

Equality Analysis Form

An Equality analysis enables us to target our services, and our budgets, more effectively and understand how they affect all our communities. It also helps us comply with the Equalities Act 2010.

For more information about when you should carry out an equality analysis, who should do this and the support available, go to the equality analysis intranet page.

This form has four sections

1: decide whether a full equality analysis is needed. If not, you do not complete sections 2-4.

- 2: gathering evidence
- 3: determining actions
- 4: decision and next steps



Name of document		ent	Pharmaceutical Needs Assessr	nent
		Date		
		of		
	Date	next		
Version	reviewed	review	Reviewed by	Changes made
1.0				

1. Decide whether a full equality analysis is needed 1.1 What are you analysing?		
What is the name of your change or review?	 The change or review may involve: o policies, strategies and frameworks o budgets o plans, projects and programmes o staff structures (including outsourcing) o the use of buildings o commissioning (including re-commissioning and de-commissioning) o services (for example, how and where they are delivered) o processes (for example thresholds, eligibility, entitlements, and access criteria) 	Pharmaceutical Needs Assessment
Why are you doing this?	For example, we are considering cutting a service.	Access to NHS Pharmaceutical Services, including the advice and supply of medicines and health consumables is an integral part of primary care in the NHS. The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical

	 Services, must apply to be on the Pharmaceutical List. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the system for market entry. Under these Regulations, Health and Wellbeing Boards (HWBs) are responsible for publishing a Pharmaceutical Needs Assessment (PNA). A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, sets out: A statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population Details of planned or likely changes which may affect the future provision of pharmaceutical services. Any current or future gaps in pharmaceutical services, taking into account the needs of the population
What is likely to be different when you have finished?	 The PNA is intended to be a reference source which may be used by the following organisations. Under the Regulations, NHS England has a statutory duty to use the PNA to consider applications, relating to the Croydon HWB area, to open a new pharmacy or to move an existing

	 pharmacy. The document may also be used to inform the commissioning of existing and/or new enhanced services. Existing NHS Pharmaceutical services contractors, within Croydon, who may wish to change the services they provide; and/or by potential new entrants to the market. Croydon Council, NHS Croydon Clinical Commissioning Group and other NHS Organisations (e.g. NHS Trusts) to inform the development of commissioning strategies and/or service design and rollout
What will be the main outcomes or benefits from making this change?	The Regulations, underpinning the market entry system and the PNA, set out to ensure that NHS Pharmaceutical Services available to the population in a given area, on an equitable basis.
	The PNA makes an assessment of both pharmaceutical needs, and opportunities to secure improvements in access and choice, taking into account the local demography, health needs and specific needs of people with a protected characteristic (as defined by the Equality Act 2010). The assessment of need is then used to document specific current and future gaps in relation to pharmaceutical need; as well as setting out opportunities for improvement.
4	The PNA will not deliver outcomes and benefits in its own right. However, the document aims to inform the commissioning

		of pharmaceutical services and other pharmacy-based locally commissioned services by other organisations. As such, the PNA will be instrumental with respect to promoting service provision, which reflects the differential needs of the population and equitable access to services across Croydon.
What stage is your change at now?	See appendix one for the main stages at which equality analyses need to be started or updated. In many instances, an equality assessment will be started when a report is being written for a committee. If that report recommends that a project or programme takes place, the same equality assessment can be updated to track equality impacts as it progresses. If the project or programme include commissioning or de- commissioning, the same equality assessment can be updated again.	A consultation on a draft of the PNA has been completed, as required by the Regulations. The feedback received as part of the consultation has been considered by the PNA Steering Group, which was established by the HWB to oversee the process, and the draft PNA updated accordingly. The PNA is now in its final draft form and is awaiting HWB approval. The Croydon PNA concluded that in future to better meet the needs of those people with a disability, Croydon wishes to ensure that all new pharmacies take appropriate steps to meet the needs of people with disabilities. Specifically, we anticipate that all premises have step free access and that public areas of the pharmacy are accessible to wheel chairs; that a hearing loop is installed and that the pharmacy provides large print labels and labels with braille
An equality analysis must be complete	d before any decisions are made.	

If you are not at the beginning stage of your decision making process, you must inform your Director that you have not yet

completed an equality analysis.

1.2 Who could be affected and how?		
Question	Guidance	Answer
Who are your internal stakeholders?	For example, groups of council staff, members	 Croydon Health & Wellbeing Board Public Health Team Public Health Intelligence Team Croydon Integrated Commissioning Unit Drug & Alcohol Team Planning & Regeneration Team
Who are your external stakeholders?	For example, groups of service users, service providers, trade unions, community groups and the wider community?	 NHS England - London Area Team NHS Croydon CCG Croydon Local Pharmaceutical Committee Croydon Local Medical Committee Croydon Community Pharmacists and Dispensing Appliance Contractors Potential New Entrants to the market Croydon Health Services NHS Trust South London & Maudsley NHS Foundation Trust Healthwatch (and other patient & public consumer groups, as identified by Healthwatch) Neighbouring HWBs (Sutton, Merton, Surrey, Bromley, Lambeth) The Public – we conducted a patient survey to engage with the public
Does your proposed change relate to a service area where there are known or potential equalities issues?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response. If you don't know, you may be able to find out on the Croydon Observatory	Yes The document has been informed by the Croydon JSNA (where available); local
	(<u>http://www.croydonobservatory.org/</u>)	strategies which identify and address

		inequalities (A list of the strategies used to develop this needs assessment can be found in section 2.4 of the PNA); and other data and information which is in the public domain e.g. via the Public Health Outcomes Framework.
Does your proposed change relate to a service area where there are already local or national equality indicators?	You can find out from the Equality Strategy (http://intranet.croydon.net/corpdept/equalities- cohesion/equalities/docs/equalitiesstrategy12- 16.pdf). Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response	No, there are no national indicators for NHS Pharmaceutical Services. However, data provided by the Health & Social Care Information Centre has been used to 'benchmark' Croydon against its ONS comparator group and the London and England averages. This has helped to set into context, the provision of NHS Pharmaceutical Services within Croydon, compared with other areas
Would your proposed change affect any protected groups more significantly than non-protected groups?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response. For a list of protected groups, see Appendix Two.	Yes The PNA has systematically considered the different needs of people with protected characteristics on a service by service basis. The document also takes into account, the pharmaceutical needs disadvantaged communities. The Croydon PNA concluded that in future to better meet the needs of those people with a disability, Croydon wishes to ensure that all new pharmacies take appropriate steps to meet the needs of people with disabilities. Specifically, we anticipate that all premises have step free access and that public areas of the pharmacy are accessible

		to wheel chairs; that a hearing loop is installed and that the pharmacy provides large print labels and labels with braille
Would your proposed change help or hinder the council in eliminating unlawful discrimination, harassment and victimisation in relation to any of the protected groups?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response	Yes The PNA should make a positive contribution towards addressing inequalities in Croydon, providing that identified pharmaceutical needs and opportunities for improvements are taken into account, and addressed by NHS England and other commissioners.
Would your proposed change help or hinder the council in advancing equality of opportunity between people who belong to any protected groups and those who do not?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response	Yes The PNA should make a positive contribution towards meeting the needs of people with protected characteristics, providing that identified pharmaceutical needs and opportunities for improvements are taken into account, and addressed by NHS England and other commissioners.
Would your proposed change help or hinder the council in fostering good relations between people who belong to any protected groups and those who do not?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response	Don't know The PNA is intended to be used by other organisations (as described earlier) to support commissioning strategy or decisions; or inform applications to provide NHS Pharmaceutical services. Therefore, it is unlikely that the PNA will help or hinder the Council in its own right

If you answer "yes" or "don't know" to ANY of the questions in section 1.2, you should undertake a full equality analysis. This is because either you already know that your change or review could have a different/significant impact on protected groups (compared to non-protected groups) or because you don't know whether it will (and it might).

Decision	Guidance	Response
No, further equality analysis is not required	Please state why not and outline the information that you used to make this decision. Statements such as 'no relevance to equality' (without any supporting information) or 'no information is available', could leave the council vulnerable to legal challenge. You must include this statement in any report used in decision making, such as a Cabinet report	An Initial Equality Analysis was undertaken to ascertain the potential impact on protected groups compared to non-protected groups. This concluded that there was no need to conduct a full Equality Analysis as the Equality Analysis can be found as part of the suite of PNA material, Apppendix J. The PNA takes into consideration equality and inclusion issues for each of the commissioned services listed in Section 3 of the report.
Yes, further equality analysis is required	 Please state why and outline the information that you used to make this decision. Also indicate when you expect to start your full equality analysis the deadline by which it needs to be completed (for example, the date of submission to Cabinet). where and when you expect to publish this analysis (for example, on the council website). You must include this statement in any report used in decision making, such as a Cabinet report. 	
Officers that must approve this decision	Name and position	Date
Report author	Matt Phelan, Public Health Principal, Public Health Croydon	24 February 2015

	Sara Coles, Consultant in Public Health,	
	Public Health Croydon	
Director	Mike Robinson, Director of Public Health	26 February 2015
Please email this completed form to data director has approved it.	a.equalities@croydon.gov.uk, together with a	n email trail showing that the your
1.4 Feedback from the corporate e	qualities team	
Name of equalities officer	Yvonne Okiyo	Yvonne Okiyo
Date received by equalities officer	Please send an acknowledgement	04.02.15

- democratic services, the corporate programme office or procurement as appropriate in time for the relevant decision making meeting

2. Evidence Considered

List the documents and information that have been considered as part of this review to enable reasonable judgments to be made on the assessment of impact.

This section needs to include consultation data and desktop research (local and national data).

Quantitative Data	Qualitative Data
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2.1 Analysing Impact

Use the table below plot and identify where there is a potential impact on any of the staff and customers/service users by protected characteristic arising from the change.

The cells of the matrix should be filled in as below:

Key

0	Indicates where the impact is unknown on Service Users/Staff, This is due to evidence not being available to indicate otherwise (neither positive nor negative impact).
Р	Indicates the change may have a potential Positive Impact on Service Users/Staff
N	Indicates the change may have a potential Negative Impact on Service Users/Staff
P/N	Indicates the change may have both Positive and Negative Impacts on Service Users/Staff

An example of the chart filled in below:

			Protected Characteristics								
Services			Age	Disability	Gender Reassignment	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation	Marriage and Civil Partnership
		Capacity									
		Availability									
		Continuity									
Service	Service	Security									
Provision		Supplier Management									
		Service Level Availability									
		Service Catalogue Management									

		Protected Characteristics								
Services	Age	Disability	Gender Reassignment	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation	Marriage and Civil Partnership	

Description of Imp	act – Service Use	r Related		
Service Area	Protected Group	Description of Potential Positive Impact	Description of Potential Negative Impact	Evidence Source
A summary of this service. However, encourage better p characteristic. Fur By definition, a PNA aims to inform suc	assessment is pr assessment is pr the PNA is expe provision of pharn thermore, the pur A is an assessmer h. It is appropriat	ematic assessment of the needs of people ovided in the table below and has been o cted to have a positive impact on protecte naceutical services. It is unlikely to have a rpose of the document is to identify gaps a nt of access to and needs for pharmaceut te for an EQIA to be completed by service hen they are commissioned.	e with protected characteristics for each groups as it seeks to highlight service high differential impact on any partic and set out pharmaceutical needs on ical services. It is not a policy or servi	istic, rather than ce gaps and ular protected the basis of this. ce development but

Service AreaProtected GroupDescription of Potential Positive ImpactDescription of Potential Negative ImpactEvidence Source	Description of Impact – Employment Related							
	Service Area		•	· · · · ·	Evidence Source			

2.2 Is there any evidence missing? If so, how will you gather this missing evidence?

If you do not have all the evidence you need to make an informed decision, talk to your departmental equality lead about practical ways to gather it. For example, if you do not have time to conduct a survey, is there a way can increase your understanding before undertaking more robust research at a later date? Perhaps by meeting with stakeholders. The depth and degree of any consultation or research will be determined by the relevance of the change or review to different groups. Those who are likely to be directly affected should be consulted. Read the corporate public consultation guidelines before you begin

(http://intranet.croydon.net/finance/customerservices/public_consultation/default.asp).

If you really cannot gather any useful information in time, then note its absence as a potential negative impact and describe the action you will take to gather it in section 3. Insert new rows as required.

Do not continue onto stage 3 until your departmental equality lead is satisfied that you have gathered all the evidence you need.

Protected Group	Evidence missing	Description of potential negative impact

3. Determining Actions

The overall potential impact is the likelihood of the impact multiplied by the strength of that impact. The higher the score, the more significant the impact. The tables below identify actions to be taken to minimise negative impacts or maximise positive impacts within the programme.

<u>Key</u>

Likelihood score

ces
663

Strength score	Degree of impact	Proportion of protected groups affected
5	Very great impact	Several protected groups in more than one category (e.g. religion and gender) would be differently affected (compared to non-protected groups).
4	Great impact	Several protected groups in one category (e.g. religion) would be differently affected (compared to non-protected groups)
3	Some impact	All of one protected group would be differently affected (compared to non-

Strength score	Degree of impact	Proportion of protected groups affected
		protected groups)
2	Little impact	The majority of one protected group would be differently affected (compared to non-protected groups)
1	Minimal impact	A minority of one protected group would be differently affected (compared to non-protected groups).

3.1 Mi	3.1 Minimising Potential Negative Impacts									
	Protected Group	Potential Negative Impact	Likelihood Score	Strength Score	Overall Impact Score		Action Owner	Date Action will be completed		

3.1 Maximising Positive Impacts								
-	Protected Group	Potential Positive Impact	Likelihood Score	Strength Score	Overall Impact Score		Action Owner	Date Action will be completed

4. Decisions

4.1 Based on the information in sections 1-3, what are you going to do?

Decision	Definition	Yes/no			
We will not make any major change to our project because it already includes all appropriate actions	ready or victimisation and that our project already includes all appropriate actions to				
We will adjust our project	We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through our project. We are going to take action to change our project to make sure these opportunities are realised.				
We will continue our project as planned because it will be within the law	We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through your project. However, we are not planning to implement them as we are satisfied that our project will not lead to unlawful discrimination and there are justifiable reasons to continue as planned.				
We will stop our project	Our project would have adverse effects on one or more protected groups that are not justified and cannot be lessened. It would lead to unlawful discrimination and must not go ahead.				
4.2 Next steps					
You may find it useful to consult Ap	pendix One before completing this section.				
Does this analysis have to be considered at a scheduled meeting?	If so, please give the name and date of the meeting.				
When and where will this equality analysis be published?	An equality analysis should be published alongside the policy or decision it is part of. As well as this, the equality assessment could be made available				

	externally at various points of policy development. This will often mean publishing your analysis before the policy is finalised, thereby enabling people to engage with you on your findings.	
When will you update this analysis?	Please state at what stage of your project you will do this and when you expect this update to take place. If you are not planning to update this analysis, say why not.	
4.3 I confirm that the informati	on in sections 1 - 4 is accurate, comprehensive and up-to-date	
Officers that must approve this decision	Name and position	Date
Report author		
Director of Corporate Services		
Email this completed form to data.equ	alities@croydon.gov.uk, together with an email trail showing that the director is sati	sfied with it.
4.4 Feedback from the corpora	te equalities team	
Name of equalities officer		
Date received by equalities team	Please send an acknowledgement	
Feedback on decision		
Please send this to the report author appropriate	or and democratic services, corporate programme office and procurement tea	am as

Appendix one: decision making processes

You may only need to develop one equality analysis, updating it as you move from proposing the change to monitoring its implementation.

In many instances, an equality assessment will be started when a report is being written for a committee. If that report recommends that a project or programme takes place, the same equality assessment can be updated to track equality impacts as it progresses. If the project or programme includes commissioning or de-commissioning, the same equality assessment can be updated again.

Budget setting

For department budget setting, check that each line will have already have appropriate equality analysis under one of the other decision making processes. The corporate budget will be covered under the process for the report to full council.

How to use this table

This table outlines the key council decision making processes. Select the process on the top row that you are currently involved in, then read down the column to find out what to do when.

	Report to committee,		Programme	
Decision making process	cabinet or full council	Project management	management	Commissioning
Key contact	Solomon Agutu	Tanwa Idris	Tanwa Idris	ccb@croydon.gov.uk
	Report Writing			
	Instructions and	Corporate Programme	Corporate Programme	
Link to process	<u>Templates</u>	Office (CPO)	Office (CPO)	Procurement Board
Develop section one of the	When you start writing			When you start writing
equality analysis	your report	Business case	Gateway 1/2	- your procurement strategy
Develop full equality	Before you submit your	Project initiation		report
analysis	report to CMT	document	Gateway 3	report
	When full council,			If the award report goes to
	cabinet or committee			Corporate Services
	decision made or at key			Committee and as part of
Revise full equality	stages in any action plan	At the end of each	At then end of each	contract monitoring
analysis	included in the report	project stage	tranche	schedule
	At the final stage of any			
Write final full equality	action plan included in			
analysis	the report	Post project review	Gateway 6	Final monitoring stage

Who to send the equality	Corporate equality team	Corporate equality team	Corporate equality team	Corporate equality team
analysis to	and democratic services	and project team	and programme team	and procurement team

Appendix two: data broken down by Protected Characteristics				
The information below is taken from the 2011 census unless otherwise indicated.				
Age groups	Number of people	Percentage		
0-4 years	27,972	7.7%		
5-7 years	14,388	4.0%		
8-9 years	8,708	2.4%		
10-14 years	23,130	6.4%		
15 years	4,912	1.4%		
16-17 years	9,934	2.7%		
18-19 years	8,720	2.4%		
20-24 years	23,591	6.4%		
25 -29 years	27,692	7.6%		
30-44 years	82,439	22.7%		
45-59 years	70,488	19.4%		
60-64 years	17,029	4.7%		
65-74 years	23,155	6.4%		
75-84 years	15,318	4.2%		
85-89 years	3,881	1.1%		
Over 90 years	2,021	0.6%		
People with long term illnesses or disabilities	363,378			
Blind or visually impaired	These categories were not			
Deaf or hearing impaired	recorded as such in the 2011			
Other communication impairment	census. However, this did record			
Mobility impairment	that there were 24,380 people			
Learning difficulty or disability	(6.7%) whose day to day activities			
Mental health condition	were limited a lot by long term			

HIV, multiple sclerosis or cancer Other (please specify)	(7.9%) whose da were limited a lit	illness or disability and 28,733 (7.9%) whose day to day activities were limited a little (Office of National Statistics)	
Gender			
Male	176,224	48.5%	
Female	187,154	51.5%	
Ethnicity	Number of people	Percentage	
White British	171,740	47.3%	
White Irish	5,369	1.5%	
White Gypsy or Irish Traveller	234	0.1%	
Other White background	22,852	6.3%	
Black African	28,981	8.0%	
Black Caribbean	31,320	8.6%	
Other Black background	12,955	3.6%	
Bangladeshi	2,570	0.7%	
Chinese	3,925	1.1%	
Indian	24,660	6.8%	
Pakistani	10,865	3.0%	
Other Asian background	17,607	4.8%	
Mixed White and Black Caribbean	9,650	2.7%	
Mixed White and Black African	3,279	0.9%	
Mixed White and Asian	5,140	1.4%	
Other Mixed background	5,826	1.6%	
Arab	1,701	0.5%	
Other ethnic group (please specify)	4,704	1.3%	
Religion	Number of people	Percentage	
Buddhist	2,381	0.70%	
Christian	205,022	56.40%	
Hindu	21,739	6.00%	
Jewish	709	0.20%	

Muslim	29,513	8.10%		
Sikh	1,450	0.40%		
No religion/faith	72,654	20.00%		
Other (please specify)	2,153	0.60%		
Sexual orientation				
Lesbian		There are no figures from the 2011 census. However, it is estimated		
Gay		that there were 20,370 lesbians,		
Bisexual	gay men, bisexua	gay men, bisexual and transgender people living in Croydon in 2001.		
Transgender				
Transgender	See above	See above		
Pregnancy or maternity				
Pregnant	U	These categories were not recorded as such in the 2011 census. However, there were 5,720 live births in 2011 (Office of National Statistics)		
On compulsory maternity leave	census. However live births in 2011			
Marriage or civil partnership				
Married	122,013	42.9%		
In civil partnership	796	0.3%		