

EQUALITY, DIVERSITY AND INCLUSION

DONCASTER METROPOLITAN BOROUGH COUNCIL

Due Regard Statement Template: Doncaster Pharmacy Needs Assessment (March 2014-March 2015)

How to show due regard to the equality duty in how we develop our work and in our decision making.

Due Regard Statement

A **Due Regard Statement** (DRS) is the tool for capturing the evidence to demonstrate that due regard has been shown when the council plans and delivers its functions. A Due Regard Statement must be completed for all programmes, projects and changes to service delivery.

- A DRS should be initiated at the beginning of the programme, project or change to inform project planning
- The DRS runs adjacent to the programme, project or change and is reviewed and completed at the relevant points
- Any reports produced need to reference "Due Regard" in the main body of the report and the DRS should be attached as an appendix
- The DRS cannot be fully completed until the programme, project or change is delivered.

1	<p>Name of the ‘policy’ and briefly describe the activity being considered including aims and expected outcomes. This will help to determine how relevant the ‘policy’ is to equality.</p>	<p>Name: Pharmaceutical Needs Assessment</p> <p>Aim: To carry out a Pharmaceutical Needs Assessment throughout the Doncaster borough and compare findings with existing services, to identify gaps/potential improvement and to inform future commissioning.</p> <p>Activity: Questionnaires will be sent to all Doncaster Pharmacies and the general public, then a 60-day consultation will take place to assess whether the draft document is a realistic account of existing services.</p> <p>Expected Outcome: Report will be completed and published in line with statutory requirements by 1st April 2015.</p>
2	<p>Service area responsible for completing this statement.</p>	<p>Doncaster Health & Wellbeing Board/Public Health Directorate.</p>
3	<p>Summary of the information considered across the protected groups.</p> <p>Service users/residents</p> <p>Doncaster Workforce</p>	<p>To undertake the PNA process a wide range of demographic information and service mapping was collated from the following areas:</p> <ul style="list-style-type: none"> • JSNA – current demographic profiles and data already available through Public Health intelligence including protected groups (Doncaster Council website) • NHS England data on Pharmacy services and registration • Pharmacy data around current services • DCCG Service mapping of services • Public Health Commissioning Service mapping • Existing data sets around protected groups

Minority ethnic groups in Doncaster (Office for National Statistics (ONS), 2013

	% of the population	
White: Other White	8,556	2.8%
Asian/Asian British	7,614	2.5%
Asian/Asian British: Indian	1,865	0.6%
Asian/Asian British: Pakistani	2,728	0.9%
Asian/Asian British: Bangladeshi	117	0.0%
Asian/Asian British: Chinese	1,121	0.4%
Asian/Asian British: Other Asian	1,783	0.6%
Black/African/Caribbean/Black British	2,337	0.8%
Black/African/Caribbean/Black British: African	1,309	0.4%
Black/African/Caribbean/Black British: Caribbean	778	0.3%
Black/African/Caribbean/Black British: Other Black	250	0.1%
Other ethnic group	1,064	0.4%
Other ethnic group: Arab	231	0.1%
Other ethnic group: Any other ethnic group	833	0.3%

See Map attached at end of statement*


Overall Doncaster has low ethnic diversity though the following map shows there are diverse areas within the Borough. There are significant non-white British populations in the urban centre and surrounding areas, namely Balby (16%), Belle Vue (26%), Bennethorpe (18%), Hexthorpe (24%), Hyde Park (46%), Intake (16%), Lower Wheatley (37%), Town Moor (20%), and Wheatley Park (20%). There are anomalous hotspots in the North and East (HM Prisons and Braithwaite & Kirk Bramwith).

- Live Survey data from the public survey was collated which in the first phase identified some gaps around:

	<ul style="list-style-type: none">○ Age - young people's views – contacts are now being developed with The Hub and other contacts to rectify this; Older groups and individuals – further links being explored to gain more views from these groups and in particular reference to the growing ageing population and impact on services;○ Race (although the response rate was relative to the size of the sample and quota from those groups) – further contacts are now being explored; issues were raised through the survey around translation and interpretation services in pharmacies and also a question was asked around staff who speak a second language. The outcomes were raised with the Local Pharmacy Committee for further consideration around cultural sensitivity, and in particular reference to the growing population and impact on future services from these groups .○ Physical and learning disabilities – links were made to engage with these groups through current networks following the 60 day consultation period; disabled access was flagged up in some of the pharmacies through the public survey and was fed back to the Local pharmacy Committee initially and in the draft report; it was confirmed that there were some variations in standards of disabled facilities and these would be considered; further focus groups have now taken place following the 60 day consultation with user groups (CHAD and Sycil) . Consultation has also taken place with a Carers group. <p>The remainder of the protected characteristics were also considered as part of the Equalities plan for this report:</p> <ul style="list-style-type: none">○ Gender - The information and recommendations in this report (and the consultation) have been open and accessible to all individuals whatever their gender and to date no issues have emerged throughout the consultation
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	<p>period around gender.</p> <ul style="list-style-type: none">○ Sexual Orientation – The information and recommendations in this report (and the consultation) have been open and accessible to all individuals whatever their sexual orientation and to date no issues have emerged throughout the consultation period. Further links are being explored to engage with Lesbian, Gay, Bi-sexual and Transexual (LGBT) groups and individuals through known contacts and organisations/support groups.○ Religion and belief -The information and recommendations in this report (and the consultation) have been open and accessible to all religious demographics and to date no issues have emerged throughout the consultation period.○ Maternity and Pregnancy - The information and recommendations in this report (and the consultation) have been open and accessible to all women and to date no issues around maternity/pregnancy have emerged throughout the consultation period.○ Gender Re-assignment - The information and recommendations in this report (and the consultation) have been open and accessible to all individuals and to date no issues have emerged throughout the consultation period.○ Marriage and Civil Partnerships - The information and recommendations in this report (and the consultation) have been open and accessible to all individuals and to date no issues have emerged throughout the consultation period. <p>The group are aware that it is very difficult to reach every protected group in the borough but through the public and stakeholder surveys, the 60 day consultation, and through the third sector we hoped to gain as wide a consultation as possible and feel that we have shown due regard to those groups. There were no issues raised which were pertinent to</p>
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		<p>pregnant women or those undergoing gender re-assignment or civil partnerships. The social media campaign would enable wider engagement and coverage and would hopefully highlight any further issues for consideration in this plan which is a work in progress document.</p>
<p>4</p>	<p>Summary of the consultation/engagement activities</p>	<ul style="list-style-type: none"> • Online public and stakeholder surveys were developed and implemented in summer 2014 with the aim to gather opinions and views around pharmacy services in the Doncaster area and to identify any gaps in pharmacy service provision. • The public survey was designed using examples of good practice from other areas, using the local DH Pharmacy regulations as guidance and were concept tested face to face in local communities in Doncaster in June 2014 (links were made through the Public Health team to various community groups to test out the questions first). Feedback was also obtained about the stakeholder survey from pharmacy staff and the Core Group and both surveys were then amended and sent out for wider consultation. When producing the public survey, advice was taken around the population profiles and the Equalities consideration from DMBC colleagues. Advice was also undertaken around wording around the protected groups and questions around these areas to ensure due regard had been given to all groups in terms of access. The surveys would be made available in alternative formats including easy read or other languages on request. The questions were written in easy read format and larger print to ensure readability for a wide target audience. • The PNA was discussed as part of a communications campaign plan and a social media campaign was put in place to launch the consultation of both the public survey (July 2014) and the 60 day consultation process (September 2014). It was anticipated that this would therefore reach a larger audience. • A consultation was undertaken face to face in the form of a presentation and discussion with the Local Pharmacy Committee (10th September 2014) once the

	<p>initial results had been collated and analysed and a draft document was then produced and distributed online to a wide range of stakeholders including representatives from the third sector, Healthwatch and leads for groups including EMTAS, LGBT and Carers, Learning and Physical Disabilities, Changing Lives and older peoples groups.</p> <ul style="list-style-type: none">• Further face to face consultation was undertaken with Learning disability and Carer user groups in October 2014 and further contacts were made with links to EMTAS, LGBT and BME forums.• Consultation was also undertaken with neighbouring Local Authorities (October/November 2014) in producing the document and a joint sharing of boundary issues was established. Attendances were made at regional PNA lead meetings to share good practice and to disseminate cross-boundary findings. Positive feedback was received from North Lincolnshire by formal correspondence.• The process was also highlighted at Doncaster Inclusion and Fairness Advancement group (recorded in minutes of 18th July 2014 and 24th October 2014).• The following Protected Characteristics Action Plan demonstrates our intentions for wider consultation and is work in progress. <p> 2015 DONCASTER PNA DRAFT PROTECT</p> <ul style="list-style-type: none">• Age - Link into PH Wider Determinants team (community networks); possibility of linking into appropriate groups. Printed questionnaires/focus groups; Electronic copy of questionnaire to Wellbeing Officers/Community Teams; New Horizons – info on 3rd sector groups; TARAs; 50 plus Parliament; Young people - Youth Surgeries /Young People’s Parliament/The Hub; C&YP service contacts; social
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		<p>media</p> <ul style="list-style-type: none"> • Disability – DIAL; Sycil; CHAD; learning disabilities team; Carers week; Carers Federation; People Focused Group and social media • Race - links with community groups – local meeting places; Faith groups http://www.doncasterfaithstogether.org.uk/Gypsy Traveller group – EMTAS/local authority Conversation club. • Gender - Links to male/female activity groups ie sport/leisure; other social groups through PH team and neighbourhood teams and social media • Sexual Orientation – LGBT /Pride; social media • Religion and Belief - Focus groups – Women’s Centre; neighbourhood groups; cultural groups; places of worship; mosques etc • Pregnancy and Maternity - Health Visitors/Antenatal clinics/Mums & Baby groups/childrens centres and Early Assessment Units • Gender Re-assignment - social media; Lesbian, Gay, Bi-sexual and Transsexual/Pride • Marriage and Civil Partnerships - Lesbian, Gay, Bi-sexual and Transsexual; social media
5	<p>Real Consideration:</p> <p>Summary of what the evidence shows and how has it been used</p>	<ul style="list-style-type: none"> • The PNA process has so far identified issues around disability access and possible issues around language and interpretation. <i>Around 1 in 3 locations have a regular pharmacist that speaks a second language – examples pertinent to local minority ethnic groups include Punjabi (4), Urdu (3), Hindi (2), Polish (1) and British Sign Language (BSL)</i> <p>Use of large print materials for visually impaired: <i>‘Low awareness of large print</i></p>

	<p><i>labels'</i></p> <p><i>96% of Doncaster's population (aged >3 years) speak English as their first or preferred language – compared to 94% across Yorkshire and Humber and 92% across England and Wales. 2.1% of people speak 'Other European' languages as a first or preferred language, of which 1.6% of people speak Polish. No other language accounts for half a percentage in Doncaster though 0.3% speak Urdu as a first or preferred language and 0.2% speak Punjabi as a first or preferred language (ONS, 2013b).</i></p> <ul style="list-style-type: none">• There have been no specific gender, sexual orientation, maternity/pregnancy or civil partnership issues and we have made contact to reach out further to those groups to identify whether there are any issues.• The lower proportions responding from the black and minority groups are in proportion with the sample size but we are still trying to gain wider views from those groups. Correspondence was circulated without success. <i>'Around 1 in 3 locations have a regular pharmacist that speaks a second language – examples pertinent to local minority ethnic groups include Punjabi (4), Urdu (3), Hindi (2), Polish (1) and British Sign Language (BSL) (1).'</i>• The ageing population and impact on future services has also been highlighted and gaps in responses around this area are also being explored. <p><i>Age Profile of the Population</i> <i>Compared to the England average, Doncaster has a smaller proportion of adults aged 20 to 44 and a higher proportion of older people aged 50 and above. The number of children and teenagers are similar to the national trend. Since 2001, Doncaster's population has increased by 5.4% (or 15,600 people) and is now estimated to be around 302,500.</i></p> <ul style="list-style-type: none">• The survey results were analysed initially for us to identify gaps and to explore how
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		<p>we could broaden participation and engagement at every stage. Through gap analysis we have made further attempts to reach out to groups and to gain a wider insight into any issues that may arise in those areas.</p> <ul style="list-style-type: none"> • The PNA process has enabled us to shape the final document for publication and to inform future decisions through recommendations for commissioning pharmacy services.
6	Decision Making	<ul style="list-style-type: none"> • The due regard statement for this PNA commenced as soon as the work commenced in March 2014 and continues throughout the process until the report is finalised and published on 1st April 2015 . • The working group has, at whatever stage, whether in the survey design stages, or the consultation processes, the data analysis or in the writing of the document the group, asked questions about the protected groups and how we gain views from a wide audience. Advice and guidance was sought from the Inclusion and Fairness Advancement group and from the Policy and Partnerships teams. Advice and guidance was also sought on a technical basis from Doncaster CCG Medicines management, NHS England and the Local Pharmacy Committee through the Core Group. • The concept testing of the survey in the design stages allowed for some face to face consultation with hard to reach groups and was re-visited in the 60 day consultation stage. Inevitably we have been unable to engage with all the protected groups. • The discussion at the Local Pharmacy Committee enabled issues around culturally sensitive materials, translation services, disabled access and an increasing ageing population and impact on services to be raised and considered. Further discussions with key links in our protected characteristics plan and through Health Watch has complimented this process.

		<ul style="list-style-type: none"> • The Health and Wellbeing Board are the accountable body for the completion and publication of Doncaster’s Pharmaceutical Needs Assessment. Local commissioners including NHS England are responsible for considering the implications of this needs assessment for the future planning of pharmacy services. <p>Future Pharmacy Provision</p> <ul style="list-style-type: none"> • Future commissioning and service provision may need to consider the following areas in terms of future pharmacy provision: <ul style="list-style-type: none"> i) The impact of migrant workers using the services and their entitlements in the geographical areas where some of the pharmacy services are based; ii) The impact of refugee asylum seekers using the services and their entitlements to translations services; iii) Cultural sensitivity around religion and belief, are we ensuring space for people whose religious belief may restricted their interaction with men or the use of certain medication? This works both ways there maybe pharmacy staff who may need to address their religious beliefs as well. For example a pharmacist may be uncomfortable prescribing over the counter contraception as it goes against their belief. If this became an issue what would the recommendation and guidelines be to address such an issue? iv) Gender issues availability of women to discuss their health issues in a pharmacy with a female worker.
7	Monitoring and Review	<ul style="list-style-type: none"> • An update report was provided to the Health and Wellbeing Board Officer group in summer 2014 and the Health and Wellbeing Board (as part of a written update in the Officer group report) on 4th September 2014. • Feedback was provided to the Local Pharmacy Committee on 10th September 2014

		<p>and the Core group (Steering Group) leading the process. Feedback to stakeholders and the general public was undertaken through the 60 day consultation process and includes cross-organisation social media coverage through DMBC communications.</p> <ul style="list-style-type: none"> • Informal feedback was sought from neighbouring authorities throughout the 60 day consultation period. <p>The final draft PNA report following the 60 day consultation and incorporating feedback responses from the 60 day consultation will be presented to the Doncaster Health and Wellbeing Board on 8th January 2015 and will be published once endorsed by the Doncaster Health and Wellbeing Board on 1st April 2015.</p>
8	Sign off and approval for publication	<p>*To be completed post consideration at the January Health and Wellbeing Board and once the final PNA report has been approved for publication on 1st April 2015.</p>

***Summary of the information considered across the protected groups – Map Minority ethnic groups in Doncaster**

