Northern Health and Social Care Trust

# Equality, Good Relations and Human Rights Screening Template

## ***Completed Screening Templates are public documents and will be posted on the Trust's website***

See Guidance Notes for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

## (1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Provider Collaborative Dementia (DE) Stratified Provider Rate

(1.2) Is this a new, existing or revised policy/proposal?
New Proposal

(1.3) What is it trying to achieve (intended aims/outcomes)?

The Provider Collaborative Proposal Group has been tasked by Chief Executives of 5 of the HSC Trusts with reviewing current demand for placements for those patients awaiting discharge in acute and intermediate care beds in September 2025. This review was to identify the placement need and to and make any recommendations which could potentially create capacity within the care home sector and aid patient flow through the system. The initial snapshot, as at September 2025 identified demand for dementia placements. The aim of the Proposal Group is;

- To create capacity in Dementia (DE) care home sector, initially to respond to discharges from acute hospitals and from intermediate care bed based service
- To offer Care Homes block bed contracts for DE categories of care
- To offer Care Homes a Trust Provider Rate which is stratified, based

on the needs of the service users and associated staffing model

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

Yes those patients who have a dementia diagnosis may benefit from improved availability of dementia placements to support their hospital discharge.

Persons of different age: While it is recognised that dementia can impact adults at a younger age, ie early on-set dementia which is categorised at those who develop dementia before the age of 65, it is less common. It is estimated that over 70,800 people are living with early-onset dementia in the U.K. It is acknowledged that this proposal will largely benefit those over 65 years of age.

Men and women generally: Dementia impacts both men and women although studies show that women may be disproportionately impacted therefore this proposal may benefit more women than men due to the demographics of the diagnosed population.

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB?

HSC Trusts

(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

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.

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 which will minimise any financial constraints.

The aim of this proposal is to expand current capacity for dementia placements which will improve the choice of location for service users and their families and carers. There is however 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. Any unintended consequences will be closely monitored to minimise the impact on other service users as far as practicable. These will be reported through the Provider Collaborative Steering Group.

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, , trade unions, professional bodies, independent sector, voluntary and community groups etc)

Staff

Service Users and their families / carers

HSC Trusts

RQIA

Independent Service Providers

(1.8) Other policies with a bearing on this policy/proposal **(**for example regional policies) - what are they and who owns them?

The ongoing work on relation to the Care Home Contact and the regional planned review of tariffs which is 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.

## (2) Available evidence

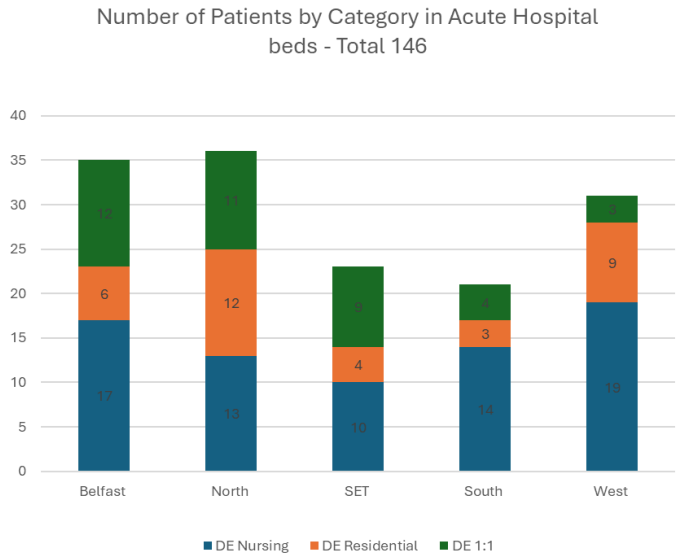
Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

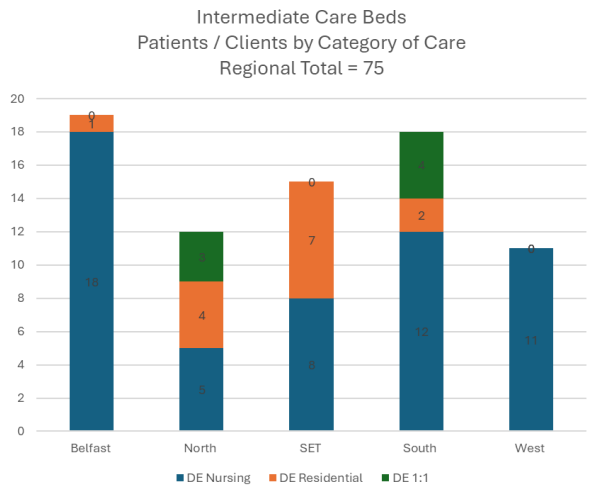
| ***Details of evidence/information*** |
|---|
| The Provider Collaborative (PC) was tasked with reviewing those patients and service users who were in the hospital on 9th September 2025 awaiting discharge to a placement and to make recommendations based on those findings.<br><br>**The PC Findings**<br><br>The Provider Collaborative Proposal Group made the following observations:<br>• There were enduring delays for those requiring care home placements<br>• There were proven deficits in DE capacity resulting in lengthy delays across acute hospitals and intermediate care beds<br>• There was competition across Trusts in securing placements<br>• Trusts were taking a reactive approach in negotiating tariffs<br>• There was a significant pattern of placements above tariff<br><br>**The Provider Collaborative tasked the Proposal Group with the following:**<br>• To stimulate the ISP market in matching demand and capacity<br>• To standardise financial approach to costs of care across Trusts<br>• To reduce high tariff placements<br>• To support the ISP in a proactive manner – creating stability and enabling permanent recruitment<br>• To improve flow across acute and intermediate care facilities<br><br>Given the significant demand for dementia placements, the decision was made to focus initial efforts on dementia placements. Dementia is a major health issue in Northern Ireland, with over 22,000 people living with it as of around 2023, a figure projected to nearly double to 43,000 by 2040. The leading cause of death for females and overall in Northern Ireland is dementia/Alzheimer's, with diagnosis rates around 55-62%, indicating thousands remain undiagnosed despite efforts. |

The results of the snapshot audit from 9th September 2025, are illustrated below.

| Table 1: Snapshot Audit as of 9 September 2025 – Acute Hospital and Intermediate Care Beds | | | |
|---|---|---|---|
| | **Patients** | **Total LOS** | **Total Bed Days Post MF or IC Fit** |
| **Acute Hospital Beds** | | | |
| DE Nursing | 73 | 4441 | 3089 |
| DE Residential | 34 | 2122 | 1633 |
| DE 1:1 | 39 | 4146 | 2710 |
| **Sub Total** | **146** | **10,709** | **7,432** |
| **Intermediate Care Beds** | | | |
| DE Nursing | 54 | 6990 | 5531 |
| DE Residential | 14 | 1144 | 713 |
| DE 1:1 | 7 | 1195 | 857 |
| **Sub Total** | **75** | **9,329** | **7101** |
| **Totals** | **221** | **20,038** | **14,533** |

## Patients / Clients awaiting DE Related Care






## Provider Collaborative Proposal Group (PCPG) recommendation

The PCPG have recommended that a “Provider Rate”, is agreed and adhered to across all Provider Trusts. This approach will be tested through planned engagement events with ISPs and an initial EOI to address current demands, but will continue to apply going forward. It is the intention to engage further with senior decision makers and representatives within Care Home Providers. A planned review is planned at three and six months within the Provider Collaborative project structures.

Whilst this proposal is intended to increase capacity for dementia care placements, there is an inherent risk that Providers may choose to re-register / change the registration of their care home. This could result in a reduction in the number of placements available in other categories of care, such as frail / elderly. The Provider Collaborative has established a sub-group to monitor and report on the impacts and any unintended consequences of this proposal.

As outlined above, this proposal is intended to stimulate growth in dementia care placements through an EOI but also proposes a Provider Rate, which will apply going forward. The Provider Rate specifies a set bed rate inclusive of all fees and top-ups, therefore additional costs cannot be included. It is not proposed that this rate will be applied retrospectively ie to those service users already placed before the application of the Provider Rate. Therefore, service users who are accommodated in placements before this date, may be subject to additional costs, such as top-ups.

## (3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

| ***Category*** | **Needs, experiences and priorities** | |
|---|---|---|
| | ***Service users*** | ***Staff*** |
| Gender | People who require dementia placements may benefit if the market can be stimulated to provide additional capacity | n/a |
| Age | People who develop age related dementia may benefit if the market can be stimulated to provide additional capacity | n/a |
| Religion | It is not envisaged that there will be any impacts, either positive or negative, on the basis of an individual's religion. | n/a |
| Political Opinion | It is not envisaged that there will be any impacts, either positive or negative, on the basis of an individual's political opinion. | n/a |
| Marital Status | It is not envisaged that there will be any impacts, either positive or negative, on the basis of an individual's marital status. | n/a |
| Dependent Status | Carers who have a caring responsibility for those with dementia 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. | n/a |
| Disability | As dementia is legally | n/a |

| | | |
|---|---|---|
| | considered a disability, this change in service could positively impact their 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. | |
| Ethnicity | It is not envisaged that there will be any impacts, either positive or negative, on the basis of an individual's ethnicity. | n/a |
| Sexual Orientation | It is not envisaged that there will be any impacts, either positive or negative, on the basis of an individual's sexual orientation. | n/a |

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc 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.

Information sessions are planned for relevant HSC Trust staff to advise of changes and take feedback. Separate engagement and awareness sessions are to be held with Independent Service Providers. These are scheduled to be held in January 2026.

## (4) Screening Questions

| ***(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?*** | | | |
|---|---|---|---|
| ***Section 75 category*** | ***Details of policy/proposal impact*** | | ***Level of impact? Minor/major/none*** |
| | ***Services Users*** | ***Staff*** | |
| Gender | The Trust is committed to ensuring all services promote equality and human rights. | | None as the placements are open to all service users and patients who meet the assessment criteria |
| Age | The Trust is committed to ensuring all services promote equality and human rights. | | None as the placements are open to all service users and patients who meet the assessment criteria |
| Religion | The Trust is committed to ensuring all services promote equality and human rights. | | None as the placements are open to all service users and patients who meet the assessment criteria |
| Political Opinion | The Trust is committed to ensuring all services promote equality and human rights. | | None as the placements are open to all service users and patients who meet the assessment criteria |
| Marital Status | The Trust is committed to ensuring all services promote equality and human rights. | | None as the placements are open to all service users and patients who meet the assessment criteria |
| Dependent Status | The Trust is committed to ensuring all services promote equality and human rights. | | None as the placements are open to all service users and patients who meet the assessment criteria |
| Disability | The Trust is committed to ensuring all services promote equality and human rights. | | None as the placements are open to all service users and patients who meet the assessment criteria |
| Ethnicity | The Trust is committed to ensuring all services | | None as the placements are open to all service |

| | | | |
|---|---|---|---|
| | promote equality and human rights. | | users and patients who meet the assessment criteria |
| Sexual Orientation | The Trust is committed to ensuring all services promote equality and human rights. | | None as the placements are open to all service users and patients who meet the assessment criteria |

| ***(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?*** | |
|---|---|
| ***Section 75 category*** | ***Please provide details*** |
| Gender | None<br><br>The Trusts will continue to engage with service users to make sure their assessed needs are met. |
| Age | None. The Trusts will continue to engage with service users to make sure their assessed needs are met. |
| Religion | None. The Trusts will continue to engage with service users to make sure their assessed needs are met. |
| Political Opinion | None. The Trusts will continue to engage with service users to make sure their assessed needs are met. |
| Marital Status | None. The Trusts will continue to engage with service users to make sure their assessed needs are met. |
| Dependent Status | None. The Trusts will continue to engage with service users to make sure their assessed needs are met. |
| Disability | None. The Trusts will continue to engage with service users to make sure their assessed needs are met. |
| Ethnicity | None. The Trusts will continue to engage with service users to make sure their assessed |

| | |
|---|---|
| | needs are met. |
| Sexual Orientation | None. The Trusts will continue to engage with service users to make sure their assessed needs are met. |

| **(4.3) *To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none*** | | |
|---|---|---|
| ***Good relations category*** | ***Details of policy/proposal impact*** | ***Level of impact Minor/major/none*** |
| Religious belief | There is no evidence to suggest that this proposal will have an impact on the grounds of religious belief. | None |
| Political opinion | There is no evidence to suggest that this proposal will have an impact on the grounds of political opinion. | None |
| Racial group | There is no evidence to suggest that this proposal will have an impact on the grounds of racial group. | None |

| ***(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?*** | |
|---|---|
| ***Good relations category*** | ***Please provide details*** |
| Religious belief | The Trusts are committed to ensuring that service users have equality of access to services and feel welcome, comfortable and safe, irrespective of race, religion or political opinion.<br><br>The Trusts will ensure all relevant staff have good relations training |
| Political opinion | The Trusts are committed to ensuring that service users have equality of access to |

| | |
|---|---|
| | services and feel welcome, comfortable and safe, irrespective of race, religion or political opinion.<br><br>The Trusts will ensure all relevant staff have good relations training |
| Racial group | The Trusts will ensure that all relevant information is available in alternative formats and interpreters are provided when required |

## (5) Consideration of Disability Duties

| ***(5.1) 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.<br><br>The Trusts will ensure staff receive relevant disability equality training through a Disability Equality training video or similar. |

## (6) Consideration of Human Rights

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(6.1) Does the policy/proposal affect anyone's Human Rights?
Complete for each of the articles listed.

| Article | Positive impact | Negative impact = human right interfered with or restricted | Neutral impact |
|---|---|---|---|
| Article 2 – Right to life | | | √ |
| Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment | | | √ |
| Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour | | | √ |
| Article 5 – Right to liberty & security of person | | | √ |
| Article 6 – Right to a fair & public trial within a reasonable time | | | √ |
| Article 7 – Right to freedom from retrospective criminal law & no punishment without law | | | √ |
| Article 8 – Right to respect for private & family life, home and correspondence. | | | √ |
| Article 9 – Right to freedom of thought, conscience & religion | | | √ |
| Article 10 – Right to freedom of expression | | | √ |
| Article 11 – Right to freedom of assembly & association | | | √ |
| Article 12 – Right to marry & found a family | | | √ |
| Article 14 – 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 | | | √ |

**Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.**

(6.2) Please 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.

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.

All staff have access to Human Rights training – regional training was launched on Human Rights Day 10.12.24, covering the five FREDA principles and how staff can apply this to their day-to-day work withing HSC.

## (7) Screening Decision

**(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?**

| | |
|---|---|
| Major impact | |
| Minor impact | √ |
| No impact | |

**(7.2) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)?**

| | |
|---|---|
| Yes | |
| No | √ |

(7.3) Please give reasons for your decision and detail any mitigation considered.

This proposal is intended 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. 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 reasonability practicable.

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) Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

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.

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|---|---|
| Approved Lead Officer: | N Corkin OBO Provider Collaborative – Care Homes |
| Position: | Planning |
| Date: | Jan 26 |
| Policy/proposal screened by: | N Corkin |

**Please forward completed screening template to the Policy Unit via e-mail to equality.unit@northerntrust.hscni.net**