Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

# Equality Screening, Disability Duties and Human Rights Assessment Template

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*Guidance on completion of the template can be found on the Equality Commission website at S75 screening template 2010 (web access checked 230920) .docx*

## Part 1. Policy scoping

## 1.1 Information about the policy

### Name of the policy:

Neighbourhood Model of Health and Wellbeing

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

New

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

Northern Ireland's Health and Social Care system is experiencing sustained and significant pressure. Too many people face long waits for outpatient appointments, access to GP or other primary care services, or treatment in busy emergency departments. It is clear that the current system cannot continue to meet demand in its present form.

In the Reset Plan published on 9 July 2025, the Health Minister committed to developing a new neighbourhood model for primary, community and social care. *By March 2026, working with partners* ***we will have developed a new neighbourhood model for primary, community and social care, which will deliver greater levels of care for citizens, including children and families, in their communities, alongside a funding plan to support delivery from April 2026****. This model will see Community Pharmacy, GPs and their Federations, Voluntary and Community organisations, Trusts, independent providers, other statutory bodies and Local Government working closely together in formal partnership to provide integrated care.*

This is central to the Department's commitment to shift services, and resources, from hospital to community settings.

Delivery of health and social care services is too often fragmented, with teams and organisations working in parallel rather than in partnership. This separation makes it harder to coordinate care effectively and can lead to duplication, inefficiency and additional administrative burden. As a result, staff experience unnecessary pressure, and patient journeys can feel disjointed.

The current system is also weighted too heavily towards hospital-based care, with many opportunities for early intervention and community-based support not fully realised. General practice in particular faces increasing challenges in its role as gatekeeper to accessing wider services, which can impact upon its capacity to provide high quality and timely care to their patients.

These systemic issues have a direct impact on patients and their families and carers. Long waits for urgent and emergency care, delays for surgery, diagnostics and assessments, and

difficulties accessing GP appointments all influence health outcomes, patient satisfaction and confidence in the system.

To meet present and future needs, a shift in both culture and approach is needed. The Neighbourhood Model of Health and Wellbeing offers a way to bring services together, strengthen community-based care, and ensure that the system is better designed around the needs of the people it serves.

The policy framework sets out the vision and design principles for the Neighbourhood Health and Wellbeing Model. It marks the first step in a long-term reform programme that will reshape how services are planned, how resources are allocated, and how professionals work together. All parts of the system will need to adopt the neighbourhood ethos and embed its principles in their everyday practice.

Neighbourhood working will bring together health, social care, the voluntary/community/local enterprise sector and local authority services to work collaboratively and with purpose at neighbourhood level. The approach emphasises day to day joint working by service providers for better access, early intervention, proactive and preventative care locally. It also takes account of the wider determinants of health affecting the people in need of health and social care such as housing, social connection, employment and environment.

The model places local communities at the heart of how services are planned and delivered. It focuses on designing care pathways that meet more needs earlier, before people reach a crisis point or need care in hospital.

Benefits include improved health outcomes, more reliable access to same-day urgent care and better continuity for people with complex needs. Through whole-system collaboration and supporting earlier intervention, the model facilitates more effective management of long-term conditions, enhances prevention and promotes earlier detection of illness. This can mean that people will experience greater satisfaction with services that listen, coordinate care effectively, and respect personal preferences. Transitioning more care into community settings can also help manage demand by reducing unplanned hospital admissions, emergency department (ED) attendances, ambulance conveyances, and GP out-of-hours (OOH) appointments, resulting in fewer crises and shorter hospital stays.

## Who initiated or wrote the policy?

Department of Health

## Who owns and who implements the policy?

Department of Health

## 1.2 Implementation factors

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

If yes, are they (please delete as appropriate)

Financial:
The health service is facing significant resourcing challenges. Some funding will be required to support the roll out of the model through the establishment of Integrated Neighbourhood Teams, and resources will have to shift from hospitals based provision to community based provision. This may be challenging, but is essential to the success of the model and the wider sustainability of the system.

## 1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon? (please delete as appropriate)

The public
Service users
Carers
Providers (HSC Trusts, GPs, GP Federations, Local Councils, Care Home/Home care, social care)
Staff
Voluntary, community and social enterprise sector organisations
Academia
Seed funder organisations

## 1.4 Other policies with a bearing on this policy

There are a range of strategies and policies with a bearing on this policy. These are set out below.

DoH:
HSC Reset Plan 2025
This Is Our Health

People to Partners
GP Vision
Primary Care MDT Implementation Plan
Making Life Better
Elective Care Framework
Mental Health Strategy
Social Care Reform
Cancer Strategy

## 1.5 Available evidence

What evidence/information (both qualitative and quantitative[1]) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

**Religious belief** evidence / information:
The Department has not found any evidence that the Neighbourhood Model would have a differential impact on persons of a different religious belief.

**Political Opinion** evidence / information:
The Department has not found any evidence that the Neighbourhood Model would have a differential impact on persons of a different political opinion.

**Racial Group** evidence / information:
The Department has not found any evidence that the Neighbourhood Model would have a differential impact on persons of a different racial group.

**Age** evidence / information:

The latest mid-year population estimates from NISRA indicate that:

- In the year to mid-2024, the number of people aged 65 or more increased by 2.0 per cent from 342,500 to 349,200 people.

[1] * Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

- The proportion of the population aged 65 or more has increased from 13.1 per cent in mid-1999 to 18.1 per cent in mid-2024.
- In contrast, the proportion of the population aged 0 to 15 years has decreased from 24.3 per cent in mid-1999 to 20.0 per cent in mid-2024.

One of the first priorities of the Neighbourhood Model as roll out begins will be a focus on older people. This is because older people are the biggest users of the health and social care system. Therefore, older people are likely to benefit more during the first phase of rollout. However, all ages will benefit from the new service arrangements as implementation progresses and the neighbourhood approach is embedded into all services.

**Marital Status** evidence / information:
The Department has not found any evidence that the Neighbourhood Model would have a differential impact on persons of a different marital status.

**Sexual Orientation** evidence / information:
The Department has not found any evidence that the Neighbourhood Model would have a differential impact on persons of a different sexual orientation.

**Men & Women generally** evidence / information:
The Department has not found any evidence that the Neighbourhood Model would have a differential impact on gender.

**Disability** evidence / information:
The Department has not found any evidence that the Neighbourhood Model would have a differential impact on persons with or without a disability.
However, a move to a neighbourhood approach will bring additional benefits for those with a disability, as it will encourage personalisation of care and care closer to home.
Additional measures may be required to assist individuals with disabilities in accessing services or information. A person-centred approach should be taken to ensure all needs are met.

**Dependants** evidence / information:

The Department has not found any evidence that the Neighbourhood Model would have a differential impact on those with caring responsibilities.
However, a move to a neighbourhood approach may bring additional benefits for those with caring responsibilities, as it will bring care closer to home for them and those for whom they provide care.

## 1.6 Needs, experiences and priorities

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision?

Specify details of the needs, experiences and priorities for each of the Section 75 categories below:

**Religious belief**
No evidence of specific needs has been identified

**Political Opinion**
No evidence of specific needs has been identified

**Racial Group**
No evidence of specific needs has been identified

**Age**
Older people are the biggest users of health and social care services. The initial focus of the Neighbourhood Model will be on keeping older people well for longer, and preventing or delaying worsening of conditions or entry into hospital or care homes. Older people may have some specific needs in relation to digital accessibility, which will be a key feature of the model; digital inclusivity will be considered as implementation and roll out progresses.

**Marital status**
No evidence of specific needs has been identified

**Sexual orientation**
No evidence of specific needs has been identified

**Men and Women Generally**
No evidence of specific needs has been identified

**Disability**
No evidence of specific needs has been identified. Overall, the introduction of the neighbourhood model does not provide any negative impact based on disability and will likely provide positive impacts in terms of improved access to services. Any issues relating to access to services/information for people with

disabilities should be mitigated by taking a person-centred approach as appropriate.

**Dependants**
No evidence of specific needs has been identified

## Part 2. Screening questions

### 2.1 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

**Details of the likely policy impacts on Religious belief**: none expected

What is the level of impact? Minor / Major / (None) (circle as appropriate)

**Details of the likely policy impacts on Political Opinion**: none expected

What is the level of impact? Minor / Major / (None) (circle as appropriate)

**Details of the likely policy impacts on Racial Group**: none expected

What is the level of impact? Minor / Major / (None) (circle as appropriate)

**Details of the likely policy impacts on Age**: The initial focus of the Neighbour Model will be on older people; this will provide a positive impact.

What is the level of impact? Minor / (Major) / None (circle as appropriate)

**Details of the likely policy impacts on Marital Status**: none expected

What is the level of impact? Minor / Major / (None) (circle as appropriate)

**Details of the likely policy impacts on Sexual Orientation**: none expected

What is the level of impact? Minor / Major / (None) (circle as appropriate)

**Details of the likely policy impacts on Men and Women**: none expected

What is the level of impact? Minor / Major / (None) (circle as appropriate)

**Details of the likely policy impacts on Disability**: Will likely provide positive impacts for those with a disability. Any issues relating to access will be mitigated by taking a person-centred approach to assessment, support and treatment as appropriate.

What is the level of impact? (Minor) / Major / None (circle as appropriate)

**Details of the likely policy impacts on Dependants**: Will likely provide positive impacts for those with caring responsibilities.

What is the level of impact? (Minor) / Major / None (circle as appropriate)

**2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?** No

Detail opportunities of how this policy could promote equality of opportunity for people within each of the Section 75 Categories below:

**Religious Belief -** If Yes, provide details:
If No, provide reasons: No. The model will seek to benefit everyone at a population level by improving access to services and patient outcomes.

**Political Opinion -** If Yes, provide details:
If No, provide reasons: No. The model will seek to benefit everyone in NI at a population level by improving access to services and patient outcomes.

**Racial Group -** If Yes, provide details:
If No, provide reasons: No. The model will seek to benefit everyone in NI at a population level by improving access to services and patient outcomes.

**Age -** If Yes, provide details:
If No, provide reasons: No. The initial focus of the model will be on older people, however, it will expand as it develops and will seek to benefit everyone in NI at a population level by improving access to services and patient outcomes.

**Marital Status -** If Yes, provide details:
If No, provide reasons: No. The model will seek to benefit everyone in NI at a population level by improving access to services and patient outcomes.

**Sexual Orientation -** If Yes, provide details:
If No, provide reasons: No. The model will seek to benefit everyone in NI at a population level by improving access to services and patient outcomes.

**Men and Women generally -** If Yes, provide details:
If No, provide reasons: No. The model will seek to benefit everyone in NI at a population level by improving access to services and patient outcomes.

**Disability -** If Yes, provide details:
If No, provide reasons: No. The model will seek to benefit everyone in NI at a population level by improving access to services and patient outcomes.

**Dependants -** If Yes, provide details:
If No, provide reasons: No. The model will seek to benefit everyone in NI at a population level by improving access to services and patient outcomes.

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

Please provide details of the likely policy impact and determine the level of impact for each of the categories below i.e. either minor, major or none.

**Details of the likely policy impacts on Religious belief**: (insert text here)

What is the level of impact? Minor / Major / (None) (circle as appropriate)

**Details of the likely policy impacts on Political Opinion**: (insert text here)

What is the level of impact? Minor / Major / (None) (circle as appropriate)

**Details of the likely policy impacts on Racial Group**: (insert text here)

What is the level of impact? Minor / Major / (None) (circle as appropriate)

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

Detail opportunities of how this policy could better promote good relations for people within each of the Section 75 Categories below:

**Religious Belief -** If Yes, provide details:
If No, provide reasons: No.The model will seek to benefit everyone in NI at a population level by improving access to services and patient outcomes.

**Political Opinion -** If Yes, provide details:
If No, provide reasons: No. The model will seek to benefit everyone in NI at a population level by improving access to services and patient outcomes.

**Racial Group -** If Yes, provide details:

If No, provide reasons: No - The model will seek to benefit everyone in NI at a population level by improving access to services and patient outcomes.

## 2.5 Additional considerations

**Multiple identity**

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).*

**Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.**

It may be assumed that the new Neighbourhood Model will have an impact on people with multiple identities, for example, older people with disabilities, older carers, carers with disabilities etc.

The new model will have positive impact for such individuals as it seeks to improve access to services and patient outcomes.

## 2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.

No adverse impacts identified.

## Part 3. Screening decision

### 3.1 Would you summarise the impact of the policy as; No Impact/ Minor Impact/ Major Impact?

No negative impact, overall positive impact.

### 3.2 Do you consider that this policy/ decision needs to be subjected to a full equality impact assessment (EQIA)?

No.

### 3.3 Please explain your reason.

The Department of Health's equality screening does not suggest action is required at this stage to improve the proposals to address specific equality issues. It considers that the introduction of the Neighbourhood Model will benefit the whole population, and particularly older people in the first phase of role out, who will be one of the first priorities. We will keep this under review as the model develops, and equality will be a key consideration going forward.

### 3.4 Mitigation

When the public authority concludes that the likely impact is 'minor' and an equality impact assessment is not to be conducted, the public authority may consider mitigation to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

**Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?**

No mitigation action necessary.

**If so, give the reasons to support your decision, together with the proposed changes/amendments or alternative policy**.

### 3.5 Timetabling and prioritising

Factors to be considered in timetabling and prioritising policies for equality impact assessment.

If the policy has been **'screened in'** for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment.

**On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.**

Effect on equality of opportunity and good relations – **Rating** (1-3)

Social need – **Rating** (1-3)

Effect on people's daily lives – **Rating** (1-3)

Relevance to a public authority's functions – **Rating** (1-3)

Note: The Total Rating Score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the public authority in timetabling. Details of the Public Authority's Equality Impact Assessment Timetable should be included in the quarterly Screening Report.

**Is the policy affected by timetables established by other relevant public authorities?**

**If yes, please provide details.**

No.

## Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

### 4.1 Please detail how you will monitor the effect of the policy / decision?

This Equality Screening does not suggest action is required at this stage to improve the proposals or to address specific equality issues, however equality considerations will be mainstreamed into all aspects of decision making, from policy development through to implementation..

### 4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

A neighbourhood-level data framework will bring together population health data, service activity and wider determinants of health. This includes measures of need (for example, demographics, deprivation, disease prevalence, long-term conditions) alongside metrics on demand, access and usage of services across health, social care and community provision where available. Integrating these data sources will provide richer insight into unmet need, inequalities, patterns of service use and emerging pressures, enabling neighbourhood teams and system leaders to prioritise interventions, target prevention and plan services around local populations. Evaluation of this will support assessment of impact.

***Please note**: - For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues*.

## Part 5. Disability Duties

### 5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

We are engaging with specifically recruited Service Users and Carers to seek their participation in our Neighbourhood Development Programme Board and associated workstreams. We are also working closely with PCC and the voluntary and community sector to ensure broad representation, participation and engagement.

### 5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

.We are seeking the active participation of service users and carers in the design and implementation of the policy, through our Programme Board, as noted in 5.1 above.

## Part 6. Human Rights

### 6.1 Does the policy / decision affects anyone's Human Rights?

**Details of the likely policy impacts on Article 2 – Right to life:** (insert text here)

What is the impact? (Positive) / Negative (human right interfered with or restricted) / Neutral (circle as appropriate)

**Details of the likely policy impacts on Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment**: (insert text here)

What is the impact? Positive / Negative / (Neutral) (circle as appropriate)

**Details of the likely policy impacts on Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour:** (insert text here)

What is the impact? Positive / Negative / (Neutral) (circle as appropriate)

**Details of the likely policy impacts on Article 5 – Right to liberty & security of person:** (insert text here)

What is the impact? Positive / Negative / (Neutral) (circle as appropriate)

**Details of the likely policy impacts on Article 6 – Right to a fair & public trial within a reasonable time:** (insert text here)

What is the impact? Positive / Negative / (Neutral) (circle as appropriate)

**Details of the likely policy impacts on Article 7 – Right to freedom from retrospective criminal law & no punishment without law:** (insert text here)

What is the impact? Positive / Negative / (Neutral) (circle as appropriate)

**Details of the likely policy impacts on Article 8 – Right to respect for private & family life, home and correspondence:** (insert text here)

What is the impact? (Positive) / Negative / Neutral (circle as appropriate)

**Details of the likely policy impacts on Article 9 – Right to freedom of thought, conscience & religion:** (insert text here)

What is the impact? Positive / Negative / (Neutral) (circle as appropriate)

**Details of the likely policy impacts on Article 10 – Right to freedom of expression:** (insert text here)

What is the impact? Positive / Negative / (Neutral) (circle as appropriate)

**Details of the likely policy impacts on Article 11 – Right to freedom of assembly & association:** (insert text here)

What is the impact? Positive / Negative / (Neutral) (circle as appropriate)

**Details of the likely policy impacts on Article 12 – Right to marry & found a family:** (insert text here)

What is the impact? Positive / Negative / (Neutral) (circle as appropriate)

**Details of the likely policy impacts on Article 14 – Prohibition of discrimination in the enjoyment of the convention rights:** (insert text here)

What is the impact? Positive / Negative / (Neutral) (circle as appropriate)

**Details of the likely policy impacts on 1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property:** (insert text here)

What is the impact? Positive / Negative / (Neutral) (circle as appropriate)

**Details of the likely policy impacts on 1st protocol Article 2 – Right of access to education:** (insert text here)

What is the impact? Positive / Negative / (Neutral) (circle as appropriate)

## 6.2 If you have identified a likely negative impact who is affected and how?

*At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:*

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

N/A

## 6.3 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/decision.

N/A

## Part 7 - Approval and authorisation

| **Screened by:** | **Position/Job Title** | **Date** |
|---|---|---|
| Cathy McAllister | DP | 20/02/2026 |
| **Approved by:** | | |
| Taryn McKeen | G7 | 27/02/2026 |
| **Copied to EHRU**: | | |

*The Screening Template is 'signed off' and approved by a senior manager responsible for the policy (at least Grade 7), made easily accessible on the public authority's website as soon as possible following completion and made available on request.*