

**BUDGET 2024-25**

**Equality Impact Assessment**

**June 2024**

**Contents**

1. **Introduction/ Section 75 of the Northern Ireland Act 1998 1**
2. **Policy Scoping 3**
3. **Budget 2024-25 Outcome 6**
4. **Consideration of Available Data and Screening Decision 19**
5. **Impact Assessment 22**
6. **Mitigating Actions 32**
7. **Monitoring 37**
8. **Conclusion and Consultation 43**

**1.** **Introduction/ Section 75 of the Northern Ireland Act 1998**

* It is the Department's mission to improve the health and social well-being of the people of Northern Ireland and the Department has a statutory responsibility to promote an integrated system of health and social care designed to secure improvement in the physical and mental health of people in Northern Ireland, the prevention, diagnosis and treatment of illness, and the social wellbeing of the people in Northern Ireland.
* Section 75 of the Northern Ireland Act 1998 requires public authorities, in carrying out their functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity and regard to the desirability of promoting good relations across a range of categories outlined in the Act. The Section 75 equality categories are set out below;
* People with different religious beliefs;
* People from different racial groups;
* People of different ages;
* People with different marital status;
* People with different sexual orientations;
* Men and Women generally;
* People with or without a disability;
* People with or without dependants; and
* People with different political opinions
* The main purpose of the Section 75 statutory equality duties is to bring equality considerations into mainstream policy-making processes, in order to eliminate or minimise any unintentional adverse consequences of policy decisions and to ensure that health and social care is accessible to the whole community. The Section 75 statutory duties are also the key means available to public authorities to address inequalities and demonstrate measurable positive impact on the lives of people experiencing inequalities.

**Key equality challenges**

* The Department’s Equality Scheme sets out how the Department proposes to fulfil the Section 75 statutory duties, including that the Department will commit the necessary resources in terms of people, time and money to ensure that the Duties are complied with and that effective internal arrangements are in place to ensure the effective compliance with the Duties and for monitoring and reviewing progress.
* Under the Equality Scheme, the Department commits to develop an Equality Action Plan to promote equality of opportunity and good relations. The initial Plan is informed by an audit of inequalities which gathers and analyses information across the Section 75 categories to identify the inequalities that exist for service users and those affected by the Department’s policies.
* The Equality Scheme and Equality Action Plan can be accessed on the DoH website (<https://www.health-ni.gov.uk/doh-equality>). The Plan will be subject to review with additional measures added, as appropriate, throughout the life of the plan.

**2. Policy Scoping**

**2.1 Name of the policy**

**Budget 2024-25.**

**Is this an existing, revised or a new policy?**

The 2024-25 Budget was announced by the Finance Minister on the 25th April 2024. The Budget provides the Resource and Capital investment funding allocations to departments for the 2024-25 budget period.

**What is it trying to achieve?**

The consultation document sets out the Department’s assessment of the 2024-25 Budget Outcome for the Department and the potential impact on service delivery, patients, and clients.

It sets out, at a strategic level, the steps the Department is taking in order to continue to deliver its functions and protect the safety of patients, clients and other services users and those measures that may be necessary in order for the Department to contain its spending within the limits set.

**Are there any Section 75 categories which might be expected to benefit from the**

**intended policy?**

The aim of this strategic proposal is to try and protect services delivered directly to citizens as much as possible and through this minimise the impact on service delivery, patients and clients thereby protecting, as far as possible, services delivered to all section 75 groups.

**Who initiated or wrote the policy?**

The NI Executive agrees the Budget for Departments. To inform and shape the decision-making the Department is required to complete equality screening and, if applicable, an EQIA on their budget allocation.

**Who owns and who implements the policy?**

The Department owns this policy and implementation will be the responsibility of the Department and each of its Arm’s Length Bodies.

The Department and its Arm’s Length Bodies will consider whether further consultation is required with stakeholders at local level prior to implementing the measures determined necessary to achieve break even.

**2.2 Implementation factors**

**Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision?**

Yes – financial and legislative.

**2.3 Main stakeholders affected.**

**Who are the internal and external stakeholders (actual or potential) that the policy**

**will impact upon?**

Staff, service users, other public sector organisations, the voluntary/community sector and trade unions

* 1. **Other policies with a bearing on this policy**

|  |  |
| --- | --- |
| **Policy** | **Owner(s) of the policy** |
| **Budget 2024-25****Health and Personal Social Services (Northern Ireland) Order 1972** **Health and Social Care (Reform) Act (Northern Ireland) 2009** **Fire and Rescue Services (Northern Ireland) Order 2006****Making Life Better– A Whole System Strategic Framework for Public Health 2013 – 2023** **Health and Wellbeing 2026 – Delivering together** | **Department of Health****}** **Key legislation covering the** **} legal obligations of the Department and its Arm’s Length Bodies.****}****Northern Ireland Executive****Northern Ireland Executive** |
|  |  |

# **3. Budget Outcome 2024-25**

**Key Points to Note**

* The Department of Health’s budget allocation for 2024-25 represents a 2.3% reduction in funding compared to our expenditure in 2023-24. Although the Department may receive additional in year allocations, these are highly unlikely to be at the scale seen in 2023-24 with the return of the Executive, meaning that the department will likely remain worse off even before we take account of demand, price and pay inflation in 2024-25.
* The department was projecting a funding gap of some **£1 billion**, and this was after accounting for some **£200 million** of savings and anticipated additional income. Budget 2024-25 provided an additional allocation of some **£515 million** while we have assumed for financial planning purposes that a further **£100 million** would be received through further savings and in-year allocations as a result of Barnett Consequentials. This left a remaining gap of some **£400m** in order to achieve breakeven, which is broadly broken down into a **£250m** shortfall in Trust funding and **£150m** for the cost of a 3% pay increase in 2024/25.
* Trust Financial Plans have now been received, with shortfalls that cannot be met by low and medium impact savings now reported at **£189m**, which would suggest that this **£400m** funding gap can be reduced to **£340m**.
* This means that there is therefore no budgetary provision for 2024-25 pay settlements to staff, with the likely recurrence of the serious industrial relations consequences that we have only just succeeded in addressing in relation to 2023-24.
* The level of savings measures required to address the remaining funding gap will likely require the implementation of some measures that will be contrary to the interests of health and social care, requiring us to actively shrink the HSC and resulting in more pressures on services and staff and yet more gaps in provision at a time when the clamour is understandably to invest in more doctors, nurses and other health professionals. Nevertheless, it is our statutory obligation to set out the potential measures necessary to achieve a break even position whilst taking all possible steps to ensure that these preserve services to citizens as much as possible.
* The 2024/25 budget settlement for capital of **£416.8 million** shows a reduction on the previous years’ allocation of **£51.8 million**. After funding flagships, committed projects and annual running costs, including leases, there is just **£12.9 million** left to fund new capital pressures.
* The Department’s ability to transform and rebuild our Health Service is directly linked to the level of capital resources that are made available each year. There is a significant capital investment programme that the Department has planned to take forward over the next 10 to 15 years which will see investment in acute, primary, and social care, in our ageing mental health facilities, in the cancer strategy, in digital technology and in our emergency services but, without a sizeable uplift in our annual budget settlements, the critical investment we wish to make will be delayed by having to live within capital budget allocations that are significantly less than what is required.
* There are a number of critical capital schemes that the Department would like to commence in 2024/25 which include the new Community Treatment Centre in Newry, the provision of additional bed capacity at Craigavon Area Hospital, a new interim Midwife Led Unit at Antrim and two new ICT projects, GMS ICT and Digital Dictation and Voice Recognition which is linked to the Encompass Programme.

**Resource Budget**

1. The Finance Minister announced the Northern Ireland Draft Budget for 2024-25 on 25th April 2024 with Health receiving an allocation of some **£7.8 billion**. This represents a 2.3% reduction in funding compared to our expenditure in 2023-24 and makes no allowance for significant increases in cost which we will face in 2024-25 as a result of pay and price inflation and rising demand. **Table 1** below sets out the Department’s projected funding requirement for 2024-25.

**Table 1 Projected Funding Requirement**

|  |  |  |
| --- | --- | --- |
|  |  | **£m** |
| Recurrent Baseline |  | 7,295.7 |
| *Additional 24-25 Requirements:* |  |  |
| NDNA GEMs | 9.3 |  |
| Elective / Waiting List Initiatives | 80.0 |  |
| Price Inflation | 69.9 |  |
| Growth in Demand | 67.7 |  |
| High-Cost Drugs  | 70.0 |  |
| Legal Commitments | 77.9 |  |
| Holiday Pay | 20.0 |  |
| Muckamore Bridging | 13.0 |  |
| Digital | 8.0 |  |
| NDNA Transformation | 49.0 |  |
| Pay 23/24  | 306.0 |  |
| Pay 24/25 | 155.5 |  |
| Trust Deficits | 315.0 | 1,241.3 |
| **Total Projected Funding Requirement 2024/25** |  | **8,537.0** |

1. In addition to bidding for funding to meet these pressures, the Department also submitted a number of bids designed to improve existing services. These included bids to extend multi-disciplinary teams in primary care, for additional funding for social care and a bid for **£135m** to tackle waiting lists. Unfortunately the funding envelope available did not enable these bids to be met.

**Table 2 Estimated Funding Gap**

|  |  |  |
| --- | --- | --- |
|  | **£m** | **£m** |
| Projected Requirement |  | 8,537.0 |
| 2024/25 Budget Allocation \* | 7,759.8 |  |
| Assumed Immigration Health Surcharge Funding | 50.0 |  |
| Assumed Savings/Additional Income within Financial Plan | 315.0 |  |
| **FUNDING GAP** |  | **412.2** |

**\*Note the Budget Allocation above includes additional funding which the Department is anticipating will be received in-year as a result of budget transfers from other Departments.**

1. The 2024-25 Budget outcome is likely to have serious consequences for Health and Social Care. Health will be facing significant budgetary pressures in 2024-25 with some extremely difficult decisions required to manage within the budget allocated.
2. The Department had originally estimated that it was facing an estimated funding gap of some **£412 million** as shown in **Table 2** above. Some **£315 million** savings and additional income have been included within the financial plan and these are shown in **Table 3** below. Whilst this figure has now been revised downwards with the receipt of further information from Trusts it still means a number of further measures will need to be implemented to bridge the funding gap.

**Table 3 Breakdown of Savings**

| **Saving Decision**  | **£m** |  |
| --- | --- | --- |
| Additional Income | 100.0 |  |
| Trusts Low and Medium Impact Savings | 115.0 |  |
| MORE Savings | 25.0 |  |
| Assumed Additional In-year Barnett | 75.0 |  |
| **Total Savings** |  | **315.0** |

1. Our financial plan has assumed some **£100 million** income could be delivered through additional Immigration Health Surcharge funding as a result of the implementation of increased charges determined at national level and also from the successor to the Voluntary scheme for branded medicines pricing and access (VPAS). This scheme for branded medicines pricing and access, was introduced in 2019 to keep the branded medicine bill affordable for the NHS by capping the growth of sales, while improving patient access to medicines by getting new medicines into use more quickly and has saved the HSC in Northern Ireland millions. The successor scheme is currently being negotiated at national level and is expected to generate increased levels of income compared to those that have previously been included in financial plans.
2. Some **£115 million** of Trust low and medium impact savings have been factored into our financial plan, which we expect can be delivered without a long-term damaging impact on services. These include things like savings in agency and locums that do not impact significantly on services, and a reduction in absence rates.
3. The Department has identified that some **£25 million** savings could be delivered through the Medicines Optimisation Regional Efficiencies Programme (MORE). MORE was established in April 2016 to oversee an integrated programme for the cost-effective prescribing and supply of medicines in Northern Ireland. The main aim of the programme is to deliver efficiencies from across the whole HSC medicines budget through collaboration between primary and secondary care.
4. In addition, an assumption of an additional **£75m** funding received during the year has been factored in. Given the position across all Government Departments in Northern Ireland, it is likely that this will be dependent on the receipt of additional funding for Northern Ireland from the UK Government through Barnett Consequentials. This is not without risk – should sufficient additional funding not be received late measures may need to be taken in order to bridge any remaining funding gap.
5. In addition, it should be noted that the budget allocation will mean the Department will not be able to reverse savings decisions made in 2023-24 such as the 50% reduction in Core Grant funding or the additional 300 Nursing Undergraduate Places.
6. The savings measures highlighted in **Table 3** are those taken into account in projecting the funding gap in table 2 and will not deliver a balanced budget. As a result, further cuts to services will need to be considered.
7. Whilst we need to transform our HSC, and to be willing to think differently about how we deliver services to our citizens and how we innovate to ensure we can continue to meet growing needs with diminishing resources, this is the work of years, and first we need to stabilise the system.
8. The aim of reform and reconfiguration is to improve services and meet the unmet needs that are all too commonplace across all health and social care areas. To portray it principally in cost-saving terms is therefore misleading.
9. The by-product of transformation in some cases will be greater efficiency and productivity. However, in most areas - such as reforming and growing social care and expanding Multi­ Disciplinary Teams in primary care - significant additional investment is needed to deliver core services and enable secondary care to work optimally. Transformation is therefore not the answer to the funding issues we face in 2024-25.
10. In order to understand the impact of the budget in equality impact terms, it is necessary to understand the decisions needed to deliver break even. Work is ongoing to identify the least harm options and the Minister has not yet taken decisions. However, the indicative savings measures below have been drawn up as possible options, because they can produce the immediate cash-releasing savings required to balance our budget. Even then, there is a risk as to whether it is possible to make all of the savings in year. The sorts of measures that may need to be implemented therefore include the following:
	* No budgetary provision for 2024/25 pay settlements
	* Cease Core Grant Funding completely in 2024/25.
	* Restrictions on the use of new drugs and therapies approved in Great Britain leading to lower levels of treatment for our patients.
	* Reduction in payments for support services provided by the Community and Voluntary Sector.
	* A halt to Waiting List Initiative (WLI) activities that are not funded from the **£34m** specifically allocated for this purpose. Approximately **£75-80 million** is needed to ensure those with cancer or time critical conditions can be treated as required. The **£34 million** provided for waiting lists is less than half of that needed.
	* Suspending some vaccination programmes.
	* Reduction in funding for enhanced GP services for example diabetes, psychology, carers health and palliative care.
	* a reduction of circa 400 acute hospital beds across NI.
	* a further estimated reduction in staffing of 1,200 provincewide yielding an estimated 4% reduction in staffing costs. This would inevitably significantly reduce the ability of Trusts to maintain existing services.
	* A reduction of in the region of 1,100,000 hours of homecare/domiciliary care type support provincewide over the year.
	* an estimated reduction of care home beds of circa 500.
11. Trusts were provided with indicative allocations and asked to provide plans as to the measures they would need to take to live within these by 21 May. The Department will then consider these proposals and make decisions on final allocations, with the aim of doing this in June. Whilst this will not allow time for a full consultation prior to decisions being made any early responses will be taken into account, with responses beyond that point being considered when decisions are taken later in the year on the allocation of any funding over and above that already assumed in our plans. To delay further than this prior to making decisions would risk deeper cuts later in the year. Consultation on the implementation of individual measures will also be undertaken where appropriate.
12. Indicative financial plans from the five Health and Social Care Trusts have now been received and these would suggest that the **£412m** funding gap referred to earlier can be reduced to **£340m** (assuming at least **£75m** is received from monitoring rounds). These plans are undergoing detailed assessment by Departmental finance officials and when this process is completed, the Minister will need to consider what, if any, action he wishes to take to manage the funding gap further.
13. While the Department will have to consider the cost reduction measures as set out above, the Department has acted to meet its legal commitments such as providing funding to support the National Living Wage and to enable key service transformation projects such as MDTs to continue at 2023-24 spending levels. The Department is also planning to ensure training budgets are protected from further cuts.
14. The Department and its ALBs will continue to plan and implement service reconfiguration and redesign to the extent possible within existing levels of funding and to pursue greater efficiency and productivity to maximise the services that can be delivered within our funding envelope and make them more sustainable for the future.

**Capital Budget**

1. The Capital Budget settlement for the Department of Health in 2024/25 is some **£416.8 million** which is net of **£19 million** of capital receipts. This one year budget allocation will enable the Department to fund existing priorities. However, it is insufficient to provide the capital funding required to progress the Department’s planned capital investment programme.
2. The budget settlement shows significant reduction on the previous years’ capital allocation and therefore whilst we would like to deliver more, the budget allocation will enable the Department to bring forward only five new projects in 2024/25 as set out in paragraph 11 below.
3. The budget settlement will enable the Department to meet the flagship projects, contractual commitments, maintain the HSC estate and begin to reduce the significant cost of backlog maintenance which currently stands at **£1.4 billion**. In addition, it will provide investment to the Northern Ireland Ambulance Service and the Northern Ireland Fire and Rescue Service for their fleet and estate, for HSC research and development, in new and replacement medical equipment and IT and in GP practices across Northern Ireland.
4. The proposed allocations for 2024/25 are set out below. However, it should be noted that these are based on profiles known at May 2024 and consequently, they are subject to change given the inherent unpredictability of construction projects which is exacerbated by the current volatility in the supply chain and in the price of materials.

***Flagship Projects - £81 million***

1. The Mother and Children’s flagship project will provide a new Regional Children’s Hospital which will deliver integrated and contemporary paediatric healthcare services. The single phase build which is due to complete in 2028 will include 155 inpatient beds, 10 Operating Theatres, a Day Procedure Unit, an emergency department, ambulatory care facilities, outpatient, therapy & medical investigation units.
2. A new Maternity Hospital will provide care for over 6,000 births per year and will replace existing facilities. The project will complete in three phases with completion of the main Hospital building (Phase B1) having been handed over to the Belfast Trust in March 2024 to commence a period of commissioning. Phase B2 and B3 will see the completion of a link bridge to the Critical Care Building and demolition of the existing Neonatal Building, these phases are scheduled to complete in early 2025. The new hospital will provide 16 delivery rooms, 68 beds, an admissions unit and an early pregnancy unit. Maternity post‐natal beds and outpatient services will be provided in levels 7-9 of the Critical Care Building access via the linked bridge. The overall Mother and Children’s project also includes associated site and energy infrastructure.
3. The Northern Ireland Fire and Rescue Service Learning and Development Centre will provide a centralised training function with practical scenario based training facilities. Phase 1 of the project which comprised a six storey tactical firefighting facility and teaching support building was handed over in July 2019. Phase 2 will provide a multi-function training warehouse, fire call-out scenario village, flood water training facility, road traffic collision scenarios and learning support centre, construction commenced in 2022.

***Contractual Commitments - £33.4 million***

1. Contractual commitments are inescapable and reflect amounts we are obliged to pay to ensure the projects are delivered to the agreed completion date. There are already a number of projects contractually committed within the capital programme where the main construction has commenced or is near completion. In addition, there are a number of projects which either at the design stage or deemed as inescapable as they will ensure the sustainability of our services in those areas. These projects are as follows:
* Altnagelvin Phase 5.1
* New Children’s homes at Glenmona
* Regional Radio Pharmacy
* Northern Mental Health Inpatient Unit – Stage 1 Design
* Antrim Area Hospital Electrical Infrastructure
* Craigavon Area Hospital Low Voltage
* Daisy Hill Hospital Low Voltage
* Lisnaskea Health Centre
* Cityside Health and Care Centre – Stage 1 Design
* Children’s Heart Disease - Professorship

***Critical ICT - £127.7million***

1. The pace of change over the next few years across the HSC ICT programme will require significant investment over and above routine funding. The projects listed below are regarded as critical to the continuity of service and functioning of the health service.
* Encompass
* Microsoft Licensing
* Northern Ireland Picture Archiving and Communication System (NIPACS)
* Laboratory Information Management Systems (LIMS)
* Business Services Transformation Programme (BSTP)
* NIAS Telephony
* Digital Identity Service
* Blood Production
* Equip
* McCloud Remedy HSC Pensions

***Maintaining Services - £180.8 million***

1. Funding in this category whilst not fully contractually committed is required each year to provide regular and ongoing investment to the Health Service and the Northern Ireland Fire and Rescue Service. It should be noted that the cost to maintain a hospital is much higher than any other public sector building and as a result the Department has to direct a significant portion of our annual budget to this category. Regular ongoing investment is also required in vehicle fleet, in particular for the Northern Ireland Ambulance Service and the Northern Ireland Fire and Rescue Service, for the replacement of medical equipment, replacement of flu stocks, research and development, the cost of new leases and funding for the GP Improvement scheme.

***New Projects - £12.9 million***

1. There are a significant number of new projects the Department would want to commence in 2024/25 that unfortunately are unaffordable from within the Department’s capital budget allocation. Nevertheless, we propose to commence several new projects which include the new Community Treatment Centre in Newry, the provision of additional bed capacity at Craigavon Area Hospital, a new interim Midwife Led Unit at Antrim and two new ICT projects, GMS ICT and Digital Dictation and Voice Recognition which is linked to the Encompass Programme.

***Receipts – (£19 million)***

1. The Department also has to account for the sale/disposal of property and assets owned by the Department (retained estate) and its Arm’s Length Bodies. Income from asset sales is available for reallocation within the capital budget. In addition, the HSC Research and Development team in the PHA secure additional funding from external organisations such as Cancer Research UK and the Medical Research Council. Budget cover is also provided to our five main trusts for commercial income they receive to carry out clinical trials

**4. Consideration of Available Data and Screening Decision**

1. In assessing the impact of the Budget 2024-25 policy against obligations under Section 75 of the 1998 Act the Department concluded that there is evidence of some differential impact in respect of some **Section 75 categories**. Impacts were considered against the backdrop of available data and the stated policy intent to determine whether the differential impacts were adverse.
2. Throughout the year the Department will continue to work with its Arm’s Length Bodies to monitor the impact of the Budget 2024-25 outcome on service delivery, the potential impacts of the policy on the various Section 75 groups and how any impacts could be mitigated.
3. Data utilised derives from a number of sources. These include:
* Addiction Centre (2024). Relationship between physical disabilities and addiction. <https://www.addictioncenter.com/addiction/disability/>
* Carers NI (2022). State of Caring 2022. [cni-soc22web.pdf (carersuk.org)](https://www.carersuk.org/media/xjzfwt4x/cni-soc22web.pdf)
* Department of Health (2022). A Cancer Strategy for Northern Ireland 2022-2032. [A Cancer Strategy for Northern Ireland 2022-2032 | Department of Health (health-ni.gov.uk)](https://www.health-ni.gov.uk/publications/cancer-strategy-northern-ireland-2022-2032)
* Department of Health (2021). [Consultation on the Cancer Strategy for Northern Ireland 2021-2031](file:///C%3A%5CUsers%5C2352925%5CAppData%5CLocal%5CMicro%20Focus%5CContent%20Manager%5CTEMP%5CHPTRIM.18188%5CConsultation%20on%20the%20Cancer%20Strategy%20for%20Northern%20Ireland%202021-2031%20Department%20of%20Health%20%28health-ni.gov.uk%29). <https://www.health-ni.gov.uk/consultations/consultation-cancer-strategy-northern-ireland-2021-2031>
* Department of Health (2021). Elective Care Framework - Restart, Recovery and Redesign. <https://www.health-ni.gov.uk/publications/elective-care-framework-restart-recovery-and-redesign>
* Department of Health (2022). Equality Action Plan – Year Three Update. [doh-eq-action-plan-2019-24-yr-3-update.pdf (health-ni.gov.uk)](https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-eq-action-plan-2019-24-yr-3-update.pdf)
* Department of Health (2020). Equality Action Plan. [Microsoft Word - DoH Equality Action Plan 2019-24 (health-ni.gov.uk)](https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-equlity-action-plan-2019-24.pdf)
* Department of Health (2018). Health and Social Care Workforce Strategy 2026. <https://www.health-ni.gov.uk/publications/health-and-social-care-workforce-strategy-2026>
* Department of Health (2023). Health Inequalities Annual Report 2023. <https://www.health-ni.gov.uk/sites/default/files/publications/health/hscims-report-2023.pdf>
* Department of Health. Life Expectancy in Northern Ireland (2023). [Life expectancy in Northern Ireland 2019-21 (health-ni.gov.uk)](https://www.health-ni.gov.uk/sites/default/files/publications/health/hscims-life-expectancy-ni-2019-21.pdf)
* Department of Health (2021). Mental Health Strategy 2021-2031. [doh-mhs-strategy-2021-2031.pdf (health-ni.gov.uk)](https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-mhs-strategy-2021-2031.pdf)
* Institute for Conflict Research (2013). Grasping the nettle: The Experiences of Gender Variant Children and Transgender Youth Living in Northern Ireland. [Gender Variant Children and Transgender Youth in Northern Ireland (executiveoffice-ni.gov.uk)](https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/ofmdfm_dev/grasping-the-nettle-transgender-youth-living-in-ni.pdf)
* Institute of Public Health (2020). Ageing and Public Health – an overview of key statistics in Ireland and Northern Ireland. [20200416-AGEING-PUBLIC-HEALTH-MAIN.pdf (publichealth.ie)](https://publichealth.ie/sites/default/files/2023-02/wp-content/uploads/2020/04/20200416-AGEING-PUBLIC-HEALTH-MAIN.pdf)
* Marie Curie (2022). Dying in Poverty: Examining poverty at the end of life in the UK. Implications for Northern Ireland. [h420-dying-in-poverty-ni-3rd-pp.pdf (mariecurie.org.uk)](https://www.mariecurie.org.uk/globalassets/media/documents/policy/dying-in-poverty/h420-dying-in-poverty-ni-3rd-pp.pdf)
* Northern Ireland (Executive Formation etc) Act (2022). [Northern Ireland (Executive Formation etc) Act 2022 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/2022/48/enacted)
* Northern Ireland Statistics and Research Agency (2022). NI: IN PROFILE Key Statistics on Northern Ireland. [NI: IN PROFILE Key statistics on Northern Ireland (nisra.gov.uk)](https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/NI-In-Profile-November-2022.pdf)
* Northern Ireland Statistics and Research Agency (2022). The Northern Ireland Census 2021. <https://www.nisra.gov.uk/statistics/2021-census/results/main-statistics>
* Northern Ireland Statistics and Research Agency (2014). The Northern Ireland Census 2011. <https://www.nisra.gov.uk/publications/2011-census-key-statistics-summary-report>
* Northern Ireland Statistics and Research Agency (2022). Women in Northern Ireland 2020-2021. [Women in Northern Ireland 2020-2021 (nisra.gov.uk)](https://www.nisra.gov.uk/system/files/statistics/women-in-Northern-Ireland-2020-2021.pdf)
* Parenting NI (2021). Big Parenting Survey Findings 2021. [Big Parenting Survey 2021- FINAL (parentingni.org)](https://www.parentingni.org/wp-content/uploads/2022/01/Big-Parenting-Survey-2021-FINAL-1.pdf)
* Professor Ray Jones (2023). The NI review of Children’s Social Care Services. [The NI Review of Children's Social Care Services.pdf (cscsreviewni.net)](https://www.cscsreviewni.net/files/cscsreviewni/2023-06/The%20NI%20Review%20of%20Children%27s%20Social%20Care%20Services.pdf)
* Rainbow Project (2012). All Partied Out. Substance Use in Northern Ireland’s Lesbian, Gay, Bisexual and transgender Community. [All\_Partied\_Out.pdf (rainbow-project.org)](https://www.rainbow-project.org/wp-content/uploads/2021/03/All_Partied_Out.pdf)
* Rainbow Project (2016). OUTstanding in your field. Exploring the needs of LGB&T people in rural Northern Ireland. [OUTstanding\_in\_your\_field.pdf (rainbow-project.org)](https://www.rainbow-project.org/wp-content/uploads/2021/03/OUTstanding_in_your_field.pdf)
* Rainbow Project (2013). Through Our Minds: Exploring the Emotional Health and Wellbeing of Lesbian, Gay, Bisexual and Transgender People in Northern Ireland 2013.  [[through\_our\_minds.pdf (rainbow-project.org)](https://www.rainbow-project.org/wp-content/uploads/2021/03/through_our_minds.pdf)](https://www.rainbow-project.org/wp-content/uploads/2021/03/through_our_minds.pdf)
* Strategic Planning and Performance Group (2020). The HSCB Youth Wellbeing Prevalence Study 2020. <https://online.hscni.net/our-work/social-care-and-children/youth-wellbeing-prevalence-survey-2020/>
* Youth Action Northern Ireland (2017). Still Shouting’ The needs and experiences of young people in Northern Ireland who identify as lesbian, gay, bisexual and/or transgender (LGBT). <https://cara-friend.org.uk/wp-content/uploads/2018/08/Still-Shouting-2017.pdf>

**Screening Decision**

1. We have assessed the Budget 2024-25 policy will impact on a number of Section 75 groups, namely ‘‘Age’ ‘Gender’ ‘Disability’, ‘Sexual Orientation’, and ‘Dependent Status’. Therefore, a full Equality Impact Assessment has been performed and is set out in the Impact Assessment section.

**5.** **Impact Assessment**

Due to the scale of the funding gap, the Department is in a difficult position of being asked to fulfil conflicting responsibilities. This involves trying to balance the responsibilities to live within the budget we have been given, act in the public interest and safeguard services. This may mean taking unpalatable decisions that are not in the best interests of the Health and Social Care System but may be required to enable us to manage within the funding allocated.

The Department recognises that people may fall into one or more Section 75 groups. Where a cut in funding affect more than one Section 75 group, that cut will appear under multiple headings as outlined below.

**5.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories?**

The impact on the following section 75 groups, religious belief; political opinion; racial group; age; marital status; sexual orientation; gender; disability, and dependant status are described in the following paragraphs.

**Budget Allocation**

How the Budget Allocation will impact on the following section 75 groups, religious belief; political opinion; racial group; age; marital status; sexual orientation; gender; disability, and dependant status is described in the following paragraphs.

As noted in section 3, the Department also submitted a number of unsuccessful bids designed to improve existing services. These included bids to extend multi-disciplinary teams in primary care, for additional funding for social care and a bid for **£135m** to tackle waiting lists**.** Had the funding been available to meet these bids, it would have been expected that they would have had a positive impact across all section 75 groups, but particularly those who are high users of health and social care services such as **children** and **older people**, people with **disabilities** and people with **dependants.**

While many of our savings measures will have some impact on services they are not all anticipated to have differential impacts on S75 groups.

**Religious belief**

Whilst the Department has no specific data to determine the impact of the overall budget on this group the 2021 Census breakdown of religious belief in NI showed that 44% of the population are Protestant, 46% Catholic, 1% other religions and 9% no religion.

At this time there is no evidence to indicate that the Budget allocation would negatively impact any part of this Section 75 category more than the general population.

**Political opinion**

Whilst the Department has no specific data to determine the impact of the overall budget on this group, there has been a historical tendency for voting preferences to closely reflect the religious affiliations of the population. NISRA statistics for first preference votes in the 2022 NI Assembly Election showed 40% Unionist, 40% Nationalist and 20% other.

In Census 2021, 814,600 people (42.8%) living here identified solely or along with other national identities as ‘British’. This is down from 876,600 people (48.4%) in 2011. The Census also found, 634,600 people (33.3%) living here identified solely or along with other national identities as ‘Irish’. This is up from 513,400 people (28.4%) in 2011. In Census 2021, 598,800 people (31.5%) living here identified solely or along with other national identities as ‘Northern Irish’. This is up from 533,100 people (29.4%) in 2011.

At this time there is no evidence to indicate that the Budget allocation would negatively impact any part of this Section 75 category more than the general population.

**Racial group**

Whilst the Department has no specific data to determine the impact of the overall budget on this group, the 2021 Census recorded that 3.5% (66,600) people were from ethnic minority groups. However, there is no robust data to determine the impact on this group.

Consultees have previously highlighted that any cuts to frontline staff are likely to have a disproportionate impact on people from minority backgrounds. However, as the Department will seek to protect front line services it is the Department’s current position that there is no compelling evidence that the budget allocation will disproportionately affect people of different race.

At this time there is no evidence to indicate that the Budget allocation would negatively impact any part of this Section 75 category more than the general population.

**Age**

The sorts of savings the budget allocation is likely to require may have a differential negative impact on older people (65+) and children (under 18). Older people tend to have the highest and most complex needs. The population as a whole is aging. In 2011, 15% of the population (263,720 out of 1,810,863 people) were aged 65 and over. In 2021, 17% of the population (326,465 out of 1,903,174 people) were aged 65 and over. This is an increase of 62,745 people aged 65 and over. Data collected by NISRA during the 2021 census showed that 17% of people aged 65 and older have bad or very bad health. In addition, the Aging and Public Health overview for Ireland and Northern Ireland predicts a sharp rise in the number of people over 65 from 315,000 in 2019 to 512,000 in 2051. This demographic shift is likely to put additional pressure on health service in future.

As older people tend to have more frequent, and more complex needs than the general population, any reduction in the provision of health services will affect them disproportionately.

Children will also be disproportionately affected by the budget allocation. The Youth Wellbeing survey by SPPG found that “one in eight children and young people in Northern Ireland experience emotional difficulties, one in ten had conduct problems and one in seven problems with hyperactivity”. In addition, the Northern Ireland Review of Children’s Social Care report stated that the demand for children’s social care has increased and is increasing. In the five years from March 2017 to March 2022 there was a 8% increase in the number of children in need, a 10% increase in children on the child protection register, and a much bigger 21% increase in the number of children in care. This shows a trend of the demand for children’s services increasing over time.

The fact that the budget allocation will mean the Department’s would find it almost impossible to restore the core grant scheme in full may also impact on organisations that are run for the benefit of older people and organisations that are run for the benefit of children. The Core Grant is intended to provide funding for the support and administrative costs associated with providing a service rather than directly funding service provision. However, it is recognised that a reduced Core Grant for these organisations may have an indirect impact on their ability to deliver the same level of support.

**Marital Status**

At this time there is no evidence to indicate that the Budget allocation would negatively impact any part of this Section 75 category more than the general popultaition.

**Sexual Orientation**

The sort of savings the budget allocation is likely to require may have a negative impact on people with different sexual orientations. Multiple research reports carried out by the Rainbow Project found that people from the LGBTQ+ background are more likely to suffer from mental health problems than the general population. In addition, sexual health is worse in the LGBTQ+ community than in the general population. As per the census result, there are 31,616 people whose sexual orientation is gay, lesbian, bisexual or other, with a further 69,307 people preferring not to say, and 49,961 people did not state their sexual orientation.

The fact that the budget allocation will mean the Departments would find it almost impossible to restore the core grant scheme in full may impact on a number of organisations that are run for the benefit of people in the LGBT community. The Core Grant is intended to provide funding for the support and administrative costs associated with providing a service rather than directly funding service provision. However, it is recognised that a reduced Core Grant for these organisations may have an indirect impact on their ability to deliver the same level of support.

**Disability (with and without)**

The Department recognises that people with disabilities may fit into multiple Section 75 groups. The sort of savings the budget allocation is likely to require may have a negative differential impact on disabled people. Data obtained from the Northern Ireland census 2021 identified that 18% of people and 44% of households have at least one resident with a long-term health problem or a disability.

The fact that the budget allocation will mean the Departments would find it almost impossible to restore the core grant scheme in full may impact on a number of organisations that are run for the benefit of people living with disabilities. The Core Grant is intended to provide funding for the support and administrative costs associated with providing a service rather than directly funding service provision. However, it is recognised that a reduced Core Grant for these organisations may have an indirect impact on their ability to deliver the same level of support.

Generally it is considered budget reductions may result in significantly reduced access to both community and hospital based services for those who access this support more in society e.g. those with Learning or Physical Disability.

**Dependant status (with or without)**

Persons with dependents include persons with personal responsibility for the care of a child, for the care of a person with a disability or the care of a dependent older person. If a reduction in spending affects people with disabilities or children it is likely to have a knock-on effect on people with dependants.

The Northern Ireland Census 2021 found that there were 224,539 out of 768,089 (29%) households with dependent children. In addition, the State of Caring report stated that there are over 290,000 people providing some form of unpaid care for a sick or disabled family member or friend in Northern Ireland.

The fact that the budget allocation will mean the Departments would find it almost impossible to restore the core grant scheme in full may impact on a number of organisations that are run for the benefit people with dependants. The Core Grant is intended to provide funding for the support and administrative costs associated with providing a service rather than directly funding service provision. However, it is recognised that a reduced Core Grant for these organisations may have an indirect impact on their ability to deliver the same level of support.

Generally it is considered budget reductions may result in significantly reduced access to both community and hospital based services for those who access this support more in society, e.g. children and young people.

**Gender (men and women generally)**

The Northern Ireland Census shows that approximately 51% of the population are female and 49% male. In the life expectancy report 2019-21 the life expectancy was 82.2 years for females and 78.40 years for males. The healthy life expectancy is 62.7 for women and 60.6 for men. The census information also shows that in the Health and Social Care sector 80% of the employees were female, while there were only 20% male employees. The Woman in Northern Ireland report shows that on average men earn more than women. The potential lack of funding for a 2024-25 pay increase as a result of this budget allocation is therefore likely to have a differential impact on women compared to men.

The State of Caring 2022 report found that 82% of unpaid carers were female. Therefore, if the 50% reduction in the Department’s Core Grant scheme continues, this is likely to disproportionately affect women where an organisation that delivers services to people with dependants receives reduced funding as this may have an indirect impact on their ability to deliver the same level of support.

**Potential Impact of** **Savings Measures Not Yet Taken**

The Department has yet to decide on which measures should be taken forward. However, the following section outlines those measures under consideration which would have the following differential impacts on s75 groups. Whilst decisions will need to be made prior to the completion of the full consultation period to avoid more significant impacts, responses received prior to this will be considered when decisions are made.

**No 2024/25 pay settlements** **for Health and Social Care staff**. This would have a differential impact on women compared to men as the census information shows that in the Health and Social Care sector 80% of the employees were female, while there were only 20% male employees. Therefore, this would differentially impact on **gender**.

**Cease Core Grant Funding completely in 2024/25. £1.8 million** is currently included in 2024/25 indicative allocations and represents holding funding at 2023/24 levels i.e. 6 months funding was provided in 2023/24. However, as the Core Grant scheme funding is not committed the option remains to stop this funding to reduce our funding gap. If funding for the Core Grant Scheme was withdrawn entirely this will impact on a number of s75 groups as it will reduce available funding for organisations that are run for the benefit of **older people, children, people in the LGBT community, people with disabilities and people with dependants.**

**Restrictions on the use of new drugs and therapies.** Restrictions on the use of new drugs and therapies approved in Great Britain leading to lower levels of treatment for our patients. The savings above would potentially impact the whole population particularly those who are high service users such as children and **older people**, people with **disabilities** and people with **dependants.**

**Reduction in payments for support services provided by the Community and Voluntary Sector.** This would involve the re-negotiation of contracts for the community support services for looked after children, children in need, older people, mental health and learning disability and physical disability clients. These contracts have been set up to prevent hospital admission and to support clients living in the community. As some of these cuts would directly impact older people the cuts will have a differential impact on **older people.** It will also affect younger people such as looked after children of which there were 3,801 at 31 March 2023. These cuts will also disproportionately affect people living with a **disability** and also disproportionately affect people who have children with additional needs.

**Reductions in Waiting List Initiative (WLI) activity.** As older people and those living with disabilities tend to have the most frequent, serious and most complex needs, anything that impacts WLIs is likely to disproportionately affect **older people** and those with **disabilities.**

**Reductions in Vaccination programmes.** Reducing this funding may mean failure to implement JCVI recommendations and may create inequity with other UK and worldwide nations. There is also potential for reducing vaccines to lead to increased hospitalisations, increased mortality and further pressure on the HSC. The savings above would potentially impact the whole population particularly those who are high service users such as **children** and **older people**, people with **disabilities** and people with **dependants.**

**Reduction in funding for Enhanced GP Services.** Cessation of services such as carer’s health, diabetes services, dementia services and clinical psychology. This cost reduction measure would potentially impact the whole population particularly those who are high service users such as children and **older people**, people with **disabilities** and people with **dependants.**

**Restriction of domiciliary care packages.** Reduction of 1.1 million hours of domiciliary care which would impact on 5,000 to 6,000 of the most vulnerable people in our society who were assessed as requiring domiciliary support to remain living in their own homes will not be able to be supported. Thus, impacting **older people**, those people with **disabilities** and those with **dependents** more than the general population.

**Reduction of 500 independent sector care home beds.** This will disproportionately affect **older people** who typically make up the majority of the population of nursing and residential care homes.

**Reduction of Hospital Beds.** Reduction of c400 acute hospital beds across the region with the resultant reduction in the use of agency staff. This will likely lead to further deterioration to hospital access with increased demands on Ambulance service and other emergency services and an impact on patient safety. Reduced patient flow in Acute settings will also have an onward impact on EDs This cost reduction measure would potentially impact the whole population particularly those who are high service users such as **children** and **older people**, people with **disabilities** and people with **dependants.** Impacts for these measures will include significantly reduced access to services for those who access services more in society, e.g. **older people**, individuals accessing support as a result of Mental Health issues, those with Learning or Physical **Disability**, **Children and Young Persons.**

**A reduction in staffing of 1,200 provincewide** yielding an estimated 4% reduction in staffing costs. This would inevitably significantly reduce the ability of Trusts to maintain existing services and would have a differential impact on women compared to men as the census information shows that in the Health and Social Care sector 80% of the employees were female, while there were only 20% male employees. Therefore, this would differentially impact on **gender**. Also this would potentially impact those who are high service users such as **children** and **older people**, people with **disabilities** and people with **dependants**.

**Summary**

|  | SECTION 75 CATEGORY |
| --- | --- |
| Saving Measure | Age | Sexual Orientation | Disability | Dependant | Gender |
| Cease Core Grant Funding completely in 2024/25 | **🗸** | **🗸** | **🗸** | **🗸** | **🗸** |
| No 2024/25 pay settlements for Health and Social Care staff.  |  |  |  |  | **🗸** |
| Reduction in payments for support services provided by the Community and Voluntary Sector | **🗸** |  | **🗸** | **🗸** |  |
| Reductions in Waiting List Initiative (WLI) activity. | **🗸** |  | **🗸** |  |  |
| Restriction of domiciliary care packages | **🗸** |  | **🗸** | **🗸** |  |
| Reduction of Independent sector Care Home Beds. | **🗸** |  |  |  |  |
| Reduction in funding for Enhanced GP Services. | **🗸** |  | **🗸** | **🗸** |  |
| Restrictions on the use of new drugs and therapies | **🗸** |  | **🗸** | **🗸** |  |
| Reductions in Vaccination programmes | **🗸** |  | **🗸** | **🗸** | **🗸** |
| A reduction in staffing of 1,200 provincewide | **🗸** |  | **🗸** | **🗸** | **🗸** |
| Reduction of 400 Acute Hospital Beds/Services | **🗸** |  | **🗸** | **🗸** |  |

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

As part of the mitigating actions the Department has prioritised the available funding towards the areas of greatest need, reducing the impact of the cuts to section 75 groups and better promoting equality of opportunity within the Health Service where possible.

The Department, in conjunction with its Arm’s Length Bodies will consider whether further consultation is required with stakeholders at local level prior to implementing specific measures.

**5.3 To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?**

See response to 5.2 above.

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

See response to 5.2 above.

**6. Mitigating Actions**

1. The aim of the Department at a strategic level is to protect services delivered directly to citizens and maintain service provision as much as possible, and, through this minimise the impact on service delivery, patients and clients. The **£7.8 billion** budget announced by the Finance Minister on 25th April 2024 made no allowance for the significant increases in cost we will face as a result of pay and price inflation and rising demand.

1. In Health our primary goal is to direct available funding to the areas of greatest need and our priority has been to minimise the impact on front line services. Through our initial screening we have recognised that the budget allocation may have a differential impact on a number of Section 75 categories. However, it is extremely difficult to fully mitigate the potential adverse impacts on Section 75 groups or provide alternatives given the scale of the funding gap and the fact that these groups are generally disproportionately high users of health services compared to other groups.

**Delivery of Savings, Productivity and Efficiency**

1. The Department has taken forward a number of measures in relation to savings, productivity and efficiency to reduce the need for further impact on frontline services, thereby safeguarding patients and protecting the population including Section 75 groups. Examples are described in the following paragraphs.
2. The Department has fully implemented measures to reduce administrative staffing requirements through re-designing the Department. A Delivering Value Programme has also been implemented, which is designed to primarily to drive more medium-term savings and has commissioned GIRFT to come and provide advice on where biggest gains might be outside of areas of current focus. A report is due to be received in June, however it is likely that most of the actions required to drive efficiency coming from this review will take time to implement and may not therefore have a significant impact on the 2024-25 financial year.
3. There is a well-established ongoing pharmacy savings programme which continues to deliver savings – with a further **£25m** target set for 2024-25.
4. There has been some considerable success with the agency cost reduction programme and in August 2023, a new Framework for the supply of agency nurses, and midwives meant that HSC Trusts were no longer able to use any ‘off’ contract agencies, where no contracted terms are in place. Based on current estimates the Department is expecting a reduction in agency spend of up to **£20 million** in 2023-24, with a reduction in off framework spend expected to be in excess of **£80 million**. We are continuing to work with Trusts to further reduce agency and locum spend and this is expected to form a significant part of the savings already included in our plans.
5. Across the Department and its ALBs all options to cease or reduce existing discretionary programme budget baselines within strategy / policy areas has been considered in advance of making commitments for 2024/25 and departmental priorities have been considered as part of this process.

**Proposed allocations 2024-25**

1. Our proposed funding allocations across existing service level baselines in 2024-25 are directed towards those services where funding is required to meet inescapable commitments and those assessed to be under greatest pressure from unmet demand.
2. The following paragraphs detail where the Department is planning to direct additional funding in 2024-25 which should help to mitigate the impacts of the savings measures on Section 75 groups. Generally, it is considered that additional funding allocations will benefit the whole population particularly those who are high service users such as older people, people with disabilities and people with dependants. Where Section 75 Groups will benefit this is specifically mentioned.
3. The department will meet its legal commitments such as providing funding to support the National Living Wage (NLW) which is estimated this will cost **£62 million** in 2024-25. NLW) for workers aged 23 and above has risen by 10% from £10.42 to £11.42 and those aged 21/22 have seen a rise of 12.4% from 1st April 2024. This will have a differential impact on women compared to men as the census information shows that in the Health and Social Care sector 80% of the employees were female, while there were only 20% male employees. Therefore, this will differentially impact on **gender.**
4. The total estimated additional recurrent pay allocation for 2023-24 required in 2024-25 is **£306 million** including the Full Year Equivalent in relation to NICS, NIFRS and Salaried Doctors and Dentists. This will have a differential impact on women compared to men as the census information shows that in the Health and Social Care sector 80% of the employees were female, while there were only 20% male employees. Therefore, this will differentially impact on **gender**.
5. **At least £34 million** will be allocated to HSC Trusts to maintain red flag critical treatment to ensure those with cancer or other time critical conditions (life, limb or sight threatening) can receive the care they require. The funding directed to these Waiting List Initiatives will benefit the whole population particularly those who are high service users such as **older people, people with disabilities and people with dependants.**
6. **£70 million** is estimated to be needed to meet the increased costs of high cost drugs and therapies to maintain access for NI patients for the latest drugs approved by NICE, including innovative cancer drugs. Whilst it may not be possible to fund all of this need, funding will be allocated to ensure those who have existing treatments can maintain access and that access to new NICE Technical Appraisals (TAs), Highly Specialised Technologies (HSTs) and Cancer Drugs for Northern Ireland patients is delivered where possible. The funding will also provide for increases in staffing and other resource to support the provision and administration of the drugs. This will benefit **those with disabilities (including long-term conditions) and older people.**
7. The Department is planning on providing an additional **£2.3m** for cancer services to ensure that actions implemented from the published Cancer Strategy 2022-2032 can continue in full. The Strategy provides the key steps to achieving the overall vision for improved cancer outcomes for the people of Northern Ireland. Further detail is available at the following link:<https://www.health-ni.gov.uk/publications/cancer-strategy-northern-ireland-2022-2032> Whilst cancer affects people of all ages, the risk of developing cancer increases with age, with two thirds (67%) of cases in men, and over half (58%) in women diagnosed over age 65. This investment will likely benefit older people the most, but as cancer affects people of all ages, the whole population will benefit.
8. Up to **£13 million** is to be directed to fund patients moving into alternative accommodation prior to the final closure of Muckamore Abbey, which will benefit **people with a disability.**
9. **£4 million** additional funding is needed in 2024/25 to meet new regulatory standards for pharmacy education. This funding will support the programme of work needed for implementation of regulatory and mandatory UK wide standards to reform the Initial Education and Training (IET) of the NI Pharmacy Workforce and includes funding to support 5 additional Clinical Pharmacy Educators across 5 Trusts and 20 Band 7 Pharmacists who will oversee the Experiential Learning in-practice activities for pharmacy undergraduate students. This will benefit the whole population particularly those who are high service users such as **older people, people with disabilities and people with dependants.**
10. Further examples of additional funding allocations that will impact the whole population but particularly those who are high service users such as **older people, people with disabilities and people with dependants** are listed as follows.
* **£31 million** additional funding will be allocated to HSC Trusts to meet the full year effect of existing commitments.
* **£3.7 million** will be allocated across Family Health services to meet on the ground pressures.
* **£38 million** is needed to meet the cost of Covid related pressures including **£3 million** for the Spring booster, with a further allocation of **£6 million** required for potential vaccines in the autumn, **£22 million** for PPE, **£9 million** for testing, **£2 million** for Long Covid, **£1 million** for neutralising monoclonal antibodies (nMABs).
* **£6.1 million** is required for the continued implementation of the Encompass project in 2024/25. This project is an integral part of the Encompass initiative which aims to deliver the digitally enabled transformation of Health and Social Care Northern Ireland over the next number of years. It will underpin the overall initiative objectives, primarily the provision of a strategic whole system approach to digitisation, and improved patient safety and quality of care.
* Resource Costs associated with Capital Expenditure requires an additional **£5 million** based on an assessment of the minimum required to meet existing commitments to fund the additional running costs of facilities that have opened or are in the process of opening.
* Additional costs for some vaccination programmes in line with the continued implementation of Joint Committee on Vaccine Immunisations (JCVI) recommendations.
1. The Department also plans to allocate additional funding meet pressures associated with growth in demand pressures, although it is recognised that this investment may be offset by the requirement for funding reductions to manage the overall budget position as outlined above. This funding will particularly benefit **people with a disability**, **older people and children** and includes:
	* Growth in demand for Family Health Services in 2024-25 which is estimated at **£7 million.** This comprises General Pharmaceutical Services, General Medical Services, General Dental Services and General Ophthalmic Services are facing year on year increases in demand.
	* Growth in Learning Disability Pressures in relation to resettlements, transitions, High Cost cases, increased supported living pressures for complexity of patients and existing Muckamore Abbey bed support.
	* Growth in Children’s Social Care to fund demand in High Cost / Complex cases, Fostering, Looked After Children (LAC) including residence orders / articles.
	* Increasing demand for domiciliary care packages and direct payments for services for older people, while there are also growing numbers of clients who are placed in nursing homes and residential homes above tariff costs creating financial pressures.

**Potential for additional funding - 2024-25**

1. The Department will continue to work with DoF to secure the additional funding required to improve outcomes for the Northern Ireland population including those Section 75 groups which may potentially be impacted by cost reductions. However, the constrained financial position across the public sector in Northern Ireland, will make this particularly challenging in 2024/25, especially given that our plans already include anticipated additional income of **£75m** from in-year allocations.
2. There will be an opportunity to bid for transformation funding in 2024-25. As part of the financial package to restore the Executive, the British Government committed to provide **£235 million** in ringfenced transformation funding, with **£47 million** being released each year over a 5-year period, beginning this year 2024/25. Release of this funding is subject to the approval of a new Public Sector Transformation Board, which will consider whether projects are transformational. The Department will be making key strategic bids to this fund to boost those areas where it considers transformation can make the most impact.
3. For example, the Department has also already indicated to the Department of Finance that there is an immediate need for additional funding in 2024-25 for increased training places that cannot be afforded from within the existing budget allocation. Any additional funding secured in 2024/25, from the ringfenced transformation funding or funding that becomes available at monitoring rounds, is likely to benefit the whole population particularly those who are high service users such as **older people, people with disabilities and people with dependants**.
4. The Department is aware that wealth inequality has a large impact on health outcomes. The Northern Ireland Health Inequality report showed that males living in the 20% most deprived areas of NI could expect to live 73.9 years, 7.3 years less that those living in the least deprived areas (81.2 years). Female life expectancy was 79.1 years, 5.1 years fewer than females in the 20% least deprived areas (84.2 years). The Dying in Poverty report published by Marie Curie stated that one in every seven people who died in Northern Ireland was below the poverty line. Wealth inequality is outside the scope of Section 75 but is one of the factors considered as part of budget allocations.
5. The Department will need to consider options to raise additional revenue for Health which would supplement our budget to either stabilise the service by meeting inflation and demand pressures or to be used to transform services. However, with the exception of the deferral of the car parking charges bill, these will not impact on the current financial year and there would be a full consultation prior to any decision to proceed with these measures. The Department would redirect any funding raised from these measures to ease pressures on the areas of greatest need and where possible to mitigate impacts on Section 75 groups.

**Monitoring**

1. The Department collects a considerable amount of data, however, due to financial and legal restraints such as the budget and GDPR legislation, the Department must be proportional and strategic about the data that it collects and monitors.
2. The Department released our Equality Action plan to cover the period from April 2019 – March 24. The action plan details the 10 health inequalities that are monitored, the Section 75 groups affected, policy area/outcome and the performance indicators or targets. The targets are assessed yearly and updated by the Department.

| **No.** | **Health Inequality** | **Section 75 Group** |
| --- | --- | --- |
| 1. | A rapidly ageing population: society is getting older; people are living longer, often with long-term health conditions; and we are having fewer children. | AgeDependantsDisabilityGender |
| 2. | The difference in health and wellbeing outcomes between the most and least deprived areas are stark, examples include life expectancy, mental health problems, indicators of birth weights and obesity. (Mental Health action measures are addressed in the DAP 2019-24) | AgeGenderRaceDisabilityReligion |
| 3. | Economic, social and environmental factors, and experiences early in life, play a major role in determining health outcomes and social, educational, economic and other outcomes. | AgeDisability |
| 4. | Migrant, Black and Minority Ethnic (BME) and the Irish Travellers communities represent a diverse and dynamic population with priority health needs which need greater awareness and promotion. | Race |
| 5. | People with dementia: not receiving appropriate care and treatment | Age |
| 6. | Younger people and men who have sex with men are especially vulnerable to sexual ill health | AgeSexual orientationGender |
| 7. | Lower uptake of cervical cancer screening in women aged 25-29 compared to those in other age groups. | GenderAge |
| 8. | Marginalised women (those with disabilities, traveller women, BME, rural women etc.) are less likely to avail of the antenatal and post-natal maternity services and sexual health services. | GenderDisabilityRace |
| 9. | Tackling domestic and sexual violence and abuse on all sections of the community | All Section 75 groups |
| 10. | To improve the health and wellbeing of children, young people and adults in contact with the criminal justice system (CJS) | AgeGenderDisabilitySexual orientationRace |

For further details on the performance indictors and targets please follow the link below to the Equality Action Plan:

* [Microsoft Word - DoH Equality Action Plan 2019-24 (health-ni.gov.uk)](https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-equlity-action-plan-2019-24.pdf)

The latest update can be found at the following link:

* [doh-eq-action-plan-2019-24-yr-3-update.pdf (health-ni.gov.uk)](https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-eq-action-plan-2019-24-yr-3-update.pdf)
1. The Department’s Information Analysis Directorate sits within the Department of Health and carries out various statistical and research work on behalf of the Department. The Health Inequalities report is published annually and plays a vital role in monitoring regional differences focusing on the impact of wealth inequality on health outcomes. Some of the data collected and monitored is useful for the purposes of the EQIA, for example differences between health outcomes for men and woman.
2. The Department will also continue to monitor equality of opportunity or good relations when considering the allocation of any additional funding that becomes available during the year.
3. We will also aim to monitor any adverse impact the decisions have had on the community and voluntary sector through assessing their viability from their annual financial reports.

**8. Conclusion**

1. This EQIA has used available evidence to consider all 9 Equality groupings. It is evident that Budget 2024-25 will impact the groups below:
* Age
* Gender
* Sexual Orientation
* Disability (with and without)
* Dependent status (with and without)

1. The Department has continued to raise its concerns with the Department of Finance (DoF) and our Minister has also expressed his concerns to Executive colleagues regarding to the recurrent funding necessary to maintain service provision and provide a basis for the sustainable rebuild of health services. However, it is recognised that the current financial position for public services in Northern Ireland is constrained and that in this context there are insufficient resources available to provide additional funding without further allocations from the UK Government.
2. The Department remains committed to working with DoF in future budget exercises to endeavour to secure the additional recurrent funding required to improve outcomes for the Northern Ireland population including those Section 75 groups which may potentially be impacted.
3. As part of the consultation process, we invite stakeholders to consider the information included within this EQIA and provide feedback through the following consultation questions.
4. Are there any adverse impacts in relation to any of the Section 75 equality groups that have not been identified in section 5 of the EQIA Consultation document? If so, what are they? Please provide details.
5. Please state what action you think could be taken to reduce or eliminate any adverse impacts in allocation of the Department’s draft budget?
6. Are there any other comments you would like to make in regard to this EQIA or the consultation process generally?
7. Comments on the Department of Health Equality Impact Assessment can be submitted from **6th June** **2024** via email to the address below. In order for responses to be considered as part of the departments funding decisions we would appreciate an early response however the consultation will remain open until **29th** **August 2024**

Budget24-25response@health-ni.gov.uk