Public Health Agency

Equality and Human Rights Screening Template

The PHA is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

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

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

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

For advice & support on screening contact:

Anne Basten
Equality Unit
Business Services Organisation
2 Franklin Street
Belfast BT2 8DQ
028 90535564
email: Anne.Basten@hscni.net

Public Health Agency

SCREENING TEMPLATE

See Guidance Notes for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template .

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Public Health Agency (PHA) Corporate Plan 2025-2030

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example, financial, legislative or other)**

The PHA Corporate Plan 2025-2030 sets out the strategic direction for the next five years. It details our vision, ambitions and evidence-based strategic priorities for the period 2025-2030.

This Plan is being developed during a period of reform both for our organisation and for Health and Social Care (HSC) and in a time of significant financial constraint. However, we have embraced the opportunity provided by this time of change and constraint to set out our vision and ambitions for health and wellbeing in Northern Ireland and reiterate our call for a continued focus on improving health and reducing health inequalities across HSC and wider society.

The plan is focussed around our strategic outcomes:

1. **Protecting health** – protect the population from serious health threats, such as infectious disease outbreaks or major incidents.
2. **Starting well** – laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years (0-18).
3. **Living well** – ensuring that people have the opportunity to live and work in a healthy way.
4. **Ageing well** – supporting people to age healthily throughout their lives.

The Corporate Plan also details the key indicators the PHA will use to monitor public health in relation to the detailed outcomes and focus of the period 2025-2030. It provides a basis for the Annual Business Plan and strategic direction and is a core accountability tool for the Department of Health, (DoH).

The Corporate Plan also incorporates how PHA will work going forward as an organisation working closely with the Strategic Planning and Performance Group

(SPPG) of the Department of Health (DoH), local Health Trusts (HSC Trusts), the Business Services Organisation (BSO), the Patient Client Council (PCC) and the Community and Voluntary (C&V) sector considering best practice to ensure we work effectively whilst being committed to people, partnerships, processes, digital capacity and be research and evidence driven.

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

Internal: Public Health Agency staff

External:
Service users and the public, DoH, Strategic Planning and Performance Group (SPPG), PHA/SPPG Joint Commissioning Groups, Integrated Care System (ICS) Area Integrated Partnership Board (AIPB), Local Commissioning Groups (LCGs), Patient and Client Council, Business Services Organisation, Health and Social Care Trusts, Voluntary & Community Sector, Professional organisations, Other Statutory Organisations such as education, housing, local government, justice, culture and Private Sector Organisations.

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

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

1. Making Life Better: a whole system strategic framework for public health 2013–2023. Belfast: Department of Health Social Services and Public Safety (DHSSPS), Jun 2014
2. Doing What Matters Most Draft Programme for Government (PfG) Framework 2024–27. Belfast: NIE, 2024
3. Integrated Care System for Northern Ireland Framework (ICSNI), May 2024. Belfast: DoH
4. Policy guidance in relation to health improvement, health protection, service development, screening, quality & safety. Belfast: DoH
5. PHA Board meetings.
6. Community Planning - led by each local Council
7. Systems, Not Structures: Changing Health and Social Care (Bengoa Report) Expert Panel Report, 2016. Belfast: DoH
8. PHA Corporate Plan 2017-2021. Available via PHA website
9. Guidance relating to governance, finance etc. Belfast: DoH
10. Health and Wellbeing 2026: Delivering Together. Belfast: DoH, 2016
11. Mental Health Strategy 2021-2031. Belfast: DoH, 2021
12. Mental Health Strategy – Early Intervention and Prevention Action Plan 2022-2025. Belfast: DoH, 2022

13. Live Better Initiatives. Belfast: DoH, 2024
14. Equality and Disability Action Plans 2023-2028. PHA, 2023
15. Protect Life 2 Strategy for Preventing Suicide and Self Harm, 2019. Belfast: DoH
16. Functions and standards of a Public Health System [Internet] 2020. Faculty of Public Health
17. Creating Healthy Places: Perspectives from NHS England's Healthy New Towns Programme [Internet]. The King's Fund
18. A vision for population health towards a healthier future [Internet], 2018. Buck D, Baylis A, Dougall D, Robertson R available via The Kings Fund
19. Closing the gap in a generation Health equity through action on the social determinants of health Commission on Social Determinants of Health [Internet], 2008. Available via World Health Organisation (WHO)
20. What Are Health Inequalities? 2022.Williams E, Buck D, Babalola G, Maguire D. [Internet]. Available via The King's Fund
21. Breastfeeding - A Great Start: A Strategy for Northern Ireland 2013-2023 [Internet], 2013. DHSSPS
22. A Fitter Future for All 2 [Internet], 2019. DHSSPS
23. Ten-Year Tobacco Control Strategy for Northern Ireland [Internet], 2012. DHSSPS
24. Preventing Harm, Empowering Recovery A Strategic Framework to Tackle the Harm from Substance Use (2021-31) 2 Substance Use Strategy 2021-31 [Internet], 2021. DoH
25. A Cancer Strategy for Northern Ireland (2022-2032) [internet], 2022. DoH
26. Fair Society, Healthy Lives the Marmot Review, 2010. Available via www.parliament.uk
27. Health Equity in England: The Marmot Review 10 Years On, 2020. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. [Internet]. Available via The Institute of Health Equity
28. Compassionate Leadership. Available via The Kings Fund
29. Guidance on quality and safety – National Institute for Clinical Excellence

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you

1. Previous Corporate Strategy, Annual Business Plans and Directorate Plans, Health Survey NI Results, Health Inequalities Annual Report 2024 and equality screenings.
2. Meetings – through Directors & Assistant Directors to staff in their Directorates, Agency Management Team and PHA board.
3. Northern Ireland Statistics and Research Agency (NISRA)
4. Personal and public involvement strategy and action plan
5. Statistics and information from Carers NI
6. Statistics and information from the BSO Human Resource Directorate
7. Workshops (and subsequent reports) with staff and key stakeholders including service users to discuss priorities
8. DoH Making Life Better consultation (previously Fit and Well)

Further engagement will take place throughout the consultation period Involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

HSC Public Health Agency

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	***What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	At 30 June 2023, Northern Ireland's population was estimated to be 1.92 million people. Between mid-2022 and mid-2023, the population of Northern Ireland increased by 9,800 people (0.5 per cent). Just over half of the population (50.8 per cent) were female, with 974,900 females compared to 945,500 males (49.2 per cent). *(NISRA Statistical Bulletin 2023)* The census day population comprised of 967,000 females and 936,100 males. This means that for every 100 females in Northern Ireland there were 96.8 males. (Census 2021) PHA Workforce (as of Sept 2024) Male 23.75% Female 76.25% *Staff in post as of Sept 2024, 361 (permanent HC) 336.81 (permanent WTE) 43 (temporary HC) 36 (temporary WTE)* **Transgender** The Gender Identity Research & Education Society (GIRES) highlights the following Office for National Statistics (ONS) 2021 UK Census question which asked people aged over 16: "Is the gender you identify with the same as your sex registered at birth?" 45.7 million (94.0% of the UK population aged 16 years and over) answered the question: • 45.4 million (93.5%) answered "Yes" and • 262,000 (0.5%) answered "No" • 1.9 million (6.0%) did not answer the question. Several factors may have reduced the number of "No" responses as the Census can be completed by a single family member for a whole household. Consequently, some trans and gender diverse people may not have been able to answer the question themselves. Others may not have felt it was safe to do so.

Public Health Agency

Of the 262,000 people (0.5%) who answered “No”, indicating that their gender identity was different from their sex registered at birth:

• 118,000 (0.24%) answered “No” but did not provide any further information
• 48,000 (0.10%) identified as a trans man
• 48,000 (0.10%) identified as a trans woman
• 30,000 (0.06%) identified as non-binary
• 18,000 (0.04%) wrote in a different gender identity Data from other sources indicate that the Census figures may understate the size of the trans and gender diverse population.

The Gender Identity Research and Education Society (GIRES) estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office (2011) and subsequently updated (2014):

• gender variant to some degree 1%
• have sought some medical care 0.025%
• having already undergone transition 0.015%.

The numbers who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among young people is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).

Applying GIRES figures to NI population (using NISRA mid-year population estimates for June 2018) N=1,881,600:

• 18,816 people who do not identify with gender assigned to them at birth
• 470 likely to have sought medical care
• 282 likely to have undergone transition.

A 30-Country Ipsos Global Advisor Survey reflects 3.1% of people saying they were trans, non-binary, gender queer or gender fluid, Agender or another gender that was not male or female.

Age	Census 2021 Population Statistics reflect there are 365,200 children in Northern Ireland aged 0 to 14, a 10,500 increase compared from the 354,700 children in 2011. In contrast the number of persons aged 65 and over has increased from 263,700 in 2011 to 326,500 in 2021. The ageing of the population can also be seen in the median age of the population (the age at which half the population are above or below), which over the last decade has increased by two years from 37 in 2011 to 39 in 2021. Children (defined as those aged 0 to 14) make up 19.2% of the Northern Ireland population. This percentage varies across Local Government Districts and is highest in Mid Ulster where the proportion is 21.7%, and lowest in Ards and North Down where the proportion is 17.0% <u>Older People</u> People over 60 make up 19% of the population, according to Census 2021. This represents a near 25% increase from 2011 and demonstrates the scale of population change due to ageing. People aged 65 and over account for 326,500 people or 17.2% of the Northern Ireland population. (Census 2021) The number of people aged 85 and over in Northern Ireland was estimated to be 39,500 in mid-2020, an increase of 700 people (1.9 per cent) since mid-2019. Over the decade, the population aged 85 and over grew by 8,700 people (28.1 per cent) (Census Bulletin 2021) By mid-2027, the number of people aged 65 and over is projected to overtake the number of children. By mid-2045, almost 1 in 4 people in Northern Ireland are projected to be aged 65 and over (NISRA Bulletin 2020) **NI Age Profile** Band /Population/ Percentage • 0-14 365,200 19.2% • 15-64 1,211,500 63.7% • 15-39 594,400 31.2% • 40-64 617,100 32.4% • 65+ 326,500 17.2% • 65-84 287,100 15.1% • 85+ 39,400 2.1% (Census 2021)

Public Health Agency

<table>
<tr>
<td></td>
<td>PHA Workforce (as of Sept 2024)
<table>
<tr><th>Age Group</th><th>%</th></tr>
<tr><td>16-24</td><td>6.21%</td></tr>
<tr><td>25-29</td><td>7.52%</td></tr>
<tr><td>30-34</td><td>5.51%</td></tr>
<tr><td>35-39</td><td>9.12%</td></tr>
<tr><td>40-44</td><td>8.52%</td></tr>
<tr><td>45-49</td><td>10.32%</td></tr>
<tr><td>50-54</td><td>12.83%</td></tr>
<tr><td>55-59</td><td>14.73%</td></tr>
<tr><td>60-64</td><td>11.42%</td></tr>
<tr><td>>=65</td><td>13.83%</td></tr>
</table>
</td>
</tr>
<tr>
<td>Religion</td>
<td>In Northern Ireland, the main current religions are Catholic (42.3%), Presbyterian (16.6%), and Church of Ireland (11.5%). Other Christian denominations and other religions make up the remaining 24.7 (Census Bulletin; Religion 2021)

In addition, 17.4% of the population had ‘No religion’ – this is a marked increase on 2011 when 10.1% had ‘No religion’. This points to the increased secularisation of our population.

Religion or Religion brought up in
The 2021 Census, regarding religious background, highlights four of the six NI counties had a Catholic majority and two had a Protestant majority. Just under one person in five (19.0%) either had ‘no religion’ (17.4%) or ‘religion not stated’ (1.6%). The equivalent percentages for the main religions were:

• Catholic (42.3%)
• Presbyterian Church in Ireland (16.6%)
• Church of Ireland (11.5%)
• Methodist (2.4%)
• Other Christian denominations (6.9%)
• Other non-Christian Religions (1.3%)

Census Statistics 2021 bringing together information on current religion and religion of upbringing, 45.7% of the population were either Catholic or brought up as a Catholic, while 43.5% were recorded as ‘Protestant and other Christian (including Christian related)’. Again, bringing together information on current religion and religion of upbringing, 1.5% of the population are classified as ‘other religions’ and 9.3% of the population identified that they neither belonged to nor were brought up in a religion (‘None’).</td>
</tr>
</table>

HSC Public Health Agency

PHA Workforce (as of Sept 2024)

Perceived Protestant	1.35%
Protestant	15%
Perceived Roman Catholic	0.74%
Roman Catholic	18.02%
Neither	0.83%
Perceived Neither	
Not assigned	64.06%

Political Opinion

63% of the population voted in the 2022 NI Assembly election. Of these 29% voted Sinn Fein, 21% DUP, 14% Alliance, 11% UUP, and 9% SDLP (BBCNI).

The 2021 Census showed National identity (person based) number and percentage:

National Identity	Population number	Population percentage
British only	606,263	31.86%
Irish only	554,415	29.13%
Northern Irish only	376,444	19.78%
British and Irish only	11,768	0.62%
British and Northern Irish only	151,327	7.95%
Irish and Northern Irish only	33,581	1.76%
British, Irish and Northern Irish only	28,050	1.47%
Other	141,327	7.43%

NI survey suggests 50% neither unionist nor nationalist - BBC News

Half of the population of Northern Ireland describe themselves as "neither unionist nor nationalist", according to new research (2019).

Just over a quarter (26%) replied that they considered themselves to be unionists, while just over a fifth (21%) described themselves as nationalists.

The responses were also broken down by gender, religious background and age. There was only a 2% difference between the proportion of men and women who identified as nationalist (22% and 20% respectively).

Among unionists, there was a gap of eight percentage points between men and women, with 31% of men describing themselves as unionist, compared with 23% of women. In terms of age, the group most likely to pick a side in the border

HSC Public Health Agency

<table>
<tr>
<td></td>
<td>debate was pensioners aged 65 and over, while people under the age of 45 were more likely to say there were neutral on the union.

The age group with the highest number of neutrals was the 35 to 44-year-olds' bracket, outstripping their younger 25 to 34-year-old peers by 10 percentage points.

The youngest age bracket (between 18 and 24 years old) also had a high number of neutrals, with 59% saying they were neither unionist nor nationalist. However, in that age group young unionists outnumbered young nationalists significantly, with a quarter of 18 to 24-year-old respondents describing themselves as unionist, and just 14% who said they were nationalists. At the other end of the scale, there was an even bigger political split between the over-65s. Just under a fifth (19%) of pensioners described themselves as nationalist while more than twice that number (41%) replied that they were unionist. Pensioners were also the least likely to say they were neutral on the union, with just 38% of over-65s falling into that category.
As regards religious background, exactly half of the Catholics surveyed identified as nationalist and more than half (55%) of Protestants identified as unionist. People who said they had no religion were most likely to say they had no political affiliation to unionism or nationalism.
Political Attitudes in NI update151.pdf

In the above NILT 2022 report, the breakdown of self-described community identities in Northern Ireland is unionist (31%), nationalist (26%) and ‘neither’ (38%)

<u>PHA Workforce (as of Sept 2024)</u>
<table>
<tr><td>Broadly Nationalist</td><td>0.70%</td></tr>
<tr><td>Other</td><td>2.30%</td></tr>
<tr><td>Broadly Unionist</td><td>0.90%</td></tr>
<tr><td>Not assigned</td><td>94.49%</td></tr>
<tr><td>Do not wish to answer</td><td>1.60%</td></tr>
</table>
</td>
</tr>
<tr>
<td>Marital Status</td>
<td>46% (693,000 adults) were married or in a civil partnership in 2021. This made up 46% of our population aged 16 and over. In contrast 577,000 adults (38%) were single (never married/civil partnered).

Of the adult population living in households, just over half lived as part of a couple within the household (53% or 794,000 people in a married, civil partnership or co-habiting couple). The remaining 695,000 adults (47%), did not live as part of a couple within the household. (NISRA Bulletin)</td>
</tr>
</table>

Census 2021 findings highlight following population data:

- Single (never married/civil partnered) 576,700 (38.1%)
- Married 690,500 (45.6%)
- In a civil partnership 2,700 (0.2%)
- Separated [note 1] 57,300 (3.8%)
- Divorced [note 1] 91,100 (6.0%)
- Widowed [note 1] 96,400 (6.4%)

Note 1: These classifications include both the married and civil partnership equivalents. 'Separated' is 'separated (still legally married or still legally in a civil partnership)', 'divorced' is 'divorced or formerly in a civil partnership now dissolved' and 'widowed' is 'widowed or surviving partner from a civil partnership'

The rise in the 'single' population and the fall in the 'married' population here is in line with results from recent censuses in England and Wales. These figures mirror changes in society and specifically in personal relationships that has been witnessed over the last 50 years.

Northern Ireland Life and Times Survey (2018):
• Single (never married) - 32%
• Married and living with husband/wife - 51%
• A civil partner in a legally-registered civil partnership - 0%
• Married and separated from husband/wife - 3%
• Divorced - 6% • Widowed - 7%

PHA Workforce (as of Sept 2024)

Divorced	0.40%
Mar/CP	16.93%
Other	0.20%
Separated	0.20%
Single	4.41%
Unknown	77.76%
Widowed	0.10%
Not assigned	

Dependent Status	There are over 220,000 people providing unpaid care for a sick or disabled family member or friend in Northern Ireland. Despite the multi-billion-pound savings they deliver here each year, too many local carers are being driven to breaking point by unrelenting caring duties, few opportunities for a break, poverty and patchy support from Health and Social Care services. (A New Deal for unpaid carers in Northern Ireland | Carers UK 2023) CarersNI State of Caring 2023 Annual survey (UK wide, including NI) This report examines the impact of unpaid caring on health and wellbeing in Northern Ireland, based on data from Carers NI's State of Caring 2023 survey. It shows: • 1 in 4 carers in Northern Ireland are suffering mental ill-health • 50% feel lonely at least some of the time • 43% identify more breaks as among their main needs as a carer • More than 1 in 3 have put off health treatment for themselves because of the demands of caring. *(Available at State of Caring 2023: The impact of caring on health in Northern Ireland | Carers UK)* **Carers NI (State of Caring 2022 report)** There are over 290,000 people providing some form of unpaid care for a sick or disabled family member or friend in Northern Ireland – around 1 in 5 adults. (Carers UK, 2022). Of those participating in the survey: • 82% identified as female and 17% identified as male. • 4% are aged 25-34, 17% are aged 35-44, 33% are aged 45-54, 31% are aged 55-64 and 14% are aged 65+. • 24% have a disability. • 98% described their ethnicity as white. • 28% have childcare responsibilities for a non-disabled child under the age of 18 alongside their caring role. • 56% are in some form of employment and 18% are retired from work. • 31% have been caring for 15 years or more, 16% for between 10-14 years, 25% for 5-9 years, 25% for 1-4 years, and 3% for less than a year. • 46% provide 90 hours or more of care per week, 13% care for 50-89 hours, 23% care for 20-49 hours, and 19% care for 1-19 hours per week. • 67% care for one person, 25% care for two people, 5% care for three people and 3% care for four or more people. The economic value of unpaid care in Northern Ireland | Carers UK

HSC Public Health Agency

- People providing unpaid care for sick or disabled family members and friends are saving Northern Ireland's health service £5.8 billion in care costs each year – representing £16 million per day, or £0.7 million per hour.
- The value of unpaid care in Northern Ireland has grown by over 40% during the last decade – significantly higher than the equivalent rise in England (30%) and Wales (17%) during the same period.
- In total, unpaid carers in Northern Ireland are saving the equivalent of 80% of the DoH's entire day-to-day spending budget for 2023-24.
- The annual amount of money saved by unpaid carers is greatest in the Northern Health and Social Care Trust (£1.3 billion), followed by the Belfast Trust (£1.1 billion), Southern Trust (£1 billion), South Eastern Trust (£985m) and Western Trust (£800m).

Census 2021 data highlights that one person in eight of the population aged 5 or more (or 222,200 people) provided unpaid care to a relative or friend who had a health condition or illness. The 2021 Census notes how many hours the carer provided each week. One person in twenty-five (68,700 people) provided 50 or more hours of unpaid care per week. • While people of all ages provided unpaid care, it was most common among those aged 40 to 64, at one person in five (or 124,600 people). • The census also found that 2,600 children aged 5 to 14 provided unpaid care. • The overall number of people providing unpaid care has not changed markedly from Census 2011 to Census 2021. However the number of people providing 50 or more hours unpaid care each week has increased (up from 56,300 people in 2011 to 68,700 people in 2021)

The 2021 census illustrated that in Northern Ireland (usual residents aged 5 and over 1,789,348) the percentage of usual residents aged 5 and over who provide:

- No unpaid care 87.58%
- 1-19 hours unpaid care per week 5.63%
- 20-34 hours unpaid care per week 1.38%
- 35-49 hours unpaid care per week 1.57%
- 50+ hours unpaid care per week 3.84%

PHA Workforce (as of Sept 2024)

Yes	4.01%
Not assigned	93.79%
No	2.20%

Disability	According to NISRA statistics (Census 2021) nearly one person in every nine in Northern Ireland had a long-term health problem or disability which limited their day-to-day activities a lot (218,000 people). Over half of the population aged 65 or more (56.8% or 185,300 people) had a limiting long-term health problem or disability. In contrast, this falls to just under 8% of those aged 0 to 14. The number of people that had a long-term health problem or disability which limited their day-to-day activities increased from 374,600 people in 2011 to 463,000 people in 2021 (or a nearly 25% increase in number over the decade). This level of increase mirrors the ageing of our population. While the overall level of a limiting long-term health problem or disability increased from 20.7% to 24.3%, the largest change is in people whose day-to-day activities were limited 'a little' – up from 159,400 people in 2011 to 245,100 people in 2021. The type of long-term health condition that was most frequently reported (whether solely or in combination with others) was 'long-term pain or discomfort' (11.6% of the population or 220,300 people). The least prevalent long-term health condition was 'Intellectual or learning disability' (0.9% or 16,900 people). Out of all usual residents (n=1,903,179), the Percentage of usual residents whose day-to-day activities are: • Limited a lot – 11.45% • Limited a little – 12.88% • Not limited – 75.67% ('day-to-day activities limited' covers any health problem or disability, including problems related to old age, which has lasted or is expected to last for at least 12 months.) The 2021 census also set out the following types of long-term condition held by the population:

Type of long-term condition	Percentage of population with condition %
Deafness or partial hearing loss	5.75
Blindness or partial sight loss	1.78
Mobility of Dexterity Difficulty that requires wheelchair use	1.48
Mobility of Dexterity Difficulty that limits basic physical activities	10.91
Intellectual or learning disability	0.89
Learning difficulty	3.5
Autism or Asperger syndrome	1.86
An emotional, psychological or mental health condition	8.68
Frequent periods of confusion or memory loss	1.99
Long – term pain or discomfort.	11.58
Shortness of breath or difficulty breathing	10.29
Other condition	8.81

Health Survey NI (2021-22) Two-fifths of respondents (41%) have a physical or mental health condition or illness expected to last 12 months or more (similar to 2019/20). This increased with age from 27% of those aged 16-24 to 69% of those aged 75 and over. Half (50%) of those living in the most deprived areas reported a long-term condition compared with less than two-fifths (37%) of those in the least deprived areas.

Less than a third (29%) of respondents have a long-standing illness that reduces their ability to carry out day-to-day activities (similar to 2019/20). Prevalence increased with age with 13% of those aged 16-24 reporting a limiting long-term condition compared with 56% of those aged 75 and over. Most of those (88%) with limiting long-term conditions reported their ability to carry out day-to-day activities had been reduced for 12 months or more.

PHA Workforce as of Sept 2024

No	15.13%
Not assigned	83.87%
Yes	1.00%

Public Health Agency

Ethnicity

Census 2021 data highlights that in 2021 the number of people with a white ethnic group was 1,837,600 (96.6% of the population). Conversely, the total number of people with a minority ethnic group stood at 65,600 people (3.4% of the population).

Within this latter classification, the largest groups were Mixed Ethnicities (14,400), Black (11,000), Indian (9,900), Chinese (9,500), and Filipino (4,500). Irish Traveller, Arab, Pakistani and Roma ethnicities also each constituted 1,500 people or more.

2021 Census

Ethnic group	Population number	Population Percentage
White	1,837,600	96.60%
Black	11,000	0.60%
Indian	9,900	0.50%
Chinese	9,500	0.50%
Filipino	4,500	0.20%
Irish Traveller	2,600	0.10%
Arab	1,800	0.10%
Pakistani	1,600	0.10%
Roma	1,500	0.10%
Mixed Ethnicities	14,400	0.80%
Other Asian	5,200	0.30%
Other Ethnicities	3,600	0.20%
All usual residents	1,903,200	100.00%

PHA Workforce (as of Sept 2024)

Not assigned	91.98%
White	8.02%
Other	
Black African	
Indian	
Chinese	

<table>
<tr>
<td>Sexual Orientation</td>
<td>The NI Census collected information on sexual orientation for the first time in 2021. NI population (Census 2021) highlighted:

31,600 people aged 16 and over (or 2.1%) identified as LGB+ ('lesbian, gay, bisexual or other sexual orientation'),
1.364 million people (90.0%) identified as 'straight or heterosexual' and
119,000 people (7.9%) either did not answer the question or ticked 'prefer not to say'.
• 4.1% of adults (1 in 25) in Belfast identified as LGB+, while 1.1% of adults in Mid Ulster identified as LGB+.
• 4.6% of people aged 16 to 24 identified as LGB+, this falls to 0.3% of people aged 65 and over.
• Across England, Wales and Northern Ireland, Northern Ireland (2.1%) has the lowest percentage of people who identify as (LGB+), thereafter comes Wales with 3.0% of people who identify as LGB+ and then England with 3.2% (Census 2021)

PHA Workforce (Sept 2024)
<table>
<tr><td>Do not wish to answer</td><td>0.50%</td></tr>
<tr><td>Not assigned</td><td>94.19%</td></tr>
<tr><td>Opposite sex</td><td>4.71%</td></tr>
<tr><td>Both Sexes</td><td></td></tr>
<tr><td>Same sex</td><td>0.60%</td></tr>
</table>
</td>
</tr>
</table>

PHA workforce statistics provided by Human Resource equality monitoring information as of Sept 2024.

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

The PHA Corporate Plan 2025-2030 covers a wide range of issues across health improvement, health protection, safety and quality, research and development and screening and has the aim of improving the health and wellbeing of all people in NI (covering all section 75 groups) as well as reducing health inequalities. The document is high level and sets the strategic direction, and will be supported by the annual business plan and detailed plans and business cases as relevant over the five years. The Plan also recognises organisational reorganisation and the need to support staff, especially at a time of reform.

The health and well-being of individuals and groups spans a wide range of issues throughout their lives. The Agency recognises that the needs, experiences and

priorities of individuals and groups within each Section 75 category may vary substantially. Some overarching work has been conducted over recent years to identify emerging themes regarding these, documented in publications such as;

- *the PHA's "Health Briefings"*
  www.publichealth.hscni.net/directorate-operations/communication-and-knowledge-management/health-intelligence

- *the HSC document on "Section 75 Groups - Emerging Themes"*
  ECNI - Equality Commission for Northern Ireland

  alongside the regular DoH, Social Services and Public Safety publication on inequalities monitoring
  Equality Screenings 2018 to 2024 - Business Services Organisation (BSO) Website

  no one screening exercise or EQIA can do justice in giving consideration to all these aspects.

The direction set out in the plan is closely aligned with the core functions of the Agency, as defined by the legislation, and with other key strategies including the Making Life Better Public Health Framework and draft PFG.
PHA recognises that the needs, experiences and priorities of individuals and groups within each Section 75 category will vary and that some may require specific needs to experience the positive impact on health inequalities intended in this Corporate Plan. As PHA takes forward work to achieve each outcome, the actions, work and programmes will be screened individually. It is at this more detailed level that the needs, experiences and priorities of and potential impact on the Section 75 named groups will be considered and assessed specifically within each policy and strategy screening exercise.

Category	***Needs and Experiences***
Gender	
Age	
Religion	
Political Opinion	
Marital Status	
Dependent Status	
Disability	
Ethnicity	
Sexual Orientation	

HSC Public Health Agency

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

Please also see the comments at the start of 2.3

It is possible that some of the work taken forward under the outcomes set out in the Corporate Plan may impact on people with multiple identities. PHA recognises that the needs and experiences of people with multiple identities will vary across our work. In our commitment to ensuring that potential impacts are considered and mitigated, PHA will screen policies and strategies individually to ensure that the potential impacts of each policy or strategy are considered fully in that context.

2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
The Corporate Plan development included ensuring that it fully reflected the PHA role in reducing health inequalities. Some of these explicitly aim to address key equality issues. Using our Communication department's expertise in public information the Corporate Plan was written in a style to make it accessible and understandable for a wide range of external stakeholders as well as PHA staff. When preparing the Plan, we took the opportunity to review the purpose, vision and values to ensure its continued relevance to our work and our population.	The key actions and focus on reducing health inequalities contained within the plan will guide the work of the PHA throughout the five years and will be closely monitored through a variety of established performance monitoring systems. Information will be gathered throughout the consultation period to further screen and consider the potential impact. The Corporate Plan will be widely accessible and will be available in alternative formats. As actions are taken forward in line with the outcomes of the Corporate Plan, equality issues will be reviewed and addressed as appropriate. Service leads have been reminded to keep under constant review the need for screening at an early stage when planning.

	Service leads will be asked during development of each Annual Business Plan to review the need for screening at an early stage in planning and to consider and identify the actions, strategies and policies they will be progressing that will be screened and/or impact assessed. We will also continue to implement the actions detailed in our action plan which accompanies our Equality Scheme. Ultimately, however, we remain committed to equality screening, and if necessary equality impact assessing, the policies we develop and decisions we take.

2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	***Impact***	***Suggestions***
Religion	Tackling the major inequalities in health and wellbeing and their causes will help promote equality of opportunity and good relations.	Continued focus on Partnership working and public participation at regional, local and community level
Political Opinion	Tackling the major inequalities in health and wellbeing and their causes will help promote equality of opportunity and good relations.	Continued focus on Partnership working and public participation at regional, local and community level
Ethnicity	Tackling the major inequalities in health and wellbeing and their causes will help promote equality of opportunity and good relations.	Continued focus on Partnership working and public participation at regional, local and community level

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	
Minor impact	
No further impact	√

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?
Please tick:

Yes	
No	√

Please give reasons for your decisions.

The PHA Corporate Plan sets out the focus and direction for the PHA from 2025-2030.
Tackling health and wellbeing inequalities and improving health and wellbeing through early intervention and prevention is the essence of the Plan and complements the Section 75 Agenda, whilst promoting a shift across the health service, to the prevention of disease.

The Plan covers a wide range of issues across health improvement, health protection, safety and quality, research and development and screening and has the aim of improving the health and wellbeing of all people in NI (covering all section 75 groups) as well as reducing health inequalities.

The health and well-being of individuals and groups involves a huge range of aspects. With regards to each of these, the Agency recognises that the needs, experiences and priorities of groups within each Section 75 category may vary substantially and specific needs may need addressed to ensure that all people can experience the intended positive impact from this Corporate Plan. Individual strategies and policies will be equality screened as they are developed and taken forward.

Public Health Agency

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

How does the policy or decision currently encourage disabled people to participate in public life?	*What else could you do to encourage disabled people to participate in public life?*
The PHA actively promotes the inclusion of disabled people in service planning, monitoring and evaluation such as through Personal and Public Involvement initiatives and advisory groups. The PHA has additional regional leadership responsibilities for PPI. This includes: • The implementation of PPI across the HSC • The chairing of the regional HSC PPI forum • Report sharing best PPI practice across all HSC bodies • The establishment and pilot of robust PPI monitoring arrangements • Raising awareness of and understanding PPI through training	Encourage disabled people to get involved in user groups etc. Always ensure that venues and events are completely accessible. Seek to ensure that timings of meetings are such that people can use public transport and provide appropriate care parking facilities. Provide support for carers costs if required.

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

How does the policy or decision currently promote positive attitudes towards disabled people?	*What else could you do to promote positive attitudes towards disabled people?*
The PHA promotes positive attitudes towards disabled people and values their views. The vision and outcomes stated in the Plan are for all people to be enabled and supported to achieve their full health and wellbeing potential.	Encourage positive attitudes to disabled people and challenge negative stereotyping through availability of corporate training programs such as e-learning Discovering Diversity programme.

HSC Public Health Agency

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above please move on to **Question 6** on monitoring*

HSC Public Health Agency

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?* Yes/No

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

HSC Public Health Agency

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
A range of information and data will be collected, including through the consultation period, to help us fulfil our legal requirements as well as assist in the planning of services for the future	A range of information and data, including inclusion and participation of disabled people where possible, will be collected to help us fulfil our legal requirements as well as assist in the planning of services for the future	Data on promoting a culture of respect for human rights within the PHA. For example, work will continue on NI New Entrants Service and Inclusion Health

Approved Lead Officer: S. Murray

Position: Assistant Director Planning and Business Services

Date: 20 November 2024

Policy/Decision Screened by: Julie Mawhinney

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.
Please forward completed template to: Equality.Unit@hscni.net

Template produced June 2011

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact the Business Services Organisation's Equality Unit:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net; phone: 028 90535531 (for Text Relay prefix with 18002); fax: 028 9023 2304

HSC Public Health Agency

Annex: PHA Corporate Plan Suggested Indicators

The following table outlines the current known availability of data on Section 75 groups for the proposed PHA Corporate Plan 2025-2030 indicators and has been compiled using data and information available on NISRA, PfG Measurement and the *Northern Ireland Health Survey First Results 2024* report. Work will continue to identify if this information is available and thus inform the ongoing screening of the draft Corporate Plan and as it is amended and finalised following consultation.

		Gender	Age	Religion	Political Opinion	Marital Status	Dependent Status	Disability	Ethnicity	Sexual Orientation
Low birth weight (% of babies born weighing under 2500g)		Yes	Yes	No	No	No	No	No	No	No
Vaccination uptake – MenC and MMR uptake	**MMR**	Yes	Yes	No	No	No	No	No	No	No
	MenC	Yes	Yes	No	No	No	No	No	No	No
Adults 65+yrs stating health is good or very good	**65-74yrs**	Yes	Yes	No	No	No	No	No	No	No
	75+yrs	Yes	Yes	No	No	No	No	No	No	No
Life expectancy at 65 years	**Female**	Yes	Yes	No	No	No	No	No	No	No
	Male	Yes	Yes	No	No	No	No	No	No	No
Life expectancy at birth	**Female**	Yes	No	No	No	No	No	No	No	No
	Male	Yes	No	No	No	No	No	No	No	No
Adult smoking prevalence		Yes	No	No	No	No	No	No	No	No

		Gender	Age	Religion	Political Opinion	Marital Status	Dependent Status	Disability	Ethnicity	Sexual Orientation
Deaths registered with suicide as case of death		Yes	No	No	No	No	No	No	No	No
% adults drinking above weekly sensible limits	**Female**	Yes	Yes	No	No	No	No	No	No	No
	Male	Yes	Yes	No	No	No	No	No	No	No
Health life expectancy	**Female**	Yes	No	No	No	No	No	No	No	No
	Male	Yes	No	No	No	No	No	No	No	No
% Adult surveyed classified as obese		Yes	Yes	No	No	No	No	No	No	No
Age standardised preventable mortality of the population (per 100,000)		Yes	Yes	No	No	No	No	No	No	No

HSC Public Health Agency

References

NISRA – available at: https://data.nisra.gov.uk

PfG Indicators Measurement Annex – available at:

Programme for Government Population Indicators | Northern Ireland Statistics and Research Agency
(https://www.nisra.gov.uk/statistics/programme-government/programme-government-population-indicators)

Programme for Government (PfG) Wellbeing Dashboard | Northern Ireland Statistics and Research Agency
(https://www.nisra.gov.uk/statistics/programme-government)

PfG Wellbeing Framework
(https://datavis.nisra.gov.uk/executiveofficeni/pfg_wellbeing_dashboard.html)

Northern Ireland Health Survey First Results 2022/2023 – available at:

Health Survey (NI): First Results 2022/23 | Department of Health
(https://www.health-ni.gov.uk/news/health-survey-ni-first-results-202223)
NB: 2023/24 release - December 2024