.

More recently, the COVID -19 pandemic has highlighted the need for access to up to date and detailed equality data in Northern Ireland, as a vital component in shaping public policy responses.

The absence of key equality data means that it is difficult for the Executive, Departments and others to assess the nature and extent of key inequalities, as well as to track progress in achieving agreed equality and good relations outcomes.

In order to assess the equality impacts and monitor any adverse impacts of policies, public authorities need information to ensure that decisions and equality assessments are evidence based and appropriate.

In this context, we recommend that the Department's work programme, and associated budget, includes provision to ensure the targeting, monitoring and reporting of actions - incorporating disaggregated equality data - to better advance equality of opportunity and address key inequalities

Further information is set out in our short '[briefing on the need for equality data](#)'

The Commission remains available to continue to provide advice and guidance on the Section 75 duties.

Regards

Darren McKinstry

Director of Public Policy & Strategic Engagement

Equality Commission for Northern Ireland