

# Equality Screening, Disability Duties and Human Rights Assessment Template

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

## **Part 1. Policy scoping**

### **1.1 Information about the policy**

Name of the policy:

Making of a Statutory Rule of the Public Health Act (Northern Ireland) 1967, whereby Schedule 1 to the Act (Notifiable Diseases) shall be amended by the insertion of Hepatitis C

Is this an existing, revised or a new policy?

The Public Health Act (Northern Ireland) 1967 is already in existence. This Statutory Rule amends it by adding Hepatitis C to the list of notifiable diseases.

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

The Act requires a medical practitioner, as soon as he becomes aware, or has reasonable grounds for suspecting, that a person he is attending is suffering from a notifiable disease, to notify the Director of Public Health. This would mean that medical practitioners will be required to share patient information with the Public Health Agency if they become aware, or have reasonable grounds for suspecting, that a person they are attending has Hepatitis C. This information will be vital in alerting the Public Health Agency to cases or suspected cases of Hepatitis C, to ensure that the Health and Social Care system can respond, for surveillance and tracking of the spread and epidemiology of the disease. This information will be important in achieving the WHO goal of Hepatitis C elimination by 2030.

Are there any Section 75 categories which might be expected to benefit from the intended policy?

If so, explain how.

It is known that HCV infection disproportionately affects marginalised and under-served communities, such as those in prisons, homeless and some migrant communities. The main cause of spread in the UK is through injecting drug use, by the sharing of needles and other injecting equipment.

Who initiated or wrote the policy?

Department of Health and PHA drafted a Hepatitis C elimination action plan for Northern Ireland for 2021 to 2025 and this informed the drafting of the Statutory Rule.

Who owns and who implements the policy?

Doh



## **1.2 Implementation factors**

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

No

## **1.3 Main stakeholders affected**

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

staff

service users

other public sector organisations

voluntary/community/trade unions

## **1.4 Other policies with a bearing on this policy**

- N/A

## 1.5 Available evidence

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

**Religious belief** evidence / information: N/A

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**Political Opinion** evidence / information: N/A

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**Racial Group** evidence / information: See 'Men and women generally'

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**Age** evidence / information: N/A

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**Marital Status** evidence / information: N/A

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**Sexual Orientation** evidence / information: N/A

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**Men & Women generally** evidence / information: The World Health Organisation (WHO) has set out a commitment to eliminate Hepatitis B and Hepatitis C as major public health threats by 2030. NI aims to eliminate Hepatitis C as a public health threat by 2025. Beyond 2025, we will seek to reduce Hepatitis C infection to an absolute minimum, relegating it to a rare disease of the past, similar to polio.

In order to reach this target, the Department and PHA have drafted a Hepatitis C elimination action plan for Northern Ireland for 2021 to 2025. A further plan will follow to cover 2025 to 2030.

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

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

Information used to inform this policy therefore originates in the WHO commitment, data from the Northern Ireland Hepatitis B and C Managed Clinical Network who report the roll-out of new oral treatments having cured over 97% of people treated, and targeted consultation with key stakeholders to draft the Hepatitis C elimination action plan for Northern Ireland.

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**Disability** evidence / information: N/A

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**Dependants** evidence / information: N/A

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### **1.6 Needs, experiences and priorities**

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

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

**Religious belief** N/A

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**Political Opinion** N/A

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**Racial Group** See 'Men and women generally'

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**Age** N/A

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**Marital status N/A**

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**Sexual orientation N/A**

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### **Men and Women Generally**

Hepatitis C virus (HCV) is a blood-borne virus, spread by contact with infected blood or blood products. It is both preventable and treatable, making it a disease of major public health concern. It is known that HCV infection disproportionately affects marginalised and under-served communities, such as those in prisons, homeless and some migrant communities. The main cause of spread in the UK is through injecting drug use, by the sharing of needles and other injecting equipment.

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**Disability N/A**

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**Dependants N/A**

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## **Part 2. Screening questions**

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

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

None

**Details of the likely policy impacts on Political Opinion:**

None

**Details of the likely policy impacts on Racial Group:** None

None

**Details of the likely policy impacts on Age:**

None

**Details of the likely policy impacts on Marital Status**

None

**Details of the likely policy impacts on Sexual Orientation:**

None

**Details of the likely policy impacts on Men and Women:**

Minor

**Details of the likely policy impacts on Disability:**

None

**Details of the likely policy impacts on Dependents:**

None

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

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

**Religious Belief -**

This Section 75 category is irrelevant to the issue.

**Political Opinion -** This Section 75 category is irrelevant to the issue.

**Racial Group -**

This Section 75 category is irrelevant to the issue.



**Age -**

This Section 75 category is irrelevant to the issue.

**Marital Status -**

This Section 75 category is irrelevant to the issue.

**Sexual Orientation -**

This Section 75 category is irrelevant to the issue.

**Men and Women generally -**

This Section 75 category is irrelevant to the issue.

**Disability -**

This Section 75 category is irrelevant to the issue.

**Dependants -**

This Section 75 category is irrelevant to the issue.

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

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

**Details of the likely policy impacts on Religious belief:**

None

**Details of the likely policy impacts on Political Opinion:**

None

**Details of the likely policy impacts on Racial Group:**

None

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

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

**Religious Belief** - This Section 75 category is irrelevant to the issue.

**Political Opinion** - This Section 75 category is irrelevant to the issue.

**Racial Group** - This Section 75 category is irrelevant to the issue.

## 2.5 Additional considerations

### Multiple identity

Generally speaking, people can fall into more than one Section 75 category.

**Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?**

*(For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).*

It is known that HCV infection disproportionately affects marginalised and under-served communities, such as those in prisons, homeless and some migrant communities. The policy to make hepatitis C a notifiable disease affects the population generally.

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

N/A

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

**2.6 N/A**

### **Part 3. Screening decision**

#### **3.1 Would you summarise the impact of the policy as No Impact**

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

No

#### **3.3 Please explain your reason.**

Making Hepatitis C a notifiable disease will not negatively affect equality of opportunity for Section 75 categories

#### **3.4 Mitigation**

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

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

N/A

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

### 3.5 Timetabling and prioritising

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

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

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

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

Social need – **Rating** \_\_\_\_ (1-3)

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

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

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

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

**If yes, please provide details.**

## **Part 4. Monitoring**

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

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

Implementing SI to make Hepatitis C a notifiable disease will be implemented by GPs.

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

**PHA will track cases of Hepatitis C recorded by GP**

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

## **Part 5. Disability Duties**

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

**N/A**

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

**N/A**

## **Part 6. Human Rights**

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

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

What is the impact? Neutral

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

What is the impact? Neutral

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

What is the impact? Neutral

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

What is the impact? Neutral

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

What is the impact? Neutral

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

What is the impact? Neutral



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

What is the impact? Neutral

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

What is the impact? Neutral

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

What is the impact? Neutral

**Details of the likely policy impacts on Article 11 – Right to freedom of assembly & association:**

What is the impact? Neutral

**Details of the likely policy impacts on Article 12 – Right to marry & found a family:**

What is the impact? Neutral

**Details of the likely policy impacts on Article 14 – Prohibition of discrimination in the enjoyment of the convention rights:**

What is the impact? Neutral

**Details of the likely policy impacts on 1<sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property**

Neutral

**Details of the likely policy impacts on 1<sup>st</sup> protocol Article 2 – Right of access to education:**

Neutral

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

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

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

N/A

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

N/A

## Part 7 - Approval and authorisation

<b>Screened by:</b>	<b>Position/Job Title</b>	<b>Date</b>
Laura Roddy	Staff Officer	15/2/21
<b>Approved by:</b>		
Alasdair MacInnes	Head of Health Protection Branch	9 March 2021
<b>Copied to EHRU:</b>		9 March 2021

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