



Advice NI Consultation Response

Request for Data to Inform the Department of Health Audit of Inequalities – Data Collection Stage

February 2024

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Response to the Request for Data to Inform the Department of Health Audit of Inequalities – Data Collection Stage February 2024

In January 2024, the Department of Health (DoH) issued a call requesting data to inform their audit of inequalities. The purpose of the audit is to provide an evidence base to inform the development of a Departmental Action Plan to address health inequalities. In line with the Equality Commission’s guidance, *Advice to Public Authorities: Approaching an ‘Audit of Inequalities’¹*, the first stage of the audit process is the collection of a range of data using both internal and external sources.

The data collection process applies Section 75 of the NI Act 1998, which is the legislation used to determine inequalities. Section 75 “places a statutory obligation on Public Authorities to carry out their functions with due regard to the need to promote equality of opportunity and good relations in respect of religious belief, political opinion, gender, race, disability, age, marital status, dependants and sexual orientation.”

In promoting equality of opportunity, statutory bodies are expected to do more than eliminate discrimination. They are expected to take affirmative action to promote equality of opportunity that addresses inequality among the groups listed above. It is important therefore that they not only assess if there is adverse impact but that they also try to ‘seek out’ opportunities to promote equality of opportunity and good relations, i.e. by mitigating or changing the policy or considering alternative policies. In analysing data, it is important to identify differences within and between equality categories.

In our response to this call for data about health inequalities, Advice NI chose to focus on ‘Help for health service charges’ provision which has been an ongoing area of concern for quite some time. We also chose to focus on lone parents and their children, not because they were the only groups disproportionately affected by the inequality in ‘Help for health service charges’ provision; but because lone parents and their children were the groups for whom we had evidence and could make the strongest case possible. Any gains made to advance the case for lone parents and their children, would also serve to advance the case for all others needing to access help for health service charges.

The inequalities in ‘Help for health service charges’ provision

We argued that inequalities exist as a direct result of the significant differences in the legislation between the ‘Help for health service charges’ provision in NI and Britain. These legislative differences significantly disadvantage all Universal Credit (UC) claimants in NI. But for the purposes of this data collection exercise, we made the claim that the differences specifically disadvantage lone parents and their children (who fall under the Section 75

¹http://www.equalityni.org/ECNI/media/ECNI/Publications/Employers%20and%20Service%20Providers/Public%20Authorities/Public_Authorities_Audit_of_Inequalities_Mar12.docx

categories of 'dependents' and 'age' respectively). Lone parents and their children are disproportionately affected by these legislative differences because lone parents are not only claimants themselves who may miss out on help with health costs, but they have the extra burden of being responsible for children who depend on them to meet their basic needs and these children will also miss out on help with health costs. The children are in turn disproportionately affected by these legislative differences because their primary care givers are unable to access help with health costs on their behalf. By denying a lone parent claiming UC help with health costs, it means that their children are also denied that help.

For example, a client of one of our members (Dove House in Derry) was on UC and earning £835 a month. The client is a lone parent with two children. She applied for assistance for one of her children under the 'Help for health service charges' scheme and was turned down. Foyle JBO put a note on her UC Journal stating that she wasn't eligible as the criteria used in NI is different from those used in the rest of the UK. The problem is that there is no updated legislation in NI covering Health Service Charges and UC. DOH and DfC continue to use Income Support Regulations when dealing with UC claimants regarding health service charges.

The differences in legislation mean that a UC claimant in England, Wales and Scotland may get help with health service charges if they receive UC and have net earned income of £435 or less in the last UC assessment period; or receive UC which includes an element for a child and/or the claimant (or their partner) have limited capability for work and work related activity and had net earned income of £935 or less in the last UC assessment period. However, in NI, UC claimants with earnings are still assessed using the legacy benefits formula which means they will receive little or no support with health service costs.

We informed DoH that we had contacted them and the Health Committee at Stormont in relation to these concerns in 2021 and 2023. In 2021, we wrote to the minister at the time, Robin Swann, and in his reply he stated that the necessary changes in legislation were delayed due to the absence of the Assembly and the need to respond to Covid, but that the interim measure of the Low Income Scheme had been put in place and that DoH would return to the issue to explore longer-term options. In addition, in 2021 we wrote to the chair of the Health Committee reiterating the same concerns we raised with the minister. The Committee discussed our concerns and also wrote to the minister. They noted the minister's response in a Committee meeting in October 2021. In 2023, we wrote to the permanent secretary Peter May asking if there had been any further developments on the requests we made in our initial letter in 2021. He responded by saying that the DOH position remained and that as soon as capacity permitted, they would assess the options for a longer-term solution.

In this response to the DoH call for evidence, our asks were:

- That necessary legislative changes be made as soon as possible to give parity between NI and Britain, i.e.:
 - That the starting position for any change is that no one loses out;
 - That the changes end the disadvantaging of UC claimants in NI compared to Britain;

- That the changes enable UC claimants in NI to access the healthcare they need.
- That improvements are introduced to the administration process itself so that:
 - For repeat applicants, the payment becomes automatic, or at least is streamlined so they are not required to go through the entire application process over and over again;
 - The criteria are consistent and applied consistently across all the Health Trusts.
- That the longer-term solution, mentioned in the DoH 2021 letter to us, for ‘Help for health service charges’ provision be assessed in order that the inequalities are addressed.

The data providing evidence for the inequalities in ‘Help for health service charges’ provision

We provided DoH with the following data as evidence for the inequalities we believe exist in ‘Help for health service charges’ provision:

- There are differences in how health costs are dealt with in [NI](#) versus [England, Wales and Scotland](#).
- The concern about the differences in legislation has been raised consistently over the past 5 years by advisers from 69 independent advice centres across NI. Between them, these centres handle an annual average of 240,000 enquiries from 100,00 members of the public.
- The Association of Optometrists (AOP) [highlighted the inequalities](#) caused by differences in the legislation. They have also called for a [change in the legislation](#) to address the inequalities.
- The Law Centre NI have drawn attention to the [difficulties experienced](#) by UC claimants trying to access help with health costs under the current system.
- Kelly Armstrong from the Alliance Party, who was a member of the Health Committee, expressed the need to [automate the application process](#) here in NI.
- The [Health Committee mentioned](#) the minister’s reply to their letter which reiterated our concerns about ‘Help for health service charges’ provision in NI.



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