Equality, Good Relations and Human Rights SCREENING TEMPLATE

Overview of Equality Screening Process

Section 1: Policy Scoping: This notes the background & context of the policy/proposal/decision being screened.

Section 2: Screening Classification: The purpose of this section is to consider the policy/proposal/decision in terms of its relevance and likely impact (actual/potential) on equality of opportunity, disability/good relations duties and human rights. Policies may be screened out at this stage provided they are clinical and/or technical and have no relevance whatsoever to equality, disability/good relations and human rights and have no bearing in terms of its likely impact on equality of opportunity or good relations for people within the equality and good relations categories.

Section 3: Evidence Used to Assess Impact: This section records the quantitative and qualitative data gathered and considered across the 9 protected groups (plus multiple identities) to assess the impact of the policy/proposal/decision on staff and service users.

Section 4: Consideration of Impact & Identification of Mitigation and/or Alternative Policies given the evidence.

Section 5: Good Relations Duties: Based on the evidence gathered the Good Relations duties are considered**.**

Section 6: Disability Duties: Based on the evidence gathered the Disability Duties are considered.

Section 7: Human Rights: Based on the evidence gathered Human Rights obligations are considered.

Section 8: Screening Decision: In this section, a decision is taken as to whether or not there is a need to carry out an equality impact assessment (EQIA), or to introduce (a) measures to mitigate the likely impact (b) an alternative policy to better promote the duties.

Section 9: Monitoring: identify the steps that will be taken to monitor the policy

Section 10: Approval and Authorisation: The screening decision is verified and approved by a senior manager responsible for the policy. Equality screenings are completed by a senior manager subject to advice/assistance from Trust Equality Managers.

Section 11: **Statutory Rural Impact Assessments**: Signposting

****Completed Screening Templates are public documents posted on the Trust Website****

Ref No:

Belfast Health and Social Care Trust
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Section 1: Policy Scoping: Information about the Policy / Proposal / Decision					
(1.1) Name of the policy/proposal/decision	Provider Collaborative Dementia (DE) Stratified Provider Rate Provider Collaborative Forum: Dementia (DE) Stratified Provider Rate Model Pilot				
(1.2) Status of policy/proposal/decision *(please underline)*	New			Existing	Revised
(1.3) Trust Directorate / Division *(please underline)*	Corporate Services Group *(Please specify)* • Planning, Performance & Informatics • Finance • Capital Development. • HR & Org Development • Strategic Development • Corporate Comms	Nursing and User Experience Medical Directorate Directorate of Social Work	Unscheduled Care, Medical Specialties and Older People's Acute Services	ACCTSS and Surgery Anaesthetics, Critical Care, Theatres and Sterile Services (ACCTSS)	Trauma, Orthopaedics, Rehab Services, Imaging, Medical Physics and Outpatients
	Mental Health and Intellectual Disability & Psychological Services	Cancer and Specialist Services	Children's Community Services	Child Health & NISTAR, Maternity, Dental and Sexual Health	Adult Community, Older Peoples' Services and Allied Health Professionals
(1.4) Description of the policy/ proposal/decision?	Background Through the Provider Collaborative, the HSC Trusts have established a formal mechanism for working together on pressing issues for mutual benefit. A key project is looking at the demand and capacity based on assessed need in relation to Care Home placements. There are insufficient Dementia (DE) Nursing & Residential Care beds available for service users living with dementia. By 2051, it is estimated that there				

	will be 60,000 people living with dementia in Northern Ireland. Currently, dementia patients make up a significant proportion of delayed discharges from hospital within NI, with 1 in 6 hospital beds occupied by people with dementia and 15,000 attendances at Emergency Departments from this cohort of service users. Additionally, service users are delayed in Intermediate Care beds waiting on a permanent Dementia Care Home placement. Consistently, there are 200+ patients delayed in acute hospital settings awaiting care home placement. While reasons vary, the most common codes are: - Awaiting care home acceptance - Dementia - Dementia 1:1 Furthermore, there are consistently approximately 75 delayed in Intermediate Care Beds. The Provider Collaborative completed several snapshot audits which showed Dementia related delays were resulting in significant bed days post medically or intermediate care fit. The aim of this proposal is to expand current capacity for dementia placements which will improve the range, the choice of location for service users and their families and carers. Through the proposed Dementia Provision in the Independent Sector, placements of Belfast Trust service users will fall into one of three categories: 1. Block-booked bed meeting the new stratified model 2. Spot-purchased bed where the home meets the staffing, training and environment requirements 3. Spot-purchased bed where the home chooses NOT to adopt the new stratified model This regional approach will be monitored by the Provider Collaborative Forum. Under the forum, a number of groups and workstreams exist, including the Dementia Tariff, which then has an operational oversight group and an EOI steering group. A Finance and Contracts subgroup will also monitor this pilot and meet weekly, reporting any findings back to the operational oversight group. No placements, including third-party charges, may exceed £1100 (Nursing) or £1000 (Residential) for

	entry level care, and £1600 (Nursing) or £1400 (Residential) for additional level care. This will be referred to as the "ceiling of affordability". This will only apply to new placements. The Trust continues to engage with a number of care homes which have enhanced level of staffing to manage complex service users under Red EPCO – these can continue to be availed of for placement of service users who meet this category of need. This pilot will run for a period of 12 months, after which it will be reviewed. Belfast Trust reservices the option to extend the pilot if deemed appropriate. <u>Aims</u> • To provide safe and effective care and support to individuals with Dementia or, if no firm diagnosis, a probable / likely diagnosis of Dementia as outlined in RQIA guidance June 23 • Introduce DE Stratified Provider Model for both entry level DE care and additional care dementia placements • Create block bed capacity in DE care home sector to respond to discharges from acute hospitals and intermediate care bed-based services • To offer Care Homes blocked bed terms for DE categories of care • Provide temporary or transitional DE Nursing & Residential placements, potentially converting a proportion to permanent placements • To offer Care Homes a Trust Provider Rate, stratified based on the needs of the service users and associated staffing model • While initially aimed at supporting bed discharges, the service can provide permanent care for placements from a community setting.

	Objectives • Prevent prolonged hospital delays • Enable flow through Intermediate Care Beds • Provide appropriate dementia care and interventions (both at entry and additional care levels) • Reduce rate of readmission to hospital • Promote service user independence and function via bespoke care plans Scope Includes: • Service users assessed as requiring dementia residential/nursing category of care in a long-term care home placement • Service users with a diagnosis of dementia or probable/likely diagnosis of dementia as outlined in RQIA guidance June 23 • Service users >65yrs discharging from hospital following medical assessment and medical optimisation/discharging from Intermediate Care bed-based service • Has had a medication review and/or full list of current medications provided • Adherence to Mental Capacity Act and Deprivation of Liberty Safeguards • Service Users requiring entry level and additional care dementia placements • Service users with a history of fall/current high risk of falls, sundowning, or requiring enhanced supervision including 1:1

	Exclusion: • Services users requiring specialist or bespoke care not covered in the additional care model price • Those who are COVID positive For providers who do not wish to accept or deliver under the proposed model, existing processes will be used by BHSCT to secure placement. If a home's staffing level is below the staffing ratios set out in the DE Stratified Provider Model, then they should continue to be paid at pre-agreed rates for 25/26. <u>Roles & Responsibilities</u> RQIA: • Prioritise applications to support persons with dementia in the most suitable setting to meet their individual needs. • Require full and completed applications from Providers • Take enquiries from Providers Belfast Trust: • Prior to admission, forward to the Care Home Manager/Deputy, person-centred needs assessment including behaviour charts where additional support is required • Operate pilot of service for a period of 12 months with option to extend at Trust's discretion • Identify a Key Worker who will monitor the placement and ensure appropriate action is taken to meet the needs of the service user • Occupancy and effectiveness of beds will be reviewed by Trust in conjunction with the Nursing and Residential Care home

	• Monitor service user outcomes and impact on hospital/intermediate care flow Independent Sector Providers: • To be aware that the living environment meets the needs of persons with dementia • If a discreet unit, it must be self-contained with all necessary facilities • Must have a nominated decision-maker available Monday – Sunday 9AM – 5PM and keep the Trust informed of any changes in a timely manner • Accept admissions Monday – Sunday 9AM – 7PM • Decisions to proceed with admission should be communicated to the Trust within 3 hours of relevant paperwork being forwarded by the Trust to the Home Manager • Service Users admitted only if assessed needs are within the boundaries of the Care Homes' Statement of Purpose and their Categories of Care • Ensure agreed staffing in place and that all staff are trained to an appropriate level, dependent on their job role • Beds must be available for occupancy 7 days a week <u>Monitoring</u> Finance and Contracts monitoring / evaluation will be set up regionally via a Finance & Contracts Subgroup to monitor uptake and identify any unintended consequences early in the process. An Operational Oversight Group will also feedback to the Provider Collaborative Forum on how the process is working in practice. Belfast Trust will monitor: • service user outcomes

	• impact on hospital/intermediate care flow All Expressions of Interest from Care Homes will be scrutinised before they are progressed to ensure any impacts on bed stock within other categories of care are fully assessed. Trusts will work closely with ISP partners to reduce the impacts as far as reasonably practicable. Monitoring Returns will be provided at award of contract and are to be returned to the Commissioning and Contracts and Community Discharge Teams.
(1.5) Who owns the policy/proposal?	HSC Trusts Chief Executives and members of the Provider Collaborative
(1.6) Who are the **main stakeholders affected**?	Staff (both service provider staff and those staff discharging patients/service users to these independent service providers) Statutory Care Homes Service Users and their families / carers HSC Trusts RQIA Independent Service Providers
(1.7) Provide details of **how you involved stakeholders,** views of colleagues, service users, staff side or other stakeholders when screening this policy/proposal.	The Provider Collaborative has a wide range of stakeholders, such as Chief Executives of HSC Trusts, SPPG representatives, RQIA representatives, Operational representatives from HSC Trusts and Community Directors from HSC Trusts. The Proposal Group has provided feedback and opportunities for engagement with wider DoH representatives. Opportunities for engagement and feedback with those impacted by any changes in provision have been maximised with separate meetings with staffing groups such as Contracts and Commissioning and Community Divisions.

	A series of workshops and presentations for all relevant staff in Belfast Health & Social Care Trust have taken place, and further sessions have been held for Independent Providers to advise them of upcoming changes.
(1.8) **Other policies/strategies** with a bearing on this policy/proposal	The ongoing work in relation to the Care Home Contract and the regional planned review of tariffs (to be progressed by the Social Care Collaborative) are related to this proposal however it has been assessed that there is no conflict at this stage. Dementia Learning and Development Framework - DOH/HSCNI Strategic Planning and Performance Group (SPPG) Mental Capacity Act 2005 EPCO (Enhanced Patient Care and Observation) Deprivation of Liberty Safeguards
(1.9) Are there any **factors that could contribute to/detract** from the intended aim/outcome of the policy/proposal/decision?	ISP Engagement The proposal is dependent on meaningful engagement with ISP (Independent Sector Providers) and stimulating market growth to meet the increased levels of demand. It is accepted that the HSC Trusts are unable to influence bed and placement availability across the region. Financial Constraints The current financial climate in which the HSC organisations operate is challenging; however, it is intended to work within the ceiling of affordability across HSC Trusts to minimise any financial constraints. Unintended Consequences There is a risk that as a result of care home re-registration, the availability of placements in other categories of care, such as frail / elderly may be adversely impacted. This has the potential to reduce the choice of locations for those service users requiring a frail / elderly placement in the future. As this proposal will only apply to new placements, it is also possible that service users from the same families placed in the same home may pay differing fees for their placement. Any unintended consequences will be closely monitored throughout the pilot process by the operational oversight committee to minimise the impact on other service users as far as practicable.

Section 2: Screening Classification of the Policy / Proposal /Decision

- The purpose of this Section is to consider the policy/proposal in terms of its **relevance** and likely **impact (actual/potential)** on **equality of opportunity, disability duties, good relations and human rights.**

- To **determine** the **impact (actual and potential)** of a policy/proposal on **equality of opportunity, disability duties, good relations duties and human rights** please **complete the screening questions at 2.1 – 2.6.**

Screening Questions	**Yes**	**No**
(2.1) Is there an **impact** on **Equality of Opportunity** for those affected by this policy, for each of the S75* equality categories? I.e. is there a differential impact for one S75 group rather than the others?	✓	
(2.2) Are there better **opportunities** to promote equality of opportunity for people within the S75* categories?		✓
(2.3) Does the policy **impact** upon **Good Relations** between people of a different religious belief, political opinion or racial group? (Good Relations Duties)		✓
(2.4) Are there **opportunities** to better promote good relations between people of a different religious belief, political opinion or racial group? (Good Relations Duties)		✓
(2.5) Are there **opportunities** to encourage **disabled people** to **participate** in public life and promote **positive attitudes** toward disabled people? (Disability Duties)		✓
(2.6) Does the policy/proposal **impact** on **human rights**?	✓	

*S75 protected equality categories include: Age, Dependent Status, Disability, Men and Women generally, Marital Status Ethnicity, Religion, Political Opinion and Sexual Orientation.

Screening Statement

- If you have answered **Yes** to **<u>any</u>** of the above questions (2.1 – 2.6) please **complete Sections 3 – 10**

- If you have answered **No** to **<u>all</u>** of the above questions (2.1 – 2.6) please **complete only 2.7, 2.8 and 2.9**

(2.7) Screening Statement: This policy is **'screened out'** on the basis that - **please tick all statements** that are appropriate to the policy:	
1. It is purely clinical policy and/or is technical in nature and has **no relevance** or **bearing in terms of its likely impact** (actual / potential) on equality of opportunity, good relations and for people within these categories and in relation to disability duties, good relations and human rights.	
2. It is a purely clinical policy and/or is technical in nature and aims to **standardise practice** to achieve best practice based on current evidence.	
3. Other reason: Please provide details.	
(2.8): **Statutory Duties – Making Reasonable Adjustments and Accessible Information** **To complete the equality screening please tick this box** to indicate that you have **considered** and have made **explicit reference** in the policy to the need to make reasonable adjustments and information accessible. 1. The Trust has a **statutory duty to make reasonable adjustments** in respect of disabled patients/service users/carers/visitors. This includes making all communication (in person, by phone, via email) *and* any information provided (in writing, verbally) accessible using alternative formats as required. Accessible/ Alternative formats can include, for example, information translated into Easy Read format or into Audio format - when a patient/service user/carer/visitor has a learning disability or is visually impaired. For advice on making information accessible for a person with a disability please refer to the staff guidance Making-Communication-Accessible-for-All-A-guide-for-HSC-Staff 2. In addition, if a patient/service user/carer/visitor does not speak English as their first language, the Trust has a **statutory duty** to **provide an interpreter** and to **translate written information**. This facilitates informed consent, better understanding and greater independence.	✓

(2.9) Approval
Please sign / date and forward to the Equality and Planning Team for consideration equalityscreenings@belfasttrust.hscni.net

Lead Responsible Manager:	**Countersigned by Equality Manager:**
Name: Orla Barron Position: Interim Co-Director of Planning & Equality Date: 09/04/2026	Name: Mollie O'Neill Date: 09/04/2026

Section 3: Evidence used to Assess Impact on Service Users and Staff

This section records the quantitative and qualitative data you have used to consider equality and good relations issues to assess the impact on staff and service users across the 9 protected categories plus multiple identities.

Evidence to help inform the screening process may be quantitative and qualitative. Consideration needs to be given to the different needs, experiences and priorities of each of the categories in relation to the policy / proposal. For example: previous consultations and equality impact assessments (EQIAs), statistics, research, complaints, feedback, referrals, grievances, inspection reports, focus groups, user groups etc. Please also refer to the Equality Commissions' publication: Section 75 - Using Evidence in Policy Making (A Signposting Guide) (equalityni.org)

(3.1)	**Quantitative and Qualitative Data: Service Users**

Equality Category	**Service Users**	**Quantitative Data** (Using 2022 census data unless otherwise stated)			**Qualitative Data** (Needs, Experiences, Priorities)
		Belfast Population only	**NI Population**	**Service Users affected %**	

1. **Age**	0-14 15-24 25-34 35-44 45-54 55-64 65-74 75+	18.04% 14.57% 15.47% 13.35% 11.85% 12% 7.8% 6.92%	19.19% 11.8% 12.74 13.11% 13.27 12.73 9.3% 7.86%		Northern Ireland currently has approximately 25,000 people living with dementia with a significant percentage of people who have yet to be diagnosed. By 2040, it is estimated that the number of people living with dementia will have increased to 43,000 amongst a population in NI who are going on to live longer. The NI population continues to grow faster than the overall UK population, leading to a disproportionate increase in those living with dementia. People who develop age-related dementia may benefit if the market can be stimulated to provide additional capacity. Conversely, as previously outlined, there could potentially be unintended impact in terms of less available placements for service users who are frail/elderly and so ongoing monitored is required to assess any differential impact on older age groups.
2. **Dependent Status**	Caring for a child dependant, older person or a person with a disability		12.42 % are carers		Belfast Trust values the vital role of carers and are committed to supporting them. The Belfast Trust's Carers Strategy further demonstrates our commitment to promoting carer wellbeing, supporting unpaid carers, and involving carers in our service planning. It is anticipated that the impact on Carers who have a caring responsibility for those with dementia will be positive, as they may benefit if the market can be stimulated to provide additional capacity. They will be reassured that their loved one is supported in an appropriate placement which is matched to their assessed needs. However, as previously outlined, there could potentially be unintended impact in terms of less available placements for service users who are frail/elderly and so ongoing monitoring is required to assess any differential impact on carers of service users who fall into these categories.
3. **Disability**	Yes* No *Type of disability: • Deafness or partial hearing loss • Blindness or partial sight loss		24.33%* 75.67% 5.75% 1.78%		Under the Disability Discrimination Act 1995, disability is defined as a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. As dementia is legally considered a disability, (Dementia is classified as a long-term, substantial impairment that affects daily life), this renegotiated tariff leading to further capacity for dementia specific beds could positively impact those

	• Mobility or dexterity difficulty that requires the use of a wheelchair • Intellectual or learning disability • Learning difficulty • Autism or Asperger Syndrome • Emotional, psychological or mental health condition • Frequent periods of confusion or memory loss • Long term pain or discomfort • Shortness of breath or difficulty breathing • Other condition	1.48% 0.89% 3.15% 1.86% 8.68% 1.99% 11.58% 10.29% 8.81%		living with dementia as the placement will be required to ensure those with dementia are appropriately supported in an environment with the staff cohort to best meet their assessed needs. The aims of this pilot are: • To provide safe and effective care and support to individuals with Dementia or, if no firm diagnosis, a probable / likely diagnosis of Dementia as outlined in RQIA guidance June 23 • Introduce DE Stratified Provider Model for both entry level DE care and additional care dementia placements • Create block bed capacity in DE care home sector to respond to discharges from acute hospitals and intermediate care bed-based services • To offer Care Homes blocked bed terms for DE categories of care • Provide temporary or transitional DE Nursing & Residential placements, potentially converting a proportion to permanent placements • To offer Care Homes a Trust Provider Rate, stratified based on the needs of the service users and associated staffing model • While initially aimed at supporting bed discharges, the service can provide permanent care for placements from a community setting. All of the above should result in positive impact for disability in terms of dementia patients who can reside in a placement aligned to their needs. Belfast Trust will also work with advocates and carers, as well as utilise appropriate communication for patients to ensure shared understanding, person-centred care,

					and that patients are well-informed.
4. **Men and Women generally**	Female Male		50.81% 49.19%		Dementia disproportionately affects women in every world region, according to Alzheimer's Disease International's global research review. It reports that *more women live with dementia than men, and women experience higher prevalence and greater severity of symptoms*. [alzint.org] This can be attributed to longer lifespan, hormonal changes, genetic and biological factors and social factors. Therefore, more women than men will likely avail of the positive impact of more available dementia placements.
5. **Marital Status**	Single Married Civil P'ship Separated Divorced Widowed	49.82% 32.94% 0.26% 4.73% 6.15% 6.1%	38.07% 45.59% 0.18% 3.78% 6.02% 6.36%		This data is not collated; however, it is not anticipated that there will be a differential impact on the basis of marital status.
6. **Race Ethnicity**	White BME	92.95% 7.05%	96.55% 3.45%		Some Studies show that Black communities experience higher levels of dementia, or that these communities in the case of South Asian communities can face later diagnosis and die younger as a result (Dementia rates over 20% higher among black adults than UK average | UCL News - UCL – University College London) – however given the relatively low percentage of Black, Asian and Ethnic Minority people living in NI, the differential impact may be nominal. Ongoing monitoring should capture any differential outcomes in Dementia placements if seen, and in line with our commitment to Good Relations and our Good Relations Strategy, the Trust will ensure interpreters and translations are made available for service users and their carers where relevant.

7. Religion	Roman Catholic Presbyterian C.of Ireland Methodist Other Christian Other Religions No Religion Religion not stated	43.46% 12.44% 8.49% 2.86% 5.95% 2.96% 21.67% 2.17%	42.31% 16.61% 11.55% 2.35% 6.85% 1.34% 17.39% 1.6%		This data is not collated; however, it is not anticipated that there will be a differential impact on the basis of religion.
8. Political Opinion Based on total elected candidates in the local government elections 2023 **Figures extracted from Lisburn and Castlereagh Council 2023.*		Belfast Council	C'reagh*		This data is not collated; however, it is not anticipated that there will be a differential impact on the basis of political opinion.
	DUP SF SDLP UUP APNI Green PBP IND Trad UP	14 22 5 2 11 3 1 1 2	3 2 1 1 5 0 0 0 0		
9. Sexual Orientation	Straight or heterosexual Gay or lesbian Bisexual Other Prefer not to say Not stated	87.1% 2.27% 1.48% 0.32% 5.2% 3.64%	90.04% 1.17% 0.75% 0.17% 4.58% 3.30%		This data is not collated; however, it is not anticipated that there will be a differential impact on the basis of sexual orientation.

Multiple Identities					Generally speaking, people can fall into more than one Section 75 category. Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities? (*For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).* This policy may have differential impact on women aged 65 and over with a disability (dementia) and their carers. However, it is anticipated any potential impact will be positive as this pilot intends to: • Prevent prolonged hospital delays • Enable flow through Intermediate Care Beds • Provide appropriate dementia care and interventions (both at entry and additional care levels) • Reduce rate of readmission to hospital • Promote service user independence and function via bespoke care plans

(3.2) **Quantitative and Qualitative Data: Staff**

When organisational / policy change is necessary, regardless of whether it is a permanent or temporary change, the Trust is committed to treating staff fairly and equitably. Staff can be assured that the change process will be managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings, any adverse equality impacts resulting in changes to their employment.

Information will be provided together with analysis and advice by the Employment Equality Team in the Human Resources department.

Quantitative Data: Please contact: **Samantha Whann / Tel: 028 96159615 Email : samantha.whann@belfasttrust.hscni.net**

Qualitative Data: Consider the different needs, experiences and priorities of each of the categories in relation to the policy / proposal / decision.

Should any equality / modernisation related issues arise they will be managed through the Organisational Change Framework.
Click here for Framework

This framework also works alongside other Human Resources policies including for example the Disability and Reasonable Adjustment Framework, the Work Life Balance Policy and Procedure, the Recruitment and Selection Policy and Procedure and Agenda for Change Terms and Conditions Handbook.

Equality Category	Groups	Quantitative Data		Qualitative Data
		Belfast Trust workforce (@January 2023)	Staff affected by the Policy/Proposal /Decision %	No specific impacts on staff against the equality categories have been identified; however, it is anticipated that this new way of working will have a positive impact on staff as it will standardise the process for dementia placements, removing the pressure on staff to negotiate directly with care homes on their patient's behalf. Training for staff will be provided on the process for ensuring ISP's are paid the correct rate via encompass.
1. **Age**	16-24 25-34 35-44 45-54 55-64 65+	6% 23% 25% 23% 19% 3%		

2. **Dependant Status**	Dependants No Dependants Not known	18% 24% 58%		
3. **Disability**	Yes No Not known	2% 65% 33%		
4. **Men and Women generally**	Female Male	76% 24%		
5. **Marital Status**	Married/ Civil P'ship Single Other/ Not known	45% 28% 27%		
6. **Race** a) Ethnicity	BME White Not Known	4% 68% 29%		

b) Nationality	GB Irish Northern Irish Other Not known	20% 15% 2% 1% 62%		
7. Religion a) Community Background	 Protestant Roman Catholic Neither	 35% 45% 20%		
b) Religious Belief	Christian Other No religious belief Not known	30% 1% 10% 59%		
8. Political Opinion ** 2011 Assembly election*	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	7% 6% 8% 78%		

9. Sexual Orientation	Opposite sex Same sex or both sexes Do not wish to answer	43% 1% 56%		
Multiple Identities				Generally speaking, people can fall into more than one Section 75 category. Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities? (*For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).*

Section 4: Consideration of Impacts and Identification of Mitigations and/or Alternative Policies

Given the **evidence** gathered in Section 3, please identify for each of the **nine equality categories** the level **of impact, mitigation measures** and **alternative** policies / proposals that better **promote equality of opportunity**.

(4.1) **SERVICE USERS**

Equality Category	**Level of Impact**			**Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact** (where Major or Minor Impact identified)
	Major	**Minor**	**None**	
Age		✓		This pilot process aims to: • Prevent prolonged hospital delays • Enable flow through Intermediate Care Beds
Dependant Status		✓		
Disability		✓		

Men and Women generally		✓		• Provide appropriate dementia care and interventions (both at entry and additional care levels) • Reduce rate of readmission to hospital It is therefore anticipated that any impact on the basis of age, dependant status, disability, men and women generally, and ethnicity will be primarily positive, as being out of hospital and in the setting of a home will promote service user independence and function, while ensuring that placements are equipped to meet the needs of the individual. All Expressions of Interest from Care Homes will be scrutinised before they are progressed to ensure any impacts on bed stock within other categories of care are fully assessed. Trusts will work closely with ISP partners to reduce the impacts as far as reasonably practicable. It is also recognised that there may be unintended consequences in relation to frail and elderly placements, which will be mitigated against through ongoing monitoring and reporting through identified structures i.e., working groups and operational steering groups. Should unintended consequences be found…
Marital Status			✓	
Race (Ethnicity)		✓		
Religion			✓	
Political Opinion			✓	
Sexual Orientation			✓	
Multiple Identities e.*g. disabled ethnic minorities or young Protestant men.*			✓	

(4.2) **STAFF**

Equality Category	**Level of Impact**			**Mitigation Measures and consideration of alternative policies or actions that might lessen the severity of the equality impact** (where Major or Minor Impact identified)
	Major	**Minor**	**None**	
Age			✓	
Dependant Status			✓	

Disability				✓	
Men and Women generally				✓	
Marital Status				✓	
Race	**Ethnicity**			✓	
	Nationality			✓	
Religion	**Community Background**			✓	
	Religious Belief			✓	
Political Opinion				✓	
Sexual Orientation				✓	
Multiple Identity e.g. female staff with caring responsibilities				✓	

Section 5: Good Relations

Based on the **evidence** collected in Sections 3 & 4:

- To what extent is the policy/proposal likely to **impact Good Relations** i.e. between people of different religious belief, political opinion or racial group?

- Are there any **additional measures** that could be suggested to ensure the policy or proposal **promotes Good Relations?**

Good Relations category	Level of impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	
Religious belief			✓	While it is not anticipated that this pilot will have any impact on good relations between people of different religious belief, political opinion or racial group, Belfast Trust reiterates its commitment to Good Relations through our Good Relations Strategy and our values of working together, excellence, openness and honesty, and compassion. Any unintended consequences found through the duration of this pilot will be identified through ongoing monitoring as the pilot proceeds.
Political opinion			✓	
Racial group			✓	

Section 6: Disability Duties

How does the policy / proposal: • **encourage disabled people to participate in public life** *and* • **promote positive attitudes towards disabled people?**	The Trusts are committed to ensuring equality of opportunity for all service users and staff in terms of disability and complies with all relevant disability legislation, including the Disability Discrimination Act 1995 and the United Nations Convention on the Rights of People with Disabilities. Belfast Trust offers Disability Awareness training to all staff, as well as mandatory Equality, Good Relations and Human Rights training. Belfast Trust also is further committed to our equality duties through our Disability Committee, and Disability

Consider what **other measures** you could take to meet these **duties.** *For example, have staff received disability equality training.*	Action Plan 2024 – 2029. As dementia is legally considered a disability, this change in service is expected to positively impact service user experience as there will be more capacity within the market to ensure those with dementia are appropriately supported in an environment which meets their assessed needs. By moving patients out of hospital into a home setting, this will also offer a better opportunity for these patients to participate in public life compared to in a clinical setting.

Section 7: Human Rights

Belfast Health and Social Care Trust is committed to providing the **highest attainable standard of physical and mental health** within our resources.

(7.1)

Does the policy/proposal/decision negatively impact on any of the following human rights?

The rights particularly relevant in the delivery of health and social care are emboldened below. Examples for these rights and further information can be found in the Equality Screening Toolkit.

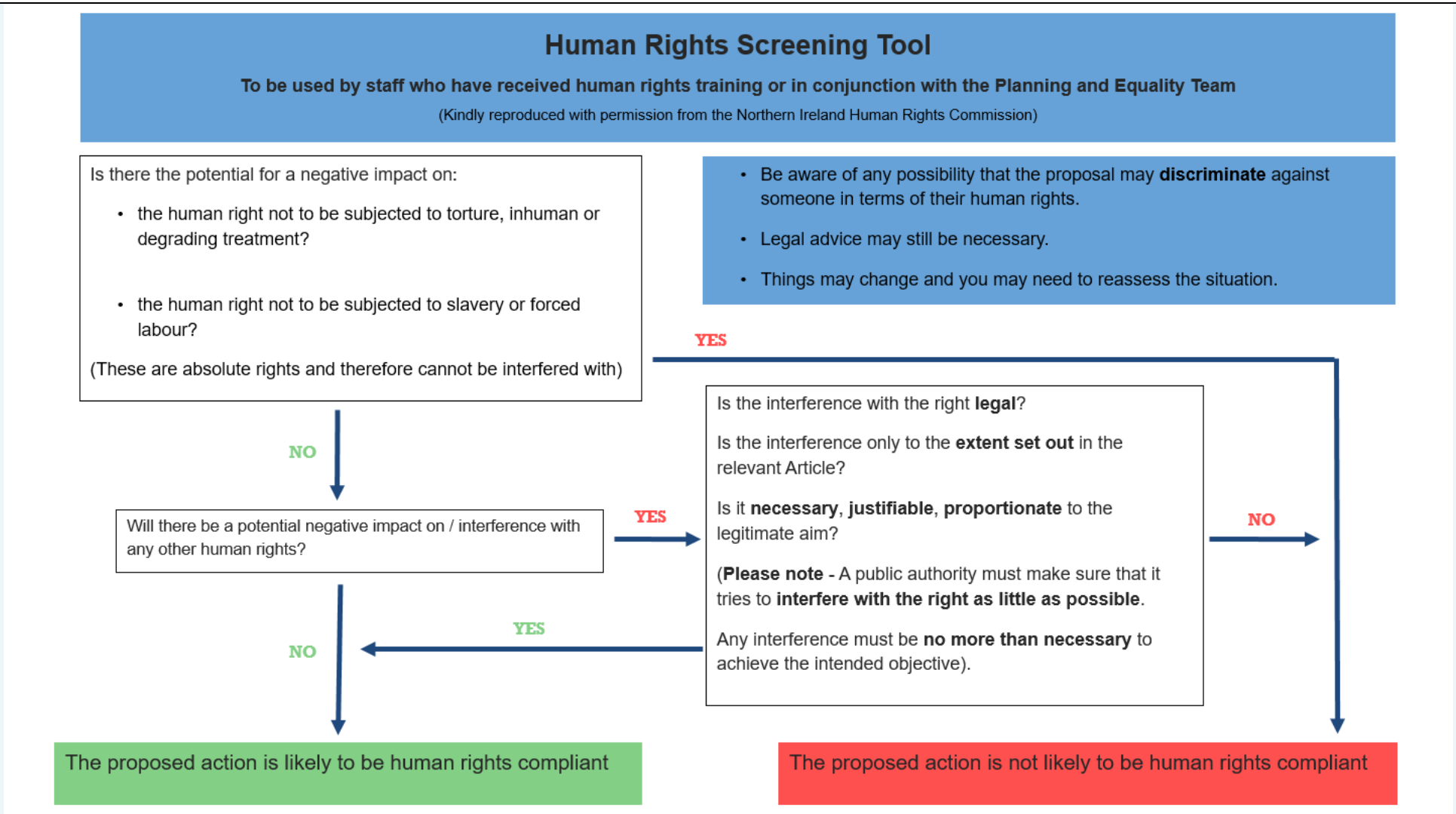
Human Rights Articles	Yes	No
A2: Right to life		✓
A3: Right to freedom from torture, inhuman or degrading treatment or punishment		✓
A4: Right to freedom from slavery, servitude & forced or compulsory labour		✓
A5: Right to liberty & security of person		✓
A6: Right to a fair & public trial within a reasonable time		✓
A7: Right to freedom from retrospective criminal law & no punishment without law		✓
A8: Right to respect for private & family life, home and correspondence.	✓	
A9: Right to freedom of thought, conscience & religion		✓
A10: Right to freedom of expression		✓

A11: Right to freedom of assembly & association		✓
A12: Right to marry & found a family		✓
A14: Prohibition of discrimination in the enjoyment of the convention rights		✓
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property		✓
1st protocol Article 2 – Right of access to education		✓

If you answered **YES** to any of the above, please refer to the Human Rights Screening Tool below to check if the policy is likely to be human rights compliant.

If the flowchart indicates that the policy is **unlikely** to be human rights compliant, please contact the Planning and Equality team equalityscreenings@belfasttrust.hscni.net

If the flowchart indicates that the policy is **likely** to be human rights compliant, please **continue to section 7.2.**



(7.2)

Outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes:

Belfast Trust is committed to the realisation of our service users Human Rights as outlined in the Human Rights Act and UNCRPD. All Belfast Trust staff have access to Human Rights Training, and in line with our HSC values and person-centred care, our behaviours are influenced by the FREDA principles of Freedom, Respect, Equality, Dignity and Autonomy. An assessment of human rights and the capacity of each individual is an essential part of each social assessment which determines the individual's unique needs and the type of placement which is best suited to meet these needs.

Article 8: Right to respect for private & family life, home and correspondence, is likely to be engaged in a positive way through this pilot. This pilot aims to:

- Prevent prolonged hospital delays
- Enable flow through Intermediate Care Beds
- Provide appropriate dementia care and interventions (both at entry and additional care levels)
- Reduce rate of readmission to hospital

An increase in the number of potential placement options means that service users are able to get out of hospital and into a home environment, whereby their placements will be made with a person-centred focus in line with EPCO (Enhanced Patient Care & Observation). Increasing the number of beds available via Independent Sector Providers may also allow for service users to choose an Independent Provider that is closer to their family and loved ones than otherwise possible. Equally, there may be unintended impact on frail and elderly service users who may have a reduced number of placements to choose from and may in turn be placed further afield from their family and home life. As in other areas, this will be monitored so that any impacts that might arise can be addressed.

All placements and associated care will be aligned to guidance related to the Mental Capacity Act 2005, EPCO (Enhanced Patient Care and Observation) and Deprivation of Liberty Safeguards.

Section 8: Screening Decision **(**8.1) **How would you categorise the impacts of this policy / proposal?**	**Major** (**Screened In** for an Equality Impact	**Minor** (**Screened Out**	**None** (**Screened**

(Please underline one category)	Assessment)	with mitigation)	**Out**)
(8.2) **If you have identified any impact, what mitigation has been considered to address this?**	This proposal is intended to stimulate and gauge the potential to increase capacity within the Independent Service Provider (ISP) market for dementia care placements. Placements will be open to all service users whose assessed needs can be met in the placements. It has the potential to provide additional benefits for service users, carers, families and provide stability within the ISP sector. While there is a risk that increasing dementia placement provision may impact the provision in other care categories, such as frail /elderly placements, this will be monitored on an ongoing basis, and it is predicted the overall impact of this service change will be a positive one. All Expressions of Interest from Care Homes will be scrutinised before they are progressed to ensure any impacts on bed stock within other categories of care are fully assessed. Trusts will work closely with ISP partners to reduce the impacts as far as reasonably practicable. This pilot will run for an initial period of 12 months, and will be monitored throughout by the operational steering group and associated working groups to identify any unintended consequences. A Contracts and Finance sub-group has been established to monitor the impacts of this proposal. Any unintended consequences will be escalated through to the Provider Collaborative Steering Group.		

(8.3) **Do you think the policy/proposal/decision should be subject to an Equality Impact Assessment (EQIA)?** NB: A full Equality Impact Assessment (EQIA) is usually confined to those policies or proposals considered to have major implications for equality of opportunity/good relations/human rights.	**Yes**	**No** **X**	**Reasons** A policy/proposal/decision is subject to an EQIA if one or more of the following criteria is met: a) The policy is significant in terms of its strategic importance. b) Potential equality impacts are unknown, because, for example, there is insufficient data upon which to make an assessment or because they are complex, and it would be appropriate to conduct an equality impact assessment in order to better assess them.

			c) Potential equality and/or good relations impacts are likely to be adverse or are likely to be experienced disproportionately by groups of people including those who are marginalised or disadvantaged. d) Further assessment offers a valuable way to examine the evidence and develop recommendations in respect of a policy about which there are concerns amongst affected individuals and representative groups, for example in respect of multiple identities. e) The policy is likely to be challenged by way of judicial review. **f)** The policy is significant in terms of expenditure.
Section 9: Monitoring *(9.1)* *Please detail the steps you will take to monitor the effect of the policy/proposal/decision for impact in terms of equality of opportunity, good relations, disability duties and human rights?*	This pilot will run for an initial period of 12 months, throughout which it will be monitored and any unintended consequences reported on via the operational steering group and relevant working groups. Services are reviewed on an on-going basis to ensure service users continue to have their assessed needs met and outcomes are monitored. The Provider Collaborative Finance and Commissioning Group have developed a suite of monitoring reports, designed to assess the effect of the proposal and will monitor and report on the impacts of the proposal to the Provider Collaborative Steering Group. Data being monitored includes the tracking of referral outcomes against individual patients and identifying any unintended consequences for each referral, as well as monitoring the types of agreements made with Independent Service Providers and the rates being paid.		
Section 10: Approval and Authorisation Please sign /date and forward to the Planning and Equality team equalityscreenings@belfasttrust.hscni.net Equality screenings are completed with information provided by the senior responsible manager subject to advice and assistance from Belfast			

Trust Equality & Planning Managers.

****Completed Screening Templates are public documents posted on the Trust Website****

Lead Responsible Manager	**Countersigned by: Equality Manager/Employment Equality Manager**
Name:	**Name: Orla Barron**
Position:	**Position: Interim Co-Director Planning & Equality**
Date:	**Date : 09/03/2026**

Section 11: Statutory Rural Impact Assessment Duties

The Trust is legally obliged to take **due regard of the impact** of any policy, proposal or decision on the social and economic needs of people who live in a rural community. This is particularly so when the policy/proposal/decision impacts service users/carers/patients across NI (eg regional service/policy).

Please **tick the box** to indicate that you have paid **'due regard'** to the social and economic needs of the rural community when developing, adopting, implementing or revising policies, strategies and plans *and* when designing and delivering public services and that **a rural impact assessment is not required**. ✓

OR

Please complete a Rural Needs Impact Assessment Template rural impact assessment if there is impact on the social and economic needs of people who live in a rural community.

Please go to the: Rural Impact Assessments Toolkit for HSC NI to find out how to undertake a rural impact assessment.

Contact Estella.Dorrian@belfasttrust.hscni.net for further advice.