Staffordshire Health and Wellbeing Board

3.00 pm Thursday, 8 March 2018
Trentham Room - No.1 Staffordshire Place

Our Vision for Staffordshire

"Staffordshire will be a place where improved health and wellbeing is experienced by all - it will be a good place. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of a strong, safe and supportive community. "

We will achieve this vision through

"Strategic leadership, influence, leverage, pooling of our collective resources and joint working where it matters most, we will lead together to make a real difference in outcomes for the people of Staffordshire".

A G E N D A

1. **Welcome and Routine Items**

   Chair

   - Apologies
   - Declarations of Interest
   - Minutes of Previous Meeting (Pages 1 - 8)

2. **Questions from the public**

FOR DECISION

3. **Local Transformation Plan for Children and Young People's Mental Health Services** (Pages 9 - 22)

   Jane Tipping, Head of Mental Health Commissioning

4. **Pharmaceutical Needs Assessment 2018** (Pages 23 - 144)

   Ruth Goldstein, Public Health Speciality Registrar

5. **Physical Inactivity Sub-Group** (Pages 145 - 148)

   Jude Taylor, Sportshire Co-ordinator

FOR DEBATE

6. **CCG/SCC Commissioning Intentions**

Presentations by the CCG and SCC

7. **Together We're Better (TWB): Update On Progress** (Pages 149 - 152)

   Simon Whitehouse, STP Director

8. **Health & Wellbeing Board Strategy and Governance** (Pages 153 - 154)

   Jon Topham, Senior Commissioning Manager

9. **Health Improvement Service** (Pages 155 - 160)

   Joanna Robinson, Senior Commissioning Manager

10. **JSNA Outcomes Report** (Pages 161 - 174)

    Dr Richard Harling, Director for Health and Care

11. **Staffordshire Better Care Fund Update** (Pages 175 - 178)

    Rebecca Wilkinson, Programme Manager

FOR INFORMATION

12. **District Delivery Plans** (Pages 179 - 182)

13. **National Diabetes Prevention Programme** (Pages 183 - 188)

14. **Forward Plan** (Pages 189 - 200)

15. **Date of next meeting**

    The next H&WB meeting is scheduled for Thursday 7 June 2018, 3.00pm, Staffordshire Place 1.

Membership	
Tim Clegg	District & Borough Council CEO Representative
Fiona Hamill	NHS England
Dr Alison Bradley	North Staffs CCG
Dr Charles Pidsley	East Staffordshire CCG

(Co-Chair)	
Alan White (Co-Chair)	Staffordshire County Council (Cabinet Member for Health, Care and Wellbeing)
Frank Finlay	District Borough Council Representative (North)
Dr John James	South East Staffordshire and Seisdon Peninsula CCG
Roger Lees	District Borough Council Representative (South)
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Dr. Paddy Hannigan	Stafford and Surrounds CCG
Dr. Mo Huda	Cannock Chase CCG
Glynn Luznyj	Staffordshire Fire and Rescue Service
Philip White	Staffordshire County Council
Simon Whitehouse	Staffordshire Sustainability and Transformation Pl
Helen Riley	Staffordshire County Council
Nick Adderley	Staffordshire Police
Robin Morrison	Healthwatch

Contact Officer: Jon Topham, (01785 278422),
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Minutes of the Health and Wellbeing Board Meeting held on 7 December 2017

Attendance:

	–
Tim Clegg	District & Borough Council CEO Representative
Dr Alison Bradley	North Staffs CCG
Dr. Charles Pidsley	East Staffordshire CCG
Alan White	Staffordshire County Council (Cabinet Member for Health, Care and Wellbeing)
Roger Lees	District Borough Council Representative (South)
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Glynn Luznyj	Staffordshire Fire and Rescue Service
Dr Richard Harling	Director of Health and Care
Philip White	Staffordshire County Council
Helen Riley	Staffordshire County Council
Robin Morrison	Healthwatch

Also in attendance:

Gill Burnett (Substitute Member and Cabinet Support Officer for Adult Safeguarding), Jon Topham (Senior Commissioning Officer, Public Health), Karen Bryson (Assistant Director, Public Health and Prevention), Allan Reid (Consultant in Public Health), Ruth Goldstein (Public Health Speciality Registrar) and Mike Calverley (Senior Commissioning Manager).

Apologies: Frank Finlay (District Borough Council Representative (North)), Simon Whitehouse (Staffordshire Sustainability and Transformation Pl) and ACC Nick Adderley (Staffordshire Police)

61. Declarations of Interest

There were none at this meeting.

a) Minutes of Previous Meeting

RESOLVED – That the minutes of the Health and Wellbeing Board meeting held on 7 September 2017 be confirmed and signed by the Chairman.

62. Questions from the public

One question had been received by the Board from Mr A Kumar:

"How many people can science and medicine keep alive on a planet which has only a limited amount of resources and time? Moreover, is science and medicine also part of the limited amount of resources and time?"

Mr Kumar went on to share his views with the Board that there was a need to accept death as positive and that medicine was not the answer to all.

The Board explained to Mr Kumar their work around End of Life, including the recent Director of Public Health's Annual Report and the Public Conversation which was due to be held in the New Year. The issues were around ensuring a quality of life in good health and enabling a good death. The Board agreed that the world had finite resources and that the best way to reduce the birth rate was through education. They also acknowledged the moral question concerning many developed countries in continuing life through medical intervention.

63. Suicide Prevention

Suicide prevention is a key public health issue. The Staffordshire Suicide Prevention Strategy had been developed in 2015 and focused on a number of issues, including: reducing the risk of suicide in key high risk groups; tailored approaches to improve mental health; reducing the means of suicide; supporting the bereaved ; and research, data collection and monitoring.

A new suicide prevention action plan for Staffordshire and Stoke-on-Trent was being developed and the Board received details of planned activities within this.

Board Members asked for clarification on the following:

- the report referred to the "myths" around suicide and Board Members asked what these were;
- the percentage of those who self harm who then go on to commit suicide as opposed to those who successfully commit suicide who have self harmed (anecdotally the figure for those who were successful in committing suicide and had self harmed was very high); and
- the percentage of successful suicides victims who had been receiving mental health services (this data was not currently available from the Coroner, however work was being undertaken through Staffordshire and Shropshire Prevent to access this information).

Members also asked that the triggers for suicide should be identified as well as the impact suicides had on the individual's family, friends and community. Whilst acknowledging the limited resources available the Board suggested that a review of support should be undertaken where a successful suicide has taken place, in a similar way to the review undertaken in cases of domestic homicide.

RESOLVED – That:

a) the current planned activity set out in the report be supported and endorsed;

b) the further areas for consideration listed above be included in the action plan;
c) Board Members champion the importance of suicide prevention and support the "zero tolerance" approach across Staffordshire.

64. Local Transformation Plan for Children and Young People's Mental Health Services

NHS England required Clinical Commissioning Groups (CCGs) to submit a refreshed version of the Local Transformation Plan (LTP) for the development of Child and Adolescent Mental Health Services (CAMHS) within their localities. This was undertaken annually and had to include verification that the H&WB had signed-off the final submission.

Members felt they would like further detail on the Plan to ensure it was outcome rather than services focused and asked that it be brought to the March meeting to enable this clarification.

RESOLVED – That the updated Local Transformation Plan be brought to the March 2018 H&WB meeting.

65. Staffordshire Health & Wellbeing Strategy

In accordance with the 2012 Health and Social Care Act the H&WB has a duty to produce a Health and Wellbeing Strategy which takes account of the Joint Strategic Needs Assessment. The current Strategy would end in 2018 and the Board now considered the new Strategy for 2018-2023.

The new Strategy reflected on what had been achieved through the 2013-2018 Living Well Strategy, reiterated the role of the H&WB, gave a summary of the key health and care issues that affect Staffordshire and set out the new approach, which focused on extending healthy life.

The Board felt that the Strategy should have a strategic rather than a tactical approach so that it would have greater influence over the health and wellbeing of Staffordshire residents. Members also noted the work of the Families Strategic Partnership which had been established two years ago to address the Board's concerns in moving work forward with partners around children and young people.

Members felt there was a need to reflect on the Board's constitution, and in particular consider whether providers should be included on the Board Membership. Whilst this had been a consideration previously no change had been made as it had been hoped that the Stoke-on-Trent H&WB would merge with the Staffordshire H&WB to prevent duplication and ensure closer working with partners across the two authorities.

Members also discussed the role of the Staffordshire Transformation Plan (STP), whether there was too much duplication and overlap with the H&WB and if the two bodies should be brought together. Whilst there was much overlap there was also a role for both, with the H&WB having a more holistic and preventative approach which considered a broader range of factors influencing health and wellbeing, including employment, housing and education (wider than health determinants). NHS England

directed the STP around a medical agenda which could dilute the preventative work that is sees as the core H&WB role.

There was a need for greater alignment across strategies and organisations such as the STP, LEP and the two Staffordshire based H&WB. It was noted that the recent CQC report on the Stoke on Trent H&WB highlighted the need for closer and more collaborative working. Members suggested that a recommendation be made to request the Stoke on Trent and Staffordshire STP strive towards closer working between the two H&WBs and the STP.

RESOLVED – That:

a) the Staffordshire H&WB strive for closer working with the Stoke on Trent H&WB and the Staffordshire STP, and that this is discussed further at a joint workshop;
b) the focus of the new Strategy be on extending healthy life expectancy; and,
c) CCGs and partners be written to as part of the new Strategy consultation, and that this consultation also be used to promote closer working between the STP and the two H&WBs.

66. Director of Public Health Annual Report

The Board received details of the Director of Public Health (DPH) report for 2017/18 considering the use of technology to improve health, well-being and care. The Board supported this as the topic for the DPH report, however they asked that consideration be given to the following:

- how to avoid a two tier system of care/opportunities between those who had access to and were IT literate and those who were not;
- how to avoid self diagnosis and the possible build up of symptoms that may not be picked up appropriately;
- adequate record keeping and how to build in regulation;
- identifying issues and how IT could help tackle these rather than looking at the IT available and finding a use for it; and
- the breadth of opportunities available and not limiting the vehicles by which technology can now be accessed, eg through the television.

RESOLVED – That:

a) the use of technology to improve health and wellbeing and care be endorsed as the topic for the DPH report 2017/18; and
b) the areas highlighted above be considered as part of the report.

67. Health in All Policies

The Health in All Policies (HiAP) had previously been considered by the H&WB at their meetings of 9 March and 8 June 2017. The Board now received an update on the development of HiAP.

Members heard that the HiAP workshop had been well received with each authority now developing their own HiAP Strategy. These Strategies would be shared at a future date to help maintain momentum. A HiAP Steering Group was being established to develop this work.

RESOLVED- That:

a) the developments within the HiAP agenda be noted;
b) the Board continues to support and endorse HiAP in Staffordshire; and
c) the Board continue to engage with the developing HiAP programme of work.

68. Air Quality and Clean Air Zones

Following the Government's publication of the Clean Air Strategy an initial appraisal of Staffordshire air quality was undertaken. The H&WB received a summary of options for activity to help support the Clean Air Strategy and considered four recommendations:

Recommendation 1 – Develop a partnership agreement between Staffordshire County Council, Stoke-on-Trent City Council and the eight District/Borough Councils across Staffordshire to improve air quality.

- the Board agreed to send a letter to all Chief Executives asking all authorities work in partnership to deliver the best possible outcomes across Staffordshire and Stoke-on-Trent; and
- each Board member will consider their own organisation's responsibilities towards air quality.

Members noted that the Pollution Control Officer would also be working towards this in each local authority.

Recommendation 2 – Develop a strategy/action plan for local implementation from October 2018 (informed by a detailed options appraisal)

- the Board will assist in prioritising actions following details of the option appraisal which was expected to be brought to the Board in Spring 2018;
- air quality will be considered as part of the HiAP agenda; and
- each local authority to develop and implement their own Air Quality Strategy.

Members noted that some local authorities had already developed a strategy.

Recommendation 3 – Develop a communications plan for engaging and communicating with the public on air pollution across Staffordshire and Stoke-on-Trent. In addition the communications plan should include business and commerce.

- once the Air Quality Communications Plan had been developed H&WB Members would be asked to use this within their own organisations.

Recommendation 4 – Bid for any appropriate Air Quality Grants as they became available. For example Defra Air Quality Grant 2017/18 announced in November 2017.

- a partnership bid was being developed with the additional support of the Staffordshire Air Quality Forum for submission by the December 2017 deadlines;
- any grant submissions to have H&WB delegated authority from the joint Chairmen for sign off.

The Board accepted the recommendations.

RESOLVED- That:

a) an Air Quality partnership agreement be developed between Staffordshire County Council, Stoke-on-Trent City Council and the eight District Councils across Staffordshire;

b) an action plan for local implementation from October 2018 be developed, being informed by the options appraisal;
c) a communications plan be developed for engaging both the general public and business and commerce around issues of air pollution; and,
d) that bids be made for any appropriate Air Quality Grants as they become available with delegated authority to sign bids off on behalf of the Board being given to the joint Chairmen.

69. For Information

The following items were included on the H&WB agenda for information only:

- Staffordshire Better Care Fund – this had been approved with conditions and the Co-Chair, Alan White, wished to record his gratitude for the hard work and close working relationships which had enabled approval to be reached, and specifically to Dr Ricard Harling, Director of Care and Health and Dr Marcus Warnes, North Staffs CCG.
- OFSTED – Report on Children's Services - which had been commended good overall with areas for improvement.
- Anti-Microbial Resistance (AMR)
- Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership Board Annual Report
- JSNA Outcomes Report – Members asked that in future this paper clearly highlights the areas of new information included in the report.
- Update on Burton/Derby Merger and Plans for the Community Hospitals

70. Forward Plan

In considering the Forward Plan the Board noted the following items scheduled for their December meeting:

Items for Decision:-

- HWBB Strategy
- Local Transformation Plan for Children and Young People's Mental Health Services

Items for Debate:-

- CCG/SCC Commissioning Intentions
- District Delivery Plans
- SCC Strategy
- STP/BCF
- Annual Report of the Director of Public Health
- Place Based Approach

Items for Information:-

- JSNA

It was agreed not to include an item on the Burton/Derby proposed merger at the March meeting.

RESOLVED – That the Forward Plan be agreed.

Chairman

Staffordshire Health and Wellbeing Board	
Title	Local Transformation Plan for Children and Young People's Mental Health Services
Date	8th March 2018
Board Sponsor	Helen Riley
Author	Jane Tipping, Head of Mental Health Commissioning and Roger Graham, CAMHS Commissioner, South Staffs CCGs
Report type	For Decision

Summary

NHS England requires CCGs to submit a refreshed version of the Local Transformation Plan (LTP) for the development of Child and Adolescent Mental Health Services (CAMHS) within their localities. This is an annual requirement & must include verification that the Health and Well-being Board have signed off the final submission.

Recommendations to the Board

The Board is asked to approve the updated Local Transformation Plan which sets out the progress to date and the plans to meet the national guidance as set out in the NHS and Local Government policy document – "Future in Mind."

Background / Introduction

In 2015 NHSE England initiated a process of transformation for CAMHS provision associated with the strategy document-"Future in Mind." There were specific requirements for NHS commissioning organisations including the development of crisis/intensive support services, the development of eating disorder services, workforce development & meeting national targets for the expansion of mental health/emotional wellbeing services to a larger number of children & young people. These plans formed the Local Transformation Plan, which was developed in 2015/16.

The developments were supported by indicative financial allocations to CCGs to achieve the core goals of transformation by 2020/21. Achieving the goals of transformation required a whole systems approach with robust partnership arrangements with a range of other public sector & third sector organisations-including local authorities & education providers.

The LTP is updated and refreshed on an annual basis and must be published on the CCG websites indicating local progress against the key national targets.

The organisational footprint for delivery in this area aligns with that of the Sustainability and Transformation Plan hence our local partnership includes all Staffordshire CCGs plus Stoke on Trent CCG.

The current LTP is also based on the existing Emotional Well-Being Strategies which run to 2018. Transformation funding has enabled a far wider approach to be taken to developing comprehensive services for children and young people and to transform models of care, whilst at the same time ensuring provision that works well

is recognised, protected and expanded. The plan to date has been based on an incremental approach but partners now wish to undertake a fundamental review to develop a vision and plan to 2020/21. This will include full consultation with all stakeholders.

The table below summarises progress to date and the plans we wish to put in place to achieve the further improvements required up to 2021.

LTP Progress and ambition to 2021-Our Road Map

2015/16	• Initial analysis of local need • Initiate intensive support development • Eating disorder service commissioned • Review participation service. • Progress Children and Young People Improving Access to Psychological Therapies developments • Support to Tier 2 • School based programmes piloted
2016/17	• NICE compliant eating disorder service commences • Establish first stage intensive support service (South Staffs) • School based programmes (Hope Project in South Staffs) in place & effectiveness reviewed. • Address CQC requirements of North Staffs CAMHS provider. • Improve access and reduce waiting times (North Staffs) • Revised participation programme in place-within non-statutory sector • Initiate neuro-psychiatry service in South Staffordshire. • Joint work with NHSE regarding Tier 4 reductions • Outcome monitoring for therapeutic interventions in place through Children and Young People Improving Access to Psychological Therapies Programme(CYPIAPT) • Workforce plans developed
2017/18	• Extension of eating disorder service in South Staffs to address need. • Full recruitment to eating disorder service in northern Staffs. • 0-5 service in East Staffordshire to commence. • Review of mental health needs of Looked After Children commenced-with Staffordshire County Council • Update/revise Joint Strategic Needs Assessment - in-depth deep dive on mental health with a particularly focus at the lower end of the spectrum and centre on root causes (e.g. social isolation, health and debt). • Response to Green Paper/address the needs of schools for emotional wellbeing services • CYP MH Services and Schools Link Pilot Wave 2. Expressions of Interest for Staffordshire and Stoke to work with the Anna Freud Centre for Children and Families (AFCCF) and the Department for Education to help CCGs and LAs work together with schools and

	colleges to provide timely mental health support to children and young people have been successful. • Transitions to Adult Mental Health. -CQUIN NHS contractual requirement • IAPT trainees supported • Collaborative work with NHSE regarding Tier 4 admission reduction, transitions to Adult Mental Health • Increase numbers of children and young people accessing emotional resilience programmes in school • Psychological Wellbeing Practitioner programme initiated & reviewed. (South Staffs) • Health and justice programme commences • Third sector transformation programme commences • Development of dynamic risk registers for children and young people with a disability at risk of admission. • Mental Health Services and Schools Link Programme delivered
2018/19	• STP footprint strategy developed. • Work towards implementation of Thrive model • Deliver improved care pathway for children with Autistic Spectrum Disorders within CAMHS. • Extension of intensive support service in South Staffs and development of service in northern Staffs. • Ensure Third Sector data is reflected in overall performance data. • Review access of children to early intervention in psychosis service • Consideration of self-referral options • Single point of access reviewed. • Re-procurement of CAMHS support to Looked After Children (Staffordshire only) • Collaborative commissioning with NHSE based on new model of Tier 4 provision-stronger links to community teams. Implement collaborative commissioning plan with NHSE • Ensure appropriate and timely responses to Children and Young People presenting at Accident and Emergency those presenting out of area. • All age 24/7 acute psychiatric liaison developed. • Implement plan for effective transitions from CAMHS to adult mental health • Data quality improvement programme • ASD service re-procurement (South Staffs) • Intensive support for children with a learning disability
2019/20	• Review access to CAMHS for disadvantaged groups-BEM, LGBT, asylum seekers, children subject to sexual exploitation & early year's trauma-ensure comprehensive service offer. • Workforce requirements reviewed-future capacity planning & engagement with CYP-IAPT • Incremental application of Thrive model

2020/21	• 24/7 out of hours provision in place • Digital offer in place. • Access targets met • Eating disorder service access targets met. • Robust school based programmes of support in place-including links to community CAMHS. • Community based crisis and intensive support fully in place to prevent admission where possible and to avoid young people being placed long distances from home. • Thrive model embedded • Consistent model across STP footprint • Children and young people will be able to access services in a timely manner, receive evidence based interventions and have a positive experience of care.

What do you want the Health and Wellbeing Board to do about it?

The Board is asked to approve the updated and refreshed LTP for Staffordshire & Stoke on Trent and to note the plans for updating the Emotional Wellbeing Strategies for children and young people.

Summary of the Staffordshire and Stoke on Trent Local Transformation Plan for Children and Young People's Mental Health

Developing our local offer to secure improvements in children and young people's mental health outcomes.

1. Overview

The first Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for Children and Young People's Mental Health was approved in October 2015. The additional NHS national funding has enabled a programme of investment to improve our local offer and mental health outcomes for children and young people. This refresh provides an update on progress and challenges associated with the delivery of Child and Adolescent Mental Health Service (CAMHS) Transformation by 2021, across the two local authorities and the six Clinical Commissioning Groups (CCGs) within the geographical boundaries of Staffordshire and Stoke-on-Trent.

Progress differs across the whole LTP on a locality basis relating to northern and southern Staffordshire due to commissioning priorities, funding availability and having two NHS providers. North Staffordshire Combined Health Care NHS Trust (NSCHCT) provides specialist (Tier 3) services in North Staffordshire and Stoke-on-Trent and South Staffordshire and Shropshire Foundation Trust (SSSFT) in South Staffordshire.

1.1 Understanding Local Need

Staffordshire's Joint Strategic Needs Analysis identifies the following key factors that can help keep children and young people mentally well include:

- being in good physical health, eating a balanced diet and getting regular exercise
- having time and the freedom to play, indoors and outdoors
- being part of a family that gets along well most of the time
- going to a school or education setting that looks after the wellbeing of all its pupils

- taking part in local activities for young people

Evidence suggests that most 15 year old children across Staffordshire and Stoke-on-Trent report good levels of life satisfaction. Only 12% of young people in Staffordshire reported low life satisfaction which is similar to England (14%). The proportion in Stoke-on-Trent is better at 11%. Overall, this presents a positive picture in evidencing that the majority of our children and young people enjoy positive emotional health and wellbeing.

In determining the priorities it is recognised that some children are more vulnerable and susceptible to poor mental ill-health. There are estimated to be around 10,400 children in Staffordshire and 3,700 in Stoke-on-Trent aged five to 16 years with a mental health disorder. Analysis suggests that for children and young people this is associated with poor educational attainment, increased numbers not in education, employment or training, disability, offending and antisocial behaviour. Early intervention can therefore reduce demand on schools, the youth justice system and children's social care services.

1.2. Commissioning Approach

Within Staffordshire, the CCGs collaborate effectively in the commissioning of CAMHS albeit each CCG retains responsibility for managing their financial resources within agreed budgets. The CCGs work closely with Staffordshire County Council in the commissioning of CAMHS across the whole system. Financial challenges exist for both the local authorities and CCGs that may limit progress against transformation goals and timelines but existing governance systems afford the opportunity to discuss these challenges and be transparent with user groups in the allocation of resources.

1.3. User and Carer Participation

There has been significant progress in establishing a structure of support for participation by children and young people and they have identified the following issues:

- Better access to CAMHS provision-stronger development of the Single Point of Access, strengthening of third sector provision within localities, no wrong door.

- Ability to self-refer.
- Extension of out of hours offer and development of crisis provision.
- Strengthening care plans-partnership in the development of care plans, greater clarity re shared goals in the care plans and online access to their own care plans.
- Stronger transition arrangements, in particular to adult mental health services but also when they transfer from T4 service back to community CAMHS.
- Parity of esteem and funding.

2. Key Objectives and Principal Changes

The approach is that no child/young person with an emotional wellbeing or mental health difficulty, or an adult with a concern about a child/young person will be turned away. The Emotional Well-Being Strategies identify the following priorities:

	OBJECTIVE	OUTCOME
Priority 1	Promotion of good emotional wellbeing and prevention of poor mental health	• Children and young people are emotionally resilient. • The workforce has the skills to recognize issues and support children and young people, referring as necessary to additional support when they become unwell and providing support when in recovery
Priority 2	Early Intervention	• Children and young people and their families are able to access a range of community, school based, and online support in a timely manner, preventing escalation to specialist service provision.
Priority 3	Support for children and young people experiencing moderate to severe mental health issues (Specialist Tier 3 Community CAMHS)	• Children and Young People who become emotionally and mentally unwell are supported to manage their conditions and recover quickly. • Those requiring on going mental health service provision into adulthood are supported effectively

Priority 4	Access and Intensive Community Support	• Increased numbers of Children and Young People have access to community support that can reduce the length of stay in a Tier 4 placement and/or reduce the need for a Tier 4 placement. • Those who cannot return home are supported via a multi-disciplinary approach to ensure their needs are met.
Priority 5	Complex need and vulnerable groups	• Vulnerable groups of children and young people are able to access support quickly and supported to manage their conditions enabling quick recovery. • Those who need on-going support after their 18th birthday get it.
Priority 6 Stoke on Trent	Ensuring high quality interventions and support	• Services offer high quality, evidence based pathways that can show they make a difference.
Priority 6 Staffordshire	Transition and services for 18-25 year olds	• Commissioners will have better information about need and prevalence of emotional wellbeing and mental health issues within the 18-25 age groups, in order to commission effective, evidence based solutions

Addressing equality and reducing health inequalities is a significant challenge and a priority for the LTP, which aims to reduce inequalities across a range of settings – in schools and in communities and across the life course and to provide appropriate responses to seldom heard groups. More specifically, the LTP is addressing the needs of some particularly disadvantaged and hard to reach groups. These include ensuring that children subject to sexual abuse and exploitation and neglect are able to access therapeutic services (this includes addressing the needs of children who may have experienced early years' trauma). In addition commissioners have successfully accessed NHSE funding to improve services to children and young people within the youth justice system and those who undertake risk taking behaviour. The Sustain+ service (co-terminus with Staffordshire County Council) provides a service for looked after and adopted children who may have emotional wellbeing needs. Parenting support has been extended in South Staffordshire via the provision of a 0-5 (parenting service) funded via transformation funds.

3. The Ambition – by April 2020

The focus to date has been to fully operationalise the developments commenced in 2015/16 and to embed the new referral procedures and care pathways. Service developments, particularly in eating disorder and enhanced community outreach including out of hours support have been commissioned recurrently from April 2016, although the service in northern Staffordshire has faced some delays in initial set up stages. There is an emphasis on working with partners in education to raise their awareness of mental health needs and the resources available and to encourage them to develop their own capacity.

3.1. Investments and Impact

Clinical Commissioning Groups Funding Allocations 2016/17 and total spend

	Stoke on Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	South East Staffs and Seisdon CCG	Cannock Chase CCG	East Staffs CCG	Total
Transformation Plan	636,314	456,301	290,655	430,583	273,072	265,419	2,352,344
Eating Disorder	165,063	119,808	72,361	105,535	71,157	68,066	601,990
Total	801,377	576,109	363,016	536,118	344,229	333,485	2,954,334
Total actual spend	3,356,000	2,383,799	1,179,255	2,054,840	965,392	912,423	10,851,709

Clinical Commissioning Groups Funding Allocations 2017/18

	Stoke on Trent	North Staffs	Stafford and Surrounds	South East Staffs and Seisdon	Cannock Chase	East Staffs	Total
Transformation Plan	748,000	536,000	240,633	356,480	226,076	219,740	2,326,929
Eating Disorder	165,063	119,808	72,361	105,535	71,157	68,066	601,990
Total	913,063	655,808	312,994	462,015	297,233	287,806	2,928,919

Commissioners are proposing the implementation of the Thrive model recommended in the national Future in Mind Policy document and this will underpin the basis of place-based delivery plans to 2020 and beyond. This will include full consultation with all stakeholders. Next steps are:

- Analysis of the Thrive model, with roll out planned incrementally
- Deep dive of JSNA data and findings into emotional wellbeing and mental health of children and young people
- Stakeholder events, with a focus on the engagement of children and young people themselves to redefine provision
- Identifying and protecting what works, in order to build on good practice
- Developing crisis/intensive support services that are equitable across the LTP footprint, including place of safety
- Respond to the anticipated Green paper on children and young people's emotional wellbeing

The table below sets out the key development areas and the current position. For 2018/19, the priorities are to recurrently fund the schools based work and enhancing the Intensive Outreach service.

Staffordshire wide priorities		
Description of Scheme	**Impact**	**Current position**
Eating Disorder • In line with NICE guidance (NICE CG9) • Dedicated multidisciplinary team community team • Evidence based interventions supporting positive outcomes.	• Adherence to the NICE Guidance (NICE GC9) for CYP with Eating Disorder that all CYP will receive an initial appointment within 2 weeks; • And, 95% of these being treated in accordance with the agreed pathway	• Services in place , assessment target being met • Reduced admissions and length of stay overall in Tier 4 provision across South Staffs
Crisis Intervention and Intensive Outreach • Enhanced community service with extended hours of operation • Support to enable young people to remain at home or support early discharge from hospital • Support to acute paediatric services	• Reduction in CYP presenting at A&E due to self-harm/ mental health crisis • Reduction in in-patient bed nights by 10% • Reduced demand on health economy wide urgent services across both health and social care	• Reduced admissions and length of stay in Tier 4 provision across South Staffs • Delayed in North Staffs and Stoke, although reduction in numbers and bed nights for Stoke-on-Trent during 2016/17 which has not been maintained into 2017/18. • Increased support to acute paediatrics
Improving Access to Psychological Therapies (IAPT) • Delivery of evidence based interventions • Data collection and outcome reporting • Service user and carer participation	• Effective and quality data collection to enhance and inform clinical practice • Improved shared decision making, working in partnership with the child, young person and or family. • Robust outcome data to support commissioners	• Training places allocated to NHS and third sector staff. • Some challenges to data collection for northern Staffordshire

Tier 2 Capacity • Third sector services for children with mild to moderate mental health issues requiring Cognitive Behavioural Therapy (CBT) or counselling.	• Early intervention with reduced waiting times • Stronger liaison with core CAMHS services	• Capacity increased • CBT offer under development via IAPT • Investment made in infrastructure and training
School liaison / support to schools • School liaison and training • Mental health awareness / suicide prevention • Awareness of CAMHS Local Offer • Pastoral support	• Increased school based provision of mental health support • Actively promote /encourage schools to take responsibility for commissioning service for children with mild to moderate mental health needs	• Schools programme in South Staffordshire. • Stoke-on-Trent programme engaged 6 schools, further linkages to public health and school networks undertaken
North Staffs and Stoke-on-Trent priorities		
Description of Scheme	**Impact**	**Current Position**
Central Referral Hub Choice Appointments and Increased capacity at Tier 3 • Single point of access for Tier 2 and 3 services • Triage and signposting, telephone advice, short term interventions • Choice and Partnership delivered within timescales.	• 96% of choice appointments within 4 weeks by June 2016 • Increased partnership/ intervention capacity due to delivery of choice within 4 weeks • Multi-agency/ partnership working with Third sector providers ensures CYP have their needs met by the most appropriate services to meet their needs • Telephone access to advice and signposting for referrers	• Hub fully functioning and offering a dedicated advice line, screening and triage system • Increased capacity has reduced waiting lists and times • New approaches have replaced Choice and partnership. 75% of new cases seen for initial appointment within 4 weeks.

South Staffordshire priorities		
Description of Scheme	**Impact**	**Current Position**
Neuropsychiatry service • Deliver support to children with co-morbidities at risk of admission • Provide early intervention / local support	• Improved case management • Reduction in in-patient admissions • Reduction in out of area placements	• Consultant in post from April 2017
Children and Young People with Co-morbidities • Improve joint working and support for children and young people with co-morbidities, particularly those with autistic spectrum conditions	• All children with co-morbidities to receive medication review and multi-disciplinary review.	• Regular provider to provider meetings to ensure collaborative care approach in place • Joint Working protocol in place and part of contract agreements

4. Risks to Delivery

Recruitment of staff to newly created posts has been a challenge across all provision as providers report a shortage of suitability qualified and competent practitioners. Moving forward, there are risks around specific professions, such as neuro-psychiatry which is proving to be a challenge. Cost pressures on partners remain a risk as further austerity measures impact on key funders of provision. In-year allocations and bidding opportunities can cause pressure due to tight turnaround.

Staffordshire Health and Wellbeing Board	
Title	Pharmaceutical Needs Assessment 2018
Date	08/03/2018
Board Sponsor	Alan White
Author	Ruth Goldstein/Divya Patel
Report type	For Decision

Summary

1. A draft Pharmaceutical Needs Assessment was presented to the Board in September 2017 where it was agreed that it could go out to a three month consultation period. Consultation ended in December 2017 and the relevant amendments have been made to the needs assessment. Eight responses were received, the majority of which endorsed the draft document. There were some comments about the future development of pharmacy services which are aspirational and not included in the needs assessment but will be considered for future developments. There were also other comments received which were predominantly based on updating pharmacy opening times and service provision.

2. The Pharmaceutical Needs Assessments has been updated to reflect these changes and now provides an accurate assessment of current service provision and future needs. The original findings, that Staffordshire has an acceptable network of community pharmacies, is still accurate and appropriate.

Recommendations to the Board

3. It is recommended that the Board receive and agree with the findings of the Pharmaceutical Needs Assessment 2018.

Background / Introduction

4. A PNA is a statement of the needs of pharmaceutical services for a specified population. The PNA looks at the current provision of pharmaceutical services across a defined area, makes an assessment to see whether this meets population needs and identifies any potential gaps to service delivery.

5. There is a statutory requirement for HWBBs to update their PNA every three years. In addition, the HWBB is required to keep up-to-date a map of provision of NHS pharmaceutical services within its area and publish any supplementary statements where there have been changes.

6. The primary uses of the PNA are:
   - To identify areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities.
   - As an evidence base for local commissioners to identify and commission services from community pharmacies as appropriate.
   - To support NHS England's local area team in making decisions on any application for opening new pharmacies and dispensing appliance

contractor premises or applications from current providers of pharmaceutical services to change their existing provision.

Current Activity

7. The PNA development has been overseen by a working group comprising of a range of stakeholders from Staffordshire County Council, NHS England: North Midlands, local Clinical Commissioning Groups, the Local Pharmaceutical Committee (LPC) for North Staffordshire and South Staffordshire and the Local Professional Network (LPN) for pharmacies.

8. The findings of the PNA are that there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs. Access in Staffordshire is also good with pharmacies generally complementing GP surgery opening times.

9. There are a number of advanced and locally commissioned services that pharmacies are currently providing to support the health and wellbeing needs of Staffordshire residents, for example medicines use reviews and new medicine services which support the management of long-term conditions, flu vaccination services, the common ailment and emergency supply of medications services which help to alleviate pressures on GPs and the acute sector, emergency hormonal contraception, supervised administration, needle exchange and palliative care with provision generally being matched to meet the varying needs across the County.

10. There are opportunities for pharmacies to further complement primary and secondary care services and play a part in improving health and reducing inequalities. There is a good network of Healthy Living Pharmacies and a willingness to extend their roles to further support Staffordshire residents to live healthier, self-care or live independently to meet local need. The HWBB, Sustainability and Transformation Partnership (STP) and local commissioners should consider extending the role of pharmacies in supporting health and wellbeing strategic priorities.

Options and Issues

11. Following the consultation period the findings above remain accurate and appropriate. Future developments of community pharmacy services will be in line with commissioning decisions made as part of the STP.

Pharmaceutical Needs Assessment for Staffordshire

February 2018

Contents

Document details

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Executive summary

Introduction

A pharmaceutical needs assessment (PNA) is a statement of the needs of pharmaceutical services for a specified population. The PNA looks at the current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets current and future population needs for Staffordshire residents and identifies any potential gaps in current services or improvements that could be made in future pharmaceutical service provision.

The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to health and wellbeing boards (HWBBs). Every HWBB has a statutory responsibility to publish and keep up to date a PNA for the population in its area which can be used:

- To identify areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities.

- As an evidence base for local commissioners to identify and commission services from community pharmacies as appropriate.

- By NHS England's area team to make decisions on any application for opening new pharmacies and dispensing appliance contractor premises or applications from current providers of pharmaceutical services to change their existing provision.

In addition, the HWBB is required to keep up-to-date a map of provision of NHS pharmaceutical services within its area through supplementary statements.

This document forms the second comprehensive PNA for Staffordshire.

What is the population of Staffordshire like?

Staffordshire has a resident population of 867,100 and covers a large geographical area of over 1,010 square miles. Similar to many other County areas, a major characteristic of Staffordshire is its ageing population with its population continuing to grow in both size and average age rapidly. Tamworth and East Staffordshire are the only districts in Staffordshire that have a significantly younger population than the national average.

The proportion of people from minority ethnic groups is growing but remains lower than the national average. The single largest minority group is 'White Other'. East Staffordshire has the largest proportion of people from a minority ethnic group.

Around a quarter of residents live in rural areas. South Staffordshire (40%), Stafford (32%), Staffordshire Moorlands (30%) and Lichfield (30%) are particularly rural whilst Tamworth's population is classified as entirely urban.

It is a relatively affluent area but has notable pockets of high deprivation in some urban areas. However some of the remote rural areas in Staffordshire do have issues with hidden deprivation, and in particular around access to services. This is coupled with almost one in five households not having access to a car.

The increase in older populations is thought to be the single most significant factor in the increasing prevalence of rural isolation.

What is health like in Staffordshire?

Overall people in Staffordshire are healthy, live longer compared with national life expectancy, and have positive experiences of the things that affect their lives and wellbeing. Staffordshire has shown large improvements in life expectancy and made significant progress in reducing overall mortality and preventable mortality over the last decade. However both men and women spend more time in poor health than the average retirement age and there remain large health inequalities across Staffordshire as evidenced by life expectancy and early death rates. A number of demographic, socio-economic, cultural and environmental factors combine to increase the risk of an individual experiencing poorer health and wellbeing outcomes. Evidence also indicates that it is often the same families and communities that suffer a range of inequalities.

There are a number of factors that can help prevent ill health or diagnose problems early to enable better treatment, especially immunisation and screening. Childhood immunisation rates and coverage of screening programmes in Staffordshire are generally better than average. However fewer Staffordshire adults who are eligible take up their offer of a NHS health check and a lower proportion of people aged 65 and over take up their offer of a flu or pneumococcal vaccination than average.

Around 40% of ill-health is thought to be preventable through healthier lifestyles. The prevalence of Staffordshire children who were obese in Reception (aged four to five) is 10% and increases significantly to 19% by the time children are in Year 6 (aged 10-11). Rates of obesity for Reception-aged children are higher than the England average in Staffordshire overall with rates in Newcastle being particularly high in this year group. Tamworth has obesity rates in Year 6 that are higher than the England average. Whilst adult smoking rates overall in Staffordshire have fallen there are large numbers of our population who drink too much over the life course, eat unhealthily and remain inactive

More people in Staffordshire report having a limiting long-term illness. By the time people reach 65 they will have developed at least one chronic condition and large proportions will also have developed two or three conditions. Of particular concern are the growing numbers of people with multiple or complex conditions.

Most care will occur in primary care or community settings. However a higher than average proportion in Staffordshire also occurs in hospital settings particularly young children and older patients. Older people are also higher users of social care. Admission rates in Staffordshire for acute conditions that could be managed effectively in primary care or outpatient settings are increasing more rapidly than average. In addition those that are admitted to hospital are often delayed from being discharged.

What is current pharmaceutical provision like and are there any gaps?

Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. Pharmacies are well used and based on national estimates around seven million visits are made to a community pharmacy for health-related reasons annually in Staffordshire which equates to around 10 visits per person every year. Nationally 79% of people have visited a pharmacy at least once in the last year whilst 37% have visited at least once a month. Local data from a resident survey found around 14% of respondents used their pharmacy weekly and a further 58% monthly.

Staffordshire has 181 community pharmacies, of which six are distance-selling and in rural areas there are 27 GP practices who can dispense to patients registered with their practice. The rate of community pharmacies and dispensing practices is 24 per 100,000 population which is similar to the national average but ranges between districts from 20 per 100,000 in South Staffordshire to 27 per 100,000 population in East Staffordshire although districts with low rates do also have nearby access to pharmacies in neighbouring areas such as Wolverhampton and Stoke-on-Trent.

A national patient survey indicated that the public value a variety of types of pharmacy. In terms of ownership around two-fifths of pharmacies in Staffordshire are owned by independent contractors whilst the remaining three-fifths are owned by multiple contractors.

Based on data from the latest *Feeling the Difference* survey, the majority of Staffordshire residents are satisfied with current pharmacy provision. The engagement survey also found that local pharmacy services met the needs of respondents. National research also indicates that 86% would trust advice from pharmacies on how to stay healthy.

Overall there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs.

There remains a gap as to the clarity of controlled localities (geographical area judged to be rural in nature by NHS England) and reserved locations. It is therefore proposed that NHS England North Midlands undertake further mapping of controlled localities, dispensing practice areas and reserved locations to provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas, to support applications for new pharmacies or those considering relocations.

There is good geographical coverage across the County for pharmaceutical services and the majority of Staffordshire residents (98%) live within a 10 minute drive of their local pharmacy. Around 86% of residents can also access their local pharmacy within a 20 minute walk and almost two-thirds within 10 minutes using public transport.

In terms of opening hours, there are 18 '100 hour' pharmacies across Staffordshire equating to around one in ten pharmacies, with all residents in the County with the exception of South Staffordshire, having access to a community pharmacy for at least 100 hours during the week. Most residents have good access to a pharmacy during weekdays and Saturdays.

However there appears to be less provision and choice on Sundays and in particular on Sunday evenings. Around one in six pharmacies are open on Sunday from around 10am but tend to close by around 4pm; three pharmacies across the County are open after 5pm.

Some of the restricted provision is due to trading regulations which restricts opening hours for pharmacies located in supermarkets and shopping centres to six hours. However Staffordshire residents do have access to dispensing services on Sundays from alternative provision, for example walk-in-centres, minor injury units or from pharmacies in neighbouring areas such as Stoke-on-Trent or Wolverhampton.

A number of pharmacies also now open on Bank Holidays. NHS England North Midlands also commission community pharmacies to ensure there are adequate pharmaceutical services available on Christmas Day and Easter Sunday as these are the two days where pharmacies are still traditionally closed and those located in supermarkets and shopping centres unable to open due to current trading laws.

There appears to be a gap in service provision on Sunday evenings. However the demand for dispensing services is likely to be much lower at weekends compared to weekdays as GP surgeries are usually closed; immediate needs can also be met through alternative provision.

The Staffordshire Sustainability and Transformation Partnership (STP) may also want to consider commissioning extended pharmaceutical services on Sundays as one of the potential solutions to reducing A&E attendances.

In terms of the protected characteristics, pharmacies have a positive impact in meeting the needs of all people. Examples of this include:

- Antenatal and postnatal support to pregnant women and mothers
- At least two-fifths of pharmacies have staff members who speak a number of languages that are amongst the frequent main languages across the County
- Adjustments to medicines for disabled people as appropriate, for example large print labels. Most pharmacies also have a separate consultation room with wheelchair access
- Delivery of dispensed medicines to an individual's home

Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions. Almost half of respondents also used their pharmacy for health advice or disposal of unwanted medicines. However very few respondents used their pharmacy for lifestyle advice (10%). Around a fifth of respondents would like pharmacies to maintain their current level of services with small proportions wanting to see the introduction of basic testing such as blood pressure measurements, blood tests and holiday vaccinations (10%), information and advice on the availability of other services (7%) and/or basic health appointments or clinics for certain conditions or lifestyle (5%).

National evidence suggests that between 5-8% of unplanned emergency admissions in adults are due to avoidable issues related to medicines. Overall there is good provision of advanced pharmacy services such as the Medicines Use Review (MUR) and New Medicine Service (NMS) across Staffordshire that help to deal with adherence to medicines and the management of people with long-term conditions.

However in terms of MURs, there is variation between pharmacies and some fall considerably below both the Staffordshire and national average. Provision of NMS also varies by district and pharmacy although this is dependent on the number of patients that start new medicines during the year.

Coverage of appliance use reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area, for example Stoke-on-Trent.

An adult flu vaccination service was introduced as the fifth advanced service in September 2015. There has been an increase in the number of flu vaccinations provided by community pharmacies; however both the proportion of pharmacies signed up to provide flu vaccination services and average provision per pharmacy is lower than the national average. However provision across the County is also variable.

Pharmacies falling considerably below the average number of MURs should be supported to increase the numbers of MURs, particularly in areas where there is an identified need, to help with the management of long-term conditions and reducing emergency admissions. This may be done by promoting the concept of MURs to the public so that they understand the differences between reviews done by GP and pharmacies. GP practices are also ideally placed to work with their local pharmacies to identify and refer on patients who require a MUR or NMS. Uptake of flu vaccination through community pharmacy across the County is lower than the national average and provision also varies across the County. Further work should support and market community pharmacies to increase the provision of flu vaccination in these areas. Commissioners should also consider the provision of pneumococcal vaccination within community pharmacy settings given the current low rates of coverage across the County.

There are also opportunities for pharmacies to support the health, wellbeing and care needs of Staffordshire residents through locally commissioned services. In Staffordshire there are a number of services that are currently provided by pharmacies alongside other providers helping to meet the health needs of local residents. These include provision of: common ailment service, emergency supply of medication, treatment of urinary tract infections and impetigo, emergency hormonal contraception, supervised administration, needle exchange and palliative care. Provision across the County is generally matched to needs.

NHS England North Midlands, Staffordshire County Council, and other local commissioners need to ensure there is equitable provision of locally commissioned services across Staffordshire. This could be coordinated through the STP.

Local commissioners, providers and key stakeholders such as Local Pharmaceutical Committees (LPCs) and Local Medical Committees (LMCs) should continue to explore new ways in which community pharmacies could complement other primary and secondary care services and play a part in improving health and reducing inequalities, particularly around health and wellbeing strategic priorities. There is also a willingness from most community pharmacies to extend their roles to further support Staffordshire people to live healthier, self-care or live independently to meet local need. There is also ample national evidence to suggest that this could help alleviate current financial pressures on the NHS. The consultation also included suggestions for potential future development of pharmacy services and these should be considered by appropriate stakeholders when designing pathways.

The STP should consider the wider role of pharmacies in commissioning strategies (e.g. primary care) so that opportunities to provide effective services are maximised locally.

The HWBB does not currently believe there are any unmet pharmaceutical needs through any planned development over the next three to five years. However the HWBB will continue to monitor any major developments (e.g. planned housing developments) and in line with regulations produce supplementary statements to update the provision of pharmaceutical services as deemed necessary. They will also monitor any proposed changes to Government policy that could have an effect on the provision of pharmaceutical provision, for example extended opening of GP services.

The HWBB will continue to monitor any local or national policy development that impact on the provision of pharmaceutical services in the County and continue to publish supplementary statements where needed.

1 Introduction

1.1 What is a pharmaceutical needs assessment?

A pharmaceutical needs assessment (PNA) is a statement of pharmaceutical service needs for a specified population. The PNA looks at the current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets current and future population needs and identifies any potential gaps to service delivery.

The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBBs). The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations (2013 Regulations) stated that HWBBs must have published their first PNA by 1st April 2015 which should be updated at least once every three years or before if there has been a significant change in service need or provision. In addition, the HWBB is required to keep up-to-date a map of provision of NHS pharmaceutical services within its area through supplementary statements which Staffordshire last did in September 2016.

This consultation document will form the basis of the second comprehensive PNA for Staffordshire.

1.2 How will the PNA be used?

Uses of the PNA include:

- Identifying areas where pharmacies can contribute to health and wellbeing priorities to improve population health and reduce health inequalities. It will help the HWBB to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.

- Providing an evidence base to NHS England area teams to identify and commission advanced and enhanced services. It should also be used to inform local authority and clinical commissioning groups (CCGs) when commissioning local services from community pharmacies.

- Market entry - the PNA will be used by NHS England's area team to make decisions on any application for opening new pharmacies and dispensing appliance contractor premises or applications from current providers of pharmaceutical services to change their existing provision. Under legal regulations potential contractors of NHS pharmaceutical services must submit a formal application to NHS England to be included on a relevant list by proving they are able to meet a current or future pharmaceutical need that has been identified in the relevant PNA. NHS England's area team will then review the application in light of any gaps identified in local PNAs. The NHS Litigation Authority will also refer to the PNA when hearing appeals on NHS England's decisions.

1.3 What are NHS pharmaceutical services?

NHS pharmaceutical services as set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 are commissioned solely by NHS England.

For the purposes of the PNA, pharmaceutical services included within the scope are:

- **Community pharmacies** are registered premises where pharmacists work as healthcare professionals either as sole traders, partnerships or limited companies

- **Dispensing appliance contractors (DACs)** are appliance suppliers for a specific subset of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings and bandages but cannot supply medicines.

- **Distance selling pharmacy contractors** are internet and mail order based contractors who provide their services across England to anyone who requests it. They may be pharmacy or dispensing appliance contractors. Under the 2013 Regulations only pharmacy contractors may now apply to be distance selling premises.

- **Local pharmaceutical services (LPS) contractors** provide a level of pharmaceutical services in some HWBB areas. A LPS contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. The last two LPS contractors in Staffordshire have now returned to the pharmaceutical list.

- **Dispensing doctors** are medical practitioners authorised to provide pharmaceutical services from medical practice premises in designated rural areas known as "controlled localities" to eligible patients. They can dispense NHS prescriptions to their own patients who live more than one mile (1.6 km as the crow flies) from a pharmacy. **Controlled localities** are rural areas which have been determined by NHS England, a predecessor organisation (primary care trust), or on appeal by the NHS Litigation Authority. The one mile rule does not apply to practices in **reserved locations** and patients in these localities both within one mile of the pharmacy and beyond have the right to choose whether to have their medicines dispensed at a pharmacy or at their GP surgery. A reserved location is an area within a controlled locality where the total of all patient lists for the area within a radius of one mile of the proposed premises or location is fewer than 2,750.

Under the NHS Community Pharmacy Contractual Framework (CPCF) there are three different levels of services that pharmacies can provide. These are:

- **Essential services** - these are those services which every community pharmacy who provides NHS pharmaceutical services must provide as set out in their terms of service and includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care

- **Advanced services** - these are services that community pharmacies and dispensing appliance contractors (DACs) can provide subject to accreditation as necessary. These include Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use Reviews and the Stoma Customisation Service for dispensing appliance contractors.

- **Enhanced services** - additional locally commissioned services that are commissioned by NHS England such as services to care homes, language access and patient group directions.

Other organisations, for example CCGs and local authorities can commission services from community pharmacies. However these services are not part of NHS Pharmaceutical Services as defined by the Regulations and described above and therefore cannot be described as enhanced services and should be described as ***locally commissioned services***.

1.4 What has been the process for developing the Staffordshire PNA?

A PNA working group was set up in Staffordshire to shape the production of the Staffordshire PNA. This includes a range of stakeholders from Staffordshire County Council, NHS England North Midlands, the Local Pharmaceutical Committees (LPC) for North Staffordshire and South Staffordshire, the Local Professional Network (LPN) for pharmacies and members from local Clinical Commissioning Groups.

The PNA process included:

- **Engagement** with the public, through a survey run by Healthwatch and through an online survey of pharmacy contractors using PharmOutcomes, about current and future pharmaceutical needs and services to feed into the PNA

- **Identifying local needs** through use of the Joint Strategic Needs Assessment (JSNA) process (see Figure 1 which illustrates the JSNA process in commissioning cycle)

- Collecting information on **service provision** from NHS England, Staffordshire County Council, the LPC and other commissioners

- **Consultation on the draft PNA** with residents and professionals

- Production of the PNA for Staffordshire and **sign-off by the HWBB** for publication by 1 April 2018

Figure 1: The role of the JSNA in the commissioning cycle

1.5 Definition of localities for the PNA

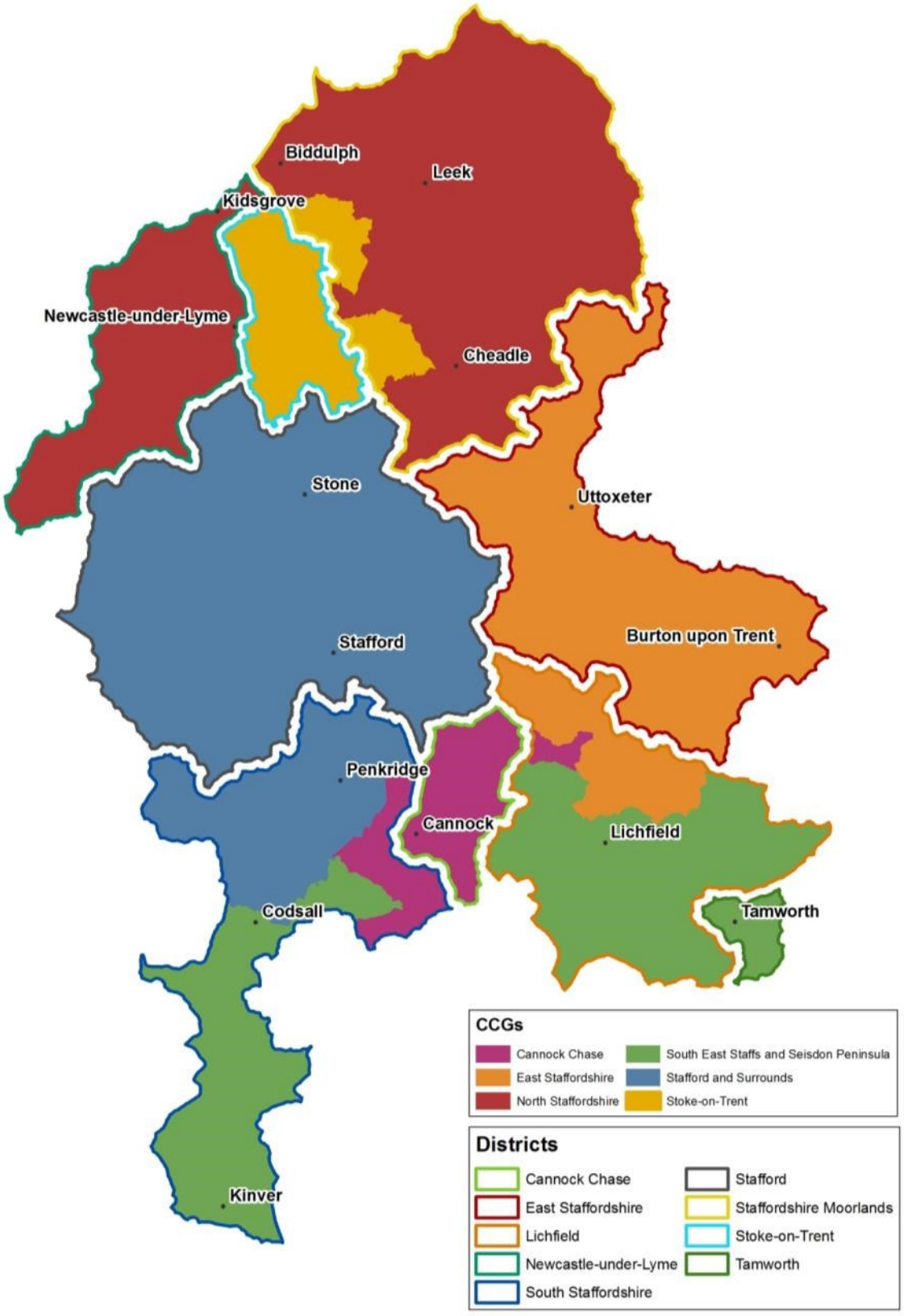
Staffordshire has a resident population of 867,100 and covers a large area of 1,010 square miles. The area is composed from a mixture of cities, towns and villages and is governed locally by an upper-tier authority: Staffordshire County Council and eight district councils (Cannock Chase, East Staffordshire, Lichfield, Newcastle-under-Lyme, South Staffordshire, Stafford, Staffordshire Moorlands and Tamworth).

In Staffordshire, health, social and wellbeing services or programmes are commissioned by five Clinical Commissioning Groups (CCGs), NHS England, Public Health England, Staffordshire County Council and eight Borough/District Councils.

The PNA for Staffordshire will use its eight district areas in the main to assess needs; this is in line with the disaggregation of intelligence within the Joint Strategic Needs Assessment (JSNA) and endorsement of recommendations by the HWBB in July 2014 of '*Achieving strategic outcomes through locality-based delivery*'.

District and CCG boundaries in Staffordshire are illustrated in Map 1.

Map 1: District and CCG boundaries in Staffordshire



1.6 Pharmacy services aligned to Sustainability and Transformation Partnerships

The NHS planning guidance published in December 2015 asked every local health and care system in England to come together to create their own ambitious local plan for accelerating the implementation of the Five Year Forward View. These local plans, called Sustainability and Transformation Partnerships (STPs), are place-based, multi-year plans built around the needs of local populations. STPs must cover all areas of CCG and NHS England commissioned activity including: specialised services; primary care; local authority services, including prevention and social care, and reflect local health and wellbeing strategies. Nationally 44 STP footprint areas have been agreed that will bring local health and care leaders, organisations and communities together.

The local STP covers Staffordshire and Stoke-on-Trent and details how current demographic changes, increasing health needs and financial constraint challenges will be tackled, including:

- An increase in services delivered in the community through 23 specialised multi-disciplinary teams (also known as localities) which will be based on local populations in Staffordshire and Stoke-on-Trent of between 30,000 and 70,000 residents. 18 of these multi-disciplinary teams are within Staffordshire's HWBB catchment area.

- Encouraging more people to live healthily and avoid illness, and when they are ill to provide them with the tools and technology to help manage their own conditions.

Pharmacies are at the centre of the community and provide an opportunity to further deliver health and wellbeing services tailored to meet the needs of the people in their locality and grow as community assets. Each of the 23 localities know their local population and will have the opportunity to enhance the future services they offer as a community asset to support the needs of their population.

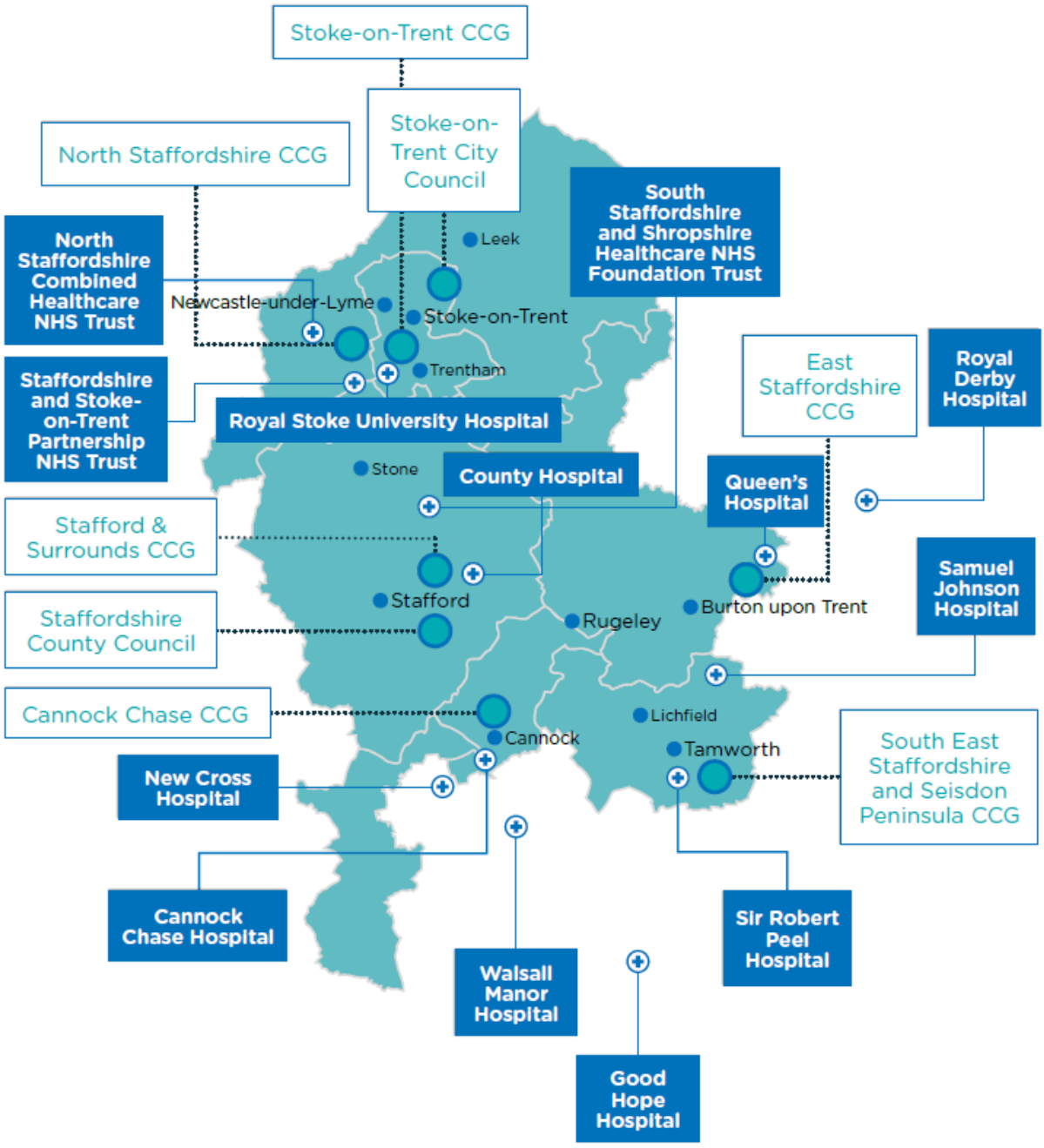
The STP's programme for pharmacies can be found in Appendix 1.

1.7 The Murray Report

An independent *Community Pharmacy Clinical Services Review* (also known as the Murray report) was commissioned by the Chief Pharmaceutical Officer and published by the Kings Fund in December 2016. The Murray report proposes that pharmacy needs to "work in partnership with other parts of the health and care system whether this means other professions or, critically, patients themselves" and be a "core part of the integrated, convenient services that people need".

The report provides a summary of national policy reports, presents barriers, opportunities and recommendations for expanding the role of community pharmacy and pharmacists. The full recommendations from the report can be found in Appendix 2.

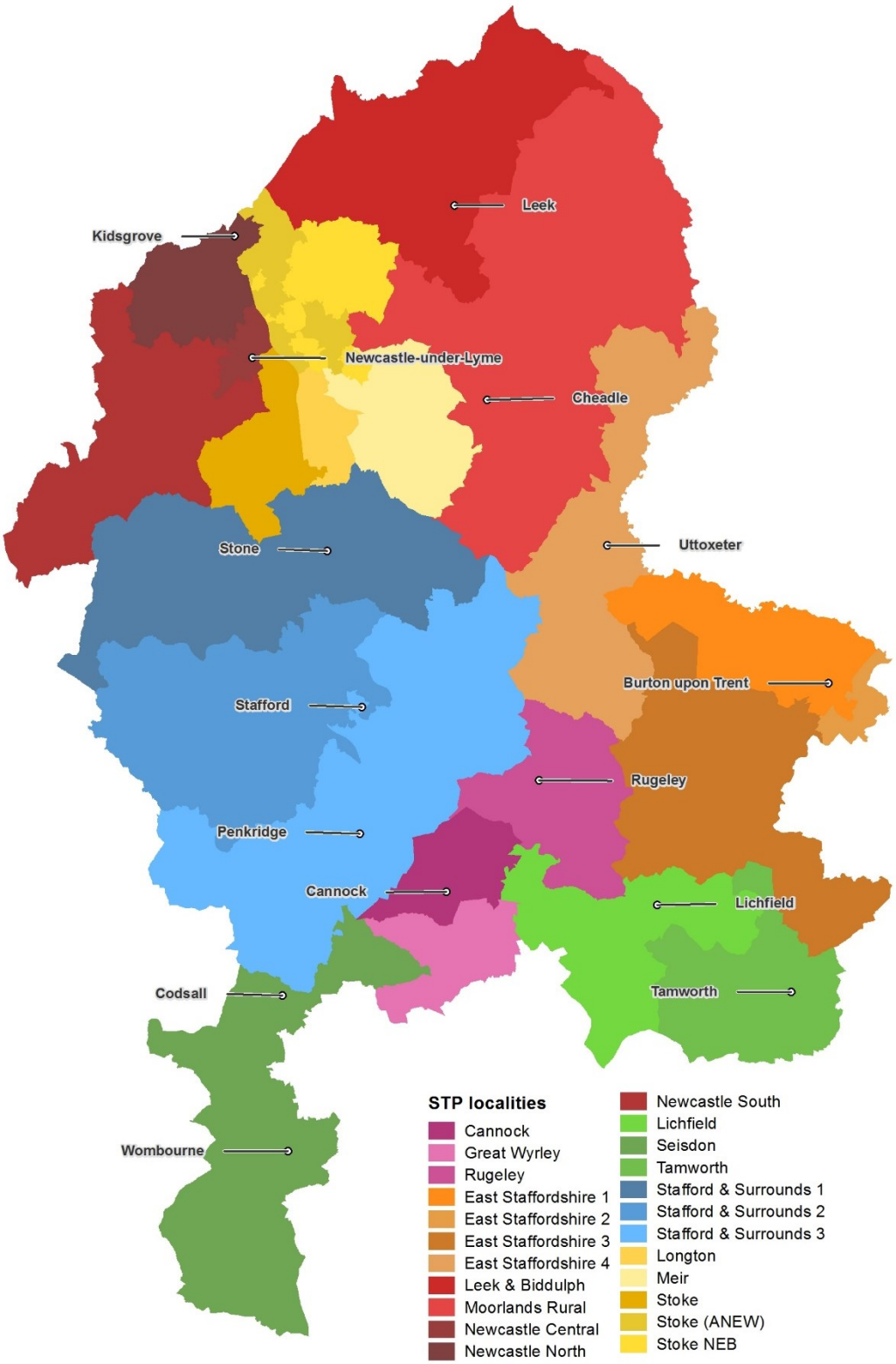
Map 2: Staffordshire and Stoke-on-Trent's STP area



Note: Not a geographical representation

Source: Together We're Better, An Introduction to the Staffordshire and Stoke-on-Trent Sustainability and Transformation Plan

Map 3: Staffordshire and Stoke-on-Trent's STP localities



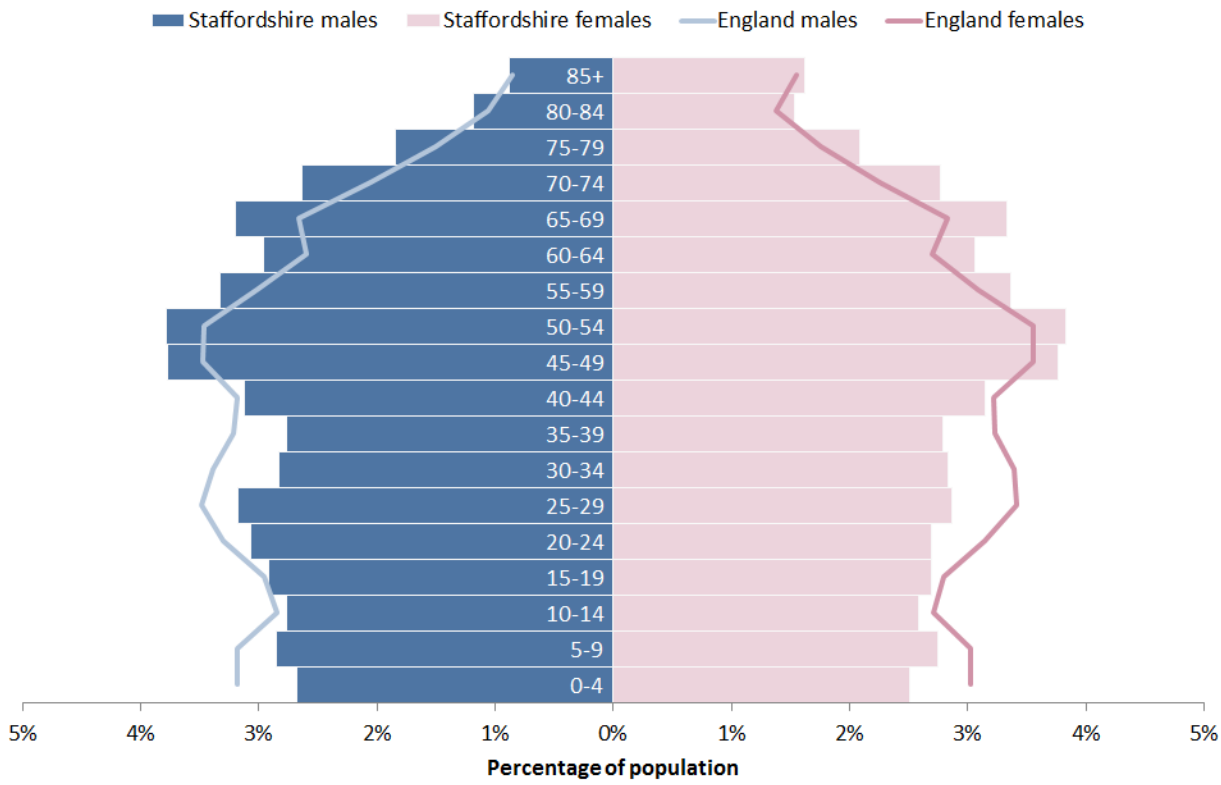
2 What is the population of Staffordshire like?

2.1 Population structure

Staffordshire has a resident population of 867,100 and covers a large geographical area of over 1,010 square miles. The age structure of a population gives an indication of potential utilisation of health services, for example people aged over 50 are more likely to have long-term conditions and are consequently greater users of health and social care services including pharmaceutical services.

The overall population pyramid shows that Staffordshire has a relatively older population compared to the England average (Figure 2). Around 21% residents are aged 65 and over compared to the national average of 18%. This ranges from 18% in Tamworth to almost 24% in Staffordshire Moorlands (Table 1 and Figure 3). East Staffordshire and Tamworth both have a significantly younger population than the national average.

Figure 2: Population structure of Staffordshire compared with England, 2016



Source: 2016 mid-year population estimates, Office for National Statistics, Crown copyright

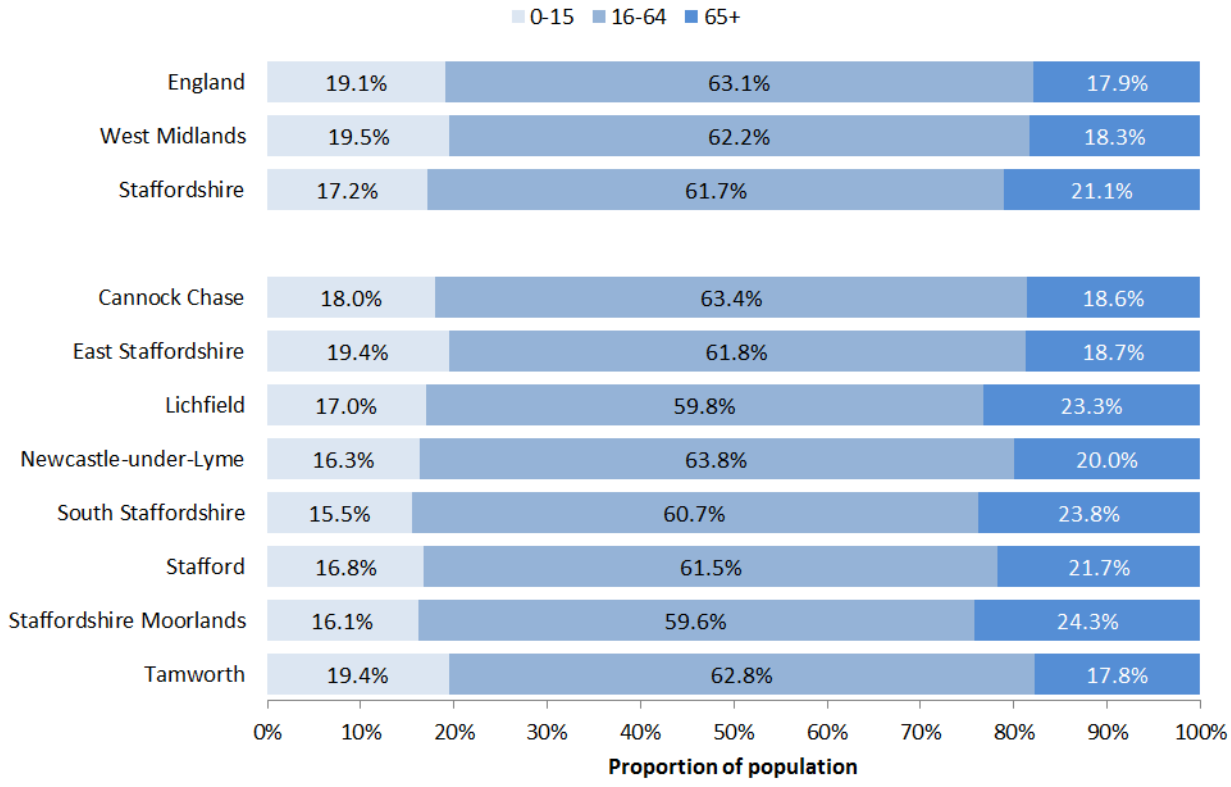
Table 1: Population structure by age group and district, 2016

	0-4	5-15	16-24	25-49	50-64	65-74	75+	All ages
Cannock Chase	5,500 (5.5%)	12,200 (12.4%)	10,200 (10.3%)	32,700 (33.2%)	19,700 (20.0%)	10,500 (10.6%)	7,800 (7.9%)	98,500 (100.0%)
East Staffordshire	7,400 (6.3%)	15,300 (13.1%)	11,500 (9.8%)	37,700 (32.3%)	23,000 (19.7%)	12,200 (10.4%)	9,700 (8.3%)	116,700 (100.0%)
Lichfield	5,100 (4.9%)	12,400 (12.0%)	9,600 (9.3%)	30,800 (29.9%)	21,200 (20.5%)	13,800 (13.4%)	10,200 (9.9%)	103,100 (100.0%)
Newcastle-under-Lyme	6,300 (4.9%)	14,600 (11.4%)	17,100 (13.3%)	40,200 (31.3%)	24,700 (19.2%)	14,200 (11.1%)	11,400 (8.9%)	128,500 (100.0%)
South Staffordshire	5,000 (4.5%)	12,200 (11.0%)	10,800 (9.7%)	32,300 (29.1%)	24,300 (21.9%)	14,700 (13.2%)	11,800 (10.6%)	111,200 (100.0%)
Stafford	6,700 (5.0%)	15,800 (11.8%)	13,500 (10.0%)	41,700 (31.1%)	27,300 (20.4%)	16,300 (12.2%)	12,800 (9.6%)	134,200 (100.0%)
Staffordshire Moorlands	4,300 (4.4%)	11,500 (11.7%)	8,900 (9.0%)	28,200 (28.8%)	21,300 (21.8%)	13,600 (13.9%)	10,200 (10.4%)	98,100 (100.0%)
Tamworth	4,700 (6.1%)	10,300 (13.4%)	7,800 (10.1%)	25,700 (33.4%)	14,800 (19.2%)	8,200 (10.6%)	5,500 (7.2%)	77,000 (100.0%)
Staffordshire	**45,000 (5.2%)**	**104,300 (12.0%)**	**89,200 (10.3%)**	**269,400 (31.1%)**	**176,300 (20.3%)**	**103,500 (11.9%)**	**79,400 (9.2%)**	**867,100 (100.0%)**
West Midlands	**365,300 (6.3%)**	**768,700 (13.3%)**	**673,800 (11.6%)**	**1,873,700 (32.3%)**	**1,058,100 (18.2%)**	**579,100 (10.0%)**	**482,100 (8.3%)**	**5,800,700 (100.0%)**
England	**3,429,000 (6.2%)**	**7,100,100 (12.8%)**	**6,137,800 (11.1%)**	**18,536,600 (33.5%)**	**10,181,700 (18.4%)**	**5,413,300 (9.8%)**	**4,469,500 (8.1%)**	**55,268,100 (100.0%)**

Note: Numbers may not add up due to rounding

Source: 2016 mid-year population estimates, Office for National Statistics, Crown copyright

Figure 3: Population structure by age group and district, 2016



Source: 2016 mid-year population estimates, Office for National Statistics, Crown copyright

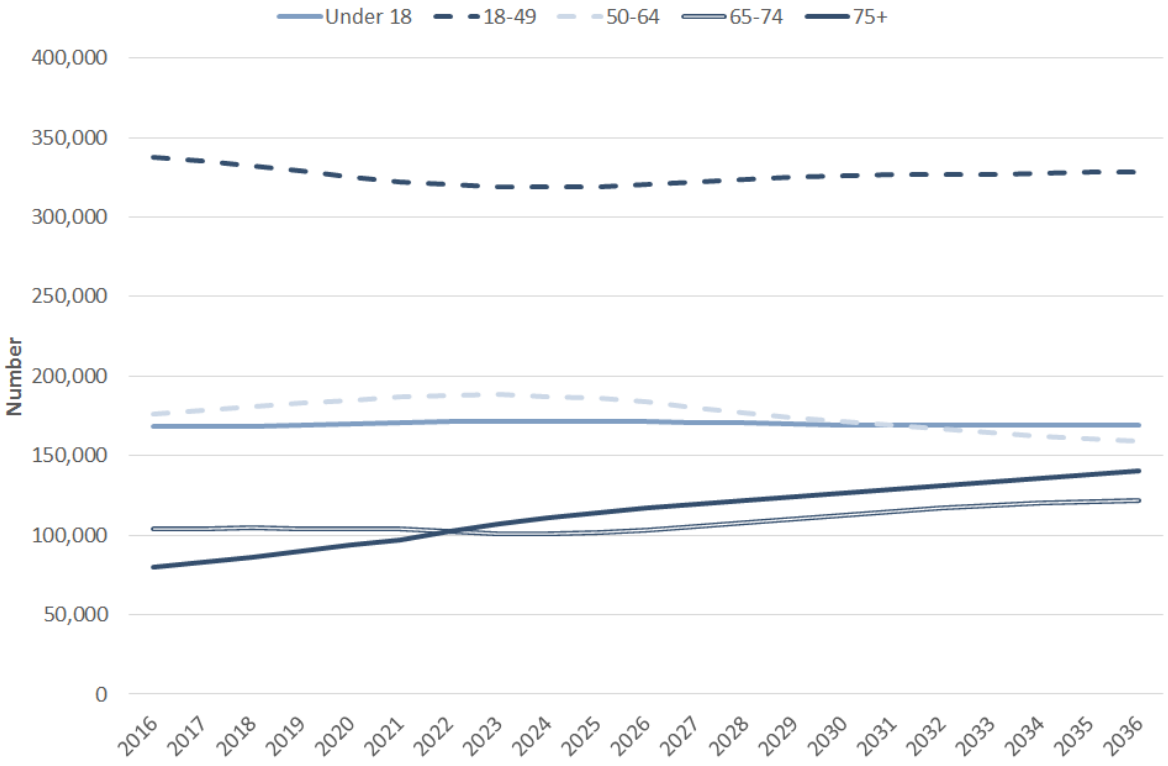
2.2 Population projections

A major characteristic of Staffordshire like many other County areas is its ageing population with its population continuing to grow in both size and average age. There are now 64,700 more people aged 65 and over than there were 20 years ago. This trend is predicted to continue.

The overall population for Staffordshire is projected to increase by 3% between 2016 and 2026 to 895,800. Staffordshire's older population is predicted to grow faster than average: by 2026 the number of residents aged 75 and over, traditionally people who need the most support will rise more dramatically from 78,000 in 2016 to 117,200 in 2026, an increase of 47% or around 37,200 people (Figure 4). Whilst the number of children under 16 will remain fairly stable, the number of working age people (16-64) is projected to decline. The impact of these demographic changes means there will be a significant fall in old age dependency support ratios with the ratio falling from three people of working age for every person aged 65 and over in 2016 to two people by 2036.

The changing population of Staffordshire will continue to have an impact on the provision and use of a range of health, social care and pharmaceutical services with the ageing population bringing greater challenges to already scarce resources within the area. It also is likely to put strains on the formal care workforce and may mean a necessary increase in informal, unpaid care from family, friends and communities in the future.

Figure 4: Population projection trends in Staffordshire



Source: 2014-based population projections, Office for National Statistics, Crown copyright

In line with projected population growth, Table 2 shows the planned housing requirements by district. However, across Staffordshire there are a number of housing developments in various stages of planning and not all plans have been adopted yet and are subject to change. The largest developments with planning permission granted that are projected to make an impact on the time period of this needs assessment are in East Staffordshire, Lichfield, South Staffordshire and Cannock Chase. We do not believe that any changes to housing currently in planning will impact on the needs for services.

However the Health and Wellbeing Board will continue to monitor whether future housing developments require additional pharmaceutical provision. As well as schools and other community facilities such as local shops and newsagents, districts need to ensure they also include pharmaceutical provision as part of their planning process under the consideration of provision of health care facilities.

Table 2: Planned housing requirements for the next 20 years

	Average planned houses per year	Planned location over next five years for large builds
Cannock Chase	295	Hednesford and Norton Canes
East Staffordshire	582	Branson, Beamhill, Outwoods and Derby Road areas of Burton and Pinfold Road area of Uttoxeter
Lichfield	478	Streethay area, East of Rugeley, Burntwood and Fradley
Newcastle-under-Lyme	285	Cross Heath, Knutton, Silverdale and Kidsgrove
South Staffordshire	193	Gospel End and Penkridge
Stafford	500	Yarnfield and Corporation Street, Stafford
Staffordshire Moorlands	276	Leek and Biddulph
Tamworth	275	Small sites across the Borough
Staffordshire	**2,884**	

Source: Strategic Housing Land Availability Assessments 2012-2014, District and Borough Councils in Staffordshire and Staffordshire County Council

2.3 Ethnicity

People from some ethnic minority groups often experience poorer health outcomes. This may be as a result of multiple factors including genetic predisposition to certain diseases (e.g. diabetes, coronary heart disease and mental health), poor access to services, language barriers and cultural differences.

According to the 2011 Census there were 54,700 people from a minority ethnic group in Staffordshire, which is 6.4% of the population, with the single largest minority group being 'White Other'. Whilst this is a significant increase from the 2001 Census (3.8%), it remains lower than the England average of 20%

At a district level East Staffordshire has the highest proportion of residents from minority ethnic groups, mainly concentrated in Burton-on-Trent.

Table 3: Ethnic populations in Staffordshire, 2011

	Staffordshire	West Midlands	England
White: British	93.6%	79.2%	79.8%
White: Irish	0.5%	1.0%	1.0%
White: Gypsy or Irish Traveller	0.1%	0.1%	0.1%
White: Other White	1.6%	2.5%	4.6%
Mixed/multiple ethnic group: White and Black Caribbean	0.5%	1.2%	0.8%
Mixed/multiple ethnic group: White and Black African	0.1%	0.2%	0.3%
Mixed/multiple ethnic group: White and Asian	0.3%	0.6%	0.6%
Mixed/multiple ethnic group: Other Mixed	0.2%	0.4%	0.5%
Asian/Asian British: Indian	0.8%	3.9%	2.6%
Asian/Asian British: Pakistani	0.8%	4.1%	2.1%
Asian/Asian British: Bangladeshi	0.1%	0.9%	0.8%
Asian/Asian British: Chinese	0.3%	0.6%	0.7%
Asian/Asian British: Other Asian	0.4%	1.3%	1.5%
Black/African/Caribbean/Black British: African	0.2%	1.1%	1.8%
Black/African/Caribbean/Black British: Caribbean	0.3%	1.5%	1.1%
Black/African/Caribbean/Black British: Other Black	0.1%	0.6%	0.5%
Other ethnic group: Arab	0.1%	0.3%	0.4%
Other ethnic group: Any other	0.1%	0.6%	0.6%
Non-White British	**6.4%**	**20.8%**	**20.2%**
Total population	**848,489**	**5,601,847**	**53,012,456**

Source: 2011 Census, Office for National Statistics, Crown copyright

Table 4: Ethnic populations by local authority, 2011

	Number from non-White British group	Percentage	Statistical difference to England
Cannock Chase	3,420	3.5%	Lower
East Staffordshire	15,729	13.8%	Lower
Lichfield	5,391	5.4%	Lower
Newcastle-under-Lyme	8,361	6.7%	Lower
South Staffordshire	5,792	5.4%	Lower
Stafford	9,709	7.4%	Lower
Staffordshire Moorlands	2,449	2.5%	Lower
Tamworth	3,829	5.0%	Lower
Staffordshire	**54,680**	**6.4%**	**Lower**
West Midlands	**1,167,514**	**20.8%**	**Higher**
England	**10,733,220**	**20.2%**	

Source: 2011 Census, Office for National Statistics, Crown copyright

2.4 Rurality

Living in a rural area has a positive association with people's overall life satisfaction. However it can also present difficulties in accessing services with evidence suggesting that poor access and availability of good transport, both private and public, can mean that some people living in rural areas may not make use of health and care services that they need. This is sometimes known as "distance decay" where uptake of services decreases with increasing geographical remoteness from the service. The increase in older populations is thought to be the single most significant factor in the increasing prevalence of rural isolation.

Based on the 2011 Rural and Urban Classification 24% of Staffordshire residents live in rural areas, which is higher than the national average of 17%. South Staffordshire (40%), Stafford (32%), Staffordshire Moorlands (30%) and Lichfield (30%) are particularly rural whilst Tamworth's population is classified as entirely urban.

2.5 Deprivation

Poverty, poor education and inappropriate housing can all have an adverse effect on an individual's health with people living in deprived communities often experiencing poorer health outcomes compared with those living in more affluent communities. Other groups of people who have poorer health outcomes compared to the average include prisoners, people with disabilities and people with severe mental illness.

The Index of Multiple Deprivation 2015 (IMD 2015) measures deprivation in its broadest sense by including indicators which assess deprivation by combining seven areas (called domains): income, employment, health and disability, education, skills and training, barriers to housing and services, crime and disorder and living environment at a lower super output area (LSOA) level. LSOAs are geographical areas which have a population of around 1,500 people.

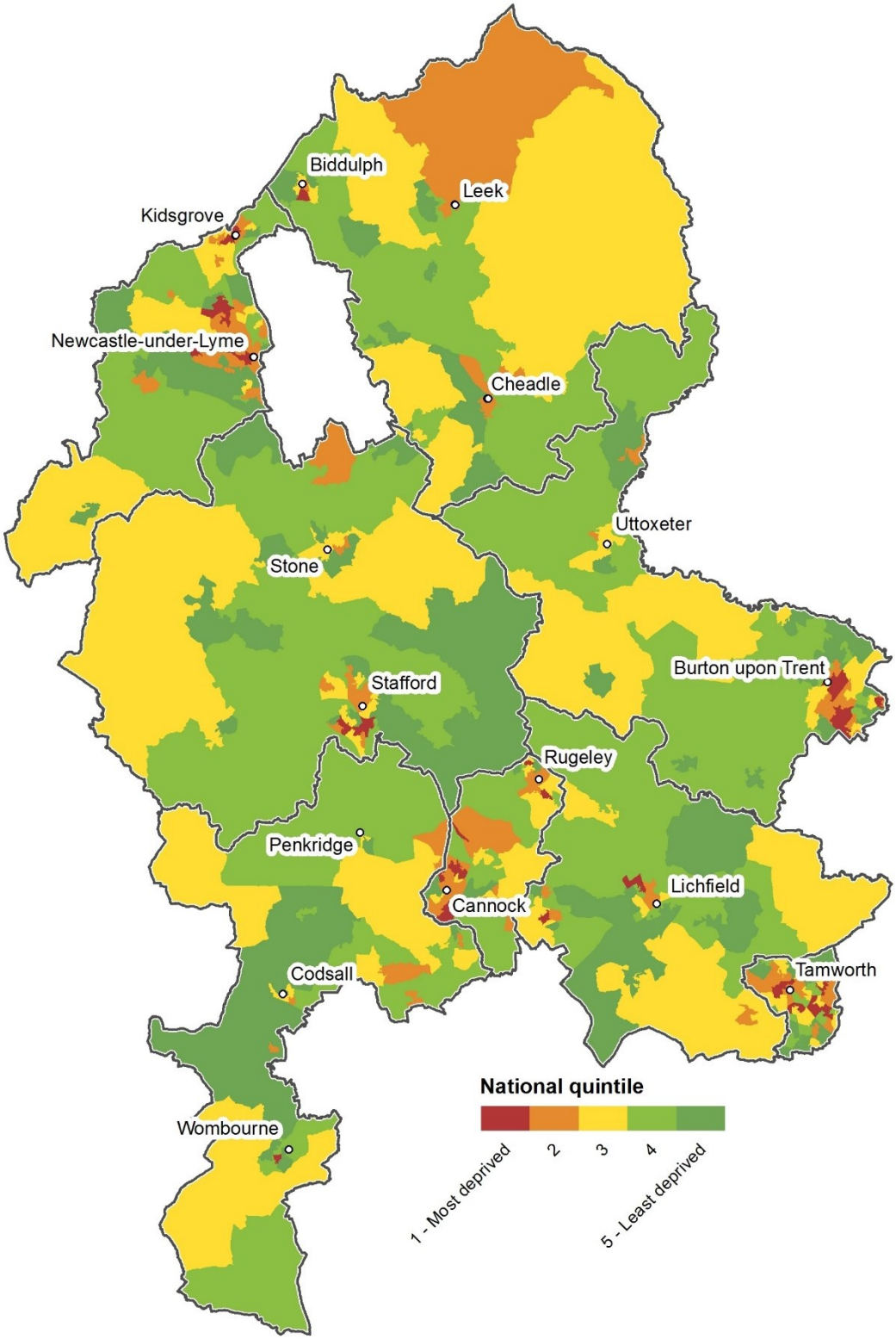
Based on the IMD 2015, Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some urban areas with 9% of its population living in the most deprived fifth of areas nationally. As Map 4 shows these fall in:

- Cannock North, Etching Hill and The Heath, Cannock South, Cannock East, Hednesford North and Brereton and Ravenhill wards in Cannock Chase
- Eton Park, Stapenhill, Burton, Shobnall, Winshill, Horninglow and Anglesey in East Staffordshire
- Chadsmead and Chasetown in Lichfield
- Cross Heath, Knutton and Silverdale, Chesterton, Holditch, Town, Silverdale and Parksite, Butt Lane and Kidsgrove in Newcastle
- Wombourne South West in South Staffordshire
- Highfields and Western Downs, Penkside and Manor in Stafford
- Leek North and Biddulph East in Staffordshire Moorlands
- Glascote, Belgrave, Castle, Amington and Stonydelph in Tamworth

High levels of limiting long-term illness, shorter life expectancy and high teenage pregnancy rates have been noted in some of these areas.

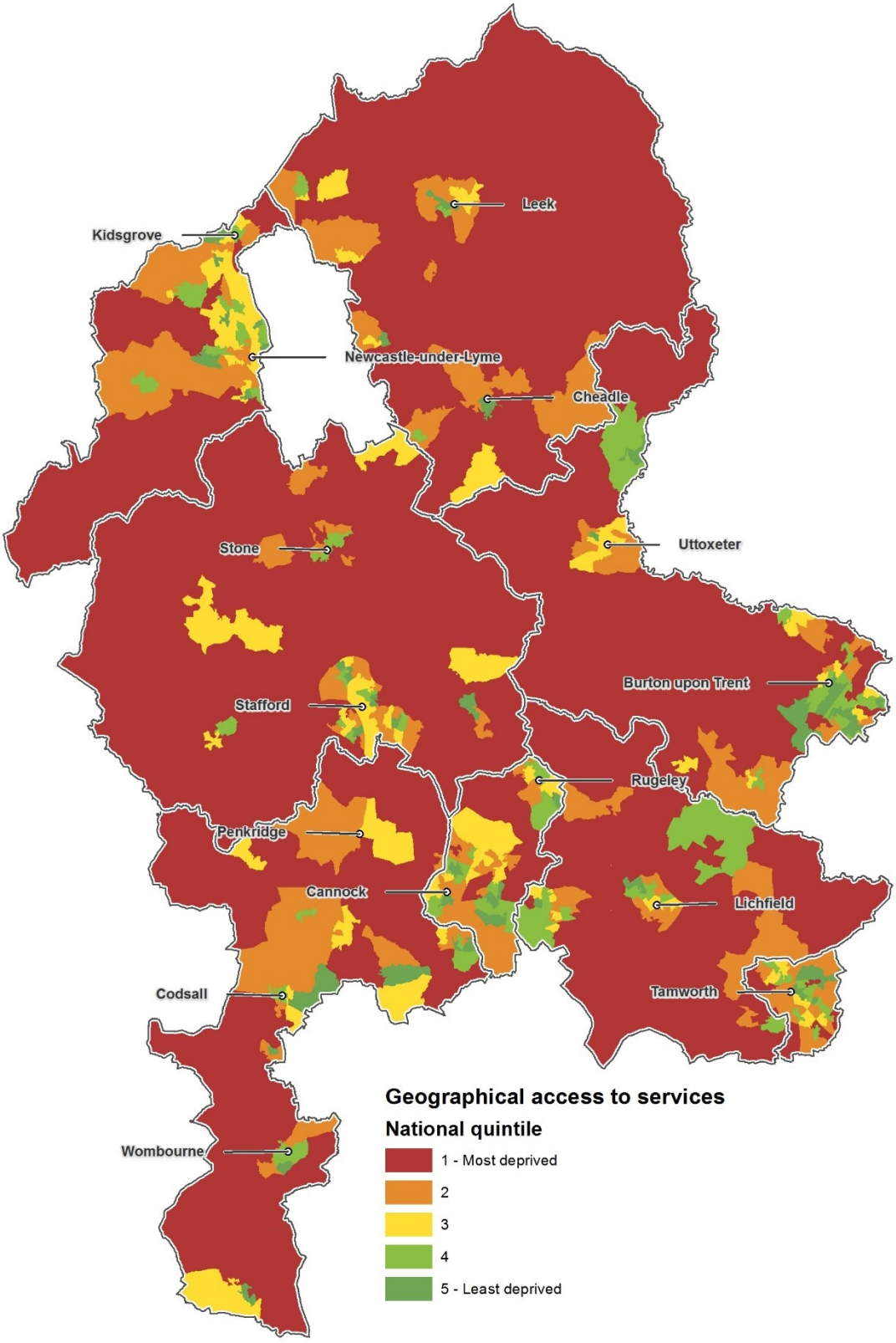
Traditionally deprivation scores have tended to use indicators that are biased towards urban areas. The 'geographical barriers' sub-domain measures geographical access to local services that are important for people's day-to-day life such as supermarkets, post offices, GP surgeries and primary schools. This measure is therefore particularly relevant for some of the more rural areas of Staffordshire where individuals have to travel long distances to key services and are therefore disadvantaged. This shows that some of the remote rural areas in Staffordshire have issues around access to services (Map 5).

Map 4: Index of Multiple Deprivation 2015



Source: Indices of Deprivation 2015, Communities and Local Government, Crown Copyright 2016

Map 5: Geographical barriers (access to services) sub-domain, 2015



Source: Indices of Deprivation 2015, Communities and Local Government, Crown Copyright 2016

3 What is health like in Staffordshire?

The population's health and wellbeing is described in detail in various key documents which together form Staffordshire's JSNA evidence base which is available on the Staffordshire Observatory website. An overview of the latest position of a range of health and wellbeing indicators by districts is also provided on the Staffordshire Observatory website which will allow pharmacies to identify more localised needs:

- http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx
- https://www.staffordshireobservatory.org.uk/publications/thestaffordshirestory/LocalityProfiles.aspx

This section provides a summary of the key health challenges from these reports and particularly focuses on those where pharmacies could potentially contribute to improving.

The priorities that have been identified in Staffordshire's Health and Wellbeing Strategy are across the life course as shown in Table 5.

Table 5: Health and wellbeing priorities across the life course

Starting Well: Giving children the best start	Growing well: Maximising potential and ability	Living well: Making good lifestyle choices	Ageing Well: Sustaining independence, choice and control	Ending Well: Ensuring care and support at the end of life
1. Parenting 2. School readiness	3. Education 4. Not in education, employment or training 5. In care	6. Alcohol 7. Drugs 8. Lifestyle and mental wellbeing	9. Dementia 10. Falls prevention 11. Frail elderly	12. End of Life

The latest strategy can be found at: http://www.staffordshirepartnership.org.uk/Health-and-Wellbeing-Board/Health--Wellbeing-Board.aspx

Pharmacies are ideally located and a local community asset. They are frequently visited by our residents and therefore ideally placed to provide information, advice and guidance about healthy living, self-care and the management of long-term conditions and support the priorities of both the Health and Wellbeing Board and the STP.

3.1 Life expectancy and healthy life expectancy

Overall health across Staffordshire is improving with life expectancy at birth continuing to increase. Men and women in Staffordshire live on average for 80 years and 83 years respectively. Men in Cannock Chase have shorter life expectancy at birth by 11 months whilst women in East Staffordshire and Newcastle can also expect to live 10-12 months less than the national average (Table 6).

Overall there is a six year difference between the average life expectancy of a man in Cannock Chase, compared to a woman in South Staffordshire. Furthermore, men and women living in the most deprived areas of Staffordshire live eight years and seven years respectively less than those living in less deprived areas. A number of demographic, socio-economic, cultural and environmental factors combine to increase the risk of an individual experiencing poorer health and wellbeing outcomes. Evidence also indicates that it is often the same families and communities that suffer a range of inequalities.

Table 6: Life expectancy at birth, 2014-2016

	Men		Women	
	Life expectancy at birth (years)	Difference to England (months)	Life expectancy at birth (years)	Difference to England (months)
Cannock Chase	**78.6**	-11	82.6	-7
East Staffordshire	79.2	-4	**82.1**	-12
Lichfield	**80.7**	14	83.0	-1
Newcastle-under-Lyme	78.9	-8	**82.3**	-10
South Staffordshire	**80.6**	13	**84.1**	12
Stafford	**80.5**	12	83.4	3
Staffordshire Moorlands	79.9	5	82.8	-4
Tamworth	78.7	-10	82.7	-5
Staffordshire	**79.7**	**2**	**82.9**	**-3**
West Midlands	**78.8**	**-9**	**82.7**	**-5**
England	**79.5**		**83.1**	

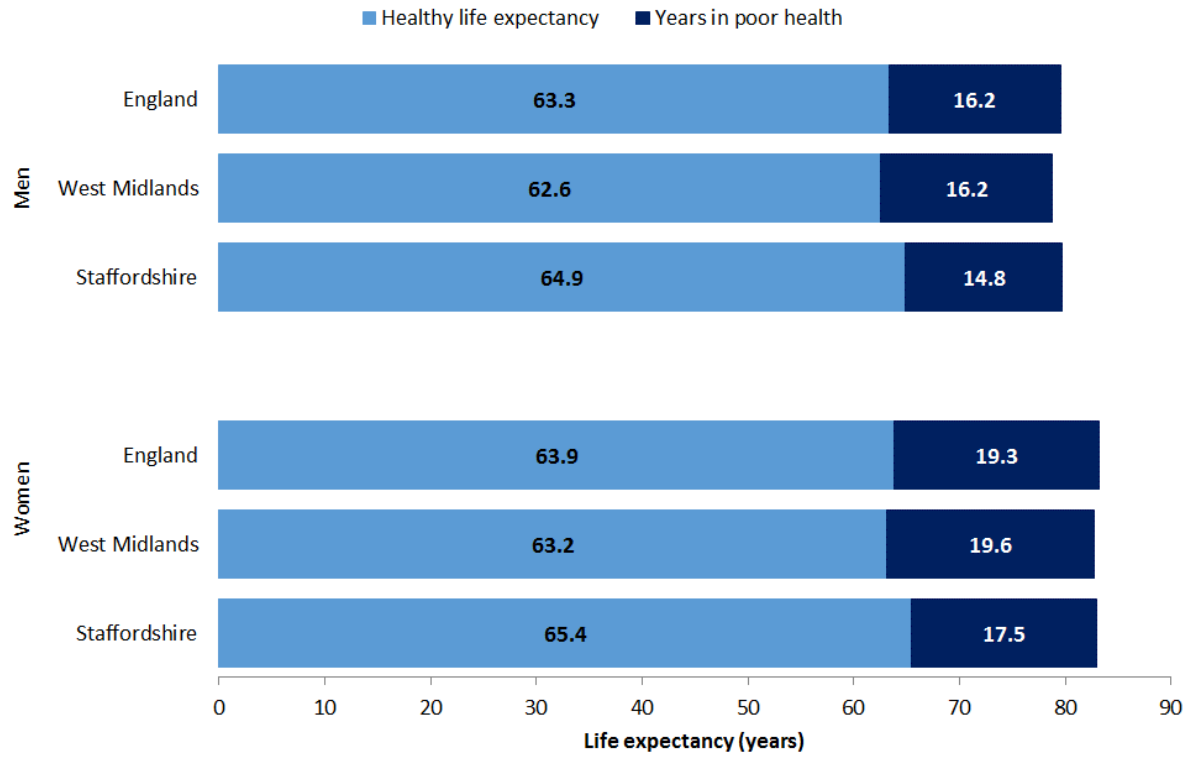
Key: Statistically better than England; statistically worse than England

Source: Office for National Statistics, Crown copyright

Advances in care also mean that people are living longer with diseases. A key measure of the quality of life years is healthy life expectancy (HLE). HLE has not kept up with increases in life expectancy, particularly for older people, so the number of years we spend in poor health in older age has increased. HLE in Staffordshire is 65 years for men and women, with men spending an additional 15 years of life in poor health, while women spend an additional 18 years in poor health (Figure 5).

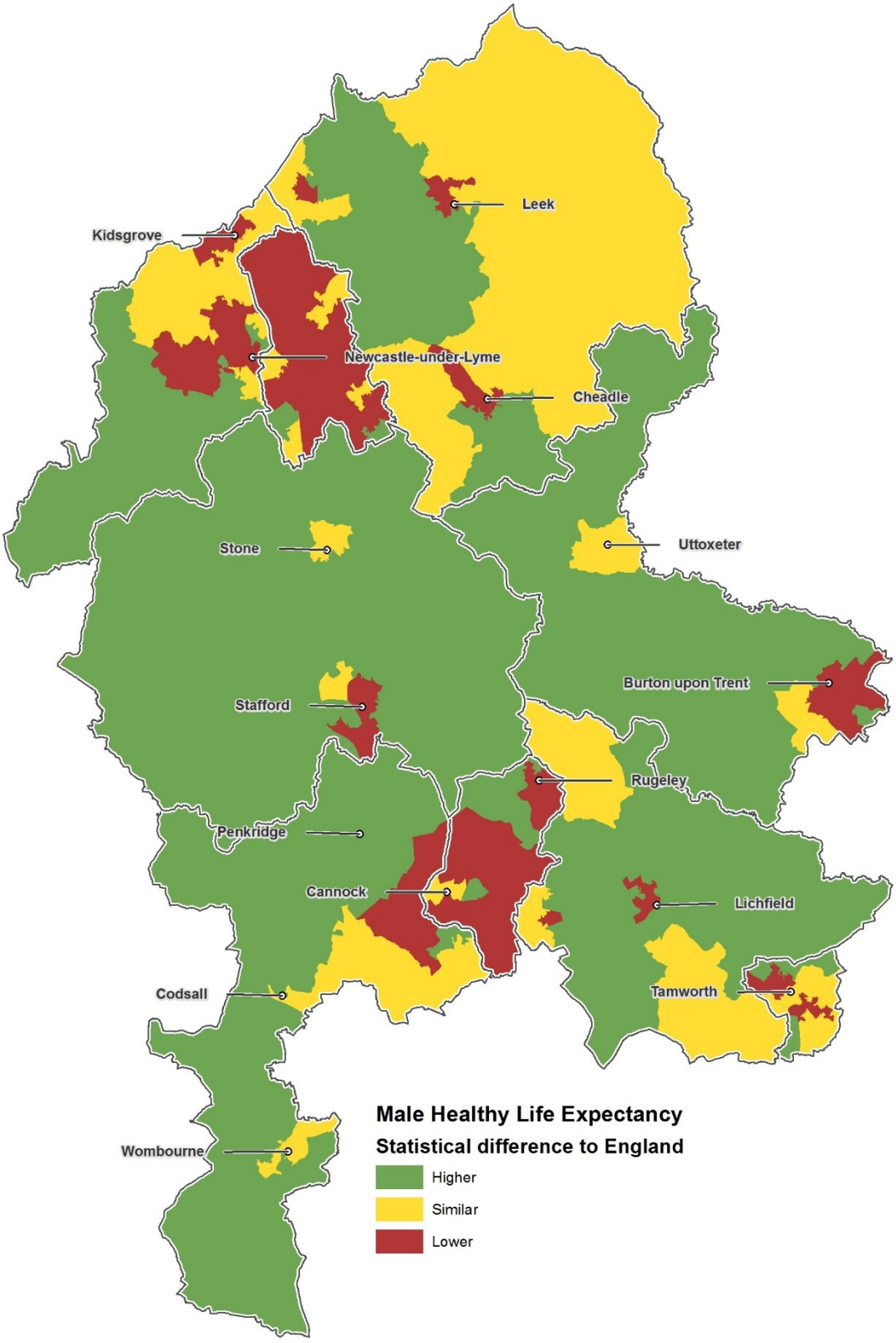
There is also a marked gap in HLE with men and women living in the most deprived areas of Staffordshire having a HLE which is 12 years shorter than those living in the most affluent areas of Staffordshire (Map 6 and Map 7).

Figure 5: Healthy life expectancy at birth, 2014-2016



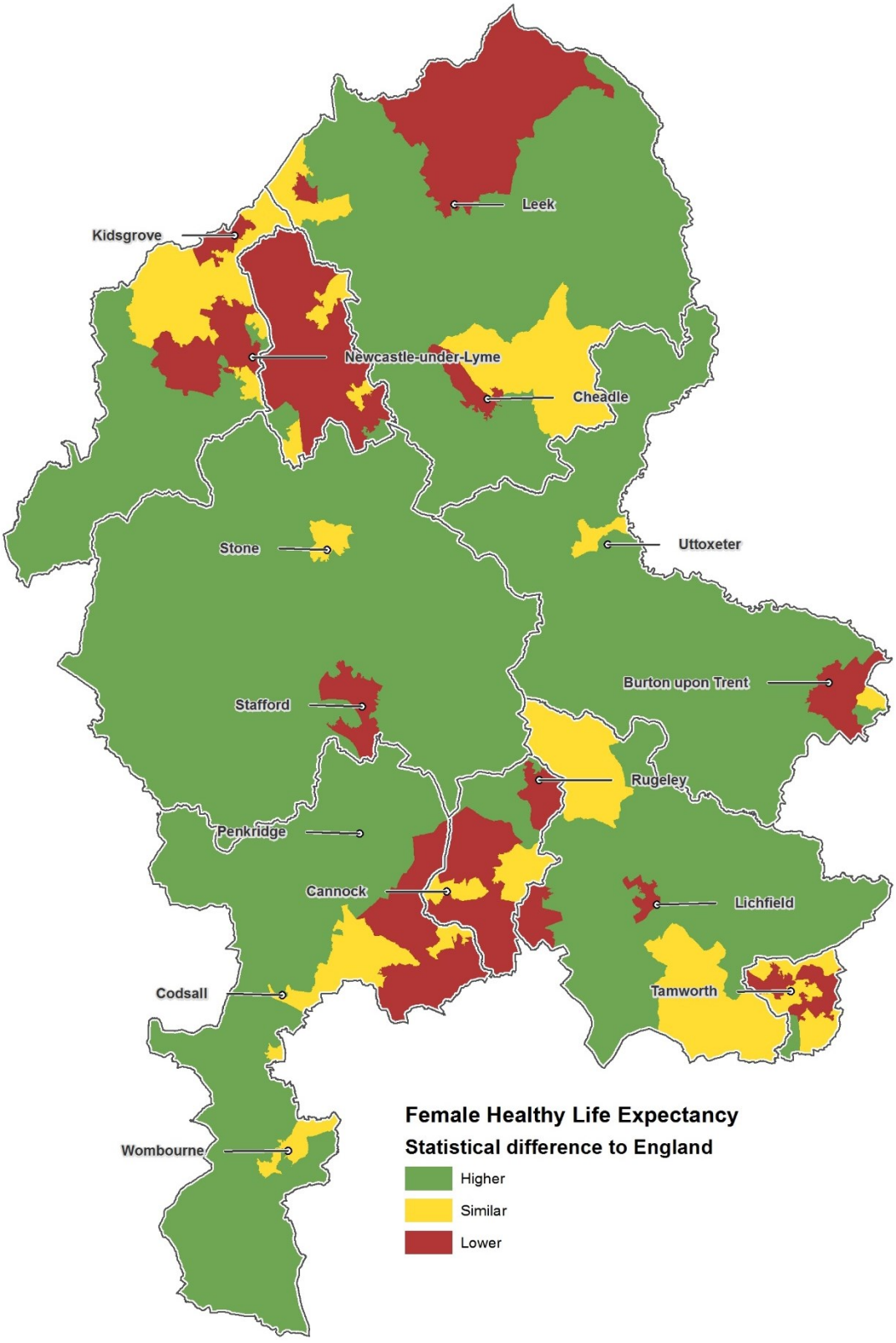
Source: Office for National Statistics

Map 6: Healthy life expectancy for males – comparison to England, 2009-2013



Source: Office for National Statistics

Map 7: Healthy life expectancy for females – comparison to England, 2009-2013



Source: Office for National Statistics

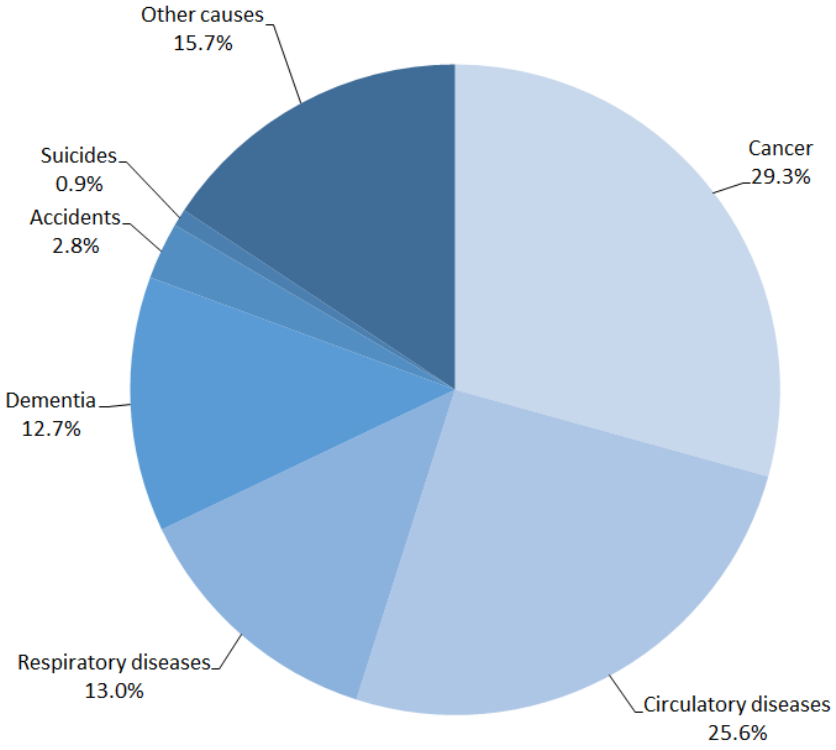
3.2 Common causes of death

Around 8,500 people died in Staffordshire during 2016, with around two-thirds of all deaths occurring to people aged 75 and over. Similar to England the common broad causes of deaths in Staffordshire during 2016 were cancer (2,500 deaths, 29%), circulatory disease (2,200 deaths, 256) and respiratory disease (1,100 deaths, 13%) (Figure 6).

Again, similar to national trends there has been a rise in the number of dementia deaths in recent years and it is now one of the leading causes of death in Staffordshire (1,100 deaths, 13%). This is largely due to people living longer, improved detection and diagnosis of dementia which has been accompanied with reductions in other causes such as heart disease and stroke (Figure 7).

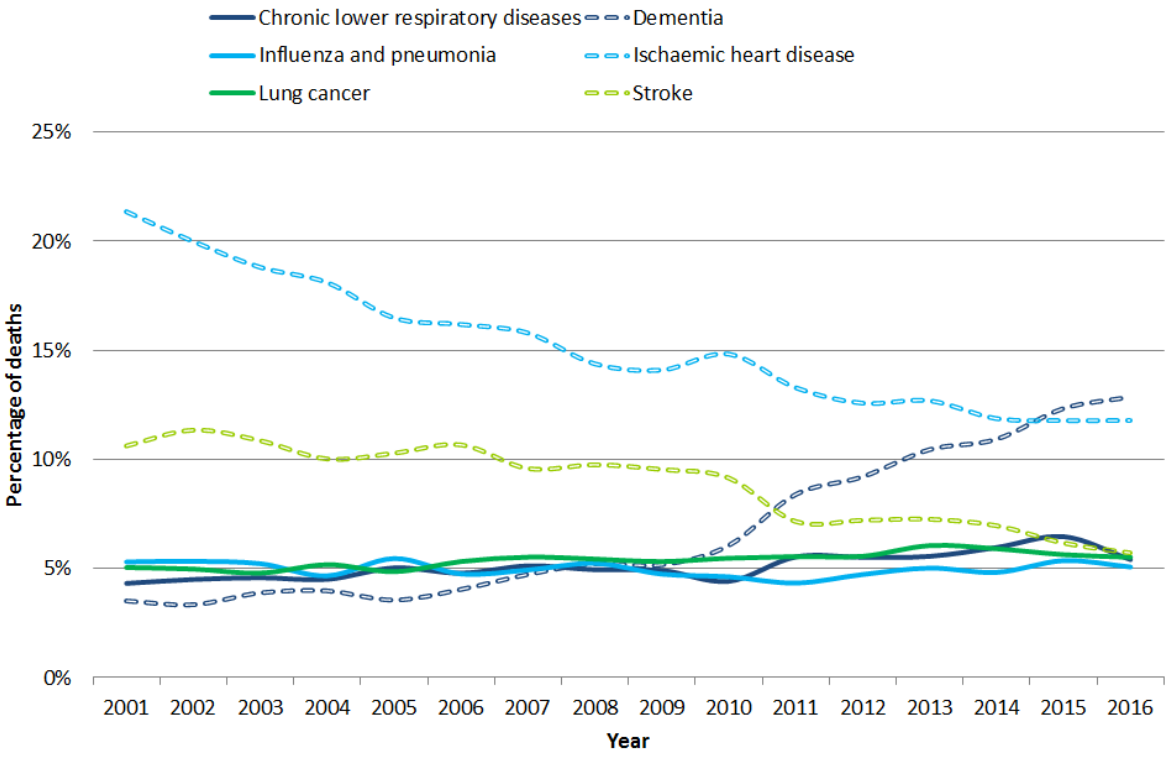
Community pharmacies can support the reduction of preventable mortality through supporting healthy lifestyles as well as provision of advice on management of long-term conditions. They also provide support through public health campaigns such as early detection of cancer and dementia.

Figure 6: Common causes of deaths in Staffordshire, 2016



Source: Primary Care Mortality Database, Office for National Statistics

Figure 7: Trends in leading causes of death in Staffordshire



Source: Primary Care Mortality Database, Office for National Statistics

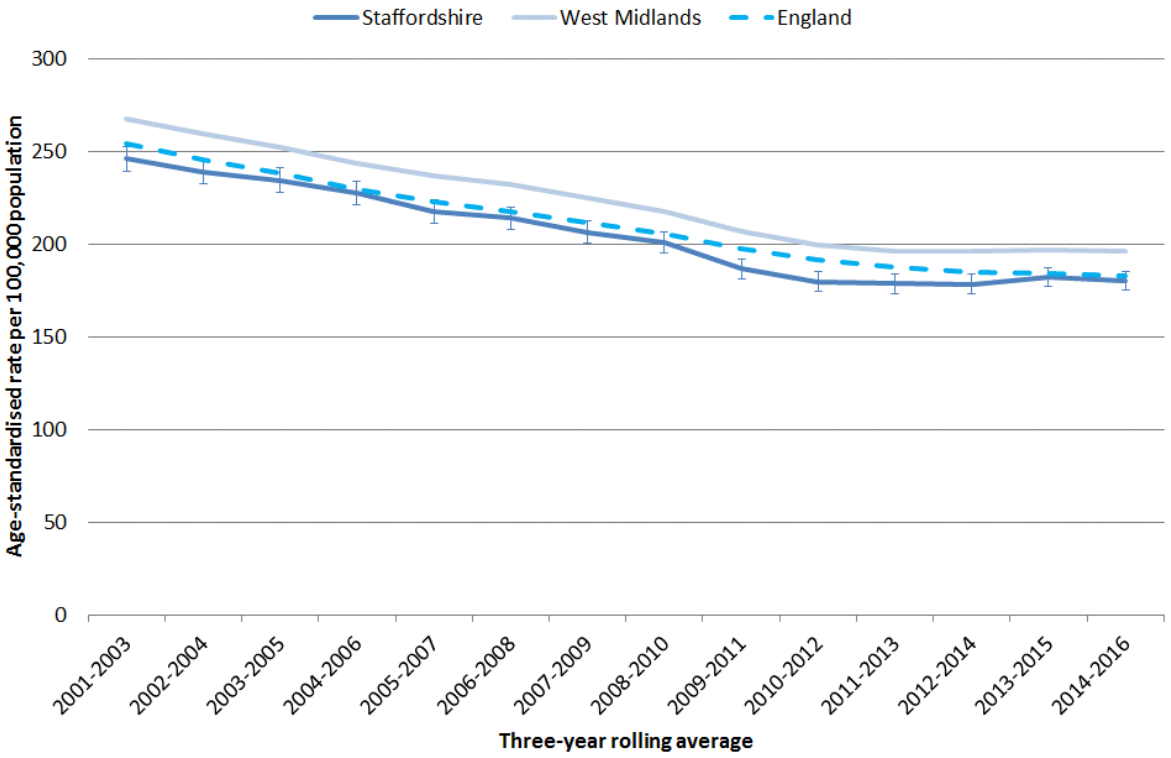
3.3 Preventable mortality

Preventable mortality is a high level indicator that can be used to measure the success of public health interventions in their broadest sense within communities. The major causes of preventable deaths can be attributed to the roots of ill-health, for example education, employment and housing as well as lifestyle risk factors such as smoking, drinking too much alcohol, unhealthy diets, physical inactivity and poor emotional wellbeing.

In Staffordshire almost one in five people die from causes that are largely thought to be preventable, equating to around 1,600 deaths every year.

Preventable mortality rates in Staffordshire fell by 27% between 2001-2003 and 2014-2016 compared with 28% for England with overall rates being similar to the England average (Figure 8). During 2014-2016 preventable mortality rates in Newcastle, East Staffordshire, Tamworth and Cannock Chase were however higher than the England average.

Figure 8: Trends in preventable mortality



Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

- **Cancer** - Since 2011 cancer overtook cardiovascular disease as the largest killer. It also remains the biggest cause of premature death (those under 75). More than one in three people will develop cancer at some stage in their lives and around 2,500 Staffordshire residents died from cancer during 2016 (equating to 29% of all deaths). During 2016 around 1,180 Staffordshire residents died prematurely from cancer, accounting for 42% of all premature deaths with rates being similar to the England average. Similar to the national trends, rates of premature cancer fell between 2001-2003 and 2014-2016 in Staffordshire by 20% which is similar to the England average.

- **Circulatory disease** - Up until 2011, circulatory disease was the largest killer both nationally and locally. Around 2,200 Staffordshire residents died from circulatory disease in 2016 making up around 26% of all deaths. Of these around 570 are premature making up a fifth of all premature deaths. Premature mortality due to circulatory diseases have fallen by 49% between 2001-2003 and 2014-2016 with Staffordshire rates remaining lower than England.

- **Respiratory disease** - In 2016 1,100 people died from respiratory disease in Staffordshire making it the third biggest killer. It is also the third biggest cause of premature death with almost 260 people dying prematurely in Staffordshire making up around 9% of all premature deaths. During 2014-2016 respiratory deaths in Staffordshire were lower than the England average; however Newcastle rates during this period were higher than average.

- **Liver disease** - Around 220 Staffordshire residents died from liver disease during 2016, accounting for about 3% of all deaths. Around 70% of these deaths occur to people who are under 75 with over half of these due to alcoholic liver disease. Unlike the reductions seen in under 75 mortality from cancer and cardiovascular disease, rates of people dying early as a result of liver disease increased by 44% between 2001-2003 (280 deaths) and 2014-2016 (460 deaths) with rates being similar to the England average. This may be a result of increased alcohol consumption over the life course and consequently increased alcohol-related harm within Staffordshire.

- **Deaths from communicable diseases** - around 80 Staffordshire residents die from communicable diseases every year with rates during 2014-2016 being similar to the England average.

3.4 Health protection

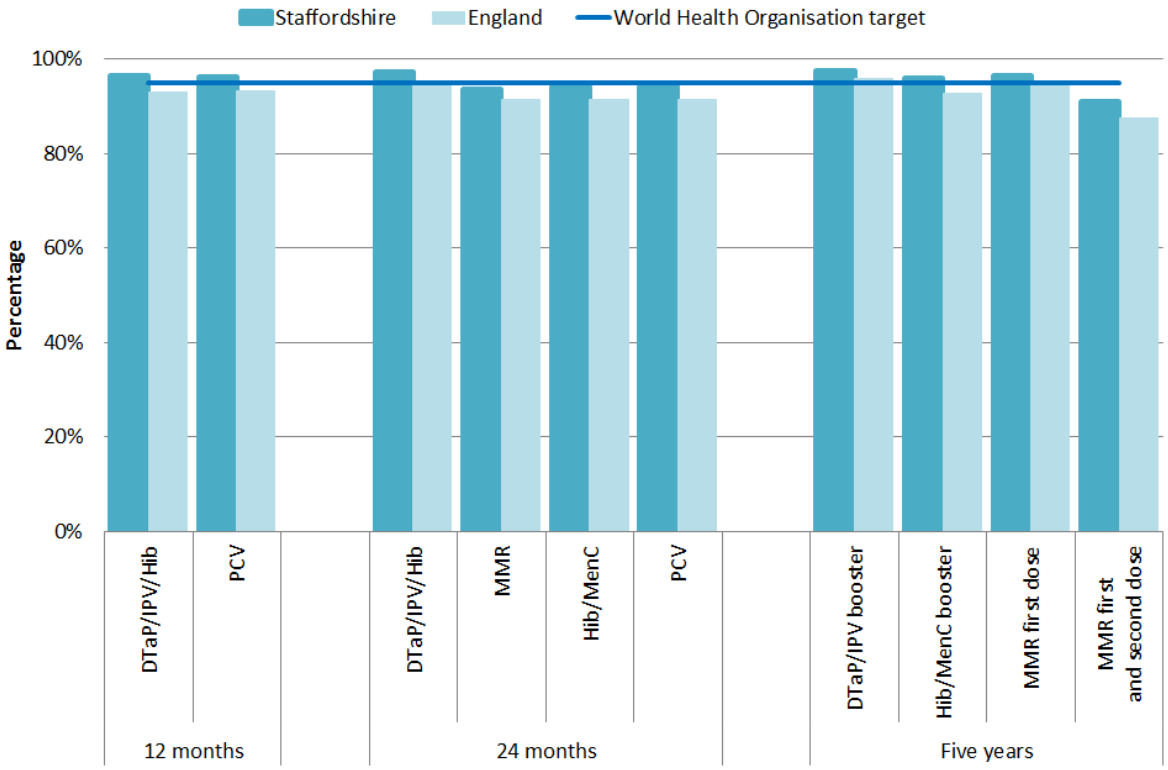
There are a number of factors that can help prevent ill health or diagnose problems early to enable better treatment, especially immunisation and screening. This section reports on some interventions designed to keep Staffordshire's population healthy by preventing ill health or detecting disease early to improve treatment outcomes.

- **Immunisation** - uptake rates for childhood immunisation are higher than the England average (Figure 9). However, for some diseases, for example diphtheria, tetanus, polio, and pertussis booster at five years, immunisation rates do not reach the 95% optimum protective target set by the World Health Organisation (WHO). Fewer Staffordshire residents aged 65 and over take up their flu vaccination or their offer of a pneumococcal vaccine than average (Table 7). Large numbers of people in this age group are admitted to hospital for vaccine preventable conditions such as influenza and pneumonia. Adult vaccination for seasonal flu is already available within community pharmacy settings. Having developed this skill set there is also the potential for pharmacies to support delivery of pneumococcal vaccination to increase uptake rates across the County.

- **Cancer screening** - coverage of screening programmes in Staffordshire are generally better than the England average although trends for breast cancer and cervical screening have in recent years fallen and therefore should be monitored (Figure 10). Factors which affect screening uptake include age, ethnicity and deprivation.

- **NHS health checks** - this programme aims to help prevent cardiovascular conditions by offering everyone between the ages of 40 and 74 a health check that assesses their risk of heart disease, stroke, kidney disease, diabetes and some forms of dementia and gives them support and advice to reduce that risk. Fewer adults in Staffordshire have attended to receive their health check to assess their cardiovascular risk than the average. As at 2016/17 the variation of uptake also varies between districts from only 21% in Stafford to 39% in East Staffordshire.

Figure 9: Childhood immunisation rates, 2016/17



Source: COVER statistics, Public Health England

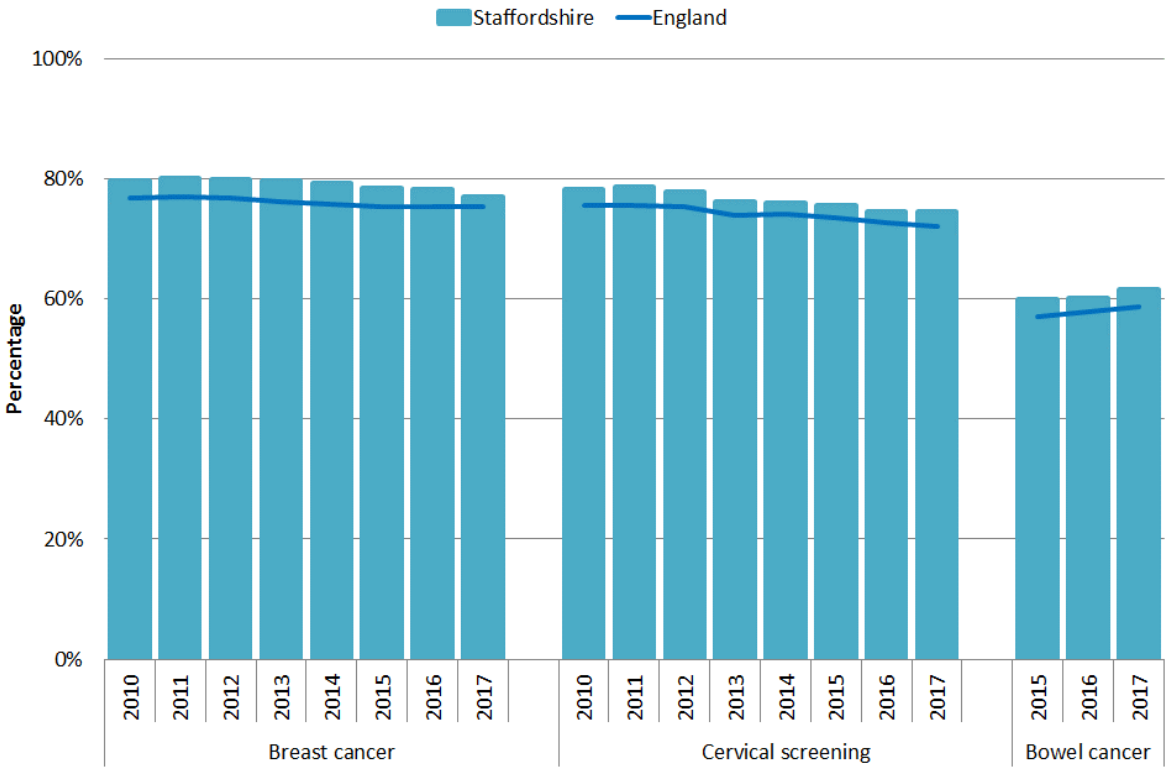
Table 7: Summary of adult immunisation uptake rates, 2016/17

	Seasonal flu vaccination		People aged 65 and over immunised with pneumococcal vaccine (at end of March 2017)
	People aged 65 and over	People aged under 65 at risk	
Cannock Chase	68.0%	49.7%	62.5%
East Staffordshire	68.4%	48.0%	64.4%
North Staffordshire	69.1%	50.0%	67.7%
South East Staffordshire and Seisdon Peninsula	70.4%	48.6%	68.6%
Stafford and Surrounds	69.5%	49.4%	62.4%
Staffordshire	69.3%	52.6%	65.6%
West Midlands	70.0%	49.6%	68.5%
England	**70.4%**	**48.7%**	**69.8%**

Key: Statistically better than England; statistically worse than England

Source: Public Health England

Figure 10: Coverage of cancer screening programmes



Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

3.5 Lifestyle risk factors

Around 40% of ill-health is thought to be preventable through healthier lifestyles. The focus of lifestyle strategies and interventions tend to be on single risk factors and addressed independently of other risk factors. However those people with one lifestyle risk factor are likely also to have others as well. National research also indicates that highest concentrations of people with multiple lifestyle risk factors are in more deprived communities leading to inequalities in health outcomes.

Poorer lifestyles, combined with an ageing population will mean that not only are there more older people in the population, but they will be suffering from more of the conditions related to poor lifestyles than in previous generations.

People are more likely to make healthier lifestyle choices when they are fully informed about the risks to ill health. Community pharmacies are ideally placed to provide information, advice and guidance to residents about healthy lifestyles.

Smoking

In Staffordshire, 13% of mothers continued to smoke throughout their pregnancy during 2016/17 which was higher than the England average of 11%. Rates in Cannock Chase and in the North of the County are particularly high.

Based on data from the 'What About YOUth' (WAY) survey, 8% of Staffordshire children smoke which is similar to the England average. However around 21% of children aged 15 in Staffordshire are likely to have tried an e-cigarette compared with 18% nationally.

Based on data from the latest Annual Population Survey (2016) smoking prevalence for adults aged 18 and over in Staffordshire was 15%, which is similar to the England average. Data from the same survey found that the prevalence of smoking in routine and manual groups was significantly higher (30%) contributing to increases in health inequalities.

Around one in six Staffordshire residents die every year as result of smoking with overall smoking-attributable death rates for Staffordshire being lower than the England average. However smoking-related deaths in Cannock Chase are higher than average.

Alcohol and substance misuse

Around 50 children under 18 get admitted to hospital every year due to alcohol. Under-18 alcohol-specific admissions rates across Staffordshire continue to fall with the latest rates being similar to the national average.

More people in Newcastle die as a result of alcohol than the England average. There were 6,500 alcohol-related admissions during 2016/17 in Staffordshire with overall rates continuing to be higher than the England. The majority of alcohol admissions are due to complications of drinking too much alcohol over the life course (e.g. high blood pressure, heart disease, stroke and a variety of cancers). At a district level Cannock Chase, Newcastle, Stafford, East Staffordshire and South Staffordshire, have rates higher than the England average.

Staffordshire is about average for successful completion of alcohol and drug treatment.

Obesity, healthy eating and physical activity

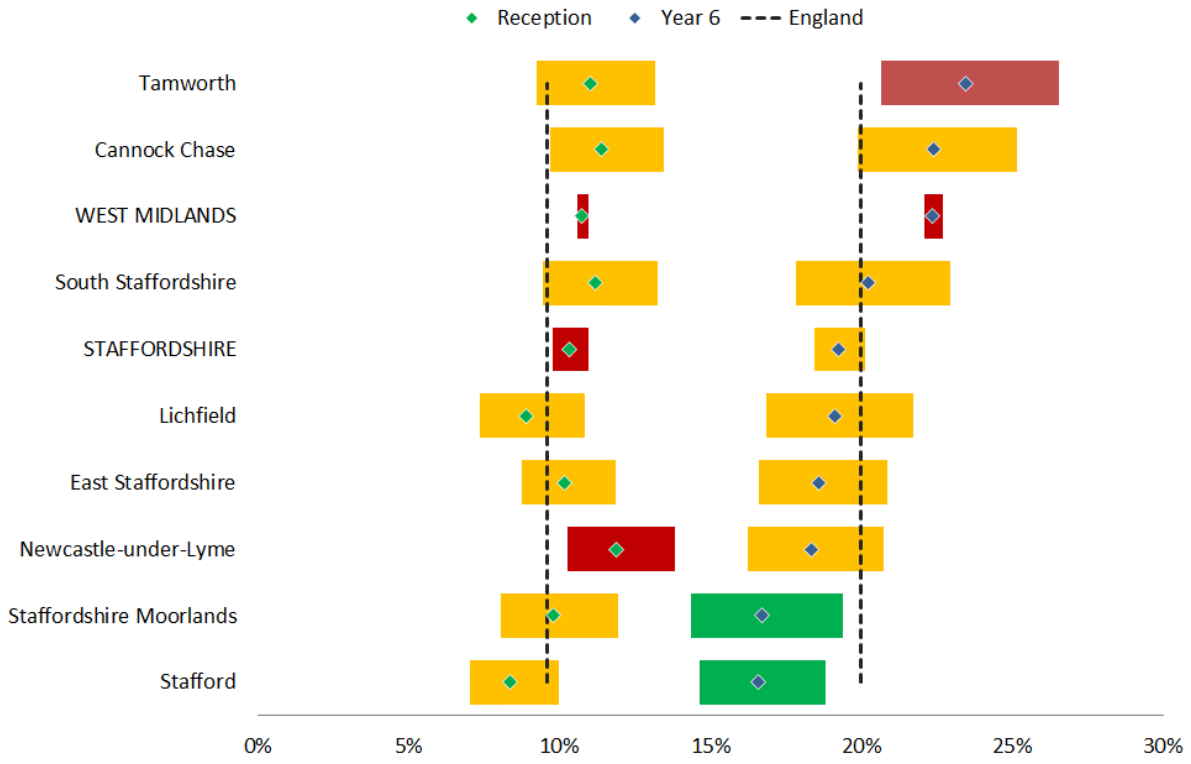
The prevalence of Staffordshire children who were obese in Reception (aged four to five) is 10% and increases significantly to 19% by the time children are in Year 6 (aged 10-11). This trend is seen across all districts (Figure 11). Rates of obesity for Reception-aged children are higher than the England average in Staffordshire overall with rates in Newcastle being particularly high in this year group. Tamworth has obesity rates in Year 6 that are higher than the England average.

Children from poorer families are more likely to be obese; this is predominately due a combination of the food they eat and insufficient levels of physical activity. Children from deprived areas are twice as likely to be obese compared with children from less deprived areas.

Around two in three adults in Staffordshire are overweight or obese which is higher than average. This is coupled with high numbers of people who eat unhealthily and are inactive.

A large proportion of older people are also at risk of malnutrition (especially in people aged 85 and over) with numbers projected to increase sharply in Staffordshire in line with demographic changes.

Figure 11: Children who are obese, 2016/17



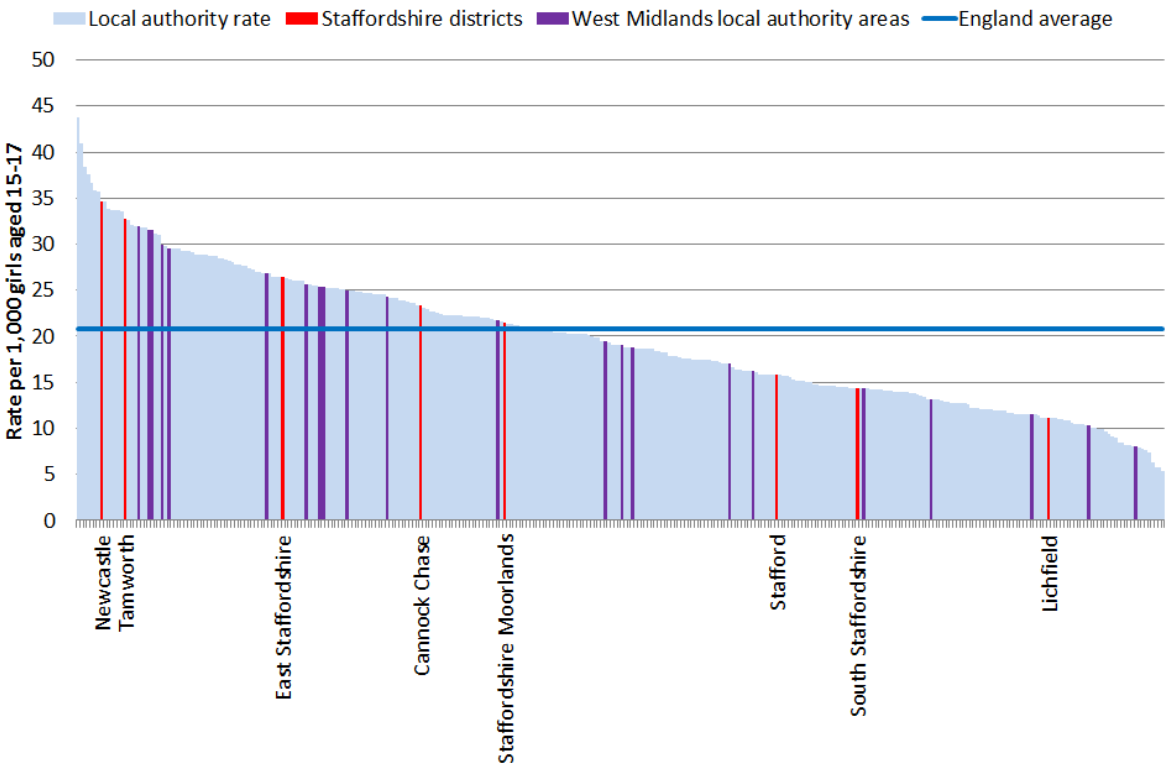
Source: National Child Measurement Programme: results from the school year 2016/17, headline results, Copyright, The Information Centre for Health and Social Care. All Rights Reserved

Sexual health

There are around 320 under-18 teenage conceptions in Staffordshire, with overall rates being similar to the national level although rates are not reducing as fast as the England average. In addition rates in Newcastle and Tamworth continue to be amongst the worst in the Country (Figure 12).

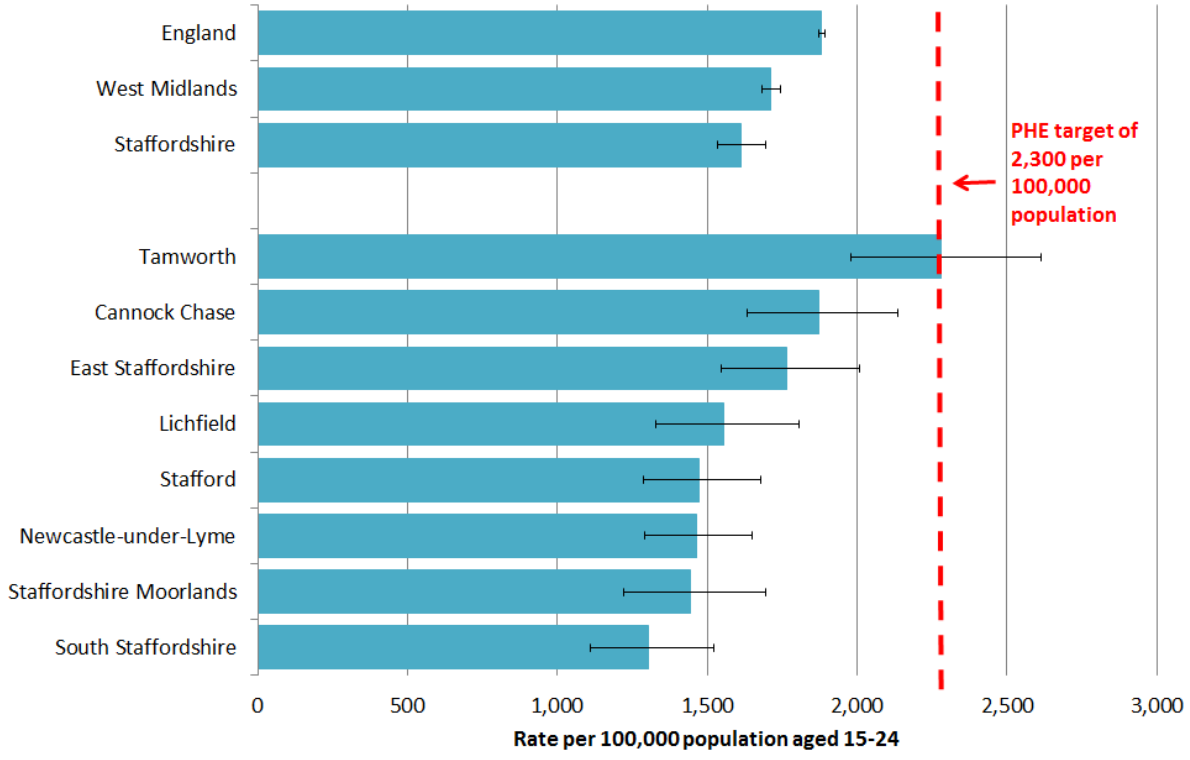
Chlamydia is often asymptomatic so a large proportion of cases remain undiagnosed. The National Chlamydia Screening Programme (NCSP) was set up to control and prevent the spread of chlamydia, targeting the high risk group, i.e. young people aged under 25 who are sexually active. Around 19% of young people aged 15-24 in Staffordshire were tested for chlamydia during 2016 with rates similar to England. However the diagnosis rate for this age group is lower than average and falls below the Public Health England target of at least 2,300 per 100,000 population aged 15-24 years (Figure 13). We do not currently know if this is due to lower levels of chlamydia prevalence as the target has not been adjusted for different prevalence across different geographical areas, or if young people who are at higher risk of chlamydia are not being targeted appropriately for testing.

Figure 12: Under-18 conception rates in England, 2015



Source: Office for National Statistics

Figure 13: Chlamydia diagnosis rates in 15-25 year olds, 2016



Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

3.6 Long-term conditions

Long-term conditions (LTCs) are those that cannot currently be cured but can be controlled with the use of medication or other therapies. People with LTCs are more likely to see their GP, be admitted to hospital and stay in hospital longer than people without LTCs. People with LTCs account for a significant and growing proportion of health and social care resources.

National estimates also suggest that there is a rising demand for the prevention and management of people with multiple conditions rather than single conditions. By the time people reach 65 most will have developed at least one chronic condition and large proportions will also have developed two or three conditions. The proportion of multiple conditions is also more prevalent in deprived communities.

More people in Staffordshire report having a limiting long-term illness than average. The recorded number and prevalence of selected LTCs according to disease registers within general practice are: hypertension (15.6%, 135,500 patients), depression (9.4% people aged 18 and over, 65,700 patients), diabetes (7.1% people aged 17 and over, 50,200 patients), asthma (6.0%, 52,500 patients) and chronic kidney disease (4.2% people aged 18 and over, 29,300 patients). Many of these conditions can also be supported by pharmacies, for example through the collection and delivery service, through medical user reviews or new medicine services.

- **Dementia** - assuming that the prevalence of dementia remains the same, the ageing population means that the total number of people aged 65 and over with dementia in Staffordshire is projected to rise from around 11,100 in 2016 to 20,300 in 2036, an increase of 83%. Diagnosis rates of dementia have improved and as at March 2017 around two-thirds of patients (7,200 people) were known to have a dementia diagnosis.

- **Frail elderly** - research suggests that between a quarter and half of people aged 85 and over are estimated to be frail and that the overall prevalence in people aged 75 and over is around 9% which equates to around 7,100 Staffordshire residents.

- **Carers** - around 12% of Staffordshire's population provide unpaid care to family and friends which is higher than the England average. Carers are often older and in poor health themselves. Pharmacies can act as resource for carers to help meet the needs of both carers and the people they care for. This could be through dispensing medicines, provision of advice on management of conditions as well as signposting to local community support groups.

3.7 Growing demand on health and social care

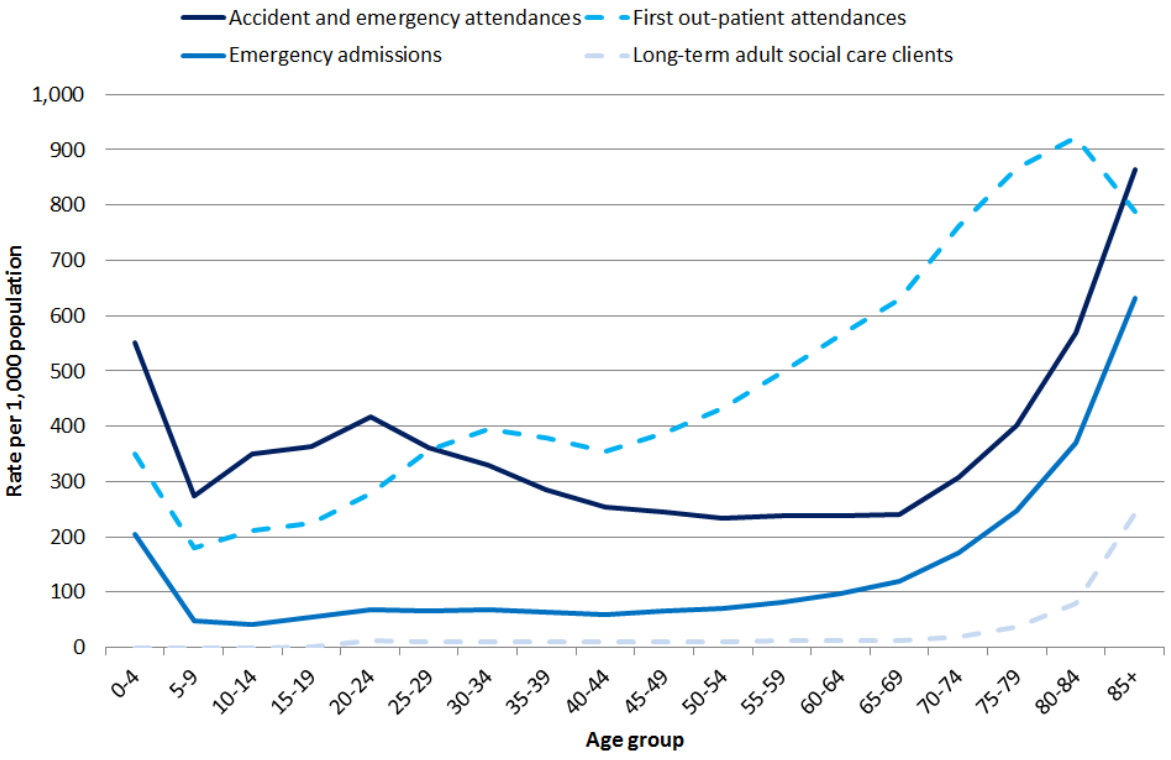
Most care will occur in primary care or community settings. However a higher than average proportion in Staffordshire also occurs in hospital settings. Based on 2016/17 activity every day in Staffordshire:

- Almost 800 patients attend an accident and emergency department
- Around 3,300 patients attend an out-patient clinic of which 1,100 are new patient whilst the remaining 2,200 are follow-up attendances
- Over 800 patients are admitted to hospital, 300 of these are unplanned admissions and 40 are those who are readmitted within 30 days of discharge

In addition, the demand on health and care has been rising. These increases are more than is explained by demographic change (e.g. increase in older people) alone and are likely to continue with increased complexity of needs. Young children and older patients tend to be greater users of hospital services; as expected older people are also higher users of social care (Figure 14). In addition those that are admitted to hospital are often delayed from being discharged.

Recent analysis of local accident and emergency and minor injury units data found that a large proportion of patients require information and advice for minor illnesses; pharmacies are ideally placed to help reduce some of this demand through the common ailments services which support patients for many common minor illnesses, such as diarrhoea, minor infections, headache and sore throats.

Figure 14: Health and care utilisation by age group in Staffordshire, 2016/17



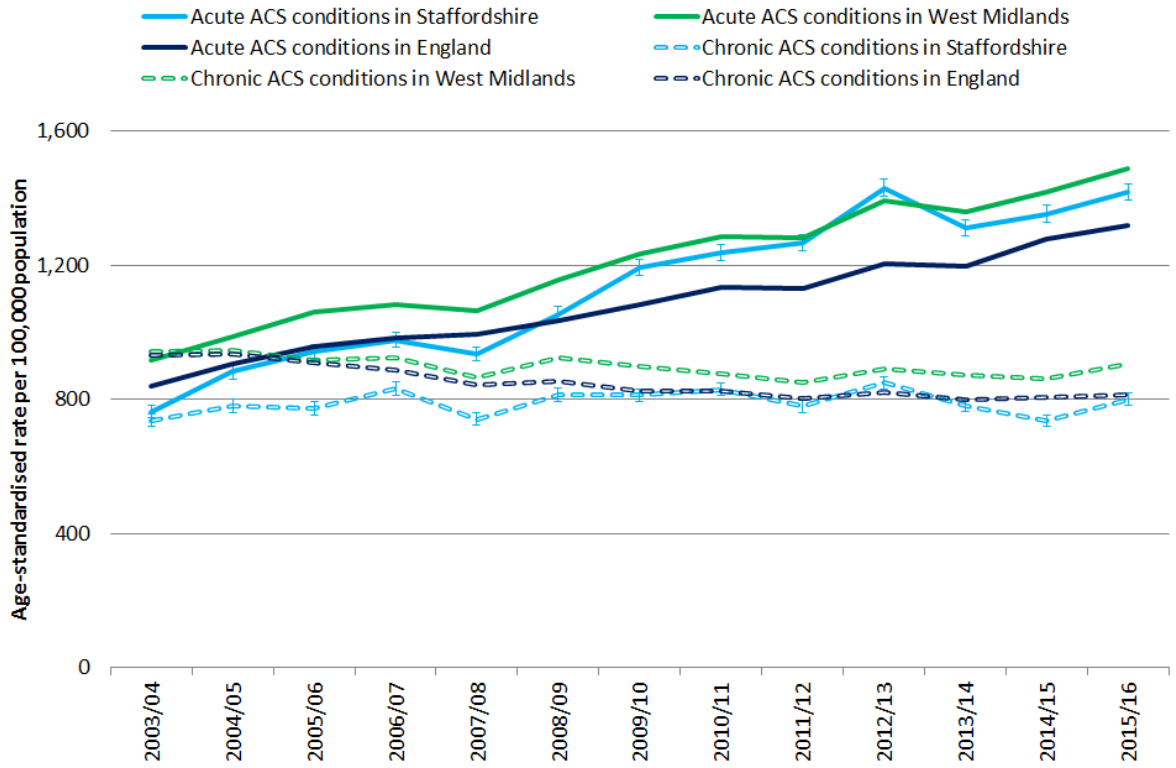
Source: Hospital Activity Data Extract, Midlands and Lancashire Commissioning Support Unit, Staffordshire County Council and 2016 mid-year population estimates, Office for National Statistics, Crown copyright

Older people also spend longer in hospital because their needs are often more complex, for example people aged 65 and over spend on average 7.6 days in hospital for unplanned admissions compared to 2.4 days for those under 65. National research suggests that longer hospital stays themselves can lead to harm.

Many people in Staffordshire are admitted to hospital for acute and chronic conditions that can be managed effectively in primary care including community pharmacy or outpatient settings (known as ambulatory care sensitive (ACS) conditions).[1]

Trends in Staffordshire for patients being admitted to hospital for acute conditions are increasing more rapidly than average (Figure 15).

Figure 15: Unplanned admissions from ambulatory care sensitive (ACS) conditions



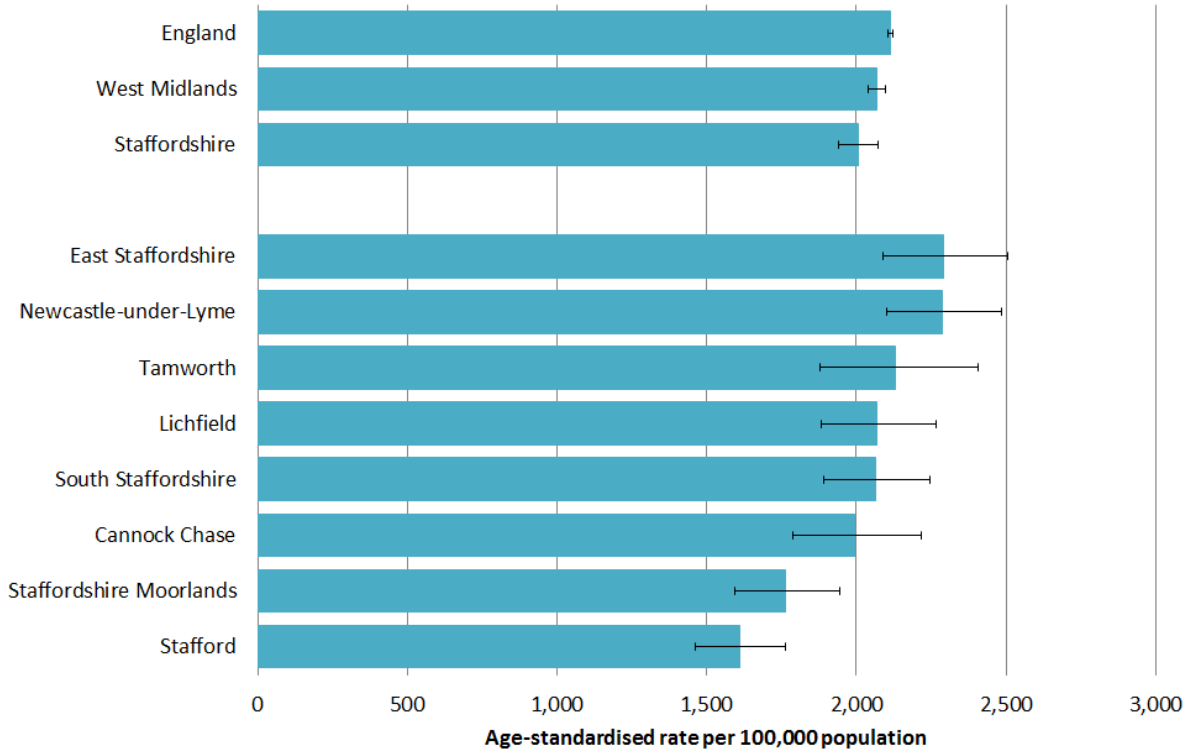
Source: NHS Digital Indicator Portal (https://indicators.hscic.gov.uk/webview)

During 2016/17 around 3,500 Staffordshire residents aged 65 and over were admitted to hospital as a result of a fall-related injury with rates being lower than the England average (Figure 16). Rates for falls in people aged over 80 make up two-thirds of all falls in older people.

[1] Common acute ACS conditions include urinary tract infections, influenza and pneumonia, dehydration and gastroenteritis; common chronic ACS conditions include management of chronic obstructive pulmonary disease, heart failure and atrial fibrillation

The risk of adverse effects and interactions with other drugs increases with the number of medicines an individual takes and may contribute to the increased risk of falls, particularly amongst older people. The risk of falls can also increase when starting a new medicine or changing a dose and community pharmacists are well placed to advise patients on this during medicine reviews.

Figure 16: Admissions due to falls in people aged 65 and over, 2016/17



Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

In 2016/17 around 86% of people aged 65 and over who were discharged from hospital into reablement services were still at home after 91 days which is similar to the national average. However the number of people who were offered reablement services remains lower than the national average. A post-discharge MUR (one of the four nationally agreed target groups) can support those patients who have been recently discharged from hospital, and who has had changes to their medicines whilst they were in hospital.

During 2016/17 there were around 1,160 permanent admissions to people aged 65 and over to residential and nursing care homes with the rate being similar to the national average.

3.8 End of life care

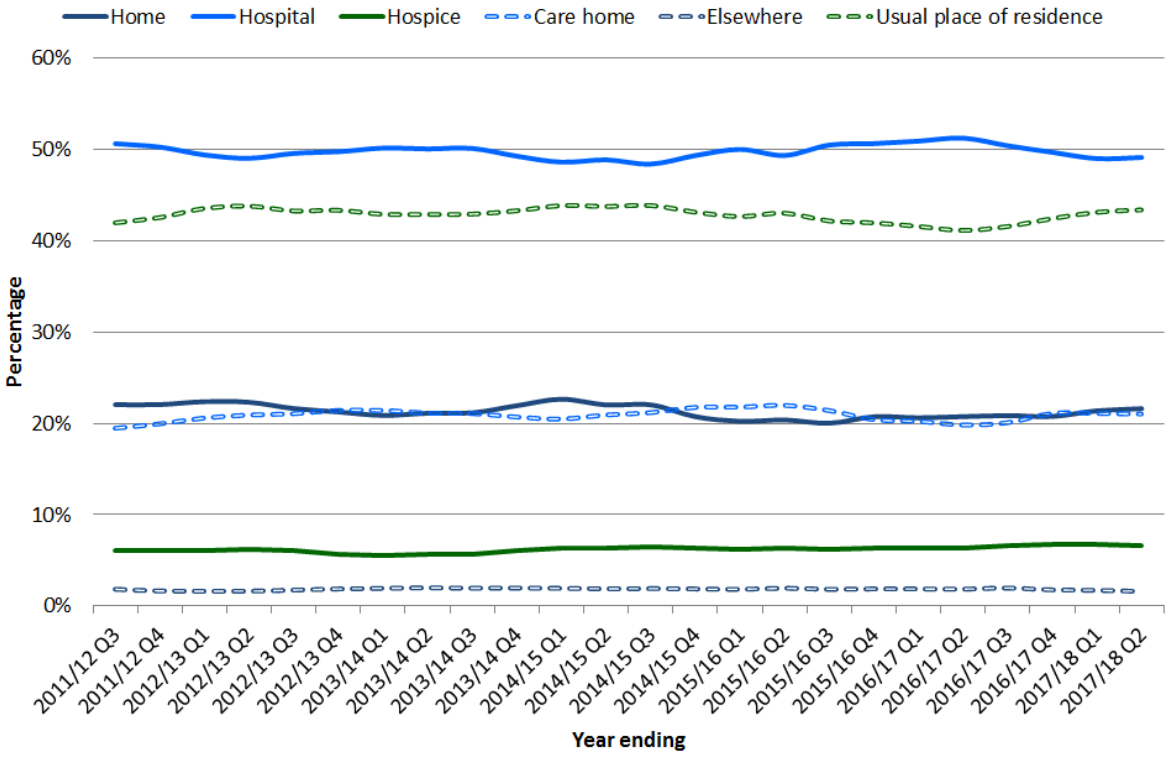
Research by Public Health England suggests that on average around 25% of deaths are unexpected. This means that around 75% of people who have died should be on palliative care GP registers which record the number of patients who are expected to die within the next six to 12 months. This equates to around 6,400 deaths in Staffordshire. However during 2016/17 only around 3,140 Staffordshire residents were on such registers indicating that many people's end of life care needs are not being identified prior to their death.

Hospital is the least likely place that people choose to die compared with home, hospices and care homes. Nationally only 3% of people choose to die in hospital but 50% of people actually die in hospital and nearly 30% of all hospital beds are occupied by someone in their last year of life.

In Staffordshire, the proportion of people dying at home or their usual place of residence is 43%, lower than the England average of 46%. Trends over the last five years show very little change (Figure 17).

The pharmacy palliative care service supports end of life care within community settings by providing timely medicines that are commonly prescribed in palliative care. Pharmacists should also be considered as being part of the community multidisciplinary palliative care team.

Figure 17: Trends in proportion of Staffordshire residents dying by location



Source: http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death

4 Current provision of pharmaceutical services

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations (*2013 Regulations*) also provides the legal framework that govern the services that pharmaceutical services providers can provide. Although dispensing practices provide a wide range of services for their patients, for the purpose of the PNA, only the prescription dispensing services are considered within the regulation and PNA.

As described in Section 1.3 there are three levels of pharmaceutical services that community pharmacies can provide:

- Essential services – services all pharmacies are required to provide
- Advanced services – services to support patients with safe use of medicines
- Enhanced services – services that can be commissioned locally by NHS England

Pharmacies can also provide locally commissioned services which are commissioned by local commissioners such as Staffordshire County Council.

This chapter describes the current provision of these services in Staffordshire.

4.1 Pharmaceutical provision in Staffordshire

Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. Pharmacies are well used and based on national estimates around seven million visits are made to a community pharmacy for health-related reasons annually in Staffordshire which equates to around 10 visits per person every year. Nationally 79% of people have visited a pharmacy at least once in the last year whilst 37% have visited at least once a month. Local data from a resident survey found around 14% of respondents used their pharmacy weekly and a further 58% monthly.

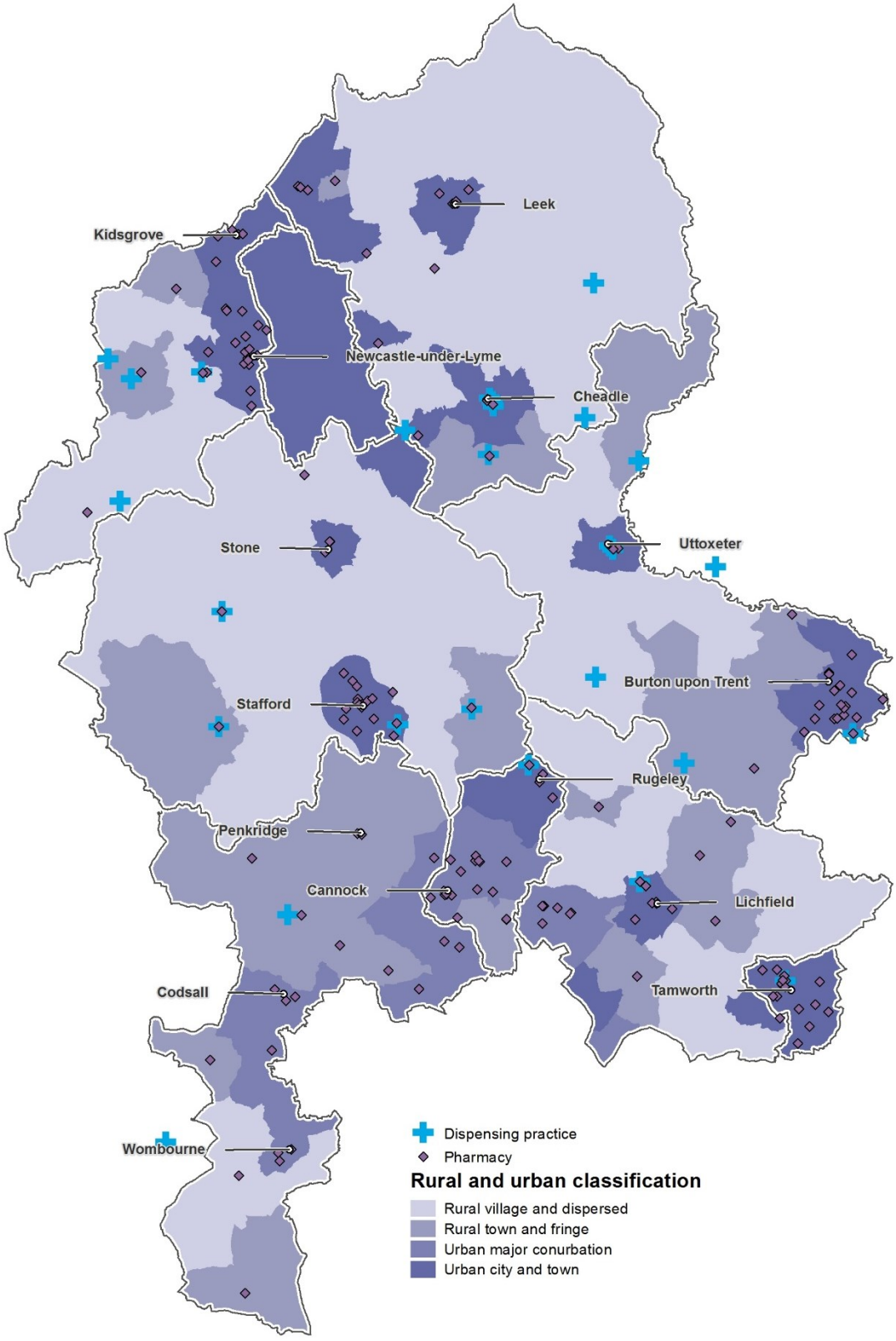
There are currently 181 pharmaceutical service providers of which six are distance-selling pharmacies; however it should be noted that a pharmacy in Stafford is due to close on June 2018. There are also 27 dispensing GP practices in Staffordshire (Table 8 and Map 8). In addition a Walsall practice also dispenses from its branch practice, Stonnall Surgery, in Lichfield district. Map 9 shows the location of pharmaceutical providers alongside GP practices within Staffordshire.

Table 8: Pharmaceutical providers in Staffordshire as at February 2018

	Community pharmacies	Distance selling pharmacies	Dispensing practices
Cannock Chase	25	0	0
East Staffordshire	24	1	7
Lichfield	19	0	2
Newcastle-under-Lyme	29	2	4
South Staffordshire	20	1	2
Stafford	27 (26 from June 2018)	0	4
Staffordshire Moorlands	19	0	7
Tamworth	18	2	1
Staffordshire	**181 (180 from June 2018)**	**6**	**27**

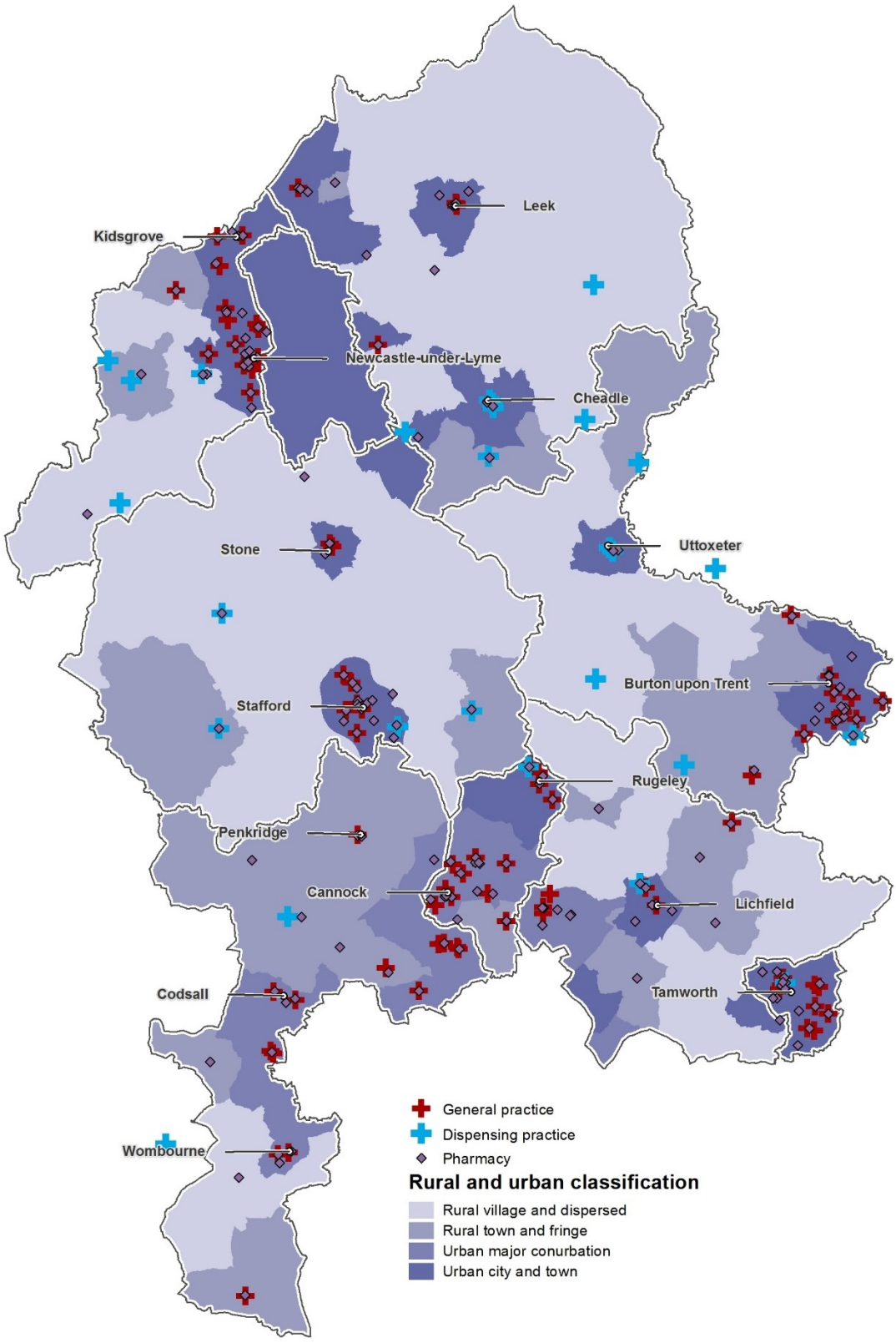
Source: NHS England North Midlands and NHS Business Services Authority

Map 8: Pharmaceutical providers in Staffordshire, February 2018



Source: NHS England North Midlands, NHS Business Services Authority and The Rural and Urban Classification 2011, Office for National Statistics

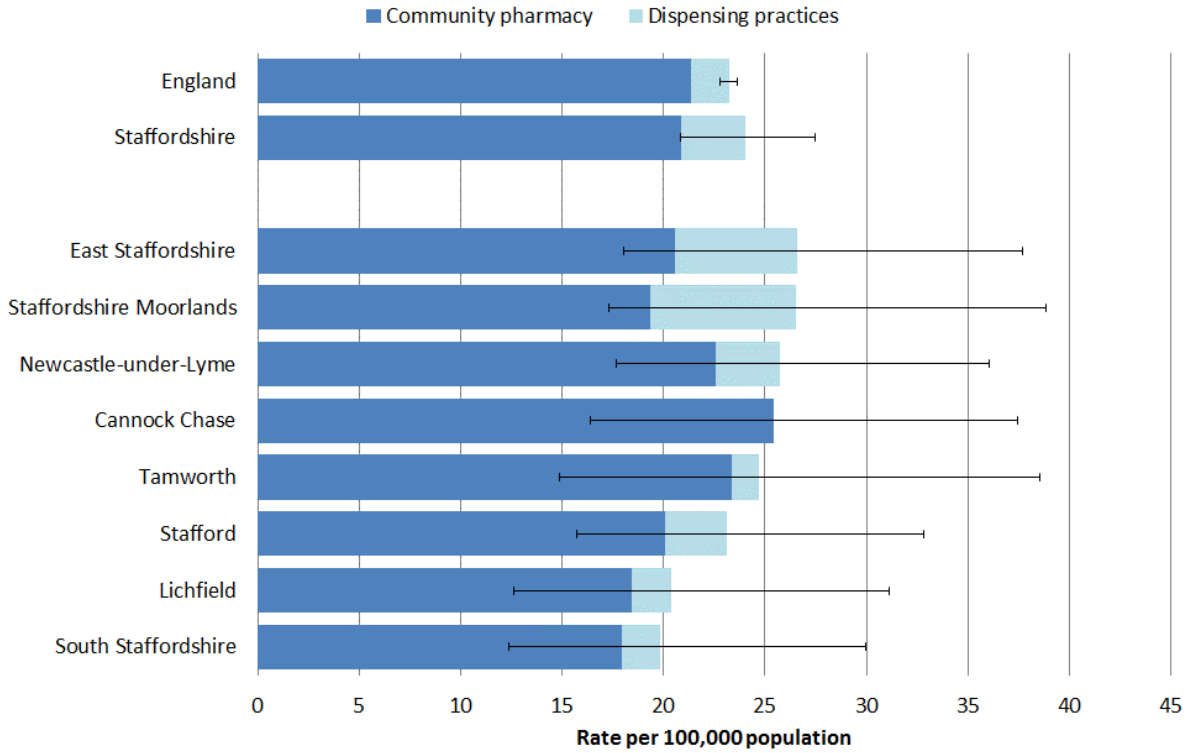
Map 9: Pharmaceutical providers and GP practices in Staffordshire, February 2018



Source: NHS England North Midlands, NHS Business Services Authority and The Rural and Urban Classification 2011, Office for National Statistics

The rate of community pharmacies and dispensing practices is 24 per 100,000 population which is similar to the national average (23 per 100,000) but ranges between districts from 20 per 100,000 in South Staffordshire to 27 per 100,000 population in East Staffordshire although districts with low rates do also have nearby access to pharmacies in neighbouring areas such as Wolverhampton and Stoke-on-Trent. Rates across all Staffordshire districts are similar to the national average rate (Figure 18).

Figure 18: Pharmaceutical providers per 100,000 population, February 2018



Source: NHS England North Midlands, NHS Business Services Authority and General Pharmaceutical Services in England 2007/08 to 2016/17, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

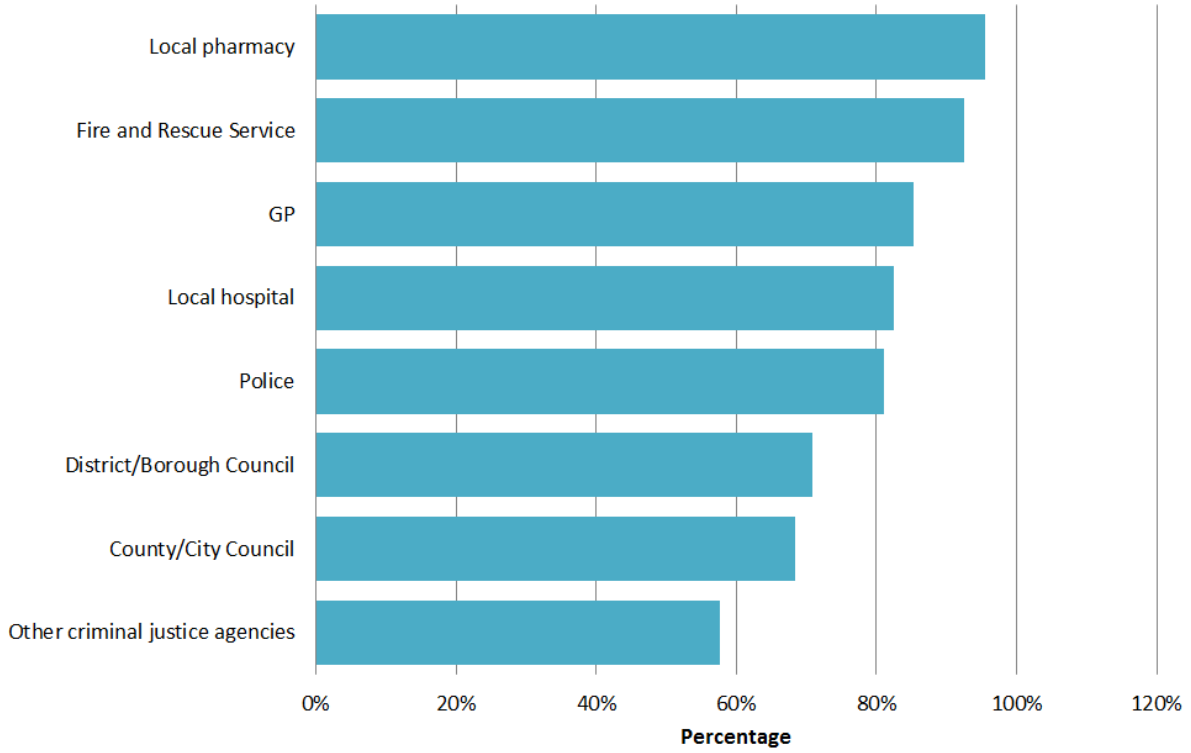
There remains a gap as to the clarity of controlled localities and reserved locations. It is therefore proposed that NHS England North Midlands undertake further mapping of controlled localities, dispensing practice areas and reserved locations to provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas, to support applications for new pharmacies or those considering relocations.

A national patient survey indicated that the public value a variety of types of pharmacy. In terms of ownership around two-fifths of pharmacies in Staffordshire are owned by independent contractors whilst the remaining three-fifths are owned by multiple contractors. (Note: for the purposes of this assessment the national definition of multiple contractors is used which are those community pharmacies who own six or more pharmacies).

Staffordshire residents are generally satisfied with pharmacy provision. Data from the latest *Feeling the Difference* survey found that 95% of residents were satisfied with their local pharmacy which is the highest amongst other public serving organisations (Figure 19). The engagement survey also found that local pharmacy services met the needs of respondents.

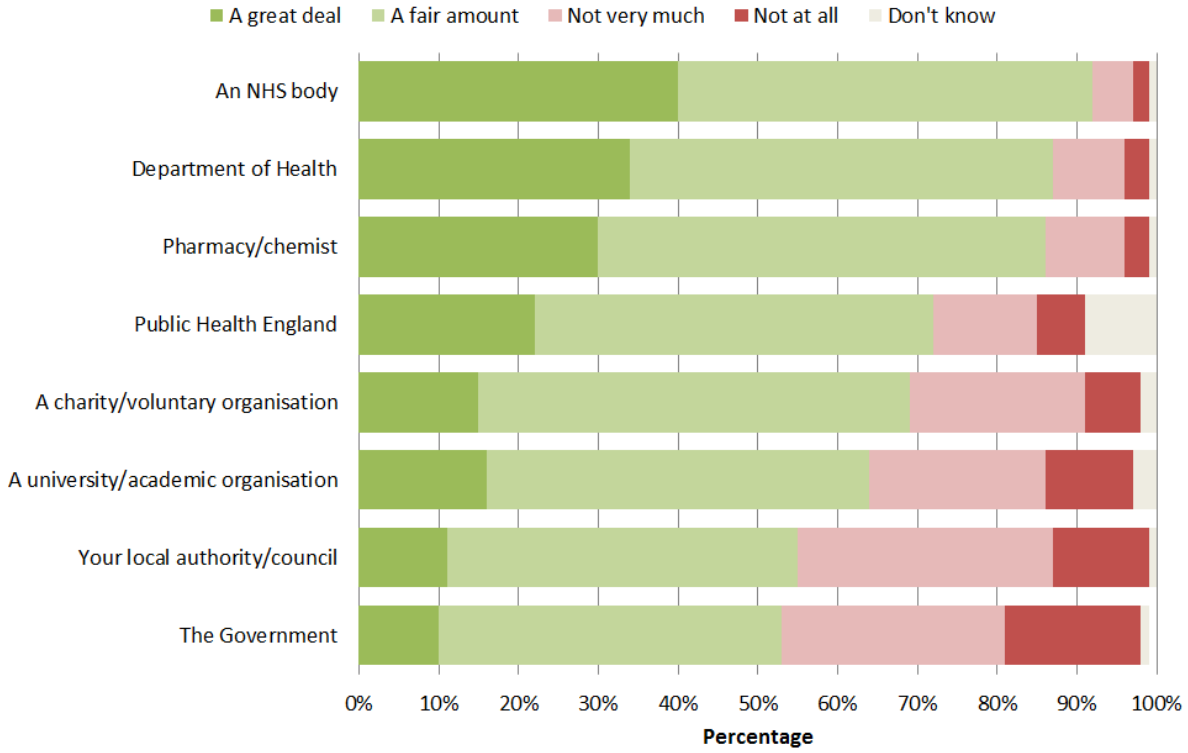
In addition a recent MORI survey for Public Health England published in August 2016 suggests that nationally almost 86% say they would trust advice from pharmacies on how to stay healthy (Figure 20). The same survey found that around 14% of respondents would contact their pharmacy for info on how to stay healthy.

Figure 19: Proportion who are 'very' or 'fairly satisfied' by service, March 2017 (n= 1,207)



Source: Feeling the Difference Survey Wave 22, Staffordshire Observatory, March 2017

Figure 20: Respondents "to what extent would you trust advice on how to stay healthy from the following organisations/bodies?" 2016 (n = 1,640)



Source: 2016 Public awareness and opinion survey for Public Health England, Ipsos MORI, October/November 2016, Copyright Ipsos 2016

4.2 Essential pharmacy services

These are services which pharmacies providing NHS pharmaceutical services must provide as part of the NHS Community Pharmacy Contractual Framework. Whilst distance-selling pharmacy contractors provide essential services they must not provide these services face-to-face at their premises. Essential services include:

- Dispensing medicines
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public Health - promotion of healthy lifestyles
- Signposting
- Support for self-care
- Clinical governance

Dispensing medicines and/or appliances - the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made. An Electronic Prescription Service (EPS) has also being implemented as part of the dispensing service and all pharmacies are now "Release 2 enabled". In terms of GP practices around 87% of Staffordshire practices were also EPS2 enabled with around 57% of all prescriptions being issued electronically (54% across England between January and March 2017).

Electronic Prescription Service (EPS) allows prescriptions to be sent direct to pharmacies and appliance contractors through IT systems used in GP surgeries. This means that patients do not have to collect a paper repeat prescription from the GP practice, but can go straight to the nominated pharmacy or dispensing appliance contractor to pick up their medicines or medical appliances. Prescriptions for acute items such as antibiotics can also be sent electronically if it is practical to do so. Eventually EPS will remove the need for most paper prescriptions, but the expectation currently is that up to 75% of all prescriptions should be issued electronically where the GP practice is EPS enabled. Patients have to nominate a particular community pharmacy or appliance contractor that the electronic prescription can be sent to them securely, but this nomination can be changed at any time if a patient consents to do so.

Nationally there has been a growth in the number of monthly items dispensed from 5,865 per month in 2007/08 to 7,218 in 2016/17. Some of the reasons which help to explain why rates have been increasing are shown in Table 9.

Table 9: Factors which influence the number of prescriptions dispensed

- the size of the population
- the age structure of the population, notably the proportion of the those aged 60 and over, who generally receive more prescriptions than the young
- improvements in diagnosis, leading to earlier recognition of conditions and earlier treatment with medicines
- development of new medicines for conditions with limited treatment options
- development of more medicines to treat common conditions
- increased prevalence of some long term conditions, for example, diabetes
- shifts in prescribing practice in response to national policy, and new guidance and evidence
- increased prescribing for prevention or reducing risk of serious events, e.g. use of lipid-lowering drugs to reduce risk of stroke or heart attack

Source: Prescriptions dispensed in the community in England, 2003-2013, Copyright 2014, Health and Social Care Information Centre. All rights reserved

Repeat dispensing - the management of repeat medication for up to one year, in partnership with the patient and prescriber. It is a great way for the GP practice to stay in control of prescription items and the service specification states that pharmacies must ask if anything has changed since the previous items were issued and do they need everything on the script today. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine. It is suitable for stable patients on regular medication and pharmacies can help identify suitable patients.

Disposal of unwanted medicines - pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.

Promotion of healthy lifestyles (public health) - opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in upto six local campaigns every year as directed by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.

In Staffordshire campaigns are coordinated by NHS England across the West Midlands Region with every pharmacy normally provided with posters and/or leaflets or links on where to access them. During 2016/17 the public health campaigns were: dementia awareness and sun awareness / skin cancer. The following campaigns are planned for this financial year (2017/18):

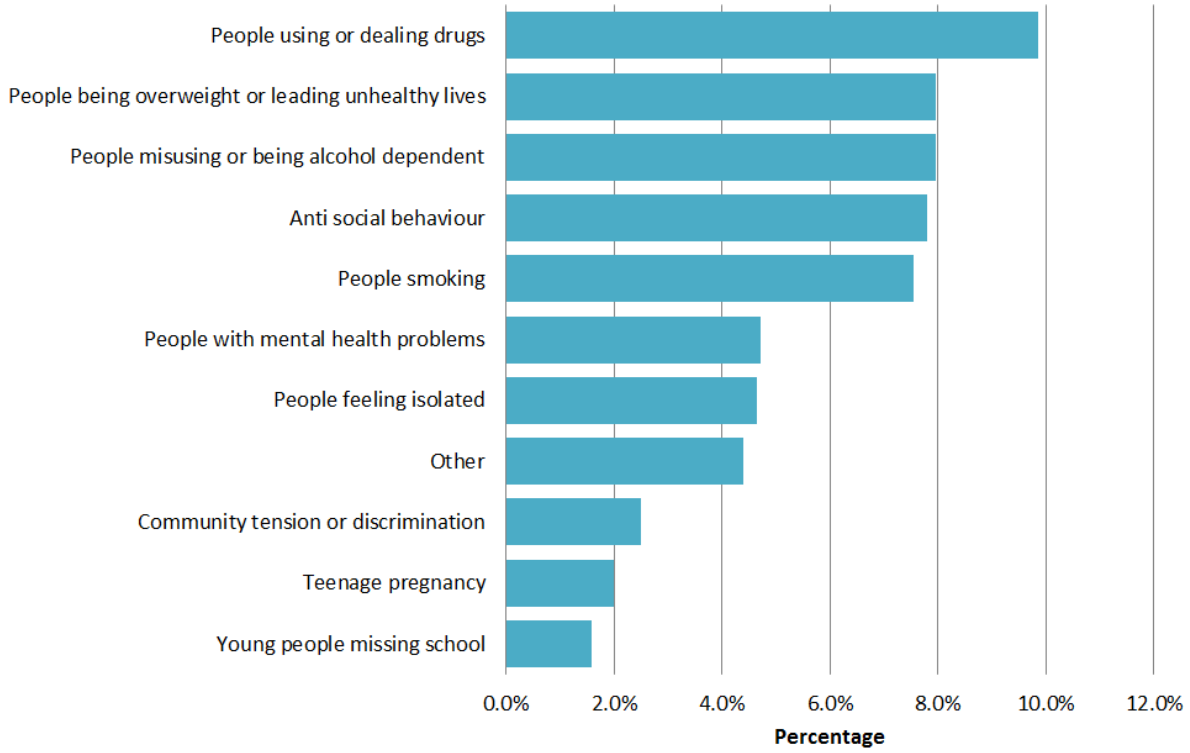
- Be Clear on Cancer (respiratory symptoms)
- Stay Well (Flu campaign)
- Antimicrobial resistance awareness
- Know your numbers (blood pressure awareness)

Feedback from pharmacies has generally been good; going forward it will be collected electronically by NHS England so further work can be done to evaluate the campaigns. Future campaigns should continue to be planned to complement identified local needs (as described in Chapter 3) and concerns raised by local residents as shown below.

In terms of public opinion data from the Winter 2014 wave *of the Public Perceptions of the NHS and Social Care Tracker Survey,* when asked "what are the biggest health problems facing people today?" the top issues mentioned are: cancer (35%), obesity (33%), age-related illnesses (22%), diabetes (18%), alcohol abuse (16%) and mental health (15%).

The latest *Feeling the Difference* survey published in March 2017 identify substance misuse, being overweight, alcohol misuse, anti-social behaviour and smoking as the biggest problems raised by Staffordshire respondents locally (Figure 21).

Figure 21: What are the biggest problems in Staffordshire? March 2017



Source: Feeling the Difference Survey Wave 22, Staffordshire Observatory, March 2017

Signposting patients to other healthcare providers - pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.

Support for self-care - the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.

Clinical governance - pharmacies must have a system of clinical governance to support the provision of excellent care; requirements include:

- provision of a practice leaflet for patients
- use of standard operating procedures
- patient safety incident reporting to the National Reporting and Learning Service
- conducting clinical audits and patient satisfaction surveys
- having complaints and whistle-blowing policies
- acting upon drug alerts and product recalls to minimise patient harm
- having cleanliness and infection control measures in place

Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions. Almost half of respondents also used their pharmacy for health advice or disposal of unwanted medicines. However very few respondents used their pharmacy for lifestyle advice (10%).

4.3 Advanced pharmacy services

There are six advanced services that are available within the community pharmacy contract. Community pharmacies can choose to provide any of these services commissioned by NHS England as long as they meet the requirements set out in the Secretary of State Directions.

The number of pharmacies who provide these in Staffordshire is shown in Table 10. There is overall good coverage of Medicines Use Review (MUR) and New Medicine Service (NMS) across Staffordshire although coverage of NMS does vary by district.

Coverage of appliance use reviews and stoma appliance customisation services in Staffordshire are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area, for example Stoke-on-Trent.

The number of pharmacies providing influenza vaccination services is slightly lower than the national average and again is variable at district level.

The sixth advanced service, NHS Urgent Medicine Supply Advanced Service, is currently running as a national pilot until 31 March 2018. Whilst this service is currently not active as an advanced service in Staffordshire there is good coverage of the locally enhanced service Emergency Supply.

Table 10: Pharmacies providing advanced services in Staffordshire, February 2018

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	National Influenza Adult Vaccination Services
Cannock Chase	24 (96%)	23 (92%)	0 (0%)	4 (16%)	18 (72%)
East Staffordshire	23 (96%)	18 (75%)	0 (0%)	0 (0%)	18 (75%)
Lichfield	19 (100%)	18 (95%)	0 (0%)	2 (11%)	11 (58%)
Newcastle-under-Lyme	29 (100%)	23 (79%)	1 (3%)	4 (14%)	19 (66%)
South Staffordshire	18 (90%)	13 (65%)	1 (5%)	4 (20%)	12 (60%)
Stafford	25 (93%)	24 (89%)	0 (0%)	3 (11%)	20 (74%)
Staffordshire Moorlands	19 (100%)	14 (74%)	0 (0%)	2 (11%)	15 (79%)
Tamworth	17 (89%)	14 (74%)	0 (0%)	1 (5%)	9 (47%)
Staffordshire	**174 (96%)**	**147 (81%)**	**2 (1%)**	**20 (11%)**	**122 (67%)**
England	**11,244 (96%)**	**9,972 (85%)**	**179 (2%)**	**1,809 (15%)**	**8,451 (72%)**

Source: NHS England North Midlands and General Pharmaceutical Services in England 2007/08 to 2016/17, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

Medicines Use Review (MUR) - The pharmacist conducts an adherence medicines review with the patient. The review assesses the patient's use of their medicines and identifies any problems they may be experiencing. The service aims to increase the patient's knowledge of their medication and improve their adherence to the regimen. At least 70% of the MURs provided each year must be for patients who fall within one of the national target groups:

- patients taking high risk medicines
- patients recently discharged from hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge
- patients with respiratory disease
- patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

National evidence suggests that between 5-8% of unplanned emergency admissions in adults are due to avoidable issues related to medicines.

The average number of MURs during 2016/17 for Staffordshire per participating pharmacy was 297. This is similar to the national average (300) but below the maximum number of MURs (400) that pharmacies can claim for which indicates there may be some potential for increasing the numbers of MURs undertaken by pharmacies every year. In addition the annual average number of MURs varies significantly between districts and between pharmacies across Staffordshire (Table 11 and Map 10).

Some pharmacies fall considerably below the maximum number of MURs they can claim for and both Staffordshire and national averages.

Table 11: Medicines Use Reviews activity, 2016/17

	Number of pharmacies	Number of MURs	Average number per pharmacy
Cannock Chase	24	8,991	375
East Staffordshire	23	6,682	291
Lichfield	19	6,356	335
Newcastle-under-Lyme	29	7,610	262
South Staffordshire	18	5,073	282
Stafford	25	8,094	324
Staffordshire Moorlands	19	4,794	252
Tamworth	17	4,144	244
Staffordshire	**174**	**51,744**	**297**
England 2015/16	**11,244**	**3,368,005**	**300**

Source: NHS England North Midlands and General Pharmaceutical Services in England 2007/08 to 2016/17, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

New Medicine Service (NMS) - This service is designed to improve patients' understanding of a newly prescribed medicine for a long-term condition, and help them get the most from the medicine. Research has shown that after 10 days, two thirds of patients prescribed a new medicine reported problems including side effects, difficulties taking the medicine and a need for further information. The successful implementation of NMS is designed to:

- improve patient adherence which will generally lead to better health outcomes
- increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management
- reduce medicines wastage
- reduce hospital admissions due to adverse events from medicines

The Department of Health commissioned researchers at the University of Nottingham to lead an academic evaluation of the service, investigating both the clinical and economic benefits of it. The findings from the evaluation were published in August 2014 and were overwhelmingly positive; with the researchers concluding that as the NMS delivered better patient outcomes for a reduced cost to the NHS it should be continued. This was the basis for NHS England's firm decision to continue commissioning this advanced service.

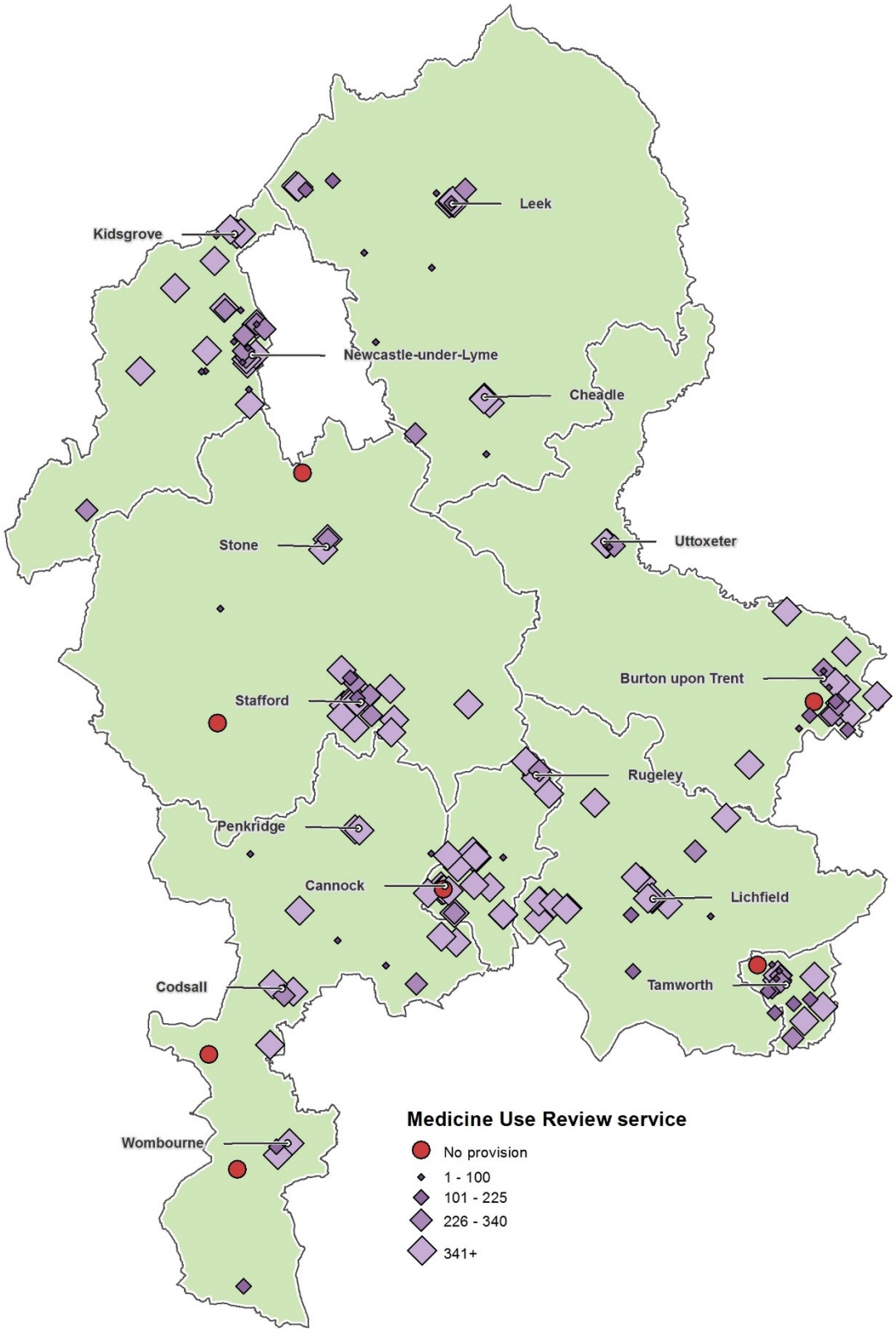
The pharmacist will provide the patient with information on their new medicine and how to use it when it is first dispensed. The pharmacist and patient will then agree to meet or speak by telephone in around a fortnight and a final consultation around 21-28 days after starting the medicine. Any issues or concerns identified can therefore be resolved. On average every participating pharmacy saw 94 patients annually which is higher than the national average of 87. However there is significant variation between districts (Table 12 and Map 11).

Table 12: New Medicine Service activity, 2016/17

	Number of pharmacies	Number of NMS	Average number per pharmacy
Cannock Chase	23	2,554	111
East Staffordshire	18	2,354	131
Lichfield	18	1,462	81
Newcastle-under-Lyme	23	1,351	59
South Staffordshire	13	1,608	124
Stafford	24	1,840	77
Staffordshire Moorlands	14	1,101	79
Tamworth	14	1,501	107
Staffordshire	**147**	**13,771**	**94**
England	**9,972**	**872,296**	**87**

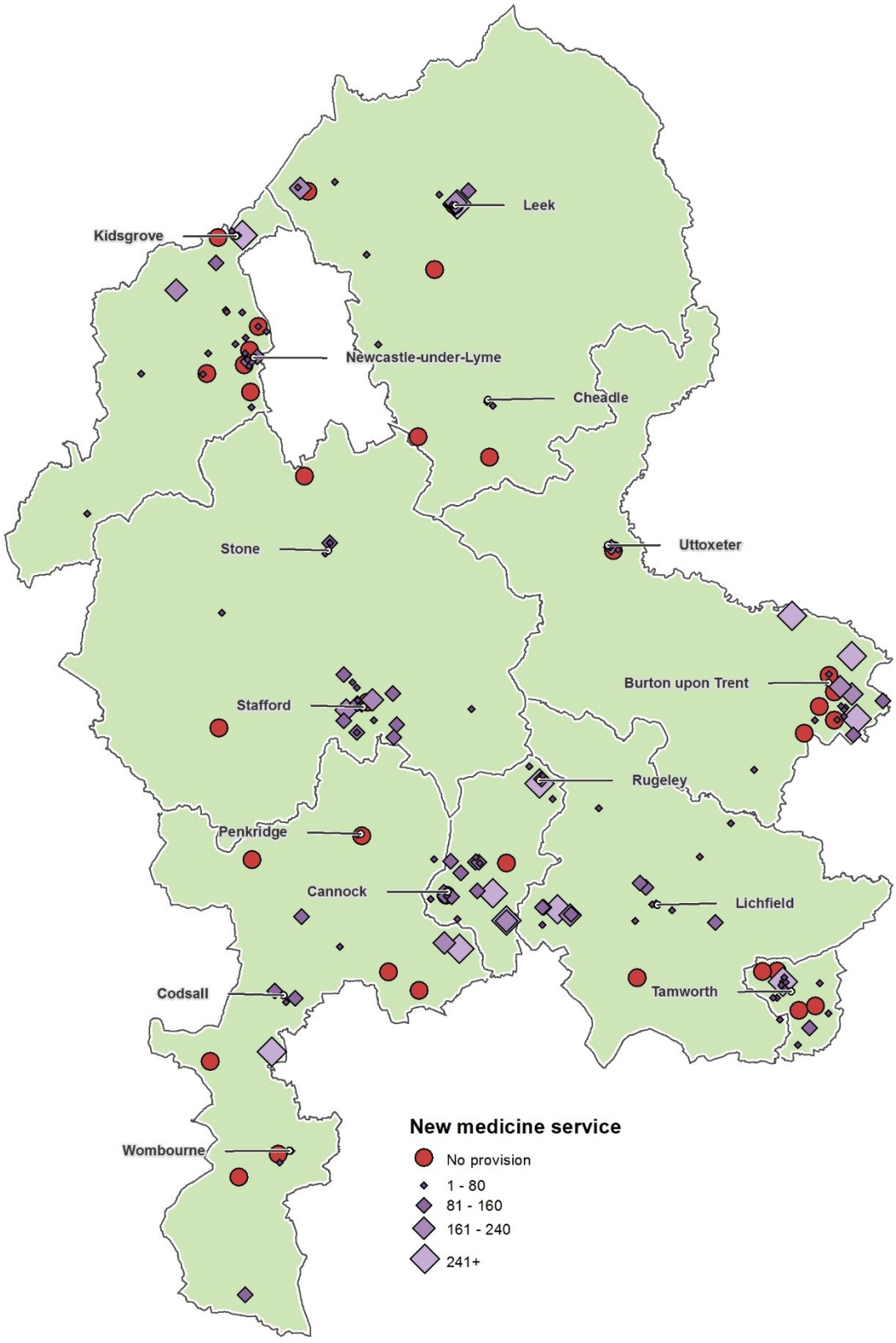
Source: NHS England North Midlands and General Pharmaceutical Services in England 2007/08 to 2016/17, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

Map 10: Provision of Medicines Use Reviews in Staffordshire, 2016/17



Source: NHS England North Midlands

Map 11: Provision of New Medicine Service in Staffordshire, 2016/17



Source: NHS England North Midlands

Appliance Use Review (AUR) Service - This service is similar to the MUR service, but it aims to help patients better understand and use their prescribed appliances (e.g. stoma appliances) rather than their medicines by establishing the way the patient uses the appliance and the patient's experience of such use and identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient, advising the patient on the safe and appropriate storage of the appliance and proper disposal of the appliances that are used or unwanted. The service is conducted in a private consultation area or in the patient's home.

Stoma Appliance Customisation (SAC) Service - This service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

The provision of AUR and SACs during 2016/17 in Staffordshire is considerably lower than the national average shown in Table 13. However as mentioned earlier many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area.

Table 13: Appliance Use Review and Stoma Appliance Customisation (SAC) Service activity in Staffordshire, 2016/17

	Number of pharmacies	Number	Average per pharmacy
Appliance Use Review (AURs)			
Staffordshire	2	53	27
England	**179**	**43,453**	**243**
Stoma Appliance Customisation (SAC)			
Staffordshire	20	492	25
England	**1,809**	**1,319,993**	**730**

Source: NHS England North Midlands and General Pharmaceutical Services in England 2007/08 to 2016/17, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

Influenza Adult Vaccination Service - this service supports the provision of the national flu vaccination programme between September and January every year and provides an alternative option to general practice. For most healthy people, influenza is usually a self-limiting disease. However, children, older people, pregnant women and those with certain long-term conditions are at increased risk of severe illness if they catch it. The vaccination provides protection against the most prevalent strains of the virus. This service commenced in September 2015.

There has been a significant increase in the number of vaccinations provided by pharmacies between 2015/16 and 2016/17; however both the proportion of pharmacies signed up to provide flu vaccination services and average provision per pharmacy is lower than the national average (Table 14). Provision across the County is also variable and community pharmacies should be encouraged to continue to increase the provision, particularly as there is generally a lower uptake of seasonal flu vaccination across Staffordshire (Map 12).

Table 14: Influenza Adult Vaccination Service activity, 2016/17

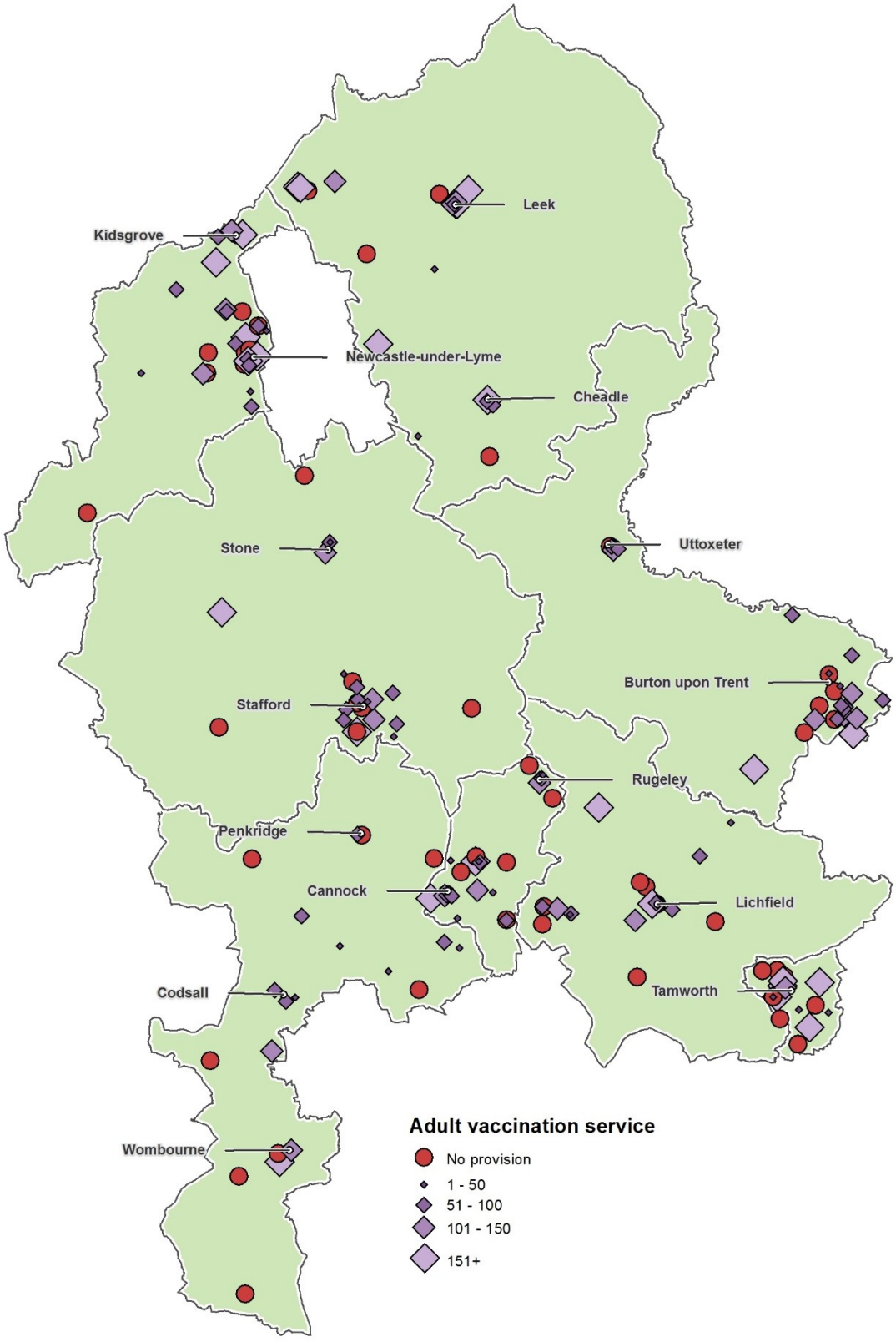
	Number of pharmacies	Number of vaccinations	Average number per pharmacy
Cannock Chase	18	1,338	74
East Staffordshire	18	1,561	87
Lichfield	11	1,188	108
Newcastle-under-Lyme	19	2,005	106
South Staffordshire	12	899	75
Stafford	20	1,645	82
Staffordshire Moorlands	15	2,871	191
Tamworth	9	1,563	174
Staffordshire	**122**	**13,070**	**107**
England	**8,451**	**950,765**	**113**

Source: NHS England North Midlands and General Pharmaceutical Services in England 2007/08 to 2016/17, Copyright 2017, Health and Social Care Information Centre. All Rights Reserved

NHS Urgent Medicine Supply Advanced Service (NUMSAS) – this service is currently a pilot service commissioned by NHS England that manages a referral from NHS 111 to a community pharmacy where a patient has contacted NHS 111 because they need urgent access to a medicine or an appliance that they have been previously prescribed on an NHS prescription. The service enables appropriate access to medicines or appliances out-of-hours via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP out-of-hours providers to community pharmacies. There must be an urgent need for the medicine or appliance and it must be impractical for the patient to obtain an NHS prescription for it without undue delay. This service is being commissioned as a national pilot advanced service until 31st March 2018.

The service is not live across Staffordshire at present due to the small number of pharmacy contractors that have currently registered to provide the service. However there is good coverage of a similar service (Emergency Supply) which is commissioned as a locally enhanced service across Staffordshire.

Map 12: Provision of Influenza Adult Vaccination Services in Staffordshire, 2016/17



Source: NHS England North Midlands

4.4 Enhanced and locally commissioned pharmacy services

Local commissioners (e.g. NHS England North Midlands and Staffordshire County Council) can commission additional services through service level agreements. Some services are also contracted by other providers, e.g. needle exchange through ADS One Recovery Staffordshire. Services that are commissioned in Staffordshire are shown in Table 15.

Table 15: Provision of local commissioned services in Staffordshire, February 2018

	Common ailments	Emergency supply	Urinary tract infections and impetigo	Emergency hormonal contraception	Supervised consumption	Needle exchange	Palliative care
Cannock Chase	21 (84%)	18 (72%)	16 (64%)	19 (76%)	20 (80%)	2 (8%)	4 (16%)
East Staffordshire	17 (71%)	17 (71%)	15 (63%)	16 (67%)	22 (92%)	1 (4%)	3 (13%)
Lichfield	17 (89%)	14 (74%)	11 (58%)	16 (84%)	12 (63%)	2 (11%)	3 (16%)
Newcastle-under-Lyme	22 (76%)	24 (83%)	20 (69%)	21 (72%)	18 (62%)	0 (0%)	6 (21%)
South Staffordshire	16 (80%)	13 (65%)	10 (50%)	14 (70%)	10 (50%)	0 (0%)	1 (5%)
Stafford	22 (81%)	18 (67%)	17 (63%)	22 (81%)	23 (85%)	0 (0%)	2 (7%)
Staffordshire Moorlands	16 (84%)	15 (79%)	14 (74%)	12 (63%)	10 (53%)	1 (5%)	3 (16%)
Tamworth	14 (74%)	9 (47%)	9 (47%)	13 (68%)	12 (63%)	1 (5%)	5 (26%)
Staffordshire	**145 (80%)**	**128 (70%)**	**112 (62%)**	**133 (73%)**	**127 (70%)**	**7 (4%)**	**27 (15%)**

Source: NHS England North Midlands, Staffordshire County Council and ADS One Recovery Staffordshire

Common ailments service - patients can be directed to community pharmacies for the self-management of a range of conditions. The service enables pharmacies to undertake consultations, provide advice and medications if appropriate for their condition similar to a consultation at a GP practice. Around a fifth of GP consultations are thought to related to minor ailments that could largely be dealt with by self-care and support from community pharmacies.

There are 145 Staffordshire pharmacies signed up to provide the service (Map 13) and 8,579 provisions were made during 2016/17 (average of 59 per pharmacy).

Findings from the common ailments service across Shropshire and Staffordshire during 2016/17 found:

- 59% of patients were under 20 compared with about a quarter being aged 50 and over
- The largest condition provided for were fever management (14%), colds and flu-like symptoms (12%), conjunctivitis (11%), cough (8%) and hay fever (8%)
- Around 87% of patients said they would have gone to their GP had the service not been available (Table 16)

Table 16: Where patients would have gone if common ailments service was not available in Shropshire and Staffordshire, 2016/17

Alternative consequence	Number	Percentage
Would have gone to GP	17,656	87.2%
Bought product over the counter	944	4.7%
Would have gone to Walk-in Centre	489	2.4%
Would have gone to out-of-hours medical service	147	0.7%
Gone without treatment	144	0.7%
Would have gone to A&E	115	0.6%
Contacted NHS 111	18	0.1%
Unsure/ not known	168	0.8%
Other	569	2.8%
Staffordshire and Shropshire	**20,250**	**100.0%**

Source: NHS England North Midlands

Emergency supply - this service enables pharmacies to issue up to 14 days' worth of medication to patients who had run out of their prescribed medication during the pharmacy's regular opening hours.

During 2016/17 there were 128 pharmacies signed up to provide the service in Staffordshire (Map 14) and 2,951 provisions being made during the year (average of around 23 per year).

Findings from the emergency supply service across Shropshire and Staffordshire during 2016/17 found:

- only 5% of patients were under 20 compared with over two-thirds being aged 50 and over
- Around 42% of patients would have gone without medication, which is not good for long-term condition management, whilst 28% would have contacted their out-of-hours GP had the service not been available (Table 22).

Table 17: Where patients could have gone if emergency supply service not available in Shropshire and Staffordshire, 2016/17

Alternative consequence	Number	Percentage
Gone without your medication	2,465	42.5%
Contacted Out of Hours GP	1,651	28.4%
Contacted GP practice	532	9.2%
Gone to a Walk In Centre	532	9.2%
Gone to A&E	498	8.6%
Other	126	2.2%
Shropshire and Staffordshire	**5,804**	**100.0%**

Source: NHS England North Midlands

Urinary tract infections (UTI) and impetigo - this service allows pharmacies to provide antibiotic treatment for urinary tract infections (UTI) for women aged 16-74 and impetigo in children and adults who meet the inclusion criteria following accreditation of pharmacists under a Patient Group Direction (PGD). There are 112 pharmacies in Staffordshire who are signed up to provide at least one of these services (Map 15).

During 2016/17 across Staffordshire and Stoke-on-Trent:

- There were 37 active providers for treatment of UTI with 588 provisions being made (average of 11 per active pharmacy). The majority of these were women aged 50-74 (51%) and 20-49 (43%)
- There were 37 active providers for treatment of impetigo with 91 provisions being made of which over three-fifths were to children under 13

Emergency hormonal contraception - this service allows pharmacies to provide emergency hormonal contraception (EHC) where appropriate in line with the locally agreed PGD. Evidence suggests that community pharmacy based EHC services provide timely access to treatment and are rated highly by women who use them. This is one of Staffordshire's strategies to support reducing teenage pregnancy rates across the County. EHC is provided in a number of settings of which pharmacy is one.

This service is commissioned by Staffordshire County Council and managed through a contract with Lloyds Pharmacy who sub-contracts with other community pharmacies in the area. The service is available when an accredited pharmacist is at the pharmacy and is generally available without an appointment. The service is confidential and available free of charge to women of all ages.

There is generally good availability of EHC from pharmacies (73% coverage) across the County which cover areas where there are higher teenage pregnancy rates (Map 16).

Supervised consumption - supervised consumption of prescribed medicines (methadone and buprenorphine) at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient, particularly for treatment of opiate dependence, patients with some mental health conditions and other vulnerable groups.

Around 70% of pharmacies in Staffordshire provide a supervised administrative service to drug misusers with a good spread of access to this service across the County (Map 17).

Needle and syringe exchange service - access to sterile needles and syringes, and sharps containers for return of used equipment. Pharmacies will also promote safe injecting practice and reduce transmission of infections by substance misusers through associated materials, for example condoms, citric acid and swabs. This service is commissioned by Staffordshire County Council from ADS One Recovery who has placed needle exchange services in seven pharmacies across the County to ensure there is adequate coverage of needle exchange services from One Recovery clinics or pharmacies across the County.

Palliative care - this service support anticipatory prescribing and allows rapid access to medicines commonly prescribed in palliative care to enable a greater percentage of patients to have end of life treatment in a preferred place of care, such as the individual's home, and avoid unnecessary admissions to hospital. The service ensures that a network of community pharmacies hold stocks of palliative care medications to ensure patients have timely access to end of life medicines when required. There is currently adequate geographical spread across the County through 27 pharmacies who provide this service (Map 18).

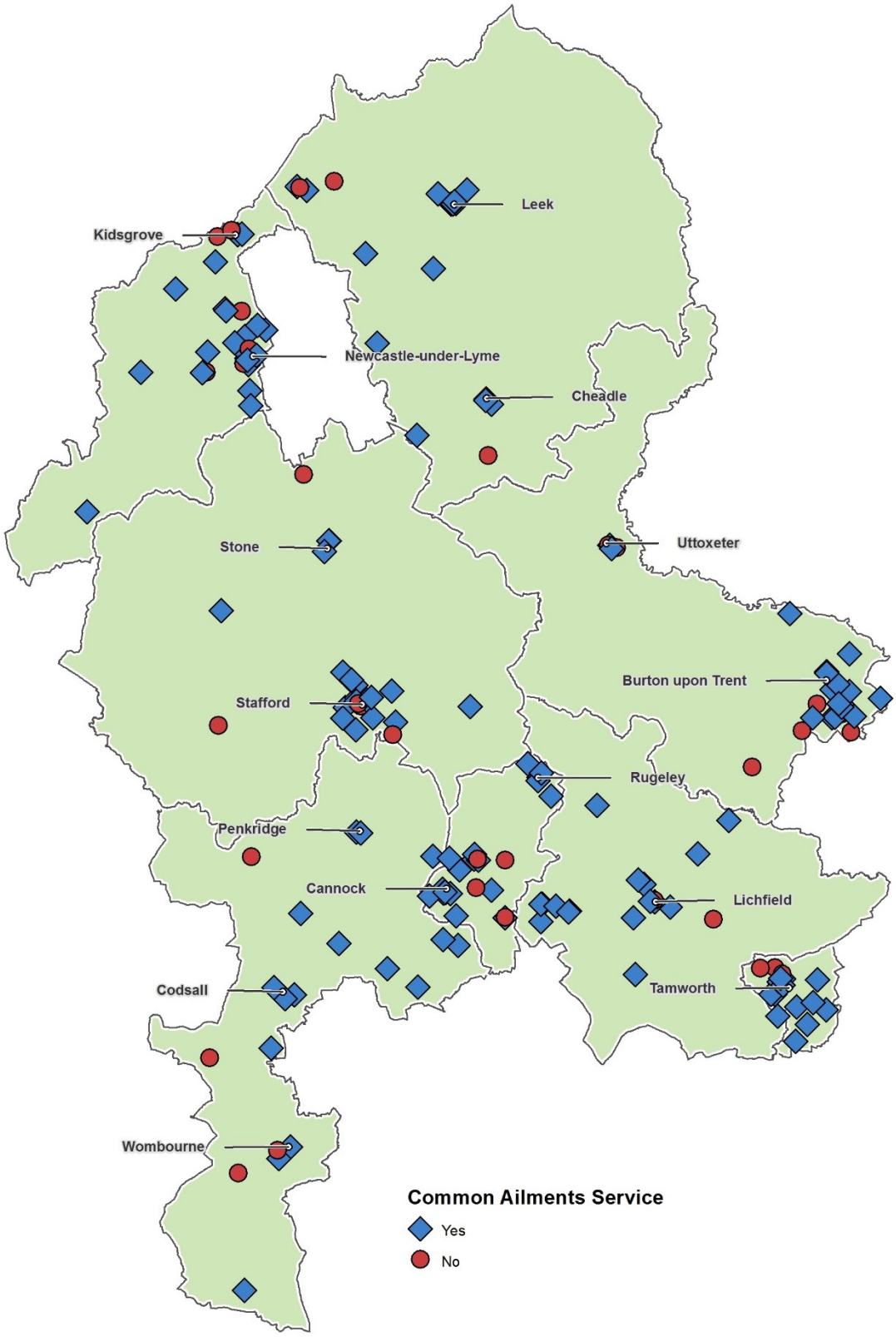
Other services - There are also a range of non-commissioned services that pharmacies provide. These are either privately arranged or are provided free of charge to their communities and include: home delivery service (excludes appliances), medicines assessment and compliance support services, care home service, diabetes screening, travel vaccines and contraceptive services

Based on the community pharmacy survey, pharmacies were also willing to provide: anticoagulant monitoring service, a range of disease specific medicines management services with the most common being heart failure, coronary heart disease, epilepsy, allergies, hypertension, Parkinson's disease and diabetes, obesity management and anti-viral distribution services based on any potential services being commissioned and appropriately funded.

Based on data from the engagement survey many respondents would like pharmacies to maintain their current services (53 respondents, 22%). Other responses included:

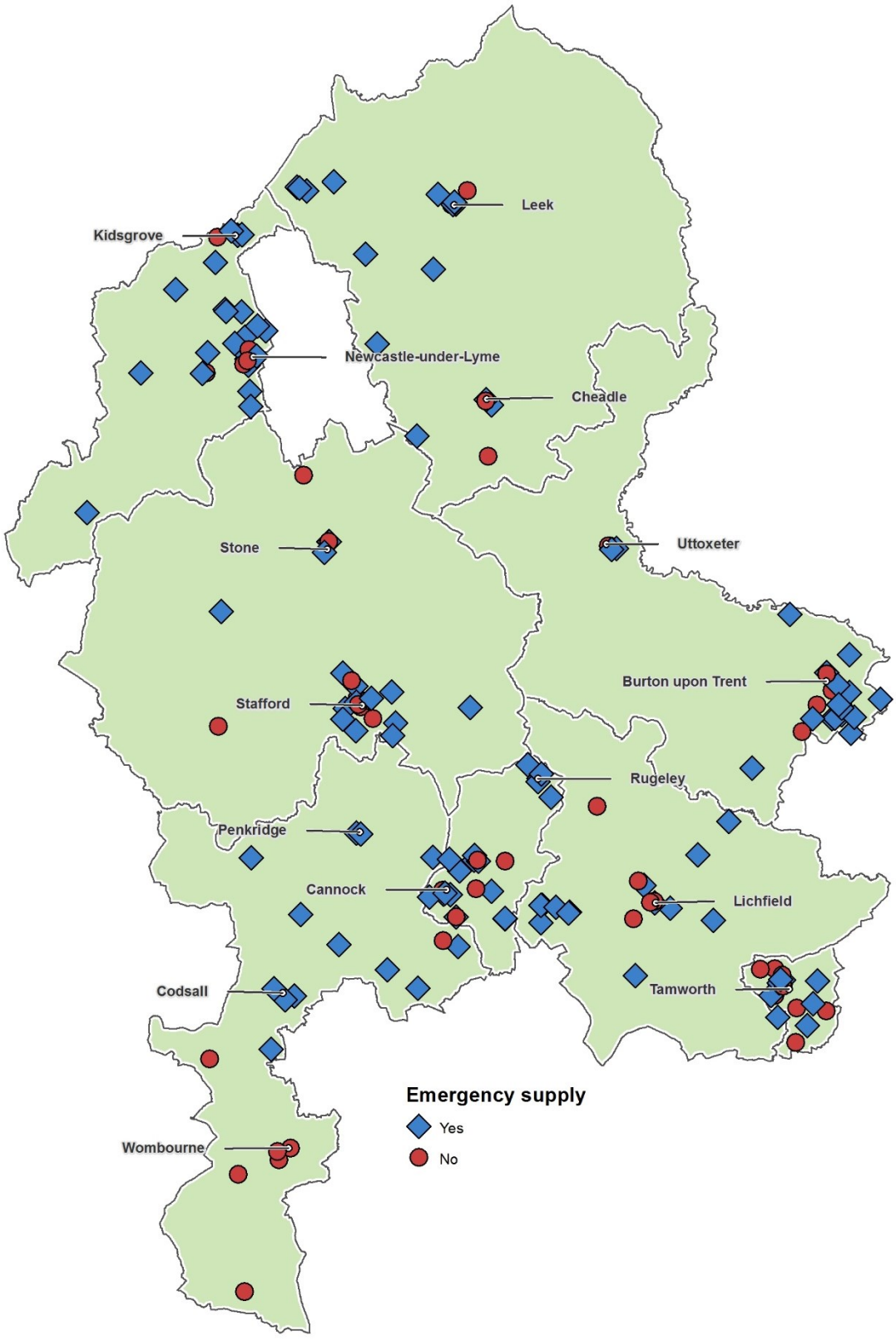
- Introduce basic testing such as blood pressure measurements, blood tests and holiday vaccinations (24 responses, 10%)
- Information and advice on the availability of other services (18 responses, 7%)
- Basic health appointments or clinics for certain conditions or lifestyle (11 responses, 5%)

Map 13: Provision of common ailment services in Staffordshire, February 2018



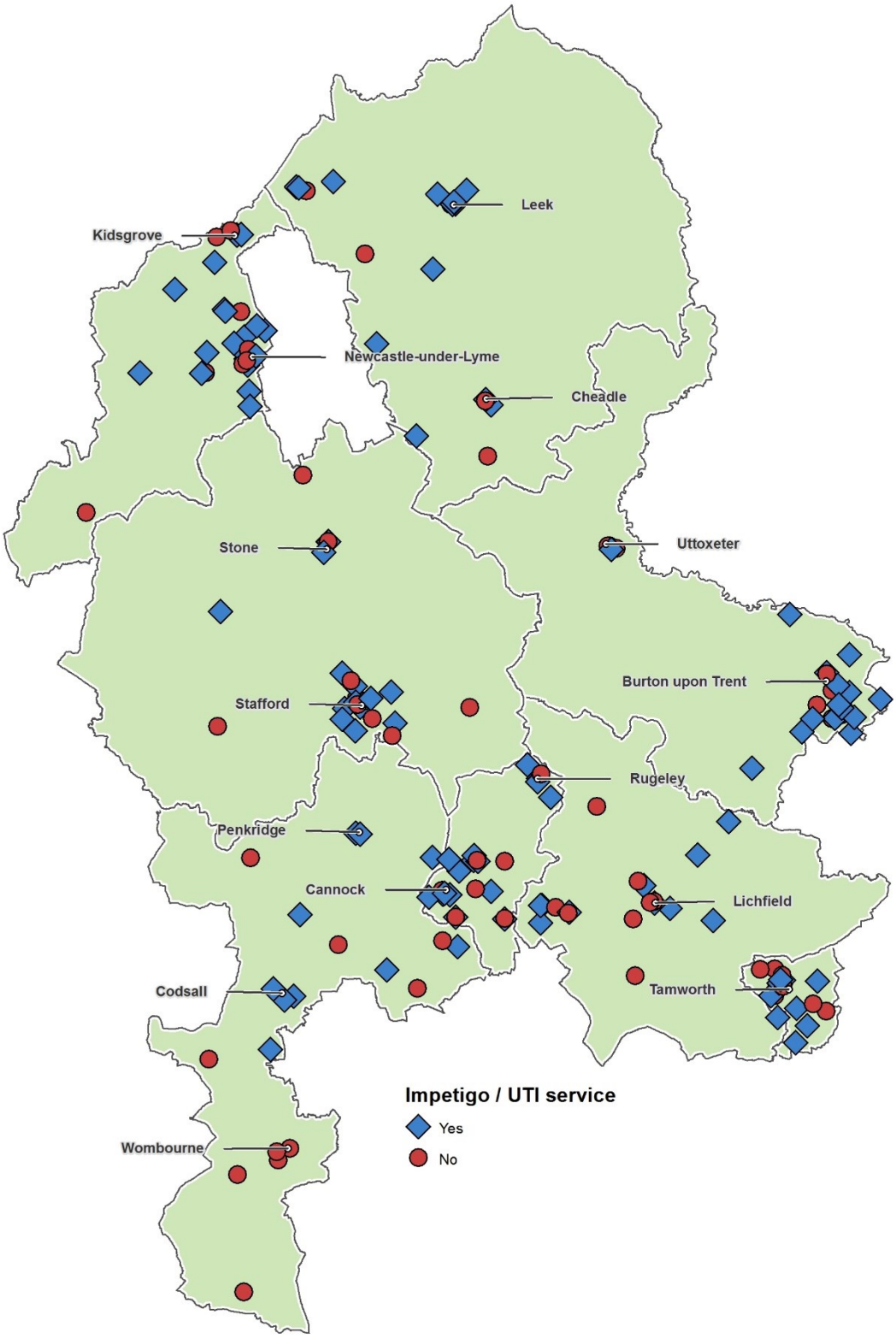
Source: NHS England North Midlands

Map 14: Provision of emergency supply services in Staffordshire, February 2018



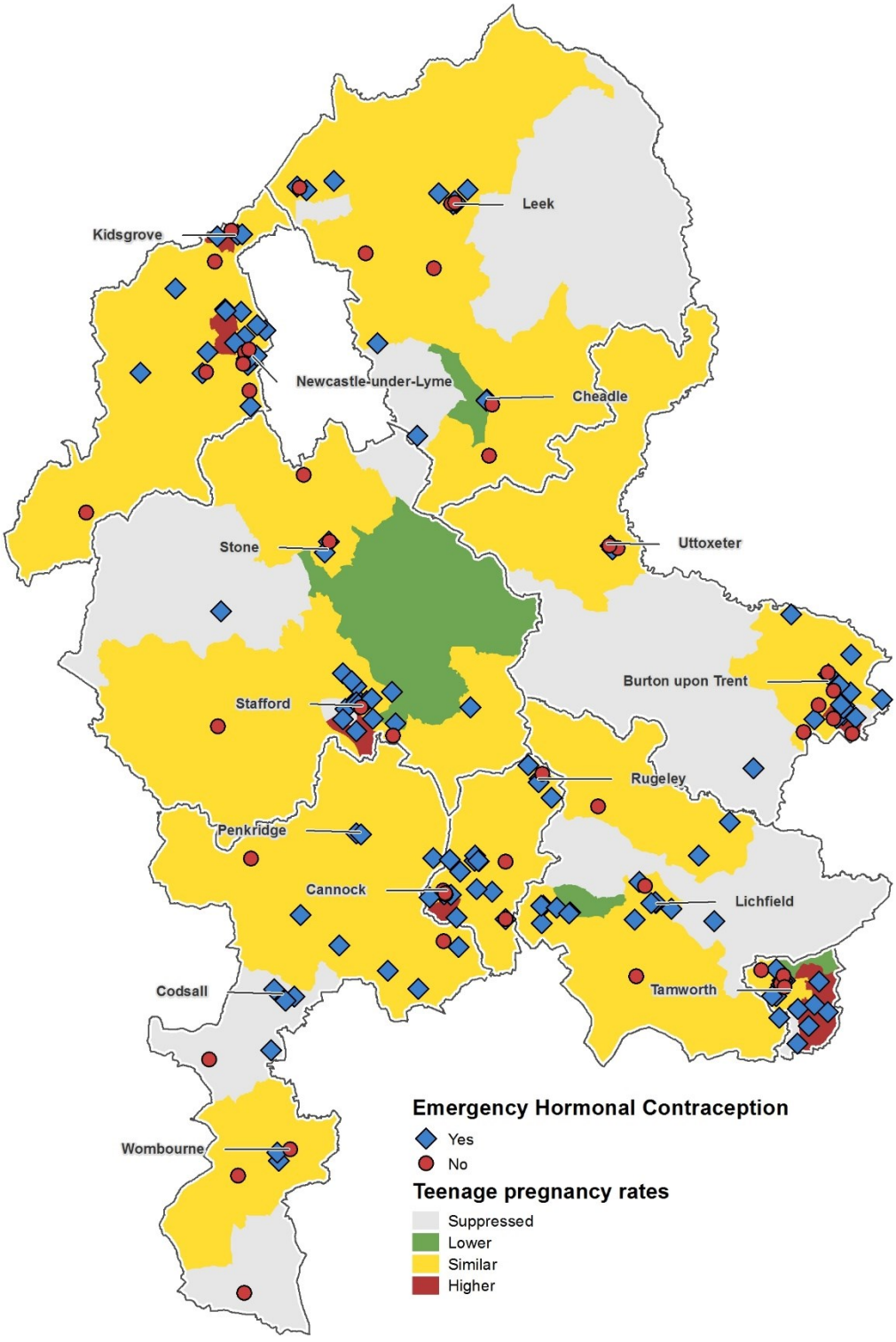
Source: NHS England North Midlands

Map 15: Provision of urinary tract infections (UTI) and/or impetigo service in Staffordshire, February 2018



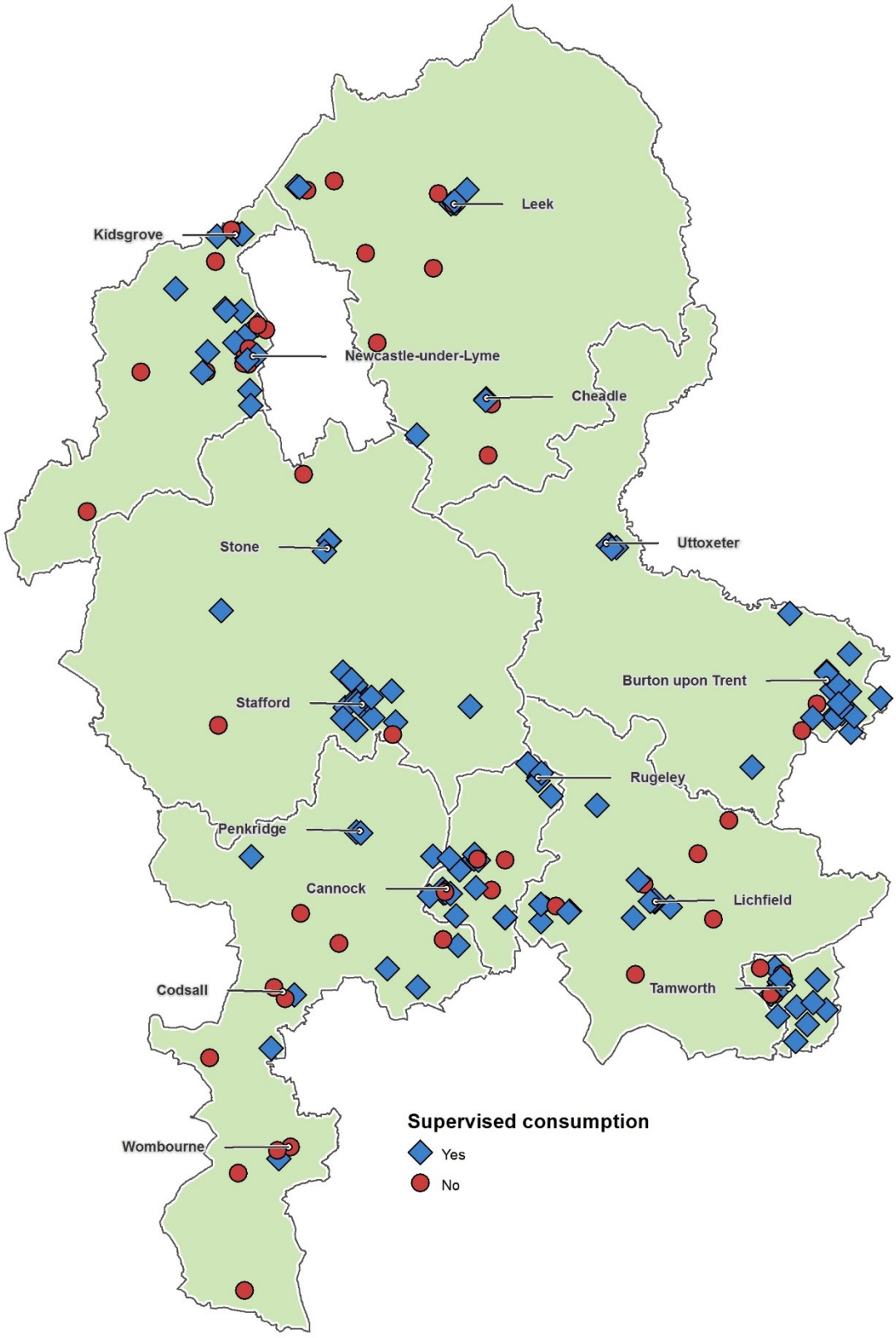
Source: NHS England North Midlands

Map 16: Teenage pregnancy (under 18 conception rates 2013-2015) and emergency hormonal contraception provision in Staffordshire, February 2018



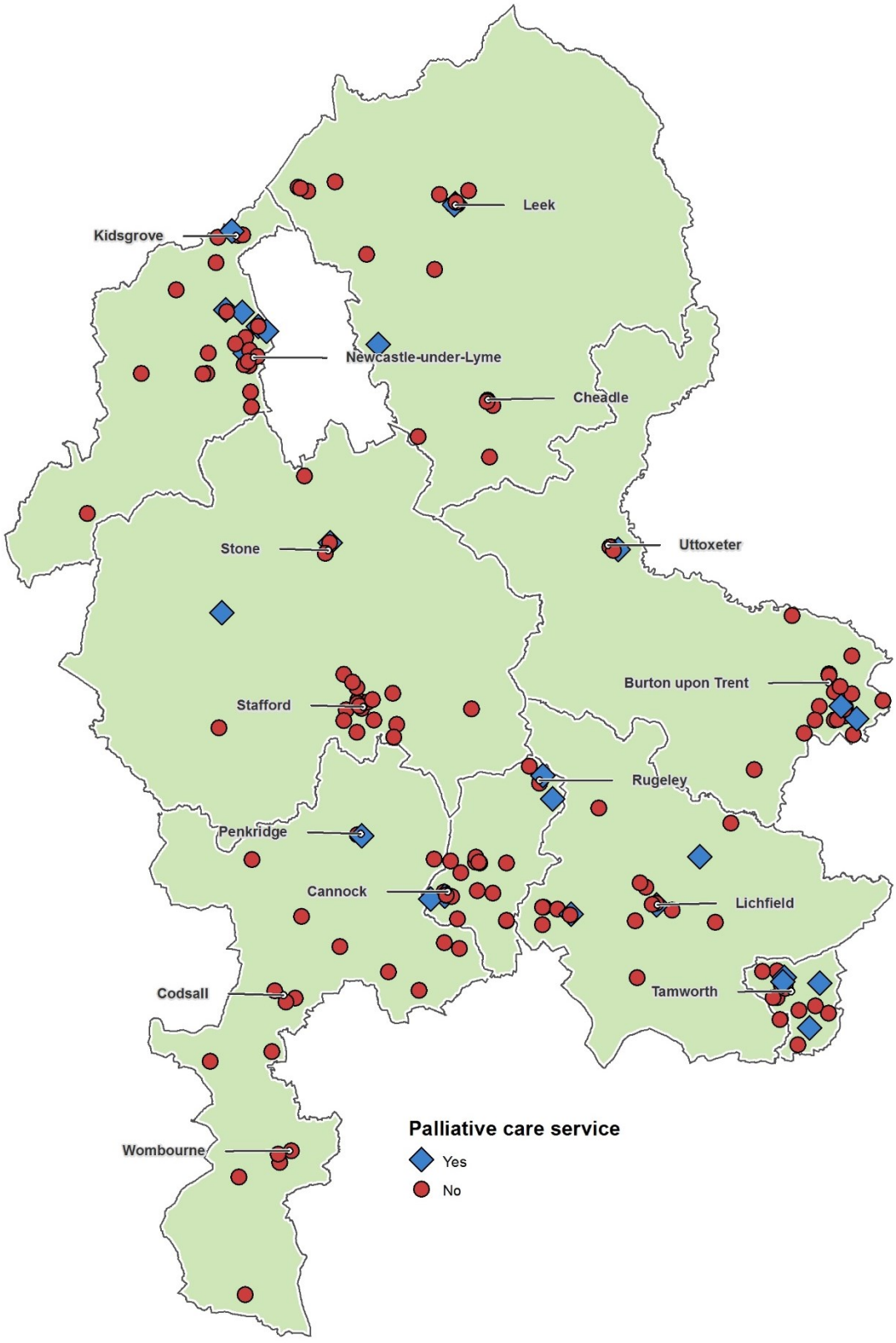
Source: Conception Statistics, Office for National Statistics (ward rates modelled by Public Health England) and Staffordshire County Council

Map 17: Provision of supervised consumption in Staffordshire, February 2018



Source: ADS One Recovery Staffordshire and Staffordshire County Council

Map 18: Provision of palliative care services in Staffordshire, February 2018



Source: NHS England North Midlands

4.5 Healthy living pharmacies

The healthy living pharmacy (HLP) framework is a tiered commissioning framework which allows community pharmacies to provide a broad range of services to meet local need, improve population health and wellbeing and reduce health inequalities. HLPs are required to deliver a range of commissioned services based on local need and promote a healthy living environment to the communities they serve.

Level 1 is around promoting health, wellbeing and self-care which from July 2016 onwards changed from being a commissioner-led process to a profession-led self-assessment process. Achieving HLP level 1 (self-assessment) is also now a Quality Payment criterion as part of the 2017/18 Quality Payments Scheme of the pharmacy contract.[2]

Based on the pharmacy survey there were currently 56 pharmacies who identify themselves as being a HLP in Staffordshire and 76 who are working towards accreditation. The distribution by district varies with little relationship between rates of HLPs and deprivation; however there is stronger correlation for those working towards a HLP status and deprivation (Table 18).

Table 18: Self-reported healthy living pharmacy status in Staffordshire, July 2017

	Number of respondents	Number of HLPs (rate per 100,000 population)	Currently working towards HLP status (rate per 100,000 population)	Index of Multiple Deprivation Score 2015	Percentage of population in most deprived IMD 2015 quintile
Cannock Chase	22	5 (5.1)	16 (16.2)	20.9	13.8%
East Staffordshire	22	9 (7.7)	12 (10.3)	18.8	17.9%
Lichfield	18	9 (8.7)	8 (7.8)	12.7	3.9%
Newcastle-under-Lyme	16	6 (4.7)	9 (7.0)	18.5	11.3%
South Staffordshire	16	9 (8.1)	6 (5.4)	12.5	1.4%
Stafford	24	11 (8.2)	11 (8.2)	13.5	5.4%
Staffordshire Moorlands	7	2 (2.0)	5 (5.1)	15.2	4.6%
Tamworth	17	5 (6.5)	9 (11.7)	20.3	17.6%
Staffordshire	**142**	**56 (6.5)**	**76 (8.8)**	**16.4**	**9.2%**

Source: Staffordshire Survey of Community Pharmacies, PharmOutcomes, July 2017, Indices of Deprivation 2015, Communities and Local Government, Crown Copyright 2016 and 2015 mid-year population estimates, Office for National Statistics, Crown copyright

[2] Note: NHS England and Public Health England (PHE) agreed that contractors whose pharmacies become HLPs locally between 1st December 2014 and 24th November 2017 will not need to complete the profession led self-assessment process led by PHE to meet the quality criterion.

5 Access to pharmaceutical services

5.1 Geographical access

Large numbers of Staffordshire residents are disadvantaged in terms of geographical access to key services (as shown in Section 2.5) and around one in five people do not have access to a car meaning they are reliant on others or good accessible public transport to get around (Table 19).

Table 19: Number and proportion of households with no car or van, 2011

	Number	Percentage	Statistical difference to England
Cannock Chase	8,213	20.2%	Lower
East Staffordshire	10,123	21.4%	Lower
Lichfield	5,594	13.6%	Lower
Newcastle-under-Lyme	11,632	22.1%	Lower
South Staffordshire	5,879	13.2%	Lower
Stafford	9,742	17.5%	Lower
Staffordshire Moorlands	6,196	14.8%	Lower
Tamworth	6,514	20.6%	Lower
Staffordshire	**63,893**	**18.0%**	**Lower**
West Midlands	**566,621**	**24.7%**	**Lower**
England	**5,691,251**	**25.8%**	

Source: 2011 Census, Office for National Statistics, Crown copyright

However there is good geographical access to pharmaceutical services in Staffordshire:

- Over 40% of residents are within a 10 minute walk to their nearest pharmacy and 86% are within a 20 minute walk
- Around 88% of residents are within a five minute drive from their nearest pharmacy and 98% within 10 minutes
- Almost two-thirds of residents are within 10 minutes of their nearest pharmacy if using public transport and 89% within 20 minutes (Table 20).

Table 20: Access to nearest pharmacy by mode of transport for Staffordshire residents

	Walking	Driving	Public transport
0-5 minutes	10.0%	87.6%	16.1%
6-10 minutes	31.1%	10.1%	48.7%
11-15 minutes	26.7%	2.1%	17.3%
16-20 minutes	17.8%	0.2%	6.6%
21 minutes and over	0.0%	0.0%	2.4%
No access	14.4%	< 0.1%	8.9%
Good access (i.e. under 11 minutes	41.1%	97.7%	64.7%
Poor access (i.e. 21 minutes or over OR no access)	14.4%	< 0.1%	11.3%

Note: Numbers may not add up due to rounding

Source: Staffordshire County Council and Experian Public © 2015 Experian. All rights reserved

The method for calculating drive time, walking time and public transport along with maps are shown in Appendix 5.

5.2 Opening hours

There are currently 18 '100 hour' pharmacies across Staffordshire equating to around one in ten pharmacies, with all residents in the County with the exception of South Staffordshire, having access to a community pharmacy for at least 100 hours during the week. (Note: one of the four '100 hour' pharmacies in Stafford is due to shut in June 2018).

Community pharmacies generally complement GP opening hours. In Staffordshire they open from 7am on Monday mornings and from 6:30am on Tuesday to Fridays. The majority are open by 9am when there is likely to be an increase in demand for dispensing of prescriptions generated by GP services. On a weekday most pharmacies close by 6.30pm in the evening with around one in seven open until 8pm and around a tenth of pharmacies across the County open during the week until at least 10pm.

Around four in five pharmacies are also open on Saturdays, the times ranging from 6.30am in the morning to on average around 4-5pm in the evening with 17 pharmacies open until at least 10pm (Map 19).

Around one in six pharmacies are also open on Sunday, which is an increase from the last PNA, with opening times starting from around 10am and most closing by around 4pm. The pharmacies that are open on Sundays tend to be aligned to out-of-hours medical practice (Map 20). There are three pharmacies across the County that are open after 5pm. Some of this is due to trading regulations which restricts opening hours for pharmacies located in supermarkets and shopping centres to six hours. All districts have at least one pharmacy open on Sundays and some patients also have access to nearby access to pharmacies in neighbouring areas such as Stoke-on-Trent or Wolverhampton.

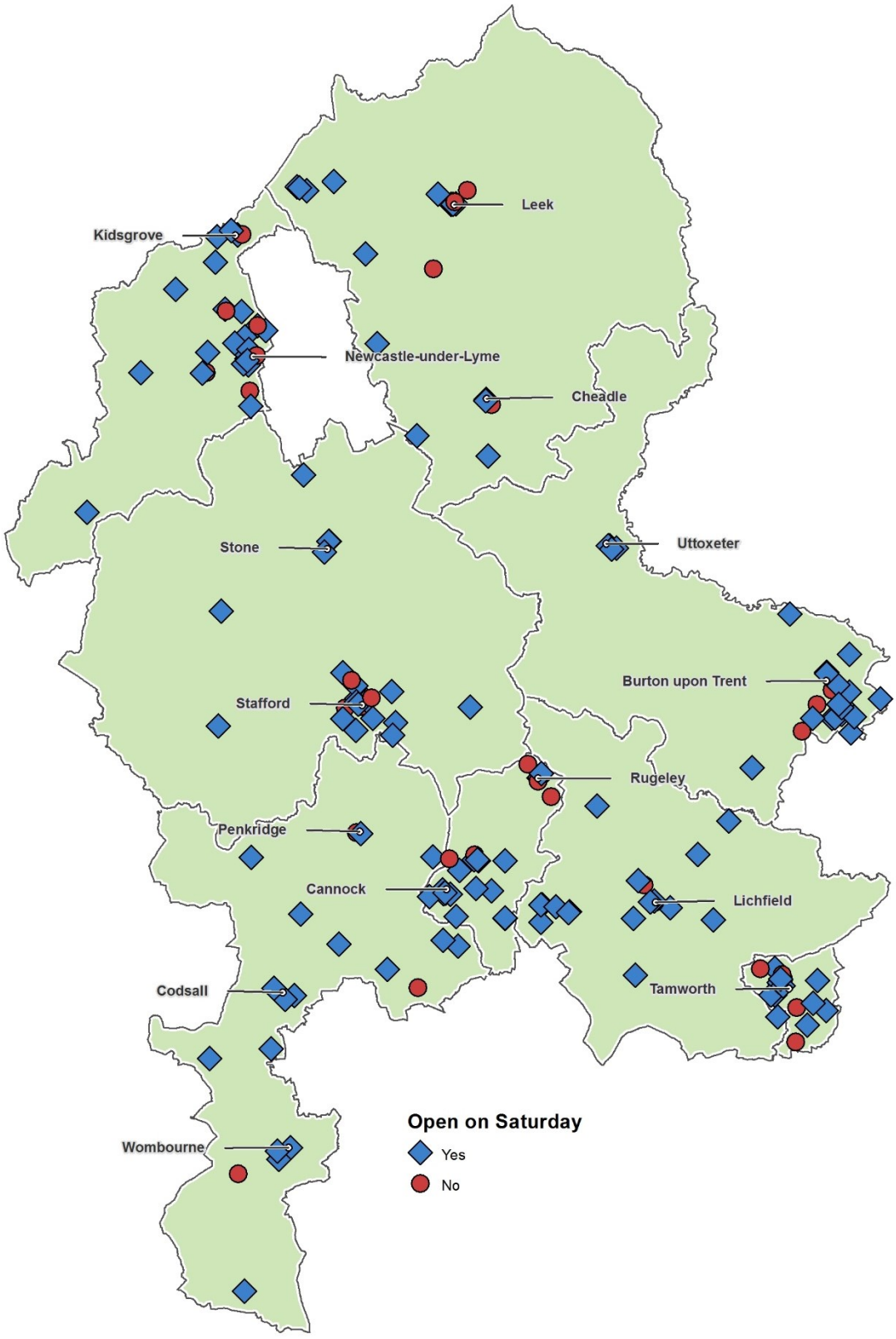
One of the respondents from the consultation focussed on lack of 24 hour access to a community pharmacy which meant increased pressures on A&E services. However demand for dispensing services is much lower at weekends as GP surgeries are usually closed. In addition residents do have access to dispensing services on Sundays from alternative provision, for example walk-in-centres, minor injury units or from pharmacies in bordering areas.

A number of pharmacies also now open on Bank Holidays with opening time on these days published by NHS England (https://www.england.nhs.uk/mids-east/our-work/pharm-info/). NHS England North Midlands also commission community pharmacies to ensure there are adequate pharmaceutical services available on Christmas Day and Easter Sunday as these are the two days where pharmacies are still traditionally closed and those located in supermarkets and shopping centres unable to open due to current trading laws.

Information on the latest opening hours for every pharmacy is available at NHS Choices. http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10. Pharmaceutical providers are required to keep these details updated as one of the Quality Payments criteria for the 2017/18 Quality Payments Scheme of the pharmacy contract.[3]

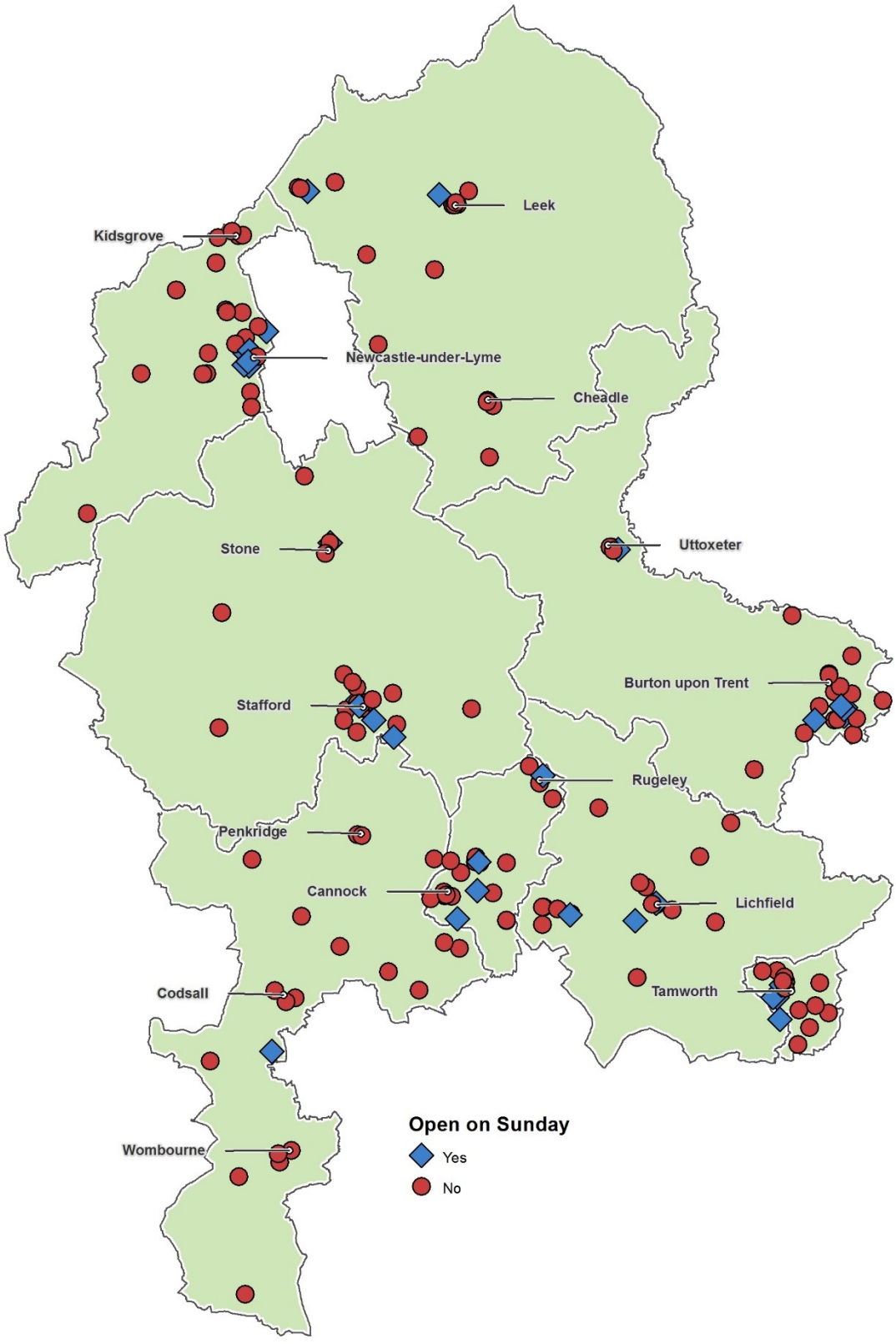
[3] http://psnc.org.uk/services-commissioning/essential-services/quality-payments-nhs-choices-entry/

Map 19: Pharmacies that are open on Saturdays, February 2018



Source: NHS England North Midlands

Map 20: Pharmacies that are open on Sundays, February 2018



Source: NHS England North Midlands

5.3 Access to pharmaceutical services for protected groups

The Equality Act (2010) protects people on the basis of nine protected characteristics. The equality duty covers the following nine protected characteristics: age, disability, gender (sex), gender reassignment, marriage and civil partnership, pregnancy and maternity, race (this includes ethnic or national origins, colour or nationality), religion or belief (this includes lack of belief) and sexual orientation.

The PNA regulations require that the HWBB considers the different needs of people who share protected characteristics. This section of the PNA summarises how these have been considered and addressed for each of the protected characteristics.

In addition all pharmacies are expected to comply with the provisions of the Equality Act 2010.

Age

The protected characteristic of age means a person belonging to a particular age or age-group (for example, 32 years) or being within an age group (for example, 30-39 years). This covers all ages, including children and young people.

It is important that pharmaceutical services meet the needs of all ages. National data suggests that families with young children and older people are more frequent users of pharmacy services. The ageing population has implications for the future demand for all health and care services, including those provided by community pharmacies, for example there may be an increased demand for pharmaceutical services in terms of dispensing of medicines and also additional need for supporting older people living independently for longer.

The age profile for Staffordshire residents has been described in Chapter 2.

Examples of where Staffordshire pharmacies are already supporting residents of all ages are:

- access to sexual health services such as emergency hormonal contraception for young people
- raising disease awareness, e.g. through a dementia awareness campaign
- supporting adults and in particular older populations through MURs and NMS in the management of long-term conditions
- treatment of minor ailments for families with young people and older people

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Disabilities can have an impact on people of all ages and from all communities, and can be present from birth or acquired through accident, illness or as a consequence of ageing. Many people who are disabled may have more than one disability. Adults with learning disabilities or dementia and are most likely to have repeat adult protection referrals, as are those in a permanent care home and those in a mental health inpatient setting.

There is no complete dataset that contains the numbers of people with disabilities. Therefore a number of measures are presented to estimate levels of disability within Staffordshire:

Census data - the 2011 Census collected information on self-reported limiting long-term illness that can be used as a proxy for overall disease and disability. Based on these data around 162,600 Staffordshire residents (19%) have a limiting long-term illness which is higher than the average in England (as would be expected given the higher number of older people).

Disability benefit statistics - these provide a proxy for numbers of people who are disabled. Disability Living Allowance (DLA) is payable to people who are disabled and who have personal care needs, mobility needs or both, although it is not available for children under three. In Staffordshire 33,660 people claimed DLA (May 2014), which represents 3.9% of the population which is similar to the national average of 3.8%. DLA is a discretionary payment and claimants will typically experience significant barriers to full participation in local life.

GP disease registers - these provide the number of patients on clinical registers in general practice, which can then be used to calculate disease prevalence. The data are captured as part of the Quality and Outcomes Framework (QOF) which was introduced as part of the General Medical Services (GMS). In most cases GPs are only required to capture 80% of the population to achieve payment with some practices seeking to identify all patients who will benefit, and others stopping once the target level is achieved. Based on 2016/17 data, almost 4,000 people were on learning disability registers in Staffordshire Clinical Commissioning Groups (CCGs) making up 0.5% of the population, which is lower than the England average and significantly less than that expected. In addition, around 6,000 people were on mental health registers (schizophrenia, bipolar disorder and other psychoses) which is 0.7% of the population and again lower than the England average.

Estimates of people with sensory impairments - Information on the number of people who have a sensory impairment at a local level is limited. Some information is available from local registers held by social care. Registration of sensory impairment is voluntary and therefore these figures do not provide a complete picture of the numbers of people in Staffordshire who have a visual or hearing impairment.

- There were 2,135 people on the blind register in Staffordshire and a further 2,375 on the partially sighted register during 2015/16. Around 1,355 people were on the deaf register and a further 2,175 on the hard of hearing register as at 31 March 2010.

- Based on national prevalence surveys, it is estimated there are around 340 adults aged 18-64 who have a serious visual impairment, 15,600 adults aged 65 and over who have a moderate or severe visual impairment and 5,100 adults aged 75 and over who have registerable eye conditions.

- Based on national estimates, there are around 2,100 adults with profound hearing loss in Staffordshire and a further 96,200 adults with moderate or severe hearing loss.

- People with hearing and vision impairment are more likely to be older people (aged 75 and over).

People with disabilities are however a high risk group and may require additional support in terms of services meeting their pharmaceutical needs. Some of the adjustments that pharmacies currently make include easy open containers and / or large print labels. Some pharmacies also have facilities to provide labels printed with Braille (and many original packs provided by manufacturers are now embossed with Braille). Pharmacies also need to continue to link in with carers where appropriate to enable vulnerable groups to meet their service needs.

The community pharmacy questionnaire included a question asking if any consultation facilities existed on site and if they included wheelchair access. The results showed that 89% of pharmacies (128 of 142 respondents to this question) have a consultation area with wheelchair access whilst 12 pharmacies (8%) did not have wheelchair access and two pharmacies did not have a consultation room.

Gender (sex)

Gender is being male or female. The wider social roles and relationships that structure men's and women's lives change over time and vary between cultures.

There are some services that are currently provided for women, e.g. EHC. National research indicates that men may be less frequent visitors of pharmacies and therefore some additional marketing may be required to ensure that men's pharmaceutical needs are met.

Gender reassignment

Gender dysphoria is a condition in which an individual's psychological experience of themselves as a man or woman is incongruent with their external bodily sexual characteristics. The individual's physical sex is not aligned to their gender identity. Sometimes, the distress/discomfort is sufficiently intense that an individual undergoes transition from one point on a notional gender continuum to another; this is most commonly from male-to-female or female-to-male. This typically involves changes to social role and presentation and may necessitate treatment with cross-sex hormones and/or having gender-related surgery. As a national service patients may be referred to a gender identity clinic for initial assessment and treatment before potentially being referred for sex reassignment surgery, although there is no specialist centre in the West Midlands providing these services.

Protection is provided where someone has proposed, started or completed a process to change their sex and this is referred to as gender reassignment in the legislation. It is estimated nationally that one in four thousand people are receiving medical help for gender dysphoria, which equates to around 220 people in Staffordshire. Reports suggest that there has been a growth in the number of people who have presented for treatment in the UK, although the West Midlands appears to have a low prevalence.

Pharmacies may be part of the care pathway for people who undergo gender reassignment. Their role is typically to ensure that medicines (e.g. hormone therapy) which form part of the treatment are available. Furthermore, pharmacies may offer MURs and NMS to help with adherence and to identify any medication-related issues as appropriate.

Marriage and civil partnership

Marriage is the legal union between a man and a woman, whilst civil partnership has the legal recognition of a same-sex couple's relationship. Civil partners must be treated the same as married couples on a range of legal matters.

Protection from discrimination for being married or in a civil partnership is provided in employment and vocational training only.

Data from the 2011 Census provide information on marital and civil partnership status at a local level. Around 51% of Staffordshire's population are married (Table 21). An additional 1,000 people are in a registered same-sex civil partnership making up around 0.1% of the population.

Table 21: Population by marital and civil partnership, 2011

	Staffordshire	West Midlands	England
Single (never married or never registered a same-sex civil partnership)	206,742 (29.6%)	1,517,613 (33.7%)	14,889,928 (34.6%)
Married	359,238 (51.4%)	2,141,698 (47.5%)	20,029,369 (46.6%)
In a registered same-sex civil partnership	1,000 (0.1%)	7,242 (0.2%)	100,288 (0.2%)
Separated (but still legally married or still legally in a same-sex civil partnership)	16,018 (2.3%)	117,396 (2.6%)	1,141,196 (2.7%)
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	63,061 (9.0%)	393,163 (8.7%)	3,857,137 (9.0%)
Widowed or surviving partner from a same-sex civil partnership	52,364 (7.5%)	330,293 (7.3%)	2,971,702 (6.9%)
All residents aged 16 and over	**698,423 (100.0%)**	**4,507,405 (100.0%)**	**42,989,620 (100.0%)**

Source: 2011 Census, Office for National Statistics, Crown copyright

There are no additional needs that have been identified by the PNA with respect to marriage and civil partnership.

Pregnancy and maternity

Maternity is defined as the period after giving birth. It is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, including as a result of breastfeeding. For all areas covered by the Act, a woman is protected from unfavourable treatment because of pregnancy or because she has given birth.

The protected status primarily applies to staff currently employed at pharmacies within Staffordshire.

There were 8,690 live births in Staffordshire in 2016. Community pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning on becoming pregnant. They are also ideally placed to provide information on antenatal care at the point of sale of pregnancy tests. They can also provide advice around diet and nutrition including vitamins.

Pharmacists also provide advice to women who are pregnant or breastfeeding about which medicines can be taken and those to avoid as they may be potentially harmful to their foetus or breast-fed baby.

Race and ethnicity

Race refers to a group of people defined by their colour, nationality, ethnic or national origins. A racial group can also be made up of two or more distinct racial groups.

People from some ethnic minority groups often experience poorer health outcomes. This may be as a result of multiple factors including genetic predisposition to certain diseases (e.g. diabetes, coronary heart disease and mental health), poor access to services, language barriers and cultural differences.

The ethnic profile of Staffordshire has been described briefly in Section 2.3. In terms of main language spoken, findings from the 2011 Census found that around 98% of Staffordshire residents stated English as their main language. Other common main languages spoken in Staffordshire were:

- Polish (0.6%)
- Punjabi (0.2%)
- Urdu (0.2%)

In those areas where there are higher proportions of people from minority ethnic groups (mainly Burton), pharmacies may need to consider how they communicate health messages effectively, and particular for those communities where English is not the first spoken language. Based on the 2011 Census data the most commonly spoken languages in Burton are Urdu, Polish and Punjabi.

The languages spoken by staff were collected through the community pharmacy questionnaire and shows that 71 of Staffordshire pharmacies have staff members who speak a variety of languages equating to 50% of all responding pharmacies and 39% of all community pharmacies. Common languages include: Punjabi (44 pharmacies), Urdu (27 pharmacies), Hindi (23 pharmacies), Polish (10 pharmacies) and Gujarati (nine pharmacies) spread across the County. There were no pharmacies who responded to the survey in East Staffordshire who had a staff member who spoke Polish despite 11 pharmacies reporting that Polish was spoken in the community.

Religion or belief

This area includes any religious or philosophical belief and includes a lack of belief, for example Humanism and Atheism. A belief need not include faith or worship of a God or Gods, but must affect how a person lives their life or perceives the world.

The 2011 Census found Christianity to be the majority religious affiliation in Staffordshire (Table 22). Over the last decade this proportion has dropped, with significant increases in people stating they had no religious affiliation over the same time period. Muslims are the next largest group in the County.

In terms of pharmaceutical needs, pharmacies should be able to provide additional medicine-related support, for example advice on whether an individual's medicines include ingredients from animals and/or during certain times of the year, e.g. during Ramadan.

Table 22: Population by religion, 2011

	Staffordshire	West Midlands	England
Christian	578,352 (68.2%)	3,373,450 (60.2%)	31,479,876 (59.4%)
Buddhist	2,017 (0.2%)	16,649 (0.3%)	238,626 (0.5%)
Hindu	2,773 (0.3%)	72,247 (1.3%)	806,199 (1.5%)
Jewish	299 (0.0%)	4,621 (0.1%)	261,282 (0.5%)
Muslim	10,817 (1.3%)	376,152 (6.7%)	2,660,116 (5.0%)
Sikh	3,086 (0.4%)	133,681 (2.4%)	420,196 (0.8%)
Other religion	2,783 (0.3%)	25,654 (0.5%)	227,825 (0.4%)
No religion	193,662 (22.8%)	1,230,910 (22.0%)	13,114,232 (24.7%)
Religion not stated	54,700 (6.4%)	368,483 (6.6%)	3,804,104 (7.2%)
Total	**848,489 (100.0%)**	**5,601,847 (100.0%)**	**53,012,456 (100.0%)**

Source: 2011 Census, Office for National Statistics, Crown copyright

Sexual orientation

Sexual orientation is whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

There is no hard data on the number of lesbians, gay men and bisexuals in the UK as no national census has ever asked people to define their sexuality. The official government figure is 5-7% of the population which Stonewall, a lesbian, gay and bisexual charity, feels is a reasonable estimate. HM Treasury and the Department of Trade and Industry completed a survey to help the Government analyse the financial implications of the Civil Partnerships Act (such as pensions, inheritance and tax benefits). They concluded that there were 3.6 million gay people in Britain - around 6% of the total population or one in 17 people.

In 2016, the Annual Population Survey (APS) found 2% of adults in the UK identified themselves as lesbian, gay or bisexual. Based on APS estimates for 2013-2015, around 0.8% of Staffordshire's population are estimated as lesbian, gay or bisexual.[4]

Both estimates are considerably lower than government estimates of 6%. This indicates that whilst there is a visible community of lesbian, gay and bisexual people in the County there will also be a significant invisible community which may need to be considered by both commissioners and pharmaceutical providers. There are no additional needs that have been identified by the PNA with respect to sexual orientation.

[4] Subnational sexual identity for 2013 to 2015, Office for National Statistics, Crown copyright, https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/datasets/sexualidentitysubnational

6 Are there any pharmaceutical gaps in Staffordshire?

Staffordshire has a resident population of 867,100 and covers a large geographical area of over 1,010 square miles. Similar to many other County areas, a major characteristic of Staffordshire is its ageing population with its population continuing to grow in both size and average age rapidly. It is a relatively affluent area but has notable pockets of high deprivation in some urban areas. However some of the remote rural areas in Staffordshire do have issues with hidden deprivation, and in particular around access to services. The increase in older populations is thought to be the single most significant factor in the increasing prevalence of rural isolation.

Overall people in Staffordshire are healthy, live longer compared with national life expectancy, and have positive experiences of the things that affect their lives and wellbeing. Staffordshire has shown large improvements in life expectancy and made significant progress in reducing overall mortality and preventable mortality over the last decade. However both men and women spend more time in poor health than the average retirement age and there remain large health inequalities across Staffordshire as evidenced by life expectancy and early death rates. A number of demographic, socio-economic, cultural and environmental factors combine to increase the risk of an individual experiencing poorer health and wellbeing outcomes. Evidence also indicates that it is often the same families and communities that suffer a range of inequalities.

There are a number of factors that can help prevent ill health or diagnose problems early to enable better treatment, especially immunisation and screening. Childhood immunisation rates and coverage of screening programmes in Staffordshire are generally better than average. However fewer Staffordshire adults who are eligible take up their offer of a NHS health check and a lower proportion of people aged 65 and over take up their offer of a flu or pneumococcal vaccination than average.

Around 40% of ill-health is thought to be preventable through healthier lifestyles. The prevalence of Staffordshire children who were obese in Reception (aged four to five) is 10% and increases significantly to 19% by the time children are in Year 6 (aged 10-11). Rates of obesity for Reception-aged children are higher than the England average in Staffordshire overall with rates in Newcastle being particularly high in this year group. Tamworth has obesity rates in Year 6 that are higher than the England average. Whilst adult smoking rates overall in Staffordshire have fallen there are large numbers of our population who drink too much over the life course, eat unhealthily and remain inactive.

More people in Staffordshire report having a limiting long-term illness. By the time people reach 65 they will have developed at least one chronic condition and large proportions will also have developed two or three conditions. Of particular concern are the growing numbers of people with multiple or complex conditions.

Most care will occur in primary care or community settings. However a higher than average proportion in Staffordshire also occurs in hospital settings particularly young children and older patients. Older people are also higher users of social care. Admission rates in Staffordshire for acute conditions that could be managed effectively in primary care or outpatient settings are increasing more rapidly than average. In addition those that are admitted to hospital are often delayed from being discharged.

Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. Pharmacies are well used and based on national estimates around seven million visits are made to a community pharmacy for health-related reasons annually in Staffordshire which equates to around 10 visits per person every year. Nationally 79% of people have visited a pharmacy at least once in the last year whilst 37% have visited at least once a month. Local data from a resident survey found around 14% of respondents used their pharmacy weekly and a further 58% monthly.

Staffordshire has 181 community pharmacies, of which six are distance-selling and in rural areas there are 27 GP practices who can dispense to patients registered with their practice. The rate of community pharmacies and dispensing practices is 24 per 100,000 population which is similar to the national average but ranges between districts from 20 per 100,000 in South Staffordshire to 27 per 100,000 population in East Staffordshire although districts with low rates do also have nearby access to pharmacies in neighbouring areas such as Wolverhampton and Stoke-on-Trent.

A national patient survey indicated that the public value a variety of types of pharmacy. In terms of ownership around two-fifths of pharmacies in Staffordshire are owned by independent contractors whilst the remaining three-fifths are owned by multiple contractors.

Based on data from the latest *Feeling the Difference* survey, the majority of Staffordshire residents are satisfied with current pharmacy provision. The engagement survey also found that local pharmacy services met the needs of respondents. National research also indicates that 86% would trust advice from pharmacies on how to stay healthy.

Overall there are sufficient numbers and a good choice of pharmacy contractors to meet Staffordshire's pharmaceutical needs.

There is a gap as to the clarity of controlled localities and reserved locations. It is therefore proposed that NHS England North Midlands undertake further mapping of controlled localities, dispensing practice areas and reserved locations to provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas, to support applications for new pharmacies or those considering relocations.

There is good geographical coverage across the County for pharmaceutical services and the majority of Staffordshire residents (98%) live within a 10 minute drive of their local pharmacy. Around 86% of residents can also access their local pharmacy within a 20 minute walk and almost two-thirds within 10 minutes using public transport.

In terms of opening hours, there are 18 '100 hour' pharmacies across Staffordshire equating to around one in ten pharmacies, with all residents in the County with the exception of South Staffordshire, having access to a community pharmacy for at least 100 hours during the week. Most residents have good access to a pharmacy during weekdays and Saturdays.

However there appears to be less provision and choice on Sundays and in particular on Sunday evenings. Around one in six pharmacies are open on Sunday from around 10am but tend to close by around 4pm; three pharmacies across the County are open after 5pm.

Some of the restricted provision is due to trading regulations which restricts opening hours for pharmacies located in supermarkets and shopping centres to six hours. However Staffordshire residents do have access to dispensing services on Sundays from alternative provision, for example walk-in-centres, minor injury units or from pharmacies in neighbouring areas such as Stoke-on-Trent or Wolverhampton.

A number of pharmacies also now open on Bank Holidays. NHS England North Midlands also commission community pharmacies to ensure there are adequate pharmaceutical services available on Christmas Day and Easter Sunday as these are the two days where pharmacies are still traditionally closed and those located in supermarkets and shopping centres unable to open due to current trading laws.

There appears to be a gap in service provision on Sunday evenings. However the demand for dispensing services is likely to be much lower at weekends compared to weekdays as GP surgeries are usually closed; immediate needs can also be met through alternative provision.

The STP may also want to consider commissioning extended pharmaceutical services on Sundays as one of the potential solutions to reducing A&E attendances.

In terms of the protected characteristics, pharmacies have a positive impact in meeting the needs of all people. Examples of this include:

- Antenatal and postnatal support to pregnant women and mothers
- At least two-fifths of pharmacies have staff members who speak a number of languages that are amongst the frequent main languages across the County
- Adjustments to medicines for disabled people as appropriate, for example large print labels. Most pharmacies also have a separate consultation room with wheelchair access
- Delivery of dispensed medicines to an individual's home

Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions. Almost half of respondents also used their pharmacy for health advice or disposal of unwanted medicines. However very few respondents used their pharmacy for lifestyle advice (10%). Around a fifth of respondents would like pharmacies to maintain their current level of services with small proportions wanting to see the introduction of basic testing such as blood pressure measurements, blood tests and holiday vaccinations (10%), information and advice on the availability of other services (7%) and/or basic health appointments or clinics for certain conditions or lifestyle (5%).

National evidence suggests that between 5-8% of unplanned emergency admissions in adults are due to avoidable issues related to medicines. Overall there is good provision of advanced pharmacy services such as the MUR and NMS across Staffordshire that help to deal with adherence to medicines and the management of people with long-term conditions.

However in terms of MURs, there is variation between pharmacies and some fall considerably below both the Staffordshire and national average. Provision of NMS also varies by district and pharmacy although this is dependent on the number of patients that start new medicines during the year.

Coverage of appliance use reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area, for example Stoke-on-Trent.

An adult flu vaccination service was introduced as the fifth advanced service in September 2015. There has been an increase in the number of flu vaccinations provided by community pharmacies; however both the proportion of pharmacies signed up to provide flu vaccination services and average provision per pharmacy is lower than the national average. However provision across the County is also variable.

Pharmacies falling considerably below the average number of MURs should be supported to increase the numbers of MURs, particularly in areas where there is an identified need, to help with the management of long-term conditions and reducing emergency admissions. This may be done by promoting the concept of MURs to the public so that they understand the differences between reviews done by GP and pharmacies. GP practices are also ideally placed to work with their local pharmacies to identify and refer on patients who require a MUR or NMS. Uptake of flu vaccination through community pharmacy across the County is lower than the national average and provision also varies across the County. Further work should support and market community pharmacies to increase the provision of flu vaccination in these areas. Commissioners should also consider the provision of pneumococcal vaccination within community pharmacy settings given the current low rates of coverage across the County.

There are also opportunities for pharmacies to support the health, wellbeing and care needs of Staffordshire residents through locally commissioned services. In Staffordshire there are a number of services that are currently provided by pharmacies alongside other providers helping to meet the health needs of local residents. These include provision of: common ailment service, emergency supply of medication, treatment of urinary tract infections and impetigo, emergency hormonal contraception, supervised administration, needle exchange and palliative care. Provision across the County is generally matched to needs.

NHS England North Midlands, Staffordshire County Council, and other local commissioners need to ensure there is equitable provision of locally commissioned services across Staffordshire. This could be coordinated through the STP.

Local commissioners, providers and key stakeholders such as LPCs and LMCs should continue to explore new ways in which community pharmacies could complement other primary and secondary care services and play a part in improving health and reducing inequalities, particularly around health and wellbeing strategic priorities. There is also a willingness from most community pharmacies to extend their roles to further support Staffordshire people to live healthier, self-care or live independently to meet local need. There is also ample national evidence to suggest that this could help alleviate current financial pressures on the NHS. The consultation also included suggestions for potential future development of pharmacy services and these should be considered by appropriate stakeholders when designing pathways.

The STP should consider the wider role of pharmacies in commissioning strategies (e.g. primary care) so that opportunities to provide effective services are maximised locally.

The HWBB does not currently believe there are any unmet pharmaceutical needs through any planned development over the next three to five years. However the HWBB will continue to monitor any major developments (e.g. planned housing developments) and in line with regulations produce supplementary statements to update the provision of pharmaceutical services as deemed necessary. They will also monitor any proposed changes to Government policy that could have an effect on the provision of pharmaceutical provision, for example extended opening of GP services.

The HWBB will continue to monitor any local or national policy development that impact on the provision of pharmaceutical services in the County and continue to publish supplementary statements where needed.

Appendix 1: Staffordshire STP's Pharmacy Plan

Vision

Our vision for Staffordshire and Stoke on Trent is to provide affordable care built and given locally around communities of 30,000 to 70,000 people. By doing this, services will be tailored to local need and, supported by less complicated locality and county wide arrangements, will allow us to give joined up care to people close to or in their own homes, with less need to go to hospital.

Overview

The Pharmacy Programme covers a population of over 1.1 million people registered with GPs across six CCGs, two acute hospitals, two mental health providers and one community provider.

Our system is experiencing increasing pressure, our modelling and financial challenges clearly shows that we need to reduce our cost base, improve our sustainability and enhance our offer to the public.

We have identified priorities for change, underpinned by transformational enablers, which together will help us to address our financial gap by 2020/21. In years one and two we will progress key initiatives to lay the foundations of our STP over the next five years.

All of our plans are and will be built on collaborative relationships and consensus amongst our system leaders which we will continue to develop to ensure the success of our STP, and which provide the foundations for an integrated health and social care system in the future.

Priorities for 2016/17-2017/18

1. **Reduce medication errors across the primary and secondary care interface**
   Implement digital solutions which allow electronic transfer of medication information between hospital and community pharmacy to help minimise medication errors

2. **Improve patient clinical outcomes by ensuring medicines are optimised at every opportunity**
   Increase the number of clinical pharmacists working in all care settings (including care homes) to undertake clinical medication reviews in addition to maximising utilisation of MURs and patient support under the new medicine service (NMS)

3. **Greater utilisation of the pharmacy expertise around medicines in the management of Long Term Conditions**
   Develop systems which allow pharmacists working in partnership with GPs to provide LTC support following diagnosis, monitoring and adjustment of treatments in accordance to patient care plans

4. **Promote community pharmacy as the first port of call for advice and treatment of common ailments**
   Fully integrate “pharmacy first” for non-emergency episodic care in all local urgent care pathways, including implementation of the national programme for NHS 111 referrals to community pharmacy

5. **Reduce waste around prescribed unused medicines**
   Develop and implement health economy wide systems to reduce pharmaceutical waste related to inappropriate repeat medicine ordering.

6. **Maximise pharmacy contribution to the health and wellbeing agenda**
   Develop community pharmacies into Heathy Living Pharmacies, becoming the” go-to” destination for support, advice and resources on staying well and living independently

An underpinning programme of transformational enablers includes:

- Becoming a system with a collective focus on the whole person.
- Developing communities so that people have the skills and confidence to take responsibility for their own health and care.
- Developing the workforce across our system so that it is able to deliver new models of care.
- Using technology to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.
- Redevelop our services and estate to ensure patients have services closer to home.
- Ensuring full integration of pharmacy with GPs and other primary care providers

Appendix 2: Recommendations from Community Pharmacy Clinical Services Review

Extract from Community Pharmacy Clinical Services Review undertaken by Richard Murray, Director of Policy at the King's Fund published by NHS England on 14th December 2016.

With other parts of the NHS facing severe financial and operational challenges, there needs to be renewed efforts to make the most of the existing clinical services that community pharmacy can provide and to do so at pace. This may require national action through the national contractual framework, as well action at local level. Looking into the medium-term, there is a need to ensure that community pharmacy is integrated into the evolving new models of care alongside other primary care professionals. This will include enhancing the support they provide to people with long-term conditions and public health, but should not be limited to these. Progress here will necessarily be more local in nature, built around the needs of patients and localities, however, NHS England and Public Health England can support and encourage this progress, not least to overcome some of the barriers that have to date prevented full use of community pharmacy. To make progress on these broader priorities, there are a number of specific steps national bodies can make. Action should include, but not be limited to, these steps.

Services

1. Full use should be made of the electronic repeat dispensing service. Except for patients not yet stabilised on their medication, electronic repeat dispensing should become the default for repeat prescribing and its use should be incentivised both for community pharmacies and for GPs.

2. The existing Medicine Use Reviews (MURs) element of the pharmacy contract should be redesigned to include on-going monitoring and regular follow-up with patients as an element of care pathways. This redesign should ensure that they are an integrated part of a multifaceted approach to helping people with long-term conditions that includes medicines optimisation, providing advice and helping people stay well. Such a service should be able to utilise transfer of care and referral schemes and electronic repeat dispensing (ERD), and have a focus on patients at high risk and those with multiple co-morbidities as well as those with single conditions that are clinical priorities such as diabetes, hypertension and COPD where evidence is already strongest. It should also include consideration of appropriate prescription duration to optimise outcomes and convenience for patients. Ultimately MURs should evolve into full clinical medication reviews utilising independent prescribing as part of the care pathway. For these to be safe and effective they would require access to a patient's full medical record which may not be possible immediately in all situations.

3. There is now a commitment that a minor ailments scheme should be locally commissioned across England by April 2018. There is a debate over whether this needs to be a national service, or a service commissioned locally by CCGs. Either way, NHS England should set out how it intends to deliver on this commitment and this should include testing models that use patient registration to enhance take-up, building on the experience in Scotland. While this could take place within the Vanguard programme as new care models develop, progress toward the April 2018 commitment clearly needs to happen sooner.

4. Consideration should be given to smoking cessation services becoming an element of a national contract.

New models of care

5. Existing Vanguard programs and resources should be used, in conjunction with the Pharmacy Integration Fund, to develop the evidence base for community pharmacists within new models of care. This applies to all the Vanguard types that work in community settings but should also specifically include:

    - Integrating community pharmacists and their teams into long term condition management pathways which implement the principles of medicines optimisation for residents of care homes. This should include pharmacist domiciliary visits to care home patients and full clinical medication review utilising independent pharmacist prescribing.

    - Community pharmacists being involved in case finding programmes for conditions which have significant consequences if not identified such as hypertension and for which the pharmacist is able to provide interventions (including referral) to prevent disease progression.

    - Utilising existing contractual levers and developing new ways of contracting, with individual or groups of pharmacists, in order to provide clinical services that utilise their clinical skills in ways that mitigate any perceived conflict of interest whilst providing the incentives for more rapid uptake of independent prescribing.

In all cases, new models of care that integrate pharmacy should involve appropriate patient engagement to ensure that both the service offer is built around patient need and that any necessary marketing with potential new users is effective. As best practice in commissioning and delivering these additional services from community pharmacy becomes clear, NHS England, Public Health England and other national partners should look to roll these out at pace, given the opportunities to use community pharmacy better and the deep challenges facing other parts of the NHS. This should include consideration of any workforce training implications for community pharmacists, pharmacy technicians and their teams.

Overcoming barriers

6. Public Health England already plans to provide advice to local government and to STPs presenting the evidence base for action. More widely, NHS England and its national partners should consider how best to support STPs in integrating community pharmacy into plans and overcome the current complexities in the commissioning landscape alongside further support for local commissioners in contracting for services now. Specifically this should look at the changes necessary to make Local Pharmaceutical Services (LPS) Contracts easier to use.

7. Digital maturity and connectivity should be improved to facilitate effective and confidential communication between registered pharmacy professionals and other members of the healthcare team. This should include the ability for registered pharmacy professionals to see, document and share information with clinical records held by other healthcare professionals and allow the actions, recommendations and rationale for clinical interventions made by registered pharmacy professionals to be visible to the relevant wider healthcare team.

8. Regulations should be amended to allow registered pharmacy technicians to work under Patient Group Directions to allow better use of skill-mix in delivering clinical pharmacy services.

9. Community pharmacists should be actively engaged to help explore and develop pathway approaches that integrate community pharmacists and their teams into primary care, and make best use of their skills in the identification and management of patients who will benefit most from their expertise. The leaders of the profession both at national and local level should consider what support is needed to pharmacists to build their professional confidence and break down barriers to new ways of working.

10. The Royal Pharmaceutical Society, Royal College of General Practitioners, the British Medical Association and the Pharmaceutical Services Negotiating Committee should come together to explore the practical steps that could be taken to unravel professional boundary issues and promote closer working between the professions. This would include consideration of professional responsibility and accountability, as well as how to conceptually put the patient at the centre of both professional worlds in a way that allows common objectives to be focused on patient outcomes. Initiatives involving pharmacists working in General Practice, and in some case becoming partners in those practices, should be encouraged and expanded as a way of contributing towards achieving this objective.

11. New evidence becomes available, circumstances change and new barriers can appear. Community pharmacy leaders and trade bodies across the sector, such as Pharmacy Voice, should come together with NHS England and Public Health England as a formal group to keep oversight of progress and recommend further action where necessary.

Appendix 3: Findings from the engagement survey

An engagement survey was conducted with Staffordshire residents by Healthwatch during June and July 2017 to capture their views on local pharmacy services. The survey aimed to capture people's experience and satisfaction with the use and whether there is anything you would wish to change about local pharmacy services to inform the PNA.

An online and paper survey were available to capture people's views. This was done by sending the survey out by email to 200 organisations for dissemination to their members and 1,750 people who are on Healthwatch's database. The survey was also taken to Healthwatch's AGM and available online through their website, Facebook and Twitter with reminders two weeks before the closing date. Paper copies were also taken to Katherine House, an older people's service in North Staffordshire and a pharmacy in East Staffordshire.

On average, how often do you use your local community pharmacy (chemist)?

Local data from the engagement survey found that around 14% of respondents used their pharmacy on a weekly basis whilst 58% of respondents used their pharmacy monthly.

	Number	Percentage
At least once a week	33	14%
At least once a month	139	58%
Several times a year	44	18%
Once a year	8	3%
Rarely	12	5%
Never	3	1%
Total respondents	**239**	**100%**

To what extent does your pharmacy meet your needs?

Most people felt that their pharmacy met their needs a great deal (65%) or a fair amount (29%) with only 10 respondents (4%) feeling that it didn't meet their needs very much.

	Number	Percentage
A great deal	156	65%
A fair amount	70	29%
Not very much	10	4%
Don't know	3	1%
Total respondents	**239**	**100%**

86% (or 206 of respondents overall) commented on why they had rated how they had. Respondents commonly remarked on the prescription service and how this meets their needs. Views on the usefulness of the advice shared by pharmacists was also expressed. Respondents additionally shared their views on other staff, stock and the general reliability of the pharmacy service.

- **Prescriptions (89 responses)** - The majority who shared views on prescriptions (79 respondents or 89% of those commenting) were generally extremely positive about their experiences commenting that their pharmacy provides them with *"exactly what they need, when they need it".* Prescriptions are *"ready on time and correct"* and *"the prescription link between GP and pharmacy works very effectively".* Respondents applauded their pharmacist for *"taking the time to fully explain their prescription and to offer guidance on suitable over the counter options".*
  Some respondents did not feel that their pharmacy had met all their needs. For example, on occasion, *"prescriptions were not always correct"*, the *"prescription link"* between GP and pharmacy does not always work and there was evidence of some difficulty with *"prescription release from pharmacy to care homes"* as well as a *"lack of stock"* making a second trip necessary on occasion. This can be particularly difficult for *"disabled service users".*

- **Advice (85 responses)** - Pharmacists were *"trusted"* and *"always on hand to give excellent and friendly advice"*. They were regarded as *"extremely knowledgeable"* and *"a valued source of information",* both for *"prescription drugs"* and for *"common ailments which might not require a GP".* They were also *"good for advising on what over the counter medications work with prescription medications".* One respondent felt they needed clarification on what pharmacists can and cannot advise upon to enable them to understand when they *"can help"* and *"when they should seek the advice of their doctor".*

- **Staff (57 responses)** - Respondents spoke very highly about their pharmacy staff describing them as *"professional", "caring", "confident", "friendly", "efficient"* and *"always happy to help".*

- **Reliability (52 responses)** - Pharmacies were generally described as ***"****efficient"* in the dispensing of their medication and providing *"a good supporting service to GP's",* with *"convenient opening hours".* Some respondents who needed to use their pharmacy regularly applauded the *"personal touch"* appreciating the fact that their pharmacy knows their *"requirements".* However a small number of respondents commenting on reliability (six respondents or 12% of those commenting) had experienced issues including *"prescriptions not being quite right" or "on time".*

- **Stock (45 responses)** - For the majority of respondents the stock requirements more than met their needs (31 respondents). For example my pharmacy carries *"large stocks"* and they always have *"what I need in stock".* However stock was an issue for some respondents as outlined under the prescriptions theme.

- **Additional responses** - Pharmacies were also described as useful because they are *"nearby"* (19 responses), provide *"over the counter medication"* (19 responses), *"support people without the need for a GP/or when people can't get a GP appointment"* (13 responses) and *"for picking up other toiletries"* (11 responses).

What services do you use at the pharmacy?

Findings from the engagement survey found that most people used pharmacies for collecting their prescriptions. Almost half of respondents also used their pharmacy for health advice or disposal of unwanted medicines. However very few respondents used their pharmacy for lifestyle advice (10%).

	Number	Percentage
Dispensing of prescriptions	228	95%
Health advice	115	48%
Disposal of unwanted medicines	107	45%
Home delivery	26	11%
Lifestyle advice	24	10%
Other	32	13%
Dispensing of prescriptions	228	95%

What other services would you like to see at your local pharmacy?

57% (or 136 of respondents overall) commented on this theme with commonly mentioned comments including the need to maintain the current service. There was also some support for the introduction of other services as well as the provision of information and advice. More details on the above most frequently mentioned themes were:

- **Maintain the current service (53 responses)** - It was most common for respondents to confirm that their pharmacy meets *"all their current needs"* and they just wanted to see *"this level of service being effectively maintained".* Some respondents felt that the introduction of other services within their local pharmacy could *"compromise"* the *"quality of the existing service".*

- **Introduce basic testing (24 responses)** - Other respondents would like to see more services at their local pharmacy and these included being able to visit their pharmacy for basic testing and vaccinations for *"blood pressure", "blood tests", "cholesterol checks*", *"weight measurement", "holiday vaccinations*" and *"flu jabs".*

- **Information and advice (18 responses)** - Some respondents would like to see information on the availability of other services e.g. *"social care", "wellbeing"* and "healthy lifestyles" in their local pharmacy. Also *"advice on self-care and prevention".*

- **Basic health appointments or clinics (11 responses)** - These respondents were keen to see the introduction of *"basic health appointments"* or *"clinics"* for certain conditions or lifestyle. For example for *"chiropody", "nutrition*", *"diet", "weight loss"* and *"smoking".*

- **Additional responses** - Additional responses were received on *"opening hours"* (four responses), *"electronic services"* (three responses) and the need to ensure pharmacy staff have enough *"time"* for their clients (three responses).

What if anything, prevents you from using services at your local pharmacy?

57% (136 respondents) commented on this question. Respondents were most likely to indicate that *"nothing"* prevents them from using services at their local pharmacy (79 respondents or 56% of those commenting). Reasons given included *"good accessibility"* and *"a good service".*

Some respondents said something did prevent them from accessing their local pharmacy. Reasons given included the *"service"* provided by staff (13 responses), *"opening hours"* (12 responses), *"queues"* (seven responses), *"disabled access"* (six responses) and *"parking"* (four responses).

Other comments

One third of respondents overall (32%) or 77 respondents shared additional comments. The majority of these were reflective of those themes already documented in the responses above. These have not been repeated here. Additional themes not previously documented included the need to recognise pharmacies for the *"assets"* which they are (22 responses) and to recognise that some people feel *"reliant"* upon the services which their local pharmacy provides (eight responses).

Appendix 4: Findings from the PNA consultation

Introduction to the consultation process

The Regulations set out that when making an assessment for the purposes of publishing a pharmaceutical needs assessment each Health and Wellbeing Board must consult on the contents of the assessment for a minimum period of 60 days. The statutory consultation for Staffordshire's second PNA took place between 16 October 2017 and 31 December 2017.

The Regulations set out a list of key stakeholders that must be consulted with. These are listed in Appendix A and were contacted via email or letter asking for their feedback on the content of the PNA. In addition Staffordshire residents were also consulted to have their say on pharmaceutical services.

The consultation was made available on Staffordshire County Council's consultation website and promoted through social media channels and a press release.

Feedback was encouraged through the feedback portal which contained an electronic survey. However, feedback was also taken via email and in written form. A copy of the letter and questionnaire used as part of the consultation are shown in Appendices B and C respectively.

There were five respondents to the consultation report via the portal and an additional three via an email to the PNA consultation inbox. An additional four respondents provided updates on service provision.

The types of respondents to this section were:

- A member of the public
- A local CCG
- A local Council
- A local pharmacy
- A Local Pharmaceutical Committee
- Two adjoining Health and Wellbeing Boards
- One other (who was a PPG chair/ Councillor and Healthwatch STP champion)

Do you think the draft PNA accurately reflects the pharmacy needs of local people in Staffordshire?

The majority of respondents (five of the six respondents who completed this question) felt the PNA reflected the pharmacy needs of Staffordshire residents. One respondent felt that there were some gaps in terms of 24 hour pharmaceutical services whilst another felt GP surgeries should have a pharmacy attached.

Comments made are shown below:

- *"Yes, the PNA describes the deprivation and disease burden found in Staffordshire. It highlights the long-term conditions of the population which does correspond to the number of medicines typically people are on. The growing proportion of elderly patients will also put a greater demand on health and social care services. Pharmacy services will therefore be needed to meet this demand."*

- *"Currently the pharmacy provision is around national average but there is recognition that in some areas pharmacy provision is below national average. The MORI survey shows that actually people value the advice from pharmacists and are fairly or very satisfied by the service provided by their local pharmacy. One can assume this would also apply to Staffordshire."*

- *"I understand what you are trying to achieve but I think all GP surgeries should have a pharmacy attached."*

- *"There is no reference to 24 hour Pharmaceutical Services for Staffordshire."*

Do you think the PNA accurately reflects the current range of pharmacy services available to local people in Staffordshire?

The majority of respondents (five of six respondents who completed this question) felt that the PNA accurately reflected the current range of pharmacy services available to local people in Staffordshire.

- *"The PNA is generally an accurate reflection of the current provision of Pharmaceutical Services"*

- *"Pharmacy provide a good range of services. Including the common ailment scheme."*

Some respondents including pharmacies also identified services they were either delivering or had now stopped delivering. These amendments have been included within the final PNA.

Do you think there are any gaps in the services pharmacies currently provide to local people in Staffordshire?

Some respondents felt that pharmacies could be used more effectively to help deliver the prevention agenda.

- *"We need to maximise Healthy Living Pharmacies to really make a difference to the prevention agenda. Could pharmacies be commissioned to educate the public and patients on health living/health prevention by actually outreach work into deprived hard to reach communities. This is where they will have the greatest impact."*

Some respondents focused on the management of long-term conditions, expanding the common ailment scheme and further use of assistive technology to help social care

- *"We need pharmacies to do more LTC management. They are an expert on medicines, and we should take this opportunity to do more than MURs and NMS."*

- *"LTC management - pharmacists could be used to optimise doses of medicines once initiated by the practice."*

- *"Pharmacies can play a bigger part in using compliance aids to help reduce social care burden. Commissioning of systems like Pivotell could help social care save money."*

There were also some comments about promoting and expanding the common ailment scheme:

- *Common Ailment scheme could be expanded to cover more conditions which pharmacists can be trained up on."*

- *"The common ailment scheme has been successful in shifting patients to the "left". we need to increase the awareness of the scheme such that we can take more pressure of GPs and out-of-hour services."*

- *"Common ailments services need to be promoted far more in deprived areas of Burton. There are large rural areas in East Staffordshire with no access to a pharmacy. GPs with pharmacies attached need to be attached to all rural practices."*

Other comments include:

- *"….need to maximise electronic repeat dispensing such that we continue to reduce GP workload such that they can focus on more complex medical issues."*

- *"Pharmacies should have access to electronic medical records such that they can check bloods and make sure that the medicines a patient are taking are safe."*

- *"Better communication systems (electronic) need to be put in place between hospital pharmacy and community pharmacy such to minimise errors."*

- *"Pharmacies can also be commissioned to provide initiatives which actually help reduce medicinal waste."*

There were also a couple of comments on the location and opening hours of pharmacies:

- *"No 24 hour service in North Staffordshire means that presenting at the A&E Unit at University Hospital is the only means of accessing medication out of hours. This is an avoidable additional pressure on A&E services and nurtures the public's belief that every ailment necessitates a visit to A&E."*

- "*Impact on existing contractors (especially those opening under contractual obligations) should be considered before commissioning funded pharmacy access services for Sundays. We note that in Leicestershire, an on-call pharmacist is available via the Out-of-Hours Clinical Hub – commissioning such a service in Staffordshire may ensure the necessary provision of pharmaceutical services for those patients that need them overnight or at other times when pharmacies are closed, without adversely affecting the services already provided under contractual obligations"*

- *Doctor's surgeries should all have pharmacy services. We need to be thinking joined up, not just with this but a Dr Surgery you should be able to be assessed for anything and receive the medication etc. that way A&E and Hospitals will only be used for life-threatening illnesses and very bad accidents or selected surgery."*

Do you think there are other services that could be provided by pharmacies in the future to local people in Staffordshire?

There were some suggestions around services to help reduce attendances at A&E and GP surgeries including the common ailment scheme, managing long-term conditions and help with blood test and results:

- *"Nursing services such as are available at GP surgeries e.g. for vaccinations/wound dressings/general health checks. Paramedics could be assigned to pharmacies to provide 24 hour services from one location."*

- *"To reduce attendances at A&E and GP surgeries, there needs to be access to qualified experienced people who can reassure and give out simple medicines. This could be done at pharmacies, particularly for young mums with no previous childcare experience who have no family or social network nearby. Also for carers of elderly dependents again with nowhere else to turn."*

- "Extension to *common* ailment scheme"

- *"Management of LTC - prescribing status given"*

- *"Blood results - checking medicines are safe to continue"*

- *"Phlebotomy"*

A couple of comments focused on prevention:

- *"Outreach to communities by HLPs."*

- *"General health and wellbeing information, local activities, help groups could all come through your pharmacy."*

Other comments:

- "Waste reduction services"

Note: Some of the suggestions provided in these sections have been incorporated into the main PNA document as ideas to explore in more detail by key stakeholders when designing pathways.

Is there any other information that you would like to see included in the PNA?

There was a request that accurate mapping of controlled localities, dispensing practice areas and reserved locations were available to provide assurance on the patients who fall into dispensing and prescribing groups for these practices, and clarity on the status of these areas for those potentially making applications for new pharmacies or considering relocations. This has been identified in the PNA as a piece of work that still needs undertaking.

Other comments:

- *"The PNA is too lengthy with too much information on the health of the community rather than concentrating on where and when pharmaceutical services can be accessed"*

- *"Overall a good draft document"*

- *"No unmet need was identified in the Sutton Coldfield district of Birmingham and specifically, the Sutton Four Oaks ward which is the small geography of Birmingham sharing a border with South Staffordshire. There are four pharmacies in Birmingham in that ward, all of which offer Saturday opening hours and two are a 100 hour pharmacies, offering services in the evening and on Sundays."*

- *"It is noted that the Kinver district of Staffordshire shares a border with the Wyre Forest and Bromsgrove districts of Worcestershire. One pharmacy in Kinver may therefore be providing some pharmacy services to a limited number of Worcestershire residents. Any changes in the services provided by this pharmacy would not only impact on the residents of Staffordshire but some residents in Worcestershire. With the increasing importance of pharmacies to the local health and social care economy it is important to protect smaller pharmacies to maintain and improve access to services. Indeed one of the recommendations from the Worcestershire PNA relates to a minor ailments scheme and we recognise and value the common ailments scheme already in place in Staffordshire."*

Appendix A: Stakeholders that were consulted

A list of stakeholders who were sent a formal letter to participate in the consultation is listed below.

Staffordshire Health and Wellbeing Board members	**Patient and community organisations**
Pharmaceutical stakeholders	Carers Hub
All pharmaceutical providers	Healthwatch Staffordshire
All dispensing practices	Staffordshire Council of Voluntary Youth Services
North Staffordshire LPC	Support Staffordshire
South Staffordshire LPC	VAST
The Staffordshire and Shropshire LPN for pharmacy	**Local authorities**
NHS stakeholders	Cannock Chase District Council
All GP practices (including patient groups)	East Staffordshire District Council
VoCare (Staffordshire Doctors Urgent Care)	Lichfield District Council
North Staffordshire Local Medical Committee	Newcastle-under-Lyme Borough Council
South Staffordshire Local Medical Committee	South Staffordshire District Council
Cannock Chase CCG	Stafford Borough Council
East Staffordshire CCG	Staffordshire Moorlands District Council
North Staffordshire CCG	Tamworth Borough Council
South East Staffordshire and Seisdon Peninsula CCG	Staffordshire County Council
Stafford and Surrounds CCG	Stoke-on-Trent City Council
NHS England North Midlands	**Neighbouring Health and Wellbeing Boards**
Burton Hospitals NHS Foundation Trust	Birmingham HWBB
Derby Teaching Hospitals NHS Foundation Trust	Cheshire HWBB
Dudley Group NHS Foundation Trust	Derbyshire HWBB
Heart of England NHS Foundation Trust	Dudley HWBB
North Staffordshire Combined Healthcare	Leicestershire HWBB
Royal Wolverhampton NHS Trust	Telford & Wrekin HWBB
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	Shropshire HWBB
Staffordshire and Stoke Partnership NHS Trust	Stoke on Trent HWBB
University Hospital of North Midlands NHS Trust	Walsall HWBB
Virgin Care (East Staffordshire)	Warwickshire HWBB
Walsall Healthcare NHS Trust	Wolverhampton HWBB
West Midlands Ambulance Service NHS Trust	Worcestershire HWBB

Appendix B: Letter to stakeholders

What Do You Think..? The Staffordshire Pharmaceutical Needs Assessment

The Health and Wellbeing Board in Staffordshire have produced a draft local Pharmaceutical Needs Assessment (PNA), which will help ensure residents have good access to local pharmacy services. The last PNA was produced in 2015 and by law, all Health and Wellbeing Boards in England must publish a new PNA every three years.

The PNA looks at the current provision of pharmaceutical services across Staffordshire and whether this meets the needs of the population and identifies any potential gaps to service delivery. The PNA will be used by NHS England to consider applications to open a new pharmacy, or to commission additional services from existing pharmacies as well as by local commissioners to identify and commission services from community pharmacies as appropriate

Key stakeholders are requested to comment on the contents of the assessment before they are finalised and published. We would like to invite you to participate in this consultation, which will run from 16th October to 31st December 2017.

The draft PNA, further information and a link to the online feedback form can be found on the following website: www.staffordshire.gov.uk/pharmacyconsultation

You can make your views known in the following ways:

- Online – by completing a feedback form online at:
  www.staffordshire.gov.uk/pharmacyconsultation
- By post – by handwriting a feedback form and returning to:
  PNA Consultation
  Staffordshire County Council
  Tipping Street
  Stafford
  ST16 2DH
- By e-mail – by sending your views to pharmacyconsultation@staffordshire.gov.uk

To limit the environmental impact of this consultation we would prefer that the document is read electronically, however, if you do require a paper copy of the form or have any queries, please call 0300 111 8000

All feedback will be considered for the final PNA and a summary of the consultation findings will also be included within the final report.

We look forward to receiving your feedback on the draft PNA.

Yours faithfully,

Councillor Alan White
Co-Chair of the Health and Wellbeing Board

Dr Charles Pidsley
Co-Chair of the Health and Wellbeing Board

Appendix C: Pharmaceutical Needs Assessment Survey

Have your say on local pharmacy services

The draft Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmaceutical services across Staffordshire and whether this meets the current and future needs of the County. Any potential gaps have been identified alongside suggestions for how these could be addressed.

This is the second PNA that has been undertaken by Staffordshire's Health and Wellbeing Board, the first was published in 2015. This updated version will be ready for publication by the 1st April 2018.

PNAs are used by NHS England to inform decisions regarding applications for new or changes to, existing pharmaceutical services and to make decisions in the commissioning of NHS-funded services that can be provided by local community pharmacies. In addition local authorities and clinical commissioning groups also use the PNA when commissioning services to meet local health needs and priorities.

The consultation document is available at: www.staffordshire.gov.uk/pharmacyconsultation

The survey will run between 16th October 2017 and 31st December 2017.

1. Do you think the draft PNA accurately reflects the **pharmacy needs** of local people in Staffordshire? *(please select one only)*

Yes ☐ No ☐ Don't know ☐

Please give reasons for your answer

2. Do you think the PNA accurately reflects the **current range** of pharmacy services available to local people in Staffordshire? *(please select one only)*

Yes ☐ No ☐ Don't know ☐

If no, please tell us why and what additional services need to be included

3. Do you think there are any **gaps** in the services pharmacies currently provide to local people in Staffordshire? *(please select one only)*

Yes ☐ No ☐ Don't know ☐

If yes, please tell us what these gaps are and where they exist

4. Do you think there are **other services** that could be provided by pharmacies in the future to local people in Staffordshire? *(please select one only)*

Yes ☐ No ☐ Don't know ☐

If yes, please tell us what other services should be provided

5. Is there any **other information** that you would like to see included in the PNA? *(please select one only)*

Yes ☐ No ☐ Don't know ☐

If yes, please tell us what information you would like to see

6. Do you have any **other comments** to make on the draft PNA?

7. Which **best** describes you? *(please select one only)*

A member of the public	☐	A local pharmacist	☐
A dispensing practice	☐	A non-dispensing practice	☐
A local CCG	☐	A local council	☐
An Elected Member / MP	☐	A Health & Wellbeing Board	☐
Healthwatch Staffordshire	☐	A patient/community group / voluntary organisation	☐
Other	☐		

If other, please provide details

Thank you very much for taking the time to complete this survey.

Appendix 5: Access to pharmaceutical providers in Staffordshire by mode of transport

Methodology for accessibility

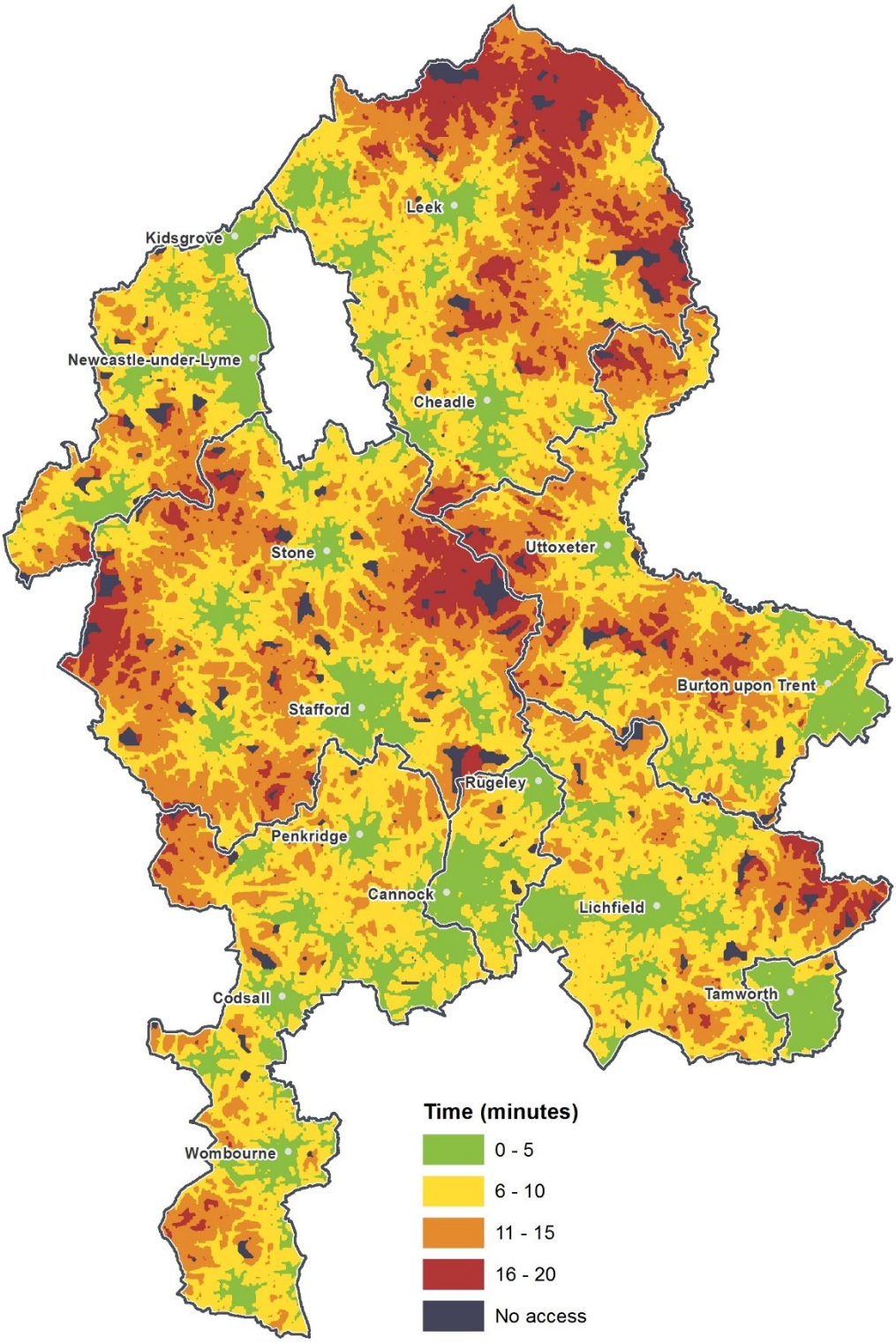
Visography TRACC accessibility planning software supersedes Accession which was developed by Basemap for the Department for Transport to enable local authorities to measure and monitor local accessibility as part of the accessibility strategy in their local transport plans. Visography TRACC calculates journey times based upon public transport timetable data, road network information and a range of user-defined parameters. The results for the accessibility calculations for each mode are shown as travel time contours. The data represents the shortest travel time that can be made from each origin point to any pharmacy within the destination set. In addition to all pharmacies within Staffordshire, all pharmacies within a buffer of three to four miles were included in the analysis.

Car accessibility - Car based calculations utilise the Ordnance Survey Integrated Transport Network (ITN) data and use Trafficmaster road speed data based on actual journey times made during the morning peak period 08:00-09:00 using 2014/15 data. The maximum connection distance to the road network is 350m; if the road network cannot be reached within this distance then a result of "no access" is returned. The maximum travel time was set at 20 minutes.

Walk accessibility - Walking calculations make use of the Ordnance Survey ITN and Urban Paths data which in combination provide the entire road network, off road footpaths and pedestrians shortcuts. Parameters have been set to define the maximum walk distance to access the walking network as 350m. If the network cannot be reached within this distance then a result of "no access" is returned. Walking speed has been defined as 4.8kph. The maximum travel time was set at 20 minutes.

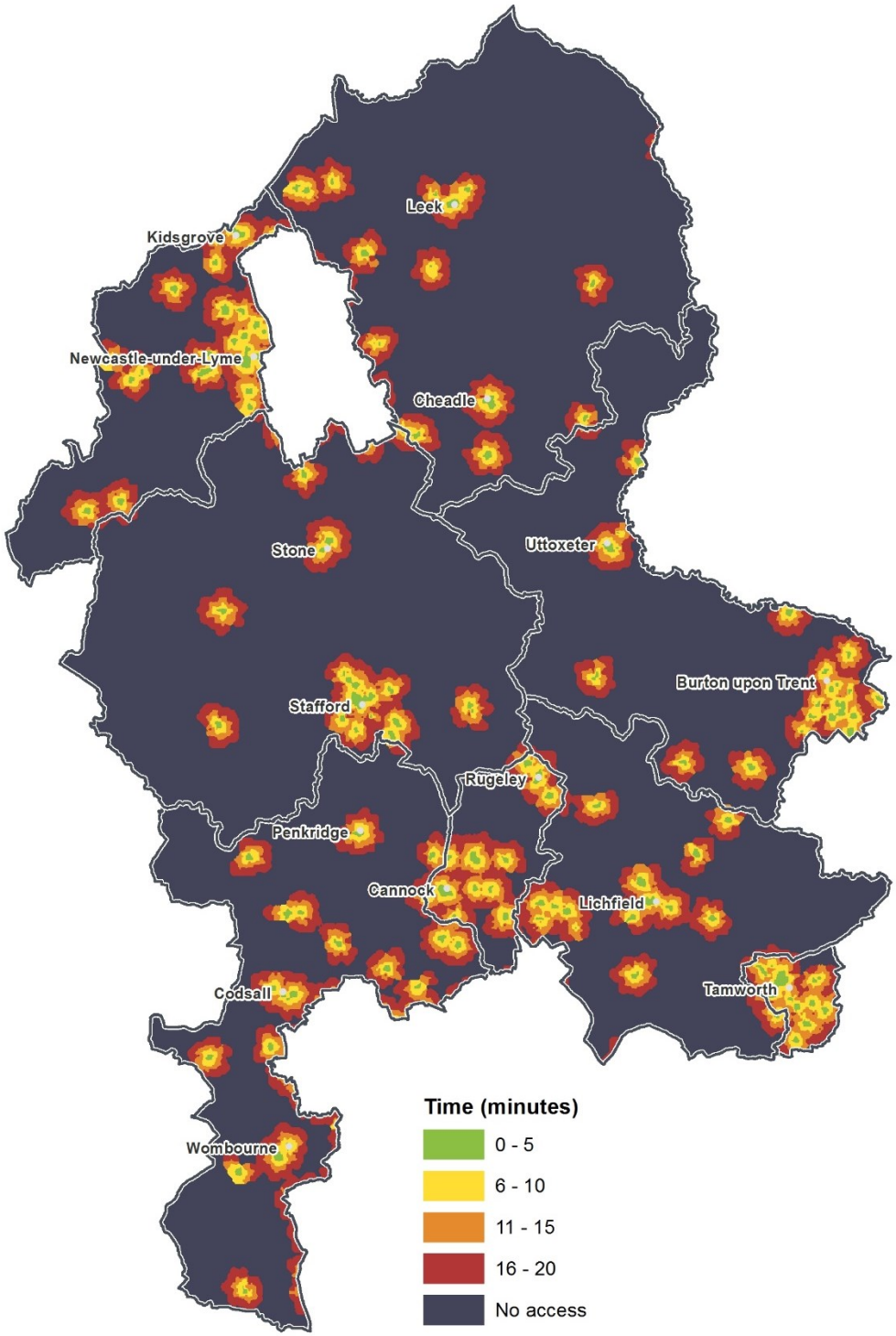
Public transport accessibility - Public transport accessibility included bus and/ or rail services. The timetables used were dated July 2017 and May 2016 for bus and rail respectively. When calculating accessibility for public transport, the software takes into account walk time to a bus stop/station, wait time for the service, in vehicle travelling time and walk time to the destination. It also allows for interchange between services and modes such as bus and rail. The software includes a five minute interval between changes of services to model passenger acceptance of service interchange. Calculations were made for the time period 08:00 to 10:00 on an average Wednesday. Parameters have been set to define the maximum walk distance to access a public transport stop as 350m. Access to the bus stops is calculated on a crow-flies basis with a correctional factor to acknowledge that this is not possible. If a public transport stop cannot be reached within this distance then a result of "no access" is returned. The maximum travel time was 60 minutes in total. For public transport, the average speed of walking will vary between individuals (the assumption used within the analysis is a pace of 4.8km per hour). The destinations supplied were based on postcodes of the pharmacy which could have an impact on the public transport calculation as this relies on a 350m distance to access the destination, so if the postcode centroid is outside of this distance it may not show access by public transport, where in reality the exact location of the pharmacy may be within 350m walk distance of a bus stop.

Map 21: Access to community pharmacies – car



Source: Staffordshire County Council and NHS England North Midlands

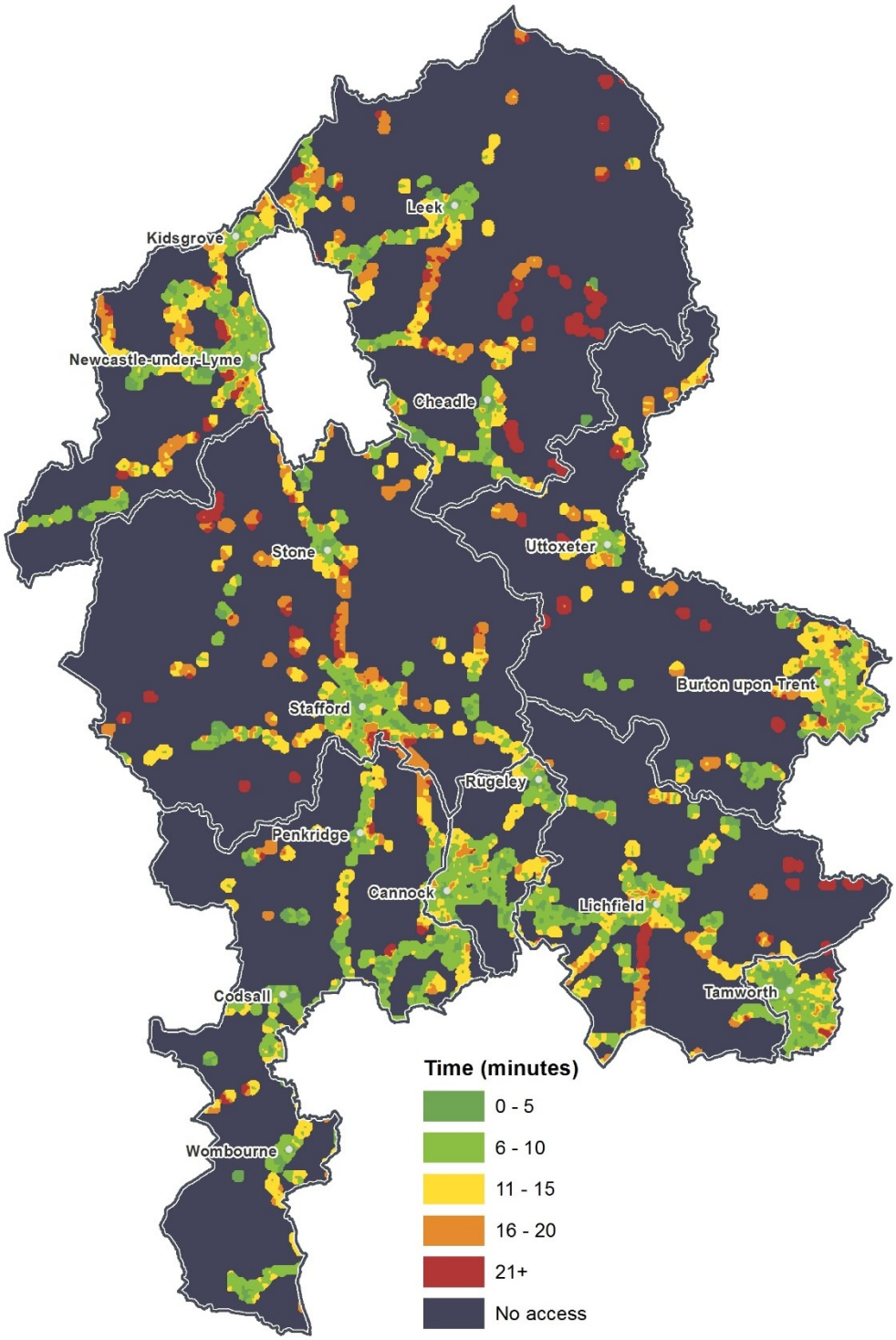
Map 22: Access to community pharmacies – walking



Source: Staffordshire County Council and NHS England North Midlands

Note: Calculations include those origins which are in unpopulated areas and where there are no roads, footpaths or bus services, these will therefore result in there being 'areas of no access'. The calculations carried out are at a very strategic level and should only be used to give an indication of areas of accessibility; any areas of concern would need to be looked at in greater detail.

Map 23: Access to community pharmacies – public transport



Source: Staffordshire County Council and NHS England North Midlands

Note: Calculations include those origins which are in unpopulated areas and where there are no roads, footpaths or bus services, these will therefore result in there being 'areas of no access'. The calculations carried out are at a very strategic level and should only be used to give an indication of areas of accessibility; any areas of concern would need to be looked at in greater detail.

Appendix 6: Individual pharmacy by service provision and locality, February 2018

Distance selling pharmacy

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Influenza Adult Vaccination Services	Common Ailments Service	Emergency Supply	UTI/Impetigo	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange	Palliative Care Services
Cannock Chase												
Bains Pharmacy, 160-162 Hednesford Road, Heath Hayes, Cannock, WS12 3DZ	✓	✓			✓	✓	✓	✓	✓			
Boots The Chemist, 1 Church Street, Cannock, WS11 1DE	✓	✓			✓	✓				✓		
Boots The Chemist, 1-7 Park Road, Cannock, WS11 1JN	✓	✓			✓	✓				✓		
Boots The Chemist, 5 Brook Square, Rugeley, WS15 2DT	✓	✓			✓	✓			✓	✓		
Boots The Chemist, Unit 9, Orbital Retail Park, Voyager Drive, Cannock, WS11 8XP	✓	✓			✓	✓			✓	✓		
Co-op Pharmacy, Co-op Supermarket, Anglesey Street, Hednesford, WS12 1AS	✓	✓			✓	✓	✓	✓	✓	✓		
Cornwells Chemists, 235 Cannock Road, Chadsmoor, Cannock, WS11 2DD	✓	✓				✓	✓	✓	✓	✓		
Lloyds Pharmacy, 11 Upper Brook Street, Rugeley, WS15 2DP	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy, Hednesford Valley Health Centre, Station Road, Hednesford, WS12 4DH	✓	✓		✓		✓	✓	✓	✓	✓		
Lloyds Pharmacy, Sandy Lane Health Centre, Sandy Lane, Rugeley, WS15 2LB	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lloyds Pharmacy, Unit 2b, Victoria Shopping Centre, Victoria Street, Hednesford, WS12 1BT	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy, Voyager Drive, Orbital Retail Centre, Cannock, WS11 8XP	✓	✓			✓	✓	✓	✓	✓			
Morrisons Pharmacy, Morrisons Supermarket, Market Street, Rugeley, WS15 2JJ	✓	✓			✓	✓	✓			✓		✓
Northwood Pharmacy Brereton, 88 Main Road, Brereton, Rugeley, WS15 1DU	✓	✓				✓	✓	✓	✓	✓		✓
Northwood Pharmacy, Springfields Health & Wellbeing Centre, Lovett Court, Rugeley, WS15 2FH	✓	✓				✓	✓	✓	✓	✓		
Nucare Pharmacy, 3 Hamilton Lea, Brownhills Road, Norton Canes, Cannock, WS11 9SY	✓	✓					✓			✓		
Pyramid Pharmacy, 29 Market Hall Street, Cannock, WS11 1EB						✓	✓	✓				
Rawnsley Pharmacy, Rawnsley Road, Rawnsley, Cannock, WS12 1JF	✓											
Tesco Instore Pharmacy, Heath Way, Heath Hayes, Cannock, WS12 3YY	✓	✓			✓				✓	✓		
Tesco Instore Pharmacy, Victoria Shopping Park, Victoria Street, Hednesford, WS12 1BT	✓	✓			✓				✓			
Well Pharmacy, 2 Festival Court, Pye Green Road, Hednesford, WS11 5RP	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, 57 - 59 Market Place, Cannock, WS11 1BP	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓
Well Pharmacy, 62 Hednesford Street, Cannock, WS11 1DJ	✓	✓			✓	✓	✓	✓	✓	✓		

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Influenza Adult Vaccination Services	Common Ailments Service	Emergency Supply	UTI/Impetigo	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange	Palliative Care Services
Well Pharmacy, 7 Devon Court, Bideford Way, Cannock, WS11 1NP	✓	✓			✓	✓	✓	✓	✓	✓		✓
Well Pharmacy, Norton Canes Health Centre, Brownhills Road, Norton Canes, Cannock, WS11 9SE	✓	✓			✓	✓	✓	✓	✓	✓		
East Staffordshire												
All Saints Pharmacy, 28 All Saints Road, Burton upon Trent, DE14 3LS	✓					✓	✓			✓		
Asda Pharmacy, The Octagon Centre, Orchard Street, Burton upon Trent, DE14 3TN	✓	✓			✓	✓	✓	✓	✓	✓		
Balance Street Pharmacy, Balance Street Health Centre, Balance Street, Uttoxeter, ST14 8JG	✓				✓	✓	✓	✓	✓	✓		
Boots The Chemist, 1 Cooper Square, Burton upon Trent, DE14 1DG	✓	✓			✓	✓			✓	✓		
Boots The Chemist, 6 High Street, Uttoxeter, ST14 7HT	✓	✓			✓	✓			✓	✓		
Branston Pharmacy, Main Street, Branston, Burton upon Trent, DE14 3EY	✓							✓				
Carlton Pharmacy, 118 Calais Road, Burton upon Trent, DE13 0UW	✓					✓			✓	✓		
Carters Pharmacy, Unit 2 , Carters Square, Uttoxeter, ST14 7FN	✓	✓								✓	✓	
Dean & Smedley , 16 High Street, Tutbury, Burton upon Trent, DE13 9LP	✓	✓			✓	✓	✓	✓	✓	✓		
Dean & Smedley , 35 - 36 St Peters Street, Stapenhill, Burton upon Trent, DE15 9AW	✓	✓			✓	✓	✓	✓	✓	✓		✓
Dean & Smedley , 67 Horninglow Street, Burton upon Trent, DE14 2PR	✓	✓			✓	✓	✓	✓	✓	✓		
Dean & Smedley , Unit 1 Main Street, Stretton, Burton upon Trent, DE13 0DZ	✓	✓			✓	✓	✓	✓	✓	✓		
Healthcare At Home Ltd, Fifth Avenue, Centrum 100, Burton upon Trent, DE14 2WS												
Lloyds Pharmacy, Instore Sainsbury's , Union Street, Burton upon Trent, DE14 1AA	✓	✓			✓	✓	✓	✓	✓	✓		✓
Manor Pharmacy, 14 Wetmore Road, Burton upon Trent, DE14 1SN	✓	✓			✓	✓	✓	✓	✓	✓		
Manor Pharmacy, 171 Calais Road, Burton upon Trent, DE13 0UN	✓	✓			✓	✓	✓	✓		✓		
Manor Pharmacy, 251 Branston Road, Burton upon Trent, DE14 3BT	✓	✓			✓	✓	✓	✓	✓	✓		
Morrisons Pharmacy, Morrisons Supermarket, Wellington Road, Burton upon Trent, DE14 2AR	✓	✓			✓	✓	✓	✓	✓	✓		
Peak Pharmacy, Melbourne Avenue, Winshill, Burton upon Trent, DE15 0EP	✓	✓			✓	✓	✓	✓	✓	✓		
Tesco Instore Pharmacy, Tesco Superstore, Brookside Road, Uttoxeter, ST14 8AU	✓	✓			✓		✓			✓		✓
Tesco Pharmacy, Tesco Superstore , St Peters Bridge, Burton upon Trent, DE14 3RJ	✓	✓			✓		✓		✓	✓		
Waterloo Pharmacy, 172 Waterloo Street, Burton upon Trent, DE14 2NQ	✓					✓				✓		
Well Pharmacy, 52 - 54 Main Street, Barton under Needwood , Burton upon Trent, DE13 8AA	✓	✓			✓		✓	✓	✓	✓		
Well Pharmacy, Fyfield Road, Stapenhill, Burton upon Trent, DE15 9QD	✓	✓			✓		✓	✓		✓		
Lichfield												
Alrewas Pharmacy, Main Street, Alrewas, DE13 7AE	✓	✓			✓	✓	✓	✓	✓			
Boots The Chemist, 4 - 8 Tamworth Street, Lichfield, WS13 6JJ	✓	✓			✓	✓			✓	✓		

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Influenza Adult Vaccination Services	Common Ailments Service	Emergency Supply	UTI/Impetigo	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange	Palliative Care Services
Boots The Chemist, 67 New Armitage Road, Armitage, Rugeley, WS15 4AA	✓	✓			✓	✓				✓		
Boots The Chemist, c/o Waitrose Store, Stonnyland Drive, off Sainte Foy Avenue, Lichfield, WS13 6RX	✓	✓			✓	✓			✓	✓		
Boots The Chemist, Langton Medical Centre, Eastern Avenue, Lichfield, WS13 7FA	✓	✓				✓			✓	✓		
Chasetown Pharmacy, 23 High Street, Chasetown, WS7 3XE	✓	✓				✓	✓	✓	✓	✓	✓	
Co-op Pharmacy, 3 Boley Park Shopping Centre, Ryknild Street, Lichfield, WS14 9XU	✓	✓			✓	✓	✓	✓	✓	✓		
Co-op Pharmacy, Greenhill Health Centre , Church Street, Lichfield, WS13 6JL	✓	✓				✓	✓	✓	✓	✓	✓	✓
Day Night Pharmacy, Unit 4, Swan Island Shopping Precinct, Chase Road, Burntwood, WS7 0DW	✓	✓			✓	✓	✓		✓	✓		
Fazeley Pharmacy, 11 Coleshill Street, Fazeley, B78 3RB	✓	✓				✓	✓	✓	✓	✓		
Fradley Pharmacy, Unit 6, The Stirling Centre, Tye Lane, Fradley, Lichfield, WS13 8ST	✓	✓			✓	✓	✓	✓	✓			✓
Jhoots Pharmacy, 7 Lichfield Road, Burntwood, WS7 0HH	✓	✓			✓	✓	✓	✓	✓	✓		✓
Jhoots Pharmacy, St Chads Health Centre, Dimbles Lane, Lichfield, WS13 7HT	✓	✓				✓	✓	✓				
Lloyds Pharmacy, 4 Rugeley Road, Chase Terrace, Burntwood, WS7 1AQ	✓	✓		✓		✓	✓	✓	✓			
Lloyds Pharmacy, Unit 3, Burntwood Shopping Centre, Burntwood, WS7 1JR	✓	✓		✓	✓	✓	✓	✓	✓	✓		
N & J's Chemist, 10 Morley Road, Burntwood , Walsall, WS7 9AZ	✓	✓			✓	✓	✓		✓			
Shenstone Pharmacy, 33b Main Street, Shenstone, Lichfield, WS14 0LZ	✓					✓	✓					
Tesco Pharmacy, Tesco Superstore, Church Street, Lichfield, WS13 6DZ	✓	✓			✓				✓	✓		
Whittington Pharmacy, 13b Main Street, Whittington , Lichfield , WS14 9JU	✓	✓					✓	✓	✓			
Newcastle-under-Lyme												
Asda Pharmacy, Asda Superstore, Wolstanton Retail Park, Wolstanton, Newcastle under Lyme, ST5 0AY	✓	✓			✓	✓	✓	✓	✓			✓
Boots The Chemist, 60 - 62 High Street, Newcastle under Lyme, ST5 1QL	✓	✓			✓	✓			✓	✓		
Bradwell Pharmacy, 111 Hanbridge Avenue, Bradwell, Newcastle under Lyme, ST5 8HX	✓	✓					✓		✓	✓		✓
Butt Lane Pharmacy, 147 Congleton Road, Butt Lane, Kidsgrove, Stoke on Trent, ST7 1LL	✓				✓				✓	✓		
Cornwells Chemist, 5 - 9 High Street, Newcastle under Lyme, ST5 1RB	✓	✓			✓	✓	✓	✓	✓	✓		
Cornwells Chemist, 5 The Parade, Silverdale, ST5 6LQ	✓	✓				✓	✓	✓	✓	✓		
DIMEC Pharmacy, Unit 13-21 ICI, Keele University Science Park, Keele, ST5 5NB	✓											
Higherland Pharmacy, 3 Orme Road, Poolfields, Newcastle under Lyme, ST5 2UE	✓											
Hollowood Chemists Ltd, Kingsbridge House, Kingsbridge Avenue, Clayton, Newcastle under Lyme, ST5 3HP	✓				✓	✓	✓	✓		✓		
Inspire Pharmacy, Unit 10 , Croft Road Ind Estate, Newcastle under Lyme, ST5 0TW	✓											
Lloyds Pharmacy, 1 - 2 High Street, Wolstanton, Newcastle under Lyme, ST5 0EP	✓	✓		✓		✓	✓	✓	✓			
Lloyds Pharmacy, 117 - 119 High Street, Wolstanton, Newcastle under Lyme, ST5 0EP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Influenza Adult Vaccination Services	Common Ailments Service	Emergency Supply	UTI/Impetigo	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange	Palliative Care Services
Lloyds Pharmacy, 42 Market Street, Kidsgrove, Stoke on Trent, ST7 4AB	✓	✓		✓		✓	✓	✓	✓	✓		
Lloyds Pharmacy, 7 The Westbury Centre, Westbury Road, Clayton, Newcastle under Lyme, ST5 4LY	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy, Ashfields New Road, Newcastle under Lyme, ST5 2AF	✓	✓				✓	✓	✓				✓
Loggerheads Pharmacy, 9 Eccleshall Road, Loggerheads, Market Drayton, Shropshire, TF9 4NX	✓	✓				✓	✓					
Millers Chemist, Newcastle Road, Middle Madeley, Nr Crewe, Shropshire, CW3 9JP	✓	✓			✓	✓	✓	✓	✓			
Milwards (Chemist) Ltd, 65 Milehouse Lane, Cross Heath, Newcastle under Lyme, ST5 9JZ	✓	✓			✓	✓	✓	✓	✓	✓		
Morrells Pharmacy, Milehouse Primary Care Centre, Millrise Village, Lymebrook Way, Milehouse, Newcastle under Lyme, ST5 9GA	✓	✓			✓	✓	✓	✓	✓	✓		
Morrisons Pharmacy, Morrisons Supermarket, Goose Street, Off Brook Lane, Newcastle under Lyme, ST5 3HY	✓	✓			✓	✓	✓	✓	✓			
Tesco Pharmacy, Liverpool Road East, Kidsgrove, ST7 1DX	✓	✓			✓		✓					✓
W S Low, 101 High Street, Wolstanton, Newcastle under Lyme, ST5 0EP	✓						✓		✓	✓		✓
Well Pharmacy, 21 - 23 London Road, Chesterton, Newcastle under Lyme, ST5 7EA	✓	✓			✓	✓	✓	✓	✓	✓		✓
Well Pharmacy, 58 - 60 King Street, Newcastle under Lyme, ST5 1HX	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, Audley Health Centre, Church Street, Audley, ST7 8EW	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, Jamage Road, Talke Pits, Stoke on Trent, ST7 1QD	✓	✓			✓	✓	✓	✓				
Well Pharmacy, London Road (Instore), Chesterton, Newcastle under Lyme, ST5 7DY	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, Mount Road, Kidsgrove, Stoke on Trent, ST7 4AY	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, Unit 4, Student Building, Keele University Science Park, Newcastle under Lyme, ST5 5BG	✓	✓			✓	✓	✓	✓	✓	✓		
South Staffordshire												
Bills Pharmacy, 29 High Street, Kinver, Stourbridge, DY7 6HF	✓	✓				✓						
Boots The Chemist, 5 - 6 Giggetty Lane, Wombourne, Wolverhampton, WV5 0AW	✓	✓			✓	✓			✓	✓		
Boots The Chemist, High Street, Wombourne, Wolverhampton, WV5 9DP	✓	✓			✓	✓						
Colliery Pharmacy, Colliers Way, Huntington, Cannock, WS12 4UD	✓	✓				✓	✓	✓	✓	✓		
Cornwells Chemists, 126 Wardles Lane, Great Wyrley, Walsall, WS6 6DZ	✓	✓			✓	✓	✓	✓	✓	✓		
Coven Pharmacy, 25 Brewood Road, Coven, Wolverhampton, WV9 5BX	✓	✓			✓	✓	✓		✓			
Hawthorne Chemist, Essington Community Centre, Hobnock Road, Essington, WV11 2RF	✓					✓	✓		✓	✓		
I-Meds Pharmacy, Kartar Farm, New Road, Swindon, South Staffordshire DY3 4PP												
Lloyds Pharmacy, 2 - 3 Anders Square, Perton, Wolverhampton, WV6 7QH	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy, 8 Bilbrook Road, Codsall, Wolverhampton, WV8 1EZ	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy, 86 Wolverhampton Road, Codsall, Wolverhampton, WV8 1PE	✓	✓		✓	✓	✓	✓	✓	✓			

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Influenza Adult Vaccination Services	Common Ailments Service	Emergency Supply	UTI/Impetigo	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange	Palliative Care Services
+Lloyds Pharmacy, Broadgate House, 6 Market Place, Brewood, ST19 9BS	✓	✓			✓	✓	✓	✓	✓			
Lloyds Pharmacy, Irvine House, 9 - 11 Church Road, Codsall, Wolverhampton, WV8 1EA	✓	✓		✓	✓	✓	✓	✓	✓			
Millstream Pharmacy, The Avenue, Featherstone, Wolverhampton, WV10 7AX	✓				✓	✓	✓	✓	✓	✓		
Northwood Dispensing Chemists, Pinfold Lane, Penkridge, Stafford, ST19 5AP	✓	✓			✓	✓	✓	✓	✓	✓		
Pattingham Pharmacy, 1 Meadow View, High Street, Pattingham, Wolverhampton, WV6 7BD												
Stevensons Chemists, 3 High Street, Cheslyn Hay, Walsall, WS6 7AB	✓	✓			✓	✓						
Wheaton Aston Pharmacy, 36 High Street, Wheaton Aston, ST19 9NP	✓						✓			✓		
Whitehouse Pharmacy, Market Street, Penkridge, Stafford, ST19 5DH	✓					✓	✓	✓	✓	✓		✓
Wombourne Pharmacy, 45a Planks Lane, Wombourne, Wolverhampton, WV5 8DX	✓								✓			
Stafford												
Asda Pharmacy, Asda Superstore, Queensway, Stafford, ST16 3TA	✓				✓	✓			✓	✓		
Birchill & Watson , 16 High Street, Stone, Stafford, ST15 8AW	✓	✓			✓	✓	✓	✓	✓			
Boots The Chemist, 10 - 14 Market Square, Stafford, ST16 2BD	✓	✓			✓	✓			✓	✓		
Boots The Chemist, 18 - 20 High Street, Stone, Stafford, ST15 8AW	✓	✓			✓	✓			✓	✓		
Boots The Chemist, Queen's Retail Park, Silkmore Lane, Stafford, ST17 4SU	✓	✓			✓	✓			✓	✓		
Cornwells Chemists, 51 Bodmin Avenue, Weeping Cross, Stafford, ST17 0EF	✓	✓			✓	✓	✓	✓	✓	✓		
Cornwells Chemists, Holmcroft Road, Stafford, ST16 1JG	✓	✓			✓	✓	✓	✓	✓	✓		
Cornwells Chemists, Weston Road, Stafford, ST18 0BF	✓	✓			✓	✓	✓	✓	✓	✓		
Eccleshall Pharmacy, 8 High Street, Eccleshall, Stafford, ST21 6BZ	✓	✓			✓	✓	✓	✓	✓	✓		✓
Gnosall Pharmacy, Gnosall Health Centre, Brookhouse Road, Gnosall, Stafford, ST20 0GP												
Haywood Pharmacy , 3 Trent Close, Great Haywood, Stafford, ST18 0SS	✓	✓				✓	✓		✓	✓		
Kitsons Chemist, 8 Orchard Place, Barlaston, Stoke on Trent, ST12 9DL												
Lloyds Pharmacy, 9 -10 Burton Square, Rising Brook, Stafford, ST17 9LT	✓	✓		✓		✓	✓	✓	✓	✓		
Lloyds Pharmacy, Chell Road, Stafford, ST16 2TF	✓	✓			✓	✓	✓	✓	✓	✓		
Lloyds Pharmacy, Millbank Surgery, Millbank, Stafford, ST16 2AG	✓	✓		✓		✓	✓	✓	✓	✓		
Rowlands Pharmacy, 161 Marston Road, Stafford, ST16 3BS	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Stafford Health and Wellbeing Pharmacy, Whitgreave Court, Stafford, ST16 3EB	✓	✓				✓			✓	✓		
Stone Pharmacy, 5 - 7 High Street, Stone, Stafford, ST15 8AJ	✓	✓			✓	✓	✓	✓		✓		✓
Superdrug Pharmacy , 18 Greengate Street, Stafford, ST16 2HS	✓	✓			✓	✓	✓	✓	✓	✓		
Tesco Instore Pharmacy, Newport Road, Stafford, ST16 2HE	✓	✓			✓				✓	✓		

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Influenza Adult Vaccination Services	Common Ailments Service	Emergency Supply	UTI/Impetigo	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange	Palliative Care Services
Walton Pharmacy, 46 Eccleshall Road, Walton, Stone, ST15 0HN	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, 128 West Way, Highfields, Stafford, ST17 9YF	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, Burton Square, Rising Brook, Stafford, ST17 9LT	✓	✓			✓	✓	✓	✓	✓	✓		
Well Pharmacy, Castle Way, Newport Road, Stafford, ST16 1BS	✓	✓			✓	✓	✓	✓	✓	✓		
Weston Road Pharmacy, 65 Weston Road, Stafford, ST16 3RL	✓	✓			✓	✓	✓	✓	✓	✓		
Wildwood Pharmacy, The Co-operative Centre, Cannock Road, Stafford, ST17 4RA	✓	✓			✓		✓					
Wolverhampton Road Pharmacy, 112 Wolverhampton Road, Stafford, ST17 4AH	✓	✓						✓		✓		
Staffordshire Moorlands												
Blythe Bridge Pharmacy, 240 Uttoxeter Road, Blythe Bridge, ST11 9LY	✓				✓	✓	✓	✓	✓	✓		
Boots The Chemist, 13 Derby Street, Leek, ST13 6HT	✓	✓			✓	✓				✓		
Boots The Chemist, 47 High Street, Cheadle, ST10 1AR	✓	✓			✓	✓			✓	✓		
D McMullen Pharmacy, Alder House, 22 Station Road, Endon, ST9 9DR	✓	✓				✓	✓					
Leek Pharmacy, 55 Queen's Drive, Leek, ST13 6QF	✓	✓			✓	✓		✓	✓	✓		
Lloyds Pharmacy, 15 Fountain Street, Leek, ST13 6JS	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	
Lloyds Pharmacy, Churnet Works, Macclesfield Road, Leek, ST13 8YG	✓	✓				✓	✓	✓	✓			
Lloyds Pharmacy, The New Pharmacy Unit, Park Medical Centre, Buxton Road, Leek, ST13 6QR	✓	✓		✓	✓	✓	✓	✓	✓	✓		
Millers Chemist, 165 Cheadle Road, Cheddleton, ST13 7HN	✓				✓	✓	✓	✓				
Ratcliffe Pharmacy, 42 Ashbourne Road, Cheadle, ST10 1HQ	✓	✓			✓	✓	✓	✓				
Ratcliffe Pharmacy, 44a High Street, Cheadle, ST10 1AF	✓	✓			✓	✓	✓	✓	✓	✓		
Tean Pharmacy, 19 High Street, Tean, ST10 4DY	✓											
Well Pharmacy, 16 - 18 Ball Haye Street, Leek, ST13 6JW	✓	✓			✓	✓	✓	✓		✓		✓
Well Pharmacy, 396 New Street, Biddulph Moor, ST8 7LR	✓	✓			✓		✓	✓	✓			
Well Pharmacy, 46 - 48 Derby Street, Leek, ST13 5AJ	✓				✓	✓	✓	✓	✓			✓
Well Pharmacy, 62 High Street, Biddulph, Stoke on Trent, ST8 6AS	✓	✓			✓		✓	✓		✓		
Well Pharmacy, Biddulph Primary Care Centre, Wharf Road, Biddulph, ST8 6AG	✓	✓			✓	✓	✓	✓	✓	✓		
Well Street Pharmacy, Well Street, Biddulph, ST8 6EZ	✓					✓	✓		✓			
Werrington Pharmacy, 339 Ash Bank Road, Werrington, ST9 0JS	✓	✓			✓	✓	✓	✓	✓			✓
Tamworth												
Aldergate Pharmacy, 75 Upper Gungate, Tamworth, B79 8AX	✓	✓										✓
Asda Pharmacy, Asda Superstore, Ventura Park, Tamworth, B78 3HB	✓	✓				✓	✓		✓	✓		

	Medicines Use Review Service	New Medicine Service	Appliance Use Review Service	Stoma Appliance Customisation Service	Influenza Adult Vaccination Services	Common Ailments Service	Emergency Supply	UTI/Impetigo	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange	Palliative Care Services
Boots The Chemist, 18 - 24 Ankerside, Tamworth, B79 7LQ	✓	✓			✓	✓				✓		
Boots The Chemist, Unit A, Ventura Retail Park, Tamworth, B77 1EA	✓	✓			✓	✓			✓			
Clare Healthcare Ltd, 146 Masefield Drive, Leyfields, Tamworth, B79 8JA	✓								✓	✓		
Dosthill Pharmacy, GP Surgery, Cadogan Road, Dosthill, Tamworth, B77 1PQ	✓	✓				✓		✓	✓	✓		
Eason Pharmacy, 215a Watling Street, Wilnecote , Tamworth, B77 5BB	✓	✓			✓	✓	✓	✓	✓	✓		✓
Exley Pharmacy, Unit 4, Exley Centre, Belgrave, Tamworth, B77 2LA	✓				✓	✓		✓	✓	✓		
Lloyds Pharmacy, In Store Sainsbury's Superstore, Bonehill Road, Tamworth, B78 3HD	✓	✓			✓	✓	✓	✓	✓			
Magrath Pharmacy, 68 Caledonian, Glascote , Tamworth, B77 2ED	✓					✓	✓		✓	✓		
PCP Direct (online), 30 Hospital Street, Tamworth , B79 7EB	✓	✓										✓
Peak Pharmacy, 266 Tamworth Road, Amington , Tamworth , B77 3DQ	✓	✓			✓	✓	✓	✓	✓	✓		✓
Peel Court Pharmacy, 2 Aldergate, Tamworth, B79 7DJ	✓	✓				✓	✓	✓		✓		
Prescription Care Services, Mariner House, Lichfield Road Industrial Estate, Tamworth , B79 7UL												
Primary Care Pharmacy, 30 Hospital Street, Tamworth , B79 7EB	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓
Rowlands Pharmacy, 54 Albert Road, Tamworth, B79 7JN	✓	✓		✓		✓	✓	✓	✓			
Stonydelph Pharmacy, 29 Ellerbeck, Stonydelph, Tamworth, B77 4JA	✓	✓			✓	✓			✓	✓		
Well Pharmacy, 1 - 5 Church Street, Tamworth, B79 7DH	✓	✓			✓	✓	✓	✓	✓	✓		

Staffordshire Health and Wellbeing Board	
Title	Physical Activity Sub-Group
Date	08/03/2018
Board Sponsor	Helen Riley
Author	Ben Hollands / Jude Taylor
Report type	For Decision

Summary

1. On 09.03.17 The Health & Wellbeing Board (HWBB) elected to adopt a sub-group of the Board which would be tasked with understanding and combatting physical inactivity in Staffordshire.

2. It was determined by the group that creating a standalone strategy for physical activity would add an unnecessary layer of bureaucracy. To this end a vision, set of outcomes and focused work programme will be developed in order to drive the agenda forward. This process is underway with the first stages of a logic-modelling exercise having been completed. This has led to agreement of the following vision:

   "Influencing people and places to embrace and value physical activity"

3. The following key principles have also been agreed:

   - A blended approach is needed to influence policy and deliver interventions.
   - A place-based approach will be developed, focusing on areas of highest demand and with agreement from district colleagues
   - Our insight will be strengthened via community consultation and engagement.
   - A multi-agency /collaborative approach will be adopted.

4. There is a clear line of sight between this work and Public Health's wider work programme and the STP Prevention Programme, with associated reporting to both the Health and Wellbeing Board and the STP Prevention Board.

5. Staffordshire Moorlands Leek North and Cannock's Springfield Estate have been selected as initial pilot localities. Analysis of available insight, asset mapping, and community consultation is now underway.

Recommendations to the Board

- The Board endorses the approach of the Physical Activity Sub-Group

- The Board agrees to hosts a challenge session in June, to test the robustness of the implementation plan for Staffordshire Moorlands.

Background / Introduction

6. The latest data from the 'Active Lives' Survey illustrates the scale of the challenge facing Staffordshire in terms of inactivity. 57.7% of Staffordshire's adult population achieve the CMO recommended levels of physical activity; this is considerably lower than the national average of 60.6% and means that as a whole the County is the sixth worst performing top tier authority in England. Furthermore current figures show that only Tamworth and Lichfield are performing better than national averages with all other districts falling below the national average. Cannock is the worst performing area with only 51.1% of its residents achieving recommended levels of activity placing it in the top 20 most inactive local authorities nationally. This data is consistent with the long term trend for physical activity in Staffordshire.

Table 1 Latest Active Lives Inactivity Data

		Inactive (<30 minutes a week)				
		Population total	Rate (%)	95% confidence interval		Rank (out of 352)
				Lower	Upper	
All adults (aged 16+)	214,284	11,456,900	25.6%	25.3%	25.9%	
Tamworth	549	15,100	24.3%	20.1%	29.1%	142nd
Lichfield	523	22,200	25.9%	21.5%	30.9%	194th
Staffordshire Moorlands	564	22,100	26.8%	22.2%	32.0%	233rd
Newcastle-under-Lyme	562	29,000	27.0%	22.4%	32.1%	238th
East Staffordshire	549	25,900	27.6%	23.0%	32.7%	255th
Stafford	542	30,900	27.7%	23.1%	32.8%	259th
South Staffordshire	537	26,100	27.8%	23.4%	32.8%	262nd
Stoke-on-Trent	1,182	65,900	32.6%	29.2%	36.2%	334th
Cannock Chase	510	26,700	33.0%	28.0%	38.4%	339th
Staffordshire	4,336	198,000	27.6%	25.9%	29.4%	254th
West Midlands	20,780	1,358,500	29.1%	28.2%	30.0%	
Staffordshire and Stoke-on-Trent	5,518	264,000	28.7%	27.2%	30.3%	6th most inactive (out of 44)

Current Activity

7. In response to this challenge the Health and Wellbeing Board has adopted a sub group tasked with providing the clear leadership and focus needed to address this issue, led by SCC and Sport Across Staffordshire

8. The group has now begun the process of deciding what will be achievable without significant additional financial resource and how we might collaborate

with other work streams such as the children's system review and obesity agendas. Work to pilot this approach has been initiated in Staffordshire Moorlands and Cannock, with analysis of available insight, asset mapping, and community consultation now underway.

9. Whilst we await the result of the communities engagement and consultation process it is anticipated the likely strands of activity in the implement plan will include:

    - Helping residents access local opportunities and make informed choices about how to get active through the targeted provision of information, advice and guidance
    - Developing the local workforce (Primary Care, leisure, education and voluntary) so it is better equipped to advise residents of physical activity options and more able to deliver activities that lead to sustained behaviour change
    - Developing community capacity
    - Securing investment (Sport England, Big Lottery etc.) for targeted interventions
    - Reshaping of the local authority leisure offer to meet the needs of priority groups more effectively

Options & Issues

- Ownership – through the whole system and across sectors.
- Resources – both physical and in-kind, to move this forward at pace.

What do you want the Health and Wellbeing Board to do about it?

10. The sub-group are seeking the continued support of the HWBB to progress this agenda in four key areas.

    - Where possible identify potential resources for this work.
    - Ensure that physical activity is embedded in relevant policies.
    - HWBB members champion this work within their own individual networks.
    - Once complete, endorse the implementation plan.

Staffordshire Health and Wellbeing Board	
Title	Together We're Better (TWB): Update On Progress
Date	8th March 2018
Board Sponsor	Dr Richard Harling
Author	Simon Whitehouse, TWB Director
Report type	For Debate

Summary

1. The Health and Wellbeing Board is advised of:

- the recommendations arising out of the review of governance
- plans for a system-wide engagement of the public in the transformation of health and social care.

Recommendations to the Board

2. To endorse the recommendations of the governance review.

3. To note the plans for a system-wide public engagement exercise

Introduction

4. In the last update to the Health and Wellbeing Board, the Chair and Vice Chair were invited to attend a Health and Care Transformation Board governance workshop to explore and shape how the system moves into delivery mode.

5. This paper reports back on that workshop and the actions arising out of it. It also updates the Board on the plans for a system-wide engagement of the public in the transformation of health and care.

6. This report also recognises that the most recent HWBB meeting spent time considering the relationship between the STP and the two Health and Well Being Boards across Staffordshire and Stoke-on-Trent.

Review of governance

7. Together We're Better, the partnership transforming health and care for the people of Staffordshire and Stoke-on-Trent, is moving from planning to delivery. As a result the existing structures and governance arrangements need to be fit for purpose and work in a manner that facilitates implementation.

8. Together We're Better is not a statutory organisation; authority is assumed from the powers delegated by partner organisations to the executive leaders of their respective organisations. These statutory bodies retain precedence in decision-making, and Together We're Better does not undermine the fact that the organisations within the partnership are sovereign legal entities, and that leaders are accountable to their individual governance structures. There is also clear recognition of the different governance arrangements for local authorities and the partnership continues to strive for active officer input with clear democratic oversight.

9. Similarly, the statutory responsibility of Health & Wellbeing Boards for system leadership and promoting the integration of health and care involving elected representatives is retained. The workshop session that took place in February spent time exploring the overlap between the STP and the HWBB and a number of actions were agreed to progress closer working.

10. However, there is an absolute need for Together We're Better to:

    i. Support **effective collaboration and trust** between commissioners, providers, people and carers to work together to deliver our shared vision
    ii. Provide clarity on **system-level accountabilities and responsibilities** for delivery of the sustainability and transformation plan, published in December 2016
    iii. Provide a robust framework for **system-level decision making**, and clarity on where and how decisions are made
    iv. Enable **opportunities to innovate**, share best practice and maximise sharing of resources between organisations

11. To this end, in July 2017 the Health and Care Transformation Board were briefed on the five aspects of governance that will need to be included in any reviews of our structures and arrangements:

    - System leadership:
    - Joint decision-making
    - Accountability
    - Collaboration / Relationships
    - Delivery

12. A half day workshop was also held on 2nd October 2017 to refresh the current governance arrangements to which some members of the HWBB were invited.

13. Three questions were posed at the workshop that attendees were asked to consider as part of a round table discussion:

    - How does the Health and Care Transformation Board and the two Health and Wellbeing Boards set the direction to inform the delivery roadmap for the system?
    - How do partners support the system architecture to deliver transformational change at pace?
    - If we assume our system is collectively moving to some form of a more integrated system, how do we engage and ensure a strong health and care professional and citizen voice?

14. In answer to the first question, two recommendations were made to the Health and Care Transformation Board in January 2018, both under 'Accountability':

    - Develop oversight model of governance between Health and Care Transformation Board and Health and Wellbeing Boards.
    - Workshop/s for Health and Care Transformation Board and both Health and Wellbeing Boards commissioned to develop the oversight model.

15. For Staffordshire, the first action is being discussed at a Health and Wellbeing Board development session on 8th February as mentioned earlier in this paper.

Review of engagement

16. Together We're Better is adopting a four stage process to engagement and consultation on any issues arising from the sustainability and transformation plan:
    - Establishing the case for change
    - Pre-consultation engagement
    - Consultation
    - Post-consultation

17. The case for change was published in March 2016 and a series of conversation events were hosted by Healthwatch in December of the same year.

18. We are now preparing to progress through the next three stages of the process.

19. A timeline is being prepared, which is subject to further engagement and will be shared through the normal routes.

20. What is absolutely clear is that we need to agree a single narrative that sets out what any changes will mean to local people in their community. We need to do this in a way that is meaningful and is understood and in partnership with the HWBB structures that exist.

21. The approach to engagement will need to consider how we develop solutions to the system challenges that we face and how we start to build a system that is both clinically (health and care) sustainable and financially viable.

22. There will be difficult decisions to be made but we need to do this in way that is driven by engagement and has the voice of the citizen at its heart.

Staffordshire Health and Wellbeing Board	
Title	Health & Wellbeing Board Strategy and Governance
Date	09/02/2018
Board Sponsor	Richard Harling
Author	Jon Topham
Report type	For Debate

Summary

Recommendations to the Board

That the Board

1) Consider and debate this Report and its implications

2) Support the recommendations for further work to develop the concept further prior to a broader report at the June HWBB

Background / Introduction

The Staffordshire HWBB facilitated a Development Session on 8 February. Senior representation from across the Health and Care spectrum included Fire Service, Voluntary sector, District Councils, SSoT STP, Public Health and Staffordshire County Council. The most significant gap in representation was from CCGs.

The purpose of the session was to:

- Reflect with Members on the current scope of draft HWBB Strategy 2018-2023 and highlight areas for further development.
- Provide an overview of the new Matrix approach by Public Health as the delivery vehicle for the Strategy.
- Consider the STP context and its alignment with HWBB.
- Discuss future governance to optimise impact of health and wellbeing efforts across the health and care economy.

The discussion was wide ranging, but a number of themes came through:

1. The HWBB Strategy and STP plans are complementary, and further work is now required to ensure a greater understanding of the work of the STP and a tighter fit between both.
2. There was a clear consensus that we need to develop a single, system-wide message that was clear, simple and understandable. It was felt that the HWBB focus on increasing healthy life expectancy is a good starting point, but some refinement to better articulate the objectives and system-wide focus on wellness was needed.
3. It was noted that the HWBB Strategy and STP also need to place much greater recognition on the wider determinants of good health. Improvements in education, skills, housing, environment, income and community cohesion are critical to people's ability to take control of their wellbeing and look after themselves.

4. It was agreed that a focus on increasing healthy life expectancy will delay or avoid the need to seek health and care support. A greater system-wide emphasis on improving lifestyles choices and changing cultural behaviours will be important to reduce poor health. Programmes such as the National Diabetes Prevention Programme, Healthy Communities and use of digitally enabled programmes will be important in achieving this.
5. It was also acknowledged that behavioural change will only be possible through co-production with people and communities. We need to understand what "good health" looks like, consider both person and professional perspectives, and change the language away from a blame culture to one that is enabling. The "this girl can" campaign was cited as an effective model
6. The group acknowledged that while the HWBB has now incorporated the work of the Families Strategic Partnership within the HWBB, further work was needed to better articulate this as well as ensure the STP is extended to incorporate Children and Young People services.
7. There was a strong aspiration to align, or bring together, the two Staffordshire Health and Wellbeing Boards and the STP
8. Any alignment of the STP and HWBBs needs to ensure that HWBB priority focus on prevention is not lost. The representation and contribution from non-clinical partners (e.g. Fire and Rescue, Districts Councils) was crucial to ensuring a strong preventative focus.

Recommendations

Message: That the Board supports work to align the HWB strategy and STP with a clear message and statement on purpose, focus and prevention. A more developed strategy to be brought back to the June Board. **Action by Karen & Jon**

Governance:

- That the Board support the aspiration to bring together STP, Stoke HWBB and Staffordshire HWBB.
- That discussion is initiated with Stoke HWBB and progress reported back at the June Board. **Action:** Chairs of the HWBB and STP

A proposed model brought to the June Board as part of the revised HWBB Strategy **Action: Karen & Jon**

Staffordshire Health and Wellbeing Board	
Title	Health Improvement Service
Date	08/03/2018
Board Sponsor	Richard Harling
Author	Joanna Robinson
Report type	For Debate

Summary

This paper details the changes to health improvement services to support healthy lifestyles. The proposed changes are consistent with the Council's strategic priorities to maintain an active and healthy population, use new technologies to enable people to take personal ownership for their health and well-being and to reduce inequalities by focusing resources on those areas and individuals where health and well-being is poorest.

Recommendations to the Board

That the Board

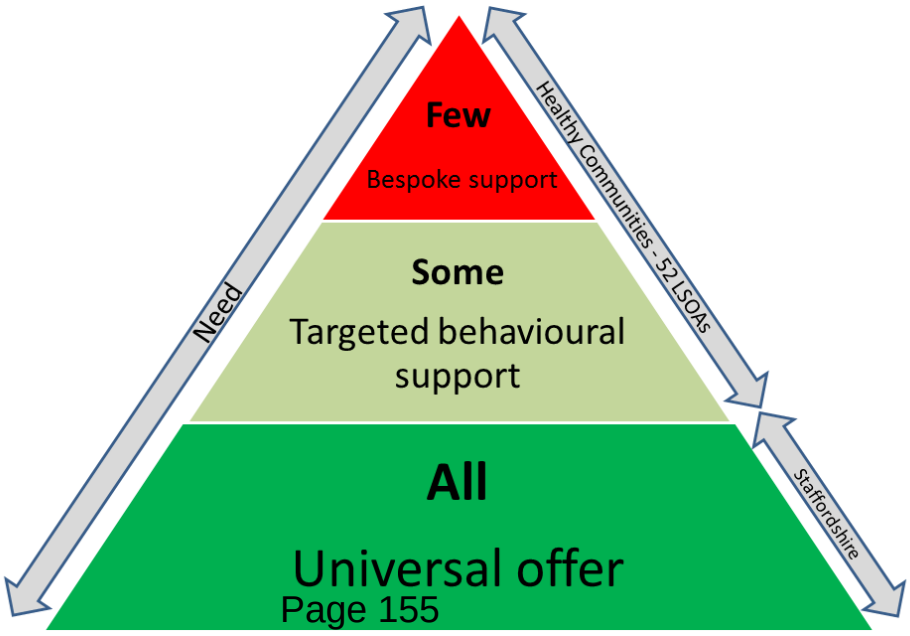
1) Note the Report and support the commissioned activity which is targeted in 52 identified areas.
2) Consider how HWBB partners can promote the digital offer and Healthy Communities Service

Background / Introduction

As you'll be aware people in Staffordshire are living longer, but not necessarily healthier lives. With less money available, we need to encourage people to take greater responsibility for their own health and wellbeing so that the council can focus its resources on those that need help the most.

From April 2018, the county council will be focusing support where we believe it will have the biggest impact. There will be three levels of support that require different approaches (Figure 1).

Figure 1



Universal Offer

To reflect the digital world we now live in, we are encouraging more people to use, in the first instance, a range of online tools which enable people to undertake an online health check and access information, advice and guidance around positive lifestyle choices. These tools are designed to enable people to take control of their own health and wellbeing.

Staffordshire County Council have an online health and wellbeing planner that directs individuals to sources of advice on a range of health and wellbeing related issues and support provided by public, private or community and voluntary sector organisations.[1]

People can also complete a health check quickly and conveniently online. The online tools currently available are NHS Heart Age Tool and NHS One You. The NHS Heart Age Tool is based on the same algorithm (QRISK2) as used in the NHSHC to assess 10 year risk of cardiovascular disease. The NHS Heart Age Tool has been heavily researched and is currently accepted as the most accurate tool available.[2]

The online health check tools do not currently include blood tests or blood pressure measurements to assess risk and diagnose conditions. However, we are exploring the ability to offer these through new medical technologies and commercial bio-testing services, so that a full NHSHS is available online.

If the online tools indicate that a person is at higher risk of developing cardiovascular disease and they would still like a health check, then this can be arranged. We will work with the new service provider to facilitate a NHSHC for people who are not eligible for the Service where it is indicated the individual would benefit from a face to face check.

A Health & Care tile has been placed on the MyStaffs App. The app' has direct links to the NHS Heart Age Tool, NHS One You and a range of Staffordshire County Council information services including Staffordshire Connects.[3]

Targeted support – Available for the Some and Few

We are pleased to inform you we have now commissioned a new service which is expected to launch later in the spring and will be provided by Everyone Health part of Sports and Leisure Management Ltd.

The service will be available to people who are aged 50 years and over and live in the 52 identified areas (Appendix 1) where residents have a higher risk of cardiovascular disease and poor health and are therefore at more risk of entering adult social care and using NHS services. This approach of targeting resources proportionate to risk of poor health in later life is key in tackling health inequalities.

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[1] www.staffordshireconnects.info/plan
[2] https://www.nhs.uk/Tools/Pages/heartage.aspx
https://www.nhs.uk/oneyou/hay#g60f6lRYP4dxXgFC.97

[3] https://www.staffordshire.gov.uk/MyStaffs-App/MyStaffs-App.aspx

The service will provide NHS Health Checks as well as lifestyle help including weight management, diet and malnutrition, physical activity, stop smoking, falls awareness prevention and social isolation. This will be achieved by facilitating behaviour change, offering services and supporting people to use activities and groups within their community.

Who can use the new service?

The service will be available to eligible people who have one or more of the following lifestyle risks:

- smoke tobacco
- have a body mass index (BMI) greater than 28kg/m^2 with co-morbidity(s) or clinical condition(s) or Service Users with a BMI greater than 30 kg/m^2
- have a fear of falling or who have fallen but do not meet the local NHS Falls Service criteria
- lonely or socially isolated
- physically inactive and/or have a low weekly physical activity score
- malnourished or at risk of becoming malnourished

The NHSHC intervention will be available to people that are aged 50 to 74 years, who do not already have CVD and have not already had a NHSHC/CVD risk assessment in the last 5 years.

The GP (or secondary care consultant, where applicable) will remain responsible for the management of the individuals medical condition/s whilst they are accessing the Service.

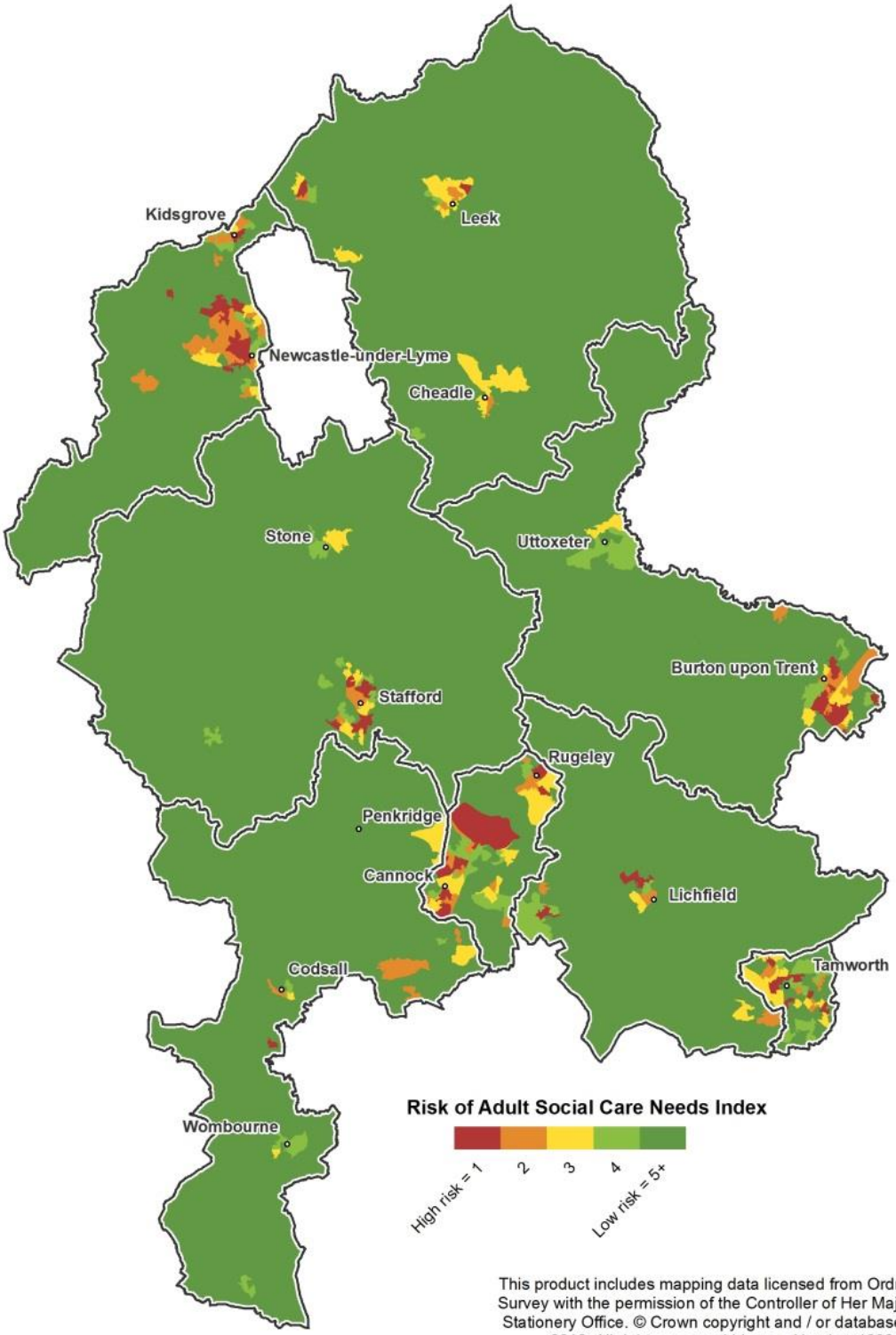
Recommendations

The approach has been through a thorough democratic process including; Community Impact Assessment, scrutiny by the Healthy Staffordshire Select Committee and approval by the Council's Cabinet. We have also shared the approach and supporting evidence with Dr Charles Pidsley, Co-Chair of the Staffordshire Health & Wellbeing Board. Dr Gulshan Kaul, LMC Chair in South Staffordshire, co-signed correspondence to all Staffordshire GPs which detailed our approach. We collectively acknowledge the ethical rationale underpinning the targeted approach and level of health inequalities the new service seeks to address.

The Board is asked to:

1) Note the report and support the commissioned activity which is targeted in 52 identified areas.
2) Consider how HWBB partners can promote the digital offer and Healthy Communities Service

Appendix 1. Map showing Risk of Adult Social Care Needs Index



Risk of Health and Social Care Needs Index: areas at very high risk

LSOA	Ward name	Local authority
E01029346	Brereton and Ravenhill	Cannock Chase
E01029349	Cannock East	Cannock Chase
E01029350	Cannock East	Cannock Chase
E01029354	Cannock North	Cannock Chase
E01029355	Cannock North	Cannock Chase
E01029356	Cannock North	Cannock Chase
E01029359	Cannock South	Cannock Chase
E01029360	Cannock South	Cannock Chase
E01029388	Hednesford North	Cannock Chase
E01029404	Western Springs	Cannock Chase
E01029407	Anglesey	East Staffordshire
E01029409	Anglesey	East Staffordshire
E01029410	Anglesey	East Staffordshire
E01029427	Eton Park	East Staffordshire
E01029437	Horninglow	East Staffordshire
E01029447	Shobnall	East Staffordshire
E01029448	Shobnall	East Staffordshire
E01029453	Stapenhill	East Staffordshire
E01029468	Winshill	East Staffordshire
E01032898	Burton	East Staffordshire
E01029492	Chadsmead	Lichfield
E01029496	Chasetown	Lichfield
E01029499	Curborough	Lichfield
E01029527	Summerfield and All Saints	Lichfield
E01029535	Audley and Bignall End	Newcastle-under-Lyme
E01029538	Bradwell	Newcastle-under-Lyme
E01029547	Chesterton	Newcastle-under-Lyme
E01029548	Chesterton	Newcastle-under-Lyme
E01029553	Cross Heath	Newcastle-under-Lyme
E01029554	Cross Heath	Newcastle-under-Lyme

E01029555	Cross Heath	Newcastle-under-Lyme
E01029560	Holditch	Newcastle-under-Lyme
E01029566	Knutton and Silverdale	Newcastle-under-Lyme
E01029588	Ravenscliffe	Newcastle-under-Lyme
E01029599	Thistleberry	Newcastle-under-Lyme
E01029604	Town	Newcastle-under-Lyme
E01029666	Perton Lakeside	South Staffordshire
E01029691	Common	Stafford
E01029692	Coton	Stafford
E01029715	Highfields and Western Downs	Stafford
E01029725	Coton	Stafford
E01029727	Manor	Stafford
E01029734	Penkside	Stafford
E01029763	Biddulph East	Staffordshire Moorlands
E01029766	Biddulph East	Staffordshire Moorlands
E01029809	Leek North	Staffordshire Moorlands
E01029827	Belgrave	Tamworth
E01029834	Bolehall	Tamworth
E01029835	Castle	Tamworth
E01029845	Glascote	Tamworth
E01029849	Mercian	Tamworth
E01029859	Stonydelph	Tamworth

Staffordshire Health and Wellbeing Board	
Topic:	JSNA Outcomes – Quarterly Update, February 2018
Date:	08/03/2018
Board Member:	Richard Harling
Author:	Divya Patel
Report Type	For Debate

Summary

1. The health and wellbeing outcomes report brings together key outcome measures from the national outcome frameworks for the NHS, adult social care and public health to support monitoring of a range of indicators and delivery of the Living Well strategy.

2. In September 2015, the Health and Wellbeing Board agreed to receive the updated summary report on a quarterly basis as a 'for information' item.

3. Information showing detailed trends and locality information will continue to be published on the Staffordshire Observatory website and forms part of the core Joint Strategic Needs Assessment dataset at: http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx

Recommendations

4. The Board is recommended to:
   a) Consider the report and discuss those indicators highlighted.
   b) Review and agree priority indicators for adults (Living Well, Ageing Well and Ending Well) in line with the new health and well-being strategy.

Key findings

5. Some of the highlights based on **data updated this quarter** include:
   - The number of children under being admitted to hospital for unintentional injuries has fallen
   - The rates of older people being admitted to hospital for a fall has reduced and is now lower than the England average

6. Some of the challenges in Staffordshire based on **new data from this quarter** include:
   - continued high proportions of women smoking throughout pregnancy and low breastfeeding rates
   - the number of 16-17 year olds who are not in education, employment or training is higher than average
   - the number of people admitted to hospital due to an alcohol-related conditions is higher than average; admissions for self-harm are also higher than average
   - levels of violent crime are similar to average but have increased
   - the number of delayed transfers of care from hospital has fallen during December 2017 but continues to be higher than the national average

- end of life care measured by the proportion of people dying at home, or their usual place of residence, remains below the England average

7. Three of the indicators that have been updated this quarter have also been drawn out for discussion.

Smoking in pregnancy

8. Smoking during pregnancy is associated with adverse effects for both mother and her unborn baby. Trends for Staffordshire show that there had been a steady reduction in the number of women smoking throughout pregnancy since 2009/10; however between 2015/16 and 2016/17 there was a slight increase in rates (
9. Figure 1).

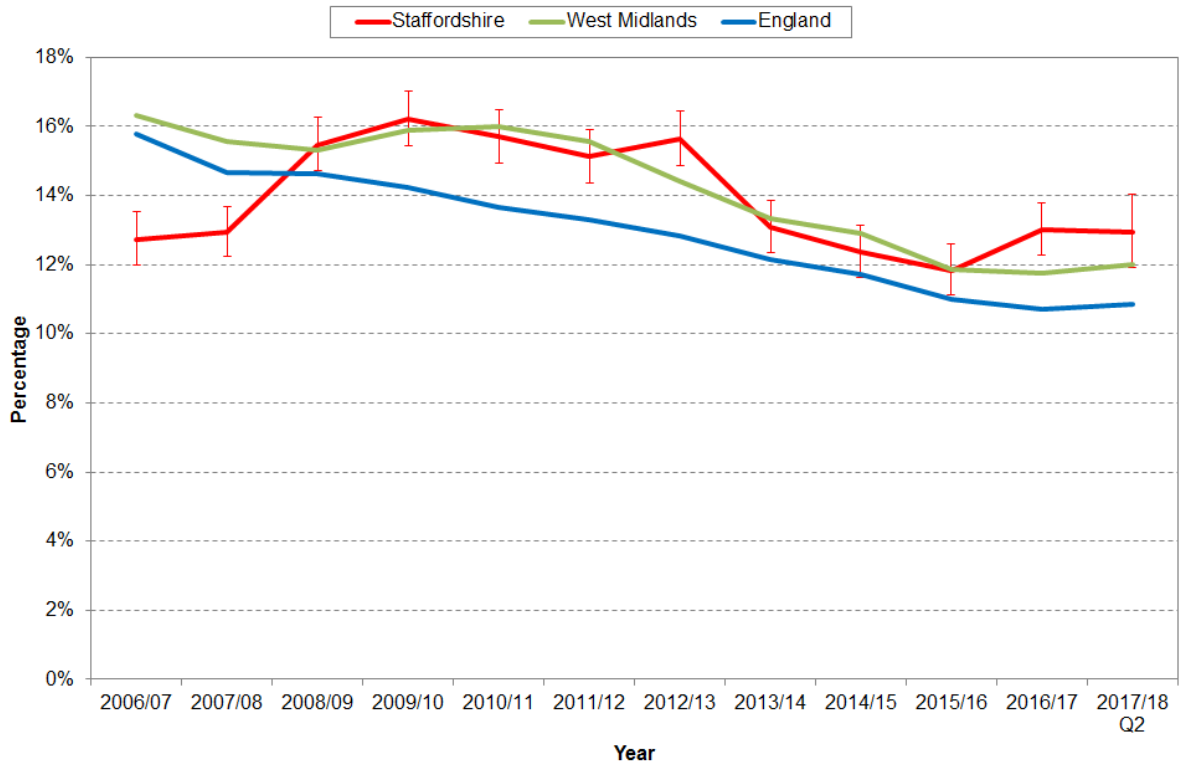
10. The latest data shows that 13% of women smoked during pregnancy which is higher than the England average of 11%. During the first two quarter of 2017/18 rates of women smoking throughout pregnancy were higher in Cannock Chase and North Staffordshire CCGs (

11.

12.

13. Table 1). Smoking in pregnancy can increase the risk of complications for the pregnancy, babies being born with a low birthweight and infant deaths.

Figure 1: Smoking in pregnancy trends



Source: Statistical release: Statistics on women's smoking status at time of delivery: England. Copyright 2017. The Health and Social Care Information Centre, Lifestyle Statistics. All Rights Reserved

Table 1: Smoking in pregnancy by CCG

	2014/15	2015/16	2016/17	2017/18 Q2
Cannock Chase	10.9%	12.1%	15.0%	15.6%
East Staffordshire	10.3%	9.0%	10.1%	12.2%
North Staffordshire	11.8%	14.0%	15.5%	14.9%
South East Staffordshire and Seisdon Peninsula	13.2%	11.2%	11.8%	11.1%
Stafford and Surrounds	14.7%	12.4%	12.8%	11.1%
Staffordshire CCGs	**12.4%**	**11.8%**	**13.0%**	**12.9%**
West Midlands	**12.9%**	**11.8%**	**11.8%**	**12.0%**
England	**11.7%**	**11.0%**	**10.7%**	**10.9%**

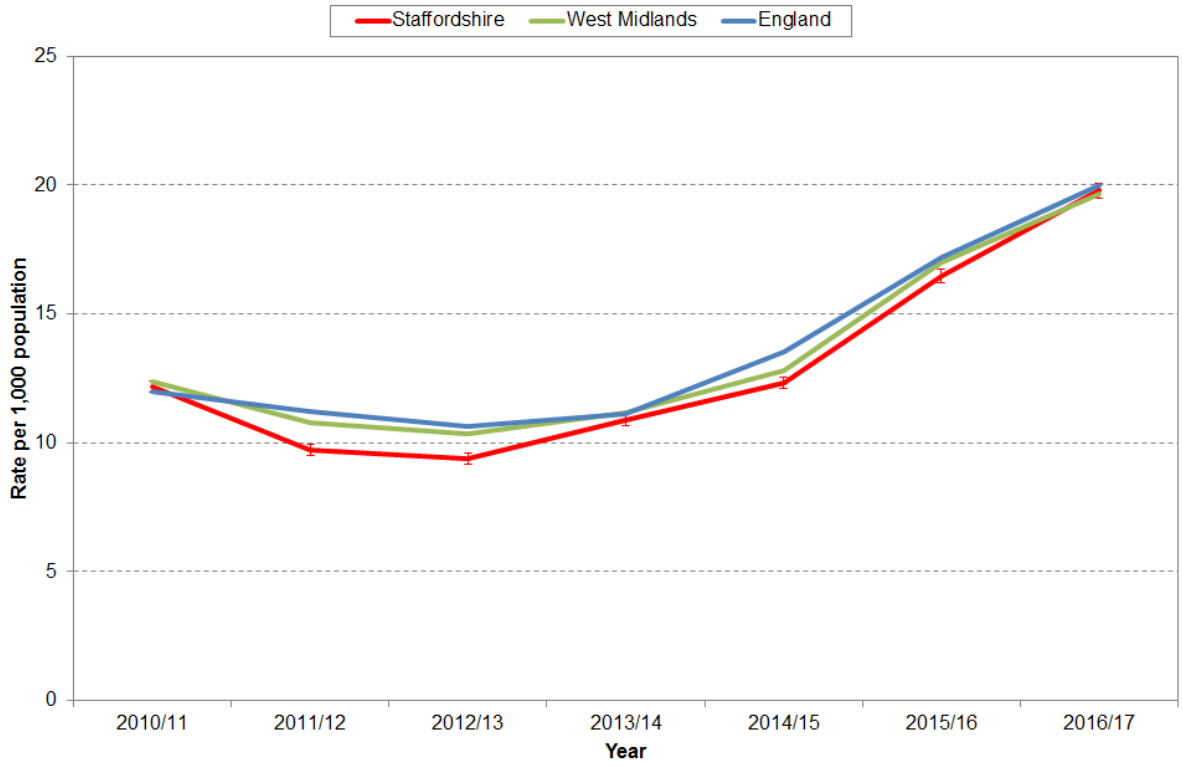
Key: Statistically better than England; statistically worse than England
Note: Due to the implementation of a new Maternity Clinical IT System for The Heart of England Foundation Trust, a large number of maternities had an unknown smoking status for South East Staffordshire and Seisdon Peninsula from 2014/15 Q3 to 2015/16 Q2.
Source: Statistical release: Statistics on women's smoking status at time of delivery: England. Copyright 2017. The Health and Social Care Information Centre, Lifestyle Statistics. All Rights Reserved

Violent crime

14. During 2016/17 there were almost 17,100 reported incidents of violent crime in Staffordshire with the overall rate being similar to the England average. Figure

2 shows a continued increase in rates which is thought to be a result of more effective reporting and recording of incidents rather than real increases in levels of violent crime. During 2016/17 violent crime rates in Tamworth, Newcastle, Cannock Chase and East Staffordshire were higher than average. Being a victim of violent crime can impact on an individual's wellbeing.

Figure 2: Trends in violent crime rates



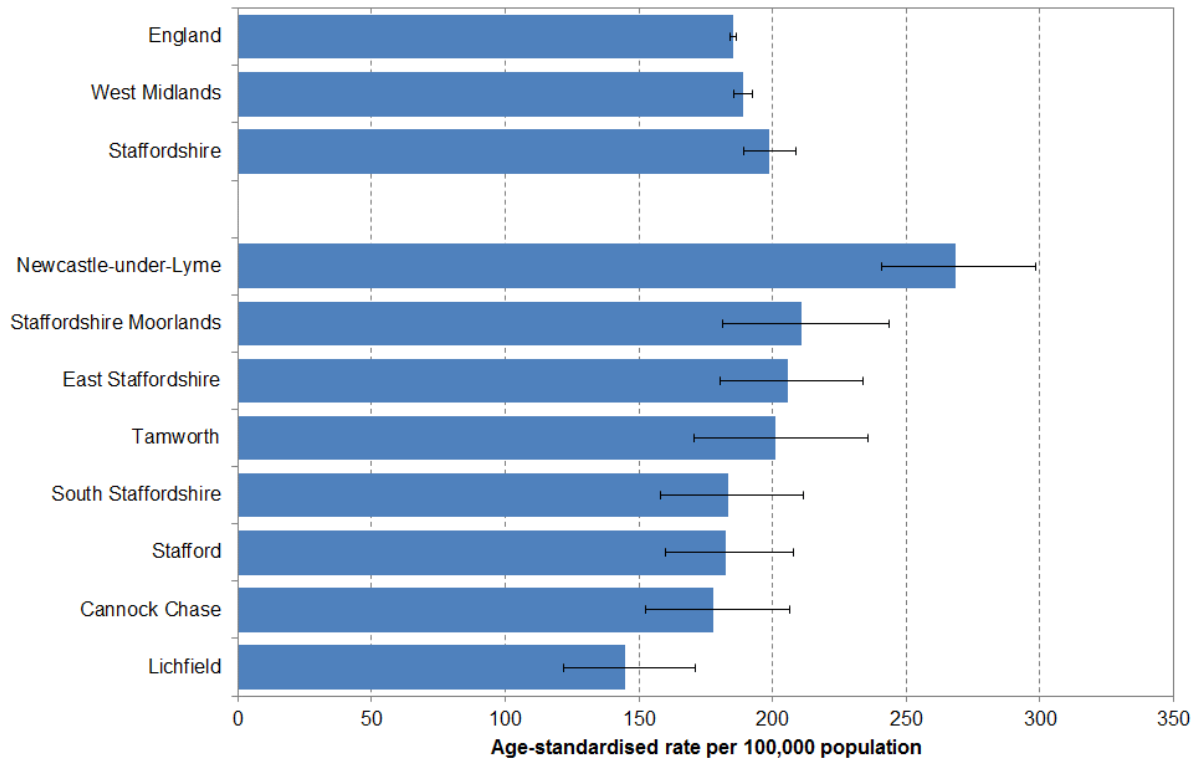
Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

Self-harm admissions

15. Nationally self-harm is one of the top five causes of acute medical admission and those who self-harm have a one in six chance of repeat attendance at A&E within the year. Self-harm is often an expression of personal distress and there is significant and persistent risk of future suicide following an episode of self-harm.

16. During 2016/17 there were 1,675 self-harm admissions in Staffordshire; rates overall are higher than the England average and particularly high in Newcastle (Figure 3). Unlike the national trend there has been no local reduction of rates over the last five years. Staffordshire also has admissions rates that higher than the England average for children and young people aged 10-24.

Figure 3: Self-harm admissions, 2016/17



Source: Public Health Outcome Framework, Public Health England, http://www.phoutcomes.info/

JSNA - Health and Wellbeing outcomes Summary Report for Staffordshire February 2018

Staffordshire Observatory

Staffordshire County Council

Introduction

Staffordshire's health and wellbeing strategy, Living Well, included an outcomes framework based on selected indicators from the national outcomes frameworks for public health, National Health Service and adult social care as well as measures from the Clinical Commissioning Group and children's outcomes frameworks.

This outcomes performance summary report presents data against indicators that were identified within the Living Well strategy where data is currently routinely available. This quarter also includes measures from the locally agreed outcomes framework for children. Data sources for some of the other indicators are yet to be developed. The indicators are grouped under life course stages: start well, grow well, live well, age well and end well alongside a small section on overarching health and wellbeing.

The full report which include trend and locality information is available on the Staffordshire Observatory website and acts as one of the key Joint Strategic Needs Assessment resources at http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx.

Summary performance

Performance against indicators are summarised into whether they are a concern for Staffordshire (the indicator performs worse than the national average), of some concern (similar to the national average or trend has been going in the wrong direction over a period of time) or little concern where the performance is better than England. ***Indicates where data has been updated or is a new indicator***

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Overarching health and wellbeing	There are significant health inequalities across Staffordshire for key health and wellbeing outcomes which are in the main underpinned by determinants of health.		▪ **Life expectancy at birth** ▪ **Inequalities in life expectancy** ▪ **Healthy life expectancy**	
Start well	Infant mortality and associated measures in Staffordshire are worse than average. The proportion of children living in poverty has increased but remains lower than England; however a significant number of start well indicators remain a concern in areas where there are higher proportions of low-income families.	▪ Infant mortality ▪ **Smoking in pregnancy** ▪ **Breastfeeding rates**	▪ Children in poverty ▪ Worklessness households ▪ Child mortality ▪ **Low birthweight babies**	▪ Children benefiting from funded early education places ▪ School readiness ▪ **Childhood immunisation** ▪ Tooth decay in children

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Develop well	There are a number of child health outcome indicators where Staffordshire is not performing as well as it could. The proportion of children with excess weight in Reception is higher than average. Unplanned admissions to hospital for lower respiratory infections and self-harm for children and young people are also higher than average. Overall educational attainment is better than average; however there are some cohorts, e.g. children receiving free school meals, children with special educational needs and those looked after who have lower educational attainment rates putting them at risk of economic exclusion in adulthood.	▪ **Proportion of pupils attending schools that were rated good or outstanding** ▪ **16-17 year olds not in education, employment or training** ▪ Children with excess weight ▪ Emergency admissions for lower respiratory tract infections ▪ Hospital admissions as a result of self-harm (10-24 years)	▪ GCSE attainment ▪ Under 18 alcohol-specific admissions ▪ Smoking prevalence in 15 year olds ▪ **Teenage pregnancy** ▪ Unplanned hospitalisation for asthma, diabetes and epilepsy ▪ Emotional wellbeing of looked after children ▪ Referrals to Children's Social Care ▪ Early help assessments ▪ Children in need, child protection rates and rates of looked after children ▪ Children killed or seriously injured on roads ▪ **Young people aged 16-24 who are satisfied with area as a place to live** ▪ **Young people aged 16-24 who feel safe in their community** ▪ Reoffending rates for children aged 10-17	▪ Pupil absence ▪ Key Stage 2 attainment ▪ Children identified as having social, emotional and mental health problems ▪ Unintentional and deliberate injuries ▪ First time entrants to the Youth Justice System
Live well	There are concerns with performance against healthy lifestyle indicators such as alcohol consumption, excess weight and physical activity. In addition performance on prevention of serious illness could be improved as Staffordshire has significantly lower numbers of NHS health checks to the target population. There are also concerns for outcomes for people with long-term conditions to participate in life opportunities which enable them to live independently. The number of people who self-harm rates are also higher than average.	▪ Employment of people with long-term conditions ▪ Vulnerable adults who live in stable and appropriate accommodation ▪ Domestic abuse ▪ **Alcohol-related admissions** ▪ Excess weight in adults ▪ Physical activity ▪ Recorded diabetes ▪ **NHS health checks** ▪ **Hospital admissions as a result of self-harm**	▪ **Self-reported wellbeing** ▪ Sickness absence ▪ **Violent crime** ▪ Utilisation of green space ▪ Road traffic injuries ▪ Adult smoking prevalence ▪ Healthy eating ▪ Diabetes complications ▪ **Successful completion of drug and alcohol treatment** ▪ Deaths from drug misuse	▪ **People feel satisfied with their local area as a place to live** ▪ Re-offending levels ▪ People affected by noise ▪ Statutory homelessness

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Age well	Fewer Staffordshire residents over 65 take up their flu vaccination or their offer of a pneumococcal vaccine; in addition fuel poverty rates in the County are high, two factors known to contribute to excess winter morbidity and mortality. Many age well indicators associated with the quality of health and care in Staffordshire perform poorly, for example more people are admitted to hospital for conditions that could be prevented or managed in the community. In addition those that are admitted to hospital are delayed from being discharged.	▪ Fuel poverty ▪ Pneumococcal vaccination uptake in people aged 65 and over ▪ Seasonal flu vaccination uptake in people aged 65 and over ▪ Unplanned hospitalisation for ambulatory care sensitive conditions ▪ **Delayed transfers of care**	▪ Social isolation ▪ Social care/health related quality of life for people with long-term conditions ▪ People feel supported to manage their condition ▪ People receiving social care who receive self-directed support and those receiving direct payments ▪ Permanent admissions to residential and nursing care ▪ Emergency readmissions within 30 days of discharge from hospital ▪ **Estimated dementia diagnosis rates** ▪ Reablement services ▪ **Hip fractures in people aged 65 and over**	▪ **Falls in people aged 65 and over**
End well	Fewer Staffordshire residents than average die before the age of 75 from cardiovascular and respiratory diseases. However end of life care, winter deaths, early death rates from cancer, liver disease and suicides remains of some concern across the County. There are also significant inequalities in mortality rates across Staffordshire.	▪ **End of life care: proportion dying at home or usual place of residence**	▪ Preventable mortality ▪ Under 75 mortality from cancer ▪ Under 75 mortality from liver disease ▪ Mortality from communicable diseases ▪ Excess winter mortality ▪ Suicide ▪ Excess mortality rate in adults with mental illness ▪ Mortality attributable to particulate air pollution	▪ Mortality from causes considered amenable to healthcare ▪ Under 75 mortality from cardiovascular disease ▪ Under 75 mortality from respiratory disease

Table 1: Summary of health and wellbeing outcomes

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
1.1a	Yes	Life expectancy at birth - males (years)	2014-2016	79.7	79.5	Stable
1.1b	Yes	Life expectancy at birth - females (years)	2014-2016	82.9	83.1	Stable
1.2a	Yes	Inequalities in life expectancy - males (slope index of inequality) (years)	2014-2016	7.8	9.3	Stable
1.2b	Yes	Inequalities in life expectancy - females (slope index of inequality) (years)	2014-2016	6.7	7.3	Stable
1.3a	Yes	Healthy life expectancy - males (years)	2014-2016	64.9	63.3	Stable
1.3b	Yes	Healthy life expectancy - females (years)	2014-2016	65.4	63.9	Stable
2.1	No	Child poverty: children under 16 in low-income families	2014	15.1%	20.1%	Worsening
2.2	No	Worklessness households	2016	12.7%	14.6%	Stable
2.3a	No	Percentage of two year old children benefiting from funded early education places	Jan-2017	78%	71%	Stable
2.3b	No	Percentage of three and four year old children benefiting from funded early education places	Jan-2017	100%	95%	Stable
2.4	No	School readiness (Early Years Foundation Stage): achieving a good level of development	2017	74.5%	70.7%	Stable
2.5	No	Infant mortality rate per 1,000 live births	2014-2016	5.2	3.9	Stable
2.6	No	Child mortality rate (ages 1-17) (ASR per 100,000)	2013-2015	10.3	11.9	Stable
2.7	Yes	Smoking in pregnancy	2017/18 Q2	12.9%	10.9%	Stable
2.8a	No	Breastfeeding initiation rates	2016/17	67.7%	74.6%	Stable
2.8b	Yes	Breastfeeding prevalence rates at six to eight weeks	2017/18 Q2	27.7%	42.3%	Improving
2.9a	No	Low birthweight babies (under 2,500 grams)	2015	7.6%	7.4%	Stable
2.9b	Yes	Low birthweight babies - full term babies (under 2,500 grams)	2016	2.4%	2.8%	Stable
2.10a	Yes	Diphtheria, tetanus, polio, pertussis, haemophilus influenza type b (Hib) at 12 months	2017/18 Q2	95.8%	93.1%	Stable
2.10b	Yes	Measles, mumps and rubella at 24 months	2017/18 Q2	94.1%	91.1%	Stable
2.10c	Yes	Measles, mumps and rubella (first and second doses) at five years	2017/18 Q2	90.8%	87.5%	Stable
2.11	No	Children aged five with tooth decay	2014/15	17.8%	24.7%	Improving
3.1a	Yes	Proportion of schools rated good or outstanding	Dec-2017	87.7%	89.1%	Stable
3.1b	Yes	Proportion of pupils attending schools that were rated good or outstanding	Dec-2017	84.7%	87.2%	Stable
3.2	No	Pupil absence	2015/16	4.3%	4.6%	Stable
3.3	No	Key stage 2 (achieving the expected standard in reading, writing and maths)	2017	63.2%	61.1%	Improving
3.4	No	GCSE attainment (grades 5-9 in English and mathematics)	2017	39.3%	39.6%	Stable
3.5	Yes	Young people aged 16-17 not in education, employment or training (NEET)	2016	7.5%	6.0%	n/a
3.6a	No	Excess weight (children aged four to five)	2016/17	24.9%	22.6%	Worsening
3.6b	No	Excess weight (children aged 10-11)	2016/17	33.6%	34.2%	Stable
3.7	Yes	Unplanned hospital admissions due to alcohol-specific conditions (under 18) (rate per 100,000)	2014/15 - 2016/17	31.5	34.2	Stable
3.8	No	Smoking prevalence in 15 years olds	2014/15	7.9%	8.2%	n/a
3.9	Yes	Under-18 conception rates per 1,000 girls aged 15-17	2016 Q3	21.4	19.3	Stable
3.10a	No	Unplanned hospital admissions for asthma, diabetes and epilepsy in under 19s (ASR per 100,000)	2015/16	334	312	Stable
3.10b	No	Unplanned hospital admissions for lower respiratory tract in under 19s (ASR per 100,000)	2015/16	575	423	Worsening
3.11	No	Proportion of children identified as having social, emotional and mental health problems	2017	1.4%	2.3%	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
3.12	No	Emotional wellbeing of looked after children (score)	2015/16	14.9	14.0	Stable
3.13	No	Hospital admissions as a result of self-harm (10-24 years) (ASR per 100,000)	2015/16	490	431	Stable
3.14a	No	Referrals to Children's Social Care (rate per 10,000)	2016/17	542	548	Worsening
3.14b	No	Repeat referrals to Children's Social Care	2016/17	20.3%	21.9%	Stable
3.15	No	Early help assessments (rate per 10,000)	2017/18 Q1	218	n/a	Stable
3.16a	No	Children in need (rate per 10,000)	2016/17	321	330	Improving
3.16b	No	Child protection plans (rate per 10,000)	2016/17	32.0	43.3	Improving
3.16c	No	Looked after children (rate per 10,000)	2016/17	59.0	61.7	Stable
3.17	No	Children aged under 16 who are killed or seriously injured on the roads (rate per 100,000)	2014-2016	16.8	17.1	Stable
3.18a	Yes	Hospital admissions caused by unintentional and deliberate injuries in children under five (rate per 10,000)	2016/17	107	126	Improving
3.18b	Yes	Hospital admissions caused by unintentional and deliberate injuries in children under 15 (rate per 10,000)	2016/17	89	101	Stable
3.18c	Yes	Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 (rate per 10,000)	2016/17	119	129	Stable
3.19	Yes	Proportion of young people aged 16-24 who are satisfied with area as a place to live	Sep-2017	91%	n/a	Stable
3.20a	Yes	Proportion of young people aged 16-24 who feel safe in their community (day time)	Sep-2017	99%	n/a	Stable
3.20b	Yes	Proportion of young people aged 16-24 who feel safe in their community (night time)	Sep-2017	87%	n/a	Stable
3.21	No	First time entrants to the Youth Justice System aged 10-17 (rate per 1,000)	2016	229	327	Stable
3.22	No	Reoffending rates for children aged 10-17	Oct 2014 to Sept 2015	43.0%	37.4%	Stable
4.1	Yes	Satisfied with area as a place to live	Sep-17	94.2%	85.6%	Stable
4.2a	Yes	Self-reported well-being - people with a low satisfaction score	2016/17	4.2%	4.5%	Stable
4.2b	Yes	Self-reported well-being - people with a low worthwhile score	2016/17	3.2%	3.6%	Stable
4.2c	Yes	Self-reported well-being - people with a low happiness score	2016/17	9.1%	8.5%	Stable
4.2d	Yes	Self-reported well-being - people with a high anxiety score	2016/17	20.6%	19.9%	Stable
4.3	No	Sickness absence - employees who had at least one day off in the previous week	2014-2016	2.3%	2.1%	Stable
4.4a	No	Gap in the employment rate between those with a long-term health condition and the overall employment rate	2016/17	35%	29%	Stable
4.4b	No	Proportion of adults with learning disabilities in paid employment	2016/17	2.2%	5.7%	Stable
4.4c	No	Proportion of adults in contact with secondary mental health services in paid employment	2015/16	14.2%	6.7%	Improving
4.5a	No	People with a learning disability who live in stable and appropriate accommodation	2016/17	74.0%	76.2%	Improving
4.5b	No	People in contact with secondary mental health services who live in stable and appropriate accommodation	2015/16	68.8%	58.6%	Improving
4.6	No	Domestic abuse-related incidents and crimes (rate per 1,000)	2015/16	27.7	22.1	n/a
4.7	Yes	Violent crime (rate per 1,000)	2016/17	19.8	20.0	Worsening
4.8	No	Re-offending levels	2014	20.8%	25.4%	Stable
4.9	No	Utilisation of green space	2015/16	17.8%	17.9%	Stable
4.10	No	Road traffic injuries (rate per 100,000)	2014-2016	28.0	39.7	Worsening
4.11	No	People affected by noise	2014/15	4.3	7.1	Improving
4.12	No	Statutory homelessness - eligible homeless people not in priority need per 1,000 households	2016/17	0.2	0.8	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
4.13a	No	Smoking prevalence (18+)	2016	15.4%	15.5%	Stable
4.13b	No	Smoking prevalence in manual workers (18+)	2016	29.8%	26.5%	Stable
4.14	Yes	Alcohol-related admissions (narrow definition) (ASR per 100,000)	2017/18 Q1	729	647	Stable
4.15	No	Adults who are overweight or obese (excess weight)	2015/16	65.6%	61.3%	n/a
4.16	No	Healthy eating: adults eating at least five portions of fruit or vegetables daily	2015/16	56.1%	56.8%	n/a
4.17a	No	Physical activity in adults	2015/16	62.3%	64.9%	n/a
4.17b	No	Physical inactivity in adults	2015/16	23.9%	22.3%	n/a
4.18	No	Diabetes prevalence (ages 17+)	2016/17	7.1%	6.7%	Stable
4.19	No	Diabetes complications (ASR per 100,000)	2012/13	66.1	69.0	Stable
4.20a	Yes	NHS health checks offered (as a proportion of those eligible)	2017/18 Q2	78.8%	82.5%	Improving
4.20b	Yes	NHS health checks received (as a proportion of those offered)	2017/18 Q2	43.1%	48.4%	Stable
4.20c	Yes	NHS health checks received (as a proportion of those eligible)	2017/18 Q2	33.9%	39.9%	Improving
4.21	Yes	Hospital admissions as a result of self-harm (ASR per 100,000)	2016/17	199	185	Stable
4.22a	Yes	Successful completion of drug treatment - opiate users	Nov-2017	6.8%	6.7%	Stable
4.22b	Yes	Successful completion of drug treatment - non-opiate users	Nov-2017	48.4%	37.0%	Stable
4.22c	Yes	Successful completion of drug treatment - alcohol treatment	Nov-2017	50.4%	38.7%	Stable
4.23	No	Deaths from drug misuse (ASR per 100,000)	2014-2016	3.7	4.2	Stable
5.1	No	Fuel poverty	2015	12.0%	11.0%	Worsening
5.2	No	Social isolation: percentage of adult social care users who have as much social contact as they would like	2016/17	47.1%	45.4%	Stable
5.3	No	Pneumococcal vaccine in people aged 65 and over	2016/17	65.6%	69.8%	Worsening
5.4	No	Seasonal flu in people aged 65 and over	2016/17	69.3%	70.5%	Worsening
5.5	No	Social care related quality of life (score)	2016/17	19.0	19.1	Stable
5.6a	No	Health related quality of life for people with long-term conditions (score)	2016/17	0.74	0.74	Stable
5.6b	No	Health related quality of life for people with three or more long-term conditions (score)	2016/17	0.46	0.46	Stable
5.6c	No	Health related quality of life for carers (score)	2016/17	0.79	0.80	Stable
5.7	No	People feel supported to manage their condition	2016/17	64.6%	64.0%	Stable
5.8a	No	Proportion of people using social care who receive self-directed support	2016/17	82.7%	89.4%	Improving
5.8b	No	Proportion of carers who receive self-directed support	2016/17	92.9%	83.1%	Stable
5.8c	No	Proportion of people using social care who receive direct payments	2016/17	27.2%	28.3%	Stable
5.8d	No	Proportion of carers who receive direct payments	2016/17	75.2%	74.3%	Stable
5.9a	No	Acute ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2015/16	1,418	1,319	Worsening
5.9b	No	Chronic ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2015/16	800	812	Worsening
5.10	Yes	Delayed transfers of care (average delayed days per month per 100,000 population aged 18 and over)	2017/18 Q3	520	389	Stable
5.11	No	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes (rate per 100,000 population)	2016/17	634	611	Stable
5.12a	No	People aged 65 and over who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2016/17	85.8%	82.5%	Stable
5.12b	No	Proportion of older people aged 65 and over who received reablement / rehabilitation services after discharge from hospital	2016/17	1.3%	2.7%	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
5.13	No	Readmissions within 30 days of discharge from hospital	2011/12	11.9%	11.8%	Stable
5.14	Yes	Estimated dementia diagnosis rate	Dec-2017	67.3%	68.3%	Stable
5.15	Yes	Falls admissions in people aged 65 and over (ASR per 100,000)	2016/17	2,005	2,114	Improving
5.16	Yes	Hip fractures in people aged 65 and over (ASR per 100,000)	2016/17	591	575	Stable
6.1	No	Mortality from causes considered preventable (various ages) (ASR per 100,000)	2014-2016	180	183	Stable
6.2	No	Under 75 mortality rate from cancer (ASR per 100,000)	2014-2016	134	137	Stable
6.3	No	Under 75 mortality rate from all cardiovascular diseases (ASR per 100,000)	2014-2016	68	73	Stable
6.4	No	Under 75 mortality rate from respiratory disease (ASR per 100,000)	2014-2016	30.2	33.8	Stable
6.5	No	Under 75 mortality rate from liver disease (ASR per 100,000)	2014-2016	18.7	18.3	Stable
6.6	No	Mortality from communicable diseases (ASR per 100,000)	2014-2016	9.8	10.7	Stable
6.7	No	Excess winter mortality	August 2015 to July 2016	19.3%	15.1%	Stable
6.8	No	Suicides and injuries undetermined (ages 10+) (ASR per 100,000)	2014-2016	10.1	9.9	Stable
6.9	No	Excess mortality rate in adults with mental illness	2014/15	346	370	Stable
6.10	Yes	End of life care: proportion dying at home or usual place of residence	2017/18 Q2	43.4%	46.4%	Stable
6.11	No	Mortality attributable to particulate air pollution, persons aged 30 and over	2015	4.5%	4.7%	Stable

Staffordshire Health and Wellbeing Board	
Title	Staffordshire Better Care Fund Update
Date	08/03/2018
Board Sponsor	Dr Richard Harling
Author	Rebecca Wilkinson
Report type	For Debate

Summary

1. The 2017-19 Staffordshire Better Care Fund (BCF) has been formally approved with conditions (19th December 2017). SCC has been notified that full approval has been recommended for the Staffordshire BCF.

2. Following approval the BCF plan has moved into implementation with a focus on reducing Delayed Transfers of Care (DTOC).

3. Implementation of the National High Impact Change Model (HIC) is underway and will support the reduction of DTOCs in Staffordshire.

4. Daily pan Staffordshire calls are underway to track all Staffordshire patients awaiting discharge

5. A review and streamlining of governance has been recommended to facilitate a more timely roll out of the HIC inline with BCF, STP and National expectations

6. DTOC data has shown a significant improvement with an overall reduction of **1060** days from November (3948) to December (2888).

Recommendations to the Board

7. The Board is recommended to:

   a) Note the current activity underway
   b) HWBB continue to receive updates from the BCF Executive on actions taken to implement the BCF, HIC and DTOC position against the BCF trajectory
   c) Support the proposal from the BCF Executive to review governance arrangements for implementation of the system wide High Impact Change Model (HIC)

Background / Introduction

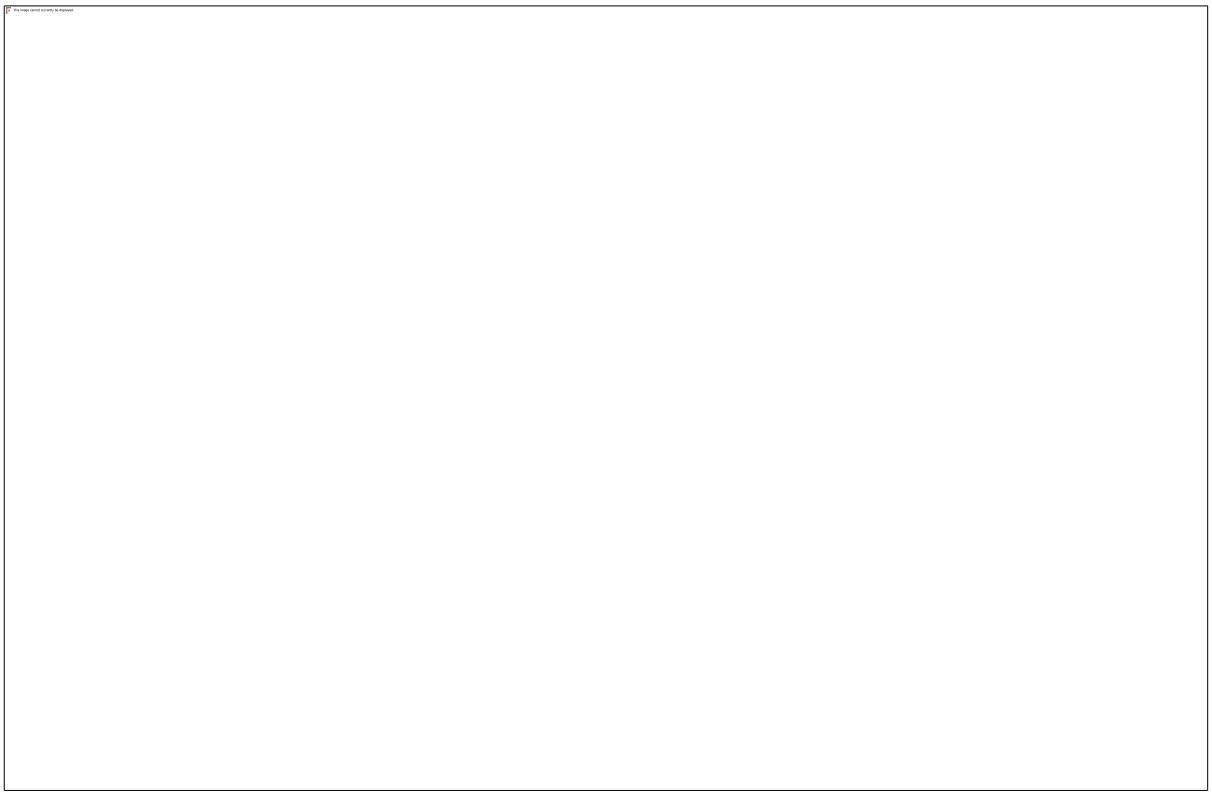
8. Following an escalation process the 2017-19 Staffordshire Better Care Fund (BCF) has been formally approved with conditions (19th December 2017). SCC has been notified that full approval has been recommended for the Staffordshire BCF.

9. The conditions of the BCF approval require a system focus on reducing NHS and Social Care DTOC. A recent urgent care review has identified actions to

further improve the DTOC position and concluded that the conditions are right for Staffordshire to achieve the required reduction in DTOC figures.

Current Activity

10. The current DTOC position against the BCF trajectory is shown below,



11. A combination of additional investment from the Better Care Fund, mobilization of Nexxus, improved processes and ensuring guidance for hospital discharges from hospital is adhered to will have a positive impact on reducing delays. An Action Plan in place informed by urgent care peer review and HIC audit and is tracked weekly by the BCF Executive.

12. Arrangements with Out of County hospitals with Staffordshire residents are being developed to facilitate complex discharges home within 24 hours and Care Act assessment in the community. Further work is required to increase community bed capacity in the South of the county.

13. Daily calls with UHNM sites, Queens Hospital, Burton and out of county acute with the purpose of clarifying DTOC and responsible organisation, oversea progress of individuals through the complex discharge process, escalate blockages to discharge for with people with a long stay and update strategic issues for the weekly BCF Executive meeting.

14. A proposal is underway to develop one Urgent Care plan through a new urgent care stream for Staffordshire led by the BCF Senior Responsible Officers (SRO) with a reporting line through the BCF executive.

15. Current activity is having a positive impact and DTOC are showing a downward trend.

Staffordshire Health and Wellbeing Board	
Title	District Delivery Plans
Date	08/03/2018
Board Sponsor	Helen Riley
Author	Jon Topham / Karen Bryson
Report type	For Debate

Summary

At the September Board meeting the concept of Place Based working was introduced by Janene Cox, Mick Harrison and Karen Bryson. The approach was endorsed at the September Health and Wellbeing Board meeting. This short paper summarises the activity currently developing in localities.

Recommendations to the Board

That the Board

1) Notes the Report
2) Adds Place Based and Locality Delivery as a regular reporting item on the forward plan
3) Considers how HWBB partners can support the approach
4) Considers the value of place based approaches to future action plans that arise from the HWBB Strategy

Background / Introduction

A Place Based Approach is “A collaborative approach using the right resources (multi-skilled team, universal services, voluntary sector, communities etc.) at the right time to improve outcomes for children, young people, families, vulnerable people and communities in an identified area”.

At the September Board meeting it was noted that pilot work has been undertaken in Tamworth and Newcastle as part of the Children’s Transformation programme, which has helped inform an evolving approach. This paper is intended to reflect that activity in Localities, to give the Board confidence that this approach is progressing

Current activity

Much of the work has developed through the Families Strategic Partnership, and has focused on Children and Young People. As has been noted previously, there is an opportunity to embrace all age groups, although the focus is currently on high need and vulnerability. The Public Health Team is beginning to pick up this broader life course approach, and has identified team members to work more closely with Districts, localities and the Strategic Delivery Managers.

Core to the place based approach has been agreement to focus locality efforts on:

- Data and intelligence
- Early Help
- Identifying and mitigating the root causes of vulnerability

The locality activity so far is as follows:

Tamworth

Tamworth is one of the original pilot areas and they have developed four place based strands of work

a. Here & Now; focused on safeguarding and vulnerability including links to the MAT / MARAC meetings
b. Earliest Help; a networking event in October showcased what is available for children and families in Tamworth, the intention is this can be built upon and be better utilised by all agencies and families
c. Knowledge; which demonstrates a clear requirement, on the ground, for better data and intelligence sharing
d. Root Causes; a desire to explore the underlying issues that trigger vulnerability and related demand

Newcastle

Also one of the original Children's pilot areas, the focus has been an Access and Triage Group which, is focused on vulnerable individuals who need partnership responses. Daily vulnerability meetings are now taking place with partners and a second task and finish group has been formed around action planning on the Kidsgrove area.

Earliest Help showcase events are to be developed, to connect professionals and raise awareness of the groups/services in the district and improve partnership communications.

Cannock Chase

A partnership workshop took place in Cannock Chase in October 2017. The LSP agreed priorities and three work streams have been set up that will embrace early help, intelligence and looking at root causes.

Staffordshire Moorlands

A partnership workshop took place in Staffs Moorlands (6 October), and it has been agreed that the initial focus will be the localities of Biddulph East and Leek North, task and finish groups have been formed for these 2 areas and action planning is starting to be developed. It is expected that these developments can be replicated in other places in Moorlands, including Cheadle.

Further developments may include a group looking at daily vulnerability meetings, which has a focus on specific issues connected to more vulnerable individuals who need a partnership response.

Earliest Help showcase events are to be developed, to connect professionals and raise awareness of the groups/services in the district and improve partnership communications.

East Staffordshire

The East Staffs partnership workshop ran on 17th November and there has been some support from the Chief Executive of ESBC. A second workshop is due 16 Feb to agree the next steps for PBA in the district and form task and finish groups.

Lichfield

Agreement has been made that the LSP will act as the overall oversight group for Place Based in the district.

An Initial Place Based Approach workshop took place 1st Feb and was well attended by key partners next steps are currently being pulled together and task and finish groups formed.

Stafford

A meeting was held with the Chief Executive on 19 October and linkages have being made to the local LSP Health and Wellbeing Group. A LSP workshop was run in September focused on key LSP issues.

Initial Place Based Approach Workshop due to take place 13th March and is being jointly developed with the Borough Council.

South Staffordshire

A Steering Group is meeting regular lay and Task and Finish groups have been set up focusing on:

1. Information, Advice & Guidance (what's available in the district)
2. Reviewing the effectiveness of the Children's Pilot (Early Help work).

Options & Issues

The Place based work is very much in development, but strong strategic support from the Health and Wellbeing Board would be welcome, with a clear emphasis on keeping track of how the Place Based Approach develops and ensuring that this approach is integrated with the new emerging Health and Wellbeing Board Strategy

What do you want the Health and Wellbeing Board to do about it?

The Board is asked to note the report, support the activity taking place in localities and take future reports on Place Based working, at regular intervals.

Staffordshire Health and Wellbeing Board	
Title	National Diabetes Prevention Programme – Wave Three
Date	08/03/2018
Board Sponsor	Richard Harling
Author	Lucy Hegarty
Report type	For Information

1. Purpose of the Report

1.1 To inform the Health and Wellbeing Board that Staffordshire STP has been invited to join the third wave of the National Diabetic Prevention Programme (NDPP) funded by NHS England and will commence delivery from April 2018.

1.2 To inform the Board the programme provider is ***Ingeus***, an experienced provider of lifestyle behavioural change.

1.3 To highlight the benefits of the programme to the Staffordshire population, to GPs, and to the wider health economy.

2. Aims of the National Programme

2.1 The NHS England National Diabetes Prevention Programme is a national pro-active, behaviour change programme for patients identified at risk of developing Type 2 diabetes.

2.2 There are currently five million people in England who are at risk of developing Type 2 diabetes. If the current trend persists, one in ten will go on to develop Type 2 diabetes.

2.3 Type 2 diabetes treatment accounts for just under 9% of the annual NHS budget, around £8.8 billion per year.

2.4 Evidence suggests that if changes are made to lifestyles, people identified as pre-diabetic can be prevented from developing diabetes, and that their pre-diabetic diagnosis can be reversed. Lifestyle changes include improving diet, quitting smoking, reducing alcohol intake, exercising regularly, and losing weight, all which also have an effect on blood pressure, cholesterol, and the risk of cardiovascular disease.

2.5 This programme aims to target those most at risk of developing type 2 diabetes; to reduce the incidence, to reduce complications (heart, stroke, kidney, eye and foot problems), and over the longer term, to reduce the associated health inequalities.

3. Pre-Diabetes

3.1 According to Diabetes UK, pre-diabetes is characterised by the presence of blood glucose levels that are higher than normal but not yet high enough to be

classed as diabetes. For this reason, pre-diabetes is often described as the 'grey area' between normal blood sugar and diabetic levels.

3.2 Risk factors reflect those for diabetes and risk increases after 45. These include those who:

- Are overweight (have a body mass index—a BMI—of higher than 25), in particular those who carry a lot of extra weight in their abdomen
- Are not physically active
- Have a family history of diabetes
- Are from certain ethnic groups including African-Americans, Hispanic Americans, Native Americans, and Asian Americans
- Had gestational diabetes during pregnancy
- Have hypertension and high cholesterol

4. Staffordshire Data

4.1 Prevalence of type 2 diabetes in Staffordshire is about 6.5% of the population (close to 60,000 people) with the highest prevalence ranging from 5.85% of the population in Stafford and Surrounds (about 7,100 people) to 7.04% (about 15,900 people) in Stoke on Trent.

4.2 According to a deep dive undertaken by the Health and Wellbeing Board in 2015 the estimated cost to the local health and care system as a result of all diabetes is £222 million every year, (circa £3,700 per person/pa) which if trends go unaddressed, was predicted to increase to £273 million by 2020.

4.3 The same report indicated that around 80% of these costs are due to complications (e.g. inpatient days) and that one in twenty people with diabetes also incurs social care costs due to complications such as heart disease, stroke, blindness, kidney disease and amputations. 75% (about 2,250) of these result in residential and nursing care. Research also indicates that around one in four people living in care homes have diabetes.

4.4 Using NICE estimates there are approximately 27,500 people with pre-diabetes in Staffordshire.

5. NDPP Delivery

5.1 The overall Healthier You programme delivered under the NDPP is a 9 month intervention which is split into three phases along with ongoing 1:1 support. The phases are focussed around an evidence based curriculum ('X-pert' health curriculum, written by Dr Trudi Deakin) which gives the patients an informed choice, empowering them to make decisions about their own health and wellbeing:

- The ‘Healthy Foundation’ (5 x 120 minute) group sessions

    - What is diabetes and pre-diabetes?
    - Benefits and challenges of adopting a healthy lifestyle
    - Introduction to physical activity
    - Nutrition for health
    - Carbohydrate awareness
    - Understanding food labels

- Prevention PLUS sessions (4 x 120 minute) group sessions to countering the difficulty of sustaining behaviour change

    - Introduction of psychotherapeutic approaches, responding to obstacles and set-backs, problem-solving strategies

- Progress Review Sessions (3 x 60 minutes)

5.2 There are currently 3 providers of the NDPP across the country and the programme is delivered by a team of specialists in sport and exercise science, nutrition, public health.

5.3 Eligibility criteria for the NDPP is as follows:

- 18 years old and over
- Registered with a GP Practice
- Had a blood test within 12 months which showed HbA1c between 42-47 mmol/mol (6.0%-6.4%) **or** Fasting Plasma Glucose between 5.5-6.9 mmols/l
- Not pregnant

6. Implementation in Staffordshire as Part of Wave Three

6.1 Staffordshire STP has been invited to join the third wave of the NDPP and will commence delivery from April 2018.

6.2 The project group is made up of stakeholders from across the STP, including:

- Public Health Staffordshire – project lead
- Public Health Stoke on Trent
- All Staffordshire CCGs
- Clinical Lead

6.3 The project group took part in a mini competition process coordinated by NHS England to determine which of the 3 available providers will deliver the programme in Staffordshire in line with Staffordshire’s prospectus. In January 2018 the contract was awarded to Ingeus. Ingeus have significant experience of delivering the programme through waves 1 and 2 and initial meetings with the provider have imparted a high level of confidence in the potential of the programme.

6.4 The programme is due to go live on April 1st 2018. It is the intention to start with a small number of GP clusters initially, with all GPs being invited to join the programme within the first year. A GP cluster has been identified in the north of the county and discussions are taking place with south and east Primary Care providers to identify other early clusters. The programme will use the STP geographical locality footprint to ensure that we recruit clusters of patients in the same area to attend the scheme.

6.5 It is the intention that **11,261** eligible patients will be invited to join the scheme.

6.6 All referrals onto the programme will come via Primary Care through existing non-diabetic hyperglycaemia (NDH) registers in Staffordshire surgeries; through a GP provided NHS Health Check; or identified opportunistically through a GP appointment for another reason. Participating GPs will initially review their NDH registers and contact their patients who have received a blood test within 12 months. These patients will be referred straight onto the programme. At the same time, GPs will be asked to invite other patients on the NDH registers with out-of-date blood tests to be reviewed and have their blood tests updated. Where appropriate, these patients will then be referred.

6.7 Across Staffordshire and Stoke the NDPP will form a key work stream within the Prevention and Wellbeing STP programme and therefore governance of the programme will fall within the remit for the STP.

7. Benefits of the Programme

7.1 The benefits of this programme to the patient are significant. The programme aims to reduce the risk of developing Type 2 Diabetes and associated complications by providing the tools, resources and ongoing support required to implement and maintain lifestyle changes.

7.2 Assuming a 25% take up (this is the minimum assumed take up rate), the DPP return of Investment Tool [1] indicates that over a 5 year period 92 fewer people per year could be diagnosed with diabetes, with 9.5 fewer CVD events, and 4.4 fewer cases of microvascular disease. However, the estimated take up is expected to average around 50%.

7.3 Based on the assumption that the programme will run for one year only, and assuming the minimum expectation of as 25% take up, this should equate to a saving of around £340,400 over a five year period

7.4 GPs will experience reduced ongoing associated time/resource management for patient monitoring associated with individuals being on their pre-diabetes register, and subsequently from fewer people developing diabetes.

[1] Return of Investment Calculator https://dpp-roi-tool.shef.ac.uk

Actions

The Board is asked to note the imminent programme and be ambassadors for the programme across the County and STP colleagues and communities

STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

FORWARD PLAN 2017/2018

This document sets out the Forward Plan for the Staffordshire Health and Wellbeing Board.

Health and Wellbeing Boards were established through the Health and Social Care Act 2012. They were set up to bring together key partners across the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch to lead the agenda for health and wellbeing within an area. The Board has a duty to assess the needs of the area through a Joint Strategic Needs Assessment and from that develop a clear strategy for addressing those needs – a Joint Health and Wellbeing Strategy. The Board met in shadow form before taking on its formal status from April 2013.

The Forward Plan is a working document and if an issue of importance is identified at any point throughout the year that should be discussed as a priority this item will be included.

Councillor Councillor Alan White and Dr Charles Pidsley
Co- Chairs

If you would like to know more about our work programme, please get in touch on 07794 997 621

Unless otherwise stated public board meetings and non-public workshop sessions are held in Staffordshire Place 1, Trentham and Rudyard Rooms, at 3.00pm.

Public Board Meetings:	9 March 2017	Workshop/Development Non-Public Sessions	12 January 2017
	8 June 2017		13 April 2017
	7 September 2017		11 May 2017
	7 December 2017		
	8 March 2018		

Date of meeting	Item		Details	Outcome
12 January 2017 WORKSHOP SESSION	*Discussion topic: The Living Well Strategy and the impact of the STP*		Topic for discussion agreed at the 8 December Board meeting	
9 March 2017 PUBLIC BOARD MEETING	**Items for Decision**	**Better Care Fund** Report Author- Becky Wilkinson Lead Board Member- Richard Harling	The H&WB requested this item at their 8 December meeting. The BCF was last considered by the Board at their meeting of 8 September 2016. This purpose of this item is to update the Board on developments with the BCF.	The Board agreed to, hold a development session on the STP, BCF and how these are aligned. They noted link between the BCF and the STP and the use of the BCF as a local delivery mechanism for the STP. The scope for the 2017-19 BCF was agreed and the Board delegated agreement for the final BCF submission to the joint H&WB Co-Chairs.
		H&WB Strategy 2018 Report Author- Jon Topham Lead Board Member- Richard Harling	The development of the new Strategy was part of discussions around developing the H&WB agenda at the 8 September 2016 Board meeting. Members are aware that the current Strategy is due to be renewed in 2018.	The Board agreed that an approach should be made to the Stoke H&WB to suggest working together on developing the new Strategy. They also agreed that the Strategy should promote better "join up" around money and resources. The Board supported the development of a place based approach focusing on key priority neighbourhoods, developing community assets and engagement and to develop a proactive communication and public engagement function. They also agreed to: develop Health in All Policies (HiAP); continue to provide the right data and information for Joint Strategic Needs Assessments (JSNA); agreed the governance issues: and timeline.
		Health in all Policies Report Author- Helen Jones Lead Board Member- Richard Harling	As part of discussions around developing the H&WB agenda (at their meeting of 8 September 2016) members agreed to consider the development of policy, guidance and support on issues such as: Alcohol licensing /saturation zones; Fast food and hot takeaways as a lever for the reduction of obesity; and housing policy with a focus on an ageing population.	The Board agreed to champion the HiAP approach, advocating the HiAP approach within their own organisations and beyond. They also agreed to build HiAP into the new H&WB Strategy and Action Plan for 2018 onwards and monitor progress on HiAP through the H&WB Strategy and Action Plan. District and Borough Board Members agreed to host a workshop on the HiAP approach in Staffordshire.

Date of meeting	Item		Details	Outcome
		Local Physical Inactivity Strategy & Sport England Bid Report Author- Jude Taylor Lead Board Member- Richard Harling	At their meeting of 8 December 2016 the Board heard that funding to encourage a more active nation had been made available and that over the next four years Sport England would be investing £1billion, with the intention of allocating £130m in ten different locations. Bids were being invited and Staffordshire intended to submit an expression of interest. The H&WB now received progress on the Staffordshire bid.	The Board agreed to take the leadership role for the development of a Staffordshire Physical Activity Strategy, sponsoring the bid submission, providing governance to the bid and adopting the working group as a sub-group of the Board. The Board also agreed to support a focus on inactive people in the 55-68 age group; and to receive regular updates on the bid's progress.
	Items for Debate	**Annual Report of the Director Public Health** Report Author- Karen Bryson Lead Board Member- Richard Harling	Deferred from 8 September H&WB. The Director of Public Health will give a presentation on his draft Annual Report prior to this being finalised and published.	The Board received and supported the presentation.
		CCG/SCC Commissioning Intentions Presentations from each CCG and from the Director of Public Health	Each CCG and the Director of Public Health will share a 5 minute presentation on their commissioning intentions	The Board received the presentations on both CCG and SCC commissioning intentions.
		Obesity Debate Verbal update – Jon Topham	At their 8 September meeting the H&WB agreed a new initiative to hold regular debates on key issues as a way to raise public awareness and gauge public opinion. At that meeting it was agreed that the first public debate topic would be obesity. The debate had been held on 1 March and the Board will be updated on outcomes from the debate and progress on the obesity consultation.	The Board noted the update following the Obesity debate.
	Items for Information	The following items were shared with Board Members for their information prior to this meeting: • H&WB Annual Report • Children's Safeguarding Board Annual Report • Update on CAMHS funding • JSNA/Intelligence		
13 April 2017 *WORKSHOP SESSION*	***Cancelled***			
11 May 2017 *WORKSHOP SESSION*	***Cancelled***			

Date of meeting	Item		Details	Outcome
6 July 2017 PUBLIC BOARD MEETING *NB this meeting was scheduled for 8 June but had to be changed in light of the General Election*	**Items for Decision**	**DPH Annual Report** Report Author– Allan Reid Lead Board Member - Richard Harling	The Director of Public Health to present his Annual Report on End of Life.	The Board endorsed the Director of Public Health's Annual Report and the proposed outline for the next H&WB public conversation on end of life. They requested that the outcome of the Communications Team language testing over the proposed conversation title "Dying to Talk" be considered at the 7 September Board meeting and they actively supported the public conversation on end of life and will seek support for the campaign across their respective organisations
		Obesity Conversation Report Author– David Sugden Lead Board Member – Richard Harling	In line with the Board's desire to better engage with the public on important health and well-being issues, a public debate on obesity took place during February 2017. The Board will receive details of outcomes resulting from the debate. .	The Board noted the outcomes and lessons learnt for future debates. They supported the development of a partnership "compact" to address obesity and agreed that further consideration be given to the best way to increase the H&WB visibility and provide a key point of interaction with the public on future engagement around health and well-being.
		HIAP Report Author– Jon Topham Lead Board Member – Tim Clegg	Feedback from the HIAP working group and to seek agreement for workshop approach	A workshop in September was supported. The Board noted the proposal to identify an overall lead for HiAP in each authority and the proposal to identify leads for HiAP across all organisations who could contribute to the workshop.
		All Age Disability Strategy Report Author – Martyn Baggaley Lead Board Member – Richard Harling	The current All-Age Disability Strategy is due to expire in March 2018. A new strategy is being developed and this report will give an outline of the focus for the new.	The Board endorsed the approach to develop a new All-Age, lifelong disability strategy, including core principles, scope, timescales and governance. They agreed to forward comments on the first strategy draft when it is circulated to them in September

Date of meeting	Item		Details	Outcome
	Items for Debate	**HWBB Strategy update** Report Author- Jon Topham Lead Board Member – Richard Harling	The current "Living Well" H&WB Strategy runs until 2018 and it is intended to build upon this in developing the new strategy and evolving the approach to have a stronger focus on delivery and action.	The comments made by the Board will be reflected in the format and content of the report. The Board will contribute to the development of the Strategy through a workshop session to take place at 2.00pm on 7 September prior to their Board meeting where the broader implications of the Strategy be considered.
		BCF Report Author - Rebecca Wilkinson Lead Board Member – Richard Harling	The integrated policy framework for the BCF 2017-19 had been published on 28 March 2017. Planning for the first 2017-19 submission had begun with a deadline of 11 September.	The policy framework and progress of the BCF 2017-19 was noted by the Board and, in light of the timescales, they agreed to delegate authority to the co-chairs for signing off the BCF plan on behalf of the H&WB. A workshop for comments on the BCF will be arranged prior to its submission.
	Items for Information	The following items were shared with Board Members for their information prior to this meeting: • JSNA/Intelligence		
7 September 2017 **PUBLIC BOARD MEETING** NB a workshop session was held before this meeting to consider the new Strategy	**Items for Decision**	**End of Life Care – Public Conversation** Report Author –Allan Reid Lead Board Member – Richard Harling	Oral update on the proposed public conversation on end of life.	The Board agreed that "Dying Matters in Staffordshire" be the name of the debate; and agreed that work towards a dedicated web site be progressed giving consideration to costings
		Pharmaceutical Needs Assessment Report Author – Ruth Goldstein Lead Board Member – Richard Harling	There is a statutory requirement for H&WBs to update their PNA every three years and in addition, the Board is required to keep up-to-date a map of NHS pharmaceutical services provision within its area and publish any supplementary statements where there have been changes.	The Board requested further consideration be given to how pharmacies support delivery of H&WB priorities, particularly focusing on the contribution pharmacies can make to the STP. Feedback from H&WB Members and their organisation be given to the report authors to help shape the final PNA as part of the consultation process

Date of meeting	Item		Details	Outcome
	Items for Debate	**Burton/Derby Hospital transformation** Report Author – Burton Hospitals NHS Foundation Trust Lead Board Member – Charles Pidsley	Request from both Trusts to send Executive Directors to update on collaboration proposals – deferred due to Purdah (Move to September pending Chairs decision)	The Board noted the continued commitment and progress made towards the proposed merger of Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust, along with their commitment to the goals of the Staffordshire STP. They requested that the business case be checked by the STP against the assumptions about activity and funding at other Acute Trusts to determine whether they are affordable collectively.
		Families Strategic Partnership Report Author – Mick Harrison Lead Board Member – Glynn Luznyj & Helen Riley	An overview of activity undertaken by the Families Strategic Partnership Board (FSPB) and supported by the Families Partnership Executive Group (FPEG	The Board endorsed the work undertaken by the FSPB and the FPEG and the direction of travel for partnership activity. They approved the activity plan and outcomes framework and endorsed the priority of mental health and wellbeing (across the life course, focusing on the lower end of the spectrum and centring on root cause)
		STP Together We're Better – Update Report Author – Simon Whitehouse Lead Board Member – Richard Harling	To consider the priorities, governance and progress of the STP.	The Board supported the STP three priorities. The Board Co-Chairs will attend a Health and Care Transformation Board governance workshop to explore and shape how the system moves into delivery mode. Board Members will give consideration to enabling their respective organisational vacancies to be accessible to displaced health and care staff through the re-deployment team
		SASSOT – Physical Inactivity Sub Group Report Author – Ben Hollands Lead Board Member - Glynn Luznyj	Sport England have decided not to take the Staffordshire bid through to the final stage of assessment. However through the process of bid development, it became apparent that there is an urgent need for a collaborative approach to inactivity. The sub-group is now in the process of developing a clear vision, priority outcomes and associated work programme, evaluating what can be achieved without the significant investment of the Local Delivery Fund.	The Board endorsed the work of the sub-group to date will continue to take a leadership role in the development of a collaborative approach to physical inactivity in Staffordshire.

Date of meeting	Item		Details	Outcome
		Place Based Approach Report Author – Mick Harrison Lead Board Member - Glynn Luznyj & Helen Riley	A summary of the partnership discussions undertaken to date and an overview of the Place Based Approach (PBA) concept and how this is being developed at a local level.	The Board noted the concept, definition and principles of the PBA, the core approach across Staffordshire and the local flexibility dependent on local need and resource availability. They agreed to provide strategic direction and acknowledged that the successful delivery of PBA requires a "whole family" approach.
		Prevention Through Wellness **People & Place Based Approach** Report Author – Karen Bryson Lead Board Member – Richard Harling	Consideration of the approach to the new Strategy "Prevention through Wellness – our People and Place based approach".	The overlap between the H&WB Strategy and the STP Prevention Work stream was noted, and the Strategy's adoption as the strategic framework for the STP Prevention Work stream was agreed. The Board agreed to the establishment of a Prevention Steering Group sub-group of the H&WB to develop and implement the Delivery Plan. Membership of the sub-group will be drawn from key partners and report to the H&WB and the STP Board. The key Strategy themes and proposed approach to prevention were supported.
	Items for Information	The following items were shared with Board Members for their information prior to this meeting: • Better Care Fund Update • JSNA/Intelligence August 2017		
9 November 2017 *WORKSHOP SESSION*	**Cancelled**			
7 December 2017 PUBLIC BOARD MEETING	**Items for Decision**	**Suicide Prevention** Report Author – Vicky Rowley Lead Board Member – Richard Harling	Report on work so far	The Suicide Prevention Strategy had been developed in 2015. A new suicide prevention action plan had been developed. The H&WB supported the planned activity, requested further areas be included and agreed that Board Members would champion the importance of suicide prevention and zero tolerance approach across Staffordshire.

Date of meeting	Item		Details	Outcome
		Local Transformation Plan for Children & Young People's mental Health Services Report Author - Jane Tipping, Head of Mental Health Commissioning and Roger Graham, CAMHS Commissioner, South Staffs CCGs	NHS England requires CCGs to submit a refreshed version of the Local Transformation Plan (LTP) for the development of Child and Adolescent Mental Health Services (CAMHS) within their localities. This is an annual requirement & must include verification that the Health and Well-being Board have signed off the final submission.	Members felt they needed further detail on the Plan and requested it be brought to the March Board meeting.
	Items for Debate	**Health & Wellbeing Strategy** Report Author – Jon Topham Lead Board Member – Richard Harling	Report for approval and consultation plan for discussion / approval	The Board agreed that the focus of the new Strategy should be on extending healthy life expectancy. They asked that CCGs and partners be written to as part of the new Strategy consultation, and that this consultation be used to prompt closer working between the STP and the 2 Staffordshire HJ&WBs.
		Annual Report of the Director Public Health Report Author- Jon Topham / Karen Bryson Lead Board Member- Richard Harling	Update on preparation of the report	The Board endorsed the use of technology to improve health as the topic for the 2017/18 DPH report and gave a steer to the areas that should be considered within the report.
		HIAP Report Author – Allan Reid Lead Board Member – Tim Clegg	Update on progress with HIAP	The Board noted the developments within the HiAP agenda. They continue to support and endorse HiAP in Staffordshire and engage with the developing HiAP programme of work.
		Air Quality and Clean Air Zones Report Author – Mike Calverley Lead Board Member – Richard Harling/Alan White	Following the Government's publication of the Clean Air Strategy an initial appraisal of Staffordshire air quality was undertaken.	An air quality partnership agreement will be developed between SCC, Stoke on Trent City Council and the 8 District Councils. An action plan for local implementation is being developed along with a communications plan. The Board also agreed to delegate authority to sign off bid submissions for air quality grants to the joint chairmen.

Date of meeting	Item		Details	Outcome
	Items for Information	The following items were shared with Board Members for their information prior to this meeting: • Staffordshire Better Care Fund • Ofsted report of Children's Services • Anti-Microbial Resistance (AMR) • Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership Board Annual Report • JSNA Outcomes Report • Update on Burton/Derby Merger and Plans for the Community Hospitals •		
8 March 2018 PUBLIC BOARD MEETING	**Items for Decision**	**HWBB Strategy** Report Author – Jon Topham Lead Board Member – Richard Harling	Approval following consultation – Jon Topham Action plan: Wellness Programme Karen Bryson	
		Transformation Plan for Children & Young People Report Author - Jane Tipping, Head of Mental Health Commissioning and Roger Graham, CAMHS Commissioner, South Staffs CCGs	This item was deferred from December -	
	Items for Debate	**CCG/SCC Commissioning Intentions** Presentations from each CCG and from the Director of Public Health	Single CCG presentation Single SCC Adult Social Care & Public Health presentation How commissioning Intentions / Strategy aligns with the HWBB strategy - Cheryl Hardisty Director of Commissioning and Operations across the 6CCGs - Richard Harling	
		STP Lead Board Member – Simon Whitehouse	Standing Item to discuss key issues within the STP	
		BCF Lead Board Member – Richard Harling	Standing Item to update the Board on BCF issues	
		JSNA Report Author – Divya Patel	Annual Discussion on the JSNA • Highlight where we have new data • Highlight key trends • Dashboard to report on Strategy	

Date of meeting	Item		Details	Outcome
	Items for Information	**Annual Report of the Director of Public Health** Report Author – Karen Bryson Lead Board Member – Richard Harling	To provide an update on the report	
		District Delivery Plans Report Author – Karen Bryson Lead Board Member – Richard Harling	This is part of a rolling programme for the SCC/STP Wellness Programme to develop a place based approach, which will be the vehicle for delivery of much of the programme	
		Physical Inactivity sub Group Report Author – Jude Taylor Lead Board Member – Alan White	Standard reporting slot	
		Family Strategic Partnership Lead Board Member – Helen Riley	Standard reporting slot	
		Pharmaceutical Needs Assessment Report Author – Ruth Goldstein	Final report based on outcomes of the consultation	

H&WB Statutory Responsibility Documents		
Document	**Background**	**Timings**
Pharmaceutical Needs Assessment (PNA)	The PNA looks at current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets the current and future population needs for Staffordshire residents and identifies any potential gaps in current services or improvements that could be made. The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to HWBs.	The current PNA was published in February 2015. The PNA is reviewed every three years, with the next review due in **2018**.

Board Membership Role	Member	Substitute Member
Staffordshire County Council Cabinet Members	**CO CHAIR - Alan White** – Cabinet Member for Health, Care and Wellbeing Mark Sutton – Cabinet Member for Children and Young People Philip White – Cabinet Support Member for Learning and Employability	Gill Burnett – Cabinet Support Member for Adult Safeguarding
Director for Families and Communities	Helen Riley – Deputy Chief Executive and Director for Families and Communities	Mick Harrison – Head of Care and Interim Head of DASS
Director for Health and Care	Richard Harling – Director of Health and Care	Karen Bryson
A representative of Healthwatch	Rob Morrison – Chairman Engaging Communities	
A representative of each relevant Clinical Commissioning Group	Mo Huda – Chair of Cannock Chase CCG Paddy Hannigan– Chair of Stafford and Surrounds CCG John James – Chair of South East Staffs and Seisdon Peninsula CCG **CO CHAIR - Charles Pidsley** – Chair of East Staffs CCG Alison Bradley - Chair of North Staffs CCG	Marcus Warnes – Chief Operating Officer
NHS England	Ken Deacon – Medical Director, Shropshire and Staffordshire Area Team	Fiona Hamill – Locality Director

Staffordshire's Health and Wellbeing Board has agreed to the following **additional representatives** on the Board:

Role	Member	Substitute Member
District and Borough Elected Member representatives	Roger Lees – Deputy Leader South Staffordshire District Council Frank Finlay – Cabinet Member for Environment and Health	Brian Edwards Gareth Jones
District and Borough Chief Executive	Tim Clegg – Chief Executive Stafford Borough Council	tbc
Staffordshire Police	Gareth Morgan – Chief Constable	tbc
Staffordshire Fire and Rescue Service	Glynn Luznyj – Director of Prevention and Protection	Jim Bywater
Together We're Better - Staffordshire Transformation Programme	Simon Whitehouse – Programme Director	John James – Medical Director