Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Equality Screening, Disability Duties and Human Rights Assessment Template

Part 1 – Policy scoping

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Part 4 – Monitoring

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Guidance on completion of the template can be found on the Equality Commission website at S75 screening template 2010 (web access checked 230920) .docx

Part 1. Policy scoping

1.1 Information about the policy

Name of the policy:

The “Living Well” Community Pharmacy Service.

Is this an existing, revised or a new policy?

The Living Well Community Pharmacy Service is an existing service in place since 2019.

What is it trying to achieve? (intended aims/outcomes)

Community pharmacies play a crucial role in the delivery of healthcare through a variety of services which are delivered in accessible locations to meet population need. In Northern Ireland there are currently approximately 508 community pharmacies with each community pharmacy servicing an average of approximately 3,600 people, dispensing on average 7,279 prescription items per month. Around 123,000 (9% of the population) visit a community pharmacy in Northern Ireland every day[1]. Because of this community pharmacists play an important role, not only in the supply and dispensing of medicines, but increasingly in providing focused public health messages.

The Living Well service was established in 2019 to support implementation of Northern Ireland’s Public Health Strategic Framework, Making Life Better. It is delivered in partnership with the Public Health Agency, Community Pharmacy NI (CPNI), and the Strategic Planning and Performance Group of the Department of Health (SPPG) and is jointly funded by SPPG and PHA.

Living Well is a community pharmacy service offered in approximately 508 pharmacies across Northern Ireland[2], providing information and advice to individuals on public health issues. Only two community pharmacies are not currently providing this service. It aims to allow community pharmacies to provide targeted public health advice, information and interventions using a coordinated approach to help people live longer, healthier lives and address risk

[1] Community Pharmacy Strategic Plan 2030
[2] Pharmaceutical list

factors which contribute to disease or illness in Northern Ireland. There are generally 6 campaigns per year, each of which runs for 2 months. Campaigns are agreed by SPPG, PHA, CPNI and NICPLD.

Are there any Section 75 categories which might be expected to benefit from the intended policy?

The Living Well Community Pharmacy Service does not target a specific section 75 category. However, any and all Section 75 categories may benefit from a specific campaign that is promoted through the programme.

If so, explain how.

As an example, for 2022/23 alone, campaigns included Know check ask (KCA), Breastfeeding (BF), Spot cancer early (SCE), Protect yourself this winter (PYTW), Home accident prevention (HAP) and Live longer and stronger (LLS) Any Section 75 category may have benefitted from any of these individual campaigns.

The table below shows the contact made by the pharmacies contracted to provide the service for all of the campaigns 22/23 with the groups listed:

2022/2023	Number of pharmacies per campaign					
Service user group	KCA	BF	SCE	PYTW	HAP	LLS
Homeless	34	9	35	52	33	38
Victims of domestic abuse	33	27	31	40	46	36
BAME community	61	48	53	64	56	57
Housebound	210	28	149	212	211	203
Those with drug or alcohol addiction issues	168	63	159	156	145	149
Socially isolated	201	85	185	216	215	224
Young families	189	460	195	244	290	176
Elderly	472	10	434	468	444	452
Those with long term health conditions or their carers	374	34	336	363	292	341
Those living in poverty or deprivation	132	97	141	159	129	136
Those with hearing or visual impairments	137	9	76	94	114	112
Those where English is not their first language	108	99	100	112	85	91

The schedule for 2025/2026 includes:

- Be Cancer Aware

- Know your Units
- Move More
- Stay Well
- Mental Health and
- Childhood Immunisation

As with any previous campaigns the Living Well Community Pharmacy Service does not target a specific section 75 category. However, any and all Section 75 categories may benefit from a specific campaign that is promoted through the programme.

Who initiated or wrote the policy?

The Integrated Care Directorate of the Former Health and Social Care Board in partnership with Public Health Agency.

Who owns and who implements the policy?

The Director of Primary Care, within the Strategic Planning and Performance Group of the Department of Health in partnership with the Interim Head of Chief, Executive's Office and Strategic Engagement, Public Health Agency.

1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision?

Organisational capacity across all stakeholders, in particular community pharmacy, is the main limiting factor of the implementation of the Living Well service.

If yes, are they (please delete as appropriate)

other, please specify; The Living Well service is dependent on community pharmacy to deliver the service to their local communities. Not all community pharmacies provide the service. This is a small proportion of contractors in relation to the total number of pharmacies across Northern Ireland.

It is also dependant on capacity of those stakeholders involved in the development and management of the service, such as Living Well subgroup members.

1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon? (please delete as appropriate)

Community Pharmacies

Service Users

1.4 Other policies with a bearing on this policy

- what are they?
  - Making Life Better – A whole system framework for public health (2013-23)
  - Community Pharmacy Strategic Plan 2030
  - Three-year community pharmacy commissioning plan for 2022-25 (extended to 2027)
  - Health and Wellbeing 2026 – Delivering Together (2016)
  - Programme for government (draft outcomes)
  - NICE guidance PH49, NG44, NG102

- who owns them?

  - The Department of Health, Strategic Planning and Performance Group of the Department of Health, Director of Primary Care.
  - Public Health Agency
  - The Department of Health
  - NI Executive Office
  - NICE

1.5 Available evidence

What evidence/information (both qualitative and quantitative[3]) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

Religious belief evidence / information:

The results of the 2021 Northern Ireland census show that 42.3% of the population identify as Catholic and 37.3% as Protestant or other Christian. 17.4% stated that they had no religion and 3% identified as another religion. The census included a supplementary question asking respondents – whether they were in fact religious or not – in which religion they were brought up. When adding in these answers, the percentages of Catholics and Protestants rise to 45.7% and 43.5% respectively.

The religious beliefs of Living Well community pharmacy staff and the service users is not recorded, however over 99% of community pharmacies in NI participate in the service so it is available to all communities.

Pharmacists registered with the Pharmaceutical Society of Northern Ireland are obligated to follow the PSNI code, which outlines the professional standards of conduct, ethics and performance for pharmacists in Northern Ireland. Within this, principle 1 states, 'Always put the patient first', in which pharmacists must 'Respect diversity in the cultural differences, beliefs and value-systems of others and always act with sensitivity and understanding'.

Political Opinion evidence / information:

Unionist parties accounted for 40.1% of the 1st preference votes in the 2022 assembly election; Nationalist parties accounted for 38.1%; the Alliance party accounted for 13.5%; and others accounted for 8.3%.

The political opinion of Living Well community pharmacy staff and the service users is not recorded. Pharmacists registered with the Pharmaceutical Society

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[3] * Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential Nationalist parties accounted for 38.1% used to infer from a sample about the wider population).

of Northern Ireland are obligated to follow the PSNI code, which outlines the professional standards of conduct, ethics and performance for pharmacists in Northern Ireland. Within this, principle 1 states, 'Always put the patient first', in which pharmacists must 'Respect diversity in the cultural differences, beliefs and value-systems of others and always act with sensitivity and understanding'.

Racial Group evidence / information:

In 2021 the number of people with a white ethnic group was 1,837,600 (96.6% of the population). The largest groups were Mixed Ethnicities (14,400), Black (11,000), Indian (9,900), Chinese (9,500), and Filipino (4,500). Irish Traveller, Arab, Pakistani and Roma ethnicities also each constituted 1,500 people or more.

The racial groups/ ethnic profiles of Living Well community pharmacy staff and individual service users is not recorded.

Pharmacies however do report in evaluation feedback if they have shared campaign information with service users from Black, Asian or Minority Ethnic backgrounds.

Campaigns 2022/23	The number of pharmacies that provided information to those with Black, Asian, or Minority Ethnic backgrounds
Know Check Ask	61
Breastfeeding	48
Spot Cancer Early	53
Protect Yourself this Winter	64
Home Accident Prevention	56
Live Longer and Stronger	57

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Age evidence / information:

A comparison between the 2021 Census and the General Pharmaceutical Services - Annual Statistics shows that people over 45 account for just over 43% of the population but consume just under 80% of the pharmaceuticals dispensed.

Age Profile	Total Population	% of Perscriptions dispensed by age
All usual residents	**100.00%**	**100.00%**
Aged 0 to 14	**19.19%**	**20.5%**
Aged 16 to 44	**37.65%**	
Aged 45 to 64	**26.01%**	**34.5%**
Aged 65 and over	**17.15%**	**45.0%**

The age profile of Living Well service users varies depending on the campaign topic that is publicised. Each campaign may have a different age group that takes more of an interest in a specific topic area. For each campaign, however, there are pharmacies that report engaging with all age groups (table below shows the figures for 2022/23).

Campaigns 2022/23	**The number of pharmacies that engaged with all ages**
Know Check Ask	181
Breastfeeding	25
Spot Cancer Early	160
Protect Yourself this Winter	231
Home Accident Prevention	199
Live Longer and Stronger	174

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Marital Status evidence / information:

The results of the 2021 Northern Ireland census show that across Northern Ireland population, 38.07% were ‘single’, 45.59% were ‘married’, 0.18% were ‘in a civil partnership’, 3.78% were ‘separated (but still legally married or still legally in a civil partnership, 6.02% were ‘divorced or formerly in a civil partnership which is now legally dissolved’ and 6.36% were ‘widowed or a surviving partner from a civil partnership’.

The marital status of Living Well community pharmacy staff and individual service users is not recorded.

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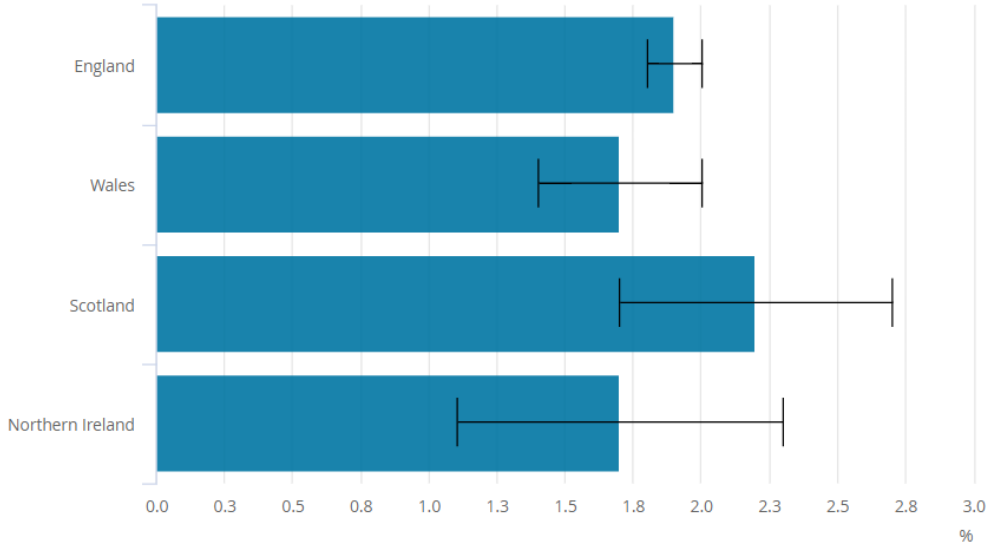
Sexual Orientation evidence / information:

Figure 5: UK country by gay or lesbian and bisexual population, 2016



In 2016 in the UK, 4.1% of the population aged 16 to 24 identified as lesbian, gay or bisexual (LGB). This comprised of 1.7% identifying as gay or lesbian and 2.4% identifying as bisexual. The 16 to 24 age group was the only age group to have a larger proportion identifying as bisexual compared with lesbian or gay.

The results of the 2021 Northern Ireland census show that across Northern Ireland population, 90.04% identified as straight or heterosexual, 2.09% identified as gay, lesbian, bisexual, pansexual, asexual or other sexual orientation and 7.87% preferred not to say.

The sexual orientation of Living Well community pharmacy staff and individual service users is not recorded.

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Men & Women generally evidence / information:

The 2021 Census shows that women account for 51% of the overall population.

	Total Population	
All usual residents	**1,903,175**	**100.00%**
Males	**932,556**	**49.00%**
Females	**970,619**	**51.00%**

The gender/ sex at birth of Living Well community pharmacy staff and individual service users is not recorded.

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Disability evidence / information:

Figures for from the Health Survey NI (2022/23) showed that:

- 40% longstanding illness
- Males: long term condition 37%;
- Females: long term condition 43%;
- Prevalence increased with age with 13% of those aged 16-24 reporting a limiting long term condition compared with 53% of those aged 75 and over.

The different types of disability were broken down in the 2021 census:
24.33% regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.

- Deafness or partial hearing loss – **5.75%**
- Blindness or partial sight loss – **1.78%**
- Mobility or Dexterity Difficulty that limits basic physical activities – **10.91%**
- Mobility or Dexterity Difficulty that requires the use of a wheelchair. – 1.48%
- Autism or Asperger syndrome – 1.86%
- A learning, difficulty. **3.15%**
- A learning or intellectual disability. 0.89%
- An emotional, psychological - **8.68%**
  or mental health condition
- Long – term pain or discomfort– **11.58%**
- Shortness of breath or difficulty breathing – **10.29%**
- Frequent confusion or memory loss – **1.99%**
- Other condition(such as cancer, HIV, diabetes, heart disease or epilepsy) – **8.81%**
- No Condition – **65.33%**

The disability status of Living Well community pharmacy staff and individual service users is not recorded. Pharmacies however do report in evaluation feedback if they have shared campaign information with service users with long term health conditions and also with service users that have hearing or visual impairments.

Campaigns 2022/23	The number of pharmacies that provided information to those with long term health conditions or their carers	The number of pharmacies that provided information to those with hearing or visual impairments
Know Check Ask	374	137
Breastfeeding	34	9
Spot Cancer Early	336	76
Protect Yourself this Winter	363	94
Home Accident Prevention	292	114
Live Longer and Stronger	341	112

Pharmacists registered with the Pharmaceutical Society of Northern Ireland are obligated to follow the PSNI code, which outlines the professional standards of conduct, ethics and performance for pharmacists in Northern Ireland. Within this, principle 1 states, 'Always put the patient first', in which pharmacists must 'Respect diversity in the cultural differences, beliefs and value-systems of others and always act with sensitivity and understanding'.

Dependants evidence / information:

The National Census does not provide any useful data with respect to dependants or dependency status. The crude dependency calculation of number of children under 15 per 100 people or people over 65 per 100 people provides no insight into the number of people caring for dependents either by virtue of age or disability.

Independent estimates from carers advocacy groups estimate that circa 310,000 people or 34% of the population are acting as un paid carers.

The dependency status of Living Well community pharmacy staff and individual service users is not recorded. Pharmacies however do report in evaluation feedback if they have shared campaign information with service users with long term health conditions or their carers.

Campaigns 2022/23	The number of pharmacies that provided information to those with long term health conditions or their carers
Know Check Ask	374
Breastfeeding	34
Spot Cancer Early	336
Protect Yourself this Winter	363
Home Accident Prevention	292
Live Longer and Stronger	341

Pharmacists registered with the Pharmaceutical Society of Northern Ireland are obligated to follow the PSNI code, which outlines the professional standards of conduct, ethics and performance for pharmacists in Northern Ireland. Within this, principle 1 states, 'Always put the patient first', in which pharmacists must 'Respect diversity in the cultural differences, beliefs and value-systems of others and always act with sensitivity and understanding'.

1.6 Needs, experiences and priorities

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision?

Specify details of the needs, experiences and priorities for each of the Section 75 categories below:

Religious belief:

The religious profile of Living Well community pharmacy staff and individual service users is not recorded. Religious persuasion is not a barrier to participation due to the PSNI code.

Political Opinion:

The religious profile of Living Well community pharmacy staff and individual service users is not recorded. Political opinion is not a barrier to participation due to the PSNI code.

Racial Group:

The pharmacy ethnic profile feedback in relation to the general audience for each campaign indicates that ethnicity or racial group is not a barrier to participation. The pharmacist's obligation to abide by the PSNI code also supports this.

Age:

The pharmacy feedback in relation to information provision various age profiles for each campaign indicates that age is not a barrier to participation. The pharmacist's obligation to abide by the PSNI code also supports this.

Sexual orientation:

The sexual orientation of Living Well community pharmacy staff and individual service users is not recorded. Sexual orientation is not a barrier to participation due to the PSNI code.

Men and Women Generally:

The gender/ sex at birth of Living Well community pharmacy staff and individual service users is not recorded. Gender/ sex at birth is not a barrier to participation due to the PSNI code.

Disability:

The pharmacy feedback in relation to information provision to those with long-term conditions for each campaign indicates that disability is not a barrier to participation. The pharmacist's obligation to abide by the PSNI code also supports this.

Dependants

The pharmacy feedback in relation to information provision for each campaign to those who are carers indicates that dependency status is not a barrier to participation. The pharmacist's obligation to abide by the PSNI code also supports this.

Part 2. Screening questions

2.1 What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? minor/major/none

The Living Well service focuses on providing targeted public health advice, information and interventions using a coordinated approach to help people live longer, healthier lives and address risk factors which contribute to disease or illness in Northern Ireland. The service impact will generally have a positive impact across most Section 75 Categories. The impact will vary depending on the campaign topic.

Details of the likely policy impacts on Religious belief:

The Living Well service does not target service users based on religious beliefs.

What is the level of impact? None

Details of the likely policy impacts on Political Opinion:

The Living Well service does not target service users based on political opinion.

What is the level of impact? None

Details of the likely policy impacts on Racial Group:

The Living Well service will continue to ensure that it reaches out to minority groups including minority ethnic groups.

What is the level of impact? Minor

Details of the likely policy impacts on Age:

The Living Well service will continue to ensure that it reaches out to all age groups.

What is the level of impact? Minor

Details of the likely policy impacts on Marital Status:

The Living Well service does not target service users based on marital status.

What is the level of impact? None

Details of the likely policy impacts on Sexual Orientation:

The Living Well service does not target service users based on their sexual orientation.

What is the level of impact? None

Details of the likely policy impacts on Men and Women:

The Living Well service will continue to ensure that it reaches out to all genders that are relevant to the specific public health topic that is being promoted at the time.

What is the level of impact? Minor

Details of the likely policy impacts on Disability:

The Living Well service will continue to ensure that it reaches out to those with a disability.

What is the level of impact? Minor

Details of the likely policy impacts on Dependants:

The Living Well service will continue to ensure that it reaches out to people caring for dependents.

What is the level of impact? Minor

2.1 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories? Yes

Detail opportunities of how this policy could promote equality of opportunity for people within each of the Section 75 Categories below:

The Living Well service will continue to seek to reach out to groups representing people from all relevant Section 75 Categories in order to raise awareness of the campaign messages.

Religious Belief - No, religious belief does not form part of the Living Well service.

Political Opinion – No, political opinion does not form part of the Living Well service.

Racial Group - Yes, see above;

Age - Yes, see above;

Marital Status - Yes, see above;

Sexual Orientation - Yes, see above;

Men and Women generally - Yes, see above;

Disability - Yes, see above;

Dependants - Yes, see above.

2.2 **To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?**

Please provide details of the likely policy impact and determine the level of impact for each of the categories below i.e. either minor, major or none.

Details of the likely policy impacts on Religious belief: The Living Well service will not impact on religious belief

What is the level of impact? None

Details of the likely policy impacts on Political Opinion: The Living Well service will not impact on Political Opinion

What is the level of impact? None

Details of the likely policy impacts on Racial Group: The Living Well service has successfully engaged with different ethnic and racial groups. The Living Well service will continue to target minority and disadvantaged ethnic and racial groups to improve health education and access to services.

What is the level of impact? Minor

2.3 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

Detail opportunities of how this policy could better promote good relations for people within each of the Section 75 Categories below:

Religious Belief – No the Living Well service does not target service users based on religious belief; the focus is on health need. Religious belief is not a good predictor of health need.

Political Opinion - No the Living Well service does not target service users based on Political Opinion; the focus is on health need. Political opinion is not a good predictor of health need.

Racial Group – As indicated above, the Living Well service has successfully engaged with different ethnic and racial groups. The Living Well service will continue to target minority and disadvantaged ethnic and racial groups to improve health education and access to services.

2.5 Additional considerations

Multiple identity

Generally speaking, people can fall into more than one Section 75 category. **Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?**

The Living Well service targets public to help raise awareness of public health issues and reduce their risk of illness or disease. Those with multiple identities will have the same impact as those with one identity.

Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.

The profile of current participants shows a broad reach across all categories and would indicate that participants can and do fall into multiple categories. E.g Older people with both child and adult dependents; and individuals from both minority ethnic and minority religious groups.

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.

No / Not applicable

Part 3. Screening decision

3.1 Would you summarise the impact of the policy as; Minor Impact**.**

3.2 Do you consider that this policy/ decision needs to be subjected to a full equality impact assessment (EQIA)? No.

3.3 Please explain your reason. The Living Well service is designed to engage the general public in targeted public health messages. Evaluations have shown that community pharmacy are reaching minority and disadvantaged groups across all applicable Section 75 categories.

3.4 Mitigation

When the public authority concludes that the likely impact is 'minor' and an equality impact assessment is not to be conducted, the public authority may consider mitigation to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

After each programme a post programme evaluation is carried out and if any issues are identified then the steering group will look at ways to resolve any issues identified. Particular attention will be paid to any issues that have been identified which might impact negatively on any Section 75 grouping.

The steering group are constantly looking at any issues which may have a negative equality impact. By way of example, as mentioned above, after every two month programme a post-programme evaluation is completed and if any issues are identified then the steering group will look at ways to resolve any issues identified. After the "Look after your Eyes" campaign, post project evaluation the steering group thought it would be worthwhile to explore ways of working with RNIB and the RNID for advice on communicating with people with sight/hearing impairments. Advice on Tips for Clear Face-to-Face Communication was developed and this advice was sent to all community pharmacies in May 2024 for use in daily practice.

Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

No.

If so, give the reasons to support your decision, together with the proposed changes/amendments or alternative policy.

3.5 Timetabling and prioritising

Factors to be considered in timetabling and prioritising policies for equality impact assessment.

If the policy has been **'screened in'** for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment.

On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.

Effect on equality of opportunity and good relations – **Rating 1**

Social need – **Rating 2**

Effect on people's daily lives – **Rating 2**

Relevance to a public authority's functions – **Rating 2**

Note: The Total Rating Score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the public authority in timetabling. Details of the Public Authority's Equality Impact Assessment Timetable should be included in the quarterly Screening Report.

Is the policy affected by timetables established by other relevant public authorities?

No

If yes, please provide details.

Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

4.1 Please detail how you will monitor the effect of the policy / decision?

The Living Well service evaluates every campaign that is promoted through the service (approximately 6 per year). The Living Well service has been funded for a further five years and will continue to monitor the service throughout the lifespan of the service.

Table 1: Key Performance Measures

Measurable Objective	Targets
1. Service expansion Facilitate the development and delivery of the service through the recruitment of current non-providers as well as ongoing support for existing contracted providers	• Provide support during each campaign to those contracted to provide the service. • Support the subgroup to steer and make decisions regarding the development of the service. This will involve the subgroup meeting every 2 months to develop campaigns and discuss any other service business. • Internally evaluate approximately 6 campaigns per year. • Ensure the Living Well service is widely advertised through a wide range of pharmacy and community/ voluntary networks across N I. • All enquiries from potential providers to start providing the service will be addressed in a timely manner.
2. Education & Development	• Provide training opportunities where feasible in

Support the ongoing education and development needs of community pharmacy teams to enable campaigns to be promoted effectively	each campaign briefing to support pharmacy teams in their understanding of each campaign topic. • Continue to have an input to pharmacy team education e.g. NICPLD courses to support pharmacists to develop their understanding of public health campaign topics.
3. Working in Partnership Support Living Well service to extend linkages and level of partnership working with other relevant organisations	• Continue to work collaboratively with other bodies through the Living Well subgroup e.g. PHA, NICPLD, CPNI, etc • Support projects to strengthen and increase linkages with other statutory and voluntary organisations
4. Sharing of Skills Support the sharing of skills e.g. learning, knowledge and expertise through a range of media that will enhance the ability to work to tackle health issues through communities, pharmacists and other groups	• Ensure Living Well web site is current, detailing all current projects and resources available for the Living Well campaigns and connections to other forms of support available across the sector, where applicable.
5. Evaluation Framework	

To build on the evidence base of Living Well by developing the Living Well evaluation framework, supporting campaigns to evidence the contribution being made to a number of regional priorities and goals	• Evidence the numbers participating and change being brought about under a number of priority measures as agreed by the Steering Group and linked to regional SPPG priorities. • Demonstrate improved accessibility to and engagement with more responsive local services, particularly from people in more disadvantaged groups • Change in use and understanding of pharmacy and associated services • Provide evidence of perceived improvements in health and understanding by participants of how to take responsibility for health • Undertake further development of the Living Well service evaluation system to enable outcomes to be evidenced for Living Well service that connect with relevant policy • Support all community pharmacies to adhere to the evaluation system – including submission of relevant surveys, etc • Compile and produce individualised campaign data reports for all campaigns that will enable stakeholders to verify change being brought about by the Living Well service, including numbers participating, linkages made, improvements in health etc.

4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

See KPI's Above. The provider will provide updates or reports detailing the outcomes achieved against these KPI's.

***Please note**: - For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues*.

Part 5. Disability Duties

5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

The Living Well service will continue to ensure that it reaches out to people with disabilities.

5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

No.

Part 6. Human Rights

6.1 Does the policy / decision affects anyone's Human Rights?

Details of the likely policy impacts on Article 2 – Right to life: None

Details of the likely policy impacts on Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment:: None.

Details of the likely policy impacts on Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour: None

Details of the likely policy impacts on Article 5 – Right to liberty & security of person: None

Details of the likely policy impacts on Article 6 – Right to a fair & public trial within a reasonable time: None

Details of the likely policy impacts on Article 7 – Right to freedom from retrospective criminal law & no punishment without law: None

Details of the likely policy impacts on Article 8 – Right to respect for private & family life, home and correspondence: None

Details of the likely policy impacts on Article 9 – Right to freedom of thought, conscience & religion: None

Details of the likely policy impacts on Article 10 – Right to freedom of expression: None

Details of the likely policy impacts on Article 11 – Right to freedom of assembly & association: None

Details of the likely policy impacts on Article 12 – Right to marry & found a family: None

Details of the likely policy impacts on Article 14 – Prohibition of discrimination in the enjoyment of the convention rights: None

Details of the likely policy impacts on 1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property: None

Details of the likely policy impacts on 1st protocol Article 2 – Right of access to education: None

6.2 If you have identified a likely negative impact who is affected and how?

At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:

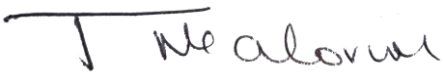
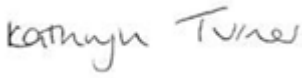
- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

Not Applicable

6.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy/decision.

Not Applicable

Part 7 - Approval and authorisation

Screened by:	**Position/Job Title**	**Date**
Tracy McAlorum 	Quality & Improvement Project Manager	15/07/2025
Approved by: Kathryn Turner 	Head of Pharmacy and Medicines Management (Interim)	15/07/2025
Copied to EHRU:		28/04/2026

The Screening Template is 'signed off' and approved by a senior manager responsible for the policy (at least Grade 7), made easily accessible on the public authority's website as soon as possible following completion and made available on request.