



Equality Impact Assessment Record Form 2012-16

This form is to be used for recording the Equality Impact Assessment (EIA) of Council activities. It should be used in conjunction with the guidance on carrying out EIA in **Annex 2** of the Equality Scheme. The activities that may be subject to EIA are set out in the guidance.

EIA is particularly important in supporting the Council to make fair decisions. The Public Sector Equality Duty requires the Council to have regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations.

Using this form will help Council officers to carry out EIA in an effective and transparent way and provide decision-makers with full information on the potential impact of their decisions. The purpose is to avoid inadvertent disadvantage or discrimination resulting from decisions.

EIA is not a fixed process – it will vary according to the scale and type of activity. The form and guidance are designed to cover all eventualities. Officers should not be discouraged by the form, but should use their discretion in using it flexibly according to the activity they are assessing.

EIA does not happen at a single point in time. It is an ongoing and integral part of the development of the activity or proposal. This EIA template should be kept open and live as a planning document, and updated as the activity or proposal progresses.

Section 1 – Service Details and Summary of EIA Activity

Title of activity:	Publishing of the Pharmaceutical Needs Assessment 2015
Lead Officer responsible for this EIA:	Miriam Davidson Director of Public Health
Telephone:	01325 406729
Service Group:	People
Service or Team:	Public Health
Assistant Director accountable for this EIA	Miriam Davidson, Director of Public Health
Who else will be involved in carrying out the EIA:	Abbie Metcalfe, Business Officer Catherine Parker, Public Health Portfolio Lead Ken Ross Public Health Principal Zoe Foster-Graduate Apprentice

What stage has the EIA reached?

This table provides a 'cover note' of progress to be maintained as the EIA is developed over time.

Stage categories 1-3 listed below refer to the funnel model. Note the stage reached and any consultation or engagement carried out. Simple activities may not need all these stages. Provide details of population/individuals affected in Section 2

Stage	Date	Summary of position
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	20/08/14	Population of Darlington, 105,600 (ONS, 2011 census) Surrounding Health and Wellbeing Board areas.
Stage 2: Further Assessment. Target Population likely to be affected identified		The target population is all demographics who access pharmaceutical services.
Stage 3: Further Assessment. Individuals likely to be affected identified		Regular users of pharmaceutical services within the borough. Health practitioners and advocates e.g. Healthwatch. Pharmacy service providers within the borough and surrounding authorities.
Stage 4: Analysis of Findings	21/01/2015	Updated Jan 2015: Impacts on those with protected characteristics were minimum to none. Any impacts identified in the consultation stage have been taken on board and actions or responses have been

		<p>prepared.</p> <p>In terms of general impacts on the population as a whole, the main feedback from the formal consultation was the lack of effective publicity around opening times of pharmacies and the services they provide. Suggestions included “Opening times could be printed on the back of prescriptions or the blank sheet opposite.” The document’s recommendations in the executive summary makes reference to the need to “improve public and professional access to accurate and timely information on pharmacy opening hours, services and location including widespread availability of consultation facilities.” (Darlington Pharmaceutical Needs Assessment page 17). Therefore future commissioners will be able to see this issue when using the document.</p>
Stage 5: Sign-Off		26/01/15
Stage 6: Reporting and Action Planning		

Section 2 – The Activity and Supporting Information

Details of the activity (including the main purpose and aims)
<p>The activity is the publishing of the Pharmaceutical Needs Assessment document for Darlington.</p> <p>The Pharmaceutical Needs Assessment (PNA) will identify what pharmaceutical services currently exist in the borough, map whether there is enough services to match local needs and identify any gaps in services offered. The PNA should then be used by NHS England as a tool to inform commissioning of pharmaceutical services in relation to local health priorities. Clinical Commissioning Groups (CCGs), Local Authority Public Health are the commissioners who would also find it useful, but the document must also be accessible to public, patients, providers, partners and external stakeholders. The PNA is a legal requirement under the Health and Social Care Act 2012 in which responsibility for the development and updating of PNAs was transferred to Health and Wellbeing Boards (HWBs).</p> <p>The main aims of the document are to:</p> <ul style="list-style-type: none"> • Allow accurate conclusions to be drawn to encourage a rational approach to future commissioning by prioritising investment according to identified needs. • Present an accurate analysis of pharmaceutical provision for the whole borough at present • Identify any gaps in service provision <i>e.g. if there is not a pharmacy in a locality and nearby pharmacies are not reachable</i> • Improve health and wellbeing outcomes <p>The PNA will be developed with regard to the wider outcomes outlined in Darlington’s Sustainable Community Strategy, which also serves as the Health and Wellbeing Strategy. Outcomes under which the PNA would sit include:</p> <ul style="list-style-type: none"> • A place designed to thrive • Enough support for people when needed
Who will be affected by the activity?
<p>See the guidance on carrying out equality impact assessment within the Equality Scheme 2012-16. Provide details of the groups and numbers of people affected below, updating the table as the EIA develops and the understanding of who will be affected emerges in more detail.</p>
Whole population
<p>Population of Darlington, 105,600 (ONS, 2011 census)</p>
Target population
<p>The key groups that are likely to be affected are:</p> <ul style="list-style-type: none"> • The users of pharmaceutical services within the borough
Individuals
<ul style="list-style-type: none"> • Service users/patients • Service providers • Health advocates e.g. Healthwatch, LPC

What data, research and other evidence or information is available which is relevant to the EIA?

National Context:

- (a) Health and Social Care Act 2012
- (b) 'Fair Society Healthy Lives' (The Marmot Review)
- (c) The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 '*Part 2 Pharmaceutical Needs Assessments*'

Local Strategic Context:

- (a) Health and Wellbeing Board
 - (i) Terms of reference
 - (ii) Membership
 - (iii) Work programme
- (b) Health and Social Care Strategy (Darlington Sustainable Community Strategy)
- (c) Health and Social Care Delivery Plan
- (d) Darlington Single Needs Assessment

Check: before proceeding to the officer assessment, have you obtained all the data and information that is currently available?

Section 3: Officer Assessment

Use this table to record your views on potential impact on Protected Characteristics. As the activity and the assessment develop your views may change – record them here. It is important to be searching and honest about this – many Council activities are planned to be of positive benefit to identified target groups but can often have the potential for inadvertent effects on other groups.

Protected Characteristics	Potential Impact Positive/Negative/ Not Applicable			Potential level of impact				Summary of Impact
	P	N	NA	H	M	L	nil	
Age	P	N	NA	H	M	L	nil	The publishing of the PNA will provide guidance to NHS England and other commissioners when commissioning pharmacy services. Therefore positive impacts on all ages could be ensuring proximity of service to home, proximity of service to local GP and proximity of service to public transport links.
Race	P	N	NA	H	M	L	nil	The PNA will have strategic health information broke down by different demographics including ethnicity. Therefore commissioners will be able to see which groups live in Darlington and commission services appropriately. This will have a positive impact on this group.
Sex	P	N	NA	H	M	L	nil	There is no specific impact for this group.
Gender Reassignment	P	N	NA	H	M	L	nil	There is no specific impact for this group.
Disability (summary of detail on next page)	P	N	NA	H	M	L	nil	The publishing of the PNA will aim to ensure that pharmaceutical services are available in all localities and accessible to all groups. Therefore a positive impact of the publishing of the PNA could be that commissioners will be able to ensure all people with a disability can access their local service.
Religion or belief	P	N	NA	H	M	L	nil	No impact.
Sexual Orientation	P	N	NA	H	M	L	nil	There is no specific impact for this group.

Pregnancy or maternity	P	N	NA	H	M	L	nil	The PNA will assess the current provision of and future requirements for pharmaceutical services for our local population. Should a gap in service for this particular group be found, this could be seen as a positive impact.
Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	There is no specific impact for this group.

Section 3: Officer Assessment - continued

The Council must have due regard to disabled people’s impairments when making decisions about ‘activities’. This list is provided only as a starting point to assist officers with the assessment process. It is important to remember that people with similar impairments may in reality experience completely different impacts. Consider the potential impacts and summarise in the Disability section on the previous page. Officers should consider how the ‘activity’ may affect a disabled person.

Mobility Impairment	P	N	NA	H	M	L	nil	It should be noted that community pharmacies delivering pharmaceutical services are required to comply with Equalities Act 2010 requirements. Therefore it is expected that there should be no gaps in service provision for mobility impaired pharmacy users and therefore no impact.
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Cumulative Impacts

The officer responsible for this EIA should seek input from the Corporate Equalities Group on the potential for this activity to combine with other recent, current or proposed activities, both Council and in the external environment, to result in more severe impacts on people with Protected Characteristics through their cumulative effects. The Corporate Equalities Group will advise on the content for this section of the EIA.

Change activities	Potential cumulative impacts

Section 4: Engagement Decision

The decision about who to engage with, and how and when to engage, is the key to effective EIA. Please see Annex 2 of the Equality Scheme for guidance on the engagement decision.

Is engagement with affected people with Protected Characteristics required, now or during the further development of the activity?	Yes
If YES, proceed to the next section. If NO, briefly summarise below the reasons why you have reached this conclusion.	
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If you have come to the conclusion that engagement is not required, seek ratification from the Corporate Equalities Group through your service Equalities Co-ordinator.

If engagement is not required but the officer assessment has identified changes that should be made to the activity, please complete Sections 7 and 8. If not the assessment can be signed-off at Section 9.

Any reports to decision-makers during the development of the activity, for example feasibility or options appraisal reports, should include content on the latest thinking and findings of the EIA even though, like the activity, further development of the EIA may be required before final reporting.

The findings of the officer assessment should be included in any reports to decision-makers. These may be feasibility or options appraisal reports where the activity is at an early stage of development, but it is essential that any equality findings are taken into account in formal decisions at all stages of development of the activity.

Section 5 – Involvement and Engagement Planning

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No
No
Will the differential treatment advance equality for people with Protected Characteristics? Yes/No
Not applicable to this activity.
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No
Not applicable to this activity.

From the above, prepare a simple plan using the template overleaf for involving and engaging with the organisations, groups and individuals likely to be affected by the activity.

There may be several stages of involvement and engagement, particularly for more complex activities. Initially it may be possible to identify and engage only with stakeholder and representative organisations for the people with Protected Characteristics who may be affected. Further development of the activity may be required before the individuals who will be affected can be identified.

The Involvement and Engagement Plan should evolve accordingly, with new engagement proposals added as they are identified.

Involvement and Engagement Plan

Which organisations, groups and individuals do you need to involve or engage and how?

Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
04/11/14	Local Pharmaceutical Committee	60 day formal consultation to take place Nov 2014-Jan 2015	Online consultation of draft document with set questions (hard copies will be available on request)
04/11/14	Local Medical Committee		Online consultation of draft document with set questions (hard copies will be available upon request)
04/11/14	<p>Darlington Pharmacies-</p> <p>Morrisons Morton Park,</p> <p>Sainsbury Pharmacy Victoria Road,</p> <p>Rockcliffe Court Pharmacy,</p> <p>Middleton Pharmacy,</p> <p>Lloyds Damson court.</p> <p>Rowlands- Cardinal Gardens, High Row,</p> <p>Whinbrush Way, West Park, North Road,</p> <p>Blacketts, Neasham Road, Clifton Court,</p> <p>Henson Road, 99 North Road and West Auckland Road.</p> <p>J Clark Yarm Road,</p> <p>Denmark Street pharmacy,</p> <p>Co-op Victoria Road, Boots High Row and Northgate,</p> <p>Asda pharmacy Whinbrush Way,</p> <p>Cockerton pharmacy West Auckland Road.</p>	60 day formal consultation to take place Nov2014-Jan 2015	Online consultation of draft document with set questions (hard copies to be available upon request)

04/11/14	Dispensing Doctors- Rockcliffe Felix House.	60 day formal consultation to take place Nov 2014-Jan 2015	Online consultation with set questions (hard copies to be available on request)
04/11/14	Healthwatch Darlington	60 day formal consultation to take place Nov 2014-Jan 2015	Online consultation with set questions (hard copies to be available on request)
04/11/14	Patient/Consumer groups (as determined by Healthwatch) JAN 15 update: those present at focus group were: -Healthwatch Darlington reps -Darlington Borough Council Councillor -Darlington Borough Council -Alzheimer's Society -Co.Durham and Darlington LPC -Age UK Darlington -British Lung Foundation -Cancer Services	60 day formal consultation to take place Nov 2014-Jan 2015	Online consultation with set questions (hard copies to be available on request) JAN 15 update: Healthwatch organised a focus group as part of the 60 day formal consultation with local third sector, patient groups, community groups invited to hold a discussion around the document. This took place 13/01/15
04/11/14	Co. Durham and Darlington Foundation Trust	60 day formal consultation to take place Nov 2014-Jan 2015	Online consultation with set questions (hard copies to be available on request)
04/11/14	Tees Esk Wear Valley NHS Trust	60 day formal consultation to take place Nov 2014-Jan 2015	Online consultation with set questions (hard copies to be available on request)
04/11/14	North East Ambulance Service	60 day formal consultation to take place Nov 2014-Jan 2015	Online consultation with set questions (hard copies to be available on request)
04/11/14	Darlington Clinical Commissioning Group	60 day formal consultation to take place Nov	Online consultation with set questions (hard copies to be available on request)

		2014-Jan 2015	
04/11/14	NHS England Local Area Team	60 day formal consultation to take place Nov 2014-Jan 2015	Online consultation with set questions (hard copies to be available on request)
04/11/14	Neighbouring Health and Wellbeing Boards- Stockton, Co. Durham North Yorkshire	60 day formal consultation to take place Nov 2014-Jan 2015	Online consultation with set questions (hard copies to be available on request)

Engagement to identify impacts works best in face-to-face and small group settings

Section 6: Engagement Findings

Updated Jan 15:

The table below shows impacts identified through engagement on protected characteristics:

	Date/summary of engagement carried out	Summary of impacts identified
Mental Health	13/01/2015	From the online survey a comment from a respondent stated <i>"In a brief scan I cannot see any specific help for mental health services"</i> An impact from this could be mental health services not receiving as much attention from future commissioners using the document if there is not mention of them in the document.
Long Term Limiting Illness	13/01/2015	As part of the focus group a member of the Alzheimer's society was present. The following comments around dementia were made later via the survey <i>"Darlington Memorial Hospital Pharmacy. I understand that you can only take the prescription you get in hospital to the in-house pharmacy. It may free up valuable staff time if people could, if appropriate, take the prescription to their usual pharmacy. this also helps with people with dementia being given medication in blister packs or actively managed by the pharmacy."</i> Also <i>"We are keen that pharmacies have training to identify people with dementia so they can support and signpost appropriately."</i> Therefore, an impact that has been identified is the provision of pharmaceutical services for those with dementia.

Conclusion

In regards to the impact relating to mental health stated in the table above, after a thorough check of the PNA it can be shown that mental health services have been included. The document states that under the current definitions of "Pharmaceutical Services", mental health provision sits outside this PNA's scope. The PNA however does refer to the other mental health services in the area: *"The local mental health trust (Tees, Esk and Wear Valley) similarly provides (or commissions) pharmaceutical services in connection with the range in-patient and out-patient services it delivers."* (Darlington PNA page 106)

With the impact on people with dementia, if the document owner feels this is a gap in service then the suggestion can be put in recommendations for future commissioners. Again, this would be in the discretion of whether it is felt these services would sit within the scope of the PNA.

In terms of general impacts on the population as a whole, the main feedback from the formal consultation was the lack of effective publicity around opening times of pharmacies

and the services they provide. Suggestions included *“Opening times could be printed on the back of prescriptions or the blank sheet opposite.”* In regards to this, the PNA’s recommendations in the executive summary makes reference to the need to *“improve public and professional access to accurate and timely information on pharmacy opening hours, services and location including widespread availability of consultation facilities.”* (Darlington Pharmaceutical Needs Assessment page 17). Therefore future commissioners will be able to see this issue when using the document.

Section 6: Engagement Findings – Continued

Drawing on the engagement findings and your understanding of the effects of the activity, indicate how it will contribute, if at all, to the three strands of the Public Sector Equality Duty.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
Not applicable to this activity.
b) How will the proposal help to advance equality of opportunity?
Commissioners will be able to use this document to ensure pharmaceutical service provision is available and equal for all demographics in the borough therefore advancing the equality of opportunity.
c) How will the proposal help to foster good relations?
Not applicable to this activity.
During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
No suggestions.

This completes the assessment, but there will be further work to do to contribute to the reporting and implementation stages of the activity. First though, it is important to draw a line under the assessment to maintain a separation between assessment of impacts and any proposals to manage those impacts. The assessment should therefore be signed-off at this stage.

Section 7 - Sign-off when assessment is completed

Officer Completing the Form:		
Signed	Name:	Zoe Foster
	Date:	20/01/15
	Job Title:	Graduate Apprentice
Assistant Director:		
Signed	Name:	Miriam Davidson, Director of Public Health
	Date:	26/01/15
	Service:	Public Health

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?	
a)	No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation
b)	Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue
c)	Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact
d)	Negative impact identified - stop activity and provide an explanation why

Section 9 – Action Plan and Performance Management

The report to decision-makers, and the decision made may require actions to be taken to avoid, minimise or mitigate the negative impacts of the activity. Option C in the table in Section 8, combined with mitigation measures that may have been highlighted during engagement and listed in Section 6 (if adopted) will require action planning to implement them.

Any actions to address equalities impacts should be listed below, with performance management review proposals, to complete the full EIA.

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date

Performance Management	
Date of the next review of the EIA	
How often will the EIA action plan be reviewed?	This EIA will be reviewed whenever there is a change/addition to the PNA.
Who will carry out this review?	Public Health

