

28 April 2025

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By email: equalityandhumanrights@health-ni.gov.uk

Dear Sir / Madam

RE: Consultation on Department of Health, Equality Action Plan and Disability Action Plan 2025-2030

I am writing on behalf of the office of the Commissioner for Older People for Northern Ireland (COPNI) in response to the Department of Health's consultation on the Equality Action Plan (EAP) and Disability Action Plan (DAP) 2025–2030.

Both action plans, along with the Audit of Inequalities, are vital resources for COPNI, given the significant and growing risks older people face in the health and social care sectors. These risks are intensified by an ageing population, which causes financial pressures, workforce shortages, and rapidly increasing demand for services. Northern Ireland is already experiencing growing competition in the accessing of health and social care—a challenge that is only expected to deepen in the years ahead. In this environment, we believe that inequality risks for older people are increasing, and it is vital to offer adequate protection.

The documents included in this consultation reflect the Department's commitment to reducing inequalities in the health sector, including those affecting older people. Positive steps are proposed to address some of the most pressing challenges facing older people—such as the issue of deconditioning caused by prolonged hospital stays. The Commissioner for Older People recognises and welcomes this progress.

However, the Department's approach may fall short in other areas of the Audit of Inequalities and the EAP. These concerns will be explored in more detail throughout this response.

Disproportionate risks for older people

Older people are more frequent users of health and social care services compared to other age groups, which makes them particularly vulnerable when these services come under strain or face resource challenges. This has been the case with the 2024/25¹ and 2025/26² budgets, in which the Department proposed a total of 16 service cuts, citing its inability to meet growing demand within existing funding constraints. In its Equality Impact Assessment documents, the Department acknowledged that these proposed cuts would have a disproportionate impact on older people, more than on any other Section 75 group.

Notably, of the 16 service-related savings measures proposed over the past two years, the Department identified that each one would disproportionately affect older people.³ Examples include:^{4 5}

- Reductions in Waiting List Initiative (WLI) activity
- Reductions in Vaccination programmes
- Restriction of domiciliary care packages (Reduction of 1.1 million hours of domiciliary care which would impact on 5,000 to 6,000 of the most vulnerable people in our society)
- Reduction of 500 independent sector care home beds
- Reduction of Hospital Beds
- Reduction in payments for support services provided by the Community and Voluntary Sector

These proposed service cuts come on top of previous reductions in health and social care services—such as the decline in the proportion of care home beds,⁶ a reduction

¹ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#).

² Department of Health (2025) [Draft Budget 2025-26 - Equality Impact Assessment](#).

³ Sometimes, older people were affected as high service users, but other times older people's services were primarily targeted by the service cuts.

⁴ Department of Health (2024) [Budget 2024-25 - Equality Impact Assessment](#).

⁵ Department of Health (2025) [Draft Budget 2025-26 - Equality Impact Assessment](#).

⁶ In 2008, there were 6.2 nursing or residential beds for every 100 older people in Northern Ireland. In 2022, there were only 4.7 beds for every 100 older people. Therefore, the proportion of beds per population of older people has decreased 23 per cent in this period. Calculation based on [NISRA, 2023 Mid-Year Population Estimates](#). The number of registered beds in Care Homes in Northern Ireland is sourced from: RQIA (2019) [Registered Nursing and Residential Homes and Beds Trend Report 2008- 2018](#), and RQIA (2023) [Census of Bed Availability in Registered Care Homes in Northern Ireland on 27 September 2023](#).

in the number of care packages,⁷ and spiralling waiting times.⁸ Each of these has already had a significant impact on the wellbeing of older people. Given the likelihood of further resource constraints in the years ahead, it is reasonable to expect that cuts to services affecting the general population will, in practice, fall most heavily on older people, who are among the highest users of these services.

In this context, the Commissioner for Older People for Northern Ireland would expect not only a higher level of support, but also greater attention to how such cuts disproportionately affect older people—and to how the ongoing evolution of services is influencing the Department's ability to meet its equality obligations.

Audit of Inequalities

The challenges the Department faces in assessing equality of opportunity in relation to older people within the health sector are recognised by COPNI. Older people experience health issues and disability at higher rates than other age groups, regardless of how effective services are. Even with effective public interventions in health and social care, older people are likely to remain the group most affected by ill health and disability. As such, it is understandable that evaluating the extent to which services may reduce or reinforce inequality can be complex. However, the Audit of Inequalities does not appear to go far enough in its examination of the impact on older people. It falls short in addressing how older people, as a Section 75 group, may be disproportionately affected by the design and delivery of health services.

The annexed data tables in the Audit of Inequalities, which present health outcomes by Section 75 groups, omit any data disaggregated by age—despite including other Section 75 categories.⁹ While it is understood that a Census-based comparison of health outcomes by age group alone may not, in itself, demonstrate equality issues, this does not mean such data lacks value. On the contrary, census data can offer important insights into how effective health interventions have been for older people

⁷ The number of care packages for older people, the number of domiciliary care packages, or the number of older persons registered at statutory day care facilities are today lower than they were a decade ago. During this period, the population older than 65 grew by 20%. Sources: Department of Health (2025) [Statistics on community care for adults in Northern Ireland 2023/24](#) and [Statistics on community care for adults in Northern Ireland 1998/99 to 2022/23](#). Population calculation based on [NISRA, 2023 Mid-Year Population Estimates](#).

⁸ The number of patients waiting for a first consultant-led outpatient appointment between 2009 and 2023 has increased by 453%. See Northern Ireland Executive (2024) [Draft Programme for Government 2024-2027 'Our Plan: Doing What Matters Most'](#); page 27, 'The number of patients waiting for a first consultant-led outpatient appointment has increased from 77,091 in Q1 2008/09 to 428,858 in Q2 2023/24'.

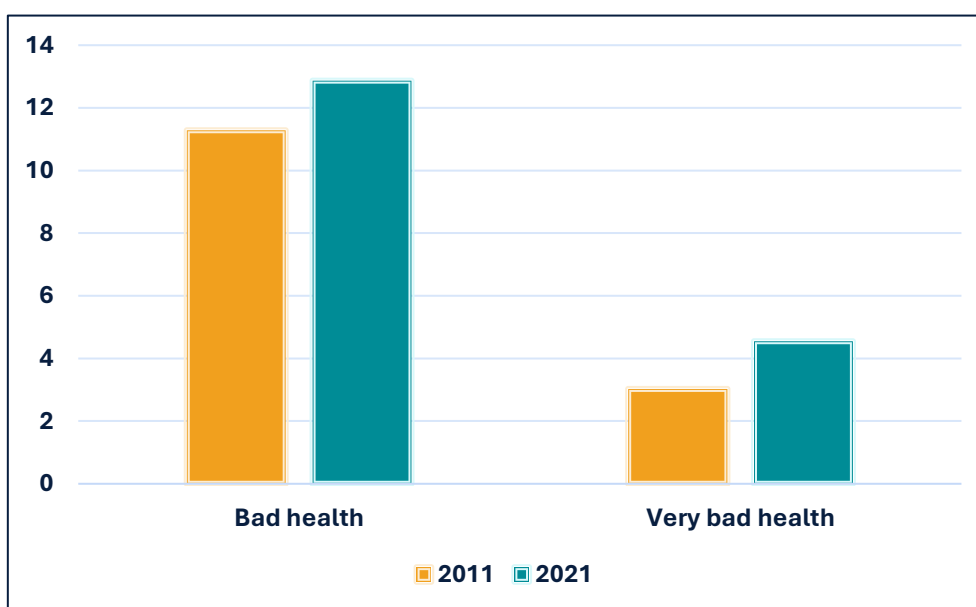
⁹ Department of Health (2025) [Consultation on Draft Equality Action Plan and Draft Disability Action Plan, Annex A. Audit of Inequalities 2025-2030](#); page 24.

over time. For instance, this effectiveness can be examined by looking at the evolution of the self-reported general health by age groups, and by comparing this evolution with that of other Section 75 groups such as ethnic minorities.

TABLE 1. % of people that reports bad or very bad health by age¹⁰

	0 to 15	16 to 44	45 to 64	65 and over
2011	0.51	2.65	9.78	14.32
2021	0.77	3.69	12.25	17.41

FIGURE 1. evolution of self-reported health in general by age (% 65+)¹¹



Older people are also disproportionately affected by the inequalities experienced by other Section 75 groups. For example, they are more likely than other age groups to provide full-time care (over 50 hours per week, as shown in Figure 2), and are also more likely to live with a long-term disability (see Table 2). These overlapping factors can multiply the effects of inequality in the health sector for this age group.

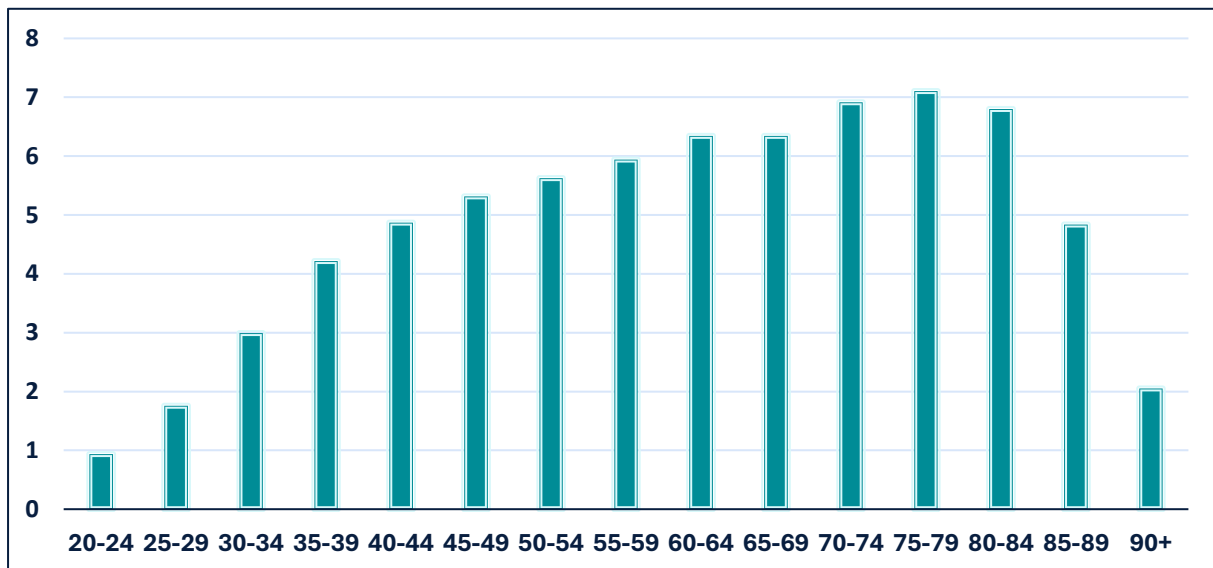
¹⁰ NISRA, Census 2011 tables, [General health by ethnic group by age by sex](#); Census 2021 [Flexible table builder, Health in General by Age - 7 Categories A](#).

¹¹ NISRA, Census 2011 tables, [General health by ethnic group by age by sex](#); Census 2021 [Flexible table builder, Health in General by Age - 7 Categories A](#).

TABLE 2. % of long-term disability (day-to-day activities limited)¹²

	2021
Aged 0 to 15	8.14
Aged 16 to 44	13.67
Aged 45 to 64	30.58
Aged 65 and over	56.75

TABLE 3. % of population that provides more than 50 hours of care per week by age group ¹³



The Department’s budgets indicate that the current financial climate—marked by funding and workforce constraints—is likely to impact older people disproportionately, both now and in the future. As the consultation documents for the DAP and EAP acknowledge, individuals’ health outcomes are often shaped by their belonging to particular groups, and targeted interventions are needed to address these inequalities.

In this context, while we recognise the Department’s efforts to identify and address health inequalities, we believe that a more thorough analysis of those affecting older people is still lacking. The current Audit of Inequalities does not provide a sufficiently comprehensive picture for an external observer to fully understand the extent and

¹² Census 2021 [Flexible table builder, Age - 7 Categories A by Health Problem or Disability \(Long-term\) - 2 Categories.](#)

¹³ Census 2021 [Flexible table builder, Age - 19 Categories by Provision of Unpaid Care - 5 Categories.](#)

nature of the impact on older people. A more thorough exercise could have been done, despite the understandable difficulties.

Specific action in the Equality Action Plan

Disease and disability are not inherent to old age. While older people are statistically more likely to experience them, this does not mean that ill health is the natural or inevitable state of old age. Health interventions have a direct impact on the level of disease and disability experienced by older populations. Although comparisons may be complicated by the higher rates of morbidity in later life, health outcomes are influenced by a wide range of factors—of which age is just one, as the consultation documents acknowledge.

While older people may generally experience poorer health outcomes, these can be made worse by poor intervention or improved through targeted and effective support. The specific action proposed in the EAP to respond to the issues identified in the Audit of Inequalities offers a good example of intervention that can improve the health outcomes for older people (addressing older people's overly long hospital stays). However, there are also gaps between identified inequalities and actions proposed. Within the Audit of Inequalities, ten potential/emerging inequalities were identified by the Department, while the EAP only proposes action on two of them:¹⁴

Potential/emerging inequalities:

- Lower male life expectancy with a high risk of suicide in males aged 19-55yrs in the most deprived areas.
- Older people with dementia are not receiving timely and accurate diagnosis, appropriate care and treatment.
- High rates for respiratory diseases and poor lung health for elderly and children in deprived areas.
- Delays in hospital discharge for older patients requiring home care.
- Older people have an increased risk of oral cancer.
- Oral cancer is more common in older adult populations.

¹⁴ Department of Health (2025) [Consultation on Draft Equality Action Plan and Draft Disability Action Plan, Annex A – Audit of Inequalities 2025-2030](#); page 16.

- People between the age of 50 and 60 have a higher risk of undiagnosed bowel cancer.
- Carers suffer from higher levels of ill health including increased stress and mental health issues and increased social isolation.
- Older carers who provide care have poor health in comparison to those of the same age who are not care givers.
- Older people and some ethnic minorities (Black people and South Asian people) have a higher risk of stroke if they suffer from dementia.

*Actions proposed address:*¹⁵

- Those between the age of 50 and 60 have a higher risk of undiagnosed bowel cancer.
- Delays in hospital discharge for older patients requiring home care.

This rate of proposed action for the identified issues affecting older people is below the average rate of intervention across all Section 75 groups (43 identified potential/emerging inequalities and 21 proposed measures). It is unclear why some of the identified potential inequalities are actioned and others are not. The plan would benefit from a more thorough explanation of the logic that drives the decision-making of the Department to prioritise action on certain areas and not others, but this justification is absent.

Conclusion

This Action Plan proposes steps toward addressing key issues of equality of opportunity for older people in Northern Ireland, which the Commissioner for Older People welcomes. In particular, we commend the Department's efforts to reduce unnecessarily long hospital stays, which can lead to deconditioning—a matter of serious concern for our older population. However, the EAP remains limited in its proposals to address the broader range of inequality concerns identified in the Audit of Inequalities.

Health and social care remain priority areas for the Commissioner for Older People for Northern Ireland. While we fully acknowledge the financial pressures facing the Department, we are concerned that the proposed actions may fall short in meeting the

¹⁵ Department of Health (2025) [Consultation on Draft Equality Action Plan and Draft Disability Action Plan, Annex B – Draft Equality Action Plan 2025-2030](#); page 3.

scale of the challenges identified. Given the risks facing older people, as outlined throughout this response, we strongly urge the Department to strengthen its focus on protecting and promoting the rights and wellbeing of older people in its present and future work.

Yours sincerely,



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