

## Equality Impact Assessment

Name of Project	Healthy Living Pharmacies	Cabinet meeting date <i>If applicable</i>	December 2016
Service area responsible	Public Health		
Name of completing officer	Emilia Brunicki/Sarah Hart	Date EqIA created	September 2016
Approved by Director / Assistant Director	Susan Oti	Date of approval	18/11/2016

The Equality Act 2010 places a ‘**General Duty**’ on all public bodies to have ‘**due regard**’ to:

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advancing equality of opportunity between those with ‘protected characteristics’ and those without them
- Fostering good relations between those with ‘protected characteristics’ and those without them.

In addition the Council complies with the Marriage (same sex couples) Act 2013.

Haringey Council also has a ‘**Specific Duty**’ to publish information about people affected by our policies and practices.

**All assessments must be published on the Haringey equalities web pages. All Cabinet papers MUST include a link to the web page where this assessment will be published.**

This Equality Impact Assessment provides evidence for meeting the Council’s commitment to equality and the responsibilities outlined above, for more information about the Councils commitment to equality; please visit the Council’s website.

Stage 1 – Names of those involved in preparing the EqIA	
1. Project Lead Emilia Brunicki/Sarah Hart	5.
2. Equalities / HR	6.
3. Legal Advisor (where necessary)	7.
4. Trade union – N/A	8.

**Stage 2 - Description of proposal including the relevance of the proposal to the general equality duties and protected groups. Also carry out your preliminary screening** (Use the questions in the Step by Step Guide (The screening process) and document your reasoning for deciding whether or not a full EqIA is required. If a full EqIA is required move on to Stage 3.

This EqIA is aimed at assessing the impact of the services offered by Healthy Living Pharmacies on people living in Haringey who are defined as having protected characteristics under the Equality Act 2010 and addressing any potential inequalities.



Improving the health and wellbeing of the population of Haringey, and reducing the health inequalities found in the borough is a priority. There are health inequalities based on the geographical location within the borough, with an average higher life expectancy for residents living in the west of the borough compared to the east.

Healthy Living Pharmacies (HLPs) are community pharmacies that aim to deliver a range of high quality health and well being services, free of charge and without an appointment, to local populations. Pharmacy staff are trained and qualify as Healthy Living Champions who provide customers with advice on health and wellbeing.

Community pharmacies provide services in the community (often located in deprived areas) and are frequently patients' first point (sometimes only point) of contact with a healthcare provider (over 1.6 million people visit a pharmacy each day). Pharmacies are often located in easily accessible places (high streets, shopping centres, supermarkets) and offer flexible opening hours (evenings and weekends). Most people live within 20 minutes (walking or using public transport) of a pharmacy. HLPs are tailored to local health needs to reduce health inequalities. Proactive pharmacists can use every point of contact to promote health and well being, such as when patients are picking up prescriptions etc. By offering services in HLPs, it will improve the convenience and accessibility of the services to those who may not often visit their GP. HLPs in other areas have improved the health and wellbeing of residents and help create more capacity in GP and other services. The services offered in the HLPs in Haringey are aimed to improve health, life expectancy and well being of

residents in a less formal and more convenient way.

Currently there are 25 HLPs in Haringey and they display the Healthy Living Pharmacy logo (above) on their window.

Map of pharmacies in Haringey. HLPs are shown in blue, pharmacies offering emergency contraception are shown in red and pharmacies offering both are shown in green.

Services provided by HLPs in Haringey:

- **Smoking Cessation**
- **Sexual Health Services**
- **Healthy Start Vitamins**

### **Smoking Cessation**

#### Rationale for Service

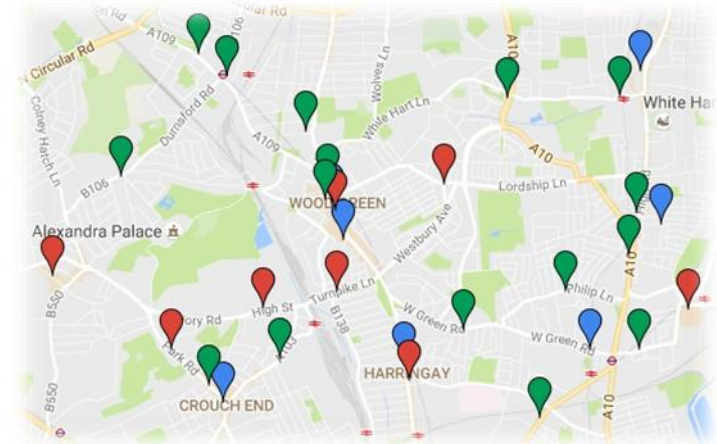
Reducing smoking in Haringey is a key priority. Smoking is the UK's biggest cause of preventable morbidity and mortality contributing to increased prevalence of long term conditions such as CVD, Stroke, cancer, COPD and shorter life expectancy. Second hand smoke is also damaging. It is also a key driver of health inequalities. Smoking prevalence is highest in more deprived areas. Reducing the prevalence in deprived and disadvantaged/vulnerable communities and some black and minority ethnic (BME) groups will help to reduce health inequalities.

Smoking rates are higher in Haringey than the rest of England and London with one in five adults smoking, and these rates may not be reducing as fast as the rest of the UK. Smoking is also attributable to high rates of hospital admissions in Haringey placing a significant burden on health services.

Quitting smoking can be one of the most effective things to improve health. Providing a smoking cessation service in pharmacies offers easier access to services for key target population groups such as young people, vulnerable adults/adults at risk, pregnant women or those who don't currently engage with GP services. **Smokers who walk into a HLP are twice as likely to set a quit date and quit smoking compared to a non HLP.**

**HLPs offer smoking cessation services by:**

- Providing very brief advice (VBA)



- Providing one to one support as part of an 8 week programme (providing behaviour support and providing nicotine replacement therapy or varenicline via patient group direction where required)
- Providing promotion of the service locally and providing health promotion material /Smoke free resources relevant to patients' needs
- Referral on to specialist services if required (COPD, pregnant women, those with mental illness etc)
- Offering service to under 16s if one advisor meets the requirements for providing services to young people

## Sexual Health

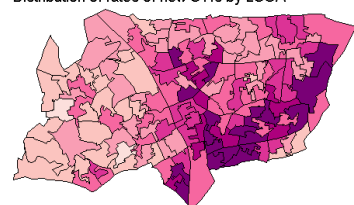
Provides services for:

- Under 25 year olds (STI testing, C-card Condom Scheme, Chlamydia treatment, Emergency Contraception)
- Over 25 year olds (STI testing, Condom Scheme, Chlamydia treatment, Emergency Contraception)
- Over 18 year olds (HIV Point of Care testing (only available at select pharmacies))

## Rationale for Service

Sexual ill health is not equally distributed among the population. There are direct links with poverty, poor housing, unemployment and discrimination and the groups at highest risk are women, men who have sex with men (MSM), teenagers and young people, and BME groups. There has been widespread concern over the increasing numbers of STIs (notably Chlamydia, HIV, gonorrhoea and Syphilis), with numbers of new infections doubling since 1996 nationally. This has placed huge pressures on health services. There are similar concerns over the rates of teenage pregnancy which are among the highest in Western Europe. Demands for contraception and termination services continue to rise. The picture is very similar in Haringey with high rates of STIs, terminations and HIV. STIs are highest amongst under 25 year olds. Data from GUM (genito-urinary medicine) clinics show a positive correlation between rates of new STIs and socio-economic deprivation. There are sexual health inequalities between the east and west shown:

Distribution of rates of new STIs by LSOA

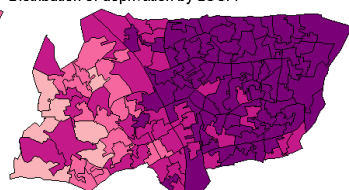


Rate per 100,000 population

- 3000+
- 2500-2999.99
- 2000-2499.99
- 1500-1999.99
- 1000-1499.99
- 500-999.99
- 0.01-499.99
- 0

Source: Data from Genitourinary Medicine Clinics  
Rates based on the 2011 ONS population estimates

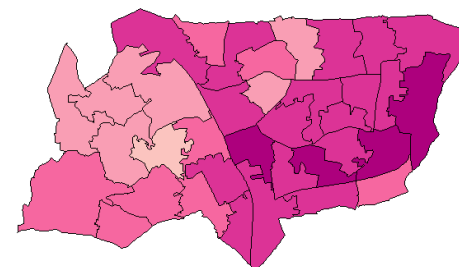
Distribution of deprivation by LSOA



Deprivation category

- Most deprived
- 2nd most deprived
- 3rd most deprived
- 4th most deprived
- Least deprived

Deprivation quintiles generated from Index of Multiple Deprivation (IMD) scores 2010  
Rates based on the 2011 ONS population estimates



Prevalence of diagnosed HIV infection per 1,000 population aged 15-59

- 20+
- 10-19.9
- 6-9.9
- 4-5.9
- 2-3.9
- 1-1.9
- 0-0.9

Source: The Survey of Prevalent HIV Infections Diagnosed (SOPHID)

Traditional sexual and reproductive health clinics are provided in Haringey are already under great pressure with the needs of the population exceeding the ability of the local services. By providing services in HLPs, this provides easier access to services for residents. By providing easier access, this will improve early detection rates for HIV which improves treatment outcomes and life expectancy. Between 2012- 2014 43% of HIV diagnosis were made at a late stage. By providing free contraception (condoms and long acting reversible contraceptives) and emergency contraception services, this will lead to a reduction in teenage conception and unplanned pregnancies and terminations and repeat terminations.

The pharmacies adopt a “making every contact counts” (MECC) approach so that residents are offered all relevant service elements irrespective of their original reason for accessing the pharmacy i.e. those using sexual health services offered smoking cessation.

### **Healthy Start Vitamins**

Provides free vitamins for pregnant women, women with a child under 12 months and children under 4 years.

- Vitamins A,C and D provided for children aged 6 months to four years (available as drops)
- Folic acid and Vitamins C and D for pregnant and breast feeding women (available as tablets)
- In certain circumstances (with the advice of healthcare professionals) vitamins may be provided for children under 6 months

### Rationale for Service

During pregnancy and during the early years, vitamins are important nutrients, even if eating a healthy and balance diet.

In the UK 8% of under 5 year olds don't have enough vitamin A in their diet, which is important for immunity, skin and vision. It has also been found that families in lower income groups have less vitamin C in their diet. Haringey is one of the most deprived boroughs in London and England. There are more children in the east of Haringey which has higher levels of deprivation than the west. All pregnant and breast feeding women (especially younger women and those from ethnic minorities) are at risk of Vitamin D deficiency. Those that are eligible are entitled to one bottle of 56 tablets every 8 weeks. The vitamins are suitable for vegetarians and are free from wheat, fish, egg and salt.

**Stage 3 – Scoping Exercise - Employee data used in this Equality Impact Assessment**

Identify the main sources of the evidence, both quantitative and qualitative, that supports your analysis. This could include for example, data on the Council's workforce, equalities profile of service users, recent surveys, research, results of recent relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national.

<b>Data Source (include link where published)</b>	<b>What does this data include?</b>
EqIA Profile on Harinet	Age, gender, ethnicity, disability information – for the Council and the Borough

**Stage 4 – Scoping Exercise - Service data used in this Equality Impact Assessment**

This section to be completed where there is a change to the service provided

<b>Data Source (include link where published)</b>	<b>What does this data include?</b>
JSNA Population Profile of Haringey	
JSNA Smoking	
Public Health Intelligence (Haringey Profile) Smoking Related Admissions	
Sexual Health Strategy Harinet	
Sexual Health Needs Assessment 2016	Population data, sexual health in Haringey
Healthy Start webpage (Vitamins)	Who is eligible and what vitamins are provided.
Pharmaceutical Needs Assessment	
NICE Guidance	Vitamin D deficiency
Needs Assessment LGBT and Substance abuse	
STIs Harinet	Information on transmission and services available for STIs

**Stage 5a – Considering the above information, what impact will this proposal have on the following groups in terms of impact on residents and service delivery:**

**Positive and negative impacts identified will need to form part of your action plan.**

	Positive	Negative	Details	None – why?
<b>Sex</b>	<p><u>Smoking Cessation</u> <u>X</u></p> <p><u>Sexual Health</u> <u>X</u></p> <p><u>Healthy Start</u> <u>Vitamins</u> <u>X</u></p>		<p>In Haringey in 2013, the population was 254,900. 49.5% were male and 50.5% were female.</p> <p><b><u>Smoking cessation</u></b> This service is offered to both men and women, with no restriction depending on gender. HLPs will widen the accessibility to both genders and reduce health inequalities. Men are more likely to smoke than women however, and young men are also less likely to present at GPs, go into pharmacies or access smoking cessation services so work to target this cohort may be needed.</p> <p><b><u>Sexual Health</u></b> There is evidence of poor sexual health in Haringey. Increasing accessibility to sexual health services, STI testing kits and treatment and free contraception outside of a GP surgery will improve uptake for both men and women and will reduce health inequalities. Haringey also has high levels of unintended and unwanted pregnancies. HLPs offer free EHC in an easy to access community environment.</p> <p><b><u>Healthy Start Vitamins</u></b> NICE guidance advises that pregnant and breast feeding women are at risk of vitamin D deficiency as well as adults over 65 (both men and women), people with low or no exposure to the sun and BME groups. At risk groups are advised to take a supplement. As the service is aimed at women and children, it will have a positive impact on pregnant, breastfeeding</p>	

			<p>mothers and children of both genders.</p> <p>Although women's vitamin needs may be greater during this time, the national healthy start vitamins programme does not include at risk men who may also be at risk of vitamin D deficiency (Haringey is very ethnically diverse. BME communities are higher risk of developing vitamin D deficiency than white British).</p>	
<b>Gender Reassignment</b>			<p>Neither positive or negative- neutral</p> <p>Inadequate data on this protective group to comment. The general accessibility of services will be easier for this group for all services. No discriminatory factors expected.</p> <p>However, specialist training for sexual health services for this group will be lacking as pharmacy staff only provide general sexual health services.</p>	
<b>Age</b>	<p><u><b>Smoking Cessation</b></u> <b>X</b></p> <p><u><b>Sexual Health</b></u> <b>X</b></p>	<p><u><b>Smoking Cessation</b></u> <b>X</b></p> <p><u><b>Sexual Health</b></u> <b>X</b></p>	<p><u><b>Smoking Cessation</b></u></p> <p>Highest prevalence of smokers is between 25-34 years. People of this age group may also be working full time and so dropping into a pharmacy may be more convenient than booking an appointment with their GP. However, the opening times of pharmacies offering smoking cessation services is 09:30-1800 weekdays and 10:00-13:00 on Saturdays. The reduced access early on weekday mornings may affect the working population.</p> <p>Young people are less likely to present to GP services, (2/3 of population started smoking before 18) so smoking cessation services may be more accessible in HLPs.</p> <p><u><b>Sexual Health</b></u></p> <p>Young people aged 15-24 experience the highest rates of new STIs (especially females) and high rates of reinfection.</p> <p>25% of Haringey's population is aged 15-29 (higher than the rest of England). This age group is known to be more sexually active and therefore more</p>	



			<p>susceptible to infections. Teenagers have the highest rates of gonorrhoea and Chlamydia.</p> <p>Many young people feel embarrassed about accessing sexual health services. They often don't want to visit their GP and often travel to different areas to access a service. In 2011 there was an increase in STIs amongst over 45 year olds.</p> <p>HLPs offer easier access to condoms and emergency contraception and STI tests for younger people. Location is important to young people and having services conveniently on highstreets near to where they live and congregate is important.</p> <p>Research has shown that becoming a teenage mother is ten times higher in more deprived areas. Haringey is ranked as one of the most deprived areas in the country, but has reduced the number of teenage pregnancies. HLPs can offer services to those 13 years and above as the service provider has been trained in Fraser Guidelines.</p> <p>However, opening times for this service may limit some of the working population as not all pharmacies offer services before 8am or after 7pm during the week or on Saturdays. Services are even more limited on Sundays with only 3 offering the service to under 25 year olds and 5 to over 25 year olds.</p> <p><b><u>Healthy Start Vitamins</u></b></p> <p>There were 18,100 0-4 year old children in Haringey in 2011. The vitamins are aimed at children of this age.</p> <p>This targeted age range has been advised by NHS England as being an "at risk age" requiring supplements.</p> <p>However, those aged over 65 maybe at risk of Vitamin D deficiency also and it is recommended that over 65s take 10 micrograms a day. Further research into this group could be undertaken.</p>	
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**Healthy Start  
Vitamins X**



			<p>gonorrhoea in some inner city BME groups are ten times higher than those of white UK ethnic origin. There is also unequal impact of HIV infection of some BME communities. Haringey has a large BME community and so widening access of services could improve accessibility for this group.</p> <p>A barrier in some Eastern European communities is a low level of interest and dismissive attitudes towards sexual health as found in the JSNA.</p> <p><b><u>Healthy Start Vitamins</u></b></p> <p>Insufficient data on the impact of the service on this group, but widening accessibility of services will have a positive effect. Language barriers may cause problems.</p> <p>Pharmacists and their staff are likely to be reflective of the community and speak a number of languages</p>	
<b>Sexual Orientation</b>	<b><u>Sexual Health X</u></b>		<p>National evidence has found that health behaviours such as smoking were higher in LGBT communities. It has also been found that LGBT communities respond better to services, such as smoking cessation and sexual health services, if these services acknowledge their identity. There has not been any data to suggest that the services in HLPs would discriminate against the LGBT community, however their specific needs may not be targeted.</p> <p><b><u>Sexual Health</u></b></p> <p>STIs and HIV remain high among MSM communities. In 2014 41% of new STIs were diagnosed in MSM. However, many travel out of area for more anonymity and confidentiality. By offering sexual health services in pharmacies throughout the borough without an appointment, may improve uptake in this community.</p>	

			<p><b><u>Healthy Start Vitamins</u></b></p> <p>There is insufficient data to evaluate services for Healthy Start Vitamins in this group. No discriminatory factors anticipated.</p>																																		
<b>Religion or Belief (or No Belief)</b>			<table><tr><th>Religion</th><th>Haringey</th><th>%</th></tr><tr><td>All people</td><td>216507</td><td></td></tr><tr><td>Christian</td><td>108404</td><td>50.1</td></tr><tr><td>Buddhist</td><td>2283</td><td>1.1</td></tr><tr><td>Hindu</td><td>4432</td><td>2.0</td></tr><tr><td>Jewish</td><td>5724</td><td>2.6</td></tr><tr><td>Muslim</td><td>24371</td><td>11.3</td></tr><tr><td>Sikh</td><td>725</td><td>0.3</td></tr><tr><td>Other religions</td><td>1135</td><td>0.5</td></tr><tr><td>No religion</td><td>43249</td><td>20.0</td></tr><tr><td>Religion not stated</td><td>26184</td><td>12.1</td></tr></table> <p>Figures from 2011 census</p> <p><b><u>Smoking Cessation</u></b></p> <p>Insufficient data to evaluate impact of smoking cessation services and religious belief, however no discriminatory factors anticipated- no restriction on access to services based on religious beliefs.</p> <p><b><u>Sexual Health</u></b></p> <p>No discriminatory factors anticipated</p> <p>Religious belief may be a barrier to sexual health screening and contraceptive use. HLPs will improve accessibility to sexual health services and should improve uptake. No restriction to services based on religious belief.</p>	Religion	Haringey	%	All people	216507		Christian	108404	50.1	Buddhist	2283	1.1	Hindu	4432	2.0	Jewish	5724	2.6	Muslim	24371	11.3	Sikh	725	0.3	Other religions	1135	0.5	No religion	43249	20.0	Religion not stated	26184	12.1	
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Stage 6 - Initial Impact analysis	Actions to mitigate, advance equality or fill gaps in information
<ul style="list-style-type: none"> <li>Haringey is a hugely diverse borough with health and life expectancy inequalities between the East and West of the borough. Offering services to a number of pharmacies across Haringey will help to close the gap and improve the health and wellbeing of residents.</li> <li>Initial impact analysis found that there are areas with limited data for some protected groups in relation to certain services especially sexual orientation, religious belief, gender reassignment.</li> <li>The services offered are available to everyone living in Haringey and no discriminatory factors were anticipated</li> </ul>	<ul style="list-style-type: none"> <li> <b>Gathering new information on needs of different groups to tailor services and advice of Healthy Living Pharmacies</b>  Currently there is no requirement to, but Public Health may wish to review the need for vitamins in other groups such as over 65s, men, those who do not get much sun exposure and BME communities.   Public Health and the pharmacies need to gather more information regarding Smoking Cessation need and services used by LGBT communities and whether uptake of the pharmacy scheme is improving access. As public health is seeking to access LGBT residents with information regarding sexual health a MECC approach should be taken and smoking cessation offered. </li> <li> <b>Increasing offer of HIV testing at Healthy Living Pharmacies</b>  Not all of Haringey's HLPs offer HIV testing. Currently 8 pharmacies offer this service. Based on level of uptake, further pharmacies could be offered training to widen accessibility. </li> <li> <b>Evaluating the accessibility of Healthy Living Pharmacies</b>  Pharmacies staff may speak a variety of languages and this should be published on the healthy living pharmacy website. As part of monitoring the commissioner needs to evaluate whether language may be a barrier to accessing services   Once established the commissioner should complete an evaluation of the opening times and whether they are correlated to level of need. Extending the opening times and commissioning services on Sundays may improve access for those working (also would possibly reduce teenage pregnancy rates if EHC was available each day of the week). </li> </ul>

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|  | <ul style="list-style-type: none"> <li>• <b>Targeted outreach to encourage greater use of Health Living Pharmacies</b><br/>It was found that young men are less likely to use pharmacies. Pharmacies should make every effort to target this group opportunistically offering health interventions such as smoking cessation</li> </ul> <p><b>Monitoring and oversight arrangements</b><br/>Pharmacists enter their activity electronically; this generates both monitoring information and acts as an invoice for payment. The service is monitored by the lead commissioner for sexual health and is overseen by a steering group with pharmacy representation which meets quarterly. Because of the clinical nature of the sexual health services there is a rolling programme of mystery shopping.</p> |
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#### Stage 7 - Consultation and follow up data from actions set above

Data Source (include link where published)	What does this data include?

#### Stage 8 - Final impact analysis

One of the corporate priorities of the Council is to reduce the life expectancy gap in Haringey and the health inequalities that residents in the east of Haringey experience. Four of the key areas that are creating this gap are smoking, poor sexual health, teenage pregnancy and maternal/child nutrition. To tackle these issues the Council is commissioning a number of services which includes healthy living pharmacies (HLPs). HLPs have a number of advantages that enable them to reach into communities that may not access other services i.e. location, opening hours, discreetness. The EQIA has demonstrated a number of key groups with protective characteristics who will benefit from being able to access the service via a pharmacy i.e. young people and females for sexual and reproductive health, working men for smoking cessation,

The EQIA drew out the need to provide the majority of services in the east of the borough and the procurement process has resulted in the majority of services being in this area, however there is also coverage in the west of Haringey and in key high foot fall areas i.e. Wood Green as any resident can access the services. No survey of residents needs has been undertaken and it is recommended that this is done to ensure services are continuously developed to meet the needs of those protective characteristics.





### Stage 9 - Equality Impact Assessment Review Log

Review approved by Assistant Director

S.V. dti.

Date of review

22<sup>nd</sup> November 2016

Review approved by Director / Assistant Director

Date of review

### Stage 10 – Publication

Ensure the completed EqIA is published in accordance with the Council's policy.