

## Equalities Comprehensive Impact Assessment - originator review

Reference: ECIA438323867

Submitted: 10 August 2022 15:03 PM

### Executive summary

**Title of policy / decision:** Essex Health and Wellbeing Board, Pharmaceutical Needs Assessment October 2022

**Policy / decision type:** Key Decision

**Overview of policy / decision:** The National Health Service Act 2006 requires each health and wellbeing board to assess the need for pharmaceutical services in its area and to publish a statement of its assessment. Termed a 'pharmaceutical needs assessment', the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended, set out the minimum information that must be contained within a pharmaceutical needs assessment (PNA) and outline the process that must be followed in its development. The Department of Health and Social Care has produced an information pack for local authority health and wellbeing boards and the guidance provided will be followed in developing the Essex HWB's PNA.

**What outcome(s) are you hoping to achieve?:** The HWB must publish its PNA in time for the required legal timeline of October 2022.

As the PNA is a key document for those wishing to open new pharmacy or dispensing appliance contractor premises, and is used by NHS England and NHS Improvement (and, on appeal, NHS Resolution) to determine such applications, there are implications for health and wellbeing boards who fail to meet their statutory duties.

**Executive Director responsible for policy / decision:** Tom Walker (Economy, Investment and Public Health)

**Cabinet Member responsible for policy / decision:** John Spence (Health and Adult Social Care)

**Is this a new policy / decision or a change to an existing one?:** Change to an existing policy / decision

**How will the impact of the policy / decision be monitored and evaluated?:** This is a needs assessment that has been developed inline with DHSC guidance. The document informs NHSE and commissioners.

A steering group formed of local stakeholders has had oversight of the development. A draft PNA has been consulted on as part of the statutory requirement. Any subsequent relevant changes are agreed by the steering group and published as a supplementary statement to the PNA.

**Will this policy / decision impact on:**

**Service users:** No

**Employees:** No

**Wider community or groups of people:** No

**What strategic priorities will this policy / decision support?:** Health, Independence and Wellbeing for All Ages

**Which strategic priorities does this support? - Health:** Healthy lifestyles

**What geographical areas of Essex will the policy / decision affect?:** All Essex

## Digital accessibility

Is the new or revised policy linked to a digital service (website, system or application)?: No

## Equalities - Groups with protected characteristics

### Age

Nature of impact: None

### Disability - learning disability

Nature of impact: None

### Disability - mental health issues

Nature of impact: None

### Disability - physical impairment

Nature of impact: None

### Disability - sensory impairment

Nature of impact: None

### Sex

Nature of impact: None

### Gender reassignment

Nature of impact: None

### Marriage / civil partnership

Nature of impact: None

### Pregnancy / maternity

Nature of impact: None

### Race

Nature of impact: None

### Religion / belief

Nature of impact: None

### Sexual orientation

Nature of impact: None

**Rationale for assessment, including data used to assess the impact:** When assessing the provision of pharmaceutical services in the Essex HWB area the steering group considered the following:

- Travel times to locations using car, walking and public transport

- Public survey
- Contractor questionnaire
- Statutory stakeholder consultation
- JSNA data on Essex population
- Specific population
- The Index of Multiple Deprivation and deprivation ranges as well as the other wider determinants of health
- The general lifestyle including smoking and drug and alcohol misuse
- The disease burden
- Predicted housing growth
- Provision from neighbouring HWB's
- Analysis of dispensing locations
- Local and national strategies

#### Protected characteristics:

"no specific pharmaceutical needs have been identified and all available and planned services are deemed accessible to these groups and their needs can be met by provision of necessary services"

Protected Characteristic How pharmacy can support the specific population

#### Age

- Age has an influence on which medicine and method of delivery is prescribed.
- Older people have a higher prevalence of illness and take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the aging process affecting the body's capacity to metabolise and eliminate medicines from it.
- Community pharmacies can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder cards to help people to take their medicines.
- Supporting independence by offering:
  - o Reablement services following discharge from hospital
  - o Falls assessments
  - o Supply of daily living aids
  - o Identifying emerging problems with people's health
  - o Signposting to additional support and resources
- Younger people similarly have different abilities to metabolise and eliminate medicines from their bodies.
- Advice can be given to parents on the optimal way to use the medicine and appliance and provide explanations on the variety of ways available to deliver medicines.
- Pharmacy staff provide broader advice when appropriate to the patient or carer on the medicine, for example its possible side effects and significant interactions with other substances.
- The safe use of medicines for children and older people is one where pharmacies play an essential role.

#### Disability

- Pharmacies deliver services in line with the Equality Act 2010.
- It is recognised that there may be a variety of reasons why people are unable to take their medicines, including both physical and mental impairment.
- Each pharmacy should have a robust system for assessment and auxiliary aid supply that adheres to clinical governance principles.
- Availability of large print labels, hearing loop, supply of original packs with braille are all examples of support that can be available where appropriate.

#### Gender

- It is recognised that men are often less likely to access healthcare services. Community pharmacies are ideally placed for self-care by providing advice and support for people to derive maximum benefit from caring for themselves or their families.
- When necessary, the access to advice, provision of over the counter medications and signposting to other services is available as a walk in service without the need for an appointment.
- Community pharmacy is a socially inclusive healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health service.

#### Race

- Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions.
- There are opportunities to access translation services that should be used when considered necessary.

#### Religion

- Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and during periods of fasting.

#### Pregnancy and maternity

- Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising on which medicines are safe for use in pregnancy and during breast feeding.

#### Sexual orientation

- No specific needs are identified.

#### Gender reassignment

- Provision of necessary medicines and advice on adherence and side effects.

#### Marriage and civil partnership

- No specific needs are identified.

**What actions have already been taken to mitigate any negative impacts:** No action required

## Levelling up - Priority areas & cohorts

### Children and adults with SEND, learning disabilities or mental health conditions (taking an all-age approach)

**Nature of impact:** None

### Children on Free School Meals

**Nature of impact:** None

### Working families

**Nature of impact:** None

### Young adults (16-25 who have not been in education, training or employment for around 6-12 months)

**Nature of impact:** None

### Harlow

**Nature of impact:** None

### Jaywick and Clacton

**Nature of impact:** None

### Harwich

**Nature of impact:** None

## **Basildon (Town) housing estates**

**Nature of impact:** None

## **Canvey Island**

**Nature of impact:** None

## **Colchester (Town) - Housing Estates**

**Nature of impact:** None

## **Rural North of the Braintree District**

**Nature of impact:** None

**Rationale for assessment, including data used to assess the impact:** The following were used to inform the assessment:

- Travel times to locations using car, walking and public transport
- Public survey
- Contractor questionnaire
- Statutory stakeholder consultation
- JSNA data on Essex population
- Specific population
- The Index of Multiple Deprivation and deprivation ranges as well as the other wider determinants of health
- The general lifestyle including smoking and drug and alcohol misuse
- The disease burden
- Predicted housing growth
- Provision from neighbouring HWB's
- Analysis of dispensing locations
- Local and national strategies

The data provided will be used for commissioning by NHSE&I and other commissioners.

**What actions have already been taken to mitigate any negative impacts:** No action required

## **Equalities - Inclusion health groups and other priority groups**

### **Refugees / asylum seekers**

**Nature of impact:** None

### **Homeless / rough sleepers**

**Nature of impact:** None

### **Offenders / ex-offenders**

**Nature of impact:** None

### **Carers**

**Nature of impact:** None

### **Looked after children**

**Nature of impact:** None

## **Veterans**

**Nature of impact:** None

## **People who are unemployed / economically inactive**

**Nature of impact:** None

## **People on low income**

**Nature of impact:** None

## **Working families**

**Nature of impact:** None

**Rationale for assessment, including data used to assess the impact:** The following were used to inform the assessment:

- Travel times to locations using car, walking and public transport
- Public survey
- Contractor questionnaire
- Statutory stakeholder consultation
- JSNA data on Essex population
- Specific population
- The Index of Multiple Deprivation and deprivation ranges as well as the other wider determinants of health
- The general lifestyle including smoking and drug and alcohol misuse
- The disease burden
- Predicted housing growth
- Provision from neighbouring HWB's
- Analysis of dispensing locations
- Local and national strategies

**What actions have already been taken to mitigate any negative impacts:** No action required.

## **Equalities - Geographical Groups**

### **People living in areas of high deprivation**

**Nature of impact:** None

### **People living in rural or isolated areas**

**Nature of impact:** None

### **People living in coastal areas**

**Nature of impact:** None

### **People living in urban or over-populated areas**

**Nature of impact:** None

**Rationale for assessment, including data used to assess the impact:** The following were used to inform the assessment:

- Travel times to locations using car, walking and public transport

- Public survey
- Contractor questionnaire
- Statutory stakeholder consultation
- JSNA data on Essex population
- Specific population
- The Index of Multiple Deprivation and deprivation ranges as well as the other wider determinants of health
- The general lifestyle including smoking and drug and alcohol misuse
- The disease burden
- Predicted housing growth
- Provision from neighbouring HWB's
- Analysis of dispensing locations
- Local and national strategies

**What actions have already been taken to mitigate any negative impacts:** No action required.

## Families

**Family formation (e.g. to become or live as a couple, the ability to live with or apart from children)**

**Nature of impact:** None

**Families going through key transitions e.g. becoming parents, getting married, fostering or adopting, bereavement, redundancy, new caring responsibilities, onset of a long-term health condition**

**Nature of impact:** None

**Family members' ability to play a full role in family life, including with respect to parenting and other caring responsibilities**

**Nature of impact:** None

**Families before, during and after couple separation**

**Nature of impact:** None

**Families most at risk of deterioration of relationship quality and breakdown**

**Nature of impact:** None

**Rationale for assessment, including data used to assess the impact:** The following were used to inform the assessment:

- Travel times to locations using car, walking and public transport
- Public survey
- Contractor questionnaire
- Statutory stakeholder consultation
- JSNA data on Essex population
- Specific population
- The Index of Multiple Deprivation and deprivation ranges as well as the other wider determinants of health
- The general lifestyle including smoking and drug and alcohol misuse
- The disease burden
- Predicted housing growth
- Provision from neighbouring HWB's
- Analysis of dispensing locations
- Local and national strategies

**What actions have already been taken to mitigate any negative impacts:** No action required.

## Climate

**Does your decision / policy involve elements connected to the built environment / energy?:** No

**Does your decision / policy involve designing service provision and procurement to minimise freight and staff travel and enable use of active and public transport options?:** No

**Does your decision / policy involve elements connected to waste?:** No

## Action plan to address and monitor adverse impacts

**Does your ECIA indicate that the policy or decision would have a medium or high adverse impact on one or more of the groups / areas identified?:** No

## Details of person completing the form

**I confirm that this has been completed based on the best information available and in following ECC guidance:** I confirm that this has been completed based on the best information available and in following ECC guidance

**Date ECIA completed:** 10/08/2022

**Name of person completing the ECIA:** Dipti Patel

**Email address of person completing the ECIA:** Dipti.Patel@essex.gov.uk

**Your function:** Economy, Investment and Public Health

**Your service area:** PUBLIC HEALTH

**Your team:** PUBLIC HEALTH

**Are you submitting this ECIA on behalf of another function, service area or team?:** No

**Email address of Head of Service:** LUCY.WIGHTMAN@ESSEX.GOV.UK