

EQUALITY IMPACT ASSESSMENT (EIA) FORM

Name of Policy:	The future provision of clinical waste
Lead Officer (responsible for assessment):	Hetty Thornton
Department:	Waste
Others Involved in the Assessment (i.e. peer review, external challenge):	
Date EIA Completed:	08/01/18

What is an Equality Impact Assessment (EIA)?

As part of any effective policy development process, it is important to consider any potential risks to those who will be affected by the policy's aims or by its implementation. The Equality Impact Assessment (EIA) process helps us to assess the implications of our decisions on the whole community, to eliminate discrimination, tackle inequality, develop a better understanding of the community we serve, target resources efficiently, and adhere to the transparency and accountability element of the Public Sector Equality Duty.

The word 'policy', in this context, includes the different things that the Council does. It includes any policy, procedure or practice - both in employment and service delivery. It also includes proposals for restructuring, redundancies and changes to service provision.

- (a) **What is the policy trying to achieve?** i.e. What is the aim/purpose of the policy? Is it affected by external drivers for change? What outcomes do we want to achieve from the policy? How will the policy be put into practice?

At present, ECDC provides a free sharps clinical waste service for our residents from their homes who self-medicate across the district. At present there are 72 people who utilise this service.

The majority of residents who self-medicate at home dispose of their sharps boxes through local pharmacies. This service is currently provided free of charge by NHS England.

A recent review by NHS England has concluded that the statutory requirement to collect sharps clinical waste lies with the local authority.

The Council has been working with RECAP (the Peterborough and Cambridgeshire Waste Partnership) to provide a solution to this change.

RECAP (of which ECDC is a partner) has suggested that to ensure a service continues to be provided to residents who self-medicate all local authorities collect sharps clinical waste from Community Pharmacies and some GP dispensing pharmacies. This will be a seamless exercise for most residents who self-medicate across East Cambs, especially as the majority of sharps users currently dispose of their sharps waste at local pharmacies.

There have been many comments and a couple of complaints made from the 72 residents who use the household sharps collection service that they don't feel safe putting their clinical waste boxes outside their houses for collection as it highlights that they may have a disability which can make some residents feel at risk and vulnerable.

An agreement between ECDC and the pharmacies has been drawn up to offer each one the opportunity to join the new service. However, it is down to the individual pharmacy whether they decide they would like to enter into the agreement, which is effectively out of the control of ECDC.

It is recommended to committee that residents who self-medicate (even for a short/medium time period) will, from 1st April, be required to take their sharps boxes to a local pharmacy within the scheme unless they have a disability or other medical condition, have no other friend, carer or family member who could take their sharps waste to a local pharmacy and also provide a doctor's note to confirm this.

The change will enable all residents to dispose of their clinical waste sharps collections at times and venues which are convenient to them including the weekends and the evenings free of charge. This opens up more opportunities through which to dispose of the clinical sharps.

(b) Who are its main beneficiaries? i.e. who will be affected by the policy?

- Residents who self-medicate within the ECDC area
- A carer, friend or family member, who administer medication by needle to service users
- Residents who are required self-medicate for a short/medium period of time

(c) Is the EIA informed by any information or background data (quantitative or qualitative)? i.e. consultations, complaints, applications received, allocations/take-up, satisfaction rates, performance indicators, access audits, census data, benchmarking, workforce profile etc.

- There has been on-going partnership working with RECAP to look at various options for the future provision of sharps clinical waste. However, ultimately it comes down to each respective local authority and the most effective solution for the users of the service.
- ECDC has received a number of phone calls from concerned users of the household clinical waste collections who feel that leaving the sharps boxes outside their homes highlights the fact that they could be vulnerable and potentially put them or their home at risk. ECDC want to ensure that residents feel safe and this proposal will negate the need to have sharps boxes left outside.
- RECAP has been engaging with NHS England throughout to ensure that there is minimal disruption for service users.
- ECDC has been undertaking partnership working with the Local Pharmaceutical Committee. The LPC will act as the conduit to cascade all relevant information to Community Pharmacies including patient communication and information on how a pharmacy can join up to the scheme.
- Recent research documents e.g. Local Needs Assessment, show that each household is within at most 20 mins in the car from a local pharmacy. In addition the majority of service users get their prescriptions from a local pharmacy which means it will be easier (in most cases) for service users to dispose of their sharps boxes and pick up new prescriptions at the same time.
- After assessing the location and opening times of all community pharmacies and GP dispensing pharmacies service users will have access to a range of pharmacy locations and longer opening hours, including weekend times.
- ECDC has phoned each pharmacy across the district to ascertain their initial thoughts on signing up to the new process. The majority indicated that they would be willing to do so (the ones who didn't weren't able to make an informed decision as the practice manager was absent).

(d) Does this policy have the potential to cause a positive or negative impact on different groups in the community, on the grounds of any of the protected characteristics? (please tick all that apply)

Ethnicity	<input type="checkbox"/>	Age	<input type="checkbox"/>
Gender	<input type="checkbox"/>	Religion and Belief	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>
Gender Reassignment	<input type="checkbox"/>	Marriage & Civil Partnership	<input type="checkbox"/>
Pregnancy & Maternity	<input type="checkbox"/>	Caring Responsibilities	<input checked="" type="checkbox"/>

Please explain any impact identified: i.e. What do you already know about equality impact or need? Is there any evidence that there is a higher or lower take-up by particular groups? Have there been any demographic changes or trends locally? Are there any barriers to accessing the policy or service?

Service users who currently use the household sharps clinical waste collection will now be asked to take their boxes to the pharmacies who sign up to the new process. If a service user, their family, friends or carers are unable to take their clinical sharps and provide a doctor's note to confirm this then ECDC will continue to collect their sharps boxes from their homes free of charge on a quarterly basis.

Burwell (which has a high number of service users out of the 72) does not currently have any local pharmacies which accept patient sharps boxes. As a result these residents have free household collections on a quarterly basis. Early engagement with the pharmacies in the village indicates that they would be receptive to offering this service from 1st April. Therefore this would have a beneficial impact on these residents.

There have been no significant demographic changes locally which affect this proposed change.

(e) Does the policy have a differential impact on different groups?	NO
(f) Is the impact <i>adverse</i> (i.e. less favourable)?	NO
(g) Does it have the potential to disadvantage or discriminate unfairly against any of the groups in a way that is unlawful?	NO
(h) How have you engaged stakeholders in gathering evidence or testing the policy proposals? Who was involved, how and when where they engaged? Does the evidence show potential for differential impact? How will you mitigate any negative impacts? Where there is the potential for an adverse impact that cannot be addressed immediately, these should be highlighted in your recommendations and objectives at the end of the EIA.	

ECDC has undertaken early engagement with local GP dispensing pharmacies and community pharmacies to ascertain if they would be receptive to being a point of disposal for clinical sharps waste.

Service users, their families or carers who are unable to access any local pharmacy and provide a doctor's note will still be able to have a free household quarterly clinical waste collection.

Once Committee has made a decision on the future provision, ECDC will be contacting all of the 72 residents to advise them of the change and offer support and guidance.

ECDC will be working with GP surgeries, GP dispensing surgeries and Community Pharmacies to promote the changes. This will be co-ordinated through NHS England and the Local Pharmaceutical Committee who will be managing the communications on behalf of RECAP members.

Hambleton District Council have already gone through a similar change process and RECAP has used their experience to carry out this recommended changeover process. Any lessons learnt have been applied by RECAP.

* The Consultation Register is available to assist staff in consulting with the Council's stakeholders.

(i) Summarise the findings of your research and/or consultation (please use a separate sheet if necessary).

N/A

(j) What are the risks associated with the policy in relation to differential impact and unmet needs/requirements? i.e. reputation, financial, breach of legislation, service exclusion, lack of resources, lack of cooperation, insufficient budget etc.

As NHS England will no longer be providing a collection service from community pharmacies, it would impact significantly on ECSS financially if we offered a household collection to all service users who currently take their clinical sharps waste to local pharmacies. As there is no data on the amount of residents who currently do this we have estimated that this would increase to approximately 2551 residents (not taking into account the 72 ECDC already collect from). Therefore for the majority of service users the proposed change will see no change for the (approx) 2551 users which will be seamless.

We will ensure that the 72 users ECDC currently collect sharps waste from will be engaged at the earliest opportunity to offer support and guidance.

Where a resident requires an assisted sharps collection, ECSS will continue to provide this service free of charge (as detailed previously).

(k) Use the information gathered in the earlier stages of your EIA to make a judgement on whether there is the potential for the policy to result in unlawful discrimination or a less favourable impact on any group in the community, and what changes (if any) need to be made to the policy.

Option 1:	No major change - the evidence shows that the policy is robust and no potential for discrimination.	√
Option 2:	Adjust the policy - to remove barriers or to better promote equality.	
Option 3:	Continue the policy - despite potential for adverse impact or missed opportunity to promote equality, provided you have satisfied yourself that it does not unlawfully discriminate.	
Option 4:	Stop and remove the policy – if the policy shows adverse effects that cannot be justified.	

(l) Where you have identified the potential for adverse impact, what action can be taken to remove or mitigate against the potential for the policy to unlawfully discriminate or impact less favourably on one or more communities in a way that cannot be justified? Include key activities that are likely to have the greatest impact (max. 6). Identified actions should be specified in detail for the first year but there may be further longer term actions which need to be considered. To ensure that your actions are more than just a list of good intentions, include for each: the person responsible for its completion, a timescale for completion, any cost implications and how these will be addressed. It is essential that you incorporate these actions into your service plans.

ECSS must ensure that they provide “adequate arrangements for the disposal of household waste” (which clinical waste forms a part of) as per the Environmental Protection Act 1990 (see below).

Collection of controlled waste.

(1)It shall be the duty of each waste collection authority—

(a)to arrange for the collection of household waste in its area except waste—

(i)which is situated at a place which in the opinion of the authority is so isolated or inaccessible that the cost of collecting it would be unreasonably high, and

(ii)as to which the authority is satisfied that adequate arrangements for its disposal have been or can reasonably be expected to be made by a person who controls the waste; **[F1and]**

By continuing to provide a free household sharps clinical waste collection from a service user who requires an assisted collection (where they provide a doctors’ note) and providing collection points across the district at participation pharmacies both free of charge, committee is asked whether by agreeing to Option 1 to provide this service, if ECDC are meeting its statutory requirements.

This completed EIA will need to be countersigned by your Head of Service. **Please forward completed and signed forms to the Principal HR Officer.**

All completed EIAs will need to be scrutinised and verified by the Council’s Equal Opportunities Working Group (EOWG) and published on the Council’s Intranet to demonstrate to local people that the Council is actively engaged in tackling potential discrimination and improving its practices in relation to equalities. Please be aware that you may be asked to attend a half-an-hour session to summarise the findings of the EIA to the Scrutiny and Verification panel.

Signatures:

Completing Officer: _____ **Date:** _____

Head of Service: _____ **Date:** _____