

# Public Document Pack

## **NORTH LINCOLNSHIRE COUNCIL HEALTH AND WELLBEING BOARD**

**26 September 2022, 2pm**

**Conference Room, 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 27 June 2022 (Pages 1 - 6)
5. Actions from previous meetings
6. Questions from members of the public

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

**Integrated Working - Adults**

7. Place Partnership Update and Strategic Intent - Report by the North Lincolnshire NHS Place Director (Pages 7 - 12)

**Integrated Working - Children**

8. SEND Strategy - Report by the Director: Children and Families (Pages 13 - 38)
9. North Lincolnshire Autism Strategy 2022 - 2026 - Report by the Assistant Director - Adult Social Services (Deputy DASS) (Pages 39 - 66)

**Statutory documents, strategies etc. required to be considered or signed off by the Board**

10. Pharmaceutical Needs Assessment - Report by the Director of Public Health (Pages 67 - 352)
11. Better Care Fund (BCF) 2022-23 Plan Submission - Report by the Director: Adults and Health and the North Lincolnshire NHS Director of Place (Pages 353 - 370)

## Non-statutory business

12. North Lincolnshire Population Health and Prevention Partnership - Progress Report - Report by the Director of Public Health (Pages 371 - 374)
13. Healthwatch Annual Report - Report by the Manager, Healthwatch North Lincolnshire (Pages 375 - 400)
14. Health and Wellbeing Board Forward Plan - update by the Director of Public Health.
15. Date and time of next meeting. 18 November 2022, 2pm
16. Any other items which the Chairman decides are urgent by reason of special circumstances which must be specified.

# Public Document Pack Agenda Item 4

## NORTH LINCOLNSHIRE COUNCIL

27 June 2022

- Present -

M Fuller, Cllr R Hannigan, C Harvey, K Hornsby, A Matson, K Pavey, R Hannigan, A Seale, A Matson, P Thorpe, Harvey, Hornsby and C Sherwood and R Twiggins

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

### 440 **WELCOME AND INTRODUCTIONS**

In the absence of the Chair, Cllr Hannigan was invited to take the chair for the meeting. He welcomed everyone to the meeting, inviting them to introduce themselves.

### 441 **SUBSTITUTIONS**

Cllr C Sherwood substituted for Cllr Waltham MBE, and Ruth Twiggins substituted for Professor Derek Ward.

### 442 **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.

### 443 **TO APPROVE AS A CORRECT RECORD THE MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 22 MARCH 2022**

**Resolved** - That the minutes of the meeting of the Health and Wellbeing Board, held on 22 March 2022, be approved as a correct record.

### 444 **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.

### 445 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

### 446 **COVID-19 - GENERAL UPDATE. PRESENTATION BY THE DIRECTOR OF PUBLIC HEALTH.**

The Director of Public Health gave a presentation on current Covid trends and epidemiology. This included details on outbreak management and control, and the effective monitoring of data.

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**Resolved** – That the update be noted.

**447 GREATER LINCOLNSHIRE LIVING SAFELY WITH COVID STRATEGY - REPORT BY THE DIRECTOR OF PUBLIC HEALTH**

The Director of Public Health submitted a report seeking board members' approval to adopt the Greater Lincolnshire health protection service delivery plan, adopt the Greater Lincolnshire living safely with covid plan, and noting progress on the Greater Lincolnshire's pilot and planned developments for health protection.

The Director explained that the Government's objective in the next phase of the Covid response was 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. As the national test and trace programme has now been stood down, local partners needed to have plans in place to manage local Covid outbreaks. Local Authorities would continue to support outbreak management through the Public Health Grant allocation, and the above plans and steps were central to this.

The Board discussed the report in some depth, highlighting encouraging examples of local learning and amending the local response to outbreaks.

**Resolved** - (a) That the Greater Lincolnshire Health Protection Service Delivery Plan be approved, (b) that the Greater Lincolnshire Living Safely with Covid Plan be approved, (c) that the Board note the progress of the Greater Lincolnshire's pilot and planned developments for health protection; and (d) that a future report on the final form and function of a single Health Protection Service for Greater Lincolnshire be submitted to the Board for consideration following the ongoing pilot.

**448 INTEGRATED CARE SYSTEM UPDATE - REPORT BY THE NORTH LINCOLNSHIRE NHS PLACE DIRECTOR (DESIGNATE)**

The North Lincolnshire NHS Place Director (Designate) submitted a report which provided an update on the establishment of the Integrated Care System (ICS) and the development of the Integrated Care Board (ICB) and Integrated Care Partnership, and the architecture of the ICS, including Places and Provider Collaboratives. An update was also included on the development the North Lincolnshire Place Partnership and the good progress that had been made in continuing to develop integrated arrangements at Place.

Some background was provided around the aims and roles of ICSs, and it



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was confirmed that all senior Executive appointments had now been made to the ICB, as well as two independent non-executive directors. Sector representative leads had also been identified for local government, primary care and NHS Trusts and Foundation Trusts.

The Place Director (Designate) also confirmed that a smooth transition to new arrangements was expected, and highlighted that The Place Partnership was continuing to develop its work programme and intended to continue collaborating with the associated partnership groups to align plans to the Strategic Intent and ambition for the Place.

Board members discussed the report, exploring how the ICS could work with other groups and boards at a local level, and how there needed to continue to be a central role for the 'Place' of North Lincolnshire. The need for local accountability and transparency was highlighted by Board members, and it was anticipated that the Health and Wellbeing Board would continue to play a key role in achieving this aim. Members also discussed resource allocation, the move to a more preventative and health promotion approach, and the local Strategic Intent document.

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

449 **INDEPENDENT REVIEW OF CHILDREN'S SOCIAL CARE - REPORT BY THE DIRECTOR OF CHILDREN & FAMILIES.**

The Director of Children and Families submitted a report to update the Health and Wellbeing Board on the publication of the Independent Review of Children's Social care Final Report and the key points, recommendations, and implications for action.

The Director explained that the Independent Review was a great opportunity to consider children's social care across the spectrum of need. The review commenced in March 2021 before publishing the final report in May 2022. A number of the key elements and recommendations pertaining to health and wellbeing were described by the Director. A formal government response was expected in the next 6 months.

The Board discussed a number of related issues, such as further developing a 'family help' system – partners and agencies being key to this. Embedding a children and families approach into the ICS arrangements was likely to be a priority issue in the coming months.

**Resolved** – (a) That the Health and Wellbeing Board note the publication of the Independent Review of Children's Social Care Final Report, and acknowledge the key points, recommendations and implications for action; and (b) that the Health and Wellbeing Board take account of the Independent Review Final Report and contribute to partnership action to drive forward

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system transformation and integration

**450 PHARMACEUTICAL NEEDS ASSESSMENT - REPORT BY THE DIRECTOR OF PUBLIC HEALTH**

The Director of Public Health submitted a report to update the Health and Wellbeing Board on progress to publish the pharmaceutical needs assessment (PNA) for 2022. The Director explained that the Board had a statutory duty to publish an updated PNA by 1 October 2022.

The Director stated that a draft PNA had now been published and circulated to key stakeholders as part of the statutory consultation process, and that a final PNA (post consultation) will be produced and presented at the HWB on 26 September for the board's approval. The Director noted that the main conclusion of the draft PNA was that there are currently no needs to be identified in the provision of pharmaceutical services.

**Resolved** – (a) That the Health and Wellbeing Board note the contents of the draft PNA, (b) that the Board note the progress on producing North Lincolnshire's final PNA, and also note that the steering group will consider consultation responses and incorporate, as appropriate, into the final document; and (c) that the Board note that the final PNA would be presented at its next meeting for consideration / approval.

**451 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)**

The Director: Adults and Health and the North Lincolnshire NHS Place Director (Designate) submitted a joint report setting out progress on the 2021-22 Better Care Fund Plan. The Better Care Fund (BCF) was a national programme which covered both the NHS and Local Government and encouraged integrated, joined up working between health and social care to improve the health and wellbeing of residents. National conditions and performance metrics were set out in the report.

**Resolved** – That the Health and Wellbeing Board note the progress of the 2021-22 Better Care Fund Plan.

**452 DATE AND TIME OF NEXT MEETING - 21 SEPTEMBER 2022**

The Director of Governance and Communities confirmed that the next meeting of the Board would be on 26 September 2022.

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

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There was no urgent or additional business.

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## NORTH LINCOLNSHIRE COUNCIL

### HEALTH AND WELLBEING BOARD

#### PLACE UPDATE AND SIGN OFF OF STRATEGIC INTENT FOR NORTH LINCOLNSHIRE

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

- 1.1 To update the Health and Wellbeing Board on the current progress on the development of the Integrated Care System and Place based partnership and to request the sign off by the Health and Wellbeing Board of the North Lincolnshire Place Strategic Intent

#### **2 INTRODUCTION**

- 2.1 The Health and Wellbeing Board has previously been briefed on the progress on the development of the Humber and North Yorkshire Integrated Care System and the North Lincolnshire NHS Place Partnership.
- 2.2 Transition of statutory functions from CCGs to the NHS Humber and North Yorkshire Integrated Care System was successfully completed on 1<sup>st</sup> July 22 at the inaugural meeting of the Humber and North Yorkshire Integrated Care Board (ICB).
- 2.3 ICSs are responsible for developing integration and collaboration, and for improving population health across the system. They have two statutory components: integrated care boards (ICBs) and integrated care partnerships (ICPs). ICBs have now taken on the commissioning functions and statutory duties formerly conferred on CCGs and are accountable for NHS expenditure and performance within the system.
- 2.4 ICPs are a statutory committee bringing together all system partners to produce a health and care strategy. The ICS is currently in the process of establishing the ICP which will have strong membership from Places with the Place Partnership Chair, North Lincolnshire Council CEO (Place Executive Lead) and Place NHS Director being members.
- 2.5 The ICS has chosen to exercise its functions through 6 Place Partnerships of which North Lincolnshire is one, and five sector collaboratives (community, primary care, acute, mental health learning disabilities and autism and the voluntary and community sector). Places will be key to driving forward the local ambitions and priorities for the six geographies covered by the Places and will receive delegated resources to enable this, including delegated responsibilities from the ICB Executive to the Place NHS Director and other senior ICB staff within the Place.
- 2.6 A Place level team will continue to operate at a North Lincolnshire level which will ensure we have the capacity and capability to deliver our collective outcomes working with partners and to continue to deliver integrated arrangements. This includes the personnel to deliver core statutory functions such as Safeguarding, Continuing Health Care and safeguarding.

- 2.7 The Humber and North Yorkshire ICP is responsible for developing an integrated care strategy to set out how the wider health and wellbeing needs of local populations will be met and reflect the core aims of the ICS: improving population's health; addressing inequalities; and contributing to the wider socioeconomic challenges such as unemployment and securing inward investment. Work on the development of the Strategy is progressing at pace across the ICS with significant engagement having occurred with stakeholders across the ICS. The ICB has confirmed its intent to primacy of Place and an expectation that that majority of delivery should be at Place and that Place ambition should shape the overall strategy of the ICS. The work and priorities in the Place Partnership will therefore be a strong driver in the development of this Strategy.
- 2.8 The North Lincolnshire Place Partnership has been operating in shadow form since January 22 with Chief Executive/Senior Executive level membership from partners and the Deputy Leader of the Council as chair. The Partnership has had a high level of engagement from all partners in the Place.
- 2.9 The North Lincolnshire Place Partnership has agreed its core values and principles and priority areas of focus and has created a Strategic Intent for North Lincolnshire to feed into the Humber and North Yorkshire ICP Strategy. The Strategic Intent has been developed through significant engagement and discussion with all partners members.
- 2.10 The Strategic Intent outlines our overarching ambition:

*“For North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected; experiencing better health and wellbeing”*

The Strategic Intent is attached at Appendix One and identifies nine priorities for collective investment:

- Mental Health and wellbeing will thread through all that we do across all ages
  - Asset based community development will identify and work with the strengths of communities to level up North Lincolnshire
  - Innovation will be supported including digital tools that enable individuals to maximise their health and wellbeing
  - The health inequalities gap will reduce across all of our wards
  - Healthy life expectancy will improve for our population
  - Access to health and care will take account of rural challenges
  - People with long term conditions such and lung and heart disease will experience proportionately better health
  - There will be a single workforce strategy covering leadership and management, recruitment and retention, reward and recognition, career pathways and talent development
  - The integrated practice model will be person centred
- 2.11 There is a shared commitment from partners that this ambition will be delivered through our community first approach which empowers and facilitates individuals to participate in their own communities, putting people and communities at the heart of health and care. The Strategic Intent will replace the current Health and Care Integration Plan, providing a common narrative for the integration ambition for North Lincolnshire.

- 2.12 Work is now underway to develop a Place Integration Plan. There are already a number of workstreams contributing to the delivery of integrated health and care across North Lincolnshire. These work programmes are overseen by a number of partnership groups; Integrated Adults Partnership, Integrated Children's Trust, Population Health Management and Prevention Partnership and the Care and Health Workforce Partnership.
- 2.13 The Place Integration Plan will ensure that the workstreams within the plan all align to the nine priorities set out above. Assessment of current plans against the strategic intent priorities has commenced and outcome measures for each priority are being developed.
- 2.14 North Lincolnshire Place undertook an initial assessment against a framework that has been developed by the Integrated Care System (ICS) to assess maturity against progress towards becoming a thriving Place. This initial assessment was undertaken in Sept 2021. The measurements of maturity against which the assessment was made included the following descriptors: emerging, developing, maturing and thriving. The Health and Wellbeing Board were involved in a workshop to enable this assessment as were other senior leaders within the Place.
- 2.15 A re-assessment against the maturity matrix has been undertaken and this demonstrates that excellent progress has been made against the framework under the parameters of ambition and vision, system leadership and design and delivery, with the majority of areas assessed moving in to maturing and thriving.

### **3 OPTIONS FOR CONSIDERATION/ANALYSIS OF OPTIONS**

- 4.1 The Humber and North Yorkshire ICS arrangements recognise the importance of Place through its structures and delegations. The North Lincolnshire Place Partnership through its shadow form has had an excellent level of engagement from all place partners. The North Lincolnshire Strategic Intent confirms the commitment to transformation through a community first approach. This core ambition will thread through the key strategies and delivery plans as a Partnership.
- 4.2 Assurance will be sought through the formal role of the Health and Wellbeing Board and scrutiny of the health system arrangements sits with the Health Scrutiny Panel.

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

- 5.1 NHS resources and responsibilities are allocated to the ICB and then will be delegated from the ICB Executive through the NHS Place Directors. There is work underway to develop a scheme of delegation to Place Partnerships. Further guidance from the Department of Health is required to enable this to be enacted. Movement to a formal legally binding joint committee of the Place requires further legislation and it is not anticipated nationally that this will be before April 2023.
- 5.2 The Place Partnership will also have oversight of the Section 75 arrangements that exist between the ICB and North Lincolnshire Council and the Health and Wellbeing Board will also receive reports on collective use of resources such as the Better Care Fund

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

- 6.1 The ICB Constitution, Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation were taken to the first meeting of the ICB on the 1<sup>st</sup> July 2022.

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

- 7.1 The ICB has developed an Integrated Impact Assessment Tool (IIA). As part of the due diligence in the establishment of the ICB a review of all current policies has been undertaken to establish differences between the policies across the Places. This includes commissioning policies. A risk assessment has been undertaken to establish if there are any significant differences and work is underway look at any issues that need to be addressed in terms of policy alignment.

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

- 8.1 The arrangements for the ICS and ICB have been subject to relevant NHS consultation processes and local stakeholders have informed the development North Lincolnshire Place Partnership.
- 8.2 There are no conflicts of interest declared.

## **9. RECOMMENDATIONS**

- 9.1 The Health and Wellbeing Board are asked to note the progress on the Place Partnership and update on the development of the HNY Integrated Care System.
- 9.2 The Health and Wellbeing Board are asked to approve the North Lincolnshire Place Strategic Intent

North Lincolnshire NHS Place Director

Health Place  
Brigg  
North Lincolnshire  
DN20 8GS  
Author: Alex Seale  
Date: 13.9.22



# North Lincolnshire Strategic Intent

## Our Ambition

Our ambition is for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected; experiencing better health and wellbeing

## People will;

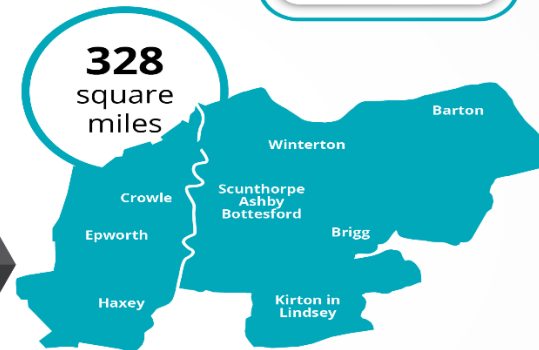
- enjoy good health and wellbeing at any age and for their lifetime.
- live fulfilled lives in a secure place they can call home.
- have equality of opportunity to improve their health and play an active part in their community and enjoy purpose within their lives.

## Our community first approach

Our transformation approach empowers and facilitates individuals of all ages including children and young people to participate in their own communities, putting people and communities at the heart of health and care. People will have personalised care, be enabled to self care and have control over their lives. People will get the best care closest to home. We will use our collective resources to improve outcomes for people and be informed by the voices of our diverse communities. We will use our Place assets and resources to strengthen prevention and community support, reducing the need for higher levels of care which is safe, effective and high quality in the right place at the right time. We will use the North Lincs £1 wisely and with integrity. We will ensure participation and prevention threads through all that we do. We will foster a culture of one team, enabling our workforce to achieve great outcomes for people and support the workforce to be well. We will ensure we have the most effective systems and enablers of change.

The ICS and Place Partnership will invest locally to deliver this strategic intent ensuring the community health and care system is the right size for the population, is organised to meet levels of need and inequalities; focuses on prevention at every level and opportunity; and is high quality. The Partnership will utilise digitally enabled care to support the individual and integration of the workforce. We will prioritise those most in need. We will enable partners to manage risk effectively, to work together to promote positive risk taking to improve the outcomes we aspire to.

Priorities for Collective Investment



Mental health and wellbeing will thread through all that we do across all age

Asset based community development will identify and work with the strengths of communities to level up North Lincolnshire

Innovation will be supported including digital tools that enable individuals to maximise their health and wellbeing

The health inequalities gap will reduce across our wards

Access to health and care will take account of rural challenges

Healthy life expectancy will improve for our population

The integrated practise model will be person centred

There will be a single workforce strategy covering; leadership and management, recruitment and retention, reward and recognition, career pathways, and talent development

People with long term conditions such as lung and heart disease, will improve experience proportionately good health

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**Rotherham Doncaster  
and South Humber**

NHS Foundation Trust



**Northern Lincolnshire  
and Goole**

NHS Foundation Trust

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# SEND AND INCLUSION PLAN ANNUAL REPORT

2020/2021

Agenda Item 8

**North  
Lincolnshire  
Council**

[www.northlincs.gov.uk](http://www.northlincs.gov.uk)



**North Lincolnshire  
Clinical Commissioning Group**

### Foreword

Welcome to our Special Education Needs and Disabilities (SEND) Inclusion Plan Annual Report for 2020-2021.

This annual report provides an opportunity to summarise the work we have undertaken, our priorities for the future and an opportunity to celebrate our shared successes. This report also shows how well placed we were to be able to meet the challenges of Covid-19 and continue to enable children, young people and families to achieve good outcomes.

2021 culminated in an inspection by Ofsted and the Care Quality Commission (CQC) in December. Our whole system for supporting children and young people with SEND came under intense scrutiny and I am delighted to say that the feedback from Ofsted was overwhelmingly positive. The inspection outcome is an affirmative assessment of the high quality of North Lincolnshire's services across the early years, education, health and social care.



Councillor Julie Reed  
Cabinet Member for Children and Families



**If you are a child, young person or young adult with SEN/D you are more likely to ...**

- attend your local early years setting and school, one that is rated good or better by Ofsted
- attend a local special school if you need more support than a mainstream school can give
- enjoy good participation and attendance within learning
- have your say and influence how services that affect you are organised and be involved in discussions about how your needs are supported
- enjoy universal activities and groups with people of your own age outside of school hours
- live in your family network and be supported as part of your whole family
- be in education, employment or training
- receive the right support, at the right time, in the right place, from the right people
- experience high quality short breaks with outstanding overnight care
- have options for short breaks as a young adult including using direct payments to do activities you enjoy with people who are important to you
- have a well-planned and connected transition to support from adult services as needed
- have good quality care and support if needed as a young adult
- have options to move into your own home when you are ready

**We are working hard so that children, young people and adults ...**

- do not have to wait so long for an assessment for autism and other neurodiverse conditions and are well supported to understand what a diagnosis means for them and their family and what intervention, treatment and support options are available
- receive the right support and interventions from the point of referral, whilst awaiting any planned assessment
- feel listened to across the education, health and care system
- experience fewer suspensions/exclusions from a small number of schools
- can attend a brand new post-16 school that will help better prepare our young people for independence into adulthood
- can access activities outside of school hours regardless of their background, learning needs or ability to develop their resilience, life skills and wellbeing
- have choice and control to enable them to grow and flourish
- with more complex needs enter employment
- receive the right support at the right time through the triage referral process
- start talking about and preparing for adulthood earlier to achieve the best outcomes

**You will see a workforce that ...**

- is child and young person centred - ambitious, passionate and values driven
- learns together and seeks opportunities to increase knowledge and understanding through research and training
- works together across all service areas to create a one family approach that considers and addresses a range of needs
- has pride and commitment to achieve even better outcomes for vulnerable children and young people
- understands our communities and needs
- adapts and transforms
- is strengths based and solution focused
- works hard for children and young people
- seeks and acts on the views of children and young people



## Our response to the Covid Pandemic

The operating environment during 2020-21 was affected by the Covid pandemic. Workforce resilience has been exceptional, with nearly all staff available for work throughout the pandemic (including early years setting, schools, education and health settings) with key workforces adapting quickly to new ways of working.

- In keeping with the One Family Approach, the ambition throughout the pandemic has been for children to be in their families, in their early years settings or schools and in their communities
- Schools and settings have strived to remain functioning and have done so admirably. In addition, health services led the response to address the issue of those children who required aerosol generating procedures to be undertaken throughout the school day.
- Priority was given to ensuring health and social care staff (including staff in special schools and children's disability services) were offered the vaccine to provide added protection for vulnerable children and young people.
- Bespoke outreach sessions were organised within the specialist school setting for those children and young people eligible for the Covid vaccine.
- Support for vulnerable children and young people, including those with SEND was sustained and developed. Education, Health and Care (EHC) Plans were reviewed ahead of the summer term, and daily tasking meetings ensured a line of sight to the most vulnerable and their access to in-school learning.
- Council specialist teachers for vision, hearing, physical disability, autism and social-emotional needs continued to keep in touch with children, young people and their families throughout the pandemic - liaising with schools and settings where needed to ensure that needs continued to be met whether learning was taking place at home or in school.





## Our response to the Covid Pandemic

- The Cygnets continued to offer overnight short breaks for families of children with disabilities throughout the year and as conditions permitted.
- During the pandemic and the national lockdown restrictions children's continuing health care staff worked alongside Children's Disability Social Care and Short Breaks to ensure the continued support to children, young people and families at that time.
- Children's disability services continued to provide additional short break activities through a blended approach of remote on-line activity and individually where this was possible.
- Disability social workers continued to support families throughout the Covid challenge using innovative approaches to communication, alongside practical advice and support to families.
- Children's Community Nursing, including Special School Nursing and the Clinical Educator continued to provide input into Special Schools to ensure continued access to school for children with complex health needs.
- All children with complex and continuing health care needs continued to have access to their package of support and Care Education Treatment Reviews were used effectively to provide enhanced support in the community to prevent escalation to either a residential or Tier IV placement. Enhanced liaison, care planning and oversight was facilitated for children with complex health and social care needs through the use of weekly resource allocation meetings attended by health providers, Designated Clinical Officer, CCG Continuing Care and Children's Social Work.



Whilst steeped in managing the impact of the pandemic, transformation and developments within education, health and inclusion functions have continued:

- implementing a digital hub for EHC Plans to increase family engagement in the process and to speed up assessments
- reviewing and strengthening arrangements for Initial Teacher Training
- with stakeholders, including families, developing a new SEND and Inclusion Plan for 2021-24
- launching a further SEND capital competition for locality-based social, emotional, mental health provision at secondary age in Winterton and Scunthorpe and complementing that already established in Barton
- establishing a new 20 place provision for Key Stage 2 age children with social, emotional, mental health needs at Wyredale Road and enabling the relocation of Coritani Academy to high quality accommodation
- a reduction in alternative learning provision commissioned numbers supported the closure of our Key Stage 3/4 Pupil Referral Unit provision
- ensuring a sponsor was appointed by the DfE for our post-16 SEND Free School, for September 2023 opening
- a recently launched Inclusion Projects SEND capital allocation competition at secondary phase has also seen three further applications for funding to support reorganisation of existing accommodation to support young people with Social, Emotional and Mental Health needs
- launching a revised Neurodiversity Pathway
- remodelling and further developing the Child and Adolescent Mental Health Services (CAMHS) Learning Disability pathway
- reviewing the Designated Clinical Officer structure and agreed an enhanced model of delivery

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In line with our **One Family Approach** of keeping children in their families, their schools and their communities our shared priorities for recovery and renewal were:

- Enabling the continued **safe operation** of schools, settings and services, and **supporting staff wellbeing**
  - Supporting children and young people's mental health and wellbeing; **building resilience and confidence** through re-engagement and participation
  - **Supporting families and communities** to recover from the experience and impact of Covid
  - Addressing **complex safeguarding** and hidden harm
  - Assessing **impact of differing learning and development experiences** - especially within the early years and for vulnerable children of all ages
- Creating opportunities for **learning and employment for older young people**, with a focus on those most at risk of becoming NEET (Not in Education, Employment of Training)

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As a result of multifaceted support and the resumption of some activities which had been suspended or limited in their availability due to Covid-19, the period of recovery and renewal draws to a close. The focus for children's education and wellbeing in North Lincolnshire is now to prioritise educational excellence through driving inclusion, further strengthening leadership and challenging standards and performance.





Due to the outbreak of Covid-19 and cancellation of examinations in the summer term, the usual analysis concerning end of Key Stage attainment for 2020 and 2021 could not take place. Our **key performance highlights**, based on the most recent official published data available for each benchmark, are set out below.

Children and young people in North Lincolnshire ranked within the **top 25% of performance in the country** in the following measures

- Children with an EHC Plan achieving the expected levels in each of reading, writing and maths at the end of key stage 1 (2019)
- Progress made by children with an EHC Plan between key stages 1 and 2 in each of reading, writing and maths (2019)
- Average attainment 8 at Key Stage 4 for young people with an EHC Plan (2021)
- Overall absence and persistent absence rates in special schools (2019) and overall absence and persistent absence rates for children with an EHC Plan (2019)
- Suspension rate in special schools (2020)
- Permanent exclusion rate in special schools (2020)
- Permanent exclusion rate for young people with an EHC Plan (2020)
- Young people with an EHC Plan (at age 19) qualified to level 2 including English and maths (2020)

In addition, performance of our children and young people was **above the national average** in the following measures

- Children at SEND Support achieving a good level of development in the Early Years Foundation Stage (2019)
- Children at SEND Support and children with an EHC Plan achieving the expected standard in the year 1 phonics screening test (2019)
- Progress made by children at SEND Support between key stages 1 and 2 in writing (2019)
- Progress 8 score for young people at SEND Support at the end of key stage 4 (2021)
- English Baccalaureate average point score for young people with an EHC Plan at the end of key stage 4 (2021)
- Young people at SEND Support (at age 19) qualified to level 3 (2020)
- Proportion of 16-17 year olds with SEND in education and training at 31<sup>st</sup> December (2020)
- Proportion of young people with an EHC Plan going to, or remaining in, education, employment and training (2020)



We first met Joseph (not his real name) when his mum brought him to a family learning Arts & Crafts session during the Easter holidays in 2021. Due to his anxiety Joseph was initially reluctant to come into the session and join in. After a little gentle discussion about Joseph's interests and visually showing him the activities we were doing and giving him choices, we managed to persuade Joseph to join us in the session. After a couple of activities Joseph started to feel relaxed, was thoroughly engaged and very happy and chatty.

At the session we talked to mum about our offer to support children/families with anxiety including 'Supporting Your Child's Anxiety' parent workshop and our monthly family anxiety forum, which we felt might help support Joseph and his family. We also talked about other events and activities we have coming up that Joseph and mum could access to help him, such as the Let's Have Fun Together and Let's Cook Together family workshops. Mum attended the 'Supporting Your Child's Anxiety' workshop and has learnt some new strategies she can show/use with Joseph to support him on a daily basis.

Mum and Joseph have started to attend our monthly anxiety forum sessions and Joseph is learning new coping strategies, enjoying the anxiety busting arts and crafts and meeting other children with similar struggles.

Joseph and mum have attended several family workshops at Ashby Hub – Joseph really loves arts and crafts and is super creative. He is becoming more confident with the family learning staff he is familiar with but can still be quiet and nervous with new/ different staff. Where possible we try to keep some familiarity.

Joseph and his mum have now signed up to a 4 week family learning cooking course, so to help him settle in quickly the tutor popped into our last yoga session with Joseph to say hello. Joseph enjoyed giving the new tutor difficult yoga instructions, which he found hilarious. Hopefully this will help him ease into his new course starting in a few weeks.

We are hoping that mum will join our NCFE Level 2 Supporting Your Child's Mental Health' qualification this year, as this will help mum and his wider family to continue to find ways to support Joseph.

North Lincolnshire has embedded a partnership "Preparation for Adulthood Protocol 2021-23" and worked with the Parents Forum (PIP) to develop an easy read version.

## We have

Supported young people to manage their own health as they move into adulthood.

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Continued to develop opportunities for young people to participate in physical activity and make healthier lifestyle choices that will improve their long-term health and well-being.

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Developed a learning disabilities 'health check register' of children and young people aged 14 and over with learning disabilities. All 19 GP practices have signed up to deliver the Learning Disabilities Annual Health Check.

## Independent Lives

### We have

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Developed a supporting housing scheme incorporating assistive technology for people with a learning disability/autism.

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Linked a local Community Hub with a new supported housing scheme to ensure young adults with learning disabilities/autism are involved in their local communities.

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Worked with schools, colleges, post-16 and independent providers to promote housing advice about specialist schemes and ensure independent living is explored during EHC Plan reviews.

---

Co-produced transport guidance with the Learning Disability Partnership and the Youth Council.

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Ben (not his real name) has a diagnosis of Down Syndrome. He started at North Lindsey College in September 2021. His course is Employability and Life Skills and there is funding agreed for a second year. His ambition, after this, is to pursue the opportunity of a supported internship.

Ben was first referred to Preparation for Adulthood in 2017, he was 17 years old at the time of referral. Ben is engaged with the Learning Disability and Sensory Service.

Ben enjoys accessing sports-based activity. Fitness is very important to him and this forms part of his social circle. He is a member of two football teams; the DS Active Team (football team for players who have Downs Syndrome) and for the Special Olympics Disability League. Ben is keen on sports and has a timetable for a Personal Assistant (PA) to help him access a variety of sessions.

He is more able to follow instructions ensuring he carries out the exercises safely and to the best of his ability with very little support from his PA.

Ben has really developed his social skills and his confidence has improved dramatically. He is a popular member of the group with his cheeky nature and jovial personality. He enjoys interacting and socialising and having conversations with the other participants of all the sports he is involved in. His attention span has increased and now has a greater ability to listen to instruction. Ben is enjoying making friends of his own age and is supported by his PA to meet them for tea and at other times.

The college course is helping Ben develop key life skills for semi independent living which he wishes to consider in his future.



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Thomas (not his real name) wanted to build his confidence so that he could look for work. Despite Thomas's confidence difficulties and additional needs, he has always wanted to work. He also wants to learn to drive. It was Thomas's dream to work for the gardening department at North Lincolnshire Council.

During the first lockdown, we (Supported Employment NLC Action Station) worked with Thomas on his driving theory test. Soon he told us that he liked growing things, so we sent him some onions seeds and plants to grow. He documented this with photographs and sent them to us to put on our group page.

In May 2020, we initiated meeting Thomas in the Memorial Gardens in West Street along with a small group of other young people, adhering to social distancing rules, He started litter picking. He is really good at this and he is thorough and enthusiastic. He loves finding objects that shouldn't be there. He worked well with the staff and this spurred him on to good attendance. His enthusiasm for the Memorial Gardens project grew, and he told us of his ideas to plant claret, white and blue coloured plants of the Lincolnshire Regiment.

In August, he came along to our Action Day at the Memorial Gardens, and he took an active part in improving the area for the residents, not just in a practical way but offering up ideas on preventing anti-social behaviour by planting Yucca and other attractive but uninviting plants. This brought him to the attention of the council Green Space Manager, who was working there alongside us. He was so impressed with his work ethic and attitude that he offered him a chance to ride alongside the North Lincolnshire Council gardeners in a voluntary capacity. A Support Worker accompanied him in November and December, and he progressed to garden work in other green space in North Lincolnshire. Once Thomas felt confident to attend on his own, he went along with the Green Space Manager to look at other areas of the town and he completed some bulb planting. The volunteering was going along well until lockdown in January 2021 when it had to cease, much to Thomas's disappointment.

The Green Space Manager was very interested in scoping Thomas some paid employment – a 'job carving' opportunity. Thomas now has a paid job that he loves - he began work at the North Lincolnshire Council Green Spaces department in September 2021.



During this period we have been busy developing new ways to support children and young people with SEND.

In partnership with the **DfE** and **Wellspring Trust** we are proud to be building a **new 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
- Potentially challenging and complex behaviours

The new school will have a vocational focus and provide skills and employability opportunities for all its young people. Construction work started January 2022 and the school is anticipated to open September 2023.



We have continued to invest in **Inclusion Provision** to support young people with Social, Emotional and Mental Health (SEMH) needs.

Provision is now located at Baysgarth and Frederick Gough schools and further capital investment is planned for Winterton Community Academy, Sir John Nelthorpe School and Outwood Foxhills Academy.

Another two projects are at development stage for future investment. These projects have been funded from the **DfE High Needs Capital Grant**.

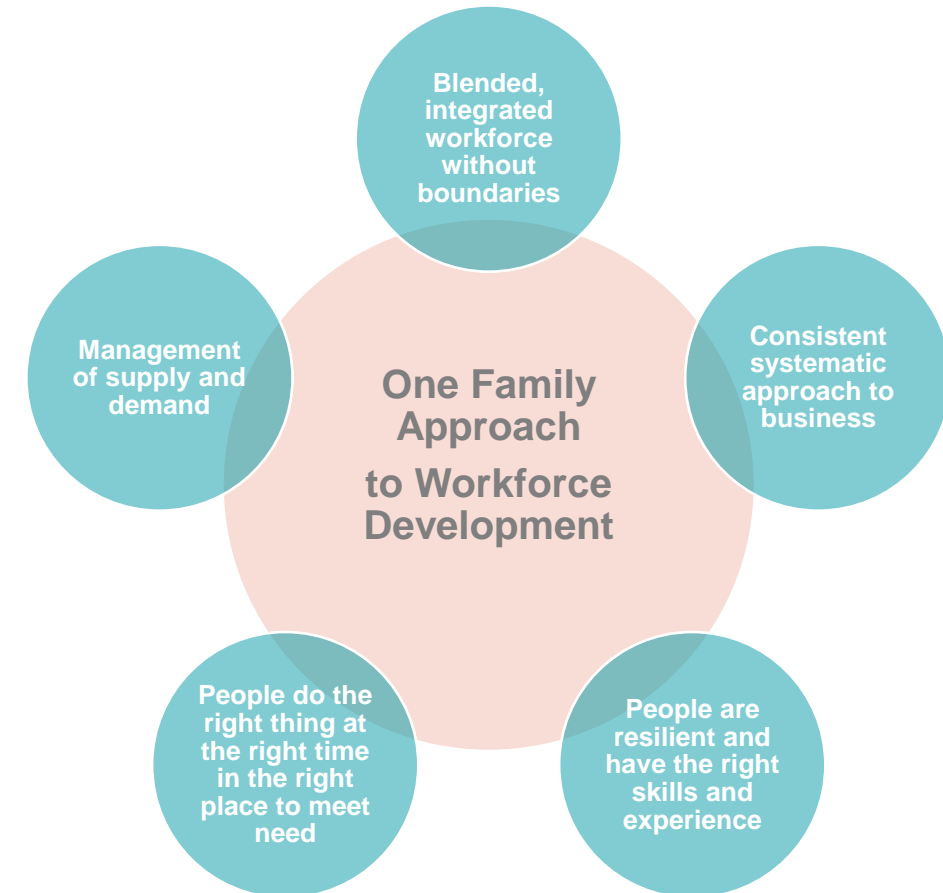
In partnership with Isle Education Trust, **Coritani Alternative Provision** was relocated from Henderson Avenue to Wyredale Road. The age range was changed to create provision for KS2 pupils. The photo above shows the former commercial kitchen transformed into a Science and Technology teaching space.

A key factor to ensuring improved outcomes for our SEND children and young people is that we have a workforce that is equipped with the appropriate skills, knowledge, experience and qualifications to meet the needs of our children and young people with SEND

**Our Good to Great for SEND** tool has supported Special Educational Needs Co-ordinators (SENCOs) to analyse and judge the **progress and attainment** of pupils with SEND and **make decisions** about **future provision**.

We have:

- continued to develop the 'Good to Great' training and support model for SENCOs to support appropriate identification of need, equity of access and consistency of support (including guidance on appropriate time allocation)
- continued to provide a training offer to settings, schools, governors and wider professionals in relation SEND
- reviewed and completely updated the SEND Local Offer website including key co-produced policies and protocols (e.g. the North Lincolnshire Preparing for Adulthood Protocol 2020).
- introduced and co-produced a digital/web-based real-time solution to SEND statutory functions – the 'EHC Hub' with direct young person, parent/carer and professional access.
- worked with key partners to provide training and support to schools and professionals in readiness for the next stage of the EHC Hub roll out of Annual Review in 2021
- used a variety of communication platforms - Keeping in Touch events and SENCO Networks - to continue delivering an effective local SEND offer to children, young people and families throughout the Covid-19 pandemic.



We are committed to engaging with children, young people, parents and carers at an individual, service and strategic level. The **views of children, young people and their parents/carers are truly valued** and they are involved in decisions that affect them as individuals or as groups who use services.

In order to gather the views of families, there are a number of surveys available via the North Lincs Local Offer:

- Local Offer Survey
- Education Health and Care Plan Survey
- Education, Health and Care Needs Assessment Survey

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We recognise that using a **multimedia** approach can create a better platform for sharing information and experiences and impact upon shared outcomes and involvement in decision-making.

Our **EHC Hub** is an online area for families, professionals and education settings **to work together and contribute** on EHC assessments, plans and reviews. **The EHC Hub puts children and their families at the heart** of these processes and provides secure access to anyone who needs to be able to contribute and view information. It has been designed to support local processes and to work alongside existing systems. It offers:

- **Children, young people and families a voice** so they can contribute, view information and track their case.
- The **statutory assessment function** a secure platform to coordinate assessment, planning and reviews.
- **Professionals** who are involved, a simple way to contribute advice easily and securely.
- **Education settings** an intuitive hub for managing all EHC assessment and review cases.
- Our digital-first platform will **transform the way we work** with partners and is the key to driving meaningful engagement and providing the best outcomes for children and young people with special educational needs and disabilities.





## Co-production with the North Lincs PIP Parent Forum:

- Annual SEND Conference for Parents and Carers
- Annual SEND Conference for Schools and Settings
- Parent Forum Surgeries
- Developing and implementing the Sensory Needs Toolkit
- Developing the Local Offer
- Commissioning the digital EHC Hub

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The Parent Forum have representation on the following:

- Local Offer Focus Group
- Short Breaks Steering Group
- SEND CYP Partnership
- SEND Standards Board
- SENDIASS Steering Group

Children, young people and their families have also contributed to and been involved with:

- Local Offer and Needs Assessments
- Re-commissioning and commissioning of service provision
- Recruitment and selection



NORTH LINCOLNSHIRE  
SPECIAL EDUCATIONAL  
NEEDS & DISABILITY (SEND)

# LOCAL OFFER

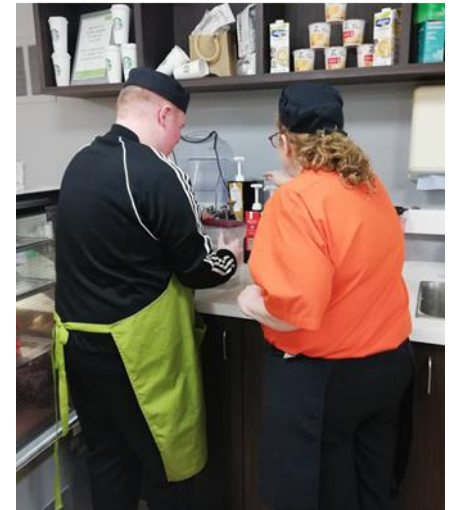
The 'lived experiences' of children, young people and families are reflected in what they and their families tell us. These help to create the right type of support:

Samir (not his real name) is 18 years old and attends a local post-16 college. He recently engaged in an Annual Review of his EHC Plan and told us about his experiences.

Samir said that everything had been going well at college and he had been enjoying his course, although he found English difficult. He had found it challenging without a teaching assistant with him in college, but it was important to him that he worked well and tried his best. He would like to pass his English GCSE.

Currently, Samir is a student advocate within college and is also completing his Duke of Edinburgh Award. He was pleased with his progress in Information Technology in college. Samir said that he would like to improve his English skills. He is considering a career in Information Technology and would like to find an apprenticeship in the future. Samir's mum said that she would like him to have a laptop wherever possible and be given extra time in lessons to complete tasks. She would like him to do well and follow the courses that he would like to do.

In response to these comments by Samir and his mum, he will be given opportunities to participate in employability workshops and sessions through the curriculum to support in developing employability skills. He will be provided with access to independent and impartial careers guidance. He will also be provided with a range of resources, blended learning opportunities and revision materials to support with independent study. To reduce note taking, Samir will be allowed to access his phone to use as a means of recording key concepts and ideas, and he will also have access to a named adult for support to help ease his anxiety and support with motivation.



# Ofsted/CQC Inspection of the Local Area's Provision for Children & Young People with SEND

Between 6 December and 10 December 2021, Ofsted and the 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.

We were notified of the inspection on 29<sup>th</sup> November, giving us 5 working days to prepare.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and two children's services inspectors from the CQC.

At the time of the inspection we were aware that, of 11 local areas inspected since the resumption of inspections in June 2021, 10 had received a Written Statement of Action, a massive 91%.

We did not receive a Written Statement of Action! We received feedback from Ofsted and the CQC in a letter in which the strengths massively outweigh the areas for development.

You can view the letter here: <https://files.ofsted.gov.uk/v1/file/50179114>





## In the words of Ofsted and the CQC:

- We are committed to the principles of the 2014 special needs code of practice
- We take co-production seriously
- We work closely with schools to enhance provision for children and young people with SEND
- We ensure that new EHC plans are completed in a timely manner and to an appropriate standard
- Health visiting and school nursing offer a fully integrated 0 -19 service
- The voices of children and young people with SEND are important in influencing the services that support them
- The local area team coordinate actions that enhance wider outcomes for children and young people with SEND effectively
- There are areas where effective provision for children and young people with SEND is helping them to achieve better outcomes
- The vast majority of children and young people with SEND benefit from good mainstream school provision in the local area



The inspection outcome is a positive assessment of the high quality of North Lincolnshire’s services across the early years, education, health and social care.

Inspectors praised the suite of strategies that are in place in North Lincolnshire to help young people achieve better outcomes, access opportunities and lead better lives.

Inspectors also acknowledged the effectiveness of the support provided by all agencies at key transition points and the range of opportunities available to develop independence and life skills.

Also highlighted were the quality of leadership, the strength of partnerships, a clear commitment to co-production and the dedication of the teams within North Lincolnshire which clearly helps children, parents and carers in our local communities.

**But there is still more to do....**





## We will

- Continue to address areas for development identified in the Ofsted/CQC inspection letter
- Continue to address areas for development identified in our self-evaluation document
  - to improve outcomes particularly in the context of Preparation for Adulthood
  - to improve education outcomes, particularly for those at SEND Support
  - to ensure equity of expectation, access and support across all providers
  - further strengthen the Local Offer in certain areas of provision to ensure that there is stability in school and the community and for specific needs
  - further development of integrated commissioning and service provision in line with our One Family Approach through Integrated Children's Trust Board arrangements
- Continue to build on our strengths and strive to be even better
- Continue to evaluate our own strengths and areas for development to enable us to ensure children and young people have the best possible experiences and outcomes
- Continue to prioritise partnership and collaborative approaches
- Address the implications of the SEND and Alternative Provision Green Paper
- Prepare for the new SEND Inspection Framework, which is expected to be published later in 2022

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“Short Breaks is the only place R attends activities as the **staff just seem to 'get it'** and I do not feel embarrassed or shamed by them.”

- Parent feedback, Short Breaks Group Based

“**You keep my child safe, happy and he has learnt so much.** We are over the moon with the progress he has made.”

- Parent Feedback, St Luke’s

“**I don’t know how I could have got through it without your support.** The family are making massive strides now. I feel we’ve got a future.”

- Parent feedback to Tuition and Medical Needs Education staff

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“D and I are going to miss you being his main teacher, **you have helped him gain confidence in himself to try new things.** Thank you.”

- Parent feedback, St Hugh’s

“I just wanted to say **a huge thank you for C having this opportunity to thrive in the right environment for him,** he is excited about going to school and as a family we are so very grateful and happy. Just cannot emphasize enough how grateful we are, thank you.”

- Parent feedback to EHC Plan Co-ordinator

“The Cygnets is a home from home, the staff are like family to O. **It’s a place I know O is safe.**”

- Parent feedback to The Cygnets

“**I couldn’t wait to get to Short Breaks today** and was talking about it all day at school wondering what we could be doing today.”

- Child feedback, Short Breaks

“The team were always fantastic with T. **He is now more confident in his learning** and is happy to play and share with other children.”

- Parent feedback to Behaviour Support staff

“**We are more than happy with what you have provided.** He loves his communication book and he gets this out at home to tell us things. We also take it to his medical appointments. He is learning more Makaton signs at home too and he likes to show his aunty these.”

- Parent feedback, Speech and Language Therapy

Contact us:

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NORTH LINCOLNSHIRE  
SPECIAL EDUCATIONAL  
NEEDS & DISABILITY (SEND)

**LOCAL OFFER**



[www.northlincslocaloffer.com](http://www.northlincslocaloffer.com)



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Report of the:  
Assistant Director - Adult Social Services (Deputy DASS)  
North Lincolnshire Council

## NORTH LINCOLNSHIRE COUNCIL

### HEALTH AND WELLBEING BOARD

## North Lincolnshire Autism Plan 2022-2026

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

- 1.1 For the Health and Wellbeing Board partners to support the ambition of the North Lincolnshire Autism Plan 2022-26 and the key priorities and areas for further development as set out in the plan, enabling good outcomes for autistic people.
- 1.2 For the Health and Wellbeing Board to support the publication of the North Lincolnshire Autism Plan 2022- 2026.
- 1.3 The report demonstrates that the North Lincolnshire Autism Plan 2022-2026:
  - Listens and responds to the voices of autistic people of all ages, enabling and supporting them to achieve successful outcomes.
  - Promotes equality of opportunity enabling autistic people to enjoy good health and wellbeing.
  - Empowers and facilitates autistic people to live in a place they call home and play an active part in their own communities enjoying purpose and fulfilment in their lives.
  - Has a focus on personalised support, enabling people to self-care and have control over their lives.

### 2. BACKGROUND INFORMATION

- 2.1 In July 2021 the Government published the new National Strategy for autistic children, young people and adults, setting out a vision for what the Government wants autistic people and their families' lives to be like in 2026.
- 2.2 In response to the new national Autism Strategy, the North Lincolnshire Autism Plan has been refreshed in collaboration with autistic children, young people and adults and their carers. A Multi-agency Autism Plan Working Group with colleagues from North Lincolnshire Council, North Lincolnshire Health and Care Partnership, Rotherham, Doncaster and South Humber NHS Foundation Trust and North Lincolnshire and Goole NHS Foundation Trust, has led the co-development of the plan.

The plan has a focus on the six priority areas included in the national strategy:

- Improving understanding and acceptance of autism within society.
- Improving autistic children and young people's access to education and supporting positive transitions into adulthood.
- Supporting more autistic people into employment.

- Tackling health and care inequalities for autistic people.
- Building the right support in the community.
- Improving support within the criminal and youth justice systems.

2.3 The ambition of the Autism Plan is for North Lincolnshire to be the best place and for all residents to be safe, well, prosperous and connected. The plan states that the intent is for autistic people in North Lincolnshire to:

- Feel safe in their homes, education, employment, and communities.
- Enjoy good health and emotional wellbeing.
- Have excellent education and improved skills and access to employment.
- Live fulfilled lives in a place they call home within flourishing communities with people they care about.

The plan details the outcomes of safe, well, prosperous, and connected for autistic people and translate them into key priorities and areas for further development, which are being further expanded in a delivery plan, providing the detail on how autistic people will be enabled and supported to achieve successful outcomes.

- 2.4 Between April and June 2022, a final working draft of the North Lincolnshire Autism Plan 2022-2026 was shared with autistic people, their carers, and partner agencies including through a range of forums and partnerships, for final consultation. The members of the Multi-agency Autism Plan Project Group also took responsibility for sharing and confirming support for the plan within their individual organisations. The feedback received was positive and, in response to some of the recommendations, final adjustments were made to the plan.
- 2.5 The plan has been supported by the SEND Standards Board and North Lincolnshire Place Planning and Coordination Group (previously the Integrated Commissioning and Quality Executive).

### **3. OPTIONS FOR CONSIDERATION**

- 3.1 For the Health and Wellbeing Board partners to support the ambition of the North Lincolnshire Autism Plan 2022-26 and the key priorities and areas for further development as set out in the plan, enabling good outcomes for autistic people.
- 3.2 For the Board to support the publication of the North Lincolnshire Autism Plan 2022- 2026.
- 3.3 The contents of the report and the North Lincolnshire Autism Plan 2022-26 should be considered in relation to planning, commissioning and budget setting.

### **4. ANALYSIS OF OPTIONS**

- 4.1 The North Lincolnshire Autism Plan 2022-2026 has been co-produced with autistic children, young people and adults, their carers, and partner agencies and has been supported by the SEND Standards Board and Coordination Group (previously the Integrated Commissioning and Quality Executive).

- 4.2 The plan includes key priorities and areas for further development, supporting successful outcomes for autistic people in North Lincolnshire.
- 4.3 The Autism Plan has been aligned with place and organisational plans and strategies supporting the resourcing of the delivery of the Autism Plan. The Autism Plan is a four-year plan, and the delivery plan will determine the implementation detail including timeframes.
- 4.4 The oversight and governance of the implementation and delivery of the North Lincolnshire Autism Plan will be through the SEND Standards Board, Integrated Children's Trust, and Integrated Adults Partnership, on behalf of the Health and Wellbeing Board partners.

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

5.1 The plan details key priorities and areas for further development, including:

- To develop innovative models of accommodation with agile care and support options, which enable people to be independent.
- To further enhance access to mental health provision and CAMHS services and overall mental health support.
- To review and further develop the skills and employability offer.
- To further work with partners across the Humber and North Yorkshire Integrated Care Board footprint to explore and develop options for a sustainable model for autism diagnosis, including pre and post diagnosis support.
- To continue to increase investment in aids, adaptations and new technologies which support independent living.
- To continue to support people with complex health, care and educational needs to access services and support close to home so they can remain with their family and within their community.

5.2 Through the co-development of the Autism Plan these areas of development have been aligned with place and organisational plans and strategies supporting the resourcing of the delivery of the Autism Plan. The Autism Plan is a four-year plan, and the delivery plan will determine the implementation detail including timeframes.

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

6.1 The North Lincolnshire Autism Plan 2022-2026 is aligned to the ambitions and priorities of North Lincolnshire Council Plan and with the North Lincolnshire Strategic Intent.

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

7.1 Not applicable.



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

8.1 A programme of engagement and consultation with autistic children, young people and adults, their carers, and partner agencies took place between October 2021 and January 2022.

During April and May, a final working draft of the North Lincolnshire Autism Plan 2022-2026 has been shared with autistic people, their carers, and partner agencies including through a range of forums and partnerships for final consultation. This included:

- SEND and Inclusion Partnership and SEND Standards Board.
- Parents Forum (PiP)
- Safeguarding Adults Board (SAB) subgroups.
- Children's Multi-Agency Resilience and Safeguarding Board (CMARS) subgroups.
- Integrated Adults Partnership
- Learning Disability Partnership

There will be further engagement opportunities as we continue to listen, learn, adapt, and review.

8.2 There are no conflicts of interests to declare.

## 9. RECOMMENDATIONS

9.1 The Health and Wellbeing Board partners support the ambition of the North Lincolnshire Autism Plan 2022-26 and the key priorities and areas for further development as set out in the plan, enabling good outcomes for autistic people in North Lincolnshire.

9.2 The Health and Wellbeing Board support the publication of the North Lincolnshire Autism Plan 2022- 2026.

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Scunthorpe  
North Lincolnshire  
DN15 6NL

**Author:** Victoria Lawrence, Assistant Director - Adult Social Services (Deputy DASS)

**Date:** 14 September 2022

**Appendix:**

North Lincolnshire Autism Plan 2022-2026



# North Lincolnshire Autism Plan 2022-2026

## Ambition

Our ambition is for North Lincolnshire to be the best place and for all residents to be safe, well, prosperous and connected.

## Our intent is for autistic people to:

- Feel safe in their homes, education, employment and communities.
- Enjoy good health and emotional wellbeing.
- Have excellent education and improved skills and access to employment.
- Live fulfilled lives in a place they call home within flourishing communities with people they care about.

## Principles

### Person- centred

### Strength –based

### Preventative

### Partnership

#### SAFE

- Are empowered and supported to identify and develop their strengths and aspirations.
- Live in families and homes which reflect their aspirations, needs and circumstances.
- Are offered proactive personalised care and have choice and control over the way their care is delivered.
- Are accepted and valued for who they are.
- Are safe in their community and free from discrimination, hate crime and abuse.
- Are enabled to build resilience and confidence to manage a range of challenges.
- Feel safe when accessing social media.

#### WELL

- Have access to timely diagnostic assessments when required.
- Have the information they need to access education, social care and health services.
- Have a planned and smooth transition from child to adulthood.
- Have fulfilling, healthy and active lives with the same opportunities as other people.
- Enjoy positive emotional wellbeing and mental health.
- Receive the health care and support they need in their community where possible.
- Are supported by family carers/relatives whose own needs, rights and views have been fully considered and are supported in their caring role.

#### PROSPEROUS

- Are enabled to have social mobility and equal access to resources in their early years and education.
- Have high levels of communication skills.
- Have equal and fair access to a consistent, high quality education offer in schools and colleges.
- Have opportunities to continue learning beyond the age of 25.
- Are empowered and supported to achieve their aspirations as they transition through their life, including work, home and relationships.
- Are supported to access employment opportunities.
- Achieve their potential.

#### CONNECTED

- Are empowered and enabled to participate in their community.
- Are resilient and find solutions for themselves.
- Are able to transport themselves around the area.
- Have access to information and resources including online and social media.
- Access their community and early support where their needs are understood.
- Do activities they enjoy and find interesting and stimulating.
- Have people in their lives they care about and who care about them.

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## Outcomes

Where autistic children, young people and adults:

## Success

We will know we are achieving these outcomes when autistic children, young people

“I have a place I can call home.”

“I know about the activities, social groups, leisure and learning opportunities in my community, as well as health and care services.”

“I have opportunities to learn, volunteer and work and can do things that match my interests, skills and abilities.”

“I have care and support that enables me to live as I want to, seeing me as a unique persons with skills, strengths and person goals.”

“I can choose who supports me, and how, when and where my care and support is provided.”

“I am supported to plan ahead for important changes in life that I can anticipate.”

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# **North Lincolnshire**

## **Autism Plan 2022-2026**

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- Engagement and consultation feedback
- Local Governance and Monitoring Arrangements
- Supporting plans, strategies and guidance
- Legislation and Policy

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# Foreword

Welcome to the North Lincolnshire Autism Plan 2022-2026 which describes our aspirations and plans for autistic children, young people and adults to achieve their full potential.

This plan was developed in partnership with autistic people and their carers, professionals and partner agencies and the drive amongst all partners, to further improve outcomes for autistic people living in North Lincolnshire, remains as strong and as ambitious as ever.

We are committed to work hard to achieve our ambition that people remain at the heart of everything we do and will continue to lead by example to ensure and promote positive behaviours in how we respond to the needs of autistic people in North Lincolnshire.

Thank you to all those involved with the development of this plan.



# This plan has been developed with and supported by the following organisations/partnerships:

**North Lincolnshire Council**



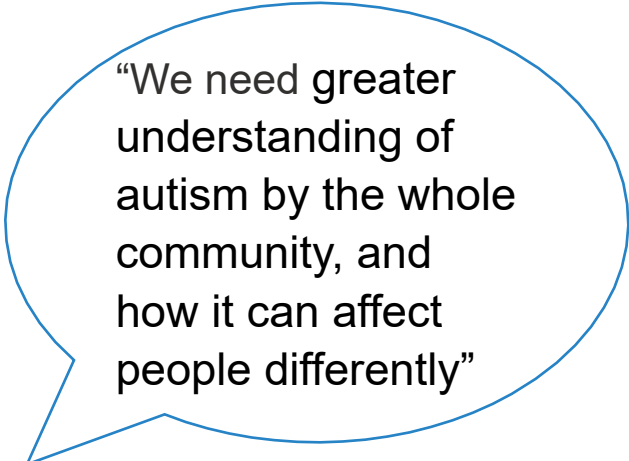


# Introduction

In July 2021 the Government published the new [National Strategy](#) for autistic children, young people and adults: 2021 to 2026, setting out a vision for what the Government wants autistic people and their families' lives to be like in 2026. The new strategy builds on and replaces the preceding adult autism strategy Think Autism, which was published in April 2014 and now extends the scope of the strategy to children and young people for the first time, in recognition of the importance of ensuring that they are diagnosed and receive the right support as early as possible and across their lifetime. The six priority areas identified are:

Page  
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1. Improving understanding and acceptance of autism within society.
2. Improving autistic children and young people's access to education, and supporting positive transitions into adulthood.
3. Supporting more autistic people into employment.
4. Tackling health and care inequalities for autistic people.
5. Building the right support in the community.
6. Improving support within the criminal and youth justice systems.



“We need greater understanding of autism by the whole community, and how it can affect people differently”

---

**Autism** is a lifelong developmental disability that affects how people perceive, communicate and interact with others, although it is important to recognise that there are differing opinions on this and not all autistic people see themselves as disabled.

There are an estimated 700,000 autistic adults and children in the UK, approximately 1% of the population and, in addition, there are an estimated 3 million family members and carers of autistic people in the UK (National Autistic Society). In North Lincolnshire it is estimated that there are 999 autistic young people and adults, aged 18-64 (PANSI) and while autism is not a learning disability, nationally, around 4 in 10 autistic people have a learning disability (Autistica). Locally, as per national trends, the rate of increase of diagnosis is increasing. In North Lincolnshire a 66% increase of 6-22 year olds with a diagnosis is predicted, bringing the total to approximately 1,621,185 by 2027.

Autistic people see, hear and feel the world differently to other people. Some autistic people will need very little or no support in their everyday lives while others may need high levels of care. People may need help with a range of things, from forming friendships, coping at school, managing at work, or being able to get out and about in the community. Depression is a mental health problem that is common in autistic people, being more common during adolescence and young adulthood. It often occurs with other conditions, such as anxiety.

In North Lincolnshire we also think about autism under the concept of **neurodiversity**, which refers to the different ways the brain processes information. It is estimated that around 1 in 10 people across the UK are neurodivergent, (Embracing Complexity Coalition, 2019).


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In response to the new National Strategy, the North Lincolnshire Autism Plan 2022 to 2026, has been refreshed following engagement and consultation with children, young people and adults, their carers, professionals and partner agencies.

One Family / Community First is how we will respond to the needs of children and families in North Lincolnshire. It provides a model for innovative, integrated working which builds upon strengths, finding solutions in families and communities, builds resilience and confidence, and enables independence.

The trends and themes captured from our engagement with children, young people and adults, their carers, professionals and partner agencies, inform the priorities and areas for development.

The priorities and commissioning intentions set out in this plan are aligned to the national strategy and actions and progress made will be monitored through the Delivery Plan.



“It is important that people with autism are given the encouragement and guidance on developing the skills they need to live independent lives”

# One Family/Community First

## Community (Self help and Enablement)

Through taking self responsibility, autistic people actively participate in their communities with support from their families and friends:

- Access available information, amenities, and support that are accessible to all.
- Develop skills and resilience and enable behaviour changes without the need for more targeted and specialist interventions.
- Actively engage with proactive, preventative, health promoting services.
- Receive the benefits of early intervention and support to maximise their health, wellbeing and resilience.

## Targeted (Focused and Preventative)

Autistic people are entitled to equality of opportunity and through excellent education, improved skills and access to employment.

They are supported and empowered to enable behaviour changes that will build resilience, enable self help and contribute to them being safe, well, prosperous and connected, preventing the need for more specialist support.

## Specialist (Protection)

Where there are specific concerns, through early, creative, flexible and responsive agency involvement/integrated working, autistic people are supported and empowered to protect themselves and enable behaviour changes around their whole network.

This will contribute to reducing harm, for them to be independent in their community, enabling relationships to be maintained.

Autistic children, young people and adults

Enablers – Voice; Data; Intelligence; Workforce

**Our ambition is for North Lincolnshire to be the best place and for all residents to be safe, well, prosperous and connected. We want autistic people in North Lincolnshire to:**

- 
- Feel safe in their homes, education, employment and communities.
  - Enjoy good health and emotional wellbeing.
  - Have excellent education and improved skills and access to employment.
  - Live fulfilled lives in a place they call home within flourishing communities with people they care about.

# Outcomes

## SAFE

in their homes, education, employment and communities

### Where autistic children, young people and adults:

- Are empowered and supported to identify and develop their strengths and aspirations.
- Live in families and homes which reflect their aspirations, needs and circumstances.
- Are offered proactive personalised care and have choice and control over the way their care is delivered.
- Are accepted and valued for who they are.
- Are safe in their community and free from discrimination, hate crime and abuse.
- Are enabled to build resilience and confidence to manage a range of challenges.
- Feel safe when accessing social media.

## WELL

enjoying good health and emotional wellbeing

### Where autistic children, young people and adults:

- Have access to timely diagnostic assessments when required.
- Have the information they need to access education, social care and health services.
- Have a planned and smooth transition from child to adulthood.
- Have fulfilling, healthy and active lives with the same opportunities as other people.
- Enjoy positive emotional wellbeing and mental health.
- Receive the health care and support they need in their community where possible.
- Are supported by family carers/relatives whose own needs, rights and views have been fully considered and are supported in their caring role.

## PROSPEROUS

having excellent education, improved skills and access to employment

### Where autistic children, young people and adults:

- Are enabled to have social mobility and equal access to resources in their early years and education.
- Have high levels of communication skills.
- Have equal and fair access to a consistent, high quality education offer in schools and colleges.
- Have opportunities to continue learning beyond the age of 25.
- Are empowered and supported to achieve their aspirations as they transition through life, including work, home and relationships.
- Are supported to access employment opportunities.
- Achieve their potential.

## CONNECTED

living in flourishing communities with people they care about

### Where autistic children, young people and adults:

- Are empowered and enabled to participate in their community.
- Are resilient and find solutions for themselves.
- Are able to transport themselves around the area.
- Have access to information and resources including online and social media.
- Access their community and early support where their needs are understood.
- Do activities they enjoy and find interesting and stimulating.
- Have people in their lives they care about and who care about them.



## How outcomes for autistic children, young people and adults translate into key priorities and areas for further development.

### SAFE

#### Where autistic people feel safe in their homes, education, employment and communities

- To continue to involve autistic people in the planning and decisions about the support they receive.
- To continue to consult and involve families, carers and friends in planning and decision making.
- To continue to develop innovative models of accommodation with agile care and support options, which enable people to be independent.
- To enhance the access to simple relevant information on the options and process of transitioning to independent living.
- To improve easy read material including use of simple language and not just pictures.
- To enhance opportunities for those in contact with autistic people to always seek feedback, listening and responding in a positive way.
- To continue to provide advocacy support to enable access where needed.
- To consider ways to improve awareness of safety, including digital safety, enabling autistic people to live safely in their communities.
- To consider ways of improving support, when required, within the criminal and youth justice systems.

## Continued:

### WELL

#### Where autistic people enjoy good health and emotional wellbeing

- To explore existing good practice and development around learning disability liaison and extend to support autistic people.
- To further develop a better understanding of reasonable adjustment necessary for autistic people to access and improve their experience of primary health care.
- To progress Autism Health Checks as part of NHS long term plan.
- To continue to develop a regional dynamic support register.
- To further develop 'care in treatment' reviews (CTR) for autistic people.
- To further work with partners across the Humber and North Yorkshire Integrated Care Board footprint to explore and develop options for a sustainable model for autism diagnosis, including pre and post diagnosis support'.
- To further enhance access to mental health provision and CAMHS services and overall mental health support.
- To continue to offer support to autistic people, including their families and carers to understand information available.
- To further improve the understanding of autism amongst the public, professional groups, businesses and community organisations.

## Continued:

### PROSPEROUS

Where autistic people have excellent education and improved skills and access to employment

- To review and further develop the skills and employability offer.
- To further support strong transitions and positive, sustainable opportunities.
- To review and further develop opportunities for volunteering and employment, including the opportunities for accessing these with support.
- To develop and introduce a clear pathway through school, from school, in further and higher education and into vocational training and work opportunities.
- To further enhance the opportunities for learning the required life skills for independent living.
- To continue to increase investment in aids, adaptations and new technologies which support independent living.
- To enhance information and advice in relation to finances to support access to employment and community activities.

## Continued:

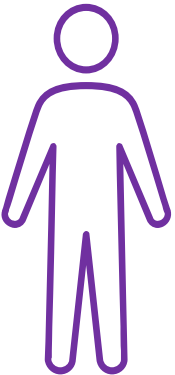
### CONNECTED

Where autistic people live in flourishing communities with people they care about

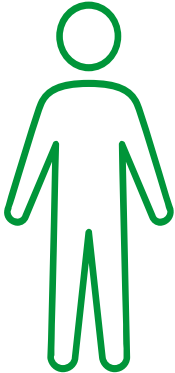
- To continue to support people with complex health/care and educational needs to access services/provision close to home so they can remain with their family and in their community setting.
- To review and further develop public awareness through a targeted campaign to increase understanding.
- To increase opportunities and access to community and leisure facilities for autistic people.
- To continue to encourage shops and businesses to be more autism friendly, providing opportunities for reasonable adjustments.
- To develop the opportunities and support for autistic people to make and maintain relationships including friendship and buddy schemes.
- To enhance opportunities for autistic people to be connected to their communities with adjustments made to ensure access to and support is made as easy as possible.
- To re-establish the Autism Partnership Group, providing opportunities for autistic people to influence and be involved in co-production.

**We will know we are achieving these outcomes when autistic people say:**

I have a place I can call home



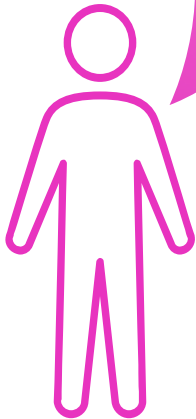
I know about the activities, social groups, leisure and learning opportunities in my community, as well as health and care services



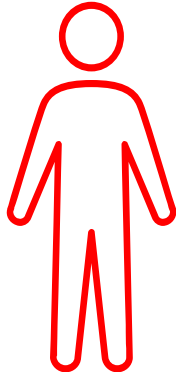
I have opportunities to learn, volunteer and work and can do things that match my interests, skills and abilities



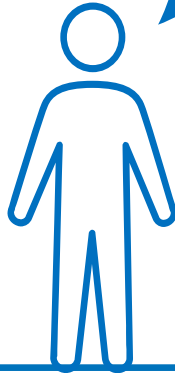
I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals



I can choose who supports me, and how, when and where my care and support is provided



I am supported to plan ahead for important changes in life that I can anticipate




# Longer term impact of Covid-19

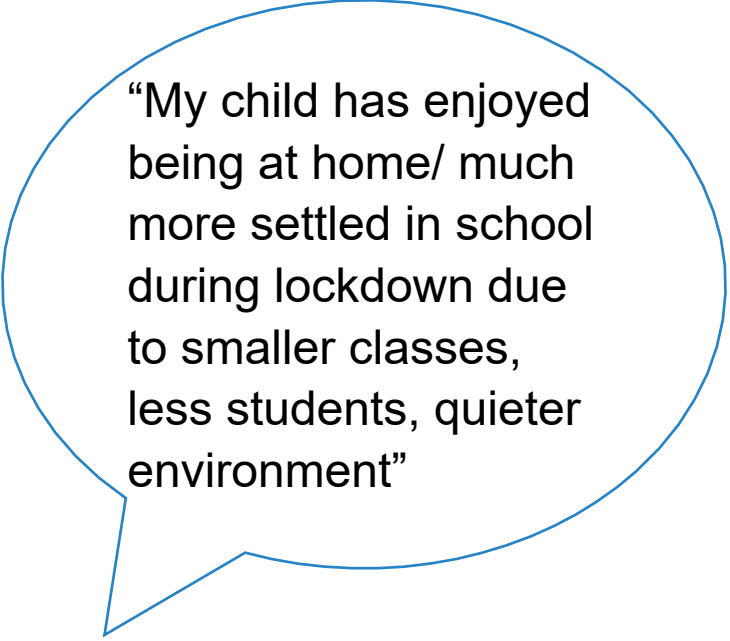
This plan takes into account the impact of the COVID-19 pandemic on autistic people and their families' lives, as we know this has been very challenging for many.

Research has shown that the COVID-19 pandemic has increased the challenges many autistic people already face, such as loneliness and social isolation, and anxiety.

However, the research has also shown the benefits of the lockdowns for some autistic people, who have been better able to engage in virtual spaces, have felt less social pressure and have been able to avoid anxiety-inducing activities like using public transport. This has also provided learning about what can be different as we move out of the pandemic.



“Transition back into society has been a challenge”



“My child has enjoyed being at home/ much more settled in school during lockdown due to smaller classes, less students, quieter environment”



# Engagement and consultation feedback includes:

## Feeling part of your community

- Many people feel safe and supported in their own community especially by their neighbours.
- There needs to be more public awareness and education of the neuro diverse community and access to autism friendly social events, friendship groups and support with relationships.

## Education

- Education is meeting individual needs and there is smooth transition between all levels of education.
- Mainstream education settings to improve their understanding of autism with specialist autism training available for all staff.

## Preparation for adulthood

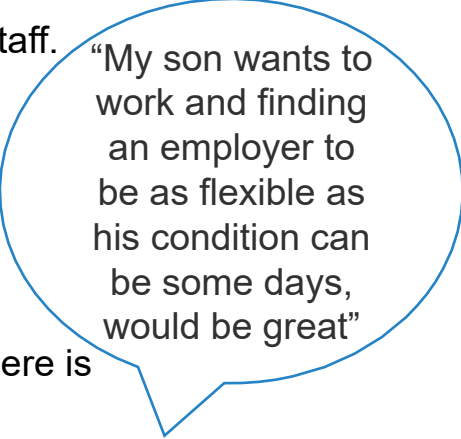
- Young people have been supported with early planning, transitioning, and preparing for adulthood.
- There could be more opportunities for social groups, peer support and education in relation to life skills.

## Employment


- Some schools offer good career advice enabling students to explore their further education and job opportunities and there is support available when preparing for interviews and completing applications.
- There could be shorter and more autism friendly applications forms with better description of roles and the environment and autism training for employers to support young people and adults with autism into employment.

## Housing and living independently

- Support is available for setting up finances and people are supported to move into their own tenancies.
- There could be more information, advice and guidance available in relation to housing opportunities and life skills to support independent living.



“My son wants to work and finding an employer to be as flexible as his condition can be some days, would be great”



“Somewhere to live independently but safely”

# Engagement and consultation feedback includes:

## Health, social care, and community support

- Some people have had good experiences around timeliness and supportiveness of the assessment and diagnosis process, while some people felt it could be improved.
- Some people have had good experiences of reasonable adjustment being made during hospital visits while some people felt it could be improved.
- Support has worked well with planning and preparation for health and wellbeing and adulthood.
- Better changing places facilities required for those with complex autism.
- Need for better access to counselling and mental health support.
- The need for a 'one stop shop' where people can access information, advice and guidance on services available for people with autism

## Social life, leisure, and financial support

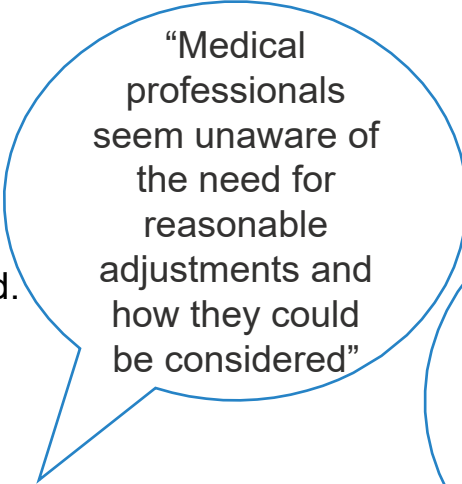
- Most people have access to leisure and social activities.
- There should be more activities tailored to children with autism.
- More buddy schemes to be available.
- Availability of information, advice and guidance around leisure facilities could be improved.

## Criminal justice system

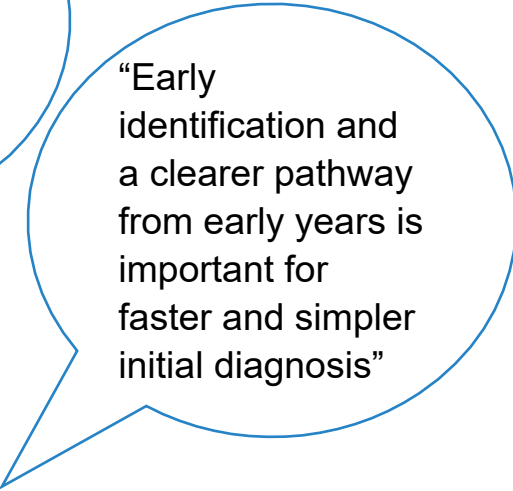
- Autistic people are starting to get better support from the probation service.
- More support could be available at a younger age

## Impact of COVID-19

- Increased feeling of isolation and increasing anxieties.
- Anxiety about accessing the community as restrictions have eased.

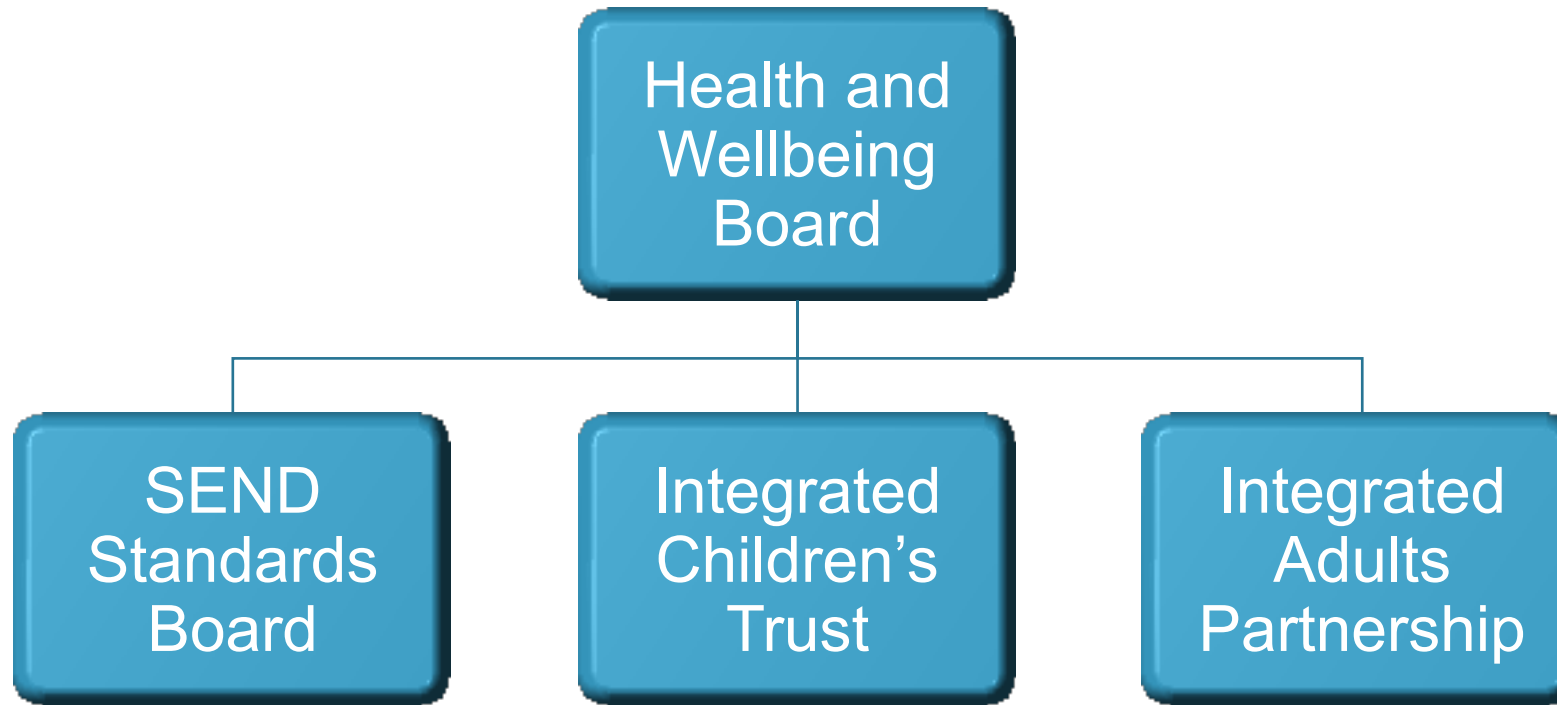


“Medical professionals seem unaware of the need for reasonable adjustments and how they could be considered”



“Early identification and a clearer pathway from early years is important for faster and simpler initial diagnosis”

## Local governance and monitoring against the priorities and commissioning intentions set out in this plan:



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# Legislation and Policy

- [National Strategy for Autistic Children, Young People and Adults 2021-2026](#)
- [NHS Long Term Plan 2019](#)
- [Transforming Care Programme 2017](#)
- [SEND Code of Practice 2014](#)
- [Children and Families Act 2014](#)
- [The Care Act 2014](#)
- [Think Autism 2014](#)
- [Equality Act 2010](#)
- [Autism Act 2009](#)
- [Employment Rights Act 1996](#)
- [Disability Discrimination Act 1995](#)

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# Supporting plans, strategies and guidance

- Humber TCP plan (link to be included once published)
- [Children's Commissioning Strategy](#)
- [Helping Children and Families in North Lincolnshire](#)
- [One Family Approach](#)
- [Health and Care Integration Plan](#)
- [National Institute of Health & Care Excellence \(NICE\) Guidelines 2019](#)
- [Skills for Care, the National Development Team for Inclusion and the National Autistic Society – A guide to help commissioners to identify local demand and develop the right service and support for autistic people](#)
- [National Autistic Society](#)
- Right support, right care, right culture <https://www.cqc.org.uk>

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## NORTH LINCOLNSHIRE COUNCIL

### HEALTH & WELLBEING BOARD

#### PHARMACEUTICAL NEEDS ASSESSMENT

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

1.1 To seek the Health and Wellbeing Boards (HWB) approval to publish North Lincolnshire's pharmaceutical needs assessment (PNA). The key points to note are:

- The HWB has a statutory duty to publish the PNA by 1 October 2022.
- The draft PNA has now been subject to statutory consultation and feedback was positive.
- Based upon the information within the pharmaceutical needs assessment, the analysis has not identified gaps.
- In summary, overall, access to pharmaceutical services in North Lincolnshire are good.

##### 2.0 BACKGROUND INFORMATION

2.1 The health and wellbeing board is required to assess the requirements for pharmaceutical services in its area and publish a statement of its assessment, which is referred to as a pharmaceutical needs assessment (PNA). This assessment must 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. The PNA is also used by NHS England to determine applications to open new pharmacies or make changes to local NHS pharmaceutical services in the area.

2.3 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.

- 2.4 The HWB was updated on progress to produce the final PNA at the meeting of 27 June 2022. HWB members were advised that the draft PNA had been circulated to prescribed consultees as part of the statutory consultation process. The consultation ran from 19 May to 18 July 2022. The consultation summary is provided section 8.0 of this report and the full consultation feedback can be seen appendix L of PNA.

### **Key Findings from the PNA**

- 2.5 The pharmaceutical needs assessment considered the current provision of pharmaceutical services across North Lincolnshire and specifically the demography and health needs of the population. It 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.
- 2.6 Based upon the information within the pharmaceutical needs assessment, the analysis 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.
- 2.7 Given the current population demographics, housing projections and the distribution of pharmacies across North Lincolnshire, it is anticipated that the current pharmaceutical service providers will be sufficient to meet local needs. However, projected population changes and housing developments identified could, in the future, impact on the type of services required and the number of people accessing pharmaceutical services within the county.
- 2.8 In summary, overall, access to pharmaceutical services in North Lincolnshire are good due to the spread of premises across the area and the times at which they are open. All residents can access a pharmacy within 20 minutes by private transport (20 minutes is the Department for Health and Social Care's standard for access by car). Urban and town areas have the following access to local individual pharmacy services: Scunthorpe (17), Winterton (2), Barton upon Humber (4), Crowle (2), Brigg (5) and Epworth (2) (ref page 80 of PNA).

### **3.0 OPTIONS FOR CONSIDERATION**

- 3.1 **Option 1:** For the HWB to approve publication of the PNA.
- 3.2 **Option 2:** For the HWB to not approve publication of the PNA.

### **4.0 ANALYSIS OF OPTIONS**

- 4.1 **Option 1:** For the HWB to approve publication of the PNA.
- 4.1.1 The proposed PNA meets the statutory requirements set out in the NHS Act 2006, amended by the Health and Social Care Act 2012. Publishing the PNA by 1 October 2022 will ensure the HWB is meeting its statutory obligation.

- 4.1.2 As the pharmaceutical needs assessment is a key document for those wishing to open new pharmacy or dispensing appliance contractor premises, it is important that the document is published so new applications can be assessed appropriately.
- 4.1.3 When required, NHS England will use the PNA to inform decisions about applications for new, or changes to existing pharmaceutical services, and the commissioning of NHS-funded services that can be provided by local community pharmacies.
- 4.1.4 Feedback from the statutory consultation was very supportive of the draft PNA.

4.2 **Option 2:** For the HWB to not approve publication of the PNA

- 4.2.1 Deferring publication of the PNA beyond the 1 October 2022 will mean the HWB will not meet its statutory duty.
- 4.2.2 Decisions regarding the future needs for pharmaceutical service will not be assessed on the latest information, which may lead to inappropriate outcomes.

**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 As part of the pharmaceutical needs assessment process there was a requirement to undertake a statutory consultation of at least 60 days with prescribed organisations (see appendix 1). The purpose of the consultation was to establish if the pharmaceutical providers and services supporting the population of the health and wellbeing board's area are accurately reflected in the final pharmaceutical needs assessment document.

- 8.2 A summary of the consultation responses can be seen in appendix 2. The feedback confirmed that all respondents agreed with the conclusions of the pharmaceutical needs assessment and that the pharmaceutical needs assessment reflects the needs of the area's population. In conclusion the consultation feedback was very supportive and did identify any issues of concern.

## **9 RECOMMENDATIONS**

- 9.1 It is recommended that HWB approves option 1, to publish North Lincolnshire's PNA.

DIRECTOR OF PUBLIC HEALTH

Church Square House SCUNTHORPE  
North Lincolnshire  
DN15 6NR

Authors: Steve Piper

Date:- 07 September 2022

### **Appendix 1 – list of statutory consultees**

- Community Pharmacy Humber,
- Humberside Local Medical Committee,
- Contractors included in the pharmaceutical lists, (35)
- GPs included in the dispensing doctor list, (11)
- Healthwatch North Lincolnshire,
- North Lincolnshire and Goole NHS Foundation Trust,
- Rotherham Doncaster and South Humber NHS Foundation Trust,
- East Midlands Ambulance Service NHS Trust,
- Yorkshire Ambulance Service NHS Trust,
- NHS England and NHS Improvement,
- North East Lincolnshire Health and Wellbeing Board,
- Lincolnshire Health and Wellbeing Board,
- Nottinghamshire Health and Wellbeing Board,
- Doncaster Health and Wellbeing Board,
- East Riding of Yorkshire Health and Wellbeing Board, and
- Hull Health and Wellbeing Board.

## Appendix 2: Summary of consultation Feedback

In total 60 individual organisations were consulted and five responses (8%) were received.

Question	Yes	Don't Know	no	No R'pns
Has the purpose of the pharmaceutical needs assessment been explained?	4	1	0	0
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	3	2*	0	0
Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?	3	2*	0	0
Do you agree that the pharmaceutical needs assessment reflects the needs of your area's population?	5	0	0	0
Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?	5	0	0	0
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services in North Lincolnshire may be commissioned in the future?	4	1*	0	0
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	4	1*	0	0
Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?	2	2*	0	1
Do you agree with the conclusions of the pharmaceutical needs assessment?	5	0	0	0

\*The respondents did not expand on there response by using the free text boxes

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North Lincolnshire Health and  
Wellbeing Board  
pharmaceutical needs assessment

July 2022

Draft – post consultation version



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## 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 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 July 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 (70.8% in 2021/22). Some pharmacies provide advanced and enhanced services as commissioned by NHS England, and some provide services commissioned by North Lincolnshire Council. In addition, 11 GP practices dispense to eligible patients and in 2020/21 dispensed or personally administered 22.7% of all prescriptions (22.2% in 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 increased slightly to 6.3% in 2021/22. 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.

A draft of the pharmaceutical needs assessment was consulted upon between 19 May and 18 July 2022, and the statutory consultees were invited to answer a series of questions and provide any additional comments. A report on the consultation can be found at appendix L, but in summary no concerns were raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision has been missed and the main conclusions were agreed with.

# **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 (July 2022), NHS England is responsible for the commissioning of pharmaceutical services however, from 1 April 2023, NHS England will delegate this function to the NHS Humber and North Yorkshire Integrated Care Board. As NHS England will legally retain responsibility for the commissioning of pharmaceutical services 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 (July 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 2023)
  - 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, from 1 July 2022, the integrated care board 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 (July 2022) 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.

Prior to being replaced by the integrated care board, the clinical commissioning group didn'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, NHS Humber and North Yorkshire Integrated Care Board, 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. They are as follows.

- Isle - consists of the three wards of Axholme North, Axholme Central and Axholme South.
- Barton and Winterton - consists of the three wards of Burton upon Stather and Winterton, Barton and Ferry.
- Brigg and Wolds - consists of the three wards of Brigg and Wolds, Ridge, Broughton and Appleby.
- Scunthorpe North - consists of the three wards of Crosby and Park, Town, and Burringham and Gunness.
- Scunthorpe South - consists of the five wards of Ashby, Bottesford, Brumby, Frodingham, and Kingsway with Lincoln Gardens.

### **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 the 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 can be found at appendix L.

## 2 The people of North Lincolnshire

### 2.1 Introduction

North Lincolnshire covers an area of 846 km<sup>2</sup>. 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-19<sup>th</sup> 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<sup>1</sup>. In March 2020 Jingye Group acquired British Steel.

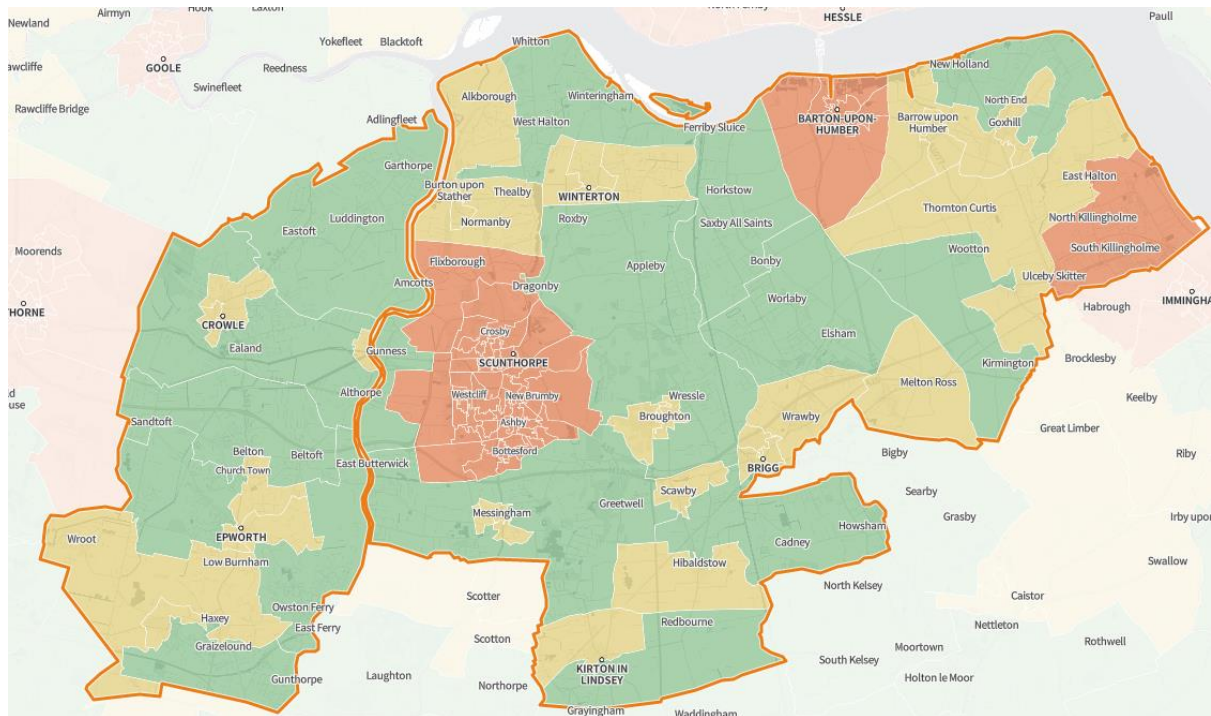
The Scunthorpe urban area is located centrally, surrounded by the market towns of Epworth, Brigg and Barton-upon-Humber, and a number of larger villages.

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.

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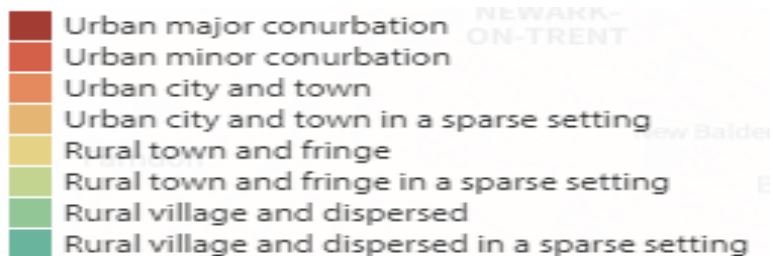
<sup>1</sup> [Scunthorpe steelworks](#), Wikipedia

## Map 1 – North Lincolnshire lower super output areas by urban/rural classification<sup>2</sup>



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### Key



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 Guinness 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

<sup>2</sup> 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.

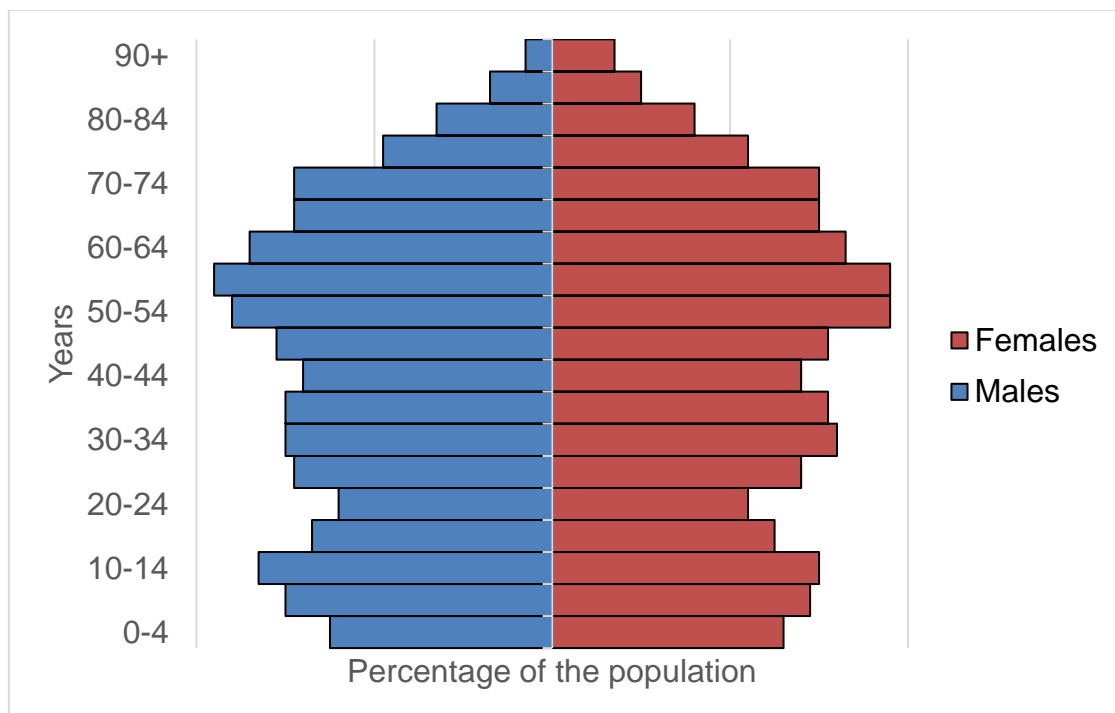
- Isle has the lowest population density in North Lincolnshire with half (52%) of its residents living in or on the fringe of a rural town and the remainder living in villages and dispersed surrounding areas.
- Brigg and District also has a low population density similar to Isle with two thirds (70%) 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<sup>3</sup>. 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.

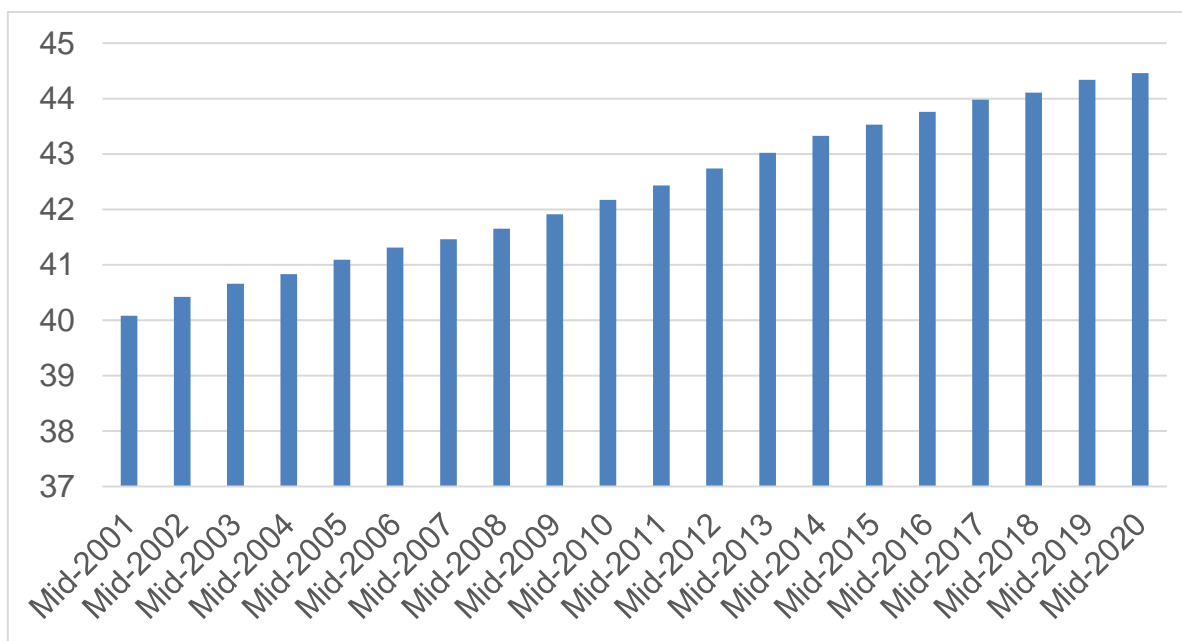
**Figure 1 - age and gender of the population in five-year age groups, 2020 mid-year estimates**



<sup>3</sup> [Mid-year population estimates June 2020, Office for National Statistics](#) released 25 June 2021

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.

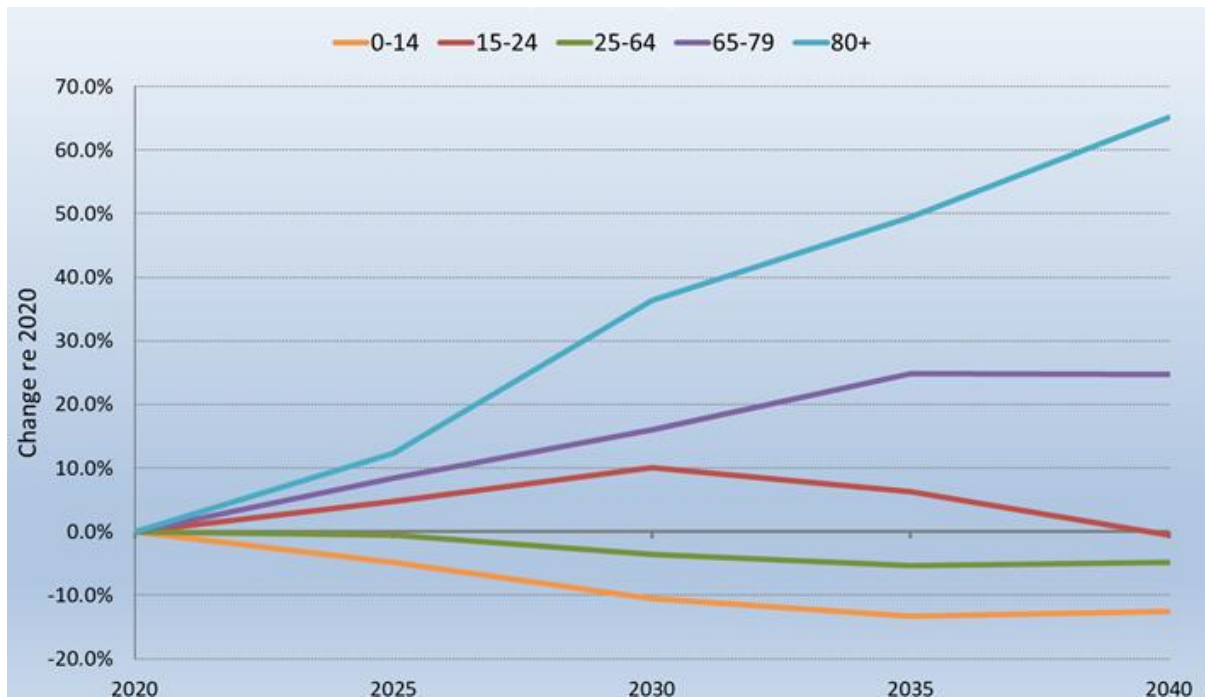
It is possible to break down the overall population into constituent ages ranging from children, through working age adults to the oldest residents and predict how they will change in the future using Office for National Statistics data.

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.



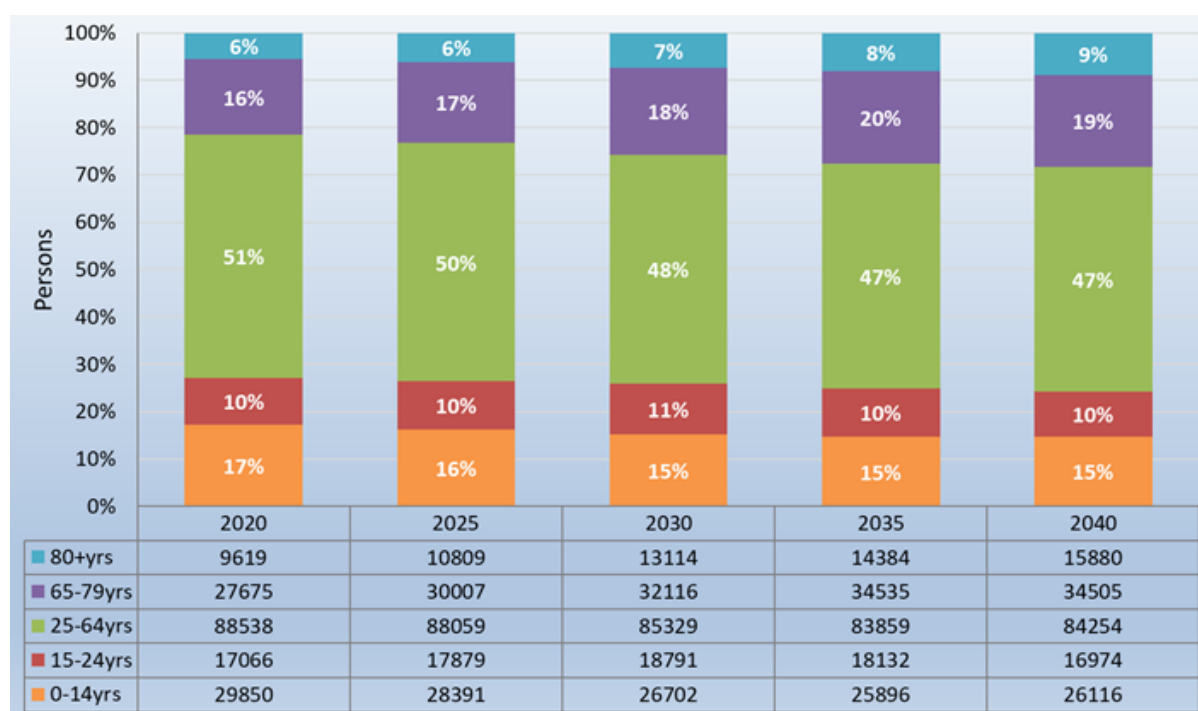
**Figure 3 – North Lincolnshire resident relative population change by age (Office for National Statistics 2018)**



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)<sup>4</sup>**



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.

<sup>4</sup> 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<sup>5</sup> 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

<sup>5</sup> [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
<b>Totals</b>			<b>1,867</b>	<b>139</b>	<b>189</b>	<b>225</b>	<b>235</b>

The Lincolnshire Lakes Area Action Plan<sup>6</sup> 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:

<sup>6</sup> [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%) 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:

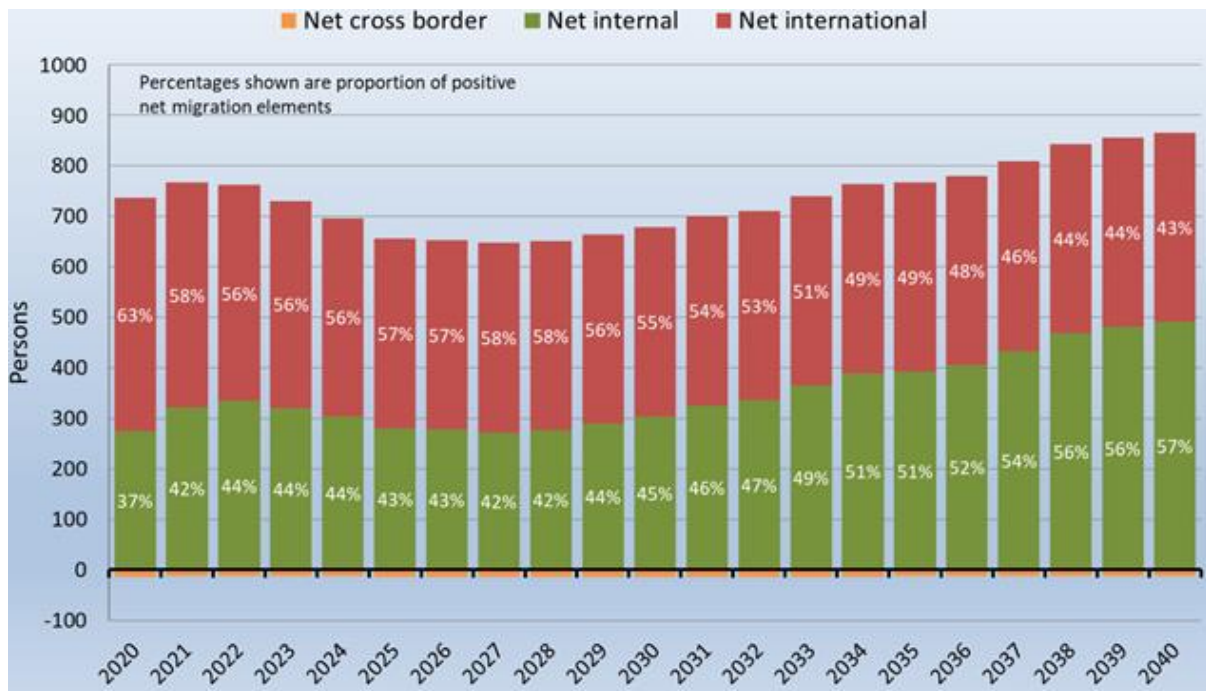
- cross border which describes the movement of people between England and the other component nations of the UK,
- internal where people move between local authorities in England; and
- international where people move into England from another country outside of the UK.

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

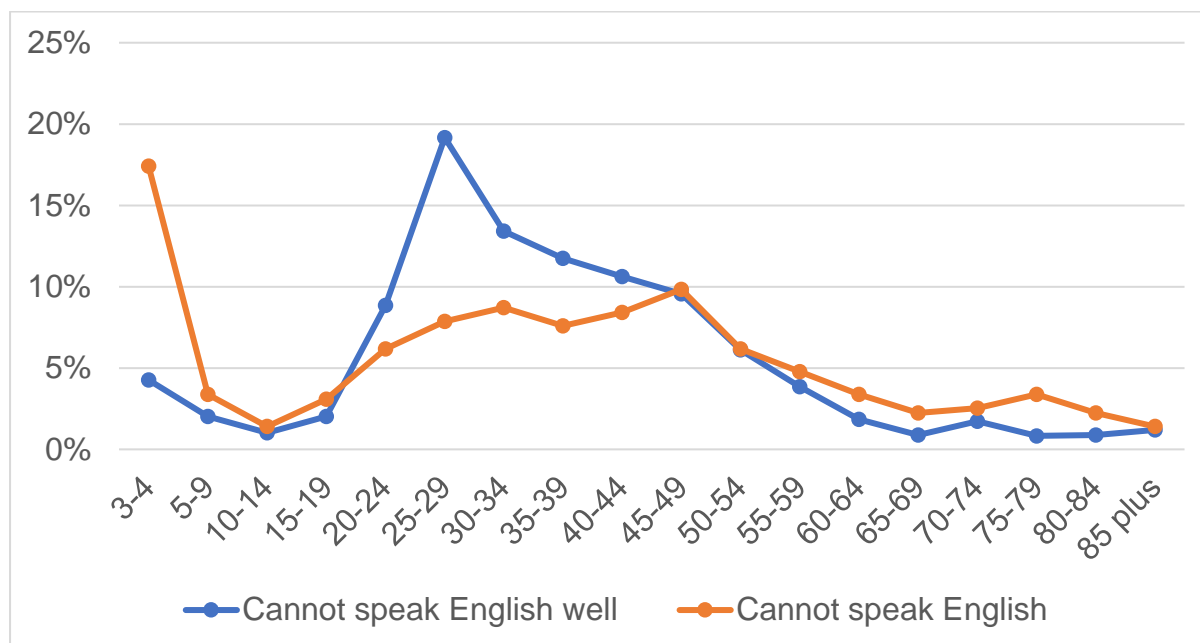
The number of residents in North Lincolnshire aged three and over for whom English is not their main language was 6,884 at the 2011 Census (4.3% of the total population aged three and over), with 1,685 not able to speak English well and 356 not able to speak English at all<sup>7</sup>.

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.

<sup>7</sup> 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)<sup>8</sup>. 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

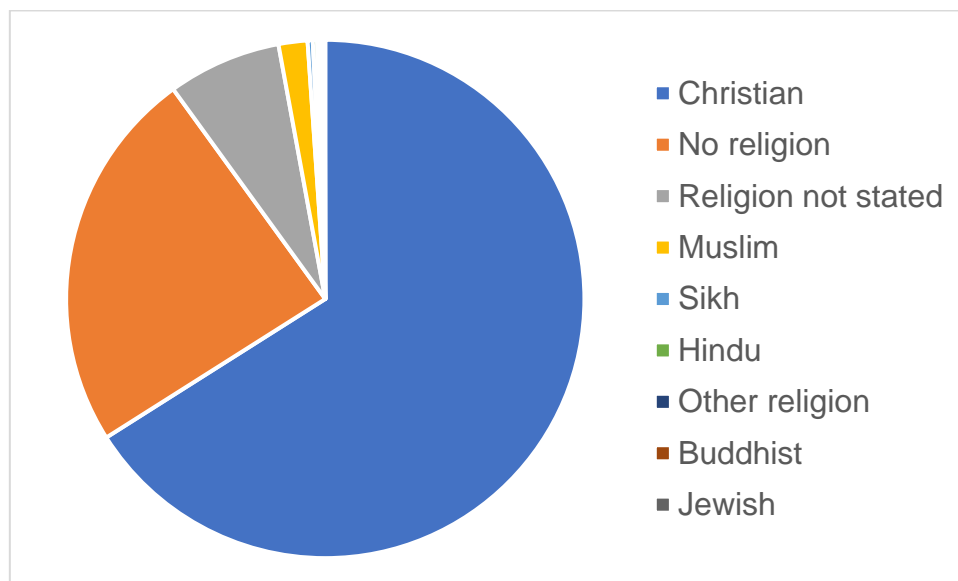
For the 2011 Census, the question relating to a person’s religion was a voluntary question. In North Lincolnshire over a third (31.1%) of the usual resident population either had no religion or did not give a response. Of those residents who did state a religion:

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

<sup>8</sup> [ONS Census – QS204EW main language](#)

- 0.3% were Buddhist.

**Figure 9 - religion, 2011<sup>9</sup>**



## 2.8 Deprivation<sup>10</sup>

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%)

<sup>9</sup> [KS209EW – religion](#), NOMIS

<sup>10</sup> 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 100<sup>th</sup> is more deprived than a neighbourhood ranked 200<sup>th</sup>, 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).

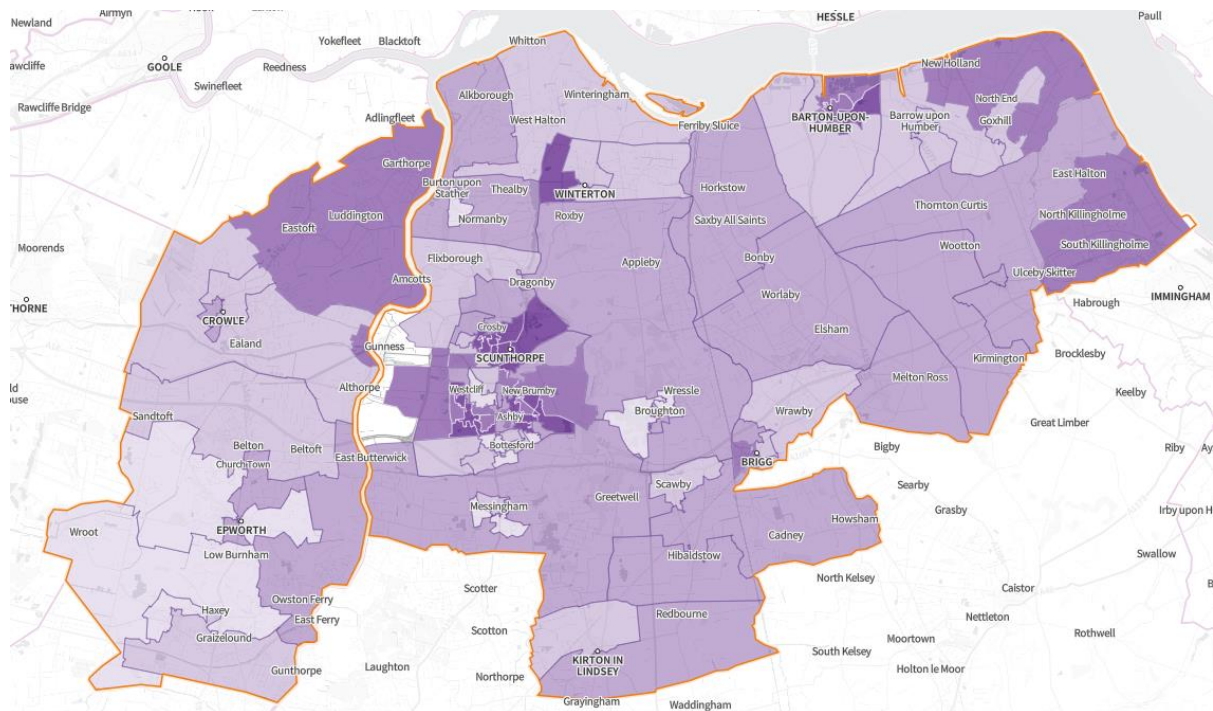
In 2019 there were 151 upper tier local authorities in England and North Lincolnshire Council was ranked 79 on a scale where 1 is the most deprived and 151 the least deprived. The table below shows North Lincolnshire's rank on the index of multiple deprivation in 2015 and 2019 and the individual domains.

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

<b>Index of multiple deprivation</b>	<b>Income</b>	<b>Employment</b>	<b>Education, skills and training</b>	<b>Health and disability</b>	<b>Crime</b>	<b>Barriers to housing and services</b>	<b>Living environment</b>
120	108	80	76	96	118	280	201

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<sup>11</sup>



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| [parallel](#) | [Mapbox](#) | [OpenStreetMap](#) contributors

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.

<sup>11</sup> 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<sup>12</sup>.

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.

<sup>12</sup> [KS201UK – 2011 Census: Ethnic group](#), Office for National Statistics

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:

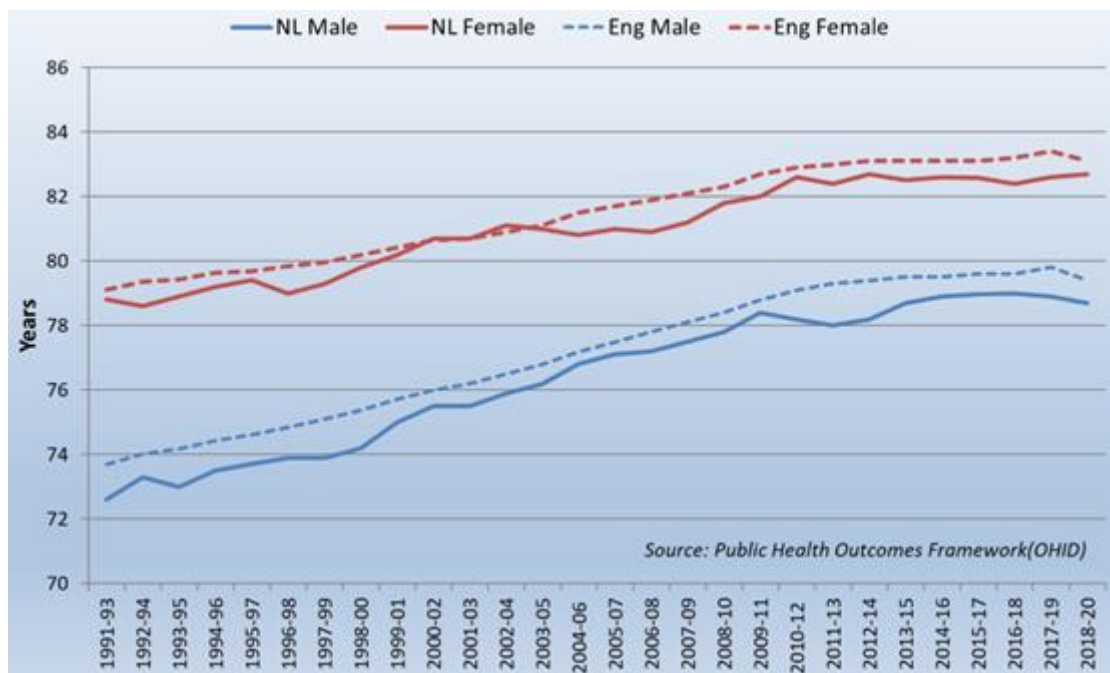
- the current minority ethnic population has approximately doubled over the last decade
- the proportion of 'Other White' including Irish, Gypsy/travellers and Eastern European remains the largest minority constituent group comprising over half
- the proportion of people of black ethnicity has increased 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**

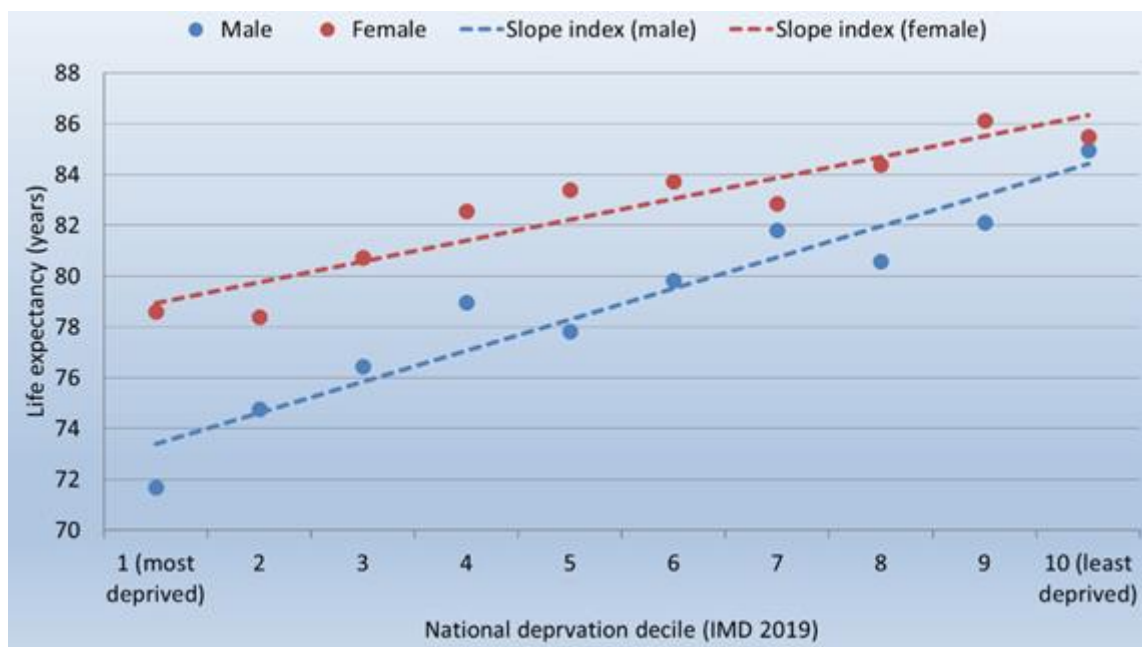
Life expectancy at birth is a measure used to indicate the average length of time a person might live given all the socio-economic, environmental and health conditions that prevail at birth. Whilst it has been increasing over the past 20 years nationally and locally for both males and females, recently 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 least deprived areas.

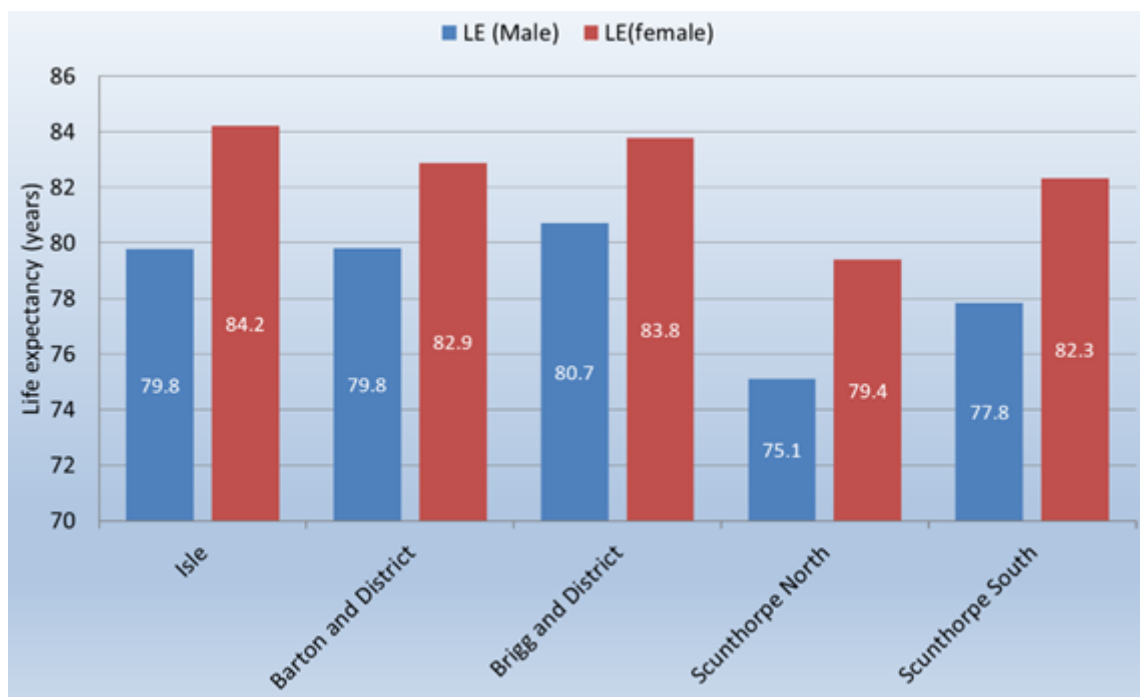


Women living in the most deprived areas of North Lincolnshire can expect to live nearly 7.5 years less than those who live in the least deprived areas.

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**



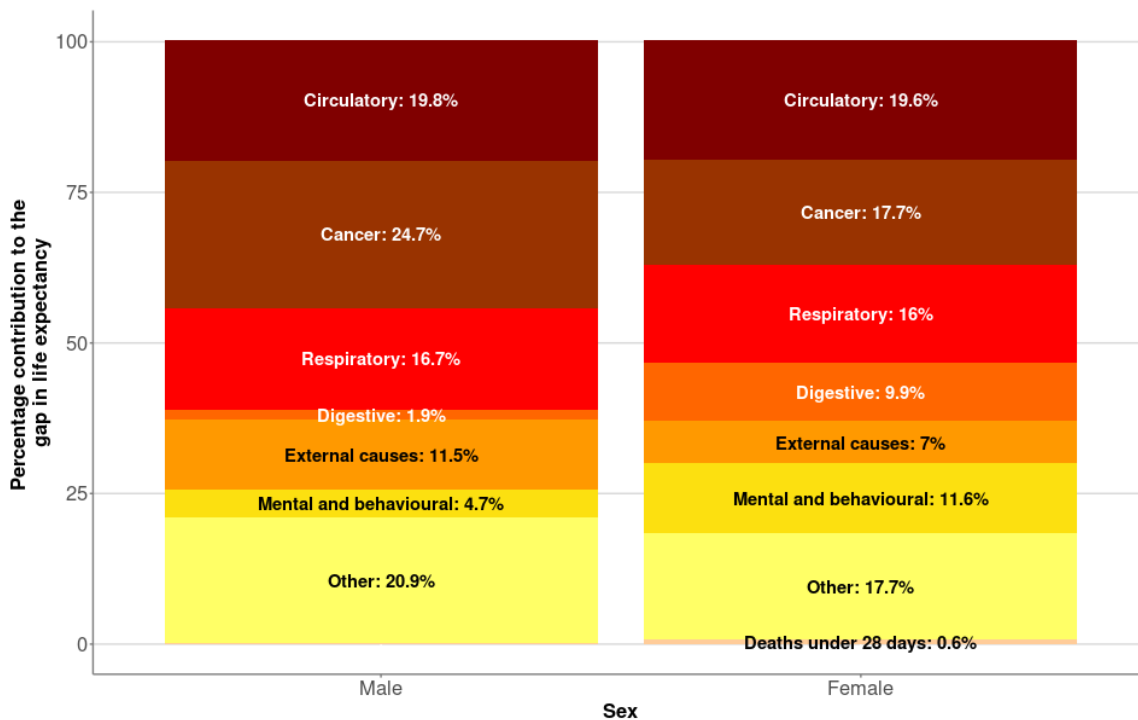
In 2018-2020 the healthy life expectancy at birth for males in North Lincolnshire was 78.7 years, worse than the average for England (79.4 years) but similar to the average for the Yorkshire and the Humber region (78.4). For females it was 82.7 years which is similar to the average for England (83.1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

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.

<sup>13</sup> [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<sup>14</sup>**



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
- 1.4% were living rent free i.e. living in a property owned by another party without paying rent<sup>15</sup>.

<sup>14</sup> Public Health England [Segment Tool](#)

<sup>15</sup> [KS402EW - tenure](#), 2011 Census, NOMIS

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'<sup>16</sup>.

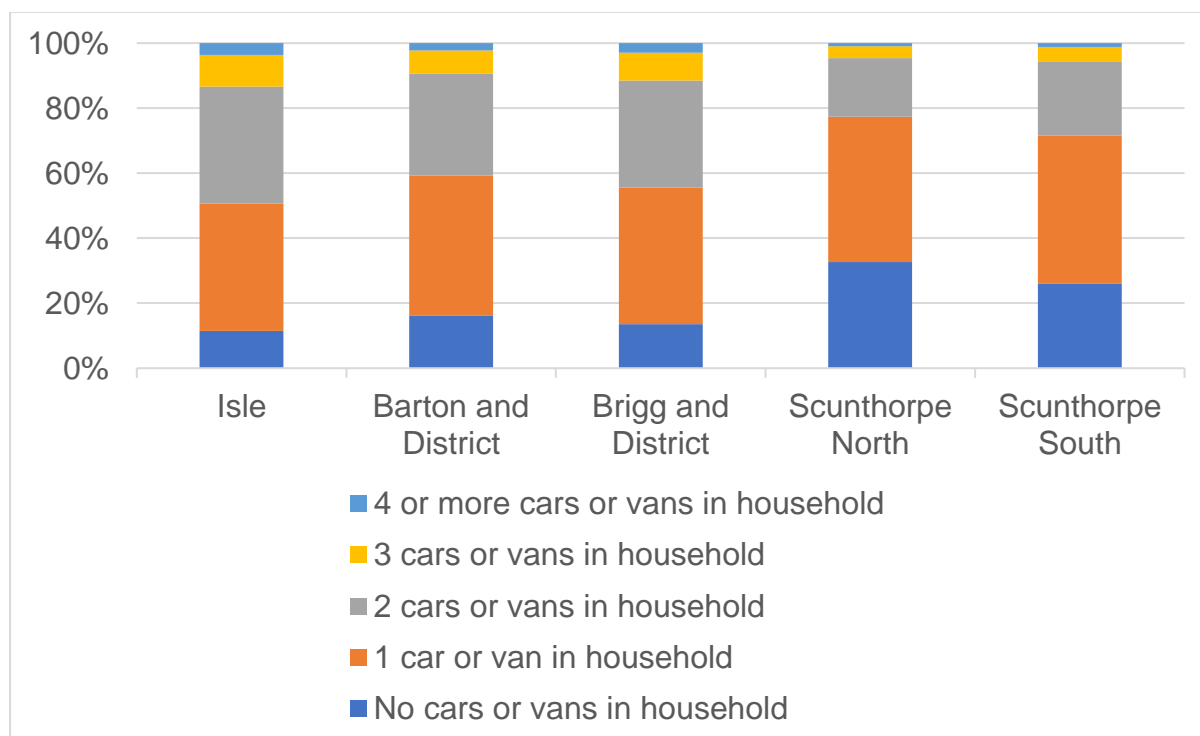
Currently there are 76,800 dwellings, an increase of 380 per year since 2010.

## 2.12 Car ownership<sup>17</sup>

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**



<sup>16</sup> [KS105EW - household composition, NOMIS](#)

<sup>17</sup> [QS416EW and DC1401EW, NOMIS](#)

## 2.13 Economic activity<sup>18</sup>

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 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<sup>19</sup>.

## 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<sup>20</sup>, 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.

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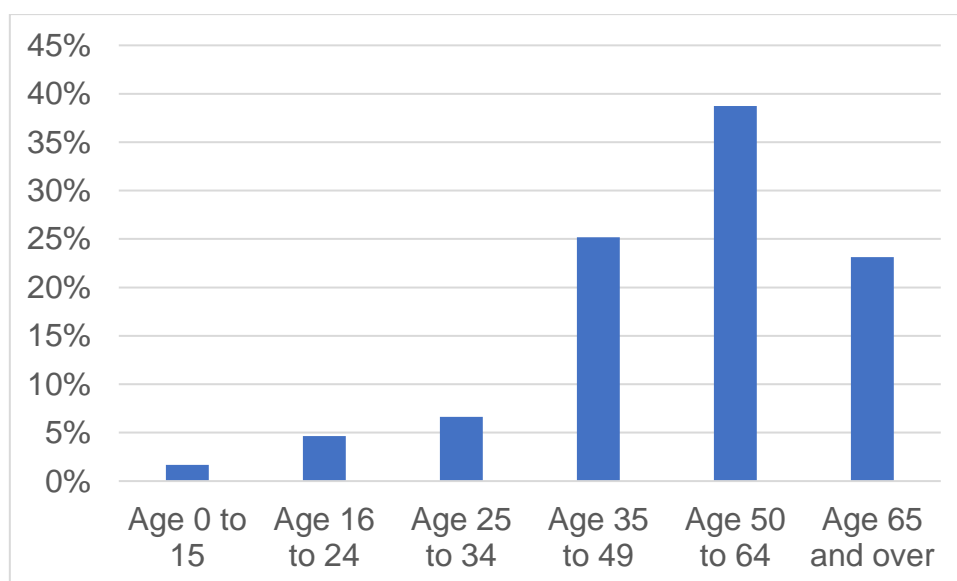
<sup>18</sup> [Annual Population Survey](#), NOMIS

<sup>19</sup> [The number of gender variant people in the UK – update 2011](#), Gender Identity Research and Education Society,

<sup>20</sup> [LC3304EW – provision of unpaid care by age](#), 2011 Census, NOMIS

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%);
- 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<sup>21</sup>.

<sup>21</sup> [DC3301EW – provision of unpaid care by health](#), 2011 Census, NOMIS

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

	<b>Very good or good health</b>	<b>Fair health</b>	<b>Bad or very bad health</b>
<b>Provides no unpaid care</b>	81%	13%	5%
<b>Provides 1 to 19 hours unpaid care a week</b>	79%	17%	4%
<b>Provides 20 to 49 hours unpaid care a week</b>	66%	27%	7%
<b>Provides 50 or more hours unpaid care a week</b>	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<sup>22</sup>.

## **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.
- 4.4% live in a flat, maisonette or apartment<sup>23</sup>.

According to the traveller caravan count<sup>24</sup> 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).

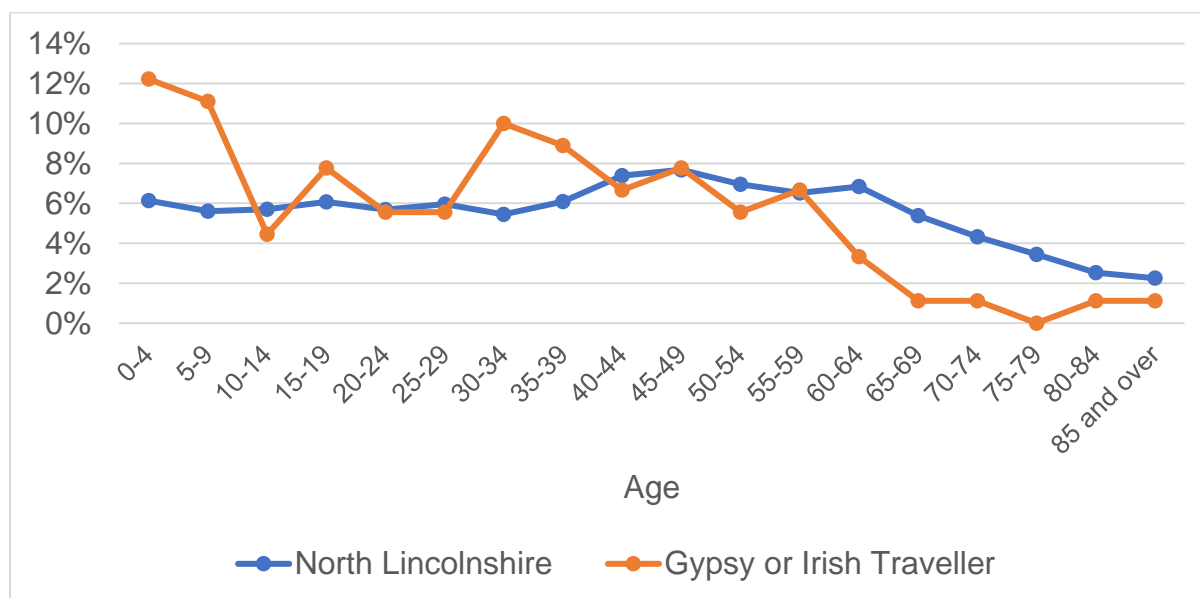
<sup>22</sup> Cheesbrough, S. et al. The lives of young carers in England. 2017. Department for Education.

<sup>23</sup> ONS Census 2011 – table CT0127 accommodation type.

<sup>24</sup> [Traveller caravan count: July 2021](#), Department for Levelling Up, Housing and Communities

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<sup>25</sup>.

**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.

### 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

<sup>25</sup> [DC2101EW - ethnic group by sex by age](#), NOMIS

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<sup>26</sup> 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<sup>27</sup> 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.

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<sup>26</sup> [Rough sleeping snapshot in England autumn 2021](#), Department for Levelling Up, Housing and Communities

<sup>27</sup> 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<sup>28</sup>. Reference to the public health profiles is to those produced by the Office for Health Improvement & Disparities<sup>29</sup>.

#### 3.1 Cancer<sup>30</sup>

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.

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<sup>28</sup> [Quality and Outcomes Framework, 2020-21](#), NHS Digital

<sup>29</sup> [Public health profiles](#), Office for Health Improvement & Disparities

<sup>30</sup> [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 different 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%)<sup>31</sup>.

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<sup>32</sup>:

- 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.

<sup>31</sup> [Public health profiles](#), Office for Health Improvement & Disparities

<sup>32</sup> [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<sup>33</sup>. 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%<sup>34</sup>.

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<sup>35</sup>. 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

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<sup>33</sup> Public Health England (January 2017): Guidance Health matters: combating high blood pressure [Health matters: combating high blood pressure - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/584242/Health_matters_combating_high_blood_pressure_-_GOV.UK_(www.gov.uk).pdf)

<sup>34</sup> 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): 957-67 [Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis \(thelancet.com\)](https://www.thelancet.com/pdfs/default/Lancet-2016-98921.pdf)

<sup>35</sup> [Hypertension prevalence estimates for local populations 2017](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/584242/Hypertension_prevalence_estimates_for_local_populations_2017.pdf), 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<sup>36</sup>.

### 3.3 Dementia<sup>37</sup>

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:

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<sup>36</sup> [Public health profiles](#), Office for Health Improvement & Disparities

<sup>37</sup> [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<sup>38</sup> 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;

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<sup>38</sup> [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<sup>39</sup> 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<sup>40</sup>**

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

<sup>39</sup> [Diabetes prevalence estimates for local populations](#), National Cardiovascular Intelligence Network

<sup>40</sup> [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 inequalities 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<sup>41</sup>.

### **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.

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<sup>41</sup> [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<sup>42</sup>.

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<sup>43</sup>.

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

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<sup>42</sup> [Premature mortality in adults with severe mental illness \(SMI\) 2022](#), Office for Health Improvement & Disparities

<sup>43</sup> [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<sup>44</sup>.

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<sup>45</sup>.

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

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<sup>44</sup> [Respiratory disease](#), NHS England

<sup>45</sup> [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<sup>46</sup> 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

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<sup>46</sup> [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 on 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<sup>47</sup>.

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:

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<sup>47</sup> [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<sup>48</sup>:

- 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.

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<sup>48</sup> [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<sup>49</sup>.

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.

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<sup>49</sup> [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<sup>50</sup> 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.

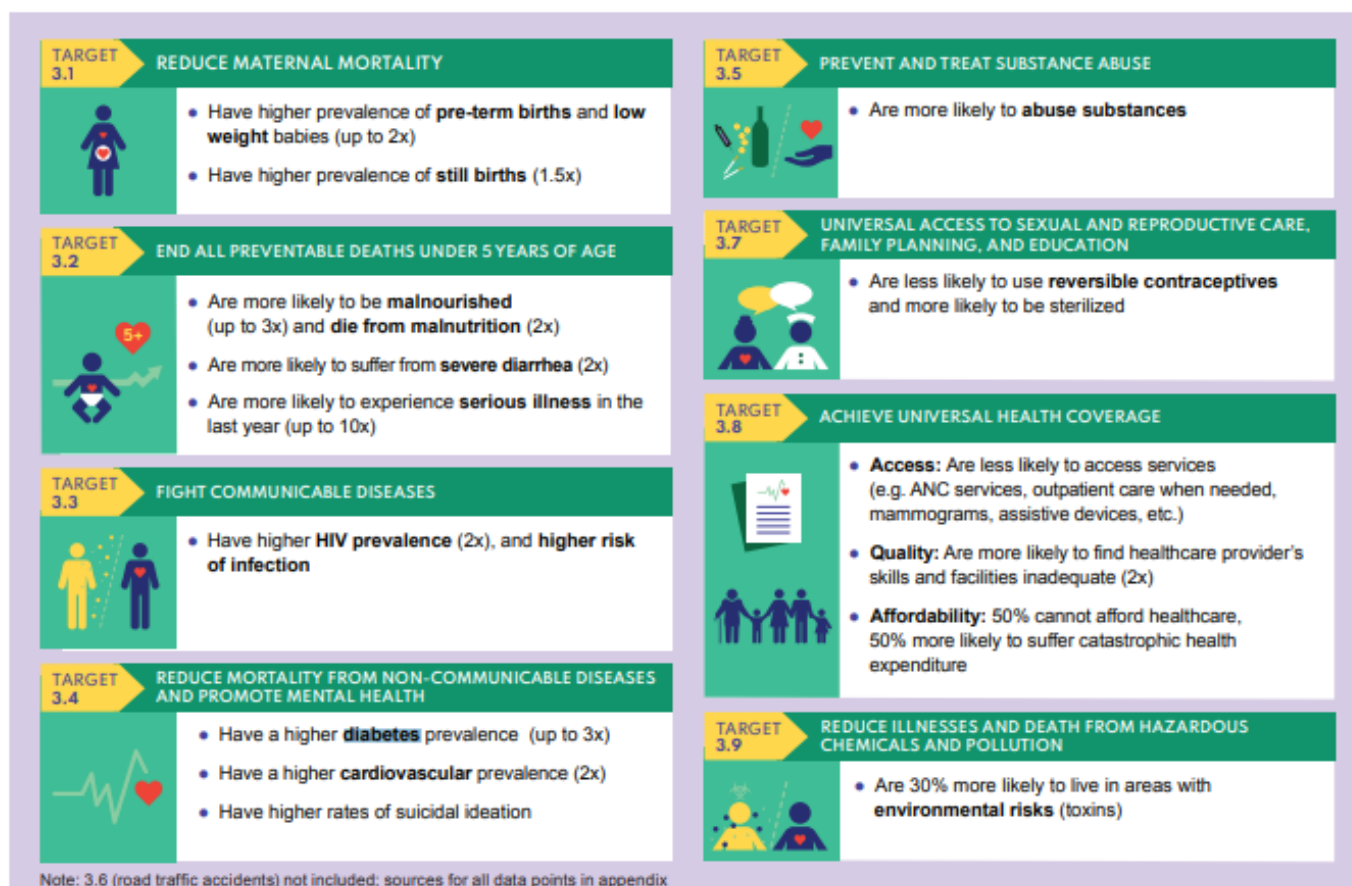
1. On average, people with disabilities are more likely to experience poor health. This is due to a variety of factors, for example the existence of an underlying health condition/impairment, higher levels of poverty, stigma, discrimination, and barriers faced in accessing services.
2. People with disabilities 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".

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<sup>50</sup> [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<sup>51</sup> 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.

<sup>51</sup> 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<sup>52</sup>**

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.

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<sup>52</sup> [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<sup>53</sup>**

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

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<sup>53</sup> [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<sup>54</sup> 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<sup>55</sup>.

#### 4.7 Sexual orientation

A survey of lesbian health<sup>56</sup> shows that:

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<sup>54</sup> [Pharmacy consumer research. Pharmacy usage and communications mapping – Executive summary. June 2009](#)

<sup>55</sup> Department of Health and Social Care "[The Gender and Access to Health Services Study](#)" 2008

<sup>56</sup> 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<sup>57</sup> 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

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<sup>57</sup> 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<sup>58</sup>**

- 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

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<sup>58</sup> 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<sup>59</sup>, 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'<sup>60</sup> 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

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<sup>59</sup> [The New Realists Unite Student Insight Report 2019](#)

<sup>60</sup> 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<sup>61</sup> 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

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<sup>61</sup> 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*<sup>62</sup> 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<sup>63</sup>, 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<sup>64</sup> showed that those who are sleeping rough do not have access to fresh fruit or vegetables, or two

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<sup>62</sup> Groundswell, [Healthy Mouths](#)

<sup>63</sup> [Toxic Mix: The health needs of homeless young people, Centrepoint 2014](#)

<sup>64</sup> 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<sup>65</sup>. They have the lowest life expectancy of any ethnic group in the UK and experience:

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<sup>65</sup> [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<sup>66</sup> 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<sup>67</sup>**

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

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<sup>66</sup> [Cemlyn S et al. Inequalities experienced by Gypsy and Traveller communities: A review. Equality and Human Rights Commission. 2009](#)

<sup>67</sup> 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<sup>68</sup>**

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.

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<sup>68</sup> [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<sup>69</sup> 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 July 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 July 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 25 November 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.

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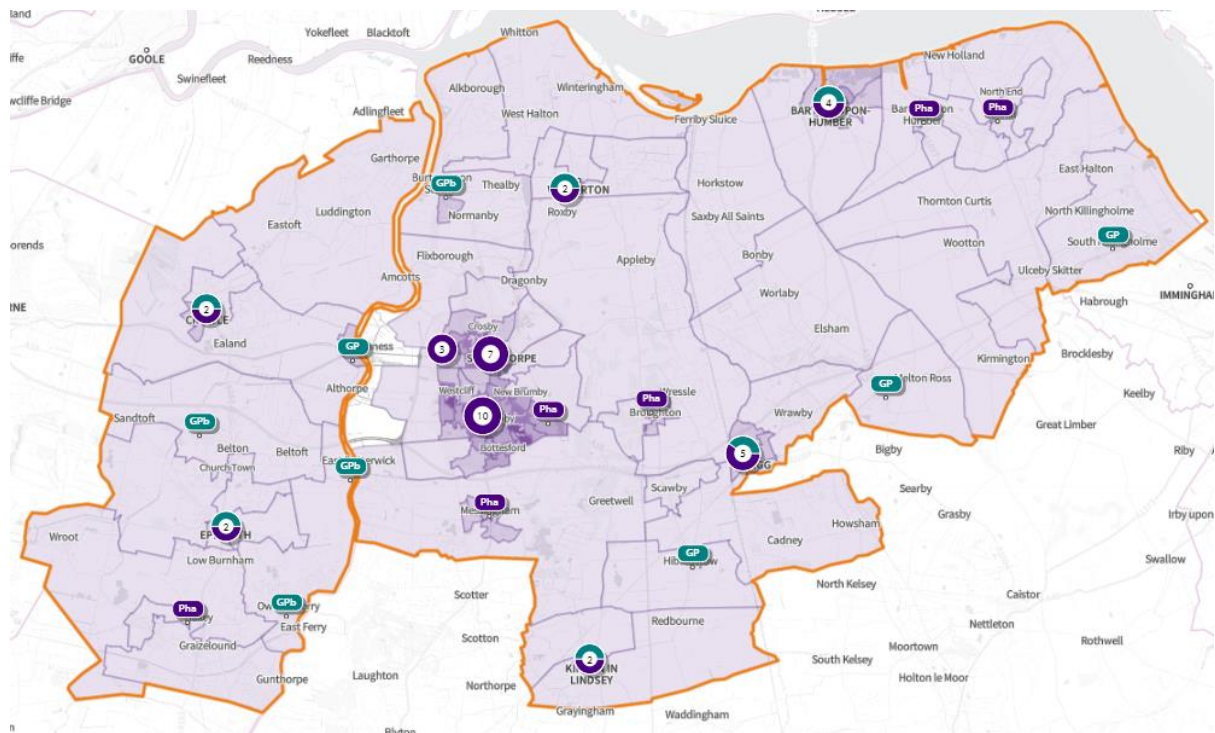
<sup>69</sup> [Dispensing contractor's data](#), Information Services, NHS Business Services Authority website

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 May 2022, the GP practices dispensed to 41,257 of their registered patients (43.9% of the total list size for all 11 practices). The percentage of dispensing patients at practice level varied between 14.7 and 98.4% 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.

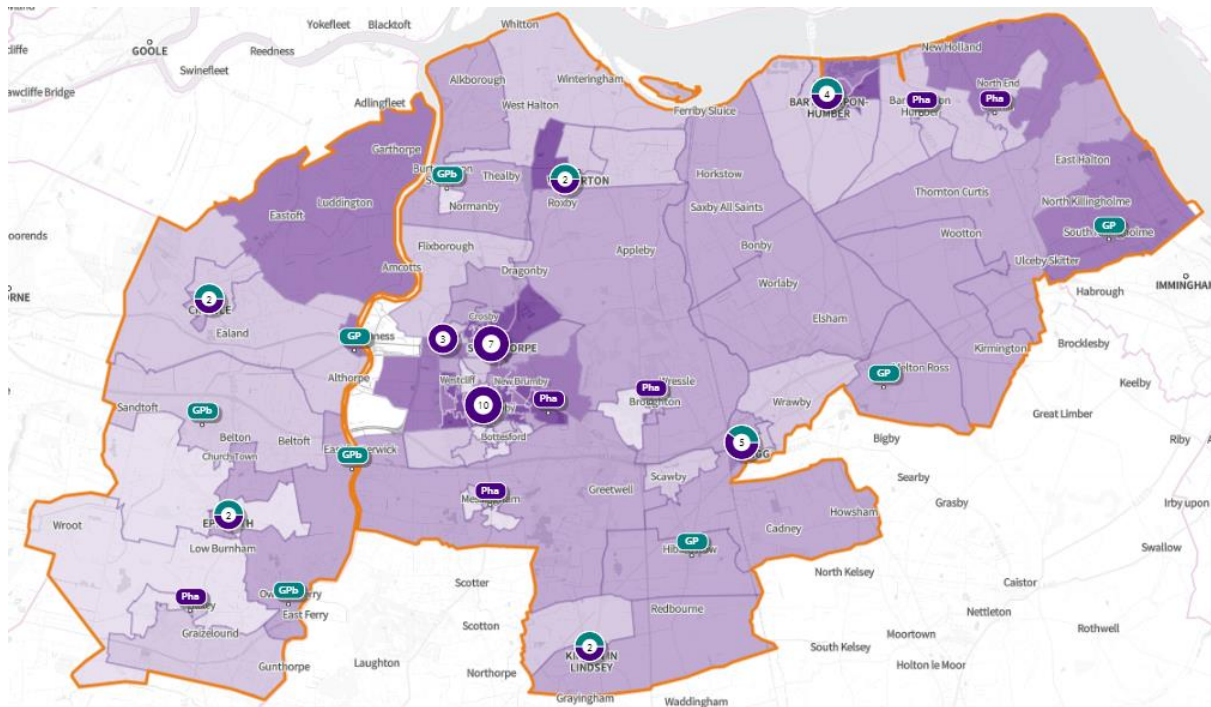
### Map 1 – location of pharmacies and dispensing practice premises compared to population density



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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



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In 2020/21 71.2% of items prescribed by GP practices in North Lincolnshire were dispensed by pharmacies within the area (70.8% in 2021/22) and 22.7% were dispensed or personally administered by the GP practices (22.8% in 2021/22).

### 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<sup>70</sup>. 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<sup>71</sup>.

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.

<sup>70</sup> [Pharmacy in England. Building on strengths – delivering the future](#). Department of Health April 2008.

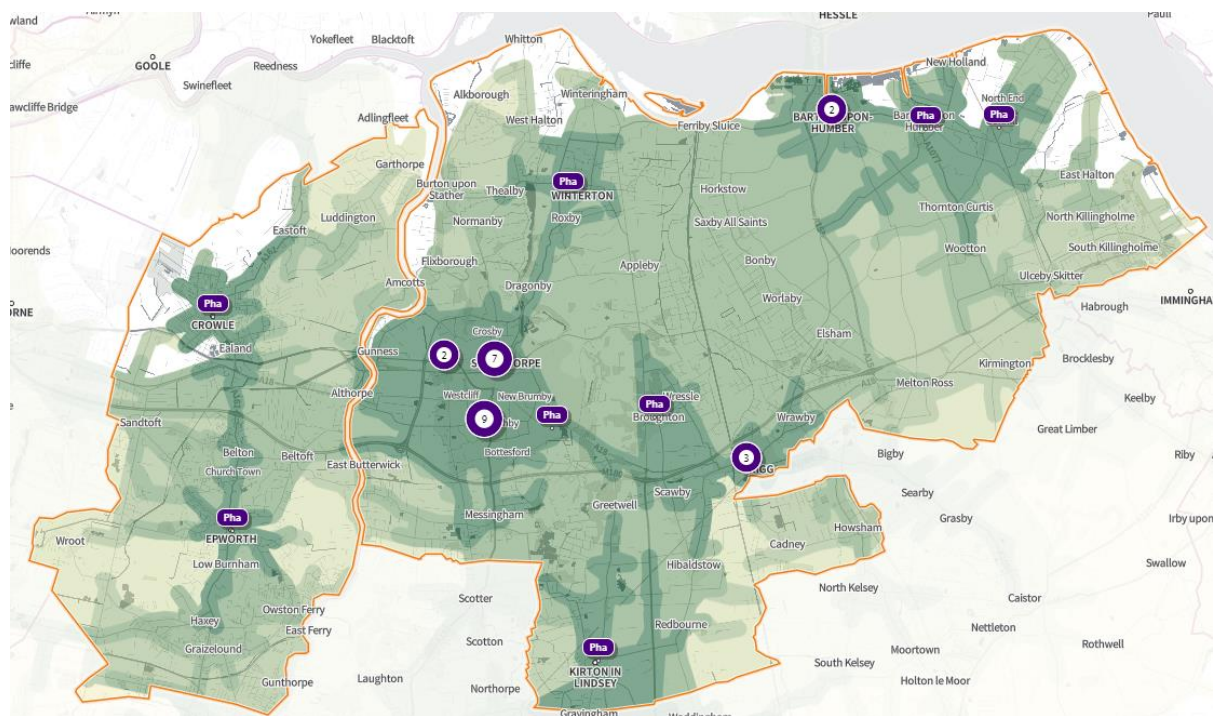
<sup>71</sup> [Post-implementation report on the NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#), Department of Health and Social Care March 2018



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



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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.

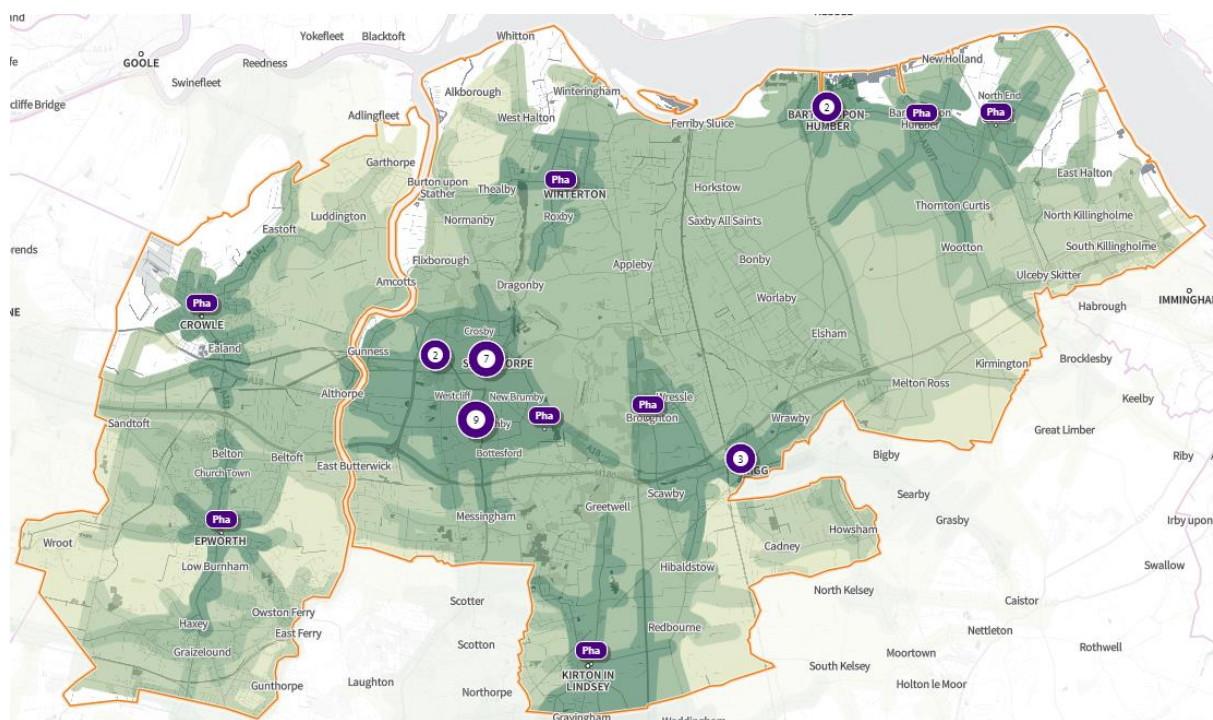
- Area to the south-west of Haxey (south-west corner). This is an area of arable fields and trees.
- Area to the south-west, west, and north of Crowle. This is an area of arable fields and two nature reserves – Thorne and Hatfield Moors and Crowle Moors.
- Areas to the west and east of River Trent. RSPB 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 of 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



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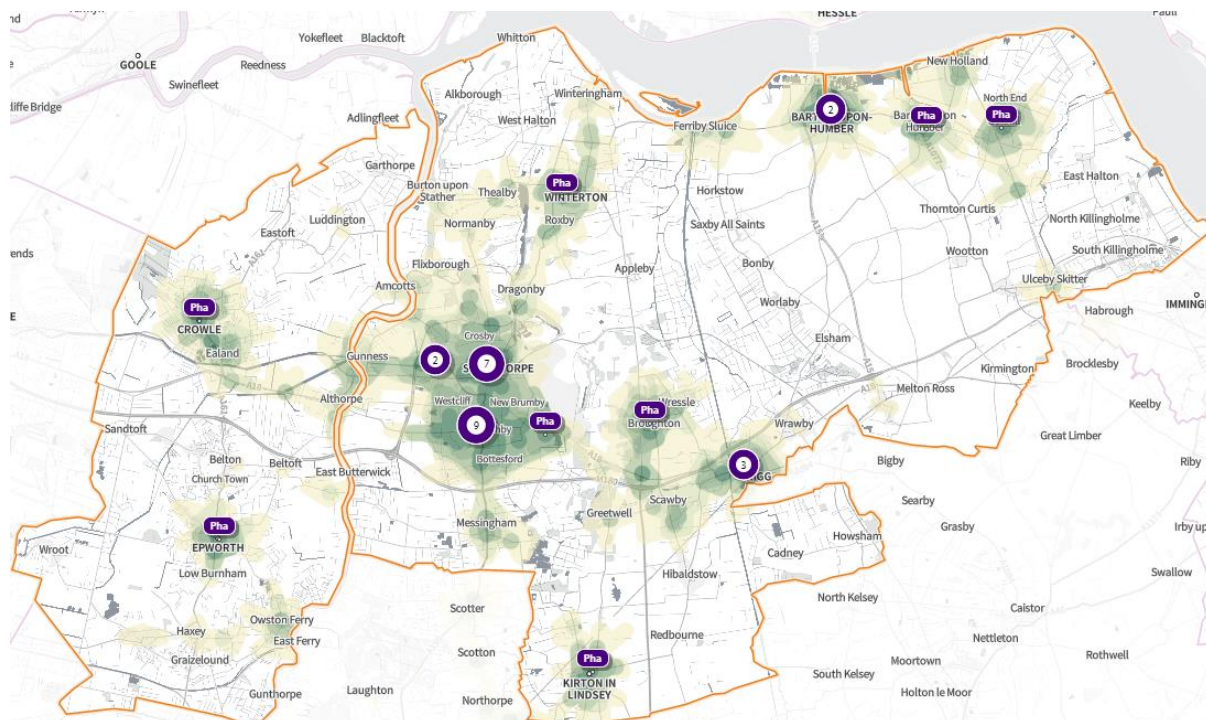


As noted from the patient and public engagement questionnaire people also choose to walk to a pharmacy or use public transport. However, as may be expected for those living in the rural areas and villages public transport is not a realistic option for those wishing to access a pharmacy. The map below 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



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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**

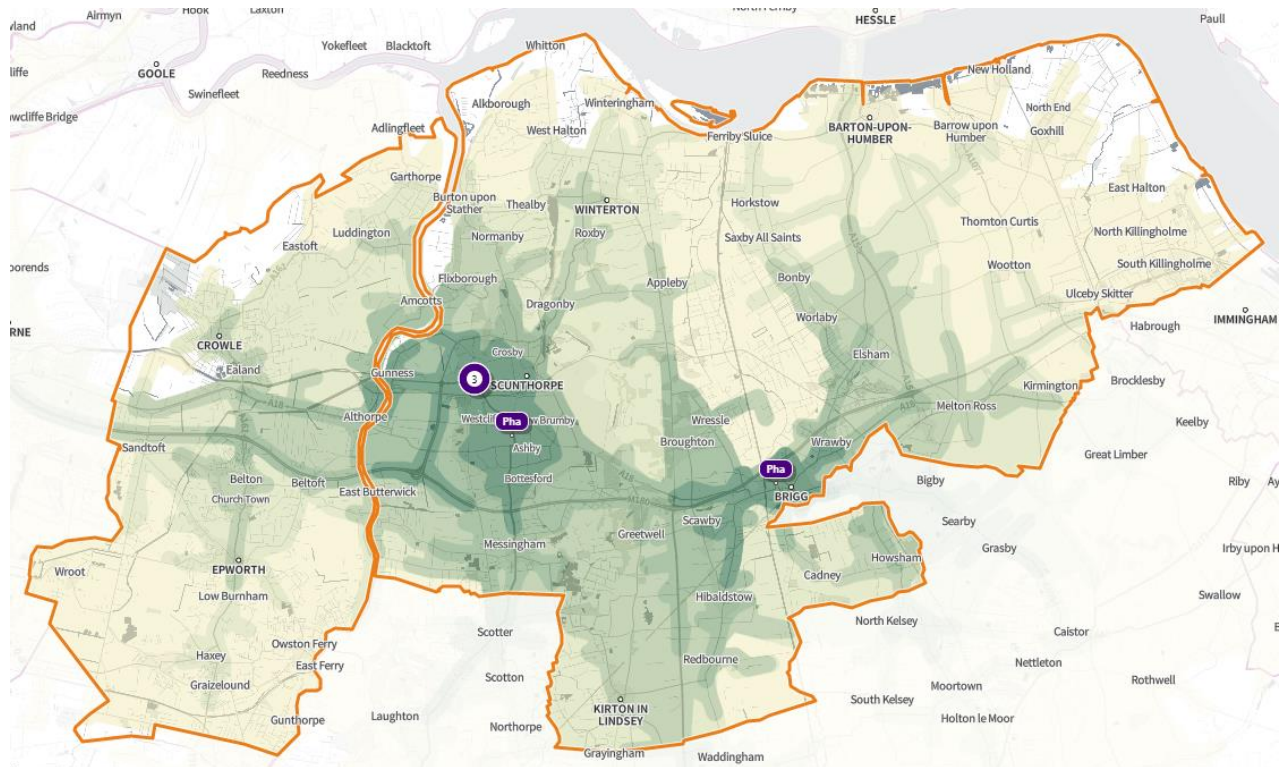
Whilst the majority of people will visit a pharmacy during the 08.30 to 18.00 period, Monday to Friday, following a visit to their GP or another healthcare professional, there will be times when people will need or choose to access a pharmacy outside of those times. This may be to have a prescription 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 K provides information on the pharmacies' opening hours as at July 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



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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

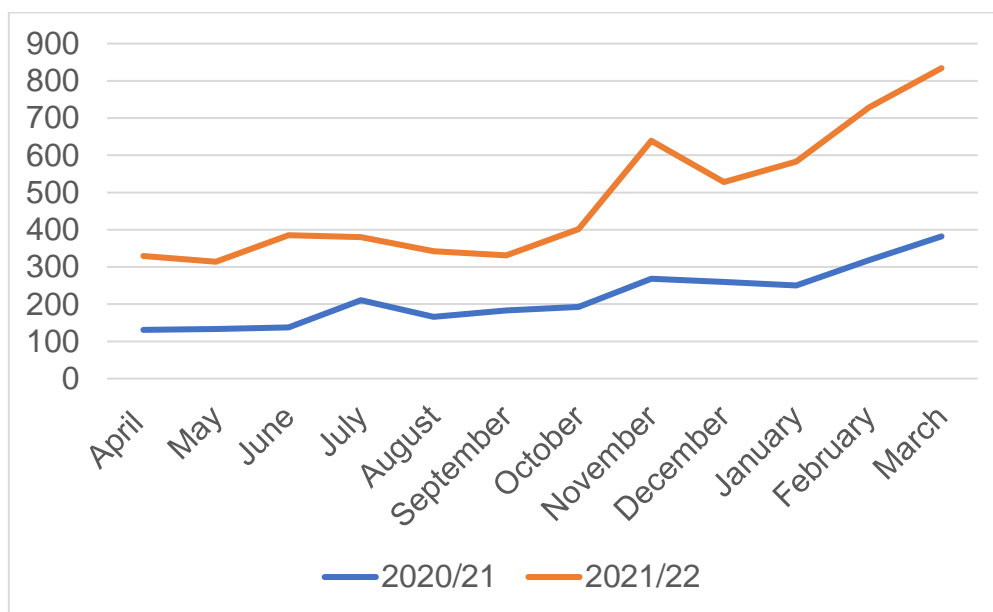
32 of the pharmacies provided this service in 2020/21, completing a total of 2,633 full service interventions. The range at pharmacy level was one to 267.



In 2021/22, all the pharmacies provided the service completing a total of 5,795 full service interventions with a range at pharmacy of 16 to 500.

The figure below shows the pattern of claiming each month for the financial years 2020-21 and 2021-22 by those pharmacies providing the service.

**Figure 21 – number of full service interventions claimed by the pharmacies April 2020 to March 2022**



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.

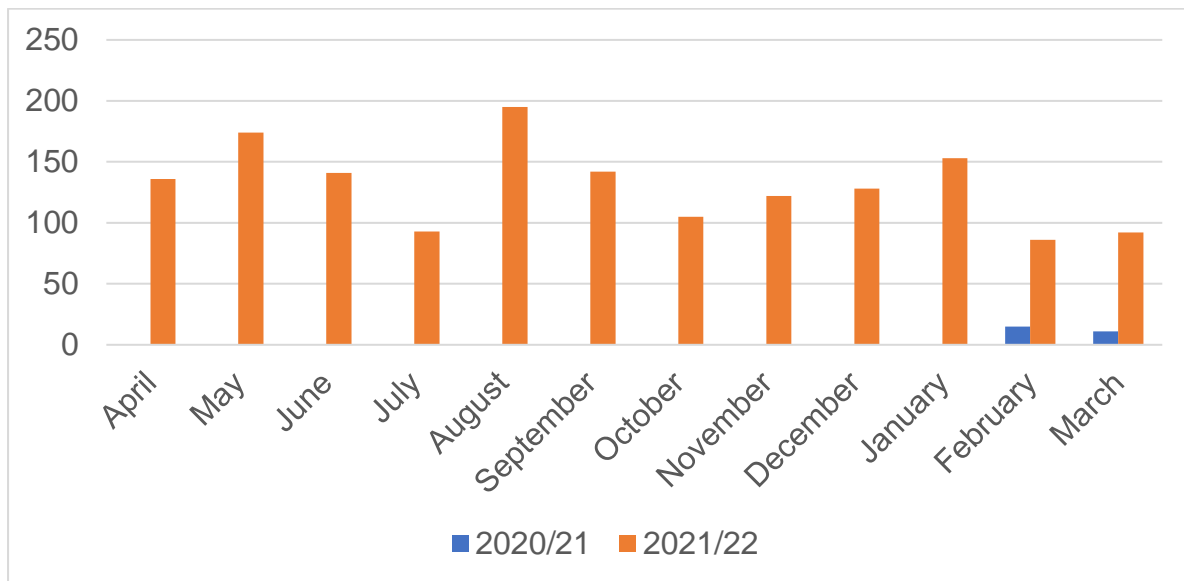
The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area. However, this assumes that residents are able to access the pharmacies providing this service which may not be the case at locality level and further analysis is undertaken within the 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. In 2021/22, 32 pharmacies completed a total of 1,566 referrals. Two of the pharmacies that hadn't completed any referrals in that time of period have signed up to provide the service. Only one pharmacy has not signed up to provide the service as of July 2022.

The graph below shows the number of referrals completed in 2021/22

### Map 7 – number of referrals completed in 2020/21 and 2021/22



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.

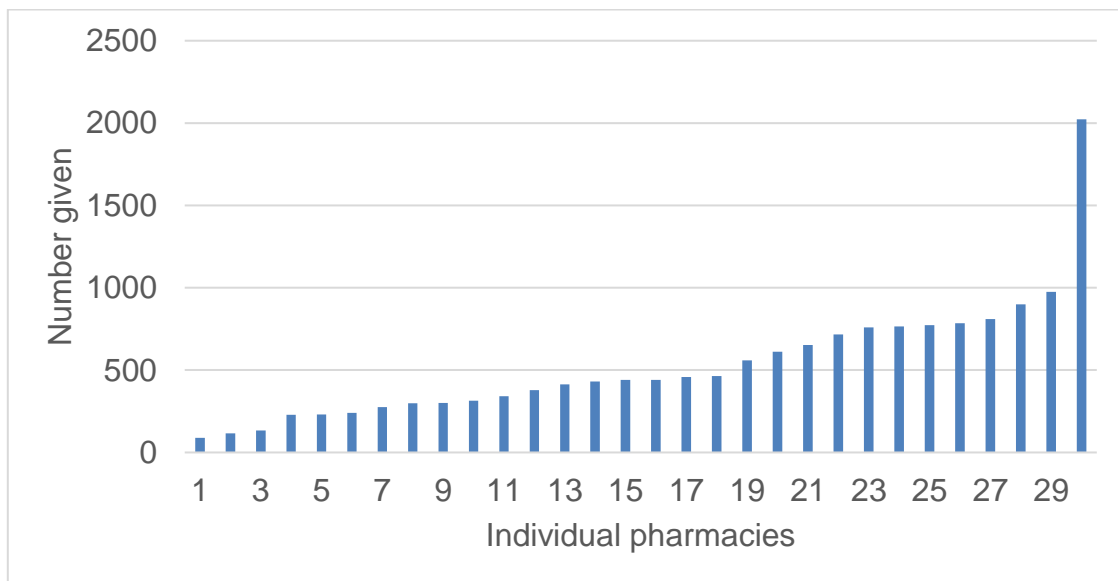
#### 5.1.5 Access to the national influenza adult vaccination service<sup>72</sup>

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 17,223 flu vaccinations between October 2021 and March 2022. At pharmacy level there was a range from 89 vaccinations to 2,249 as can be seen from the graph below.

<sup>72</sup> [Advanced service flu report](#), NHS Business Services Authority public insight portal Catalyst

**Figure 22 – number of flu vaccinations given by individual pharmacies, October 2021 to March 2022**



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

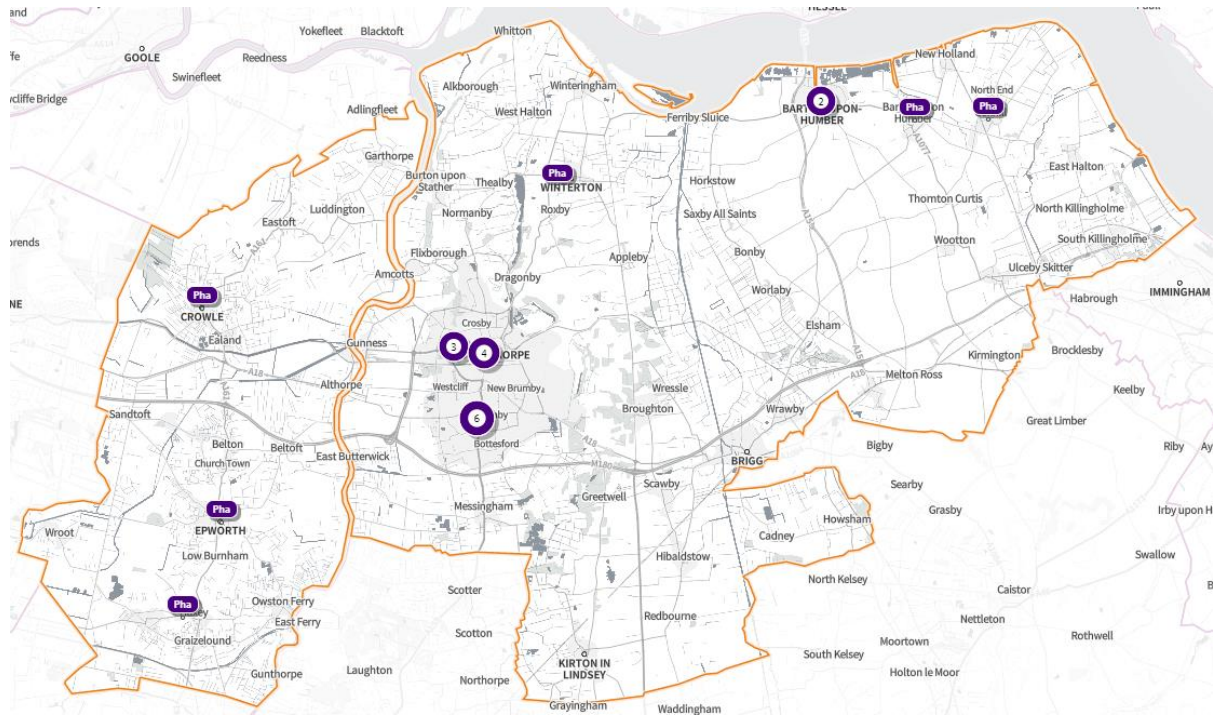
This service commenced in October 2021 and as of 5 July 2022, 21 pharmacies had signed up to provide the service. The number of pharmacies that have signed up to provide this service has increased since it was launched.

- One pharmacy signed up in September 2021.
- Six in October.
- Five in December.
- Two in January 2022.
- Seven in March.

Between October 2021 and March 2022 a total of 187 blood pressure checks had been completed in a pharmacy and eight ambulatory checks had been undertaken.

The map below shows the location of the pharmacies providing this service

## Map 8 – location of the pharmacies that have signed up to provide the hypertension case-finding advanced services as at July 2022



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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 May 2021, 41,257 people were registered as a dispensing patient with their practice<sup>73</sup>.

### 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

<sup>73</sup> [Practice list size and GP count for each GP practice report](#), NHS Business Services Authority public insight portal Catalyst

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 2021/22 were dispensed, and the number of contractors that dispensed the prescriptions.

**Figure 23 – location of where prescriptions were dispensed in 2020/21 and 2021/22**

Type of contractor	Number of items		Percentage of items		Number of contractors	
	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22
<b>In area - pharmacy</b>	3,416,076	3,479,939	71.2%	70.8%	35	35
<b>In area - GP practice</b>	1,087,748	1,091,823	22.7%	22.2%	11	11
<b>Out of area - distance selling premises</b>	123,307	167,930	2.6%	3.4%	34	31
<b>Out of area - pharmacy</b>	111,413	107,794	2.3%	2.2%	846	920
<b>Out of area - dispensing appliance contractor</b>	31,270	33,989	0.7%	0.7%	55	58
<b>Out of area - GP practice</b>	18	9	0.0%	0.0%	4	3
<b>Totals</b>	<b>4,769,832</b>	<b>4,883,530</b>	<b>99.5%</b>	<b>99.8%</b>	<b>985</b>	<b>1,058</b>

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 2021/22.

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 North Lincolnshire.

### **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

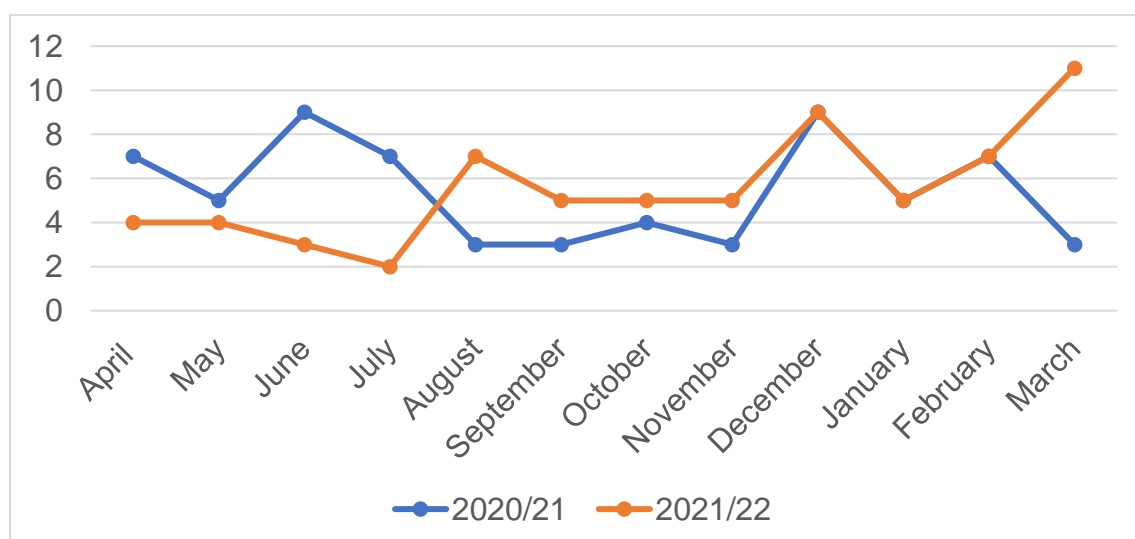
#### 5.3.1.1 Access to appliance use reviews

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 nine have customised a total of 67 in 2021/22. 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 need 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 July 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 provided this service in 2021/22, handing out 72,215 test kits.

As all the pharmacies provided this service the health and wellbeing board is satisfied that there was 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 lateral flow device distribution advanced service is not currently commissioned by NHS England. However if it was to be recommissioned the health and wellbeing board is satisfied that all the pharmacies would provide the service again, and therefore no current or future improvements or better access have been identified in relation to this service.

#### **5.3.1.5 Community pharmacy smoking cessation service**

NHS England began to commission this service in March 2022 and as of July 2022 six of the pharmacies had 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 NHS Humber and North Yorkshire Integrated Care Board. 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 were 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.

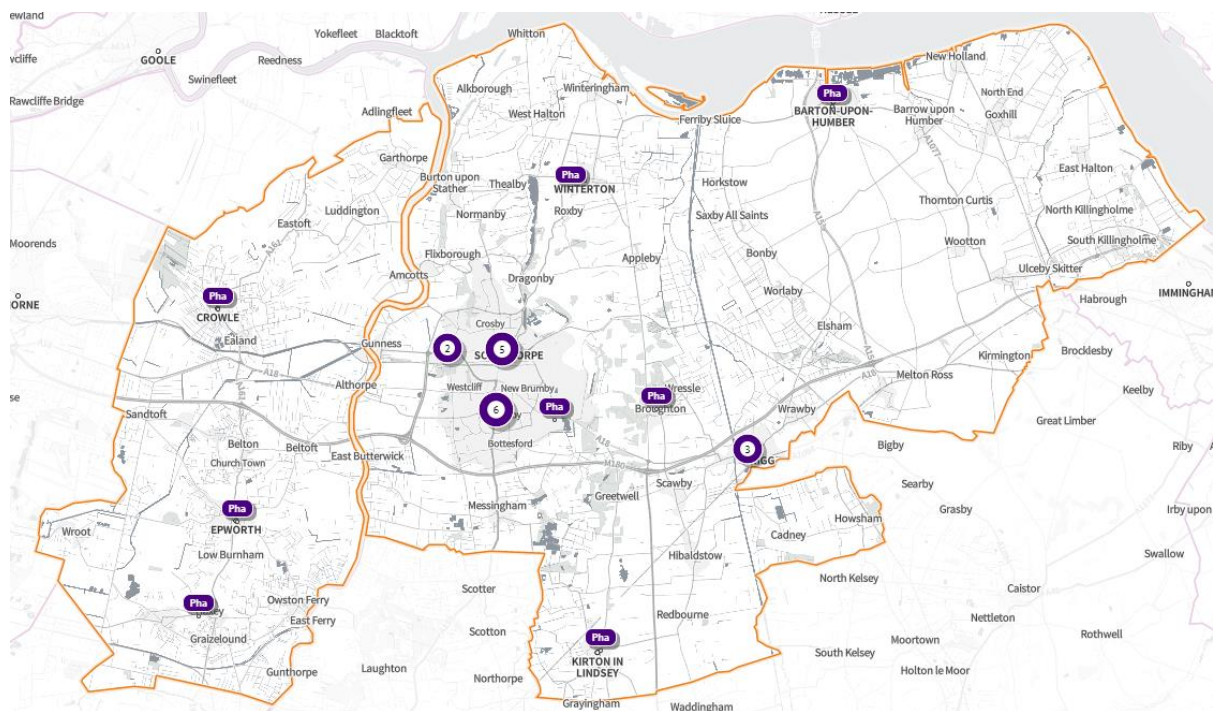
### 5.3.1.7 Access to the point of dispensing intervention enhanced service

This service is commissioned by NHS England on behalf of NHS Humber and North Yorkshire Integrated Care Board. 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 were 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



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The health and wellbeing has noted the location of the providers of this service and is satisfied that there are no gaps in provision.

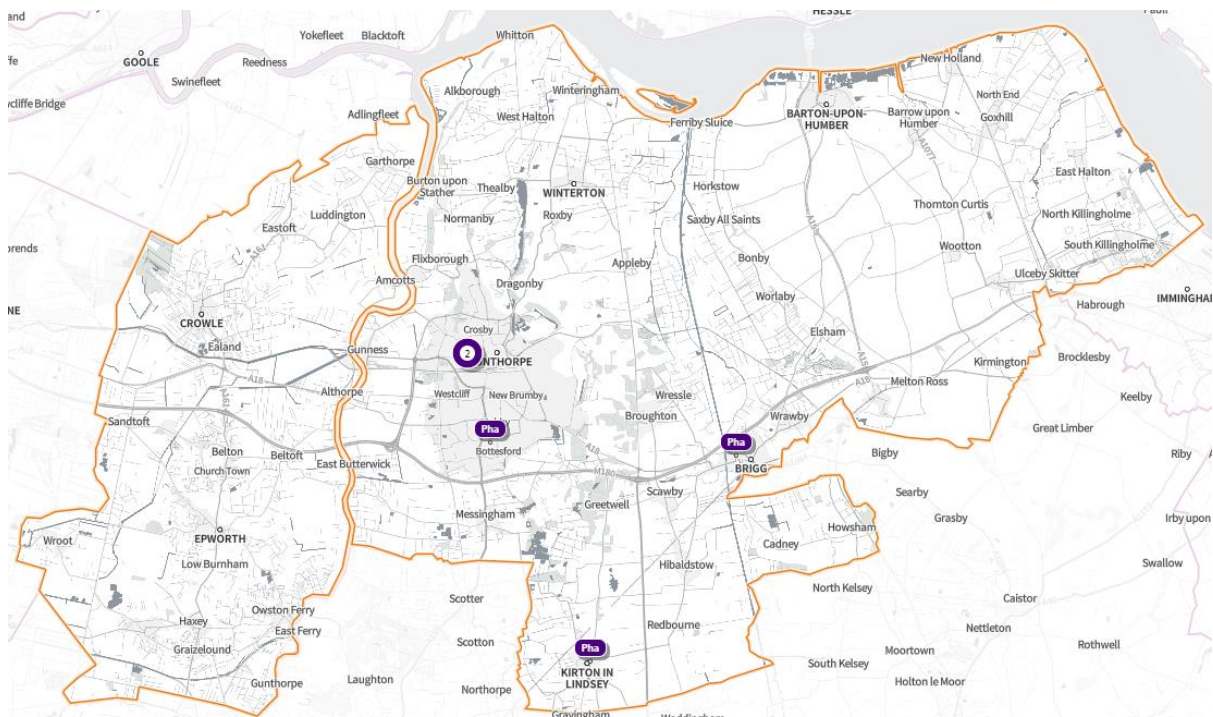
### 5.3.1.8 Access to palliative care enhanced service

This service is commissioned by NHS England on behalf of NHS Humber and North Yorkshire Integrated Care Board 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



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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.

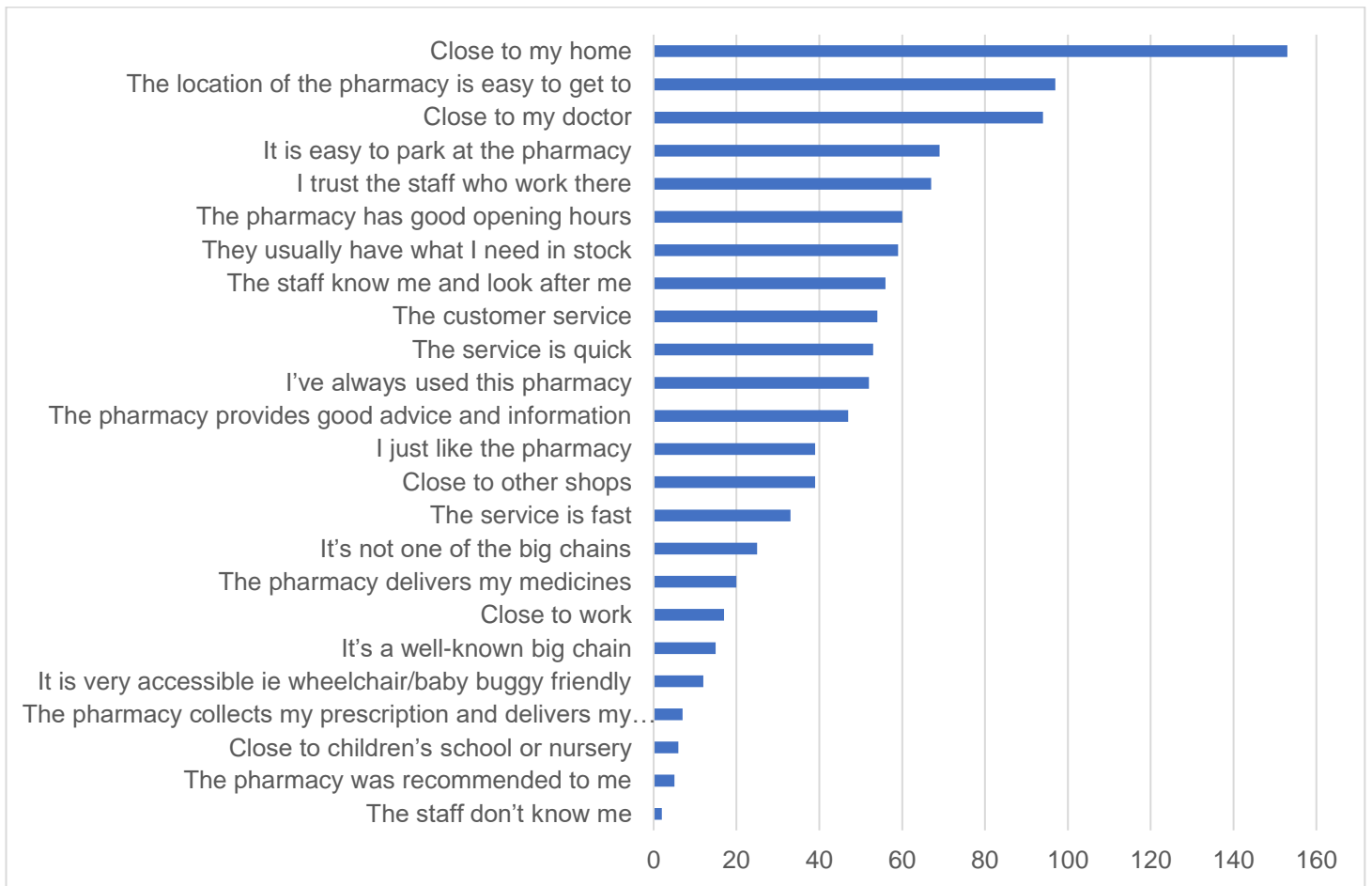
## **5.4 Choice with regard to obtaining pharmaceutical services**

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 1,012 in 2021/22, 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:

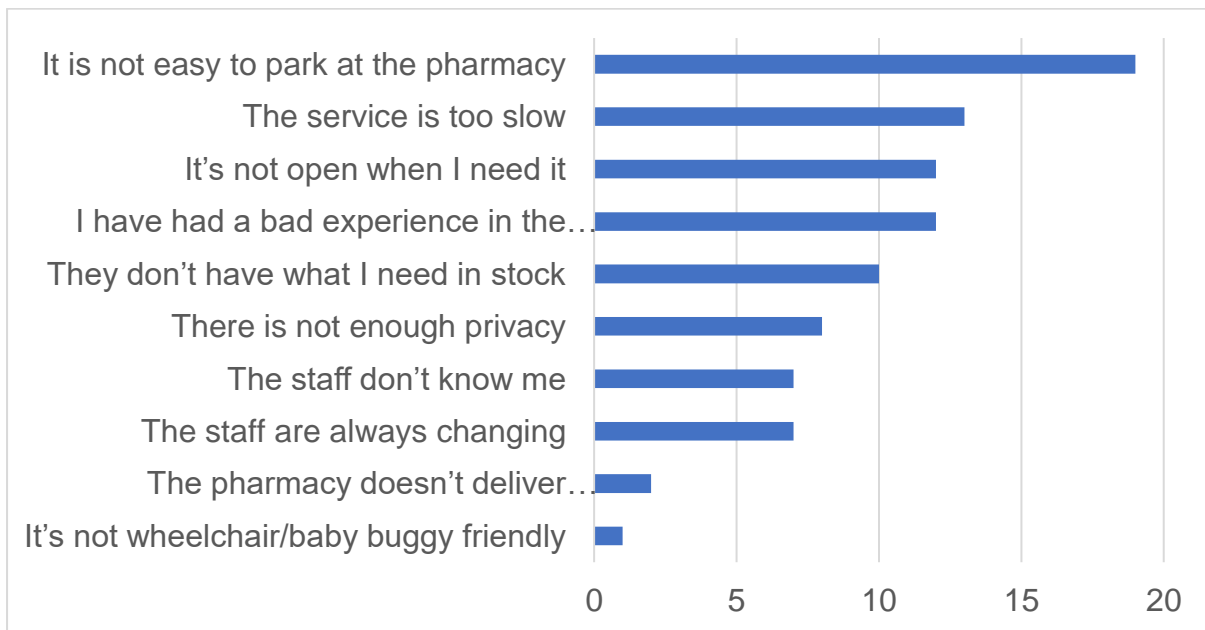
- 'close to my home',
- 'the location is easy to get to',
- 'close to my GP practice',
- 'it is easy to park at the pharmacy', and
- 'I trust the staff who work there'.

**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 29,453 items in 2020/21 (28,981 items in 2021/22).

## 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.

In 2021/22, the service prescribed 11,738 items which were dispensed by 97 different pharmacies/dispensing appliance contractors as follows.

- North Lincolnshire – 35 pharmacies dispensed 95.9% of the items
- Lincolnshire – 14 contractors dispensed 1.6%
- Bradford and Airedale – two contractors dispensed 0.9%

- Hull – ten contractors dispensed 0.9%

The remaining 0.7% was dispensed by 35 contractors in 13 different health and wellbeing board areas.

#### **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.

In 2021/22 a total of 38,751 items were prescribed which were dispensed by 54 pharmacies/dispensing appliance contractors as follows.

- Salford – one dispensing appliance contractor dispensed 51.7% of the items
- Stoke-on-Trent – one dispensing appliance contractor dispensed 24.3%
- North Lincolnshire – 35 pharmacies dispensed 22.3%
- Telford and Wrekin – one dispensing appliance contractor dispensed 0.6%
- West Sussex – one dispensing appliance contractor dispensed 0.5%.

The remaining 0.5% was dispensed by 14 other contractors in ten 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.

In 2021/22 a total of 15,699 items were prescribed which were dispensed by 89 different pharmacies.

- North Lincolnshire – 35 pharmacies dispensed 98.0% of the items
- Lincolnshire – 11 pharmacies dispensed 0.6%
- Nottinghamshire – two pharmacies dispensed 0.3%
- Doncaster – seven pharmacies dispensed 0.3%
- North East Lincolnshire – five pharmacies dispensed 0.3%

The remaining 0.6% was dispensed by 29 other contractors in 24 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.

In 2021/22 a total of 6,147 items were prescribed which were dispensed by 83 different pharmacies.

- North Lincolnshire – 35 pharmacies dispensed 93.5% of the items
- Lincolnshire – eight pharmacies dispensed 1.6%
- Bradford and Airedale – two pharmacies dispensed 1.3%
- Hull – six pharmacies dispensed 0.9%
- North East Lincolnshire – six pharmacies dispensed 0.8%
- Leeds – one pharmacy dispensed 0.6%

The remaining 1.3% was dispensed by 17 other contractors in 17 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.

In 2021/22 a total of 6,976 items were prescribed which were dispensed by 123 different pharmacies.

- North Lincolnshire – 35 pharmacies dispensed 86.9% of the items
- North East Lincolnshire – 33 contractors dispensed 8.5%
- Lincolnshire – 29 contractors dispensed 2.9%

The remaining 1.7% was dispensed by 25 other contractors in 21 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.

In 2021/22 a total of 1,243 items were prescribed which were dispensed by 39 different pharmacies.

- North Lincolnshire – 30 pharmacies dispensed 98.4% of the items
- Leeds – two contractors dispensed 0.6%

The remaining 1.0% was dispensed by seven other contractors in seven 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%

In 2021/22 a total of 82 items were prescribed which were dispensed by 22 different pharmacies/dispensing appliance contractors.

- North Lincolnshire – 20 pharmacies dispensed 97.6% of the items
- Hull – one contractor dispensed 1.2%
- Lincolnshire – one contractor dispensed 1.2%

### **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%

In 2021/22 a total of 50 items were prescribed of which 49 were dispensed by 14 pharmacies in the health and wellbeing board's area. The other item was dispensed by a Lincolnshire pharmacy.

### **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.

In 2021/22 a total of 18 items were prescribed and dispensed by nine 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%

In 2021/22 a total of seven items were prescribed which were dispensed as follows.

- North Lincolnshire – one pharmacy dispensed 42.9% of the items
- North East Lincolnshire – two pharmacies dispensed 57.1%

### **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<sup>74</sup> 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 the integrated care board.

As can be seen from this section, it is important that NHS England, the integrated care board 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<sup>75</sup> 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.

### **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

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<sup>74</sup> Public Health England, Royal Society of Public Health (2016) [Building Capacity: Realising the potential of community pharmacy assets for improving the public's health](#)

<sup>75</sup> <https://www.nhs.uk/>

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<sup>76</sup>.
- 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.

- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for

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<sup>76</sup> [The NHS Digital Weight Management Programme](#)

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 km <sup>2</sup> )	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

<b>Indicator</b>	<b>Period</b>	<b>North Lincolnshire</b>	<b>Isle</b>
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



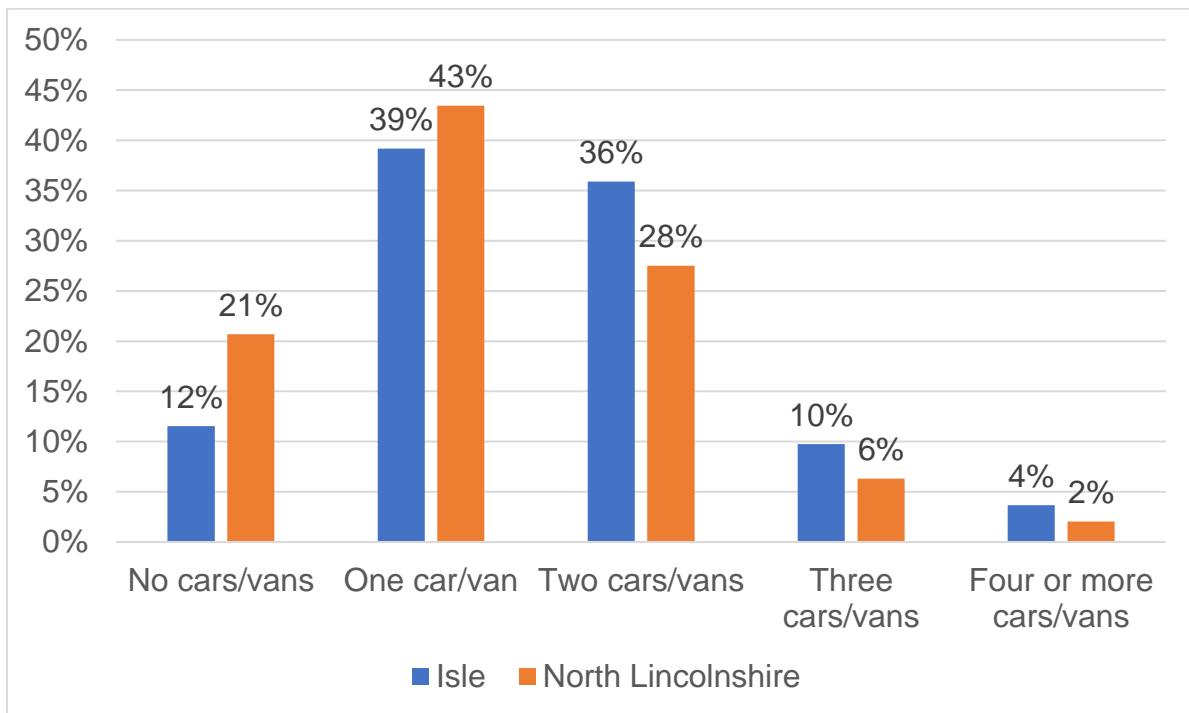
Indicator	Period	North Lincolnshire	Isle
Premature (under 75s) deaths from respiratory disease (directly standardised rate per 100,000)	2017-2019	45.3	38.2
Percentage of deaths in usual place of residence (65+ years) (%)	2019	48.3	47.3

Key - statistical significance relative to North Lincolnshire (95% confidence interval).



- 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.

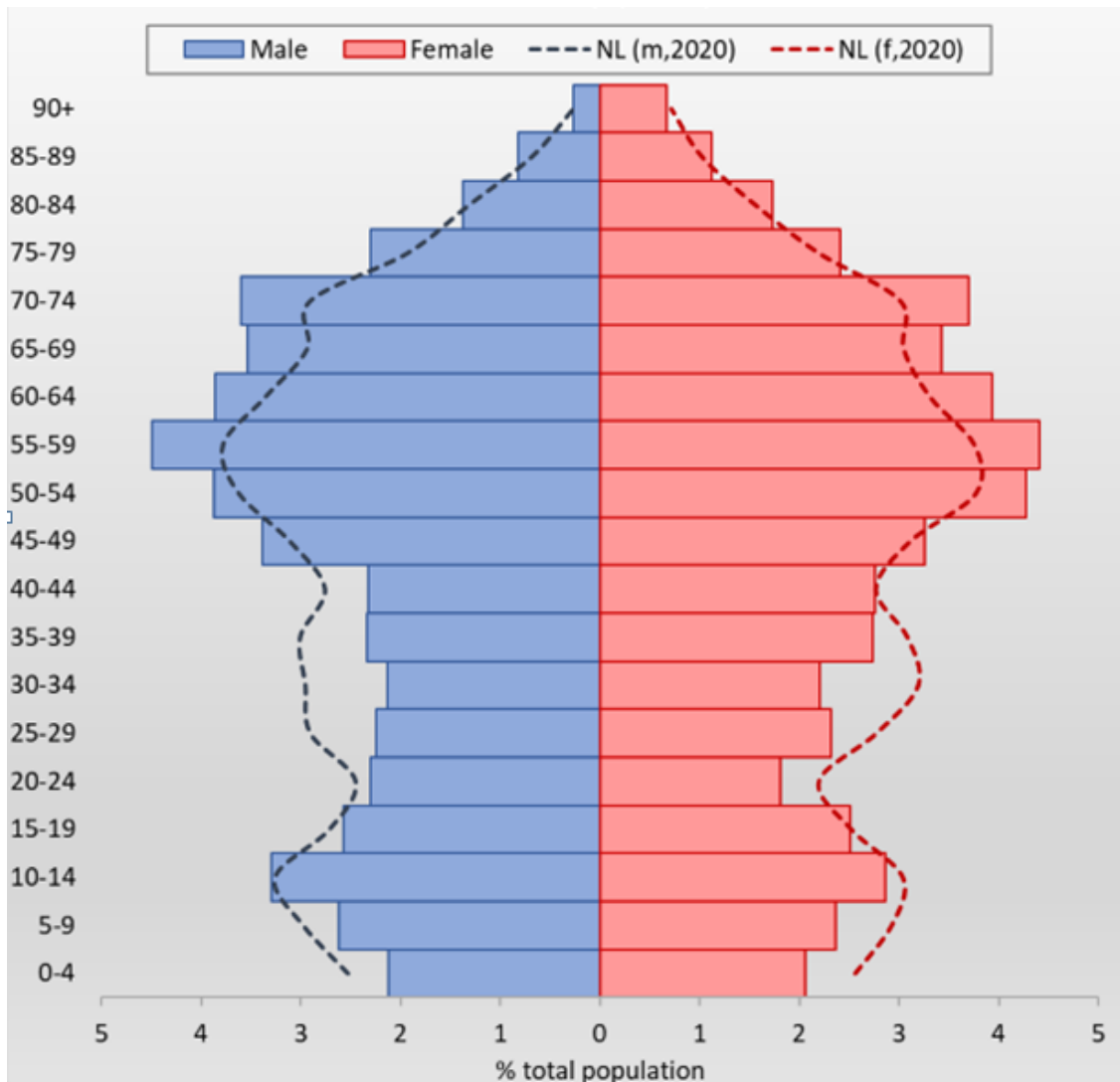
**Figure 27 – car ownership in the locality compared to North Lincolnshire<sup>77</sup>**



- 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.

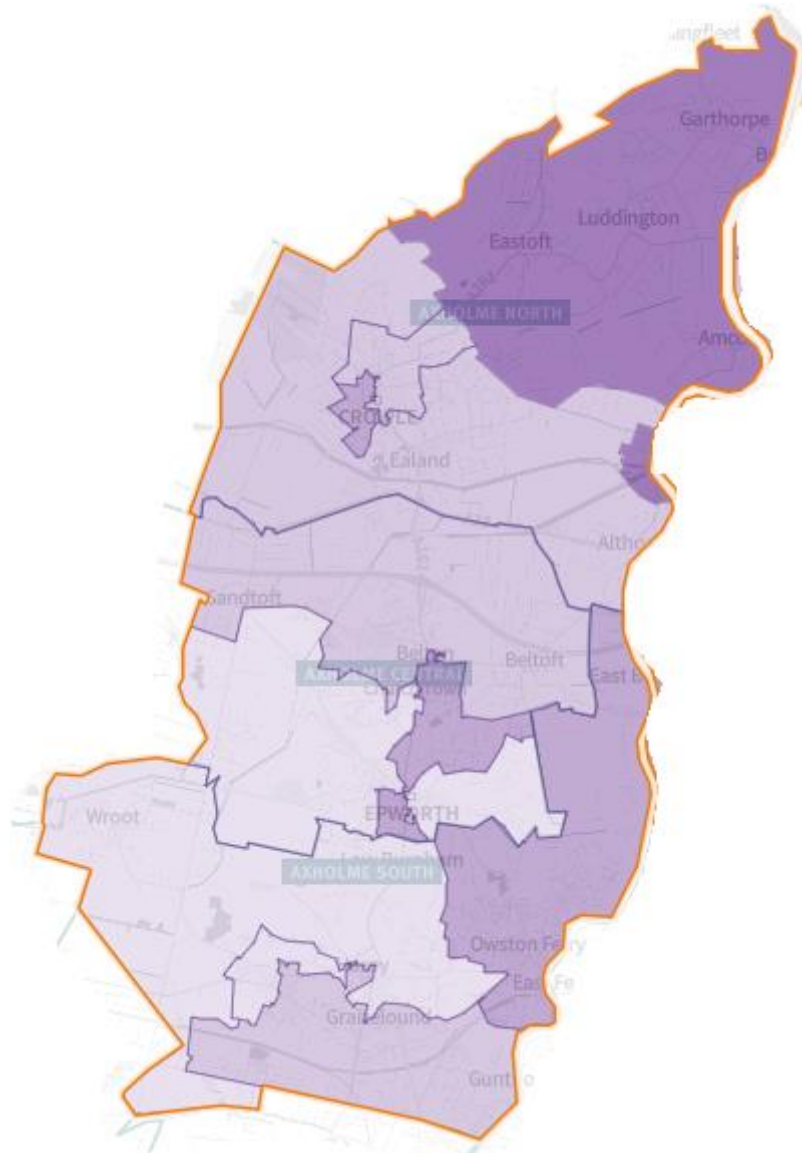
<sup>77</sup> [Nomis KS404EW - Car or van availability](#)

**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<sup>78</sup>



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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

<sup>78</sup> 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 54.8% of its registered population and the other dispensing to 32.7%.

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**



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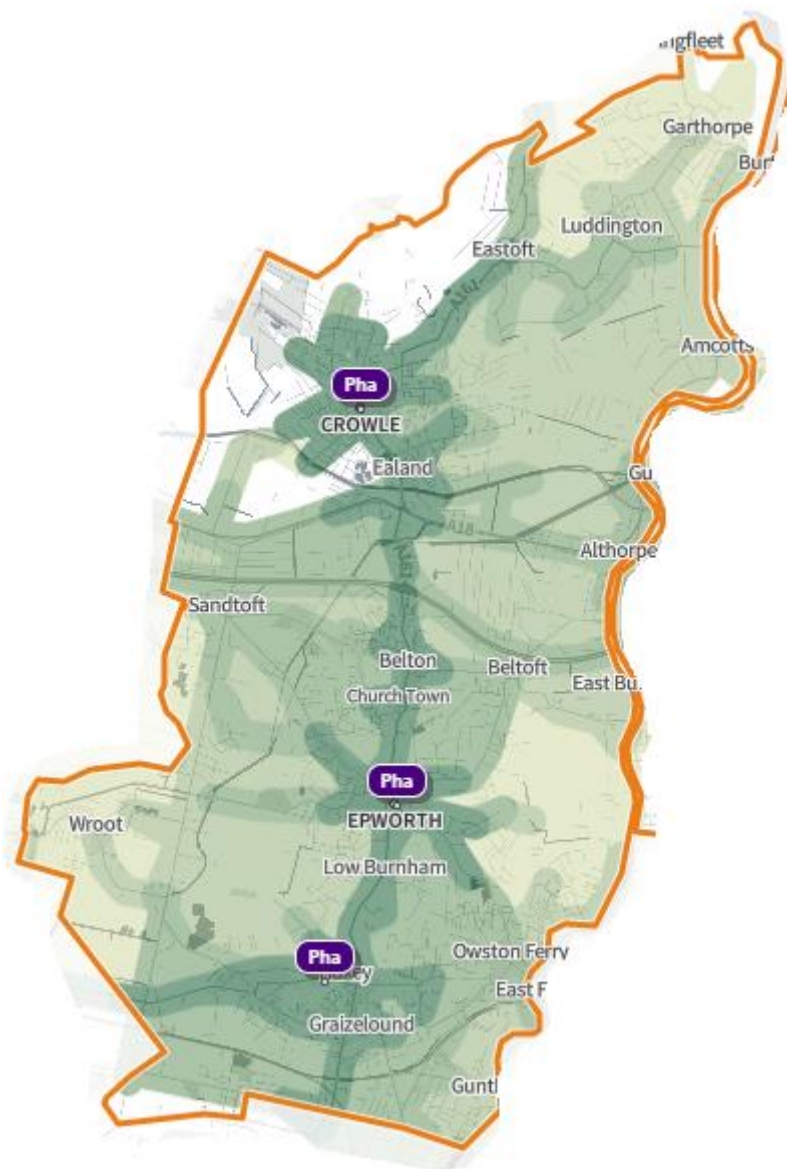
In 2020/21, 40.7% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies and 40.8% by the dispensing practices (this includes items personally administered by the practices as this

information cannot be separated out from the number of items dispensed). In 2021/22 these figures were 41.5% and 38.9% respectively.

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.

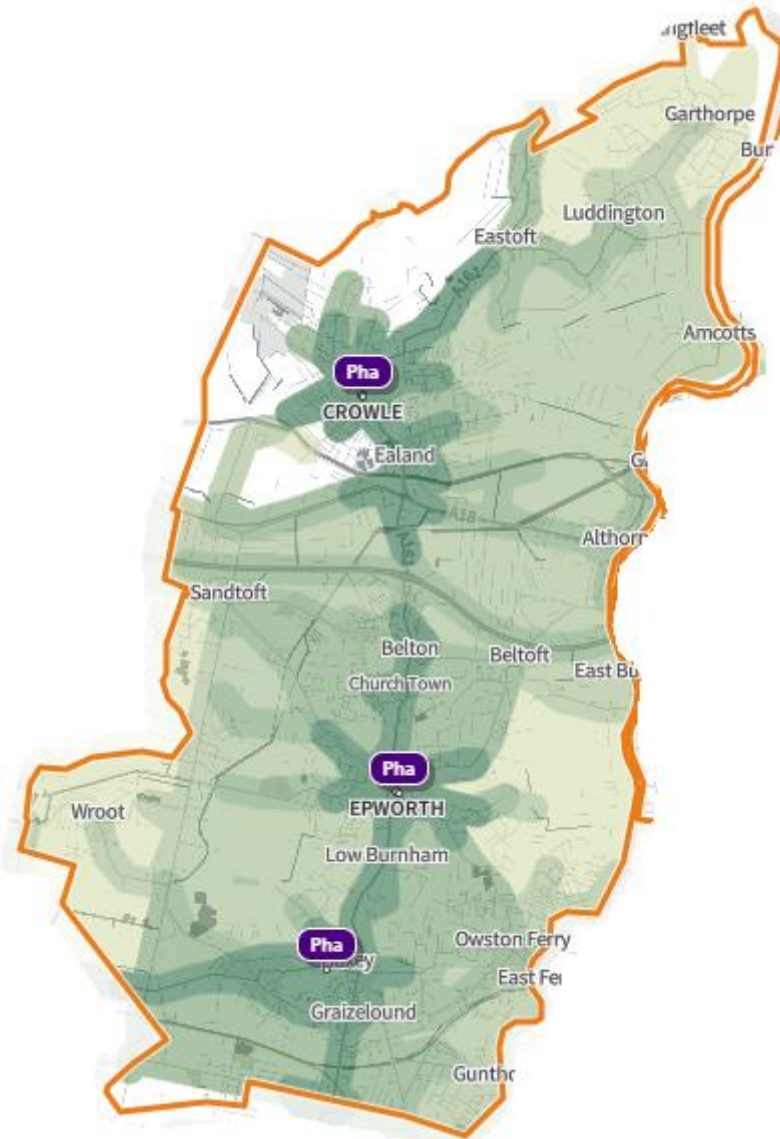
**Map 13 – access to pharmacies in the locality outside of rush hour times**



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 Travel times in minutes

### Map 14 – access to pharmacies during rush hour times



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 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 although it closes at 17.00 on Thursday and Friday) 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 08.00 to 18.30 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. In 2021/22, the three pharmacies provided a total of 893 full service interventions. The range at pharmacy level was 261 to 345.

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 2021 and March 2022 the three pharmacies provided the service, giving a total of 810 vaccinations, a range at pharmacy level of 89 and 375.

In 2021/22, the pharmacies in Epworth and Crowle provided the community pharmacist consultation service, completing a total of 36 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 July 2022 all three of the pharmacies have signed up to provide the hypertension case finding advanced service and have checked the blood pressure of three people in the pharmacy premises.

### **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



- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices in 2020/21 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.

A similar pattern was seen in 2021/22.

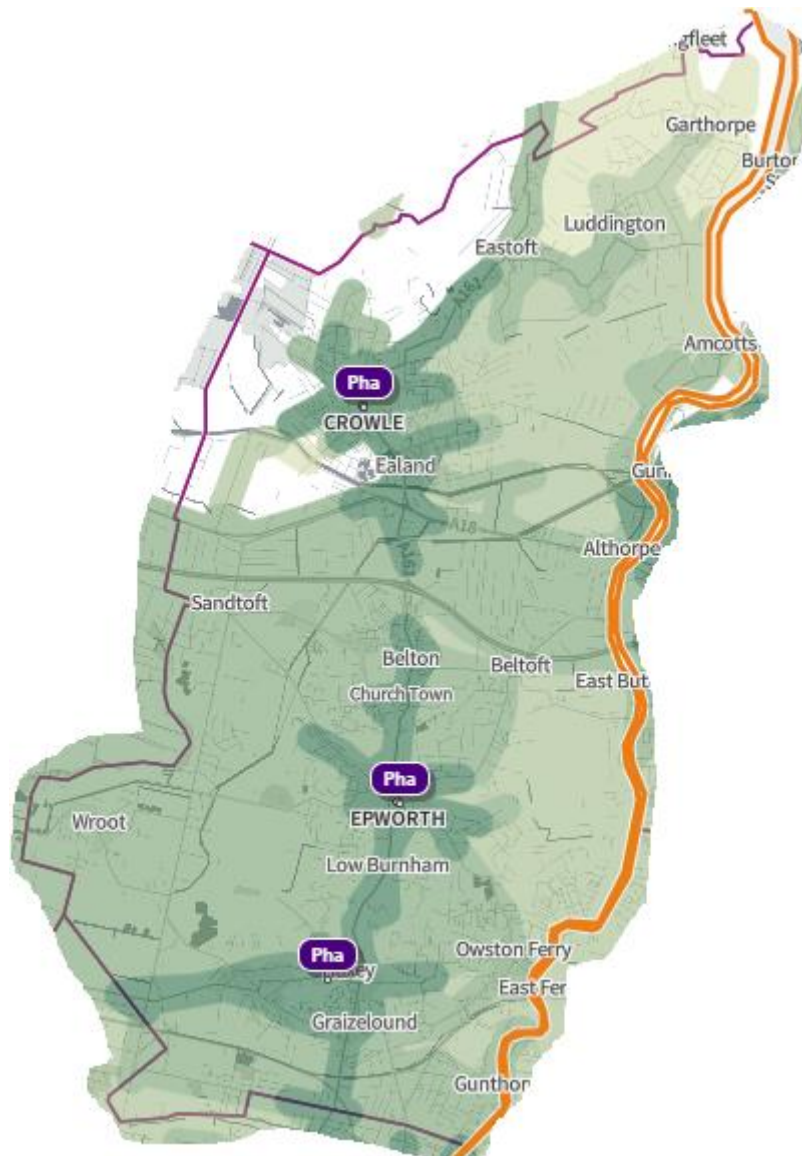
- 15.4% was dispensed by 30 other pharmacies in North Lincolnshire,
- 1.0% was dispensed by 47 contractors in Doncaster,
- 0.9% was dispensed by seven contractors in Leeds,
- 0.4% by 16 contractors in North Yorkshire,
- 0.4% by four contractors in Bradford and Airedale, and
- 0.4% by 13 contractors in Nottinghamshire.

The remaining 1.0% was dispensed by 236 contractors in 75 different health and wellbeing board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 2.9% was dispensed by 17 distance selling premises. 0.4% was dispensed by 29 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



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 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 to March 2022.

The three pharmacies customised a total of ten stoma appliances in 2020/21 and two pharmacies customised 16 stoma appliances in 2021/22.

As of July 2022 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.

In 2021/22, the three pharmacies had provided the Covid-19 lateral flow device distribution service, handing out 4,935 test kits.

As if July 2022 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.

In 2021/22, a total of 359 contractors dispensed items written by one of the GP practices of which 324 were outside of North Lincolnshire.

## **8.7 Necessary services: gaps in provision**

Whilst not NHS services, the three 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 stated 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 of the pharmacies would provide the service again, and therefore no current or future improvements or better access have been identified in relation to this service.

As of July 2022 no pharmacies have signed up to provide the smoking cessation advanced services that went live on 10 March 2022. It is noted 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 km <sup>2</sup> )	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



<b>Indicator</b>	<b>Period</b>	<b>North Lincolnshire</b>	<b>Barton and District</b>
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

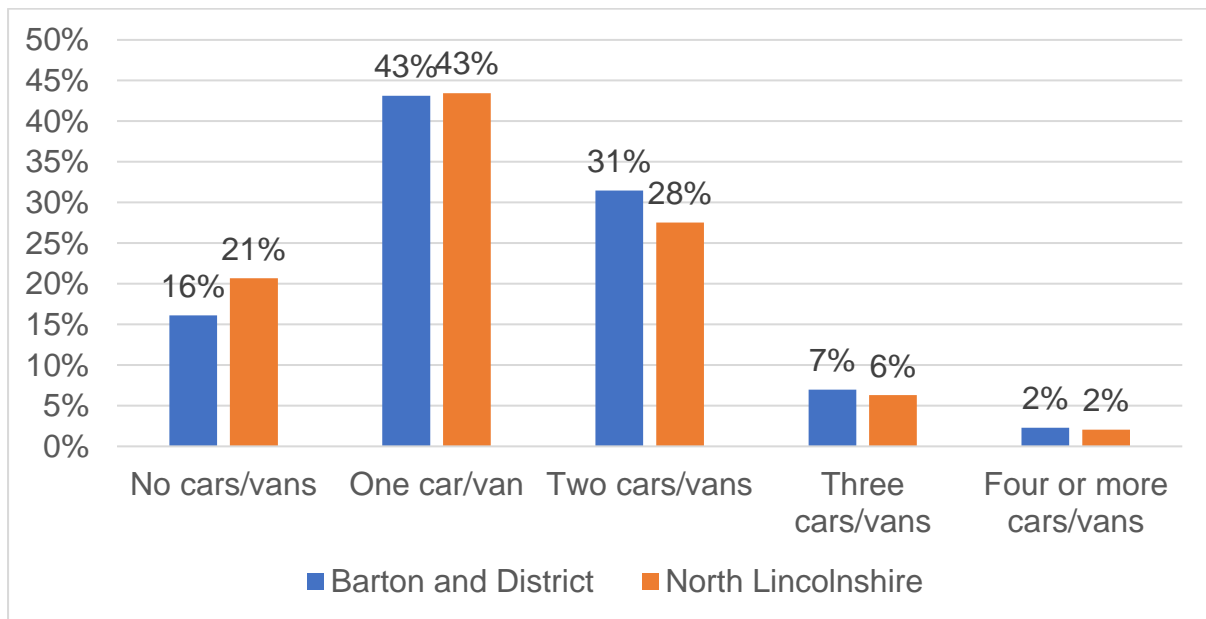
Indicator	Period	North Lincolnshire	Barton and District
Premature (under 75s) deaths from respiratory disease (directly standardised rate per 100,000)	2017-2019	45.3	42.5
Percentage of deaths in usual place of residence (65+ years) (%)	2019	48.3	48.9

Key - statistical significance relative to North Lincolnshire (95% confidence interval).



- 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.

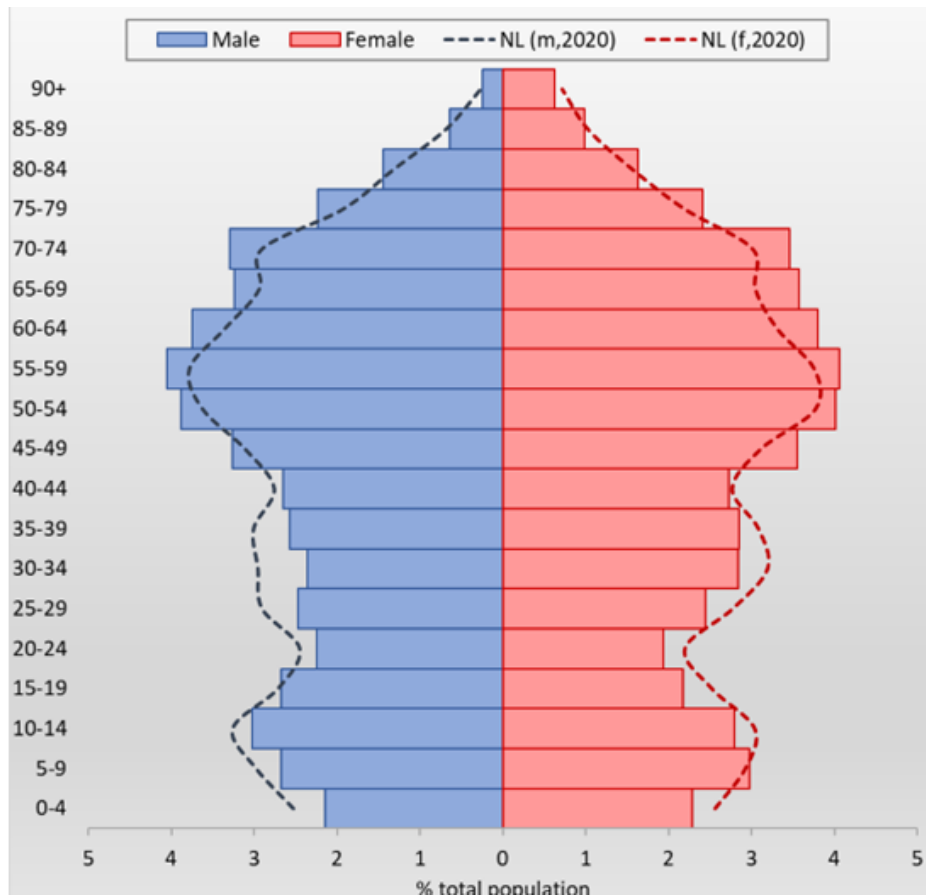
**Figure 29 – car ownership in the locality compared to North Lincolnshire<sup>79</sup>**



- 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.

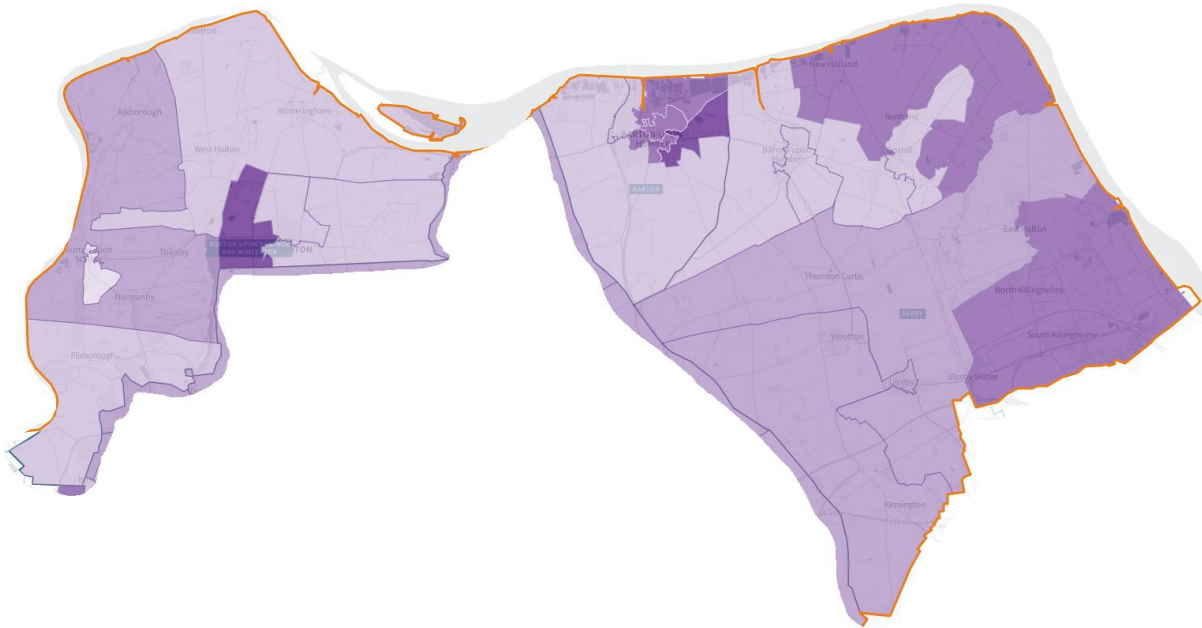
<sup>79</sup> [Nomis KS404EW - Car or van availability](#)

**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<sup>80</sup>



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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.

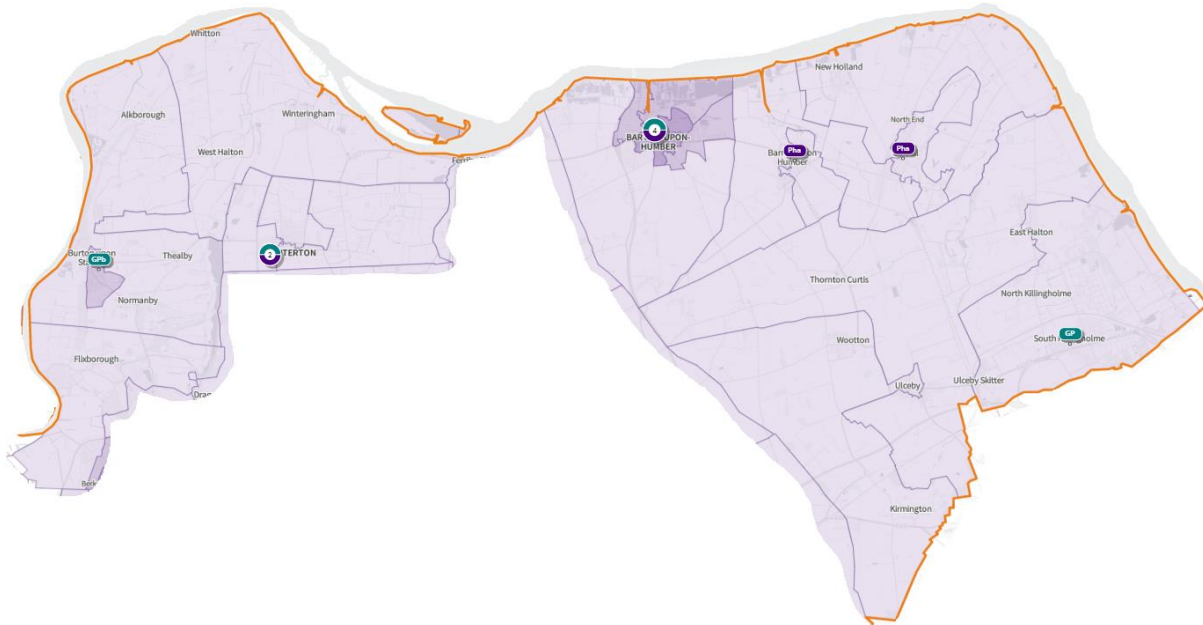
### 9.2 Necessary services: current provision within the locality's area

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 14.7% to 83.9%.

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).

<sup>80</sup> Public Health England's Strategic Health Asset Planning and Evaluation tool

## Map 17 – location of pharmacies and dispensing practice premises compared to population density



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In 2020/21, 61.1% of prescriptions written by the GP practices in the locality were 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). In 2021/22 the figures were 61.7% and 34.2% respectively.

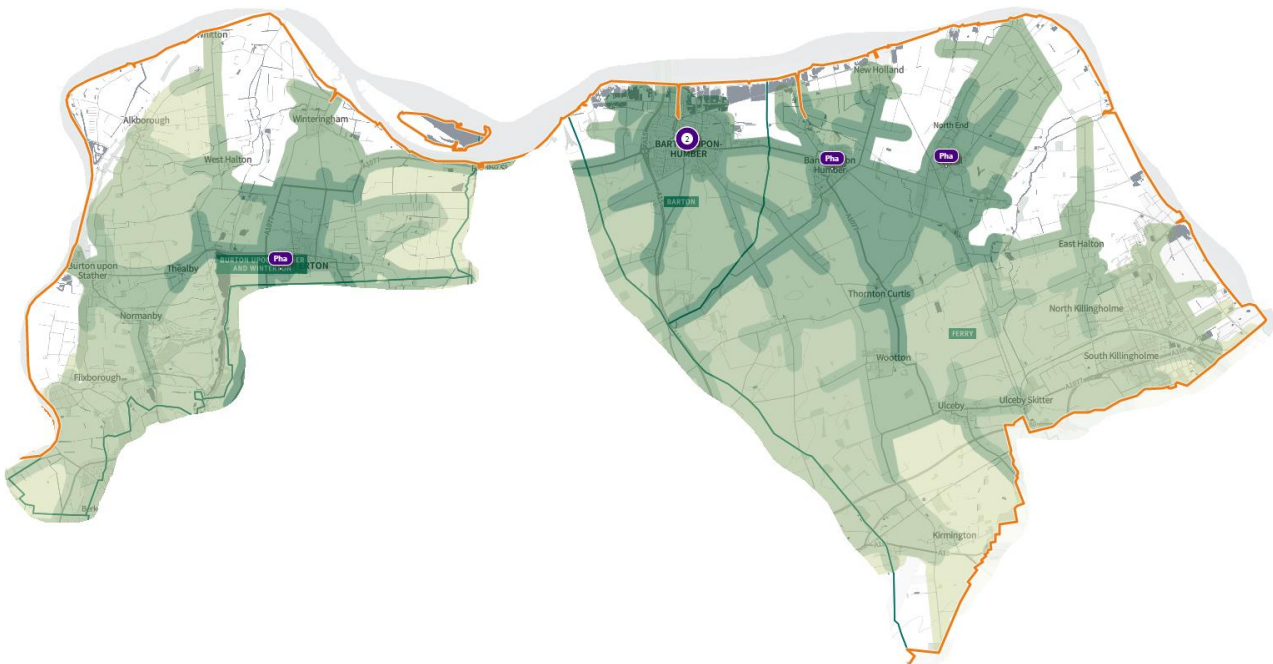
As can be seen from the maps below, parts of the locality are not within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods. These areas are predominantly along the banks of the River Trent and the Humber estuary, although there is also an area to the 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



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### Map 19 – access to pharmacies during rush hour times



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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 13.00 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 08.00 to 18.30 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). In 2021/22, all five pharmacies provided the service, completing a total of 587 full service interventions. The range at pharmacy level was 16 to 254.

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. In 2021/22 four of the pharmacies provided the service, giving a total of 2,849 vaccinations, a range at pharmacy level of 300 and 937. The pharmacy that did not provide the service is in Winterton.

In 2021/22, all of the pharmacies provided the community pharmacist consultation service, completing a total of 120 referrals with a range at pharmacy level of one to 36.



As of July 2022 all of the pharmacies have signed up to provide the hypertension case finding advanced service. One pharmacy has undertaken 35 blood pressure checks at the premises and seven ambulatory checks.

### **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 in 2020/21 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.

A similar pattern was seen in 2021/22.

- 1.5% was dispensed by the other pharmacies in North Lincolnshire,
- 0.7% by 38 contractors in Hull,
- 0.5% by 31 contractors in North East Lincolnshire,
- 0.3% by two contractors in Salford,
- 0.2% by one contractor in Ealing,
- 0.2% by two contractors in Stoke-on-Trent, and
- 0.2% by four contractors in Leeds.

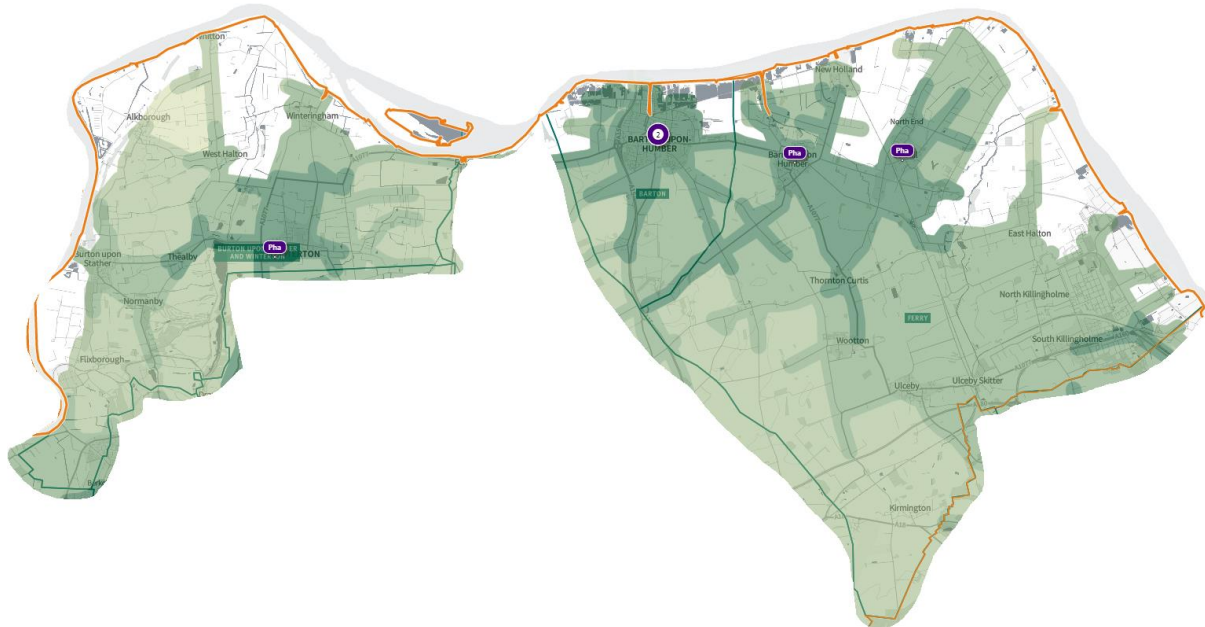
The remaining 0.6% was dispensed by 148 contractors in 51 different health and wellbeing board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 1.0% was dispensed by 11 distance selling premises. 0.8% was dispensed by 31 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**



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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 provided the appliance use review service between April 2020 to March 2022.

One pharmacy in Barton upon Humber customised a total of 28 stoma appliances in 2020/21 and the same pharmacy customised 22 stoma appliances in 2021/22.

As of July 2022 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.

In 2021/22 the five pharmacies provided the Covid-19 lateral flow device distribution service, handing out 11,861 test kits.

As of July 2022 pharmacies had 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.

In 2021/22, a total of 265 contractors dispensed items written by one of the GP practices, of which 226 were outside of North Lincolnshire.

### **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 of the pharmacies would provide the service again, and therefore no current or future improvements or better access have been identified in relation to this service.

As of July 2022 only two pharmacies have signed up to provide the smoking cessation advanced services that went live on 10 March 2022. It is noted 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 km <sup>2</sup> )	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

<b>Indicator</b>	<b>Period</b>	<b>North Lincolnshire</b>	<b>Brigg and District</b>
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



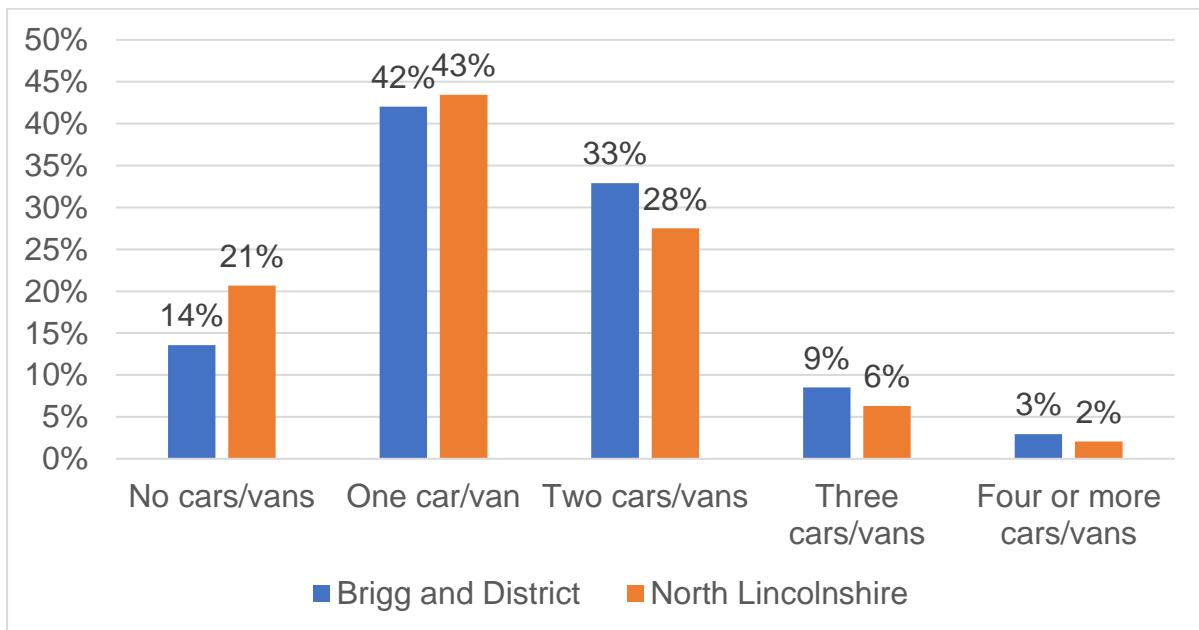
Indicator	Period	North Lincolnshire	Brigg and District
Premature (under 75s) deaths from respiratory disease (directly standardised rate per 100,000)	2017-2019	45.3	29.6
Percentage of deaths in usual place of residence (65+ years) (%)	2019	48.3	48.0

Key - statistical significance relative to North Lincolnshire (95% confidence interval).



- 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.

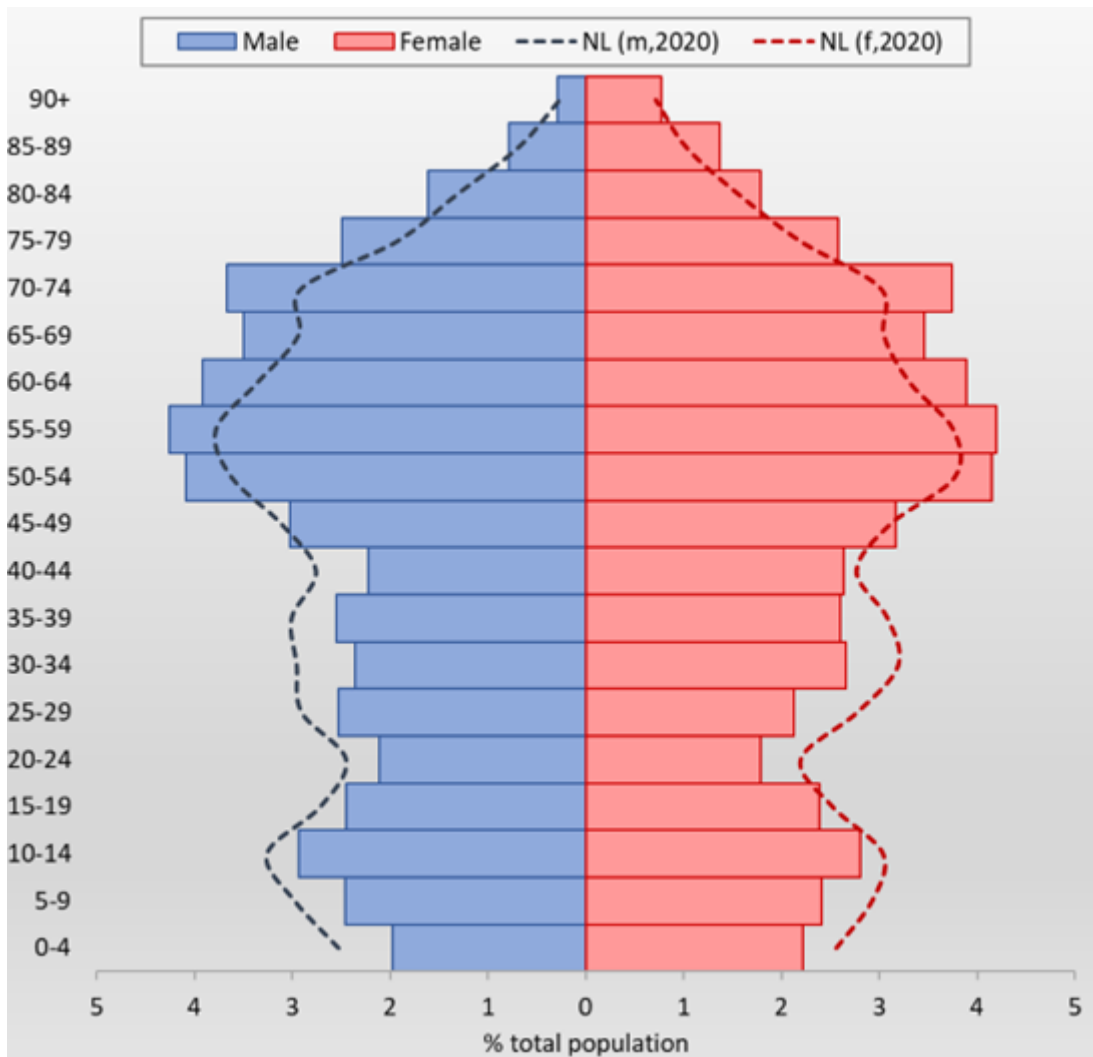
**Figure 31 – car ownership in the locality compared to North Lincolnshire<sup>81</sup>**



- 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.

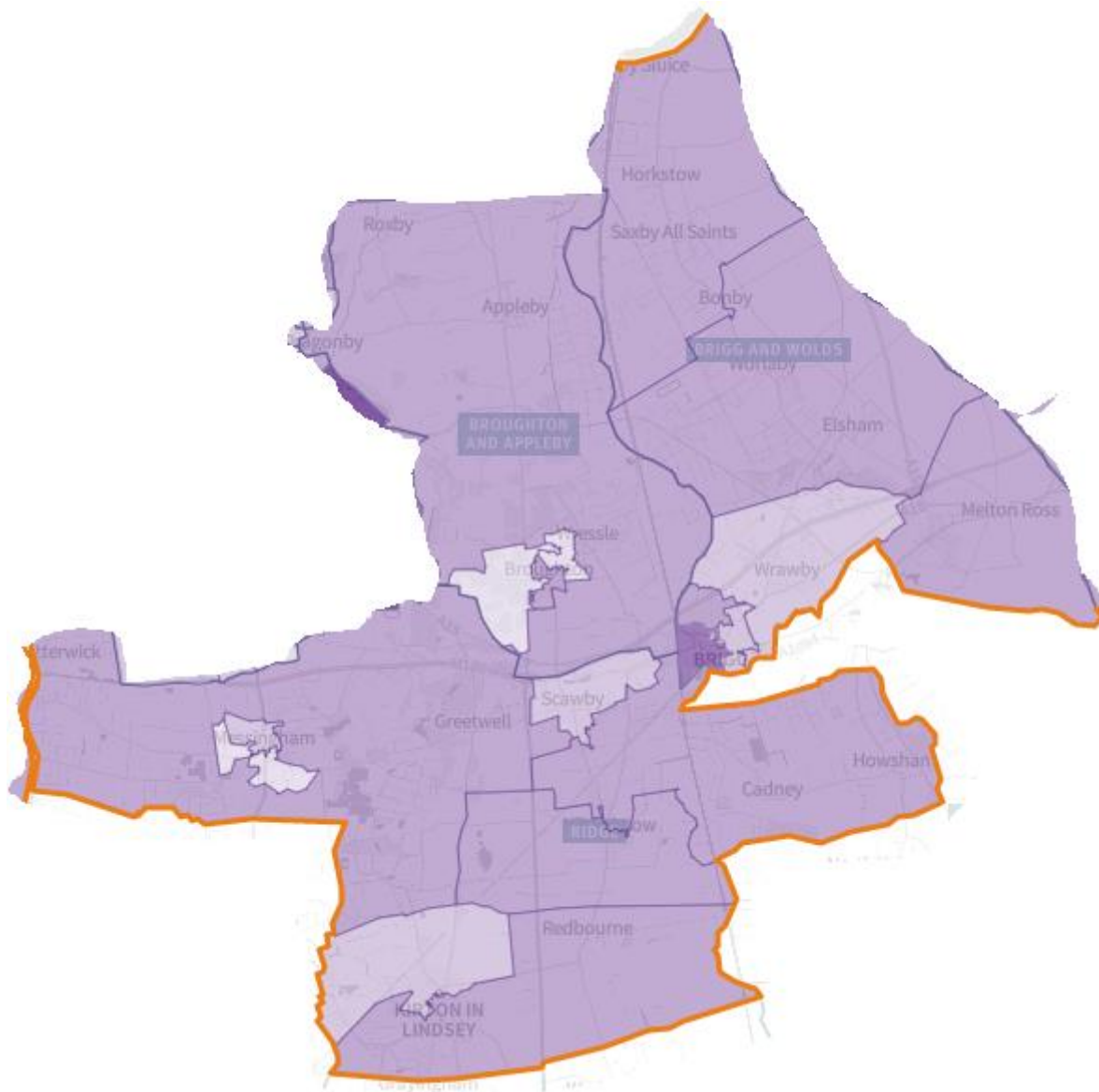
<sup>81</sup> [Nomis KS404EW - Car or van availability](#)

**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<sup>82</sup>



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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

<sup>82</sup> Public Health England's Strategic Health Asset Planning and Evaluation tool

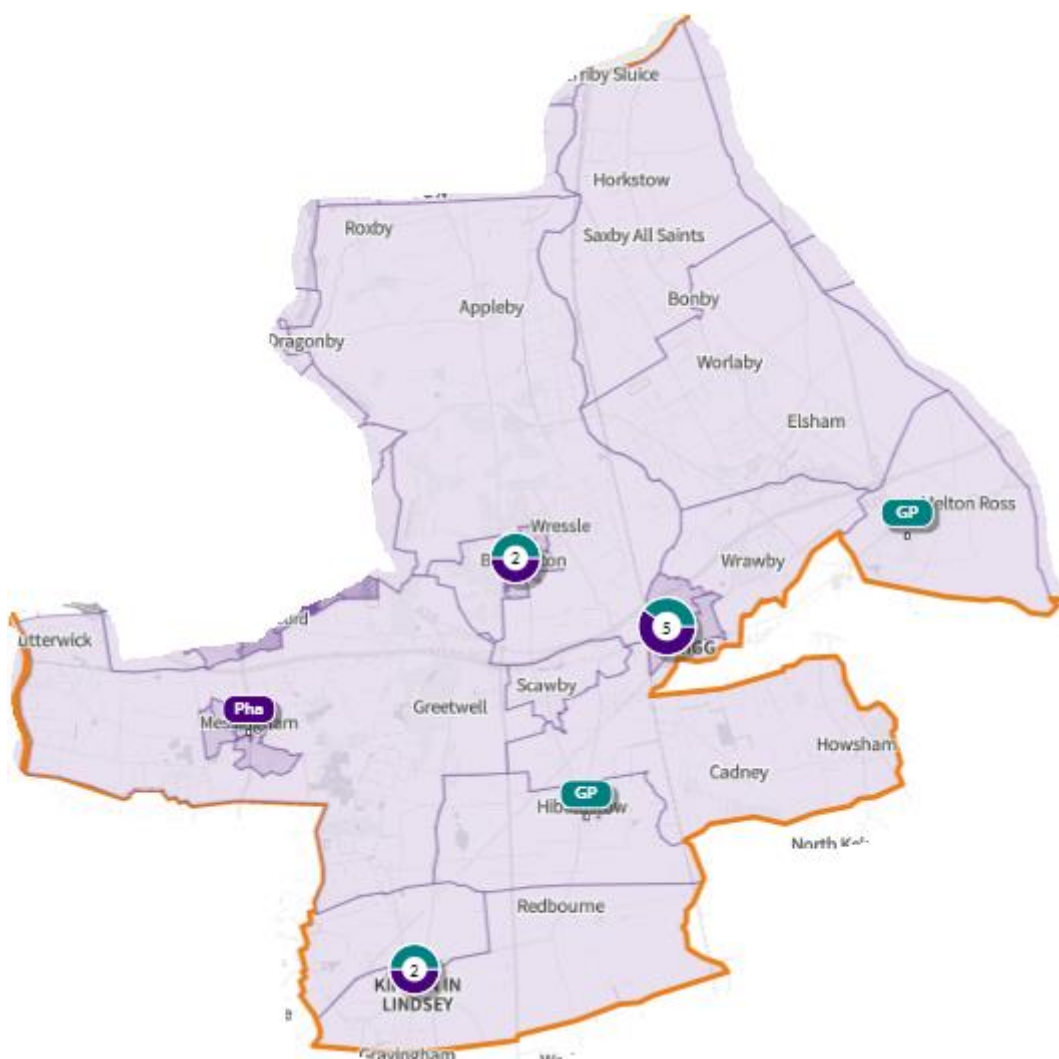
- Saxby all Saints – seven homes
- Worlaby – 37 homes
- Wrawby – 22 homes

## 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 35.6% to 98.4%.

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**

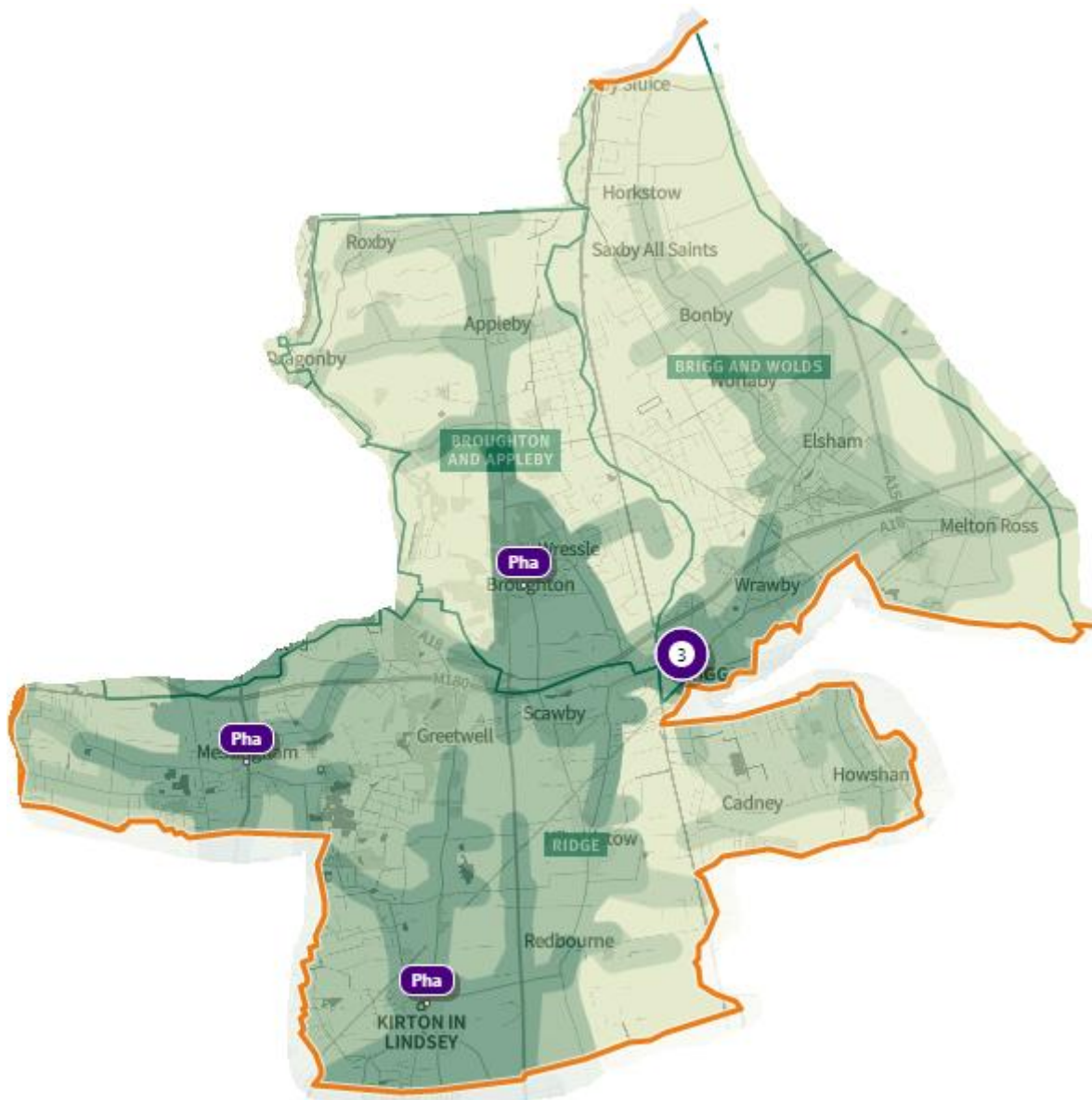


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In 2020/21, 42.3% of prescriptions written by the GP practices in the locality was dispensed within the locality by one of the pharmacies and 46.4% by the dispensing practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed). The figures in 2021/22 were 41.1% and 46.5%.

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



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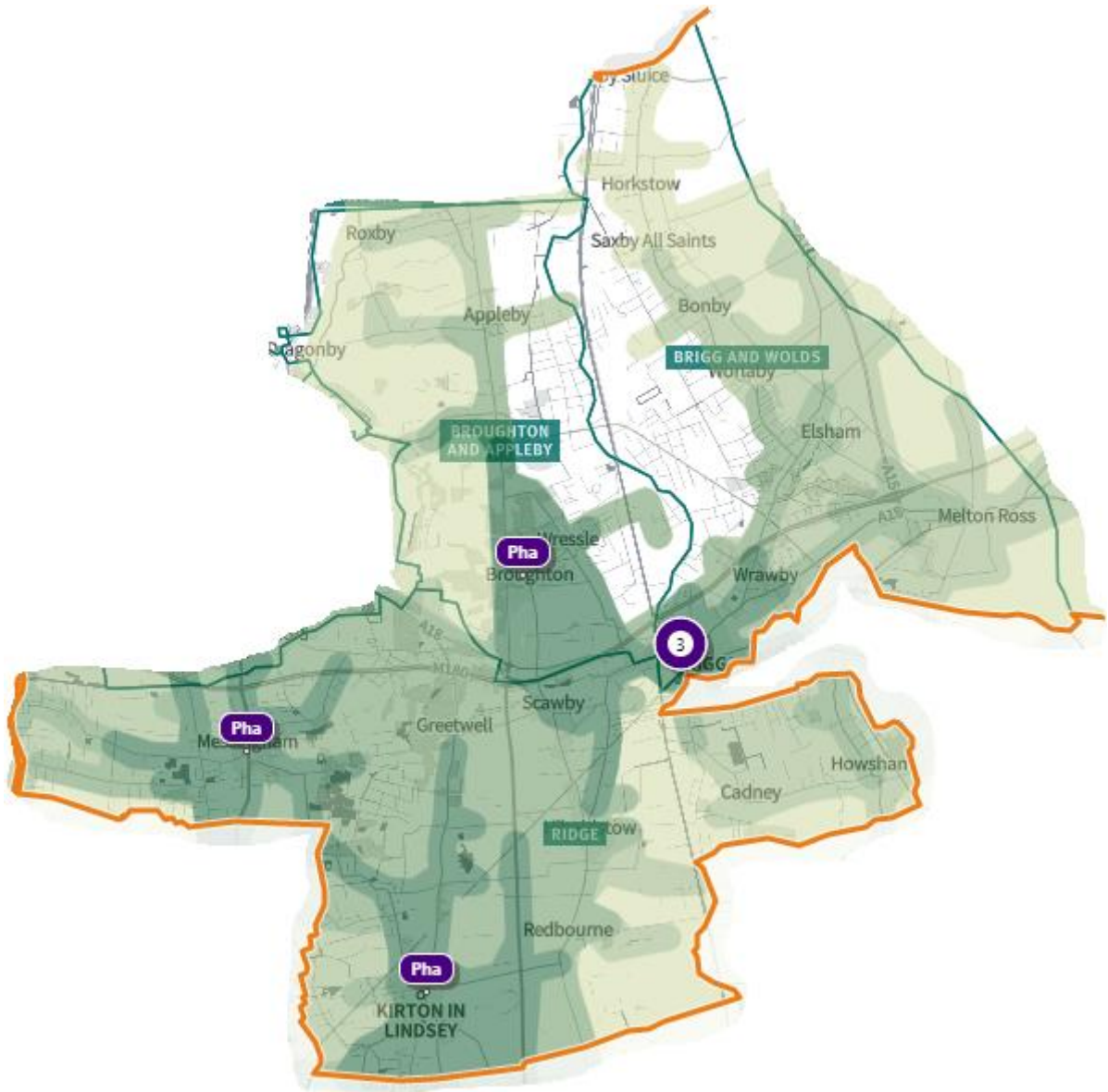




Travel times in minutes

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**



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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, although this pharmacy opens at 08.00 on Mondays) 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 Broughton, although this pharmacy closes at 14.30 on Wednesdays, and Kirton Lindsey).

Other than the 100 hour pharmacy, two pharmacies on Saturday:

- One in Brigg opens 09.00 to 16.45, and
- The pharmacy in 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 08.00 to 18.30 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. In 2021/22, all of the pharmacies provided the service, completing a total of 184 full service interventions. The range at pharmacy level was 22 to 40.

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 2021 and March 2022 four of the pharmacies provided the



service, giving a total of 1,994 vaccinations, a range at pharmacy level of 116 and 797. The pharmacies that did not provide the service are in Kirton Lindsey and Messingham.

In 2021/22, all six pharmacies had signed up to provide community pharmacist consultation service. Five pharmacies completed a total of 152 referrals with a range at pharmacy level of three to 152.

As of July 2022 one of the pharmacies had signed up to provide the hypertension case finding advanced service but had not checked any blood pressures.

### **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 in 2020/21 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.

A similar pattern was seen in 2021/22.

- 2.0% was dispensed by the other pharmacies in North Lincolnshire,
- 7.5% by 39 contractors in Lincolnshire,
- 0.9% by 17 contractors in Hull,
- 0.4% by three contractors in Bradford and Airedale,
- 0.3% by ten contractors in Leeds,
- 0.2% by one contractor in Ealing, and
- 0.2% by three contractors in Stoke-on-Trent.

The remaining 0.9% was dispensed by 261 contractors in 79 different health and wellbeing board areas.

While the majority of items were dispensed by a ‘bricks and mortar’ pharmacy, 1.9% was dispensed by 21 distance selling premises. 0.8% was dispensed by 40 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.

**Map 25 – travel times to pharmacies in the locality and neighbouring localities and health and wellbeing board areas by car, during rush hour**



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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 service between April 2020 to March 2022.

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.

In 2021/22, all of the pharmacies provided the Covid-19 lateral flow device distribution service, handing out 9,533 test kits.

As of July 2022 one pharmacy has 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.

In 2021/22, a total of 377 contractors dispensed items written by one of the GP practices, of which 334 were outside of North Lincolnshire.

## **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 of the pharmacies would provide the service again, and therefore no current or future improvements or better access have been identified in relation to this service.

As of July 2022 one pharmacy has signed up to provide the smoking cessation advanced services that went live on 10 March 2022. It is noted 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 km <sup>2</sup> )	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

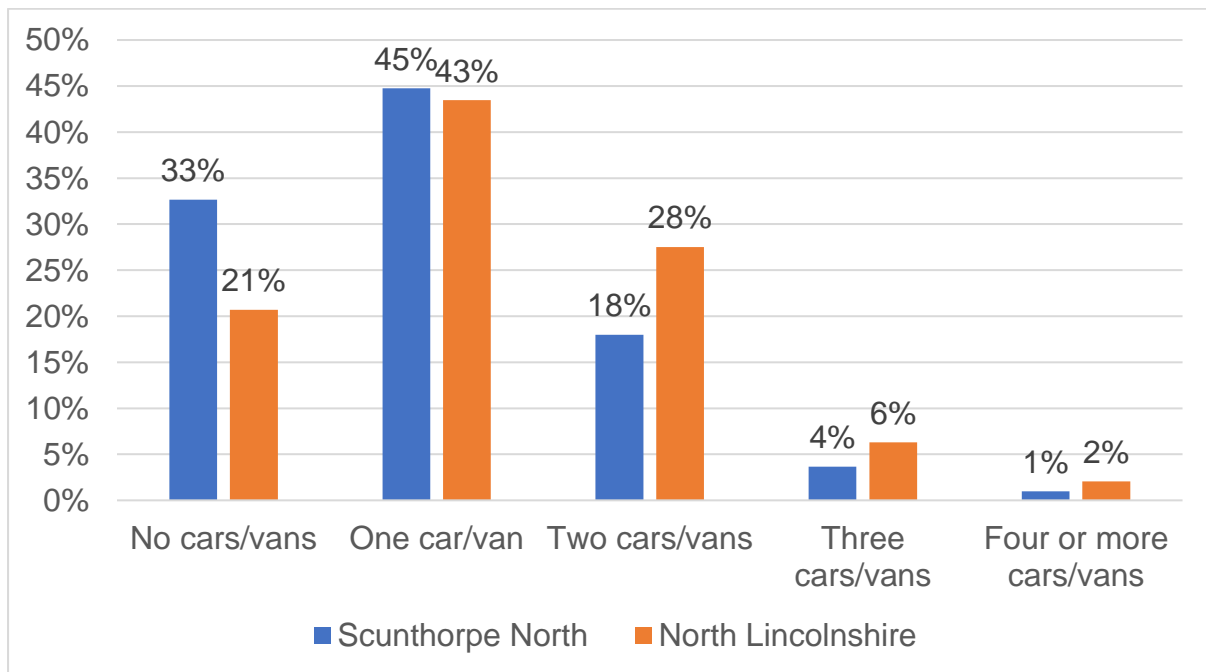
Key - statistical significance relative to North Lincolnshire (95% confidence interval).

	Similar		Better		Worse
			Lower		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.

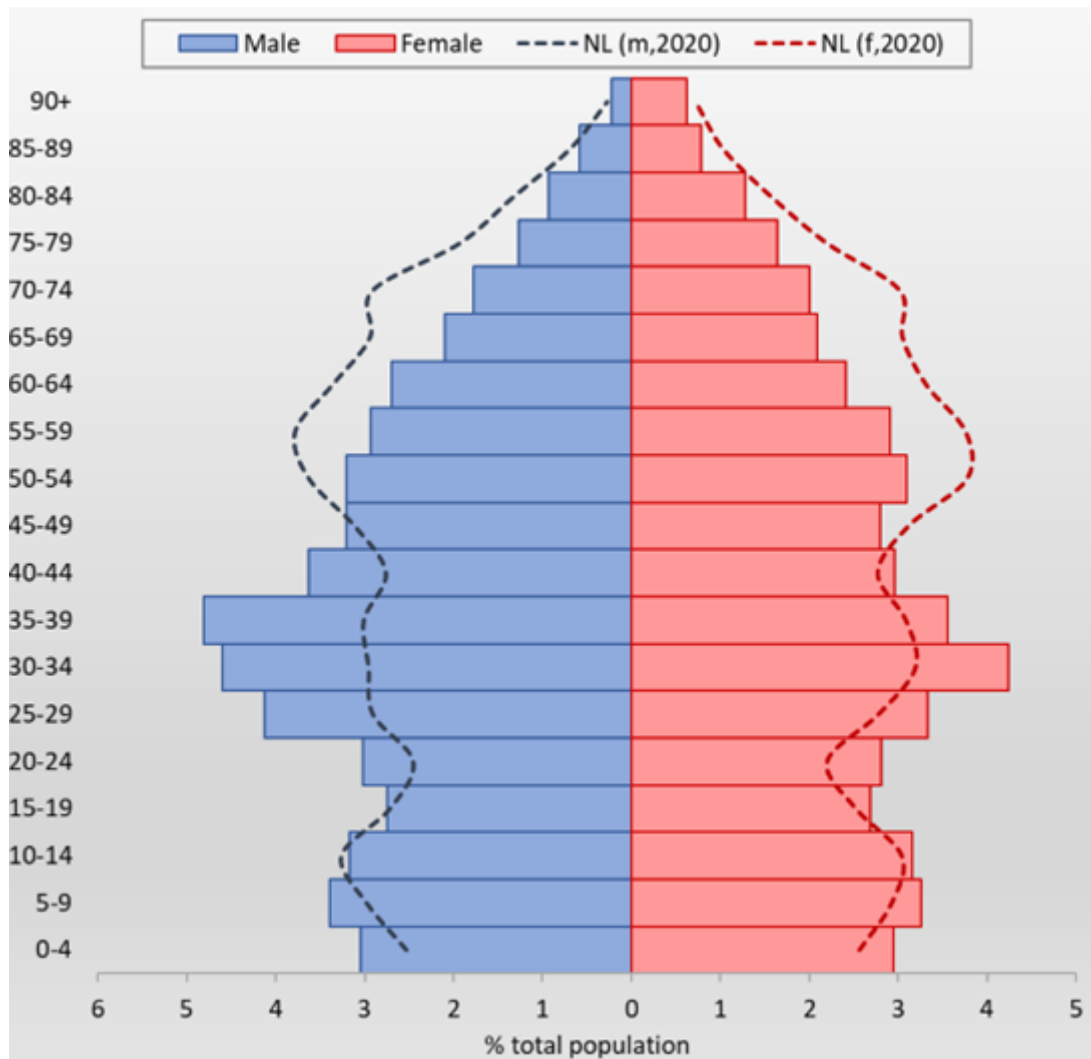
**Figure 33 – car ownership in the locality compared to North Lincolnshire<sup>83</sup>**



- 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.

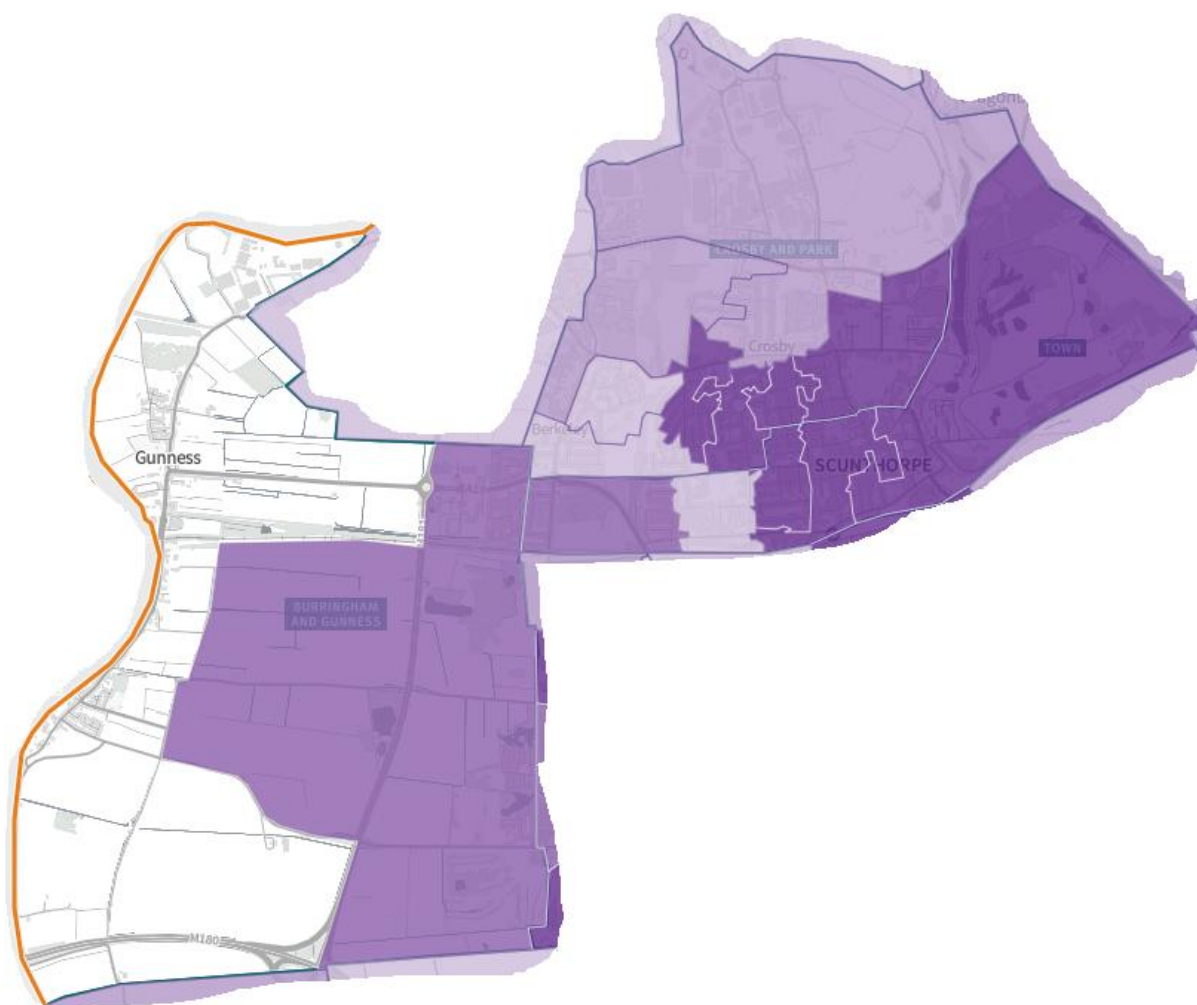
<sup>83</sup> [Nomis KS404EW - Car or van availability](#)

**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<sup>84</sup>



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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).

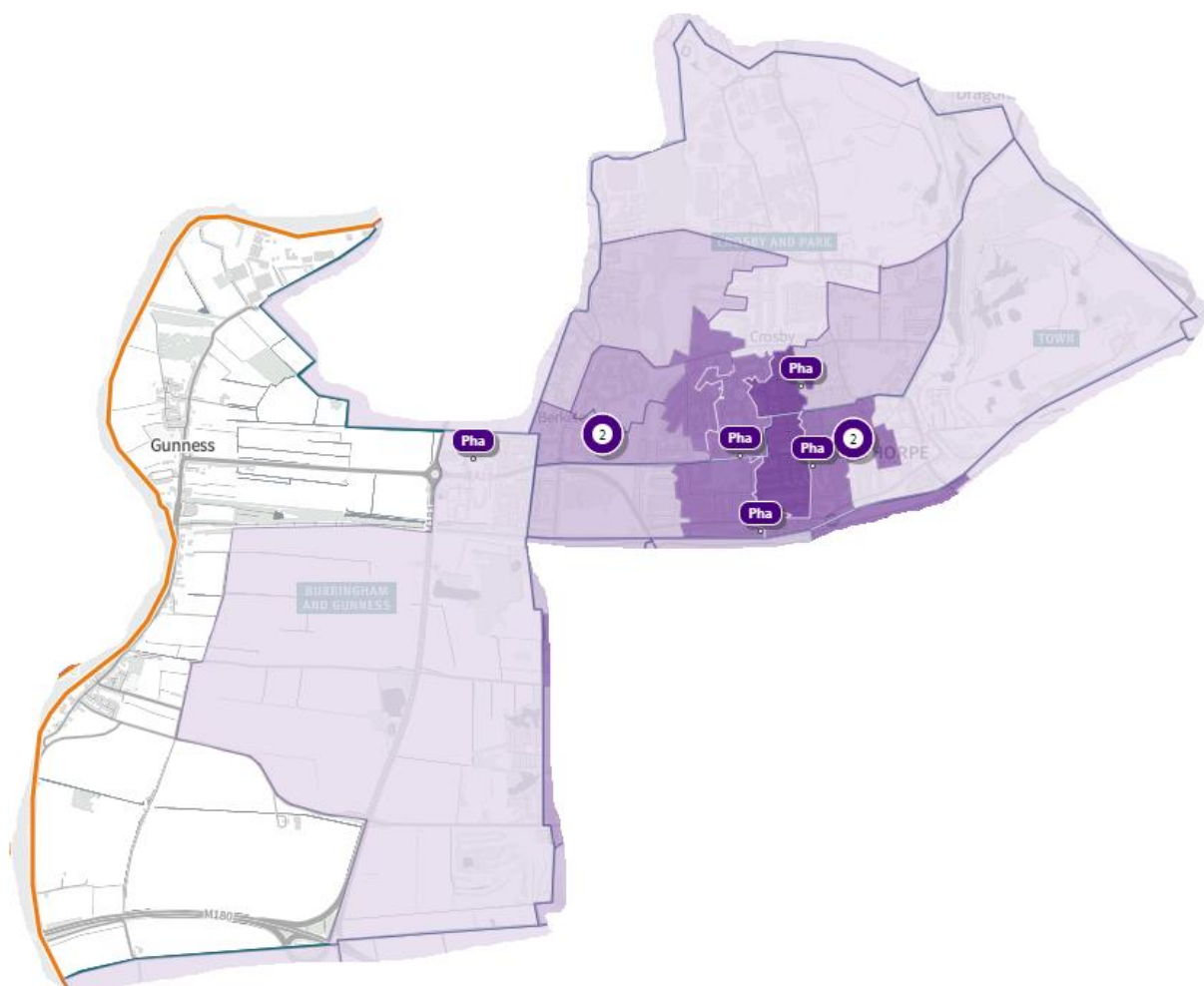
<sup>84</sup> Public Health England's Strategic Health Asset Planning and Evaluation tool

## 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 Guinness.

**Map 27 – location of pharmacies compared to population density**



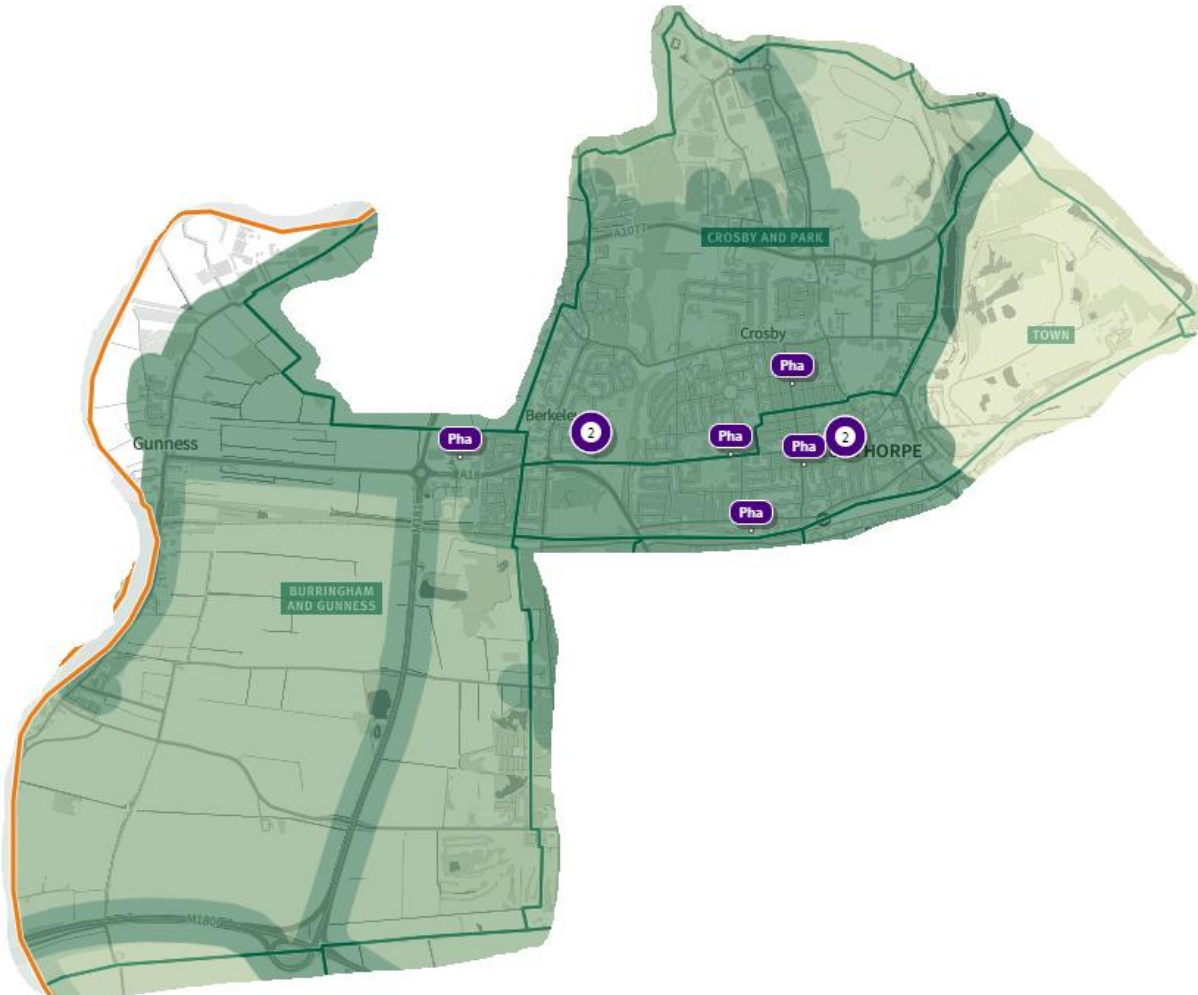
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In 2020/21, 53.7% of prescriptions written by the GP practices in the locality was dispensed within the locality by one of the pharmacies. This fell slightly to 50.8% in 2021/22.



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.

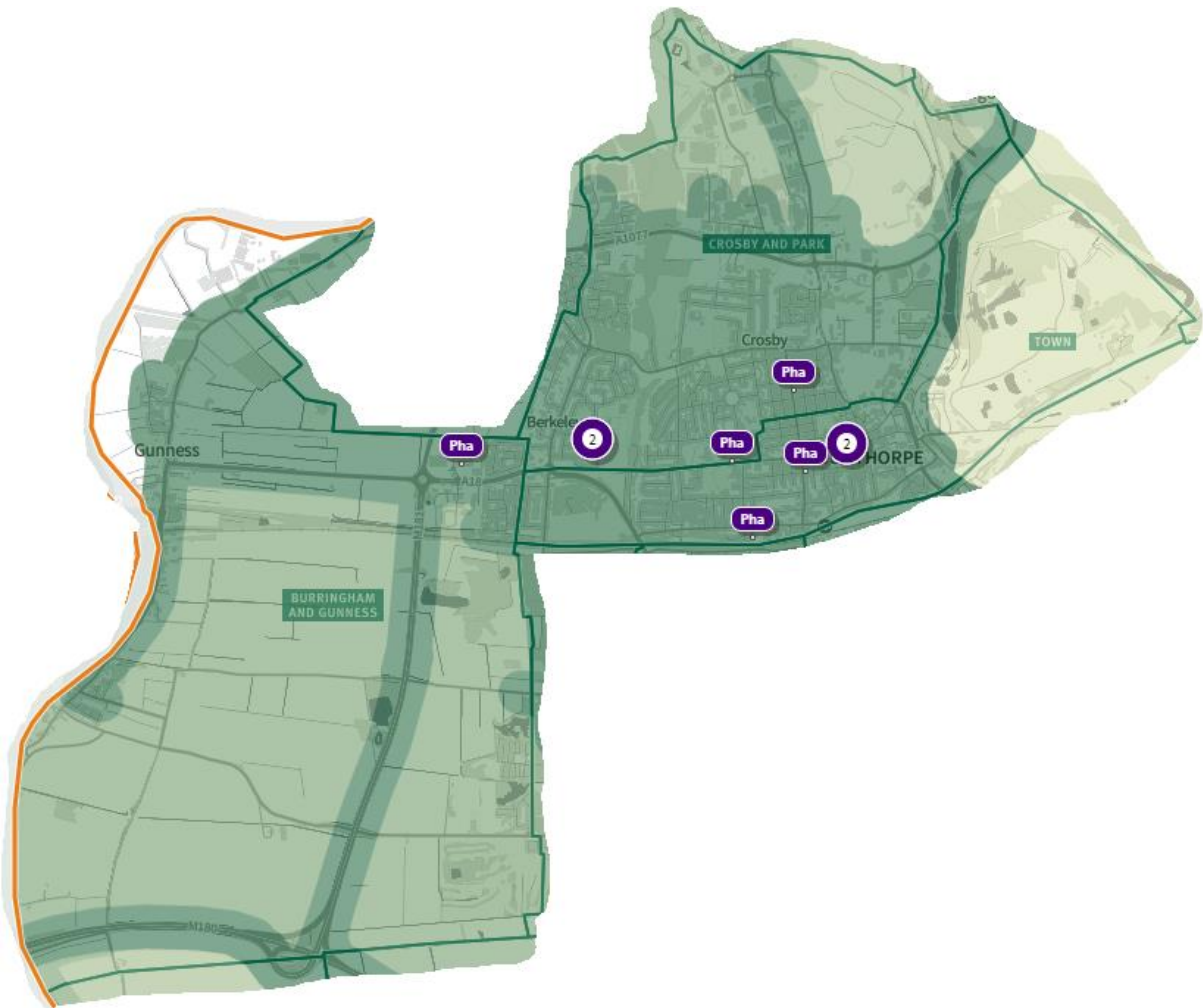
**Map 28 – access to pharmacies in the locality outside of rush hour times**



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## Map 29 – access to pharmacies during rush hour times



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**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



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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 these six pharmacies 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. In 2021/22, all nine pharmacies provided the service, completing a total of 1,141 full service interventions. The range at pharmacy level was 21 to 500.

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 2021 and March 2022 eight of the pharmacies provided the service, giving a total of 5,022 vaccinations, a range at pharmacy level of 234 and 2,249.

In 2021/22, all of the pharmacies had signed up to provide the community pharmacist consultation service. They completed a total of 502 referrals with a range at pharmacy level of six to 165.

As of July 2022 seven of the pharmacies have signed up to provide the hypertension case finding advanced service and have completed 20 blood pressure checks at their premises and one ambulatory check.

### **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 in 2020/21 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,

- 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.

A similar pattern was seen in 2021/22.

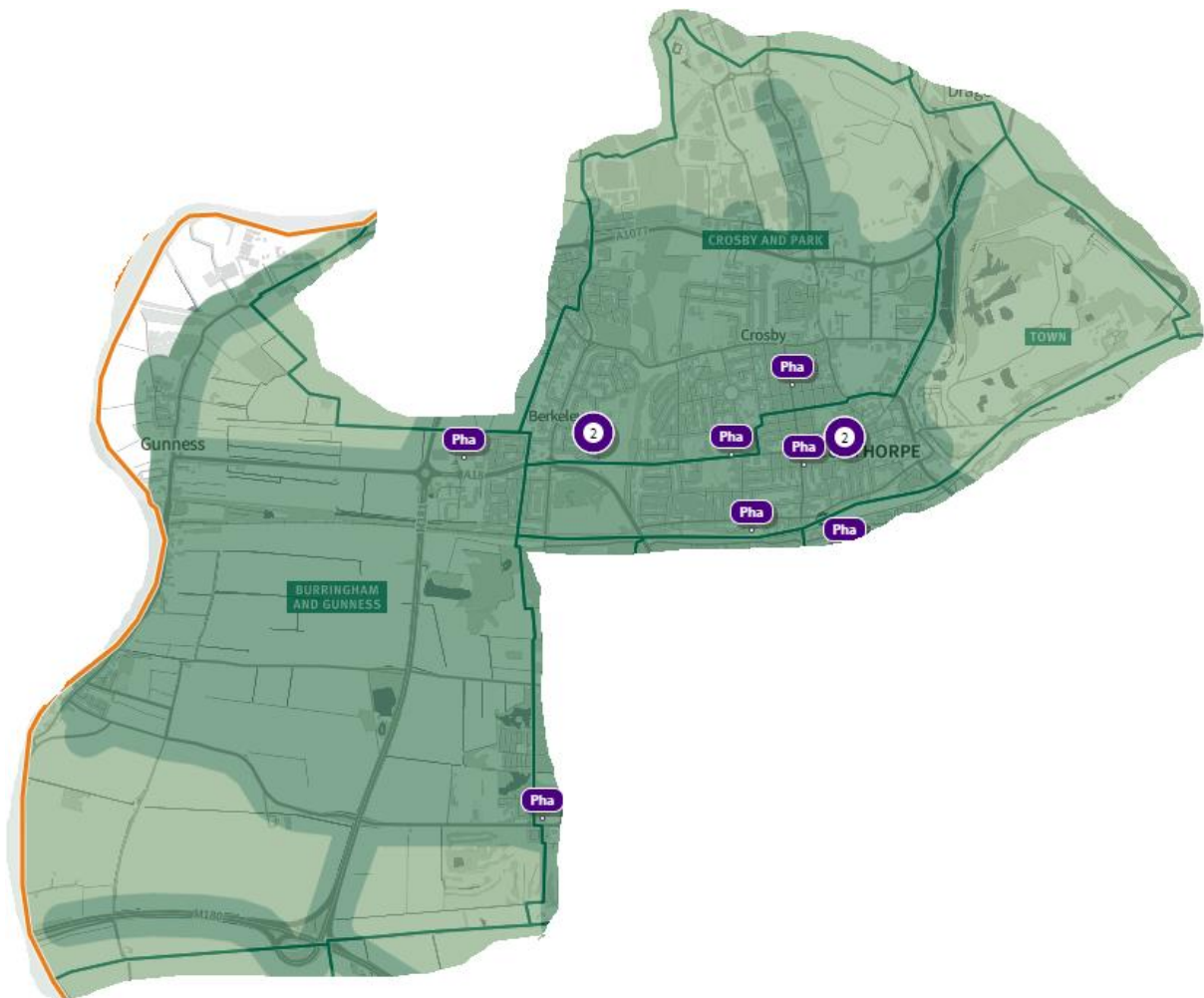
- 40.5% was dispensed by the other pharmacies in North Lincolnshire,
- 2.0% by one contractor in Ealing,
- 1.6% by seven contractors in Leeds,
- 1.0% by 18 contractors in Doncaster,
- 0.7% by three contractors in Bradford and Airedale,
- 0.4% by 19 contractors in Hull,
- 0.3% by two contractors in Stoke-on-Trent, and
- 0.2% by 37 contractors in Lincolnshire.

The remaining 1.4% was dispensed by 218 contractors in 82 different health and wellbeing board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 6.2% was dispensed by 21 distance selling premises. 0.6% was dispensed by 32 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**



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  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 to March 2022.

Two pharmacies customised a total of seven stoma appliances in 2020/21 and three pharmacies customised five stoma appliances in 2021/22.

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.

In 2021/22, the nine pharmacies provided the Covid-19 lateral flow device distribution service, handing out 18,165 test kits.

As of July 2022 no pharmacies had 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.

In 2021/22, a total of 345 contractors dispensed items written by one of the GP practices, of which 305 were outside of North Lincolnshire.

### **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. Three 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 of the pharmacies would provide the service again, and therefore no current or future improvements or better access have been identified in relation to this service.

As of July 2022 no pharmacies have signed up to provide the smoking cessation advanced services that went live on 10 March 2022. It is noted 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 km <sup>2</sup> )	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

Indicator	Period	North Lincolnshire	Scunthorpe South
Deaths from causes considered preventable (2016 definition) (directly standardised rate per 100,000)	2017-2019	192.3	219.1
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

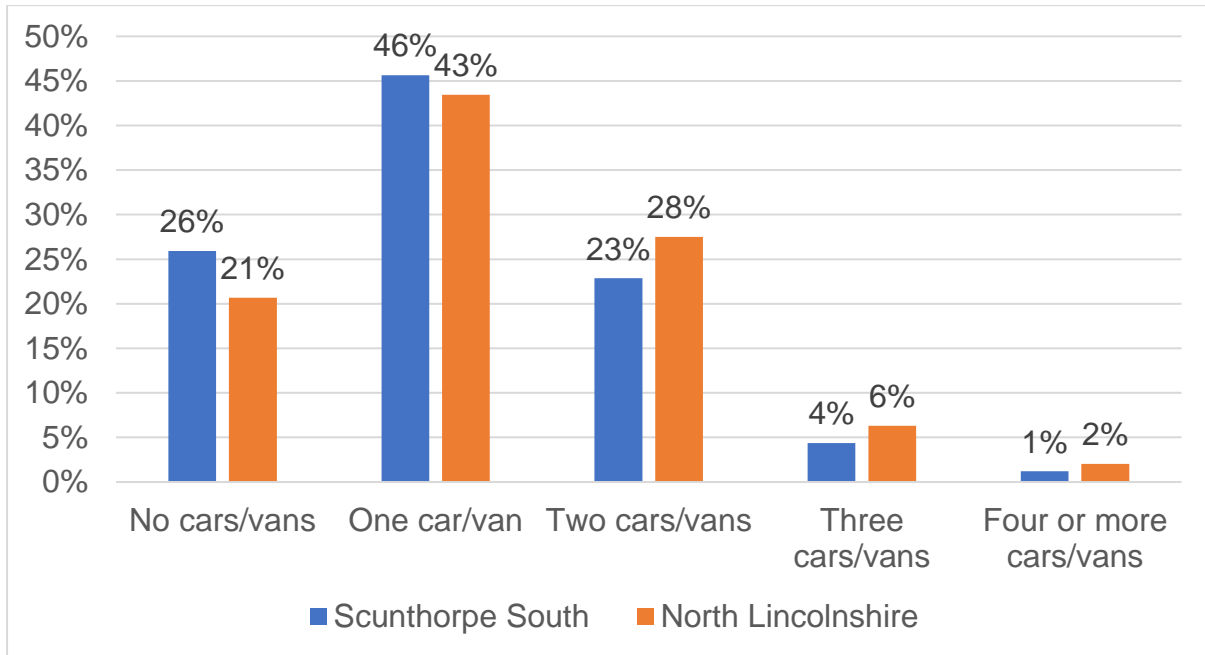
Key - statistical significance relative to North Lincolnshire (95% confidence interval).



- 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%).

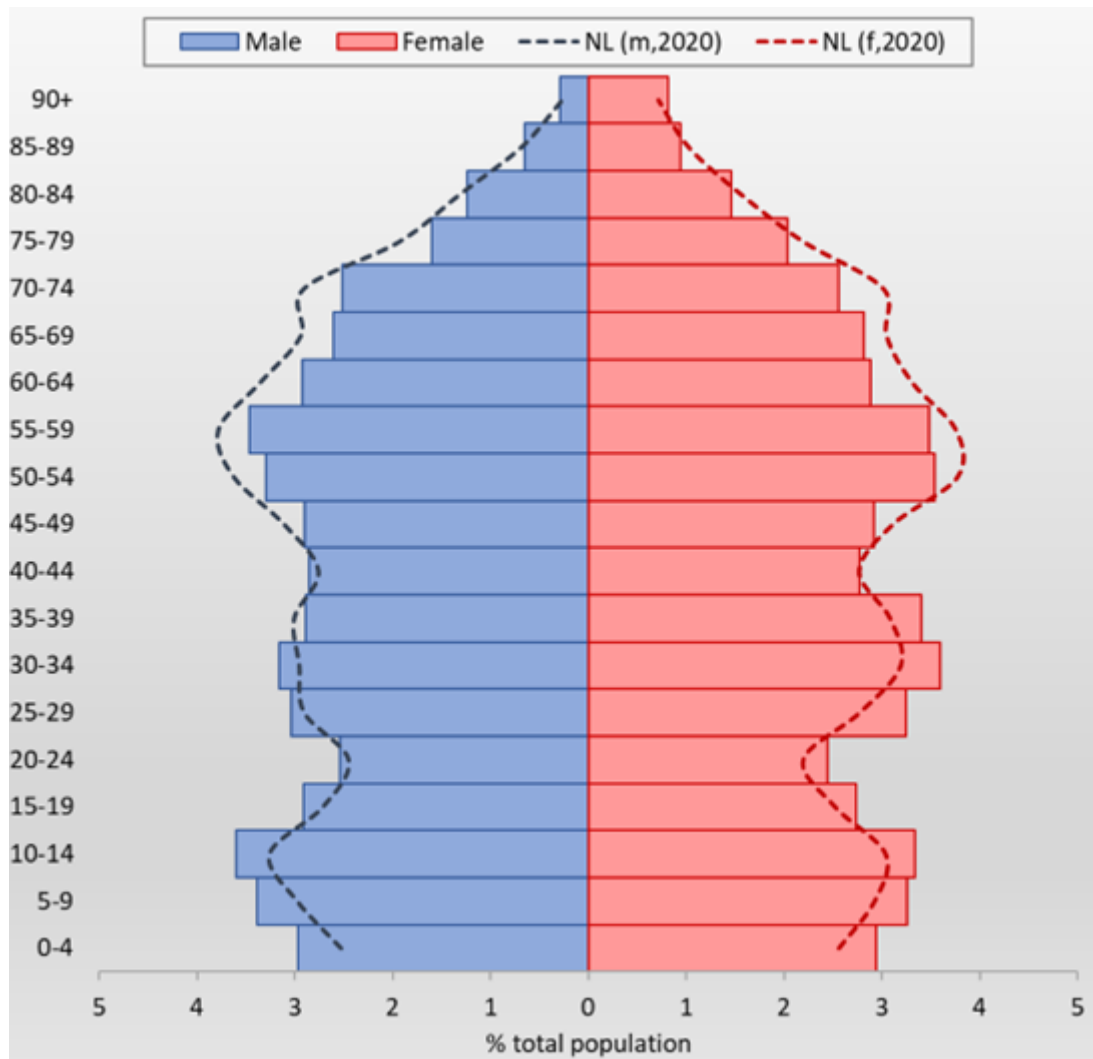
**Figure 35 – car ownership in the locality compared to North Lincolnshire<sup>85</sup>**



- 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.

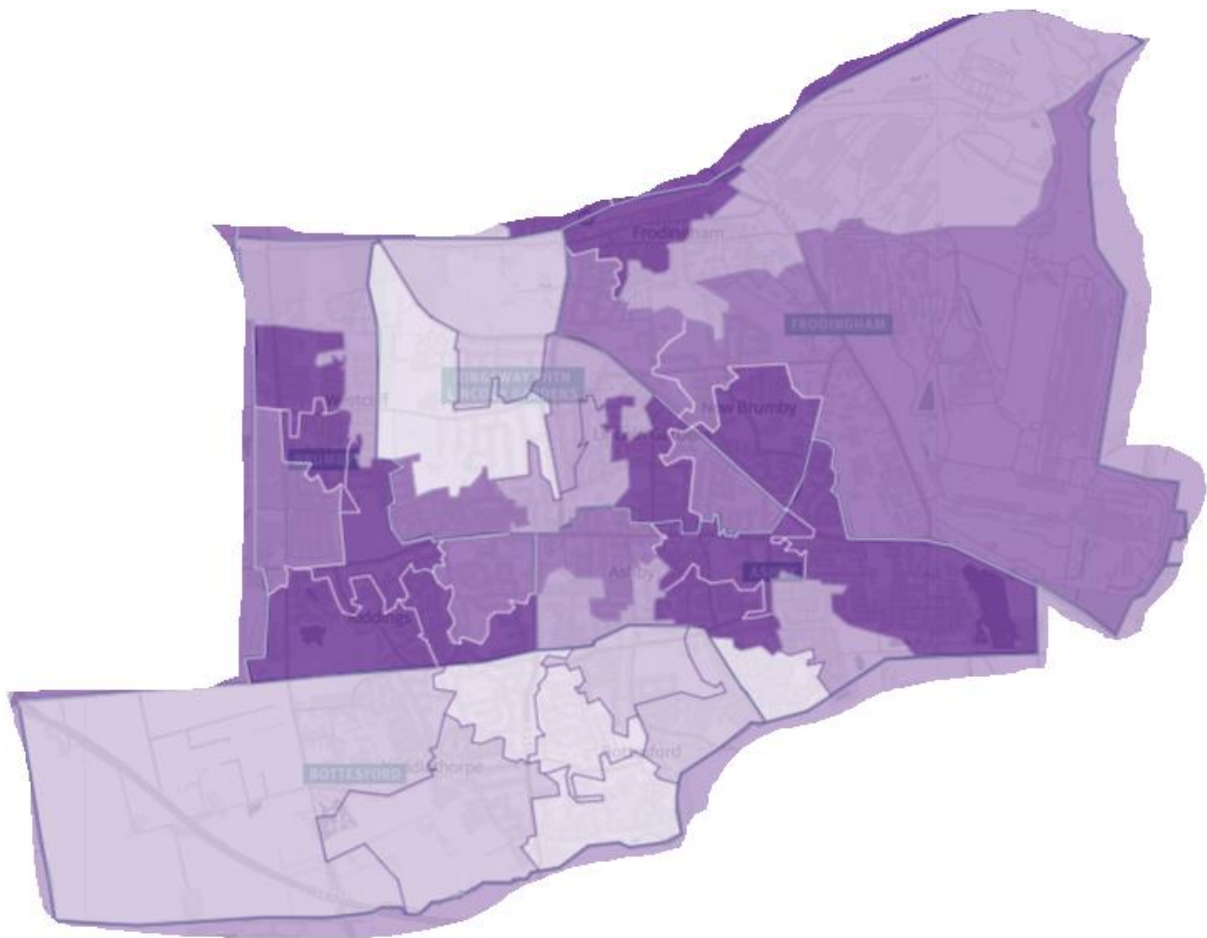
<sup>85</sup> [Nomis KS404EW - Car or van availability](#)

**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<sup>86</sup>



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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

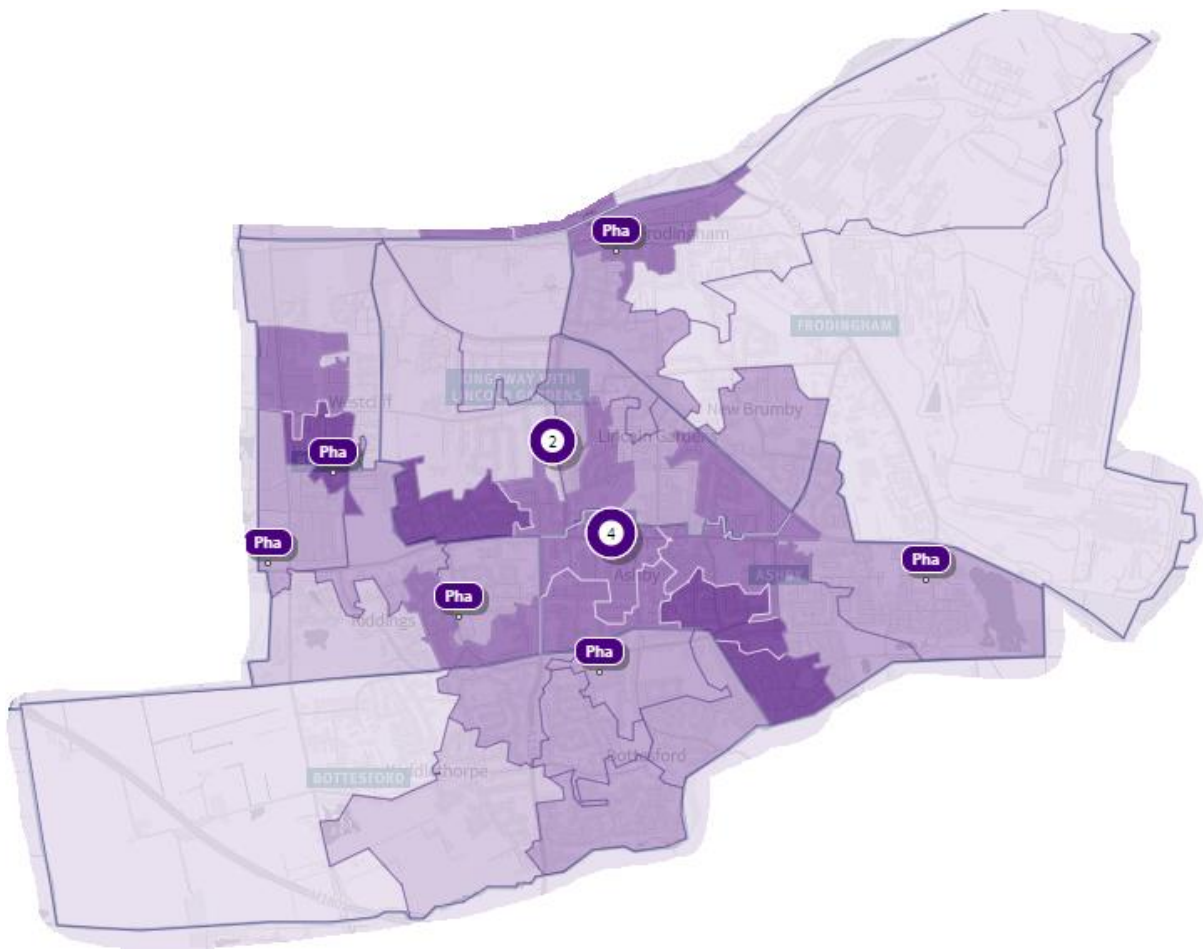
### 12.2 Necessary services: current provision within the locality's area

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).

<sup>86</sup> Public Health England's Strategic Health Asset Planning and Evaluation tool

### Map 33 – location of pharmacies compared to population density



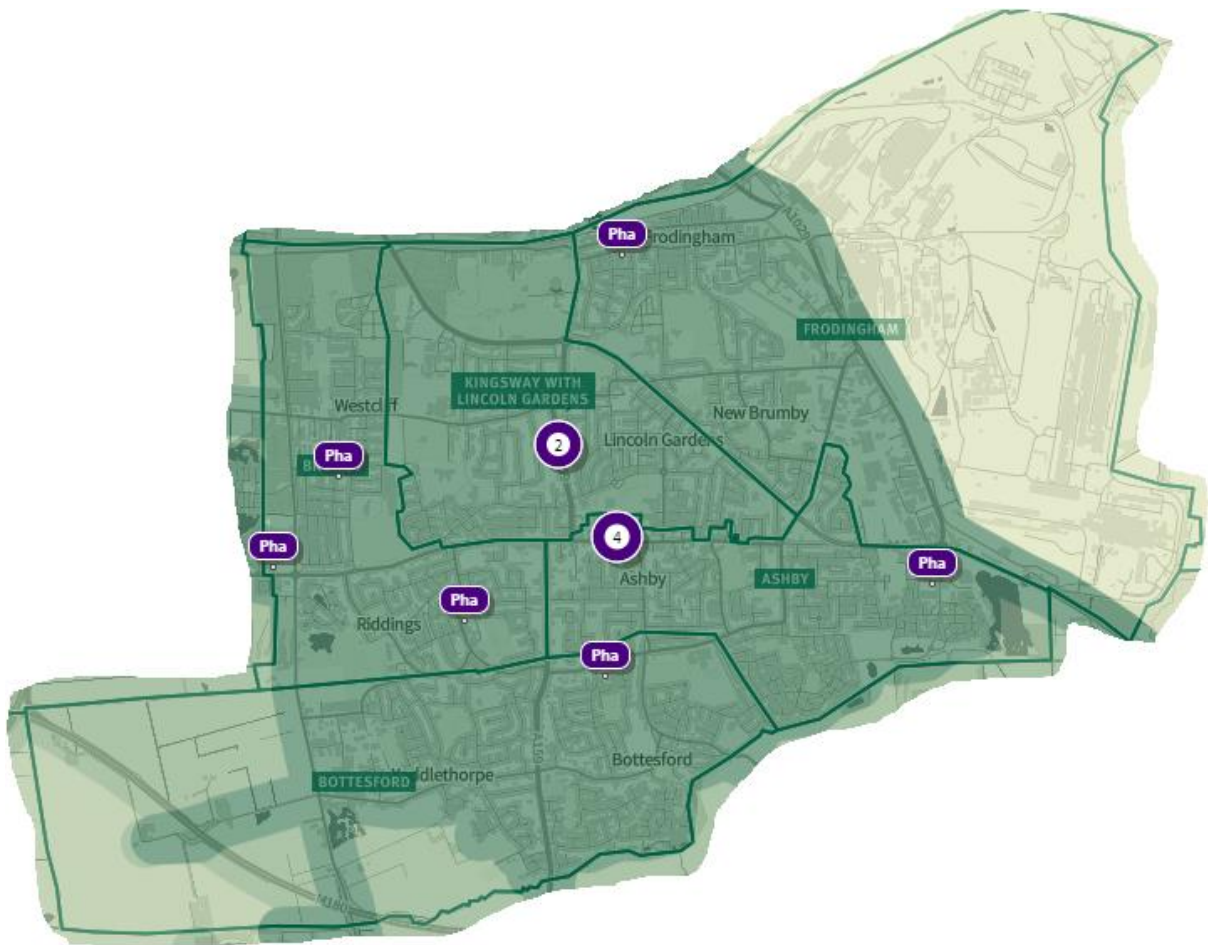
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In 2020/21, 69.6% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies. In 2021/22 the figure was 69.1%

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

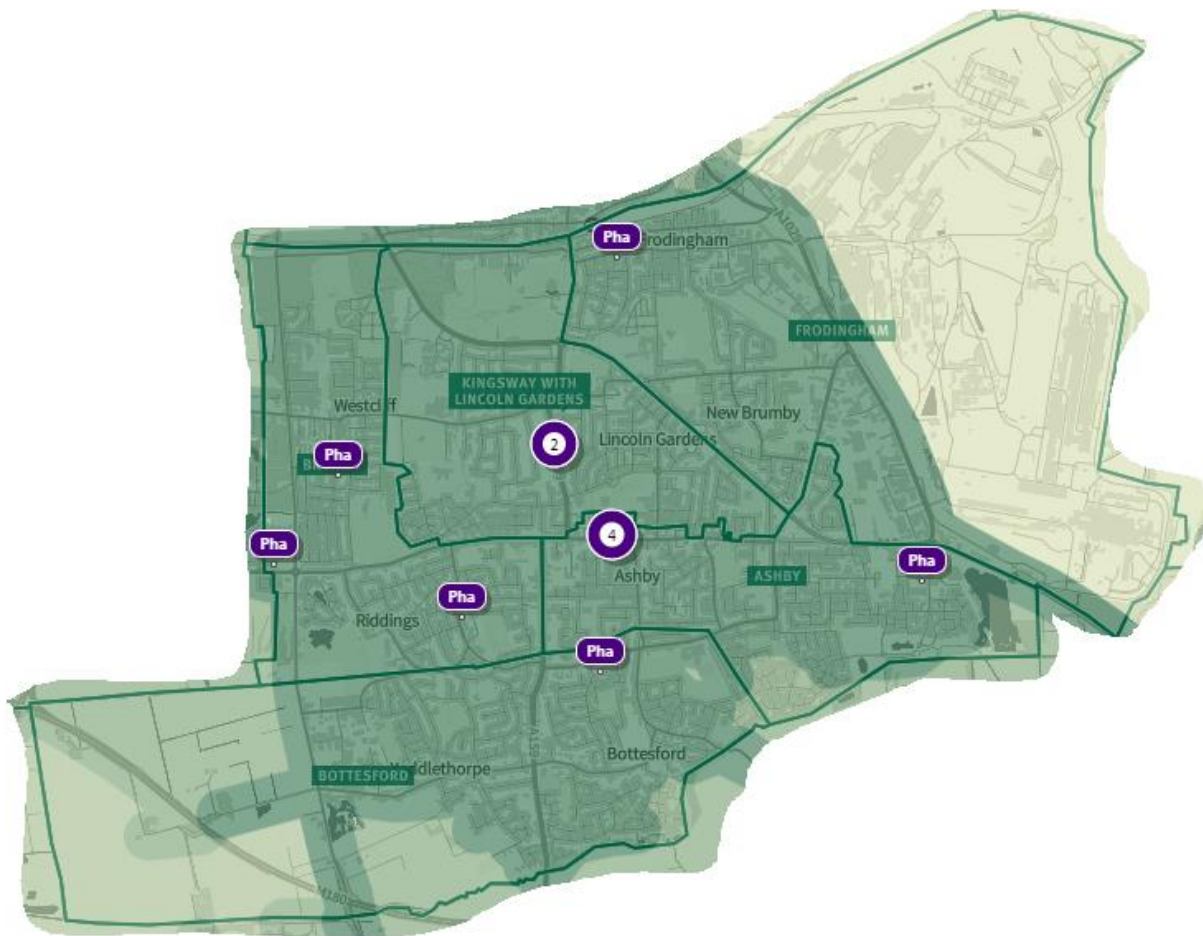


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**5** **10** **15** **20** Travel times in minutes



### Map 35 – access to pharmacies during rush hour times



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 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



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 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). In 2021/22, all of the pharmacies provided the service, completing a total of 2,990 full service interventions. The range at pharmacy level was 31 to 490.

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 2021 and March 2022 all of the pharmacies provided the service, giving a total of 6,548 vaccinations, a range at pharmacy level of 163 and 809.

In 2021/22, all of the pharmacies had signed up to provide the community pharmacist consultation service. 11 of the pharmacies completed a total of 724 referrals with a range at pharmacy level of eight to 235.

As of July 2022 nine of the pharmacies have signed up to provide the hypertension case finding advanced service. Three pharmacies have undertaken 130 blood pressure checks at their premises.

### **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 in 2020/21 that were not dispensed by a pharmacy in the locality:

- 23.7% was dispensed by the other pharmacies in North Lincolnshire,
- 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.

A similar pattern was seen in 2021/22.

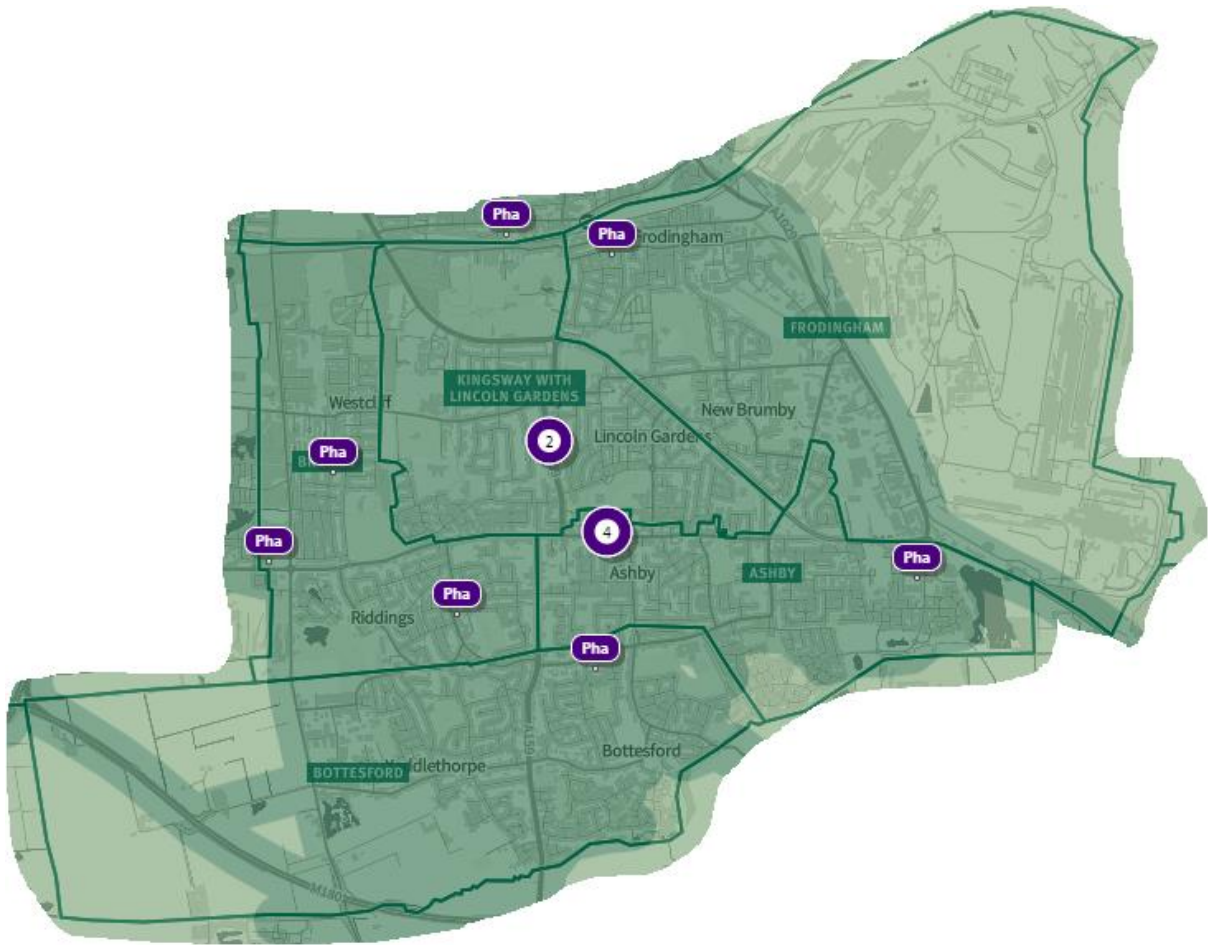
- 23.4% was dispensed by the other pharmacies in North Lincolnshire,
- 1.6% by 22 contractors in Leeds,
- 1.4% by two contractors in Ealing,
- 0.8% by seven contractors in Bradford and Airedale.
- 0.5% by 27 contractors in Hull, and
- 0.4% by two contractors in Stoke-on-Trent.

The remaining 1.6% was dispensed by 475 contractors in 108 different health and wellbeing board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 5.0% was dispensed by 22 distance selling premises. 0.7% 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 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**



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**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**



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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 to March 2022.

One pharmacy customised a total of 20 stoma appliances in 2020/21 and two customised 24 stoma appliances in 2021/22.

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.

All of the pharmacies provided the Covid-19 lateral flow device distribution service in 2021/22, handing out 27,215 test kits.

As of July 2022 three 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.

In 2021/22, a total of 577 contractors dispensed items written by one of the GP practices, of which 535 were outside of North Lincolnshire.

## **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 service is not currently commissioned by NHS England. However if it was to be recommissioned it is anticipated that all of the pharmacies would provide the service again, and therefore no current or future improvements or better access have been identified in relation to this service.

As of July 2022, three pharmacies had signed up to provide the smoking cessation advanced services that went live on 10 March 2022. It is noted 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 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, two 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<sup>87</sup>, 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<sup>88</sup>), 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<sup>89</sup>. 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

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<sup>87</sup> [Review of progress on reforms in England to the “Control of Entry” system for NHS pharmaceutical contractors. Department of Health 2007](#)

<sup>88</sup> [Pharmacy in England. Building on strengths – delivering the future. Department of Health 2008](#)

<sup>89</sup> [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<sup>90</sup>, 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

<sup>90</sup> <http://www.legislation.gov.uk/ukxi/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. This was extended again until 1 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 appropriately 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

<b>Name</b>	<b>Post</b>	<b>Organisation</b>
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](mailto: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
- Male
- 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 prescriptions from 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 dosette 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 consistent

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 takes 72 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

15. What is your age?				
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 being open on a saturday even if its closes 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

**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?**

	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
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







### 21. What is your ethnic origin?

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
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
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
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 contact your line manager.
- You should then contact NHS England and NHS Improvement by email on [england.pharmacyreturns@nhs.net](mailto: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<sup>91</sup> and DoS<sup>92</sup> [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.

---

<sup>91</sup> Summary care records

<sup>92</sup> 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                      | <input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> Soon |
|  | <input type="checkbox"/> No   |
| Covid-19 lateral flow test distribution service  | <input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> Soon |
|  | <input type="checkbox"/> No   |
| New medicine service                             | <input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> Soon |
|  | <input type="checkbox"/> No   |
| Appliance use review service                     | <input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> Soon |
|  | <input type="checkbox"/> No   |
| Community pharmacist consultation service (CPCS) | <input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> Soon |
|  | <input type="checkbox"/> No   |
| Flu vaccination service                          | <input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> Soon |
|  | <input type="checkbox"/> No   |
| Stoma appliance customisation service            | <input type="checkbox"/> Yes  |
|  | <input type="checkbox"/> Soon |
|  | <input type="checkbox"/> 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	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Palliative care stock-holding scheme	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Palliative care on-call out of hours service	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Point of dispensing intervention service (PODIS)	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Directly observed therapy of tuberculosis medicines	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> 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	<input type="checkbox"/> LA	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Supervised Buprenorphine	<input type="checkbox"/> LA	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr
Needle and syringe exchange service	<input type="checkbox"/> LA	<input type="checkbox"/> Wtp	<input type="checkbox"/> No	<input type="checkbox"/> Pr

## Other services

### Disease specific medicines management services

Allergies	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Alzheimer's/dementia	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Asthma	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Coronary heart disease	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Chronic obstructive pulmonary disease	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Depression	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Diabetes type 1	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Diabetes type 2	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Epilepsy	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Heart failure	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Hypertension	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Parkinson's disease	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No

Other (please state, including funding source)

--

## Other services

Anticoagulant monitoring service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Anti-viral distribution service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Care home service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
C-card condom registration and provision service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Chlamydia testing service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Chlamydia treatment service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	No
Contraception service	<input type="checkbox"/>	Pr	<input type="checkbox"/>	Wtp	<input type="checkbox"/>	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)	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Human papilloma virus	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Meningococcal vaccinations	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Pneumococcal vaccinations	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> No
Travel vaccines	<input type="checkbox"/> NHSE/CCG	<input type="checkbox"/> Pr	<input type="checkbox"/> Wtp	<input type="checkbox"/> 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.

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## 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](mailto: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**

<b>List of languages spoken:</b>

**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**

### **1 Introduction**

As part of the pharmaceutical needs assessment process the health and wellbeing board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the health and wellbeing board's area are accurately reflected in the final pharmaceutical needs assessment document. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

### **2 Consultation process**

In order to complete this process the health and wellbeing board has consulted with those parties identified under regulation 8 of the NHS ((Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended, to establish if the draft pharmaceutical needs assessment addresses issues that they considered relevant to the provision of pharmaceutical services. Those consulted were:

- Community Pharmacy Humber,
- Humber Local Medical Committee,
- Contractors included in the pharmaceutical lists,
- GPs included in the dispensing doctor list,
- Healthwatch North Lincolnshire,
- North Lincolnshire and Goole NHS Foundation Trust,
- Rotherham Doncaster and South Humber NHS Foundation Trust,
- East Midlands Ambulance Service NHS Trust,
- Yorkshire Ambulance Service NHS Trust,
- NHS England and NHS Improvement,
- North East Lincolnshire Health and Wellbeing Board,
- Lincolnshire Health and Wellbeing Board,
- Nottinghamshire Health and Wellbeing Board,
- Doncaster Health and Wellbeing Board,
- East Riding of Yorkshire Health and Wellbeing Board, and
- Hull Health and Wellbeing Board.

An email was sent to the above organisations, inviting them to submit their views on the pharmaceutical needs assessment. Weblinks to the pharmaceutical needs assessment, executive summary and questionnaire were included in the email.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online.

The questions were derived to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change, and identify any current and future gaps in pharmaceutical services.

The consultation ran from 19 May to 18 July 2022.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question.

The consultation received five responses, which identified as follows.

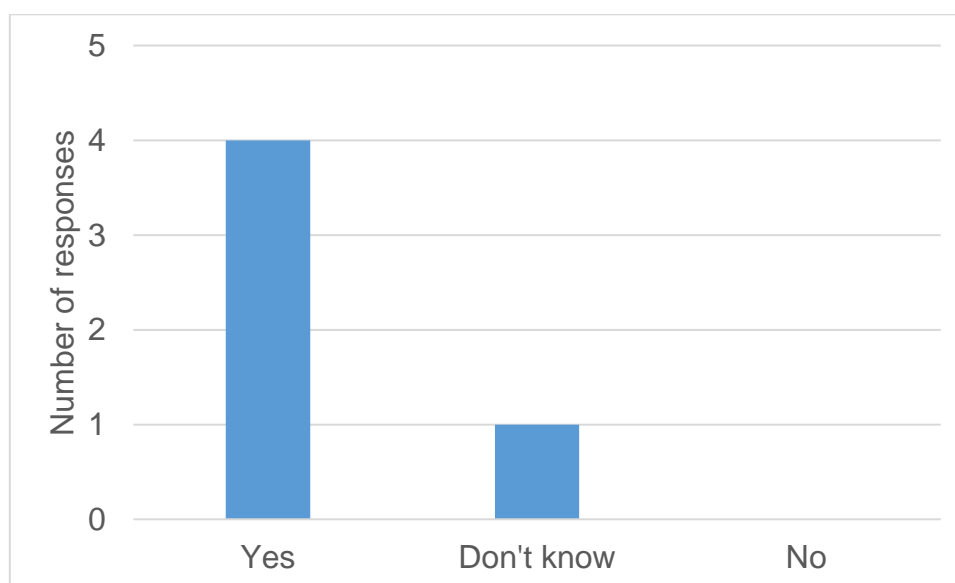
Answer options	Response percent	Response count
On behalf of a pharmacy/dispensing appliance contractor/dispensing practice	0%	0
On behalf of an organisation	80%	4
A personal response	%	0
Anonymous	20%	1
<b>Answered question</b>		<b>5</b>

### 3 Summary of online questions, responses and the health and wellbeing board's considerations

All comments made as part of the consultation are included verbatim.

In asking “Has the purpose of the pharmaceutical needs assessment been explained”, the health and wellbeing board is pleased to note that four people said “Yes”.

**Figure 37 – Has the purpose of the pharmaceutical needs assessment been explained?**



Two comments were made by those who said “Yes”.

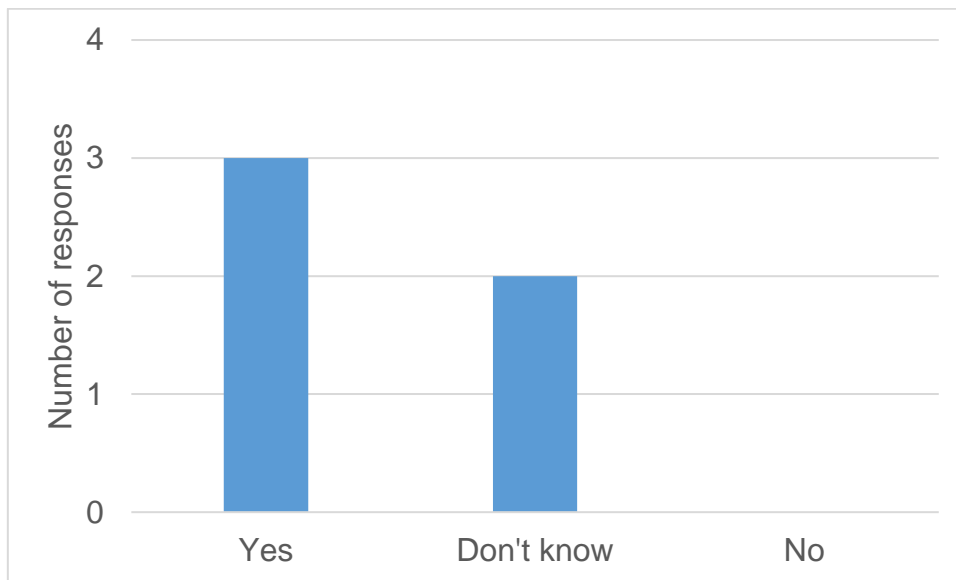
- “This is a very exhaustive document.”

- “Clear explanation”

As the person who said ‘don’t know’ did not expand upon their response and the majority were of the opinion that the purpose had been explained, the health and wellbeing board is of the opinion that no amendments are required.

The next question asked “Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?” and the health and wellbeing board is pleased to note that three people said yes.

**Figure 38 – Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?**



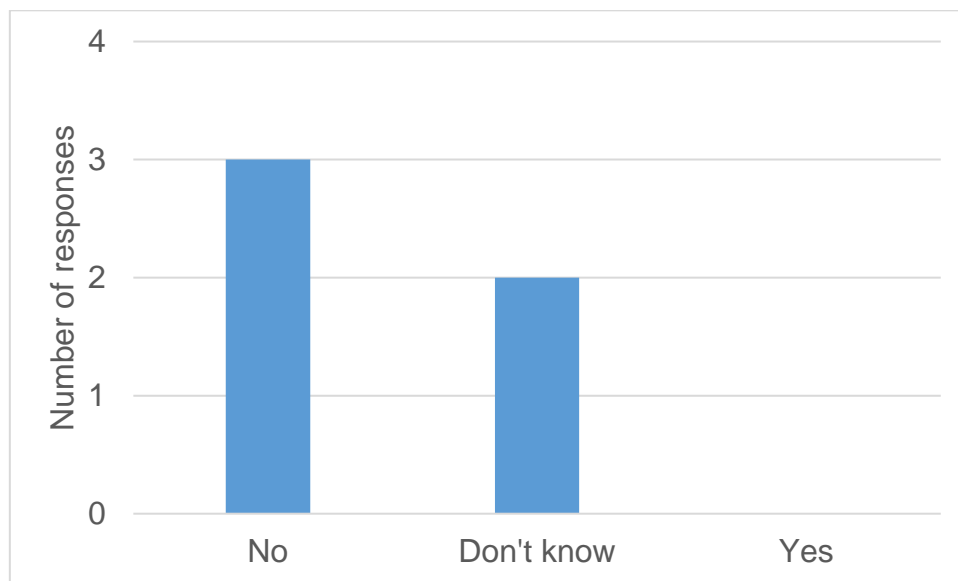
No comments were made in response to this question.

The two people who said ‘don’t know’ did not expand upon their response. The health and wellbeing board is satisfied that it has identified all providers of pharmaceutical services within its area, and those that are outside of it, and all the services that are provided. It is therefore of the opinion that no amendments are required.

When asked “Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?” three people said “No”.



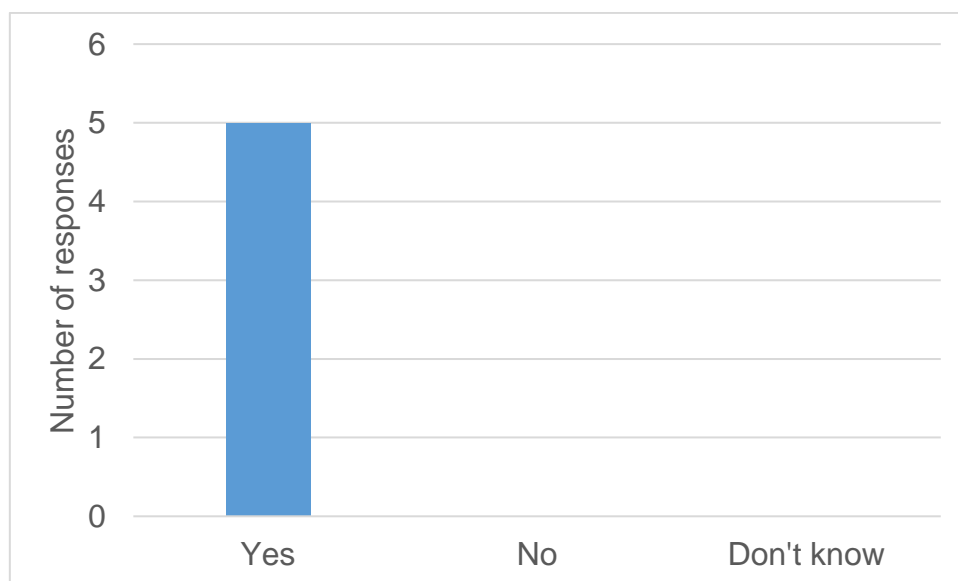
**Figure 39 – Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?**



The two people who said “Don’t know” did not expand upon their response. The health and wellbeing board is satisfied that it has identified all providers of pharmaceutical services within its area, and those that are outside of it, and all the services that are provided. It is therefore of the opinion that no amendments are required.

When asked “Does the draft pharmaceutical needs assessment reflect the needs of your area’s population?” the health and wellbeing board is pleased to note that all five responders said “Yes”.

**Figure 40 – Do you agree that the pharmaceutical needs assessment reflects the needs of your area’s population?**

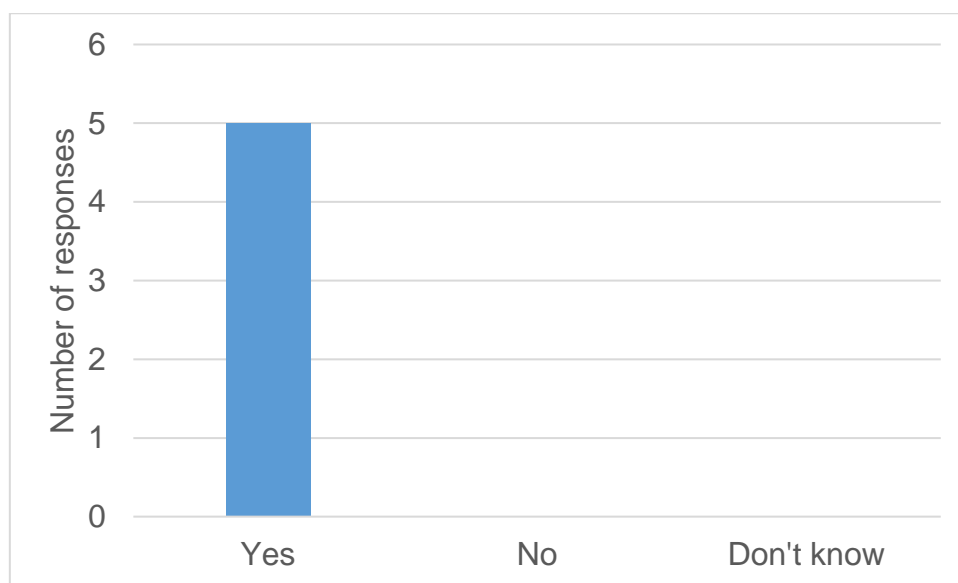


No comments were made in response to this question.

The health and wellbeing board is pleased to note the overwhelmingly positive response to this question.

Respondents were then asked for their views on whether the pharmaceutical needs assessment has provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises. The health and wellbeing board is pleased to note again that all five responders said “Yes”.

**Figure 41 – Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?**

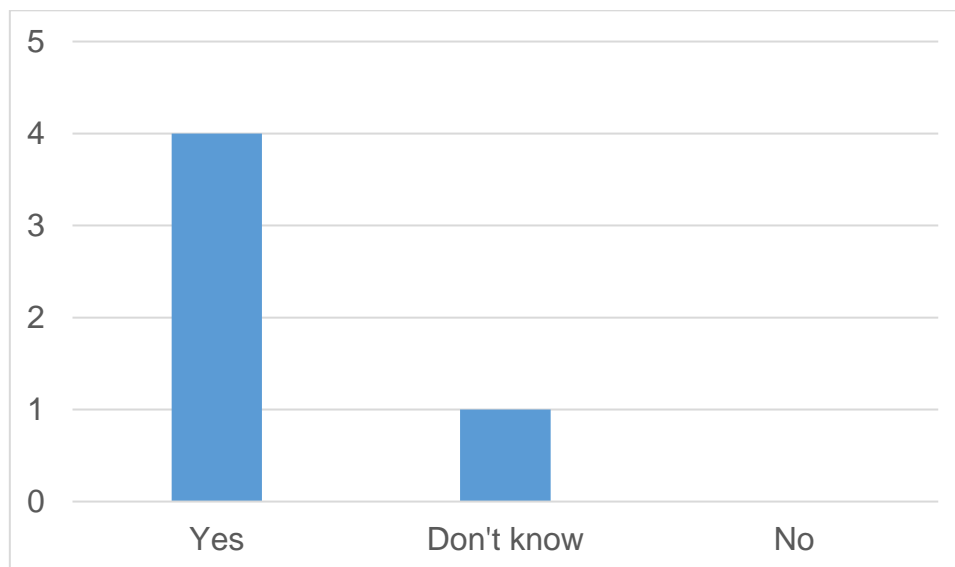


No comments were made in response to this question.

The health and wellbeing board is pleased to note the overwhelmingly positive response to this question.

Consultees were then asked whether the pharmaceutical needs assessment provided information to inform how pharmaceutical services in North Lincolnshire may be commissioned in the future. The health and wellbeing board is pleased to note that four people said “Yes”.

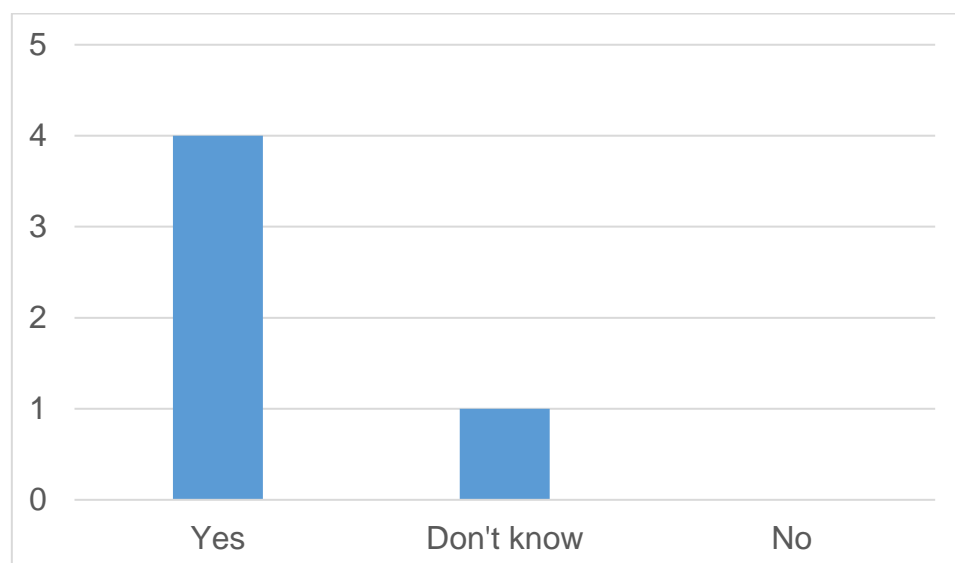
**Figure 42 – Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services in North Lincolnshire may be commissioned in the future?**



As the person who said 'don't know' did not expand upon their response and the majority were of the opinion that the pharmaceutical needs assessment has provided information to inform how pharmaceutical services may be commissioned in the future, the health and wellbeing board is of the opinion that no amendments are required.

Consultees were then asked whether the pharmaceutical needs assessment provided enough information to inform future pharmaceutical service provision and plans for pharmacies and dispensing appliance contractors. The health and wellbeing board is pleased to note that four people said "Yes".

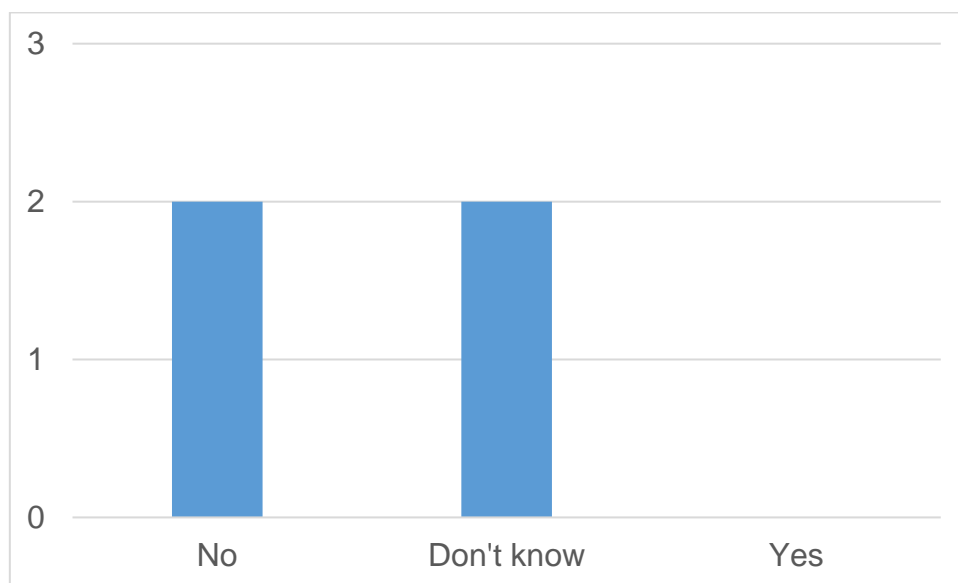
**Figure 43 – Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?**



As the person who said “Don’t know” did not expand upon their response and the majority were of the opinion that the pharmaceutical needs assessment has provided enough information to inform future pharmaceutical services provision and plans for contractors, the health and wellbeing board is of the opinion that no amendments are required.

When asked if there are any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted, no-one said “Yes”. One person chose not to answer the question.

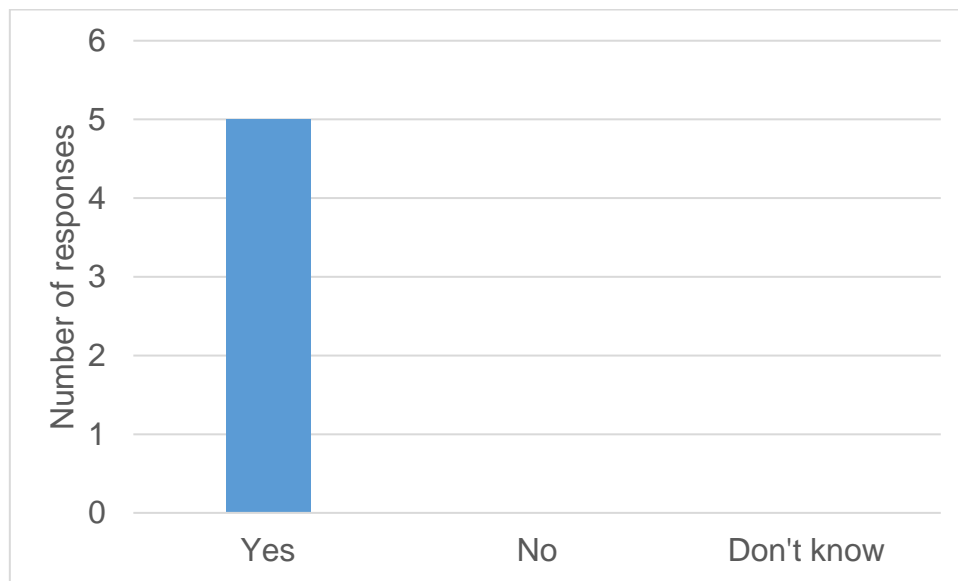
**Figure 44 – Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?**



As the two people who said “Don’t know” did not expand upon their response and no-one was of the opinion that there are any pharmaceutical services that could be provided in the future that have not been highlighted, the health and wellbeing board is of the opinion that no amendments are required.

The consultation then asked whether respondents agreed with the conclusions of the pharmaceutical needs assessment and the health and wellbeing board is very pleased to note that all five responders said “Yes”.

**Figure 45 - Do you agree with the conclusions of the pharmaceutical needs assessment?**



Finally, those responding to the consultation were asked whether they had any further comments. Two people did.

- “This is a very exhaustive document and the [name] Health and Wellbeing Board agree with the overall conclusions presented based on the data and information provided (i.e. there are no gaps in provision). The [name] Health and Wellbeing Board cannot identify any aspects of the North Lincolnshire PNA which would impact negatively on [name] PNA or the provision/access to pharmaceutical needs across [county] – specifically in [identified areas].”
- “Recent changes to [name] pharmacy opening hours hasn't been captured in the PNA.”

The health and wellbeing board is very pleased to note the first comment. In relation to the second comment, the final version of the pharmaceutical needs assessment has been updated to reflect the opening hours held by NHS England as at 5 July 2022.

#### **4 Summary conclusions**

The health and wellbeing board is pleased to note that the overall response to the consultation has been very positive. No concerns have been raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision has been missed and the main conclusions are agreed with.

#### **5 Amendments**

The following amendments have been made to the pharmaceutical needs assessment:

- Some minor typographical errors have been corrected.
- Section 1.6.2 – details of which wards make up each locality has been added.
- Number of dispensing patients registered with GP practices updated to May 2022, the most recent figures available.
- Advanced services data updated to include the last four months of 2021/22.
- Information on the number of pharmacies that have signed up to the two new advanced services updated to reflect the position at 5 July 2022.
- References to the clinical commissioning group have been changed to the integrated care board where applicable.
- Prescription data updated to include the last four months of 2021/22.

## NORTH LINCOLNSHIRE COUNCIL

### HEALTH AND WELLBEING BOARD

#### BETTER CARE FUND (BCF) 2022-23 PLAN SUBMISSION

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

- 1.1 To request that the Health and Wellbeing Board formally agree and sign off the North Lincolnshire Better Care Fund Plan 2022-23.

#### 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 local residents. ICB(s) and Local Authorities must enter into 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 NHS minimum contribution. (For 2022-23 this represents an increase of 5.66%)
- Investment in NHS commissioned out of hospital services
- Implementing the BCF policy objectives

2.3 The Better Care Fund must also include plans for how the Improved Better Care Fund (iBCF) grant will be utilised. The iBCF is paid directly to the council and the conditions remain broadly the same as in 2021-22. These are:

- Meeting adult social care needs
- Reducing pressures on the NHS, including seasonal winter pressures
- Supporting more people to be discharged from hospital when they are ready
- Ensuring that the social care provider market is supported.

2.4 The BCF planning guidance for 2022-23 includes national performance metrics which are

- Avoidable admissions to hospital
- Admissions to residential and care homes
- Effectiveness of reablement
- Hospital discharges that are to the person's usual place of residence

2.5 The 2022-23 Better Care Fund Plan is included as appendix 1. It has been developed around the Health and Care Integration Plan 2021-24 and seeks to continue to deliver existing schemes.

2.6 The North Lincolnshire 2022-23 BCF plan is required to be submitted on 26 September 2022.

### **3. OPTIONS FOR CONSIDERATION**

3.1 Option 1 – To formally agree and sign off the Better Care Fund Plan 2022-23

3.2 Option 2 – To not agree and sign off the Better Care Fund Plan 2022-23

### **4. ANALYSIS OF OPTIONS**

4.1 Formally agreeing and signing off the Better Care Fund Plan 2022-23 means that delivery of the plan can continue in line with national requirements.

4.2 Not agreeing and signing off the Better Care Fund Plan 2022-23 will affect both delivery and assurance of the plan and could result in funds be reclaimed.

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

5.1 The BCF fund includes the Disabled Facilities Grant (DFG), the iBCF monies and the ICB minimum allocation as follows:

DFG	£2,587,067
iBCF	£7,237,736
NHS minimum	£14,028,496
Total	£23,853,299

### **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 2022-23 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 at this stage. Integrated Impact Assessments are undertaken as appropriate in line with commissioning intentions.

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

8.1 Consultation on the development and delivery of the plan has involved local NHS trusts, social care providers, voluntary and community sector partners.

8.2 There are no perceived conflicts of interest associated with this report.



## **9. RECOMMENDATIONS**

- 9.1 It is requested that the Health and Wellbeing Board formally agree and sign off the 2022-23 Better Care Fund Plan.

Director of Adults & Health  
and NHS Director of Place

Church Square House  
SCUNTHORPE  
North Lincolnshire  
DN15 6NL  
Author: Jane Ellerton  
Date: 18 August 2022

### **Background Papers used in the preparation of this report:**

Better Care Fund planning requirements 2022-23

North Lincolnshire Health and Care Integration Plan 2021-24 -  
<https://www.northlincs.gov.uk/wp-content/uploads/2020/11/HC-Integration-Plan-2021-24.pdf>

## North Lincolnshire Better Care Fund 2022-23 Narrative Plan

[[

## Introduction

North Lincolnshire Health and Wellbeing Board (HWBB) is a statutory committee of the council and the key partnership within North Lincolnshire committed to working together to improve the health and wellbeing of the local population and reduce health inequalities. The HWBB has a responsibility to promote and support partnership working and integration for health and wellbeing and overall responsibility for the North Lincolnshire Better Care Fund Plan. Bodies involved in preparing the plan are:

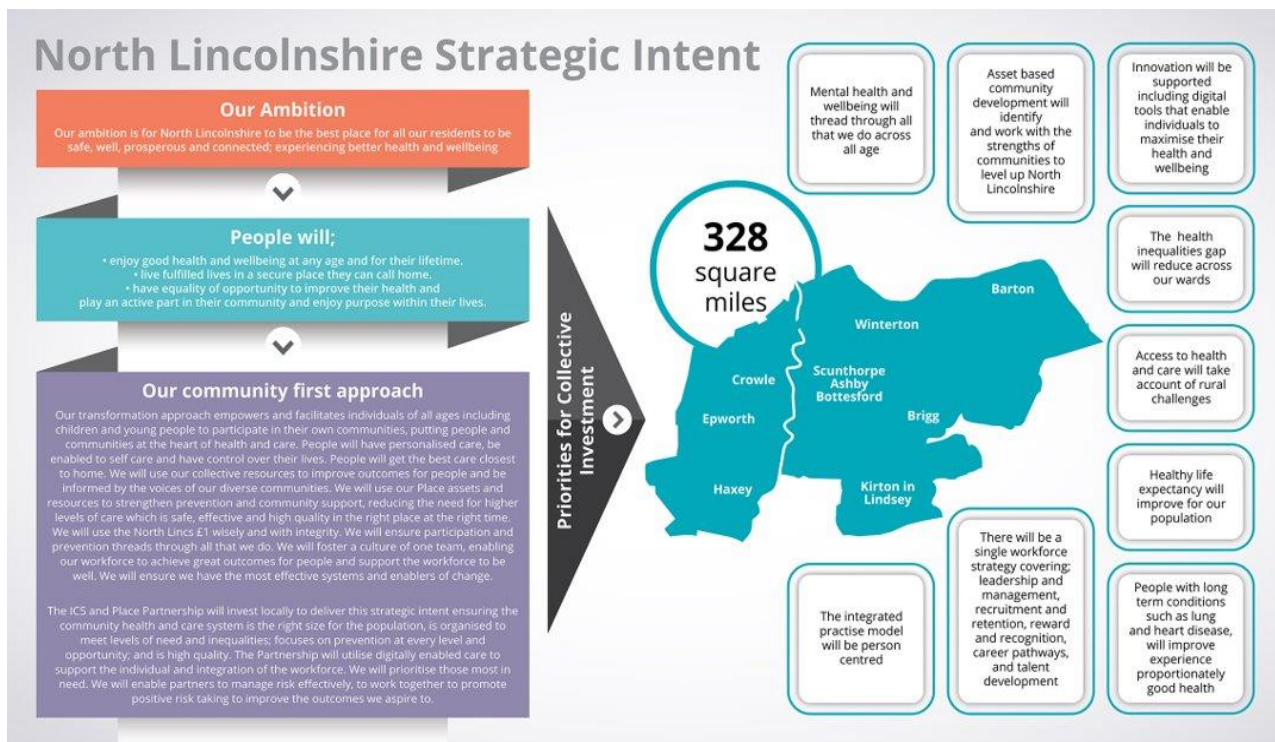
- Northern Lincolnshire and Goole NHS Foundation Trust; Acute and Community services provider
- North Lincolnshire Council; Adult Social Care, Housing (including DFG), Communities
- Rotherham, Doncaster and South Humber NHS Foundation Trust; Mental Health Provider
- Lindsey Lodge Hospice and Healthcare
- North Lincolnshire Voluntary and Community Sector Alliance
- North Lincolnshire Health and Care Partnership

North Lincolnshire Health and Wellbeing Board (HWBB) has a long-standing commitment to integrated working, which is reflected in the ambition set out in the North Lincolnshire Health and Care Integration plan 2021-24, approved by the HWBB. (Appendix 1). This is further reinforced in the draft North Lincolnshire Strategic Intent (Appendix 2) which has been developed to support the development of the Integrated Care Board Integrated Care Strategy.

The Health and Wellbeing Board provide the strategic leadership and resulting strategic plans and resource allocation. The Integrated Adults Partnership Commissioning Plan reinforces our joined-up approach, including our plan for reducing inequalities and sets our approach to implementing and delivering the commissioning intents that are described in the health and care integration plan.

Schemes specific to supporting people to stay at home include Frail & Elderly Assessment Service (FEAST), Community Response Team, DFGs, Home First Community, Specialist Assessment for Frail and Elderly. Inclusivity is at the core of our approach to integrated commissioning of our BCF schemes and more targeted approaches to reducing inequalities are evidenced in the dementia offer, stroke services, social prescribing, FEAST service, welcome home service and older people mental health schemes.

This BCF plan reflects the principles and actions set out in the Health and Care Integration Plan, and the relevant elements of the Integrated Adults Partnership workplan. In developing the plan, we have reflected on the recently developed Strategic Intent of the North Lincolnshire Place and the key priorities arising from that intent.



This has subsequently been consulted on with the broader membership of the Integrated Adults Partnership. The delivery of the Better Care Fund plan is monitored by the Integrated Adults Partnership (Appendix 3 IAP ToR):

Integrated Adults Partnership members are:

- Northern Lincolnshire and Goole NHS Foundation Trust; Acute and Community services provider
- North Lincolnshire Council; Adult Social Care, Housing (including DFG), Communities
- Rotherham, Doncaster and South Humber NHS Foundation Trust; Mental Health Provider
- Lindsey Lodge Hospice and Healthcare
- North Lincolnshire Voluntary and Community Sector Alliance
- North Lincolnshire Health and Care Partnership

## Executive summary - Priorities for 2022/23

The current health and care system within North Lincolnshire faces significant demand for hospital admission with higher acuity than in previous years. Whilst the Trust has continued to manage length of hospital stay, on discharge from the acute hospital more people have had ongoing care needs than previously. This increased demand for ongoing care support is set in a context of continued impact of the Coronavirus pandemic and the impact that has had on staff resource levels and infection related care home closures. As a result of this, there has been an increase in demand for rehabilitation and reablement, domiciliary care and short-term care home placements.

There has been a reduction in the number of permanent care home placements in 2022/23 compared to the previous year, however short-term placements (both health and social care funded) have increased. One of the key priorities for 22/23 is to ensure people are discharged on the most appropriate pathway to meet their needs, through right-sizing community-based provision to match demand.

Of those people discharged from hospital to rehabilitation and reablement services, there has been a small reduction in the percentage of those still at home 91 days after discharge. This is in part due to an increase in the number of those people receiving rehabilitation and reablement who subsequently died within the 91 days. This may be natural variation or a reflection of the higher acuity on discharge from hospital. There is a continuous process of data validation of this indicator to ensure data accuracy.

Where people are admitted to hospital, North Lincolnshire performs well in relation to length of stay compared to other places across the Humber and North Yorkshire ICB. The Trust is consistently in the top three out of 42 trusts in the Northern region for 7, 14 and 21+ length of stay, remaining under the target of 12% for 21+ LLOS. This is maintained through NLAG working closely with system partners to discharge patients on a D2A pathway. However, hospital flow remains a key priority for North Lincolnshire with specific focus on;

- avoiding admission through the use of alternative pathways
- ensure people are discharged on the most appropriate pathway,
- expansion of the workforce to support the most challenged discharge pathways,
- engagement with care homes to streamline processes and ensure high quality discharge

This BCF plan therefore has a high focus on avoiding hospital admission and supporting people home from hospital with an appropriate level of reablement to maximise their independence to live in their own home for as long as possible.

Strategic priorities outlined in our health and care integration plan 2021-24 are:

### **People**

- Ensuring equity of access to all aspects of health and well-being using population health management techniques, and other intelligence for vulnerable groups to organise proactive support for them.
- Enabling people to live their best lives, ageing well, in their homes, in their communities; having choice and control over their lives, including the people who care for them.
- Enhancing the health and care of residents living in care settings.

### **System**

- Support and develop Primary Care Networks (PCNs) to further align primary and community services.
- Simplify, modernise and further align health and care (reflecting system changes, including through technology and by joining up primary and secondary care where appropriate).
- Coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.
- Develop an integrated workforce strategy to enable new models of care to be delivered.

The priorities for collective investment detailed in our recently published strategic intent for North Lincolnshire are:

- Mental health and wellbeing will thread through all that we do across all ages
- Asset based community development will identify and work with the strengths of communities to level up North Lincolnshire
- Innovation will be supported including digital tools that enable individuals to maximise their health and wellbeing

- The health inequalities gap will reduce across our wards
- Access to health and care will take account of rural challenges
- Health life expectancy will improve for our population
- People with long term conditions such as lung and heart disease, will improve experience proportionally better health
- There will be a single workforce strategy covering leadership and management, recruitment and retention, reward and recognition, career pathways and talent development
- The integrated practise model will be person centred.

## Key changes from the previous plan

In this submission North Lincolnshire aims to clarify the way BCF investment is utilised – this is because there has been significant change in the way local services are constructed and delivered which means that the descriptions used since the initial BCF plan no longer fully describe the service delivery models. These service changes have taken place over time as integrated models of care have become more established and embedded, and opportunity has been identified to redesign service models to reduce duplication and make best use of the North Lincolnshire financial resources. Services have adapted, and some services have amalgamated to form larger teams to ensure system resilience. However, the focus remains consistent- avoiding hospital admission, maximising independence through rehabilitation and reablement and building community capacity to support people to remain well.

In this plan and through other funding streams we have further maximised the Community First capacity to support and re-able people within their own homes. This reflects the recent increased utilisation of short-term residential placements due to the limited capacity in domiciliary care to meet needs. In order to ensure discharge flow from the hospital we have recently commissioned a specific care home to support discharges, however with limitations in domiciliary care capacity, the demand for short term placements has risen and additional spot purchase placements have been utilised. It is acknowledged that this results in people receiving a higher level of care than they need with implications in terms of impact on their independence and increased risk of needing long term care. Plans are in development to deliver the transformational and cultural change required to reduce reliance on bed-based care.

North Lincolnshire system partners have recently completed a system-wide baseline assessment against the 100-day challenge discharge indicators and are developing plans to address those indicators where potential for improvement has been identified. These indicators align with actions identified within the Hospital Discharge project which has been supported by NHS E/I.

North Lincolnshire is currently delivering a hospital discharge transformation project which aims to ensure people discharged from hospital are cared for in the right place, supporting them to regain independence to live in their own homes. A system wide improvement plan has been developed, which is monitored at the fortnightly Discharge Improvement Group, attended by all system partners. The plan has been developed using discharge guidance published in July 2022.

Key milestones within this plan are described below:

Key actions	Due date
Discharge planning to include EDD, reduced length of stay and discharge to the right setting	End Sept 22
Pro-active and timely discharge involving patient and carers to ensure patient is on most appropriate pathway	End Sept 22
Understanding capacity and demand for domiciliary care	End Oct 22

Ensuring consistent 7 day access to therapy/ increased therapy support to Home first	End Oct 22
Ensure data systems consistently report discharge by patient pathway, lost bed days and monitor discharge trends across the system	End Oct 22

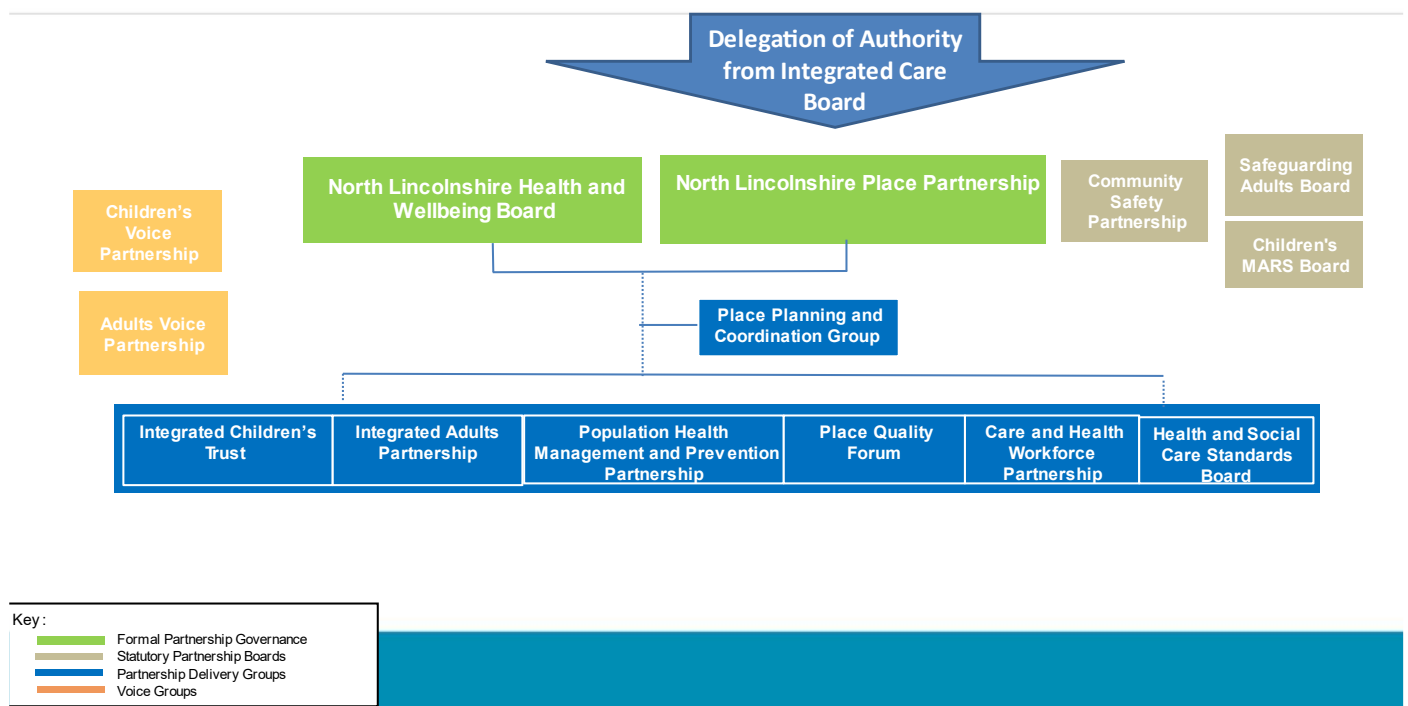
North Lincolnshire also has an active Care and Health Workforce Partnership which is taking forward actions to further develop community-based capacity, through a number of initiatives including:

- Development of a common language
- Common core knowledge and skills across the adult workforce
- Effective communication and engagement
- Information sharing
- Supporting development and transition
- Safeguarding and promoting welfare of the vulnerable adult
- Promoting wellbeing
- Making every contact count
- Multi-agency integrated working
- Risk management
- Assessment skills

## Governance

Following the creation of the Integrated Care Board, the local governance systems are being revised to reflect the changes. The governance structure is described below. This demonstrates how the Integrated Adults Partnership and the Care and Health Workforce Partnerships relate to the Health and Wellbeing Board and North Lincolnshire Place Partnership. The Integrated Adults Partnership has a responsibility for oversight of the delivery of the Better Care Fund

### Integrated Care System/Place Governance Arrangements



## **Overall BCF plan and approach to integration**

Priorities for integration are set out in the North Lincolnshire Health and Care Integration Plan 2019-2024, which aims to maximise the benefits to the population through integrated commissioning. Further to this, the Place Partnership has developed its Strategic Intent and is reviewing the current programmes to ensure alignment to the Strategic Intent. Oversight of the work programme is via the Place Executive as set out in the governance chart above.

Our approach to joint/collaborative strategic commissioning is set out in our IAP Strategic commissioning plan 2020-24. This plan demonstrates the person-centred approach to care including a number of 'I' statements which describe the outcomes we aim to deliver. Our approach to integration has enabled us to increase capacity to drive forward our approach to integration, which can be evidenced through the development of a number of integrated posts, including a place based executive discharge lead.

There are no significant changes to any of our commissioned schemes for 2022-23. The BCF plan covers the following summarised schemes. The detail of these schemes is set out in the Planning template;

- Home First capacity (community and residential)
- Frailty Assessment services; proactive and urgent response
- Community Urgent Response Team
- Hospital Social worker capacity
- Older people's mental health liaison
- Carer support service
- Community therapy and equipment services 7 day working
- Short-stay residential care/Reablement extra care flat
- Disabled Facilities Grants
- Social prescribing capacity builder

## **Implementing the BCF Policy Objectives (national condition four)**

Our overarching approach to meeting the national condition four objectives is routed the work of our Integrated Adults Partnership. This has two focused strands, one being living well and the other being ageing well. The aims of the IAP is to deliver the health and care integration plan in line with the shared strategic principles of enabling self-help, care closer to home, right care, right place and best use of resources.

Schemes that directly contribute to the delivery of the policy objectives include:

- Targeted support for younger adults
- Alternative solutions to live well at home
- Residential care placement sufficiency review
- Development and implementation of the Carers Strategy
- Intermediate tier sufficiency, system flow and pathways
- Integrated model for social prescribing

### Enable people to stay well, safe and independent at home for longer

Collaboratively, we commission a number of services that support this objective, for example, carers support, home equipment services and therapy. These are personalised and adopt an asset-based approach. In terms of service delivery health and care teams are co-located where possible and operate as multidisciplinary teams to reduce duplication and maximise positive outcomes.



Personalised budgets are actively encouraged and facilitated to ensure people benefit from personalised and creative solutions, designed by them, to meet their needs. The Disabled Facilities Grant (DFG) approach further integrates health and housing to develop person focused solutions to maximise and maintain independence.

Our residential short stay rehabilitation unit Sir John Mason House and our Community Home First model are key enablers for supporting people to live independently. This includes both discharge from hospital and step up from community to avoid hospital admissions.

North Lincolnshire Place Partners work collaboratively to utilise health and care data to develop detailed understanding of current and future needs at ward and PCN level. This approach is utilised in the JSNA which is a dynamic and flexible work programme to respond to local issues and changing needs. All schemes are monitored and adapted as necessary in response to anticipated needs.

### Provide the right care in the right place at the right time

Collaboratively, we commission a number of services that support this objective, for example, home first hospital discharge social workers contributing to multi agency discharge planning, community home first capacity to provide rehabilitation and reablement in a person's own home and home care packages.

Throughout the period of the covid pandemic it is recognised that some people discharged from hospital have received short stay residential placement due to capacity issues in domiciliary care. Our integrated discharge hub team, work in an integrated way to ensure as many people as possible receive the right care in the right place at the right time and where they do receive a short-term placement the team jointly manage the care of these people to discharge them home with the right support as soon as possible.

Personalised budgets are actively encouraged and facilitated in order to ensure people benefit from personalised and creative solutions to meet their needs. The DFG approach further integrates health and housing to develop person focused solutions to maximise and maintain independence.

Our residential short stay rehabilitation unit Sir John Mason House and our Community Home First model are key enablers for supporting people to live independently. This includes both discharge from hospital and step up from community to avoid hospital admissions.

North Lincolnshire has undertaken a self-assessment against the high impact change model for managing transfers of care and developed action plans in order to improve performance and implement high impact changes. This work is taken forward through the system discharge workstream, which, through partnership working aims to improve the discharge planning process. Current workstreams include;

- Early discharge planning to ensure consistent use of estimated discharge date
- Integrated Discharge Team approach to discharge planning to improve co-ordination , joint/trusted assessment and effective discharge
- Home first/ discharge to assess, to maximise the community capacity to discharge people to their own home where appropriate and to reduce delayed discharges
- Enhancing health in care homes with a focus on exploring the best delivery models to achieve the best outcomes through the Enhanced Health in Care Homes enhanced service to reduce unnecessary hospital admissions

More recently North Lincolnshire has completed a self-assessment against the 100-day challenge acute hospital discharge requirements and is implementing plans in response. Our identified top priorities in this workstream are;

1. Identify patients needing complex discharge support early
2. Set expected date of discharge (EDD), and discharge within 48 hours of admission
3. Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges

A number of our established BCF funded schemes support delivery of our HICM and 100 day challenge priorities set out above, including Home First schemes (community, residential and hospital), hospital social worker team, increasing Community support, Intermediate care including the rehabilitation flat and Lindsey Lodge hospice beds for the most complex discharges.

### **Supporting unpaid carers.**

Carer support services are jointly commissioned in North Lincolnshire with the service funded via the BCF. This provides dedicated carer support service focusing on prevention and early intervention to better identify and support carers in North Lincolnshire.

The service supports carers to avoid crisis through delivering befriending, counselling, training, activities, peer support and key worker support. Where carers have longer term needs; usually requiring regular replacement care, the Family Carer Team will work with the carer, the person they are caring for and social work leads to assess their needs and access a Direct Payment. Direct payment funding will be sought to enable carers to have a break if they are at crisis or to enable them to continue to fulfil their caring role.

Feedback on this support highlights that 87% of those who access the Family Carer Team are satisfied with their support.

The targeted assessment and support function which sits in the council (the Family Carer Team) works closely with health and other local partners through a delivery partnership to take a proactive approach into improving the experience, health, and wellbeing of carers. This includes the delivery of key projects, including Primary and Secondary Carer Resource Pack and market shaping activities which will be delivered in collaboration with the carers support service and Family Carer Team as well as key health partners.

The current carer support service contract is due to end during 2022/23 and we are working with service users, the public and stakeholders to understand how the current provision meets needs. This will inform the future specification for the service. The current service has adapted significantly during the covid period to maintain support, and the engagement work will help establish how the support needs to be designed in the future and ensure all carers can and know how to access support if they want or need it.

We have recently developed and launched our [carers strategy 2022-6](#). This sets out how we will identify and support carers to help them stay well and healthy in their role, provide them with the resources they need to keep connected and to give them a voice in services that are developed and need developing.

The Care Act 2014 recognises the equal importance of supporting carers and the people they care for. There are over 19,000 carers in North Lincolnshire and the diagram below illustrates our strategic framework and plan on a page for supporting carers of all ages.

OUR SHARED AMBITION	Best place to LIVE, WORK, VISIT and INVEST where people are SAFE, WELL, PROSPEROUS and CONNECTED			
OUR SHARED VALUES	EQUALITY OF OPPORTUNITY so everyone can have a good quality of life	Strive for EXCELLENCE and high standards	Use of resources wisely and with INTEGRITY	People take SELF RESPONSIBILITY and have choice and control over their own lives
OUR SHARED PRINCIPLES	Enabling Self Help	Care Close to Home	Right Care Right Place	Best Use of Resources
OUR SHARED AIMS	Early identification of carers – particularly hidden carers	Carers health and wellbeing is maintained Promoting carer health and wellbeing	Carers remain independent and part of their community	Carers aspirations are raised Shared values and ownership
WHAT ARE OUR PRIORITIES FOR DEVELOPMENT	Focus on early identification and carer recognition	Supporting carers to stay healthy – including emotional and physical health	Transform/improve digital solutions to improve access to information and resources	Influencing change and innovation through carer voice & partnership working
SHARED OUTCOMES – WHAT SUCCESS WILL LOOK LIKE	Carers are supported and enabled to have a good quality of life	Carers have access to a range of support that enables them to live the life they want and remain a contributing member of their community	Carers have access to information that they need to make decisions and choices, and are enabled to use it	Carers feel safe, supported and enabled to continue in their caring role, education, leisure and working lives
Our population is able to achieve outstanding outcomes				
NORTH LINCOLNSHIRE INTEGRATED ADULTS PARTNERSHIP			NORTH LINCOLNSHIRE INTEGRATED CHILDREN'S TRUST	

### Disabled Facilities Grant (DFG) and wider services

Our integrated commissioning plan includes the strategic approach to using housing support and DFG funding to support independence.

Our Home Assistance Policy aligns with the priorities of the BCF working in a flexible person-centred way to ensure we target our resources at those most vulnerable, to keep people safe and healthy at home and independent for as long as possible.

The Housing Advice and Support Service work across system partners to provide advice and support to people who have multiple support needs and supports them to remain in their own homes and enable independent living. Examples of alternative housing options including the Poplar Tree Avenue supported living accommodation for young people with disabilities enabling them to live independently. The development of a flagship extra care housing scheme (Myos House) for people with early onset dementia provides alternate accommodation choices for people who live with dementia and their partners. Environmental Health also play a part and can, when needed, step in and ensure work is carried out to address health and safety hazards in the home, where they particularly impact on older people or work in partnership with social care around mental health and hoarding needs.

DFG funding is used holistically to support people to live independently in their own homes and includes the telecare service, minor adaptations through the handyman service which support people being discharged from hospital, the community equipment store which provides equipment to help to stay safe at home. Any capital underspends at the end of one financial year (e.g. resulting from COVID related blockages in the system) are re-phased to finance additional expenditure in the following financial year to meet the demand for grants to be utilised in the delivery of the home assistance programme in future years.

Our home assistance policy provides a strategic holistic framework to keep people safe and well and to live independently in their own homes for as long as possible. A priority for 2022-23 onwards is to maximise the use of digital solutions/telecare to support people to maintain independence in their own home. Our Independent Living Service provides free, impartial advice for people looking for assistance to stay living well at home for as long as possible. People receive advice, information and signposting, experience equipment, digital technologies and access a range of other services that promote independence and mobility at home and within the community.

The handyperson service provides assistance to enable people to return home from hospital by providing minor adaptations, additionally the service, in partnership with Occupational Therapy (OT) provides preventative adaptations that keep people safe in their own homes. We are looking to expand this service to provide a proactive assessment approach to identify hazards in the home and take appropriate remedial action in a timely manner.

We work at a system and place wide level to target the disabled facilities grant towards people requiring urgent and complex special adaptations, reducing or delaying the number of people needing long term residential care through the adaptation of properties enabling people to continue to live at home. This brings together local authority, housing associations, social workers and therapists to create solutions for people to remain in their own homes. We have streamlined our processes to speed up delivery of particular adaptations such as stairlifts.

We have established a Health and Housing workstream as part of the Population Health Management and Prevention Partnership arrangements to identify those priority areas where collaborative working and integrated approaches can support people to remain well and independent in their own homes for longer.

We are currently undertaking a number of transformation improvement projects that are aimed at improving outcomes and activities that help people to remain independent and in their own homes. This includes:

- reviewing our approach to Disabled Facilities Grants and Home Assistance Policy
- Strategic review of housing needs and the development of a new housing strategy and supporting governance arrangements
- Review of the Home Choice Lincs housing allocations arrangements with a focus on ensuring the needs of vulnerable people are improved

## **Equality and health inequalities**

In November 2021 the Joint Health and Wellbeing Strategy 2021-26 was approved by the Health and Wellbeing Board. In developing the strategy, learning from the Covid 19 pandemic was used to shape the direction of the strategy, recognizing the impact of health inequalities in outcomes experienced by our population, and how creating the right conditions can empower people to adopt positive health behaviours. The strategy also recognizes the improvements achieved through the accelerated implementation of service and system change for the benefit of our population. It sets out six health and wellbeing themes to focus on over the next five years. These themes are:

- Keeping North Lincolnshire safe and well
- Babies and young people have the best start in life
- People enjoy healthy lives
- People experience equity of access to support their health and wellbeing
- Communities are enabled to be healthy and resilient
- To have the best systems and enablers to affect change

Our refreshed health and wellbeing strategy is based on evidence set out in our Joint Strategic Needs Assessment which is currently being refreshed. We have recently updated our ward profiles that provide valuable intelligence and insight on health inequalities across North Lincolnshire, and these have also helped shape the new health and wellbeing strategy. Insight gained from the Covid 19 pandemic has highlighted local health inequalities, particularly in relation to those living in our most deprived areas and our BAME community, many of whom also live in the most deprived areas.

A Population Health Management and Prevention Partnership group has been established which reports to the Health and Wellbeing Board. This group will utilise Population Health Management principles and techniques to identify those populations most impacted by health inequalities and develop interventions to specifically address these inequalities.

Examples of workstreams which are focused on reducing health include.

- Reducing teenage pregnancy and improving resilience
- Supported self-management
- Housing and health
- Reducing number of pregnant women smoking at the time of delivery
- Improving outcomes for people affected by increased cost of living
- Support for large geographic community, identified as needing additional support to reduce health inequality gaps

Intelligence has identified specific populations within North Lincolnshire most impacted by these issues and plans are in development to target interventions. The workstreams on supported self-management and housing and health both support the BCF agenda, targeting interventions which will contribute to reducing hospital admission for those people who experience the greatest health inequalities. Our data shows that people experiencing the worst health outcomes are most likely to be resident in Lower Super Output Areas (LSOA) across North Lincolnshire. However, more recently we are anticipating that the increase in cost of living is likely to impact in 'new' geographic areas not typically associated with deprivation and work is being undertaken to understand the impact and consider mitigation.

The data are collectively helping to develop the appropriate and targeted interventions through our Core20Plus5 workstreams including targeted respiratory work to address those people at risk of admission, living in poor quality and cold homes. In addition, we have established a workstream which is looking at prevention and improvement of outcomes from those at risk of cardiovascular disease.

As part of the PHM approach all PCNs have been provided with comprehensive data packs which identify key data and intelligence around:

- Demographics
- Maternity
- Serious Mental Illness
- COPD
- Hypertension
- Other determinants of health
- Healthy Well

The data packs can be used to identify a population within the PCN experiencing inequality in health provision and/or outcomes and develop a plan to tackle the unmet needs of that population. The data shows that CVD is a significant cause of mortality and an a workstream is set up to put in place interventions to for those most at risk of CVD.

The recommissioning of our Carer Support Services during 2022/23 and 23/24 will engage with a range of carers and stakeholders and using equality and diversity data, we will target those communities who are under-represented in current services in order to understand any barriers to accessing carer support. These barriers will then be addressed in the new commission. Data shows that young carers, male carers and those from a BAME background are under-represented in the Carer Support Service.

Several other BCF funded schemes target those with the greatest health inequalities, including non-elective admissions, FEAST, specialist assessment of the frail and elderly and the Urgent Community Response team. In particular are those people experiencing cardiac and respiratory disease which is most prominent in our areas of highest deprivation.

There are no key changes to any of our schemes for 2022-23 since the previous BCF submission.



# North Lincolnshire Strategic Intent

## Our Ambition

Our ambition is for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected; experiencing better health and wellbeing



## People will;

- enjoy good health and wellbeing at any age and for their lifetime.
- live fulfilled lives in a secure place they can call home.
- have equality of opportunity to improve their health and play an active part in their community and enjoy purpose within their lives.



## Our community first approach

Our transformation approach empowers and facilitates individuals of all ages including children and young people to participate in their own communities, putting people and communities at the heart of health and care. People will have personalised care, be enabled to self care and have control over their lives. People will get the best care closest to home. We will use our collective resources to improve outcomes for people and be informed by the voices of our diverse communities. We will use our Place assets and resources to strengthen prevention and community support, reducing the need for higher levels of care which is safe, effective and high quality in the right place at the right time. We will use the North Lincs £1 wisely and with integrity. We will ensure participation and prevention threads through all that we do. We will foster a culture of one team, enabling our workforce to achieve great outcomes for people and support the workforce to be well. We will ensure we have the most effective systems and enablers of change.

The ICS and Place Partnership will invest locally to deliver this strategic intent ensuring the community health and care system is the right size for the population, is organised to meet levels of need and inequalities; focuses on prevention at every level and opportunity; and is high quality. The Partnership will utilise digitally enabled care to support the individual and integration of the workforce. We will prioritise those most in need. We will enable partners to manage risk effectively, to work together to promote positive risk taking to improve the outcomes we aspire to.

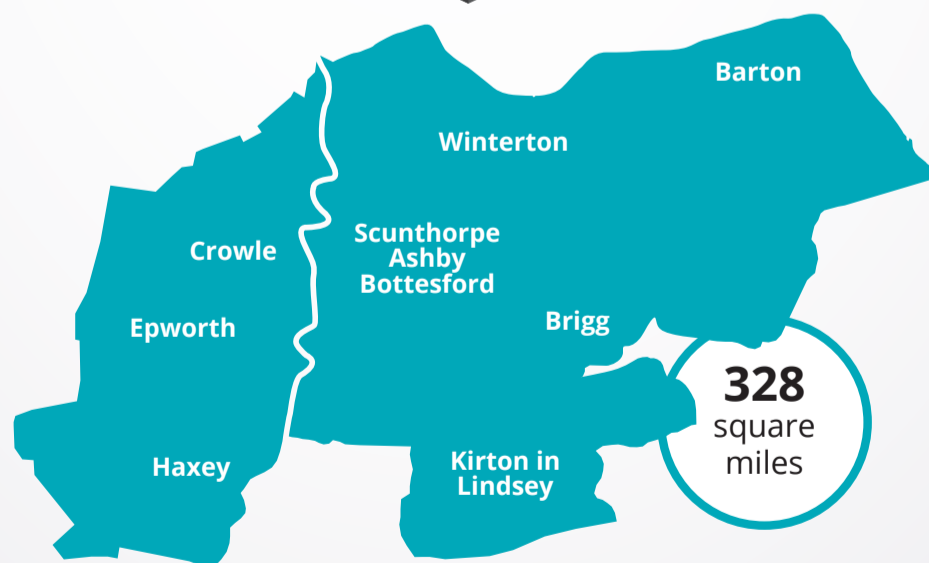
## Priorities for Collective Investment



The integrated practise model will be person centred

Mental health and wellbeing will thread through all that we do across all age

There will be a single workforce strategy covering; leadership and management, recruitment and retention, reward and recognition, career pathways, and talent development



Asset based community development will identify and work with the strengths of communities to level up North Lincolnshire

People with long term conditions such as lung and heart disease, will improve experience proportionately good health

Healthy life expectancy will improve for our population

Access to health and care will take account of rural challenges

The health inequalities gap will reduce across our wards

Innovation will be supported including digital tools that enable individuals to maximise their health and wellbeing

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## NORTH LINCOLNSHIRE COUNCIL

### HEALTH & WELLBEING BOARD

## NORTH LINCOLNSHIRE'S POPULATION HEALTH AND PREVENTION PARTNERSHIP PROGRESS UPDATE

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

- 1.1 To update the Health and Wellbeing Board members on progress of North Lincolnshire's Population Health and Prevention Partnership's approach to reduce health disparities by using a population health management approach.

### 2.0 BACKGROUND INFORMATION

- 2.1 Population health management (PHM) is an approach that uses data, intelligence, and co-production to help improve residents' health and wellbeing and reduce inequalities. One of the key tenets of PHM is to identify groups of people who have the greatest health disparities and then focus resources to meet their health needs.
- 2.2 Population health management requires a system wide approach. Organisations working in health and wellbeing and in fields related to the wider determinants of health, as well as with the broader community, need to work together to tackle the root causes of ill health and deliver services tailored to the needs of the local population.
- 2.3 The North Lincolnshire Joint Health and Wellbeing Board requested a new partnership group be set up at North Lincs place level to focus on improving health disparities for North Lincolnshire. The North Lincolnshire Population Health and Prevention Partnership (PHaPP) has been setup working as a partnership at place-level, setting the strategic direction for population health priorities and establishing task and finish groups to deliver specific projects, utilising a population health management approach to:
  - have responsibility for delivering and coordinating actions on the following Health and Wellbeing Strategic themes, which were agreed by the Health and Wellbeing Board in November 2021.
    - Theme 3 - People live well to enjoy healthy lives
    - Theme 4 - People experience equity of access to support their health and wellbeing and

- Theme 5 (Communities are enabled to be healthy & resilient)
  - steer the Joint Strategic Needs Assessment for North Lincs and be the vehicle for reviewing new data and insights to inform action across North Lincolnshire.
  - develop and use our data and intelligence collaboratively to identify, design and drive coproduced partnership actions/ commissioning that will target cohorts most at risk from specific health indicators and cohorts experiencing the biggest inequalities in health.
  - providing a collective approach to focus on all age cohorts requiring a whole system approach.
- 2.4 The first meeting of the group took place in Feb 2022 and included a wide range of partners and stakeholders. The group has now developed into a more strategic level group with task and finish groups being set up to work in partnership, take action to target interventions to reduce health inequalities and make recommendations for further actions as necessary. North Lincolnshire Council, RDaSH and NLAG have now developed operational groups at organisation level to work on population health and prevention actions within their own organisation. These operational groups feed into the Place level Population Health and Prevention Partnership.
- 2.5 The PHaPP has met on several occasions and early work focused on understanding the context about health disparities in North Lincolnshire, the principles regarding PHM and how the group can develop priorities to address inequalities. The following provides a summary of key workstreams which have been progressed since the group's inception:
- **Scunthorpe North Project** –This project aims to achieve health equity sustainably. The first phase is engaging with the community in a dialogue to design the model of community engagement that will be most effective to improve the health and wellbeing of local residents. Phase 2 will see the piloting of sustainable interventions utilising the model of engagement.
  - **Data packs** – have been made available for all primary care networks (PCNs). The data packs can be used to identify a population within the PCN who are experiencing inequality in health provision and/or outcomes and develop a plan to tackle the unmet needs of that population.
  - **Teenage Pregnancy Resilience** – This group is focused on teenage pregnancy reduction and aims to improve young people's resilience to unintentional under 18yr conception. This will be achieved by supporting young people most at risk of being teenage parents by developing their knowledge skills and confidence to make positive decisions to stay well, healthy, connected and safe. Rates of teenage pregnancy differ across our wards with two wards experiencing rates of 35-45 per 1000 15-19yr olds (5 year rate 2016-21) and 8 wards having a rate of than 15 per 1000 with the other 4 wards between 20-30 per 1000. The group is utilising whole system, upstream approach to look at the causes of the causes leading to a teenage conception. This approach recognises that teenage pregnancy is the indicator, but improvements will come from focusing on an asset-

based competency development programme which will impact on a range of risk-taking behaviours with multiple long term beneficial outcomes for young people. By building resilience, we aim to have a positive outcome, not only on reducing teenage conceptions but also raising aspirations, making active choices, resistance to bullying, increased problem solving, understanding healthy relationships, self-esteem, reduction in using food / substances as a coping mechanism etc. A resilience competency framework has been developed and we are in conversation with Wakefield Council to benefit from their learning over many years implementing a resilience framework.

- **Housing and Health / cost of living** – This group is focused on the risk of harm to physical and mental health from living in a cold house, exacerbated by increases in the cost of living and cost of heating homes. This project is currently in the initiation phase and is seeking to understand populations who are at great risk of and what interventions might mitigate against impact of increased cost of living.
- **Knowledge and awareness** - information sessions have been provided on Core 20 plus 5 initiatives. The Core 20 plus 5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines three target populations:
  - (i) **Core:** People living in the 20% most deprived areas, as identified by the indices of multiple deprivation.
  - (ii) **Five:** are mandated populations being – maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding.
  - (iii) **Plus:** are priority groups who do not fit into the above categories – eg homelessness, traveller and gypsy etc.

### 3.0 OPTIONS FOR CONSIDERATION

- 3.1 **Option 1:** For the HWB to note the progress on work being undertaken by the PHaPP.

### 4.0 ANALYSIS OF OPTIONS

- 4.1 Whilst the work of the PHaPP is in its infancy, it has made progress in bringing place partners together to focus on tackling health disparities. By utilising a multiagency approach, focusing on intelligence and insights will provide opportunities to accelerate improvements and reduce duplication across North Lincolnshire place.

**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 Not relevant for this report

**9 RECOMMENDATIONS**

9.1 It is recommended that HWB members approve option 1, to note the progress being made by the PHaPP

DIRECTOR OF PUBLIC HEALTH

Church Square House SCUNTHORPE  
North Lincolnshire  
DN15 6NR

Authors: Steve Piper / Ruth Twiggins

Date: 07 Sept 2022

## **NORTH LINCOLNSHIRE COUNCIL**

### **Health and Wellbeing Board**

#### **Healthwatch North Lincolnshire Annual Report 2021-2022**

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

- 1.1 The purpose of this report is to provide the Board with a copy of Healthwatch North Lincolnshire's Annual Report for information / noting.
- 1.2 The report highlights ways in which Healthwatch North Lincolnshire has made a difference to: local people, services and processes from April 2021-March 2022. This includes case studies on our main projects as well as examples as to how we have acted upon feedback trends highlighted to us by members of the public.
- 1.3 The report also showcases the work undertaken by our dedicated volunteers and the difference that this has made to local people, for example, interacting with local communities to promote and encourage the use of the NHS App as well as supporting people to feel less isolated and lonely during the pandemic through our Telephone Buddy Service.

##### **2. BACKGROUND INFORMATION**

- 2.1 It is a legal requirement that all Healthwatch must produce an annual report. Healthwatch North Lincolnshire's annual report has been provided to the Health and Wellbeing Board, for information and highlights the work of Healthwatch North Lincolnshire from April 2021-March 2022.

Selected highlights from the Annual Report are shown below as a summary of activity. (2.2-2.6).

- 2.2 The report highlights specific case work including an evaluation project on the Welcome Home Service. The service, provided through the voluntary sector, began to make sure those discharged from hospital returned home safely and were supported to reconnect with their communities. The service has taken on board our recommendations including: including reviewing literature to ensure it is accessible and developing a contact card for service users, to support a smooth transition in to the service.
- 2.3 The work of our volunteers is also highlighted within the report. Volunteers have supported staff through undertaking engagement activities and some have become telephone buddies supporting people who are experiencing loneliness and isolation, during the pandemic, through our Telephone Buddy service. The Annual Report also shows the development of a Youth Healthwatch and recognises their efforts in researching their first project that is now close to completion.
- 2.4 The Healthwatch Annual Report illustrates how we feed into wider system processes. One project was around Improving Access to Alternative Treatments. We worked jointly on this with three other Healthwatch in the region and between us carried out 11 Enter and View visits to obtain unique feedback from the users of emergency care services. Our work on this is feeding into the Humber Acute Service Review to understand our population's needs and preferences in accessing urgent care. Our findings and recommendations will be used to inform service and infrastructure development within the Humber.
- 2.5 Our annual report also reflects Healthwatch North Lincolnshire's commitment to assisting with the work of the Health and Wellbeing Board with our involvement in the Pharmaceutical Needs Assessment. Our main support came from the promotion of the survey and in establishing ourselves as a contact for people who wanted their voice to be heard but did not have the ability to either access or complete the online form themselves.
- 2.6 The report reflects our general engagement activity and how the information we receive from the public helps feed into our knowledge about local services and processes.
- 2.7 Finally, in total 1771 people shared their experiences for Health and Social Care services and 40,454 came to us for advice and information about topics including Covid-19.

### **3. OPTIONS FOR CONSIDERATION**

- 3.1 Not applicable – The Board are asked to note the Annual Report.

### **4. ANALYSIS OF OPTIONS**

4.1 Not applicable.

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

5.1 Not applicable – the report is for information only.

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

6.1 Information contained within Healthwatch North Lincolnshire's Annual Report ties into the Council's Plan Priority 1 – Keeping people safe and well. The report particularly shows how we are helping to reduce health inequalities and promote wellbeing.

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

7.1 Not Applicable.

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

8.1 There has been no consultation on the annual report and there are no declarations of interest.

**9. RECOMMENDATIONS**

9.1 The Health and Wellbeing Board are asked to note the Healthwatch North Lincolnshire Annual Report

MANAGER OF HEALTHWATCH NORTH LINCOLNSHIRE

Church Square House  
SCUNTHORPE  
North Lincolnshire  
Post Code

Author: *(Jennifer Allen)*

Date: *(14/09/2022)*

**Background Papers used in the preparation of this report –**  
*Healthwatch North Lincolnshire's Annual Report 2021-2022.*

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# Championing what matters to you

Healthwatch North Lincolnshire  
Annual Report 2021-22



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## Message from the Healthwatch team

As people started to return to a more normal life this year following the Covid-19 restrictions, Healthwatch North Lincolnshire were keen to hear from residents about how these restrictions had impacted on their access to care.

We particularly wanted to ensure that those who are seldom heard had a voice and so we delivered a number of targeted pieces of work in this area. This year Healthwatch been working closely service users of mental health services and their carers; and with those who are experiencing loneliness and isolation via our Telephone Buddy service. Dentistry has also been an ongoing concern in our local area, and so we have continued to escalate these concerns nationally.

Healthwatch has also been keen to support the health and social care system's recovery. Over the course of the year we have delivered an extensive campaign with our neighbouring Healthwatch teams to identify the biggest issues faced by patients accessing all elements of care to help determine priority recovery areas. Again with other Healthwatch and Voluntary Sector teams, we have been raising awareness in the community of the NHS App to help relieve pressures, particularly in primary care.

Additionally, this year the team have been delivering a range of activity to bring patient voice in the design and delivery of services. Healthwatch have supported engagement on a number of initiatives including vaccine hesitancy, Pharmaceutical needs, and GP access; as well as conducting an independent evaluation of the local Welcome Home service. Utilising our power to Enter and View, Healthwatch also obtained unique feedback from users of emergency care services to support the future planning of local Emergency Departments.



This year Healthwatch England have asked that in these busy times we are all in that we keep our annual report succinct. Therefore this report does not intend to showcase the full breadth of our work over the last year, but aims to give a snapshot of some of our work and how we help.

I would like to take this opportunity to wish a big thank you to all our staff, volunteers, partners and members of the public who have all supported and contributed to our work throughout the past year.

**Helen Grimwood, Chief Executive, Meeting New Horizons (contract holder)**



“The COVID-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities.”

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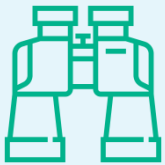
**Sir Robert Francis QC, Chair of Healthwatch England**



# About us

## Your health and social care champion

Healthwatch North Lincolnshire is your local health and social care champion. From the Isle of Axholme to the River Humber and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



### Our vision

A world where we can all get the health and care we need.



### Our mission

To make sure people's experiences help make health and care better.



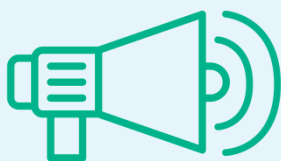
### Our values

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

# Our year in review

Find out how we have engaged and supported people.

## Reaching out



**1771 people**

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**40,454 people**

came to us for clear advice and information about topics such as mental health and COVID-19.

## Making a difference to care



We published

**10 reports**

about the improvements people would like to see to health and social care services.

Our most popular report was

**Emergency Department Enter and View**

which highlighted the struggles people had in arranging appointments with their GP.

## Health and care that works for you



We're lucky to have

**49 outstanding volunteers**

who gave up **51 days** to make care better for our community.

We're funded by our local authority. In 2021-22 we received:

**£115,640**

Which is the same as the previous year. Healthwatch North Lincolnshire were successful in receiving further funding from NHS England to conduct a specific engagement programme.

We also currently employ

**4 staff**

who help us carry out this work.

## How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Spring



Through virtual Enter and View we completed engagement with care home residents and staff, ensuring they still had a voice during the Covid-19 pandemic.



We began facilitating service user involvement in the mobilisation of a new Crisis House, ensuring service user views were fully informing the development of this new service.

Summer



We have continued to support vulnerable people with our community to feel less isolated, through our Telephone Buddy Service.



With the support of our Volunteers we carried out engagement on North Lincolnshire's Welcome Home Service to support developments to this much needed service.

Autumn



Healthwatch across the Humber Network, sought the views of local residents on the impact Covid-19 had had on accessing local health and care services.



We resumed face to face engagement with the community, and worked with key partners including the Arc Westcliff Community Centre, The Trussell Trust Food Bank and The Forge Project.

Winter



Utilising the power of 'Enter and View', we gathered the insight of Emergency Department users to inform recommendations to local and regional stakeholders.



We supported the national Time to Talk Day by asking local residents for their opinions on mental health services. This included giving people an opportunity to reflect on any aspect of mental health.



# Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve



## Improving Access to Alternative Treatments

**The Healthwatch Humber Network (Healthwatch Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire) conducted 11 ‘Enter and View’ visits in Emergency Departments across the Humber, to capture patients understanding of, and needs to access, alternative treatment options.**

Healthwatch agreed to work with Humber Acute Services to further understand our local populations needs and preferences in accessing urgent care and recommended ways in which they could work with our new Integrated Care System and Primary Care Network Leads to reduce patients unnecessarily requiring the use of Emergency Department services.



**41.6% of people**

**we heard from who attended local Emergency Departments felt that their issue could have been treated elsewhere**

Humber Acute Services has shared our findings and recommendations widely across the system to ensure a joined up response to achieving improved patient access and knowledge of support available regarding alternative treatment options These system partners include:

- Four local Clinical Commissioning Groups.
- Two Hospital Trusts.
- Our new local Integrated Care System.
- The Humber Out of Hospital Programme Lead.
- The Humber and North Yorkshire Health and Care Partnership Emergency Care Network Lead.
- The Humber and North Yorkshire Primary Care Network Lead.

### What difference did this make

Our findings and recommendations will be used to inform service and infrastructure development within the Humber. In 2022/23, the Healthwatch Humber Network are devising an outcomes monitoring action plan to follow up recommendations including collating feedback to support short to long-term planning with the Humber Acute Services and partners to ease the pressures on local Emergency Departments and enable the public to access a treatment option more effectively.



“The engagement undertaken and the findings presented have been used to help shape the design of potential future models of urgent and emergency care in the Humber region by highlighting key issues and challenges and providing insight in to how and why people access urgent care through our existing Emergency Departments.”



Ivan McConnell – Director of Strategic Development / Director Humber Acute Services



## Welcome Home Service

**Thanks to everyone who shared their experience of the Welcome Home Service with us over the last year. The information we've collected will help a local voluntary organisation develop their support service further to ensure vulnerable people are welcomed home after a stay in hospital.**

Changes during the previous year in relation to hospital discharge processes meant it was vital to understand how vulnerable people had been affected.

The Welcome Home Service, provided through the voluntary sector, began to ensure vulnerable people who had been discharged from hospital, with no ongoing needs, returned home safely and were supported to reconnect with their communities. During 2021 we were asked to complete an independent evaluation of the new service.



**“The responder thought about the little things like replacing the battery in the smoke alarm which I might not have thought about. They also signposted me to a support group I am attending on Monday”**  
**Client A, Welcome Home Service Participant**



### Recommendations that were made on behalf of those who spoke to us included:

- To ensure there is a robust criteria for referral to the service to ensure it targets the right people. This should include patients who have little to no support network already in place.
- To continue to develop relationships with hospital staff to ensure a smooth transition for those referred to the service.
- To ensure information is provided to clients at the time of referral to make clear the service aims and objectives as well as the process and pathway from discharge into Welcome Home.
- To develop a structure to review operational learning to inform the service further.
- To undertake further evaluation of the service to track longer term impact on individuals.

### What difference did this make

The report highlighted the need for the service to continue to monitor the impact for the client and for this information to help with service development.

The service is taking on board the feedback and recommendations, including reviewing literature and developing a contact card for service users, to support a smooth transition in to the service.



**75% of people**

**we heard from lived alone with limited or no support network**

## Covid Impact Survey

In light of the increased pressure on the NHS since the beginning of the pandemic, and system interest in examining the impact of this, Healthwatch across the Humber region (Healthwatch North Lincolnshire, Healthwatch North East Lincolnshire, Healthwatch Hull and Healthwatch East Riding of Yorkshire) has undertaken wide spread engagement to understand how the pandemic had directly or indirectly affected health and care services.

From the initial analysis of findings we have found some common themes. Some of these are highlighted below.

### Hospitals:

Common themes that covered the hospital trusts in the region included:

- People had faced delays or cancellations when attempting to access secondary care services, with many feeling that inadequate information was provided to them during this time.
- Many people were open to travelling to another hospital if it meant they could be seen more quickly, whether for one-off or regular appointments.
- People were most satisfied with their appointments when they were seen face to face.

### GP Surgeries:

- Over 60% of respondents from Hull and North Lincolnshire found it difficult or very difficult to get in touch with their surgeries. This compared to 38% from the East Riding of Yorkshire and 41% from North East Lincolnshire.
- Around a half of respondents had delayed accessing their GP for concerns as a result of the pandemic.
- In the absence of not being able to access their GP easily, respondents advised that they used NHS 111 services, visited their Emergency Department, attended a pharmacy, or went to an Urgent Treatment Centre as an alternative.

### Dental Services:

- The majority of respondents from North Lincolnshire, Hull and the East Riding felt that their oral health had deteriorated in the pandemic. In North East Lincolnshire there was a balance response across feeling their oral health had deteriorated and had stayed the same.



**Over 70% of people**

Who commented about GP surgeries from North Lincolnshire said that they had found it difficult or very difficult to get an appointment

## Listening to Young People

**Our Youth Healthwatch have worked on their first investigation report that concentrates on young people's perceptions of sexual health information and services.**

The Youth Healthwatch chose this topic because they felt that it was a large subject that had not been fully researched previously. The members also drew on their personal experiences, which included, talking with other young people where sexual health was raised frequently, especially around relationships, sexual health talks and their limitations.



### Social Media

**Was frequently mentioned by young people as a place for researching information about sexual health and relationships**

The report is currently being produced and will be published early in 2022/23. Key findings that emerged from the investigation included:

- In the past year the following places were more frequently listed as places where people obtained information regarding relationships: Social Media, Friends and YouTube/Videos.
- In the past year the following places were commonly listed as places where people received information about sexual health: Social Media, Websites and Friends.
- When asked which topics respondents would like to see more information on, the two most frequent answers were: healthy / unhealthy relationships and STI/HIV testing.
- When asked how they would like more information the majority of people highlighted Social Media. Other popular choices included through college taught lessons and leaflets, from Sexual Health clinics / GP's and through websites.

### What difference did this make

This first report has given the youth Healthwatch valuable skills that can be used in future projects. The findings will be highlighted to the local sexual health service within North Lincolnshire and to local colleges. The report will also be shared with North Lincolnshire's Children and Young People's Partnership.

## Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.



### Giving people with lived experience a voice

Since November 2020 our Every Voice Matters group have been meeting regularly. It creates an open space for people to share their experiences and directly contribute to the shape of future mental health service provision.

In the past year our Every Voice Matters group has continued to work alongside professionals, sharing their lived experience to help shape a newly planned Crisis House. The service plans are really beginning to take shape, now building work is underway, with service users feedback being considered every step of the way.



### Pharmaceutical Needs Assessment

Supporting local partners to reap the benefits of involving local people to help improve care for everyone.

This year Healthwatch has been supporting the rollout of the latest Pharmaceutical Needs Assessment survey to ensure local services and planning meets the needs of our local population. In particular, Healthwatch were established as a contact for people who wanted their voice to be heard but who did not have the ability to either access or complete the online form themselves.



### Vaccination Feedback and Improving care over time

Since the start of the Covid-19 vaccination programme we have gathered feedback on how local residents found the vaccination process. This included asking people about the information that they received and how they found the location of vaccination centres. Overall people were satisfied with the programme locally, however we received reports of discrepancies with the information being provided by settings. Healthwatch brought this to the attention to North Lincolnshire's Primary Care Networks so that more consistent information across the area could be delivered.



# Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Providing up to date information on local health and care services
- Identifying themes around service provision and highlighting these to service providers
- Signposting to the NHS 119 service where appropriate
- Helping people to access the services they need



## Supporting people to feel less isolated and lonely

In response to the Covid-19 pandemic and the first lockdown, we set up the Telephone Buddy Service to provide telephone support to people in North Lincolnshire who felt isolated and lonely and could not get out/ make connections with family and friends in the usual way.

The original service model ran until December 2021. Over this time 71 volunteers supported 124 people making over 1200 hours of calls.

The demand for the service and number of volunteers for this role significantly decreased as lockdowns ended and Covid restrictions were lifted. In January 2022, a revised model was launched to support those who were still in need of support, and focused on providing 6-8 weeks of calls, and working on empowering the individual to be able to self access support and opportunities in the community.

As well as helping people overcome feelings of loneliness and isolation the calls also enabled staff and volunteers to take on board feedback about local health and care services and help signpost people to relevant organisations.



## Supporting people to access GP's

Throughout the year we have gathered feedback from residents on issues they have experienced in accessing GP services.

This has included a number of reports about problems getting through on the telephone. In particular we received a high number of comments about one practice.

As a result we contacted the practice and discovered that they were experiencing a problem with their telephone lines, which they were already aware of and were working on a solution to remedy the situation. With this information we were then able to advise the public about what was happening and provide information about alternative methods of contacting the practice.





## Promoting the NHS App

In December 2021, the Humber and North Yorkshire Health and Care Partnership approached the Healthwatch Humber Network to ask for our assistance in raising awareness of the benefits of the NHS App and promote installing the app to the public.

During January 2022 to March 2022, Healthwatch North Lincolnshire's staff and volunteers promoted the NHS App with members of the public and informed them of the various services it offers and how they can make the most out of local health services by installing it.

During our engagement we spoke with students at John Leggott College, visited the Forge Project and held engagement sessions at local libraries.



In total we:

- Provided support to download the app to over 60 people
- Reached 2,654 people directly (those who access information through direct contact; e.g. leaflets being provided, made available in public locations, engagements at events, social media posts, newsletters, website hits etc.)

## Dentistry

Throughout the year residents have continually reported difficulties they have faced in obtaining an NHS dental appointment and becoming 'registered' with a dental practice. Healthwatch North Lincolnshire have provided assistance to these individuals / families by explaining that they could join dental practice waiting lists if the matter is non-urgent and to contact NHS 111 if they consider the situation requires emergency dental treatment. Healthwatch North Lincolnshire continues to feedback our intelligence on this matter at a local, regional and national level.



# Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Supported people to feel less isolated and lonely during the pandemic through our Telephone Buddy Service.
- Engaged with patients, and carers during Enter and View visits in Scunthorpe General Hospital's Emergency Department.
- Engaged with a care home through virtual engagement, interviewing residents, relatives and staff; and reporting good practice and making recommendations for improvements.
- Interacted with local communities to promote and encourage the use of the NHS App.
- Designed and researched a project focusing on the health and care issues that are important to young people through our Youth Healthwatch group.







### Chrissy

“I decided to volunteer as a Telephone Buddy as I was due to retire and was looking for things to do to give something back. I have had several telephone buddies and it has made a big difference to them, especially during the pandemic. When you hear how you have made a difference to people just by giving them a call you realise what a great service it is that Healthwatch is providing.”



### Autumn

“Volunteering at Healthwatch is an amazing experience. It’s allowed me to grow as a person and learn to see things from different perspectives and explore this in an enjoyable and interesting way. I have gained better people skills as a Telephone Buddy, and Youth Healthwatch has given me a chance to think critically while working with a fun group.”



### Linda

“I started volunteering during the pandemic as a Telephone Support Volunteer. I phoned my buddy each week and discussed how he was coping and events. With our weekly catch ups we soon became Buddies! Since restrictions have been lifted, we have met up for a coffee and have become friends. I have also been involved with Enter and View and promotion of the NHS App. Volunteering has given me so many opportunities to meet new people and receive training, I hope my little bit can make a difference.”



### Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.



[www.healthwatchnorthlincolnshire.co.uk](http://www.healthwatchnorthlincolnshire.co.uk)



01724 844 986



[enquiries@healthwatchnorthlincolnshire.co.uk](mailto:enquiries@healthwatchnorthlincolnshire.co.uk)

Annabel Tindale – Enter and View & Volunteer Coordinator

# Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income		Expenditure	
Funding received from local authority	£115,640	Staff costs	£108,958
Additional funding	£10,000	Operational costs	£10,473
		Support and administration	£9,498
<b>Total income</b>	<b>£125,640</b>	<b>Total expenditure</b>	<b>£128,929</b>

## Top three priorities for 2022–23

1. To gather experiences to support the redesign and improvement of end of life care.
2. To support developments in key areas of therapy and community services, including specialist continence services and community equipment, to bring patient voice in service redesign.
3. To deliver a targeted engagement plan focused on health and care inequalities faced by residents.

## Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face, regardless of whether that's because of where you live, income or race.

We also wish to continue re-establishing our face to face engagement following the lifting of Covid-19 restrictions and to strengthen our contacts with community groups and other stakeholders.

# Statutory statements

## About us

**Our Address:** Healthwatch North Lincolnshire, Suite 37, Normanby Gateway, Lysaghts Way, Scunthorpe, North Lincolnshire, DN15 9YG.

**Contract Holder:** Meeting New Horizons CIC, The Strand, 75 Beverley Road, Hull, HU3 1XL.

**Trademark:** Healthwatch North Lincolnshire uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.



## The way we work

### Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Independent Strategic Advisory Body consists of three members whose purpose is to provide direction, oversight and scrutiny to our activities. The Body ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the Advisory Body met quarterly, and provided insight and oversight of our workplan, as well as strategically informing our work around children and young people and enter & view.

We ensure wider public involvement in deciding our work priorities. Public feedback provided to Healthwatch North Lincolnshire throughout the previous year is analysed and taken into consideration when planning our future priorities. In addition we also produced a specific 'Priorities' survey, that asked members of the public if they could change one thing around health and care services what would it be? Healthwatch North Lincolnshire also takes in to consideration any changes in health and care provision and feedback from other stakeholders and groups, as well as the priorities and strategic priorities of our partners to ensure that we do not duplicate but add value where we can.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, attended virtual meetings of community groups and forums, and provided our own virtual activities and engaged with the public through social media. As restrictions have lifted, we have also had an increasing presence out in the community. We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by increasing communication with organisations who are in contact with people from seldom heard groups, for example, by linking in with the Trussell Trust and through visiting The Forge Project.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on the Healthwatch North Lincolnshire website at: <https://www.healthwatchnorthlincolnshire.co.uk/our-reports/> and distribute it widely via our partners and communication channels.

### Responses to recommendations and requests

We had one provider who did not respond to a request for information or recommendations. This year we carried out one virtual engagement visit, which resulted in three recommendations. A response was received from the provider. We also carried out three face to face Enter and View visits as part of our work with the Healthwatch Humber Network around Emergency Departments. Four recommendations were given and a response was provided by Humber & North Yorkshire Health & Care Partnership (previously known as Humber, Coast and Vale).



## Health and Wellbeing Board

Healthwatch North Lincolnshire was represented in 2021/22 on the North Lincolnshire Health and Wellbeing Board by the Healthwatch Manager and Chief Executive. During 2020/21 Healthwatch have carried out this role by supporting the work of the board, including being involved with North Lincolnshire’s Pharmaceutical Needs Assessment survey and its promotion.

### 2021-2022 other activities / outcomes

Project/Activity Area	Actions/Outcomes
<b>Cherry Tree House virtual engagement visit</b>	A trip hazard was identified during the visit and was moved immediately.
<b>Cherry Tree House virtual engagement visit</b>	A health and safety audit was undertaken in order to make sure all loose cables were moved to a safe position.
<b>NHS App – This year we have trained volunteers in how to promote and download the NHS App</b>	Volunteers then visited various locations across North Lincolnshire and spoke with people about the App. This resulted in increased downloads.
<b>Provided refresher training to our Enter and View volunteers</b>	Refresher training helped prepare volunteers, for future, face to face Enter and Views. This was important as many of our volunteers have not carried out a face to face Enter and View, over the past few years, due to the Covid-19 pandemic.
<b>Attendance at meetings</b>	We regularly attend the meetings of 27 groups. These help us to understand and report on local views and experiences of health and social care services.
<b>Monthly Intelligence Reports</b>	Every month intelligence that we gather is highlighted in our monthly reports. These reports illustrate any negative or positive trends, surrounding local health and care services.

# healthwatch

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