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

DRAFT BUDGET 2026-29/30

Equality Impact Assessment Outcome Report

August 2026

CONTENTS PAGE

EXECUTIVE SUMMARY

1. On 6th January 2026 the Minister of Finance published proposals for a Draft Budget covering resource spend for the period 2026-29 and capital spend for the period 2026-30. The Draft Budget proposals represent an underfunded position for Health, and the Department remains committed to working with the Finance Minister in future budget exercises to endeavour to secure the additional funding required to improve outcomes for the Northern Ireland population including those Section 75 groups which may potentially be impacted.

2. On 9th March 2026 the Department of Health (DoH) launched its 'Draft Budget 2026-29/30 Equality Impact Assessment (EQIA) Consultation' to allow for a thorough assessment of the equality impacts of the Draft Budget proposals. Stakeholders and funded groups were contacted by the Department of Health and invited to submit comments on the consultation document and in addition the consultation was published on the Department's website.

3. As part of the consultation process, stakeholders were invited to consider the information included within the EQIA and to provide feedback on the following questions: -

    a) Are there any adverse impacts in relation to any of the Section 75 equality groups that have not been identified in section 5 of the EQIA Consultation document? If so, what are they? Please provide details.

    b) Please state what action you think could be taken to reduce or eliminate any adverse impacts in allocation of the Department's budget?

    c) Are there any other comments you would like to make in regard to this EQIA or the consultation process generally?

4. This paper follows the processes in section 6.10 of the ECNI's Practical Guidance on EQIAs which sets out best practice for publishing the results of an EQIA and refers to the series of steps set out in Annex 1 of the 'Guide to the Statutory Duties'.

5. There were 7 responses to the consultation (all from organisations). Of these, one response was received after the deadline but is still included in this report.

6. Many respondents did not directly address the consultation questions but raised a range of concerns in relation to potential impacts on Section 75 groups and the Northern Ireland population generally.

7. The Department is grateful for the valuable contribution made and would like to thank all who took the time to respond.

8. The responses (including the late response) were used to consider further mitigation measures and will also be used to help inform any in-year budget reallocations that may arise and for consideration of the use of any additional funding that may be secured.

9. This paper focuses on the broad themes emerging from all the responses received from the consultation. The themes emerging from responses are listed below.

Section 75 groups

- People of different ages
- Men and women generally
- People of different sexual orientations
- People with or without a disability
- People with or without dependants
- People from different racial groups

Other Themes

- Consultation Process
- Adequacy of Funding
- Intersectional Impacts
- Mother and Baby Unit

- Domiciliary Care
- Prescription Charges
- Pay
- Wealth Inequality
- Rural Impacts
- Cross Departmental Impacts
- External Funding
- Data Sources

10. Following consideration of these responses and budget developments, the Equality Impact Assessment has been updated and is available on the Department's website.

POLICY AIMS - DRAFT BUDGET 2026-29/30

1. The consultation set out the Department of Health's assessment of the Finance Minister's Draft Budget proposals and the potential impacts on the Department's service delivery, patients and clients.

2. At a strategic level it set out steps the Department is taking to continue to deliver its functions and protect the safety of patients, clients and other services users while containing its spending within the constrained limits being proposed.

3. The aim of this approach is to seek to minimise impacts on service delivery, patients and clients thereby protecting, as far as possible, services delivered to across the community including Section 75 groups.

Draft Resource Budget Proposals

4. On 6 January 2026 the Finance Minister published a Draft Budget setting out for each Northern Ireland department his proposals for Resource expenditure allocations for the period April 2026 to March 2029 and Capital investment funding for the period April 2026 to March 2030

5. On 2 April 2026, the Minister of Finance wrote to Executive colleagues with Version 2 of his Resource Draft Budget paper, setting out the funding available for allocation and a potential budget position for consideration. Although this paper has not been agreed by the Executive, it represents the best available estimate of the funding that Health is likely to receive.

6. In addition to annual baseline funding of **£8,223.6m** Version 2 of the budget is proposing annual resource funding over the three-year budget period to Health as follows;
    - **£170.9m, £210m, £376.6m** General Allocation

- **£165m, £165m, £165m** Reinstatement of Waiting Lists and Elective Care funding which was previously in our baseline

7. Earmarked funding is also being provided separately for a range of existing commitments, including the Graduate Entry Medical School, Windsor Framework, Transformation and EU Peace Plus programmes. This funding will enable the Department to meet these existing commitments.

8. The Department's proposed Resource budget allocation will be incredibly challenging with the annual increases of **2.1%** in 2026-27, **0.5%** in 2027-28 and **2.0%** in 2028-29 being less than that required just to offset inflationary pressures. This is before factoring in the fact that the 2025-26 budget represented a severely underfunded position and that beyond the inflationary impacts of pay and non-pay, there are additional pressures from a growing population and from increasing expectations as new drugs and treatments are developed.

9. Taking this into account the proposed Resource DEL allocation represents a real terms budget cut over our 2025-26 position in each year. In 2026-27 we are facing a significant funding gap which cannot be addressed in a single year without external support from the Executive and UK Treasury.

10. Health is not the only Department facing significant financial pressures. While every effort will be made to reduce our funding gap, difficult decisions will be required. In this context, an Executive-wide approach to public sector pay is critical, as the Executive must take collective responsibility for the sustainability and delivery of public services.

11. Further details of the revised draft budget proposals can be accessed in section 3 of the updated EQIA on the Department's website.

Cost Estimates

12. The EQIA has also been updated to reflect changes in cost estimates and pressures. These include the refinement of pay and cost inflation pressures.

Departmental Approach to Mitigations

13. The Department must optimise the health outcomes it delivers and must do so as efficiently and effectively as possible. Funding is a key constraint on the services that the Department can deliver and the investment in services which it can make.

14. In December 2024 the Department published a 3-Year Strategic Plan for the Health and Social Care System based around the three pillars of Stabilisation, Reform and Delivery. Since the plan was published focus has continued on resetting the system and delivering these strategic pillars.

15. In July 2025 the Department published a Health and Social Care Reset Plan to develop themes in the Strategic Plan and to begin the reset of the system in terms of its financial sustainability, focus, priorities, culture and self-belief. The plan creates the road map for delivering change to stabilise the system, drive forward system reform and increase and improve how services are delivered.

16. The Department has widened the scope of its System Financial Management Group which was established in the previous financial year to incorporate the wider Reset agenda; recognising that, to drive long term financial sustainability, we must change fundamental aspects of how care is delivered in Northern Ireland. The new System Financial Management and Reset Programme provides a single, structured framework to support the system to navigate the immediate financial challenge, whilst standing up and delivering projects which will support recurrent and sustained cost improvement.

17. In March 2026 the Department published detail of its Neighbourhood Model of

Health and Social Care setting out plans to deliver more services locally making services more accessible and reducing pressures on acute hospital provision.

18. Together these measures will contribute to a focus on early interventions, improve customer service and make the health and social care system more resilient and affordable in the long-term. However, many of these changes require an element of initial investment and the speed with which change can be affected and benefits can be secured is constrained by the level of funding available in the short-term.

19. Both the initial draft budget and the revised proposals represent significantly underfunded positions. Consequently, as part of the EQIA and budget consultation the Department has highlighted several measures which may need to be considered. These include: -

- Seek agreement that the department will aim to balance its budget by 2029-30.
- Continuing to seek increased funding from the Executive/ HM Treasury.
- Seeking alternative finance where these can contribute to improved health outcomes.
- Income generation through the reintroduction of prescription charges and charges for domiciliary care.
- Savings through identifying efficiencies across all areas of expenditure while protecting the most critical areas of health provision.

20. Budget considerations at this stage are analysed at a relatively high level to identify options. Where these savings options may be progressed Departmental policy colleagues and ALBs will consider the detail and potential impact of proposals and will undertake any necessary equality, human rights and rural needs assessments.

INFORMATION AND DATA COLLECTED

1. In assessing the impact of the draft budget proposals against obligations under Section 75 of the 1998 Act, the Department has concluded that there is evidence of differential impacts in respect of several Section 75 categories. Impacts were considered against the backdrop of available data and the stated policy intent to determine whether the differential impacts were adverse.

2. The Department would particularly like to thank responders who identified additional sources of information. These additional sources were considered in updating the EQIA and the Department has updated the list of data consulted accordingly. A list of the additional data sources used is at **Appendix B**.

3. The full list of data sources now consulted in considering equality impacts is detailed in the revised EQIA.

4. In assessing the impact of the budget proposals against obligations under Section 75 of the 1998 Act, the Department continues to conclude that there is evidence of differential impacts in respect of six Section 75 categories. Impacts were considered against the backdrop of available data and the stated policy intent to determine whether the differential impacts were adverse.

5. The Department will continue to work across business areas and with its Arm's Length Bodies to monitor the impact of budget allocations on service delivery, the potential impacts of the policy on the various Section 75 groups and how adverse impacts may be mitigated.

ASSESSMENT OF IMPACTS

1. Due to the scale of the funding gap, the Department has to manage a very difficult situation where we must ensure we constrain spending within the available budget while acting in the public interest to protect, safeguard and deliver essential statutory services. This means we will have to take difficult decisions including some that may not be in the best long-term interests of the health and social care system, but which are required to enable us to operate within the restricted funding available.

2. The continued provision of **£165m** of funding for waiting lists and elective care is welcome and will benefit the whole population but particularly those who are high service users such as older people, people with disabilities and people with dependants. However, it should be noted that this is not in practice additional funding because this amount was removed from the Department's previous baseline and returned as earmarked funding.

Equality Impact

3. The equality impact assessment based on the revised Draft Budget proposals is summarised below. The impacted Section 75 groups remain as identified in the original EQIA.

	Religious belief	Political Opinion	Racial Group	Age	Marital Status	Sexual Orientation	Men and Women	Disability	Dependants	Good Relations
Health										

Red = major negative impacts, Amber = minor negative impacts, Green = no impacts, Blue = major or minor positive impacts

4. Following the receipt of responses, the EQIA has also been reviewed and updated and the revised EQIA has been published separately.

5. Information on responses to the consultation are detailed at Chapter 6 (Consultation Responses) and commentary and extracts and summaries of responses are included at **Appendix A.** Information from responses will also be used to inform assessments for future budget periods.

6. How the Budget allocation will impact the nine Section 75 groups (religious belief; political opinion; racial group; age; marital status; sexual orientation; gender; disability, and dependant status) is described in the following paragraphs.

7. The Department recognises that people may fall into more than one Section 75 group. Where the proposed draft budget allocation will affect more than one Section 75 group, the impact is identified in relation to each group.

Religious belief

8. The 2021 Census recorded that 44% of the population identified as Protestant, 46% as Catholic, 1% as other religions and while 9% had no religion.

9. The Department considered that there is no evidence to indicate that the draft Budget allocation would negatively impact any part of this Section 75 category more than the general population the consultation has not changed our this.

Political opinion

10. NISRA statistics for first preference votes in the 2022 NI Assembly Election showed a split of 40% unionist, 40% nationalist and 20% other. In the 2021 Census 43% identified solely or along with other national identities as 'British', 33.3% as solely or along with other national identities 'Irish' and 31% as solely or along with other national identities 'Northern Irish'.

11. The Department considered that there is no evidence to indicate that the draft Budget allocation would negatively impact any part of this Section 75 category more than the general population and the consultation has not changed our overall assessment of the impact on this Section 75 category.

Racial group

12. The 2021 Census recorded that 3.5% of the population was from ethnic minority groups while a review by the Northern Ireland Civil Service suggest that this may be an understatement and that a more comprehensive figure is around 8% if a wider definition to include ethnic group, national identify and religion is applied.

13. The Equality Commission for Northern Ireland has noted Roma, Traveller, Black and minority ethnic (BME) and newcomer communities in Northern Ireland face a wide range of problems linked to health inequality. Various research reports indicate longstanding inequalities in health experienced by people from minority ethnic backgrounds including lower life expectancy, high rates of infant mortality and higher rates of suicide. Some BME groups report facing additional difficulties in accessing services and that a lack of cultural awareness within healthcare systems exacerbates the challenges they face. While most difficulties centre on language barriers, other issues include a lack of awareness and accessible information on services available, low levels of registration with GPs amongst certain groups and fears about entitlements to health care.

14. Following the consultation our overall assessment remains that there will be a significant negative impact on this Section 75 category.

Age

15. Consultation responses generally agreed with our assessment that the budget allocation will have a differential negative impact on older people (65+) and children (under 18).

16. Northern Ireland has an ageing population in both absolute terms and the proportion of older people in relation to the total population. In 2011, 15% of the population (263,720 out of 1,810,863) were aged 65 and over while in 2021 this had risen to 17% (326,465 out of 1,903,174 people) - an increase of 62,745 (24%) in the number of people aged 65 and over. The Aging and Public Health overview for Ireland and Northern Ireland predicts a continuing sharp rise in the number of people over 65 from an estimated 315,000 in 2019 to 512,000 in 2051. This demographic shift and the greater health needs of older people is likely to put additional pressure on health services in future.

17. Data collected by NISRA during the 2021 census showed that 17% of people aged 65 and older have bad or very bad health while 57% of our 65 and over population report that they have their daily activities limited by a long-term health problem or disability. Analysis of the Northern Ireland Cohort for the Longitudinal Study of Ageing suggests that 29% of people aged 50+ in the community live with frailty which also affects over half of adults in hospital or care home settings. Frailty is increasing as people are living longer with multiple long-term conditions.

18. Older people experience the most complex health needs and the proportion of people who experience health issues increases with age. As the profile of the population gets older and the total number of people over 65 increases, the number and proportion of people experiencing complex health issues will also increase.

19. The Commissioner for Older People for Northern Ireland (COPNI) has warned that without adequate preparation for the challenges of demographic ageing; older people will be the first to experience the consequences of reduced capacity of public services to meet the demands for health services of the population.

20. The Children and Young People's Strategy 2020-2030 states children and young people would benefit from actions such as addressing waiting lists and investing in primary care and social care. In the Independent Review of Children's Social Care Services, Prof Ray Jones found that significant investment is needed to properly tackle the challenges faced by children's social care services and to ensure that children and families are adequately supported.

21. The 2021 census data found that 8,335 (1.7%) of young people under the age of 19 provide unregistered care to someone. Additional responsibilities undertaken by these young carers can impact their wellbeing and impact their development in other areas including education. Any reduction in health and social care support could therefore potentially impact on young carers and potentially increase the number who provide unpaid care.

22. The budget allocation does not provide sufficient funding to fully meet our existing

pressures or allow for further investment in the development and reform of services, this will have a negative impact on service provision for children and young people.

23. The consultation has raised concerns about the potential need to charge for domiciliary care services and the extra pressure that this could put on unpaid carers including young carers.

24. Overall, our assessment remains that Budget pressures will result in negative impacts for both older and younger people.

Marital Status

25. The Department has found no evidence to indicate that the Budget allocation would negatively impact any part of this Section 75 category more than the general population and the issue has not been raised in the consultation process.

26. The consultation has therefore not changed our assessment of the impact on this Section 75 category.

Sexual Orientation

27. The budget allocation is likely to have a negative impact on people with different sexual orientations. The 2021 reported 31,616 people whose stated sexual orientation is gay, lesbian, bisexual or other with a further 69,307 people preferring not to say and 49,961 people not stating their sexual orientation.

28. Multiple research reports have found that people from the LGBTQ+ background are more likely to suffer from mental health problems than the general population. Over 27% have said that they experience depression related to their sexual orientation and/or gender identity with a higher figure of 42% for Trans individuals. Many disclose issues regarding self-harm again with a higher figure of 62% for Trans individuals.

29. A Report from the Sexual Orientation Strategy Expert Advisory Panel, published by the Department for Communities noted that transgender individuals often need access to healthcare services to transition in the way they need or wish. At present

these services in Northern Ireland are oversubscribed, inaccessible and do not meet the needs of many trans and questioning individuals.

30. The budget allocation does not provide funding to fully meet existing pressures or allow for further investment in the development or reform of services and therefore this may have a negative impact on service provision in these areas.

31. Our assessment remains that this Section 75 group will be negatively impacted by the budget allocation.

Disability (with and without)

32. The Department recognises that people with disabilities may fit into multiple Section 75 groups. The 2021 census found that 18% of people have a long-term health problem or disability and that 44% of households have at least one resident with a long-term health problem or disability.

33. The budget allocation is likely to negatively impact people with a disability as they need to access more support in both health and social care.

34. Decisions in relation to the affordability of a pay settlement may also impact those with a disability as we can only provide the best support for people with a disability if we attract and retain staff who are valued and appropriately renumerated.

35. The consultation has confirmed and supported our assessment that the Budget allocation will have equality impacts on people with a disability.

Dependant status (with or without)

36. Persons with dependents include persons with responsibility for the care of a child, a person with a disability or a dependent adult or older person. Where a budget reduction affects people with disabilities, support needs or children it is likely to have a knock-on effect on people with caring responsibilities for dependants. The 2021 Census found that 224,539 out of 768,089 (29%) of households had dependent children and that there are over 220,000 people providing some form of unpaid care for a sick or disabled family member or friend. It is considered the draft budget

allocation is likely to negatively impact people with dependants where insufficient funding to address health issues and provide social care will place extra burdens on unpaid carers.

37. The consultation has raised concerns about the potential need to charge for domiciliary care services and cut extra pressure that this could put on unpaid carers.

38. The consultation has confirmed our overall assessment of the negative impact on this Section 75 category.

Gender (men and women generally)

39. The 2021 Census found that approximately 51% of the population are female and 49% male.

40. The Department of Health's Life Expectancy report for 2022-24 found a life expectancy at birth of 82.6 years for females and 78.8 years for males. The healthy life expectancy of 62.7 for women and 60.6 for men represents a reduction of health life expectancy of 1.9 years for females and 0.8 years for males since 2018-20.

41. The 2021 census found that in the health and social care sector 80% of the workforce is female. The Department has sought to prioritise funding to meet commitments in relation to pay settlements including changes in the national living wage and employer national insurance contribution rates. There is currently insufficient funding for the Department to offer pay awards to HSC staff for 2026-27 and a Ministerial direction to progress this will be required. Given the workforce demographic, any delay in settling pay awards will have a differential impact on women compared to men.

42. The State of Caring 2023 report found that 80% of unpaid carers were female. The Gender Strategy 2020 reported that women have a 70 per cent chance of providing care in their adult life compared to 60 per cent for men. Providing unpaid care for sick or disabled adults therefore typically falls disproportionately on women. Our inability to invest in social care means that levels of unmet need are increasing, leading to a greater reliance on unpaid carers and a further diminishing of choice

about whether to care. Women's responsibility for the care of older and other dependents has limited access to paid work and the ability to participate in public life. Various reports also highlight how unpaid caring can have a negative impact on a carer's financial circumstances and on their health and wellbeing.

43. The continued investment in waiting lists may have positive equality implications for women as, given their proportionately greater caring responsibilities, they are more affected by delays to operations and treatments.

44. The consultation has confirmed our assessment that the budget will have negative gender equality impacts.

MITIGATIONS/ALTERNATIVE POLICIES

1. In considering budget allocations, the aim of the Department at a strategic level is to protect the most essential health and care services delivered to citizens, to maintain service provision as far as possible and, through this, to minimise impacts on patients and clients. The Finance Minister's proposals do not fully provide for the cost increases we are faced with as a result of pay and price inflation and rising demand. Additionally, it will be incredibly challenging to generate funding for the necessary developments in services.

2. The Department will aim to prioritise funding in order to meet the most critical services. Our primary goal, as in previous years, is to direct available funding to the areas of greatest need and to minimise the impact on front line services. At the level of funding proposed our focus would be on how to deliver the required level of savings while at the same time ensuring safe health and social care services.

3. Through our impact assessment we have recognised that the budget proposals may have a differential impact on several Section 75 categories. The proposed budget outcome for Health will therefore potentially impact more upon older and younger people, persons with a disability and persons with dependants as these groups are generally higher users of health services compared to other groups. It is not possible to fully mitigate the potential adverse impacts on Section 75 groups or provide alternatives given the scale of the funding gap.

4. For 2026/27 at least we will have to generate funding internally through savings and efficiencies to cover our inescapable commitments. The department will continue to make the case for the flexibility to balance its budget over the multi-year budget period as it will not be possible to achieve break-even in a single year.

Delivery of Savings, Productivity and Efficiency

5. The Department has continued to take forward a number of measures in relation to savings, productivity and efficiency to reduce impacts on frontline services and through this to safeguard patients and protect the population including Section 75 groups. The need for productivity and efficiency savings has never been more

pressing and will be a continuing relentless focus for the Department throughout the budget period.

6. The Department has taken steps to reduce administrative costs, with the People and Organisational Development Committee formed to deliver recurrent savings from within the department's staffing budget which will contribute to the overall target of reducing the cost base of the HSC. In May 2026, an interim recruitment freeze was applied to the Core department as part of the department's drive to deliver savings.

7. In December 2024 the Department published a 3-Year Strategic Plan for the Health and Social Care System based around the three pillars of Stabilisation, Reform and Delivery. In July 2025 the Health and Social Care Reset Plan developed themes in the Strategic Plan to reset the system in terms of financial sustainability, focus, priorities, culture and self-belief and created a road map for delivering change to stabilise the system, drive forward reform and improve how services are delivered. In March 2026 we published detail for a Neighbourhood Model of Health and Social Care to deliver more services locally making them more accessible and reducing pressures on acute hospitals.

8. We have widened the scope of its System Financial Management Group to incorporate the wider Reset agenda; recognising that, to drive long term financial sustainability, we must change fundamental aspects of how care is delivered in Northern Ireland. The new System Financial Management and Reset Programme provides a single, structured framework to support the system to navigate the immediate financial challenge, whilst standing up and delivering projects which will support recurrent and sustained cost improvement. Senior Sponsors within the system will be responsible for defining the metrics for their respective projects, which will include operational, financial and quality targets.

9. A key focus of the new approach is to support the NI HSC in the regional scaling of initiatives which improve patient care at reduced cost. This includes interventions such as the expansion of digital technologies and the implementation of Virtual Wards, and other digitally enabled solutions to manage chronic illness, which are

intended to reduce hospital admissions, optimise bed utilisation, and improve patient outcomes, while contributing to overall cost reduction.

10. There are projects advancing to drive system productivity and efficiency, including the use of patient-level costing data to identify productivity opportunities and drive targeted cost improvement across services and the exploration of tariff-based incentives to increase productivity in elective care by rewarding higher activity and more efficient use of capacity.

11. Through delivering savings, efficiencies and reducing non-essential expenditure the Department aims to deliver best value from expenditure and to safeguard the funding of front-line services. This will benefit the whole population particularly those who are high service users such as older people, people with disabilities and people with dependants.

12. We have made significant improvements to increase the productivity and efficiency of HSC services, including for example:

    - Our waiting lists have been extensively validated and waiting times were shown to have significantly reduced in 2025/26;
    - Advanced clinical triage is being rolled out to ensure patients are seen by the right team in the right location by virtual or physical appointments as appropriate, and patient initiated follow up (PIFU) is being scaled at pace in outpatients to release capacity for new patients to be seen more promptly;
    - Early Review teams have been introduced to ensure the appropriate level of home care package is in place and appropriately releasing hours back into the system to address unmet need for support in our communities;
    - Shifting care from hospital to our own homes or in a community setting, such as our Community Respiratory, Cardiology and Mental Health teams, who work with patients to avoid the need for admission to a hospital;
    - Long ambulance handovers of patients into our Emergency Departments have also significantly reduced, releasing ambulance resource to be able to respond to community need more promptly;

- Development of high-quality primary care elective services with our General Practices which provide a local alternate to traditional secondary care services; and
- The introduction of a wider range of skills in children's services which has broadened the expertise available to children and will make best use of professional social work time.
- Our Trusts have increased their ability to work on a whole systems approach with the introduction of Committees in Common which provides a platform to take shared decisions and deliver tangible benefits and service improvements, particularly in relation to our most fragile services. This will undoubtedly lead to further sharing of resources and management of patients on a regional perspective.

13. This is not an exhaustive list, and our ambition is to continue to drive more preventative action and transformation towards a Neighbourhood model of care, making our Health and Social Care system more productive and able to sustain itself into the future.

Digital Innovation

14. The HSC has significantly advanced its digital foundations and data capabilities, with all Trusts now on the same encompass platform since May 2025. Our aim in 2026/27 and beyond is to drive improvements that deliver the greatest possible impact, releasing more clinical time with the introduction, for example, of ambient voice technology, empowering and enabling citizens through extending use of and functionality within the My Care app, and exploring the potential for a single digital front door to services across Northern Ireland.

15. All Trusts now utilise the one rostering system, work is progressing to standardise usage and compliance across NI. Workforce is our greatest assets and cost within the HSC, standardising the utilisation of the workforce system across all Trusts will be key to ensuring real-time data, maximising workforce utilisation to help drive down costs by reducing reliance on agency and temporary staffing.

16. Our 2026/27 Year of Data initiative will drive confidence and trust in data through its purposive use by leaders, colleagues, partners, service users and the wider community. Our Data Institute, in conjunction with providers and partners like the Public Health Agency will help put information into the hands of those most able to act on it, to inform decisions, design better services, and improve outcomes.

Indicative Opening Allocations 2026/27

17. As explained above, the proposed draft budget will not allow us to deliver all the service developments and improvements that we would wish to achieve in 2026/27. As in recent years, the primary focus must remain on preserving and protecting existing services, despite their current limitations, and ensuring continuity of service delivery without causing harm to service users.

18. Indicative opening allocations were issued in May 2026 to provide Health and Social Care organisations with an early indication of likely funding levels for 2026/27. This enabled preliminary planning, prioritisation and resource allocation activity to commence in advance of final budget decisions.

19. The paragraphs below outline the additional funding included within the indicative opening allocations for 2026/27. Additional resources beyond baseline funding have been targeted at unavoidable commitments and the areas experiencing the greatest pressures due to unmet demand. Additional allocations are expected to help mitigate the impact of savings measures on Section 75 groups. Where a particular allocation is anticipated to provide a specific benefit to one or more Section 75 groups, this has been highlighted accordingly.

20. A number of the additional allocations for 2026/27 relate to pay costs. The total additional recurrent funding required in 2026/27 to meet the ongoing costs of the 2025/26 pay settlement is approximately **£220 million**. The Department has prioritised this recurrent pay commitment within its available budget allocation. The Department has also met its statutory obligations, including providing funding to support increases in the National Living Wage (NLW). The NLW for workers aged 21 and over increased by 4.1% (50p), rising from £12.21 per hour in 2025/26 to

£12.71 per hour from 1 April 2026. It is estimated that this increase will result in additional costs of approximately **£40 million** in 2026/27.

21. The funding provided to meet these pay related commitments is expected to help mitigate the impact of wider savings measures on staff, particularly women, who represent the majority of the HSC workforce.

22. Other examples of additional funding provided in 2026/27 indicative opening allocations are included in the paragraphs below.

23. The Department has allocated **£50 million** in 2026/27 to address non-pay inflationary pressures across health and social care services. This funding is intended to help meet increased costs associated with the provision of services, including supplies, utilities, equipment, transport, contracts and other operational expenses that have risen because of inflation. The allocation will assist Health and Social Care organisations to maintain existing levels of service provision and reduce the need for additional savings measures that could otherwise impact on frontline services. While the funding is not expected to meet all inflationary pressures faced across the system, it will help mitigate some of the most significant cost increases and support service continuity. No specific differential impacts have been identified for individual Section 75 groups arising directly from this allocation. However, by helping to sustain health and social care services and avoid further reductions in service provision, the funding is expected to provide a broadly positive impact across all service users, including those within Section 75 groups who are more likely to rely on public services, such as older people, people with disabilities, children and those with caring responsibilities.

24. The Department has allocated an additional **£35 million** in 2026/27 to help address inescapable pressures associated with increasing service demand and high-cost drugs. While this funding will not be sufficient to meet all pressures reported by Health and Social Care Trusts and other service providers, it is expected to assist organisations in managing the most critical pressures and reduce the need for further savings measures or service reductions. This investment will support the continued delivery of essential health and social care services and help maintain

access to treatments for patients with complex and ongoing healthcare needs. In particular, the funding is expected to have a positive impact on people with disabilities, older people and children, who are more likely to rely on health and social care services and specialist medicines. By helping to sustain services and treatment pathways for these groups, the allocation is expected to mitigate some of the adverse impacts that could otherwise arise from growing demand and financial pressures within the health and social care system. However, as the funding does not fully address all identified pressures, challenges relating to service capacity and demand are likely to remain during 2026/27.

25. **£10 million** has been included within the 2026/27 budget position to meet pre-committed expenditure arising from previously approved Executive and departmental decisions, ongoing programmes and contractual obligations. A proportion of this funding will continue to be held centrally pending confirmation of specific requirements and affordability assessments during the financial year. Funding for pre-commitments helps ensure continuity of existing programmes and services and reduces the risk of disruption to service delivery. As these allocations largely support the continuation of existing commitments rather than the introduction of new services, no specific differential impacts on Section 75 groups have been identified at this stage. However, by supporting the ongoing delivery of services and programmes, these allocations are expected to contribute to maintaining outcomes for service users and may help to mitigate some of the adverse impacts that could otherwise arise from financial constraints across the health and social care system.

26. Funding has been prioritised to support the implementation of a one-off Meningococcal B (MenB) vaccination programme for adolescents in Northern Ireland, consistent with vaccination programmes operating elsewhere in the UK. Current cost estimates for the programme are **£1.6 million**. The programme is expected to have a positive impact in relation to age by providing protection against MenB disease to an age cohort that is at increased risk of infection, helping to improve health outcomes and ensure equitable access to vaccination for eligible adolescents.

27. Additional one-off funding has also been directed to help address the current financial challenges facing hospices comprising of **£1.1 million** for adult services and **£0.5 million** for the Children's Hospice. The funding is expected to have a positive impact in relation to age by supporting the continued delivery of hospice services to both children and adults. It may also contribute positively to outcomes for people with disabilities and those with dependants through the continued provision of specialist care and support services.

28. **£165 million** for waiting lists and elective care in 2026/27 will support the continued implementation of the Elective Care Framework and efforts to reduce waiting times across Health and Social Care services. Prolonged waits for assessment and treatment can have a disproportionate impact on older people, people with disabilities, children and young people, and individuals with caring responsibilities. Continued investment in elective care and waiting list initiatives will help mitigate some of the consequences of unmet demand by improving access to timely assessment, diagnosis and treatment. In doing so, it is expected to support more equitable access to services across the population, including for those Section 75 groups disproportionately affected by extended waiting times.

29. Earmarked funding will continue to be provided in 2026/27 to support the Graduate Entry Medical School (GEMS) (**£12.5 million**), the EU PEACEPLUS Programme (**£2.7 million**) and costs associated with implementation of the Northern Ireland Protocol/Windsor Framework (**£4.3 million**). These allocations reflect the latest estimated funding requirements for 2026/27. No differential impacts have been identified in relation to the funding provided for the Graduate Entry Medical School or the implementation of the Northern Ireland Protocol/Windsor Framework.

30. The allocation for the EU PEACEPLUS Programme is expected to have a positive impact across a range of Section 75 groups. The programme supports peacebuilding, social inclusion, community cohesion and cross-community engagement initiatives, which are intended to benefit people of different religious beliefs and political opinions. It is also expected to have positive impacts for people of different ages, women and men generally, people with disabilities and people with

dependants through improved opportunities for participation, inclusion and community wellbeing.

31. Continued investment in these areas will support the delivery of strategic priorities, contribute to wider social and economic outcomes, and help ensure that the benefits of public investment are shared across communities.

32. Within departmental programme budgets, funding has been prioritised by individual Groups within the context of an overall reduced resource allocation. Available funding has been directed towards maintaining existing services, meeting contractual and statutory obligations, and supporting key strategic and operational priorities. This approach reflects the need to balance competing demands within a constrained financial environment while seeking to minimise adverse impacts on service delivery and service users. Although difficult prioritisation decisions have been required, the focus has been on sustaining essential services, managing risks to patient safety and service continuity, and ensuring that available resources are targeted towards areas of greatest need and pressure. The equality impacts of these prioritisation decisions have been considered by individual Groups as part of the budget planning process.

Additional Funding

33. While the proposed budget does not allow for significant increased investment, the Department has been proactively exploring sources of additional funds to assist with our Reset. These have been from a variety of sources and would allow us, once confirmed, to support the HSC system to deliver specific reset objectives with a particular focus on establishing the Neighbourhood model of care.

34. The Department made several bids to the Executive's Transformation Fund. Our bid to further roll out Multidisciplinary (MDTs) staff teams in General Practice was successful in 2025-26 and this programme will continue throughout the multi-year budget period. MDTs are supporting both General Practice Demand and the Neighbourhood model. Transformation funding ensures two thirds of General Practice will have access to MDTs by March 2029. This programme supports, sustains and provides greater access locally to General Practice, and brings further

integration between primary care and Trust providers, supporting our development of the Neighbourhood of care.

35. Additionally, the Department has been successful in securing funding for two further transformation projects to support the new Neighbourhood model and the development and strengthening of primary care and social care services.

- The Department has secured public transformation funding of **£42m** to take forward ePharmacy digital solutions through the Go Pharmacy NI and Electronic Transfer of Prescriptions (ETP) projects. These solutions will be part of the ePharmacy Digital Reform Programme and will transform primary care in both the community pharmacy and general practice sectors.

- The Department has secured **£29.2m** Public Sector Transformation funding for Together for Families (TfF), a relational, tiered, neighbourhood-based model for children, young people and families that focuses on early intervention and community-based family support that keeps families safely together. The National Lottery Community Fund (NLCF) has also committed an additional **£30m** to the project bringing the total fund to **£59.2m** over 3 years until 2028/29.

36. Macmillan have indicated their desire to invest up to **£10m** in Northern Ireland through their Neighbourhood Transformation Fund, over the coming three to five years, to develop a new approach to proactive care to address frailty and provide end of life care with the tailored support needed. Officials are working with Macmillan and partners to develop a proactive care service proposal and the governance arrangements required to support this social investment.

37. The Department has been working with Social Finance Ltd. to seek opportunities for socially motivated investment in improving health and social care systems. The structure of support from potential funders may come in the form of repayable social impact bonds but these would be significant assets in supporting the Reset Plan with particular importance in funding for the new Neighbourhood model. Interest has been expressed in funding schemes to help Integrated Neighbourhood Teams (INTs) address dementia and to improve the quality of life for people in their final years of life.

38. During 2025/26 the Department set in place the conditions to harness the power of our digital investments and the data opportunities these create at an NI level across Government, Academia, Life Sciences and Commercial partners. These building blocks will see the establishment in 2026/27 of a new Academic, Health and Economic Partnership which alongside enhancements of local oversight for innovation for HSC Trusts will target inward commercial investments for research, continuous improvement and innovation programmes. This will advance our existing research and development programmes and capabilities delivering benefits for patients and opportunities for entrepreneurs through frictionless innovation and access to global, leading-edge practice.

39. Any additional funding secured in 2026/27 is likely to benefit the whole population particularly those who are high service users such as older people, people with disabilities and people with dependants.

Revenue Raising

40. The Department continues to consider the potential revenue raising options of Prescription Charging and Domiciliary Care Charging. While this will not impact on the 2026/27 financial year it could improve the future sustainability of health finances as any revenue raised from these measures would be used to supplement our budget to either stabilise the service by meeting inflation and demand pressures or be used to transform services. The Department would redirect any funding raised from these measures to ease pressures on the areas of greatest need and where possible to mitigate impacts on Section 75 groups.

Pay Costs

41. The Minister has been clear that our health and social care workforce deserves to be remunerated fairly. The delivery of health and social care services is inherently labour intensive, with pay accounting for approximately 50% of the Department's operating costs. The Department, Health and Social Care Trusts, and Arm's-Length Bodies (ALBs) have already been tasked with delivering exceptionally challenging savings targets. Even if these savings targets were achieved in full, the additional costs associated with meeting the 2026/27 pay awards would not be affordable within the Finance Minister's proposed 2026/27 budget allocations.

42. The Department is therefore not currently in a position to make a pay offer to staff, and implementation of pay award recommendations remains subject to Ministerial Direction. Decisions regarding the allocation of funding to address 2026/27 pay pressures may have differential impacts on women and men, reflecting the gender profile of the health and social care workforce.

43. The Department also reiterates the importance of a collective Executive approach to public sector pay in Northern Ireland. Pay increases represent one of the most significant pressures across departmental budgets and, without a coordinated cross-government approach, there is a risk of inconsistent outcomes across different sectors. Only through a collective approach can the Executive work towards achieving a fair and sustainable pay settlement for public sector workers.

Savings Decisions

44. Significant savings measures are required in 2026/27 to help address the Department's challenging financial position while minimising impacts on patients and frontline services.

45. Health and Social Care Trusts were asked to develop plans to achieve financial balance under both 6% and 12% savings scenarios. While the 12% scenario was considered largely illustrative, reflecting the scale of reduction that would be required in the absence of additional funding, planning has focused on the 6% target, equivalent to **£387.5 million**.

46. However, the Minister has made clear that he does not wish to progress savings measures that could lead to patient harm. Consequently, it is unlikely that the full 6% target will be deliverable and planning assumptions have therefore been revised to reflect a 4% savings target of approximately **£258 million**.

47. Current planning assumptions require Arm's Length Bodies (ALBs) to deliver **£9 million** in savings. Given the relatively small size of several ALBs and the nature of their functions, further reductions would risk having a disproportionate and detrimental impact on service delivery. ALBs have also been asked to absorb

emerging pressures within existing baselines wherever possible and, where achievable, contribute further towards the overall savings requirement.

48. Departmental programme budgets have been reduced by 6%, generating savings of approximately **£18.7 million**. While this contributes significantly to the overall savings requirement, delivering reductions at this level will be challenging in the current operating environment. Any proposals with significant service, operational or policy implications will be subject to Ministerial approval before implementation.

49. Programme budgets will continue to be reviewed throughout the year considering the Executive's Budget decisions and any additional funding allocations. Priorities that have been paused, scaled back or deferred due to financial constraints may be reconsidered, subject to affordability and approval.

50. As referenced above within the Delivery of Savings, Productivity and Efficiency section, the Department's has applied a recruitment freeze with a plan to generate 6% savings of approximately **£2.8 million** from its administration budget.

51. Strategic Planning and Performance Group (SPPG) is planning to deliver savings of some **£15 million** during 2026/27. These savings are expected to be achieved primarily through the primary care element of the MORE programme, alongside managed risks within demand-led dental and ophthalmic budgets and further efficiencies across management and administrative expenditure.

52. While substantial savings have been identified across Trusts, ALBs, departmental programmes, administration budgets and SPPG, the Department remains committed to ensuring that measures taken to restore financial sustainability do not compromise patient safety or result in unacceptable impacts on service delivery. Savings proposals will therefore continue to be assessed against affordability, operational feasibility and their potential effect on health and social care outcomes.

53. In developing and implementing savings proposals, the Department, Trusts and ALBs will continue to have due regard to their statutory obligations under Section 75 of the Northern Ireland Act 1998 and associated equality duties. Equality, human rights and rural needs considerations will be incorporated into decision-making

processes, with screening and, where necessary, more detailed assessments undertaken in line with established guidance.

54. The Department's approach to savings has been informed by the principle of minimising adverse impacts on patients, service users and staff. This is reflected in the Minister's position that savings proposals which could result in patient harm should not be progressed. Nevertheless, given the scale of the financial challenge, it is recognised that some measures may affect access to services, service delivery or planned developments, and these impacts will require ongoing assessment and mitigation where possible.

55. While every effort will be made to protect frontline services and priority areas, the Department acknowledges that the cumulative effect of savings across the health and social care system may have implications for health inequalities and outcomes. These impacts will be monitored throughout the year as plans are implemented and refined.

Wealth Inequality

56. The Department is aware that wealth inequality has a large impact on health outcomes. The Northern Ireland Health Inequality report showed that males living in the 20% most deprived areas of NI could expect to live 74 years, 7.2 years less than those living in the least deprived areas (81.2 years). Female life expectancy was 79.3 years, 4.8 years fewer than females in the 20% least deprived areas (84.1 years). The Dying in Poverty report published by Marie Curie stated that one in every seven people who died in Northern Ireland was below the poverty line. Wealth inequality is outside the scope of Section 75 but is one of the factors considered as part of budget allocations.

57. Research has shown that only 20% of health outcomes are driven by the clinical care we receive, 40% are related to the socio-economic environment in which people live, 10% are related to the physical environment, and the final 30% are the result of a range of behaviours. Therefore, it is important to note that improving health and wellbeing and addressing health inequalities requires input across government to tackle issues including poverty, social exclusion, educational attainment.

58. Health inequalities are one of the Department's key areas of focus and the Programme for Government contains a reference to the development of a new targeted, place-based approach called Live Better. Live Better is designed to help address health inequalities by bringing targeted health support to communities which need it most. This focuses initially on HSC services and will look at better alignment of, and access to, existing resources and services. This is being delivered within existing resources and contracts.

CONSULTATION RESPONSES

1. There were 7 responses to the consultation, all from organisations. One response was received after the deadline but was still taken into consideration and has been reflected in this report. All responses were e-mailed; there were no postal responses.

2. Responses were received from:
    - Arthritis UK
    - Northern Ireland Women's Budget Group (NIWBG)
    - Royal College of Nursing
    - Save Our Acute Services (SOAS)
    - Unison
    - Women's Policy Group NI
    - Women's Regional Consortium

3. Responses to the consultation generally recognised that the Department is faced with very difficult decisions in the context of a budget, as is balancing our obligations to Section 75 groups and the wide range of other stakeholders affected.

Responses Received

4. The consultation process produced a range of responses and there were a number of recurrent themes as well as issues that were raised in smaller numbers of returns.

Section 75 groups

- People of different ages
- Men and women generally
- People with or without a disability
- People with or without dependants
- People from different racial groups

Other Themes

- Consultation Process
- Adequacy of Funding
- Intersectional Impacts
- Mother and Baby Unit
- Domiciliary Care
- Prescription Charges
- Pay
- Wealth Inequality
- Rural Impacts
- Cross Departmental Impacts
- External Funding
- Data Sources

Adequacy of Funding

5. There was a consensus across responses that the level of funding provision in the proposed Health budget would be insufficient to meet inflationary pressures, rising demands from demographic changes, to introduce new drugs and treatments and to address existing service deficits and that it reflects a real terms decrease in funding.

6. Responses noted that even if the most essential services are protected that this will require at best a managed decline elsewhere with an overall reduction in health services and consequently quality of life. There was particular concern that inadequate provision will see sub-optimal health outcomes with associated harm to the health of individuals and the general population.

7. The Department notes that the identification of impacts largely aligns with its own assessment.

Section 75 Impacts

8. In addition, responders considered that there would be negative impacts on vulnerable Section 75 groups including those with disabilities, people of different ages (the old and young), people from minority racial groups and those with caring responsibility for dependents.

9. A number of responses highlighted the resulting potential for cumulative impacts on those who may fall into more than one Section 75 group. This was particularly highlighted in relation to women who make up the majority of the health and social care workforce and who also tend to disproportionally take on caring responsibilities.

10. While not an identified Section 75 group, and while there is a separate rural needs assessment process, a number of responses suggested that rural and geographic considerations should be factored into any intersectional analysis.

11. The Department notes that the identification of direct impacts on Section 75 groups again largely aligns with its own assessment. In relation to intersectional Section 75 impacts, we will consider if and how these might be better identified and reflected in future budget impact assessments.

Timing of Consultation

12. Many of the responses raised concerns that the consultation was not based on an agreed budget position and that if a different position was agreed that the existing consultation could become void or that a further consultation may be required.

13. The Department agrees that a consultation based on an agreed budget position would have been preferable. The decision to consult when we did reflects a trade-off between a timely consultation and one based on a more accurate final position. Should the budget position materially change the Department will consider the need for a further consultation, however it is likely this will only reduce our funding gap, and difficult decisions will still be required.

Gender Budgeting

14. A number of responses suggested that a gender budgeting approach should be applied in relation to budget considerations. The Department will consider the potential benefits of gender budgeting in context of budget analysis.

Cross-Departmental Impacts

15. A number of responses suggested that cross-departmental considerations should be factored into the analysis. An example given was the potential impact on women having access to employment where they may have unpaid caring responsibilities.

16. The Department will consider the potential for including such analysis where it may be relevant and practical. In the example above, access to employment can have wider benefits to health and well-being however it should be noted that cross-departmental considerations in the setting of budgets will primarily remain a matter for DoF in leading on budget proposals.

Data Sources

17. A number of responses identified additional sources of research and information which was not identified within the data sources listed at section 4 of the EQIA.

18. The Department would like to thank those who have flagged additional data sources. A list of sources which will be added to future budget consultations is included at **Annex B**.

Mother and Baby Unit

19. A number of responses suggested that the earmarked funding allocated for development of the Mother and Baby Unit at the Royal Hospital should have been explicitly identified in the consultation document.

20. The Department would like to clarify that the earmarked allocation identified in the Finance Minister's proposals, relates to the Flagship Mother and Children's Hospital which is ongoing at the Royal Victoria site and is not the Mother and Baby perinatal Mental Health unit. The Mother and Baby Unit is a separate project that is being funded from the Department's General Allocation. The split of earmarked and non-earmarked capital funding is shown in the table below.

	2026-27 Budget	**2027-28 Budget**	**2028-29 Budget**	**2029-30 Budget**
General Allocation	354	315	305	310
Flagship Mother and Children's Hospital	71.6	122.8	145.5	139.4
City Deal	1.3	1.3	3.5	3.6
Inclusive Future Fund	3.7	7.8	2.3	0.0
Total	**430.6**	**446.9**	**456.2**	**453.0**

Domiciliary Care Charges

21. A number of responses raised concerns about references in the consultation to the potential for charges to be introduced for domiciliary care services. Concerns included the potential for a negative impact on hospital discharges and increased pressure on unpaid carers who historically would be predominately female. Concerns were flagged in relation to rural carers and the impact on unpaid carers or potentially further limiting their access to employment opportunities.

22. The potential for domiciliary care charges was included in the analysis given their significance and their potential budget impacts. If charges are introduced, they will deliver a funding stream that can be used to fund services, however no decision on charges has been made, and it should be noted that before they could be introduced, there would be further detailed analysis and consultation. As a full equality assessment of options would be undertaken at that stage, a detailed analysis has not included in this EQIA.

Prescription Charges

23. A number of responses similarly raised concerns about references to the potential for charges to be reintroduce for prescriptions. Concerns included that this was contrary to the concept of free health services at the point of need and that it could create a wealth inequality if those less able to afford the costs might choose to skip prescribed medications.

24. Again, the potential for these charges was included in the analysis given their significance and their potential budget impacts. However, no decision on charges has been made, and it should be noted that further analysis, consultation and consideration of options would be required before this would occur.

Pay

25. Pay was raised in relation to pay parity with other UK regions, the timing of pay awards and the implementation of the real living wage for health and social care workers. It was also flagged as an equality issue given the high levels of female employment in the health and social care sectors and the number of these employees who have caring responsibilities along with the levels of employment in the sector from those of minority racial groups.

26. The Health Minister has committed to ensuring that pay awards are implemented and that all health and social care staff receive the real living wage as soon as possible. However, this will require settlement of an agreed budget position and/or likely require a ministerial direction.

Access to Services

27. A specific concern was raised in relation to those suffering from musculoskeletal conditions and the impact of any reduction in services on waiting lists for treatment and quality of life.

28. The Department acknowledges this concern and the similar impacts on other groups waiting treatment of a range of chronic conditions. It is the aim of the Department to reduce waiting lists, improve levels of health and mitigate the impact of illness and disabilities across the population. While the Department would be able to address conditions more quickly if more funding was available, it will continue to prioritise based on clinical need and seek to meet the needs of all patients as quickly as is possible.

Community and Preventative Services

29. Responses referenced the use of community and preventative services to improve health outcomes.

30. The Department in tackling health issues constantly considers the best way to achieve best outcomes within any constraints on it including levels of funding, availability of qualified staff, etc. This includes partnerships and other working arrangements with the community and voluntary sectors as appropriate. Preventative approaches, local focus and neighbourhood provision of services are key elements of the Minister's Health and Social Care Reset Plan published in July 2025 to both improve health outcomes and make services more financially sustainable.

Rural Hospital Services

31. A specific concern was raised in relation to services that have been suspended at the South West Acute Hospital and the potential for underutilised resources at more rural hospitals to be used to address waiting lists and provide local treatments reducing travel times for patients. While these concerns may be valid, they remain outside the scope of the budget consultation.

Rural Needs

32. A Rural Impact Assessment was also completed and as part of the consultation

process.

33. A number of responses have highlighted that people in rural areas may have greater difficulty in accessing services due to remoteness and the need to travel further particularly in relation to emergency and specialist hospital provision.

34. While the Department accepts this, the configuration of provision in both emergency and specialist hospital is necessarily dictated by the clinical priority of being able to deliver safe services that provide the best health outcomes for patients. Consequently, the Department remains of the view that at strategic level, decisions taken in relation to the budget position will equally impact the population as a whole.

Good Relations

35. Some of the impacts of the draft Budget are identified as having a disproportionate impact on racial groups. However, this is in the context of their need for services and the budget constraints will be seen to result in a general downturn in services rather than a targeted reduction.

36. Consequently, while good relations would be better served if all communities were having their needs met, it is not expected that this will result in any significant adverse impact on good relations between communities or racial groups.

THE DECISION TAKEN

1. The Department's proposed Budget allocations are considered as having the potential for adverse impacts on the following Section 75 Groups –

    i. people of different ages.
    ii. men and women generally.
    iii. people with or without a disability.
    iv. people with or without dependants.
    v. people with different sexual orientations.
    vi. people from different racial groups.

2. The Department has taken on board the comments received and revised its EQIA accordingly. We will also continue to use them throughout the financial year and to inform future budget decisions. Continuing to protect services to vulnerable groups will be a key consideration for the Department through in -year budget and monitoring exercises, should the opportunity arise to bid for additional funding.

3. The impact of the proposed Budget allocations is extremely challenging, and the Department is faced with difficult decisions to manage expenditure whilst seeking to maintain effective front-line services. This includes continuing to exercise tight controls on staffing levels, monitoring spend and considering how further efficiencies may be realised across the Department and its ALBs.

4. In developing options to live within the proposed Budget allocation, consideration has been given to how adverse impacts on Section 75 groups can be reduced as highlighted in the Mitigations in Section 5 above.

5. The Department has widened the scope of its System Financial Management Group to incorporate the wider Reset agenda; recognising that, to drive long term financial sustainability, we must change fundamental aspects of how care is delivered in Northern Ireland. The new System Financial Management and Reset Programme provides a single, structured framework to support the system to navigate the immediate financial challenge, whilst standing up and delivering projects which will support recurrent and sustained cost improvement. Senior Sponsors within the

system will be responsible for defining the metrics for their respective projects, which will include operational, financial and quality targets. This will supplement the work of Trusts on their grip and control of spend and while it will reduce the funding gap it will not be feasible to address the overall gap in totality.

6. Although indicative allocations have been provided for 2026/27 a significant gap remains and work is ongoing with difficult decisions still required. It will be the responsibility of Departmental policy colleagues and ALBs to consider the equality/ human rights/rural needs implications of the funding provided and take forward more detailed individual assessments as required.

7. It should be noted that budget pressures are such that it is possible that further savings measures may need to be considered. Separate consultations on these measures will be undertaken as required.

8. The Department will continue to review and develop its plans to maintain effective services as far as possible while ensuring it manages its financial position. The Department will also continue to work with DoF and the Northern Ireland Executive to highlight the need for additional funding to improve health outcomes for the Northern Ireland population including those Section 75 groups impacted by our constrained funding position.

FUTURE MONITORING PLANS

1. The Department collects a considerable amount of data, however, due to financial and legal restraints such as the budget and GDPR legislation, the Department must be proportional and strategic about the data that it collects and monitors.

2. On 15 December 2025 the Department published its new Equality Action Plan covering the period from April 2025 to March 2030 and detailing 21 health inequalities that are being monitored including against specified Section 75 groups. The plan can be accessed on the Department of Health website at Equality Action Plan 2025-2030 | Department of Health.

3. The Department's Information Analysis Directorate carries out various pieces of statistical and research work on behalf of the Department. The Health Inequalities report is published annually and plays a vital role in monitoring regional differences focusing on the impact of wealth inequality on health outcomes. This includes data collected and monitored in relation to Section 75 equality impacts, for example differences between health outcomes for men and women.

4. In relation to budget setting, the Department primarily will continue to assess the equality impact of budget proposals and bids at each opportunity to seek additional funding, ensuring that the assessment of equality impacts forms an integral part of the process. The Department will also monitor and assess equality of opportunity and impacts on good relations when considering allocations should any additional funding become available.

Appendix A

Theme	Example of Comments/Points Raised
Age	• We note with concern the commentary on the age impact. • The budget outcome will potentially impact more upon older and younger people as generally higher users of health and social care services. • Cuts to domiciliary care packages and adjustments to help people who may be elderly or frail but do not need hospitalisation will have an impact for people of age or with disabilities. • The removal and suspension of emergency surgery at the South West Acute Hospital magnifies adverse impacts on Age Groups in its catchment area. • Heightened risks for those living in the South West Acute Hospital catchment where emergency surgical and major trauma access times exceed safe thresholds are not recognised.
Gender	• There is a disproportionate and unacceptable gender impact of delays in implementing annual pay awards for health and social care staff particularly with respect to a nursing profession that is approximately 90% female. • The makeup of the health and social care workforce means that many of its lowest paid workers experience multiple intersecting inequalities with a large proportion being women and people with dependents. • Work towards development of a Women's Health Action Plan has demonstrated key areas where women are suffering significant detriments in relation to accessing services specific to their healthcare needs but there is no financial commitment to prioritising measures that would address this. • Northern Ireland is the only jurisdiction in the UK and Ireland without a Women's Health Strategy and the absence of a dedicated strategy means that structural failures persist. In its absence we would have expected to see details of the Women's Health Action Plan. • The application of gender budgeting could help ensure the distribution of resources creates more gender equal outcomes. There is evidence that women experience disadvantage due to socio-economic conditions and have suffered disproportionately from austerity measures, the pandemic and the cost of living pressures. Embedding gender analysis in the budget process would ensure women's intersecting identities are considered and addressed.

Theme	Example of Comments/Points Raised
	• Northern Ireland is the only jurisdiction in the UK and Ireland without a Women's Health Strategy. The absence of a dedicated strategy means that structural failures persist. • Revenue raising measures will have a particular gendered impact as women dominate in both paid and unpaid caring roles. • Research has found that in times of financial hardship that women become the 'shock absorbers' of poverty in the household and will go without necessities to ensure their children are protected from the impacts of poverty. Consequently there is a disproportionate gender impact of poverty on women who then experience greater health inequalities because of financial and economic inequalities. Research in 2023 by the Women's Regional Consortium found that 91% of the women felt that the Cost-of-Living Crisis had impacted their physical or mental health or both. • Of particular concern is the mention of changes to domiciliary care which would have a significant gendered impact. • Women make up a disproportionate number of unpaid carers and it would be beneficial to cross reference this with gendered impact. • Cuts to domiciliary care packages and adjustments to help people who may be elderly or frail will also have disproportionate impacts on women who tend to be the carers for people in this category. • Women make up most of the staff likely to lose jobs should domiciliary care packages be cut. • There is no mention of the Women's Health Action Plan. • The application of gender budgeting could help ensure the distribution of resources creates more gender equal outcomes. There is evidence that women experience disadvantages due to socio-economic conditions and have suffered disproportionately from austerity measures, the pandemic and the cost of living pressures. Embedding gender analysis in the budget process would ensure women's intersecting identities are considered and addressed. • The move to community hubs for cancer prevention work, from the previous approach that involved community-based education and prevention work, may result in the exclusion of those who (often for reasons of alienation from systems including the health system) have been most marginalised or hard to reach. We are concerned that cases will be missed and individuals in rural areas and from marginalised groups including

Theme	Example of Comments/Points Raised
	racial and ethnic minorities, LGBTQ+ people and women will be most impacted and that impact may not be fully felt for many years to come.
Sexual Orientation	• The move to community hubs for cancer prevention work, from the previous approach that involved community-based education and prevention work, may result in the exclusion of those who (often for reasons of alienation from systems including the health system) have been most marginalised or hard to reach. We are concerned that cases will be missed and individuals in rural areas and from marginalised groups including racial and ethnic minorities, LGBTQ+ people and women will be most impacted and that impact may not be fully felt for many years to come.
Disability	• We note with concern the commentary on the age impact and the challenges for the provision of mental health services for older people. • The budget outcome will potentially impact more upon people with a disability higher users of health and social care services. • The move to community hubs for cancer prevention work, from the previous approach that involved community-based education and prevention work, may result in the exclusion of those who (often for reasons of alienation from systems including the health system) have been most marginalised or hard to reach. We are concerned that cases will be missed and individuals in rural areas and from marginalised groups including racial and ethnic minorities, LGBTQ+ people and women will be most impacted and that impact may not be fully felt for many years to come. • Musculoskeletal conditions are one of the biggest causes of pain and disability in Northern Ireland affecting around 37% of adults and accounting for 1 in 7 GP consultations. Over 50,000 people are waiting for a first appointment to see a consultant in orthopaedics and rheumatology, over 23,000 patients are waiting for an admission for orthopaedic surgery (the largest specialty backlog) and patients are waiting to 6-8 years for appointments or treatment. Resulting health inequalities particularly affect older people and those in deprived communities. • For people with musculoskeletal conditions, reduced access to treatment and care will mean a loss of independence. increased reliance on carers, reduced employment and other opportunities and reduced quality of life.

Theme	Example of Comments/Points Raised
	• The removal and suspension of emergency surgery at the South West Acute Hospital magnifies adverse impacts on Disability Groups in its catchment area.
Dependent Status	• The budget outcome will potentially impact more upon people with dependants as these are generally higher users of health and social care services. • The makeup of the health and social care workforce means that many of its lowest paid workers experience multiple intersecting inequalities with a large proportion being women and people with dependents. • Women make up a disproportionate number of unpaid carers and it would be beneficial to cross reference dependent status with gendered impact. • Cuts to domiciliary care packages and adjustments to help people who may be elderly or frail but do not need hospitalisation will also have disproportionate impacts carers for people in this category. • The removal and suspension of emergency surgery at the South West Acute Hospital magnifies adverse impacts on Dependants in its catchment area.
Racial Group	• Low pay has a disproportionate negative impact on those who are black, ethnic minority and migrant workers, particularly in the private social care sector. • The removal and suspension of emergency surgery at the South West Acute Hospital magnifies adverse impacts on racial groups in its catchment area. • The move to community hubs for cancer prevention work, from the previous approach that involved community-based education and prevention work, may result in the exclusion of those who (often for reasons of alienation from systems including the health system) have been most marginalised or hard to reach. We are concerned that cases will be missed and individuals in rural areas and from marginalised groups including racial and ethnic minorities, LGBTQ+ people and women will be most impacted and that impact may not be fully felt for many years to come.
Consultation Process	• No specific consultation response template has been provided by the Department. • We have concerns that the process is ineffective due to the absence of an agreed budget. • Lack of progress on agreeing either a suitable budget has left HSC services unstable, vulnerable to cuts and unable to invest in necessary transformation.

Theme	Example of Comments/Points Raised
	• An EQIA should be undertaken at a more appropriate stage in the budget setting process, with the inclusion of enough detail about concrete budgetary decisions and outcomes to allow for a more meaningful consultation on equality impacts. • The consultation includes little detail on specific cuts to services that may be required because of the budget outcome. • One of our main concerns is that this is an assessment of a budget that has not been agreed by the Executive and may therefore can be subject to change. • It is surprising to see the EQIA appear at this stage as there is a possibility that further savings must be made in the final agreed budget or, indeed, that there is additional funding available compared to what is anticipated in this document. • We would need a line by line breakdown of the Department's budget so that we could indicate where savings could be made in places other than the proposed choices.
Adequacy of funding	• Proposed annual increases are less than is required to offset inflationary pressures above the 2025-2026 position before factoring in that 2025-2026 represents an underfunded position. • Health and social care outcomes in Northern Ireland will fall further behind those in England. • It is a matter of great concern that the draft Budget allocation means that there are likely to be negative impacts on a significant number of Section 75 groups. • The budget reflects an inadequate funding settlement for Northern Ireland from the UK Treasury. • Years of underfunding beneath needs levels have significantly impacted public services and the consequences of this continue to take their toll. • Health and social care needs cannot be adequately met without increased investment. • It is deeply concerning that the budget allocation is less than required to offset inflationary pressures and represents a real terms budget cut. • We are concerned that the projected funding gap may require health and social care bodies to reduce spending by as much as 12%.

Theme	Example of Comments/Points Raised
	• The proposed 3-year budget deficit is unacceptable particularly given the cumulative impact of underfunding in recent years.
Intersectional Impacts	• While the EQIA identifies multiple adverse impacts, it does not take an intersectional approach meaning that it has failed to identify some impacts. • We welcome that the EQIA has identifies that pressures on services and an increasing need to rely on unpaid care negatively impacts those providing care to dependents. However although it identifies that unpaid carers are more likely to be women elsewhere in the document, it would be beneficial to cross reference this with the gendered impacts. This highlights the importance of an intersectional approach across the Section 75 characteristics to identify layered impacts. • The application of gender budgeting could help ensure the distribution of resources creates more gender equal outcomes. There is evidence that women experience disadvantages due to socio-economic conditions and have suffered disproportionately from austerity measures, the pandemic and the cost of living pressures. Embedding gender analysis in the budget process would ensure women's intersecting identities are considered and addressed. • There is a lack of intersectional analysis across different characteristics leading to the potential for negative impacts being missed. • Women make up a disproportionate number of unpaid carers and it would be beneficial to cross reference this with gendered impact. In general an intersectional approach could produce better analysis where it may be that in many cases a person will experience impacts across multiple Section 75 group and an intersectional approach would allow the consideration of layered impacts.
Mother and Baby Unit	• The mother and baby in-patient mental health unit is not listed in the earmarked projects. • The EQIA does not mention the Mother and Baby Unit. • The Mother and Baby Unit is not mentioned in this document.
Domiciliary Care	• We note with particular concern that the Department of Health is considering imposing domiciliary care fees. We do not believe they would not make any discernible difference to budget sustainability but would entrench and widen existing health inequalities and lead to a further deterioration in outcomes. Charges for domiciliary

Theme	Example of Comments/Points Raised
	care services would also have catastrophic consequences for the wider system with waiting lists and waiting times for acute hospital care being negatively impacted by reduced access to domiciliary care provision. • We strongly oppose charging the public for health and social care services. The Executive should remain committed to funding a universal public health service for all, not a two-tier system that will accelerate health inequalities. • Revenue raising measures such as charging for domiciliary care packages will not raise enough to cover the funds needed to deliver good public services. Additionally the revenue raised from charges will not happen within months of implementation however the impact of charges on those struggling financially will be felt immediately. The implementation of revenue raising measures will also have a particular gendered impact as women dominate in both paid and unpaid caring roles. • Of particular concern is the mention of changes to domiciliary care which would have a significant gendered impact.
Prescription charges	• We note with particular concern that the Department of Health is considering imposing prescription charges. We do not believe they would make any discernible difference to budget sustainability but would widen existing health inequalities and lead to a further deterioration in outcomes. The promotion of equitable access to appropriate, safe and cost-effective medicines; involving patients in decisions, promoting preventive care, offering options alongside prescribed medicines; reducing waste and driving improvements through data, technology, research and innovation constitute a far more effective way of promoting efficiency and value for money. • We strongly oppose charging the public for health and social care services. The Executive should remain committed to funding a universal public health service for all, not a two-tier system that will accelerate health inequalities.
Pay	• Pay awards must be fully funded and budgeted for. • The Health Minister has confirmed his intention to meet the pay award recommendations made by the NHS pay review bodies and accepted in the other UK jurisdictions but has been unable to confirm when the awards will be paid because they are not factored into the draft Budget.

Theme	Example of Comments/Points Raised
	• There are 1,913 unfilled nursing posts within the HSC which has a significant impact on the capacity to meet the needs of patients and the wider public. Being able to at least match pay awards elsewhere is integral to staff recruitment and retention. • The is a disproportionate and unacceptable gender impact of delays in implementing pay awards particularly with respect to a nursing profession that is approximately 90% female. • Staff are being left in limbo with no certainty as to when the pay review body uplifts applied in England since April 2026 will be implemented despite commitments made by the Minister to do so. • In February the Health Minister expressed his desire to proceed with the pay uplift however, the Minister has stated that he can only deliver on this when he is clear about his budget with the Northern Ireland workforce fearing they will be left behind on pay. • In March 2026 The Minister reiterated his commitment that the real living wage should be paid to social care workers in the independent sector. • The makeup of the health and social care workforce means that many of its lowest paid workers experience multiple intersecting inequalities with a large proportion being women and people with dependents. Low pay also has disproportionate negative impacts on those who are black, ethnic minority and migrant workers, particularly in the private social care sector. • The draft budget should embed public sector pay policy in a way that respects the centrality of workers to the delivery of services. Putting pay issues right serves to strengthen services by boosting recruitment and retention and creating safer more sustainable services that can deliver meaningful outcomes.
Wealth Inequality	• Access to the private sector and the Waiting List Reimbursement Scheme may disproportionately benefit those who can travel and pay upfront, while rural, low-income and disabled patients are less able to access such schemes.
Rural Impacts	• The consideration of rural needs largely assumes a uniform impact on people in urban and rural areas other than greater travel distances and does not fully identify structural inequalities and barriers face by rural communities in accessing health and social care services.

Theme	Example of Comments/Points Raised
	• Around 36% of the population lives in rural areas. Rural dwellers are likely to experience greater adverse impacts because of cost reductions as they are likely to have to travel greater distances to access limited services. • There is inadequate recognition of the specific rural needs of the South West Acute Hospital catchment area in relation to urgent and emergency care and an underestimation of the adverse impacts on the South West region. • Rural geography and existing health inequalities create risks for older people, people with disabilities, carers and minority ethnic groups. • The South West Acute Hospital should be used to maximise regional treatment capacity especially in specialties with long waits. • Older people in Fermanagh and South Tyrone experience markedly longer travel times to emergency and elective care when the South West Acute Hospital 's acute capacity is restricted. • Disabled people and those without car access (13% of the South West catchment) face disproportionate hardship when required to travel to Altnagelvin or other distant sites. • Rural carers experience compounded burdens: caring responsibilities, long-distance travel, weak public transport and higher out-of-pocket costs. • Minority ethnic groups in rural areas face language and navigation barriers multiplied by distance and service complexity where there is no local provision. • Develop a Northern Ireland equivalent to NHS England's Unavoidable Costs of Remoteness policy to support recruitment and the sustainability of acute services in remote locations.
Cross Departmental Impacts	• Low productivity and people being out of work due to being economically inactive can be driven by caring responsibilities which are a major driver of gender inequality. The Department should be aware of how its budget decisions and prioritisation may impact other Departments including the Department for Communities and the Department for the Economy.
External Funding	• We are concerned that some of the sources of funding being pursued are from organisations with a commercial interest. For example the socially motivated investment opportunities facilitated by Social Finance

Theme	Example of Comments/Points Raised
	Ltd are described by that organisation as being different from philanthropy because investors seek to make financial returns from their investments and balance financial returns with social outcomes. • Private finance erodes the quality of services, worsens working conditions for staff and widens health inequalities due to investor prioritisation of more lucrative services.
Data Sources	• The Department would like to acknowledge that several responses helpfully identified additional research and data sources not referenced at section 4 of the original EQIA. These have been reviewed and their implications considered and they are included in the listing in the revised EQIA.

Appendix B

Additional Data Sources

The following additional data sources were identified during the consultation process.

They were considered in reviewing and updating the EQIA and have been added to the list of sources noted in Chapter 4 of the revised EQIA.

Carers NI The Impact of Unpaid Caring on mental health in Northern Ireland (2024) the-impact-of-unpaid-caring-on-mental-health-in-northern-ireland.pdf

Children in Northern Ireland: Left Out: Disabled Children's Rights and Experiences in Northern Ireland (2026): Left-Out-Disabled-Childrens-Rights-in-Northern-Ireland.pdf

Department for Communities - Social Inclusion Strategy Expert Advisory Panel Report - Anti-Poverty (2021) Report from the Anti-Poverty Strategy Expert Advisory Panel | Department for Communities

Department for Communities - Social Inclusion Strategy Expert Panel Report - Disability (2021) Report from the Disability Strategy Expert Advisory Panel | Department for Communities

Women's Policy Group Northern Ireland: Feminist Recovery Plan (2021) Feminist Recovery Plan — Womens Resource and Development Agency

Women's Policy Group NI: Response to Consultation on Help With Health Costs (2025) WPG+NI+Response+to+Help+With+Health+Costs+consultation.pdf

Women's Regional Consortium: Mental Health Matters for Women (2026) Mental-Health-Matters-for-Women.pdf

Women's Regional Consortium Women, Skills and Barriers to Work (2024) - Women-Skills-Barriers-to-Work-1.pdf

Women's Regional Consortium: Women's Experiences of the Cost of Living Crisis in Northern Ireland (2023) Womens-Experiences-of-the-Cost-of-Living-Crisis-in-NI-2.pdf

Women's Resource and Development Agency (WRDA): Health Inequalities Research: The Impact of the Cost of Living Crisis on Women's Health (2024) WRDA-Research-Chapter-2-Cost-of-Living-Crisis-Womens-Health.pdf

Women's Resource and Development Agency (WRDA): Health Inequalities Research: The Impact of the Maternal Advocacy and Support Project (2023) WRDA-MAS-Research-Report-2023-1+(1).pdf

Women's Resource and Development Agency (WRDA): Health Inequalities Research: A Women's Health Strategy for Northern Ireland (2025) Microsoft Word - WRDA Research Chapter 3 - Final Draft - Formated (1)