

Equality Impact Assessment

Document control

Title of activity:	Pharmaceutical Needs Assessment
Type of activity:	Procedure
Lead officer:	Donna Pusey
Approved by:	
Date completed:	3/10/14
Scheduled date for review:	1/4/16

Did you seek advice from the Corporate Policy a Diversity team?	Yes / No
Does the EIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?	Yes/ No

The Equality Impact Assessment (EIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service. It also helps the Council to meet its legal obligation under the Equality Act 2010 and the Public Sector Equality Duty.

Please complete the following checklist to determine whether or not you will need to complete an EIA. Please ensure you keep this section for your audit trail. If you have any questions, please contact the Corporate Policy and Diversity Team at diversity@haverling.gov.uk

About your activity

1	Title of activity	Pharmaceutical Needs Assessment
2	Type of activity	Procedure
3	Scope of activity	The Pharmaceutical Needs Assessment (PNA) for Havering has assessed the provision of pharmaceutical services within the Havering and neighbouring HWB areas. The assessment makes recommendations to fill any gaps in the provision of pharmaceutical services, and also recommendations for improvements and/or better access to current provision
4a	Is the activity new or changing?	Yes - new for the local authority
4b	Is the activity likely to have an impact on individuals or groups?	
5	If you answered yes:	<i>Please complete the EIA on the next page.</i>
6	If you answered no:	N/A

Completed by:	Donna Pusey, Interim Joint Strategic Needs Assessment Officer, Corporate Policy and Diversity/Public Health
Date:	3 rd October 2014

Background / context:

As per the Pharmaceutical Services Regulations 2013, each Health and Wellbeing (HWB) Board was required to produce a Pharmaceutical Needs Assessment (PNA) by 1st April 2015. The PNA has assessed the provision of pharmaceutical services within the Havering HWB area and its neighbouring areas, for the people of Havering. The PNA will be used by NHS England to determine access to pharmaceutical services, and by the Havering HWB in conjunction with the JSNA and other strategic documents to plan services to address health inequalities in the Havering HWB area.

Pharmaceutical services are the majority of services provided by community pharmacies, appliance contractors, and some dispensing GP practices. The Havering HWB area has community pharmacies and appliance contractors providing pharmaceutical services.

A PNA was produced by Havering PCT in 2011. The Havering HWB PNA will revise this existing PNA and plan for the next three years. Future revisions of the Havering HWB PNA will occur at least every three years.

Age: Consider the full range of age groups

*Please tick (✓)
the relevant box:*

Positive**Neutral****Negative****Overall impact:**

The PNA has taken account of health needs and how the needs of different age groups may vary. It has assessed access to, and availability of, pharmaceutical services in Havering and has considered any actions necessary within the pharmaceutical service provision to reduce health inequalities between different age groups, particularly for the most vulnerable age groups such as pre-school age children and over 65's. The PNA was informed by a public and stakeholder consultation. A Steering Group considered all responses, and the final report was signed off by the Havering HWB Board.

There were no gaps in provision identified within the consultation for services used by particular age groups. The next PNA should aim to build on this and improve the information of service users from different age groups. This includes services where are disproportionate health inequalities for specific age groups, such as sexual health services for younger people and healthy lifestyle for those over 40

Evidence:

Borough age profile

Havering has a significantly higher number of people aged 25-64 and 85+ compared to London and England, and the 85+ population has grown by over 43% in the period 2001 to 2011. At the last census in 2011, the mean age of the population was significantly higher than London and England, and had increased since 2001.

Consultation respondents age profile

From the consultation survey, 4% were aged 85+, 15% were aged 75-85, 27% were aged 65-74, 31% were aged 55-64, 12% were aged 45-54, 8% were aged 35-44 and 3% were aged under 18.

Section 5 provides a detailed age breakdown of the pharmacy user survey.

Compared to the Havering population (mid-2013 estimates):

24% of the population are under 20 years – only 3% of consultation responses were under 18;

32% of the Havering population is aged 20-44 years – only 3% of the consultation responses were from this age group;

26% of the Havering population is aged 45-64 years – 43% of the consultation responses were from this age group;

19% of the Havering population is aged over 65 years – 46% of the consultation responses were from this age group;

Whilst there is evidence to suggest that older people access pharmacy services more (more prescriptions are issued for older populations), younger people age groups have been under represented in the consultation and when the PNA is next undertaken, every effort should be made to engage with younger age groups.

Sources used:

Results from pharmacy user survey and results from consultation on the draft PNA.

Census 2011

Disability: Consider the full range of disabilities; including physical mental, sensory and progressive conditions

Please tick (✓) the relevant box:

Positive

Neutral

Overall impact:

The PNA has taken account of health needs, with a particular focus on the needs of people living with disabilities and long-term health conditions.

It has assessed access to, and availability, of pharmaceutical services in Havering. It has considered any actions necessary to reduce health inequalities and barriers to pharmaceutical service provision experienced by people with different types of disabilities,

		<p>such as residents with learning difficulties and disabilities, deaf residents, residents with mental health needs, etc.</p> <p>The PNA was informed by a public and stakeholder consultation, A steering group considered all responses, and the final report was signed off by the Havering HWB Board.</p> <p>There were no gaps in provision identified within the consultation for services used by disabled people. The next PNA should aim to build on this and improve information regarding disabled service users. This includes services that support specific disabilities, such as mental health needs and people with cancer or HIV.</p>
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Evidence:

Borough disability profile

In the 2012/13 Annual Population Survey, 21% of the population of Havering aged 16-64 indicated that they have a disability or long-term condition. From the 2011 Census, 52% of people aged 65+ in Havering have a disability or long-term condition. It is anticipated that the number of adults in Havering aged 18 to 64 with moderate or severe disabilities will rise by about 7%, to more than 15,000 people, by 2021.

Around 20,000 adults in Havering have mental health problems.

A higher percentage of adults (10.4%) in Havering compared to London (8.5%) have identified themselves as carers.

Consultation respondents disability profile

30% of respondents to the consultation summary and 18% of respondents to the pharmacy user survey reported that they have a disability.

Sources used:

Results from pharmacy user survey and results from consultation on the draft PNA
 Annual Population Survey 2012/13
 Census 2011

Sex / gender: Consider both men and women		
<i>Please tick (✓) the relevant box:</i>	Overall impact:	
Positive		

Neutral	✓	The PNA has taken account of health needs and the specific needs of girls and women; and boys and men.
Negative		<p>It has assessed access to, and availability of, pharmaceutical services in Havering. It has considered any gender-specific actions necessary within the pharmaceutical service provision to reduce gender-based health inequalities and gaps in service provision. A steering group considered all responses, and the final report was signed off by the Havering HWB Board.</p> <p>There were no gaps in provision identified within the consultation for services used by particular genders. The next PNA should aim to build on this and improve information of both genders, especially men and boys. This includes services related to health inequalities that disproportionately impact on this protected characteristic, such as needle/syringe exchange and healthy living advice services.</p>

Evidence:

Borough gender profile

52% of the current Havering population are girls and women, which is slightly above the average for London (50%) and England (51%). Life expectancy for females in Havering is 84.1 years compared with 79.1 years for males.

Consultation respondents gender profile

Of respondents to the pharmacy user survey 30% were male and 70% were female. Of respondents to the consultation survey 62% were male and 39% were female.

From the 2011 Census, 52% of Havering's population is female. The female population was under-represented within the consultation survey while men and boys were under represented in the pharmacy user survey.

Sources used:

Results from pharmacy user survey and results from consultation on the draft PNA.
Census 2011

Ethnicity / race: Consider the impact on different ethnic groups and nationalities

Please tick (✓) the relevant box:

Overall impact:

Positive		<p>The PNA has taken account of health needs and how these needs may vary between different ethnic groups. It has assessed access to, and availability of, pharmaceutical services in Havering. It has considered any actions necessary to reduce health inequalities and barriers to pharmaceutical service provision experienced by different ethnic groups and people whose first language is not English. The PNA was informed by a public and stakeholder consultation during which we specifically targeted ethnic groups known to experience health inequalities.</p> <p>These including people whose first language is not English; asylum seekers and refugees; and gypsies, Roma and Irish travellers. A steering group considered all responses, and the final report was signed off by the Havering HWB Board.</p> <p>There were no gaps in provision identified within the consultation for services used by particular ethnic groups. The next PNA should aim to build on this and improve information of different ethnicities. This includes services related to health inequalities that disproportionately impact on this protected characteristics, such as sexual health services.</p>
Neutral	✓	
Negative		

Evidence:

Borough ethnicity profile

Havering is amongst the least ethnically diverse boroughs in London. 2011 Census data shows that 83% of the population are white British (England 80%, London 45%). However, the population percentage from BME groups has more than doubled between 2001 and 2011 from 8% to 17% and is projected to continue to rise. The black populations account for approximately 11,000 residents in Havering. The Asian populations represent around 11,500 people. Around 160 people in Havering are gypsies or Irish travellers. Almost 95% of people aged 16 and over have English as a main language within the household (London: 74%, England and Wales: 91.2%).

Consultation respondents ethnicity profile

Ethnicity breakdown to respondents to the pharmacy survey are found in section 5. From the responses to the consultation survey: 70% were White-British, 4% were White-Irish, 4% were White-Other, 15% were Asian or Asian British-Indian, 7% were Black or Black British-African.

Compared with the 2011 Census data, the consultation had a significantly lower percentage of responses from the following populations: White-British, Mixed ethnic groups, selected Asian populations, selected Black populations, and other ethnic groups.

Sources used:

Results from pharmacy user survey and results from consultation on the Draft PNA Census 2011

Religion / faith: Consider people from different religions or beliefs including those with no religion or belief

Please tick (✓) the relevant box:

Positive

Neutral

Negative

Overall impact:

The PNA looked at how health needs may vary between different religious groups. It has assessed access to, and availability of, pharmaceutical services in Havering. It has considered any actions necessary to reduce identified health inequalities and barriers to pharmaceutical service provision on the grounds of religion or lack of religious beliefs. The PNA was informed by a public and stakeholder consultation during which we engaged with different religious groups in a culturally sensitive way. A steering group considered all responses, and the final report was signed off by the Havering HWB Board.

There were no gaps in provision identified within the consultation for services used by particular faith or religious groups. The next PNA should aim to build on this and improve information of people from different religions or faiths. This includes services related to health inequalities that disproportionately impact on this protected characteristic.

Evidence:Borough profile based upon religion

In the 2011 Census, over 66% of the population of Havering stated that they are Christian, with 23% who declared that they do not have any religion. Just below 7% preferred not to state their religion. For other religions/faiths: Muslim-2%, Hindu-1%, Sikh-1%, Jewish-0.5%, Buddhist 0.3%, 'Other' 0.3%.

Consultation respondents profile based on religion

Faith breakdown of respondents to the consultation survey: 65% Christian, 12% Hindu, 4% Muslim, 15% No religion, 4% preferred not to say.

The consultation was underrepresented from Sikh, Jewish, Buddhist and 'Other' religions/faiths, and people with no religion/faith.

Sources used:

Results from consultation on the draft PNA

2011 Census

Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual

Please tick (✓) the relevant box:

Positive

Neutral

Negative

Overall impact:

The PNA has taken account of health needs and how differing population groups' needs may vary. It has considered any actions necessary within the provision of pharmaceutical services to reduce these health inequalities. Access and availability to pharmaceutical services in Havering were assessed and options considered to improve access and availability. A steering group has considered all responses, and the final report was signed off by the Havering HWB Board.

There were no gaps in provision identified within the consultation for services used by people with different sexual orientations. The next PNA should aim to build on this and improve information of people with different sexual orientations. This includes services related to health inequalities that disproportionately impact on this protected characteristic, such as sexual health services and HIV screening.

Evidence:

We do not hold local data relating to sexual orientation in the borough.

Consultation respondents profile based on sexual orientation

Of respondents to the consultation survey 88% were heterosexual / straight, 4% were gay women / lesbian and 8% prefer not to say

Sources used:

Results from consultation on the draft PNA

Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

Please tick (✓) the relevant box:

Positive

Overall impact:

The PNA has taken account of health needs and how differing population groups' needs may vary. It has considered any actions

Neutral	<input checked="" type="checkbox"/>	necessary within the provision of pharmaceutical service provision to reduce these health inequalities. Access and availability to pharmaceutical services in Havering were assessed and options considered to improve access and availability. A steering group has considered all responses, and the final report was signed off by the Havering HWB Board.
Negative	<input type="checkbox"/>	There were no gaps in provision identified within the consultation for services used by people whose gender identity is different to their gender at birth. The next PNA should aim to build on this and improve information of people with this protected characteristic. This includes services that may support the gender reassignment process.
Evidence:		
Gender Identity and Gender Reassignment were not asked as part of the consultation		
There is no sufficient information on sexual orientation held for LB Havering		
Sources used:		

Marriage / civil partnership: Consider people in a marriage or civil partnership		
<i>Please tick (✓) the relevant box:</i>		Overall impact: The PNA has taken account of health needs and how differing population groups' needs may vary. It has considered any actions necessary within the provision of pharmaceutical service to reduce these health inequalities. Access and availability to pharmaceutical services in Havering were assessed and options considered to improve access and availability. A steering group considered all responses, and the final report was signed off by the Havering HWB Board. There were no gaps in provision identified within the consultation for services used by people who are married or are in a civil partnership.
Positive	<input type="checkbox"/>	
Neutral	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	

Evidence:

Borough profile of marriage and civil partnership status

The 2011 Census shows that there were over 93,000 people (48.5% of the local population) married, and 196 people in a registered same-sex civil partnership in Havering.

Marital status was not asked as part of the consultation

Sources used:

Census 2011

Pregnancy, maternity and paternity: Consider those who are pregnant and those who are undertaking maternity or paternity leave

Please tick (✓) the relevant box:

Positive

Neutral

Negative

Overall impact:

The PNA took account of health needs and how differing population groups' needs may vary. It considered any actions necessary within the provision of pharmaceutical services to reduce these health inequalities. Access and availability to pharmaceutical services in Havering were assessed and options considered to improve access and availability. A steering group considered all responses, and the final report was signed off by the Havering HWB Board.

There were no gaps in provision identified within the consultation for services used by pregnant women and families with young children. There are no services provided from pharmacies which specifically target pregnant women.

Evidence:

Questions relating to pregnancy, maternity and paternity were not asked as part of the consultation. There is no local data relating to pregnancy and maternity.

No issues were raised regarding this protected characteristic.

Sources used:

Socio-economic status: Consider those who are from low income or financially excluded backgrounds

Please tick (✓) the relevant box:

Positive

Neutral

Negative

Overall impact:

The PNA took account of health needs and how differing population groups' needs may vary. It considered any actions necessary within the provision of pharmaceutical services to reduce these health inequalities. Access and availability to pharmaceutical services in Havering were assessed and options considered to improve access and availability. A steering group considered all responses, and the final report was signed off by the Havering HWB Board

There were no gaps in provision identified within the consultation for services used by individuals from disadvantaged socio-economic statuses. The next PNA should aim to build on this and improve information of people from lower socio-economic statuses and ensure that there are no barriers to accessing services.

Evidence:

About 60% of the population of Havering indicated in the 2011 Census that they have one or more of the following deprivation characteristics (dimensions): no qualifications, a long-term illness, unemployment, or overcrowded housing.

Questions relating to socio-economic status were not asked as part of the consultation

Sources used:

Census 2011

Action Plan

In this section you should list the specific actions that set out how you will address any negative equality impacts you have identified in this assessment.

Protected characteristic	Identified negative impact	Action taken to mitigate impact*	Outcomes and monitoring**	Timescale	Lead officer
Age	Lower percentage of responses from young people and middle-aged people	Future revisions of the PNA will occur at least every 3 years and the consultation should consider how increased percentage of respondents from young people and middle-aged people can be captured	Increased number and percentage of responses from young people and middle-aged people	Mid 2017-2018 or earlier	Donna Pusey
Sex/gender	Lower percentage of responses of females	Future revisions of the PNA will occur at least every 3 years and	Increased number and percentage of responses from females	Mid 2017-2018 or earlier	Donna Pusey

	compared to Havering population	the consultation should consider how increased percentage of respondents from females can be captured			
Ethnicity	Lower percentage of responses from specific ethnicities compared to Havering population	Future revisions of the PNA will occur at least every 3 years and the consultation should consider how increased percentage of respondents from more diverse ethnic populations can be captured	Increased number and percentage of responses from more diverse ethnicities	Mid 2017-2018 or earlier	Donna Pusey

Religion/belief	Lower percentage of responses from specific religions/beliefs compared to Havering population	Future revisions of the PNA will occur at least every 3 years and the consultation should consider how increased percentage of respondents from more diverse religions/ beliefs can be captured	Increased number and percentage of responses from more diverse religions/beliefs	Mid 2017-2018 or earlier	Donna Pusey
Sexual orientation, gender reassignment, marriage/civil partnership, socio-economic status	Data not captured in consultation	Future revisions of the PNA will occur at least every 3 years and the consultation should consider how data can be captured from these protected characteristics	Increased data from wider protected characteristics	Mid 2017-2018 or earlier	Donna Pusey

* You should include details of any future consultations you will undertake to mitigate negative impacts

** Monitoring: You should state how the negative impact will be monitored; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).

Review

In this section you should identify how frequently the EIA will be reviewed; the date for next review; and who will be reviewing it.

The PNA will be re-produced at least every 3 years, in line with current legislation. A consultation will be undertaken as part of the re-writing process, and the EIA will be considered at this point