NORTH LINCOLNSHIRE COUNCIL
HEALTH AND WELLBEING BOARD

27 JUNE 2022 – 2PM
CHURCH SQUARE HOUSE, 30-40 HIGH STREET, SCUNTHORPE

1. Welcome and Introductions

2. Substitutions

3. Declarations of Disclosable Pecuniary Interests and Personal or Personal and Prejudicial interests

4. To approve as a correct record the minutes of the meeting of the Health and Wellbeing Board held on 22 March 2022 (Pages 1 - 6)

5. Forward Plan and Actions from previous meetings

6. Questions from members of the public

PLEASE NOTE, ALL PAPERS WILL BE TAKEN 'AS READ' TO ENCOURAGE DISCUSSION

7. Covid-19 - General update. Presentation by the Director of Public Health.

8. Greater Lincolnshire Living Safely With Covid Strategy - Report by the Director of Public Health (Pages 7 - 28)

9. Integrated Care System Update - Report by the North Lincolnshire NHS Place Director (Designate) (Pages 29 - 34)

10. Independent Review of Children's Social Care - Report by the Director of Children & Families. (Pages 35 - 48)

11. Pharmaceutical Needs Assessment - Report by the Director of Public Health (Pages 49 - 328)

12. Better Care Fund End of Year Report 2021 - 22 - Report by the Director of Adults and Health and the North Lincolnshire NHS Place Director (Designate) (Pages 329 - 332)

13. Date and time of next meeting - 21 September 2022

14. Any other items which the Chairman decides are urgent by reason of special circumstances which must be specified.

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NORTH LINCOLNSHIRE COUNCIL

21 March 2022

- Present -

Councillor Robert Waltham MBE (Chairman), D Chaplin, J Davies, H Davis, J Kirby, R Waltham, K Pavey, J Reed and A Seale, P Thorpe, D Ward, and M Wilson

The Council met at Conference Room, Church Square House, 30-40 High Street, Scunthorpe.

424 **WELCOME AND INTRODUCTIONS**

The Chairman welcomed all those present to the meeting and invited all attendees to introduce themselves.

425 **SUBSTITUTIONS**

Darren Chaplin substituted for Ann-Marie Brierley

426 **DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS AND PERSONAL OR PERSONAL AND PREJUDICIAL INTERESTS**

There were no declarations of disclosable pecuniary interests and personal or personal and prejudicial interests.

427 **TO APPROVE AS A CORRECT RECORD THE MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 19 NOVEMBER 2022**

Resolved - That the minutes of the meeting of the Health and Wellbeing Board, held on 19 November 2021, be approved as a correct record.

428 **FORWARD PLAN AND ACTIONS FROM PREVIOUS MEETINGS**

The Director: Governance and Communities confirmed that the Forward Plan was up to date, and that all forthcoming actions were timetabled.

429 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

430 **COVID-19 - OUTBREAK MANAGEMENT AND CONTROL - REPORT BY THE DEPUTY CHIEF EXECUTIVE AND THE DIRECTOR OF PUBLIC HEALTH**

The Deputy Chief Executive and the Director of Public Health submitted a report to the board on North Lincolnshire's Outbreak Prevention and Management Plan (LOMP). This plan had been written to demonstrate to the

public the processes by which Covid 19 outbreaks are being prevented and managed.

The Director of Public Health outlined the government's living with Covid-19 plan for removing the remaining legal restrictions while protecting people most vulnerable to Covid-19 and maintaining resilience. The report summarised the key impactions of the government's plan.

The Director of Public Health explained that North Lincolnshire's Local Outbreak Management Plan (LOMP) was based on six key themes which were essential to preventing outbreaks, breaking viral transmission, and reducing prevalence of Covid-19. The implementation of LOMP was overseen by the Health Protection and Outbreak Management Group (HPOM). The report provided a 'position statement' on progress against each of the key themes, based on the latest HPOM meeting of 4 March.

The Director of Public Health also briefed the Board that, following the recent inception of Greater Lincolnshire public health team, work had commenced on developing a collective approach to health protection. It was confirmed that the Greater Lincolnshire model provided more opportunity to improve capacity, resilience and use of specialist resources across the combined authorities. The report updated members on the key features of the Greater Lincolnshire plan.

Resolved - That the Health and Wellbeing Board note (i) the implication of the government's strategy to remove the remaining Covid-19 restrictions, (ii) the work undertaken by Greater Lincolnshire Public Health's team to write a 'Living with Covid-19' Plan, and (iii) progress by HPOM to deliver the themes within the Local Outbreak Management Plan

431 **COVID-19 - GENERAL UPDATE BY THE DIRECTOR OF PUBLIC HEALTH**

The Director of Public Health provided a detailed presentation on the latest Covid-19 epidemiology. This set out the national and local situation, comparison data with neighbours and peers, vaccination rates, hospital activity, and other key information.

The Board discussed the presentation in some detail, asking a number of appropriate questions, which were answered by the Director.

Resolved – That the Health and Wellbeing Board note the contents of the epidemiology presentation.

432 **INTEGRATED CARE SYSTEM UPDATE - REPORT BY THE CHIEF OPERATING OFFICER, NLCCG**

The Chief Operating Officer, North Lincolnshire CCG, submitted a presentation and report providing an update on the establishment of the Integrated Care System (ICS) and recent appointments to the Integrated Care Board (ICB) and the progress of the Health and Care Bill through

Parliament. The report also provided updates on the wider ICS architecture, including the establishment of the Integrated Care Partnership (ICP), Provider Collaboratives and Place based arrangements and the development the North Lincolnshire Place Partnership as a sub-committee of the ICB.

The Chief Operating Officer confirmed that two workshops had been held, and that progress was being made across all areas.

Resolved – That the Health and Wellbeing Board note the update provided on the development of the ICS and the development of Place Partnership Arrangements.

433 **SEND ANNUAL REPORT – REPORT BY THE DIRECTOR OF CHILDREN AND FAMILIES**

The Director of Children and Families submitted a paper presenting the SEND Annual Report, which summarised the implementation and captured the impact of the North Lincolnshire Special Educational Needs (SEND) and Inclusion Plan 2017-2020. The report also presented the successful outcome of the North Lincolnshire Ofsted/CQC SEND Local Area inspection.

The Director stated that the SEND Annual Report described progress made against the priorities and commissioning intentions of the SEND and Inclusion Plan. This included the first school based secondary phase Social, Emotional and Mental Health inclusion support provision – 'Headway' – at Baysgarth School in Barton-upon Humber; and the successful bid to the Department for Education for a new SEND Free School for students over the age of 16 who have severe learning disability, profound and multiple learning disability, speech and language communication needs, Autism Spectrum Disorder and/or potentially challenging and complex behaviours.

The Director also confirmed that in December 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of North Lincolnshire to judge the effectiveness of the area in implementing the SEND reforms as set out in the Children and Families Act 2014. The Care Quality Commission and Ofsted publish a letter with judgements in narrative form, rather than graded judgements. The letter outlined areas of strength and key priorities for improvement. Where inspectors have significant concerns in how a local area is meeting its duty to children and young people with SEND, a Written Statement of Action is required.

Notably, North Lincolnshire did not receive any written Statements of Action. At the time of the North Lincolnshire local area inspection, of the 11 local areas inspected since the resumption of inspections in June 2021, 10 (91%) had received a Written Statement of Action. The inspection letter sets out the many strengths in the local area approach to SEND and recognised the areas of further development that local self-evaluation had already recognised.

The Board discussed the report in some depth, highlighting the vital need to retain the strong local arrangements as part of the ongoing changes to the

health and care system, and to support other areas to progress.

Resolved – (a) That the Health and Wellbeing Board note the SEND Annual Report, (b) that the Board note and celebrate the excellent outcome of the Ofsted CQC Local Area SEND inspection, which recognised how strong and effective partnership arrangements are meeting the needs of children and young people with SEND in North Lincolnshire, and the hard work and dedication of the organisations and people involved; and (c) that the Board retain oversight of this issue, including by the use of case studies and opportunities to align this issue with the relevant priorities within the Joint Health and Wellbeing Strategy.

434 **JOINT HEALTH & WELLBEING STRATEGY – DELIVERY AND PROGRESS – REPORT BY THE DIRECTOR OF PUBLIC HEALTH**

The Director of Public Health submitted a report updating the Health and Wellbeing Board on progress achieved to deliver the Joint Health and Wellbeing Board Strategy's themes and priorities.

The Joint Health and Wellbeing Board Strategy 2021-2026 (JHWBS) was approved on 19th November 2021, which set out 6 health and wellbeing themes to focus on over the next five years. These themes were:

1. Keeping North Lincolnshire safe and well.
2. Babies and young people have the best start in life.
3. People enjoy healthy lives.
4. People experience equity of access to support their health and wellbeing.
5. Communities are enabled to be healthy and resilient.
6. To have the best systems and enablers to effect change.

The Director set out that, in addition to these themes, the HWB required a new approach to be developed based on population health management (PHM) principles. PHM is an approach that used data and evidence to inform the design of interventions and services to improve health and make better use of public resources. The aim of PHM is about improving the health and wellbeing of all North Lincolnshire residents, with a specific focus on prevention, improving health equity and 'closing the gap'.

The Director described progress on each of the JHWBS themes and priorities. The Board discussed the report, highlighting the need to align strategy with delivery.

Resolved – (a) That the Health and Wellbeing Board note the work undertaken in delivering the themes set out in the JHWBS, and (b) that a further report be brought to the Board in six months, outlining further progress.

435 **CMARS ANNUAL REPORT - REPORT BY THE DIRECTOR OF CHILDREN & FAMILIES**

The Director of Children & Families submitted a report noting the publication of the Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2020/21, and to consider the review in relation to planning, commissioning and budget setting.

The review demonstrated that the Children's Multi Agency Resilience and Safeguarding (MARS) Board:

- effectively met its statutory obligations
- benefitted from strong and consistent leadership
- had made good progress against its 'shine a light' areas of focus
- listened to and took account of the voices of children, young people and families

Resolved – That the Health and Wellbeing Board receive the Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2020/21 and consider this where relevant in relation to planning, commissioning and budgets setting processes.

436 **LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020/21 - REPORT BY THE SAFEGUARDING ADULTS BOARD INDEPENDENT CHAIR.**

The Local Safeguarding Adults Board (LSAB) Independent Chair, Moira Wilson, submitted the LSAB Annual Report 2020/21. The Annual Report outlined the work of the Board and its members to carry out and deliver the objectives of the strategic plan.

The report demonstrates that the LSAB:

- listened and responded to the voices of adults with care and support needs, and adults with the lived experience
- was effective in providing help and protection to adults with care and support needs
- effectively met statutory obligations
- benefitted from strong and consistent leadership
- had made good progress on delivering the strategic objectives laid out within the strategic plan

The Independent Chair highlighted that the contents of the report should be considered in relation to planning, commissioning and budget setting.

Resolved – (a) That the Health and Wellbeing Board receive the LSAB Annual Report 2020/21 and consider this where relevant in relation to planning, commissioning and budgets setting processes, (b) note submission of the report to the following via board members to consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the board – (1)

Leader and Chief Executive of the Council, (2) Police & Crime Commissioner and Chief Constable of Humberside Police, and (3) Healthwatch; and (c) that the Health and Wellbeing Board acknowledge and thank the Independent Chair for their remarkable contribution over many years to local safeguarding arrangements and to note the Board's best wishes for the future on behalf of all residents of North Lincolnshire.

437 **UPDATE ON THE HEALTH AND WELLBEING BOARD'S MEMORANDUM OF UNDERSTANDING - REPORT BY THE DIRECTOR OF PUBLIC HEALTH**

The Director of Public Health submitted a report updating the Health and Wellbeing Board on the revised memorandum of understanding (MoU) and to recommend to full Council the amendments to the Health and Wellbeing Board's Memorandum of Understanding as detailed.

The Director stated that the MoU was previously updated in 2020 and that the new version had been revised to consider changes in the health and social care system and the new Joint Health and Wellbeing Board Strategy (JHWBS).

Resolved – (a) That the Health and Wellbeing Board approve the suggested amendments and recommend to full Council that the updated MoU be adopted; and (b) that the relevant NHS representatives be added to the Board's membership as the health and care system evolves.

438 **DATE AND TIME OF NEXT MEETING.**

The Director of Governance and Communities confirmed that the date and times of future Board meetings will be circulated in due course.

439 **ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT BY REASON OF SPECIAL CIRCUMSTANCES WHICH MUST BE SPECIFIED.**

There was no urgent or additional business.

Report of the: Director of Public Health

Agenda Item
Meeting 27 June 2022

NORTH LINCOLNSHIRE COUNCIL

HEALTH & WELLBEING BOARD

GREATER LINCOLNSHIRE LIVING SAFELY WITH COVID PLANS

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The objective of this report is to seek board members' approval to:

- Adopt the Greater Lincolnshire health protection service delivery plan (appendix A).
- Adopt the Greater Lincolnshire living safely with covid plan (appendix B).
- Delegate to the director of public health, authority to determine the form and function for a single health protection service for Greater Lincolnshire.

1.2 Board members are also asked to note progress of the Greater Lincolnshire's pilot and planned developments for health protection.

2.0 BACKGROUND INFORMATION

2.1 The Government's objective in the next phase of the Covid response is to enable the country to manage Covid like other respiratory illnesses, whilst minimising mortality, morbidity, and retaining the ability to respond appropriately to future situations.

2.2 As the national test and trace programme has now been stood down, local partners need to have plans in place to manage local Covid outbreaks. Local Authorities will be able to continue to support outbreak management through the Public Health Grant allocation once the Covid Outbreak Management Fund ceases at the end of the financial year.

2.3 **Greater Lincolnshire Health Protection Service Delivery Plan**

Appendix A details the proposal for a single Health Protection Service covering Greater Lincolnshire. The Greater Lincolnshire strategic approach improves resilience, capacity and ensures local arrangements are in place for effective health protection.

2.4 The plan is based around the following principles:

- **Prevent:** Reducing infection and transmission as far as possible in communities across Greater Lincolnshire using evidence-based health protection principles.
- **Protects**: Commissioned services that help support and protect communities and individuals.
- **Controls**: Works in partnership to deliver a collective response to control the spread of disease and support the development of robust plans to mitigate infections across the population of Greater Lincolnshire.

2.5 **Greater Lincolnshire living safely with Covid-19 plan (appendix B)**

In response to the government's Living with Covid-19 Strategy and taking account of our local risk assessment, we have developed our Greater Lincolnshire living safely with Covid-19 plan. This plan (see appendix B) sets out the key priorities for Greater Lincolnshire and outlines the local actions that will be taken to enable our local population and wider sectors to adopt effective strategies for living with and managing COVID-19.

2.6 The plan also includes managing outbreaks, testing plans, health protection approaches, and population messages. The plan includes joint approaches to communications and engagement across wider settings, including high risk settings, schools, education settings, children's social care provisions, and private businesses and industry.

2.7 In summary, we will use this plan to communicate how, as a Greater Lincolnshire Public Health Service, we will work together to support and protect our population and local communities.

2.8 **Progress and planned developments**

Public health intelligence is now being shared across a Greater Lincolnshire footprint, initially focusing on Covid-19 data, specifically relating to outbreaks, cases and areas of concern, across the three local authorities.

Additional developments for data sharing/gathering, outbreak intelligence and management are being undertaken. This will support the development of the Lincolnshire outbreak management digital platform to cover the North and Northeast areas.

2.9 Workforce governance and assurance reporting is currently being developed across the three authorities, with Lincolnshire's Health Protection Board (HPB) taking the lead for Lincolnshire, and a HPB being developed to cover North and North East Lincolnshire areas, all chaired by the Greater Lincolnshire DPH.

2.10 Reducing variation in service delivery across Greater Lincolnshire is well underway. Greater Lincolnshire health protection guidance has been produced and aligned across the following areas:

- Care home risk assessment and outbreak management
- Care homes infection prevention and control guidance
- Health protection in childcare and education settings

2.11 Additional development and scoping is planned across emergency preparedness, resilience and response, alongside agreeing approaches to outbreak response, based on the current work across the health and care system.

2.12 As a living safely with Covid approach becomes adopted across Greater Lincolnshire, work is now underway to re-establish core health protection practices. As the development work in North and North East Lincolnshire continues, the following is now being developed in Lincolnshire, with a view to develop similar approaches in the wider areas when appropriate:

- Re-establishing the proactive IPC care home visits and audits
- Redesigning and relaunching the health protection workstream areas across:
    - Emergency preparedness, resilience and response
    - Communicable disease control
    - Non-infectious disease management
    - Screening and immunisation
    - Clinical service commissioning, including sexual health and substance misuse

3.0 OPTIONS FOR CONSIDERATION

3.1 **Option 1:**

a) Approve the Greater Lincolnshire health protection service delivery plan (appendix A).
b) Approve the Greater Lincolnshire living safely with Covid plan (appendix B).
c) To delegate to the Director of Public Health authority to determine the final form and function of a single health protection service for Greater Lincolnshire.
d) To note progress of the Greater Lincolnshire's pilot and planned developments for health protection

3.2 **Option 2:**

a) Not to approve Greater Lincolnshire health protection service delivery plan (appendix A)
b) Not to Approve the Greater Lincolnshire living safely with Covid plan (appendix B)
c) To not delegate to the Director of Public Health authority to determine the final form and function of a single Health Protection Service for Greater Lincolnshire.

4.0 ANALYSIS OF OPTIONS

4.1 **Option 1:**

a) Approving the Greater Lincolnshire health protection service delivery plan (appendix A) and the Greater Lincolnshire living safely with Covid plan (appendix B) will ensure that North Lincolnshire has robust arrangements in place to deal with future communicable disease outbreaks. This option will improve planning and operational arrangements, which will minimise the impact of future outbreaks, help improve health outcomes and reduce the negative impact on communities.

b) Providing the director of public health with the authority to determine the final form and function of a single health protection service for Greater Lincolnshire, allows flexibility to rapidly and iteratively shape the service to meet demands. This will ensure that decisions can be made promptly, which is essential when dealing with communicable diseases.

4.2 **Option 2:**

a) Not approving the Greater Lincolnshire health protection service delivery plan (appendix A) and/or the Greater Lincolnshire living safely with Covid-19 plan (appendix B) will mean we do not have a robust plan in place to respond to any future Covid-19 outbreaks. Lack of planning is highly likely to have a detrimental effect on the health and wellbeing of North Lincolnshire's residents, should there be further outbreaks.

b) Not providing the director of public health with the authority to determine the final form and function of a single health protection service for Greater Lincolnshire, means that the team may not function effectively. This may have a negative impact on the health and wellbeing of residents and wider society.

5.0 FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 None

6.0 OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.

6.1 Implementation of effective health protection plans will minimise the impact of communicable disease. This will reduce risks to health and reduce the risk to business operations being disrupted

7.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 Not relevant for this report.

8 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 The documents shown in appendix A and appendix B have been co-produced by the three Greater Lincolnshire public health teams.

9 RECOMMENDATIONS

9.1 That the health and wellbeing board members approve option one:

- To approve the Greater Lincolnshire health protection service delivery plan (appendix A).
- To approve the Greater Lincolnshire living safely with covid plan (appendix B).
- To delegated authority to the DPH to determine the final form and function of a single Health Protection Service for Greater Lincolnshire.
- To note progress of the Greater Lincolnshire's pilot and planned developments for health protection

DIRECTOR OF PUBLIC HEALTH

Church Square House
SCUNTHORPE
North Lincolnshire
DN15 6NR
Authors: Steve Piper
Date: 15 June 2022

APPENDIX A: Greater Lincolnshire Health Protection Service Delivery Plan

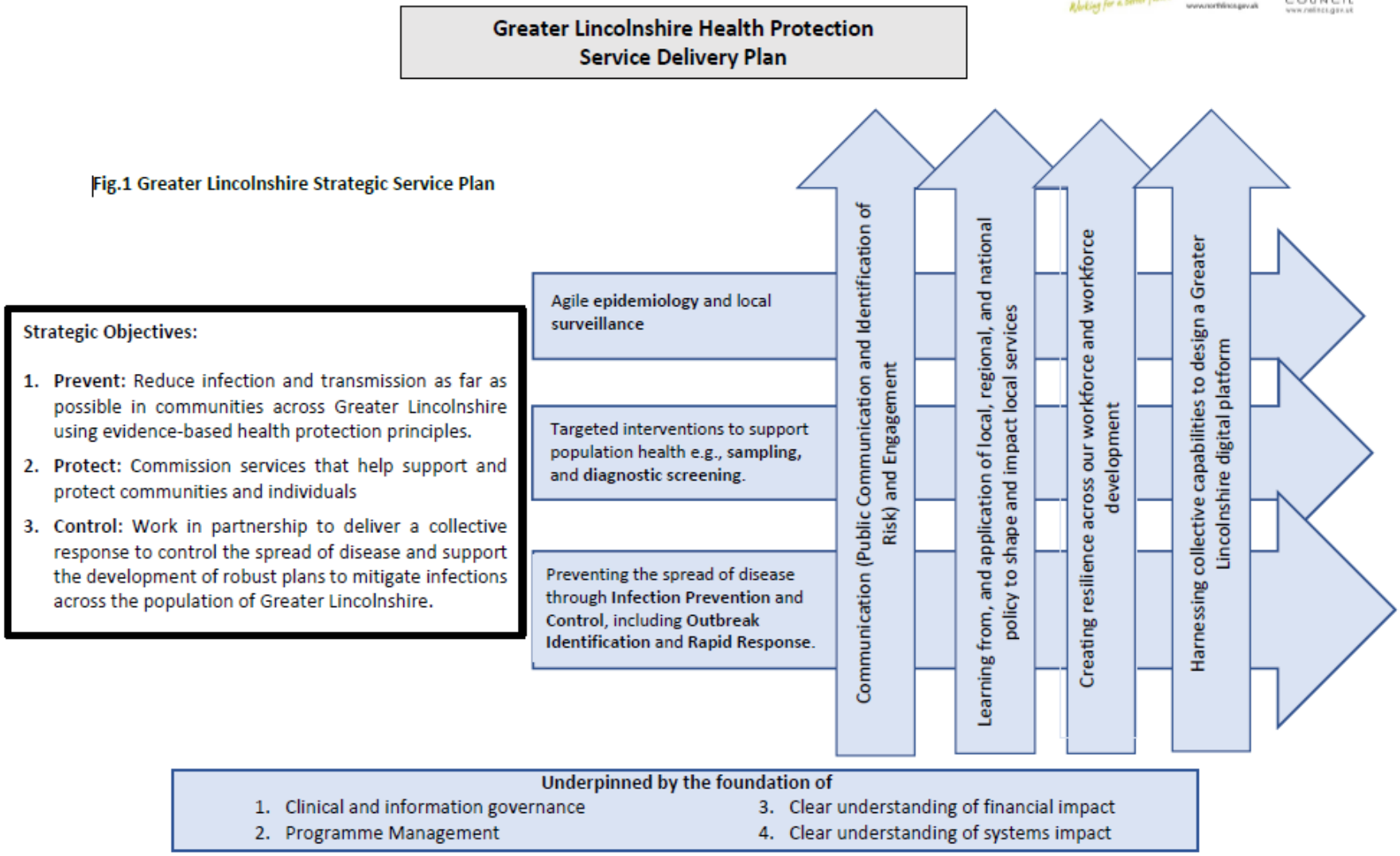

Fig.1 Greater Lincolnshire Strategic Service Plan

DELIVERY MODEL PLAN:

The Greater Lincolnshire Health Protection Service Delivery Model is comprised of three core elements: ***Prevent, Protect,*** and ***Control.*** All three components of the Greater Lincolnshire Health Protection service will work simultaneously and are interdependent with one another. The three elements will have workforce and planning implications, and as such will need to be driven by a collective Programme Management approach to achieve the best outcomes for our Greater Lincolnshire population. Where possible, workstreams and functions as depcited in Fig.2 below will be co-designed and produced with a "once for Greater Lincolnshire" approach. This matrix approach will be led and overseen by a Health Protection Head of Service in order provide strategic assurance to the Greater Lincolnshire Director of Public Health and wider stakeholder partners.

Fig. 2 Greater Lincolnshire Service Delivery Model

NEXT STEPS:

1. **CORE SERVICE MODEL**

Agree core service delivery model; identify key priorities and align specialist resources to meet demand and create resilience.

2. **SERVICE OUTCOME REVIEW**

We will be working to develop our approach to outcomes-based commissioning in securing the right balance of efforts and resources to support people to achieve improvement to their health and wellbeing.

3. **SERVICE DELIVERY PLANS**

Refine service delivery plans; embed new ways of working; develop long-term strategy and horizon scanning; invest in people, process, and technology.

GREATER LINCOLNSHIRE
LIVING SAFELY WITH COVID-19 PLAN

HEALTH PROTECTION SERVICE

DOCUMENT CONTROL

Title	Greater Lincolnshire Living Safely with COVID-19 Plan
Owner	Derek Ward, Director of Public Health
Endorsed by	TBC
Date of endorsement	TBC

Version	Date	Revision/ Amendment Details	Author
V1.0	01.03.22	Document created	Natalie Liddle, Acting Head of Service, Health Protection David R Clark, Programme Manager, Health Protection David Stacey, Programme Manager, Public Health Phil Huntley, Programme Manager Public Health Intelligence Amelia Diallo, Senior EPRR Officer

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LIVING SAFELY WITH COVID

LEARNING TO LIVE SAFELY WITH COVID-19

Overview and Current Position

Remaining COVID-19 restrictions were originally due to expire in England on 24 March 2022, however the Government indicated at the beginning of February that the remaining rules would end a month early. The Living Safely with COVID Strategy, announced on 21 February 2022, now replaces the remaining legal requirements in England with advice and guidance. This national strategy indicates a significant shift in how the virus will be managed, moving away from parallel management of the pandemic into an all-hazards approach.

From 24 February the Government removed the legal requirement to self-isolate following a positive test. As such, adults and children who test positive will be recommended to follow Public Health advice and stay at home, avoiding contact with other people for at least 5 full days. Individuals will be asked to follow national guidance until they have received 2 negative test results on consecutive days. Alongside this change, the Government will no longer ask fully vaccinated close contacts and those aged under 18 to test daily for 7 days and have removed the legal requirement for unvaccinated close contacts to self-isolate.

However, COVID-19 is not over and achieving elimination will not be possible in the short-term. The virus is yet to become endemic, and it is difficult to predict when this state may be attained. Over the past months we have seen significant levels of cases, hospitalisations and deaths continue to disrupt and devastate individuals, public services, and the economy.

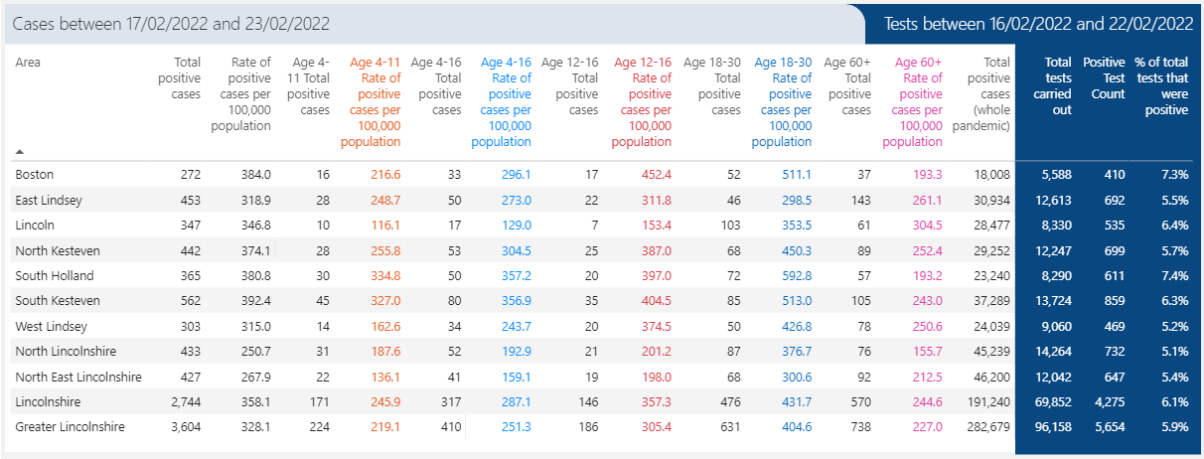
At the time of writing this report England has had a total of 16,059,214 cases nationally. Since the start of the pandemic Greater Lincolnshire has seen a total of 282,509 cases and 2,017 deaths. Whilst these figures seem high, these are reported cases only, meaning the actual spread of COVID across the population is likely to have been much higher.

Deaths reported within 28 days of a positive COVID-19 test in Greater Lincolnshire has fluctuated considerably between 1 January and 23 February 2022. Total deaths have risen by 7.4% from 2,583 to 2,775, while rolling 7-day totals increased mostly during January from 12 deaths on 1 January to a high of 42 deaths on 31 January. Throughout February numbers of COVID related deaths have steadily dropped, with 15 deaths being reported for 7-day period leading up to the 23 February. The cumulative rate of deaths reported in 28 days nationally is 248.1 per 100,000 compared to the Greater Lincolnshire rate of 252.6 per 100,000.

Reassuringly, as of the 24 February 2022, case rates across all ages in Greater Lincolnshire continue to fall as outlined in fig. 1 below. When comparing case rates in Greater Lincolnshire with that of the national average we can see that we are faring well at 328.1 per 100,000 compared to the national average of 422.2. In stark contrast, during the peak of the pandemic case rates in Greater Lincolnshire were in excess of 1,800.

At the time of writing this plan, pressure on our local health and care systems across Greater Lincolnshire is beginning to ease. Locally reported outbreak figures are also reducing, indicating that we are transitioning into a ‘new norm’, though case rates of COVID-19 remain comparable to those that we experienced in the Autumn period, indicating that prevalence of COVID-19 remains high.

Fig.1 Greater Lincolnshire Dataset



Cases between 17/02/2022 and 23/02/2022 | Tests between 16/02/2022 and 22/02/2022

Area	Total positive cases	Rate of positive cases per 100,000 population	Age 4-11 Total positive cases	Age 4-11 Rate of positive cases per 100,000 population	Age 4-16 Total positive cases	Age 4-16 Rate of positive cases per 100,000 population	Age 12-16 Total positive cases	Age 12-16 Rate of positive cases per 100,000 population	Age 18-30 Total positive cases	Age 18-30 Rate of positive cases per 100,000 population	Age 60+ Total positive cases	Age 60+ Rate of positive cases per 100,000 population	Total positive cases (whole pandemic)	Total tests carried out	Positive Test Count	% of total tests that were positive
Boston	272	384.0	16	216.6	33	296.1	17	452.4	52	511.1	37	193.3	18,008	5,588	410	7.3%
East Lindsey	453	318.9	28	248.7	50	273.0	22	311.8	46	298.5	143	261.1	30,934	12,613	692	5.5%
Lincoln	347	346.8	10	116.1	17	129.0	7	153.4	103	353.5	61	304.5	28,477	8,330	535	6.4%
North Kesteven	442	374.1	28	255.8	53	304.5	25	387.0	68	450.3	89	252.4	29,252	12,247	699	5.7%
South Holland	365	380.8	30	334.8	50	357.2	20	397.0	72	592.8	57	193.2	23,240	8,290	611	7.4%
South Kesteven	562	392.4	45	327.0	80	356.9	35	404.5	85	513.0	105	243.0	37,289	13,724	859	6.3%
West Lindsey	303	315.0	14	162.6	34	243.7	20	374.5	50	426.8	78	250.6	24,039	9,060	469	5.2%
North Lincolnshire	433	250.7	31	187.6	52	192.9	21	201.2	87	376.7	76	155.7	45,239	14,264	732	5.1%
North East Lincolnshire	427	267.9	22	136.1	41	159.1	19	198.0	68	300.6	92	212.5	46,200	12,042	647	5.4%
Lincolnshire	2,744	358.1	171	245.9	317	287.1	146	357.3	476	431.7	570	244.6	191,240	69,852	4,275	6.1%
Greater Lincolnshire	3,604	328.1	224	219.1	410	251.3	186	305.4	631	404.6	738	227.0	282,679	96,158	5,654	5.9%

Given the indicators outlined above and the national change in strategy, we must cautiously consider what “Living with COVID-19” will look like locally. At the time of writing our local plan there remains a degree of unpredictability about the course ahead. We know that over time we can expect further waves of transmission because of waning immunity and the emergence of new variants. Furthermore, we are aware that disadvantaged groups and communities are likely to be more at risk from surges and outbreaks, and at risk of prolonged disruption to education and economy. The severity of these episodes will vary depending on a range of factors including behaviour, policy, and seasonality.

As such this local plan will set out the key priorities for Greater Lincolnshire and outline the local actions that will be taken to enable our local population and wider sectors to adopt effective strategies for living with and managing COVID-19. We will use this plan to communicate how as a Greater Lincolnshire Public Health Service, we will work together to support and protect our population and local communities.

Effective Strategies for Managing COVID-19

The Government’s objective in the next phase of the COVID-19 response is to enable the country to manage the virus like other respiratory illnesses, whilst minimising mortality and retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of waning immunity, that could again threaten to place the NHS under unsustainable pressure.

To meet this objective, the Government has indicated that it will structure its ongoing response around the following four key principles:

a) **Living with COVID-19:** removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses.
b) **Protecting people most vulnerable to COVID-19:** vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice and deploying targeted testing.
c) **Maintaining resilience:** ongoing surveillance, contingency planning, and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency.

d) **Securing innovations and opportunities** from the COVID-19 response, including work in the vaccine taskforce and life sciences.

The role that Local Authority Public Health Service plays in this future response will be limited not by knowledge, expertise, and commitment, but by resources. At the time of writing this local plan, there remains considerable uncertainty around the Contain Outbreak Management Fund resulting in capacity being reduced across local government. This situation presents a risk to local public health systems as it is likely that they will lose experienced staff, leaving weaker response capabilities at local levels to the detriment of local communities and the wider health protection system.

From managing contact tracing to promoting vaccination uptake and supporting those most vulnerable in their communities, the local public health system has coped remarkably well. Local Authorities have developed their teams over the past two years and whilst some scaling-down is inevitable as the Omicron wave passes and national funding falls away, retaining crucial skills and capability in our local plan will be a key priority.

ACCOUNTABILITY FRAMEWORK

Identifying Roles and Remits

The successful delivery of this local plan will rely on an organised, coordinated, and decisive approach with clear roles and responsibilities agreed at national, regional, and local tiers.

Many of the actions that will need to be delivered locally are interdependent between the different tiers of the public health system. Consequently, there will be a need for a focus on synchronised delivery and execution as we transition towards the Government's Living with COVID-19 Strategy.

Application of Clinical Guidance

As further changes in national policy and clinical guidance continue to be published, there will remain the need for local distillment and application. As a system lead, the Greater Lincolnshire Health Protection Service will continue to act in this capacity and will support partners across Greater Lincolnshire to interpret and synthesise such changes.

PREVENTING DISEASE

Prevention remains one of our best defences in our fight against COVID-19. There are many actions that can be taken to mitigate the spread of infection.

To achieve this across Greater Lincolnshire we will strengthen our prevention messages and support people to take the necessary measures to protect themselves, their families, communities, employees, and customers.

Hierarchy of Control Measures

- General Infection Prevention and Control measures that are effective:
    - Wash hands

    - Respiratory hygiene
    - Ventilation
    - Social distancing
    - Face coverings, if appropriate
    - Appropriate PPE
    - Exclusion from work with respiratory symptoms
    - Minimising contact with others, particularly the most vulnerable, if symptomatic
- Social norming – Reinforce Public Health principles – e.g., people with respiratory symptoms should not be in work, out socialising or shopping etc.

Communication and Engagement

Communication and engagement remain one of our most powerful tools. Regular communication to and with the public, at national, regional, and local levels is crucial in helping us to influence certain behaviours and create new societal norms which can drive improvements in public health, such as regular hand washing and opening windows to aide ventilation.

Developed with partners, it is proposed that a transitional Communications and Engagement Plan is developed to address:

- Communication and educational awareness with the public.
- Communication within and between key partners.
- Communication and educational materials to identified and prioritised settings and groups.

Communications and engagement are key tools to support transition to the national strategy and local plan. Therefore, our Greater Lincolnshire Communication and Engagement Plan will feature:

- Tailored interventions for different segments of our local population.
- Plans to encourage and enable community action and personal responsibility.
- Local toolkits to help coordinate a safe transition to new working arrangements - encouraging business and employers to support workplace COVID-19 security.

Local guidance will be developed to empower people and institutions to make their own risk assessments and instigate action based on Public Health advice. Local guidance will outline agreed escalation/checkpoints. This will entail:

- Changing perception among public, professionals, organisations, politicians, and government departments from “trying to control” to “living with” COVID-19.
- Managing expectations – single cases and minor outbreaks will need to be managed in house and not referred to the Health Protection Service/Local Authority.
- Having a clear statement for local thresholds for reporting, escalation and check points outlined.
- Training/webinars for staff across various settings.

Immunisations and Vaccinations

The vaccination programme will be driven nationally. However, at the very least ongoing efforts to increase vaccination uptake, particularly amongst diverse and disadvantaged communities, within the existing programme should continue at local level where councils are best placed to run schemes like COVID-19 Champions (this is dependent on sufficient funding being provided to Local Authorities). This should include:

- The ongoing support for the community resilience structures, which can be built further to support this and many other aspects of the public health agenda over the long term.
- Collaborative working between the NHS and Councils at a local level.
- Managing the move towards vaccination of 5–11-year-olds, in a structured and carefully considered timeframe.
- Continuing to drive up equitable COVID-19 vaccine uptake to maximise protection and reduce transmission.

NHS England has written to all local NHS systems to set out the next steps for the NHS COVID-19 Vaccination Programme based on the central role of vaccination to the Government's strategy for Living with COVID-19, the latest Government advice is to deliver a spring dose for those most at risk, and to offer vaccination to 5–11-year-olds.

Given JCVI advice that "there remains considerable uncertainty with regards to the likelihood, timing and severity of any potential future wave of coronavirus (COVID-19) in the UK" future stable patterns of vaccination are uncertain, NHSE has advised the following three priorities for the vaccination programme for the coming year:

1. Continued access to COVID-19 vaccination based on latest JCVI advice;
2. Delivery of an autumn COVID-19 vaccination campaign if advised by JCVI; and
3. Development of detailed contingency plans to rapidly increase capacity, if required.

Across each area, the focus must remain on increasing uptake in all communities and addressing unwarranted variation. All vaccination sites will be expected to create opportunities to improve population health, delivering as a minimum, health promotion advice and offering health and screening checks where possible to further address health inequalities.

Local NHS systems are expected to continue to strengthen their local partnerships, especially with Local Authorities, working together to design and deliver a continued offer for the year ahead, with clear ownership at each level, drawing on the insight, experience, and expertise of all partners.

Detailed operational plans for the next six months, and provisional plans to provide autumn boosters are currently being developed in Lincolnshire alongside this latest guidance and will be available shortly.

IDENTIFYING DISEASE

To respond rapidly to high priority Variants of Concerns (VOCs), increased cases, clusters and outbreaks of COVID-19, there will need to be a robust surveillance programme in place to help identify cases, monitor prevalence and disease burden. It is imperative that as we move to the next phase of living with the COVID-19, that local interventions are taken in line with agreed national principles, health protection risk assessment and prioritisation frameworks.

Surveillance

Robust population surveillance programmes are essential to understanding the prevalence of COVID-19 within a certain population. These programmes help to assess the impact of measures taken to contain the virus and help inform national and local government actions, including local Health Protection responses and evidence-based decision making[1].

[1] UKHSA - https://www.gov.uk/government/publications/covid-19-surveillance/covid-19-surveillance

As part of the ongoing national surveillance programme UKHSA are taking forward a programme of academic studies to understand to what extent COVID-19 is present and affecting the wider population. These studies will include ongoing projects to determine the level of COVID-19 circulating within a population, specific studies to understand the level of immunity and how fast it reduces for both those vaccinated and those who have been infected.

With the move away from population testing, surveillance will also be developed to specifically look at results from test conducted win high-risk settings such as hospitals and care homes, and analysis of the ongoing wastewater programme. These three components will make up the main surveillance tools, in additional to local outbreak testing which may still be deployed into areas, settings, or populations where the local Health Protection Service identify significant concerns through local intelligence.

Sampling and Testing

Lateral Flow Tests (LFTs) continue to offer a reasonable safety net at the present time and seem to be widely tolerated by the public. However, on the scale that they are currently used they are extremely expensive, and as such a programme of the current size is not sustainable indefinitely. However, LFTs will clearly have a part to play in ongoing case identification and be of particular use for vulnerable groups and those living or working in high-risk settings. Whilst the specific approach to LFT testing for high-risk groups is yet to be determined by the UK government, the Health Protection Service across Greater Lincolnshire will continue to support settings with measured and appropriate responses.

In addition, until the pandemic is largely over everywhere, there will be an ongoing need for surveillance for new variants that could cause significant new waves – and this requires PCR testing, not just LFTs. The introduction of charges for LFTs is likely to have a detrimental impact on take up, especially amongst disadvantaged communities. UKHSA need to develop a national testing strategy which focuses on the most vulnerable individuals and settings. Sufficient capability and contingencies (e.g., supply chains, laboratories) will need to be available to support local systems should new variants and surges be detected.

Based on the Government's Living Safely with COVID Strategy, PCR testing, alongside LFTs, will no longer be available to the general public from the 1 April. However, PCR and LFT testing will continue to be available to those deemed clinically vulnerable and in need of regular testing. The Greater Lincolnshire Health Protection Service will continue to support this approach to testing, and ensure, via available means, that access and utilisation is proportionate to the population need.

Contact Tracing

Once the legal requirement to isolate was removed and the national model for contact tracing ceased, it remained the case that providing appropriate public health advice to those who are COVID positive was pragmatic and proportionate.

Employers can help by creating a culture in which coming to work when ill, whether with COVID-19 or other contagious infections, is discouraged and considered not in the interests of the individual concerned, their colleagues or customers. In the event of individuals needing to isolate, financial

support should be available so that inequalities are not exacerbated. In must be recognised that many employees are not able to work from home due to the nature of their job and sector e.g., food processing, warehousing, retail/hospitality, call centre work. These are certain businesses and industries across Greater Lincolnshire where we have seen significant outbreaks. As we learn to live with COVID-19 and respond to any future variants of concern, the arrangements for testing, tracing and isolation support will need to be carefully considered and balanced.

The Greater Lincolnshire Health Protection Service will continue to provide specialist health protection expertise and advice for high-risk settings, ensuring vulnerable populations are offered an enhanced level of protection from COVID-19.

CONTROLLING DISEASE

Outbreak Management

The recent publication of the Living with COVID guidance provides a direction of travel to Local Authorities to continue to develop local outbreak management plans and responses to manage future outbreaks and responses. Alongside updated advice and guidance from the UKHSA, utilising updated government outbreak response frameworks, the Local Authority will continue to lead outbreak management by:

- Securing the necessary outbreak prevention and control tools and infrastructure necessary for:
    - managing the transition to an endemic state
    - responding to VOCs
    - ensuring system readiness for responding rapidly to future surges/waves
- Prioritising specialist regional and local public health capacity on preventing, identifying, and managing outbreaks in vulnerable or complex settings and local communities.
- Supporting educational settings to manage COVID-19 infections and outbreaks whilst minimising educational disruption
- Develop/modifying existing tools and guidance for some settings to help manage single cases and small cluster outbreaks independently.
- Continue to develop local digital solutions for self-reporting, outbreak notification and case management.

Health Inequalities

It is widely appreciated that COVID has highlighted, and in some circumstances broadened, significant health inequalities that exist across society. In order the assist in reducing inequalities caused by COVID-19, Greater Lincolnshire has agreed to focus on three key areas:

- Targeting higher risk and adversely effected populations with specific vaccination communications and providing localised approaches to vaccine access. This approach will ensure communications are published in a range of different languages, are supported by local community champions, vaccination clinics are taken to local areas of highest need, and

high-risk settings continue to be supported to increase vaccination rates due to vaccination hesitancy.
- Promotion of the testing offer to those most in need and underrepresented within the testing system. This is likely to include all frontline health and care workers, those deemed as clinically vulnerable, and those from minority ethic and underrepresented groups.
- Support for high-risk settings to manage outbreaks using a variety of means and infrastructure available at the time.

RESILIENCE AND PREPAREDNESS

Identifying Lessons

The SARS-CoV-2 pandemic is not unprecedented. Over the last few decades, the scale and rhythm of emergent zoonoses which threaten population health internationally has increased and appears likely to continue. Whilst there are national and international biosecurity arrangements, there remain gaps in foresight, planning and co-ordination, all of which became apparent during the current pandemic.

The government published a report in October 2021[2] following a year-long joint inquiry, which examined six key areas of the response to COVID-19: the country's preparedness for a pandemic; the use of non-pharmaceutical interventions; the use of test, trace, and isolate strategies; the impact of the pandemic on social care; the impact of the pandemic on specific communities; and the procurement and roll-out of COVID-19 vaccines.

The inquiry concluded that some initiatives were examples of global best practice, but others represented mistakes. Both must be reflected on to ensure that lessons learned are applied to better inform future responses to emergencies. In particular:

- The forward-planning, agility and decisive organisation of the vaccine development and deployment effort will save millions of lives globally and should be a guide to future Government practice.
- The delays in establishing an adequate test, trace and isolate system hampered efforts to understand and contain the outbreak and it failed in its stated purpose to avoid lockdowns.
- The initial decision to delay a comprehensive lockdown - despite practice elsewhere in the world—reflected a fatalism about the spread of COVID-19 that should have been robustly challenged at the time.
- Social care was not given sufficient priority in the early stages of the pandemic.
- The experience of the pandemic underlines the need for an urgent and long-term strategy to tackle health inequalities; and
- The UK's preparedness for a pandemic had been widely acclaimed in advance but performed less well than many other countries in practice.

[2] House of Commons Science and Technology Committee and the Health and Social Care Committee Joint Report: Coronavirus: lessons learned to date. October 2021. https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/157991/coronavirus-lessons-learned-to-date-report-published.

At a local level, the Greater Lincolnshire Health Protection Service will apply learning from a range of sources, including national, regional, and local reviews and debriefs, to analyse and improve local arrangements for resilience and preparedness.

Pandemic Planning and Resilience

As we transition to living safely with COVID-19, it is important to address gaps in local pandemic preparedness identified through experience, as outlined above, to achieve optimum levels of resilience and preparedness in the event of a future pandemic or a resurgence of COVID-19. Initial local reviews of pandemic preparedness have identified the following key areas of focus, which sit alongside the core work areas of Prevent, Protect, and Control:

- **Resources** – maintaining sufficient contingency supplies for core resources such as PPE and surge testing.
- **Logistics** – ensuring robust arrangements are in place to quickly implement response plans at a local level, relevant to the geography of Greater Lincolnshire.
- **Competency and Capability** – building resilience in expertise through the Greater Health Protection Team for a range of roles and functions of pandemic response.
- **Health and Social Care System Preparedness** – working collaboratively with partners across Greater Lincolnshire to build on wider system resilience and preparedness.
- **Reactivation Thresholds** – defining surge and escalation thresholds through on-going maintenance and review of pandemic response plans.

The Greater Lincolnshire Health Protection Service will incorporate this work into the core emergency preparedness, resilience, and response workstream, in collaboration with the Local Health Resilience Partnership and the Local Resilience Forum.

MANAGING THE INITIAL TRANSITION OF THE LIVING SAFELY WITH COVID-19 STRATEGY

Conclusion

Nationally there has been an increased recognition of the role and value that Local Authorities and public health teams have contributed in terms of guiding changes in people's behaviour through skilled and bespoke messaging, providing advice to public and private sector organisations to reduce the risk of transmission, promoting and enabling testing and supporting self-isolation. Local intelligence and model for Health Protection has undoubtedly helped with the early identification and management of outbreaks across Greater Lincolnshire.

This Greater Lincolnshire Living Safely with COVID-19 plan has been developed to assist the partnership to respond in a timely and proportionate manner to future outbreaks. This will provide advice and guidance on how "live safely with COVID" and ensure both workplaces and the population are aware of steps they can continue to take, support local systems and organisations to return to a new form of normal without government COVID restrictions and support the Greater Lincolnshire population during any future waves or outbreaks.

The Greater Lincolnshire approach will increase the system's ability to provide consistent messages to the Greater Lincolnshire population, whilst supporting outbreaks and organisations who have staff, residents, or stakeholders spread across the Greater Lincolnshire Local Authority areas.

Next steps

- As we transition into the next phase there will need to be engagement with key stakeholders and local partners including NHS, Educational Settings, DASS, Prisons, CEX, politicians etc.
- With reduced resources in UKHSA regional (HPTs), there may be a need to prioritise activities and redefine new areas of responsibilities.
- National guidance has become quite prescriptive in directing people to call the LAs or HPTs for low-risk incidents and cases. As we move to "living with" COVID-19 this will need to change. Local guidance, thresholds and action cards will need to be updated to reflect the change in position.
- Nationally, we have created a high dependency culture with many organisations and settings encouraged to contact the LA and regional HPTs to report cases and outbreaks. This now needs to be more balanced with cases and small outbreaks being managed "in house" in low-risk settings, coupled with a simple on-line reporting process to help maintain local oversight.

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Report of the North Lincolnshire NHS Place Director (Designate)

Agenda Item Meeting 27 June 2022

NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

REPORT TITLE

Integrated Care System Update

1. **OBJECTIVE AND KEY POINTS IN THIS REPORT**

1.1 This report provides an update on the establishment of the ICS and the development of the Integrated Care Board and Integrated Care Partnership and the architecture of the ICS including Places and Provider Collaboratives.

1.2 An update is also included on the development the North Lincolnshire Place Partnership and the good progress that has been made in continuing to develop integrated arrangements at Place.

2. **BACKGROUND INFORMATION**

2.1 Integrated Care Systems (ICSs) are a partnership between the organisations that provide health and care needs across an area, coordinate services and plan in a way that improves population health and reduces inequalities between different groups. The ICS which will be known as the Humber and North Yorkshire Health and Care Partnership was established in 2016 and comprises 28 organisations from the NHS, local councils, health and care providers and voluntary, community and social enterprise (VCSE) organisations.

2.2 The Health and Care Bill which puts ICSs on a statutory footing, has now been approved through Parliament and ICSs will formally come in to being on the 1st July 2022, at which point CCGs will formally be dissolved. The proposals within the Bill mean that each ICS will be led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions, performance and budgets, and an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy. The Integrated Care Board has now been established and is operating in shadow form ahead of formal establishment on July 1st 22. Areas of focus within the ICB to date have been working with people and

communities, NHS green plan, primary are development and management of patient flow.

2.3 As reported at the last Health and Wellbeing Board, all senior Executive appointments have now been made to the ICB as well as two independent non-executive directors. Sector representative leads have also been identified for local government, primary care and NHS Trusts and Foundation Trusts. NHS Place Director appointments have also been made for North Lincolnshire, North East Lincolnshire, North Yorkshire and East Riding with Hull and York to follow shortly. Staff currently residing in CCGs will be transferred to the ICB via Transfer of Undertaking (Protection of Employment) Regs. Most staff will continue to provide support within the local Places, some may also take on some wider roles or corporate functions in support of the ICB.

2.4 Ahead of transfer of function on the 1st of July, a significant programme of work has been led by the ICB and all the 6 Places to ensure that functions can continue to be safety delivered from 1st July 22. Positive assurances have been received from internal audit on the process that has been followed.

Provider collaboratives

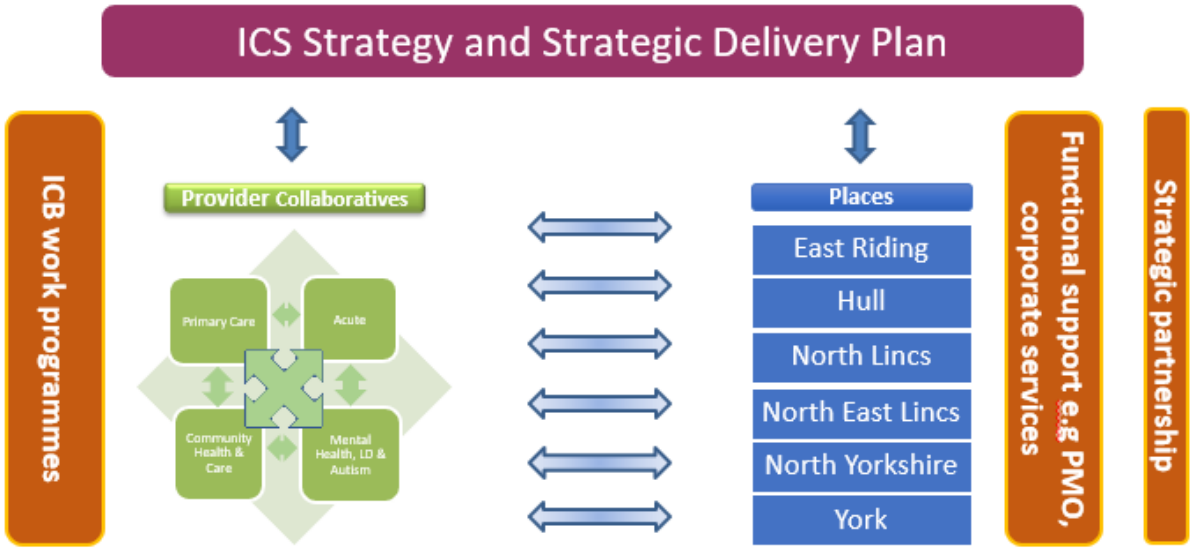
Provider collaboratives are arrangements where providers come together to work across the ICS, with a shared purpose, set of priorities and effective decision-making arrangements. These collaboratives are an important part of ICS, working across a range of programmes and assist providers to work together to plan, deliver and transform services. There are four fully established provider collaboratives within the ICS: primary care, community health and care, mental health, learning disability and autism, and acute services. A further collaborative is under development to support the voluntary and community sector. The collaboratives are all currently reviewing their priorities and objectives to ensure that they are able to work effectively with Places to deliver their core objectives.

Integrated Care Partnership (ICP)

The ICP will be responsible for developing an integrated care strategy to set out how the wider health and wellbeing needs of the local population will be met. The responsibilities of the Humber and North Yorkshire ICP will be extended to reflect the core aims of the ICS, including improving our population's health, addressing inequalities, and contributing to the wider socioeconomic challenges we face, such as unemployment and securing inward investment. The ICP will include a core leadership team, which reflects the systems' overall commitment to partnership and to Place including Place Lead Chief Executives, Place Elected Members and NHS Place Directors plus the independent joint Chair of the ICP and ICB, the ICP Vice chair, the ICB Chief Executive and the ICB Chief Operating Officer. The Core Leadership Team will work closely with the wider leadership community across the ICB and Places to deliver its objectives. It is anticipated that Humber and North Yorkshire ICP will commence operating during the first quarter of 2022/23.

Development of the ICB Strategic Intent

As the ICS is being established, work is ongoing to develop the ICS Strategy. The intent is that this will be a living and evolving strategy and that this will be developed collaboratively to produce a strategy that is collectively owned and enables all partners to meet the health, care and wellbeing needs of our local populations. The development of the strategy ambition is underway, and input is being sought across the different NHS, Local Authority, VCSE and other organisations which form part of the Humber and North Yorkshire Health and Care Partnership.



Place based arrangements

Place Partnership arrangement have been established for all six places (East Riding of Yorkshire, Hull, North East Lincolnshire, North Lincolnshire, North Yorkshire, and City of York). A responsibility agreement/memorandum of understanding is under development which will outline the delegation arrangements to the Place Partnerships. The NHS Place Director will be able to accept delegated authority from ICB Executives to enable decision making to be undertaken which will ensure business continuity as arrangements continue to be developed.

Progress with Development of Place Arrangements in North Lincolnshire

As previously updated, the Place Partnership for North Lincolnshire has been established, operating in shadow form. The Place Partnership has now held 4 meeting in workshop format which have been very positive and well attended by partners.

To date the Partnership has focused on agreement of its core value and principles. Priority areas for the Partnership have also been agreed and these have been fed in

to the development of the Place Strategic Intent to be shared with the ICB as the North Lincolnshire Place element of the draft ICB Strategy. The Strategic Intent is in draft form at the moment, with further discussion to be held at the Partnership meeting on the 16th June 22. The Strategic Intent confirms the commitment to transformation through a community first approach to all that we do. Considerable progress continues with the bodies that report into the Place Partnership, with each establishing work programmes, reviewing their terms of reference and holding workshops to reaffirm priorities. This includes the Integrated Adults Partnership, Integrated Children's Partnership and the newly established Population Health Management and Prevention Collaborative. A Place Quality Forum is also under establishment. Very positive work continues across a number of supporting areas of work including workforce, digital, estates and infrastructure.

Next Steps

The Place Partnership is developing its work programme and working with the associated partnership groups to align plans to the Strategic Intent and ambition for the Place.

The July 2022 meeting of the Partnership will have a focus on the population health including what measures that we would like to focus on as a Place to improve health outcomes in the priority areas we have established.

3. OPTIONS FOR CONSIDERATION

3.1 N/A

4. ANALYSIS OF OPTIONS

4.1 N/A

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 N/A

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 N/A

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 N/A

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 No specific conflicts of interest have been declared.

9. RECOMMENDATIONS

9.1 The Health and Wellbeing Board is requested to note the update provided on the development of the ICS and the development of Place Partnership Arrangements.

Civic Centre/ North Lincolnshire NHS Place Director
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Author: **Alex Seale**
Date: **13th June 2022**

Background Papers used in the preparation of this report None

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Report of the Director of Children and Families

Agenda Item No:
Meeting: 27 June 2022

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

Independent review of children's social care final report

1. **OBJECT AND KEY POINTS IN THIS REPORT**

1.1 To update the Health and Wellbeing Board of the publication of the Independent review of children's social care final report and the key points, recommendations and implications for action

1.2 This is set in the context of asking ourselves the question 'what will we do to step up and be the change that our families and young people need'?

2. **BACKGROUND INFORMATION**

2.1 The Independent review of children's social care commenced in March 2021 and the final report was published in May 2022. The review took place over four distinct phases:

- **March to June 2021:** prioritised listening to those with lived experience of the children's social care system including parents, children, care experienced adults, adopters, foster carers, kinship carers and professionals. This 'call for advice' and 'call for evidence' culminated in the 'Case for Change' report which set out the problem diagnosis

- **June to November 2021:** significant around of public engagement, evidence and visits to get a better understanding of the issues

- **November 2021 to February 2022:** launched a public 'call for ideas' and consolidated and reflected on the range of views

- **March to May 2022:** final phase of the review which brought together all the engagement, evidence and ideas to create a set of recommendations and a reform plan; at the same time, the Child Safeguarding Practice Review Panel have been undertaking a National review to examine the circumstances leading up the tragic deaths Arthur Labinjo-Hughes and Star Hobson, the outcomes of which has informed the final report

2.2 The Independent Review of Children's Social Care is built on the premise that it is a once in a generation opportunity to radically reset children's social care. Throughout the review, the review team have grappled with two related dilemmas:

- How do we have a system that achieves the benefits of local delivery for children and families, without having unacceptable levels of variation in the support children and families in areas receive?

- How do we promote autonomy for those working with children and families to make the right decisions, whilst still having the essential checks and balances?

2.3 The review have articulated that reform needs to help the system move towards a system with greater freedom and responsibility, setting a clear national direction about change. The goal of the reform programme – Relationships Protect – is to leave a legacy of a self-improving system and as such, six principles of reform have been proposed as follows:

1. Clear objectives are needed for children's social care and this should come from national government

2. Decisions and delivery should happen as close as possible to families, except where there is a compelling case for setting rules or acting at greater scale

3. Greater transparency, new mechanisms for leaning and better inspection and intervention should improve performance

4. Empower a highly skilled and knowledgeable workforce to create change with children and families

5. Design services around children and families with better multi agency working

6. Investment linked to reform

2.4 The review acknowledges that children's social care functions within a wider context of the welfare state, as well as structural, ethical and societal factors. A range of issues have been identified as relevant to the review findings and the future of children's social care, even though they sit outside the scope of the review. These include poverty and inequality; pressures in family support and other services; new and emerging threats; domestic abuse; mental health; substance misuse; and immigration and asylum. In developing the review recommendations, the review team have actively considered these factors.

2.5 The review acknowledges that children's social care functions within a wider context of the welfare state, as well as structural, ethical and societal factors. A range of issues have been identified as relevant to the review findings and the future of children's social care, even though they sit outside the scope of the review. These include poverty and inequality; pressures in family support and other services; new and emerging threats; domestic abuse; mental health; substance misuse; and immigration and asylum.

3. OPTIONS FOR CONSIDERATION

3.1 The recommendations identified in the final report are articulated in appendix 1, and are focussed around the following headings:

- A revolution in Family Help
- A just and decisive child protection system
- Unlocking the potential of family networks
- Transforming care
- The care experience
- Realising the potential of the workforce
- A system that is relentlessly focussed on children and families

3.2 All recommendations will likely impact on the children's social care system and across the wider partnership. However, under the auspices of 'the care experience', the key recommendations pertaining to health and wellbeing are as follows:

57. The identification and response to poor mental health issues should be a core part of training programmes for any professionals working with children and young people that have involvement with children's services

58. All local authorities must improve care leaver mental and physical health support, and the National Children's Social Care Framework should promote the most effective multidisciplinary models of doing this

59. Integrated Care Boards should publish their plans for improving the mental and physical health of those in care and leaving care and routinely publish progress. As part of these plans and new corporate parenting responsibilities, the Department of Health and Social Care and the NHS should exempt care leavers from prescription charges up to age 25

60. As part of recommendation in Chapter Eight (improving data collection), the Office for National Statistics should collect and report data on the mortality rate of care leavers and care leaver health outcomes. Government should also launch a new cohort study which tracks the health outcomes of care experienced people and helps to gather other missing data on housing, education and employment outcomes

4. ANALYSIS OF OPTIONS

4.1 The five year reform programme 'Relationships Protect' identifies a critical path of interdependent measures which should be delivered in sequence to release cashable savings that can be reinvested to improve outcomes at pace.

It is proposed that a National Reform Board be established to drive the reform programme and oversee the implementation of the review recommendations and monitor system feedback, with the aim to reset the system, improve outcomes and make children's social care more sustainable in the future.

It is anticipated that the government will publish a White Paper within six months of the final report, which will set out a full response to the review. In anticipation of further legislation and guidance, implementation should focus on the delivery of recommendations which do not require legislation, or where foundations need to be laid in preparation for legislation being passed in Spring 2024.

The Secretary of State should be responsible for holding others to account and driving progress.

Changes in government policies associated with the Independent review of children's social care should align with and take account of other policy changes i.e. in relation to the review of SEND and Alternative Provision; major reforms to the schools system; and the introduction of Integrated Care Boards. Undertaking this work together presents a significant opportunity to set the direction of wider children's services looking across education, SEND and social care (as well as links to health).

4.2 In reflecting on the Independent Review of Children's Social Care final report, a number of initial actions and areas for further consideration have been identified from a North Lincolnshire perspective:

- Briefing papers to be shared with relevant systems leaders, democratic processes, partnerships and boards as appropriate

- Establish a Children and Families Transformation Board (to opt in wider Council colleagues and partnership representation as appropriate) to take account of key policy drivers, including the Independent review of children's social care, and drive forward system change

- Develop a delivery plan set against the review recommendations (this will include a local position statement and clarity regarding local action, lead and timescales). Progress against the delivery of the plan will be overseen by the Children and Families Transformation Board

- Hold workforce briefings across children's social care (and the wider workforce) to engage staff at the earliest point and to promote the opportunities that this review report presents

- Take account of the report as part of the review and refresh of the Children's Commissioning Strategy, and wider interface with relevant partnership and planning frameworks (including the Health and Wellbeing Board and Health and Wellbeing Strategy) to ensure opportunities to create the conditions for system transformation and integration are realised across the partnership

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 None at this time

6. **OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

6.1 None at this time

7. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

7.1 Not applicable

8. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

8.1 As part of the Independent review of children's social care, there have been a range of opportunities for staff across the North Lincolnshire children and families workforce to engage in and contribute to the calls for advice, evidence and ideas. Specifically, North Lincolnshire was invited to be one of ten local authority areas to engage in a Local Design Area Review visit, and North Lincolnshire's 'You Say Who' initiative features as a case study in the final report.

9. **RECOMMENDATIONS**

9.1 Health and Wellbeing Board to note the publication of the Independent review of children's social care final report and acknowledge the key points, recommendations and implications for action

9.2 Health and Wellbeing Board to take account of the Independent review of children's social care final report and contribute to partnership action to drive forward system transformation and integration

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Date: June 2022

Background Papers used in the preparation of this report:

Independent review of children's social care final report

Appendix 1: Independent review of children's social care final report recommendations

A revolution in Family Help

1. A new umbrella of 'Family Help' should combine work currently done at targeted early help and section 17, enabling handovers and bringing the flexible, non stigmatising approach at early help to a wider group of families

2. Eligibility for Family Help should be set out in a sufficient level of detail nationally to give a more consistent understanding of who should receive Family Help, whilst giving enough flexibility to enable professional judgement and empower Family Help Teams to respond flexibly to families' needs

3. Local Family Help Teams should be designed in a way that enables families and practitioners to have a conversation about their concerns rather than relying on mechanical referrals. If families are not eligible for Family Help, support should be available in universal and community services and the front door to Family Help should be equipped to link families to this support

4. Family Help should be delivered by multidisciplinary teams, embedded in neighbourhoods, harnessing the power of community assets and tailored to local needs

5. Government should make an investment of roughly £2 billion in supporting local authorities, alongside their partners, to implement the proposed transformation in Family Help. National government pots of funding should be mainstreamed into this funding stream and local partners should be incentivised to contribute. Once transformation is complete, the government should ring-fence funding for Family Help to ensure rebalanced investment is sustained

6. As part of the National Children's Social Care Framework, the government should define outcomes, objectives, indicators of success and the most effective models for delivering help. Funding should be conditional on meeting the goals of the Framework

7. Alongside recommendations to strengthen multi-agency partnerships and the role of the Director of Children's Services, government should consider legislating to put the existence of multi-disciplinary Family Help Teams on a statutory footing

8. Ofsted inspections should reinforce a focus on families receiving high quality, evidence based help that enables children to thrive and stay safely at home

9. Government should ensure alignment in how the proposals in the SEND and Alternative Provision Green Paper and this review are implemented. The government should ask the Law Commission to review the current patchwork of legislation that exists to support disabled children and their families

A just and decisive child protection system

10. All cases of significant harm should be co-worked by an Expert Child Protection Practitioner who is responsible for making key decisions (in the future this would be someone who has completed our proposed Early Career Framework)

11. Working Together should set expectations on multiagency capabilities for child protection and the National Children's Social Care Framework should set out effective practice models for joint working

12. Investment in Family Help will provide resources for multidisciplinary responses to extra familial harms

13. Government should amend Working Together to introduce a Child Community Safety Plan to clarify where primary harm is not attributable to families, supported by practice guides and the Early Career Framework

14. There should be clearer expectations about partnership responses to extra familial harms across an area and this should be a priority area for learning

15. Government should integrate funding aimed at preventing individual harms into a single local response to extra familial harms, including enabling areas to integrate their Violence Reduction Unit funding and infrastructure into their local response to extra familial harms

16. Subject to a positive evaluation of the pilot to devolve responsibility for the National Referral Mechanism decisions for child victims to local areas, government should roll this out to all areas

17. Government should implement the recommendations of the Taylor Review to simplify the experiences of children in the youth justice system, and as a first step, should roll out the flexibility to all local authorities to integrate AssetPlus Assessments with children in need assessments

18. Guidance and legislation on information sharing should be strengthened and local safeguarding partners should confirm they have information sharing agreements in place and have audited practice in this area

19. Government should set a target to achieve frictionless sharing of information between local authority and partner systems and between different local authorities by 2027. To enable this they must take an imminent decision on whether to adopt the NHS number as a consistent identifier alongside work by the National Data and Technology

20. The National Children's Social Care Framework practice guides should promote effective practice for engaging families. Parental representation should be offered to all families in child protection.force discussed in Chapter Eight

21. Improve the quality and consistency of local and judicial decision making through improving the quality and transparency of data and facilitating learning at a local level.

22. The Public Law Working Group should lead work to bring learning from Family Drug and Alcohol Courts and other problem solving approaches into public law proceedings, to make proceedings less adversarial and improve parents'

Unlocking the potential of family networks

23. Government should introduce legislation which makes the use of family group decision making mandatory before a family reaches Public Law Outline. The features and delivery practice of effective family group decision making should also be included in the National Children's Social Care Framework

24. A Family Network Plan should be introduced and enabled in law to support and give oversight to family led alternatives to care

25. All local authorities should make a financial allowance paid at the same rate as their fostering allowance available for special guardians and kinship carers with a Child Arrangement Order looking after children who would otherwise be in care

26. Legal aid should be provided in a range of circumstances where special guardians and kinship carers with a Child Arrangement Order interact with the family courts

27. All new special guardians and kinship carers with a Child Arrangement Order should be given kinship leave, which matches the entitlement given to adopters

28. As part of the National Children's Social Care Framework, local authorities should develop peer support and training for all kinship carers

29. Government should develop a new legal definition of kinship care, taking a broad range of circumstances into account

30. Contact arrangements between birth parents, adopted children and adoptive parents should be assumed by default and modernised through the swift roll out of technology enabled methods of contact, such as Letterswap

Transforming care

31. New and ambitious care standards, applicable across all homes for children, should be introduced

32. Regional Care Cooperatives should be established to plan, run and commission residential care, fostering, and secure care

33. A windfall tax on profits made by the largest private children's home providers and independent fostering agencies should be levied to contribute to the costs of transforming the care system

34. Linked to our recommendations in Chapter Seven, Ofsted should be given new powers to oversee and intervene in the children's social care market

35. The Department for Education should launch a high profile national foster carer recruitment programme to recruit 9,000 additional foster carers

36. Local authorities, and eventually Regional Care Cooperatives, should use family group decision making to identify important adults that are already known to a child and may be willing to foster

37. Foster carers should be given delegated authority by default, to take decisions which affect the day to day lives of children in their care

38. All foster carers should be able to access high quality training and peer support. As part of the National Children's Social Care Framework, all local authorities should develop a model of foster carer support based on the principles of Mockingbird

39. Independent, opt-out, high quality advocacy for children in care and in proceedings should replace the existing Independent Reviewing Officer and Regulation 44 Visitor roles. The Children's Commissioner for England should oversee these advocacy services, with the powers to refer children's complaints and concerns to the court

The care experience

40. New legislation should be passed which broadens corporate parenting responsibilities across a wider set of public bodies and organisations

41. Government should make care experience a protected characteristic, following consultation with care experienced people and the Devolved Administrations

42. National government should issue statutory guidance to local authorities setting out the priority that should be afforded to care experienced adults in accessing local services such as social housing

43. Local authorities should redesign their existing Independent Visitors scheme for children in care and care leavers to allow for long term relationships to be built

44. As part of the National Children's Social Care Framework, all local authorities should have skilled family finding support equivalent to or exceeding, the work of Lifelong Links in place by 2024 at the very latest

45. A new lifelong guardianship order should be created allowing a care experienced person and an adult who loves them to form a lifelong legal bond

46. As part of our recommendations about Ofsted inspection (Chapter Eight), Virtual School Heads should be held accountable for the education attainment of children in care and care leavers up to age 25 through Ofsted's ILACS framework. Pupil Premium funding should be focused on evidence led tutoring and mentoring programmes

47. Virtual School Heads should work to identify more children in care who might benefit from a place at a state or independent day or boarding school, and the Department for Education should create a new wave of state boarding capacity led by the best existing schools

48. Introduce a new kitemark scheme for higher education to drive improvements in admissions, access and support for those with care experience

49. The Care Leaver Covenant should be refreshed to align with the five missions set out in this report and co-produced with care experienced people. Employers should be able to apply for a new government led accreditation scheme which recognises their commitment to supporting care leavers into well paid jobs

50. An annual care leaver bursary should be made available to all apprentices up to the age of 25, and employers should be allowed to use unspent apprenticeship levy funds to tailor support for those with care experience

51. There should be a range of housing options open to young people transitioning out of care or who need to return, such as Staying Put, Staying Close and supported lodgings. Staying Put and Staying Close should be a legal entitlement and extended to age 23 with an ‘opt-out’ rather than ‘opt-in’ expectation

52. Introduce a stronger safety net against care leaver homelessness by removing the local area connection test, ending intentionally homelessness practice, providing a rent guarantor scheme and increasing the leaving care grant to £2,438 for care experienced people

53. The identification and response to poor mental health issues should be a core part of training programmes for any professionals working with children and young people that have involvement with children’s services

54. All local authorities must improve care leaver mental and physical health support, and the National Children’s Social Care Framework should promote the most effective multidisciplinary models of doing this

55. Integrated Care Boards should publish their plans for improving the mental and physical health of those in care and leaving care and routinely publish progress. As part of these plans and new corporate parenting responsibilities, the Department of Health and Social Care and the NHS should exempt care leavers from prescription charges up to age 25

56. As part of recommendation in Chapter Eight (improving data collection), the Office for National Statistics should collect and report data on the mortality rate of care leavers and care leaver health outcomes. Government should also launch a new cohort study which tracks the health outcomes of care experienced people and helps to gather other missing data on housing, education and employment outcomes

Realising the potential of the workforce

57. A nationally led programme should get social workers back to practice through: action on technology to reduce time spent case recording; a mechanism for challenging unnecessary workload drivers; requiring all registered social workers to spend time in practice, and trialling flexible working models around the lives of children and families

58. Introduce a five year Early Career Framework for social workers, an Expert Practitioner role and national pay scales

59. The government should introduce new national rules on agency usage supported by the development of not-for-profit regional staff banks to reduce costs and increase the stability and quality of relationships children and families receive

60. To support the development of the wider social care workforce, government should produce a Knowledge and Skills Statement for family support workers; appoint Social Work England to set standards and regulate residential children's home managers; and fund a new leadership programme that could train up to 700 new managers in the next five years

61. The Department for Education should strengthen existing leadership programmes to better align them with the review's reforms and increase the diversity of leadership

A system that is relentlessly focussed on children and families

62. A National Children's Social Care Framework should set the objectives and outcomes for children's social care

63. The National Children's Social Care Framework should include a balanced scorecard of indicators to support learning and improvement. To support this there should be an overhaul of what data is collected and how those collections work, so that we have more meaningful metrics and more regular data to help drive transparency and learning in the system

64. The National Children's Social Care Framework should include practice guides, setting out the best evidenced approaches to achieving the objectives set out in the Framework

65. Data and feedback should be used to prompt local and national learning to continually improve services. At a national level this should be via a National Practice Group and a National Reform Board. The evidence and learning landscape should be strengthened through the integration of overlapping What Works Centres, starting with the integration of the Early Intervention Foundation and What Works for Children's Social Care

66. The National Reform Board should establish a mechanism for local authorities to raise where they feel there are national regulatory blockers to taking a course of action that is in the best interests of children and families, with action taken to address this

67. The responsibilities of multi-agency safeguarding arrangements should be amended to emphasise their role as a strategic forum focused on safeguarding and promoting the welfare of children, with attendance reflecting this

68. Working Together should be amended to set out clear joint and equal operational responsibilities for partners. The Director of Children's Services should be the primary interface between strategic and operational leaders to facilitate effective multi-agency working

69. The role of the Director of Children's Service should be reviewed to give clarity to the role following this review, the SEND and AP Green Paper, and the Schools White Paper, to reflect their role as a champion for children and families within their area

70. The individual contributions of partners to achieving the review's vision should be set out clearly in Working Together and reflected in each organisations' strategic plans

71. Partnerships should become more transparent, including publishing minutes of partnership meetings and the financial contributions of each partner. The Safeguarding Children Reform Implementation Board should be reviewed and strengthened to take a greater leadership role in safeguarding arrangements, including requesting and publishing critical information about partnerships
72. The Child Safeguarding Practice Review Panel and relevant What Works Centres should take a more hands on role in promoting evidence and supporting partnerships to improve

73. Each agency inspectorate should review their framework to ensure there is sufficient focus on individual agency contribution to joint working. Where there are concerns about the functioning of partnerships, joint inspections, with a judgement attached, should be triggered

74. Schools should be made a statutory safeguarding partner and contribute to the strategic and operational delivery of multiagency working

75. Government should incentivise greater partner contributions through requiring partners to publish their financial contribution and making receiving the full funding for reform contingent on partner contributions

76. National government should ensure it has an oversight mechanism in place to ensure policy relating to children and families is aligned in contact with children's social care. Government programmes should be streamlined to support these reforms and youth justice policy should move to the Department for Education

77. Government should introduce an updated funding formula for children's services, and take greater care to ensure that changes in government policy that impact the cost of delivering children's social care are accompanied by additional resources for local government

78. Ofsted inspection should be reformed to increase transparency in how judgements are made, ensure inspection applies a rounded understanding of being 'child focussed' and to ensure inspection supports the proposed reforms

79. Strengthen intervention powers and introduce Regional Improvement Commissioners to provide more robust challenge in the system. Ensure there is a clear expert improvement offer for local authorities

80. Government should establish a National Data and Technology Taskforce to drive progress on implementing the review's three priority recommendations to achieve frictionless data sharing by 2027, drastically reduce the time social workers spend on case recording and improve the use and collection of data locally

81. The Department for Education should have a proactive strategy on making better use of data in children's social care, including a strategy for data linking for children's social care with other data sources that makes use of the ONS integrated data service

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Report of the: Director of Public Health

Agenda Item 10(i)
Meeting 27 June 2022

NORTH LINCOLNSHIRE COUNCIL

HEALTH & WELLBEING BOARD

PHARMACEUTICAL NEEDS ASSESSMENT

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The object of this report is to update the health and wellbeing board (HWB) members on progress to publish the pharmaceutical needs assessment (PNA) for 2022. The key points to note are:

- HWB members have a duty to publish an updated PNA by 1 October 2022.
- A draft PNA has now been published and circulated to key stakeholders as part of the statutory consultation process.
- The final PNA (post consultation) will be produced and presented at the HWB on 26 September for the board's approval.

1.2 The main conclusion of the draft PNA is that there are currently no needs to be identified in the provision of pharmaceutical services.

2.0 BACKGROUND INFORMATION

2.1 The health and wellbeing board is required to assess the need for pharmaceutical services in its area and to publish a statement of its assessment, referred to as a pharmaceutical needs assessment (PNA). The next assessment is due to be published by 1 October 2022.

2.2 The PNA is used by the HWB to ensure its population has access to the right NHS pharmaceutical services, at the right time and in the right place.

2.3 The PNA is also used by NHS England to determine applications to open a new pharmacy or make changes to local NHS pharmaceutical services in the area. It does this by deciding whether the application meets a pharmaceutical need as identified in the PNA.

2.4 The PNA must include information on current provision (including any gaps) in essential, advanced and locally commissioned pharmaceutical services plus details of any other relevant services and improvements required. In addition it should set out the demography of the area, the health and wellbeing needs of the population,

level of access to and choice of pharmaceutical services and any local geographical or community variations.

CURRRENT POISTION - DRAFT PHARMACEUTICAL NEEDS ASSESSMENT

2.5 A draft PNA for 2022 has been written (see appendix A) which is currently subject to a statutory 60 day consultation period, running from 19 May to 18 July.

2.6 The draft PNA uses five established localities to understand North Lincolnshire's populations. Each locality has a dedicated chapter which looks at the needs of the population, considers the current provision of pharmaceutical services to residents and identifies whether current pharmaceutical service provision meets the needs of those residents. Each chapter also considers whether there are any gaps in service delivery that may arise during the lifetime of the pharmaceutical needs assessment.

2.7 The pharmaceutical needs assessment also looks at changes which are anticipated within the lifetime of the document, for example the predicted population growth which includes that generated by the building of new dwellings.

2.8 As of May 2022, there were 35 pharmacies, of which five are open for 100 hours per week, in North Lincolnshire all providing the full range of essential services. In 2020/21 71.2% of all prescriptions written by the GP practices were dispensed by the pharmacies in North Lincolnshire. In addition, 11 GP practices dispense to eligible patients and in 2020/21 dispensed or personally administered 22.7% of all prescriptions.

2.9 Access to pharmacies for the residents of North Lincolnshire is good with the vast majority within a 20-minute drive of a pharmacy. The five 100 hour pharmacies ensure that there is provision of the essential services into the night Monday to Saturday, and all open on Sunday. The dispensing practices provide a dispensing service to eligible patients living in areas that have been determined to be rural in character by NHS England.

2.10 Given the current population demographics, housing projections and the distribution of pharmacies and dispensing practices across the health and wellbeing board's area, the document concludes that the current provision will be sufficient to meet the future needs of the residents during the three-year lifetime of this pharmaceutical needs assessment.

2.11 The main conclusion of the draft PNA is that there are currently no needs to be identified in the provision of pharmaceutical services.

NEXT STEPS

2.12 In order to produce a final PNA, the following steps will be required:

- For the PNA steering group to review feedback from consultees regarding the draft PNA.
- PNA steering group to agree responses to consultation.
- For the final PNA to be written
- For the HWB to receive the final PNA and ratify the recommendation to approve the PNA for publication.

3.0 OPTIONS FOR CONSIDERATION

3.1 **Option 1:** for HWB members to:

- Note the contents of the draft PNA (appendix A)
- Note progress made on producing North Lincolnshire's final PNA and that the steering group will consider consultation responses and incorporate, as appropriate, into the final document.
- Note that the final PNA will be presented to board members at the next HWB for their consideration and approval.

4.0 ANALYSIS OF OPTIONS

4.1 **Option 1:** This paper provides HWB members with assurances that:

- They are meeting their statutory duty to produce a robust PNA which accords with the legislative requirements and
- A new PNA will be published before the statutory deadline of 1 October 2022.

5.0 FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 None

6.0 OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.

6.1 None

7.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 Not relevant for this report

8.0 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 In order to gain the views of residents on pharmaceutical services, a questionnaire was developed and was available online from 20 December 2021 to 23 January 2022. Pharmacies were asked to display posters and place flyers in bags of dispensed medicines. As well as being available online, hard copies were made available by Healthwatch who also helped residents complete it.

8.2 213 people responded to the questionnaire, predominantly white females within the 46-54, 56-65 and 66-75 age ranges. There was no single outcome from the consultation, but some key findings were:

- Collecting dispensed medicines is the most common reason to visit a pharmacy.
- 66.0% said they visit a pharmacy monthly/every four weeks.
- 41.2% said they do not have a preferred time to visit a pharmacy
- 57.4% said they don't have a preference for which day of the week they use a pharmacy,
- 70.6% of respondents always use the same pharmacy,
- The main factor that influences the choice of pharmacy was being close to home

Appendix H of the PNA provides full results of the residents' questionnaire.

9 RECOMMENDATIONS

It is recommended that HWB members approve option 1, which is to:

- Note the contents of the draft PNA (appendix A)
- Note progress made on producing North Lincolnshire's final PNA and that the steering group will consider consultation responses and incorporate, as appropriate, into the final document.
- Note that the final PNA will be presented to board members at the next HWB for their consideration / approval.

DIRECTOR OF PUBLIC HEALTH

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Authors: Steve Piper
Date:- 13 June 2022

Documents used in producing this report

Copy of draft PNA	https://www.pcc-cic.org.uk/wp-content/uploads/2022/05/North-Lincs-PNA-consultation-draft-v1.pdf
N L HWB Pharmaceutical Needs Assessment (PNA) questionnaire	N L HWB Pharmaceutical Needs Assessment (PNA) questionnaire (office.com)

Appendix 1

North Lincolnshire Health and Wellbeing Board pharmaceutical needs assessment

May 2022

Draft - consultation version

Contents

Executive summary

Since 1 April 2013, every health and wellbeing board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment'. This is the third pharmaceutical needs assessment for North Lincolnshire.

The pharmaceutical needs assessment will be used by NHS England when considering whether or not to grant applications to join the pharmaceutical list for the area of North Lincolnshire Health and Wellbeing Board under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. It may be used to inform other commissioners of the current provision of pharmaceutical services and where locally commissioned services could help meet local health priorities.

Chapter 1 sets out the regulatory framework for the provision of pharmaceutical services which, for the purpose of this document, include those services commissioned by NHS England from pharmacies and dispensing appliance contractors and the dispensing service provided by some GP practices to eligible patients. It also contains the views of residents in North Lincolnshire on their use of pharmacies and information provided by the pharmacy contractors which is not already in the public domain.

North Lincolnshire has a resident population of 172,748 (mid-year estimate, June 2020), with a slightly higher proportion of females to males (50.6% and 49.4% respectively). The population continues to grow, although the projected growth will slow to just 1.9% between 2020 and 2030, with much of the growth accounted for by the growing retired population. 57% of the population lives in the urban areas principally in Scunthorpe but also part of Barton-upon-Humber. Just over a quarter (28%) live in 'rural town or fringe' such as Brigg, Burton-upon-Stather or Epworth, and one in seven (15%) live in a 'rural village or disperse' area.

Following an overview of the demographic characteristics of the residents of North Lincolnshire in chapter 2, chapter 3 focusses on their health needs as identified predominantly from the following sources:

- 2011 Census,
- The North Lincolnshire Joint Strategic Needs Assessment and related documents,
- GP quality and outcomes framework data,
- Office for Health & Disparities health profiles, and
- NHS Digital publications.

North Lincolnshire County Council, NHS England and the clinical commissioning group also provided information.

In order to ensure that those sharing a protected characteristic and other patient groups are able to access pharmaceutical services chapter 4 identifies the specific groups that are present in North Lincolnshire and their likely health needs.

Chapter 5 focusses on the provision of pharmaceutical services in North Lincolnshire and those providers who are located outside of the area but who provide services to residents of the North Lincolnshire. Services which affect the need for pharmaceutical services either by increasing or reducing demand are identified in chapter 6. Such services include the hospital pharmacy departments, the GP out of hours service and the public health services commissioned from pharmacies by North Lincolnshire Council.

Having considered the general health needs of the population, chapter 7 focusses on those that can be met by pharmacies and dispensing appliance contractors.

The health and wellbeing board has divided North Lincolnshire into five localities based on clustering of wards. This is consistent with the previous pharmaceutical needs assessment and allows data to be easily collated. Each locality has a dedicated chapter which looks at the needs of the population, considers the current provision of pharmaceutical services to residents and identifies whether current pharmaceutical service provision meets the needs of those residents. Each chapter also considers whether there are any gaps in service delivery that may arise during the lifetime of the pharmaceutical needs assessment.

As of May 2022, there are 35 pharmacies, of which five are open for 100 hours per week, in North Lincolnshire all providing the full range of essential services. There are no distance selling premises or dispensing appliance contractors in the area. In 2020/21 71.2% of all prescriptions written by the GP practices were dispensed by the pharmacies in North Lincolnshire (70.6% in the first eight months of 2021/22). Some provide advanced and enhanced services as commissioned by NHS England, and some provide services commissioned by North Lincolnshire County Council. In addition, 11 GP practices dispense to eligible patients and in 2020/21 dispensed or personally administered 22.7% of all prescriptions (22.4% in the first eight months of 2021/22).

As well as accessing services from pharmacies and dispensing practices in North Lincolnshire, residents also choose to access contractors in other parts of England. In 2020/21 6.1% of prescriptions were dispensed outside of the area. This rose to 7.0% in the first eight months of 2021/22 due to an increase in the proportion of prescriptions being dispensed by distance selling premises (also known as internet pharmacies). Whilst many were dispensed by contractors just over the border, some were dispensed much further afield and reflect the fact that some residents prefer to use a distance selling premises, a specific dispensing appliance contractor or a specialist provider, with some prescriptions being dispensed whilst the person is on holiday or near to their place of work.

Access to pharmacies for the residents of North Lincolnshire is good with the vast majority of the area within a 20-minute drive of a pharmacy. The five 100 hour pharmacies ensure that there is provision of the essential services into the night Monday to Saturday, and all open on Sunday. In relation to the provision of the

advanced and enhanced services commissioned by NHS England, there is good access to the advanced services, with increasing levels of sign-ups by pharmacies for the two new services that were rolled out in the first three months of 2022 (hypertension case-finding and smoking cessation). The enhanced services are commissioned in order to meet the needs of residents.

The dispensing practices provide a dispensing service to eligible patients living in areas that have been determined to be rural in character by NHS England. The main conclusion of this pharmaceutical needs assessment is that there are currently no needs to be identified in the provision of pharmaceutical services.

The pharmaceutical needs assessment also looks at changes which are anticipated within the lifetime of the document, for example the predicted population growth which includes that generated by the building of new dwellings. Given the current population demographics, housing projections and the distribution of pharmacies and dispensing practices across the health and wellbeing board's area, the document concludes that the current provision will be sufficient to meet the future needs of the residents during the three-year lifetime of this pharmaceutical needs assessment.

Based upon the information within the pharmaceutical needs assessment, the health and wellbeing board has not identified any services that would secure improvements, or better access, to the provision of pharmaceutical services either now or within the lifetime of the pharmaceutical needs assessment.

1 Introduction

1.1 Purpose of a pharmaceutical needs assessment

The purpose of the pharmaceutical needs assessment is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of North Lincolnshire Health and Wellbeing Board's area for a period of up to three years, linking closely to documents in the joint strategic needs assessment. Whilst reports in the joint strategic needs assessment will focus on the general health needs of the population of North Lincolnshire, the pharmaceutical needs assessment looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

At the point of drafting (February 2022), NHS England is responsible for the commissioning of pharmaceutical services. However, it is anticipated that within the lifetime of the document the NHS Humber and North Yorkshire Integrated Care Board will become responsible for their commissioning. As it has not been confirmed when the integrated care board will take on responsibility, this document will continue to refer to NHS England as the commissioner.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the health and wellbeing board's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the health and wellbeing board's pharmaceutical needs assessment, or to secure improvements or better access similarly identified in the pharmaceutical needs assessment. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the pharmaceutical needs assessment was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the pharmaceutical needs assessment will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the three-year lifetime of the pharmaceutical needs assessment.

Whilst the pharmaceutical needs assessment is primarily a document for NHS England to use to make commissioning decisions, it may also be used by local authorities. A robust pharmaceutical needs assessment will ensure those who commission services from pharmacies and dispensing appliance contractors target services to areas of health need and reduce the risk of overprovision in areas of less need.

1.2 Health and wellbeing board duties in respect of the pharmaceutical needs assessment

Further information on the health and wellbeing board's specific duties in relation to pharmaceutical needs assessments and the policy background to pharmaceutical needs assessments can be found in appendix A. However following publication of its

first pharmaceutical needs assessment the health and wellbeing board must, in summary:

- Publish revised statements (subsequent pharmaceutical needs assessments), on a three-yearly basis, which comply with the regulatory requirements,
- Publish a subsequent pharmaceutical needs assessment sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes, and
- Produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances

1.3 Pharmaceutical services

The services that a pharmaceutical needs assessment must include are defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the health and wellbeing board,
- A pharmacy contractor who is included in the local pharmaceutical services list for the area of the health and wellbeing board
- A dispensing appliance contractor who is included in the pharmaceutical list held for the area of the health and wellbeing board, and
- A doctor or GP practice that is included in the dispensing doctor list held for the area of the health and wellbeing board.

NHS England is responsible for preparing, maintaining and publishing these lists. In North Lincolnshire there are 35 pharmacies, no dispensing appliance contractors and eleven dispensing practices (February 2022).

Pharmacy contractors may operate as either a sole trader, partnership or a body corporate and The Medicines Act 1968 governs who can be a pharmacy contractor.

1.3.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with the majority of pharmacy contractors. Instead, they provide services under a contractual framework, sometimes referred to as the community pharmacy contractual framework, details of which (the terms of service) are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework. They are:

- Essential services – all pharmacies must provide these services.
    - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
    - Dispensing of repeatable prescriptions
    - Disposal of unwanted drugs
    - Promotion of healthy lifestyles
    - Signposting
    - Support for self-care
    - Home delivery service (during a declared pandemic only)
    - The discharge medicines service.

- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance and promotion of healthy living requirements.
    - New medicine service
    - Stoma appliance customisation
    - Appliance use review
    - Seasonal influenza adult vaccination service
    - Community pharmacist consultation service
    - Hepatitis C antibody testing service (currently time limited until 31 March 2022)
    - Community pharmacy Covid-19 lateral flow device distribution service
    - Community pharmacy hypertension case-finding service
    - Smoking cessation referral from secondary care into community pharmacy service.

- Enhanced services – service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs.
    - Anticoagulation monitoring
    - Antiviral collection service
    - Care home service
    - Disease specific medicines management service
    - Gluten free food supply service
    - Independent prescribing service
    - Home delivery service
    - Language access service
    - Medication review service
    - Medicines assessment and compliance support service
    - Minor ailment scheme
    - Needle and syringe exchange*
    - On demand availability of specialist drugs service
    - Out of hours service
    - Patient group direction service
    - Prescriber support service
    - Schools service
    - Screening service

- Stop smoking service*
- Supervised administration service*
- Supplementary prescribing service
- Emergency supply service.

It should be noted that North Lincolnshire Council is responsible for the commissioning of those enhanced services marked with an asterisk. They may be commissioned by the council directly from pharmacies, or may be sub-contracted to pharmacies by another organisation that is commissioned to provide the service by the council.

Further information on the essential, advanced and enhanced services requirements can be found in appendices B, C and D respectively.

Underpinning the provision of all of these services is the requirement on each pharmacy contractor to participate in a system of clinical governance and promotion of healthy living. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and includes:

- A patient and public involvement programme,
- An audit programme,
- A risk management programme,
- A clinical effectiveness programme,
- A staffing and staff management programme,
- An information governance programme, and
- A premises standards programme.

Pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 core hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). It continues to be a condition that these 100 hour pharmacies remain open for 100 core hours per week and they may open for longer hours. Since August 2012 some pharmacy contractors may have successfully applied to open a pharmacy with a different number of core opening hours in order to meet a need, improvements or better access identified in a pharmaceutical needs assessment.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens, then these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours and NHS England will assess the application against the needs of the population of the health and wellbeing board area as set out in the pharmaceutical needs assessment to determine whether to agree to the change in core opening hours or not. If a pharmacy contractor wishes to change their supplementary opening hours, they simply notify NHS England of the change, giving at least three months' notice.

Whilst the majority of pharmacies provide services on a face-to-face basis e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, as distance selling premises (sometimes called mail order or internet pharmacies).

Distance selling premises are required to provide essential services and participate in the system of clinical governance and promotion of healthy living in the same way as other pharmacies; however, they must provide these services remotely. For example, a patient asks for their prescription to be sent to a distance selling premises via the Electronic Prescription Service and the contractor dispenses the item and then delivers it to the patient's preferred address. Distance selling premises therefore interact with their customers via the telephone, email or a website. Such pharmacies are required to provide services to people who request them wherever they may live in England and delivery of dispensed items is free of charge.

1.3.2 Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, NHS England does not hold contracts with dispensing appliance contractors. Their terms of service are set out in schedule 5 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Dispensing appliance contractors provide the following services for appliances (not drugs) for example catheters and colostomy bags, which fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription,
- Dispensing of repeatable prescriptions,
- Home delivery service for some items,
- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags),
- Provision of expert clinical advice regarding the appliances, and
- Signposting.

They may also choose to provide advanced services. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. The two advanced services that they may provide are:

- Stoma appliance customisation, and
- Appliance use review.

As with pharmacies, dispensing appliance contractors are required to participate in a system of clinical governance. This system is set out within the NHS

(Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and includes:

- A patient and public involvement programme,
- A clinical audit programme,
- A risk management programme,
- A clinical effectiveness programme,
- A staffing and staff programme, and
- An information governance programme.

Further information on the requirements for these services can be found in appendix E.

Dispensing appliance contractors are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these additional hours are referred to as supplementary opening hours.

The proposed opening hours for each dispensing appliance contractor are set out in the initial application, and if the application is granted and the dispensing appliance contractor subsequently opens then these form the dispensing appliance contractor's contracted opening hours. The contractor can subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the health and wellbeing board area as set out in the pharmaceutical needs assessment to determine whether to agree to the change in core opening hours or not. If a dispensing appliance contractor wishes to change their supplementary opening hours, they simply notify NHS England of the change, giving at least three months' notice.

1.3.3 Pharmaceutical services provided by doctors

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended allow doctors to dispense to eligible patients in certain circumstances. The regulations are complicated on this matter but in summary:

- Patients must live in a 'controlled locality' (an area which has been determined by NHS England or a preceding or successor organisation as rural in character), more than 1.6km (measured in a straight line) from a pharmacy (excluding distance selling premises), and
- Their practice must have premises approval and consent to dispense to that area.

There are some exceptions to this, for example patients who have satisfied NHS England that they would have serious difficulty in accessing a pharmacy by reason of distance or inadequacy of means of communication.

1.3.4 Local pharmaceutical services

Local pharmaceutical services contracts allow NHS England to commission services, from a pharmacy, which are tailored to specific local requirements. Local pharmaceutical services complement the national contractual arrangements

described above but is an important local commissioning tool in its own right. Local pharmaceutical services provide flexibility to include within a contract a broader or narrower range of services (including services not traditionally associated with pharmacies) than is possible under the national contractual arrangements. For the purposes of the pharmaceutical needs assessment the definition of pharmaceutical services includes local pharmaceutical services. There are, however, no local pharmaceutical services contracts within the health and wellbeing board's area and NHS England does not have plans to commission such contracts within the lifetime of this pharmaceutical needs assessment.

1.4 Locally commissioned services

North Lincolnshire Council and, until they cease to exist on 1 July 2022, the clinical commissioning group may also commission services from pharmacies and dispensing appliance contractors, however these services fall outside the definition of pharmaceutical services. For the purposes of this document, they are referred to as locally commissioned services and at the time of drafting no services are commissioned from pharmacies by the council.

The council commissions a needle exchange and supervised consumption service from the charity We Are With You who in turn sub-contracts elements of the service to pharmacies.

The clinical commissioning group doesn't commission services from pharmacies.

Locally commissioned services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

1.5 Other NHS services

Other services which are commissioned or provided by NHS England, North Lincolnshire Council, North Lincolnshire Clinical Commissioning Group, Northern Lincolnshire and Goole NHS Foundation Trust, and Rotherham, Doncaster and South Humber NHS Foundation Trust which affect the need for pharmaceutical services are also included within the pharmaceutical needs assessment. Examples include the hospital pharmacies, community nurse prescribers, palliative and end of life services, and pharmacy services to the prisons.

1.6 How the assessment was undertaken

1.6.1 Pharmaceutical needs assessment steering group

The health and wellbeing board has overall responsibility for the publication of the pharmaceutical needs assessment. The director of public health leads on its development, reporting back to the board. The health and wellbeing board has established a pharmaceutical needs assessment steering group whose purpose is to ensure that the health and wellbeing board develops a robust pharmaceutical needs assessment that complies with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and meets the needs of the local

population. The membership of the steering group ensured all the main stakeholders were represented and can be found in appendix F.

1.6.2 Pharmaceutical needs assessment localities

The health and wellbeing board has retained the same localities as used in the two previous pharmaceutical needs assessments as they are still relevant.

1.6.3 Residents engagement

In order to gain the views of residents on pharmaceutical services, a questionnaire was developed and was available online from 20 December 2021 to 23 January 2022 and promoted by the council, Healthwatch North Lincolnshire and clinical commissioning group. Pharmacies were asked to display posters and place flyers in bags of dispensed medicines, with a QR code on both to facilitate access to the questionnaire. As well as being available online, hard copies were made available by Healthwatch who also helped residents complete it. The health and wellbeing board is grateful to Healthwatch North Lincolnshire for its support in publicising and encouraging completion of the questionnaire.

A copy, which shows the questions asked, can be found in appendix G. The full results can be found in appendix H.

213 people responded to the questionnaire, predominantly white females within the 46-54, 56-65 and 66-75 age ranges. Below is a summary of the responses.

- Collecting dispensed medicines is the most common reason to visit a pharmacy (82.6% said they collect dispensed medicines for themselves, and 47.2% for someone else), followed by buying medicines for themselves (43.9%), and getting advice for themselves (30.2%). (Please note that more than one option could be selected.)
- 66.0% said they visit a pharmacy monthly/every four weeks, with 9.43% visiting weekly. 6.6% said they visit weekly.
- 41.2% said they do not have a preferred time to visit a pharmacy, 16.1% said between 15.00 and 18.00, 13.7% said between 09.00 and 12.00, 11.85% said 18.00 to 21.00 and 10.0% said 12.00 to 15.00.
- 57.4% said they don’t have a preference for which day of the week they use a pharmacy, 23.7% said weekdays in general, and 10.9% said weekends in general.
- 70.6% of respondents always use the same pharmacy, with 21.8% using different pharmacies but preferring to visit one most often.
- The top five factors that influence the choice of pharmacy were close to home (72.2%), location is easy to get to (45.8%), close to the GP practice (44.3%), easy to park at the pharmacy (32.5%) and trust in the staff (31.6%). (Please note that more than one option could be selected.)
- 24.3% said that there is a more convenient and/or close pharmacy that they don’t use. The most common reasons for not using that pharmacy were it isn’t easy to park there, service is too slow, having a bad experience in the past, and it isn’t open when the person needs it to be.

- The most common ways to travel to a pharmacy were by car (59.7%) and on foot (33.2%).
- With regard to the length of time it takes to travel to a pharmacy, 51.4% said between five and 15 minutes, and 35.7% said less than five minutes.
- The top four ways of finding out information about a pharmacy were searching on the internet (68.4%), calling the pharmacy (33.5%), popping in and asking (25.5%) and looking in the window (19.8%). (Please note that more than one option could be selected.)
- 59.5% of people said they felt able to discuss something private with a pharmacist, with 27.1% saying that they had never needed to, and 8.6% saying no.
- As well as dispensing prescriptions, 46.5% said they had used other services provided by pharmacies as part of the NHS, 26.1% said they hadn't and 25.15 said they had never needed to.

When asked if there was anything else that respondents wished to say about local pharmacy services there was a range of responses. Some were very satisfied with the service that they receive (for example "They offer a 5 star service - nothing is too much trouble. They know their community and help in all sorts of ways which go 'above and beyond'. The Pharmacist there has an encyclopaedic knowledge of drugs and can help with all sorts of queries - often better than the doctor. They are also non-judgemental and discrete.") whereas others weren't (for example "the communication between GPs and pharmacies is slow. On several occasions i have ordered my daughters prescription and been told that the prescription is ready at the pharmacy only to get there and be told it isnt. we have had to order emergency prescriptions on a couple of occasions due to the electronic system not working").

Comments were made regarding being unable to find a pharmacy that is willing to dispensed items into a dossette box, opening hours (with one person commenting that pharmacies aren't open at their advertised times, and items not being in stock.

1.6.4 Contractor engagement

An online questionnaire for pharmacies was undertaken on behalf of the health and wellbeing board by Community Pharmacy Humber.

A copy of the questionnaire can be found in appendix I.

The questionnaire was open in October and November 2022 and the results are summarised below. 23 of the 35 pharmacies responded, a response rate of 68.6%. The health and wellbeing board is grateful for the support of Community Pharmacy Humber in running the questionnaire and encouraging the pharmacies to complete it.

For the purposes of this document the pharmacy opening hours relied upon are those provided by NHS England as these are the contractual hours that are included in the pharmaceutical list for the area of the North Lincolnshire Health and Wellbeing Board.

Since January 2021 all pharmacies are required to have a consultation room, unless NHS England has determined the pharmacy is too small (or the pharmacy is a

distance selling premises). 16 of the 23 pharmacies (69.6%) confirmed that their consultation room is accessible by wheelchair and six said it isn't (26.1%). One pharmacy said that NHS England has confirmed that its premises are too small to have a consultation room.

20 of the pharmacies dispense all types of appliances (87.0%), two only dispense dressings (8.7%) and one pharmacy said it doesn't dispense any appliances.

19 of the pharmacies (82.6%) collect prescriptions from the GP practices (although the number of paper prescriptions has reduced significantly due to the Covid-19 pandemic which has seen an increase in use of the electronic prescription service).

14 or 63.6% of the pharmacies provide a free of charge delivery service. Of these 14 pharmacies:

- nine provide the service to everyone,
- five restrict the service to certain people for example the elderly, housebound, disabled, those who are ill, a lack of mobility or if there is no-one to collect their medicines for them, and
- seven restrict the service to certain areas.

Nine or 39.1% of the pharmacies provide a delivery service for a fee.

The pharmacies were asked what languages other than English are spoken in the pharmacy.

- Polish is spoken at four of the pharmacies.
- Bengali at three pharmacies.
- Romanian at two pharmacies.
- French at one pharmacy.
- Gujarati at one pharmacy.
- Hindi at one pharmacy.
- Slovak at one pharmacy.
- Spanish at one pharmacy.
- Turkish at one pharmacy.
- Sylheti at one pharmacy.

When asked what languages other than English are spoken by the community served by the pharmacy the most responses were as follows.

- Polish – 13 pharmacies
- Romanian – five pharmacies
- Urdu – five pharmacies
- Lithuanian – four pharmacies
- Bengali – three pharmacies
- Spanish – three pharmacies
- Italian – two pharmacies
- Mandarin – two pharmacies
- Portuguese – two pharmacies

Other languages which were reported by an individual pharmacy as being spoken were Arabic, French, Hindi, Punjabi, Russian, Ukrainian, Vietnamese and Yue.

An online questionnaire for dispensing practices was also undertaken and was open from 16 February to 9 March 2022. A copy of the questionnaire can be found in appendix J. The results are summarised below.

Of the eleven dispensing practices five responded, a response rate of 45.5%.

All five practices dispense prescriptions for all types of appliance.

With regard to the provision of a delivery service:

- Two practices provides a private, free of charge delivery service to those aged over 70 years old, or are vulnerable, housebound.
- One doesn't offer a delivery service.
- One delivers monitored dosage systems only.
- One offers a private, free of charge delivery service to all patients.

Only one practice confirmed that languages other than English are available to patients from staff at the premises every day – Urdu.

With regard to whether or not the practices can manage an increase in demand for the dispensing service:

- Three said they have sufficient capacity with regard to their premises, one said it didn't but could make adjustments, and one said that it would have difficulty managing an increase in demand.
- Two said they have sufficient capacity with regard to their staffing levels, and two said they didn't but could make adjustments.

1.6.5 Other sources of information

Information was gathered from NHS England, North Lincolnshire Clinical Commissioning Group and North Lincolnshire Council regarding:

- Services provided to residents of the health and wellbeing board's area, whether provided from within or outside of the health and wellbeing board's area,
- Changes to current service provision,
- Future commissioning intentions,
- Known housing developments within the lifetime of the pharmaceutical needs assessment, and
- Any other developments which may affect the need for pharmaceutical services.

A variety of documents and websites were also used throughout the document and have been referenced accordingly.

1.6.6 Consultation

A report of the consultation including any changes to the pharmaceutical needs assessment will be added to appendix L in due course.

2 The people of North Lincolnshire

2.1 Introduction

North Lincolnshire covers an area of 846 km². It is bordered to the north by the River Humber and to the east by the North Sea. To the south lie North East Lincolnshire and Lincolnshire, to the south-west is Nottinghamshire, to the west is South Yorkshire, and to the north-west is the East Riding of Yorkshire. The river Trent bisects the area, running southwards from the Humber Estuary.

It was historically a sparsely populated, agricultural area. However, the discovery of middle Lias ironstone east of Scunthorpe in the mid-19th century led to the development of the iron and steel industry, and the town of Scunthorpe. From the early 1910s to the 1930s the industry consolidated, with three main works under different ownerships. In 1967 all three works became part of the nationalised British Steel Corporation, however Normanby Park and the Redbourn works were closed in the early 1980s.

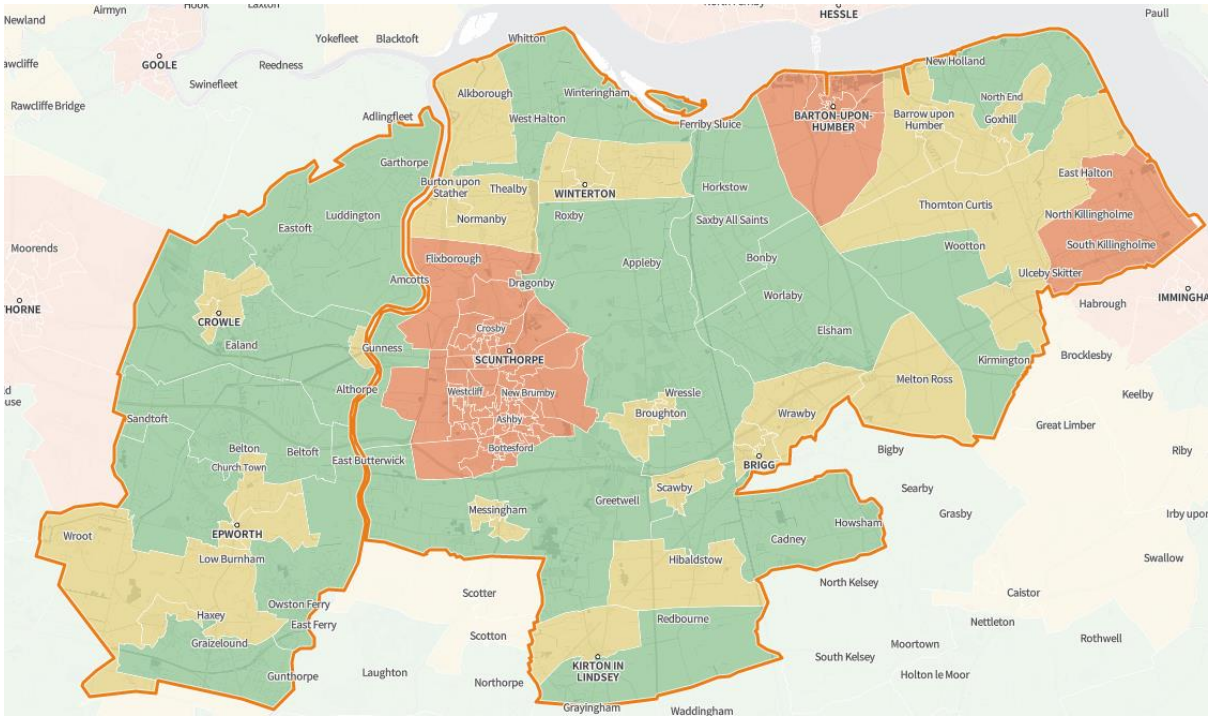
Following privatisation in 1988, the company became part of Corus (1999), later Tata Steel Europe (2007), before being sold to Greybull Capital and being renamed British Steel Ltd[1].

The Scunthorpe urban area is located centrally, surrounded by the market towns of Epworth, Brigg and Barton-upon-Humber, and a number of larger villages.

The map below shows that the urban/rural classification of the area. As can be seen North Lincolnshire is still predominantly rural. 57% of the population lives in the urban areas principally in Scunthorpe but also part of Barton-upon-Humber. Just over a quarter (28%) live in ‘rural town or fringe’ such as Brigg, Burton-upon-Stather or Epworth, and one in seven (15%) live in a ‘rural village or disperse’ area.

[1] Scunthorpe steelworks, Wikipedia

Map 1 – North Lincolnshire lower super output areas by urban/rural classification[2]



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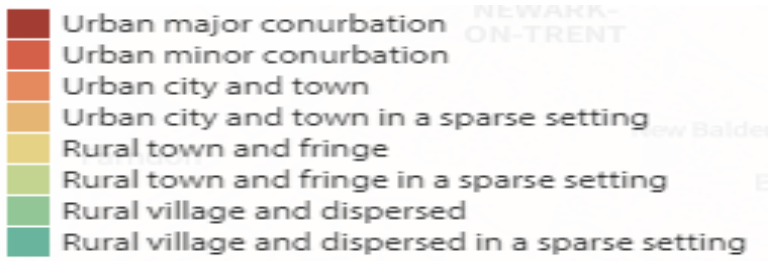


At locality level:

- Scunthorpe South is classed as all urban with the highest population density in North Lincolnshire, double that for Scunthorpe North and up to 20 times larger than the more rural localities.
- Scunthorpe North has ten times the population density of the more rural localities with 95% of residents living in urban areas and the remaining 5% living in areas of Burringham and Gunness ward.
- Nearly half (45%) of Barton and District residents live in Barton-upon-Humber itself, which is classed as urban, two out of five (42%) live in or close to

[2] Public Health England's Strategic Health Asset Planning and Evaluation application. Based on Office for National Statistics 2011 rural/urban classification

smaller rural towns and one in eight (13%) live in a village or surrounding countryside.

- Isle has the lowest population density in North Lincolnshire with half (52%) of its residents living in or on the fringe of a rural town and the remainder living in villages and dispersed surrounding areas.
- Brigg and District also has a low population density similar to Isle with two thirds (70%) of residents living in or close to rural towns and the remaining third living in villages or dispersed surroundings.

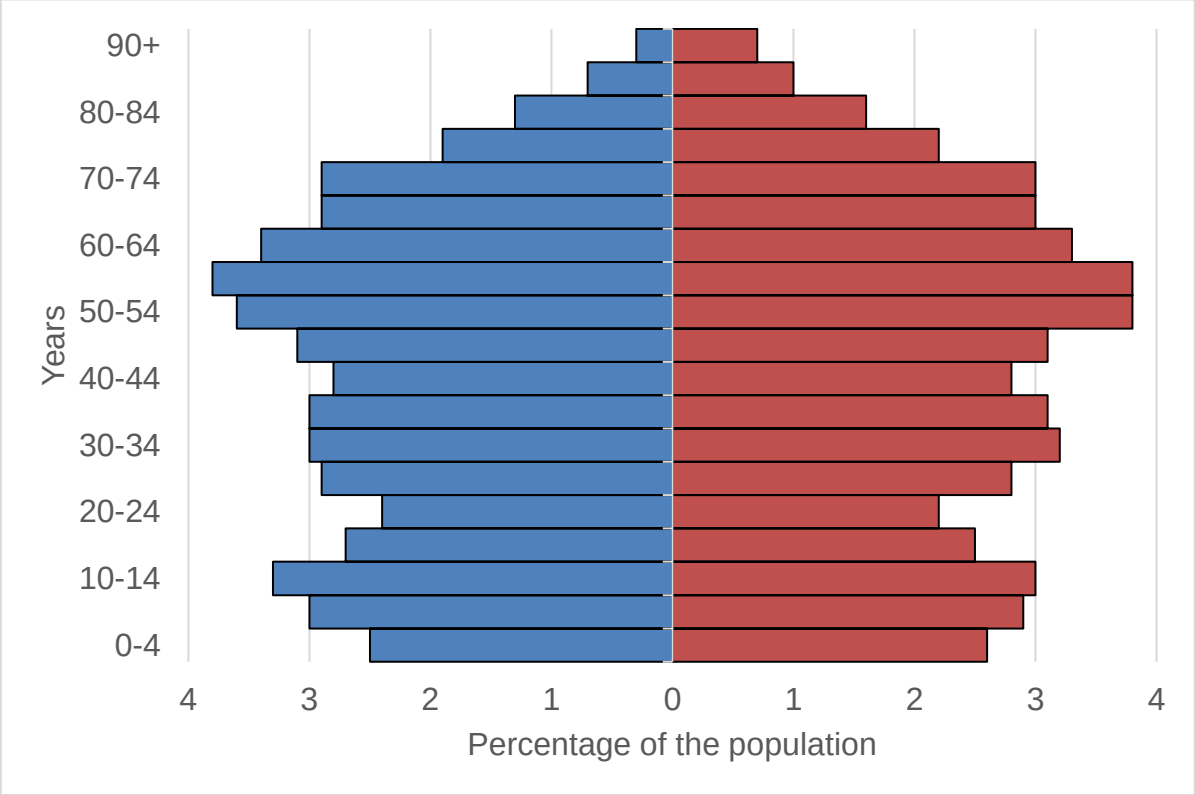
2.2 Population

The county had a total population of 167,446 at the 2011 Census, an increase of 9.5% from the previous census. The latest mid-year estimate (June 2020) for the area's resident population is 172,748[3]. This is an increase of 3.1% which is lower than the average for England (6.5%). It should be noted that this estimate only provides an indication of the size and age structure of the population if recent demographic trends in future fertility, mortality and migration continue. Mid-year estimates are not forecasts and do not attempt to predict the impact that future government policies, changing economic circumstances or other factors might have on demographic behaviour.

The 2020 mid-year estimates split the population of North Lincolnshire as 49.4% male and 50.6% female which corresponds with the gender split of England, and as can be seen from the figure below, both follow a similar pattern through the five-year age groups.

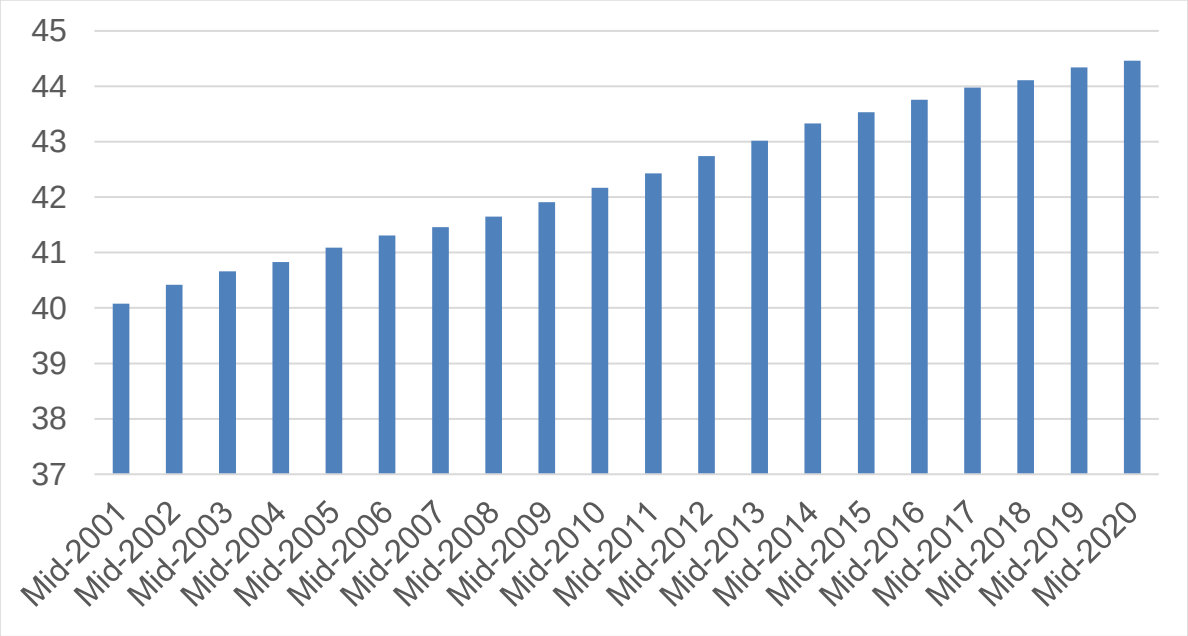
[3] Mid-year population estimates June 2020, Office for National Statistics released 25 June 2021

Figure 1 - age and gender of the population in five-year age groups, 2020 mid-year estimates



As can be seen from the figure below, the median age of the population has continued to increase since 2001, and as of mid-2020 was 44.5 years.

Figure 2 – median age of the population, mid-2001 to mid-2020



The Office for National Statistics forecasts that growth of the North Lincolnshire population will slow to just 1.9% between 2020 and 2030 (4.7% for England). However, there is variation at locality level.

- Isle currently has 23,298 residents (13.5% of North Lincolnshire as a whole) forecast to grow by 2.4% by 2030.
- Barton and District currently has 34,498 residents (20% of North Lincolnshire as a whole) forecast to grow by 2.2% by 2030.
- Brigg and District has 30,952 residents (18% of North Lincolnshire as a whole) forecast to grow by 3.7% by 2030
- Scunthorpe North has 28,106 residents (16% of North Lincolnshire as a whole) forecast to reduce by 1.7% by 2030.
- Scunthorpe South currently has 55,894 residents (32% of North Lincolnshire as a whole) forecast to grow by 2.4% by 2030

There are some differences in the age and gender distribution of residents across the localities. In all cases there are more elderly women than men and generally, Scunthorpe has a younger than average population whilst the market towns and rural areas have older than average populations when compared to North Lincolnshire as a whole.

- Brigg and District and Isle localities have quite similar age and gender distributions with a higher proportion of residents between 50 and 84 years of age and a lower proportion of residents under 45 years of age.
- Barton and District locality has a higher proportion of residents aged between 50 and 75 years of age and a lower proportion of younger residents between 20-35 and under 10 years of age, particularly men.
- By contrast, Scunthorpe North has a distinctly lower proportion of residents between 50 and 80 years of age and a pronounced excess of 20- to 45-year-olds, particularly males, along with more children under 10.
- Scunthorpe South locality has a slightly lower proportion of older residents between 45 and 80 years of age, a higher proportion of residents under 20 and more women between 25 and 35 years.

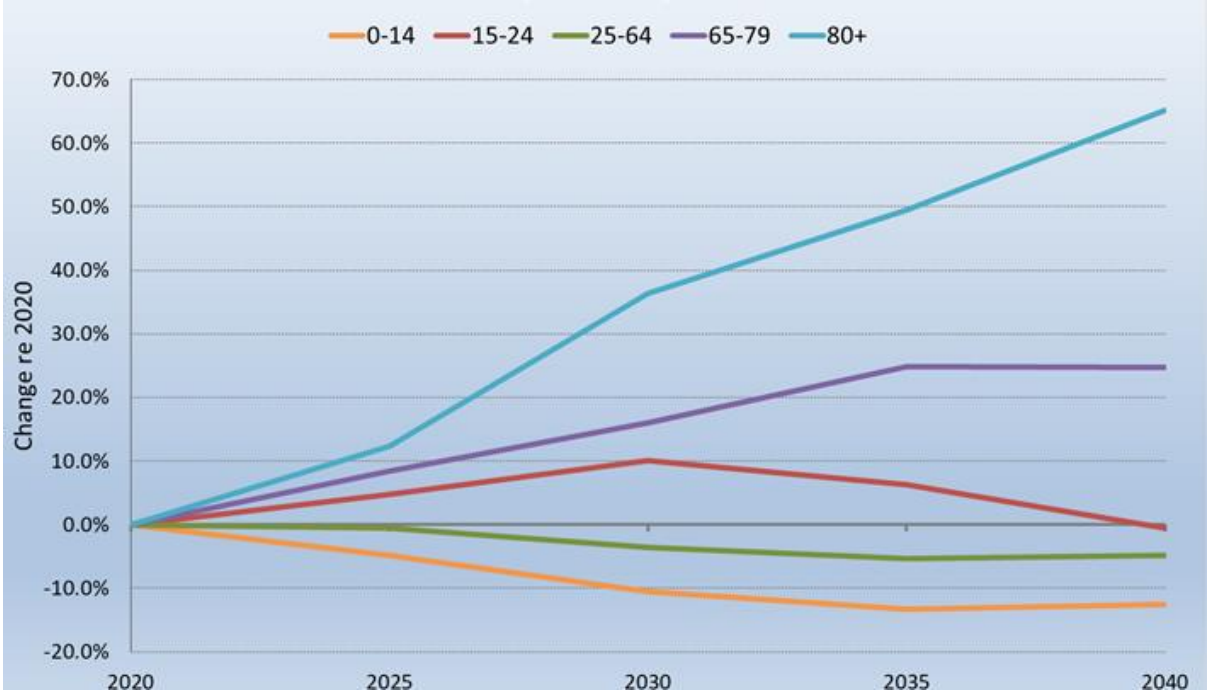
It is possible to break down the overall population into constituent ages ranging from children, through working age adults to the oldest residents and predict how they will change in the future using Office for National Statistics data.

The figure below shows how North Lincolnshire's resident population in each age group is forecast to change over the next 20 years, showing the relative change as a proportion of the 2020 population for each group. When compared to this benchmark it is predicted that:

- by 2040, the number of children under 15 years of age will drop by about 3,700 (13%).
- the older children and young adult population will increase by about 1,700 people (10%) during this decade and then fall again to current levels by 2040
- working age adults are expected to decrease in number by about 4,300 (5%) by 2040.

- by 2040, the number of older people aged 65-79 years will increase by some 6,800 which is equivalent to a 25% rise on current numbers.
- the oldest members of North Lincolnshire's population are predicted to show the biggest rise (65%) over the next 20 years, equivalent to approximately 6,300 people.

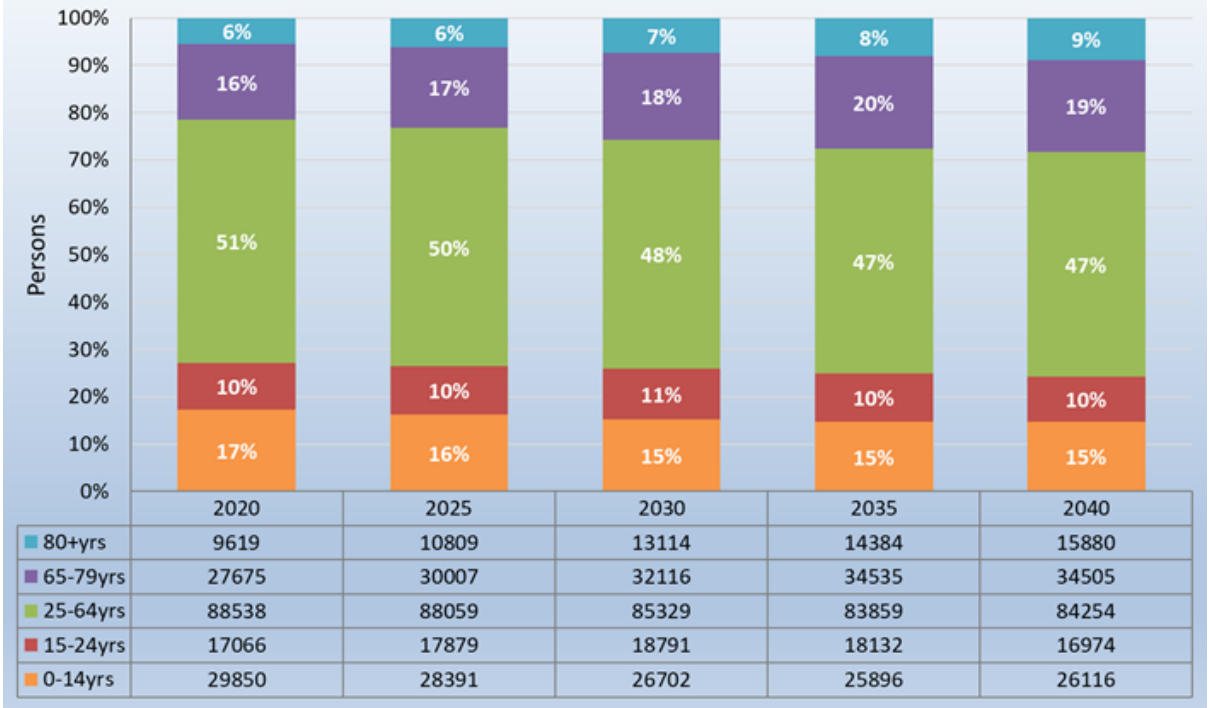
Figure 3 – North Lincolnshire resident relative population change by age (Office for National Statistics 2018)



The figure below describes how the age composition of North Lincolnshire's resident population is forecast to change over the next 20 years, showing each age group as a proportion of the whole population. When compared to 2020 it is predicted that by 2040 proportions will:

- drop by 2% for children under 15 years of age,
- will remain fairly constant at 10% for older children and young adults (15-24yrs),
- fall by 4% from just over a half for working age (25-64yrs) residents, and
- increase by 3% for older residents of 65+ years with one in five of all residents aged 65-79 years of age and nearly one in ten aged 80+ years

Figure 4 – Overall growth in North Lincolnshire population (persons)[4]



	2020	2025	2030	2035	2040
80+yrs	9619	10809	13114	14384	15880
65-79yrs	27675	30007	32116	34535	34505
25-64yrs	88538	88059	85329	83859	84254
15-24yrs	17066	17879	18791	18132	16974
0-14yrs	29850	28391	26702	25896	26116

At locality level it is forecast that the number of residents under 65 years of age will decrease overall by 3% and specifically will:

- fall in every locality amongst children under 15 years of age with the largest drops (12-13%) in Scunthorpe North and South,
- rise across North Lincolnshire amongst older children and young adults by 10-13% except in Scunthorpe North which will see a 3% increase,
- fall across North Lincolnshire amongst working age adults by 1-3% except in Scunthorpe North with a 10% decrease.

In contrast it is forecast that the number of residents aged 65 and older will increase by 21% overall, although there is variation at locality level.

- The proportion of residents aged 65-79 years old will increase with the largest increase in Scunthorpe North (24%) and the lowest in Isle (12%).
- The proportion of residents aged 80 and older will increase in all localities with the largest increase in Scunthorpe South (27%) and the lowest in Barton and District and Isle localities (15% and 13% respectively).

2.3 Dwellings

As the population of North Lincolnshire has grown, so has the number of dwellings in which people live.

[4] Office for National Statistics projections based on 2018. Percentages shown are proportions of the whole population in each age group.

- In 2010 there were an estimated 73,000 dwellings in North Lincolnshire rising to 76,800 by 2020; this is equivalent to an annual increase of 0.5% or 380 per year.
- 85% of North Lincolnshire's dwelling stock is privately owned with the remaining 15% owned by the public sector; housing associations own the bulk (>99%) of public sector stock in North Lincolnshire.
- All the growth in housing during the last decade was amongst privately owned property which showed a year-on-year increase amounting to 3,800 dwellings.
- The number of public sector owned dwellings in North Lincolnshire has remained fairly stable with 11,600 in 2010 and 11,400 in 2020.

The housing requirement for North Lincolnshire is 383 dwellings per annum, 1,149 dwellings during the lifetime of this pharmaceutical needs assessment. Working on an average of 2.4 people per dwelling this equates to 2,758 people.

The North Lincolnshire Council Five-year housing land supply statement August 2021[5] identifies the number of houses that are likely to be built during the lifetime of this pharmaceutical needs assessment. Those sites with a capacity of 100 houses or more are as follows. Assuming an even delivery of housing throughout 2022/23 and 2025/26, these sites will deliver 971 houses (approximately 2,330 people).

Figure 5 – North Lincolnshire Five-year housing land supply: specific sites

Local plan/ planning application	Address	Settlement	Site capacity	2022/23	2023/24	2024/25	2025/26
PA/2019/1088	Lakeside	Scunthorpe	210	44	44	0	0
SCUH-1/ PA/2020/2049	Phoenix Parkway Phase 1	Scunthorpe	158	30	30	30	30
PA/2020/1333	Land at Burringham Road	Scunthorpe	144	0	30	30	30
SCUH-C7	Land at former South Leys School, Enderby Road Phase 1	Scunthorpe	120	0	0	0	30
BARH-1 & BARH2	Pasture Road South	Barton-upon-Humber	319	30	30	30	30
BRIH-2	Land at Western Avenue	Brigg	186	0	0	30	30
BRIH-3	Wrawby Road Phase 2	Brigg	333	0	0	30	30

[5] Five-year housing land supply statement August 2021, North Lincolnshire Council

Local plan/ planning application	Address	Settlement	Site capacity	2022/23	2023/24	2024/25	2025/26
BRIH-4	Wrawby Road Phase 1	Brigg	152	0	0	30	30
PA/2015/1390	Land to the rear of North Street and Cemetery Road	Winterton	135	5	25	25	25
PA/2020/324	Land at Top Road	Winterton	110	30	30	20	0
Totals			**1,867**	**139**	**189**	**225**	**235**

The Lincolnshire Lakes Area Action Plan[6] sets out the current planning policy framework to deliver six high quality, sustainable villages will be developed on land between the western edge of Scunthorpe and the River Trent. The area comprises 2,063 hectares of land, with Scotter Road to the east, the River Trent to the west, the M180 to the south and the B1216 to the River Trent at Neap House to the north.

The strategic development requirements include:

- Approximately 6,000 houses in six waterside villages,
- Five lakes with opportunities for leisure and recreation,
- A centrally located mixed use area and adjacent district centre, with opportunities for the delivery of new employment, retail, sports/leisure and community facilities and services,
- A local centre in each village, and
- Three new primary schools (one in each of villages 3, 5 and 6) and consideration of secondary school provision.

The council is preparing a new local plan which will replace the current Lincolnshire Lakes Area Action Plan once adopted. The emerging plan aims to deliver 2,150 dwellings within the Lincolnshire Lakes area between 2020-2038. The first phase of the Lincolnshire Lakes will create three sustainable villages on the eastern side of the M181 and a new 25 hectares strategic mixed-use development adjacent to the M181 Northern Junction.

The emerging plan proposes the following housing trajectory for the Lincolnshire Lakes development over the plan period. The table below sets out the housing trajectory:

[6] Lincolnshire Lakes Area Action Plan, North Lincolnshire Council

Figure 6 – housing trajectory for the Lincolnshire Lakes

Potential dwelling capacity	Potential number of completions per year							
	2022/ 2023	**2023/ 2024**	**2024/ 2025**	**2025/ 2026**	**2026/ 2027**	**2027/ 2028**	**2028/ 2029**	**2029/ 2030**
2,150	0	0	0	0	50	50	100	100

2.4 Births and deaths

Population change can be attributed to two main components:

- natural change resulting from the balance between births and deaths; and
- migration (internal and international) which accounts for the flow of people into and out of an area.

Over the past decade there were 1,960 live births in 2012 and 1,560 in 2020 in North Lincolnshire with the trend declining by approximately 2.2% per year compared to a national reduction 1.7%.

This decline is also reflected in fertility rates (the number of live births per 10,000 women of child-bearing age, 15-44 years old) with 650 in 2012 and 575 in 2019

According to predictions made by the Office for National Statistics, this downward trend is expected to stabilise later this decade before starting to rise between 2030 and 2040.

It is not practical to forecast future birth trends locally as Office for National Statistics predictions are not available below local authority level, however, it is possible to look at how local birth rate trends have changed during the last ten years which may indicate possible future trajectories:

- There has been a decline in Barton and District locality and Scunthorpe as a whole with Scunthorpe North showing the steepest reduction of 3% per year.
- Rates in Isle have declined very slightly at 0.3% per year.
- There has been a slight increase in fertility rate amongst residents of Brigg and District equivalent to 0.7% per year.

Over the past decade, ignoring the impact of the Covid-19 pandemic in 2020 with 1,940 deaths, there were 1,500 deaths of North Lincolnshire residents in 2010 and 1,780 in 2019 with the trend showing an annual increase of 1.8% per year, higher than the increase for England (1.2% per year).

Equivalent crude death rates (where no allowance has been made for the age structure of the population) also increased, ranging from 901 per 100,000 in 2010 to 1034 per 100,000 in 2019.

According to predictions made by the Office for National Statistics, the current increase will continue into the next two decades but with a slower annual rise of about 1.2% per year.

As with future birth trends it is not practical to predict future death trends locally. However how local trends have changed during the last ten years may indicate possible future trajectories:

- Brigg and District has consistently had the highest overall death rates with Barton and District and Isle having the lowest.
- There has been an increase in crude death rates in all localities with Barton and District showing the largest annual rise at 2% per year.
- Brigg and District (1.1%), Isle (1.2%) and Scunthorpe South (1.2%) l have experienced the lowest annual increase.

2.5 Net migration

Migration describes the movement of people into and out of an area and is a major component of population change. It can generally be broken down into three types:

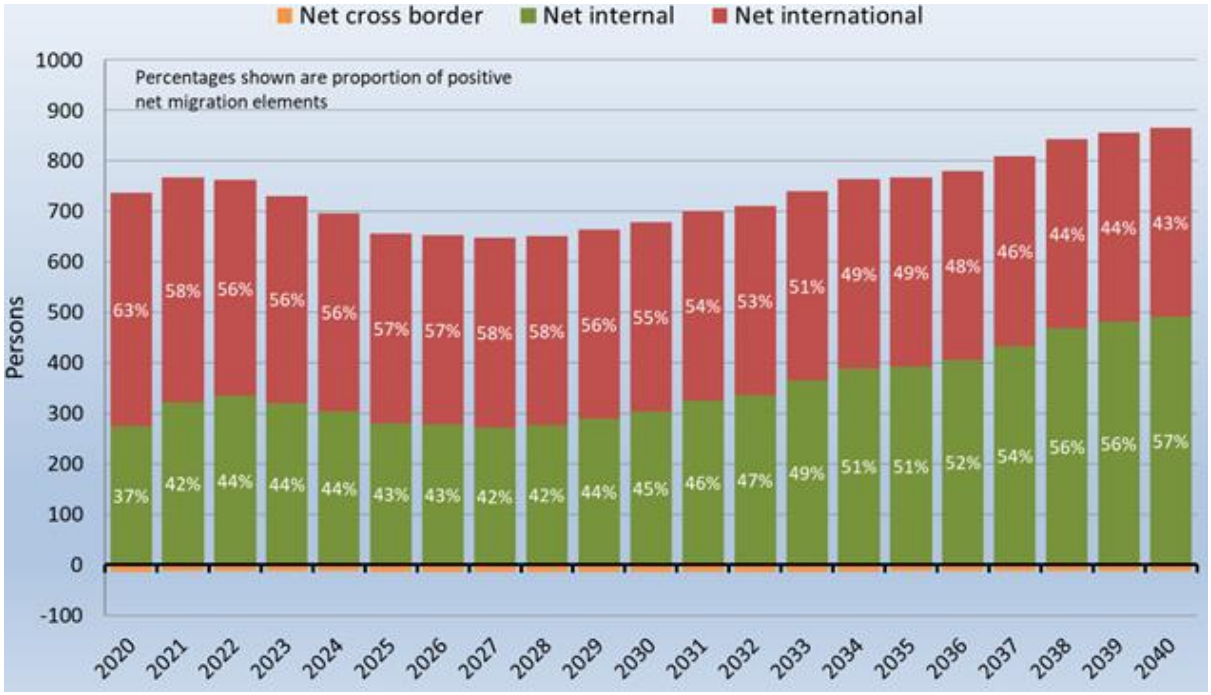
- cross border which describes the movement of people between England and the other component nations of the UK,
- internal where people move between local authorities in England; and
- international where people move into England from another country outside of the UK.

As part of their population predictions, the Office for National Statistics also provide a breakdown of how these components may change in the future for North Lincolnshire.

The figure below describes how these three components are predicted to change over the next two decades. Between 2020 and 2040 it is predicted that:

- The predominant types of migration affecting population change in North Lincolnshire are internal and international migration with only very small numbers of cross border migration in an outward direction.
- In 2020, net migration into North Lincolnshire amounted to approximately 720 people and is forecast to fall to around 630 between 2025 and 2030 before rising again to 850 by 2040.
- In 2020, international migration was the predominant movement comprising 460 people or two thirds (63%) of positive net migration into North Lincolnshire.
- According to the Office for National Statistics, by 2033/34 the number of internal migrants is forecast to equal those coming from international origins.
- By 2040 it is currently forecast that approximately three out of five migrants in North Lincolnshire will come from internal origins.

Figure 7 – net-migration predictions in North Lincolnshire (2020-2040, Office for National Statistics 2018 base)



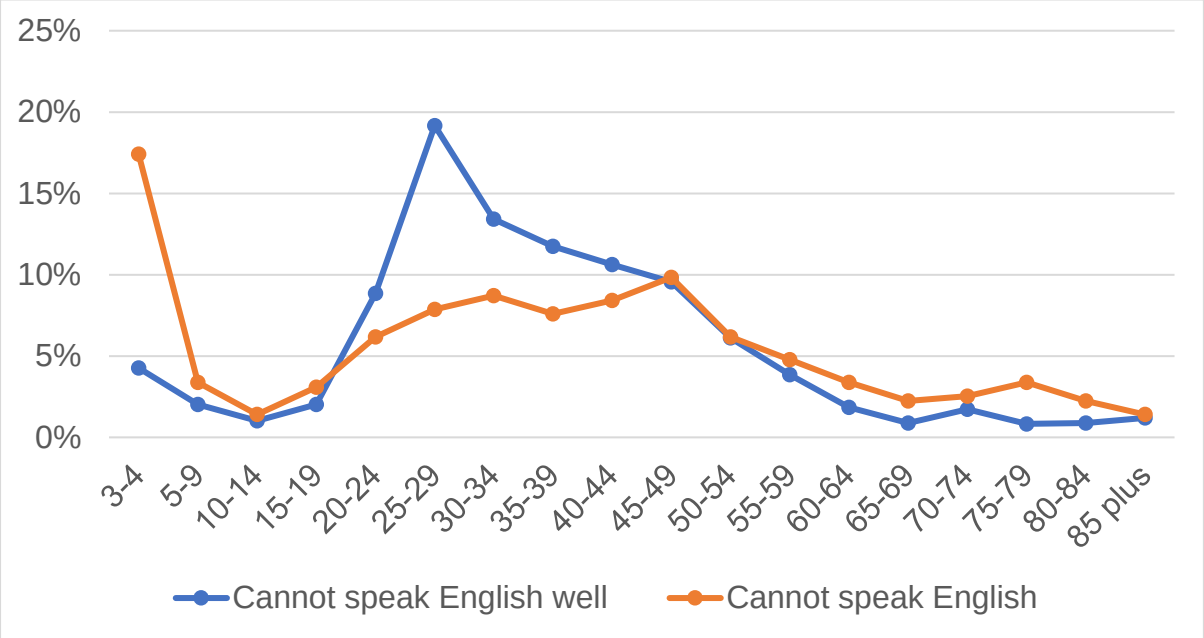
2.6 Household language

The number of residents in North Lincolnshire aged three and over for whom English is not their main language was 6,884 at the 2011 Census (4.3% of the total population aged three and over), with 1,685 not able to speak English well and 356 not able to speak English at all[7].

As can be seen from the figure below the ability to speak English is greatest in children of school age and lower in the older age groups.

[7] Office for National Statistics, 2011 Census DC2105EW

Figure 8 – proficiency in English by age



According to the 2011 Census, English was the main language of 95.7% of North Lincolnshire residents (adults and children aged three years of age and older)[8]. Polish was the main language of 1.6% of the population, and the remainder of the main languages was:

- Lithuanian (0.5%)
- Bengali with Sylheti and Chatgaya (0.4%)
- Portuguese (0.2%)
- Italian, Slovak, Latvian, Arabic, Kurdish, Pashto, Urdu, Panjabi, Tamil, Cantonese Chinese, all other Chinese (0.1% each).

Scunthorpe North locality has the highest proportion of residents for whom English is not their main language (16.7%) whilst Isle has the smallest (0.7%).

2.7 Religion and belief

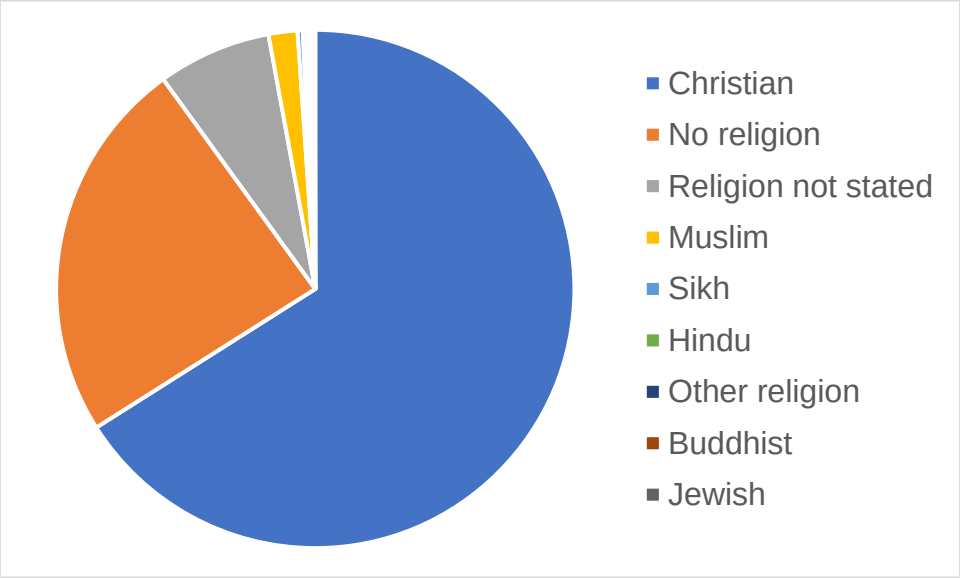
For the 2011 Census, the question relating to a person's religion was a voluntary question. In North Lincolnshire over a third (31.1%) of the usual resident population either had no religion or did not give a response. Of those residents who did state a religion:

- 95.8% were Christian,
- 2.6% were Muslim,
- 0.5% were Sikh,
- 0.4% were Hindu,
- 0.4% said another religion, and

[8] ONS Census – QS204EW main language

- 0.3% were Buddhist.

Figure 9 - religion, 2011[9]



2.8 Deprivation[10]

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The indices of deprivation are based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on whereas deprivation refers to a general lack of resources and opportunities.

The English indices of deprivation 2019 were released by the Ministry of Housing, Communities & Local Government on 26 September 2019 and update the previous version released in 2015. It is important to note that these statistics are a measure of relative deprivation, not affluence, and to recognise that not every person in a highly deprived area will themselves be deprived. Likewise, there will be some deprived people living in the least deprived areas.

The indices of deprivation 2019 are based on 39 separate indicators, organised across seven distinct domains of deprivation which are combined, using appropriate weights, to calculate the index of multiple deprivation 2019. The domains (and weights) are:

- Income deprivation (22.5%)
- Employment deprivation (22.5%)
- Health deprivation and disability (13.5%)
- Education, skills and training deprivation (13.5%)
- Crime (9.3%)

[9] KS209EW – religion, NOMIS
[10] Information in this section is taken from the English indices of deprivation 2019 as produced by the Ministry of Housing, Communities & Local Government.

- Barriers to housing and services (9.3%)
- Living environment deprivation (9.3%)

The index of multiple deprivation is an overall measure of multiple deprivation experienced by people living in an area and is calculated for each of the 32,844 lower-layer super output areas, or neighbourhoods, in England. Every such neighbourhood in England is ranked according to its level of deprivation relative to that of other areas.

Lower-layer super output areas are designed to be of a similar population size with an average of 1,500 residents each and are a standard way of dividing up the country.

It is common to describe how relatively deprived a small area is by saying whether it falls among the most deprived 10%, 20% or 30% of small areas in England (although there is no definitive cut-off at which an area is described as 'deprived'). The indices measure deprivation on a relative scale, rather than an absolute scale. This means that a neighbourhood ranked 100th is more deprived than a neighbourhood ranked 200th, but it does not mean that it is twice as deprived.

The index of multiple deprivation is designed primarily to be a small-area measure of deprivation. But the indices are commonly used to describe deprivation for higher-level geographies including local authority districts. A range of summary measures is available allowing you to see where, for example, a local authority district is ranked between 1 (the most deprived district in England) and 326 (the least deprived district in England).

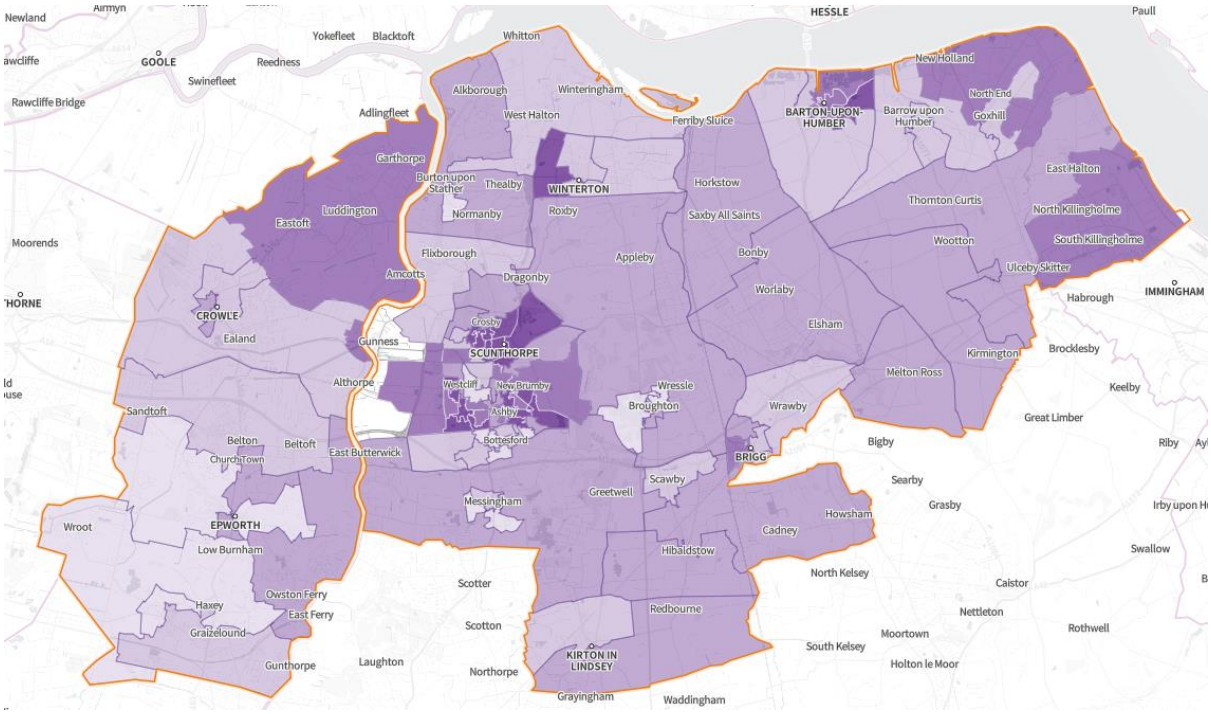
In 2019 there were 151 upper tier local authorities in England and North Lincolnshire Council was ranked 79 on a scale where 1 is the most deprived and 151 the least deprived. The table below shows North Lincolnshire's rank on the index of multiple deprivation in 2015 and 2019 and the individual domains.

Figure 10 - index of multiple deprivation 2019 rank for North Lincolnshire

Year	Index of multiple deprivation	Income	Employment	Education, skills and training	Health and disability	Crime	Barriers to housing and services	Living environme
2019	120	108	80	76	96	118	280	20

There were 101 lower-layer super output area in the county and ranked in the index of multiple deprivation 2019. The map below collates the rank of each lower-layer super output area in relation to the index of multiple deprivation 2019, where the darker the colour the higher the rank.

Map 2 - index of multiple deprivation rank at lower-layer super output area[11]



There are 11 lower-layer super output areas within North Lincolnshire that fall within the top 10% most deprived, all of which are located within Scunthorpe. There are ten that fall within the second 10% most deprived, eight of which are in Scunthorpe, one is in Barton-upon-Humber and one is in Winterton.

The figure below shows the number of lower-layer super output areas within each locality that fall into the top 10% most deprived areas in England, and the second 10% most deprived.

The least deprived areas can be found in South Axholme, Burton-upon-Stather, Broughton, Messingham and Bottesford.

Nearly half of Scunthorpe North and a third of Scunthorpe South residents live in England's 20% most deprived areas compared to 10% of Barton and District and none in Isle and Brigg and District.

Brumby and Bottesford wards are neighbours in Scunthorpe South and are the most and least deprived respectively.

[11] Office for Health Improvement and Disparities, Strategic Health Asset Planning and Evaluation

Figure 11 - number of lower-layer super output areas that fall within the most deprived 10% and 20% in England by ward and locality in 2019

Ward	Locality	10% most deprived	11 to 20% most deprived	Total number of lower-layer super output areas
Ashby	Scunthorpe South	0	3	6
Barton	Barton and District	0	1	6
Brumby	Scunthorpe South	4	1	8
Burton upon Stather and Winterton	Barton and District	0	1	7
Crosby and Park	Scunthorpe North	4	0	8
Frodingham	Scunthorpe South	2	0	5
Kingsway with Lincolns Gardens	Scunthorpe South	0	1	7
Town	Scunthorpe North	1	3	5

2.9 Ethnicity

At the time of the 2011 Census, the ethnicity of the North Lincolnshire population was recorded as:

- 95.9% White,
- 0.9% Asian/Asian British: Bangladeshi,
- 0.7% Mixed/Multiple ethnic groups,
- 0.7% Asian/Asian British: Indian,
- 0.5% Asian/Asian British: Pakistani,
- 0.4% Asian/Asian British: Other Asian,
- 0.3% Asian/Asian British: Chinese,
- 0.3% Black/African/Caribbean/Black British,
- 0.2% other Ethnic group, and
- 0.1% Gypsy/Traveller/Irish Traveller[12].

[12] KS201UK – 2011 Census: Ethnic group, Office for National Statistics

Scunthorpe North had the highest proportion of minority ethnic residents at nearly one in four (24%) compared to 6% in Scunthorpe South, 2% in Isle, 3% in Barton and District and 4% in Brigg and District.

As at 31 January 2022, the majority (84%) of patients registered with a GP practice in North Lincolnshire Clinical Commissioning Group were white British, with 16% being of minority ethnic groups.

When compared to the 2011 Census:

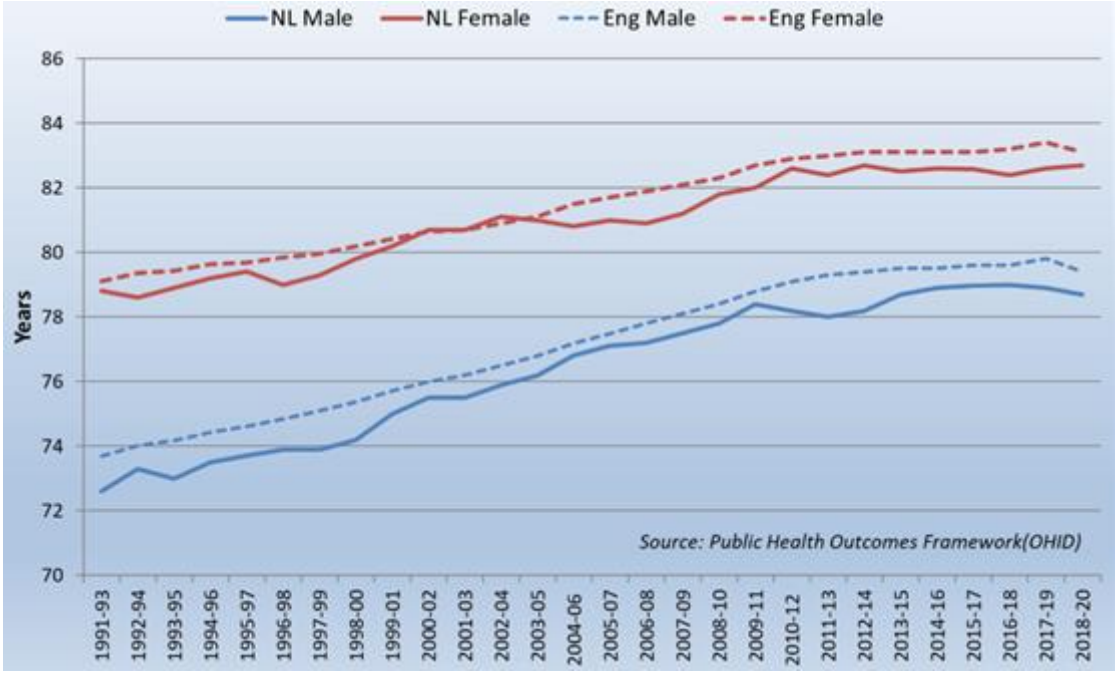
- the current minority ethnic population has approximately doubled over the last decade
- the proportion of 'Other White' including Irish, Gypsy/travellers and Eastern European remains the largest minority constituent group comprising over half
- the proportion of people of black ethnicity has increased substantially from 4% in 2011 to 20% in 2022, although this could be partly down to classification differences as evidenced by the decrease in people classed as mixed ethnicity
- whilst the number of people of Asian ethnicity has only increased slightly over the last decade, the proportion has nearly halved from 31% of all people from minority ethnic groups to 17%

However, care should be taken in comparing the two datasets as people registered with one of the GP practices don't always live within the local authority boundary of North Lincolnshire, particularly in the south where the practice based in Scotter, Lincolnshire merged with the practice in Kirton-in-Lindsay, and the practice in Hibaldstow which is aligned to the Lincolnshire Clinical Commissioning Group.

2.10 Life expectancy

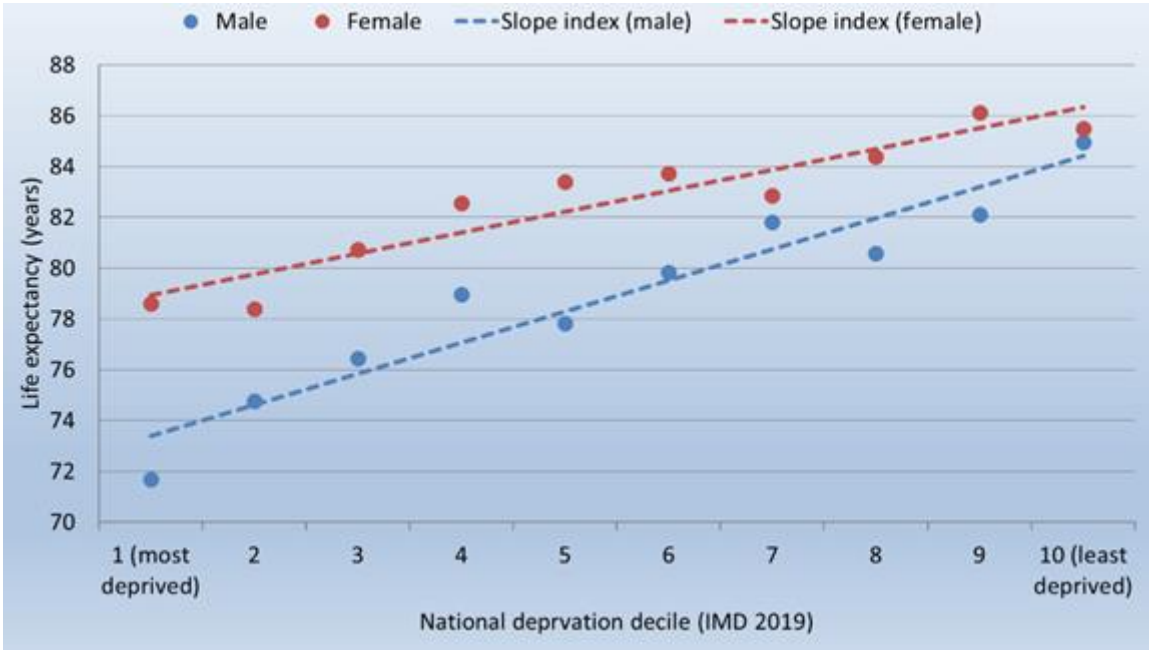
Life expectancy at birth is a measure used to indicate the average length of time a person might live given all the socio-economic, environmental and health conditions that prevail at birth. Whilst it has been increasing over the past 20 years nationally and locally for both males and females, recently the rate of increase has been slowing at a national level. The figure below illustrates how it has changed in North Lincolnshire since the early 1990s.

Figure 12 - North Lincolnshire life expectancy at birth compared to England



Life expectancy varies by area and follows the social gradient where it is worse in deprived areas as can be seen from the figure below. The data shown below is for the period 2018-2020 which includes some of the impact of the Covid-19 pandemic in North Lincolnshire.

Figure 13 – slope index of inequality for life expectancy at birth, 2018-2020



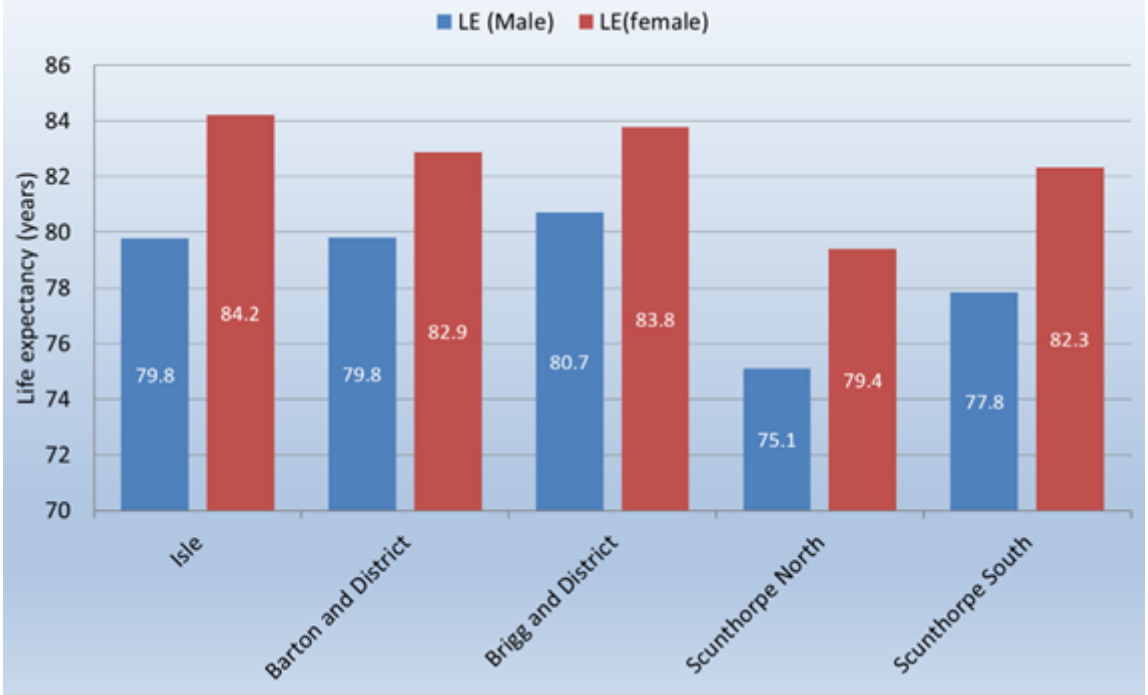
Men living in the most deprived areas of North Lincolnshire can expect to live 11 years less than those who live in the leas deprived areas.

Women living in the most deprived areas of North Lincolnshire can expect to live nearly 7.5 years less than those who live in the least deprived areas.

The gender gap in the most deprived areas is 5.5 years compared with nearly two years in the least deprived areas

As can be seen from the figure below, life expectancy at birth is lowest in Scunthorpe North for both males and females (75.1 and 79.4 years respectively). It is highest for males in Barton and District and for females in Brigg and District (80.7 and 83.8 years respectively).

Figure 14 - Male and female life expectancy at birth at locality level, 2018-2020

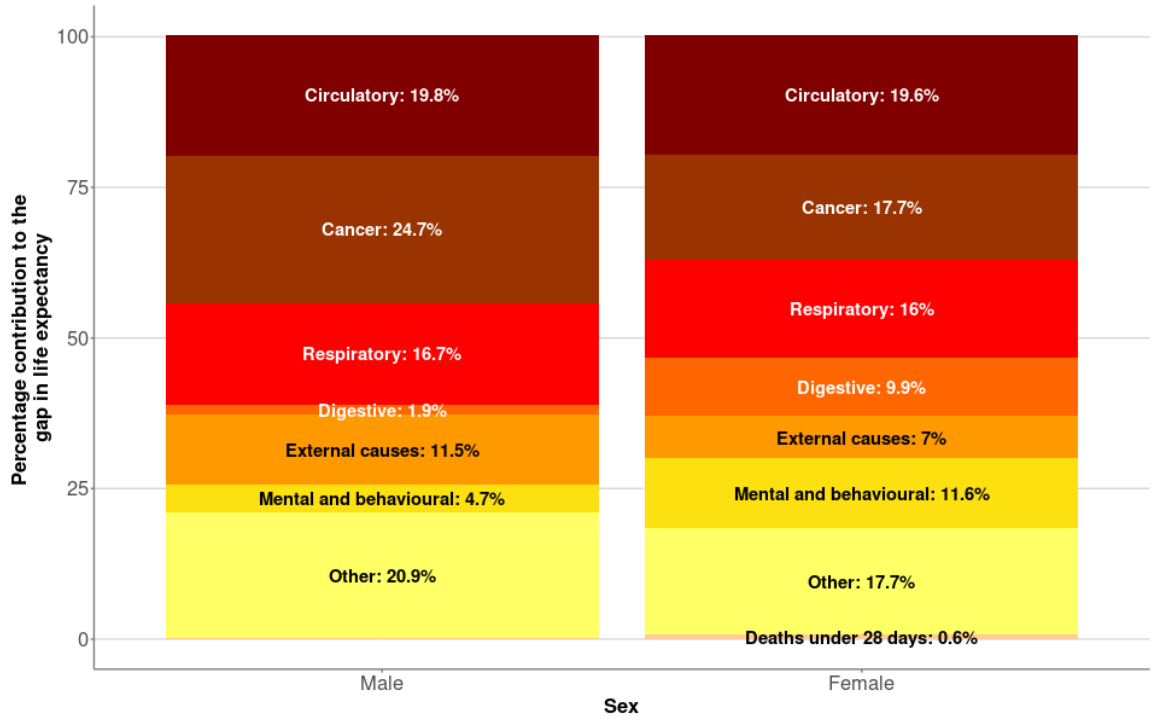


In 2018-2020 the healthy life expectancy at birth for males in North Lincolnshire was 78.7 years, worse than the average for England (79.4 years) but similar to the average for the Yorkshire and the Humber region (78.4). For females it was 82.7 years which is similar to the average for England (83.1 years) and the region (82.2)[13].

The broad causes of death which contribute to these gaps in life expectancy can be seen in the figure below. This shows that for males and females the top three causes are the same, namely circulatory (which includes coronary heart disease and stroke), cancer and respiratory, however the proportion that each of these contributes to the gap in life expectancy varies between genders.

[13] Local Authority Profiles, Office for Health Improvement & Disparities

Figure 15 - Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of North Lincolnshire, by broad cause of death, 2015-17[14]



People do not usually expect to live their whole life in good health which is something that can be assessed using healthy life expectancy. The latest healthy life expectancy data is for 2017-2019 and in North Lincolnshire:

- males can be expected to live in good health for 58.4 years which means they could spend over 20 years in poorer health before they die, and
- females can be expected to live in good health for 60.2 years leaving nearly 23 years of poorer health.

2.11 Households

The total number of households in North Lincolnshire at the time of the 2011 Census was 70,684 of which:

- 69.5% were owned,
- 0.3% were in shared ownership,
- 15.4% were socially rented,
- 13.4% were privately rented, and

[14] Public Health England Segment Tool

- 1.4% were living rent free i.e. living in a property owned by another party without paying rent[15].

Of these 70,684 households:

- 66.2% were occupied by a family,
- 27.5% were occupied by one person (on average 46.1% of these households were occupied by one person aged 65 and over), and
- 6.3% were 'other households'[16].

Currently there are 76,800 dwellings, an increase of 380 per year since 2010.

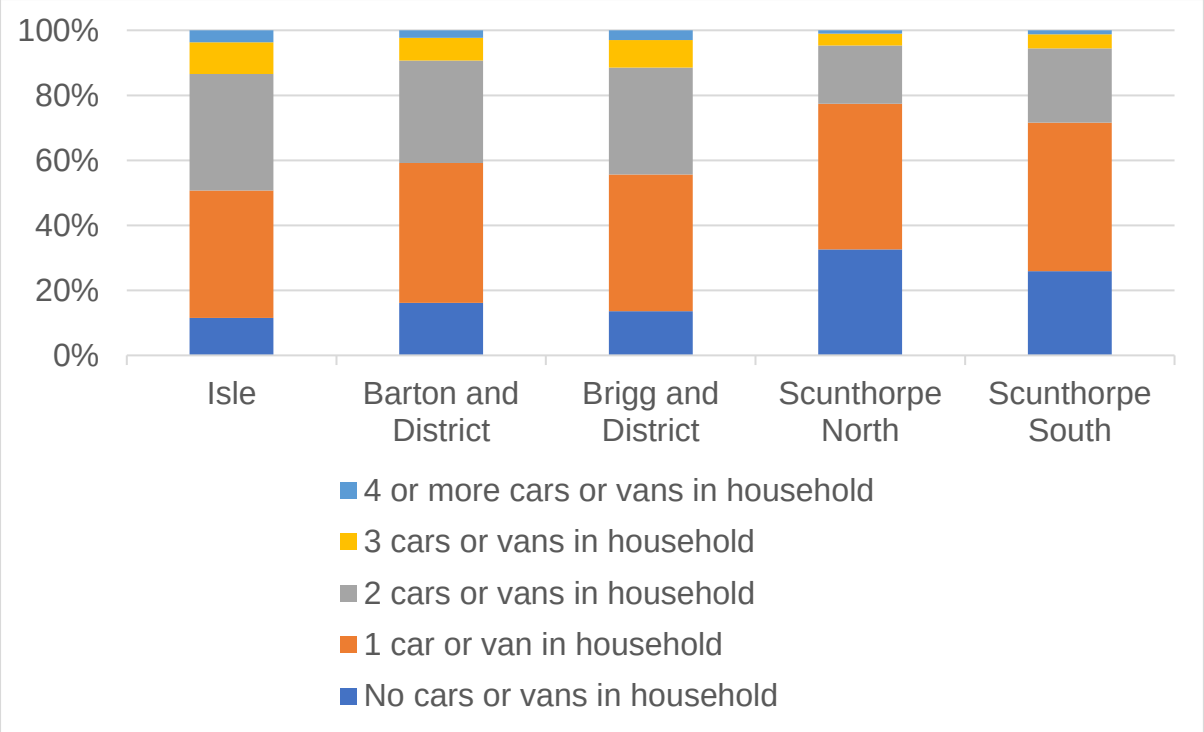
2.12 Car ownership[17]

As can be seen from the figure below, car ownership levels were lowest in the urban localities of Scunthorpe North and South (2011 Census). The ward of Axholme South had the fewest households with no car or van (8.8%) and Town had the most (39.3%).

The more rural localities, as may be expected, have higher levels of car ownership. However, the figures for the Barton and District locality are affected by a higher percentage of households with no car or van (23.5%) in the ward of Barton, compared with the wards of Ferry and Burton upon Stather and Winterton (11.9% and 12.8% respectively).

Figure 16 - car ownership by locality, 2011 Census

[15] KS402EW - tenure, 2011 Census, NOMIS
[16] KS105EW - household composition, NOMIS
[17] QS416EW and DC1401EW, NOMIS



2.13 Economic activity[18]

The Annual Population Survey is a continuous household survey covering the UK which provides information on important social and socio-economic variables at a local level.

For the period October 2020 to September 2021 it shows the following for residents aged 16 to 64 years old.

- 72.1% were employees, of whom 12.0% were self-employed.
- The unemployment rate was 3.1%.
- 25.6% were economically inactive, with the majority being economically inactive and do not want a job (86.5%).

2.14 Gender identity

Broadly speaking, transgender (trans) people are individuals whose gender expression and/or gender identity differs from conventional expectations based on the physical sex they were born into. The word transgender is an umbrella term that is often used to describe a wide range of identities and experiences, including: transsexuals, cross-dressers, transvestites and many more.

To date, no major Government or administrative surveys collect data by including a question where transgender people can choose to identify themselves. However the 2021 Census included the voluntary question “Is the gender you identify with the

[18] Annual Population Survey, NOMIS

same as your sex registered at birth" so some data will be available in the future. The Gender Identity Research and Education Society estimates that around 1% of the population is 'gender variant' to some degree, although not all will seek medical treatment. The number of people seeking treatment is increasing by around 11% each year[19].

2.15 Carers

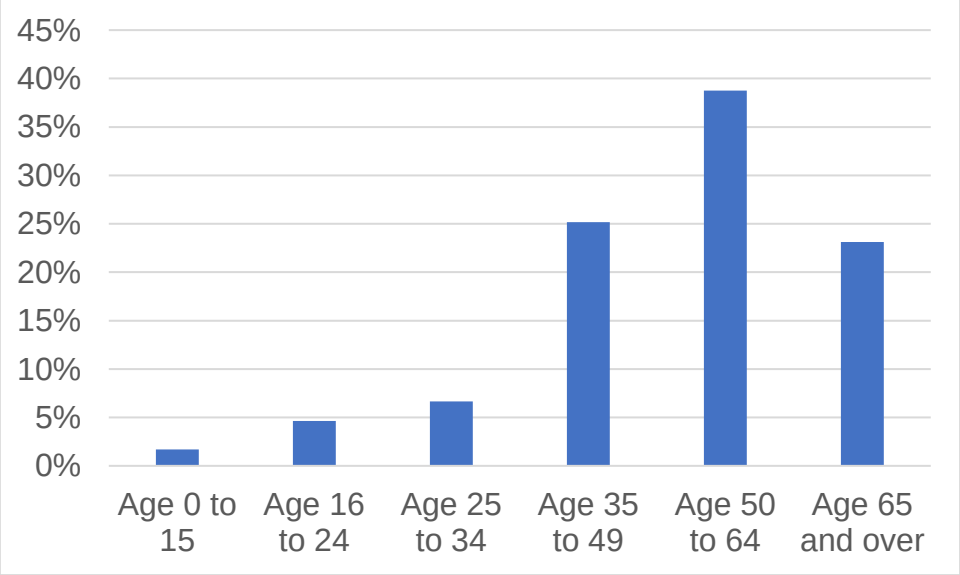
Over 5.4 million people reported that they provide unpaid care in England at the 2011 Census. For some, caring for loved ones can mean around-the-clock care, for others it may be a few hours a week; in the same home or at a distance. Carers make an enormous contribution to society and save the economy billions of pounds.

The 2011 Census identified 18,157 residents in North Lincolnshire providing unpaid care[20], of whom:

- 61.1% provide care for one to 19 hours per week,
- 13.1% for between 20 and 49 hours per week, and
- 25.8% for 50 or more hours per week.

The figure below shows the age breakdown of these residents.

Figure 17 – age breakdown of North Lincolnshire residents providing unpaid care



At ward level:

- The highest proportion of 0- to 15-year-olds providing unpaid care is in Kingsway with Lincoln Gardens (2.6%);

[19] The number of gender variant people in the UK – update 2011, Gender Identity Research and Education Society,
[20] LC3304EW – provision of unpaid care by age, 2011 Census, NOMIS

- The highest proportions of 16- to 24-year-olds and 25- to 34-year-olds are in Town (7.7% and 13.6% respectively);
- The highest proportions of 35- to 49-year-olds are in Frodingham (28.5%);
- Ferry has the highest proportion of 50- to 64-year-olds (43.7%); and
- Burringham and Gunness has the highest proportion of 65-year-olds and over (33.9%).

Caring for someone is hard, and can have health and wellbeing consequences for those people providing care. The figure below compares the reported health of those who do and do not provide unpaid care[21].

Figure 18 – health of those providing unpaid care compared to those who don't

	Very good or good health	Fair health	Bad or very bad health
Provides no unpaid care	81%	13%	5%
Provides 1 to 19 hours unpaid care a week	79%	17%	4%
Provides 20 to 49 hours unpaid care a week	66%	27%	7%
Provides 50 or more hours unpaid care a week	55%	32%	13%

2011 Census data also revealed that older carers who are caring for longer hours per week are also more likely to experience poorer health than other younger carers who are caring for fewer hours.

Young carers are very much hidden (i.e. unknown to service providers) and often take on short-term caring responsibilities. Two thirds of young carers receive no formal or informal support. The 2011 Census evidenced that 1.7% of the 0–15-year-olds population in North Lincolnshire was carrying out caring responsibilities for another person. Across the UK, 4% of children with caring responsibilities are aged 5-7, while around a third (31%) are aged 12-14 and another third (35%) are 16-17 years old. Young carers often find caring very rewarding but it can also affect their physical and mental health and well-being and their ability to participate in education[22].

2.16 Gypsy and Traveller community

The Gypsy and Traveller community both nationally and in North Lincolnshire is a small group. Census data for 2011 states that the community made up 0.1% of the area's population (90 people), with their living accommodation as follows.

- 75.6% live in a house or bungalow.
- 20.0% live in a caravan or other mobile or temporary structure.

[21] DC3301EW – provision of unpaid care by health, 2011 Census, NOMIS
[22] Cheesbrough, S. et al. The lives of young carers in England. 2017. Department for Education.

- 4.4% live in a flat, maisonette or apartment[23].

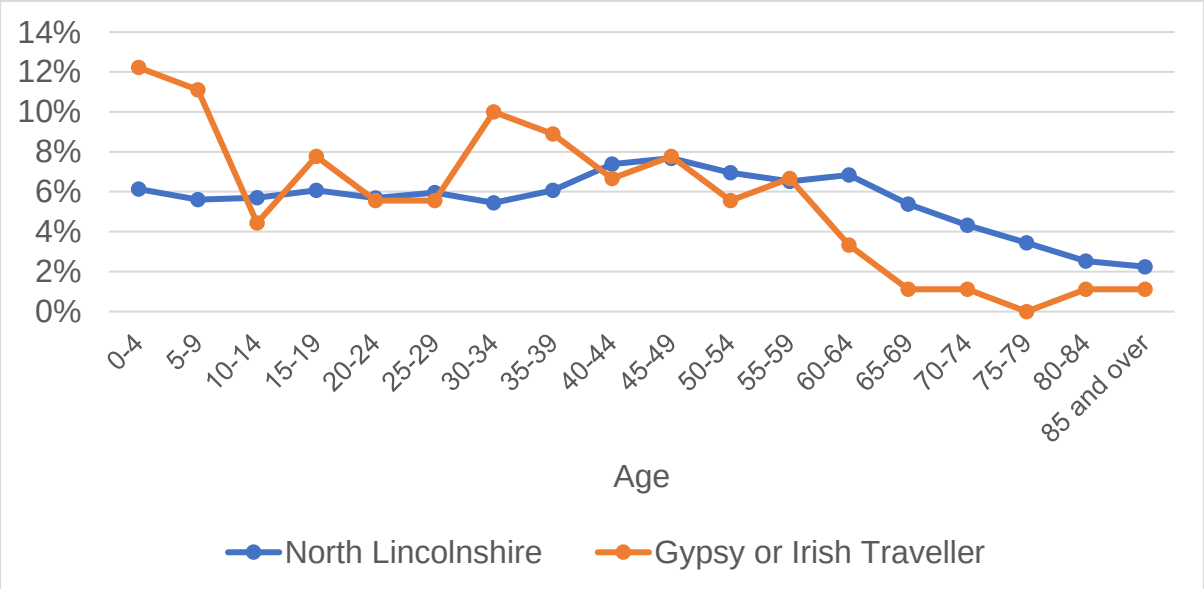
According to the traveller caravan count[24] undertaken in July 2021 there was a total of 70 caravans in North Lincolnshire, of which:

- 52 are private caravans on authorised sites with permanent planning permission, and
- 18 are "tolerated" caravans on unauthorised sites on land that is not owned by Travellers.

This is a reduction on previous years (86 in July 2019 and 82 in July 2018).

The age profile of the community in North Lincolnshire illustrates the extent of the life expectancy issue for Travellers. In comparison to the general profile, the age structure is heavily concentrated at the lower age bands, generally running above figures for the North Lincolnshire population as a whole until the mid-40s[25].

Figure 19 - age profile for the North Lincolnshire population and Gypsy or Irish Traveller community 2011



The council produced a Gypsy and Travellers Accommodation Assessment in October 2021 which identified a need for 13 pitches in North Lincolnshire between 2020-2038 in accordance with the planning definitions for Gypsy and Travellers.

[23] ONS Census 2011 – table CT0127 accommodation type.
[24] Traveller caravan count: July 2021, Department for Levelling Up, Housing and Communities
[25] DC2101EW - ethnic group by sex by age, NOMIS

2.17 Offenders

The population of those who are designated as offenders covers two specific groups.

The first is the population that is in prison, however there are no prisons within North Lincolnshire.

The second group of offenders are those no longer serving prison terms; this may include those serving suspended sentences, those on probation, and those living in secure accommodation. At the time of writing there are no figures available for this cohort of the population.

2.18 Homeless and rough sleepers

In the financial year 2020/21, 641 initial homelessness assessments were undertaken across the county. For 637 (99.4%) of these a prevention or relief duty was owed, with 195 applicants accepted as homeless with a relief duty owed (30.4% of total number of assessments). Those accepted as homeless were predominantly at the end of an Assured Shorthold Tenancy, their friends or family were no longer willing or able to accommodate and reasons related to domestic abuse.

Between April and September 2021, 257 initial assessments were undertaken with 91 accepted as homeless with a relief duty owed (35.4% of all assessments).

The annual rough sleeping snapshot[26] shows a reduction in the number of people estimated to be sleeping rough on a single night in autumn over the last four years:

- 2018 – 14
- 2019 – ten
- 2020 – nine
- 2021 – six.

The rough sleeper health needs assessment for North Lincolnshire[27] showed that those who are most likely to be sleeping rough are male, British citizens, aged between 36 and 55. The most common reason for rough sleeping is the breakdown of a relationship.

Those sleeping rough tend to reside in disused buildings, parks or on the street. There are high levels of violence and anti-social behaviour towards those sleeping rough and this has resulted in A&E attendances or admissions.

[26] Rough sleeping snapshot in England autumn 2021, Department for Levelling Up, Housing and Communities
[27] Health Needs Assessment: Sleeping Rough in North Lincolnshire 2020, North Lincolnshire Council

3 General health needs of North Lincolnshire

The joint strategic needs assessment is a local assessment of current and future health and social care needs. It aims to improve the health and wellbeing of the local community and reduce inequalities for all ages through ensuring commissioned services reflect need. It is used to help to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing. In North Lincolnshire, the assessment of health and wellbeing forms part of a suite of documents which together create an integrated intelligence base about the place of North Lincolnshire, summarised within the wider Integrated Strategic Assessment.

Reference to GP Quality and Outcomes Framework data in this chapter is taken from NHS Digital's website[28]. Reference to the public health profiles is to those produced by the Office for Health Improvement & Disparities[29].

3.1 Cancer[30]

Cancer is a disease caused by normal cells changing so that they grow in an uncontrolled way. There are more than 200 different types of cancer and it is a complex disease. Cancer is one of the biggest health challenges in the UK with one in three people expected to develop some form of cancer in their lifetime.

According to Cancer Research UK using cancer incidence data for 2016-2018:

- There are around 375,000 new cancer cases in the UK every year.
- In females there are more than 182,000 new cancer cases every year, and in males there are around 193,000 new cases every year.
- Breast, prostate, lung and bowel cancers together accounted for over half (53%) of all new cancer cases in the UK.
- Incidence rates for all cancers combined in the UK are highest in people aged 85 to 89.
- Each year 36% of all cancer cases in the UK are diagnosed in people aged 75 and over.
- Incidence rates for all cancers combined are lower in the Asian and Black ethnic groups, and in people of mixed or multiple ethnicity, compared with the White ethnic group, in England. However, incidence rates are higher compared with the White ethnic group in males in the Black ethnic group (2013-2017).

Medical developments along with an ageing population overall in the UK is resulting in an increasing number of cancer diagnoses.

GP Quality and Outcomes Framework data for 2020/21 reports a total of 6,490 people are included in their GP practice's cancer register in North Lincolnshire, and increase of 73 people from the previous year.

[28] Quality and Outcomes Framework, 2020-21, NHS Digital
[29] Public health profiles, Office for Health Improvement & Disparities
[30] Cancer Statistics for the UK, Cancer Research UK

Turning to cancer mortality, Cancer Research UK reports:

- There are more than 166,000 cancer deaths in the UK every year (2016-2018).
- In females in the UK, there were around 77,800 cancer deaths in 2018.
- In males in the UK, there were around 89,000 cancer deaths in 2018.
- Every four minutes someone in the UK dies from cancer.
- Lung, bowel, breast and prostate cancers together accounted for almost half (45%) of all cancer deaths in the UK in 2018.
- Around a fifth of all cancer deaths are from lung cancer.
- Mortality rates for all cancers combined in the UK are highest in people aged 90+ (2016-2018).
- Each year more than half (54%) of all cancer deaths in the UK are in people aged 75 and over (2016-2018).

This is a disease that is largely related to ageing. When a cancer is identified in someone under the age of 75 year it is considered ‘premature’ in the context of the nation’s health overall. Premature death from cancer is an important marker of health inequality within and between communities.

Along with age, an individual’s risk of developing cancer is linked with exposure to a breadth of factors including lifestyle, socio-economic status, occupation and genetic make-up. An estimate is that four in every ten cancers can be prevented by lifestyle.

- Smoking is the most important lifestyle risk factor for cancer in England, and causes more than seven in ten lung cancer cases in the UK. However, the harmful chemicals in cigarette smoke affect the entire body, not just the lungs. Smoking causes at least 15 different cancer types, including two of the most common, lung and bowel cancer. Whilst reducing the number of cigarettes smoked will help, the number of years spent smoking affects the risk of someone developing cancer most strongly.
- Overweight and obesity is the second biggest cause of cancer – more than one in 20 cancer cases are caused by excess weight. Keeping a healthy weight reduces the risk of 13 difference types of cancer.
- Too much ultraviolet radiation from the sun can damage the DNA in skin cells and cause skin cancer. Almost nine in ten cases of melanoma in the UK could be prevented by staying safe in the sun and avoiding sunbeds.
- Healthier diets could prevent around one in ten cancers. Certainty over which aspects of a diet can be protective is not fully understood, but the elements of fruit and vegetables and fibre are considered to have a protective influence, whilst processed and red meats, and salt have been identified as increasing the risk of a cancer.
- Alcohol can cause seven different types of cancer, irrespective of the type of alcohol is drunk. Breast cancer is the most common cancer in the UK and drinking alcohol is one of the biggest risk factors. Around 4,400 breast cancer cases each year are caused by drinking alcohol. The risk increases even at low levels of drinking.

- Being physically inactive is a risk factor for cancer. Keeping active can help lead to weight loss or to maintain a healthy weight, which reduces the risk of 13 different types of cancer.

Other vulnerabilities which people have no ability, or limited abilities, to address through lifestyle changes include exposure to certain infections, life course patterns and occupational exposure. Sex, genetics and geographic place of residence also all bring differences in risk exposure. Place differences are related to socio-economic status and experiences of poverty and culture. Ethnicity can impact on an individual's risk of a diagnosis.

In 2017 to 2019, the directly standardised rate of mortality from all cancers in persons less than 75 years per 100,000 population, was similar in North Lincolnshire at 136.9 compared to the average for England at 129.2. The percentage of adults (those aged 18 and older) who smoke was significantly worse in 2019 in North Lincolnshire compared to England (17.8% versus 13.9%). The percentage of physically active adults in 2019.20 was similar to the value for England (65.4% versus 66.4%). The percentage of adults (those aged 18 and older) in 2019/20 who were classified as overweight or obese was significantly worse in North Lincolnshire compared to England (65.2% versus 62.8%)[31].

Early detection is vital in optimising health and survivor outcomes. Nationally recognised initiatives for improving early diagnosis include public awareness raising of key signs and symptoms, facilitating access to GP surgeries and encouraging attendance for the NHS national cancer screening services. Screening uptake for breast, cervical and bowel cancer in North Lincolnshire are, with one exception, above average[32]:

- 2021 cancer screening coverage – breast cancer – 69.4% compared to 64.1% for England.
- 2021 cancer screening coverage – bowel cancer – 65.2% compared to 65.2% for England (the trend is increasing and getting better).
- 2021 cancer screening coverage – cervical cancer (aged 25 to 49 years old) – 71.3% compared to 68.0% for England.
- 2021 cancer screening coverage – cervical cancer (aged 50 to 64 years old) – 76.0% compared to 74.7% for England (decreasing and getting worse).

3.2 Cardiovascular disease

Cardiovascular disease is a general term for conditions affecting the heart or blood vessels and includes coronary heart disease, stroke and peripheral arterial disease. These conditions are frequently brought about by the development of atheroma and thrombosis (blockages in the arteries). It has been identified by the NHS Long Term Plan as the single biggest condition where lives can be saved by the NHS over the next 10 years. There are around 6.4 million people living with cardiovascular disease in England. This places a financial burden on the NHS of approximately £7.4 billion per year.

[31] Public health profiles, Office for Health Improvement & Disparities
[32] Public health profiles, Office for Health Improvement & Disparities

Hypertension is the biggest risk factor for cardiovascular disease and is one of the top five risk factors for all premature death and disability in England. At least half of all heart attacks and strokes are caused by high blood pressure. It increases the risk of chronic kidney disease, heart failure and vascular dementia. It is estimated that in England, hypertension affects more than one in four adults. Residents of the most deprived areas in are 30% more likely to have high blood pressure compared to those in the least deprived areas.

Hypertension generally has no symptoms, but early diagnosis and effective management can prevent progression to cardiovascular disease[33]. Research has shown that a 10mmHg reduction in systolic blood pressure reduces the risk of major cardiovascular disease events by 20%, coronary heart disease by 17%, stroke by 27%, heart failure by 28%, and all-cause mortality by 13%[34].

Public Health England's 'Hypertension prevalence estimates in England, 2017' estimated that the prevalence of hypertension in North Lincolnshire at 28.8% - an estimated 40,170 people[35]. This contrasts to the prevalence reported via the GP Quality and Outcomes Framework in 2020/21 – 16.9% (31,395 people), a reduction from 17.1% (31,577 people) in 2019/20. However, the report explains the difference may be due to two factors:

- The hypertension prevalence estimates only include adults aged 16 years and older, whilst quality and outcomes framework registers include adults and children.
- Quality and outcomes framework data is for patients registered with a practice within a clinical commissioning group's area, whilst the hypertension prevalence estimates are based on the number of people living in a clinical commissioning group's area. In some instances, these two populations are very different.

Coronary heart disease prevalence has declined from 4.3% in 2019/20 to 4.2% in 2020/21 according to the GP Quality and Outcomes Framework (7,738 people were included in their GP practice's register in 2019/20 compared to 7,839 in 2020/21). The prevalence of stroke and transient ischaemic attack has remained at 2.2% between 2019/20 and 2020/21 (3,221 people included in their GP practice's register in 2019/20 compared to 3,274 in 2020/21).

Cardiovascular disease is responsible for one in four premature deaths in the UK and accounts for the largest gap in health life expectancy. Those in the most deprived 10% of the population are almost twice as likely to die as a result of cardiovascular disease than those in the least deprived 10% of the population. People with severe and enduring mental disorders are more at risk of having and

[33] Public Heath England (January 2017): Guidance Health matters: combating high blood pressure Health matters: combating high blood pressure - GOV.UK (www.gov.uk)
[34] Ettehad D. Emdin, CA, Kiran, A et al.; Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis; Lancet; 2016; 387(10022): 957-67Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis (thelancet.com)
[35] Hypertension prevalence estimates for local populations 2017, Public health England

dying from cardiovascular disease than the general population due to increased cardiovascular risk factors, poorer access to healthcare and the effect of antipsychotic medication on their metabolism.

In 2017 to 2019, the age-standardised rate of mortality from all cardiovascular diseases in persons less than 75 years per 100,000 population, was similar in North Lincolnshire at 72.2 compared to the average for England at 70.4. Rates were higher amongst men than women (93.9 and 51.0 respectively) in North Lincolnshire[36].

3.3 Dementia[37]

Dementia is an umbrella term for a range of progressive conditions of the brain that have in common a loss of brain function that is usually progressive and eventually severe. It is more common in people over the age of 65, but can affect a person at any age. There are over 200 subtypes of dementia, with the most common types of dementia being Alzheimer's disease, vascular dementia Lewy body dementia, frontotemporal dementia and mixed dementia. Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages. According to the NHS website, research shows there are more than 850,000 people in the UK who have dementia. One in 14 people over the age of 65 has dementia, and the condition affects one in six people over the age of 80. It is estimated that by 2025 the number of people with dementia in the UK will be more than one million.

Dementia prevalence is associated with a number of risk factors that cannot be modified.

- Age: people diagnosed with dementia tend to be over the age of 65. Above this age, a person's risk of developing Alzheimer's disease or vascular dementia doubles roughly every five years. Over the age of 80 there is a one in six chance of developing dementia.
- Ethnicity: certain ethnic communities appear to be at higher risk of dementia than others. For example, South Asian and African or African-Caribbean people seem to develop dementia more often than white Europeans. Specific risk factors associated with these communities such as stroke, diabetes, hypertension and cardiovascular disease, as well as differences in diet, smoking, exercise and genes, are thought to explain this.
- Gender: more women are affected by dementia than men. Worldwide, women with dementia outnumber men two to one. Twice as many women over the age of 65 are diagnosed with Alzheimer's than men whereas vascular dementia is diagnosed in slightly more men than women.
- Genetics: in rare cases, Alzheimer's disease can be passed from one generation to another. This type of dementia usually affects people under the age of 65.

However, there are also some modifiable risk factors:

[36] Public health profiles, Office for Health Improvement & Disparities
[37] Dementia information, Dementia UK

- diabetes,
- high alcohol intake,
- high blood pressure,
- lack of exercise,
- low educational attainment,
- obesity,
- poor physical health, and
- smoking.

Dementia places a particular burden on carers and family members. Timely diagnosis and intervention is helpful, as it enables the person with dementia and their carer/s to come to terms with the disease and make plans for the future.

Many of the carers of older people with dementia are themselves elderly - up to 60 per cent are husbands or wives. Carers of people with dementia generally experience greater stress than carers of people with other kinds of need; nearly half having some kind of mental health problem themselves. However carer support and education can enable more people to live at home for longer and prevent carer breakdown, which is a major cause of people needing to move into long-term care.

According to the GP Quality and Outcomes Framework there were 1,557 people included in their GP practice's dementia register in 2019/20 falling to 1,352 in 2020/21 (reflecting the position for England). This equates to a prevalence rate of 0.8% and 0.7% respectively, the same as for England.

3.4 Diabetes

Diabetes mellitus is a group of disorders that results from the body's inability to control blood glucose levels. The raised blood glucose levels over time lead to damage to blood vessels and organs. There are two main types of diabetes: type 1 diabetes is an autoimmune disease which develops when the body is unable to produce any insulin. Type 2 diabetes develops when the body is unable to produce enough insulin or the body's cells don't react to insulin. It is estimated that approximately 90% of diabetes is type 2. It is usually diagnosed in people over 40; however, as the symptoms often appear gradually, it can go unnoticed, and diagnosis can be delayed.

Diabetes UK[38] predicts that around 5.5 million people will have diabetes in the UK by 2030 if nothing changes. Early diagnosis is vital as complications can begin five to six years before some people actually find out they have type 2 diabetes. Complications include:

- Leg, toe or foot amputations – there are almost 9,600 amputations per year;
- Sight loss – diabetes is one of the leading causes of preventable sight loss in the UK. More than 1,700 people have their sight seriously affected by their diabetes every year in the UK;
- Premature death – more than 700 people with diabetes die prematurely every week;

[38] Diabetes statistics, Diabetes UK

- Hospital admissions – one in six people in a hospital bed has diabetes, and people with diabetes are twice as likely to be admitted to hospital; and
- Depression – people with diabetes are twice as likely to suffer from depression and are more likely to be depressed for longer and more frequently.

In England in 2020/2021, there were an estimated 3.5 million people aged 17 and over with diabetes mellitus recorded on practice disease registers as part of the GP Quality and Outcomes Framework. This is a prevalence rate of 7.1%. In North Lincolnshire there were 12,261 people included in their GP practice's register, a prevalence rate of 8.1%.

However, this prevalence rate is considered to be an underestimate. Modelling undertaken by the National Cardiovascular Intelligence Network[39] in 2015 estimated that the total number of people in North Lincolnshire with diabetes (diagnosed and undiagnosed) in 2020 would be 12,947, a prevalence rate of 9.1%. By 2025, it was estimated that there would be 13,828 people with diagnosis or 9.6%.

The main modifiable risk factors for type 2 diabetes are obesity, low physical activity levels, poor diet and nutrition. These risk factors are all associated with deprivation. Behavioural interventions such as supporting people to maintain a healthy weight, follow dietary recommendations and be more active, can significantly reduce the risk of developing type 2 diabetes and slow its progression.

Type 2 diabetes is a major cause of premature mortality, with around 22,000 people with diabetes dying early each year in England. It is often not type 2 diabetes itself that causes death, but complications of the disease. Recent research has shown that those with diabetes mellitus have an increased risk of dying from COVID-19.

3.5 Excess weight[40]

The terms overweight and obesity (together referred to as excess weight) refers to when weight gain, in the form of fat, has reached a point which affects a person's health.

Nationally, obesity related illness is estimated to cost the NHS £5.1 billion a year, with the estimated annual cost of obesity to the NHS in North Lincolnshire is approximately £47million. The indirect costs to the economy are likely to be higher still. The increasing cost of treating excess weight both nationally and locally is unsustainable. As a result, addressing obesity now is critical in order to make a meaningful difference to be made to the health behaviours and weight status of future generations.

Extensive research evidences the impact that excess weight has on an adult's immediate and long-term physical, mental and social health outcomes. The effects of overweight and obesity are far-reaching, impacting not only on an individual's health but life chances related to career and economic opportunities. Achieving and

[39] Diabetes prevalence estimates for local populations, National Cardiovascular Intelligence Network
[40] North Lincolnshire Joint Strategic Assessment 2014-15 – adult obesity, North Lincolnshire Council

maintaining a healthy weight therefore, provides health, social and economic benefits for an individual and wider society.

Nationally the evidence clearly indicates significant equalities in obesity prevalence, with higher rates amongst people who are:

- Older,
- Male,
- From an area of high deprivation,
- Within an ethnic minority community, or
- Have a learning/physical disability.

In North Lincolnshire, limited evidence exists related to obesity prevalence of adults and social/health inequalities. The data below is drawn from national results.

- Age
    - Prevalence of overweight and obesity is lowest in the 16-24-year age group, and generally higher in the older age groups amongst both men and women. There is a decline in prevalence in the oldest age group, which is particularly apparent in men. This pattern has remained consistent over time
- Deprivation
    - For women, obesity prevalence increases with rising deprivation, regardless of the measure used, with a strong relationship between obesity prevalence and occupation-based social class. The prevalence of obesity amongst women in unskilled occupations is almost twice that of those in professional occupations. The overall pattern is similar for men; with those in professional occupations having lower obesity prevalence than any other group. However, the differences by deprivation are less clear cut.
- Ethnicity
    - There is no straightforward relationship between obesity and ethnicity, with a complex interplay of factors affecting health in minority ethnic communities in the UK. Despite this, evidence suggests that women from Black African groups appear to have the highest prevalence of obesity and men from Chinese and Bangladeshi groups have the lowest. Women appear to have a higher prevalence in almost every minority ethnic group, with a significant difference between women and men among the Pakistani, Bangladeshi and Black African groups. Members of minority ethnic groups in the UK often have lower socioeconomic status, which is in turn, associated with a greater risk of obesity in women and children.
- Disability
    - There is limited data on disability and obesity. It is known that people with disabilities are more likely to be obese and have lower rates of physical activity than the general population.

According to the GP Quality and Outcomes Framework 2020/21, there were 11,212 people aged 18 and over in North Lincolnshire included in their GP practice's obesity register, a prevalence of 7.5%, a reduction from the previous year's 11.8%.

However, it is estimated that the number of obese people aged 18 and over is much higher than those on GP practice registers as not all people will be measured, and there may be some obese people who have not recently visited their GP.

The percentage of reception-aged children in 2019/20 who were overweight (including obesity) was 23.0%, the same as the average for England, with the percentage who were obese (including severe obesity) being 9.8% (9.9% for England). For year 6 aged children, 35.8% were overweight (including obesity) and 22.7% obese (including severe obesity) compared to 35.2% and 21.0% for England[41].

3.6 Mental health

Mental health is defined by the World Health Organisation (WHO) as a *"*state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.". Mental health is fundamental to our physical health, our relationships, our education and our work. There is no health without mental health.

One in four adults nationally will experience mental health problems, ranging from common problems such as depression and anxiety, to rarer problems such as schizophrenia and bipolar disorder. Mental health and physical health are interlinked, with people with mental illness experiencing higher rates of morbidity and a lower life expectancy, and people with chronic physical health problems are more likely to experience mental health problems. Giving equal value to mental and physical health is a key national and local priority and is described as 'Parity of Esteem'.

The causes and influences of mental health problems are wide ranging and interacting. They are often associated with adverse events in our lives and other circumstances, such as poverty, unemployment, levels of supportive networks, levels of education and the broader social environment. These factors interact and affect how resilient we are in coping with these challenges.

Often mental health problems result in stigma and discrimination that makes it harder for those with mental health problems to live a normal life.

Mental health problems are classified as either common mental disorders or serious mental illness. The majority of common mental disorders are either anxiety or depression.

Serious mental illness disrupts a person's perception of reality, their thoughts and judgement and affects their ability to think clearly. People affected may see, hear, smell or feel things that nobody else can. It is sometimes referred to as a psychosis and includes conditions such as schizophrenia and bipolar disorder (formerly known as manic depression), paranoia and hallucinations.

[41] Public health profiles, Office for Health Improvement & Disparities

The term severe mental illness is used to describe people with a group of conditions that are often chronic and so debilitating that their ability to engage in functional and occupational activities is severely impaired. The term severe mental illness generally includes diagnoses such as schizophrenia, bipolar disorder or other psychotic illnesses that cause severe functional impairment.

People with severe mental illness often experience poor physical health as well as poor mental health. They often develop chronic physical health conditions at a younger age than people without severe mental illness. These chronic conditions include obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), stroke, heart failure and liver disease. People with severe mental illness are at increased risk of developing more than one of these chronic conditions. These physical health problems increase the risk of premature death in people with severe mental illness. However, severe mental illness is rarely recorded as an underlying cause of death and indeed, is often not recorded on death certificates even as a contributory cause. It is estimated that for people with severe mental illness, two out of three deaths are from physical illnesses that can be prevented. Although people with severe mental illness die prematurely from physical conditions, their severe mental illness may still have been a significant feature in their lives, influencing both their risk of developing chronic health conditions and their access to health services[42].

In 2018/20, the directly standardised rate of premature mortality in adults with severe mental illness was 95.4 per 100,000, similar to the English rate of 103.6[43].

According to the GP Quality and Outcomes Framework there were 21,348 people aged 18 and over registered with a GP practice in North Lincolnshire with a diagnosis of depression in 2020/21, a prevalence rate of 14.3% (20,319 and 13.7% in 2019/20). The prevalence rate for England in 2019/20 was 11.6% and in 2020/21 it was 12.3%. The number of people included in their GP practice's mental health register increased between 2019/20 and 2020/21 from 1,418 to 1,438, although the prevalence rate remained the same at 0.8% (slightly lower than the prevalence rate for England, 0.9%).

3.7 Respiratory disease

The most common chronic respiratory diseases are asthma, chronic obstructive pulmonary disease, pneumonia and lung cancer. Respiratory disease continues to be a major cause of disability and premature mortality in the United Kingdom. It affects one in five people and was the third leading cause of death in England, prior to the Coronavirus (COVID-19) pandemic, after cancer and cardiovascular disease).

Hospital admissions for lung disease have risen over the past seven years at three times the rate of all admissions generally, and respiratory diseases are a major factor in winter pressures faced by the NHS. Most respiratory admissions are non-elective and during the winter period these double in number. The annual economic burden of asthma and chronic obstructive pulmonary disease on the NHS in the UK

[42] Premature mortality in adults with severe mental illness (SMI) 2022, Office for Health Improvement & Disparities
[43] Public health profiles, Office for Health Improvement & Disparities

is estimated as £3 billion and £1.9 billion respectively. In total, lung conditions (including lung cancer) directly cost the NHS in the UK £11 billion each year[44].

Risk factors for respiratory disease include smoking, diet, physical activity, age, sex, genetic factors, education, the environment people live in and work, culture and peer group influences. Smoking is the largest single modifiable risk factor for respiratory disease.

- 38% of all deaths from respiratory disease were estimated to be attributable to smoking.
- 21% of hospital admissions due to respiratory disease (excluding cancer) were estimated to be attributable to smoking[45].

Given the high proportion of these deaths that are due to smoking, a reduction in the prevalence of smoking would reduce the incidence of chronic obstructive pulmonary disease and lung cancer and extend the life of those with these illnesses. The need to tackle risk factors such as smoking, the promotion of early and accurate diagnosis, availability of pulmonary rehabilitation and correct use of inhaled asthma medications are highlighted as areas of importance in the NHS long term plan.

Respiratory disease can impair quality of life through symptoms such as breathlessness (especially during physical exercise), cough, fatigue, pain, and through the psychological impact of the disease and/or symptoms leading to anxiety and depression.

There are some specific groups in society who have poorer respiratory health generally or are at greater risk of specific respiratory conditions such as those with serious mental illness, the homeless, offenders, those with substance misuse disorders, those with learning or physical disabilities.

Incidence and mortality rates from respiratory disease are higher in disadvantaged groups and areas of social deprivation, with the gap widening and leading to worse health outcomes. The most deprived communities have a higher incidence of smoking rates, exposure to higher levels of air pollution, poor housing conditions and exposure to occupational hazards.

The GP Quality and Outcomes Framework 2020/21 shows that the prevalence of asthma and chronic obstructive pulmonary disease is higher in North Lincolnshire compared to England (asthma prevalence 6.6% and 6.4% respectively, and chronic obstructive pulmonary disease prevalence 2.5% and 1.9% respectively).

Data in the following paragraphs is from the public health profiles. Between 2017 to 2019, the age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population in North Lincolnshire was 44.5, worse than the average for England of 33.6. The preventable respiratory disease rate in persons less than 75 years per 100,000 population was 27.5 for 2017-2019, also worse than the average for England. Research has shown that an excess risk of premature

[44] Respiratory disease, NHS England
[45] Statistics on Smoking, NHS Digital

mortality from respiratory disease is evident in communities living in areas of greater socio-economic deprivation.

Lung cancer is the most common cause of cancer death in the UK. Mortality rates for lung cancer are highest in people aged 85 to 89, with around a half of all lung cancer deaths in people aged 75 and over. In 2017 to 2019, the directly standardised rate of deaths from lung cancer per 100,000 in North Lincolnshire was 60.4 (worse than the English average of 53.0). The mortality rate was higher in males (68.6) than females (53.8) for lung cancer.

3.8 Sexual health

Sexual health is defined by the World Health Organisation as:

“a state of physical, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”.

Sexually transmitted infections are infections that are transferred from person to person predominantly by sexual contact but also through non-sexual means such as via blood or blood products and from mother to child during pregnancy and childbirth. Examples include chlamydia, gonorrhoea, primarily hepatitis B, HIV, and syphilis. However, sexual health is a broader topic and includes areas such as contraception, abortion, sexual assault, healthy relationships and the wider reproductive health of men and women. Promoting good sexual and reproductive health, exploring healthy relationships, encouraging self-management and having the correct sexual health interventions can all have a positive effect on population health and wellbeing.

Some groups within the population are at higher risk of poor sexual health. A report by the Terrence Higgins Trust and the British Association for Sexual Health and HIV[46] identified these groups as:

- older people - although rates of sexually transmitted infections among older people remain low, increases are being recorded in this population, particularly of gonorrhoea. In 2018, there was an 18% increase in new sexually transmitted infections diagnoses among older men (45-64) and a 4% increase among older women since 2014. For older people over the age of 65, both men and women experienced a 23% increase in new sexually transmitted infections diagnoses over this time period.
- Young people (15- to 24-year-olds) represented nearly half (48%) of all new sexually transmitted infections diagnoses in 2018. This group is disproportionately affected by chlamydia - seeing 61% of all chlamydia diagnoses and nearly half (43%) of genital warts diagnoses. Young people

[46] The State of the Nation. Sexually transmitted infections in England, 2020, Terrence Higgins Trust and the British Association for Sexual Health and HIV

also saw roughly a third of all gonorrhoea diagnoses (36%), and herpes diagnoses (39%), as well as 14% of all syphilis diagnoses.

- people living with HIV – 3% of all sexually transmitted infections diagnoses in 2017 were within this group, but are disproportionately affected with population rates much higher than in people who are not living with HIV. Gonorrhoea and syphilis are the most common sexually transmitted infections among people living with HIV. Men who have sex with men living with HIV accounted for 88% of sexually transmitted infections diagnoses in people living with HIV. Of men who have sex with men, men from Latin American and Caribbean ethnicities are most likely to have co-infection of HIV and one of the five main sexually transmitted infections.
- men who have sex with men – this group is disproportionately affected by both syphilis and gonorrhoea. 75% of all new diagnoses of syphilis and 47% of gonorrhoea diagnoses in 2018 were in this group. In addition, 43% of new HIV diagnoses were om this group.
- specific ethnic minority communities – individuals from ethnic minority communities account for one in every five of all sexually transmitted diagnoses. However, this masks variations between ethnic minority communities. For example, Black Caribbean individuals and Black non-Caribbean/non-African individuals generally see the highest rates of new diagnoses among many sexually transmitted infections, particularly gonorrhoea. Asian and Asian British individuals have the lowest diagnoses rate at half that of the general population.

The public health profiles for North Lincolnshire show the following for 2020.

- The rate of new sexually transmitted infections (excluding chlamydia diagnoses for those aged under 25) per 100,000 was 391 (better than the English average of 619).
- The sexually transmitted infections testing rate (excluding chlamydia diagnoses for those aged under 25) per 100,000 was 2,293.5 (worse than the English average of 4,549.3).
- The sexually transmitted infections positivity percentage (excluding chlamydia diagnoses for those aged under 25) was 8.3% (similar to the English average of 7.3%).
- The chlamydia diagnostic rate per 100,000 was 237 (lower than the English rate of 286 and decreasing).
- The HIV diagnosed prevalence rate per 1,000 aged 15 to 59 was 0.86 (better than the English rate of 2.31).
- New HIV diagnosis rate per 100,000 aged 15 years and over was 1.4 (better than the English rate of 5.7). However the HIV testing coverage percentage in 2020 was 21.9% (worse than the English percentage of 46.0%).

The following are indicators of unmet need and inequalities in access to comprehensive contraception and sexual health advice:

- total abortion rate per 1,000 - 14.6 in 2020, better than the English rate of 18.9.

- under 18s abortion rate per 1,000 - 4.9 in 2020, similar to the English rate of 6.7.
- over 25s abortion rate per 1,000 – 12.7 in 2020, better than the English rate of 17.6.

Teenage mothers are more likely to suffer from postnatal depression than older mothers, and face a higher risk of poor mental health up to three years after the birth. They are also more likely to struggle to continue their education and may find it more difficult to gain employment. National research suggests that at age 30, those who had been teenage mothers suffered from higher levels of physical and mental ill health, with most of this difference being accounted for by higher levels of partnership breakdown post birth, and a greater risk of poverty and poor housing due to worklessness. Similar issues affect young fathers. These factors, combined with poor emotional support post birth can also contribute to higher levels of anxiety and depression amongst younger mums.

In turn, children born to teen mums are more likely to be born prematurely, and have a higher infant mortality risk, (60% above average). They are also more likely to live in poverty than children of parents aged 24 years and older, contributing to a cycle of disadvantage and health inequality. Local research shows that mothers under the age of 20 are 2.6 times more likely than older mothers to smoke in pregnancy, and 1.6 times less likely to breastfeed, leading to poorer health outcomes for themselves and their children. In addition to contraception being an avoidable experience, abortions, live births and miscarriages following unplanned pregnancies represent an avoidable cost to health and social care services.

The under 18s conception rate per 1,000 in 2019 was 21.0, worse than the English rate of 15.7 (and showing no significant change), whilst the rate for under 16s was 3.4, similar to the English rate of 2.5 (and also showing no significant change).

Human papilloma virus vaccination coverage is similar for one dose in 2019/20 to national coverage levels:

- 12- to 13-year-old males – 83.7% compared to England’s 54.4%, and
- 12- to 13-year-old females – 89.7% compared to England’s 59.2%.

Coverage for two doses in females is 74.6% compared to the English rate of 64.7% respectively.

3.9 Smoking

Tobacco use remains a significant public health challenge. The main method of tobacco consumption is through smoking which is still the leading cause of preventable illness and premature death in England. Every year around 78,000 people in the UK die from smoking, with many more living with debilitating smoking-related illness.

Smoking increases the risk of developing more than 50 serious health conditions including:

- Lung cancer – smoking causes around seven out of every ten cases.
- Other cancers, including of the mouth, throat, larynx, oesophagus, bladder, bowel, cervix, kidney, liver, stomach and pancreas.
- Coronary heart disease, heart attached, stroke, peripheral vascular disease and cerebrovascular disease.
- Chronic obstructive pulmonary disease, including bronchitis and emphysema, and pneumonia.
- Asthma and respiratory tract infections.
- In men, smoking can cause impotence.

Passive smoking can also increase a person's risk of the same health conditions, with babies and children being particularly vulnerable to the effects of second-hand smoke for example chest infections, meningitis, a persistent cough and, if they have asthma, can worsen their symptoms[47].

The Office for Health Improvement & Disparities Local Tobacco Control Profiles report that 11.6% of adults aged 18 and over smoked in North Lincolnshire in 2020, a level that is similar to England (12.1%). However, it should be noted that the figures for 2020 are not considered comparable to previous years and should be treated with some caution. Due to the impact of the Covid-19 pandemic, the annual population survey changed from face-to-face interviews to telephone only in the second quarter. The Office for National Statistics has concluded that due to the methodology change the smoking estimates have been impacted and the final prevalence figures are lower than would have been expected if data collection had remained the same. In previous years, smoking prevalence in North Lincolnshire has been around 17 to 19%.

Smoking prevalence is higher amongst certain groups, such as routine and manual workers, people with severe mental illness and contributes to social inequalities. In 2020, smoking prevalence among adults aged 18 to 64 in North Lincolnshire in routine and manual occupations was 13.6% compared to the English average of 21.4%.

North Lincolnshire also continues to have a higher rate of smoking during pregnancy than the England average in 2020/21 (16.9% vs 9.6%).

The directly standardised rate for smoking attributable mortality for 2017-2019 was 250.0 per 100,000 people in North Lincolnshire, which was worse than the English average of 202.2 per 100,000. Similarly the directly standardised rate for smoking attributable hospital admissions for 2019/20 was higher at 2,009 per 100,000 compared to the English average of 1,398. In addition, the trend for this indicator is increasing and getting worse.

3.10 Substance misuse

Substance misuse is defined by the World Health Organisation as:

[47] What are the risks of smoking? NHS website

"'the use of psychoactive substances in a way that is harmful or hazardous to health. This includes alcohol and illicit drugs. The use of such substances can lead to dependency where cognitive, behavioural and physiological problems develop which results in a strong desire to take the drug, difficulties in controlling use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state."

Psychoactive substances are those that change brain function and result in alterations in perception, mood, consciousness, cognition or behaviour.

There is no such thing as a 'typical' substance user as people experiment with or use substances at different points in their life for many different reasons. Everyone has the potential to misuse substances. However, certain populations are most at risk of substance misuse.

- Young people and troubled family history.
- Individuals living in deprived areas.
- Individuals with mental health issues.
- Offenders and ex-offenders.
- Individuals in substance misuse recovery.
- Those living with domestic violence.
- Men.
- Older people.
- Those from a mixed ethnic background.
- Lesbian, Gay, Bisexual and Transgender individuals.

Substance misuse is associated with a wide range of health and social issues and has enormous health and social care financial costs. The harms arising from substance misuse are wide-ranging and vary depending on the substance used and the pattern and context of use, but it is well established that substance misuse represents a major public health burden. Substance misuse is linked to the development of a number of acute and chronic conditions, ranging from cancer to road traffic accidents. Substance misuse is known to have an impact on:

- Physical and mental health,
- Sexual health,
- Mortality rates,
- Relationships and families, and
- Crime and anti-social behaviour.

According to Alcohol Change UK[48]:

- Alcohol alone contributes to more than 60 diseases including mouth, throat, stomach, liver and breast cancers; high blood pressure, cirrhosis of the liver; and depression.

[48] Alcohol statistics, Alcohol Change UK

- In England in 2019/20, there were 976,425 hospital admissions related to alcohol consumption, a rate 12% higher than in 2016/17.
- In 2020, the alcohol-specific death rate in England was 13.0 per 100,000 population, the lowest rate in the UK. The rate for males in the UK was higher than for females in 2020 (19 and 9.2 per 100,000 respectively).
- In the UK in 2019, 77% of alcohol-specific deaths were caused by alcoholic liver disease.
- In England in 2018, there were over 314,000 potential years of life lost related to alcohol consumption, the highest level since 2011.
- The rate of hospital admissions due to alcoholic liver disease in England increased by 18% from 2016/17 to 2019/20.
- The rate of older people over the age of 65 admitted to hospitals in England for alcohol-related conditions rose by 7% from 2016/17 to 2019/20.
- In England there are an estimated 602,391 dependent drinkers, only 18% of whom are receiving treatment.
- Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15- to 49-year-olds in the UK, and the fifth biggest risk factor across all ages.
- From 2009 to 2019, the price of alcohol decreased by 5% relative to retail prices and became 13% more affordable than in 2008. Alcohol is 74% more affordable than it was in 1987.

Public health profiles show that:

- The directly standardised rate of hospital admissions due to substance misuse for 15- to 24-year-olds for the period 2018/19 to 2020/21 in North Lincolnshire was similar to the average for England (75.4 and 81.2 per 100,000 respectively).
- The under 75 mortality rate from alcohol liver diseases for all persons in 2020 was similar to England's (7.9 and 10.8 per 100,000 respectively), although the hospital admission rate for alcoholic liver disease in 2020/21 was better than the average for England (32.1 and 45.5 per 100,000 respectively).
- Alcohol-specific mortality for all persons in 2020 was similar to the average for England (10.1 and 13.0 per 100,000).

4 Identified patient groups – particular health issues

The following patient groups have been identified as living within, or visiting, North Lincolnshire.

- Those sharing one or more of the following Equality Act 2010 protected characteristics
  - Age
  - Disability which is defined as a physical or mental impairment, that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities
  - Pregnancy and maternity
  - Race which includes colour, nationality, ethnic or national origins
  - Religion (including a lack of religion) or belief (any religious or philosophical belief)
  - Sex
  - Sexual orientation
  - Gender re-assignment
  - Marriage and civil partnership
- Students in higher education
- Ex-offenders
- Homeless and rough sleepers
- Traveller and gypsy communities
- Refugees and asylum seekers
- Visitors to the area for business or to visit friends and family or the sporting and leisure facilities in the area

Whilst some of these groups are referred to in other parts of the pharmaceutical needs assessment, this section focusses on their particular health issues.

4.1 Age

Health issues tend to be greater amongst the very young and the very old. However, whilst it is clear that the number and proportion of people aged 65 and over is set to rise and the prevalence of nearly all chronic and long-term conditions increases with age, it is important to recognise that the older population is very diverse in nature with many people remaining fit and active. While it is indeed the case that a growing older population will lead to an increasing number of people living with complex health and care needs, there will also be growing numbers across all older age groups living without any significant needs for support.

Furthermore, acquiring a health condition or disability does not necessarily equate to high levels of demand for health and care services. Many people aged 75 and over will have one or more health conditions but may not consider that their health condition has, or conditions have, a significant impact on their life.

In addition older people also provide a significant amount of their time and energy caring for others.

There are over 76,000 people in North Lincolnshire aged 50+ (over 40% of the population) and this is projected to rise to approximately 78,000 during the lifetime of this pharmaceutical needs assessment, an increase of 2.1%. The number aged 75 and older, however, is projected to increase by 9.9%.

Whilst poor health is not an inevitable part of ageing, the chances of developing at least one chronic condition increases steeply post 75 years, with multiple conditions being the norm amongst the 80 pluses. In North Lincolnshire, men aged 65 years can expect to live a further 18 years, of which ten years will be spent managing two or more diseases and 1.9 years managing four or more. Women can expect to live for a further 21 years, of which 12 years will be spent managing two or more chronic conditions and 2.2 years four or more.

The most common conditions in older age are arthritis, high blood pressure, diabetes, sensory impairments, respiratory conditions, cancer, depression and heart disease.

Whilst the health of people aged 65-74 years is gradually improving, with support needs of this age group projected to remain relatively low over the next two decades, the number of dependent residents 85+ with complex needs is projected to almost double over the next 20 years. The largest increases in dependency are expected amongst older people living with dementia and other complex physical conditions[49].

Eating well and regularly is important to maintain health. Many older people find it challenging to eat regular healthy meals due to decreased appetite, lack of transport to shops and living alone.

Depression is the most common mental health problem in older people and often co-exists with physical conditions. The proportion of people affected by depression is higher in older people than any other age group as they are more likely to experience events that trigger depression: retirement, bereavement, low levels of physical activity, poor diet and nutrition, social isolation, physical ill health and caring responsibilities.

The prevalence of dementia increases with age and is therefore higher in women than men. Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages. Dementia can affect people of any age but is most common in older people, particularly those aged over 65 years.

Falls are a significant health issue for older people and they are a major cause of disability, impairment and loss of function. For older people the main cause of death from injury is due to a fall.

[49] Joint strategic assessment of health and wellbeing in North Lincolnshire 2018, North Lincolnshire Health and Wellbeing Board

4.2 Disability

According to The Missing Billion report[50] one billion people around the world live with disabilities, and they are being left behind in the global community's work on health. Disability includes long-term physical, mental, intellectual, developmental, or sensory impairments. With an ageing population, the prevalence of disabilities will increase.

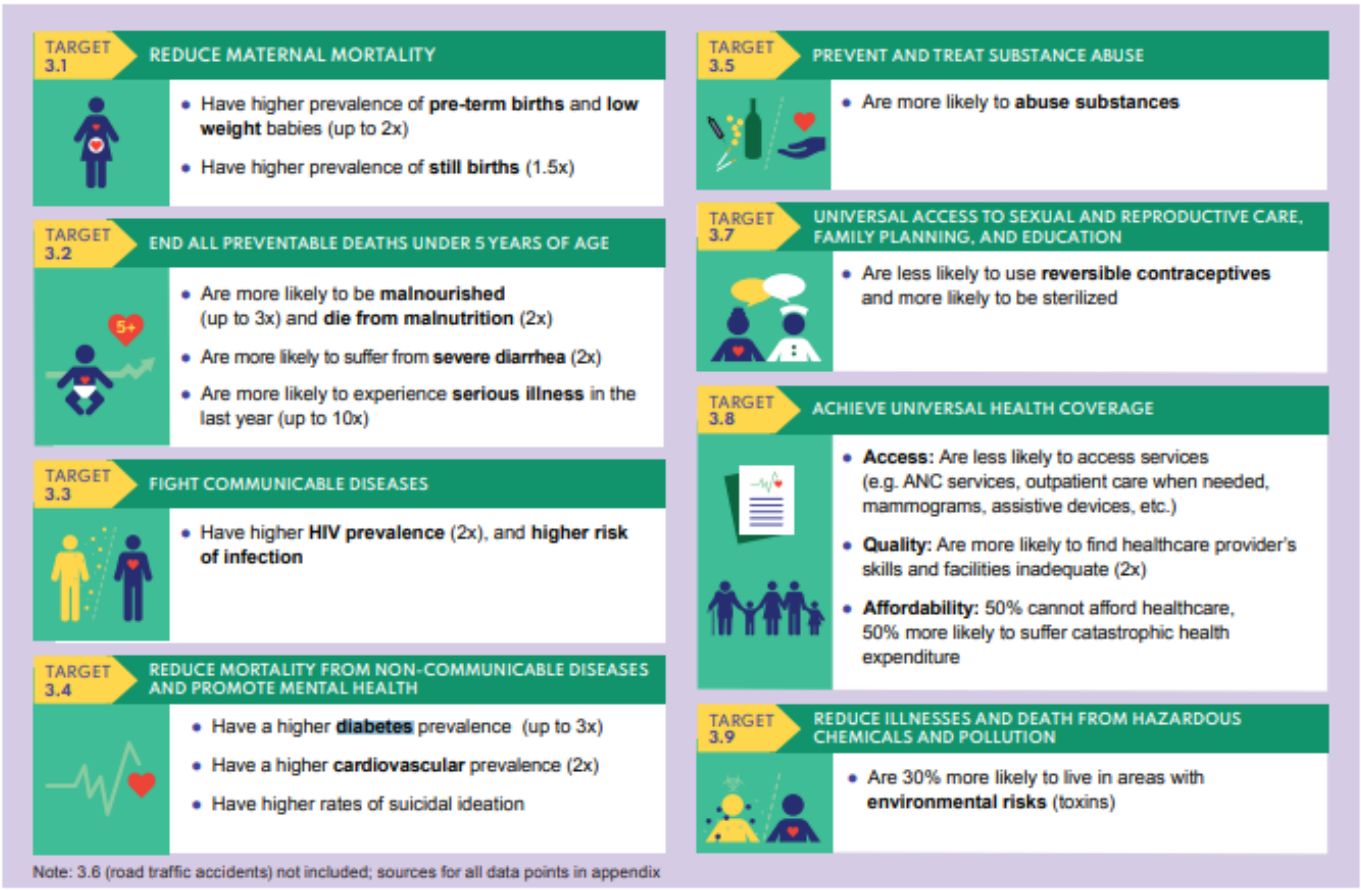
The report notes that there are three important points with respect to the need for healthcare for people with disabilities.

1. On average, people with disabilities are more likely to experience poor health. This is due to a variety of factors, for example the existence of an underlying health condition/impairment, higher levels of poverty, stigma, discrimination, and barriers faced in accessing services.
2. People with disabilities have the same need for healthcare services such as promotion, prevention, diagnosis and treatment as the general population. However, because they are more likely to experience poor health, they will have an even greater need.
3. Certain impairments may also require specialised medical treatment or rehabilitation services.

The figure below summarises the report's review of the existing literature in relation to health and health outcomes in the context of the United Nation's Sustainable Development Goal 3, "to ensure healthy lives and promote well-being for all at all ages".

[50] The Missing Billion Report, Missing Billion

Figure 20 – health and health outcomes for people with disabilities from a literature review



People with disabilities are not a homogeneous group. They include people of different ages, genders and ethnicity which will influence their healthcare needs and access. For example, the report notes that children need early identification and additional support in their early years to allow them to maximise their development and functioning. Older adults are particularly likely to experience multiple impairments which makes seeking healthcare more difficult.

A 2010 study by the Improving Health and Lives Learning Disabilities Observatory[51] noted that people with learning disabilities have poorer health than their non-disabled peers, differences in health status that are, to an extent, avoidable. It also noted that health inequalities faced by people with a learning disability began in childhood and that they were often caused as a result of lack of access to timely, appropriate and effective healthcare.

The outcomes for adults with disabilities compared to the wider population are poorer in almost every manner. People with learning disabilities have a shorter life expectancy and increased risk of early death when compared to the general population.

[51] The Learning Disabilities Public Health Observatory, Improving Health and Lives 2010

However people with learning disabilities are living longer than in the past and as a result, the number of older people with a learning disability is increasing. This is despite the fact that people with learning disabilities are 58 times more likely to die before the age of 50 than the rest of the population. Older people with a learning disability need more support to age well, to remain active and healthy for as long as possible. Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

- Approximately 1.5 million people in the UK have a learning disability. Over 1 million adults aged over 20, and over 410,000 children aged up to 19 years old have a learning disability.
- 29,000 adults with a learning disability live with parents aged 70 or over, many of whom are too old or frail to continue in their caring role. In only 25% of these cases have a Local Authority planned alternative housing.
- Less than 20% of people with a learning disability work, but at least 65% of people with a learning disability want to work. Of those people with a learning disability that do work, most work part time and are low paid.
- People with a learning disability are 58 times more likely to die aged under 50 than other people. And four times as many people with a learning disability die of preventable causes compared to people in the general population.
- People with a learning disability are ten times more likely to have serious sight problems and six out of ten people with a learning disability need to wear glasses.

4.3 Pregnancy and maternity

Pregnancy is a critical period during which the physical and mental wellbeing of the mother can have lifelong impacts on the child. Maternal stress, diet and alcohol or drug misuse can place a child's future development at risk.

4.3.1 Mental health[52]

Guidance issued by the National Institute for Health and Care Excellence on states that depression and anxiety are the most common mental health problems experienced during pregnancy, with around 12% of pregnant women experiencing depression and 13% anxiety at some point, with many experiencing both. Both can continue to affect women for up to a year after their child's birth.

During pregnancy and the postnatal period, anxiety disorders, including panic disorder, generalised anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder and tokophobia (an extreme fear of childbirth), can occur on their own or can coexist with depression. Psychosis can re-emerge or be exacerbated during pregnancy and the postnatal period. Postpartum psychosis affects between 1 and 2 in 1,000 women who have given birth. Women with bipolar I disorder are at particular risk, but postpartum psychosis can occur in women with no previous psychiatric history.

[52] Antenatal and postnatal mental health: clinical management and service guidance, 2020. National Institute for Health and Care Excellence

Changes to body shape, including weight gain, in pregnancy and after childbirth may be a concern for women with an eating disorder. Although the prevalence of anorexia nervosa and bulimia nervosa is lower in pregnant women, the prevalence of binge eating disorder is higher.

4.3.2 Smoking[53]

Smoking is the single biggest modifiable risk factor for poor outcomes in pregnancy. Encouraging pregnant women to stop smoking during pregnancy can help them kick the habit for good, provide health benefits for the mother and unborn child, and reduce children's exposure to second-hand smoke.

Whilst smoking rates have fallen amongst young people in the last decade, rates of smoking amongst adults have been slower to decline than nationally, and throughout pregnancy, smoking rates have remained particularly high in North Lincolnshire. According to the latest published data, smoking in pregnancy rates are almost twice the national average in North Lincolnshire, at 16.9% (2020/21), compared with 9.6% nationally.

4.3.3 Substance and alcohol use

Maternal misuse of drugs during pregnancy increases the risk of low birth weight, premature delivery, perinatal mortality and sudden unexpected death in infancy (sometimes known as cot death).

A number of risks are associated with drinking alcohol during pregnancy, including:

- Increased risk of miscarriage,
- Risk of Foetal Alcohol Syndrome, which can include poor growth for height and weight, a pattern of facial features and physical characteristics, and problems with the central nervous system,
- Risk of Foetal Alcohol Spectrum Disorders, which develop at lower levels of drinking and have some characteristics of Foetal Alcohol Syndrome, and
- Increased risk of learning disability.

Parental drug dependence is generally associated with some degree of child neglect or emotional abuse as parents will have difficulty in organising their own or their children's lives, they may have difficulty meeting children's needs for safety and basic care and may be emotionally unavailable.

4.3.4 Healthy weight and nutrition

Being overweight whilst pregnant increases the chances of complications for the mother for example miscarriage, gestational diabetes, high blood pressure and pre-eclampsia and blood clots. For the baby, being overweight can lead to the baby being born early (before 37 weeks) and an increased chance of stillbirth. There is

[53] Joint strategic assessment of health and wellbeing in North Lincolnshire, 2018. North Lincolnshire Health and Wellbeing Board.

also a higher chance of the baby having a health condition, such as a neural tube defect like spina bifida.

4.3.5 General health needs

There are many common health problems that are associated with pregnancy. Some of the more common ones are:

- Urinating a lot,
- Pelvic pain,
- Piles (haemorrhoids),
- Skin and hair changes,
- Sleeplessness,
- Stretch marks,
- Swollen ankles, feet and fingers,
- Swollen and sore gums, which may bleed,
- Tiredness,
- Vaginal discharge,
- Vaginal bleeding, and
- Varicose veins.

4.4 Race

Although ethnic minority groups broadly experience the same range of illnesses and diseases as others, there is a tendency of some within ethnic minority groups to report worse health than the general population and evidence of increased prevalence of some specific life-threatening illnesses.

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, Human Immunodeficiency Virus, tuberculosis and diabetes.
- An increase in the number of older black and minority ethnic people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- Black and minority ethnic populations may face discrimination and harassment and may be possible targets for hate crime.

4.5 Religion or belief

It should never be assumed that an individual belonging to a specific religious group will necessarily be compliant with or completely observant of all the views and practices of that group. Individual patients' reactions to a particular clinical situation can be influenced by a number of factors, including what branch of a particular religion or belief they belong to, and how strong their religious beliefs are (for example, orthodox or reformed, moderate or fundamentalist). For this reason, each person should be treated as an individual.

- Possible link with 'honour-based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities

where the honour concept is linked to the expected behaviours of families and individuals
- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is an illegal practice that raises serious health related concerns
- There is a possibility of hate crime related to religion and belief.

4.6 Sex

- Average male life expectancy in North Lincolnshire (2018-2020) is 78.7 years, with a range of 75.1 years in Scunthorpe North to 80.7 years in Brigg and Wolds. For females the figure is 82.7 years, with a range of 79.4 years in Scunthorpe North to 84.2 in Axholme.
- Healthy life expectancy for men is 58.4 years and for women it is 60.2 years.
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health and Social Care[54] into the use of pharmacies in 2009 showed men aged 16 to 55 to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet.
- The mortality rate for coronary heart disease is much higher in men, and men are more likely to die from coronary heart disease prematurely. Men are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- The proportion of men and women who are obese is roughly the same, although men are markedly more likely to be overweight than women, and present trends suggest that weight-related health problems will increase among men in particular. Women are more likely than men to become morbidly obese.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse.
- Alcohol disorders are twice as common in men, although binge drinking is increasing at a faster rate among young women. Among older people, the gap between men and women is less marked.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex-specific. At the same time, cancer morbidity and mortality rates are reducing more quickly for men than women[55].

4.7 Sexual orientation

A survey of lesbian health[56] shows that:

[54] Pharmacy consumer research. Pharmacy usage and communications mapping – Executive summary. June 2009
[55] Department of Health and Social Care "The Gender and Access to Health Services Study" 2008
[56] Stonewall "Prescription for change 2008"

- 66% of lesbian and bisexual women have smoked compared to 50% of women in general. Just over a quarter currently smoke
- 90% of lesbian and bisexual women drink and 40% drink three times a week compared to a quarter of women in general
- Lesbian and bisexual women are five times more likely to have taken drugs. Over 10% have taken cocaine, compared to 3% of women in general
- Less than 50% of lesbian and bisexual women have ever been screened for sexually transmitted infections
- 50% of those who have been screened had a sexually transmitted infection and 25% of those with sexually transmitted infections have only had sex with women in the last five years
- 15% of lesbian and bisexual women over the age of 25 have never had a cervical smear test, compared to 7% of women in general. 20% who have not had a test have been told they are not at risk. 2% have been refused a test
- 8% of lesbian and bisexual women aged between 50 and 79 have been diagnosed with breast cancer, compared to one in twenty women in general
- 20% of lesbian and bisexual women have deliberately harmed themselves in the last year, compared to 0.4% of the general population. 50% of women under the age of 20 have self-harmed compared to 6.7% of teenagers generally
- 5% have attempted to take their life in the last year and 16% of women under the age of 20 have attempted to take their life. ChildLine estimates that 0.12% of people under 18 have attempted suicide
- 20% say they have an eating disorder, compared to 5% of the general population
- 25% of lesbian and bisexual women have experienced domestic violence, the same as women in general. In 66% of cases, the perpetrator was another woman. 80% have not reported incidents of domestic violence to the police and of those that did only 50% were happy with their response

A survey of gay and bisexual men's health needs[57] revealed:

- 66% of gay and bisexual men have smoked at some time in their life compared to half of men in general. 25% of gay and bisexual men currently smoke compared to 22% of men in general
- 42% of gay and bisexual men drink alcohol on three or more days a week compared to 35% of men in general
- 50% of gay and bisexual men have taken drugs in the last year compared to just 12.5% of men in general
- Over 50% of gay and bisexual men have a normal body mass index compared to fewer than 33% of men in general. Just 44% of gay and bisexual men are overweight or obese compared to 70% of men in general
- In the previous year, 3% of gay men and 5% of bisexual men have attempted to take their own life. Just 0.4% of men in general attempted to take their own life in the same period

[57] Stonewall "Gay and Bisexual Men's Health Survey (2013)"

- 6% gay and bisexual men aged 16 to 24 have attempted to take their own life in the last year. Less than 1% of men in general aged 16 to 24 have attempted to take their own life in the same period
- 7% of gay and bisexual men deliberately harmed themselves in the last year compared to just 3% men in general who have ever harmed themselves
- 15% of gay and bisexual men aged 16 to 24 have harmed themselves in the last year compared to 7% of men in general aged 16 to 24 who have ever deliberately harmed themselves
- 50% of gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 compared to 17% of men in general. More than 33% of gay and bisexual men have experienced at least one incident of domestic abuse in a relationship with a man
- Almost 25% of gay and bisexual men have experienced domestic abuse from a family member, for example mother or father, since the age of 16. 80% of gay and bisexual men who have experienced domestic abuse have never reported incidents to the police. Of those who did report, more 50% were not happy with how the police dealt with the situation
- 25% of gay and bisexual men have never been tested for any sexually transmitted infection. 30% of gay and bisexual men have never had an HIV test in spite of early diagnosis now being a public health priority

4.8 Gender re-assignment[58]

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication
- Transgender people face a number of barriers that can prevent them from engaging in regular exercise. Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity
- Gender dysphoria is the medical term used to describe this discomfort. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress

[58] Gender Identity Research and Education Society Trans Health Factsheets

4.9 Students in higher education

The University Campus North Lincolnshire is located in Scunthorpe. Whilst there is a common view that students are a relatively healthy population, there are characteristics of student life in particular that may have a hidden impact on long-term health outcomes if not managed appropriately.

Their health needs include the following.

- Screening for, and treatment of, sexually transmitted diseases.
- Smoking cessation.
- Meningitis vaccination.
- Contraception, including emergency hormonal contraception, provision.
- Mental health problems are increasing within the student population. 94% of universities in the UK have experienced a sharp increase in the number of people trying to access support services, with some institutions noticing a threefold increase.
- According to Unite Students Insight report 2019[59], the percentage of students who consider that they have a mental health condition has risen, and now stands at 17%. This has risen from 12% in 2016 when the question was first asked. As in previous years, anxiety and depression – often both – were the most commonly reported conditions.
- The number of students dropping out of university with mental health problems has more than trebled in recent years.

4.10 Ex-offenders

NHS England's 'Strategic direction for health services in the justice system: 2016-2020[60] reveals that people who are in contact with the criminal justice system have higher rates of the following than the general population:

- Hepatitis B and C,
- HIV,
- musculoskeletal complaints, and
- respiratory conditions.

They are also more likely to smoke, have learning disabilities and difficulties, and have poor mental health. Levels of drug dependence and hazardous drinking are also higher than in the general population.

Drug related deaths (rates per 100,00 population) are higher in released prisoners than in the general population, and the accidental, suicide and all deaths standardised mortality ratios area also higher in offenders supervised by probation in the community.

Young people aged ten to 17 who find themselves in contact with the Youth Justice Service and accessing Youth Offending Services are known to experience poorer

[59] The New Realists Unite Student Insight Report 2019
[60] NHS England Strategic direction for health services in the justice system: 2016-2020, October 2016

health and consequent increased complex health needs than young people in the general population. With far more unmet needs, often compounded by a range of entrenched difficulties including school exclusion, social exclusion and unstable living conditions, offenders and reoffenders are at greater risk of not achieving good health outcomes and future economic stability. Poor self-reported health, low body mass index, and mental health disorder co-morbidities are much more common amongst this cohort, and medical interventions are vital to mitigate against worsening health outcomes.

Common physical health problems include:

- a high prevalence of smoking, leading to respiratory problems,
- a high proportion are not up to date with their vaccinations,
- high rates of sexually transmitted infections and early pregnancy amongst offending females,
- high rates of drug and alcohol dependence.

Common physical health issues therefore include those related to a lack of exercise, poor diet, drug and alcohol use, smoking and sexual health, whilst there are also high levels of accident and emergency admissions, as individuals in the cohort often experience little previous interaction with universal services, therefore failing to manage their own health and presenting when in crisis.

The incidence of mental ill health amongst young offenders is common, and they are identified as a key group at risk of developing mental health difficulties in adulthood.

4.11 Homeless and rough sleepers

People who have experienced homelessness are more likely to have poor physical and mental health than the general population, with chronic and multiple health needs being common and often going untreated.

- Homeless Link reported in 2014[61] that almost all long-term physical health problems are more prevalent in the homeless population than in the general population. 41% of the homeless population experiences long-term physical health problems compared to 28% of the general population. 45% have been diagnosed with a mental health problem (25% in the general population) and 36% have taken drugs in the past six months (5% in the general population).
- The prevalence of serious mental illness (including major depression, schizophrenia and bipolar disorder) is reported as 25–30% in the street homeless population and those living in direct-access hostels. Homelessness is also associated with higher rates of personality disorder, self-harm and attempted suicide.
- A high prevalence of communicable diseases such as tuberculosis, hepatitis and bacterial infections such as streptococcal and staphylococcal infections can be found among those living on the streets or in hostels.
- Cancer prevalence, risks and uptake of cancer screening remains understudied in the homeless population. However, access to screening can

[61] Homeless Link, The unhealthy state of homelessness 2014

be largely dependent on a person being registered with a GP and population groups without a postal address may also face challenges in accessing health services, including screening, as they have no address to which information about appointments can be sent.

- Groundswell's study Healthy Mouths[62] reveals that homeless people suffer extremely poor oral health compared to the general population.
    - 90% have had issues with their mouth since becoming homeless. Particularly common were bleeding gums (56%), holes in teeth (46%) and dental abscesses (26%).
    - Many participants had experienced considerable dental pain. 60% had experienced pain from their mouths since they had been homeless. 30% were currently experiencing dental pain.
    - 70% reported having lost teeth since they had been homeless and 7% had no teeth at all. 35% had teeth removed by a medical professional, 17% lost teeth following acts of violence and 15% of participants pulled out their own teeth.
- The report identified some key factors underlying poor oral health in homeless people.
    - High levels of sugar consumption.
    - High rates of drug and alcohol misuse and smoking tobacco
    - Rates of cleaning teeth were significantly lower than the advised minimum levels.
    - Rates of attendance and "sign up" at dentists were far lower than in the general population.
- Alcohol and drugs were commonly used in an attempt to manage oral health issues. 27% of participants have used alcohol to help them deal with dental pain and 28% have used drugs.
- National and local research indicates high prevalence of usage of illegal and prescribed drugs, and of tobacco and alcohol.
- A review of research studies of street homeless people's diet found a recurrent theme of high levels of saturated fat, low fruit and vegetable intake and numerous micronutrient deficiencies, thus highlighting the presence of malnutrition.

According to a report by Centrepoint[63], homeless young people are amongst the most socially disadvantaged in society. Previous research has shown that many have complex problems including substance misuse, mental and physical health problems, and have suffered abuse or experienced traumatic events. 42% of homeless young people have a diagnosed mental health problem or report symptoms of poor mental health, 18% have attempted suicide, 31% have a physical health problem (such as problems with their breathing, joints and muscles, or frequent headaches), 21% have a history of self-harm, 52% report problems with their sleep, 55% smoke, and 50% use illegal substances.

The rough sleeper health needs assessment for North Lincolnshire[64] showed that those who are sleeping rough do not have access to fresh fruit or vegetables, or two

[62] Groundswell, Healthy Mouths
[63] Toxic Mix: The health needs of homeless young people, Centrepoint 2014
[64] Health Needs Assessment: Sleeping Rough in North Lincolnshire 2020, North Lincolnshire Council

meals a day, but they tend to walk at least twice a week. This differs once accommodation is sought as fruit and vegetable or two meals a day becomes the norm but exercise is limited.

It found the following in relation to substance misuse.

- Drugs are commonly used and this tends to continue once secure accommodation has been found.
- The most common drugs used are crack cocaine and heroin but when no longer sleeping rough individuals are more likely to misuse prescription drugs, cocaine and crack cocaine.
- Those sleeping rough are most likely to inject drugs.
- The majority of the research participants do not use/abuse alcohol. Those who do drink alcohol tend to drink more than ten units on each occasion they drink.
- Rough sleepers tend to smoke tobacco daily.

The majority who took in the survey were unsure if they had been vaccination or screened against diseases.

Physical needs and mental health needs are common for individuals who are sleeping rough and who have slept rough for more than five days in the last 12 months. The most common physical needs are in the form of joint, muscle or bone pain or problems. The most commonly diagnosed mental health needs are depression and anxiety.

The weather is reported to affect an individual's health the most when sleeping rough.

The majority of respondents considered their ability to maintain personal hygiene to be good and the majority had access to hygiene facilities they need as often as they wish.

Engagement with health services is limited, especially in relation to medical and dental services. It is unclear how many rough sleepers are registered with a GP and it is not uncommon for rough sleepers not to engage with health services until a crisis point is reached. A&E attendances and admissions frequently occurred for mental health related concerns including self-harm and drug use. Admissions and attendances at the hospital also occurred for single instances such as an accident or violent offence.

4.12 Traveller and gypsy communities

Gypsies and Travellers have significantly poorer health outcomes compared with the general population and are frequently subject to racial abuse and discrimination[65]. They have the lowest life expectancy of any ethnic group in the UK and experience:

[65] Matthews Z. The health of Gypsies and Travellers in the UK. Better Health Briefing Paper 12. Race Equality Foundation. 2008.

- high infant mortality rates,
- high maternal mortality rates,
- low child immunisation levels, and
- high rates of mental health issues including suicide, substance misuse and diabetes, as well as high rates of heart disease and premature morbidity and mortality.

Gypsies and Travellers have high levels of unmet dental need, low rates of registration with a dentist and very little use of preventative services.

Despite experiencing worse health and having significant health needs, travellers are less likely to receive effective, continuous healthcare. Identified barriers to healthcare access[66] include:

- inequalities in registration with GPs (due to discrimination, mismatch in expectations, the perception that they will be “expensive patients”, and the reluctance of GPs to visit sites),
- poor literacy, and
- lack of “cultural awareness/competence” amongst service providers.

The same barriers exist when it comes to accessing dental services.

Factors that contribute to the high rate of premature mortality include missed opportunities for preventative healthcare, particularly among Gypsy and Traveller men, and effective treatment for pre-existing conditions.

4.13 Refugees and asylum seekers[67]

Asylum seekers are one of the most vulnerable groups within society, with often complex health and social care needs. Within this group are individuals more vulnerable still, including pregnant women, unaccompanied children and people with significant mental ill-health. Whilst many asylum seekers arrive in relatively good physical health some asylum seekers can have increased health needs relative to other migrants due to the situation they have left behind them, their journey to the UK and the impact of arriving in a new country without a support network.

The most common physical health problems affecting asylum seekers include:

- Communicable diseases – immunisation coverage level may be poor or non-existent for asylum seekers from countries where healthcare facilities are lacking
- Sexual health needs – UK surveillance programmes of sexually transmitted diseases (except Human Immunodeficiency Virus) do not routinely collect data on country of origin. Uptake of family planning services is low, which may reflect some of the barriers to accessing these services by women

[66] Cemlyn S et al. Inequalities experienced by Gypsy and Traveller communities: A review. Equality and Human Rights Commission. 2009
[67] The health needs of asylum seekers - Faculty of Public Health. May 2008

- Chronic diseases such as diabetes or hypertension, which may not have been diagnosed in the country of origin, perhaps due to a lack of healthcare services
- Dental disorders – dental problems are commonly reported amongst refugees and asylum seeker and
- Consequences of injury and torture

With regards to women's health:

- Poor antenatal care and pregnancy outcomes
- Asylum seeking, pregnant women are seven times more likely to develop complications during childbirth and three times more likely to die than the general population
- Uptake rates for cervical and breast cancer screening are typically very poor
- Other concerns include female genital mutilation and domestic violence, although there is a lack of prevalence data

Irregular or undocumented migrants such as those who have failed to leave the UK once their asylum claim has been refused, or those who have been illegally trafficked, also have significant health needs and are largely hidden from health services.

Some asylum seekers will have been subjected to torture, as well as witnessing the consequences of societal breakdown of their home country – with consequences for their mental health. Culturally, mental illness may not be expressed or may manifest as physical complaints. Stigma may also be attached to mental ill-health. Furthermore, Western psychological concepts are not universally applicable to asylum seekers. Mental health problems such as depression and anxiety are common, but post-traumatic stress disorder is greatly underestimated and underdiagnosed and may be contested by healthcare professionals. Children are particularly neglected in this area.

4.14 Visitors to sporting and leisure facilities in the area[68]

Tourism is a growth industry, which contributes £167m to the North Lincolnshire economy. Over 4,000 people are employed locally in the industry and there are over 40 visitor attractions. Day visits are the main income for tourism sector businesses.

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of North Lincolnshire. As they are only in the county for a short while their health needs are likely to be:

- Treatment of an acute condition which requires the dispensing of a prescription,
- The need for repeat medication,
- Support for self-care, or
- Signposting to other health services such as a GP or dentist.

[68] Visit Britain inbound nation, region and county data

5 Provision of pharmaceutical services

All data in this chapter is from the NHS Business Services Authority's website[69] unless otherwise stated.

5.1 Necessary services: current provision within the health and wellbeing board's area

Necessary services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, as those services that are provided:

- Within the health and wellbeing board's area and which are necessary to meet the need for pharmaceutical services in its area, and
- Outside the health and wellbeing board's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area

For the purposes of this pharmaceutical needs assessment, the health and wellbeing board has agreed that necessary services are:

- Essential services provided at the premises included in the pharmaceutical lists,
- The advanced services of new medicine service, community pharmacist consultation service, hypertension case-finding service, and flu vaccination, and
- The dispensing service provided by some GP practices.

There were 35 pharmacies included in the pharmaceutical list for the area of the health and wellbeing board as of May 2022, operated by 19 different contractors. Of these 35 pharmacies, five provide services for 100 hours per week. There are no pharmacies providing local pharmaceutical services, distance selling premises or dispensing appliance contractors in the health and wellbeing board's area.

The following applications for inclusion in the pharmaceutical list had been received as of May 2022.

- An application for distance selling premises at 24 Avenue Vivian, Scunthorpe had been granted by NHS England and the applicant has until 20 December 2022 to submit a notice of commencement.
- A relocation application for the pharmacy at 26 Oswald Road, Scunthorpe was granted by NHS England on 26 August 2021 and the applicant has until 26 August 2022 to submit a valid notice of commencement and open at the new premises.
- A change of ownership application was received for a pharmacy in Scunthorpe on 9 January 2022 and is awaiting determination.

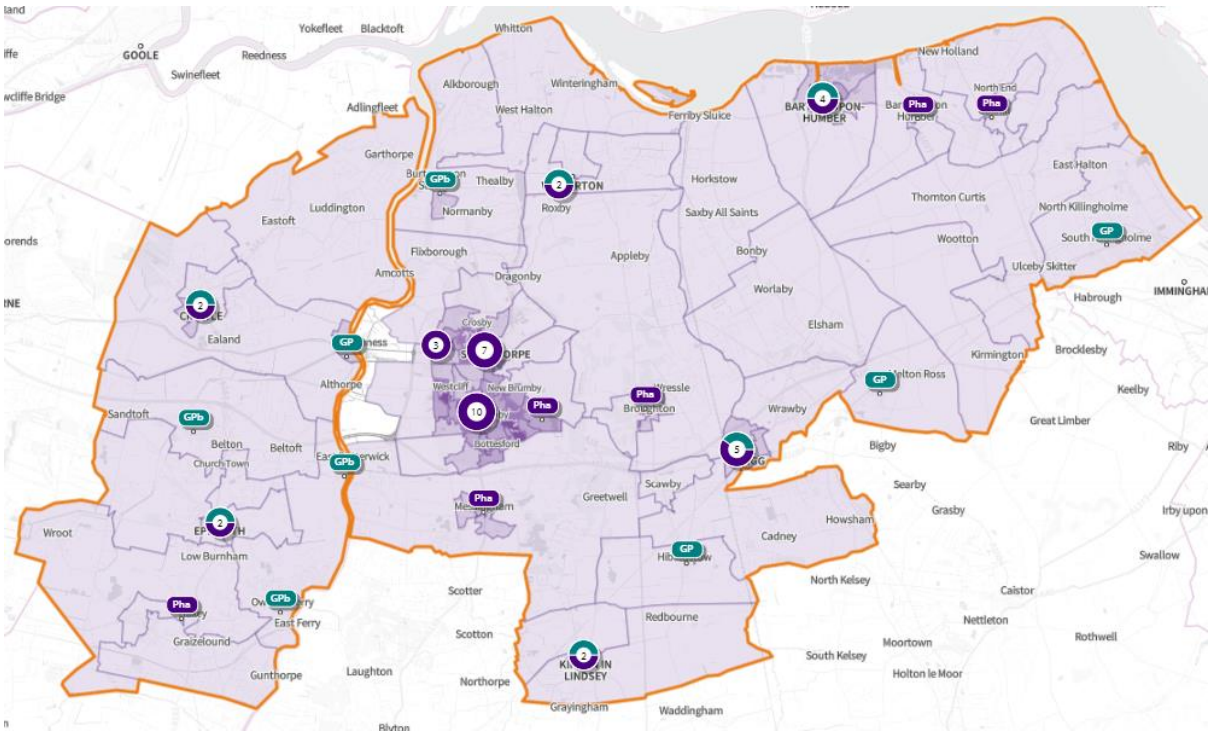
[69] Dispensing contractor's data, Information Services, NHS Business Services Authority website

Of the 20 GP practices in the health and wellbeing board's area, 11 dispense to eligible patients from 17 sites within the health and wellbeing board's area. As of December 2021, the GP practices dispensed to 41,588 of their registered patients (44.2% of the total list size for all 11 practices). The percentage of dispensing patients at practice level varied between 14.8 and 98.5% of registered patients.

The map below shows the location of the pharmacy and dispensing practice premises within the health and wellbeing board's area compared to the population density (the darker the colour the greater the density). Due to the size of the health and wellbeing board's area many of the premises are not shown individually, however more detailed maps can be found in the locality chapters.

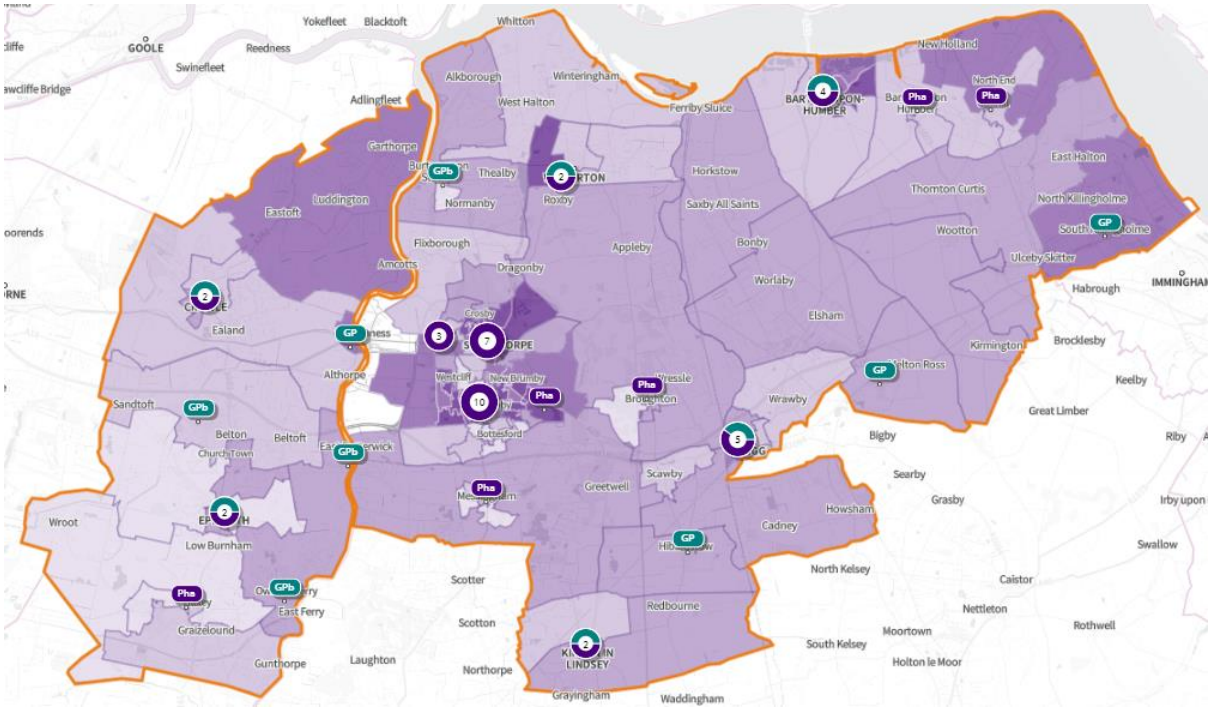
In general the pharmacies are located in areas of greater population density and the dispensing practice premises are in areas of lower population density.

Map 1 – location of pharmacies and dispensing practice premises compared to population density



There is less correlation when looking at the location of pharmacies and dispensing practice premises compared to levels of deprivation as can be seen from the map below. In this map the darker the shading the greater the level of deprivation.

Map 2 – location of pharmacies and dispensing practice premises compared to levels of deprivation



In 2020/21 71.2% of items prescribed by GP practices in North Lincolnshire were dispensed by pharmacies within the area (70.6% in the period between April and November 2021) and 22.7% were dispensed or personally administered by the GP practices (22.4% in the period between April and November 2021).

5.1.1 Access to premises

Nationally, standards for access to a pharmacy are quoted as 99% of the population, even those living in the most deprived areas, can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport[70]. In September 2016 the Department of Health and Social Care undertook a mapping exercise which confirmed that 88% of the population was within a 20-minute walk of a pharmacy. This data also demonstrated that 40% of all community pharmacies were within a ten-minute walk of two or more other community pharmacies[71].

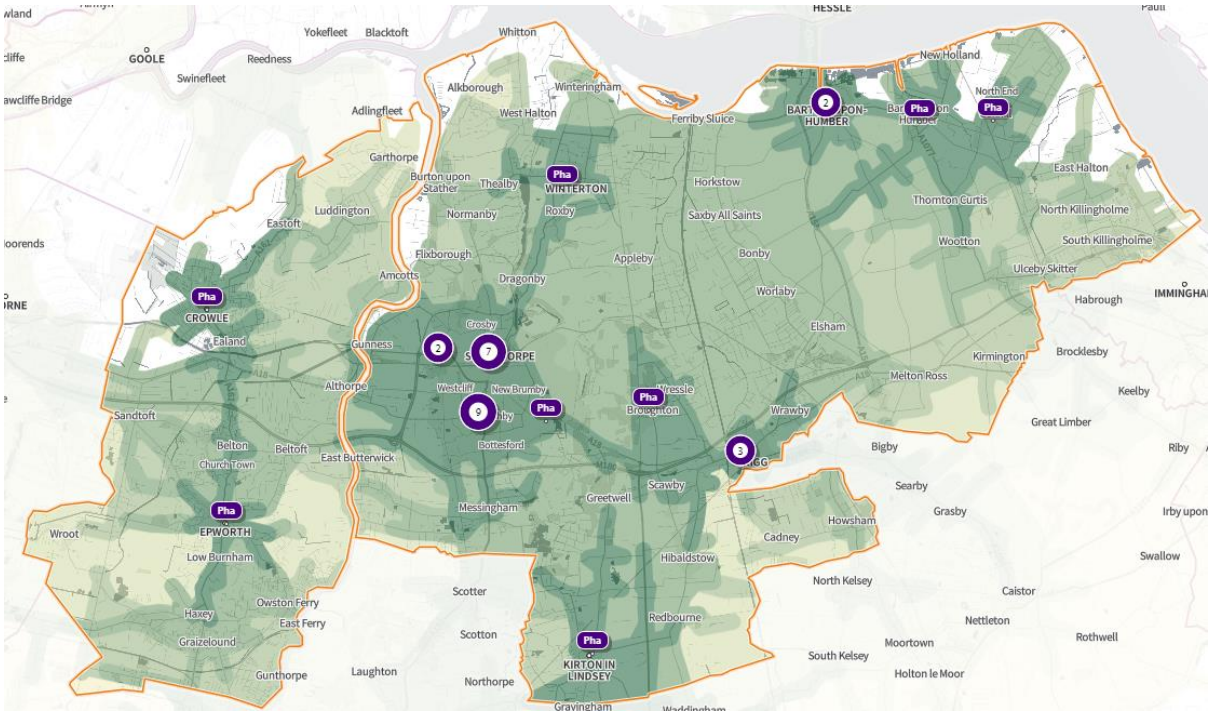
In line with the national access standards, and taking into account the urban-rural split of the county, the health and wellbeing board has chosen 20 minutes by car as a reasonable time for residents to take to access a pharmacy.

[70] Pharmacy in England. Building on strengths – delivering the future. Department of Health April 2008.
[71] Post-implementation report on the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Department of Health and Social Care March 2018

In order to assess whether residents are able to access a pharmacy in line with this travel standard travel times were analysed using the Office for Health Improvement and Disparities' Strategic Health Asset Planning and Evaluation tool.

The map below shows that the vast majority of the health and wellbeing board's area is within a 20-minute drive of a pharmacy outside of rush hour times.

Map 3 – Time taken to access a pharmacy, by car, outside of peak times



Travel times in minutes

For those areas that are not within a 20-minute drive, the Strategic Health Asset Planning and Evaluation tool states that there is no resident population. Each area has been looked at using Google Maps.

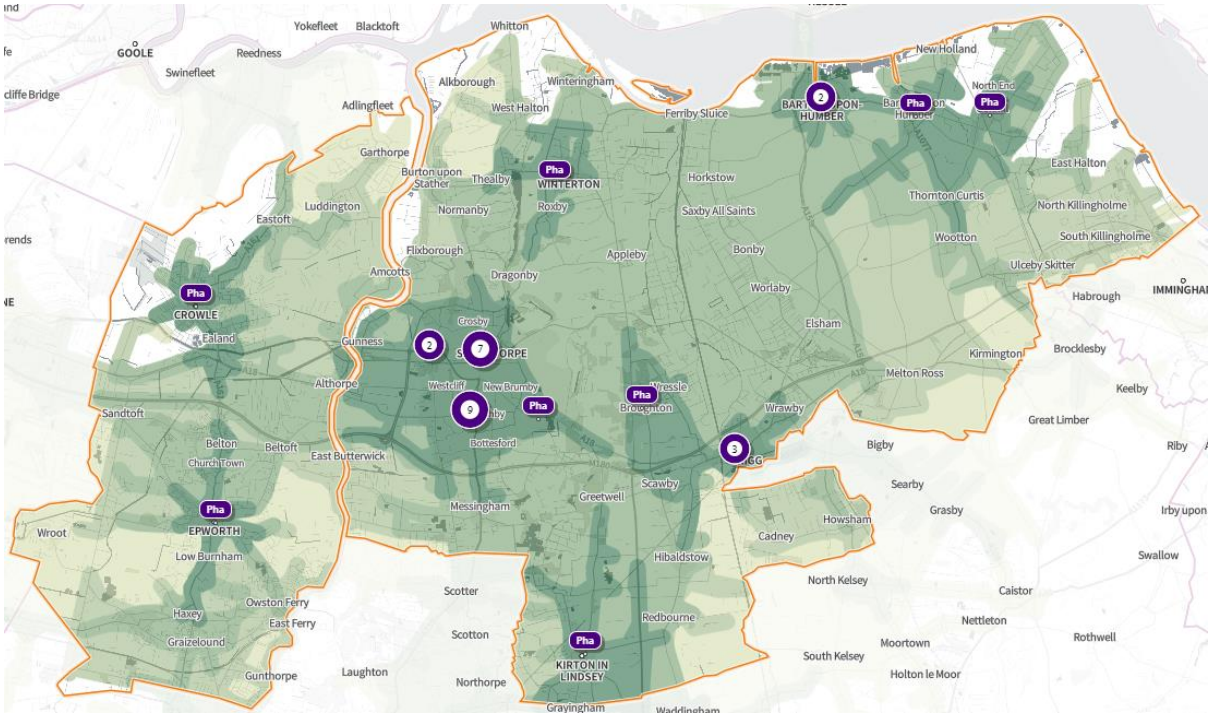
- Area to the south-west of Haxey (south-west corner). This is an area of arable fields and trees.
- Area to the south-west, west, and north of Crowle. This is an area of arable fields and two nature reserves – Thorne and Hatfield Moors and Crowle Moors.
- Areas to the west and east of River Trent. RSPB Blacktoft Sands and Alkborough Flats are at the mouth of the river, where it joins the River Ouse. There is no resident population in either reserve. Further south, the area consists arable fields. Whilst there appears to be some scattered buildings it is not clear if they are houses or farm buildings.

- Arable fields occupy the area around Winteringham.
- The area to the west and east of Barton-upon-Humber, and along the river contains arable fields, wooded areas and a country park.
- The area along the Humber estuary is predominantly arable fields, with the Humber Sea Terminal in the south-east corner.

The picture remains approximately the same when considering travel times during the rush hour.

The health and wellbeing board is therefore satisfied that all residents can access a pharmacy within 20 minutes by private transport.

Map 4 – Time taken to access a pharmacy, by car, peak times

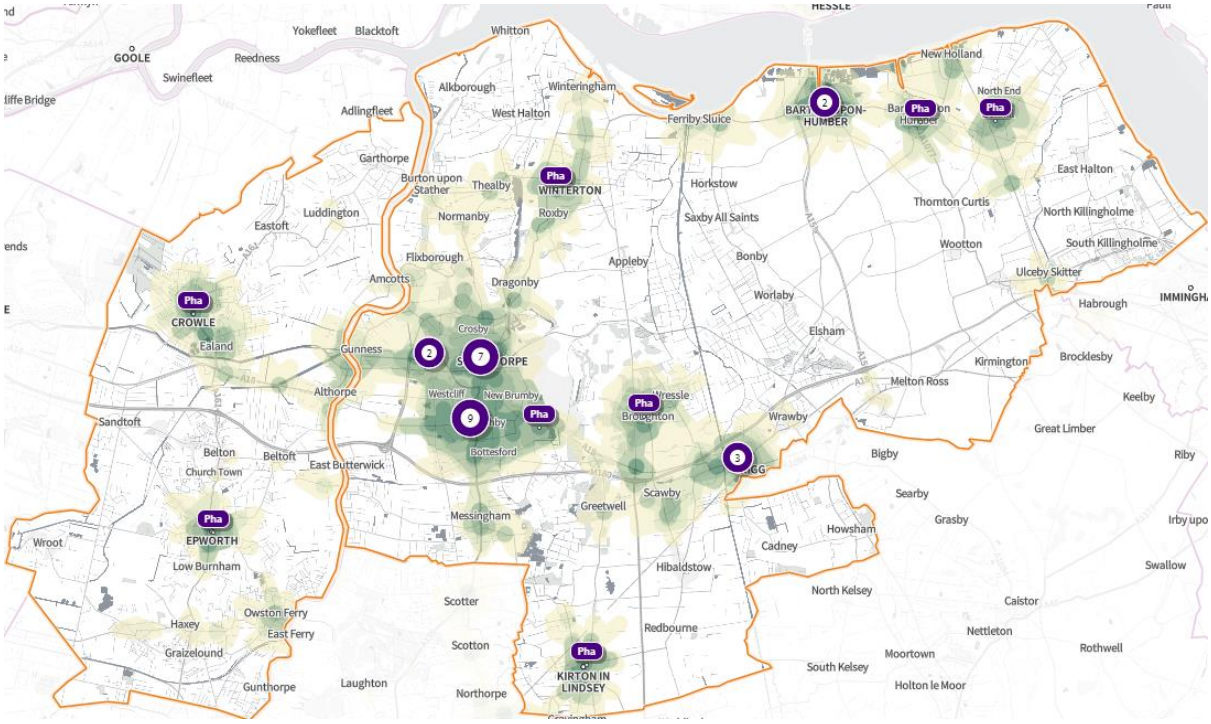


5 10 15 20 Travel times in minutes

As noted from the patient and public engagement questionnaire people also choose to walk to a pharmacy or use public transport. However, as may be expected for those living in the rural areas and villages public transport is not a realistic option for those wishing to access a pharmacy. The map below shows those areas that are within 30 minutes of a pharmacy by public transport.

According to the Strategic Health Asset Planning and Evaluation tool, approximately 12,100 residents are not within a 30-minute journey of a pharmacy by public transport.

Map 5 – Time taken to access a pharmacy, by public transport



Travel times in minutes

However, car ownership is higher in those wards that are predominantly rural and in addition residents of those areas are likely to be dispensed to by their practice and therefore do not need to access a pharmacy for the dispensing service. If their practice dispenses prescriptions for appliances they will not access the appliance use review and stoma appliance customisation service. However, it is possible that their practice or the stoma nurses will provide similar services or support.

Responses to the residents questionnaire provide the following insights into accessing pharmacies:

- 70.6% always use the same pharmacy while 21.8% use different premises but visit one most often.
- The top five reasons for using a particular pharmacy are because it is close to home, the location is easy to get to, close to the GP practice, it's easy to park there, and trust in the staff who work there.
- 59.7% of people drive to a pharmacy and 33.2% walk
- 93.3% of respondents said they could get to a pharmacy within 20 minutes (35.7% said it is less than five minutes, 51.4% said between five and 15 minutes, and 6.2% said more than 15 minutes but less than 20)

- The most convenient times to visit a pharmacy are 15.00 to 18.00 (16.1%), 09.00 to 12.00 (13.7%), 18.00 to 21.00 (11.9%) and 12.00 to 15.00 (10.9%), however 41.2% of respondents said they didn't have a preferred time

Based on the information available to it the health and wellbeing board is satisfied that across its patch there is good access to premises, however this may not be the case at locality level.

5.1.2 Access to essential services

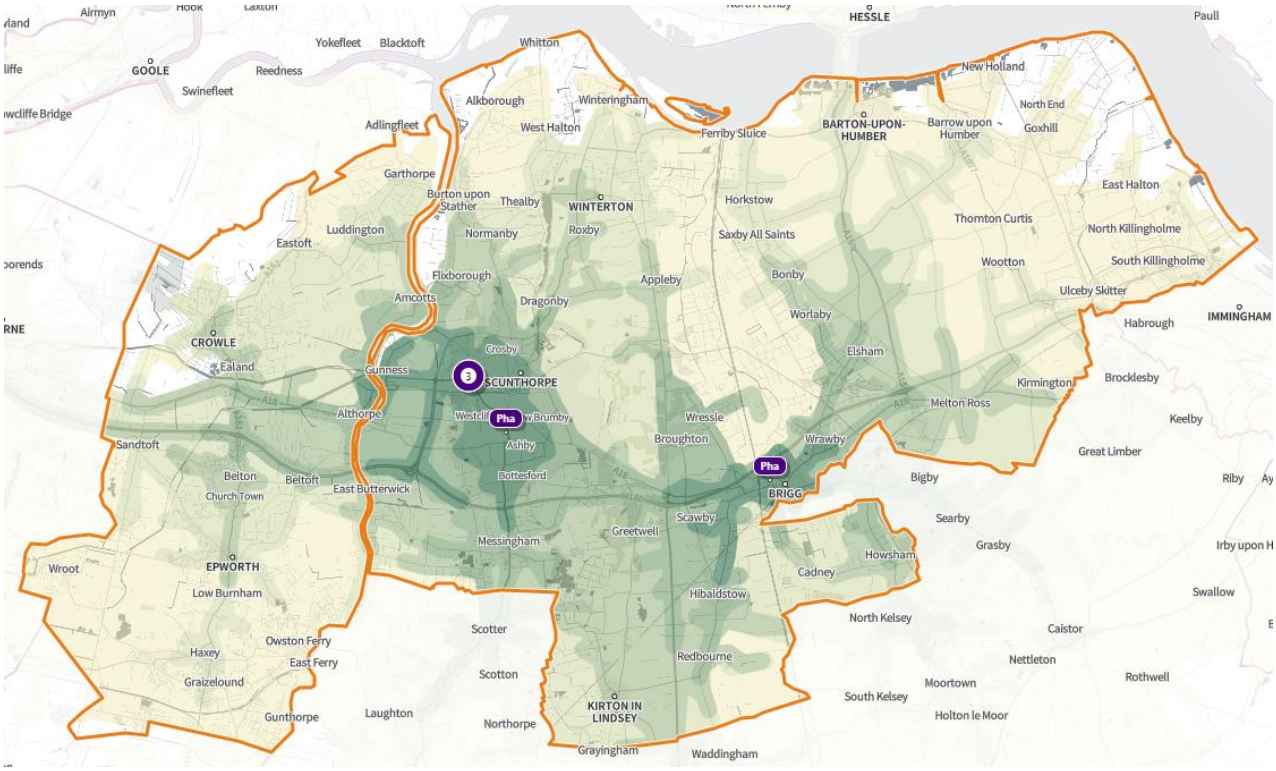
Whilst the majority of people will visit a pharmacy during the 08.30 to 18.00 period, Monday to Friday, following a visit to their GP or another healthcare professional, there will be times when people will need or choose to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the out of hours GP service, or to collect dispensed items on their way to or from work or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day. The residents' questionnaire showed that for those with a preference the period 15.00 to 18.00 is the most convenient time to visit a pharmacy followed by 09.00 to 12.00 and 12.00 to 15.00.

Appendix L provides information on the pharmacies' opening hours as at March 2022 and at that point in time there were:

- Seven pharmacies open seven days a week (includes the five 100 hour pharmacies),
- Eight pharmacies open Monday to Saturday,
- Five pharmacies open Monday to Friday, and Saturday until 13.00, and
- 15 pharmacies that open Monday to Friday.

The map below shows that the population is within a 30-minute drive of a 100 hour pharmacy. Those areas that aren't are the same as those that aren't within a 20-minute drive of a pharmacy within the locality.

Map 6 – Time taken to access a 100 hour pharmacy, by car



5 10 15 20 30 Travel times in minutes

GP practices are contracted to provide services between 8.00 and 18.30, Monday to Friday, excluding bank and public holidays. There are also an extended hours service operating across the health and wellbeing board's area which offers appointments outside of these times. Information on this can be found in chapter 6.

There are no confirmed plans for GP practice mergers or relocations that may affect access to pharmaceutical services during the lifetime of this pharmaceutical needs assessment.

Based on the information available to it the health and wellbeing board is satisfied that across its patch there is good access to premises. However this may not be the case at locality level as it assumes that residents are able to access premises at which pharmaceutical service are provided which may not be the case at locality level and further analysis is undertaken within the locality chapters.

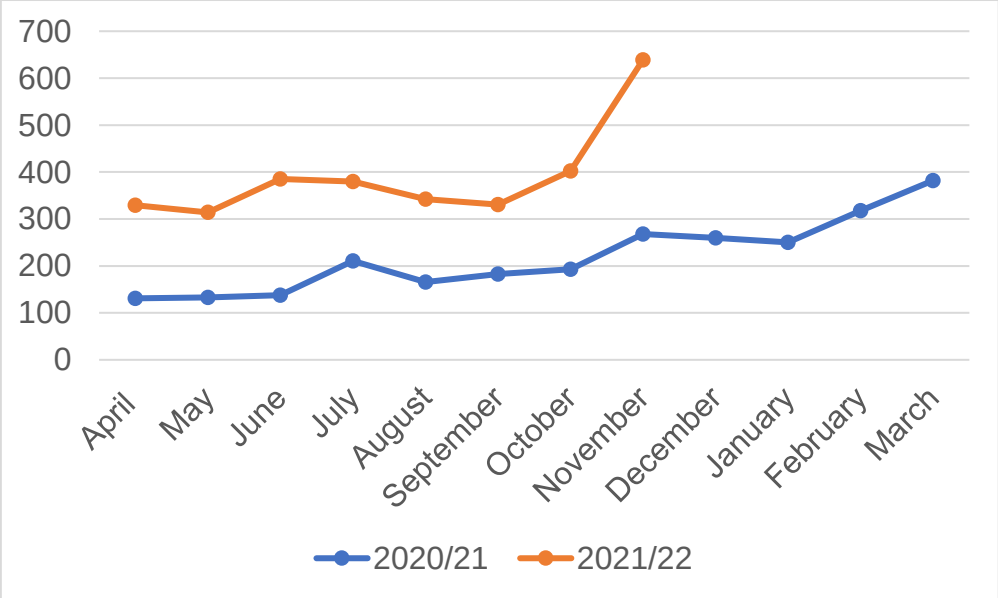
5.1.3 Access to the new medicine service

32 of the pharmacies provided this service in 2020/21, completing a total of 2.633 full service interventions. The range at pharmacy level was one to 267.

Between April and November 2021, 34 pharmacies have completed a total of 3,122 full service interventions with a range at pharmacy of one to 315.

The figure below shows the pattern of claiming each month for the financial year 2020-21 and the first eight months of 2021-22 by those pharmacies providing the service.

Figure 21 – number of full service interventions claimed by the pharmacies April 2020 to November 2021



There is no nationally set maximum number of new medicine service interventions that may be provided in a year. However the service is limited to a specific range of drugs and can only be provided in certain circumstances and this therefore limits the total number of eligible patients.

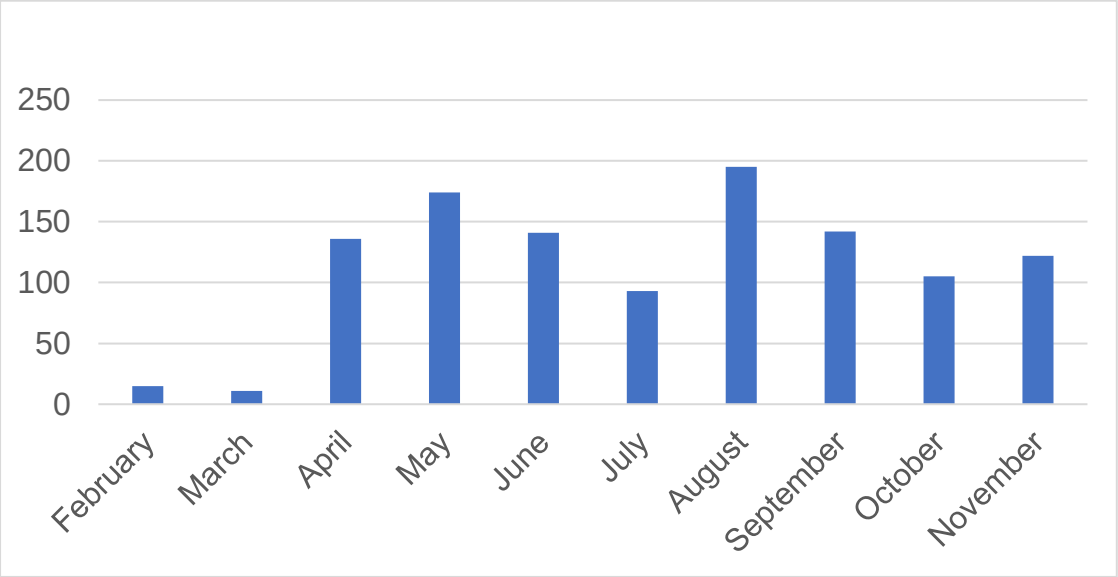
The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area. However, this assumes that residents are able to access the pharmacies providing this service which may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.4 Access to the NHS community pharmacist consultation service

This service commenced in January 2021. In the final three months of 2020/21, 27 of the pharmacies completed a total of 215 referrals under this service, with a range at pharmacy level of one to 26. Between April and November 2021, 31 pharmacies completed a total of 1,108 referrals. Three of the pharmacies that hadn't completed any referrals in that time of period have signed up to provide the service.

The graph below shows the number of referrals completed between January and November 2021.

Map 7 – number of referrals completed February to November 2021



The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area. However, this assumes that residents are able to access the pharmacies providing this service which may not be the case at locality level and further analysis is undertaken within the locality chapters.

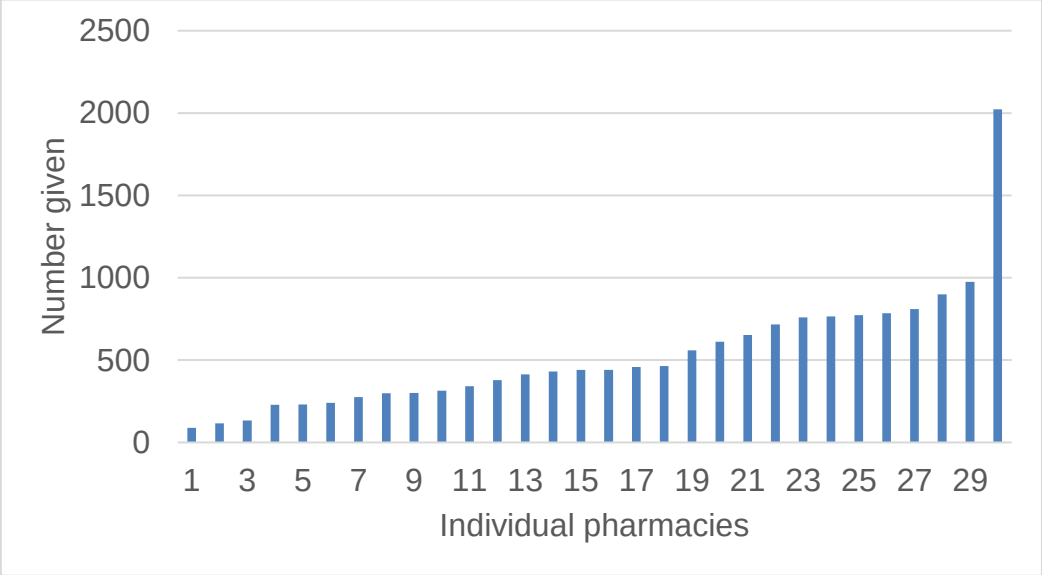
5.1.5 Access to the national influenza adult vaccination service[72]

During the 2020/21 flu season 32 pharmacies provided a total of 10,148 vaccinations. The number given at pharmacy level varied from two vaccinations to 752.

31 of the pharmacies provided a total of 16,288 flu vaccinations in October to December 2021. At pharmacy level there was a range from 89 vaccinations to 2,022 as can be seen from the graph below.

[72] Advanced service flu report, NHS Business Services Authority public insight portal Catalyst

Figure 22 – number of flu vaccinations given by individual pharmacies, October to December 2021

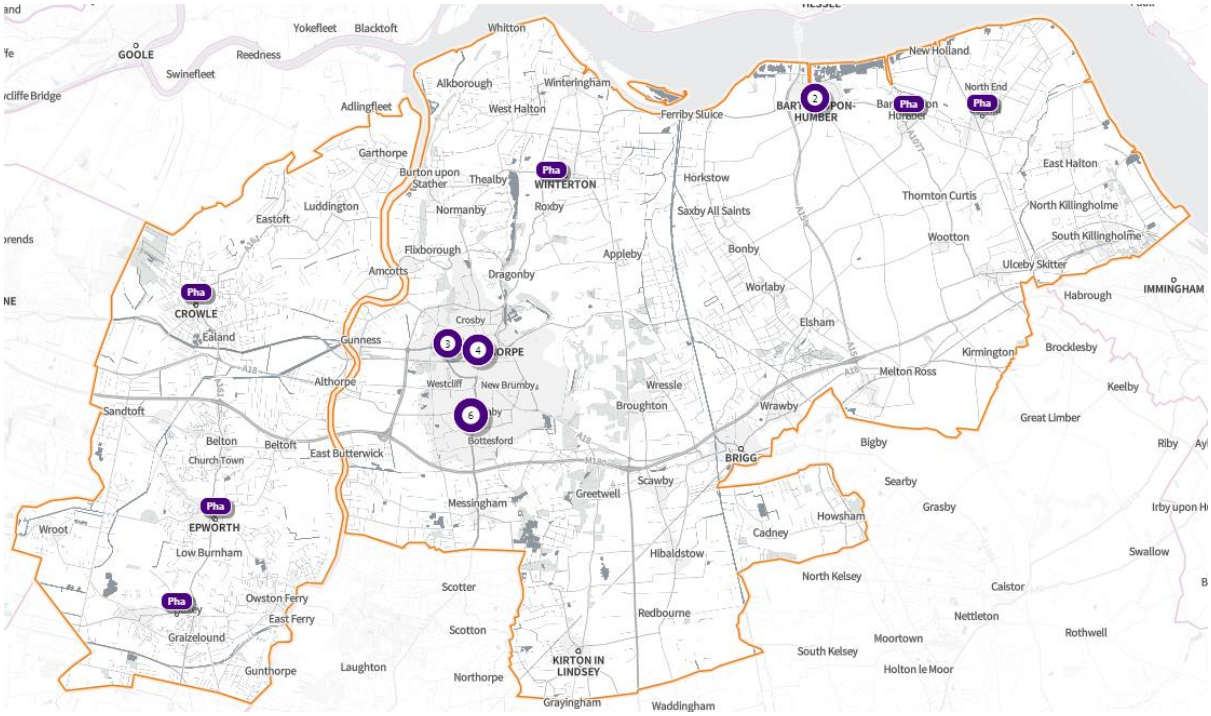


The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area. However, this assumes that residents are able to access the pharmacies providing this service which may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.6 Hypertension case-finding service

This service commenced in October 2021 and therefore at the point of drafting no activity is available. However, 21 pharmacies had signed up to provide the service as of 12 April 2022. The map below shows the location of these pharmacies.

Map 8 – location of the pharmacies that have signed up to provide the hypertension case-finding advanced services as at April 2022



The number of pharmacies that have signed up to provide this service has increased since it was launched.

- One pharmacy signed up in September 2021.
- Six in October.
- Five in December.
- Two in January 2022.
- Seven in March.

The health and wellbeing board has noted the increase in the number of pharmacies that have signed up to provide and, based on the level of sign up for and provision of the other advanced services, anticipates that this will continue and that most pharmacies will provide the service.

5.1.7 Dispensing service provided by some GP practices

Dispensing GP practices will provide the dispensing service during their core hours which are 8.00am to 6.30pm from Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practices.

As of December 2021, 41,588 people were registered as a dispensing patient with their practice[73].

5.1.7 Access to pharmaceutical services on public and bank holidays and Easter Sunday

NHS England has a duty to ensure that residents of the health and wellbeing board's area are able to access pharmaceutical services every day. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so.

Pharmacy contractors are required to advise NHS England of their opening hours on these days, and where necessary it will direct a contractor or contractors to open for all or part of these days to ensure adequate access. The health and wellbeing board is therefore satisfied that there is a process in place to ensure patients are able to access pharmaceutical services on these days.

5.2 Necessary services: current provision outside the health and wellbeing board's area

5.2.1 Access to essential services and dispensing appliance contractor equivalent services

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of North Lincolnshire are dispensed within the area although as noted in the previous section, the vast majority of items are.

The table below shows where prescriptions written by the GP practices in 2020/21 and between April and November 2021 were dispensed, and the number of contractors that dispensed the prescriptions.

[73] Practice list size and GP count for each GP practice report, NHS Business Services Authority public insight portal Catalyst

Figure 23 – location of where prescriptions were dispensed in 2020/21 and between April and November 2021

Type of contractor	Number of items		Percentage of items		Number of contractors	
	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22
In area - pharmacy	3,416,076	2,308,363	71.2%	70.6%	35	35
In area - GP practice	1,087,748	733,728	22.7%	22.4%	11	11
Out of area - distance selling premises	123,307	109,774	2.6%	3.4%	34	30
Out of area - pharmacy	111,413	71,730	2.3%	2.2%	846	817
Out of area - dispensing appliance contractor	31,270	22,595	0.7%	0.7%	55	57
Out of area - GP practice	18	9	0.0%	0.0%	4	3
Totals	**4,769,832**	**3,246,199**	**99.5%**	**99.3%**	**985**	**953**

For those prescriptions which are dispensed by a pharmacy or dispensing appliance contractor that is outside of North Lincolnshire, the majority are located in the following health and wellbeing board areas:

- Lincolnshire (predominantly one pharmacy in Scotter),
- Leeds (predominantly by one distance selling premises),
- Ealing (predominantly by one distance selling premises),
- Hull (predominantly by one distance selling premises),
- Bradford and Airedale (predominantly by one distance selling premises), and
- Doncaster (predominantly by one distance selling premises).

Five contractors accounted for 67.9% of the items dispensed out of area in 2020/21. Of these:

- Four are distance selling premises, and
- One is a pharmacy.

The same pattern is seen in relation to items dispensed in April to November 2021.

However, prescriptions were dispensed by pharmacies as far away as West Sussex, York, Worcestershire, Bristol, Norfolk, Buckinghamshire, Liverpool and Somerset, suggesting that people are taking their prescriptions with them when they go on holiday or to work.

5.2.2 Access to new medicine service, NHS community pharmacist consultation service, flu vaccination and hypertension case-finding service

Information on the type of advanced services provided by pharmacies outside the health and wellbeing board's area to residents of North Lincolnshire is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription. However even with this service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that residents of the health and wellbeing board's area will access these services from contractors outside of Nottinghamshire.

5.2.3 Dispensing service provided by some GP practices

Some residents of the health and wellbeing board's area will choose to register with a GP practice outside of the county and will access the dispensing service offered by their practice.

5.3 Other relevant services

'Other relevant services' are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as services that are provided in and/or outside the health and wellbeing board's area which are not necessary to meet the need for pharmaceutical services, but have secured improvements or better access to pharmaceutical services in its area.

For the purposes of this pharmaceutical needs assessment, the health and wellbeing board has agreed that other relevant services are:

- Appliance use reviews,
- Stoma appliance customisations,
- Community pharmacy Hepatitis C antibody testing service,
- Covid-19 lateral flow device distribution service,
- Community pharmacy smoking cessation service,
- Minor ailments enhanced service,
- Point of dispensing intervention enhanced service,
- Palliative care enhanced service, and
- Tuberculosis directly observed therapy enhanced service.

5.3.1 Other relevant services within the health and wellbeing board's area

5.3.1.1 Access to appliance use reviews

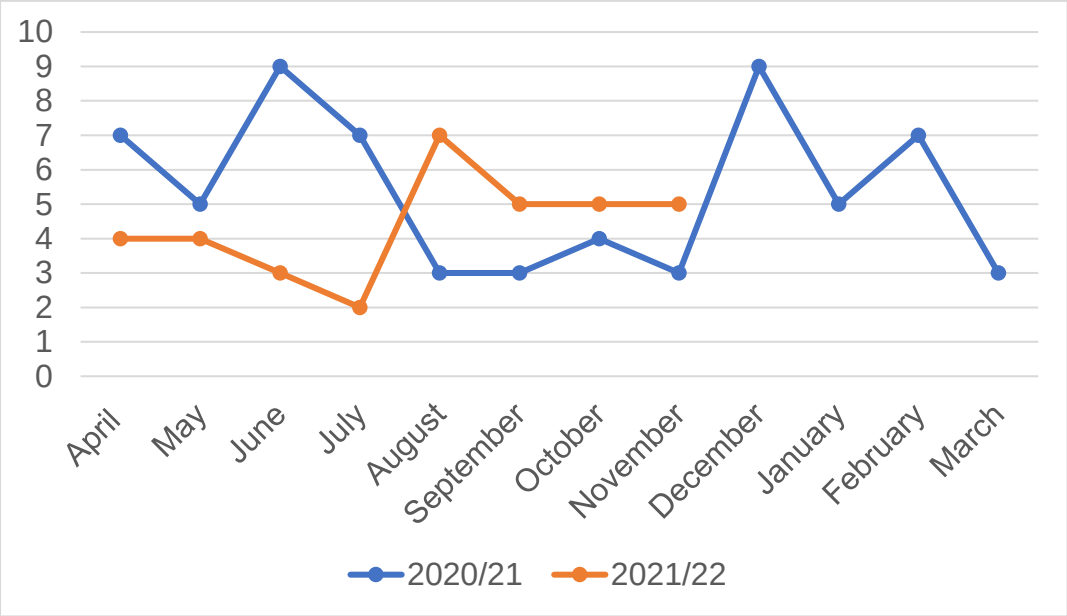
None of the pharmacies have provided this service since April 2021, despite 20 saying that they dispense all types of appliances. However it is noted that prescriptions written by the GP practices are dispensed by dispensing appliance contractors outside of North Lincolnshire. It is therefore likely that they are providing this service to residents. In addition stoma nurses employed by dispensing appliance

contractors will provide the service at the patient's home and the stoma care department at the hospitals may provide a similar service.

5.3.1.2 Access to stoma appliance customisations

Seven pharmacies customised a total of 65 stoma appliances in 2020/21, and six have customised a total of 35 between April and November 2021. This is despite 20 saying that they dispense all types of appliances.

Figure 24 - number of stoma appliance customisations provided by pharmacies, by month and year



It is noted that:

- not all stoma appliances needs to be customised, and
- prescriptions written by the GP practices are dispensed by dispensing appliance contractors outside of North Lincolnshire.

The health and wellbeing board is therefore satisfied that this service is also being provided by contractors based outside of its area.

5.3.1.3 Access to the community pharmacy Hepatitis C antibody testing service

As of February 2022, no pharmacies have signed up to provide the service. Nationally, only 37 tests have been provided between April and September 2021.

It is recognised that this is a niche service that will not be relevant to many residents. The health and wellbeing board is therefore satisfied that there are no gaps in the provision of this service.

5.3.1.4 Access to the Covid-19 lateral flow device distribution service

All of the pharmacies have provided this service in the first eight months of 2021/22, handing out 42,137 test kits.

As all the pharmacies provide this service the health and wellbeing board is satisfied that there is adequate provision of this service. The service can be provided by any member of the pharmacy team and the rate at which it can be provided is only limited by the supply of test kits to the pharmacy. The health and wellbeing board is therefore satisfied that there is sufficient capacity within existing contractors in relation to this service and there are no geographical gaps in its provision.

5.3.1.5 Community pharmacy smoking cessation service

NHS England began to commission this service in March 2022 and as of mid-April 2022 none of the pharmacies have signed up to provide it.

The health and wellbeing board has noted that this is a very new service and that the hospital trusts have existing ways of referring people for ongoing support in relation to giving up smoking. It has therefore not identified any gaps in the provision of this service.

5.3.1.6 Access to the minor ailments enhanced service

This service is commissioned by NHS England on behalf of North Lincolnshire Clinical Commissioning Group. Under the service, GP practices can refer people with a specified minor ailment to a pharmacy for a consultation with a pharmacist who will advise on the management and treatment of the ailment. People can also self-refer into the service.

In 2021/22, 33 of the pharmacies are commissioned to provide the service.

The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area. However, this assumes that residents are able to access the pharmacies providing this service which may not be the case at locality level and further analysis is undertaken within the locality chapters.

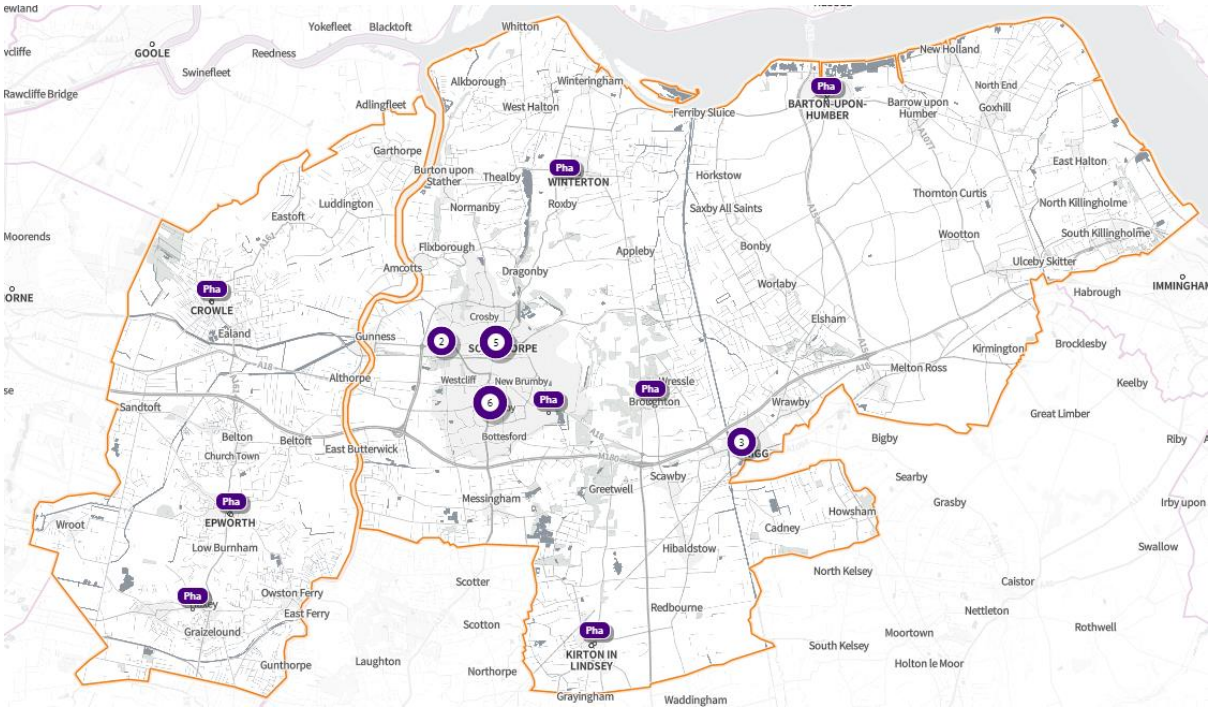
5.3.1.7 Access to the point of dispensing intervention enhanced service

This service is commissioned by NHS England on behalf of North Lincolnshire Clinical Commissioning Group. The aims of the service are to:

- Reduce the number of unwanted medicines dispensed and therefore wasted, by not dispensing items that are not required,
- Notify the prescriber when an item prescribed has not been dispensed,
- Promote, support and encourage good repeat/prescribing practices with patients and GP practices,
- Highlight over or under usage of medicines to the prescriber, and
- Inform the prescriber whether the continued supply or non-supply of items would be considered clinically significant.

In 2021/22, 24 of the pharmacies are commissioned to provide the service and the map below shows their locations.

Map 9 – pharmacies providing the point of dispensing intervention enhanced service in 2021/22



The health and wellbeing has noted the location of the providers of this service and is satisfied that there are no gaps in provision.

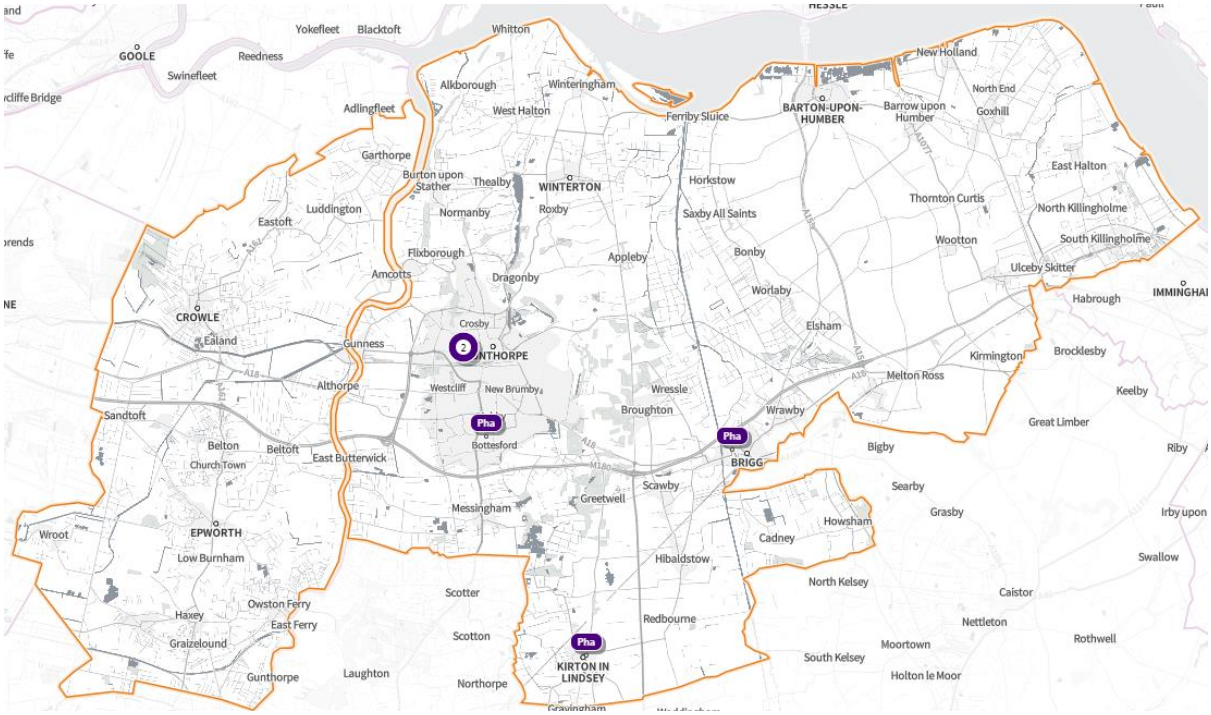
5.3.1.8 Access to palliative care enhanced service

This service is commissioned by NHS England on behalf of North Lincolnshire Clinical Commissioning Group to ensure access to palliative care drugs. Five pharmacies are commissioned to hold a specified range of palliative care drugs.

In addition, one pharmacy is commissioned to hold a wider range of palliative care drugs and to provide them as required during the out of hours period.

The map below shows the location of these five pharmacies.

Map 10 – location of the pharmacies that are commissioned to provide the palliative care enhanced service



The health and wellbeing board has noted the locations of the providers of this service and that 94.8% of the population can access one of these pharmacies within 20 minutes. Two of the pharmacies are open for 100 hours per week and therefore provide access to these medicines during the evening and at weekends. It is therefore satisfied that there are no gaps in the provision of the service.

5.3.1.9 Tuberculosis directly observed therapy enhanced service

This service may be commissioned by NHS England to provide enhanced case management of those with Tuberculosis, which is key to improving treatment adherence and completion in particular in relation to vulnerable groups of those at risk of non-adherence. Under the service, the pharmacist observes the person taking their medication.

At present there is no need for the service. However, should it be required it will be commissioned from an appropriate pharmacy. The health and wellbeing board is therefore satisfied that there are no gaps in the provision of this service.

5.3.2 Other relevant services provided outside the health and wellbeing board's area

Information on the appliance use review, stoma appliance customisation, hepatitis C antibody testing, hypertension case finding, and smoking cessation services provided by pharmacies and dispensing appliance contractors outside the health and

wellbeing board's area to residents of North Lincolnshire is not available due to the way contractors claim. It can be assumed however that residents of the health and wellbeing board's area will access these two services from pharmacies and dispensing appliance contractors outside of North Lincolnshire.

It is also possible that residents will have accessed enhanced services from pharmacies outside of the health and wellbeing board's area, but again this information is not available.

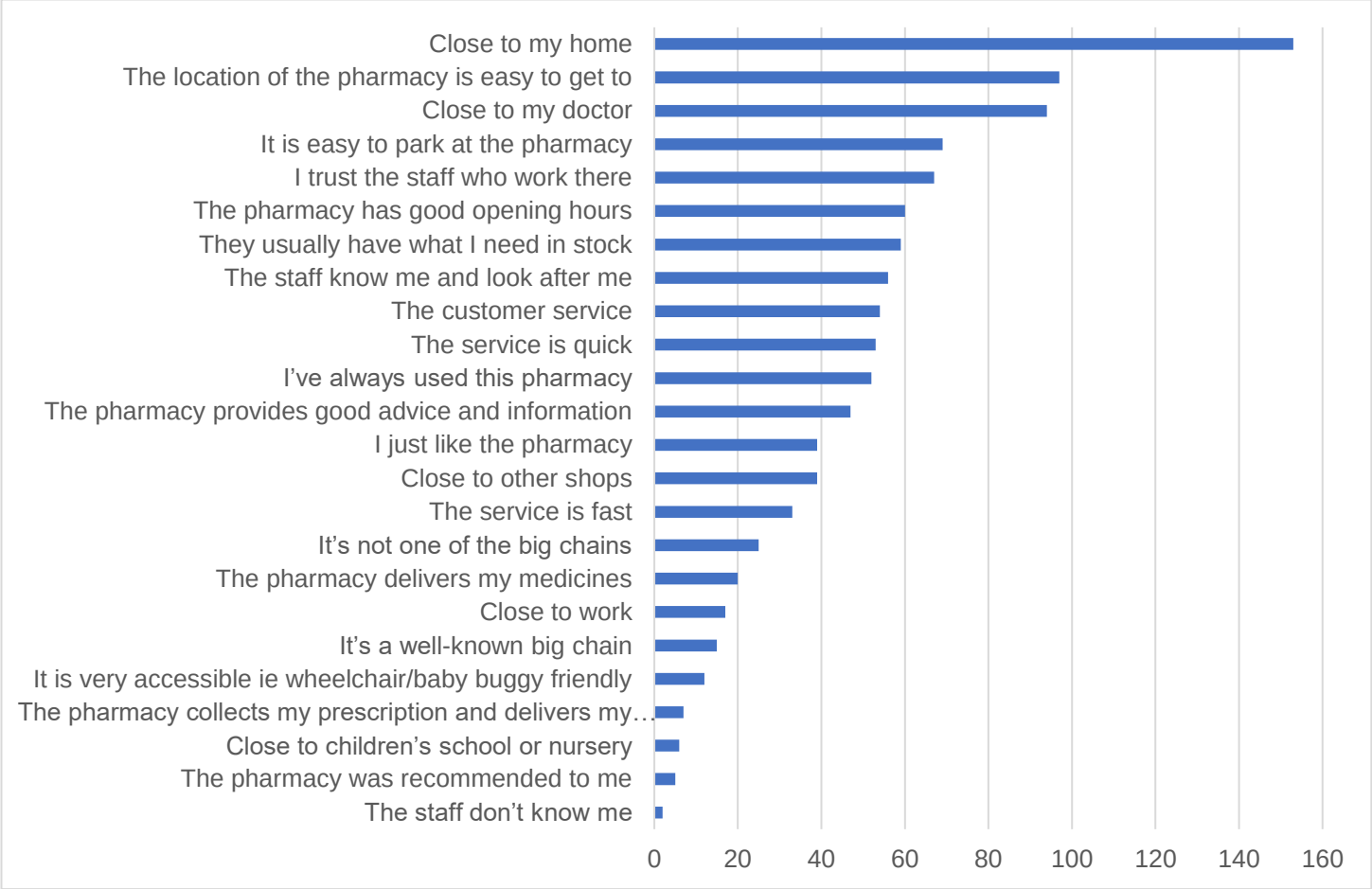
5.4 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 5.1 and 5.2, the residents of the health and wellbeing board's area currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within the health and wellbeing board's area they have a choice of 35 pharmacies, operated by 19 different contractors. Outside of the health and wellbeing board's area residents chose to access a further 939 contractors in 2020/21 and 907 between April and November 2021, although many were not used on a regular basis.

When asked what influences their choice of pharmacy the top five responses in the residents' questionnaire were:

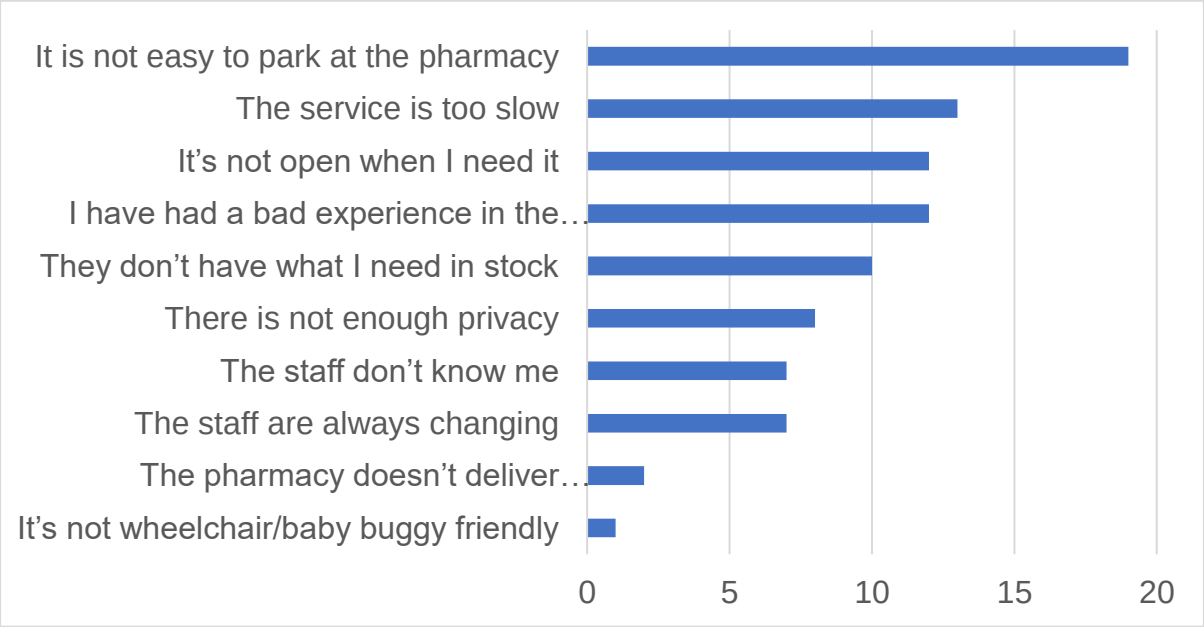
- 'close to my home',
- 'the location is easy to get to',
- 'close to my GP practice',
- 'it is easy to park at the pharmacy', and
- 'I trust the staff who work there'.

Figure 25 - We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy?



When asked if there is a more convenient and/or closer pharmacy that respondents choose not to use 69.5% replied no, 24.3% replied yes, and 6.2% said they didn't know. The figure below shows the responses as to why that more convenient and/or closer pharmacy is not used.

Figure 26 - Please could you tell us why you do not use that pharmacy?



6 Other NHS services

The following NHS services are deemed, by the health and wellbeing board, to affect the need for pharmaceutical services within its area.

- Hospital pharmacy departments – reduce the demand for the dispensing essential service as prescriptions written in hospitals are dispensed by the hospital pharmacy service.
- Personal administration of items by GPs – similar to hospital pharmacies this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
- GP out of hours service – whether a patient is given a full or part course of treatment after being seen by the out of hours service will depend on the nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.
- Community nurse prescribers - generate prescriptions which affects the need for the dispensing essential service.
- Primary dental services – dentists will issue prescriptions which affect the need for the dispensing essential service.
- Substance misuse services - generates prescriptions which affects the need for the dispensing essential service.
- North Lincolnshire mental health service – generates prescriptions which affects the need for the dispensing essential service.
- North Lincolnshire dermatology service – generates prescriptions which affects the need for the dispensing essential service.
- North Lincolnshire extended access service – generates prescriptions which affects the need for the dispensing essential service.
- Safecare network – generates prescriptions which affects the need for the dispensing essential service.
- North Lincolnshire memory service – generates prescriptions which affects the need for the dispensing essential service.
- North Lincolnshire 0-19 health and wellbeing service - generates prescriptions which affects the need for the dispensing essential service.
- North Lincolnshire sexual health service - generates prescriptions which affects the need for the dispensing essential service.
- Smoking cessation service - generates prescriptions which affects the need for the dispensing essential service.

6.1 Hospital pharmacy departments

Scunthorpe Hospital is an acute hospital with a 24-hour emergency department, hyperacute stroke unit, state-of-the-art diagnostic facilities and all the major specialities expected from a district general hospital. The hospital has a pharmacy team and dispensing robot, but also works with the onsite Lloyds pharmacy.

6.2 Personal administration of items by GPs

Under their primary medical services contract with NHS England there will be occasion where a GP or other healthcare profession at the practice personally administers an item to a patient.

Generally, when a patient requires a medicine or appliance their GP will give them a prescription which is dispensed by their preferred pharmacy or dispensing appliance contractor. In some instances however the GP or other healthcare professional will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or the nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered. Instead, the practice will retain the prescription and submit it for reimbursement to the NHS Business Services Authority at the end of the month.

It is not possible to quantify the number of items that were personally administered by GP practices in the county as the published figures include items which have been either personally administered or dispensed by dispensing practices. However, the nine practices that do not dispense personally administered a total of 2,149,198 items in 2020/21 (1,311,838 items between April and November 2021).

6.3 GP out of hours service

The GP out of hours service provide services on weekday evenings and overnight from 18.30 to 08.00 and 24 hours a day at weekends and on public and bank holidays. It is accessed via the NHS 111 telephone service and is based at Scunthorpe General Hospital.

The service prescribed 6,897 items in 2020/21 which were dispensed by 84 different pharmacies/dispensing appliance contractors as follows.

- North Lincolnshire – 35 pharmacies dispensed 96.3% of the items
- Hull – eight contractors dispensed 1.4%
- Lincolnshire – nine contractor dispensed 0.9%

The remaining 1.4% was dispensed by 32 other contractors in 12 different health and wellbeing board areas.

49.2% of the items prescribed were dispensed by the five 100 hour pharmacies in North Lincolnshire.

Between April and November 2021, the service prescribed 7,360 items which were dispensed by 79 different pharmacies/dispensing appliance contractors as follows.

- North Lincolnshire – 35 pharmacies dispensed 96.4% of the items

- Lincolnshire – 14 contractors dispensed 1.7%
- Hull – six contractors dispensed 0.7%
- Bradford and Airedale – one contractor dispensed 0.5%

The remaining 0.7% was dispensed by 22 contractors in ten different health and wellbeing board areas.

56.3% of the items prescribed were dispensed by the five 100 hour pharmacies in North Lincolnshire.

6.4 Community nurse prescribers

North Lincolnshire and Goole community services teams have a number of clinicians who are able to prescribe. This includes community (district) nurses, emergency care practitioners and other community-based services such as musculoskeletal, pain and respiratory services.

In 2020/21, a total of 39,953 items were prescribed which were dispensed by 55 different pharmacies/dispensing appliance contractors as follows.

- Salford – one dispensing appliance contractor dispensed 42.8% of the items
- Stoke-on-Trent – one dispensing appliance contractor dispensed 32.8%
- North Lincolnshire – 35 pharmacies dispensed 22.2%
- Telford and Wrekin – one dispensing appliance contractor dispensed 1.3%.

The remaining 0.9% was dispensed by 16 other contractors in nine different health and wellbeing board areas.

Between April and November 2021 a total of 26,160 items were prescribed which were dispensed by 51 pharmacies/dispensing appliance contractors as follows.

- Salford – one dispensing appliance contractor dispensed 52.0% of the items
- Stoke-on-Trent – one dispensing appliance contractor dispensed 24.0%
- North Lincolnshire – 35 pharmacies dispensed 21.9%
- West Sussex – one dispensing appliance contractor dispensed 0.8%.

The remaining 1.3% was dispensed by 12 other contractors in eight different health and wellbeing board areas.

6.5 Primary dental services

Unlike GP practices, prescriptions written by dentists are not aligned to the dentist's practice. It is therefore not possible to identify how many items were prescribed by the dental practices in North Lincolnshire. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies and dispensing doctors in North Lincolnshire.

In 2020/21, a total of 11,531 items were dispensed in North Lincolnshire, predominantly by the pharmacies (11,509 or 99.8%).

Between April and December 2021, a total of 8,289 items were dispensed in North Lincolnshire, predominantly by the pharmacies (8,277 or 99.9%).

6.6 Substance misuse services

Substance misuse services are commissioned by the council from With You in North Lincolnshire for residents aged 18 or over who live in North Lincolnshire and are worried about their own drug or alcohol use or someone else's. In turn, With You commissions needle exchange and supervised consumption services from some pharmacies.

In 2020/21, a total of 15,468 items were prescribed which were dispensed by 92 different pharmacies.

- North Lincolnshire – 35 pharmacies dispensed 97.5% of the items
- North East Lincolnshire – 14 pharmacies dispensed 0.9%
- Lincolnshire – nine pharmacies dispensed 0.6%

The remaining 1.0% was dispensed by 34 other contractors in 16 different health and wellbeing board areas.

Between April and November 2021 a total of 10,488 items were prescribed which were dispensed by 80 different pharmacies.

- North Lincolnshire – 34 pharmacies dispensed 97.8% of the items
- Lincolnshire – nine pharmacies dispensed 0.6%
- North East Lincolnshire – five pharmacies dispensed 0.3%

The remaining 1.2% was dispensed by 31 other contractors in 12 different health and wellbeing board areas.

6.7 North Lincolnshire mental health service

The community mental health team helps people who have serious mental health problems and are sometimes a risk to themselves or others. The team will assess, agree a plan of care and provide a range of psychological and pharmacological interventions.

The team helps people manage their illness with help from others and may refer onto other specialists for their assistance. They are supported by a mental health team in primary care to support people back into primary care services as part of their recovery or ongoing care management.

In 2020/21, 1,043 items were prescribed which were dispensed by 47 different pharmacies.

- North Lincolnshire – 35 pharmacies dispensed 96.6% of the items
- North East Lincolnshire – three contractors dispensed 1.8%

- Lincolnshire – three contractors dispensed 0.8%

The remaining 0.8% was dispensed by six other contractors in six different health and wellbeing board areas.

Between April and November 2021 a total of 2,960 items were prescribed which were dispensed by 62 different pharmacies.

- North Lincolnshire – 35 pharmacies dispensed 94.2% of the items
- Lincolnshire – five pharmacies dispensed 1.5%
- Bradford and Airedale – one pharmacy dispensed 1.1%
- North East Lincolnshire – five pharmacies dispensed 0.7%

The remaining 2.4% was dispensed by 15 other contractors in 13 different health and wellbeing board areas.

6.8 North Lincolnshire dermatology service

This service covers the management of a range of dermatological conditions, to include all benign and cancerous skin conditions (specified within the contract), suitable for management within outpatient and day-case facilities. Paediatric services include both consultation and minor surgical diagnostic interventions. The service is clinically led by a consultant dermatologist and is responsible for the local cancer multidisciplinary team for North and North East Lincolnshire.

It provides a full range of dermatology services, including the assessment and treatment of benign skin conditions, and diagnosis and management of skin cancer (including rapid access), and ensures timely and flexible access to a range of specialist dermatology services within a community setting, closer to people's homes.

In 2020/21, 5,259 items were prescribed which were dispensed by 100 different pharmacies/dispensing appliance contractors.

- North Lincolnshire – 35 pharmacies dispensed 83.3% of the items
- North East Lincolnshire – 32 contractors dispensed 13.0%
- Lincolnshire – 16 contractors dispensed 1.8%
- Salford – one contractor dispensed 0.9%

The remaining 1.0% was dispensed by 15 other contractors in 10 different health and wellbeing board areas.

Between April and November 2021 a total of 3,939 items were prescribed which were dispensed by 95 different pharmacies.

- North Lincolnshire – 35 pharmacies dispensed 91.7% of the items
- North East Lincolnshire – 27 contractors dispensed 4.0%
- Lincolnshire – 16 contractors dispensed 2.5%

The remaining 1.7% was dispensed by 16 other contractors in 11 different health and wellbeing board areas.

6.9 North Lincolnshire extended hours

As part of the primary care network directed enhanced service, GP practices provide an additional 60 minutes per 1,000 patients of clinical appointments, outside of practices' core opening hours, for example after 18.30 weekdays and at weekends. The service is spread across North Lincolnshire at various practice sites to ensure good access, and offers a mixture of face to face, telephone and video consultations.

In 2020/21, 1,381 items were prescribed which were dispensed by 42 different pharmacies/dispensing appliance contractors.

- North Lincolnshire – 34 pharmacies dispensed 98.3% of the items
- Leeds – one contractor dispensed 0.7%

The remaining 1.0% was dispensed by seven other contractors in six different health and wellbeing board areas.

Between April and November 2021 a total of 525 items were prescribed which were dispensed by 35 different pharmacies.

- North Lincolnshire – 29 pharmacies dispensed 97.9% of the items
- Leeds – one contractor dispensed 1.0%

The remaining 1.1% was dispensed by five other contractors in five different health and wellbeing board areas.

6.10 Safecare Network

Safecare Network is a not-for-profit federation of the GP practices within North Lincolnshire. The federation provides various short- and long-term services including:

- Specialist assessment for frail and elderly service – a service to improve the wellbeing of North Lincolnshire's elderly and frail residents by reviewing their physical, psychological, social and environmental needs holistically. Assessments are conducted by a GP or a geriatrician and care plans are made for each patient based on their needs and preferences. Multidisciplinary team meetings are held with community nurses, physiotherapy, occupational therapy and social services to enable the outcomes to be achieved in a coordinated manner and to encourage the sharing of expertise within the team. Care homes are encouraged to directly refer new residents who show signs of frailty so that they can have their needs addressed both rapidly and effectively.

- Urgent care service – a GP-led service that is open 08.00 to 20.00 and is based in the emergency department at Scunthorpe General Hospital. People may be referred into the service by NHS 111 or by a GP.
- GP out of hours service – provides urgent medical care between 18.30 and 00.00 on weekdays and 08.00 to 00.00 at weekends and bank holidays. It is for people residing in, or visiting, North Lincolnshire who are experiencing a medical problem and cannot reasonably be expected to wait for the next opportunity to contact their own GP practice. The service is currently delivered from the dermatology department at Scunthorpe General Hospital.

In 2020/21, 250 items were prescribed which were dispensed by 36 different pharmacies/dispensing appliance contractors.

- North Lincolnshire – 32 pharmacies dispensed 96.4% of the items
- Lincolnshire – one contractor dispensed 1.6%
- North East Lincolnshire – one contractor dispensed 0.8%
- Worcestershire – one contractor dispensed 0.8%
- Hull – one contractor dispensed 0.4%

Between April and November 2021 a total of 68 items were prescribed which were dispensed by 20 different pharmacies/dispensing appliance contractors.

- North Lincolnshire – 18 pharmacies dispensed 97.1% of the items
- Hull – one contractor dispensed 1.5%
- Lincolnshire – one contractor dispensed 1.5%

6.11 North Lincolnshire memory service

The memory service provides an integrated care pathway for people over the age of 65 with cognitive impairment/suspected dementia. They will assess and diagnose for dementia, provide interventions to promote cognition and provide pharmacological interventions**.**

In 2020/21, 1,142 items were prescribed which were dispensed by 39 different pharmacies/dispensing appliance contractors.

- North Lincolnshire – 33 pharmacies and one practice dispensed 97.9% of the items
- Bradford and Airedale – one contractor dispensed 1.0%
- Lincolnshire – two contractors dispensed 0.8%
- Hull – two contractors dispensed 0.4%

Between April and November 2021 a total of 46 items were prescribed which were dispensed by 14 pharmacies in the health and wellbeing board’s area.

6.12 North Lincolnshire 0-19 health and wellbeing service

This service provides health visiting and school nursing services across the health and wellbeing board's area. Prescriptions may be written by health visitors for items to treat oral thrush, emollients for skin conditions etc.

In 2020/21, 18 items were prescribed which were dispensed by eight pharmacies in the health and wellbeing board's area.

Between April and November 2021 a total of 16 items were prescribed and dispensed by seven pharmacies in the health and wellbeing board's area.

6.13 North Lincolnshire sexual health service

Sexual health services are commissioned by the council from HCRG Care Services Ltd who in turn sub-contract some services from some pharmacies.

The service provides information and advice on all types of contraception (including emergency contraception) and testing and treatment for sexually transmitted infections to residents of North Lincolnshire aged 18 and over.

In 2020/21, 46 items were prescribed which were dispensed as follows.

- North Lincolnshire – three pharmacies dispensed 63.0% of the items
- North East Lincolnshire – three pharmacies dispensed 37.0%

Between April and November 2021 a total of four items were prescribed which were dispensed as follows.

- North Lincolnshire – one pharmacy dispensed 75.0% of the items
- North East Lincolnshire – one pharmacy dispensed 25.0%

6.14 Smoking cessation service

The North Lincolnshire Health Lifestyle Service provides support to those who wish to stop smoking. After an initial one-to-one assessment with one of the healthy lifestyle facilitators, a person may receive help to access nicotine replacement, set a quit date and be supported in their journey to become smoke free. The Health Lifestyle Service is provided at local venues such as leisure centres, community hubs and some GP practices.

7 Health needs that can be met by pharmaceutical services

In England there are an estimated 1.2 million health related issue visits to a pharmacy every day[74] and these provide a valuable opportunity to support behaviour change through making every one of these contacts count. Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services and services commissioned by the council and, currently, the clinical commissioning groups.

As can be seen from this section, it is important that NHS England, the clinical commissioning group and the public health team at North Lincolnshire Council work together to maximise the local impact of health communications, messages and opportunities.

Promotion of the services that pharmacies provide is undertaken in a number of ways including pharmacies ensuring that their NHS website[75] profile is up to date, which is now a contractual requirement.

7.1 Need for drugs and appliances

Everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in section four. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long-term condition. This health need can only be met within primary care by the provision of pharmaceutical services be that by pharmacies, dispensing appliance contractors or dispensing doctors.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both NHS England and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal.

Distance selling premises will receive prescriptions remotely (either via the electronic prescription service, or post) and are required to deliver all dispensed items. This will clearly be of benefit to people who are unable to access a pharmacy. In addition dispensing appliance contractors delivery the majority, if not all, of the items they dispense.

[74] Public Health England, Royal Society of Public Health (2016) Building Capacity: Realising the potential of community pharmacy assets for improving the public's health
[75] https://www.nhs.uk/

7.2 Alcohol and drug use

As needle exchange and the supervised consumption of substance misuse medicines are commissioned by the council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for either service to be commissioned as part of pharmaceutical services.

However, there are elements of essential service provision which will help address this health need.

- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include drug and alcohol abuse. Health campaigns could include raising awareness about the risks of alcohol consumption through discussing the risks of alcohol consumption over the recommended amounts, displaying posters and distributing leaflets, scratch cards and other relevant materials.
- Where the pharmacy does not provide the locally commissioned services of needle exchange and the supervised consumption of substance misuse medicines, signposting people using the pharmacy to other providers of the services.
- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers.
- Using the opportunity presented when people attend the pharmacy to discuss the risks of alcohol consumption and in particular, during health campaigns or in discussion with customers requesting particular over the counter medicines, to raise awareness of the risks of alcohol misuse.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

The Hepatitis C antibody testing advanced service aims to increase the level of testing for Hepatitis C amongst people who inject drugs (for example steroids or heroin) but who haven't yet moved to the point of accepting treatment for their substance use. National data demonstrates that this group of individuals accounts for 90% of all new Hepatitis C infections and therefore provision of this advanced service, or signposting people to pharmacies that do provide it, will help contribute to:

- An increase in the number of diagnoses,
- Permit effective interactions to lessen the burden of illness to the individual,
- Decrease long-term costs of treatment, and
- Decrease onward transmission of Hepatitis C.

7.3 Cancer

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to cancer care as part of the essential services they provide.

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Disposal of unwanted drugs, including controlled drugs.
- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include cancer awareness and/or screening.
- Signposting people using the pharmacy to other providers of services or support, for example providers of smoking cessation services.

As smoking cessation services are commissioned by the council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services, other than as the new advanced service.

7.4 Long-term conditions

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to long-term conditions as part of the essential services they provide.

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include long-term conditions.
- Signposting people using the pharmacy to other providers of services or support, for example providers of smoking cessation services.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

Provision of the discharge medicine service, community pharmacist consultation service, appliance use review, stoma appliance customisation, new medicine service, flu vaccination and hypertension case-finding advanced services will also assist people to manage their long-term conditions in order to maximise their quality of life.

As smoking cessation services are commissioned by the council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services, other than as the new advanced service.

7.5 Obesity

Four elements of the essential services will address this health need.

- Where a person presents a prescription, and they are overweight, the pharmacy is required to give appropriate advice with the aim of increasing the person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include obesity.
- Signposting people using the pharmacy to other providers of services or support. This may include referring people to the NHS Digital Weight Management programme[76].
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.6 Sexual health

As chlamydia screening and emergency hormonal contraception services are commissioned by the council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services.

However there are elements of essential service provision which will help address this health need.

- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include sexually transmitted infections and Human Immunodeficiency Virus.
- Where the pharmacy does not provide the locally commissioned service for chlamydia screening, signposting people using the pharmacy to other providers of this service.
- Where the pharmacy does not provide the locally commissioned service of emergency hormonal contraception provision, signposting people using the pharmacy to other providers of the service.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.7 Teenage pregnancy

As emergency hormonal contraception provision is commissioned by the council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services.

However, there are elements of essential service provision which will help address this health need.

[76] The NHS Digital Weight Management Programme

- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include teenage pregnancy.
- Where the pharmacy does not provide the locally commissioned service of emergency hormonal contraception provision, signposting people using the pharmacy to other providers of the service.

7.8 Smoking

As smoking cessation is commissioned by the council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services.

The only exception to this is the new advanced service that started in March 2022 and which enables NHS trusts to refer patients discharge from hospital to a pharmacy of their choice to continue their smoking cessation care pathway. This may include providing medication and behavioural support as required.

However, there are elements of essential service provision which will help address this health need.

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include smoking.
- Where the pharmacy does not provide the locally commissioned service of smoking cessation, signposting people using the pharmacy to other providers of the service.
- Routinely discussing stopping smoking when selling relevant over the counter medicines.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.9 Healthy living

Following agreement between the Department of Health and Social Care, NHS England and the Pharmaceutical Services Negotiating Committee (PSNC) all pharmacies, as part of essential services, are required to promote healthy living by being healthy living pharmacies. The aim of this is to maximise the role of the pharmacy in prevention of ill health, reduction of disease burden, reduction of health inequalities and in support of health and wellbeing. The healthy living pharmacy concept is designed to develop (in respect of health and wellbeing services):

- The community pharmacy workforce,
- Community pharmacy engagement with the general public (including “Making Every Contact Count”),
- Community pharmacy engagement with local stakeholders such as local authorities, voluntary organisations and other health and social care professionals, and
- The environment in which health and wellbeing services are delivered.

First piloted in Portsmouth in 2009, the objective of healthy living pharmacies is to create teams that are aware of local health issues and are consistently demonstrating they are promoting healthy lifestyles by tackling the health problems their populations face head on.

As part of the acceptable system of clinical governance and promotion of healthy living that all pharmacies are required to participate in, pharmacies will undertake an approved community engagement exercise at least once a year in relation to the promotion of healthy living. As part of these exercises pharmacies must:

- actively work in collaboration with other organisations to deliver pharmacy outreach and any locally commissioned services, and
- take prevention and health promotion services beyond the pharmacy premises. Pharmacy outreach may be face-to-face or virtual and take services to people where they live or spend time.

8 Isle locality

This locality consists of the three wards of Axholme North, Axholme Central and Axholme South.

8.1 Key facts

Indicator	Period	North Lincolnshire	Isle
Total resident population (%)	2019	100	13.6
Population density (per km²)	2019	196.7	99.2
Resident population 0-19 years (%)	2019	22.6	20.6
Resident population 20-64 years (%)	2019	56.1	55.0
Resident population 65+ years (%)	2019	21.3	24.4
Proportion of population living in 20% most deprived lower layer super output areas (%)	2019	21.5	0.0
All police recorded crime (rate per 1,000)	2019/20	106.4	58.0
Violent crime recorded by police (rate per 1,000)	2019/20	32.1	19.5
Antisocial behaviour recorded by police (rate per 1,000)	2019/20	17.7	7.3
Children aged under 16 living in Relative Low Income (%)	2019/20	23.4	17.2
Claimant Count (rate per 1,000)	March 2020	34.7	21.7
Over 65s in receipt of Pension Credit (%)	August 2019	13	9.2
Resident school age children of minority ethnic groups (%)	January 2020	15.9	4.8
Live births (general fertility rate) (Fertility rate per 1,000 women of childbearing age)	2019	56.1	55.7
Breastfeeding initiation (%)	2019/20	65.1	66.1
Children reaching good level of development (2½ years) (%)	2018/19	88	84.6
Readiness for school at 5 years of age (%)	2018/19	71.7	71.9
Children (aged under 16) in receipt of Disability living allowance (%)	November 2019	3.9	3.8
Children with excess weight at 5 years of age (%)	2019/20	23.0	21.1
Children with excess weight at 11 years of age (%)	2019/20	35.8	30.6
GCSE attainment (4-9) in English and maths (%)	2018/19	64.7	76.7
Children in need aged 0-10 years (rate per 10,000)	End March 2020	140.4	63.6

Indicator	Period	North Lincolnshire	Isle
Children (aged 0-17) with an Early Help Assessment (rate per 10,000)	End March 2020	108.0	68.4
Admissions for avoidable injury (under 15s) (rate per 10,000)	2019/20	106.7	110.0
Emergency admissions for intentional self-harm 10-24 years (per 100,000)	2017/18-2019/20	222.8	139.4
Smoking at delivery (%)	2019/20	16.7	9.1
Admissions for avoidable injury (15- to 24-year-olds) (rate per 10,000)	2019/20	105.1	139.1
Persons in receipt of Employment and Support Allowance (20– to 64-year-olds) (%)	November 2019	4.7	3.7
Admissions for coronary heart disease (all ages) (directly standardised rate per 100,000)	2019/20	705.7	596.2
Admission episodes for alcohol specific conditions (directly standardised rate per 100,000)	2019/20	517.1	191.3
Emergency admissions for intentional self-harm (directly standardised rate per 100,000)	2019/20	155.3	70.2
Emergency hospital admissions (18– to 64-year-olds) (rate per 10,000)	2019/20	820.0	650.5
Emergency hospital admissions (65+yrs) (rate per 10,000)	2019/20	2,679.0	2,172.8
Over 65s in receipt of attendance allowance (%)	August 2019	12.0	10.5
Emergency admissions for falls 65+ (directly standardised rate per 100,000)	2019/20	1,575.3	1,134.9
Emergency admissions for hip fracture 65+ (directly standardised rate per 100,000)	2019/20	580.2	340.3
Male life expectancy at birth (years)	2017-2019	78.9	80.4
Female life expectancy at birth (years)	2017-2019	82.6	85.0
All cause mortality (all ages) (directly standardised rate per 100,000)	2017-2019	1,007.9	868.1
Deaths from causes considered preventable (2016 definition) (directly standardised rate per 100,000)	2017-2019	192.3	155.6
Premature (under 75s) deaths from cancer (directly standardised rate per 100,000)	2017-2019	136.9	118.4
Premature (under 75s) deaths from coronary heart disease (directly standardised rate per 100,000)	2017-2019	37.1	37.6

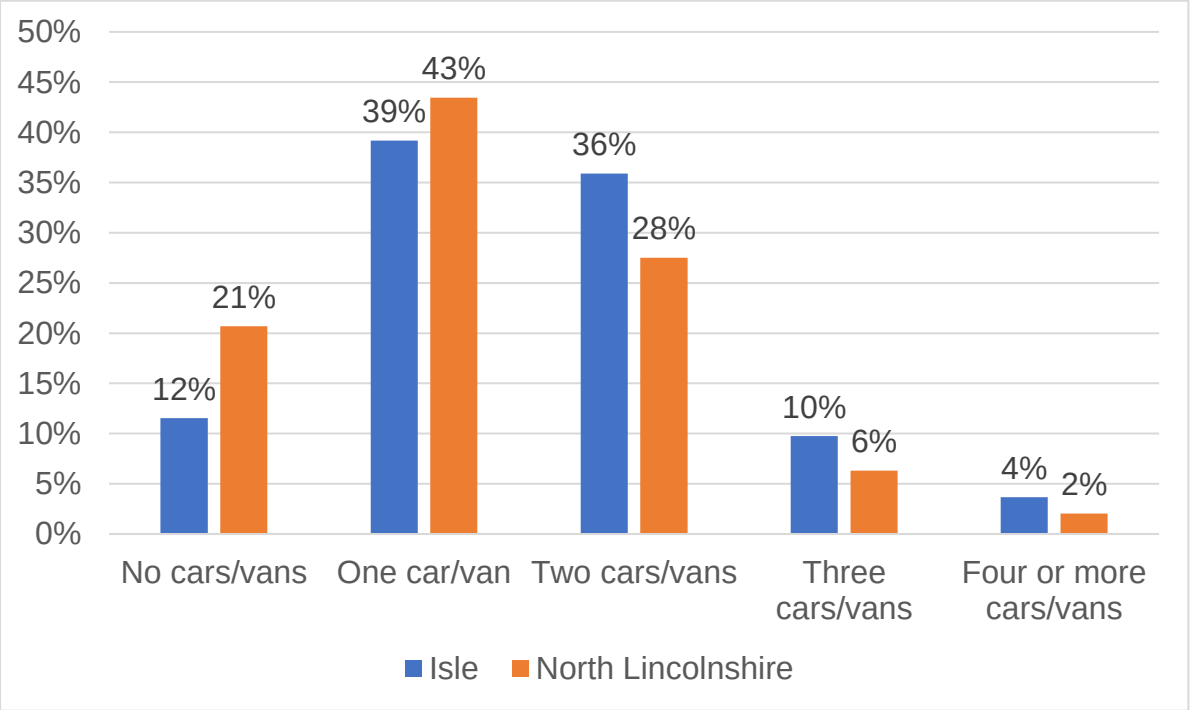
Indicator	Period	North Lincolnshire	Isle
Premature (under 75s) deaths from respiratory disease (directly standardised rate per 100,000)	2017-2019	45.3	38.2
Percentage of deaths in usual place of residence (65+ years) (%)	2019	48.3	47.3

Key - statistical significance relative to North Lincolnshire (95% confidence interval).

Similar | Better / Lower | Worse / Higher

- Described as predominantly rural, although there are some areas defined as rural town and fringe.
- Has the lowest population density in North Lincolnshire with half (52%) of its residents living in or on the fringe of a rural town and the remainder living in villages and dispersed surrounding areas.
- The population is forecast to grow by 2.4% by 2030.
- Has a higher proportion of residents between 50 and 84 years of age and a lower proportion of residents under 45 years of age.
- Will see the smallest increase in the proportion of residents aged 65-79 years (12%).
- Will see one of the smallest increases in the proportion of residents aged 80 and older (13%).
- 11.9% of the population provides unpaid care, compared to 10.8% for North Lincolnshire as a whole.
- The main languages spoken in the locality's households at the 2011 Census were:
    - English – 99.3%
    - Polish, all other Chinese and Panjabi – 0.1% each
- The figure below compares car ownership levels in the locality to North Lincolnshire and shows car ownership is much higher than the average for North Lincolnshire with 50% of households having two or more cars or vans.

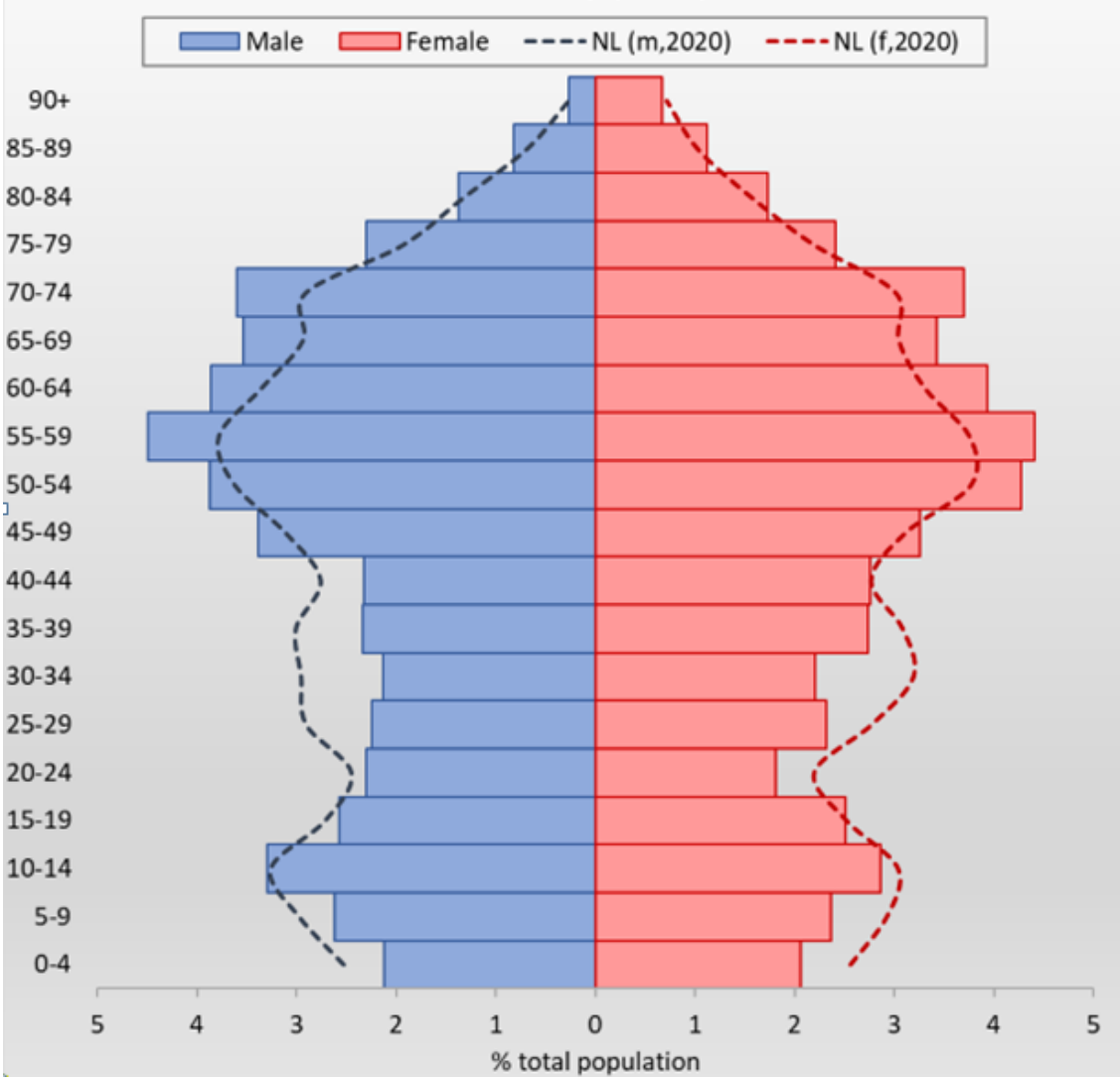
Figure 27 – car ownership in the locality compared to North Lincolnshire[77]



- The locality has a higher proportion of residents between 50 and 84 years of age and a lower proportion of residents under 45 years of age compared to North Lincolnshire as a whole, as can be seen from the figure below.

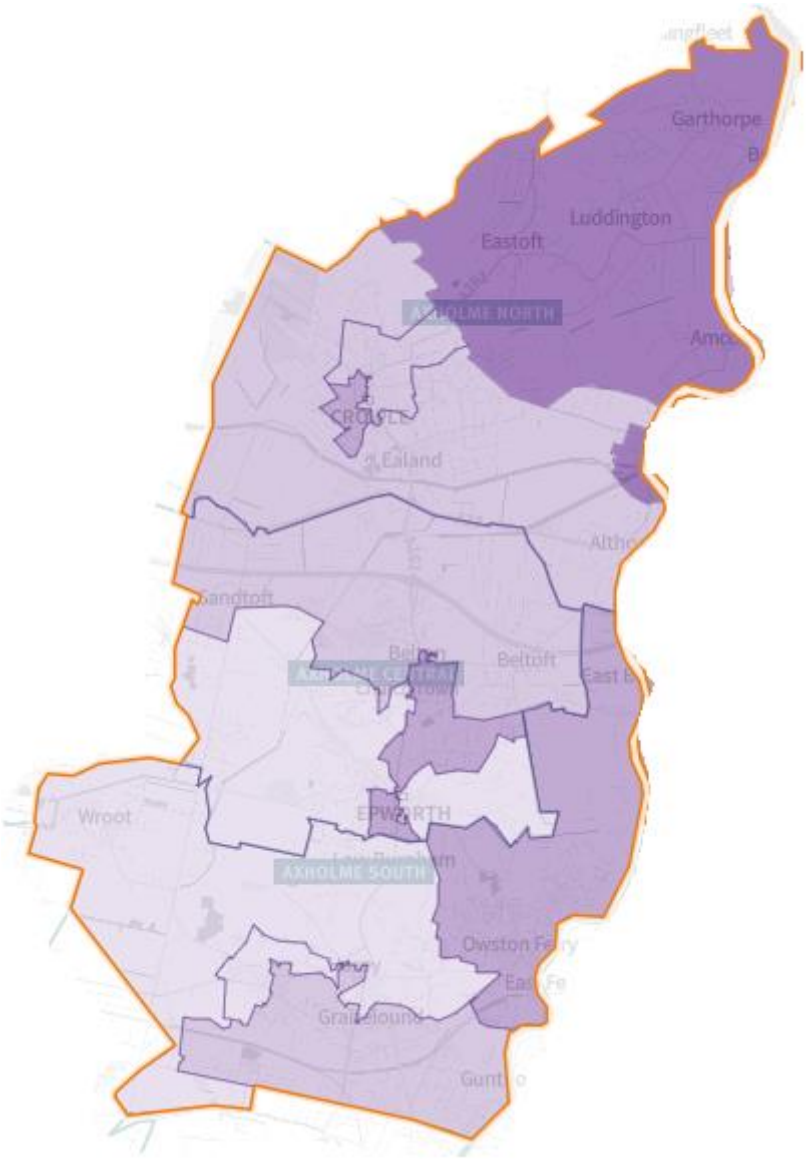
[77] Nomis KS404EW - Car or van availability

Figure 28 - Isle population by gender and age as compared to North Lincolnshire as a whole, 2020



The map below shows the level of deprivation across the locality where the darker the purple the greater the level of deprivation.

Map 11 – Spread of deprivation[78]



The Five-year housing land supply statement estimates that the following number of homes will be built in the locality between April 2022 and March 2026.

- Althorpe – 27 homes
- Belton – 26 homes
- Crowle – 29 homes
- Ealand – nine homes
- Epworth – 12 homes

[78] Public Health England's Strategic Health Asset Planning and Evaluation tool

8.2 Necessary services: current provision within the locality's area

There are three pharmacies in the locality operated by the same contractors. The two GP practices dispense from six premises, with one practice dispensing to 55.8% of its registered population and the other dispensing to 32.4%.

As can be seen from the map below the population density of the locality is low with the pharmacies located in the towns of Crowle, Epworth and Haxey (the darker the shading the greater the population density).

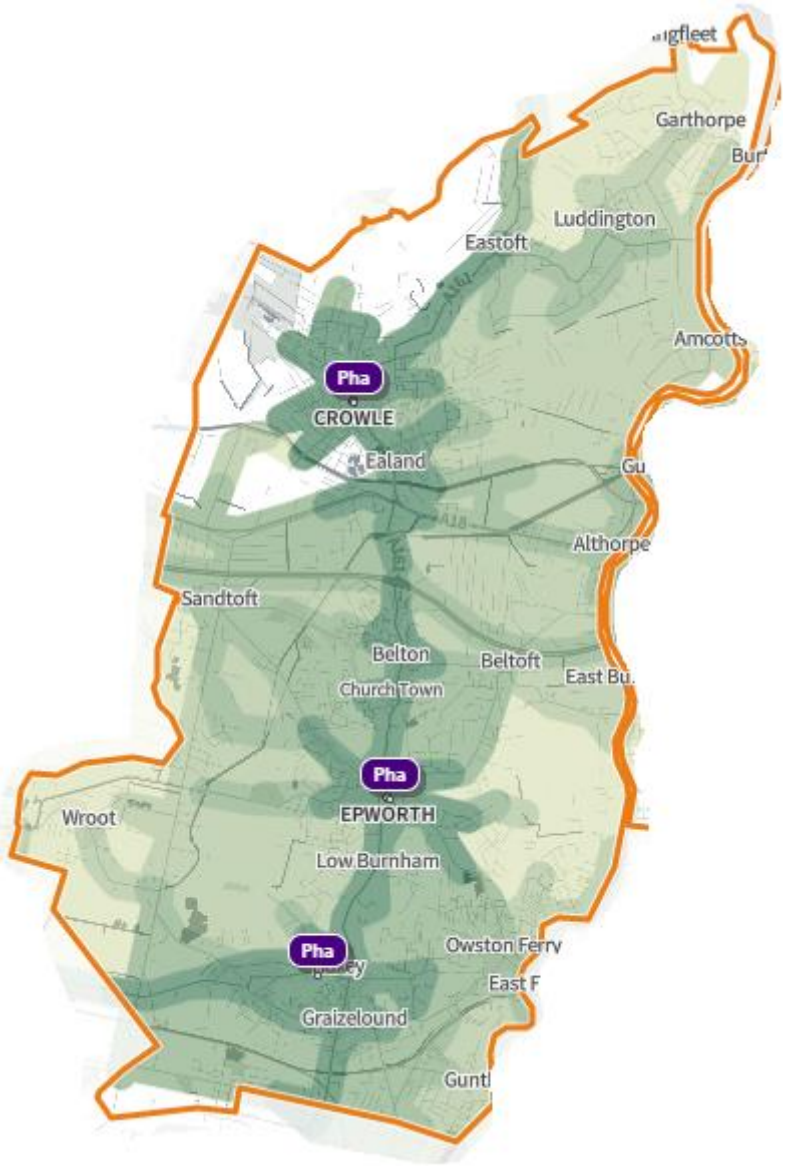
Map 12 – location of pharmacies and dispensing practice premises compared to population density

In 2020/21, 56.1% of prescriptions written by the GP practices in the locality was dispensed within the locality by one of the pharmacies and 40.8% by the dispensing practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed).

As can be seen from the maps below, most of the locality is within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods. Looking at the three areas that are not within 20 minutes by car:

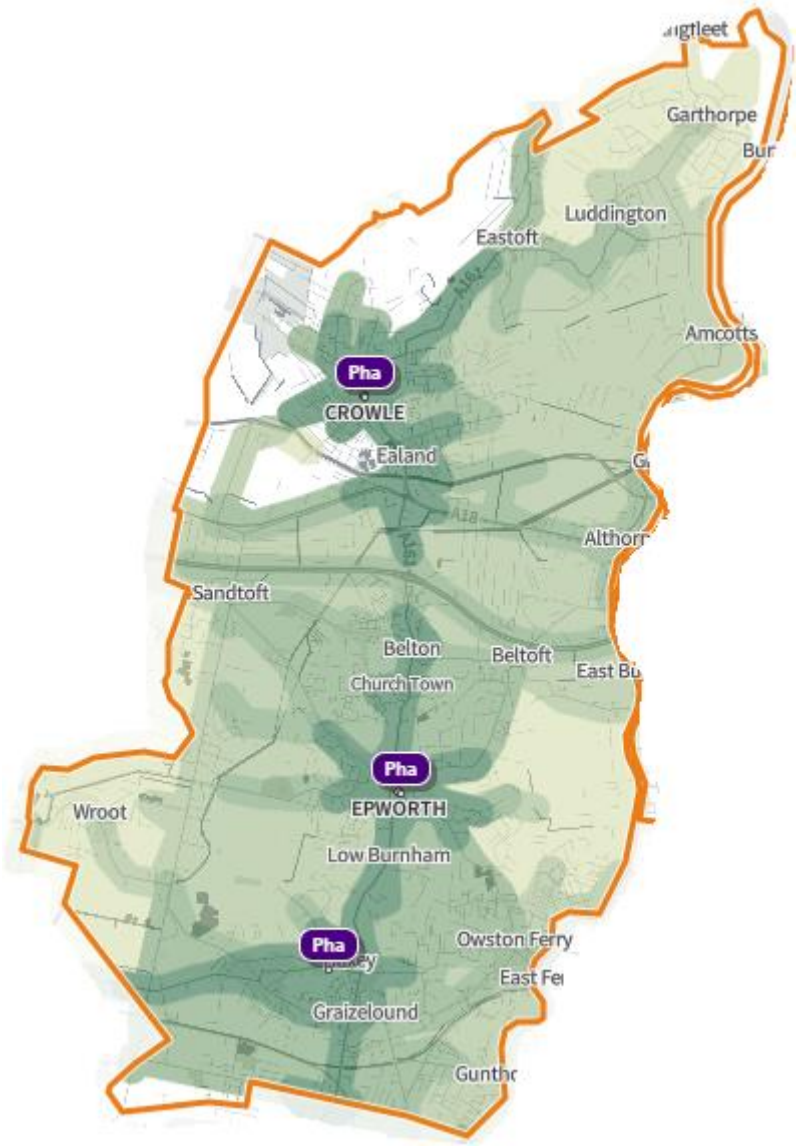
- Area to the south-west of Haxey (south-west corner). This is an area of arable fields and trees.
- Area to the south-west, west, and north of Crowle. This is an area of arable fields and two nature reserves – Thorne and Hatfield Moors and Crowle Moors.
- Area to the north of Garthorpe. This is an area of arable fields and RSPB Blacktoft Sands.

Map 13 – access to pharmacies in the locality outside of rush hour times



5 10 15 20 Travel times in minutes

Map 14 – access to pharmacies during rush hour times



5 10 15 20 Travel times in minutes

Being a predominantly rural area access to the pharmacies using public transport is limited outside of the towns and not a realistic method of transport for parts of the locality.

The three pharmacies are open as follows.

- One opens Monday to Friday, and
- Two open Monday to Friday and Saturday morning.

With regard to the times at which the pharmacies are open between Monday and Friday:

- Two open at 08.30 and one at 09.00.
- One closes at 17.30 (Epworth), one at 18.00 (Haxey) and one at 18.30 (Crowle).

The pharmacies in Crowle and Epworth open 09.00 to 12.00 on Saturdays. None of the pharmacies are open on Sundays.

The dispensaries within dispensing practices will generally open in line with the opening hours for the premises, usually 08.30 to 18.00 Monday to Friday.

All three pharmacies confirmed that they dispense all appliances listed in Part IX of the Drug Tariff. One of the dispensing practices confirmed that it dispenses all types of appliances at its premises.

The three pharmacies provided the new medicine service in 2020/21 completing a total of 463 full service interventions. The range at pharmacy level was 149 to 160. Between April and November 2021, the three pharmacies provided a total of 510 full service interventions. The range at pharmacy level was 157 to 183.

The three pharmacies provided flu vaccinations under the advanced service in 2020/21 vaccinating a total of 721 people with a range at pharmacy level of 199 to 294. Between September and December 2021 the three pharmacies provided the service, giving a total of 795 vaccinations, a range at pharmacy level of 89 and 364[79].

In 2021/22, the pharmacies in Epworth and Crowle have provided the community pharmacist consultation service between April and November, completing a total of 29 referrals. The third pharmacy confirmed via the pharmacy contractor questionnaire that it will start to provide this service in the next 12 months.

As of February 2022 all three of the pharmacies have signed up to provide the hypertension case finding advanced service. No activity data is available at the time of writing.

8.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or

[79] Chemist and Druggist news article 29 October 2020

- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices that were not dispensed by a pharmacy or dispensing practice in the locality:

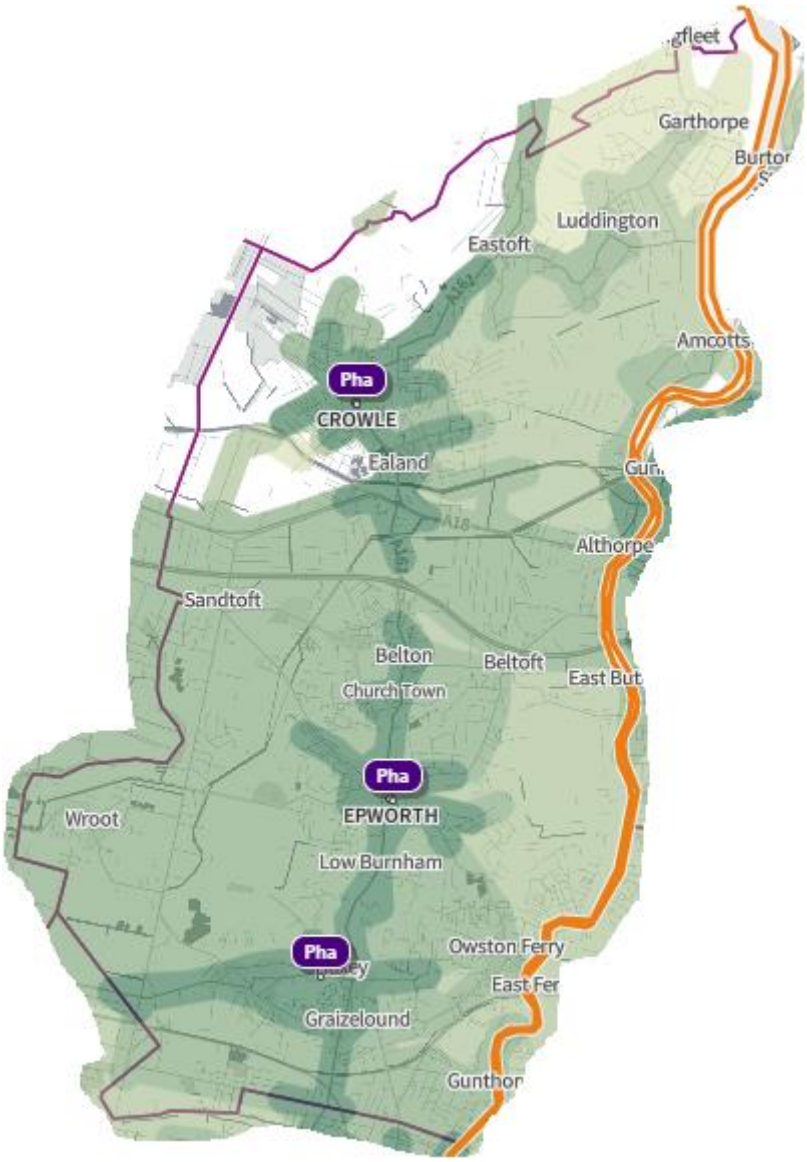
- 15.4% was dispensed by the other 32 pharmacies in North Lincolnshire,
- 0.9% was dispensed by ten contractors in Leeds,
- 0.6% by 43 contractors in Doncaster,
- 0.4% by 16 contractors in Nottinghamshire,
- 0.3% by 18 contractors in East Riding of Yorkshire, and
- 0.3% by two contractors in Bradford and Airedale.

The remaining 0.6% was dispensed by 175 contractors in 60 different health and wellbeing board areas.

While the majority of items were dispensed by a ‘bricks and mortar’ pharmacy, 1.9% was dispensed by 16 distance selling premises. 0.4% was dispensed by 30 dispensing appliance contractor premises.

When taking into account the provision of necessary services outside of the locality, most of the whole locality is within 20 minutes of a pharmacy, both during and outside the rush hour periods, with much within a 15-minute drive.

Map 15 – travel times to pharmacies in Isle and neighbouring localities and health and wellbeing board areas by car, during rush hour



5 10 15 20 Travel times in minutes

In addition, dispensing practices in neighbouring health and wellbeing board areas may provide a dispensary service to residents of the locality.

8.4 Other relevant services: current provision

All three pharmacies have confirmed that they dispense all appliances listed in Part IX of the Drug Tariff however, none provided the appliance use review service between April 2020 and November 2021.

The three pharmacies customised a total of ten stoma appliances in 2020/21 and two pharmacies customised ten stoma appliances between April and November 2021.

At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023.

As of November 2021, the three pharmacies had provided the Covid-19 lateral flow device distribution service, handing out 2,777 test kits.

At the time of drafting no pharmacies have signed up to provide the smoking cessation advanced services that went live on 10 March 2022.

The three pharmacies provide the minor ailment and point of dispensing intervention enhanced services, but none are commissioned to provide either of the palliative care enhanced services.

8.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks,
- NHS health checks, and
- Advice and treatment for common ailments.

In 2020/21, the two GP practices will have personally administered some items, however it is not possible to identify the number of items personally administered by the dispensing practices as they are not recorded separately to those that are dispensed.

Residents will access other NHS services located in this locality or elsewhere in the health and wellbeing board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Community nurse prescribers,
- Dental practices,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

8.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 8.2 and 8.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2020/21, a total of 302 contractors dispensed items written by one of the GP practices, of which 267 were outside of North Lincolnshire. Some were quite a distance from the area, for example Ealing, West Sussex, Bristol and Hampshire.

8.7 Necessary services: gaps in provision

Whilst not NHS services, the two pharmacies provided the following information on collection and delivery services.

- Two of the pharmacies collect prescriptions from GP practices.
- All three provide a free of charge delivery service on request. One provides it to all, and one restricts the service to the housebound, elderly or those who are ill. One pharmacy also provides a chargeable delivery service.
- One provides the service to all areas, one delivers to the Isle and the other delivers to Haxey, Westwoodside, Epworth, Owston Ferry and Wroot.
- Two provide medicines in monitored dosage systems free of charge.

One of the dispensing practices confirmed that it provides a private, free of charge delivery service to those aged over 70, vulnerable or housebound.

One pharmacy confirmed that Polish is spoken by its staff, in addition to English. Two of the pharmacies confirmed that Polish is a language spoken by the community they serve. The third pharmacy staged that some Eastern European languages are spoken by the community but didn't specify which.

One pharmacy has a consultation room that is accessible by wheelchair, and one said its consultation room is not accessible by wheelchair. The third stated that NHS England has confirmed that it is too small to have a consultation room. It is therefore required to ensure that it has arrangements in place that allow the pharmacist to communicate confidentially with a patient by telephone or another live audio link and a live video link.

One of the dispensing practices confirmed that it doesn't have capacity at present to manage an increase in demand for its dispensing service but can make adjustments to do so.

The health and wellbeing board has noted the dispensing service provided by some of the GP practices to their eligible patients, and that for these residents there is no need to access a pharmacy for the dispensing service.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or
- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide.

The health and wellbeing board has noted that most of the locality is within 20 minutes of a pharmacy, both during and outside the rush hour periods, with much within a 15-minute drive. That part that is not within a 20-minute drive does not have a resident population. It has also noted that the GP practices dispense to eligible patients, and that 50% of households have access to two or more cars or vans with only 12% without access to a car or van. It is not known where that 12% live but it is anticipated that all or most will live in a built-up area and will therefore be able to access a pharmacy by public transport or on foot.

Whilst GP extended opening hours may change during the lifetime of this pharmaceutical needs assessment, the health and wellbeing board is of the opinion that pharmacies may change their opening hours in order to meet a demand for the dispensing service, or NHS England can direct a pharmacy or pharmacies to open at such times as may be required.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services by in the locality, or the dispensing service provided by dispensing practices.

The health and wellbeing board has noted the projected number of houses to be built during the lifetime of this pharmaceutical needs assessment and is of the opinion that the existing pharmacies will be able to meet the needs of those moving into these new houses. The health and wellbeing board has therefore concluded that there are no future needs in relation to the provision of essential services by in the locality, or the dispensing service provided by dispensing practices.

The health and wellbeing board is also satisfied that, based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Community pharmacist consultation service,
- Hypertension case-finding service, and
- Flu vaccination.

8.8 Improvements or better access: gaps in provision

None of the pharmacies provide the appliance use review service despite dispensing prescriptions for all appliances. Two of the pharmacies have provided the stoma appliance customisation service despite all three dispensing all appliances listed in Part IX of the Drug Tariff.

However, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services. It is also noted that not all stoma appliances require customisation. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to either of these two services.

No pharmacies have signed up to provide the Hepatitis C antibody testing service, which is due to end on 31 March 2023, however take-up of, and demand for, this service has been very low nationally. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The lateral flow device distribution advanced service is not currently commissioned by NHS England. However if it was to be recommissioned it is anticipated that all three pharmacies would provide the service again, and therefore no current or future improvements or better access have been identified in relation to this service.

At the time of drafting no pharmacies have signed up to provide the smoking cessation advanced services that went live on 10 March 2022. This is due to the fact that there is already an existing service for hospitals to refer people to who wish to stop smoking. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

In relation to the four enhanced services, the health and wellbeing board has noted that:

- All three pharmacies provide the minor ailment enhanced service,
- None provide either of the palliative care enhanced services, and
- All three provide the point of dispensing intervention enhanced service.

The health and wellbeing board has not identified any current or future improvements or better access to the minor ailment and point of dispensing intervention services.

The health and wellbeing board has noted that the palliative care enhanced services are commissioned on a North Lincolnshire-wide basis. The majority of residents are within a 20-minute drive of a pharmacy providing the in-hours service, and all are within a 30-minute drive. The vast majority of residents are within a 30-minute drive of the pharmacy providing the out of hours service. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to either of these two services.

9 Barton and District locality

This locality consists of the three wards of Burton upon Stather and Winterton, Barton and Ferry.

9.1 Key facts

Indicator	Period	North Lincolnshire	Barton and District
Total resident population (%)	2019	100	20.0
Population density (per km²)	2019	196.7	126.9
Resident population 0-19 years (%)	2019	22.6	21.1
Resident population 20-64 years (%)	2019	56.1	55.6
Resident population 65+ years (%)	2019	21.3	23.3
Proportion of population living in 20% most deprived lower layer super output areas (%)	2019	21.5	10.4
All police recorded crime (rate per 1,000)	2019/20	106.4	62.0
Violent crime recorded by police (rate per 1,000)	2019/20	32.1	22.8
Antisocial behaviour recorded by police (rate per 1,000)	2019/20	17.7	8.1
Children aged under 16 living in Relative Low Income (%)	2019/20	23.4	18.9
Claimant Count (rate per 1,000)	March 2020	34.7	24.9
Over 65s in receipt of Pension Credit (%)	August 2019	13	11.2
Resident school age children of minority ethnic groups (%)	January 2020	15.9	5.3
Live births (general fertility rate) (Fertility rate per 1,000 women of childbearing age)	2019	56.1	54.4
Breastfeeding initiation (%)	2019/20	65.1	69.4
Children reaching good level of development (2½ years) (%)	2018/19	88	92.1
Readiness for school at 5 years of age (%)	2018/19	71.7	75.8
Children (aged under 16) in receipt of Disability living allowance (%)	November 2019	3.9	3.6
Children with excess weight at 5 years of age (%)	2019/20	23.0	23.2
Children with excess weight at 11 years of age (%)	2019/20	35.8	37.0
GCSE attainment (4-9) in English and maths (%)	2018/19	64.7	71.7
Children in need aged 0-10 years (rate per 10,000)	End March 2020	140.4	131.6

Indicator	Period	North Lincolnshire	Barton and District
Children (aged 0-17) with an Early Help Assessment (rate per 10,000)	End March 2020	108.0	133.8
Admissions for avoidable injury (under 15s) (rate per 10,000)	2019/20	106.7	109.0
Emergency admissions for intentional self-harm 10-24 years (per 100,000)	2017/18-2019/20	222.8	258.4
Smoking at delivery (%)	2019/20	16.7	18.2
Admissions for avoidable injury (15- to 24-year-olds) (rate per 10,000)	2019/20	105.1	125.8
Persons in receipt of Employment and Support Allowance (20– to 64-year-olds) (%)	November 2019	4.7	4.7
Admissions for coronary heart disease (all ages) (directly standardised rate per 100,000)	2019/20	705.7	596.8
Admission episodes for alcohol specific conditions (directly standardised rate per 100,000)	2019/20	517.1	435.6
Emergency admissions for intentional self-harm (directly standardised rate per 100,000)	2019/20	155.3	138.4
Emergency hospital admissions (18–to 64-year-olds) (rate per 10,000)	2019/20	820.0	701.0
Emergency hospital admissions (65+yrs) (rate per 10,000)	2019/20	2,679.0	2,508.7
Over 65s in receipt of attendance allowance (%)	August 2019	12.0	11.1
Emergency admissions for falls 65+ (directly standardised rate per 100,000)	2019/20	1,575.3	2,012.8
Emergency admissions for hip fracture 65+ (directly standardised rate per 100,000)	2019/20	580.2	815.9
Male life expectancy at birth (years)	2017-2019	78.9	79.1
Female life expectancy at birth (years)	2017-2019	82.6	83.1
All cause mortality (all ages) (directly standardised rate per 100,000)	2017-2019	1,007.9	966.4
Deaths from causes considered preventable (2016 definition) (directly standardised rate per 100,000)	2017-2019	192.3	179.9
Premature (under 75s) deaths from cancer (directly standardised rate per 100,000)	2017-2019	136.9	134.8
Premature (under 75s) deaths from coronary heart disease (directly standardised rate per 100,000)	2017-2019	37.1	31.8

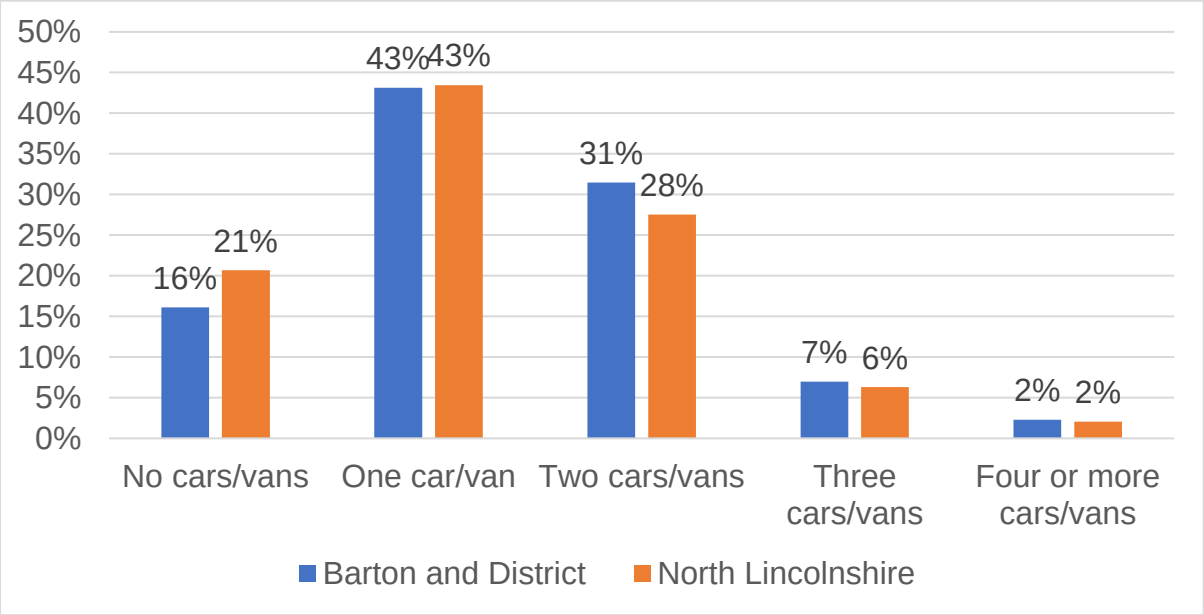
Indicator	Period	North Lincolnshire	Barton and District
Premature (under 75s) deaths from respiratory disease (directly standardised rate per 100,000)	2017-2019	45.3	42.5
Percentage of deaths in usual place of residence (65+ years) (%)	2019	48.3	48.9

Key - statistical significance relative to North Lincolnshire (95% confidence interval).

Similar | Better / Lower | Worse / Higher

- Described as predominantly rural town and fringe and urban city and town.
- Nearly half (45%) of the population lives in Barton-upon-Humber itself, which is classed as urban, two out of five (42%) live in or close to smaller rural towns and one in eight (13%) live in a village or surrounding countryside.
- The population is forecast to grow by 2.2% by 2030.
- Has a higher proportion of residents aged between 50 and 75 years of age and a lower proportion of younger residents between 20-35 and under 10 years of age, particularly men.
- Will see one of the smallest increases in the proportion of residents aged 80 and older (15%).
- Has the highest life expectancy at birth for males (80.7 years).
- 11.4% of the population provides unpaid care, compared to 10.8% for North Lincolnshire as a whole.
- The main languages spoken in the locality's households at the 2011 Census were:
  - English – 98.9%
  - Polish – 0.4%
  - All other Chinese, Lithuanian, German and Panjabi – 0.1% each
- The figure below compares car ownership levels in the locality to North Lincolnshire and shows car ownership is higher than the average for North Lincolnshire with 40% of households having two or more cars or vans.

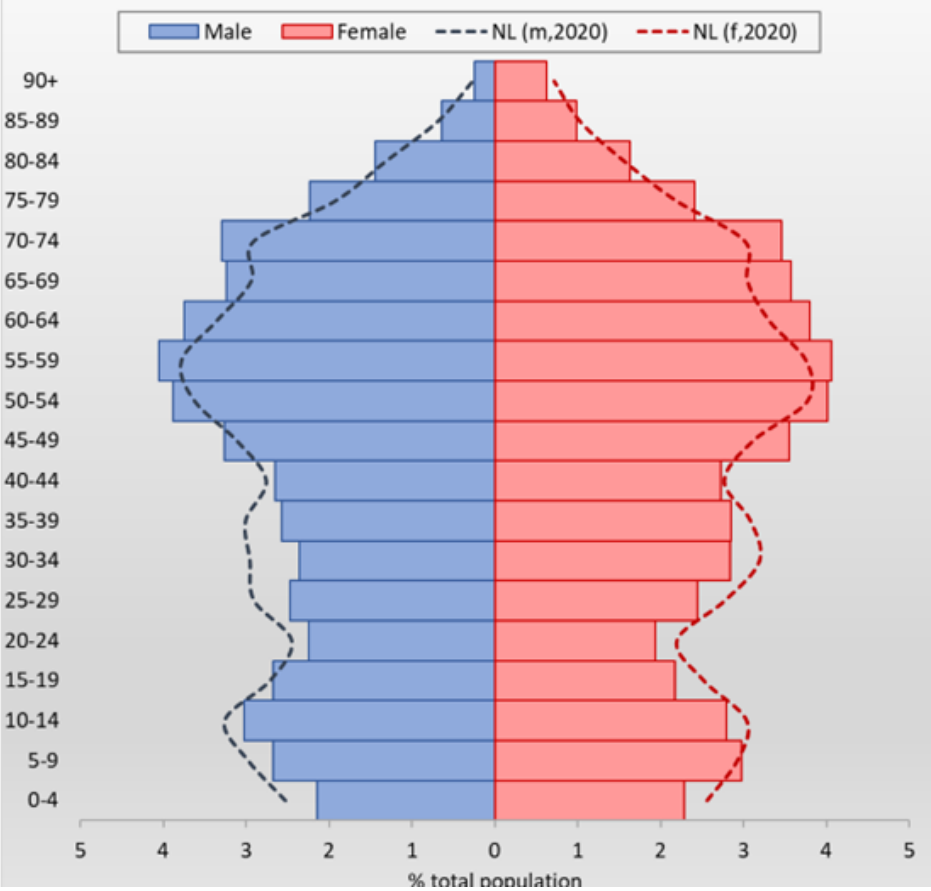
Figure 29 – car ownership in the locality compared to North Lincolnshire[80]



- The locality has a higher proportion of residents aged between 50 and 75 years of age and a lower proportion of younger residents between 20-35 and under 10 years of age, particularly men, compared to North Lincolnshire as a whole.

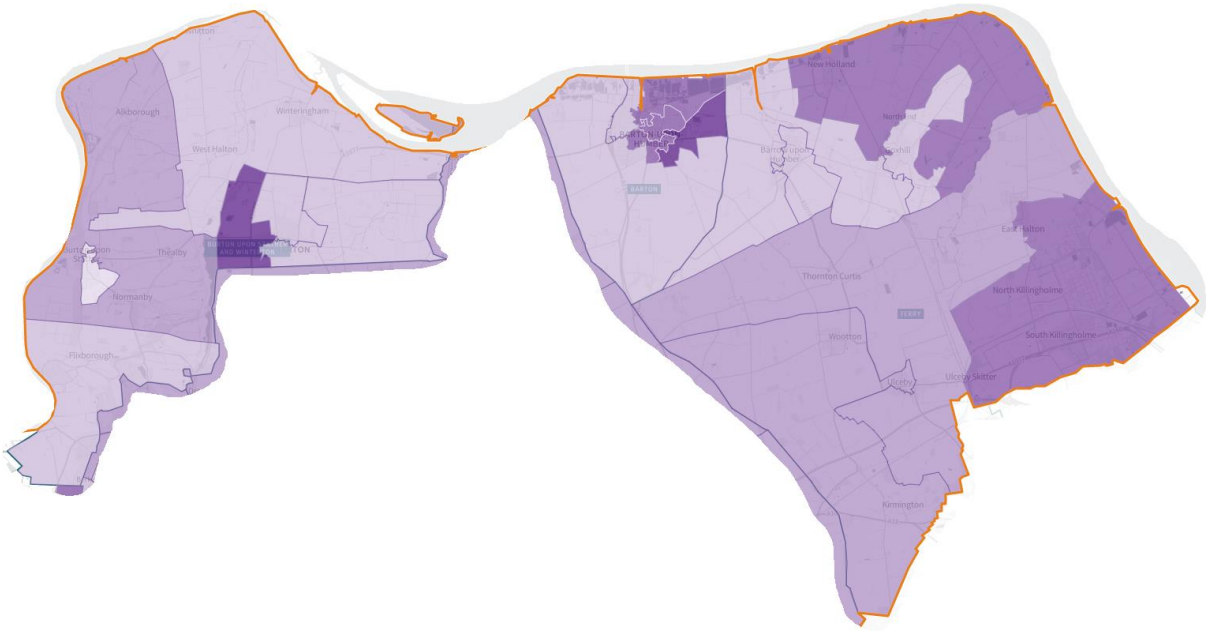
[80] Nomis KS404EW - Car or van availability

Figure 30 – Barton and District population by gender and age as compared to North Lincolnshire as a whole, 2020



The map below shows the level of deprivation across the locality where the darker the purple the greater the level of deprivation.

Map 16 – Spread of deprivation[81]



The Five-year housing land supply statement estimates that the following number of homes will be built in the locality between April 2022 and March 2026.

- Barrow upon Humber - 84 homes
- Barton upon Humber – 151 homes
- Goxhill – 61 homes
- Kirmington – four homes
- Ulceby – 56 homes
- Winterton – 200 homes
- Wootton – nine homes.

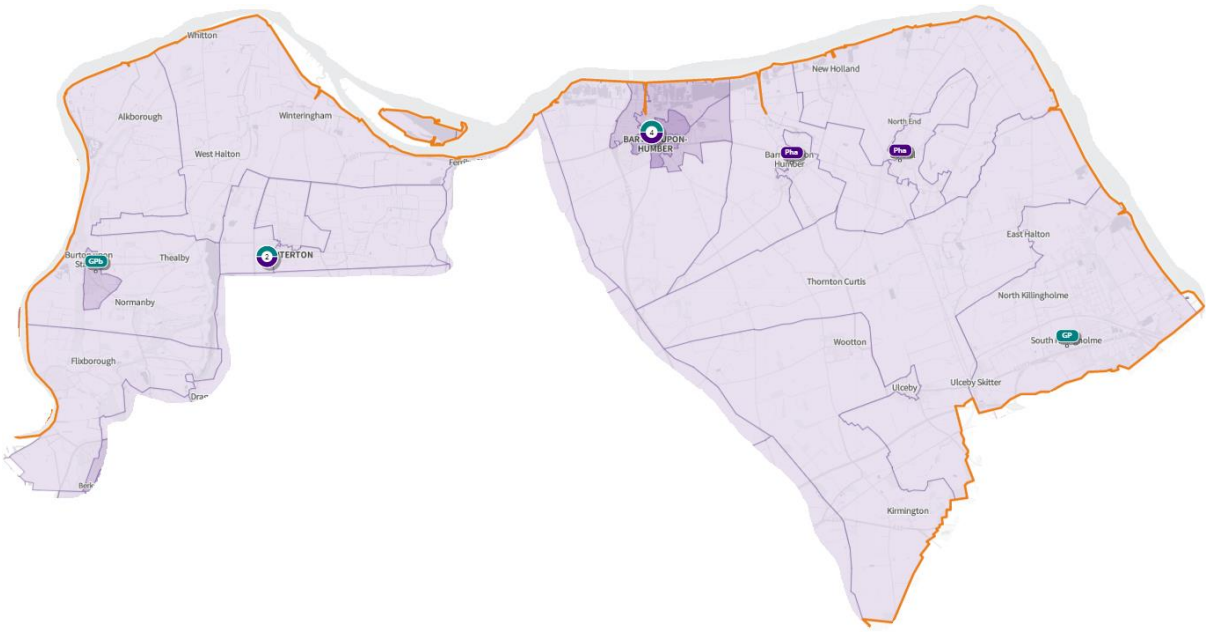
9.2 Necessary services: current provision within the locality's area

There are five pharmacies in the locality operated by five different contractors. The four GP practices dispense from five premises, with the percentage of patients dispensed by at practice level ranging from 14.8% to 85.0%.

As can be seen from the map below the population density of the locality is low with the exception of Barton upon Humber (the darker the shading the greater the population density).

[81] Public Health England's Strategic Health Asset Planning and Evaluation tool

Map 17 – location of pharmacies and dispensing practice premises compared to population density



In 2020/21, 61.1% of prescriptions written by the GP practices in the locality was dispensed within the locality by one of the pharmacies and 34.7% by the dispensing practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed).

As can be seen from the maps below, parts of the locality are not within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods. These areas are predominantly along the banks of the River Trent and the Humber estuary, although there is also an area to the south-west of Kirmington. Looking at these areas:

- To the east of the River Trent – this is an area of arable fields. Whilst there appears to be some scattered buildings it is not clear if they are houses or farm buildings.
- The area to the west and east of Barton upon Humber, and along the Humber contains arable fields, wooded areas and a country park.
- The area along the Humber estuary is predominantly arable fields, with the Humber Sea Terminal in the south-east corner.
- South-west of Kirmington is Humberside Airport and arable fields.

There appears to be little or no resident population in these areas.

Map 18 – access to pharmacies in the locality outside of rush hour times

Travel times in minutes

Map 19 – access to pharmacies during rush hour times

Travel times in minutes

Being a predominantly rural area access to the pharmacies using public transport is limited outside of the towns and not a realistic method of transport for parts of the locality.

The five pharmacies are open as follows.

- Two open Monday to Friday (one in each of Barton upon Humber and Winterton),
- One opens Monday to 1pm on Saturday (Goxhill), and
- Two open Monday to Saturday (both in Barton upon Humber).

With regard to the times at which the pharmacies are open between Monday and Friday:

- One opens at 08.30 (Goxhill) and four at 09.00.
- One closes at 17.30 (Barton upon Humber), three at 18.00 (Goxhill and Barton-upon-Humber) and one at 18.30 (Winterton).

The pharmacy in Goxhill opens 09.00 to 13.00 on Saturdays. Two pharmacies in Barton upon Humber open 09.00 to 17.00. None of the pharmacies are open on Sundays.

The dispensaries within dispensing practices will generally open in line with the opening hours for the premises, usually 08.30 to 18.00 Monday to Friday.

Two of the pharmacies responded to the pharmacy contractor questionnaire and confirmed they dispense all types of appliances (one in Barton upon Humber and one in Winterton). Two of the dispensing practices confirmed they dispense prescriptions for all appliances at their premises.

Two of the pharmacies in Barton upon Humber provided the new medicine service in 2020/21 completing a total of 180 full service interventions (88 and 92 per pharmacy). Between April and November 2021, all five pharmacies provided the service, completing a total of 315 full service interventions. The range at pharmacy level was one to 163.

Three of the pharmacies provided flu vaccinations under the advanced service in 2020/21 vaccinating a total of 936 people with a range at pharmacy level of two to 547. Between September and December 2021 four of the pharmacies provided the service, giving a total of 2,675 vaccinations, a range at pharmacy level of 300 and 900[82]. The pharmacy that did not provide the service is in Winterton.

In 2021/22, all of the pharmacies have provided the community pharmacist consultation service between April and November, completing a total of 107 referrals with a range at pharmacy level of one to 36.

[82] Chemist and Druggist news article 29 October 2020

As of April 2022 all of the pharmacies have signed up to provide the hypertension case finding advanced service. No activity data is available at the time of writing.

9.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices that were not dispensed by a pharmacy or dispensing practice in the locality:

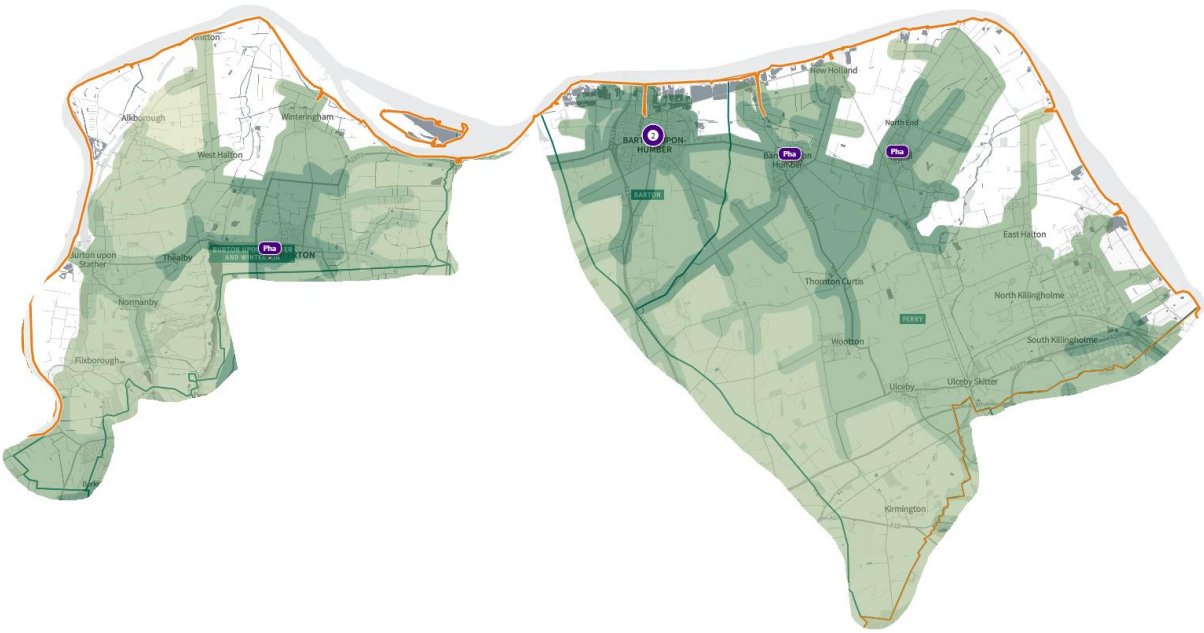
- 1.6% was dispensed by the other pharmacies in North Lincolnshire,
- 0.8% by 32 contractors in Hull,
- 0.4% by 27 contractors in North East Lincolnshire,
- 0.2% by two contractors in Stoke-on-Trent, and
- 0.2% by one contractor in Leeds.

The remaining 0.7% was dispensed by 142 contractors in 65 different health and wellbeing board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 0.9% was dispensed by 12 distance selling premises. 0.8% was dispensed by 33 dispensing appliance contractor premises.

When taking into account the provision of necessary services outside of the locality, those parts of the locality along the River Trent and Humber Estuary are still not within 20 minutes of a pharmacy, however as identified above there is little or no resident population in these areas. The area to the south-west of Kirmington is now within a 15-minute drive of a pharmacy.

Map 20 – travel times to pharmacies in the locality and neighbouring localities and health and wellbeing board areas by car, during rush hour



5 10 15 20 Travel times in minutes

In addition, dispensing practices in neighbouring health and wellbeing board areas may provide a dispensary service to residents of the locality.

9.4 Other relevant services: current provision

Two pharmacies have confirmed that they dispense all appliances listed in Part IX of the Drug Tariff however, neither has provided the appliance use review service between April 2020 and November 2021.

One pharmacy in Barton upon Humber customised a total of 28 stoma appliances in 2020/21 and the same pharmacy customised 12 stoma appliances between April and November 2021.

At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023.

As of November 2021, the five pharmacies had provided the Covid-19 lateral flow device distribution service, handing out 7,462 test kits.

At the time of drafting no pharmacies have signed up to provide the smoking cessation advanced services that went live on 10 March 2022.

The five pharmacies provide the minor ailment enhanced service. Two provide the point of dispensing intervention enhanced service (one in Barton upon Humber and the other in Winterton), but none are commissioned to provide either of the palliative care enhanced services.

9.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks,
- NHS health checks, and
- Advice and treatment for common ailments.

In 2020/21, the four GP practices will have personally administered some items, however it is not possible to identify the number of items personally administered by them as they are not recorded separately to those that are dispensed.

Residents will access other NHS services located in this locality or elsewhere in the health and wellbeing board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Community nurse prescribers,
- Dental practices,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

9.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 9.2 and 9.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2020/21, a total of 244 contractors dispensed items written by one of the GP practices, of which 206 were outside of North Lincolnshire. Some were quite a distance from the area, for example Leicester City, Ealing, Worcestershire, West Sussex, Norfolk, and Bristol.

9.7 Necessary services: gaps in provision

Whilst not NHS services, the two pharmacies that responded to the pharmacy contractor questionnaire provided the following information on collection and delivery services.

- Both collect prescriptions from GP practices.
- One pharmacy provides a delivery service, free of charge, to housebound patients on a case-by-case basis. The other provides a delivery service for a fee.
- Both provide medicines in monitored dosage systems free of charge, and one also charges for them.

Neither pharmacy has staff that speak a language other than English. One pharmacy said that the community that it services speaks Polish, Urdu, Hindi and Yue, in addition to English.

The two pharmacies confirmed they have a consultation room that is accessible by wheelchair.

The health and wellbeing board has noted the dispensing service provided by some of the GP practices to their eligible patients, and that for these residents there is no need to access a pharmacy for the dispensing service.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or
- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that most of the locality is within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods. When pharmacies in neighbouring localities and health and wellbeing board areas are taken in account most of the locality is within 15 minutes of a pharmacy, both during and outside the rush hour periods. There is little or no resident population in the

areas that are not within a 20-minute drive of a pharmacy. It has also noted that the GP practices dispense to eligible patients, and that 40% of households have access to two or more cars or vans with only 16% without access to a car or van. It is not known where that 16% live but it is anticipated that all or most will live in a built-up area and will therefore be able to access a pharmacy by public transport or on foot.

Whilst GP extended opening hours may change during the lifetime of this pharmaceutical needs assessment, the health and wellbeing board is of the opinion that pharmacies may change their opening hours in order to meet a demand for the dispensing service, or NHS England can direct a pharmacy or pharmacies to open at such times as may be required.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services by in the locality, or the dispensing service provided by dispensing practices.

The health and wellbeing board has noted the projected number of houses to be built during the lifetime of this pharmaceutical needs assessment and is of the opinion that the existing pharmacies will be able to meet the needs of those moving into these new houses. The health and wellbeing board has therefore concluded that there are no future needs in relation to the provision of essential services by in the locality, or the dispensing service provided by dispensing practices.

The health and wellbeing board is also satisfied that, based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Community pharmacist consultation service, and
- Hypertension case-finding service.

The health and wellbeing board has noted that the pharmacy in Winterton did not provide the flu vaccination service in 2021/22, however the service will be provided by the co-located GP practice. The health and wellbeing board is therefore satisfied that there are no current or future needs in relation to this service.

9.8 Improvements or better access: gaps in provision

None of the pharmacies provide the appliance use review service despite at least two dispensing prescriptions for all appliances. One pharmacy has provided the stoma appliance customisation service despite at least two dispensing all appliances listed in Part IX of the Drug Tariff.

However, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services. It is also noted that not all stoma appliances require

customisation. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to either of these two services.

No pharmacies have signed up to provide the Hepatitis C antibody testing service, which is due to end on 31 March 2023, however take-up of, and demand for, this service has been very low nationally. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The lateral flow device distribution advanced service is not currently commissioned by NHS England. However if it was to be recommissioned it is anticipated that all three pharmacies would provide the service again, and therefore no current or future improvements or better access have been identified in relation to this service.

At the time of drafting no pharmacies have signed up to provide the smoking cessation advanced services that went live on 10 March 2022. This is due to the fact that there is already an existing service for hospitals to refer people to who wish to stop smoking. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

In relation to the four enhanced services, the health and wellbeing board has noted that:

- All five pharmacies provide the minor ailment enhanced service,
- None provide either of the palliative care enhanced services, and
- Two provide the point of dispensing intervention enhanced service.

The health and wellbeing board has not identified any current or future improvements or better access to the minor ailment or point of dispensing intervention enhanced services.

The health and wellbeing board has noted that the palliative care enhanced services are commissioned on a North Lincolnshire-wide basis. The majority of residents are within a 20-minute drive of a pharmacy providing the in-hours service, and all are within a 30-minute drive. The vast majority of residents are within a 30-minute drive of the pharmacy providing the out of hours service. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to either of these two services.

10 Brigg and District locality

This locality consists of the three wards of Brigg and Wolds, Ridge, Broughton and Appleby.

10.1 Key facts

Indicator	Period	North Lincolnshire	Brigg and District
Total resident population (%)	2019	100	17.9
Population density (per km²)	2019	196.7	99.4
Resident population 0-19 years (%)	2019	22.6	19.7
Resident population 20-64 years (%)	2019	56.1	54.6
Resident population 65+ years (%)	2019	21.3	25.7
Proportion of population living in 20% most deprived lower layer super output areas (%)	2019	21.5	0.0
All police recorded crime (rate per 1,000)	2019/20	106.4	54.2
Violent crime recorded by police (rate per 1,000)	2019/20	32.1	19.6
Antisocial behaviour recorded by police (rate per 1,000)	2019/20	17.7	6.9
Children aged under 16 living in Relative Low Income (%)	2019/20	23.4	16.9
Claimant Count (rate per 1,000)	March 2020	34.7	20.3
Over 65s in receipt of Pension Credit (%)	August 2019	13	10.7
Resident school age children of minority ethnic groups (%)	January 2020	15.9	5.9
Live births (general fertility rate) (Fertility rate per 1,000 women of childbearing age)	2019	56.1	51.8
Breastfeeding initiation (%)	2019/20	65.1	70.8
Children reaching good level of development (2½ years) (%)	2018/19	88	88.3
Readiness for school at 5 years of age (%)	2018/19	71.7	74.4
Children (aged under 16) in receipt of Disability living allowance (%)	November 2019	3.9	3.7
Children with excess weight at 5 years of age (%)	2019/20	23.0	21.6
Children with excess weight at 11 years of age (%)	2019/20	35.8	32.7
GCSE attainment (4-9) in English and maths (%)	2018/19	64.7	65.7
Children in need aged 0-10 years (rate per 10,000)	End March 2020	140.4	99.2

Indicator	Period	North Lincolnshire	Brigg and District
Children (aged 0-17) with an Early Help Assessment (rate per 10,000)	End March 2020	108.0	82.8
Admissions for avoidable injury (under 15s) (rate per 10,000)	2019/20	106.7	86.7
Emergency admissions for intentional self-harm 10-24 years (per 100,000)	2017/18-2019/20	222.8	221.8
Smoking at delivery (%)	2019/20	16.7	10.3
Admissions for avoidable injury (15- to 24-year-olds) (rate per 10,000)	2019/20	105.1	72.8
Persons in receipt of Employment and Support Allowance (20– to 64-year-olds) (%)	November 2019	4.7	4.4
Admissions for coronary heart disease (all ages) (directly standardised rate per 100,000)	2019/20	705.7	766.4
Admission episodes for alcohol specific conditions (directly standardised rate per 100,000)	2019/20	517.1	313.9
Emergency admissions for intentional self-harm (directly standardised rate per 100,000)	2019/20	155.3	118.0
Emergency hospital admissions (18– to 64-year-olds) (rate per 10,000)	2019/20	820.0	710.5
Emergency hospital admissions (65+yrs) (rate per 10,000)	2019/20	2,679.0	2,448.9
Over 65s in receipt of attendance allowance (%)	August 2019	12.0	11.3
Emergency admissions for falls 65+ (directly standardised rate per 100,000)	2019/20	1,575.3	1,449.4
Emergency admissions for hip fracture 65+ (directly standardised rate per 100,000)	2019/20	580.2	448.6
Male life expectancy at birth (years)	2017-2019	78.9	80.9
Female life expectancy at birth (years)	2017-2019	82.6	83.2
All cause mortality (all ages) (directly standardised rate per 100,000)	2017-2019	1,007.9	929.8
Deaths from causes considered preventable (2016 definition) (directly standardised rate per 100,000)	2017-2019	192.3	146.8
Premature (under 75s) deaths from cancer (directly standardised rate per 100,000)	2017-2019	136.9	116.2
Premature (under 75s) deaths from coronary heart disease (directly standardised rate per 100,000)	2017-2019	37.1	24.5

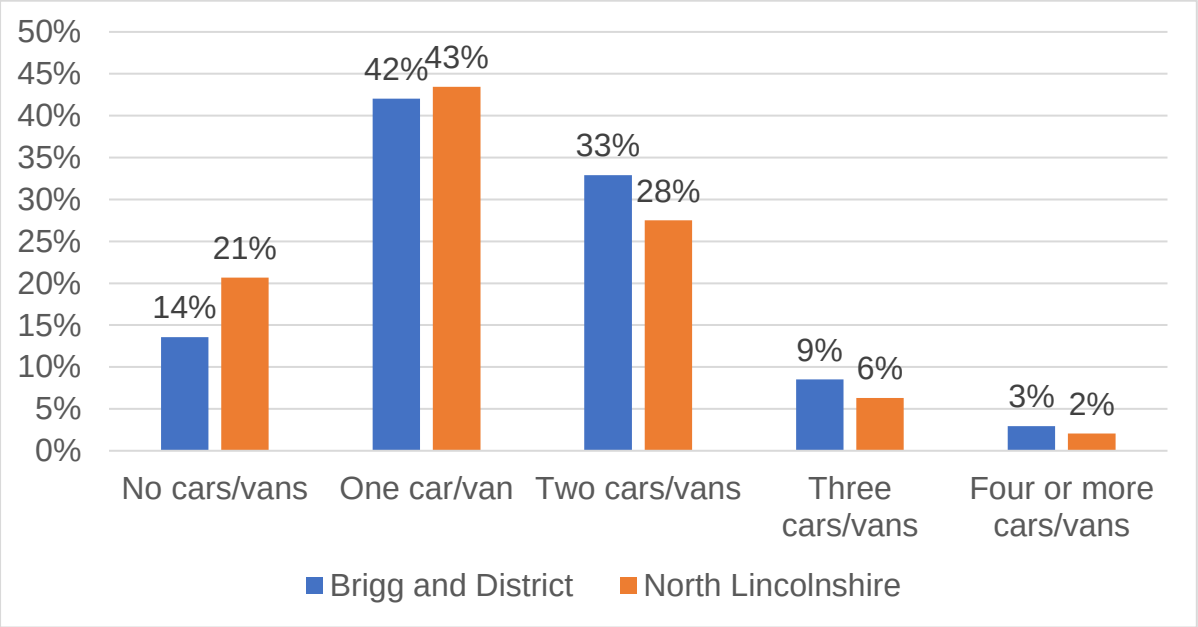
Indicator	Period	North Lincolnshire	Brigg and District
Premature (under 75s) deaths from respiratory disease (directly standardised rate per 100,000)	2017-2019	45.3	29.6
Percentage of deaths in usual place of residence (65+ years) (%)	2019	48.3	48.0

Key - statistical significance relative to North Lincolnshire (95% confidence interval).

Similar | Better / Lower | Worse / Higher

- Described as predominantly rural village and dispersed, with some areas of rural town and fringe.
- Has a low population density similar to Isle with two thirds (70%) of residents living in or close to rural towns and the remaining third living in villages or dispersed surroundings.
- The population is forecast to grow by 3.7% by 2030.
- Has a higher proportion of residents between 50 and 84 years of age and a lower proportion of residents under 45 years of age.
- Has the highest life expectancy at birth for females (83.8 years).
- 11.2% of the population provides unpaid care, compared to 10.8% for North Lincolnshire as a whole.
- The main languages spoken in the locality's households at the 2011 Census were:
  - English – 98.5%
  - Polish – 0.4%
  - Portuguese, Lithuanian, All other Chinese, Slovak– 0.1% each
- The figure below compares car ownership levels in the locality to North Lincolnshire and shows car ownership is higher than the average for North Lincolnshire with 45% of households having two or more cars or vans.

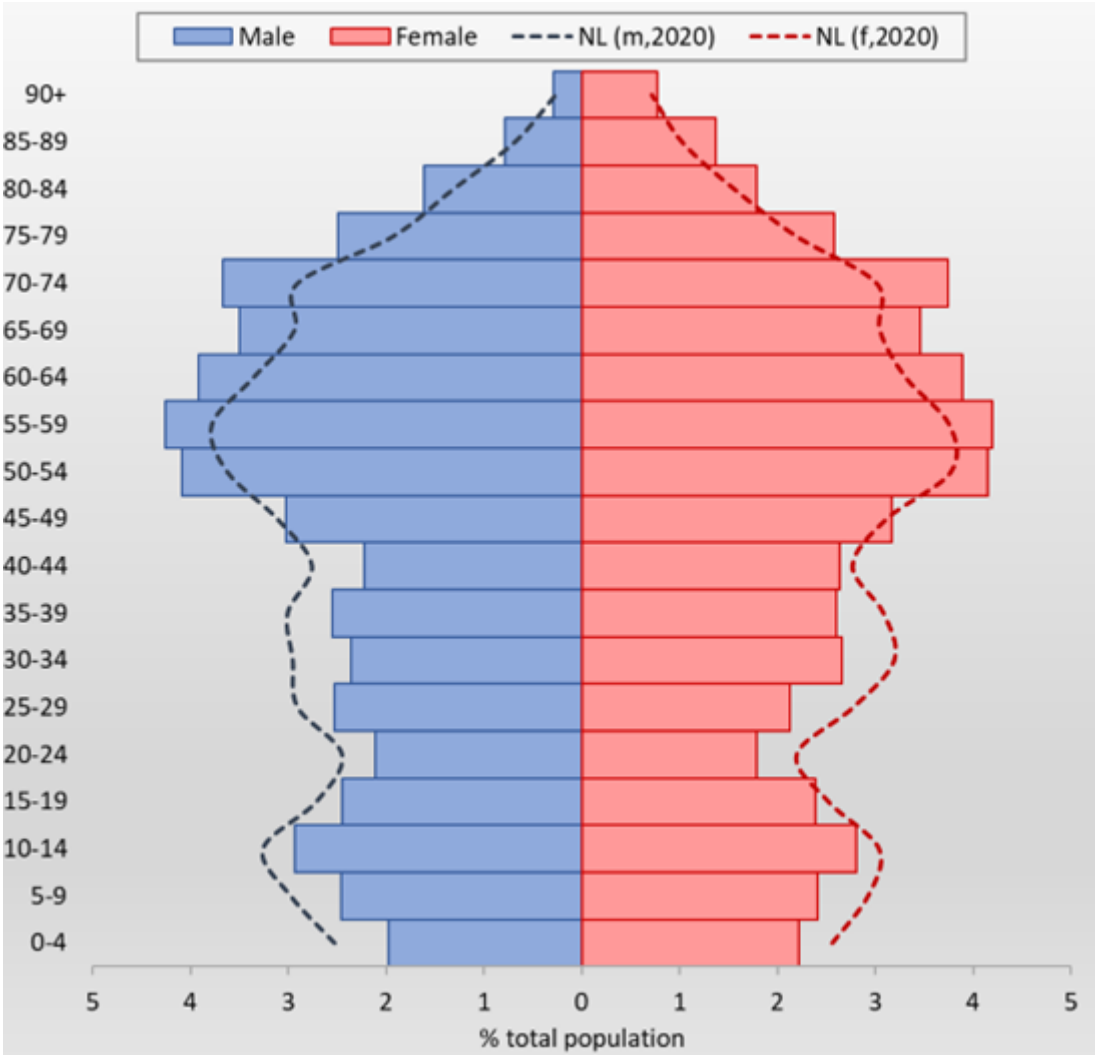
Figure 31 – car ownership in the locality compared to North Lincolnshire[83]



- The locality has a higher proportion of residents between 50 and 84 years of age and a lower proportion of residents under 45 years of age compared to North Lincolnshire as a whole, as can be seen from the figure below.

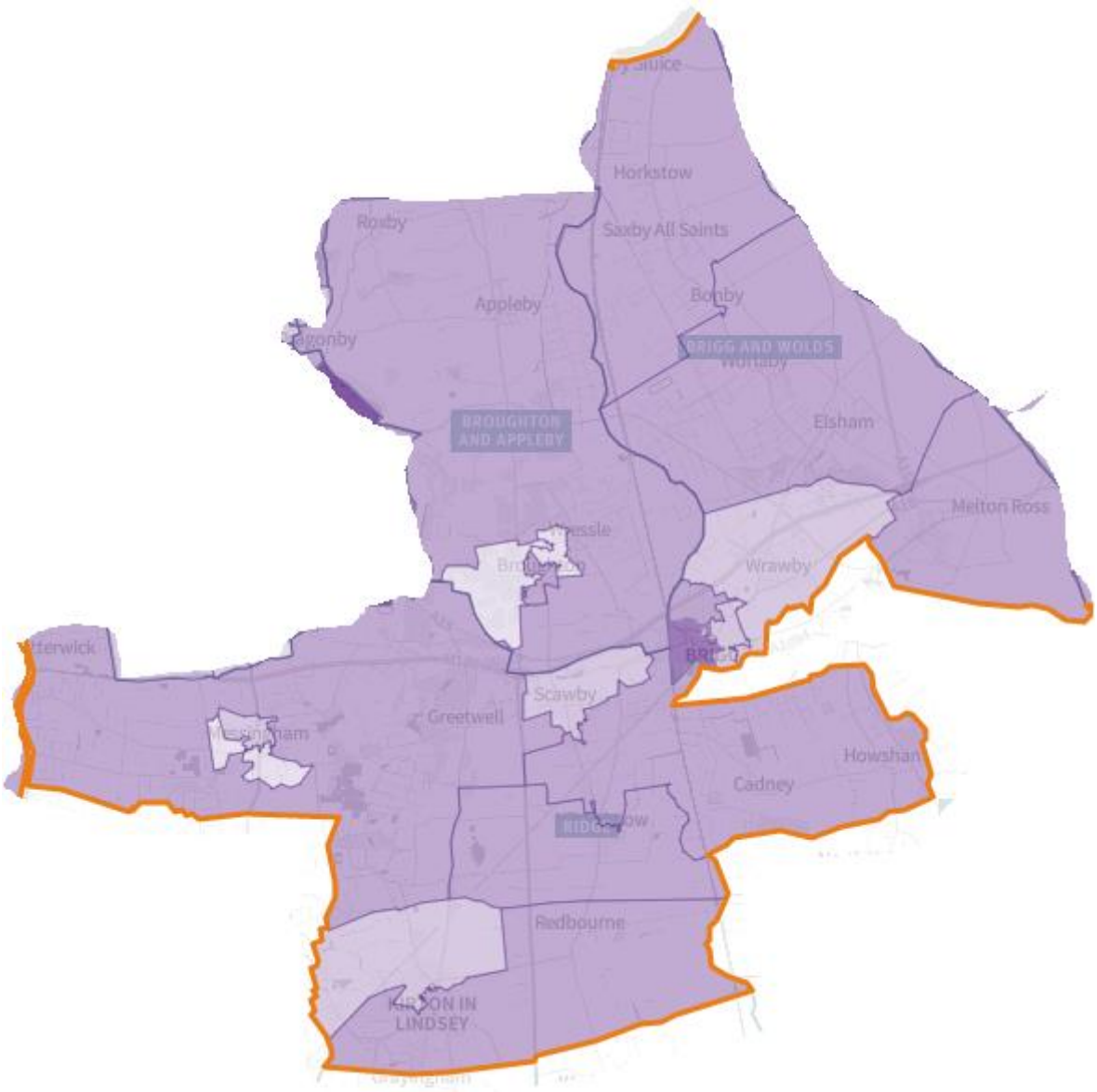
[83] Nomis KS404EW - Car or van availability

Figure 32 – Brigg and District population by gender and age as compared to North Lincolnshire as a whole, 2020



The map below shows the level of deprivation across the locality where the darker the purple the greater the level of deprivation.

Map 21 – Spread of deprivation[84]



The Five-year housing land supply statement estimates that the following number of homes will be built in the locality between April 2022 and March 2026.

- Barnetby Le Wold – 20 homes
- Brigg – 335 homes
- Broughton – six homes
- Hibaldstow – 61 homes
- Kirton in Lindsey – 167 homes
- Messingham – seven homes
- Redbourne – nine homes

[84] Public Health England's Strategic Health Asset Planning and Evaluation tool

- Saxby all Saints – seven homes
- Worlaby – 37 homes
- Wrawby – 22 homes

10.2 Necessary services: current provision within the locality's area

There are six pharmacies in the locality operated by five different contractors, one of which is a 100 hour pharmacy. The five GP practices dispense from six premises, with the percentage of patients dispensed by at practice level ranging from 36.1% to 98.5%.

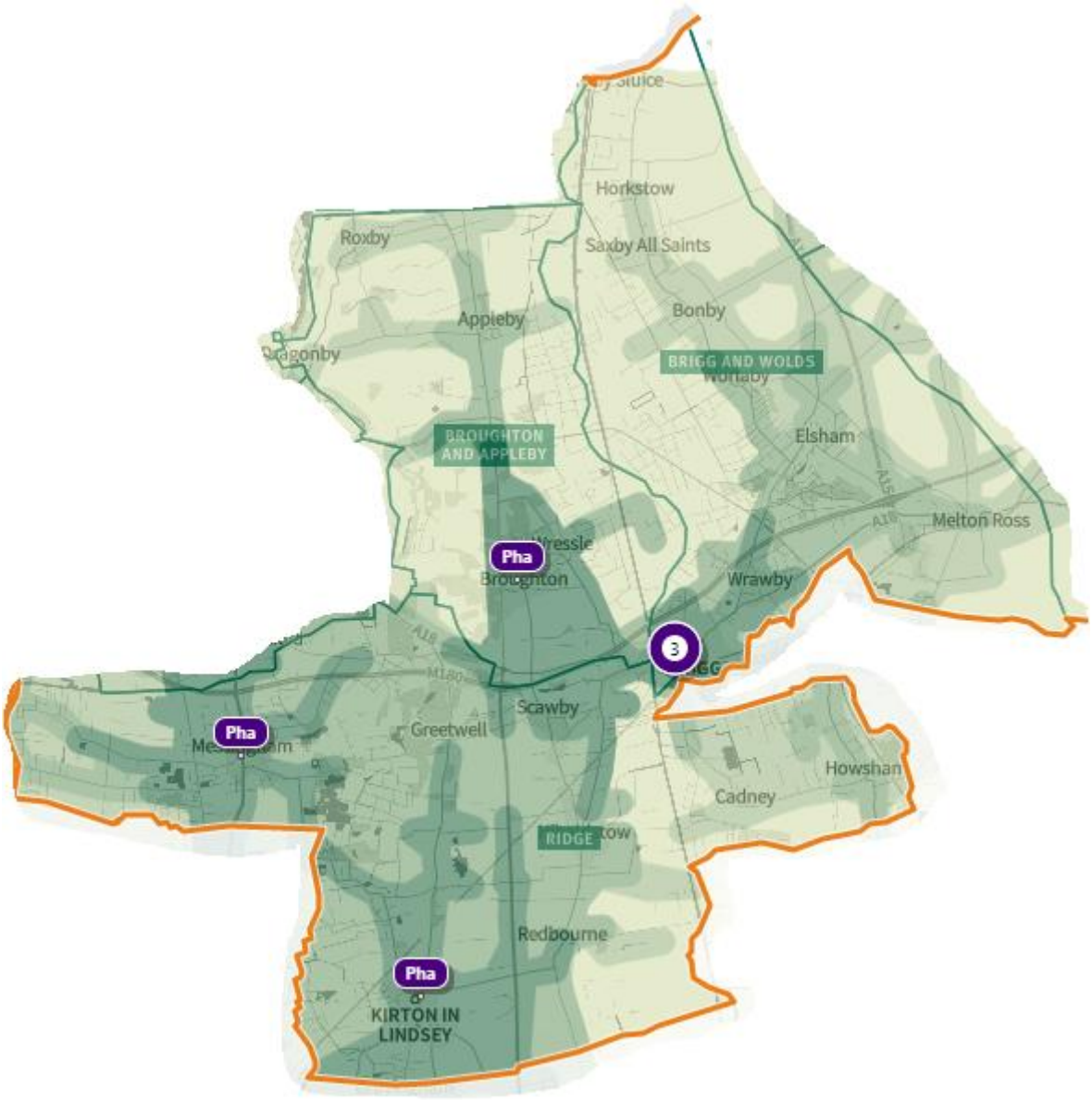
As can be seen from the map below the population density of the locality is low with a slightly higher density in the three towns of Brigg, Broughton and Messingham. The pharmacies are generally located in areas of greater population density (the darker the shading the greater the population density) and are located in the south of the locality.

Map 22 – location of pharmacies and dispensing practice premises compared to population density

In 2020/21, 42.3% of prescriptions written by the GP practices in the locality was dispensed within the locality by one of the pharmacies and 46.4% by the dispensing practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed).

As can be seen from the maps below, only one part of the locality is not within 20 minutes by car of a pharmacy located in the locality outside the rush hour periods. This is in the north of the locality and Google Maps reveals no resident population.

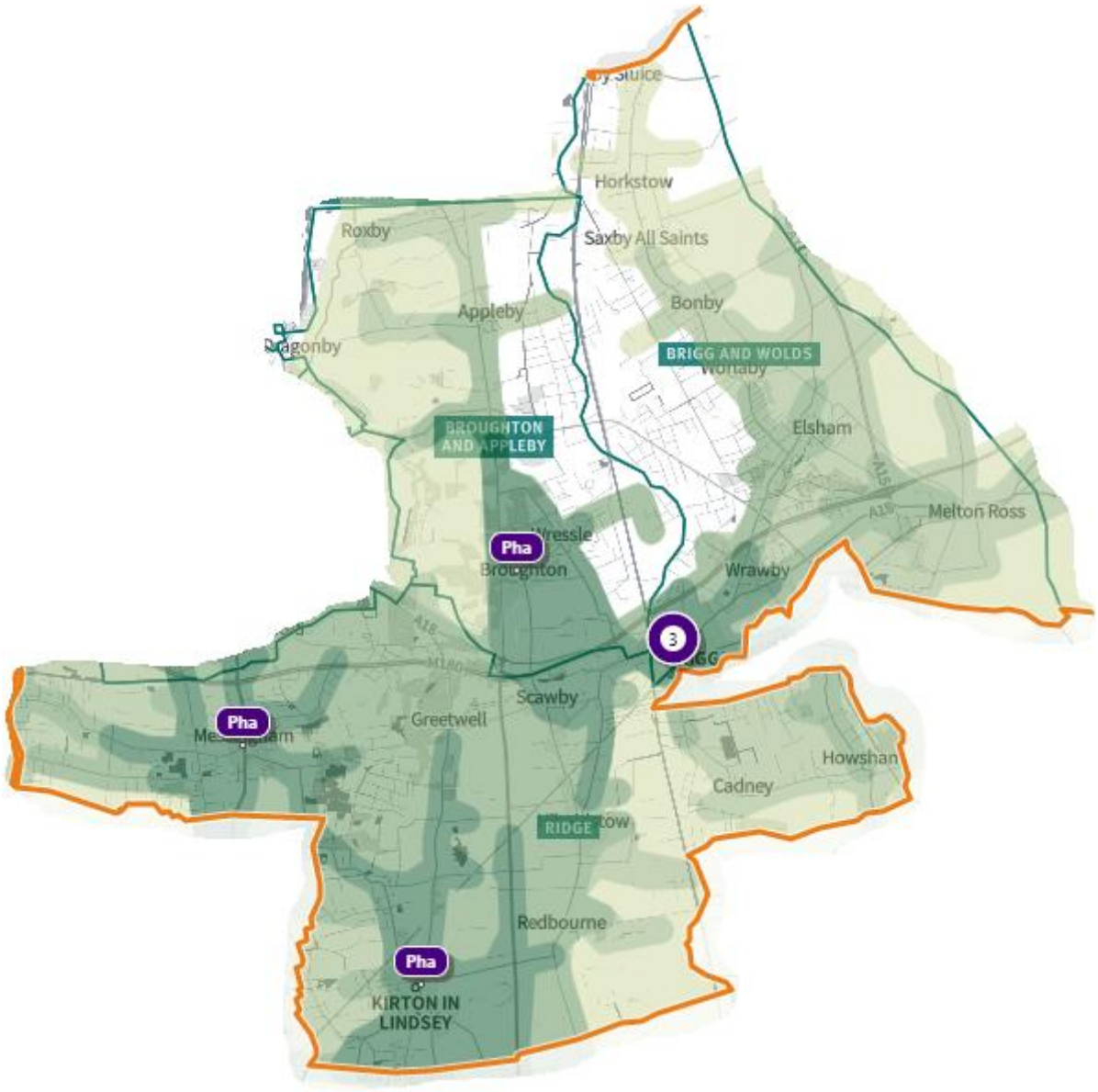
Map 23 – access to pharmacies in the locality outside of rush hour times



5 10 15 20 Travel times in minutes

A larger area is not within a 20-minute drive of a pharmacy within the locality during the rush hour periods – to the west and east of the River Ancholme. However, Google Maps reveals little or no resident population in this area.

Map 24 – access to pharmacies during rush hour times



5 10 15 20 Travel times in minutes

Being a predominantly rural area access to the pharmacies using public transport is limited outside of the towns and not a realistic method of transport for parts of the locality.

The six pharmacies are open as follows.

- Three open Monday to Friday (one in each of Brigg, Broughton and Messingham),
- One opens Monday to 13.00 on Saturday (Kirton Lindsey),
- One opens Monday to Saturday in Brigg, and
- One opens Monday to Sunday (the 100 hour pharmacy in Brigg).

The 100 hour pharmacy opens:

- 07.00 to 22.00 Monday to Saturday, and
- 10.00 to 20.00 Sunday.

With regard to the times at which the other pharmacies are open between Monday and Friday:

- Two open at 08.30 (Broughton and Messingham) and three at 09.00.
- One closes at 17.00 (Messingham), one at 17.15 (Brigg), one at 18.00 (Brigg) and two at 18.30 (one in each of Brigg and Kirton Lindsey).

Other than the 100 hour pharmacy, two pharmacies on Saturday:

- One in Brigg opens 09.00 to 16.45, and
- One Kirton Lindsey opens 09.00 to 13.00.

Other than the 100 hour pharmacy, none of the pharmacies are open on Sunday.

The dispensaries within dispensing practices will generally open in line with the opening hours for the premises, usually 08.30 to 18.00 Monday to Friday.

Four of the pharmacies responded to the pharmacy contractor questionnaire and confirmed they dispense all types of appliances (two in Brigg, one in Broughton and one in Kirton Lindsey). Two of the dispensing practices confirmed they dispense prescriptions for all appliances at their premises.

All of the pharmacies provided the new medicine service in 2020/21 completing a total of 27 full service interventions, with a range at pharmacy level of one to 13. Between April and November 2021, five of the pharmacies provided the service, completing a total of 81 full service interventions. The range at pharmacy level was five to 25. The pharmacy that doesn’t provide the service is in Messingham.

Five of the pharmacies provided flu vaccinations under the advanced service in 2020/21 vaccinating a total of 1,572 people with a range at pharmacy level of 97 to 664. Between September and December 2021 four of the pharmacies provided the service, giving a total of 1,900 vaccinations, a range at pharmacy level of 116 and

784[85]. The pharmacies that did not provide the service are in Kirton Lindsey and Messingham.

In 2021/22, all six pharmacies have signed up to provide community pharmacist consultation service. Between April and November, five pharmacies completed a total of 134 referrals with a range at pharmacy level of two to 104.

As of April 2022 none of the pharmacies have signed up to provide the hypertension case finding advanced service.

10.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices that were not dispensed by a pharmacy or dispensing practice in the locality:

- 1.4% was dispensed by the other pharmacies in North Lincolnshire,
- 7.7% by 29 contractors in Lincolnshire,
- 0.9% by 12 contractors in Hull, and
- 0.2% by three contractors in Stoke-on-Trent.

The remaining 1.1% was dispensed by 196 contractors in 71 different health and wellbeing board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 1.3% was dispensed by 19 distance selling premises. 0.8% was dispensed by 38 dispensing appliance contractor premises.

When taking into account the provision of necessary services outside of the locality, all of the locality is within a 15-minute drive of a pharmacy during the rush hour periods, with the exception of the area in the far north which has no resident population.

[85] Chemist and Druggist news article 29 October 2020

Map 25 – travel times to pharmacies in the locality and neighbouring localities and health and wellbeing board areas by car, during rush hour

5 10 15 20 Travel times in minutes

In addition, dispensing practices in neighbouring health and wellbeing board areas may provide a dispensary service to residents of the locality.

10.4 Other relevant services: current provision

Four pharmacies have confirmed that they dispense all appliances listed in Part IX of the Drug Tariff however, none has provided the appliance use review or stoma appliance customisation services between April 2020 and November 2021.

At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023.

As of November 2021, all of the pharmacies had provided the Covid-19 lateral flow device distribution service, handing out 6,382 test kits.

At the time of drafting no pharmacies have signed up to provide the smoking cessation advanced services that went live on 10 March 2022.

Five of the pharmacies provide the minor ailment enhanced service and the point of dispensing intervention enhanced service, and two are commissioned to provide the in-hours palliative care enhanced service (in Brigg and Kirton Lindsey). The pharmacy in Kirton Lindsey is also commissioned to provide the out of hours palliative care enhanced service.

10.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks,
- NHS health checks, and
- Advice and treatment for common ailments.

In 2020/21, the five GP practices will have personally administered some items, however it is not possible to identify the number of items personally administered by them as they are not recorded separately to those that are dispensed.

Residents will access other NHS services located in this locality or elsewhere in the health and wellbeing board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Community nurse prescribers,
- Dental practices,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

10.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 10.2 and 10.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2020/21, a total of 283 contractors dispensed items written by one of the GP practices, of which 248 were outside of North Lincolnshire. Some were quite a distance from the area, for example West Sussex, Norfolk, Buckinghamshire and Sutton.

10.7 Necessary services: gaps in provision

Whilst not NHS services, the four pharmacies that responded to the pharmacy contractor questionnaire provided the following information on collection and delivery services.

- All four collect prescriptions from GP practices.
- Three pharmacies provide a free of charge delivery services, two to everyone and one to housebound and disabled people who live within an eight-mile radius of the pharmacy. The fourth pharmacy provides a delivery service for a fee.
- All four pharmacies provide monitored dosage systems free of charge.

The four pharmacies confirmed they have a consultation room, with two having rooms that are accessible by wheelchair.

One pharmacy confirmed that Romanian is spoken by a pharmacist four days a week. One pharmacy confirmed that its staff speaks French and Spanish in addition to English. One pharmacy confirmed that Polish and Mandarin are spoken by the community it serves.

The health and wellbeing board has noted the dispensing service provided by some of the GP practices to their eligible patients, and that for these residents there is no need to access a pharmacy for the dispensing service.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or
- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within

primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that much of the locality is within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods. When pharmacies in neighbouring localities and health and wellbeing board areas are taken in account most of the locality is within 15 minutes of a pharmacy, both during and outside the rush hour periods. There is no resident population in the area that is not within a 15-minute drive of a pharmacy. It has also noted that the GP practices dispense to eligible patients, and that 45% of households have access to two or more cars or vans with only 14% without access to a car or van. It is not known where that 14% live but it is anticipated that all or most will live in a built-up area and will therefore be able to access a pharmacy by public transport or on foot.

Whilst GP extended opening hours may change during the lifetime of this pharmaceutical needs assessment, the health and wellbeing board is of the opinion that pharmacies may change their opening hours in order to meet a demand for the dispensing service, or NHS England can direct a pharmacy or pharmacies to open at such times as may be required.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services by in the locality, or the dispensing service provided by dispensing practices.

The health and wellbeing board has noted the projected number of houses to be built during the lifetime of this pharmaceutical needs assessment and is of the opinion that the existing pharmacies will be able to meet the needs of those moving into these new houses. The health and wellbeing board has therefore concluded that there are no future needs in relation to the provision of essential services by in the locality, or the dispensing service provided by dispensing practices

The health and wellbeing board is also satisfied that, based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Community pharmacist consultation service,
- Hypertension case-finding service, and
- Flu vaccination.

10.8 Improvements or better access: gaps in provision

None of the pharmacies provide the appliance use review or stoma appliance customisation services despite at least four dispensing prescriptions for all appliances.

However, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services. It is also noted that not all stoma appliances require customisation. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to either of these two services.

No pharmacies have signed up to provide the Hepatitis C antibody testing service, which is due to end on 31 March 2023, however take-up of, and demand for, this service has been very low nationally. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The lateral flow device distribution advanced service is not currently commissioned by NHS England. However if it was to be recommissioned it is anticipated that all three pharmacies would provide the service again, and therefore no current or future improvements or better access have been identified in relation to this service.

At the time of drafting no pharmacies have signed up to provide the smoking cessation advanced services that went live on 10 March 2022. This is due to the fact that there is already an existing service for hospitals to refer people to who wish to stop smoking. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

In relation to the four enhanced services, the health and wellbeing board has noted that:

- Five pharmacies provide the minor ailment enhanced service,
- Two provide the in-hours palliative care enhanced service,
- One provides the out of hours palliative care enhanced service, and
- Five provide the point of dispensing intervention enhanced service.

The health and wellbeing board has not identified any current or future improvements or better access to these services.

11 Scunthorpe North locality

This locality consists of the three wards of Crosby and Park, Town, and Burringham and Gunness.

11.1 Key facts

Indicator	Period	North Lincolnshire	Scunthorpe North
Total resident population (%)	2019	100	16.1
Population density (per km²)	2019	196.7	912.9
Resident population 0-19 years (%)	2019	22.6	24.3
Resident population 20-64 years (%)	2019	56.1	60.3
Resident population 65+ years (%)	2019	21.3	15.4
Proportion of population living in 20% most deprived lower layer super output areas (%)	2019	21.5	47.8
All police recorded crime (rate per 1,000)	2019/20	106.4	207.3
Violent crime recorded by police (rate per 1,000)	2019/20	32.1	51.9
Antisocial behaviour recorded by police (rate per 1,000)	2019/20	17.7	36.2
Children aged under 16 living in Relative Low Income (%)	2019/20	23.4	34.3
Claimant Count (rate per 1,000)	March 2020	34.7	54.2
Over 65s in receipt of Pension Credit (%)	August 2019	13	18.6
Resident school age children of minority ethnic groups (%)	January 2020	15.9	48.6
Live births (general fertility rate) (Fertility rate per 1,000 women of childbearing age)	2019	56.1	57.4
Breastfeeding initiation (%)	2019/20	65.1	70.0
Children reaching good level of development (2½ years) (%)	2018/19	88	89.3
Readiness for school at 5 years of age (%)	2018/19	71.7	63.7
Children (aged under 16) in receipt of Disability living allowance (%)	November 2019	3.9	3.6
Children with excess weight at 5 years of age (%)	2019/20	23.0	28.3
Children with excess weight at 11 years of age (%)	2019/20	35.8	39.3
GCSE attainment (4-9) in English and maths (%)	2018/19	64.7	62.6

Indicator	Period	North Lincolnshire	Scunthorpe North
Children in need aged 0-10 years (rate per 10,000)	End March 2020	140.4	204.4
Children (aged 0-17) with an Early Help Assessment (rate per 10,000)	End March 2020	108.0	117.6
Admissions for avoidable injury (under 15s) (rate per 10,000)	2019/20	106.7	104.0
Emergency admissions for intentional self-harm 10-24 years (per 100,000)	2017/18-2019/20	222.8	209.1
Smoking at delivery (%)	2019/20	16.7	17.4
Admissions for avoidable injury (15- to 24-year-olds) (rate per 10,000)	2019/20	105.1	96.6
Persons in receipt of Employment and Support Allowance (20– to 64-year-olds) (%)	November 2019	4.7	4.3
Admissions for coronary heart disease (all ages) (directly standardised rate per 100,000)	2019/20	705.7	893.4
Admission episodes for alcohol specific conditions (directly standardised rate per 100,000)	2019/20	517.1	887.3
Emergency admissions for intentional self-harm (directly standardised rate per 100,000)	2019/20	155.3	162.1
Emergency hospital admissions (18– to 64-year-olds) (rate per 10,000)	2019/20	820.0	938.3
Emergency hospital admissions (65+yrs) (rate per 10,000)	2019/20	2,679.0	3,416.5
Over 65s in receipt of attendance allowance (%)	August 2019	12.0	14.3
Emergency admissions for falls 65+ (directly standardised rate per 100,000)	2019/20	1,575.3	2,192.9
Emergency admissions for hip fracture 65+ (directly standardised rate per 100,000)	2019/20	580.2	986.1
Male life expectancy at birth (years)	2017-2019	78.9	75.8
Female life expectancy at birth (years)	2017-2019	82.6	80.1
All cause mortality (all ages) (directly standardised rate per 100,000)	2017-2019	1,007.9	1,322.0

Indicator	Period	North Lincolnshire	Scunthorpe North
Deaths from causes considered preventable (2016 definition) (directly standardised rate per 100,000)	2017-2019	192.3	277.2
Premature (under 75s) deaths from cancer (directly standardised rate per 100,000)	2017-2019	136.9	166.0
Premature (under 75s) deaths from coronary heart disease (directly standardised rate per 100,000)	2017-2019	37.1	60.1
Premature (under 75s) deaths from respiratory disease (directly standardised rate per 100,000)	2017-2019	45.3	79.3
Percentage of deaths in usual place of residence (65+ years) (%)	2019	48.3	53.2

Key - statistical significance relative to North Lincolnshire (95% confidence interval).

Similar

Better
Lower

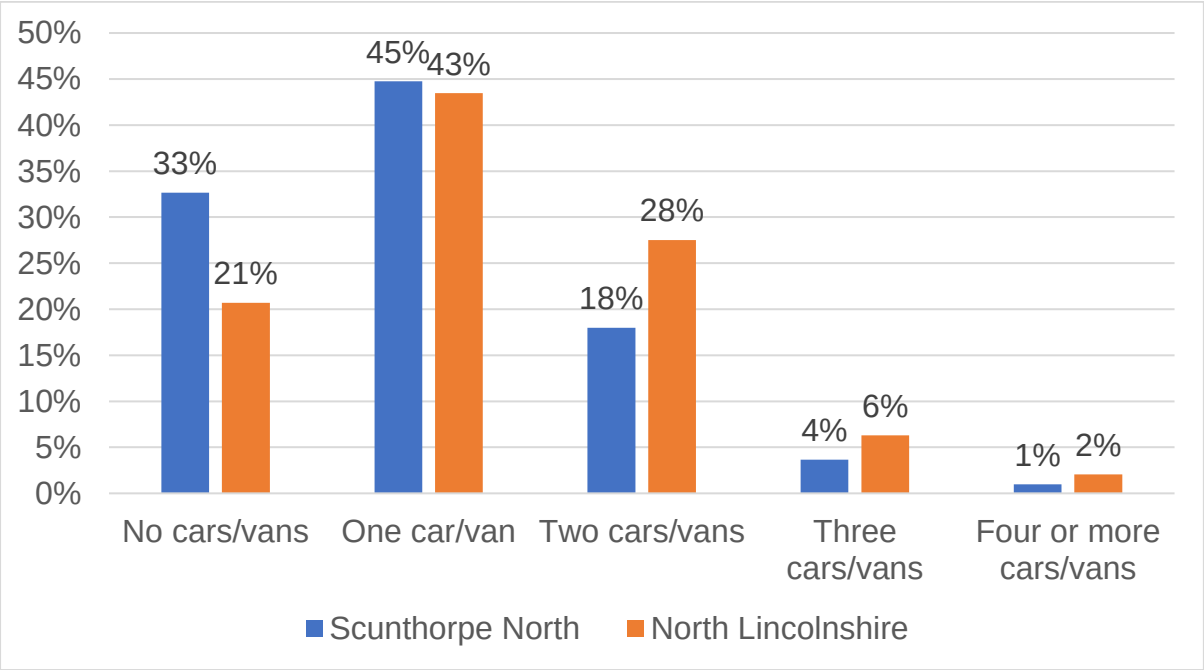
Worse
Higher

- Crosby and Park and Town are described as urban city and town. Burringham and Gunness is described as urban city and town in the east, whereas the west is described as rural village and dispersed.
- Has ten times the population density of the more rural localities with 95% of residents living in urban areas and the remaining 5% living in areas of Burringham and Gunness ward.
- The population is forecast to reduce by 1.7% by 2030.
- Will see the largest increase in the proportion of residents aged 65-79 years.
- Has a distinctly lower proportion of residents between 50 and 80 years of age and a pronounced excess of 20- to 45-year-olds, particularly males, along with more children under 10.
- Has the lowest life expectancy at birth for both males and females (75.1 and 79.4 years respectively).
- 9.2% of the population provides unpaid care, compared to 10.8% for North Lincolnshire as a whole. However there is variation at Ward level with 12.8% of those living in Burringham and Gunness providing unpaid care versus 9.1% of those in Town.
- The main languages spoken in the locality's households at the 2011 Census were:
    - English – 83.3%
    - Polish – 5.6%
    - Bengali (with Sylheti and Chatgaya) – 2.5%
    - Lithuanian – 2.4%
    - Portuguese and Urdu – 0.8% each
    - Panjabi – 0.6%

- Kurdish - 0.5%
- Slovak – 0.4%
- Latvian, Pashto and Italian – 0.3% each
- Arabic, All other Chinese, Tamil, and Somali – 0.2% each

- The figure below compares car ownership levels in the locality to North Lincolnshire and shows car ownership is lower than the average for North Lincolnshire with 33% of households having no car/van although slightly more households have one car/van. There is variation at Ward level with fewer households in Burringham and Gunness having no car/van (21.2%) reflecting the rural nature of the western side of this Ward.

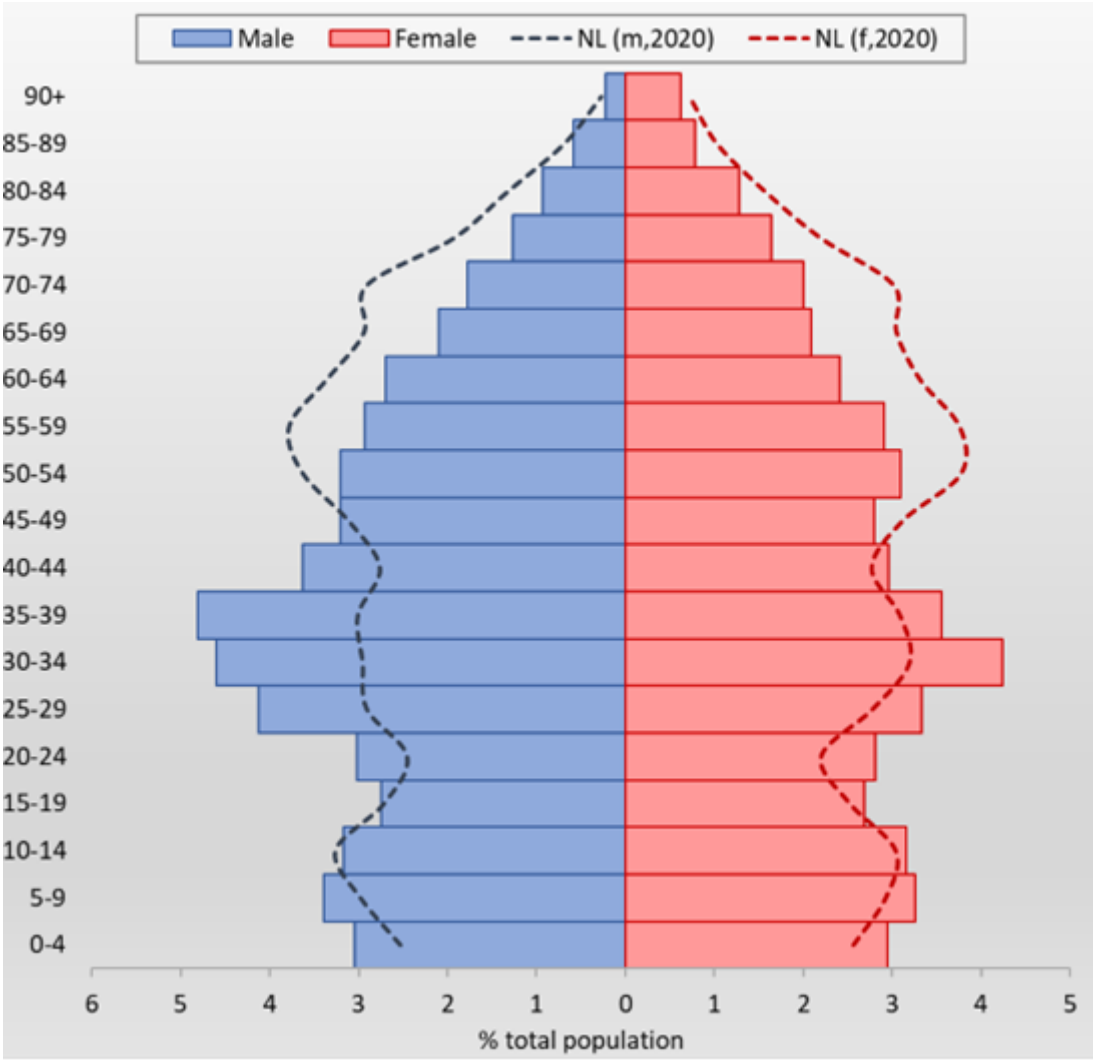
Figure 33 – car ownership in the locality compared to North Lincolnshire[86]



- The locality has a distinctly lower proportion of residents between 50 and 80 years of age and a pronounced excess of 20- to 45-year-olds, particularly males, along with more children under 10 compared to North Lincolnshire as a whole, as can be seen from the figure below.

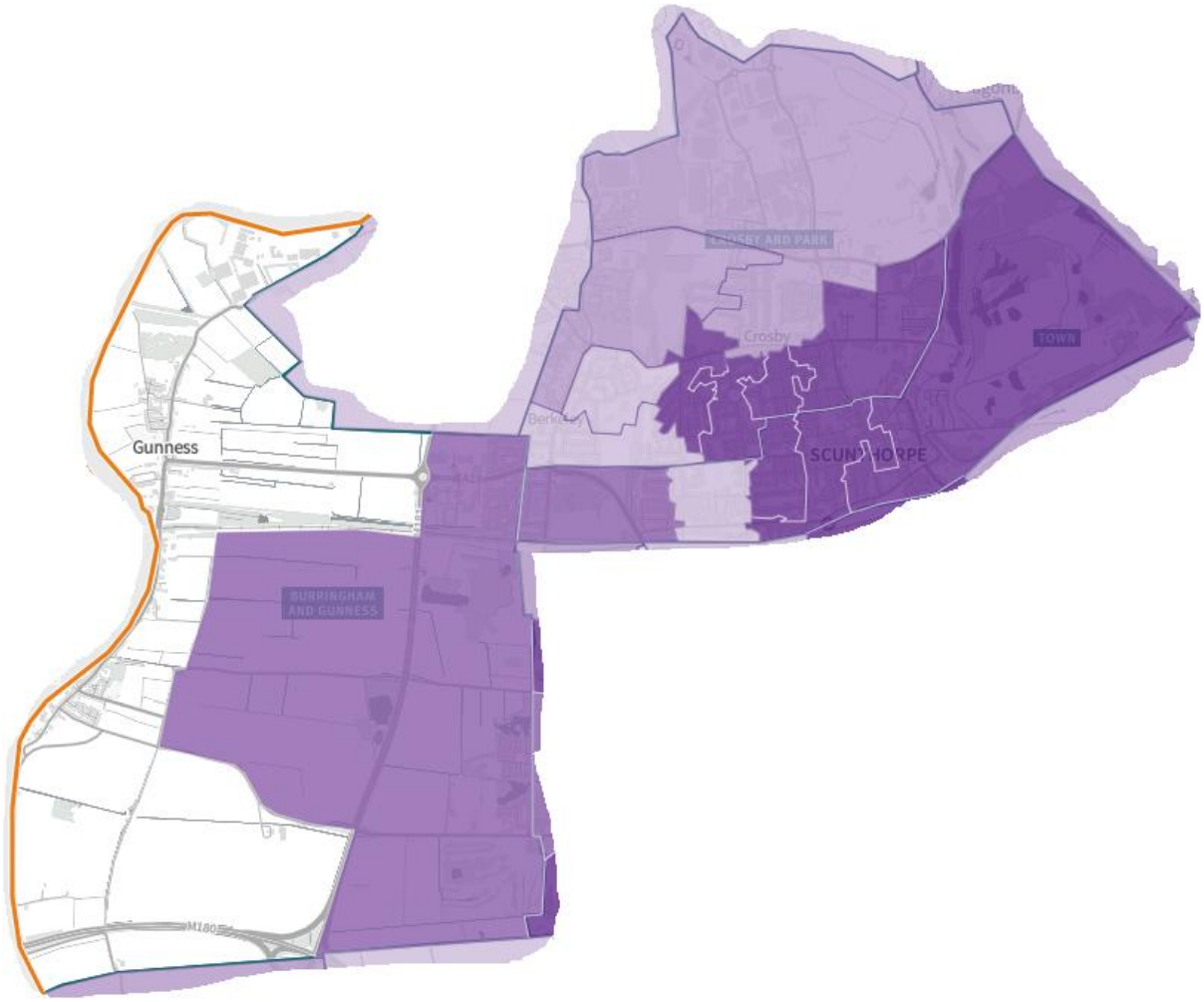
[86] Nomis KS404EW - Car or van availability

Figure 34 – Scunthorpe North population by gender and age as compared to North Lincolnshire as a whole, 2020



The map below shows the level of deprivation across the locality where the darker the purple the greater the level of deprivation. It should be noted that due to reference point for the lower-layer super output area in the west of the locality falling in the river, the mapping software has been unable to map this locality in full.

Map 26 – Spread of deprivation[87]



The Five-year housing land supply statement estimates that the following number of homes will be built in the locality between April 2022 and March 2026.

- Burringham and Gunness – 126 homes
- Crosby and Park – 126 homes
- Town – 15 homes

Six villages are to be developed on land between the western edge of Scunthorpe and the River Trent, creating approximately 6,000 houses, leisure and recreation facilities, a mixed-use area and district centre, three new primary schools and consideration of secondary school provision (the Lincolnshire Lakes Area Action Plan). A new local plan is being prepared by the council which aims to deliver 2,150 houses between 2020 and 2038. However, it is not expected that any houses will be completed until 2026/27 (50 houses in that year).

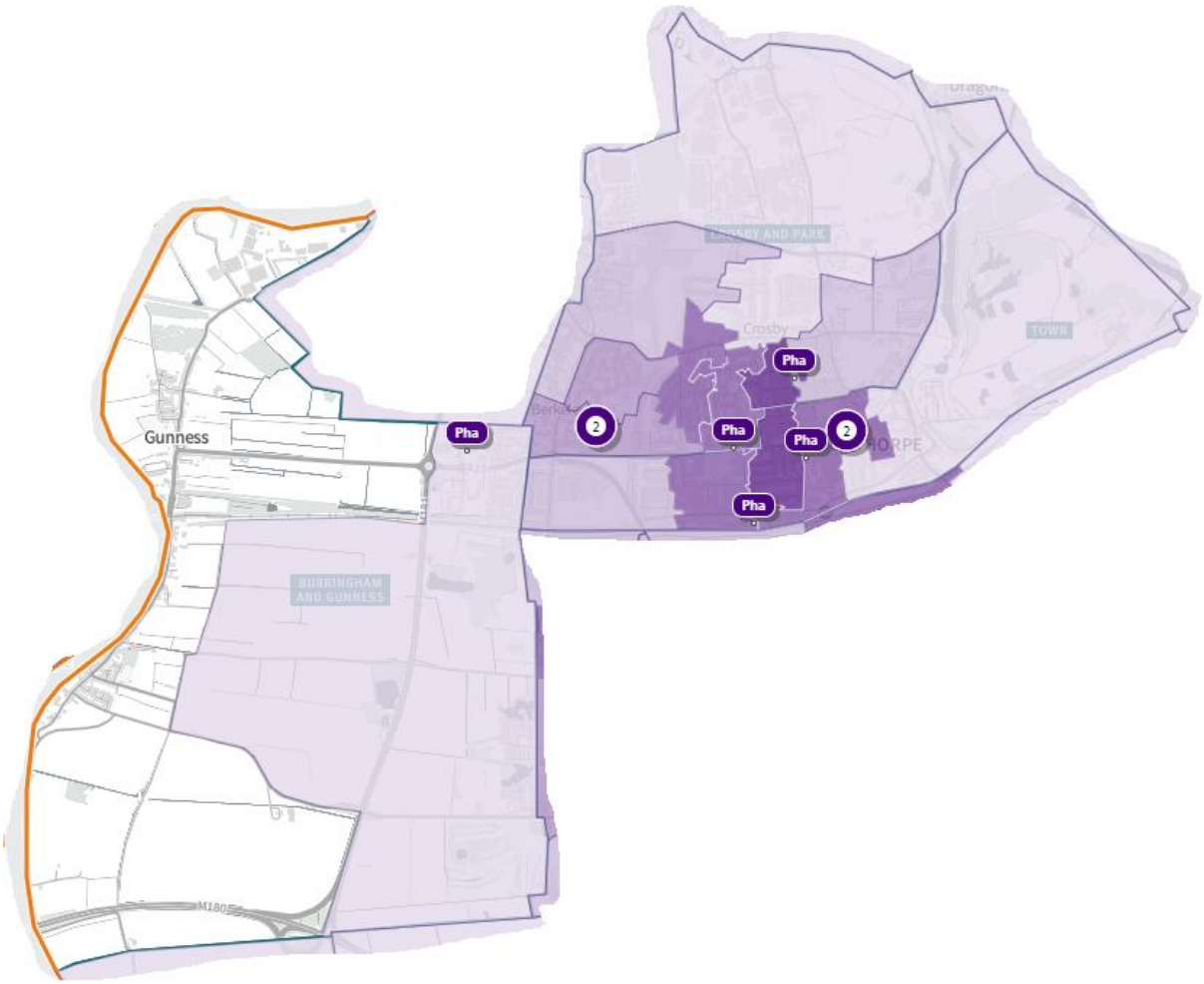
[87] Public Health England's Strategic Health Asset Planning and Evaluation tool

11.2 Necessary services: current provision within the locality's area

There are nine pharmacies in the locality operated by five different contractors. Three are 100 hour pharmacies. None of the GP practices dispense.

As can be seen from the map below the population density varies across the locality, but in general the pharmacies are located in areas of greater population density (the darker the shading the greater the population density). It should be noted that due to reference point for the lower-layer super output area in the west of the locality falling in the river, the mapping software has been unable to map this locality in full. However, Google Maps reveals very little population in this area outside of Burringham and Gunness.

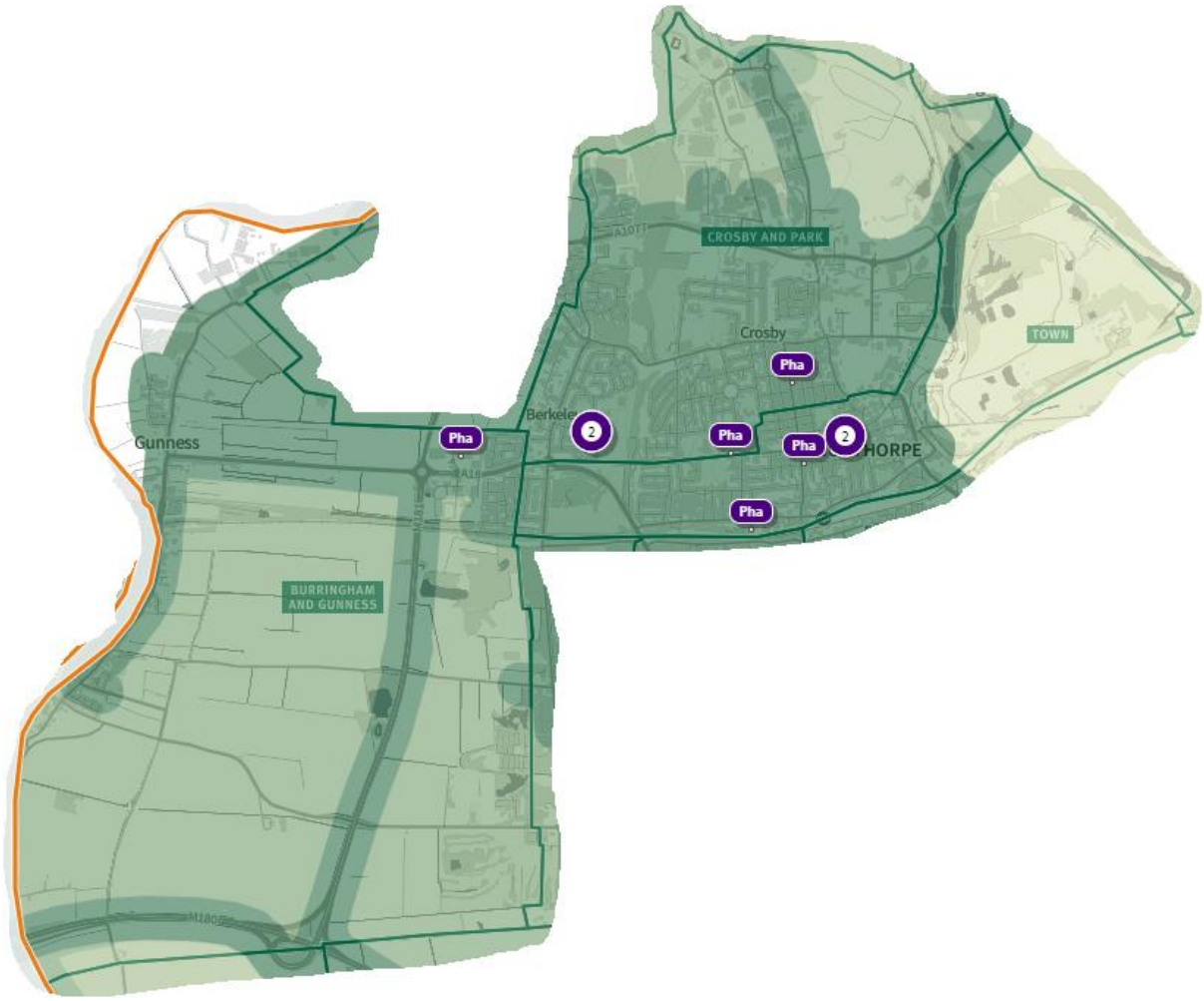
Map 27 – location of pharmacies compared to population density



In 2020/21, 53.7% of prescriptions written by the GP practices in the locality was dispensed within the locality by one of the pharmacies.

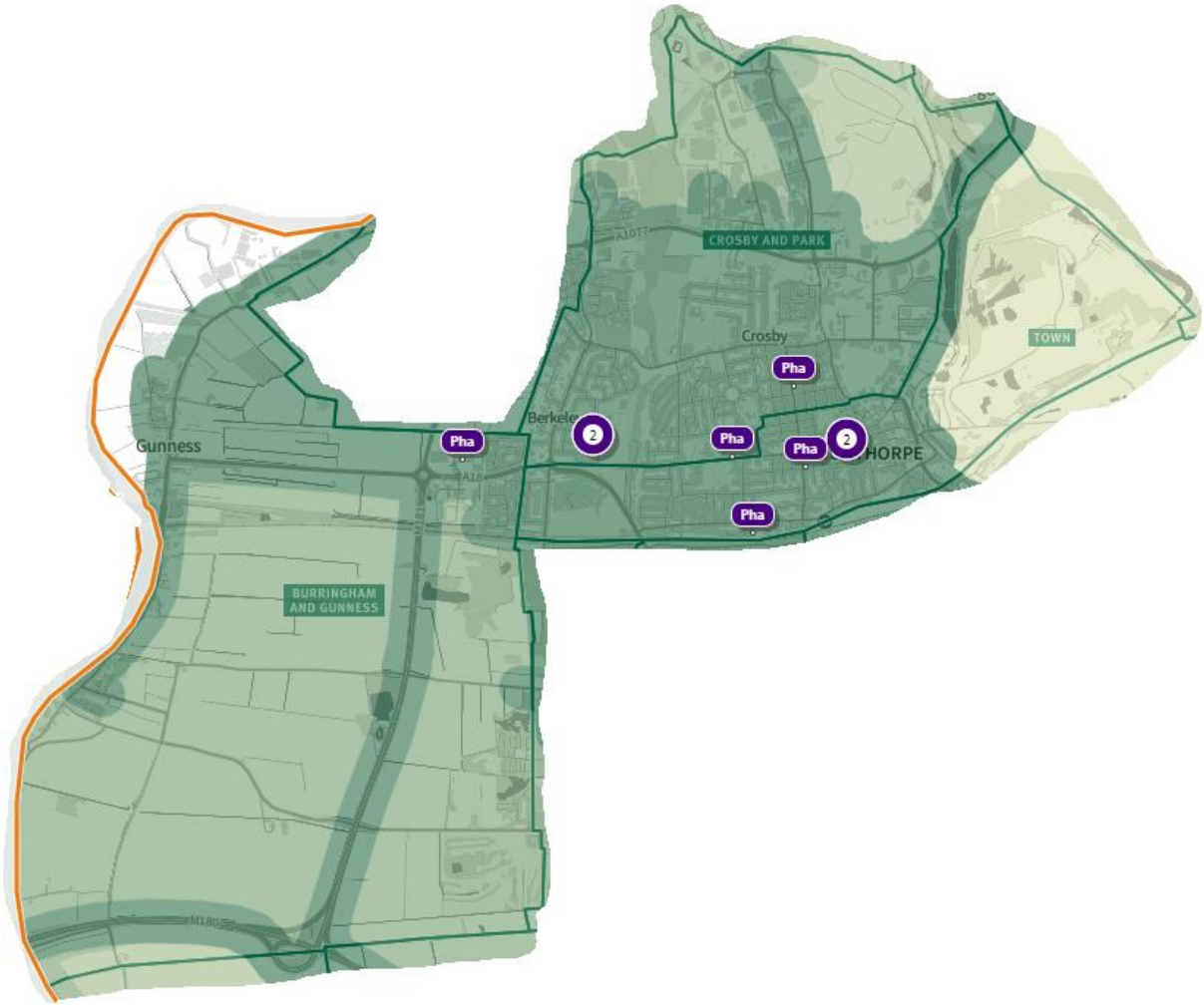
As can be seen from the maps below, all of the locality is within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods, with the exception of one area to the west and north of Gunness. Google Maps reveals the area is predominantly arable fields, with Gunness Wharf in the south and the port of Groveport in the north. There is no resident population in this area.

Map 28 – access to pharmacies in the locality outside of rush hour times



Travel times in minutes

Map 29 – access to pharmacies during rush hour times



5 10 15 20 Travel times in minutes

The map below shows travel times by public transport.

Map 30 – access to pharmacies by public transport

5 10 15 20 Travel times in minutes

The three 100 hour pharmacies are open Monday to Sunday and between them cover the following opening times.

- Monday– 07.00 to 00.00
- Tuesday to Friday – 06.30 to 00.00
- Saturday – 06.30 to 23.00
- Sunday – 10.00 to 16.00

The six other pharmacies are open as follows.

- Four open Monday to Friday, and
- Two open Monday to Saturday.

With regard to the times at which these six pharmacies are open between Monday and Friday:

- One opens at 08.30 and five at 09.00.
- One closes at 17.30, four at 18.00 and one at 18.30.

Two pharmacies open on Saturday and cover 08.30 to 18.00. None of the six pharmacies are open on Sunday.

Eight of the pharmacies responded to the pharmacy contractor questionnaire, of which six dispense all types of appliances, one just dispenses dressings, and the eighth doesn't dispense appliances.

All of the pharmacies provided the new medicine service in 2020/21 completing a total of 554 full service interventions with a range at pharmacy level of 12 to 123. Between April and November 2021, all nine pharmacies provided the service, completing a total of 677 full service interventions. The range at pharmacy level was one to 315.

All of the pharmacies provided flu vaccinations under the advanced service in 2020/21 vaccinating a total of 2,924 people with a range at pharmacy level of 132 to 751. Between September and December 2021 eight of the pharmacies provided the service, giving a total of 4,660 vaccinations, a range at pharmacy level of 229 and 2,022[88].

In 2021/22, all of the pharmacies have signed up to provide the community pharmacist consultation service. Between April and November eight pharmacies completed a total of 369 referrals with a range at pharmacy level of five to 106.

As of April 2022 all of the pharmacies have signed up to provide the hypertension case finding advanced service. No activity data is available at the time of writing.

11.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices that were not dispensed by a pharmacy in the locality:

- 39.4% was dispensed by the other pharmacies in North Lincolnshire,
- 1.5% by four contractors in Leeds,
- 1.3% by one contractor in Ealing,

[88] Chemist and Druggist news article 29 October 2020

- 0.5% by 22 contractors in Hull, and
- 0.3% by two contractors in Stoke-on-Trent.

The remaining 2.0% was dispensed by 254 contractors in 77 different health and wellbeing board areas.

While the majority of items were dispensed by a ‘bricks and mortar’ pharmacy, 4.2% was dispensed by 20 distance selling premises. 0.6% was dispensed by 33 dispensing appliance contractor premises.

When taking into account the provision of necessary services outside of the locality, all of the locality is within a ten minute drive of a pharmacy during and outside rush hour periods, with the exception of the area to the west and north of Gunness which has no resident population.

Map 31 – travel times to pharmacies in the locality and neighbouring localities and health and wellbeing board areas by car, during rush hour

Travel times in minutes

11.4 Other relevant services: current provision

Six pharmacies have confirmed that they dispense all appliances listed in Part IX of the Drug Tariff however, none have provided the appliance use review service between April 2020 and November 2021.

Two pharmacies customised a total of seven stoma appliances in 2020/21 and two pharmacies customised three stoma appliances between April and November 2021.

At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023.

As of November 2021, the nine pharmacies had provided the Covid-19 lateral flow device distribution service, handing out 10,863 test kits.

At the time of drafting no pharmacies have signed up to provide the smoking cessation advanced services that went live on 10 March 2022.

The nine pharmacies provide the minor ailment enhanced service. Six provide the point of dispensing intervention enhanced service, and two are commissioned to provide the in-hours palliative care enhanced service. None are commissioned to provide the out of hour palliative care enhanced service.

11.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks,
- NHS health checks, and
- Advice and treatment for common ailments.

In 2020/21, the four GP practices personally administered 1.3% of the items they prescribed.

Residents will access other NHS services located in this locality or elsewhere in the health and wellbeing board’s area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Community nurse prescribers,
- Dental practices,
- Public health services commissioned by the council, and

- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

11.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 11.2 and 11.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2020/21, a total of 324 contractors dispensed items written by one of the GP practices, of which 289 were outside of North Lincolnshire. Some were quite a distance from the area, for example Hertfordshire, West Sussex, Bristol, Essex and Norfolk.

11.7 Necessary services: gaps in provision

Whilst not NHS services, the eight pharmacies that responded to the pharmacy contractor questionnaire provided the following information on collection and delivery services.

- Five pharmacies collect prescriptions from GP practices.
- Three pharmacies provide a delivery service, free of charge, to all patients, with one restricting the service to Scunthorpe and surrounding areas. Four provide a delivery service for a fee.
- Four provide medicines in monitored dosage systems free of charge.

Two pharmacies reported that they have staff who speak Polish. One pharmacy has staff that speak Bengali/Sylheti, and another has staff that speak Bengali, Polish and Slovak. With regard to languages spoken by the communities served by the pharmacies, Polish was the most common (five pharmacies), followed by Romanian (three pharmacies), Bengali (two pharmacies), and Urdu (two pharmacies). Lithuanian, Mandarin, Portuguese, Russian, Ukrainian and Vietnamese were reported being spoken by the community served by one pharmacy.

The eight pharmacies confirmed they have a consultation room, with six accessible for those in a wheelchair.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or

- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that most of the locality is within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods. When pharmacies in neighbouring localities and health and wellbeing board areas are taken in account most of the locality is within ten minutes of a pharmacy, both during and outside the rush hour periods. There is no resident population in the area that is not within a ten or 20-minute drive of a pharmacy. Whilst 33% of the population does not have access to a car or van due to the urban nature of the locality using public transport or walking to a pharmacy are viable options for those with no access to private transport.

Whilst GP extended opening hours may change during the lifetime of this pharmaceutical needs assessment, the health and wellbeing board is of the opinion that pharmacies may change their opening hours in order to meet a demand for the dispensing service, or NHS England can direct a pharmacy or pharmacies to open at such times as may be required.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services by in the locality.

The health and wellbeing board has noted the projected number of houses to be built during the lifetime of this pharmaceutical needs assessment and is of the opinion that the existing pharmacies will be able to meet the needs of those moving into these new houses. The health and wellbeing board has therefore concluded that there are no future needs in relation to the provision of essential services by in the locality.

The health and wellbeing board is also satisfied that, based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Community pharmacist consultation service,
- Hypertension case-finding service, and
- Flu vaccination.

11.8 Improvements or better access: gaps in provision

None of the pharmacies provide the appliance use review service despite at least six dispensing prescriptions for all appliances. Two pharmacies have provided the stoma appliance customisation service despite at least six dispensing all appliances listed in Part IX of the Drug Tariff.

However, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services. It is also noted that not all stoma appliances require customisation. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to either of these two services.

No pharmacies have signed up to provide the Hepatitis C antibody testing service, which is due to end on 31 March 2023, however take-up of, and demand for, this service has been very low nationally. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The lateral flow device distribution advanced service is not currently commissioned by NHS England. However if it was to be recommissioned it is anticipated that all three pharmacies would provide the service again, and therefore no current or future improvements or better access have been identified in relation to this service.

At the time of drafting no pharmacies have signed up to provide the smoking cessation advanced services that went live on 10 March 2022. This is due to the fact that there is already an existing service for hospitals to refer people to who wish to stop smoking. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

In relation to the four enhanced services, the health and wellbeing board has noted that:

- All nine pharmacies provide the minor ailment enhanced service,
- Two provide the in-hours palliative care enhanced service,
- None provide the out of hours palliative care enhanced service, and
- Six provide the point of dispensing intervention enhanced service.

The health and wellbeing board has not identified any current or future improvements or better access to the minor ailment, in-hours palliative care or point of dispensing intervention enhanced services.

The health and wellbeing board has noted that the out of hours palliative care enhanced service is commissioned on a North Lincolnshire-wide basis. The vast majority of residents are within a 20-minute drive of the pharmacy providing the out of hours service, and all are within a 30-minute drive. The health and wellbeing

board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

12 Scunthorpe South locality

This locality consists of the five wards of Ashby, Bottesford, Brumby, Frodingham, and Kingsway with Lincoln Gardens.

12.1 Key facts

Indicator	Period	North Lincolnshire	Scunthorpe South
Total resident population (%)	2019	100	32.4
Population density (per km²)	2019	196.7	2016.0
Resident population 0-19 years (%)	2019	22.6	25.2
Resident population 20-64 years (%)	2019	56.1	55.6
Resident population 65+ years (%)	2019	21.3	19.2
Proportion of population living in 20% most deprived lower layer super output areas (%)	2019	21.5	36.1
All police recorded crime (rate per 1,000)	2019/20	106.4	132.7
Violent crime recorded by police (rate per 1,000)	2019/20	32.1	40.1
Antisocial behaviour recorded by police (rate per 1,000)	2019/20	17.7	24.7
Children aged under 16 living in Relative Low Income (%)	2019/20	23.4	25.3
Claimant Count (rate per 1,000)	March 2020	34.7	43.3
Over 65s in receipt of Pension Credit (%)	August 2019	13	14.4
Resident school age children of minority ethnic groups (%)	January 2020	15.9	13.1
Live births (general fertility rate) (Fertility rate per 1,000 women of childbearing age)	2019	56.1	58.4
Breastfeeding initiation (%)	2019/20	65.1	58.8
Children reaching good level of development (2½ years) (%)	2018/19	88	86.3
Readiness for school at 5 years of age (%)	2018/19	71.7	73.3
Children (aged under 16) in receipt of Disability living allowance (%)	November 2019	3.9	4.4
Children with excess weight at 5 years of age (%)	2019/20	23.0	22.4
Children with excess weight at 11 years of age (%)	2019/20	35.8	36.8
GCSE attainment (4-9) in English and maths (%)	2018/19	64.7	60.5

Indicator	Period	North Lincolnshire	Scunthorpe South
Children in need aged 0-10 years (rate per 10,000)	End March 2020	140.4	229.6
Children (aged 0-17) with an Early Help Assessment (rate per 10,000)	End March 2020	108.0	114.6
Admissions for avoidable injury (under 15s) (rate per 10,000)	2019/20	106.7	118.7
Emergency admissions for intentional self-harm 10-24 years (per 100,000)	2017/18-2019/20	222.8	259.4
Smoking at delivery (%)	2019/20	16.7	19.5
Admissions for avoidable injury (15-to 24-year-olds) (rate per 10,000)	2019/20	105.1	109.6
Persons in receipt of Employment and Support Allowance (20– to 64-year-olds) (%)	November 2019	4.7	5.5
Admissions for coronary heart disease (all ages) (directly standardised rate per 100,000)	2019/20	705.7	708.7
Admission episodes for alcohol specific conditions (directly standardised rate per 100,000)	2019/20	517.1	697.6
Emergency admissions for intentional self-harm (directly standardised rate per 100,000)	2019/20	155.3	213.6
Emergency hospital admissions (18– to 64-year-olds) (rate per 10,000)	2019/20	820.0	958.9
Emergency hospital admissions (65+yrs) (rate per 10,000)	2019/20	2,679.0	2,946.7
Over 65s in receipt of attendance allowance (%)	August 2019	12.0	13.2
Emergency admissions for falls 65+ (directly standardised rate per 100,000)	2019/20	1,575.3	1,342.6
Emergency admissions for hip fracture 65+ (directly standardised rate per 100,000)	2019/20	580.2	471.1
Male life expectancy at birth (years)	2017-2019	78.9	78.3
Female life expectancy at birth (years)	2017-2019	82.6	82.0
All cause mortality (all ages) (directly standardised rate per 100,000)	2017-2019	1,007.9	1,043.1
Deaths from causes considered preventable (2016 definition)	2017-2019	192.3	219.1

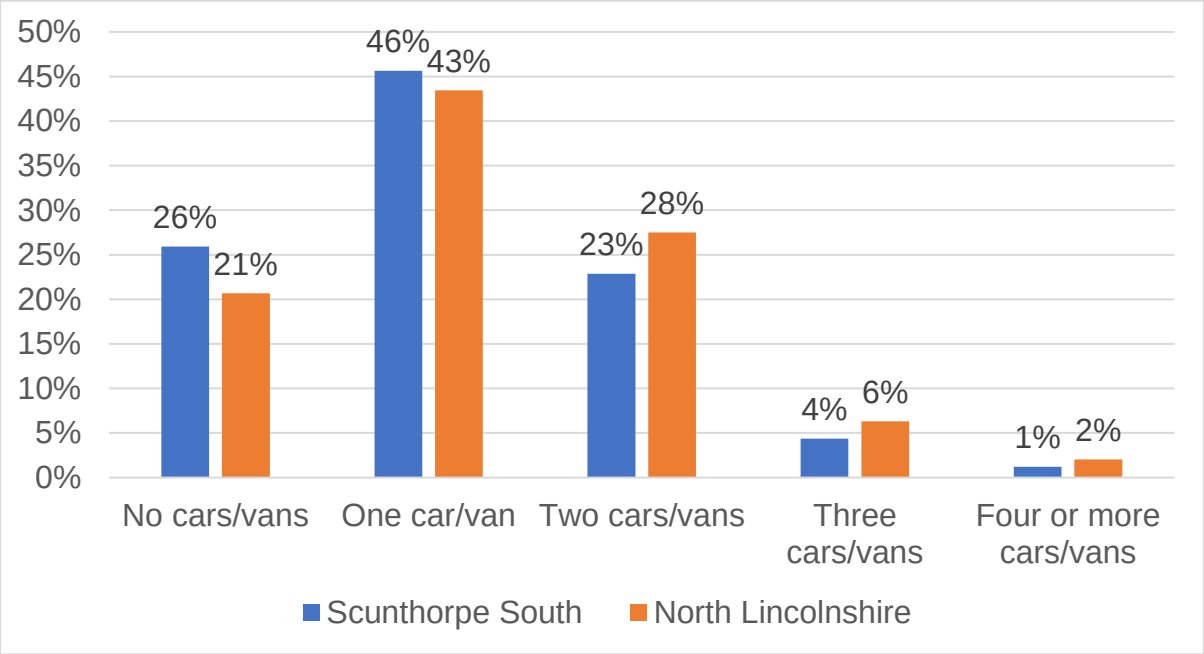
(directly standardised rate per 100,000)			
Indicator	**Period**	**North Lincolnshire**	**Scunthorpe South**
Premature (under 75s) deaths from cancer (directly standardised rate per 100,000)	2017-2019	136.9	154.1
Premature (under 75s) deaths from coronary heart disease (directly standardised rate per 100,000)	2017-2019	37.1	41.2
Premature (under 75s) deaths from respiratory disease (directly standardised rate per 100,000)	2017-2019	45.3	50.1
Percentage of deaths in usual place of residence (65+ years) (%)	2019	48.3	46.2

Key - statistical significance relative to North Lincolnshire (95% confidence interval).

Similar | Better / Lower | Worse / Higher

- Described as urban city and town.
- Has the highest population density in North Lincolnshire, double that for Scunthorpe North and up to 20 times larger than the more rural localities.
- The population is forecast to grow by 2.4% by 2030.
- Has a slightly lower proportion of older residents between 45 and 80 years of age, a higher proportion of residents under 20 and more women between 25 and 35 years.
- Will see the largest increase in the proportion of residents aged 80 and older (27%).
- 10.6% of the population provides unpaid care, compared to 10.8% for North Lincolnshire as a whole. There is variation at Ward level with 12.5% of those living in Bottesford providing unpaid care versus 9.5% in Ashby.
- The main languages spoken in the locality's households at the 2011 Census were:
  - English – 96.5%
  - Polish – 1.7%
  - Lithuanian – 0.3%
  - All other Chinese – 0.2%
  - Portuguese, Bengali (with Sylheti and Chatgaya), Panjabi, Tamil, Slovak, Turkish, Italian and Urdu – 0.1% each
- The figure below compares car ownership levels in the locality to North Lincolnshire and shows car ownership is lower than the average for North Lincolnshire with 26% of households having no car although slightly more households have one car/van. There is, however, variation at Ward level as fewer households in Bottesford (11.6%) have no car or van compared to the rest of the locality (25.9%).

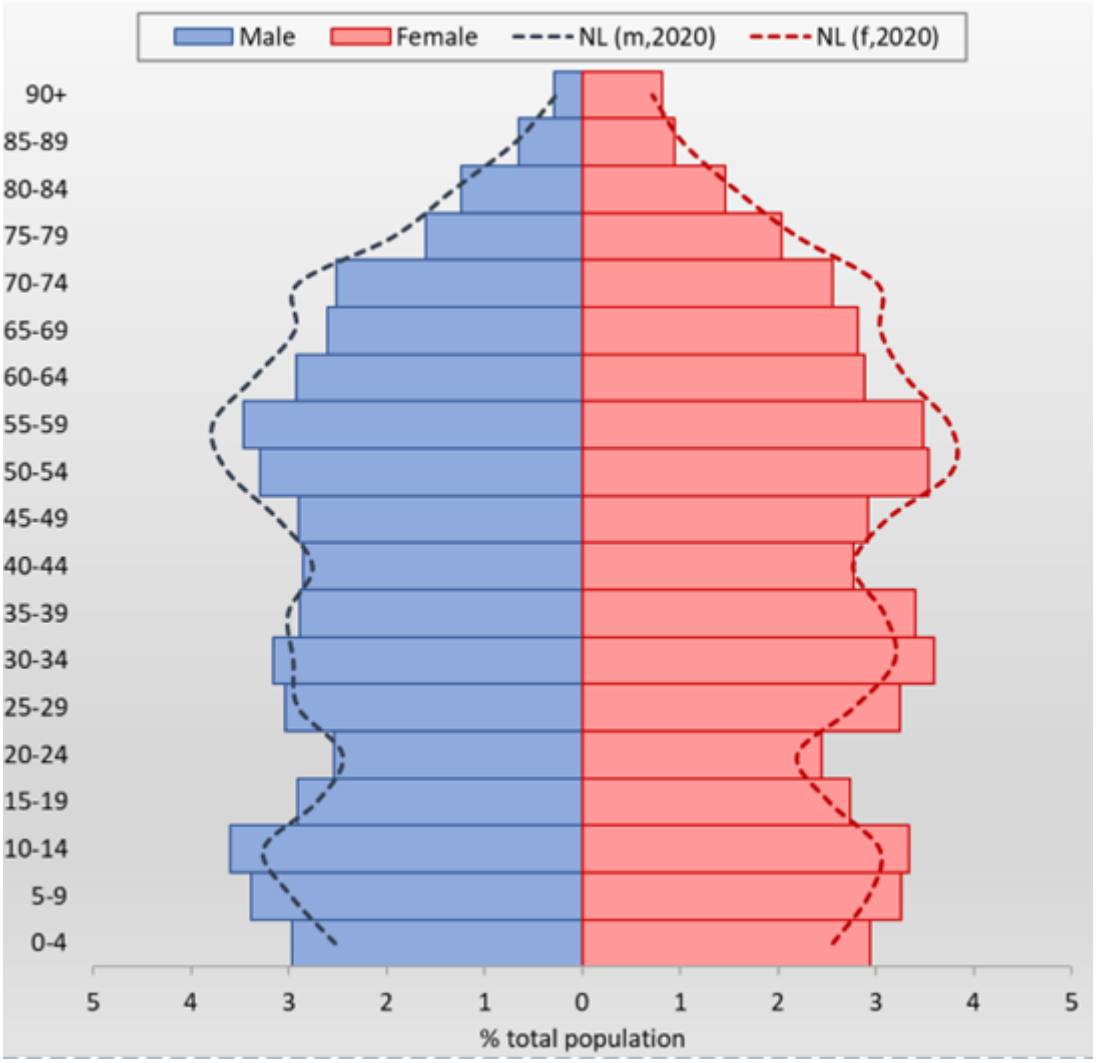
Figure 35 – car ownership in the locality compared to North Lincolnshire[89]



- The locality has a slightly lower proportion of older residents between 45 and 80 years of age, a higher proportion of residents under 20 and more women between 25 and 35 years compared to the average for North Lincolnshire.

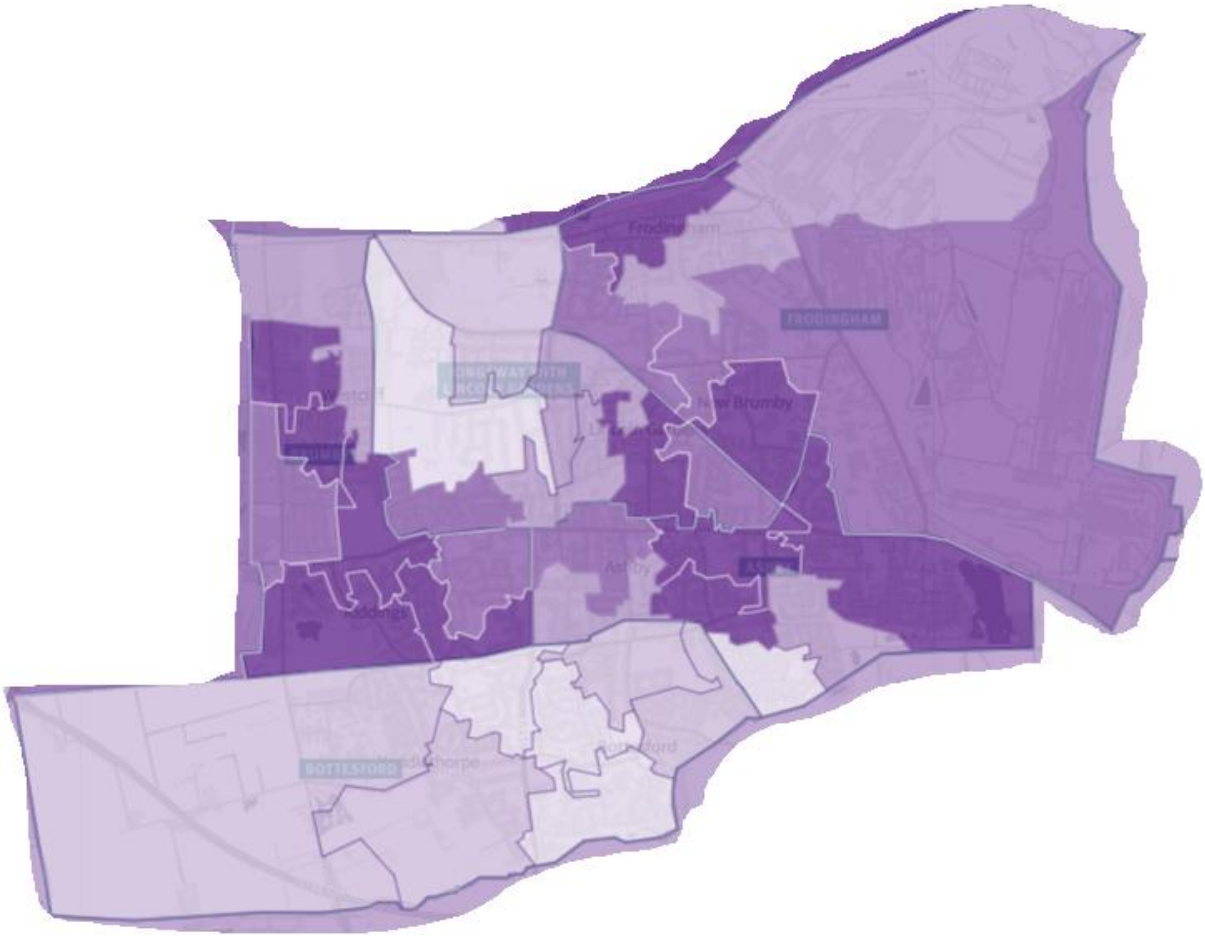
[89] Nomis KS404EW - Car or van availability

Figure 36 – Scunthorpe south population by gender and age as compared to North Lincolnshire as a whole, 2020



The map below shows the level of deprivation across the locality where the darker the purple the greater the level of deprivation.

Map 32 – Spread of deprivation[90]



The Five-year housing land supply statement estimates that the following number of homes will be built in the locality between April 2022 and March 2026.

- Ashby – 138 homes
- Brumby – 92 homes
- Frodingham – 20 homes

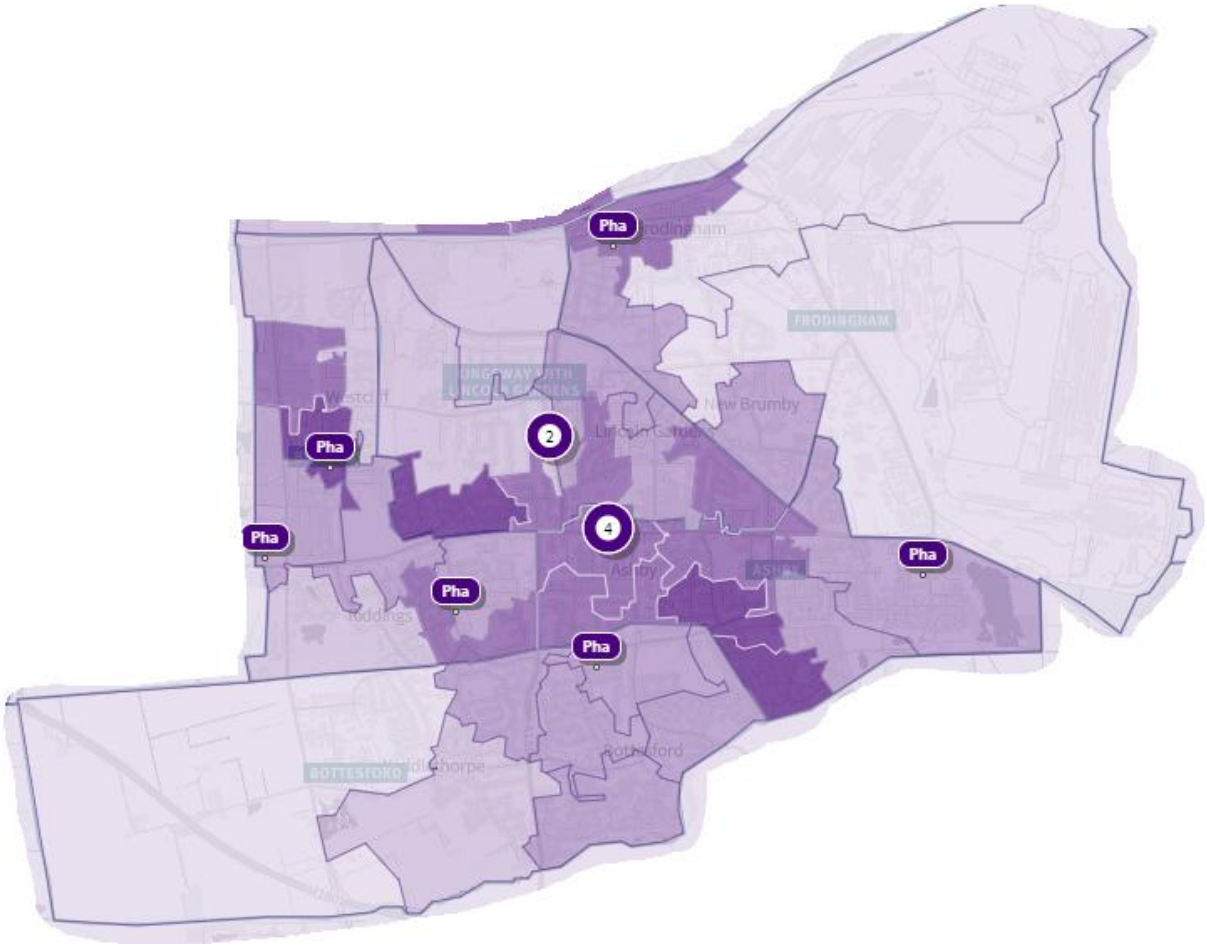
12.2 Necessary services: current provision within the locality's area

There are 12 pharmacies in the locality operated by ten different contractors. One is a 100 hour pharmacy. None of the GP practices dispense.

As can be seen from the map below the pharmacies are located in areas of greater population density (the darker the shading the greater the population density).

[90] Public Health England's Strategic Health Asset Planning and Evaluation tool

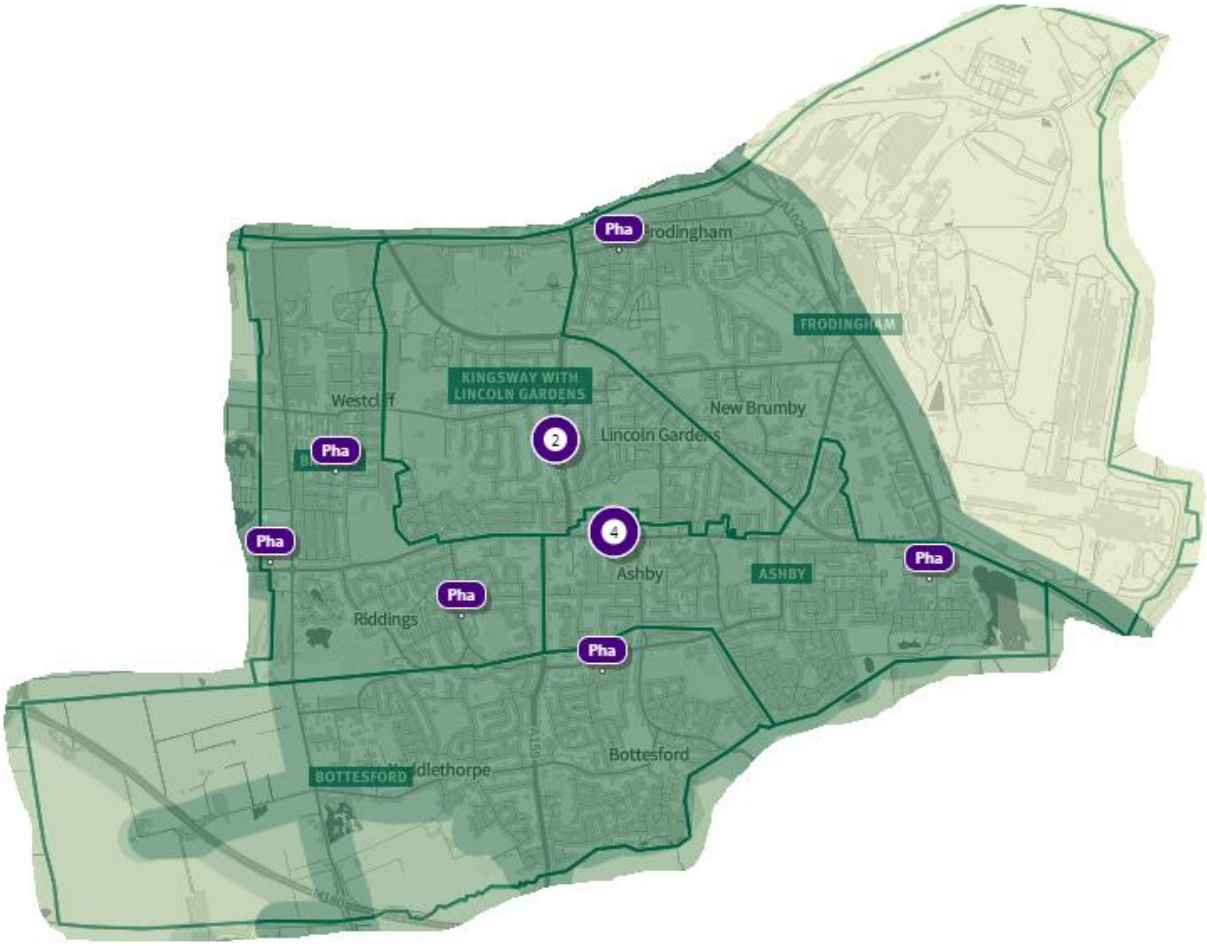
Map 33 – location of pharmacies compared to population density



In 2020/21, 69.6% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies.

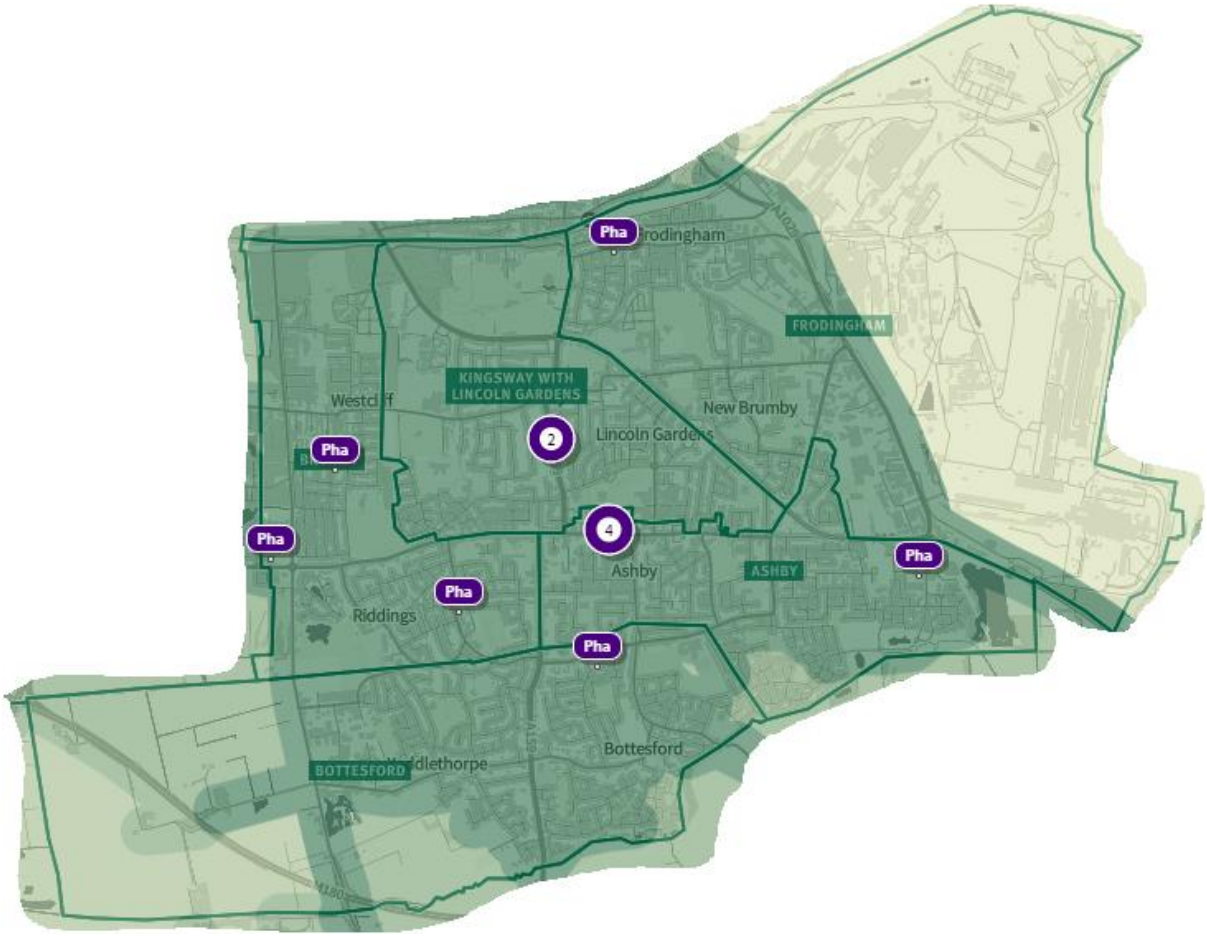
As can be seen from the maps below, all of the locality is within a 20-minute drive of one of the pharmacies outside of rush hour times, with the majority within ten minutes.

Map 34 – access to pharmacies in the locality outside of rush hour times



5 10 15 20 Travel times in minutes

Map 35 – access to pharmacies during rush hour times



5 10 15 20 Travel times in minutes

Much of the locality is also within 20 minutes of one of the pharmacies via public transport as can be seen from the map below.

Map 36 – access to pharmacies by public transport

5 10 15 20 Travel times in minutes

The 100 hour pharmacy is open Monday to Sunday as follows:

- 07.00 to 22.00 Monday to Saturday, and
- 10.00 to 20.00 Sunday.

The other 11 pharmacies are open as follows.

- Five open Monday to Friday,
- One opens Monday to 13.00 on Saturday,
- Three open Monday to Saturday, and
- Two open Monday to Sunday.

With regard to the times at which these pharmacies are open between Monday and Friday:

- Six open at 08.30, four at 09.00 and one at 09.30.
- One closes at 17.15, four at 18.00, one at 18.15, two at 18.30, one at 19.00, and two at 20.00.

Of the six pharmacies that are open on Saturday:

- One opens at 08.00, one at 08.30, three at 09.00 and one at 09.30.
- One closes at 12.30, one at 14.00, one at 17.00, one at 17.30, one at 19.00 and one at 20.00.

The two pharmacies that open on Sunday do so between 10.00 and 16.00.

Six of the pharmacies responded to the pharmacy contractor questionnaire and five confirmed they dispense all types of appliances. One just dispenses dressings.

All of the pharmacies provided the new medicine service in 2020/21 completing a total of 1,409 full service interventions (three and 267 at pharmacy level). Between April and November 2021, all of the pharmacies provided the service, completing a total of 1,539 full service interventions. The range at pharmacy level was 20 to 227.

All of the pharmacies provided flu vaccinations under the advanced service in 2020/21 vaccinating a total of 4,231 people with a range at pharmacy level 127 to 560. Between September and December 2021 all of the pharmacies provided the service, giving a total of 6,258 vaccinations, a range at pharmacy level of 133 and 975[91].

In 2021/22, all of the pharmacies have signed up to provide the community pharmacist consultation service. Between April and November, 11 pharmacies completed a total of 469 referrals with a range at pharmacy level of seven to 143.

As of February 2022 seven of the pharmacies have signed up to provide the hypertension case finding advanced service. No activity data is available at the time of writing.

12.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices that were not dispensed by a pharmacy in the locality:

- 23.7% was dispensed by the other pharmacies in North Lincolnshire,

[91] Chemist and Druggist news article 29 October 2020

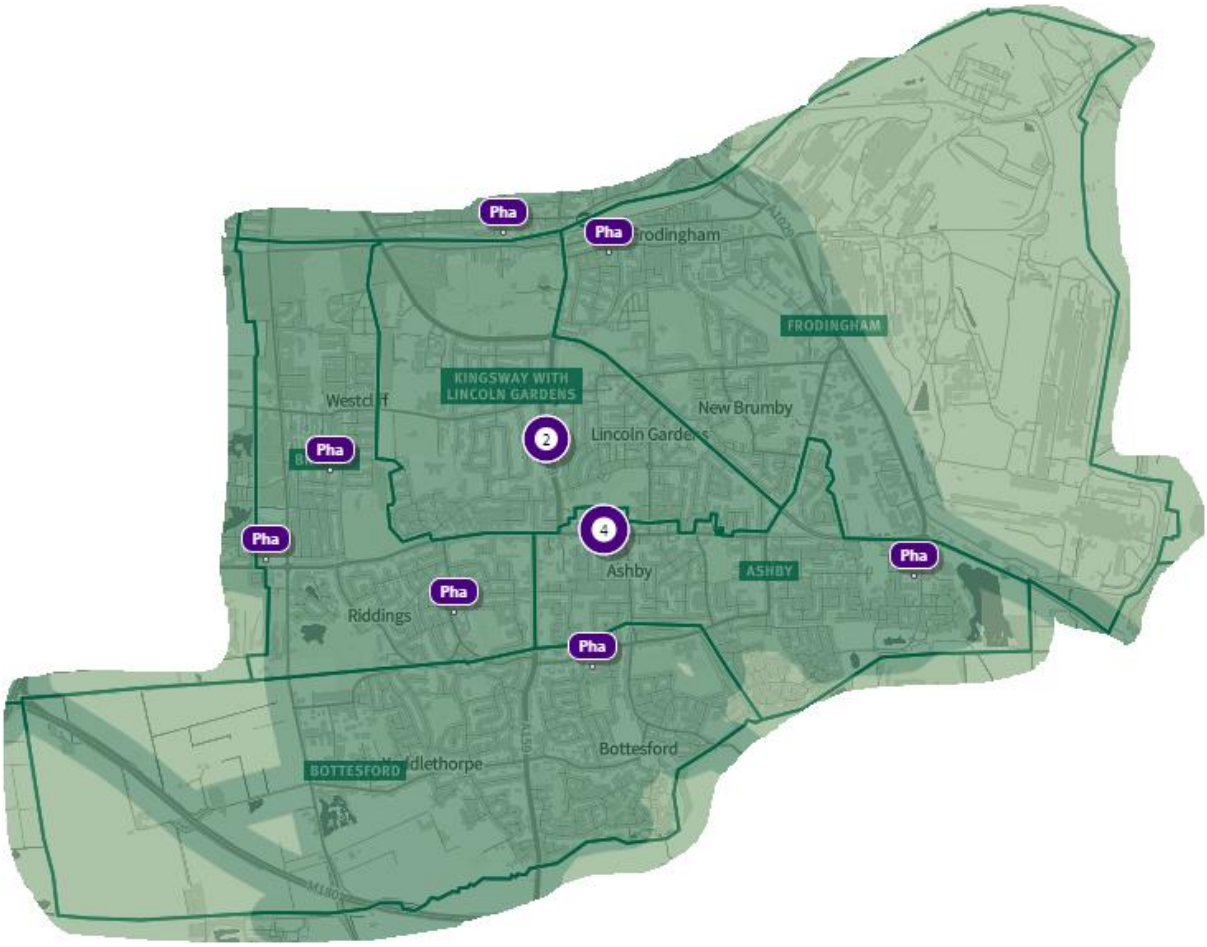
- 1.3% by eight contractors in Leeds,
- 0.9% by one contractor in Ealing,
- 0.9% by four contractors in Bradford and Airedale.
- 0.5% by 26 contractors in Hull, and
- 0.3% by two contractors in Stoke-on-Trent.

The remaining 1.3% was dispensed by 410 contractors in 101 different health and wellbeing board areas.

While the majority of items were dispensed by a ‘bricks and mortar’ pharmacy, 4.2% was dispensed by 24 distance selling premises. 0.6% was dispensed by 37 dispensing appliance contractor premises.

When taking into account the provision of necessary services outside of the locality, all of the locality is within a ten-minute drive of a pharmacy both during and outside of rush hour times.

Map 37 – travel times to pharmacies in the locality and neighbouring localities and health and wellbeing board areas by car, during rush hour



5 10 Travel times in minutes

Travel times by public transport also improve, with more of the locality within a 20-minute journey time of a pharmacy.

Map 38 – travel times to pharmacies in the locality and neighbouring localities and health and wellbeing board areas by public transport

5 10 15 20 Travel times in minutes

12.4 Other relevant services: current provision

Five pharmacies have confirmed that they dispense all appliances listed in Part IX of the Drug Tariff however, none have provided the appliance use review service between April 2020 and November 2021.

One pharmacy customised a total of 20 stoma appliances in 2020/21 and the same pharmacy customised 10 stoma appliances between April and November 2021.

At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023.

As of November 2021, all of pharmacies had provided the Covid-19 lateral flow device distribution service, handing out 14,653 test kits.

At the time of drafting no pharmacies have signed up to provide the smoking cessation advanced services that went live on 10 March 2022.

11 pharmacies provide the minor ailment enhanced service. Eight provide the point of dispensing intervention enhanced service, and one is commissioned to provide the in-hours palliative care enhanced service. No pharmacies are commissioned to provide the out of hours palliative care enhanced service.

12.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks,
- NHS health checks, and
- Advice and treatment for common ailments.

In 2020/21, the five GP practices personally administered 1.4% of the items they prescribed.

Residents will access other NHS services located in this locality or elsewhere in the health and wellbeing board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Community nurse prescribers,
- Dental practices,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

12.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 12.2 and 12.3, those living within the locality and registered with one of the GP practices generally choose to access one of the

pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2020/21, a total of 494 contractors dispensed items written by one of the GP practices, of which 459 were outside of North Lincolnshire. Some were quite a distance from the area, for example West Sussex, Liverpool, Salford, Bristol and Norfolk.

12.7 Necessary services: gaps in provision

Whilst not NHS services, the six pharmacies that responded to the pharmacy contractor questionnaire provided the following information on collection and delivery services.

- All collect prescriptions from GP practices.
- Four pharmacies provide a delivery service, free of charge. Two provide the service to everyone, one restricts it to those who are unable to collect their medicines, and another to older people, those with certain medical conditions, those with Covid-19, those with a lack of mobility and those who have no-one to collect it on their behalf. Three pharmacies restrict the service to certain areas.
- Two pharmacies provide a delivery service for a fee.
- Four pharmacies provide medicines in monitored dosage systems free of charge and one charges for this service.

One pharmacy reported that staff speak Bengali in addition to English, another reported Romanian and Turkish being spoken, and a third reported Gujarati and Hindi being spoken. With regard to the languages spoken by the communities served by the pharmacies (other than English), the most common was Polish (four pharmacies), Lithuanian (three pharmacies), Spanish (three pharmacies), Italian (two pharmacies), Urdu (two pharmacies), and Romanian (two pharmacies). Other languages reported as being spoken were Arabic, Bengali, French, Portuguese and Punjabi.

All six pharmacies confirmed they have a consultation room of which five are accessible by wheelchair.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or
- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within

primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that all of the locality is within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods. When pharmacies in neighbouring localities and health and wellbeing board areas are taken in account all of the locality is within 10 minutes of a pharmacy by car, both during and outside the rush hour periods. In addition, most of the locality is within 20 minutes of a pharmacy by public transport. Whilst 26% of the population does not have access to a car or van due to the urban nature of the locality using public transport or walking to a pharmacy are viable options for those with no access to private transport.

Whilst GP extended opening hours may change during the lifetime of this pharmaceutical needs assessment, the health and wellbeing board is of the opinion that pharmacies may change their opening hours in order to meet a demand for the dispensing service, or NHS England can direct a pharmacy or pharmacies to open at such times as may be required.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services by in the locality.

The health and wellbeing board has noted the projected number of houses to be built during the lifetime of this pharmaceutical needs assessment and is of the opinion that the existing pharmacies will be able to meet the needs of those moving into these new houses. The health and wellbeing board has therefore concluded that there are no future needs in relation to the provision of essential services by in the locality.

The health and wellbeing board is also satisfied that, based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Community pharmacist consultation service,
- Hypertension case-finding service, and
- Flu vaccination.

12.8 Improvements or better access: gaps in provision

None of the pharmacies provide the appliance use review service despite at least five dispensing prescriptions for all appliances. One pharmacy has provided the stoma appliance customisation service despite.

However, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services. It is also noted that not all stoma appliances require customisation. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to either of these two services.

No pharmacies have signed up to provide the Hepatitis C antibody testing service, which is due to end on 31 March 2023, however take-up of, and demand for, this service has been very low nationally. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The lateral flow device distribution advanced services is not currently commissioned by NHS England. However if it was to be recommissioned it is anticipated that all three pharmacies would provide the service again, and therefore no current or future improvements or better access have been identified in relation to this service.

At the time of drafting no pharmacies have signed up to provide the smoking cessation advanced services that went live on 10 March 2022. This is due to the fact that there is already an existing service for hospitals to refer people to who wish to stop smoking. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

In relation to the four enhanced services, the health and wellbeing board has noted that:

- 11 pharmacies provide the minor ailment enhanced service,
- One provides the in-hours palliative care enhanced service,
- None provide the out of hours palliative care enhanced services, and
- Eight provide the point of dispensing intervention enhanced service.

The health and wellbeing board has not identified any current or future improvements or better access to the minor ailment, in-hours palliative care, or point of dispensing intervention enhanced services.

The health and wellbeing board has noted that the out of hours palliative care enhanced service is commissioned on a North Lincolnshire-wide basis. The majority of residents are within a 20-minute drive of the pharmacy providing the out of hours service, and all are within a 30-minute drive. The health and wellbeing board is

therefore satisfied that there are no current or future improvements or better access in relation to this service.

13 Conclusions for the purpose of schedule 1 to The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across North Lincolnshire and specifically the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of North Lincolnshire and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

North Lincolnshire has 35 pharmacies, of which five are open for 100 hours per week, all providing the full range of essential services. Many provide advanced and enhanced services as commissioned by NHS England, and some provide services commissioned by North Lincolnshire Council. There are no local pharmaceutical services contractors, distance selling premises or dispensing appliance contractors in the area. 11 of the GP practices dispense to eligible patients from 17 sites across the area.

Overall, access to pharmaceutical services in North Lincolnshire is good due to the spread of premises across the area and the times at which they are open.

Redistribution of premises, for example the clustering of pharmacies around GP practices, may impact negatively on the arrangements that are currently in place which in turn may lead to access being worsened, however this will very much depend on the local situation. The health and wellbeing board notes that when considering relocation applications from pharmacies NHS England is required to have regard to, amongst other factors:

- Whether “the location of the new premises is not significantly less accessible” for the patient groups that use the existing premises and
- Whether the relocation would “result in a significant change to the arrangements that are in place for the provision of” pharmaceutical services

If NHS England is satisfied that the location of new premises is significantly less accessible, or the relocation would result in significant change, then it can refuse the application.

North Lincolnshire has a population of approximately 172,750. The projected population changes and housing developments identified may consequently impact on the type of services required and the number of people accessing pharmaceutical services within the county. However, given the current population demographics, housing projections, the distribution of pharmacies across North Lincolnshire, it is anticipated that the current pharmaceutical services providers will be sufficient to meet local needs.

15.1 Necessary services – current provision

North Lincolnshire Health and Wellbeing Board has defined necessary services as:

- Essential services provided at the premises included in the pharmaceutical lists,
- The advanced services of new medicine service, community pharmacist consultation service, hypertension case-finding service, and flu vaccination, and
- The dispensing service provided by some GP practices.

Preceding sections of this document have set out the provision of these services in the county.

15.2 Necessary services – gaps in provision

15.2.1 Access to essential services

In order to assess the provision of essential services against the needs of the population the health and wellbeing board considered access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

15.2.1.1 Access to essential services during normal working hours

The health and wellbeing board has identified that the population of North Lincolnshire is able to access a pharmacy during normal working hours within 20 minutes by car, both during and outside of peak times. There are some parts of North Lincolnshire that are not within a 20-minute drive of a pharmacy, however the health and wellbeing board is satisfied that there is not a current need for a pharmacy in those areas due to the fact they contain no resident population areas.

The health and wellbeing board is therefore satisfied that all residents can access a pharmacy within 20 minutes by private transport.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services during normal working hours have been identified in any of the localities.

15.2.1.2 Access to essential services outside normal working hours

There is good access to essential services outside normal working hours through provision by the five 100 hour pharmacies and extended evening and weekend opening hours offered by other pharmacies:

- Seven pharmacies open seven days a week (includes the five 100 hour pharmacies),
- Eight pharmacies open Monday to Saturday,
- Five pharmacies open Monday to Friday, and Saturday until 13.00, and
- 15 pharmacies that open Monday to Friday.

The residents' questionnaire showed that 41.2% said they do not have a preferred time to visit a pharmacy, 16.1% said between 15.00 and 18.00, 13.7% said between 09.00 and 12.00, 11.85% said 18.00 to 21.00 and 10.0% said 12.00 to 15.00.

It is not expected that any of the current pharmacies will reduce the number of core opening hours, indeed 100 hour pharmacies are unable to, and NHS England foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances as permitted within the terms of service where this based upon a change in patient need.

The health and wellbeing board is mindful that the service offering evening and weekend appointments with GPs may vary its opening times during the lifetime of this pharmaceutical needs assessment. However it would expect that either existing pharmacy contractors will adjust their opening hours to address such changes in the future or NHS England will direct pharmacies to open to meet any differences in opening hours.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services outside normal working hours have been identified in any of the localities.

15.2.2 Access to advanced services

The health and wellbeing board deems the following advanced services to be necessary:

- new medicine service,
- community pharmacist consultation service,
- hypertension case-finding service, and
- flu vaccination.

The health and wellbeing board noted the number and distribution of pharmacies providing these services, and activity levels since April 2020. Based on the data available the health and wellbeing board is satisfied that there is sufficient capacity to meet the demand for these advanced services.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of the new medicine service, community pharmacist consultation service, hypertension case-finding service and flu vaccination advanced services have been identified in any of the localities.

15.2.3 Future provision of necessary services

The health and wellbeing board has taken into account the forecasted population growth.

It has not identified any necessary services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet the anticipated increased need for pharmaceutical services due to the forecasted population growth.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in the need for the necessary services in specified future circumstances have been identified in any of the localities.

15.3 Other relevant services: current provision

The health and wellbeing board identified that five advanced services (appliance use reviews, stoma appliance customisation, Hepatitis C antibody testing service, Covid-19 lateral flow device distribution service and community pharmacy smoking cessation service) and the five enhanced services (minor ailments enhanced service, point of dispensing intervention enhanced service, palliative care enhanced services, and Tuberculosis directly observed therapy enhanced service), whilst not necessary to meet the need for pharmaceutical services in its area, have secured improvements or better access in its area.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in the current provision of other relevant services or in specified future circumstances have been identified in any of the localities.

15.4 Improvements and better access – gaps in provision

15.4.1 Current and future access to essential services – present and future circumstances

The health and wellbeing board considered the conclusion in respect of current provision as set out at in this document and has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services in any of the localities.

15.4.2 Current and future access to advanced services

From the data available not all pharmacies are providing all the advanced services. As shown in chapter 5, activity levels for the advanced services at pharmacy level vary across the health and wellbeing board's area.

Demand for the appliance advanced services will be lower than for the other advanced services due to the much smaller proportion of the population that may require these services.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps have been identified in the provision of advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services in any of the localities.

15.4.3 Current and future access to enhanced services

The five enhanced services are commissioned by NHS England to ensure that there are sufficient numbers of pharmacies across North Lincolnshire.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of securing improvements, or better access, to the five enhanced services in specified future circumstances have been identified in any of the localities.

15.4.4 Future access to advanced and enhanced services

The health and wellbeing board has not identified any advanced or enhanced services that are not currently provided but that will, in specified future circumstances, need to be provided in order to secure improvements or better access to pharmaceutical services.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of securing improvements, or better access, to advanced or enhanced services in specified future circumstances have been identified in any of the localities.

Appendix A – policy context and background papers

Between the 1980s and 2012 the ability for a new pharmacy or dispensing appliance contractor premises to open was largely determined by the regulatory system that became known as 'control of entry'. Broadly speaking an application to open new premises was only successful if a primary care trust or a preceding organisation considered it was either necessary or expedient to grant the application in order to ensure that people could access pharmaceutical services.

The control of entry system was reviewed and amended over the years, and in 2005 exemptions to the 'necessary or expedient' test were introduced – namely 100 hour pharmacies, wholly mail order or internet pharmacies, out of town retail area pharmacies and one-stop primary care centre pharmacies.

In January 2007 a review of the system was published by the government[92], and found that although the exemptions had had an impact, this had not been even across the country. At the time access to pharmaceutical services was very good (99% of the population could access a pharmacy within 20 minutes, including in deprived areas[93]), however the system was complex to administer and was largely driven by providers who decided where they wished to open premises rather than by a robust commissioning process.

Primary care trusts believed that they did not have sufficient influence to commission pharmaceutical services that reflected the health needs of their population. This was at odds with the thrust of the then NHS reforms which aimed to give primary care trusts more responsibility to secure effective commissioning of adequate services to address local priorities.

When the government published the outcomes of this review, it also launched a review of the contractual arrangements underpinning the provision of pharmaceutical services[94]. One of the recommendations of this second review was that primary care trusts should undertake a more rigorous assessment of local pharmaceutical needs to provide an objective framework for future contractual arrangements and control of entry, setting out the requirements for all potential providers to meet, but flexible enough to allow primary care trusts to contract for a minimum service to ensure prompt access to medicines and to the supply of appliances.

The government responded to the outcomes of both reviews, as well as a report by the All-Party Pharmacy Group following an inquiry into pharmacy services, in its pharmacy White Paper "Pharmacy in England. Building on strengths – delivering the future" published in April 2008. The White Paper proposed that commissioning of pharmaceutical services should meet local needs and link to practice-based commissioning. However it was recognised that at the time there was considerable variation in the scope, depth and breadth of pharmaceutical needs assessments. Some primary care trusts had begun to revise their pharmaceutical needs assessments (first produced in 2004) in light of the 2006 re-organisations, whereas

[92] Review of progress on reforms in England to the "Control of Entry" system for NHS pharmaceutical contractors. Department of Health 2007
[93] Pharmacy in England. Building on strengths – delivering the future. Department of Health 2008
[94] Review of NHS pharmaceutical contractual arrangements. Anne Galbraith 2007

others had yet to start the process. The White Paper confirmed that the government considered that the structure of and data requirements for primary care trusts pharmaceutical needs assessments required further review and strengthening to ensure they were an effective and robust commissioning tool which supported primary care trusts decisions.

Following consultation on the proposals contained within the White Paper, the Department of Health and Social Care established an advisory group with representation from the main stakeholders. The terms of reference for the group were:

“Subject to Parliamentary approval of proposals in the Health Bill 2009, to consider and advise on, and to help the Department devise, regulations to implement a duty on NHS primary care trusts to develop and to publish pharmaceutical needs assessments and on subsequent regulations required to use such assessments as the basis for determining the provision of NHS pharmaceutical services”.

As a result of the work of this group, regulations setting out the minimum requirements for pharmaceutical needs assessments were laid in Parliament and took effect from 1 April 2010. They placed an obligation on all primary care trusts to produce their first pharmaceutical needs assessment which complied with the requirement of the regulations on or before 1 February 2011, with an ongoing requirement to produce a second pharmaceutical needs assessment no later than three years after the publication of the first pharmaceutical needs assessment. The group also drafted regulations on how pharmaceutical needs assessments would be used to determine applications for new pharmacy and dispensing appliance contractor premises (referred to as the ‘market entry’ system) and these regulations took effect from 1 September 2012.

The re-organisation of the NHS from 1 April 2013 came about as the result of the Health and Social Care Act 2012. This Act established health and wellbeing boards and transferred responsibility to develop and update pharmaceutical needs assessments from primary care trusts to health and wellbeing boards. Responsibility for using pharmaceutical needs assessments as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England from 1 April 2013.

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for health and wellbeing boards to develop and update pharmaceutical needs assessments and gives the Department of Health and Social Care powers to make regulations.

Section 128A Pharmaceutical needs assessments

(1) Each Health and Wellbeing Board must in accordance with regulations--
- (a) assess needs for pharmaceutical services in its area, and
- (b) publish a statement of its first assessment and of any revised assessment.

(2) The regulations must make provision--
- (a) as to information which must be contained in a statement;
- (b) as to the extent to which an assessment must take account of likely future needs;
- (c) specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;
- (d) as to the circumstances in which a Health and Wellbeing Board must make a new assessment.

(3) The regulations may in particular make provision--
- (a) as to the pharmaceutical services to which an assessment must relate;
- (b) requiring a Health and Wellbeing Board to consult specified persons about specified matters when making an assessment;
- (c) as to the manner in which an assessment is to be made;
- (d) as to matters to which a Health and Wellbeing Board must have regard when making an assessment.

The regulations referred to in the NHS Act 2006 are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[95], as amended, in particular Part 2 and Schedule 1.

In summary the regulations set out the:

- Services that are to be covered by the pharmaceutical needs assessment
- Information that must be included in the pharmaceutical needs assessment (it should be noted that health and wellbeing boards are free to include any other information that they feel is relevant)
- Date by which health and wellbeing boards must publish their first pharmaceutical needs assessment
- Requirement on health and wellbeing boards to publish further pharmaceutical needs assessments on a three-yearly basis
- Requirement to publish a revised assessment sooner than on a three-yearly basis in certain circumstances
- Requirement to publish supplementary statements in certain circumstances
- Requirement to consult with certain people and organisations at least once during the production of the pharmaceutical needs assessment, for at least 60 days; and
- Matters the health and wellbeing board is to have regard to when producing its pharmaceutical needs assessment

[95] http://www.legislation.gov.uk/uksi/2013/349/contents/made

Each health and wellbeing board was under a duty to publish its first pharmaceutical needs assessment by 1 April 2015. In the meantime, the pharmaceutical needs assessment produced by the preceding primary care trust remained in existence and was used by NHS England, now NHS England and NHS Improvement, to determine whether or not to grant applications for new pharmacy or dispensing appliance contractor premises.

Once a health and wellbeing board has published its first pharmaceutical needs assessment it is required to produce a revised pharmaceutical needs assessment within three years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the health and wellbeing board is satisfied that producing a revised pharmaceutical needs assessment would be a disproportionate response to those changes.

In addition a health and wellbeing board may publish a supplementary statement. The regulations set out three situations where the publication of a supplementary statement would be appropriate:

1. The health and wellbeing board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and it is satisfied that producing a revised assessment would be a disproportionate response to those changes
2. The health and wellbeing board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and is in the course of making a revised assessment and is satisfied that it needs to immediately modify its current pharmaceutical needs assessment in order to prevent significant detriment to the provision of pharmaceutical services in its area and
3. Where a pharmacy is removed from a pharmaceutical list as a result of the grant of a consolidation application, if the health and wellbeing board is of the opinion that the removal does not create a gap in pharmaceutical services that could be met by a routine application offer to meet a current or future need, or secure improvements or better access to pharmaceutical services, then the health and wellbeing board must publish a supplementary statement explaining that the removal does not create such a gap

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended are subject to a post implementation review by the Department of Health and Social Care in 2017/18 the aim of which is to determine whether they have met their intended objectives. The review determined that:

- The 2013 Regulations have slowed the growth in the number of community pharmacies, in line with the original policy objective to mitigate excessive provision of NHS pharmaceutical services in areas already meeting demand
- There is flexibility within the system where an unforeseen benefit is identified

- Access to NHS pharmaceutical services in England is good and patients generally have reasonable choice about how and where they access services and
- There remains a degree of ‘clustering’

The review concluded that the regulations have largely achieved the original policy objectives which remain relevant and appropriate for the regulation of pharmaceutical services in England. It recommended that the Department of Health and Social Care consulted on a number of amendments to the regulations and that changes are made to the underpinning guidance to address several unintended consequences and realise opportunities to more effectively deliver against the policy objectives. However none of these relate to the requirements for pharmaceutical needs assessment.

With effect from 1 October 2020 the regulations were amended to delay the requirement on health and wellbeing boards to publish their third pharmaceutical needs assessment by 1 April 2021. Health and wellbeing boards now have until 1 April 2022, although it has been confirmed that this will be extended again until October 2022. The amendments were due to the impact the Covid-19 pandemic has had on all commissioners and providers of health and social care services.

Appendix B – essential services

1. Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or carer on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber

- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions

3. Disposal of unwanted drugs

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England and NHS Improvement is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines

4. Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- Have diabetes, or
- Be at risk of coronary heart disease, especially those with high blood pressure, or
- Who smoke, or
- Are overweight

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health

- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector

5. Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services

6. Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services

7. Home delivery service while a disease is or in anticipation of a disease being imminently pandemic

Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England and NHS Improvement, with the agreement of the Secretary of State, that certain patient groups are advised to stay away from pharmacy premises:

- In a specified area,
- In specified circumstances, and
- For the duration specified in the announcement.

It is therefore not a service that pharmacies are required to provide all of the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS Volunteer Responders, where either are available.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients get their prescription delivered. This can be done in one of the following ways:

- Deliver the medicine themselves as part of the advanced service
- Arrange for another pharmacy to deliver it on their behalf as part of the advanced service
- Arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of the advanced service

Aims and intended outcomes

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

8. Discharge medicines service

Service description

Pharmacies undertake a proactive review of the medication that patients discharged from hospital are taking compared to those they were taking prior to their admission to ensure that all changes are identified and patient records are amended accordingly. In addition patients will be offered a confidential discussion with the pharmacist to check their understanding of their medication, when to take it and any other relevant advice to support the patient to get the maximum benefit from their medication.

Aims and intended outcomes

The discharge medicines service has been established to ensure better communication about changes made to a patient's medicines in hospital and the aims of the service are to:

- Optimise the use of medicines, whilst facilitating shared decision making,
- Reduce harm from medicines at transfers of care,
- Improve patients' understanding of their medicines and how to take them following discharge from hospital,
- Reduce hospital readmissions, and
- Support the development of effective team-working across hospital, community and primary care network pharmacy teams and general practice teams and provide clarity about respective roles.

Appendix C – advanced services

1. New medicine service

Service description

The new medicine service is provided to patients who have been prescribed for the first time, a medicine for a specified long-term condition, to improve adherence. The new medicine service involves three stages; recruitment into the service, an intervention about one or two weeks later, and a follow up after a two or three weeks.

Aims and intended outcomes

The underlying purpose of the service is to promote the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long-term conditions, in order—

- As regards the long-term condition—
    - To help reduce symptoms and long-term complications and
    - In particular by intervention post dispensing, to help identification of problems with management of the condition and the need for further information or support and

- To help the patients—
    - Make informed choices about their care
    - Self-manage their long-term conditions
    - Adhere to agreed treatment programmes and
    - Make appropriate lifestyle changes

2. Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff,
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance, and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template.

Aims and intended outcomes

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient, and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

3. Appliance use review

Service description

An appliance use review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by:

- Establishing the way the patient uses the specified appliance and the patient's experience of such use,
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the specified appliance by the patient,
- Advising the patient on the safe and appropriate storage of the specified appliance, and
- Advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

4. National influenza adult vaccination service

Service description

Pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who fall in one of the national at-risk groups. The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England and NHS Improvement patient group direction.

Aims and intended outcomes

The aims of this service are to:

- Sustain uptake of flu vaccination by building the capacity of community pharmacies as an alternative to general practice,
- Provide more opportunities and improve convenience for eligible patients to access flu vaccinations, and
- Reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

5. Home delivery services during a pandemic etc

Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England and NHS Improvement, with the agreement of the Secretary of State, that certain patient groups are advised to stay away from pharmacy premises:

- In a specified area
- In specified circumstances and
- For the duration specified in the announcement

It is therefore not a service that pharmacies are required to provide all of the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS Volunteer Responders, where either are available. This falls within the essential services home delivery service.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients get their prescription delivered. This can be done in one of the following ways:

- Deliver the medicine themselves as part of this advanced service,
- Arrange for another pharmacy to deliver it on their behalf as part of this advanced service, or
- Arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of this advanced service.

Aims and intended outcomes

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

6. NHS community pharmacist consultation service

Service description

Under the NHS community pharmacist consultation service patients who urgently need medicines or who have symptoms of a minor illness and contact either NHS 111 or an integrated urgent care clinical assessment service are referred to a community pharmacist for a consultation, thereby releasing capacity in other areas of the urgent care system such as accident and emergency (A&E) and general practices and improving access for patients.

Aims and intended outcomes

The aims of this service are to:

- Support the integration of community pharmacy into the urgent care system, and to appropriate refer patients with lower acuity conditions or who require urgent prescriptions, releasing capacity in other areas of the urgent care system
- Offer patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting on referral from an NHS 111 call advisor and via the NHS 111 online service
- Reduce demand on integrated urgent care services, urgent treatment centres, emergency departments, walk in centres, other primary care urgent care services and GP Out of Hours services, and free up capacity for the treatment of patients with higher acuity conditions within these settings
- Appropriately manage patient requests for urgent supply of medicines and appliances
- Enable convenient and easy access for patients and for NHS 111 call advisor referral
- Reduce the use of primary medical services for the referral of low acuity conditions (i.e. minor illnesses) from NHS 111 and the need to generate urgent prescriptions
- Identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists and to recommend solutions that could prevent use of urgent and emergency care services in the future
- Ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine or appliance requested
- Increase patient awareness of the role of community pharmacy as the 'first port of call' for low acuity conditions and for medicines access and advice
- Be cost effective for the NHS when supporting patients with low acuity conditions

7. Community pharmacy hepatitis C antibody testing services

Service description

People who inject drugs who are not engaged in community drug and alcohol treatment services will be offered the opportunity to receive a Hepatitis C virus test from a community pharmacy of their choice (subject to the pharmacy being registered to provide the service).

Where the test produces a positive result, the person will be referred for appropriate further testing and treatment via the relevant operational delivery network.

Aims and intended outcomes

The aim of this service is to increase levels of testing for Hepatitis C virus amongst people who inject drugs who are not engaged in community drug and alcohol treatment services to:

- Increase the number of diagnoses of Hepatitis C virus infection,
- Permit effective interventions to lessen the burden of illness to the individual,
- Decrease long-term costs of treatment, and
- Decrease onward transmission of Hepatitis C virus.

8. Community pharmacy COVID-19 lateral flow device distribution service

Service description

Covid-19 lateral flow antigen tests allow the detection of people with high levels of the Covid-19 virus, making them effective in identifying individuals who are most likely to transmit the virus, including those not showing symptoms. With up to a third of infected individuals not displaying symptoms, broadening asymptomatic testing is essential. Increased use of lateral flow devices can help identify more people who are highly likely to spread the virus, and therefore break the chain of transmission. This service allows people to collect lateral flow devices from a pharmacy.

Aims and intended outcomes

The purpose of the service is to improve access to testing by making lateral flow device test kits readily available at pharmacies for asymptomatic people, to identify positive cases in the community and break the chain of transmission. The service will work alongside existing NHS Test and Trace Covid-19 testing routes.

Tests will be administered away from the pharmacy. The pharmacy will not be involved in the generation or communication of results. Pharmacy teams will not be required to support the communication of results or next steps to the person taking the test.

9. Community pharmacy hypertension case-finding service

Service description

Cardiovascular disease is one of the leading causes of premature death in England and accounts for 1.6 million disability adjusted life years. Hypertension is the biggest risk factor for the disease and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.

Early detection of hypertension is vital and there is evidence that community pharmacy has a key role in detection and subsequent treatment of hypertension and cardiovascular disease, improving outcomes and reducing the burden on GPs.

Under this service, potential patients who meet the inclusion criteria will be proactively identified and offered the service. Where the patient accepts, the pharmacist will then conduct a face-to-face consultation in the pharmacy consultation room (or other suitable location if the service is provided outside of the pharmacy) and will take blood pressure measurements following best practice as described in NICE guidance (NG136) Hypertension in adults: diagnosis and management.

The pharmacist will discuss the results with the patient and complete the appropriate next steps as set out in the service specification which includes (as appropriate):

- sending the test results to the patient's GP,
- providing advice on maintaining healthy behaviours, or promoting health behaviours,
- offering ambulatory blood pressure monitoring,
- urgent referral to their GP, and
- repeating the test.

Aims and intended outcomes

The aims and objectives of this service are to:

- Identify people aged 40 years or older, or at the discretion of the pharmacist people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements; and
- Promote healthy behaviours to patients.

10. Community pharmacy smoking cessation service

Service description

The NHS Long Term Plan has adopted the Ottawa Model for Smoking Cessation. The Ottawa Model establishes the smoking status of all patients admitted to hospital

followed by brief advice, personalised bedside counselling, timely nicotine replacement therapy or pharmacotherapy, and follow-up after discharge. All people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

Aims and intended outcomes

- The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.
- The objective of the service is to ensure that any patients referred by NHS trusts to community pharmacy for the service receive a consistent and effective offer, in line with National Institute for Health and Care Excellence guidelines and the Ottawa Model for Smoking Cessation.

Appendix D – enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.

2. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (exemption for supply in the event or in anticipation of pandemic disease), to patients for treatment or prophylaxis.

3. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—

    - The proper and effective ordering of drugs and appliances for the benefit of residents in the care home,
    - The clinical and cost-effective use of drugs,
    - The proper and effective administration of drugs and appliances in the care home,
    - The safe and appropriate storage and handling of drugs and appliances, and
    - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.

4. A disease specific medicines management service, the underlying purpose of which is for a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.

5. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.

6. An independent prescribing service, the underlying purpose of which is to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with NHS England and NHS Improvement.

7. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to the patient's home drugs, and appliances other than specified appliances.

8. A language access service, the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—

    - Drugs which they are using,
    - Their health, and
    - General health matters relevant to them, and where appropriate referral to another health care professional.

9. A medication review service, the underlying purpose of which is for a registered pharmacist—

    - To conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
    - To advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
    - Where appropriate, to refer the patient to another health care professional

10. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor —

    - To assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs, and
    - To offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens.

11. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.

12. A needle and syringe exchange service, the underlying purpose of which is for a registered pharmacist—

    - To provide sterile needles, syringes and associated materials to drug misusers,
    - To receive from drug misusers used needles, syringes and associated materials, and
    - To offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre.

13. An on-demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.

14. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

15. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.

16. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—

    - The clinical and cost effective use of drugs
    - Prescribing policies and guidelines and
    - Repeat prescribing

17. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—

    - The clinical and cost effective use of drugs in the school,
    - The proper and effective administration and use of drugs and appliances in the school,
    - The safe and appropriate storage and handling of drugs and appliances, and
    - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.

18. A screening service, the underlying purpose of which is for a registered pharmacist—

    - To identify patients at risk of developing a specified disease or condition,
    - To offer advice regarding testing for a specified disease or condition,
    - To carry out such a test with the patient's consent, and
    - To offer advice following a test and refer to another health care professional as appropriate.

19. A stop smoking service, the underlying purpose of which is for the pharmacy contractor —

    - To advise and support patients wishing to give up smoking, and
    - Where appropriate, to supply appropriate drugs and aids.

20. A supervised administration service, the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor's premises.

21. A supplementary prescribing service, the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber and, with a doctor or a dentist is party to a clinical management plan, to implement that plan with the patient's agreement.

22. An emergency supply service, the underlying purpose of which is to ensure that, in cases of urgency or whilst a disease is, or in anticipation of a disease being imminently pandemic and a serious risk to human health, patients, at their request, have prompt access to drugs or appliances-

    - Which have previously been prescribed for them in an NHS Prescription but for which they do not have an NHS prescription, and

- Where, in the case of prescription only medicines, the requirements of regulation 225 or 226 of the Human Medicines Regulations 2012 (which relate to emergency sale etc. by pharmacist either at patient's request or while a disease is or in anticipation of a disease being imminently pandemic and a serious risk of potentially a serious risk to human health).

Appendix E – terms of service for dispensing appliance contractors

1. Dispensing of prescriptions

Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient

- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions

3. Home delivery service

Service description

The delivery of certain appliances to the patient's home.

Aims and intended outcomes

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agreed with the patient
- In a package that displays no writing or other markings which could indicate its content and
- In such a way that it is not possible to identify the type of appliance that is being delivered

4. Supply of appropriate supplementary items

Service description

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

Aims and intended outcomes

To ensure that patients have a sufficient supply of wipes for use with their appliance, and are able to dispose of them in a safe and hygienic way.

5. Provide expert clinical advice regarding the appliances

Service description

The provision of expert clinical advice from a suitably trained person who has relevant experience in respect of certain appliances.

Aims and intended outcomes

To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to other providers who can provide advice

Service description

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not callers must be given a telephone number or website contact details for other providers of NHS services who may be consulted for advice.

Aims and intended outcomes

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

7. Signposting

Service description

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- With the consent of the patient, passed to another provider of appliances or
- If the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it

Aims and intended outcomes

To ensure that patients are able to have their prescription dispensed.

Appendix F – steering group membership

Name	Post	Organisation
Charlotte Goodson	Adviser	PCC CIC
Dave Watson		North Lincolnshire Council
Erica Ellerington	Head of primary care transformation	NHS North Lincolnshire CCG
Jayne Davies	Regional manager	Healthwatch Hull, East Riding and North Lincolnshire
Jen Allen	Manager	Healthwatch North Lincolnshire
Karen Hiley	Primary care manager	NHS England and NHS Improvement
Paul J McGorry	Chief executive officer	Community Pharmacy Humber
Rebecca Tonks	Team manager: public health intelligence	North Lincolnshire Council
Ruth Twiggins	Public health consultant	North Lincolnshire Council
Steve Piper	Senior public health manager	North Lincolnshire Council

Appendix G – residents engagement survey

We are inviting you to tell us about pharmacy services in your area. To do a good job, we need to regularly review what services we have, what our local people need, and how things might change in the future. This process is called a 'pharmaceutical needs assessment' and we are preparing one at the moment for North Lincolnshire Council with the help of a company called Primary Care Commissioning Community Interest Company.

Many people call them chemists but in this survey we use the word pharmacy. By a pharmacy, we mean a place you would use to get a prescription dispensed or buy medicines which you can only buy from a pharmacy. We don't mean the pharmacy at a hospital or the part of a pharmacy where you buy beauty products. We also don't mean other places such as convenience stores, garages and shops where you can buy medicines such as paracetamol.

Your views are important to us so please spare a few minutes to complete this questionnaire. There are 14 questions in total in relation to your experience of pharmacies, and also some questions about you. We anticipate that it will take you around five to ten minutes to complete, depending on how much additional information you would like to give us.

All data supplied by you as part of this questionnaire will be processed in accordance with General Data Protection Regulations (GDPR) and Data Protection Act 2018 and in supplying it you consent to Primary Care Commissioning Community Interest Company processing the data for the purpose for which it is supplied. All personal information will be treated in the strictest confidence and will only be used by Primary Care Commissioning Community Interest Company or disclosed to others for a purpose permitted by law.

The results of this questionnaire will be published in the draft pharmaceutical need assessment for North Lincolnshire Council which the council will consult on in late spring/early summer 2022.

If you would like more information about the questionnaire or have questions on how to complete the questionnaire, please email PNAsurveys@pcc-cic.org.uk with a subject of "North Lincs pharmacy public questionnaire".

How you use your pharmacy - either in person or by having someone else go there for you

1. Why do you usually visit a pharmacy? Please tick any or all that apply.

- ☐ To get a prescription for myself
- ☐ To get a prescription for someone else
- ☐ Someone else gets my prescription for me
- ☐ To buy medicines for myself
- ☐ To buy medicines for someone else
- ☐ Someone else buys medicines for me
- ☐ To get advice for myself
- ☐ To get advice for someone else
- ☐ Someone else gets advice for me
- ☐ I don't as my medicines are delivered to me at home
- ☐ Other - please provide details in the box below

2. How often do you use a pharmacy?

- ☐ Daily
- ☐ Weekly
- ☐ Fortnightly
- ☐ Monthly/every four weeks
- ☐ Quarterly
- ☐ I don't use a pharmacy
- ☐ Other - please provide details in the box below

3. What time is the most convenient for you to use a pharmacy?

- ☐ Before 7 am
- ☐ 7am to 9am
- ☐ 9am to 12 noon
- ☐ 12 noon to 3pm
- ☐ 3pm to 6pm
- ☐ 6pm to 9pm
- ☐ 9pm to midnight
- ☐ I don't have a preference

4. What day is the most convenient for you to use a pharmacy?

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday

- Friday
- Saturday
- Sunday
- Weekdays in general
- Weekends in general
- I don't have a preference

Your choice of pharmacy

5. Please could you tell us whether you:

- Always use the same pharmacy
- Use different pharmacies but I prefer to visit one most often
- Always use different pharmacies
- Rarely use a pharmacy
- Never use a pharmacy

6. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.

- Close to my home
- Close to work
- Close to my doctor
- Close to children's school or nursery
- Close to other shops
- The pharmacy delivers my medicines
- The location of the pharmacy is easy to get to
- It is easy to park at the pharmacy
- I just like the pharmacy
- I trust the staff who work there
- The staff know me and look after me
- The staff don't know me
- I've always used this pharmacy
- The service is quick
- They usually have what I need in stock
- The pharmacy has good opening hours
- The pharmacy collects my prescription and delivers my medicines
- The pharmacy was recommended to me
- The pharmacy provide good advice and information
- The customer service
- The service is fast
- It is very accessible ie wheelchair/baby buggy friendly
- It's a well-known big chain
- It's not one of the big chains
- Other - please provide details in the box below

7. Is there a more convenient and/or closer pharmacy that you don't use?

- ☐ Yes
- ☐ No
- ☐ Don't know

8. ...and if you have answered yes to question 7, please could you tell us why you do not use that pharmacy?

- ☐ It is not easy to park at the pharmacy
- ☐ I have had a bad experience in the past
- ☐ The service is too slow
- ☐ The staff are always changing
- ☐ The staff don't know me
- ☐ They don't have what I need in stock
- ☐ The pharmacy doesn't deliver medicines
- ☐ There is not enough privacy
- ☐ It's not open when I need it
- ☐ It's not wheelchair/baby buggy friendly
- ☐ Other - please provide details in the box below

Travelling to a pharmacy

9. If you go to the pharmacy by yourself or with someone, how do you usually get there?

- ☐ On foot
- ☐ By bus
- ☐ By car
- ☐ By bike
- ☐ By taxi
- ☐ Other - please provide details in the box below

10. ...and how long does it usually take to get there?

- ☐ Less than 5 minutes
- ☐ Between 5 and 15 minutes
- ☐ More than 15 minutes but less than 20 minutes
- ☐ More than 20 minutes

Pharmacy services in general

11. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick any or all that apply.

- ☐ I would call them
- ☐ I would call 111
- ☐ I would use the NHS.uk website
- ☐ I would search the internet
- ☐ I would ask a friend
- ☐ I would just pop in and ask them
- ☐ Look in the window
- ☐ I would find out from reading the local newspaper
- ☐ Other - please provide details in the box below

12. Do you feel able to discuss something private with a pharmacist?

- ☐ Yes
  No
- ☐ Never needed to
- ☐ Don’t know

13. As well as dispensing prescriptions, pharmacies often offer a range of other services on the NHS. Have you used any of these other services?

- ☐ Yes
- ☐ No
- ☐ Never needed to
- ☐ Don’t know

14. Is there anything else you would like to tell us about local pharmacy services?

Equality questions

North Lincolnshire Council is committed to providing accessible services to the people and communities we serve. To ensure that we meet everyone's needs and do not discriminate it would be helpful to gather some wider information about you. Please fill in as much of the form as you feel comfortable in disclosing. The information will be treated confidentially and will help us to make a positive difference.

Age

What is your age?

- Under 16
- 17-25 years old
- 26-35 years old
- 36-45 years old
- 46-55 years old
- 56-65 years old
- 66-75 years old
- 76-85 years old
- 86 years and older
- Prefer not to say

Sex/gender/gender identity

Which best describes your gender?

- Female
- Make
- I prefer to self-describe - please provide details in the box below

Do you identify as trans?

- Yes
- No
- Prefer not to say

Sexual orientation

What is your sexual orientation?

- Bi
- Gay/lesbian
- Heterosexual/straight
- Prefer to self-describe - please provide details in the box below
- Prefer not to say

Health/disability

Do you have any physical or mental health conditions or illnesses lasting or expecting to last 12 months or more?

- Yes
- No
- Prefer not to say

If yes, does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day to day activities?

- Yes, a lot
- Yes, a little
- No

Ethnicity

White
- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Traveller
- Roma
- Other

Mixed or multiple ethnic group
- White and Black Caribbean
- White and Black African
- White and Asian
- Other

Black, African, Caribbean, Black
- British
- African
- Caribbean
- Other

Asian or Asian British
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other

Other ethnic group
- Arab
- Other

Language

If English is not your first language please say below what it is.

Religion and belief

Which of the following best describes your religious beliefs?

- ☐ No religion
- ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other - please provide details in the box below

- ☐ Prefer not to say

Armed services

North Lincolnshire Council has signed the Armed Forces Covenant and is committed to ensuring that residents who have served in Her Majesty's Armed Forces are represented in its decision-making process. Have you served in Her Majesty's Armed Services?

- ☐ Yes
- ☐ No

Carer responsibilities

Do you look after or give help or support to family members, friends, neighbours or others?

- ☐ No
- ☐ Non-disabled child/children under 5
- ☐ Disabled child/children under 5
- ☐ Non-disabled child/children aged 5-16
- ☐ Disabled child/children aged 5-16
- ☐ Responsibility for young disabled adult
- ☐ Responsibility for disabled adult
- ☐ Responsibility for older relative/ill spouse or partner
- ☐ Other carer responsibility - please provide details in the box below

Employment status

What is your employment status?

- Employed full-time
- Employed part-time
- Self employed
- Retired
- Unemployed
- Student/on a training cost
- Voluntary
- Other

Appendix H – full results of the residents questionnaire

All comments are verbatim, however where a pharmacy has been identified the comment has been anonymised.

1. Why do you usually visit a pharmacy? Please tick any or all that apply.				
Answer choices			**Response percent**	**Response total**
1	To get a prescription for myself		82.55%	175
2	To get a prescription for someone else		47.17%	100
3	Someone else gets my prescription for me		6.60%	14
4	To buy medicines for myself		43.87%	93
5	To buy medicines for someone else		27.36%	58
6	Someone else buys medicines for me		2.83%	6
7	To get advice for myself		30.19%	64
8	To get advice for someone else		12.26%	26
9	Someone else gets advice for me		0.47%	1
10	I don't as my medicines are delivered to me at home		3.77%	8
11	Other (please specify):		5.66%	12
			skipped	1

Where ‘Other’ was chosen, the following comments were made.

I used to go for advice but find that they dont really give advice out now and always seem to say you need to see your GP I also used to go for regular blood pressure checks, but they now charge for this service so I dont go
I ring my doctor to arrange for my prescription to be sent to [pharmacy]. The in turn take 2 days to full fill my medical needs and I pick them up.
flu vaccine
ut i some times go to get some prescriptionms if come in late
To buy other goods apart from medicines.
MYDOCTER SURGERY HAS ITS OWN PHARMACY ONLY USE THE OTHER WHEN I NEED WHEN MY DOCTOER IS SHUT OR ON A SATERDAY
to buy pharmacy items and goods as my medication is supplied by my Doctor from their surgery.
There are two pharmacies, in go practice (first three ticks), commercial pharmacy the rest
Also have repeat prescriptions delivered to my home
Covid/Flu jabs
Flu jab
local pharmacy delivers my prescription on a monthly basis

2. How often do you use a pharmacy?

	Answer choices	Response percent	Response total
1	Daily	1.89%	4
2	Weekly	9.43%	20
3	Fortnightly	6.60%	14
4	Monthly/every four weeks	66.04%	140
5	Quarterly	5.19%	11
6	I don’t use a pharmacy	1.42%	3
7	Other (please specify):	9.43%	20
		skipped	1

Where ‘Other’ was chosen, the following comments were made.

As and when I require advice, or to pick up mine and my husbands medication
Just whenever I need a prescription
As required
Only when need a prescription completing

When needed.
It depends on what I need but do use it monthly for prescriptions
As and when I need to
only when needed
I use them maybe once a year.
I use a pharmacy as and when, some times 2 or 3 times a year some years not at all
rarely
every couple of days sometimes more
Intermittently. As and when I need (or someone else needs) advice / prescription / medication etc.
For months repeats & any ad hoc prescriptions.
When ever I need to collect my medicines and for my kids or if someone or myself is sick or I need some advice about anything
Some weeks several trips to pharmacy/Gp surgeries for other people
My medication is staggered over a 2 month period, so the time interval between visits varies.
as required
when needed
3 times a week

3. What time is the most convenient for you to use a pharmacy?

	Answer choices	Response percent	Response total
1	Before 7 am	0.00%	0
2	7am to 9am	5.69%	12
3	9am to 12 noon	13.74%	29
4	12 noon to 3pm	10.90%	23
5	3pm to 6pm	16.11%	34
6	6pm to 9pm	11.85%	25
7	9pm to midnight	0.47%	1
8	I don’t have a preference	41.23%	87
		skipped	2

4. What day is the most convenient for you to use a pharmacy?				
Answer choices			**Response percent**	**Response total**
1	Monday		0.00%	0
2	Tuesday		0.00%	0
3	Wednesday		0.95%	2
4	Thursday		2.37%	5
5	Friday		1.90%	4
6	Saturday		2.37%	5
7	Sunday		0.47%	1
8	Weekdays in general		23.70%	50
9	Weekends in general		10.90%	23
10	I don't have a preference		57.35%	121
			skipped	2

5. Please could you tell us whether you:				
Answer choices			**Response percent**	**Response total**
1	Always use the same pharmacy		70.62%	149
2	Use different pharmacies but I prefer to visit one most often		21.80%	46
3	Always use different pharmacies		2.84%	6
4	Rarely use a pharmacy		4.74%	10
5	Never use a pharmacy		0.00%	0
			skipped	2

6. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.				
Answer choices			**Response percent**	**Response total**
1	Close to my home		72.17%	153
2	Close to work		8.02%	17
3	Close to my doctor		44.34%	94
4	Close to children's school or nursery		2.83%	6
5	Close to other shops		18.40%	39
6	The pharmacy delivers my medicines		9.43%	20
7	The location of the pharmacy is easy to get to		45.75%	97
8	It is easy to park at the pharmacy		32.55%	69
9	I just like the pharmacy		18.40%	39
10	I trust the staff who work there		31.60%	67
11	The staff know me and look after me		26.42%	56
12	The staff don't know me		0.94%	2
13	I've always used this pharmacy		24.53%	52
14	The service is quick		25.00%	53
15	They usually have what I need in stock		27.83%	59
16	The pharmacy has good opening hours		28.30%	60
17	The pharmacy collects my prescription and delivers my medicines		3.30%	7
18	The pharmacy was recommended to me		2.36%	5

6. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.				
19	The pharmacy provide good advice and information		22.17%	47
20	The customer service		25.47%	54
21	The service is fast		15.57%	33
22	It is very accessible ie wheelchair/baby buggy friendly		5.66%	12
23	It’s a well-known big chain		7.08%	15
24	It’s not one of the big chains		11.79%	25
25	Other (please specify):		8.49%	18
			skipped	1

Where ‘Other’ was chosen, the following comments were made.

They don't always have the correct medication ordered as I have on occasions have had to take someone else's meds back!
On a bus route
Linked with my gp
My daughter who is [age] has special needs and they all know her and part of her learning is going in community x so she goes for prescription most of time
My repeat prescription is sent to the pharmacy using my online surgery facility
put medication into cassettes
Its where my perscription is sent.
Pharmacy was nominated by GP surgery as the one I should use as it is local.
Local close to us
They collect my prescription for me
My husband and I have set up with our gp practice for our prescriptions to go straight to the pharmacy. This saves so much time as my husband is on alot of different medication, that runs out at different times.
prescription's get sent through to them

It is available when needed! Your questions relate to 'normal use. What of the occasions when medications are needed unexpectedly and urgently? access and parking are very, very important!
The pharmacy is attached to Dr's so scripts sent electronically.
Again prescription medicines from gp's pharmacy, the rest from nearest on to where I am
This depends whether the GP uses their own dispensary or sends scripts to [pharmacy]
The pharmacy is part of the Doctors surgery which I am registered at. I think it is probably classed as a dispensary
Attached to the doctor's we use.

7. Is there a more convenient and/or closer pharmacy that you don't use?

Answer choices		Response percent	Response total
1	Yes	24.29%	51
2	No	69.52%	146
3	Don't know	6.19%	13
		skipped	3

8. ...and if you have answered yes to question 7, please could you tell us why you do not use that pharmacy?

Answer choices		Response percent	Response total
1	It is not easy to park at the pharmacy	32.76%	19
2	I have had a bad experience in the past	20.69%	12
3	The service is too slow	22.41%	13
4	The staff are always changing	12.07%	7
5	The staff don't know me	12.07%	7

8. ...and if you have answered yes to question 7, please could you tell us why you do not use that pharmacy?				
6	They don’t have what I need in stock		17.24%	10
7	The pharmacy doesn’t deliver medicines		3.45%	2
8	There is not enough privacy		13.79%	8
9	It’s not open when I need it		20.69%	12
10	It’s not wheelchair/baby buggy friendly		1.72%	1
11	Other (please specify):		29.31%	17
			skipped	155

Where ‘Other’ was chosen, the following comments were made.

They are not always the best pharmacy, but its the closest. They used to open on a saturday, but now are closed which is an inconvenience. As their parking is outside a school you can't always get parked until after school closing times. The local streets are also full of parents parking. I feel this is unfair as realistically we can only use the pharmacy during certain times in the day
I was already happy at my existing pharmacy before the closer one opened
don't put medication into cassettes
there is only one pharmacy where i live
Just prefer my drs pharmacy as it is attached to the building
As far as I know they don't collect prescriptionsfrom the doctors
ONLY WHEN I NEED TO
Its not close to my GP surgery At times I would use it if i have to because this pharmacy is close to my house
I was a customer at my preferred pharmacy in the next village prior to the one which opened in my village and have become accustomed to going there.
As answered in question 7 [This depends whether the GP uses their own dispensary or sends scripts to [pharmacy]]
My prescription was never ready

There is one next to the supermarket I regularly use, but: * I might need to pick up medication on a non-shopping day * I started using my usual pharmacy first and never changed
I have heard the manager be extremely rude to customers in the past. The queue is always long and they never seem to have people's prescriptions ready.
They never have any stock
it's a large chain, i prefer to use a local independent
I will probably swap

9. If you go to the pharmacy by yourself or with someone, how do you usually get there?

	Answer choices	Response percent	Response total
1	On foot	33.18%	70
2	By bus	2.37%	5
3	By car	59.72%	126
4	By bike	1.42%	3
5	By taxi	0.00%	0
6	Other (please specify):	3.32%	7
		skipped	2

Where ‘Other’ was chosen, the following comments were made.

only when the parents are not parking to pick up their children
By car and on foot
my wife gets my medicines for me
the last time I went to a pharmacy I took someone who had just attended A&E, needed medications and could not obtain them near the hospital. we drove across Scunthorpe to the Ironstone to get the prescriptions filled. It was the weekend! we could not have done that without own transport. there needs to be a pharmacy attached to the Urgent Care Centre and open 24 /7 just the same time as people get hurt or become ill and need treatment!
Mobility Scooter
Bus and foot or car
walk when weather good. sometimes cycle

10. ...and how long does it usually take to get there?				
Answer choices			**Response percent**	**Response total**
1	Less than 5 minutes		35.71%	75
2	Between 5 and 15 minutes		51.43%	108
3	More than 15 minutes but less than 20 minutes		6.19%	13
4	More than 20 minutes		6.67%	14
			skipped	3

11. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick any or all that apply.				
Answer choices			**Response percent**	**Response total**
1	I would call them		33.49%	71
2	I would call 111		0.47%	1
3	I would use the NHS.uk website		13.21%	28
4	I would search the internet		68.40%	145
5	I would ask a friend		6.60%	14
6	I would just pop in and ask them		25.47%	54
7	Look in the window		19.81%	42
8	I would find out from reading the local newspaper		0.47%	1
9	Other (please specify):		5.66%	12
			skipped	1

Where ‘Other’ was chosen, the following comments were made.

Local area face book group
It is in our local Town magazine
I know what times/days the pharmacy is open as I have lived in the area most of my life and the opening times have not changed
Check on their website
Face Book Page
Local community magazine
We have a local news letter which gives local data tel no,s etc
I have a flyer from the pharmacy on my fridge
I would check on the internet
Based in my doctor's surgery
Google
My pharmacy sends me a text message when my prescription is ready to collect, and there is a link in the message to state their opening hours.

12. Do you feel able to discuss something private with a pharmacist?

	Answer choices	Response percent	Response total
1	Yes	59.52%	125
2	No	8.57%	18
3	Never needed to	27.14%	57
4	Don’t know	4.76%	10
		skipped	3

13. As well as dispensing prescriptions, pharmacies often offer a range of other services on the NHS. Have you used any of these other services?				
Answer choices			**Response percent**	**Response total**
1	Yes		46.45%	98
2	No		26.07%	55
3	Never needed to		25.12%	53
4	Don’t know		2.37%	5
			skipped	2

14. Is there anything else you would like to tell us about local pharmacy services?
I used to use the bloody pressure checks, but they now charge for this service so I no longer go. I was advised to purchase one which I did and bought the one they recommended, but after a year this stopped working properly, when I went back to discuss this I was told the average life span of the machines is 12 months
The quicker the service, the better.
the communication between GPs and pharmacies is slow. On several occasions i have ordered my daughters prescription and been told that the prescription is ready at the pharmacy only to get there and be told it isnt. we have had to order emergency prescriptions on a couple of occasions due to the electronic system not working
Please see above as my comments are relevant to this question and are important to the local community. NO PARKING SHOULD BE DURING PICK UP AND DROP OFF TIMES OUTSIDE THE CHEMIST for parents using the car park to pick up and drop off their children. As this would be difficult to police, the chemist should be open longer - earlier in the mornings later at night and at weekends.
Local pharmacy service should be available in every community and play an important part in the community. They shouldn’t be taken over by big brand names with impersonal service.
Compared to the GP's surgery it is attached to, it beats them hands down!
Five days a week opening is terrible - needs to be six even if a couple are half days
The pharmacy in [location] can be quite slow when getting a prescription, maybe they need more staff or a better filing system.
[Location] should have 7 day a week 364 day a year pharmacy services.

14. Is there anything else you would like to tell us about local pharmacy services?
Have been unable to find a pharmacy that will dispense medication in a dosette case and deliver for free
No
Find it difficult to get prescription made up in dossette packaging and delivered free
Recently found that pharmacies are not consistently open at the advertised times due to lack of pharmacist. This has on several occasions delayed me collecting prescription medication by up to a week. With electronic prescriptions I have had difficulty arranging prescription collection from different pharmacy if needed.
NO
A very valuable local resource, quick service and if item not in stock ordered quickly. Very responsive to Individual customer needs. Prepared to go out of their way to help.
On bank Holidays and Sundays. In my opinion, pharmacies should be open normal times. People need access to medicines 24/7 I know someone who had to wait two days over the Xmas period to get what they needed which wasn't good.
The pharmacy I use is sometimes what appears to be overwhelmed with the amount of prescriptions that they process. Im not sure that pharmacies and GPs talk to each other about ordering medication and duspensing of medication and the length of time it takes which can be frustrating.
It works very well, it’s local, fabulous staff and sells non prescription products! Wouldn’t like to loose this facility!
I think we are very fortunate to have our own pharmacy in our Town. The pharmacist is very helpful and trustworthy.
Very satisfied
Always helpful and knowledgeable
I am happy with the pharmacy I use
You never have a regular pharmacist there all locums . No continuity of service
[Pharmacy, location]
Struck by the friendliness – [pharmacy]. Very sad if it was ever closed. A lot of new housing going up so having one in the village is a real help.
Both the pharmacies I use are efficient and the staff are really friendly and helpful - especially at the hospital pharmacy.

14. Is there anything else you would like to tell us about local pharmacy services?
I don't think there's enough privacy.
disposable weekly pack specifically designed for use by Community patients.
They work hard and smart, thank you
They offer a 5 star service - nothing is too much trouble. They know their community and help in all sorts of ways which go ‘above and beyond’. The Pharmacist there has an encyclopaedic knowledge of drugs and can help with all sorts of queries - often better than the doctor. They are also non-judgemental and discrete.
Local pharmacy staff are very helpful, knowledgeable and courteous.
Overall, given that it is a small village pharmacy, I'd like to have a more friendly or slightly more personal atmosphere when I am there, especially after using the same pharmacy every month for the last five years or so. Even just a simply greeting or acknowledgment to customers would be well-received; no need for lengthy conversations, but a general sense of being part of the same (very small) community would help.
Erratic service needs to be more consistant
It is vital to our community otherwise with no transport we would need to go by public transport
My pharmacy still uses the green paper slips which seems a bit behind times as I know friends use pharmacies where it is all done on an app. But also that might be the fault of my GP surgery which is [GP practice and location]. I don't think they have the system set up for it.
Very good local pharmacy. Offer good advice in relation to minor ailments and medication reviews.
I always use [pharmacies] as they have happened to be the closest ones for me to use. I think the staff are all really helpful and pleasant, efficient etc. There's also usually deals on other products which i might pick up whilst waiting for prescriptions, such as body spray, perfume, shampoo, hand wash etc. It's helpful that they are open til 6 in the week and would be even better if open til the afternoon sometime on a Saturday.
First class service and I can walk there which means lowering my carbon footprint. Always helpful and polite at [pharmacy, location]. Highly recommend!
Really happy with my local pharmacist - so helpful, they offer advice and guidance and deliver our prescriptions.
Excellent service in [location]
My husband and I have always received excellent service from our local pharmacy. The staff are friendly and knowledgeable and always try their very best to help us. We are very grateful to have such an excellent pharmacy in our town.

14. Is there anything else you would like to tell us about local pharmacy services?
The pharmacy is open Monday to Friday after reviewing their opening hours and finding Saturdays we not busy. Now we have got used to this it is not a problem.
the various Other Services need more publicity, perhaps a poster in the window? It would ease the demand on GPs.
Although we go to our local pharmacy for general items I recently purchased hearing aids from [pharmacy, location], their service has been excellent.
Ordering repeat prescriptions needs to be easy. Staff need to be discreet and helpful. It is crucial that they have medicines in when required.
Some items are not in stock and need to be ordered which can be a big problem if items ordered on a Friday don't get delivered until Monday or even Tuesday. On several occasions I had to go to [location] and hunt for pharmacy open at weekends.
GP takes72 hrs, pre covid was 48. Wonder if it will go back. Have to check as often something left out. Local pharmacy very helpful.
Yes please what do they have to offer because I probably I would use some of the services If needed
Compared to my friends experience mine is brilliant.
Excellent and friendly service, always willing to help
[pharmacy] always happy to help and it is a busy pharmacy I never have any problems.
I feel that as a village we are well provided for by pharmacy services.
I appreciate the repeat prescription service, especially the reminders but it could be better synchronised with the nhs app, as could my GP services.
See answer in Q6 [The pharmacy is part of the Doctors surgery which I am registered at. I think it is probably classed as a dispensary]
Their service has improved now they have got used to new systems of providing prescriptions and the staff are very friendly and helpful.
They have excelled themselves during the Covid Pandemic. Excellent, friendly service, superb Covid precautions and wonderful customer service. They have held very frequent Covid booster sessions. A huge improvement on my GP surgery contained within the same building who have delivered not one inoculation. I can almost guarantee I will get a product the same price or much cheaper than travelling five + miles to the nearest town. Local pharmacies are the Bees knees!

14. Is there anything else you would like to tell us about local pharmacy services?
I find the automatic ordering of repeat of repeat prescriptions doesn't work for me. One of the tablets I am prescribed on my repeat prescription seems to come in tubs of 60 tablets, I am prescribed 1 tablet a day, that is 28 a month, the staff at the pharmacy tell me that they are not allowed to split the tub, so I get an over supply of this particular item, making it difficult to manage.
Before all this electronic prescribing was invented I used to be able to go to the doctor and walk out with a prescription, which I could then take to the pharmacy and get my medication within a relatively short wait. Now it takes up to a week. This is poor but manageable for regular repeat prescriptions, but not for medicines like antibiotics, or other urgent medications. I do not know how quickly they would get prescribed.
Our pharmacist is very knowledgeable and always on hand to give advice if you can not get in at a doctors and they know your medical needs too ..can only highly recommend them
Great friendly staff and the pharmacists are also friendly and very knowledgeable.
Not good opening hours - difficult to get there after work. No privacy and slow service at [location].
No
no
I tend to find pharmacies such as ones based in a supermarket are always great, hold large stock and have good reliable staff.
no
no
I've had my flu jab there twice

Equality questions

15. What is your age?				
Answer choices			**Response percent**	**Response total**
1	Under 16		0.47%	1
2	17-25 years old		4.72%	10
3	26-35 years old		6.13%	13
4	36-45 years old		14.15%	30
5	46-55 years old		20.28%	43
6	56-65 years old		22.17%	47
7	66-75 years old		22.17%	47
8	76-85 years old		8.02%	17
9	86 years and older		0.94%	2
10	Prefer not to say		0.94%	2
			skipped	1

16. Which best describes your gender?				
Answer choices			**Response percent**	**Response total**
1	Female		68.90%	144
2	Male		29.67%	62
3	I prefer to self-describe		1.44%	3
			skipped	4

Two comments were left in relation to this question.

the trouble is they only open 9 to 5.30 no Saturdays opening no emergency out of hours
Pan sexual

17. Do you identify as trans?			
Answer choices		**Response percent**	**Response total**
1	Yes	0.98%	2
2	No	97.07%	199
3	Prefer not to say	1.95%	4
		skipped	8

18. What is your sexual orientation?			
Answer choices		**Response percent**	**Response total**
1	Bi	3.83%	8
2	Gay/lesbian	3.83%	8
3	Heterosexual/straight	86.12%	180
4	Prefer not to say	6.22%	13
5	Prefer to self-describe	0.00%	0
		skipped	4

19. Do you have any physical or mental health conditions or illnesses lasting or expecting to last 12 months or more?			
Answer Choices		**Response Percent**	**Response Total**
1	Yes	55.50%	116
2	No	42.11%	88
3	Prefer not to say	2.39%	5
		skipped	4

Four comments were left in relation to this question.

I don't see what the questions regarding gender etc have to do with using a chemist
could do with beeing open on a saturday even if its ckoses at 4 pm
pan sexual

Really dont see how this is relevant.

20. If yes, does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day to day activities?			
Answer choices		**Response percent**	**Response total**
1	Yes, a lot	14.56%	23
2	Yes, a little	30.38%	48
3	No	55.06%	87
		skipped	55

21. What is your ethnic origin?			
Answer choices		**Response percent**	**Response total**
1	White - English/Welsh/Scottish/Northern Irish/British	94.29%	198
2	White - Irish	0.00%	0
3	White - Gypsy or Traveller	0.48%	1
4	White - Roma	0.00%	0
5	White - Other	2.38%	5
6	Mixed or multiple ethnic group - White and Black Caribbean	0.00%	0
7	Mixed or multiple ethnic group - White and Black African	0.48%	1
8	Mixed or multiple ethnic group - White and Asian	0.00%	0
9	Mixed or multiple ethnic group - Other	0.95%	2
10	Black, African, Caribbean, Black British - African	0.00%	0
11	Black, African, Caribbean, Black British - Caribbean	0.00%	0
12	Black, African, Caribbean, Black British - Other	0.00%	0
13	Asian or Asian British - Indian	0.00%	0

21. What is your ethnic origin?				
14	Asian or Asian British - Pakistani		0.95%	2
15	Asian or Asian British - Bangladeshi		0.00%	0
16	Asian or Asian British - Chinese		0.48%	1
17	Asian or Asian British - Other		0.00%	0
18	Other ethnic group - Arab		0.00%	0
19	Other ethnic group - Other		0.00%	0
			skipped	3

22. If English is not your first language please say below what it is.

- British
- Cantonese
- lithuanian
- French
- Lithuanian

23. Which of the following best describes your religious beliefs?

Answer choices			Response percent	Response total
1	No religion		35.55%	75
2	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)		59.72%	126
3	Buddhist		0.47%	1
4	Hindu		0.00%	0
5	Jewish		0.00%	0
6	Muslim		1.90%	4
7	Sikh		0.00%	0

23. Which of the following best describes your religious beliefs?				
8	Prefer not to say		1.90%	4
9	Other (please specify):		0.47%	1
			skipped	2

Where ‘Other’ was chosen, the following response was given.

- Catholic

24. North Lincolnshire Council has signed the Armed Forces Covenant and is committed to ensuring that residents who have served in Her Majesty’s Armed Forces are represented in its decision-making process. Have you served in Her Majesty’s Armed Services?				
Answer choices			**Response percent**	**Response total**
1	Yes		6.76%	14
2	No		93.24%	193
			skipped	6

25. Do you look after or give help or support to family members, friends, neighbours or others?				
Answer choices			**Response percent**	**Response total**
1	No		61.95%	127
2	Non-disabled child/children under 5		2.93%	6
3	Disabled child/children under 5		0.98%	2
4	Non-disabled child/children aged 5-16		7.80%	16
5	Disabled child/children aged 5-16		0.49%	1

25. Do you look after or give help or support to family members, friends, neighbours or others?				
6	Responsibility for young disabled adult		0.98%	2
7	Responsibility for disabled adult		7.32%	15
8	Responsibility for older relative/ill spouse or partner		20.98%	43
9	Other carer responsibility		5.85%	12
			skipped	8

Where ‘Other’ was chosen, the following response was given.

- Part of my job as a carer.
- i have a private carer who tidying up and helps me with my washing and general health
- Let dogs out for neighbours
- Grandparent supporting young parent
- My other 3 kids who aren't disabled
- Casual help to friend
- support disabled friend. also elderly friends aged 92 and 89 with hospital and gp appointments and dealing with all health and financial matters
- Registered Manager of a care home.

26. What is your employment status?				
Answer choices			**Response percent**	**Response total**
1	Employed full-time		32.70%	69
2	Employed part-time		16.59%	35
3	Self employed		2.84%	6
4	Retired		37.44%	79
5	Unemployed		5.69%	12
6	Student/on a training cost		2.37%	5
7	Voluntary		5.21%	11

26. What is your employment status?				
8	Other (please specify):		5.21%	11
			skipped	2

Where ‘Other’ was chosen, the following response was given.

- Full time carer
- Illness
- Long term sickness
- semi-retired
- Housewife
- My kids career
- Homemaker
- sick note
- didn't say
- long term sick

Appendix I – pharmacy contractor questionnaire

Date of completion	

Premises details

Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Address of contractor	
Please enter your ODS code	
Trading name	
Postcode	
Pharmacy shared NHSmail address	
Pharmacy telephone	
Pharmacy fax if applicable	
Pharmacy website address (if applicable)	

Do you give permission for the LPC to update its opening hours and related matters using information provided by you in this questionnaire?

- ☐ Yes
- ☐ No

Is this a distance selling premises?
(i.e. it cannot provide essential services to persons present at the pharmacy)

- ☐ Yes
- ☐ No

Is this a 100 hour pharmacy?

- ☐ Yes
- ☐ No

Is the pharmacy entitled to pharmacy access scheme payments?

- ☐ Yes
- ☐ No
- ☐ Possibly

Opening hours

Please look up your opening hours on the following Excel file as supplied by NHS England and NHS Improvement and confirm whether they are correctly recorded as your usual hours.

Click here for Excel file.

Or Click here for PDF version.

Action to take if you believe your hours to be incorrectly recorded:

- If you are a multiple, in the first instance contract your line manager.
- You should then contact NHS England and NHS Improvement by email on england.pharmacyreturns@nhs.net.

Are your hours correct as recorded as above?	☐ Yes ☐ No

Change to terms of service

From July 2020, changes were made to the terms of service for all pharmacies providing NHS pharmaceutical services, by revising the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the approvals under them (The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan). Click here for details.

Consultation facilities

As a result of the healthy living pharmacy level 1 (HLP) criteria becoming terms of service from 1 January 2021, almost all pharmacies will need to have a consultation room. Changes to requirements can be viewed here: click here for details.

Consultation room on premises

Is there a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially?

- ☐ None: submitted request to NHS England and NHS Improvement that premises is too small
- ☐ None: NHS England and NHS Improvement approved my request that premises is too small
- ☐ None: distance selling premises
- ☐ Available including wheelchair access
- ☐ Available without wheelchair access
- ☐ Planned before 1 April 2023

- Other (please specify)

Where there is a consultation area, is it a closed room?
- Yes
- No

Handwashing facilities available?
- In the consultation area
- Close to the consultation area
- None

Patients attending for consultations have access to toilet facilities?
- Yes
- No

Access to off-site consultation area?
- Yes (i.e. pharmacy has access to one which the former primary care trust or NHS England and NHS Improvement team has given consent to use)
- No

The pharmacy is willing to undertake consultations in patient's home/other suitable site?
- Yes
- No

Information facilities

Information technology requirements

The five-year deal states "21. ….requirements around NHS mail, SCR[96] and DoS[97] [and NHS.UK (formerly NHS Choices)] will become Essential terms of service for community pharmacy contractors. Click here for details.

Services (appliances)

In this section, please give details of the essential services your pharmacy provides.

Does the pharmacy dispense appliances?
- Yes – all types, or
- Yes, excluding stoma appliances, or
- Yes, excluding incontinence appliances, or
- Yes, excluding stoma and incontinence appliances, or
- Yes, just dressings, or
- None
- Other. Please identify.

[96] Summary care records
[97] Directory of services

Advanced services

Please give details of the advanced services provided by your pharmacy. Please tick the box that applies for each service.

Hepatitis C testing service	□ Yes □ Soon □ No
Covid-19 lateral flow test distribution service	□ Yes □ Soon □ No
New medicine service	□ Yes □ Soon □ No
Appliance use review service	□ Yes □ Soon □ No
Community pharmacist consultation service (CPCS)	□ Yes □ Soon □ No
Flu vaccination service	□ Yes □ Soon □ No
Stoma appliance customisation service	□ Yes □ Soon □ No

Yes – currently providing
Soon – intend to begin within the next 12 months
No – not intending to provide

Commissioned services

Please give details of the commissioned services provided by your pharmacy. These can be enhanced services commissioned jointly by NHS England and NHS Improvement or the clinical commissioning group, public health services commissioned by a local authority, or services you could provide privately.

Please tick the box that applies for each service.

NHSE/CCG - Currently commissioned jointly by NHS England and NHS Improvement and the clinical commissioning group.
LA - Currently commissioned by local authority

No – do not provide
Pr - Currently offering as a privately funded service
Wtp - Willing to provide

NHS England and NHS Improvement/clinical commissioning group services

NHS England and NHS Improvement currently commissions the following local services jointly with the clinical commissioning group:

- Minor ailments service
- Palliative care stock-holding service
- Palliative care out of hours on-call service
- Point of dispensing intervention service (not dispensed) (PODIS)
- Directly observed therapy (TBDOT)

Minor ailments scheme	□ NHSE/CCG	□ Wtp	□ No	□ Pr
Palliative care stock-holding scheme	□ NHSE/CCG	□ Wtp	□ No	□ Pr
Palliative care on-call out of hours service	□ NHSE/CCG	□ Wtp	□ No	□ Pr
Point of dispensing intervention service (PODIS)	□ NHSE/CCG	□ Wtp	□ No	□ Pr
Directly observed therapy of tuberculosis medicines	□ NHSE/CCG	□ Wtp	□ No	□ Pr

Locally commissioned public health services

North Lincolnshire Council commissions the following through an external provider company – needle and syringe exchange service and supervised consumption service (includes methadone and Buprenorphine).

Supervised methadone	□ LA	□ Wtp	□ No	□ Pr
Supervised Buprenorphine	□ LA	□ Wtp	□ No	□ Pr
Needle and syringe exchange service	□ LA	□ Wtp	□ No	□ Pr

Other services

Disease specific medicines management services

Allergies	□ Pr	□ Wtp	□ No
Alzheimer's/dementia	□ Pr	□ Wtp	□ No
Asthma	□ Pr	□ Wtp	□ No
Coronary heart disease	□ Pr	□ Wtp	□ No
Chronic obstructive pulmonary disease	□ Pr	□ Wtp	□ No
Depression	□ Pr	□ Wtp	□ No
Diabetes type 1	□ Pr	□ Wtp	□ No
Diabetes type 2	□ Pr	□ Wtp	□ No
Epilepsy	□ Pr	□ Wtp	□ No
Heart failure	□ Pr	□ Wtp	□ No
Hypertension	□ Pr	□ Wtp	□ No
Parkinson's disease	□ Pr	□ Wtp	□ No
Other (please state, including funding source)			

Other services

Anticoagulant monitoring service	□ Pr	□ Wtp	□ No
Anti-viral distribution service	□ Pr	□ Wtp	□ No
Care home service	□ Pr	□ Wtp	□ No
C-card condom registration and provision service	□ Pr	□ Wtp	□ No
Chlamydia testing service	□ Pr	□ Wtp	□ No
Chlamydia treatment service	□ Pr	□ Wtp	□ No
Contraception service	□ Pr	□ Wtp	□ No

Emergency hormonal contraception service	□	Pr	□	Wtp	□	No
Emergency supply service	□	Pr	□	Wtp	□	No
Gluten free food supply service (i.e. not supply on a prescription)	□	Pr	□	Wtp	□	No
Home delivery service (not appliances)	□	Pr	□	Wtp	□	No
Independent prescribing service	□	Pr	□	Wtp	□	No
If providing an independent prescribing service, what therapeutic areas covered?						
Language access service	□	Pr	□	Wtp	□	No
Medication review service	□	Pr	□	Wtp	□	No
Medication assessment and compliance support service	□	Pr	□	Wtp	□	No
Medicines optimisation service	□	Pr	□	Wtp	□	No
If providing a medicines optimisation service, what therapeutic areas are covered?						
Obesity management (adults and children)	□	Pr	□	Wtp	□	No
Out of hours on demand service	□	Pr	□	Wtp	□	No
Patient group direction service	□	Pr	□	Wtp	□	No
If providing a patient group direction service, please list the names of the medicines available.						
Phlebotomy service	□	Pr	□	Wtp	□	No
Prescriber support service	□	Pr	□	Wtp	□	No
Schools service	□	Pr	□	Wtp	□	No
Sharps disposal service	□	Pr	□	Wtp	□	No

Stop smoking service	□	Pr	□	Wtp	□	No	
Supplementary prescribing service	□	Pr	□	Wtp	□	No	
If providing a supplementary prescribing service, what therapeutic areas are covered?							
Vascular risk assessment service (NHS health check)	□	Pr	□	Wtp	□	No	

Screening service

Alcohol	□	Pr	□	Wtp	□	No	
Cholesterol	□	Pr	□	Wtp	□	No	
Diabetes	□	Pr	□	Wtp	□	No	
Gonorrhoea	□	Pr	□	Wtp	□	No	
Helicobacter pylori	□	Pr	□	Wtp	□	No	
HbA1C	□	Pr	□	Wtp	□	No	
Hepatitis	□	Pr	□	Wtp	□	No	
Human immunodeficiency virus	□	Pr	□	Wtp	□	No	
Other (please state including funding source)							

Other vaccinations

Do you provide a private seasonal influenza vaccination service?	□	Yes	□	No				
Childhood vaccinations	□	NHSE/CCG	□	Pr	□	Wtp	□	No
If yes, please provide details								
Covid-19 vaccinations	□	NHSE/CCG	□	Pr	□	Wtp	□	No

Hepatitis (at risk workers or patients)	□	NHSE/CCG	□	Pr	□	Wtp	□ No
Human papilloma virus	□	NHSE/CCG	□	Pr	□	Wtp	□ No
Meningococcal vaccinations	□	NHSE/CCG	□	Pr	□	Wtp	□ No
Pneumococcal vaccinations	□	NHSE/CCG	□	Pr	□	Wtp	□ No
Travel vaccines	□	NHSE/CCG	□	Pr	□	Wtp	□ No

Other (please state, including funding source)	

Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries	□ Yes	□ No
Delivery of dispensed medicines – free of charge on request	□ Yes	□ No
Delivery of dispensed medicines – selected patient groups (list criteria)		
Delivery of dispensed medicines – selected areas (list areas)		
Delivery of dispensed medicines – chargeable	□ Yes	□ No
Monitored dosage systems – free of charge on request	□ Yes	□ No
Monitored dosage systems - chargeable	□ Yes	□ No

Languages

One potential barrier to accessing a pharmacy can be language. To help the local authority better understand any access issues caused by language, please answer the following two questions.

What languages, other than English, are spoken in the pharmacy?	

What languages, other than English, are spoken by the community your pharmacy services?	

Almost done

If there is a particular need for a locally commissioned service, please include details here.

Future services	

Please tell us who has completed the form in case we need to contact you about any queries.

Contact name	
Contact phone number (if different to the number given above)	

Thank you for completing this pharmaceutical needs assessment questionnaire.

Appendix J – dispensing practice questionnaire

North Lincolnshire Council

Pharmaceutical needs assessment in North Lincolnshire

Work has commenced on preparing the new pharmaceutical needs assessment for North Lincolnshire Council which we anticipate will be published by 1 October 2022. We need your help to gather/confirm important information to support the development of this document which:

- may identify unmet needs for, or improvements or better access to, pharmaceutical services for the population of North Lincolnshire, and
- will be the basis for market entry applications to open new premises and may inform relocations of existing premises, applications to change core opening hours or to provide additional pharmaceutical services. NHS England and NHS Improvement – North East and Yorkshire will use the documents to make decisions regarding these matters.

We have developed a questionnaire with the support of the pharmaceutical needs assessment steering group. In developing the questionnaire we are only asking for information that is needed but is not routinely held or which we would like confirmation of. As you will see we have kept the questionnaire as short as possible and anticipate that it should take no more than five minutes to complete.

While available until 12noon on 9 March 2022, we would encourage you to complete the questionnaire now.

We are working with a company called Primary Care Commissioning CIC in the development of the pharmaceutical needs assessments. The responses you provide will be collected by Primary Care Commissioning CIC and will only be used for the purpose of this survey and developing the pharmaceutical needs assessments. Any data will be held in accordance with the Data Protection Act 2018 and the UK General Data Protection Regulation.

For queries relating to the information requested or the answers required please email PNAsurveys@pcc-cic.org.uk.

Please insert the practice's ODS code (also known as the B or Y code or practice code) you are completing the questionnaire on behalf of:

Please insert the name of the practice you are completing the questionnaire on behalf of:

Please insert the address or addresses of the premises for which the practice has premises approval to dispense from:

1 Are prescriptions for appliances dispensed at the premises?

	Please tick one box
Yes - All types	
Yes, excluding stoma appliances	
Yes, excluding incontinence appliances	
Yes, excluding stoma and incontinence appliances	
Yes, just dressings	
No - appliances are not dispensed	

2 Delivery of dispensed items

Please tick whether you currently provide a delivery service (non-commissioned) below.

	YES	**NO**
Private, free of charge delivery service		
Is this service available to all patients?		
Private, chargeable delivery service		
Is the service available to all patients?		

If the delivery service is restricted please confirm the patient groups who may use the service.

3 Apart from English which other languages, if any, are available to patients from staff at the premises every day – please list main languages spoken

List of languages spoken:

4 Housing developments

There are currently a number of housing and other developments taking place across North Lincolnshire with more planned and the pharmaceutical needs assessment will need to identify whether the needs of those moving into new houses can be met by the existing spread of providers and their premises. With this in mind

please select the options that best reflect your situation at the moment with regard to your premises and staffing levels.

	Premises	Staffing levels
We have sufficient capacity to manage the increase in demand in our area.		
We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.		
We don't have sufficient capacity and would have difficulty in managing an increase in demand.		

5 Please provide us with your contact details.

Name:

Job title:

Email:

Appendix K – pharmacy opening hours

Please see separate document.

Appendix L – consultation report

To be inserted after the consultation.

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Report of the Director Adults and Health
& North Lincolnshire NHS Place Director (Designate)

Agenda Item
Meeting 27 June 2022

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

BETTER CARE FUND (BCF) – END OF YEAR REPORT 2021-22

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1. To explain to the Health and Wellbeing Board partners the progress of the 2021-22 Better Care Fund Plan.

2. BACKGROUND INFORMATION

2.1 The Better Care Fund (BCF) is a national programme which covers both the NHS and Local Government and encourages integrated, joined up working between health and social care to improve the health and wellbeing of residents. CCG's and Local Authorities must enter a pooled budget arrangement and agree an integrated spending plan for the Better Care Fund.

2.2 Better Care Fund Plans must meet four national conditions, which are:

- A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution. (For 2021-22 this represented an increase of 5.3%)
- Investment in NHS commissioned out of hospital services
- Plans for improving outcomes for people being discharged from hospital.

2.3 The North Lincolnshire Better Care Fund Plan 2021-22 was formally agreed by the Health and Wellbeing Board and submitted to the national BCF team in November 2021.

2.4 The BCF planning guidance for 2021-22 included national performance metrics (detailed as appendix 1) devised to focus on the following improvement areas:

- Home to Hospital
- Hospital to Home service planning
- Length of stay in hospital

2.5 This report is written in the context of a year of extreme disruption due to the pandemic and as such many of the original and stretch performance targets have not necessarily been

met, despite this North Lincolnshire has continued to meet the national conditions and the schemes have been implemented and the funding has continued to have a positive impact on the integration of health social care and the voluntary sector. Partners have worked together in a joined-up way to improve people experience of hospital care.

2.6 There have been a range of schemes aimed at reducing the number of people attending hospital when they could have their needs met in other ways There has been an increase post covid of people accessing emergency care, which has meant the metric around reducing the number of admissions into hospital has not been met.

2.7 Efforts to reduce unnecessary long-term admissions to residential care have continued and we remain well within the metric target, which means more people are being supported in their own homes. The demand on Home First Community Services to support people leaving hospital has increased significantly over the last two years. The Home First Community Service continues to expand and respond well to this increased need.

2.8 Reablement and rehabilitation services have have faced a number of challenges over the last year. This is attributable to the policy of closing care homes following outbreaks of covid and has had an impact on the delivery of the target. In addition, there have been increasing numbers of people using reablement services and the number of short stay placements have also increased due to the complexity of people's needs and capacity within community. Despite these challenges there has however been an improvement on previous years in the number of people (65 years and older) who are still at home 91 days after discharge from hospital and reablement/rehabilitation services.

2.9 During 2021-22 the domiciliary care sector struggled to grow at the speed needed with the increased demand this has meant some people have been supported by care homes for short periods. In response partners supported the development of Proud to Care and extending this support beyond a recruitment campaign to a recruitment hub. The NHS supported additional funding to the care sector by way of vouchers to support retention and the use of the workfroce fund to provide further incentives to support retention.

2.10 The BCF planning guidance for 2022-23 is expected to be published shortly, upon receipt work will commence to realign the plan to better reflect the current and future service models.

3. OPTIONS FOR CONSIDERATION

3.1 To note the performance and progress of the North Lincolnshire Better Care Fund Plan 2021-22

4. ANALYSIS OF OPTIONS

4.1 Not applicable

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 The CCG meets its requirements in relation to the minimum CCG investment requirement.

5.2 The BCF fund includes the Disabled Facilities Grant (DFG), the iBCF monies and the CCG minimum allocation as follows:

DFG	£2,587,067

iBCF	£7,024,931
CCG minimum	£13,277,017
Total	£22,889,015

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 There are no implications associated with this report, however the BCF 2021-22 plan is a key enabler for the delivery of the Health and Integration 2021-24 plan.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 Not applicable.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 Consultation on the development and delivery of the plan has involved all local place partners across health care local authority and the voluntary sector

8.2 There are no perceived conflicts of interest associated with this report.

9. RECOMMENDATIONS

9.1 The Health and Wellbeing Board partners note the progress of the 2021-22 Better Care Fund Plan.

Director of Adults and Health &
North Lincolnshire NHS Place Director (Designate)

Church Square House
SCUNTHORPE
North Lincolnshire
DN15 6NL
Author: Jane Ellerton
Date: 15 June 2022

Background Papers used in the preparation of this report:

North Lincolnshire Better Care Fund Plan 2021-22

Appendix 1

Better Care Fund 2021-22 Performance Metrics

The table below includes the BCF metrics and the performance for the 2021-22 period

New Metric	Definition	2021-22 performance target plus actual outturn	
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Target	Actual
		1,00.8	1,083.14
Length of stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	Target	Actual
		9.9%	12.8%
		4.9%	6.3%
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	Target	Actual
		91.7%	91.3%

Previous Metric	Definition	2021-22 performance target plus actual outturn		2020-21 performance outcomes	
Residential admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Target	Actual	N Lincs actual outturn	Regional actual outcome
		597	517.5	514.8	549.8
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Target	Actual	N Lincs actual outturn	Regional actual outcome
		90.4%	89%	85.5%	76.4%