

EQUALITY COMMISSION FOR NORTHERN IRELAND

Response to the consultation by the Department of Health on the Future Planning Model - Integrated Care System NI - Draft Framework

September 2021

Summary

- 1.1 The Commission has previously recommended actions to identify and remove barriers to health and social care and well-being experienced by particular Section 75 equality groups, including older people; lesbian, gay, bisexual people; trans people; Irish Travellers and other minority ethnic communities; and people with disabilities.
- 1.2 The Commission also recommends 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 needs¹.
- 1.3 The Commission considers that it is crucial that the Department conducts an equality appraisal to identify whether any current disadvantages are compounded, and/or new disadvantages created, as an outcome of the re-configuration of structures and delivery arrangements².
- 1.4 The Commission recommends that the Department give particular consideration to:
 - The collection of comprehensive Equality Data;

¹ Equality Commission for Northern Ireland (May 2016): [Key point briefing - Programme for Government and Budget recommendations](#)

² The United Nations Committee on Economic, Social and Cultural Rights has clearly stipulated the obligation on state parties to prevent retrogression of rights. Source: 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.

- Equality and Human Rights Obligations, including those set out in the UN Convention on the Rights of Persons with Disabilities;
- Section 75 Obligations and the Disability Duties.

Introduction

- 1.5 The Equality Commission welcomes the opportunity to respond to the Department of Health’s consultation on Future Planning Model - Integrated Care System NI³.
- 1.6 Furthermore, we welcome the stated objective to improve health and wellbeing outcomes and reduce health inequalities, through collaboration and partnership in the design, delivery and management of health, social and community services.
- 1.7 This response takes into account the consultation questionnaire provided. In making our response, the Commission provides feedback on equality aspects associated with:
- the overarching vision;
 - draft strategic implementation plan and equality considerations/obligations;
 - the application of Section 75 of the Northern Ireland Act 1998 to promote equality of opportunity and good relations within any new planning framework; and
 - consideration of international human rights obligations such as the UN Convention on the Rights of Persons with Disabilities (UNCPRD).
- 1.8 This response draws on our policy and advice work across a range of equality grounds, including advice on Section 75, and in our role as the ‘independent mechanism’ in Northern Ireland under the UNCPRD.

³ Department of Health (2021): [Future Planning Model Targeted Stakeholder Consultation](#)

1.9 The Equality Commission for Northern Ireland, together with the Northern Ireland Human Rights Commission, has been designated as the Independent Mechanism for Northern Ireland (IMNI), to promote, protect and monitor the implementation of the United Nations Convention on the Rights of Persons with Disabilities in the region. Together with the Equality and Human Rights Commission and the Scottish Human Rights Commission we form the United Kingdom Independent Mechanism.

Key UNCRPD rights

1.10 Article 25 (Health) of the United Nations Convention on the Rights of Persons with Disabilities⁴ requires State Parties to recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability⁵.

1.11 Persons with disabilities must be provided with the same range, quality and standard of free and affordable health care and programmes as provided to other persons.

1.12 Persons with disabilities must also be provided with those health services needed specifically because of their disabilities, including early identification and intervention as appropriate, including among children and older persons.

1.13 Furthermore, Article 25 requires that health professionals provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities, through training and the promulgation of ethical standards for public and private health care.

⁴ [Convention on the Rights of Persons with Disabilities \(CRPD\) Article 25 – Health](#)

⁵ [Article 25 Health](#) UN Convention on the Rights of Persons with Disabilities

Barriers to Access and Health Inequalities

- 1.14 Health and social care is fundamental to people's quality of life and general well being. A number of factors can contribute to health inequalities including socio-economic and environmental circumstances; lifestyle and health behaviour; and access to effective health and social care.
- 1.15 The Commission has highlighted barriers to accessing health and social care, experienced by particular Section 75 equality groups, such as older people; lesbian, gay and bisexual people; trans people; Irish Travellers and other minority ethnic communities. These include barriers relating to prejudice, information, language, culture and, particularly for rural people, lack or affordability of transport.
- 1.16 We have also highlighted the need to ensure investment in health care to address the specific needs of equality groups; for example, people with disabilities, including the sexual health and maternity needs of women with disabilities; as well as young people's mental health needs and to address the high suicide rates among men, Irish Travellers, and young people.
- 1.17 We have raised concerns regarding barriers to accessing health and social care, including those faced by children and young people in accessing age -appropriate health care; as well as ageist attitudes experienced by older people, and stereotypes that portray older people as cared for, rather than care givers⁶.
- 1.18 Further, we have called for a full consultation on abortion law in Northern Ireland.
- 1.19 In the Commission's response to the consultation on the Programme for Government 2016-21, we recommended actions to:
- identify and remove barriers to health and social care and well-being experienced by particular Section 75 equality groups, including older people; lesbian, gay, bisexual people; trans people; Irish Travellers and other minority

⁶ For further information, see: <https://www.equalityni.org/Delivering-Equality/Addressing-inequality/Health-social-care/Policy-responses>

ethnic communities; and people with disabilities

- 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 needs⁷.

Concerns raised by the UK Independent Mechanism to the UN Committee on the Rights of Persons with Disabilities

- 1.20 In our submission, as part of the UK Independent Mechanism (UKIM)⁸, to the examination (2017) of the United Kingdom by the UN Committee on the Rights of Persons with Disabilities, we highlighted the high prevalence of mental health conditions among the general population attributed to the history of violent conflict and high levels of social and economic deprivation⁹. A further factor is mental health issues arising from a legacy of institutional abuse¹⁰.
- 1.21 The submission also drew attention to evidence that suggested that mental health services in Northern Ireland have been funded more poorly than elsewhere in the UK for some time, both with respect to Northern Ireland's share of the overall health budget and on a per capita basis.
- 1.22 We highlighted research carried out in 2011 found that actual spending per capita on mental health services in Northern Ireland was 10-30 per cent lower than in England, even though it necessitated almost 44 per cent higher per capita funding¹¹.

⁷ Equality Commission for Northern Ireland (May 2016): [Key point briefing - Programme for Government and Budget recommendations](#)

⁸ The Equality Commission for Northern Ireland and the Northern Ireland Human Rights Commission jointly perform the role, under Article 33 (2) of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), of 'Independent Mechanism' in Northern Ireland (IMNI) to promote, protect and monitor the implementation of the Convention. Together with the Equality and Human Rights Commission (EHRC) and the Scottish Human Rights Commission (SHRC), we are designated as the United Kingdom Independent Mechanism (UKIM).

⁹ Research shows that individuals who experienced a conflict-related traumatic event relating to the 'Troubles' are more likely to have a mental health condition at some point in their lives

¹⁰ Mental Health Foundation (2016): [Mental Health in Northern Ireland - Fundamental Facts 2016](#), page 2.

¹¹ Independent Mechanism for Northern Ireland (2017): [Jurisdictional 'Parallel' Report](#), page 61;

- 1.23 We also pointed out that the suicide rate in Northern Ireland is significantly higher than elsewhere in the UK¹².
- 1.24 The submission also expressed concern that many people experience long waits for treatment, have unmet needs or have to travel very far from home for treatment; a lack of hospital beds, and reliance on emergency services¹³.
- 1.25 In its concluding observations (2017) on the initial report of the United Kingdom, the UN Committee on the Rights of Persons with Disabilities expressed concern about the uneven access to health across the State party, including under the devolved governments, and about, inter alia:
- a) Systemic, physical, attitudinal and/or communicative barriers preventing persons with disabilities from accessing mainstream health services, such as inaccessible furnishing, training and treatment equipment, medicine and supplies, means of information and communication, limited access to clinics and health-care professionals, hospitals, dentists, gynaecologists and obstetricians;
 - b) Barriers for persons with disabilities to obtain privacy regarding management of personal health-related data;
 - c) Multiple barriers to access to sexual and reproductive health-care services and insufficient information and education on family planning in accessible formats for persons with disabilities, particularly women and girls;
 - d) The suicide rate among persons with disabilities, particularly in Northern Ireland.¹⁴
- 1.26 The Committee recommended that the State party, in close collaboration with representative organizations of persons with disabilities:

¹² The most recent figures (for 2017) show a suicide rate of 16.7% per 100,000 of the population for Northern Ireland, 14.7% for Scotland, 13.6% for Wales and 9.6% for England (source: University of Manchester: [National Confidential Inquiry into Suicide and Safety in Mental Health: Annual Report: England, Northern Ireland, Scotland and Wales](#) (HQIP: 2019), Figure 1, page 11).

¹³ UKIM (2017): [Disability Rights in the UK](#), paragraph 123, page 64.

¹⁴ Committee on the Rights of Persons with Disabilities (August 2017): [Concluding observations on the initial report of the United Kingdom of Great Britain and Northern Ireland](#), paragraph 54, page 12.

- a) Develop a targeted, measurable and financed plan of action aiming at eliminating barriers in access to health care and services, and monitor and measure its progress, especially in relation to persons with intellectual and/or psychosocial disabilities and those with neurological and cognitive conditions;
- b) Set up protocols for medical services that respect the right of persons with disabilities to privacy in information about health;
- c) Ensure equal access to sexual and reproductive health-care services, as set out in target 3.7 of the Sustainable Development Goals, and provide information and education on family planning for persons with disabilities in accessible formats, including Easy Read;
- d) Address the high suicide rate among persons with disabilities, especially persons with intellectual and/or psychosocial disabilities¹⁵.

Comprehensive Collection of Equality Data

- 1.27 The Commission notes that the proposed Regional Group will have an oversight function in relation to equity of access to services and quality of care across the system, working to remove regional variation and duplication where appropriate and beneficial¹⁶.
- 1.28 We recommend that comprehensive equality data should be collected to identify equality impacts and shape targeted actions to advance equality.
- 1.29 To inform effective responses, tailored to the specific circumstances and needs in Northern Ireland, we recommend that all key measures within the care system are not only tracked in aggregate but also tracked for the impact on individuals from across each of the Section 75 equality grounds¹⁷.

¹⁵ Committee on the Rights of Persons with Disabilities (August 2017): [Concluding observations on the initial report of the United Kingdom of Great Britain and Northern Ireland](#), paragraph 55, page 12.

¹⁶ Department of Health (June 2021): [Future Planning Model - Integrated Care System NI Planning Draft Framework](#), paragraph 9.1, page 20.

¹⁷ [Section 75 \(1\) of the Northern Ireland Act 1998](#) requires that:

1.30 Consideration should be given by the Department to the inclusion of a facility in the Encompass It system currently being developed to capture data on the S75 categories.

Other issues

1.31 The Commission recommends that the Department should also give further consideration to the following issues:

- **Principles and Intended Outcomes:** We endorse the key principles and intended outcomes set out in the overall ‘vision’ and objective to improve health and wellbeing outcomes and reduce health inequalities, through collaboration and partnership in the design, delivery and management of health, social and community services.
- **Equality and Human Rights Obligations:** The Commission considers that the development of an Integrated Care System provides an opportunity for the Review Team to actively contribute to the progressive realisation of the right to health within a human rights framework.
- **UN Convention on the Rights of Persons with Disabilities:** While some of the proposed measures correspond well with the delivery of Government’s obligations under the UNCRPD, further consideration should be given to: the direct involvement and engagement of disabled people in the development and implementation of the ICS; access to information and services; and the multiple identities of disabled people and other equality groups.

‘A public authority shall in carrying out its functions relating to Northern Ireland have due regard to the need to promote equality of opportunity: (a) between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; (b) between men and women generally; (c) between persons with a disability and persons without; and (d) between persons with dependants and persons without.’

Section 75 Obligations:

- 1.32 The Commission notes that a 'screening' exercise has been undertaken on this policy. The Commission recommend that the screening document/and or EQIA, is further developed to seek oportunities to promote equality of opportunity and good relations within any new planning framework/processes.
- 1.33 The Equality Commission has provided advice to the Department of Health and the Health and Social Care Board over many years on the application of the statutory Section 75 duties when developing annual Commissioning Plan Directive's and Commissioning Plans. The Future Planning Model Project aims to develop a new Integrated Care System (ICS) Model as set out in the Health and Wellbeing 2026: Delivering Together.
- 1.34 The equality screening does not include evidence or information, but rather commitments are referenced from the Framework, to gather information to help to identify the needs, experiences and priorities for the equality groups. Given this lack of information, it is not clear on what basis the screening assessments of potential impacts and opportunities for equality are made.
- 1.35 While this is a high level policy framework, requiring further equality assessments at key stages in the implementation stages, this screening should include relevant evidence and information to inform assessments of opportunities to promote equality to ensure that the Future Planning Model is focused on its key objective to 'improve the health and well-being of the people of Northern Ireland and reduce health inequalities, through collaboration and partnership working in the design, delivery and management of health, social and community services'.
- 1.36 The Section 75 duties provide the Department with the appropriate arrangements to inform the Future Planning Model Project e.g. explicit reference to Section 75 in the new planning model, by gathering Section 75 disaggregated data, consultation with Section 75 groups, consideration of impacts, opportunities, mitigations and alternative policies.

- 1.37 We recommend that the screening is further developed and that the Department collaborates with other public authorities with responsibilities for the development and/or implementation of the policy, namely the HSCB and PHA which are referenced in the screening document. It would also seem prudent that the health trusts are involved in the development and review of the Framework, given their subsequent role in implementing.
- 1.38 Further consideration is required in relation to the Department's obligations under Section 75 with regard to ongoing screening at relevant phases during the development of the ICS; analysis of equality impacts; and consideration of undertaking equality impact assessments at implementation stages. Further thought should also be given to appropriate affirmative and positive action measures to ensure equality of access and improved outcomes for Section 75 groups.
- 1.39 The Commission considers that it is crucial that an equality appraisal (whether screening and/or EQIA) considers whether any current disadvantages experienced by equality constituencies in the delivery of health and social care are compounded, and/or new disadvantages created, as an outcome of the re-configuration of structures and delivery arrangements¹⁸.

¹⁸ The United Nations Committee on Economic, Social and Cultural Rights has clearly stipulated the obligation on state parties to prevent retrogression of rights. Source: 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.