



County Offices
Newland
Lincoln
LN1 1YL

27 November 2017

Lincolnshire Health and Wellbeing Board

A Meeting of the Lincolnshire Health and Wellbeing Board will be held on Tuesday, 5 December 2017 at 2.00 pm in Committee Room One, County Offices, Newland, Lincoln LN1 1YL

Yours sincerely

A handwritten signature in black ink, appearing to be 'T McArdle', written over a horizontal line.

Tony McArdle
Chief Executive

MEMBERS OF THE BOARD (*)

Lincolnshire County Council: Councillors: Mrs P A Bradwell (Executive Councillor Adult Care, Health and Children's Services), Mrs S Woolley (Executive Councillor NHS Liaison and Community Engagement) (Chairman), C N Worth (Executive Councillor Culture and Emergency Services), Mrs W Bowkett, R L Foulkes, C E H Marfleet, C R Oxby and N H Pepper

Lincolnshire County Council Officers: Debbie Barnes (Executive Director of Children's Services), Glen Garrod (Executive Director of Adult Care and Community Wellbeing) and Tony McGinty (Interim Director of Public Health Lincolnshire)

District Council: Councillor Donald Nannestad

GP Commissioning Group: Dr Kevin Hill (South Lincolnshire CCG and South West Lincolnshire CCG), Dr Sunil Hindocha (Lincolnshire West CCG) and Dr Stephen Baird (Lincolnshire East CCG)

Healthwatch Lincolnshire: Sarah Fletcher

NHS England: Jim Heys

(*) Permanent Membership

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 5 DECEMBER 2017**

Item	Title	Pages
1	Apologies for absence/Replacement Members	
2	Declarations of Members' Interest	
3	Minutes of the Meeting of the Lincolnshire Health and Wellbeing Board meeting held on 26 September 2017	5 - 16
4	Action Updates from the Previous Meeting <i>(For the Lincolnshire Health and Wellbeing Board to consider the actions arising from the previous meeting)</i>	17 - 18
5	Chairman's Announcements <i>(For the Lincolnshire Health and Wellbeing Board to note the Chairman's announcements)</i>	19 - 20
6	Decision/Authorisation Items	
6a	Joint Health and Wellbeing Strategy <i>(To receive a presentation from David Stacey (Programme Manager, Strategy and Performance) which provides details of the further development of the Joint Health and Wellbeing Strategy for Lincolnshire, following the engagement feedback)</i>	Verbal Report
6b	Lincolnshire Pharmaceutical Needs Assessment 2018 <i>(To receive a report by Tony McGinty (Interim Director of Public Health) on behalf of the Pharmaceutical Needs Assessment (PNA) Steering Group which invites the Board to approve the draft PNA in preparation for the consultation, planned between 11 December 2017 and 11 February 2018)</i>	21 - 170
6c	Lincolnshire Health and Wellbeing Board Membership Review <i>(To receive a report by Tony McGinty (Interim Director of Public Health) on behalf of the Health and Wellbeing Membership Working Group which asks the Board to consider the outcome of the review and to endorse the recommendations to be made to Full Council in early 2018 to change the Health and Wellbeing Board's membership)</i>	171 - 176

Item	Title	Pages
7	District/Locality Partner Items	
7a	East Lindsey Strategic Health and Wellbeing Partnership's Quality of Life Health and Wellbeing Strategy 2017-18 <i>(To receive a report from Semantha Neal (East Lindsey District Council) on behalf of the East Lindsey Strategic Health and Wellbeing Partnership which asks the Board to endorse East Lindsey's Quality of Life Health and Wellbeing Strategy 2017-18 and to note that this will be refreshed in 2018 to align to Lincolnshire's Joint Health and Wellbeing Strategy priorities and timeframes for revision)</i>	177 - 190
8	Information Items	
8a	Sustainability and Transformation Partnership (STP) Update <i>(To receive an update from the Lincolnshire Sustainability and Transformation Partnership which provides information on the progress made since the last report to the Board in September 2017)</i>	191 - 194
8b	Better Care Fund <i>(To receive an update from Glen Garrod (Executive Director of Adult Care and Community Wellbeing) on behalf of the Joint Commissioning Board which provides the Board with an update on Lincolnshire's Better Care Fund (BCF) plans including the submission of the BCF Narrative Plan and related planning Template. The current finance and performance position is also included)</i>	195 - 208
8c	Housing Health and Care Delivery Group Update <i>(To receive a report from Councillor Mrs W Bowkett (Chairman of the Housing Health and Care Delivery Group) which provides an update on the activities of the Housing Health and Care Delivery Group and the wider Housing for Independence (Hfi) work)</i>	209 - 214
8d	An Action Log of Previous Decisions <i>(For the Health and Wellbeing Board to note decisions taken since May 2017)</i>	215 - 218
8e	Lincolnshire Health and Wellbeing Board Forward Plan <i>(This item provides the Board with an opportunity to discuss items for future meetings which will subsequently be included on the Forward Plan)</i>	219 - 220

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Please note: for more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting

- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details set out above.

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PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors Mrs P A Bradwell (Executive Councillor Adult Care, Health and Children's Services), Mrs W Bowkett and C E H Marfleet.

Lincolnshire County Council Officers: Glen Garrod (Executive Director of Adult Care and Community Wellbeing) and Tony McGinty (Interim Director of Public Health Lincolnshire).

District Council: Councillor Donald Nannestad (District Council).

GP Commissioning Group: Dr Kevin Hill (South Lincolnshire CCG and South West Lincolnshire CCG) and Dr Sunil Hindocha (Lincolnshire West CCG)

Healthwatch Lincolnshire: Sarah Fletcher

NHS England:

Officers In Attendance: Alison Christie (Programme Manager, Health and Wellbeing Board), Cheryl Hall (Democratic Services Officer) (Democratic Services), Hayley Jackson (NHS England (Leicestershire and Lincolnshire Area)), Jo Kavanagh (Interim Assistant Director, Early Help), David Laws (Adult Care Strategic Financial Adviser) (Finance and Public Protection), Andrew Morgan (Chief Executive, Lincolnshire Community Health Services NHS Trust), David Stacey (Programme Manager, Public Health) and Chris Weston (Consultant in Public Health (Wider Determinants)) (Consultant in Public Health (Wider Determinants)).

11 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R L Foulkes, C R Oxby, N H Pepper and C N Worth and Dr S Baird.

It was noted that Jo Kavanagh (Interim Assistant Director of Children's Services) and Hayley Jackson (NHS England) were attending the meeting on behalf of Debbie Barnes (Executive Director of Children's Services) and Jim Heys (NHS England), respectively.

12 DECLARATIONS OF MEMBERS' INTERESTS

There were no Members' interests declared at this stage in the proceedings.

13 MINUTES OF THE MEETING OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 20 JUNE 2017

A Member of the Board referred to page 11 of the agenda pack, where it was stated that:

'A suggestion was made to cross reference the cost of alcohol and/or drug misuse with the cost of domestic abuse as it was thought that in many cases one could lead on to the other. It was acknowledged that there were some overlaps and something which the Board could give further consideration to'.

It was confirmed that this would be considered by the Board at a date yet to be confirmed.

RESOLVED

That the minutes of the meeting held on 20 June 2017 be confirmed and signed by the Chairman as a correct record.

14 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions as detailed be noted.

15 CHAIRMAN'S ANNOUNCEMENTS

In addition to the Chairman's Announcements, as printed on page 19 of the agenda pack, the Chairman made the following announcement: -

Hospital Mortality

Figures published by the Office for National Statistics on 21 September 2017 had shown for the period of April 2016 to March 2017, there had been approximately 8.9 million discharges from hospitals in England, from which 294,000 deaths had been recorded either while in hospital or within 30 days of discharge across the 135 hospital trusts.

United Lincolnshire Hospitals NHS Trust (ULHT) had been identified in the report as one of the ten hospital trusts with a 'higher than expected' number of deaths. Figures for ULHT had shown that during 2016-2017, there had been over 400 more deaths recorded following time in hospital than the expected number.

The summary Hospital-level Mortality Indicator (SHMI) had compared the actual number of deaths following time in hospital with the expected number of deaths. The indicator had been developed in response to the Public Inquiry in to the Mid Staffordshire NHS Foundation Trust. The SHMI was not a measure of care – higher or lower than expected number of deaths should not immediately be interpreted as

indicating poor or good performance. Instead it should be viewed as a 'smoke alarm', which required further investigation.

The full report was available from: <http://digital.nhs.uk/pubs/shmiapr16mar17>

16 DISCUSSION ITEMS

16a Transport Service Group - 'Connected Lincolnshire' Initiative

Consideration was given to a report by Verity Druce (Senior Transport Assistant, Lincolnshire County Council), which provided information on the Total Transport Project and opportunities to link with the health sector.

The report summarised the Transport Services Group's vision for the county's passenger transport solutions, aiming to create an efficient and effective integrated multi-model passenger transport network and service by 2021. The two lead projects, as detailed in the report, included:

- New integrated vehicle based passenger transport network and service – focusing on the county's two lead commissioners of passenger transport, the Council and the NHS, this one-year project would aim to propose a new passenger transport network and service, for implementation over the following 2-3 years;
- New integrated cycling and walking passenger transport network and service – focusing on these more sustainable modes of 'transport' and aiming to propose a new network and service for the county.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- It was suggested that the Transport Services Group engaged with district councils, as certain district councils funded local car schemes which could be linked to the Total Transport Project;
- A discussion took place regarding the withdrawal of subsidised bus routes, where it was suggested that consideration should be given to alternative ways of providing such services as reintroducing those routes would not be an option. An example was cited which could see dedicated school buses being used as a public transport service, provided school pupils were not disadvantaged;
- Improvements should be made to cycling routes to encourage people to cycle within Lincolnshire;
- It was highlighted that patients were increasingly required to travel further to access services/appointments and as a result, the impact on travel requirements were discussed; reference was made to the non-emergency patient transport service, where some patients had experienced problems, since the new contractor began operating the service in July 2017.

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RESOLVED

That support be given to the vision and the associated approach, work streams and projects of the Transport Services Group.

16b Physical Activity - 'Whole System Approach'

Consideration was given to a report from Jo Metcalfe (Interim Health Client Manager), which provided an overview of Sport England's objectives and the role of *Active Lincolnshire* in supporting these objectives locally.

The report stated that *Active Lincolnshire*, in partnership with Sport England, Lincolnshire County Council, District Councils, and other key stakeholders aimed to support Lincolnshire to become the most active county across the country. It was reported that this aim could not be achieved in isolation and evidence had shown that a 'whole-system' approach was required to create a sustainable shift in activity levels. *Active Lincolnshire* was also exploring the opportunity to create a 'physical activity alliance', comprising key stakeholders to drive forward the whole-system approach to physical activity.

The report also stated that 22.2% of Lincolnshire's adult population undertook fewer than thirty minutes of physical activity each week, according to a survey undertaken by Sport England. A query was raised in relation to Sport England's survey, in particular the question of whether activity by people cultivating an allotment had been included. A member of the Board believed that the levels of low physical activity could be higher than those indicated by Sport England and the scale of the problem needed to be identified.

The link between the levels of funding and activity was discussed, and it was concluded that cultural influences were of more impact than funding levels.

The following comments were made on the item:

- It was suggested that *Active Lincolnshire* liaise with the Lincolnshire District Councils' Network.
- It was confirmed that *Active Lincolnshire* engaged with the chief executives of the Lincolnshire District Councils.

RESOLVED

- (1) That the Health and Wellbeing Board support the key priorities of *Active Lincolnshire*, subject to any duplication with other priorities being avoided.
- (2) That *Active Lincolnshire* be advised to collaborate with District Councils' Network and Lincolnshire Public Health to create a 'whole-system' shift in physical activity across the county.
- (3) That the strategic fit of creating a 'physical activity alliance' to drive forward the agenda be understood.

16c Housing, Health and Care Delivery Group Update

The Chairman of the Housing, Health and Care Delivery Group, Councillor Mrs W Bowkett, advised that the first meeting of the Group had been held on 5 September 2017, with twelve representatives present at the meeting.

The Terms of Reference for the Group had been agreed at the meeting. The Group also considered items on the Disabled Facilities Grant and the Joint Strategic Needs Assessment (JSNA). The Group agreed to hold a workshop on the JSNA.

The next meeting of the Group was scheduled to be held in Sleaford on 21 November 2017.

RESOLVED

That the verbal update be noted.

16d Lincolnshire Pharmaceutical Needs Assessment (PNA) 2018

Consideration was given to a report by Chris Weston (Public Health Consultant), which identified present and future needs for pharmaceutical needs.

The Board was advised that completion of a Pharmaceutical Needs Assessment (PNA) was a statutory duty for Health and Wellbeing Boards and should be undertaken at least every three years. Data contained within the assessment would be used by NHS England to plan pharmaceutical services in the county to best meet local health needs.

The production of the 2018 PNA for Lincolnshire had commenced, and a draft PNA was being prepared for consultation between 11 December 2017 and 11 February 2018. It was expected that the final PNA would be published by 1 April 2018.

The development of the draft PNA had shown that more people used pharmacies than anticipated. It was suggested that the wider range of services provided by pharmacies should be encouraged.

In response to a question it was highlighted that a copy of the Project Plan could be found at Appendix B of the report, which detailed the communication plan and timelines for the PNA. A reminder would be issued following the Christmas period to prompt completion of the public questionnaire.

The Board was assured that the Equality Impact Assessment for the PNA was pertinent to Lincolnshire.

RESOLVED

- (1) That the process to produce a revised Pharmaceutical Needs Assessment (PNA) by 1 April 2018 be noted.

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(2) That the Terms of Reference for the Lincolnshire PNA Steering Group be received.

(3) That the project plan timelines from the Lincolnshire PNA Steering Group on the production of the 2018 Lincolnshire PNA be received.

16e Sustainability and Transformation Plan (STP) Update

A report from John Turner (Chief Officer, South Lincolnshire Clinical Commissioning Group) was considered, which provided information on the progress since the last report to the Health and Wellbeing Board in June 2017. Andrew Morgan (Chair of the Lincolnshire System Executive Team) presented the report to the Board.

The Board was reminded that the Lincolnshire health system had developed and approved the Sustainability and Transformation Plan in October 2016. Its aim was to meet the challenges set out in the NHS Five Year Forward View – better health; transformed quality of care delivery; and sustainable finances. Development of the plan had fostered a collaborative approach to plan around the health needs of the Lincolnshire population, rather than an organisational approach. Lincolnshire had been working on seven key priorities since April 2017, which included: -

- Mental Health;
- Neighbourhood Teams;
- Implementation of GP Forward View;
- Acute Care Reconfiguration;
- Urgent and Emergency Care Transformation;
- Operational Efficiencies; and
- Planned Care.

Managing performance at A&E remained a key element.

Reference had been made in the report to South West Lincolnshire Clinical Commissioning Group, United Lincolnshire Hospitals NHS Trust and Lincolnshire Community Health Services NHS Trust working together to explore an interim urgent care service at Grantham Hospital. It was clarified that interim services would be developed in readiness for the winter period. This plan for interim provision was a separate issue to any plans for longer term urgent care and A&E service at Grantham Hospital.

Engagement was continuing with a wide range of stakeholders on issues within the STP. Formal consultation, usually no fewer than thirteen weeks in length, would be taking place on significant service reconfigurations. An issue was raised with regard to engagement with district councils and parish councils and it was agreed that this would be considered further. The STP Programme Team would be prepared to meet with any organisation or group, should they wish to receive a briefing on the STP.

The Board noted that the progress with the development of the STP and looked forward to further reports at each meeting.

RESOLVED

That the progress made with the Sustainability and Transformation Partnership in the last three months be noted.

16f Better Care Fund (BCF)

Consideration was given to a report by Glen Garrod (Executive Director of Adult Care and Community Wellbeing), which provided an update on the Lincolnshire's Better Care Fund (BCF) plans. This incorporated an update on the presentation of the BCF Narrative Plan and the related planning templates. Updates were also provided on the Lincolnshire Graduation bid; the improved BCF funding made available for 2017/18; and performance.

The Executive Director of Adult Care and Community Wellbeing advised the Board that David Laws (Adult Care Strategic Financial Adviser) would shortly be retiring from Lincolnshire County Council. The Executive Director took the opportunity to express his gratitude towards David for his hard work in recent years on the BCF, both locally and nationally. The Chairman of the Board also took the opportunity to thank David for his work on the Board, particularly on the BCF.

The Board was advised that the Lincolnshire BCF Narrative Plan and related planning template had been submitted to NHS England on 11 September 2017. The key milestones beyond the submission date were detailed on page 58 of the agenda pack.

The key financial elements of the plan were also detailed on page 58 of the agenda pack and detailed information on the key performance elements of the BCF Plan were detailed at Appendix A to report, the Lincolnshire BCF Narrative Plan 2017-2019.

The Board was advised that Lincolnshire's bid for Graduation had been submitted in May 2017 and was currently on a shortlist awaiting a final decision. The benefits of being a 'graduation pilot' were still being determined at a national level, though proposed benefits could include a reduction in bureaucracy and the need to report to (and be reviewed by) central government.

RESOLVED

- (1) That the Better Care Fund Update be noted.
- (2) That the Lincolnshire Better Care Fund Narrative Plan 2017-2019, as detailed at Appendix A, be approved.

17 DECISION/AUTHORISATION ITEMS17a Development of the Joint Health and Wellbeing Strategy for Lincolnshire

Consideration was given to a report by David Stacey (Programme Manager, Strategy and Performance), which invited the Board to discuss and agree the priorities for further development into the next Joint Health and Wellbeing Strategy for Lincolnshire.

The Board was reminded that it was a statutory duty under the Health and Social Care Act 2012 for the Local Authority and each of its partner clinical commissioning groups to produce a Joint Health and Wellbeing Strategy (JHWS) for meeting the needs identified in the Joint Strategic Needs Assessment (JSNA).

Currently the JHWS produced by the Health and Wellbeing Board for Lincolnshire was due to end in 2018 and in March 2017, the Board had agreed an approach to developing the next JHWS for Lincolnshire.

The approach had included a series of stages of engagement with the aim of the Board:

- Identifying what the Board felt the priorities for the next JHWS should be (utilising a previously agreed prioritisation framework);
- Understanding the views of people who live and work in Lincolnshire;
- Enabling the Health Scrutiny Committee for Lincolnshire to have an opportunity to feed their views into the process;
- Ensuring that groups representing the views of people with protected characteristics (as defined by the Equality Act 2010) had their voice heard as part of developing the next JHWS for Lincolnshire.

In order to achieve the above, an engagement plan for identifying the possible priorities for the next JHWS was developed and was detailed on page 113 of the agenda pack.

The engagement on the prioritisation of the JSNA to inform the development of the next JHWS for Lincolnshire had been extensive in seeking and obtaining the views of over 400 people directly representing over 100 organisations and groups across the county as well as individual members of the public. A full analysis report on the outcome of the engagement was detailed at Appendix A to the report.

The Board was advised that there was a high degree of commonality across the different engagement stages and in summary, the overall emerging priorities which had been identified from the engagement, were as follows: -

- Mental Health – both Adults and Children/Young People;
- Housing;
- Carers;
- Physical Activity;

- Dementia; and
- Obesity.

The Board was provided with an opportunity to ask questions, where the following points were noted: -

- A Member of the Board suggested that the two emerging priorities on *physical activity* and *obesity* could be merged into one. In response, the Board was advised of the differences between the two emerging priorities;
- It was suggested that as part of the emerging priority on *housing* that youth housing was also included;
- It was emphasised that the emerging priority on *Mental Health – both Adults and Children/Young People* was one of importance and should be taken forward as a priority.

RESOLVED

- (1) That the evaluation report detailing the engagement on the next Joint Health and Wellbeing Strategy for Lincolnshire be received.
- (2) That the following priorities be approved for further development as part of the Joint Health and Wellbeing Strategy for Lincolnshire, subject to the inclusion of the comments of the members of the Board set out above: -
 - Mental Health – both Adults and Children/Young People;
 - Housing;
 - Carers;
 - Physical Activity;
 - Dementia; and
 - Obesity.
- (3) That the members of the Health and Wellbeing Board who would lead on the further development and drafting of the Joint Health and Wellbeing Strategy for Lincolnshire be allocated at a later date.

17b Health and Wellbeing Grant Fund - Allocation of Remaining Funds

A report by Tony McGinty (Interim Director of Public Health) was considered, which sought approval from the Board to agree recommendations from the Health and Wellbeing Grant Fund Sub Group to allocate the remaining uncommitted money in the Health and Wellbeing Grant Fund to the four Clinical Commissioning Groups (CCGs).

The Board was reminded that the Health and Wellbeing Grant Fund had been established in 2008 as a time limited fund to pilot projects and initiatives to help improve health and wellbeing in Lincolnshire. The Health and Social Care Act 2012 had led to the transfer of the Public Health service to the local authority, which had resulted in the fund continuing longer than anticipated. Despite allocating the bulk of

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the funds in 2015, a number of projects had failed to start or had completed without using all the funds allocated to them. As a result, there remained a balance of £369,016.50 within the fund.

The recommendation from the Health and Wellbeing Fund Sub Group was for all remaining unallocated funds to be transferred to the four CCGs to support the development of neighbourhood working, with a particular focus on building resilience in the infrastructure of the Voluntary and Community Sector to enable high quality multi-agency cooperation.

The Board was advised that the funding would not be used to buy new services but to help signpost individuals to current service provision. It was suggested that the Board received an update on the progress made with the usage of the funding in six months.

RESOLVED

- (1) That the recommendation from the Health and Wellbeing Fund Sub Group to allocate all remaining uncommitted money in the Health and Wellbeing Grant Fund to the four Clinical Commissioning Groups be approved.
- (2) That the proposal for the four Clinical Commissioning Groups to use the funds to develop neighbourhood working with a specific focus on building resilience in the Voluntary and Community Sector be approved.
- (3) That approval be given for the monitoring of the projects to be carried out through existing reporting mechanisms for the development of neighbourhood working.
- (4) That an update on the projects be provided to the Health and Wellbeing Board in six months.

18 INFORMATION ITEMS**18a Joint Health and Wellbeing Strategy (JHWS) 2013-2018 - Annual Dashboard Reports**

An information report was presented by Tony McGinty (Interim Director of Public Health), which provided information on the Joint Health and Wellbeing Scorecard and Theme dashboards.

In response to a question, the Board was advised that in terms of increasing physical activity, the overall level of funding had limited effect, as changes in cultural habits were more influential in increasing the levels of physical activity. However, there was a relationship between the level of smoking cessation services available and actual reductions in smoking. More targeted activity would be required to reach the persistent smokers in Lincolnshire.

RESOLVED

That the report be for information be received.

18b An Action Log of Previous Decisions

A report as received which noted the decisions taken since June 2017.

It was requested that an item on *ACTion Lincs*, be added to the Forward Plan for a future meeting of the Health and Wellbeing Board. It was highlighted that *ACTion Lincs* was a county-wide partnership, which had been set up to provide life-changing support and tackle some of the most complex homelessness cases in Lincolnshire.

RESOLVED

- (1) That the report for information be received.
- (2) That an item on *ACTion Lincs* be added to the Forward Plan for a future meeting.

18c Lincolnshire Health and Wellbeing Board Forward Plan

An updated version of Health and Wellbeing Board Forward Plan was tabled at the meeting, which provided the Board with an opportunity to discuss items for future meetings which would, subsequently, be included on the Forward Plan.

It was requested that an item on the *Role of District Councils in Health and Wellbeing* be added to the Forward Plan for consideration at a future meeting.

RESOLVED

- (1) That the report for information be received.
- (2) That an item on the *Role of District Councils in Health and Wellbeing* be added to the Forward Plan.

The meeting closed at 4.05 pm.

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Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
20.06.17	6	<p>TERMS OF REFERENCE, PROCEDURAL RULES, MEMBERS ROLES AND RESPONSIBILITIES</p> <p>That a working group be established to review the membership of the Lincolnshire Health and Wellbeing Board.</p>	Nominations to sit on the working group have been received by the Programme Manager Health and Wellbeing. Initial desktop research into best practice models of HWB membership has been completed and views sought on possible changes in membership from HWB Members. The working group is scheduled to meet in Oct 2017 to consider the information and make recommendations to the HWB meeting in December 2018
	8c	<p>INTEGRATION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH A SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITY</p> <p>That the proposal for this work to be governed via the Women and Children's Joint Delivery Board, reporting to the Lincolnshire Health and Wellbeing Board.</p>	Updates from the Women and Children's Joint Delivery Board to be scheduled in the Lincolnshire Health and Wellbeing Board's Forward Plan, as required.
	9a	<p>LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN (STP) PRIORITIES AND UPDATE</p> <p>That regular updates be added to the Work Programme of the Lincolnshire Health and Wellbeing Board.</p>	The Sustainability and Transformation Plan and the Better Care Fund are standing items on the HWB's agenda
	10d	<p>LINCOLNSHIRE HEALTH AND WELLBEING BOARD – FORWARD PLAN</p> <p>That the Board's concerns regarding immunisations be referred to the Health Scrutiny Committee for Lincolnshire.</p>	The performance of the Immunisation and Screening Service was referred to the Health Scrutiny Committee for Lincolnshire following the Lincolnshire Health and Wellbeing Board meeting. An item on the Immunisation and Screening Programme was presented to Health Scrutiny at the meeting in November 2017.
26.09.17	17a	<p>DEVELOPMENT OF THE JOINT HEALTH AND WELLBEING STRATEGY FOR LINCOLNSHIRE</p> <ul style="list-style-type: none"> • That the following priorities be approved for further development as part of the Joint Health and Wellbeing Strategy for Lincolnshire:- <ul style="list-style-type: none"> ○ Mental Health (Both Adults and Children/Young People); ○ Housing; 	<p>A series of meetings have taken place during October and November 2017 with key partners to explore the emerging priorities further. As part of the discussions the following key themes, identified as part of the stakeholder engagement were also considered:</p> <ul style="list-style-type: none"> • The need for the JHWS to have a strong focus on prevention and early intervention • That there is collective action across a range of organisations working in partnership to deliver the JHWS

		<ul style="list-style-type: none"> ○ Carers; ○ Physical Activity; ○ Dementia; and ○ Obesity. <ul style="list-style-type: none"> ● That the members of the Health and Wellbeing Board who would lead on further development and drafting of the Joint Health and Wellbeing Strategy for Lincolnshire be allocated at a later date. 	<ul style="list-style-type: none"> ● The need to tackle inequalities and equitable provision of services that support and promote health and wellbeing. <p>The findings from this work to be presented to the Board in December along with proposals for the next steps, including identifying suitable leads to take forward the work.</p>
	17b	<p>HEALTH AND WELLBEING GRANT FUND – ALLOCATION OF REMAINING FUNDS</p> <ul style="list-style-type: none"> ● That the recommendation from the Health and Wellbeing Grant Fund Sub Group to allocated all remaining uncommitted money in the Health and Wellbeing Grant Fund to the four Clinical Commissioning Groups (CCG) be approved; ● That an update on the projects be provided to the Health and Wellbeing Board in six months. 	<p>Tony McGinty, Interim Director of Public Health, sent a letter on 13 October 2017 to the CCG Accountable Officers notifying them of the Board's decision to allocate the remaining Health and Wellbeing Grant Fund to the CCGs to support the development neighbourhood working with a specific focus on building resilience in the Voluntary and Community Sector. The letter asked that the CCGs provide an update on the projects to the Board in six months.</p> <p>Subject to approval by the Chairman, this item is scheduled on the Forward Plan for June 2018.</p>
	18b	<p>AN ACTION LOG OF PREVIOUS DECISIONS</p> <p>That an item of ACTION Lincs be added to the Forward Plan for a future meeting.</p>	<p>Following a discussion with the Chairman of the Health and Wellbeing Board, this item has been referred to the Housing, Health and Care Delivery Group (HHCDG). As the sub group of the Health and Wellbeing Board with responsibility for housing related matters, reports on ACTION Lincs will be presented to this group in the first instance. Any matters arising from this will be reported by exception to the Health and Wellbeing Board through the quarterly HHCDG update to the Board.</p>
	18c	<p>LINCOLNSHIRE HEALTH AND WELLBEING BOARD FORWARD PLAN</p> <p>That an item on the <i>Role of District Councils in Health and Wellbeing</i> be added to the Forward Plan.</p>	<p>Subject to approval by the Chairman, this item is scheduled on the Forward Plan for March 2018.</p>

Agenda Item 5

Lincolnshire Health and Wellbeing Board – 5 December 2017

Chairman's Announcements

Local Government Association – Community Wellbeing Board

For some time I have been a substitute member on the Local Government Association's (LGA) Community Wellbeing Board and following the elections this year, I can now report to the Board that I have been appointed to sit on the LGA Community Wellbeing Board as a full member. This is a national forum set up by the LGA to oversee and support local government activities in the health and social arena including the wellbeing of vulnerable adults, public health and integration.

As part of my ongoing work with the LGA I have also been involved in a number of visits and training events as part of their Sector Led Improvement Programme. In particular, I have been involved in a number of Peer Challenges, the most recent being in Hertfordshire, where I also attended a Health and Wellbeing Board meeting. In addition, I have also been delivering Prevention Matters Training to a number of areas across the country. This work is hugely beneficial as a way of sharing learning but also supporting improvement across the health and care sector.

Rural Health and Social Care Roundtable

On 21 November 2017 I attended a roundtable meeting arranged by NHS Confederation. The event brought together a range of senior leaders from across the system to discuss the challenges associated with commissioning and delivering health and care services in a rural setting. Some of the themes considered at the meeting included; digital health; the role of pharmacies in providing basis services in hard to reach areas; GP shortages, local service closures and the transformation agenda and its impact on rural areas.

Director of Public Health

Professor Derek Ward has been appointed as the new Director of Public Health (DPH) and will be taking up his post at the end of January 2018. Derek currently holds a joint role; three days a week as a Professor of Public Health in the Health and Social Care Research Centre at the University of Derby. The remaining two days he provides public health advice and support to Clinical Commissioning Groups in Derbyshire. He has previously held the position of DPH for Derby City and has extensive experience of national and regional work, having also been a Consultant in Public Health and a Senior Civil Servant in the Department of Health. Derek brings a wealth of knowledge and experience to Lincolnshire and I look forward to formally welcoming him at our next Board meeting in March 2018.

I would also like to take this opportunity to thank Tony McGinty, for his support and contribution over the past year whilst acting as interim DPH

Chairman of the United Lincolnshire Hospital NHS Trust (ULHT) Board

At the last meeting, the Board was informed that Dean Fathers had announced he would be stepping down as Chairman of the United Lincolnshire Hospital NHS Trust Board at the end of October 2017. As part of the recruitment process to appoint a new chairman, I took part in the Stakeholder Event on 9 November 2017.

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Tony McGinty, Interim Director of Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 December 2017
Subject:	Lincolnshire Pharmaceutical Needs Assessment 2018

Summary:

Completion of a Pharmaceutical Needs Assessment (PNA) is a statutory duty for Health and Wellbeing Boards to undertake at least every 3 years. Data contained within the assessment will be used to plan pharmaceutical services in the county to best meet local health needs.

The production of the 2018 PNA for Lincolnshire has commenced, and a draft PNA is being prepared to go to consultation between Monday 11 December 2017 and Saturday 11 February 2018. A final PNA is expected to be published by 1 April 2018.

Actions Required:

1. To note the conclusions of the draft Pharmaceutical Needs Assessment (PNA)
2. To approve the draft PNA in preparation for consultation
3. To note that the consultation on a draft PNA for Lincolnshire is planned between 11 December 2017 and 11 February 2018
4. To receive an update on progress and the project plan timelines from the 'Lincolnshire PNA Steering Group' on the production of the 2018 Lincolnshire PNA

1. Background

- 1.1 The Pharmaceutical Needs Assessment is a report of the present and future needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. To prepare the report, data is gathered from pharmacy contractors, dispensing GP practices, pharmacy users and other residents, and from a range of sources (commissioners, planners and others). The report also includes a range of maps that are produced from data collected as part of the PNA process.
- 1.2 The Health and Wellbeing Board delegated the work to publish a Pharmaceutical Needs Assessment by 1 April 2018 to a PNA Steering Group and requested regular reports on its progress to the HWB.

- 1.3 The PNA Steering Group held its third meeting on 10 November 2017. At this meeting the draft PNA, prepared by an external expert resource Soar Beyond Limited, was presented and considered by the Steering Group.
- 1.4 The draft PNA 2018 was approved by the Steering Group on 10 November 2017 and is being presented to the HWB for approval. Pending approval, it will be made available for a mandatory 60-day consultation.
- 1.5 The results of consultation will be considered by the Steering Group at its meeting on 28 February 2018, and a final PNA produced with recommendation for the HWB to publish, at its meeting on 27 March 2018.
- 1.6 The final PNA must be published no later than 31 March 2018

2. Key considerations

- 2.1 The PNA is factual document detailing provision of pharmaceutical services of a snapshot in time. It is *not* a commissioning document, but may be used in conjunction with other relevant documents such as the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy and the Sustainability Transformation Plans for Lincolnshire to determine provision and need for future health services within Lincolnshire.
- 2.2 For the purposes of the analysis of the PNA, each district has been individually considered for pharmaceutical service provision, reviewing the health needs highlighted in each district including considering the influx of the population in certain districts due to tourism. See section 6.6 of the draft PNA for detailed analysis for each district.
- 2.3 The definition of “reasonable access” will vary across the county as there are differences between rural and urban areas. Lincolnshire is recognised as a large rural county therefore reasonable access to community pharmacies has been compared with access to other necessary amenities such as shops, post office, GP and dental practices, etc.
- 2.5 As Lincolnshire is bordered by nine other HWB areas, the population is not limited to accessing services just within Lincolnshire and will have access to pharmaceutical service providers in these neighbouring HWB areas. See Map C – Location of pharmacies located outside Lincolnshire, draft PNA.

3 Housing Growth Implications

Several localities have been awarded up to £8 million as part of a national strategy for sustainable development. The PNA Steering Group will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

4 Community Pharmacy Reforms

- 4.1 Community Pharmacy has been subject to funding changes reflecting nationally driven policy developments. As part of the NHS’ need to deliver £22 billion in efficiency savings by 2020/21 the government has imposed a two-year funding package on community pharmacy.

- 4.2 These changes came in to effect from December 2016 and will have been implemented throughout 2017. Further details are available at <https://www.gov.uk/government/publications/community-pharmacy-reforms>.
- 4.3 There is concern within Community Pharmacies about the potential impact of these changes however at the time of publication (1 December 2017) no definite detail has been provided and any changes to this situation and the subsequent impact on services will be considered post consultation should the need arise.
- 4.4 The data cut off point used for this PNA is 1 August 2017 therefore any changes made post this date are not reflected at this stage to avoid speculation about the impact of the government's changes on provision locally.

5 Scope of the PNA

- 5.1 For the purposes of this PNA, 'pharmaceutical services' has been defined as those which are/may be commissioned under the provider's contract with NHS England
- 5.2 A PNA is required to measure the adequacy of pharmaceutical services (Pharmaceutical Regulations 2013) in the HWB area under five key themes:
- Necessary services: current provision
 - Necessary services: gaps in provision
 - Other relevant services: current provision
 - Improvements and better access: gaps in provision
 - Other services
- 5.3 Community pharmacies operate under a contractual framework agreed in 2005 which sets three levels of service (essential, advance and enhanced services) and for the purpose of this PNA necessary services are defined as essential and advance service. See Section 1.3.1, draft PNA

6 Conclusions

6.1 Necessary services: current provision

- No gaps have been identified in the provision of essential and advanced services during and outside of normal working hours across the whole HWB area.

6.2 Necessary services: gaps in provision

- No gaps have been identified in essential and advanced services that if provided either now or in the future would secure improvements or better access to essential services across the whole HWB area.

6.3 Other relevant services: current provision

- Based on current information no gaps have been identified in respect of securing improvements or better access to other NHS services either now or in specified future circumstances across the whole HWB area.

6.4 Improvements and better access: gaps in provision

- No gaps have been identified in necessary services that if provided either now or in the future would secure improvements or better access to essential services across the whole HWB area.
- Comprehensive service reviews are required to establish if currently and in future scenarios, improvement of or better access to enhanced services across the whole HWB area would be appropriate, however this is out of the scope of the PNA.

6.5 Other services

- Based on current information no gaps have been identified in respect of securing improvements or better access to other NHS services either now or in specified future circumstances across the whole HWB area.
- Regular service reviews are recommended to establish if currently and in future scenarios locally commissioned services secure improvement or better access across all HWB localities, however these are out of the scope of the PNA

7. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire Draft PNA
Appendix B	Lincolnshire Draft PNA Appendix A – List of Pharmaceutical Service Providers
Appendix C	Lincolnshire Draft PNA Appendix B – List of GP Practices providing extended hours services & corresponding community pharmacies
Appendix D	Lincolnshire 2018 PNA Project Plan

8. Background Papers

Document	Where can it be accessed
The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013	http://www.legislation.gov.uk/uksi/2013/349/contents/made
Lincolnshire Draft PNA Appendix C – PNA Steering Group Terms of Reference	<p>To access these documents before the start of the formal statutory consultation period contact hwb@lincolnshire.gov.uk</p> <p>Once the consultation starts all these documents will be available to view on PNA Consultation page on the County Council's website.</p>
Lincolnshire Draft PNA Appendix D – Public Questionnaire	
Lincolnshire Draft PNA Appendix E – Pharmacy Contractor Questionnaire	
Lincolnshire Draft PNA Appendix F – Dispensing Practice Questionnaire	
Lincolnshire Draft PNA Appendix G – PNA Project Plan	
Lincolnshire Draft PNA Appendix H – Engagement Plan	
Lincolnshire Draft PNA Appendix I – Results of Public Questionnaire	
Lincolnshire Draft PNA Appendix J – Results of Pharmacy Contractor Questionnaire	
Equalities Impact Analysis	

Document	Where can it be accessed

This report was written by Chris Weston, Consultant in Public Health, who can be contacted on 01522 553006 or chris.weston@lincolnshire.gov.uk

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Lincolnshire Health & Wellbeing Board Draft Pharmaceutical Needs Assessment 2018

This PNA has been produced by Soar Beyond, contracted by Lincolnshire County Council. The production has been overseen by the PNA Steering Group for Lincolnshire Health and Wellbeing Board with authoring support from Soar Beyond Ltd

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Section 1: Introduction

1.1 Background

The Health Act 2009,¹ made amendments to the NHS Act 2006 requiring each Primary Care Trust (PCT) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment and any revised assessment. The regulations required the Pharmaceutical Needs Assessment (PNA) to be published by 1st February 2011. Lincolnshire PCT produced its first PNA in February 2011.

The responsibility for the development, publishing and updating of PNAs became the responsibility of Health and Wellbeing Boards (HWBs) following the Health and Social Care Act 2012.² The Act dramatically reformed the NHS from 1st April 2013. PCTs were abolished and HWBs, Clinical Commissioning Groups (CCGs) and NHS England were formed.

- HWBs, hosted by each 'upper tier' local authority, have their membership drawn from local leaders (including NHS England, CCGs and local government) and are responsible for the continual improvement of the health and wellbeing of the local population
- CCGs are clinically-led NHS bodies responsible for planning, purchasing and monitoring the majority of local health services including hospital, community, emergency and mental health care
- NHS England oversees the operations of the CCGs as well as commissioning primary and specialist services (such as cancer care). Along with CCGs, it has the responsibility of improving health outcomes and reducing health inequalities

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),³ hereafter referred to as the 'Pharmaceutical Regulations 2013' came into force on 1st April 2013. Unless required to be produced earlier, the Pharmaceutical Regulations 2013 permitted HWBs a temporary extension of the PNAs previously produced by the PCT; HWBs were then required to publish their first PNA by 1st April 2015 at the latest. The Pharmaceutical Regulations 2013 require each HWB to publish a statement of its revised assessment within three years of its previous publication and this document fulfils this regulatory requirement.

The Pharmaceutical Regulations 2013 were updated by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1st April 2014. This PNA has considered these amendments but the Pharmaceutical Regulations 2013 have been referenced throughout.

Since the 2015 PNA there have been several contractual changes affecting community pharmacies. These are considered separately below.

¹ Health Care Act 2009 - <http://www.legislation.gov.uk/ukpga/2009/21/contents>

² Health and Social Care Act 2012 - <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

³ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
<http://www.legislation.gov.uk/uksi/2013/349/contents/made>

Essential Small Pharmacy Scheme (ESPS)

Financial support for ESPS⁴ came to an end on 31st March 2015. Arrangements had existed for many years which provided modest financial support for small pharmacies in areas where they were needed for patients, but where the level of business was otherwise too low for a pharmacy to be viable. At the time, it was estimated there were no more than 100 such pharmacies in England. There are no pharmacies within Lincolnshire HWB on LPS contracts

Flu Vaccination Service

On 20th July 2015, as part of the 2015-16 community pharmacy funding settlement, NHS England agreed to allow community pharmacies in England to offer a seasonal influenza (flu) vaccination service for patients in at-risk groups. This became the fifth Advanced Service in the English Community Pharmacy Contractual Framework (CPCF) and provision of the service commenced from 16th September 2015. The service has continued to be recommissioned for subsequent flu seasons. Those pharmacies which provided the service for the 2015-16 flu season are listed in Appendix A.

NHS Urgent Medicines Supply Advanced Service (NUMSAS)

On 20th October 2016, the Department of Health (DH) and NHS England announced that as part of the 2016-17 and 2017-18 community pharmacy funding settlement, money from the PhIF would be used to fund the national pilot NUMSAS⁵ from community pharmacy. The service is commissioned to run from 1st December 2016 to 31st March 2018 with a review point to consider progress in September 2017. The service is not directly accessible and can only be accessed via a referral from an urgent care provider, e.g. NHS 111, who holds a list of providers of the service. There is no publicly-available list of providers of the service.

The PNA recognises that a funded service which supports the supply of urgent medicines from pharmacies would reduce the burden on urgent care services and GPs and improve patient care. Consideration will be given to the type of commissioned service that would be most beneficial once the NUMSAS service evaluation is complete.

Pharmacy Access Scheme (PhAS)

At the same time, the DH confirmed the introduction of a Pharmacy Access Scheme (PhAS)⁶, with the aim to protect access in areas where there are fewer pharmacies with higher health needs and ensure no area is left without access to NHS community pharmaceutical services. There are 25 pharmacies in Lincolnshire funded under the PhAS.

Quality Payment Scheme

The Department of Health (DH) has introduced a Quality Payments Scheme⁷ as part of the Community Pharmacy Contractual Framework in 2017/18. This will involve payments being made to community pharmacy contractors meeting certain gateway and quality criteria.

⁴ PSNC ESPS <https://psnc.org.uk/contract-it/pharmacy-regulation/essential-small-pharmacies/>

⁵ PSNC NUMSAS <https://psnc.org.uk/services-commissioning/urgent-medicine-supply-service/>

⁶ PSNC PhAS <https://psnc.org.uk/contract-it/pharmacy-access-scheme-phas/>

⁷ PSNC Quality Payment Scheme <https://psnc.org.uk/services-commissioning/essential-services/quality-payments/>

Pharmacy Consolidations

On 5th December 2016, an amendment to the Pharmaceutical Regulations 2013 came into effect affecting 'pharmacy consolidations'⁸. This allowed NHS pharmacy businesses to apply to consolidate the services provided on two or more sites into a single site.

Applications to consolidate are dealt with as 'excepted applications' under the Pharmaceutical Regulations 2013, which means in general terms that they will not be assessed against the PNA.

Community Pharmacy Reforms

Community Pharmacy has been subject to funding changes reflecting nationally driven policy developments. As part of the NHS' need to deliver £22 billion in efficiency savings by 2020/21 the government has imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17 taking the total funding to £2.687 billion for 2016/17, followed by a reduction in 2017/18 to £2.592 billion for the financial year. This will see funding levels from April 2017 drop by around 7.5% compared with November 2016 levels. These changes came in to effect from December 2016 and will have been implemented throughout 2017⁹.

There is concern within Community Pharmacies about the potential impact of these changes however at the time of publication (1st December 2017) no definite detail has been provided and any changes to this situation and the subsequent impact on services will be considered post consultation should the need arise.

The data cut off point used for this PNA is 1st August 2017 therefore any changes made after this date are not reflected at this stage to avoid speculation about the impact of the government's changes on provision locally.

1.2 Purpose of the PNA

NHS England is required to publish and maintain 'pharmaceutical lists' for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHS England must consider any applications for entry onto the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHS England to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises.

As the PNA will become the basis for NHS England to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the Regulations and with due process, and that the PNA is accurately maintained and up to date.

⁸ PSNC Pharmacy Consolidations <https://psnc.org.uk/contract-it/pharmacy-mergers-consolidations/>

⁹ Community Pharmacy Reforms <https://www.gov.uk/government/publications/community-pharmacy-reforms>

Although decisions made by NHS England regarding applications to the pharmaceutical list may be appealed to the NHS Family Health Services Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

The PNA should also be considered alongside the Joint Strategic Needs Assessment (JSNA).¹⁰ For the purpose of this PNA, the 2017 JSNA has been used.

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHS England and the CCGs, these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

1.3 Scope of the PNA

The Pharmaceutical Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary services: current provision
- Necessary services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other services

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

To appreciate the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHS England. They are:

- Pharmacy contractors
- Dispensing appliance contractors
- Local pharmaceutical service providers
- Dispensing doctors

For the purposes of this PNA, 'pharmaceutical services' has been defined as those which are/may be commissioned under the provider's contract with NHS England. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHS England, is set out below.

¹⁰ Joint Strategic Needs Assessment (JSNA): Lincolnshire - <http://www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx>

1.3.1 Pharmacy contractors

Pharmacy contractors operate under the CPCF initially agreed in 2005¹¹ which has undergone several contractual changes and amendments, the most recent of which covers 2016-18. The CPCF sets three levels of service under which pharmacy contractors operate.

Essential services – these are nationally negotiated and must be provided from all pharmacies:

- Dispensing of medicines
- Repeat dispensing
- Safe disposal of unwanted medicines
- Promotion of healthy lifestyles
- Signposting
- Support for self-care
- Clinical governance
- Dispensing appliances (if considered ‘normal course of business’. Contractor does have the ability to decide not to dispense at all)

Advanced services – there are six advanced services within the CPCF. They are negotiated nationally and any contractor may provide any of these services if they meet the requirements set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, the ‘2013 Directions’.¹² They are:

- Medicines Use Reviews (MURs)
- New Medicine Service (NMS)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation (SAC)
- NHS Urgent Medicines Supply Advanced Service (NUMSAS)
- Flu vaccination service

Map F illustrate the Pharmacies which provide Medicine Use Review and New Medicine Services.

In Lincolnshire, NHS England commissions all six advanced services from community pharmacies. A full list of advanced services providers in Lincolnshire (correct as of 1st August 2017) can be found in Appendix A.

Enhanced services – these were published alongside the 2013 Directions. They are negotiated locally by NHS England Area Teams and may only be provided by contractors directly commissioned by NHS England.

¹¹ NHS England. Community Pharmacy Contractual Framework for 2016-18 -

<https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/>

¹² The 2013 Directions - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf

Enhanced services are:

- Anticoagulant monitoring service
- Care home service
- Disease-specific management service
- Gluten-free supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Minor ailment service
- Needle and syringe exchange service*
- On-demand availability of specialist drugs service
- Out-of-hours service
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service*
- Stop smoking service*
- Supervised administration service*
- Supplementary prescriber service

The responsibility for public health services transferred from PCTs to local authorities with effect from 1st April 2013.

In Lincolnshire, these services* are currently commissioned by Lincolnshire County Council (LCC) but are not considered enhanced or pharmaceutical services. The 2013 Directions, however, permit NHS England to commission them from pharmacy contractors if asked to do so by a local authority or CCG. In this case, if commissioned by NHS England they are enhanced services and fall within the definition of pharmaceutical services.

Pharmacy contractors comprise both those located within the Lincolnshire as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as distance-selling pharmacies. Although distance-selling pharmacies may provide services from all three levels as described above, and must provide all essential services, they may not provide essential services face-to-face on the premises.

Additionally, they must provide services to the whole population of England. There are three distance-selling pharmacies located within Lincolnshire (an increase of two from the previous 2015 PNA). It should be noted that all distance-selling pharmacies throughout England (there were 266 in 2015-16,¹³ an increase from 211 in 2014) can provide services to Lincolnshire.

¹³ General Pharmaceutical Services in England – 2006/7 to 2015/16: <http://digital.nhs.uk/catalogue/PUB22317>

1.3.2 Dispensing Appliance Contractors (DACs)

Dispensing Appliance Contractors (DACs)¹⁴ operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription, such as stoma and incontinence aids, dressings, bandages etc.

DACs must provide a range of essential services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the advanced services of Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC).

Pharmacy contractors, dispensing doctors and local pharmaceutical service (LPS) providers may supply appliances but DACs are unable to supply medicines.

There is currently one DAC in the Lincolnshire however, the population can access DACs from elsewhere in the UK if required. There were 112 DACs in England 2015-16.¹⁵ A full list of DACs in England may be found at the NHS Choices website.

1.3.3 Local Pharmaceutical Service (LPS) providers

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

This contract is locally commissioned by NHS England and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from the national contract. Payment for service delivery is locally agreed and funded.

There are no LPS pharmacies in Lincolnshire.

1.3.4 Dispensing GP practices

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Reasonable access is defined as a distance of more than one mile (1.6km) from a pharmacy's premises (excluding any distance-selling chemist premises). Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within rural areas known as 'controlled localities'.

¹⁴ NHS Choices – Dispensing Appliance Contractors: <https://www.nhs.uk/Service-Search/pharmacies/appliancepharmacies>

¹⁵ General Pharmaceutical Services in England – 2015/16: <http://www.hscic.gov.uk/searchcatalogue?productid=13373&topics=1%2fPrimary+care+services%2fCommunity+pharmacy+services&sort=Relevance&size=10&page=1#top>

GP premises for dispensing must be listed within the pharmaceutical list held by NHS England and patients retain the right of choice to have their prescription dispensed from a community pharmacy, if they wish.

There are 64 dispensing GP practices located in Lincolnshire, as illustrated in Map D.

1.3.5 Other providers of pharmaceutical services in neighbouring HWB areas

There are nine other HWB areas which border the Lincolnshire:

- Norfolk HWB
- Cambridgeshire HWB
- Rutland HWB
- Leicestershire HWB
- Nottinghamshire HWB
- Northamptonshire HWB
- North East Lincolnshire HWB
- North Lincolnshire HWB
- Peterborough HWB

In determining the needs of, and pharmaceutical service provision to, the population of Lincolnshire, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

1.3.6 Other services and providers in Lincolnshire

As stated in section 1.3, for this PNA 'pharmaceutical services' have been defined as those which are, or which may be, commissioned under the provider's contract with NHS England.

The following are providers of pharmacy services in Lincolnshire but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

NHS Hospitals

- Stamford and Rutland Hospital, Ryhall Road, Stamford PE9 1UA
- Johnson Community Hospital, Spalding Road, Pinchbeck, Spalding PE11 3DT
- Lincoln County Hospital, Greetwell Road, Lincoln LN2 5QY
- Grantham and District Hospital, Manthorpe Road, Grantham NG31 8DG
- Pilgrim Hospital Boston, Sibsey Road, Boston PE21 9QS
- County Hospital Louth, High Holme Road, Louth LN11 0EU
- Skegness Hospital, Dorothy Avenue, Skegness PE25 2BS
- John Coupland Hospital, 292 Ropery Road, Gainsborough DN21 2NT

There are several urgent care services available to the population of Lincolnshire, including two Urgent Care Centres, five Minor Injury Units, one Minor Illness Unit and one Walk-in Centre.

Urgent Care Centres

- Skegness Hospital, Dorothy Avenue, Skegness PE25 2BS
- Louth Hospital, High Holme Road, Louth LN11 0EU

Minor Injury Units

- John Coupland Hospital, 292 Ropery Road, Gainsborough DN21 2NT
- Johnson Community Hospital, Spalding Road, Pinchbeck, Spalding PE11 3DT
- Sleaford Medical Group, Swinderby, Lincoln LN6 9PT
- Grantham and District Hospital, Manthorpe Road, Grantham NG31 8DG
- Stamford and Rutland Hospital, Ryhall Road, Stamford PE9 1UA

Minor Illness Unit

- Sleaford Medical Group, Swinderby, Lincoln LN6 9PT

Walk-in Centre

- Lincoln Walk-in Centre, Monks Road, Lincoln LN2 5HP

Prisons

In Lincolnshire there are two prisons and one Immigration Removal Centre.

- HMP Lincoln (Category B, male), Greetwell Road, Lincoln LN2 4BD
- HMP North Sea Camp (Category D, male), Croppers Lane, Freiston, Boston PE22 0QX
- IRC Morton Hall, Swinderby, Lincoln LN6 9PT

The following are services provided by NHS pharmaceutical providers in Lincolnshire, commissioned by organisations other than NHS England or provided privately, which are therefore out of scope of the PNA.

Local authority-commissioned services – Lincolnshire County Council commissions the following ‘Locally Commissioned Services’ (LCS) from community pharmacies in Lincolnshire.

- Smoking cessation services
- Sexual Health Services
- Emergency Hormonal Contraception (EHC) services
- Pregnancy testing
- Pharmacy-Based Supervised Administration Programme (PBSAP)

Lincolnshire CCG-commissioned services – there are four CCGs in Lincolnshire, none of which currently commission any services from community pharmacy.

Privately provided services – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/DAC and the customer/patient.

Listed below are examples of services and may fall within the definition of an enhanced service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not considered a pharmaceutical service in this PNA:

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately-run care homes
- Home delivery service, e.g. direct supply of medicines/appliances to the home
- Patient group direction service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

Services will vary between provider and some are occasionally provided free of charge, e.g. home delivery.

1.4 Process for developing the PNA

As a direct result of the Health and Social Care Act 2012, a paper was presented by the PNA Steering Group to Lincolnshire HWB on 20th June and 25th September 2017.

The purpose of the paper was to inform Lincolnshire HWB of its statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Lincolnshire was published in March 2015, and it is therefore due to be reassessed by March 2018.

Lincolnshire HWB accepted the content of the paper at the meeting and the recommendation to delegate responsibility of the PNA to a steering group.

Public Health Lincolnshire has a duty to complete this document on behalf of Lincolnshire HWB. After a competitive tender process, Public Health Lincolnshire commissioned Soar Beyond Ltd to undertake the PNA.

Soar Beyond Ltd was chosen from a selection of potential candidates due to their significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

Step 1: Steering Group

On 11th July 2017, Lincolnshire's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix C.

Step 2: Project management

At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix F shows an approved time line for the project.

Step 3a: Public questionnaire on pharmacy provision

A public questionnaire to establish views about pharmacy services was produced by the Steering Group which was circulated to:

- All pharmacy contractors in Lincolnshire to distribute to the public
- All GP practices in Lincolnshire to distribute to the public

- All public libraries in Lincolnshire to distribute to the public
- Lincolnshire Healthwatch who distributed to:
 - their database of over 1,500 individuals
 - shared on Twitter and Facebook
 - providers' network meeting in each CCG area
 - several social group meetings
 - staff and board members
- Lincolnshire People's Partnership who distributed to:
 - Lincolnshire Sensory Services
 - Children's Links
 - Links Lighthouse
 - Shine
 - Carers FIRST
 - Lincolnshire Independent Living
 - Every-One
 - Linkage
- Engagement Database distribution list (mix of groups and individuals who have signed up to be notified about all consultation and/or Adult Care and/or Public Health and Wellbeing)
- Lincolnshire Association of Local Councils (LALC) – sent to all Town and Parish Councils in Lincolnshire
- LCC corporate news release
- LCC corporate Facebook account
- LCC corporate Twitter account
- LCC website

A total of 1,145 responses were received. A copy of the public questionnaire can be found in Appendix D and the detailed responses can be found in Appendix I.

Step 3b: Pharmacy contractor questionnaire

The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. The Local Pharmaceutical Committees (LPC) supported this questionnaire to gain responses.

A total of 96 responses (78%) were received. A copy of the pharmacy questionnaire can be found in Appendix E and the responses can be found in Appendix J.

Step 3c: Dispensing Practice Questionnaire

The Steering Group agreed a questionnaire to be distributed to all local GP Dispensing Practices in Lincolnshire to inform the PNA.

A total of 46 responses (72%) were received. A copy of the GP Dispensing Practice questionnaire can be found in Appendix F and the responses can be found in Appendix K.

Step 4: Preparing the draft PNA for consultation

The Steering Group reviewed and revised the content and detail of the existing PNA. The process considered the JSNA and other relevant strategies to ensure the priorities were identified correctly.

1.5 Localities for the purpose of the PNA

The PNA Steering Group, at its second meeting, considered how the localities within the Lincolnshire HWB geography would be defined.

The majority of health and social care data are available at local authority district level which provides reasonable statistical rigour. It was agreed that the districts would be used to define the localities of the Lincolnshire HWB geography. Where data was not available at district level, CCG data has been used.

The localities (which will be referred to as districts) used for the PNA for Lincolnshire are:

- Boston
- East Lindsey
- Lincoln City
- North Kesteven
- South Holland
- South Kesteven
- West Lindsey

A list of providers of pharmaceutical services in each district is found in Appendix A.

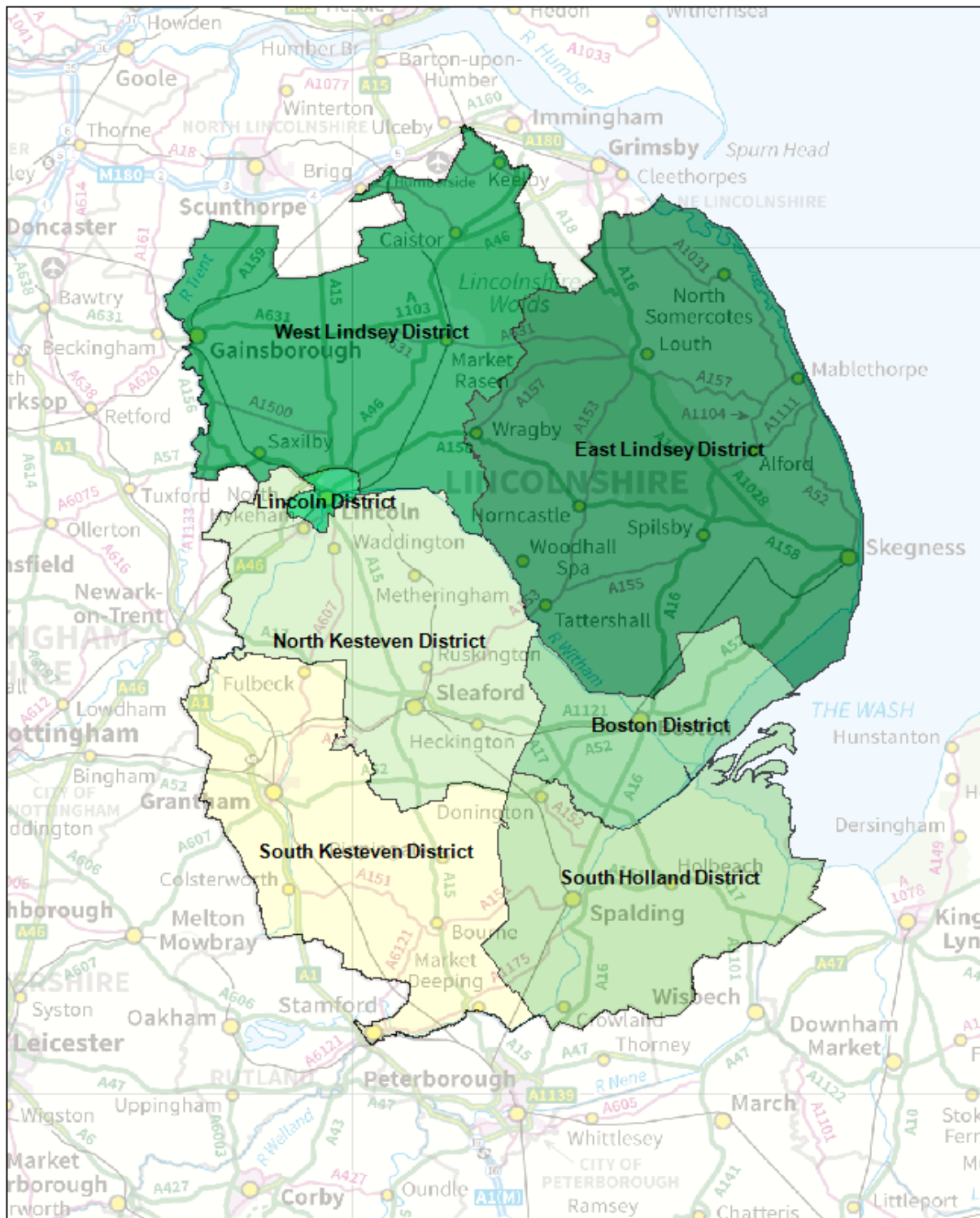
The information contained in Appendix A has been provided by NHS England (who are legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), LCC and the four Lincolnshire CCGs.

Section 2: Context for the PNA

Lincolnshire is located in the East Midlands and is the fourth largest county in England. The county has a diverse geography comprising large rural and agricultural areas, urban areas and market towns, and a large eastern coastline. It is bordered by North East Lincolnshire, North Lincolnshire, Nottinghamshire, Leicestershire, Rutland, Northamptonshire, Peterborough, Cambridgeshire and Norfolk.

Within Lincolnshire, there are seven districts. These are Boston, East Lindsey, Lincoln, North Kesteven, South Holland, South Kesteven and West Lindsey (see Figure 1). For the purposes of the PNA, localities have been defined by the PNA Steering Group as the districts and will be referred to as such throughout the rest of the document.

Figure 1: Location of Lincolnshire Districts



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Table 1 indicates that five districts are classified as rural areas, one as urban with rural [elements] and one as urban with city and town. This is based on the share of the population that live in rural areas or rural related areas (i.e. hub towns), as classified by the Department for Environment, Food & Rural affairs. Hub towns are built-up areas with a population of 10,000 to 30,000 that meet specific criteria relating to dwelling and business densities, suggesting the potential to serve the wider rural hinterland.

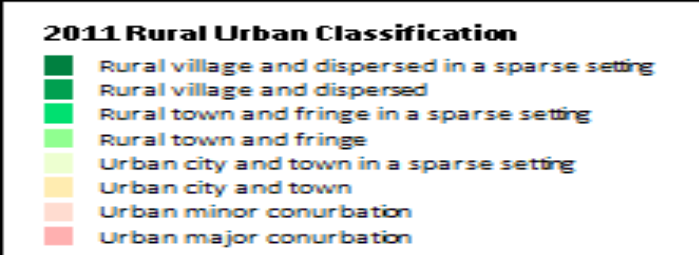
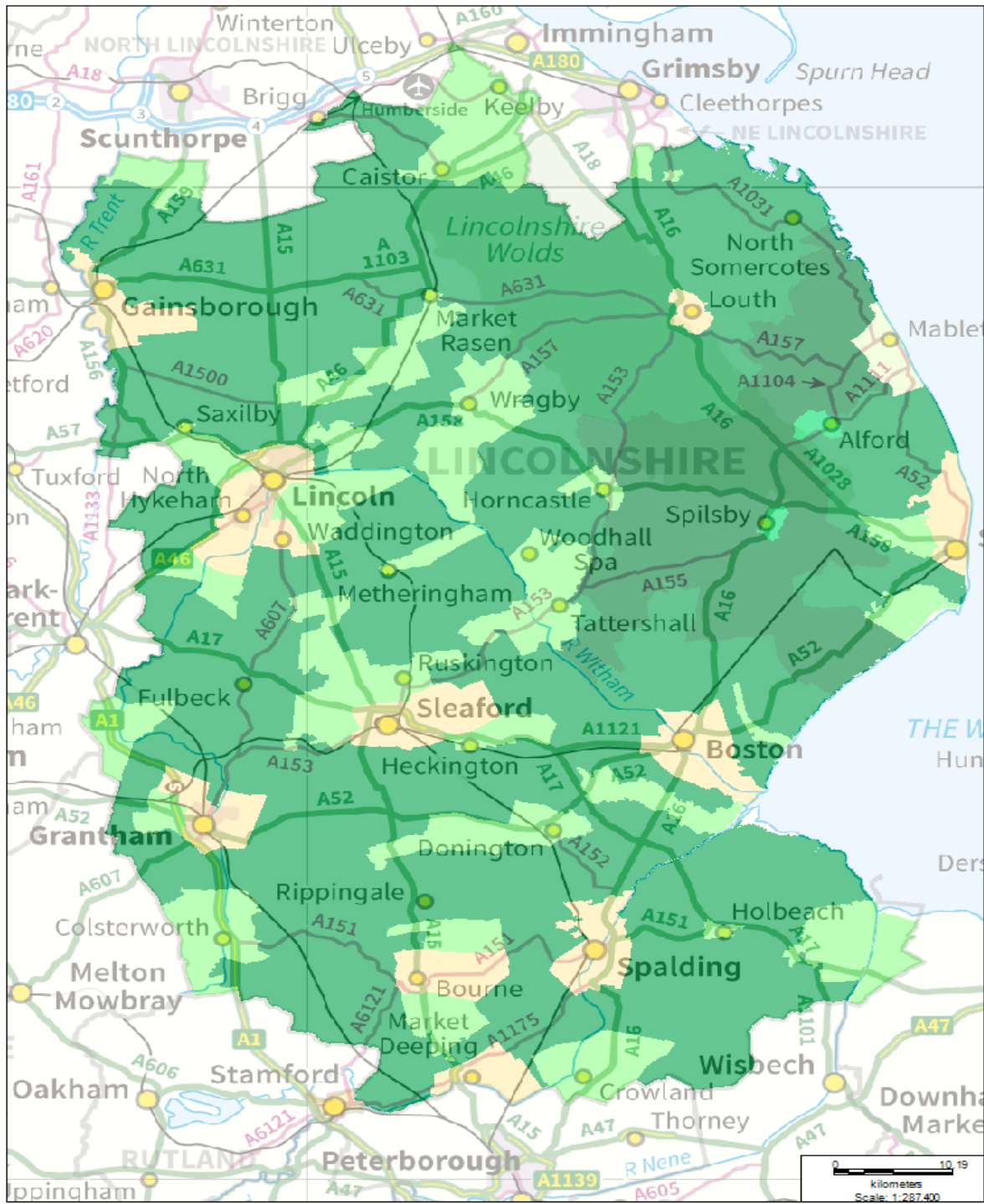
Table 1: Rural-Urban classification of Lincolnshire districts

Districts	Rural-Urban classification 2011
Boston	Urban with significant rural (rural including hub towns 26-49%)
East Lindsey	Mainly rural (rural including hub towns >=80%)
Lincoln City	Urban with city and town
North Kesteven	Mainly rural (rural including hub towns >=80%)
South Holland	Largely rural (rural including hub towns 50-79%)
South Kesteven	Largely rural (rural including hub towns 50-79%)
West Lindsey	Mainly rural (rural including hub towns >=80%)

Source: Department for Environment, Food & Rural Affairs, 2011 Rural-Urban Classification for Local Authority Districts in England

Figure 2 illustrates that most of Lincolnshire is rural in nature as defined by the Lower Super Output Area (LSOA).

Figure 2: Rural-Urban Classification 2011 by LSOA level for Lincolnshire



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Clinical Commissioning Groups (CCGs)

CCGs are NHS organisations responsible for the planning, commissioning (buying) and monitoring of healthcare services locally. The Lincolnshire population is served by four CCGs as shown in Figure 3:

- Lincolnshire East CCG¹⁶, made up of 29 GP practices across Boston and East Lindsey
- Lincolnshire West CCG¹⁷, made up of 33 practices covering Lincoln and West Lindsey and parts of North Kesteven
- South Lincolnshire CCG¹⁸, made up of 15 practices across the southern parts of South Kesteven and South Holland
- South West Lincolnshire CCG¹⁹, made up of 19 GP practices in Grantham and surrounding area in South Kesteven and North Kesteven

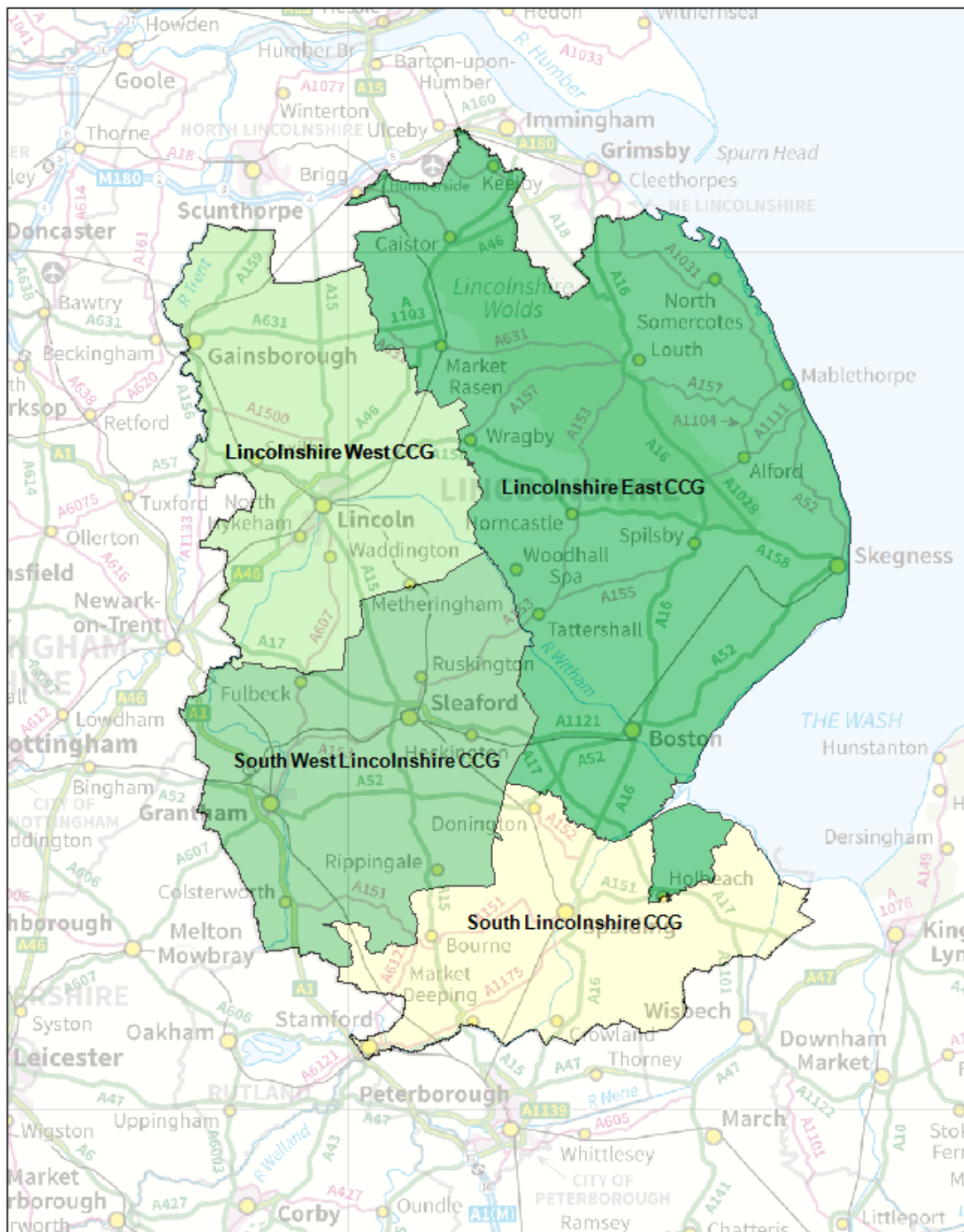
¹⁶ Lincolnshire East CCG: <https://lincolnshireeastccg.nhs.uk/>

¹⁷ Lincolnshire West CCG: <http://www.lincolnshirewestccg.nhs.uk/>

¹⁸ South Lincolnshire CCG: <https://southlincolnshireccg.nhs.uk/>

¹⁹ South West Lincolnshire CCG: <http://southwestlincolnshireccg.nhs.uk/about-us>

Figure 3: Map of Lincolnshire Clinical Commissioning Groups, 2017



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2.1 Population

Lincolnshire has an estimated population of 736,700 (based on ONS 2015 Mid-Year Population Estimates) with a 49.2% male and 50.8% female breakdown.

2.1.1 Population Projections

The population for Lincolnshire over ten years between 2006 and 2016 increased by 8.5% which is higher than the figure for both the East Midlands (8.2%) and England (8.4%). Based on 2015 figures, Lincolnshire's population is projected to see a 4.5% increase by 2021 as shown in Table 2, and a 10% increase by 2029.²⁰

The JSNA (2015) indicates that by 2039 the population growth of Lincolnshire will be 14% which is below the projected national growth rate of 17% however the population in Lincolnshire is projected to increase by approximately 103,000.

At district level, Boston is expected to have the greatest estimated population rise of 6.1%, followed by South Kesteven and South Holland. A lesser increase of under 3% is projected in Lincoln and East Lindsey. In comparison, the projected percentage increase of England population by 2021 based on 2014 mid-year population estimates is 5.4%.

Table 2: Projected percentage increase in Lincolnshire district population from 2015 to 2021, mid-year population estimate

Area	Mid-2015 population	% male	% female	Projected increase by 2021
Boston	66,902	49.2%	50.8%	6.1%
East Lindsey	137,887	48.9%	51.1%	2.4%
Lincoln	97,065	49.3%	50.7%	2.9%
North Kesteven	111,876	48.9%	51.1%	5.3%
South Holland	91,214	49.0%	51.0%	5.6%
South Kesteven	138,909	48.3%	51.7%	5.8%
West Lindsey	92,812	48.9%	51.1%	4.6%
Lincolnshire	736,665	48.9%	51.1%	4.5%

Source: ONS, 2015 Mid-Year Population Estimates; 2014-based Subnational Population Projections for Local Authorities and Higher Administrative Areas in England

2.1.2 Age structure

The 2015 population for Lincolnshire by broad age groups is illustrated in Table 3. The trend towards an ageing population profile will continue, with the proportion of people over 75 years of age projected to increase by 95% between 2014 and 2039.²¹

The increasing population will require significant planning for the delivery of services, to meet its varied health and social care needs.

²⁰ Lincolnshire Research Observatory – Population Trends 2015: <http://www.research-lincs.org.uk/UI/Documents/population-trends-2015.pdf>

²¹ Lincolnshire Research Observatory – Population Trends 2015: <http://www.research-lincs.org.uk/UI/Documents/population-trends-2015.pdf>

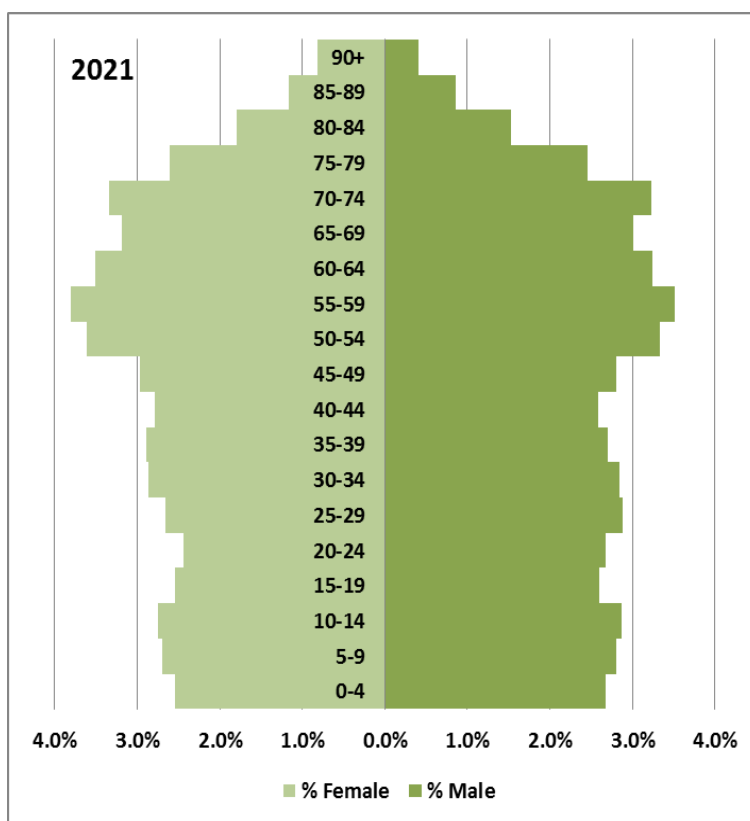
- 19.3% of the population is aged under 18 years
- 57.9% is aged 18-64 years and
- 24.4% of the population is aged over 65 years

Table 3: Age structure of Lincolnshire population, 2015 mid-year population estimate by district and for Lincolnshire

Locality	Aged <18 in 2015	Aged <18 by 2021	Aged 18-64 in 2015	Aged 18-64 by 2021	Aged 65+ in 2015	Aged 65+ by 2021
Boston	20.6%	21.0%	58.6%	57.3%	20.8%	21.7%
East Lindsey	17.4%	17.7%	53.7%	51.8%	28.9%	30.5%
Lincoln	18.7%	19.0%	66.4%	64.7%	14.9%	16.4%
North Kesteven	19.7%	19.8%	57.2%	55.6%	23.0%	24.5%
South Holland	19.7%	19.4%	56.8%	55.3%	24.0%	25.2%
South Kesteven	20.7%	20.4%	57.7%	55.8%	21.6%	23.8%
West Lindsey	20.7%	20.4%	57.7%	55.8%	21.6%	23.8%
Lincolnshire	19.3%	19.5%	57.9%	56.1%	22.8%	24.4%

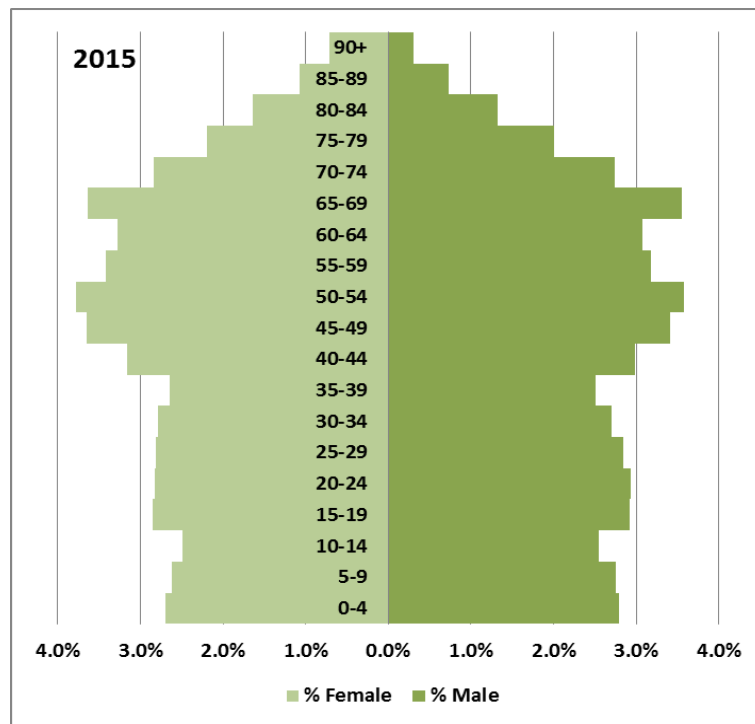
Source: Office for National Statistics, 2015 mid-year population projections and 2021 projections (based on 2014 mid-year population)

Figure 4: Age structure of Lincolnshire's population, 2021 by gender (2014-based projections)



Source: ONS, 2014-based population projections

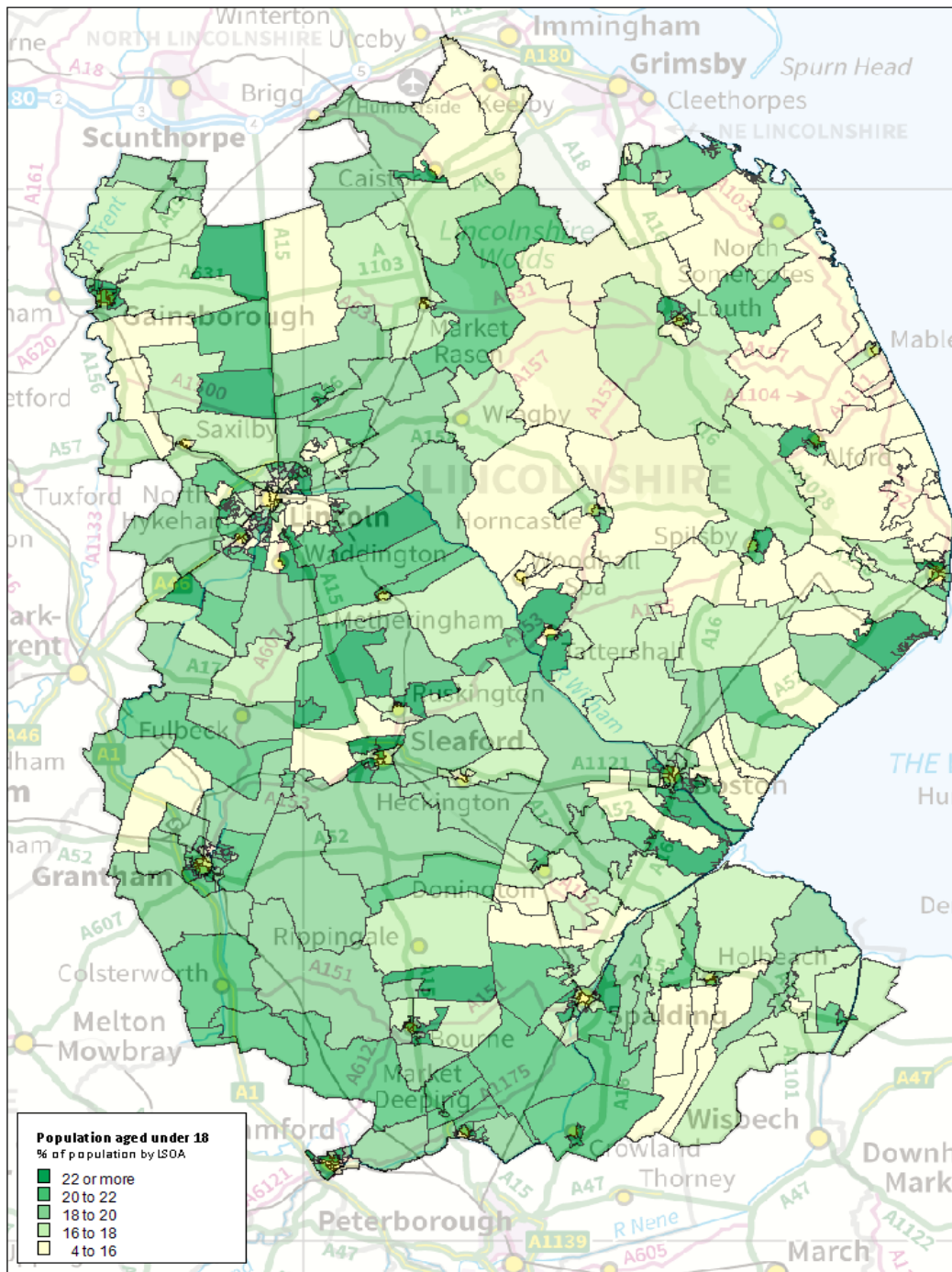
Figure 5: The age structure of Lincolnshire's population, 2015 mid-year population estimates by gender



Source: ONS, 2015 Mid-Year Population Estimates

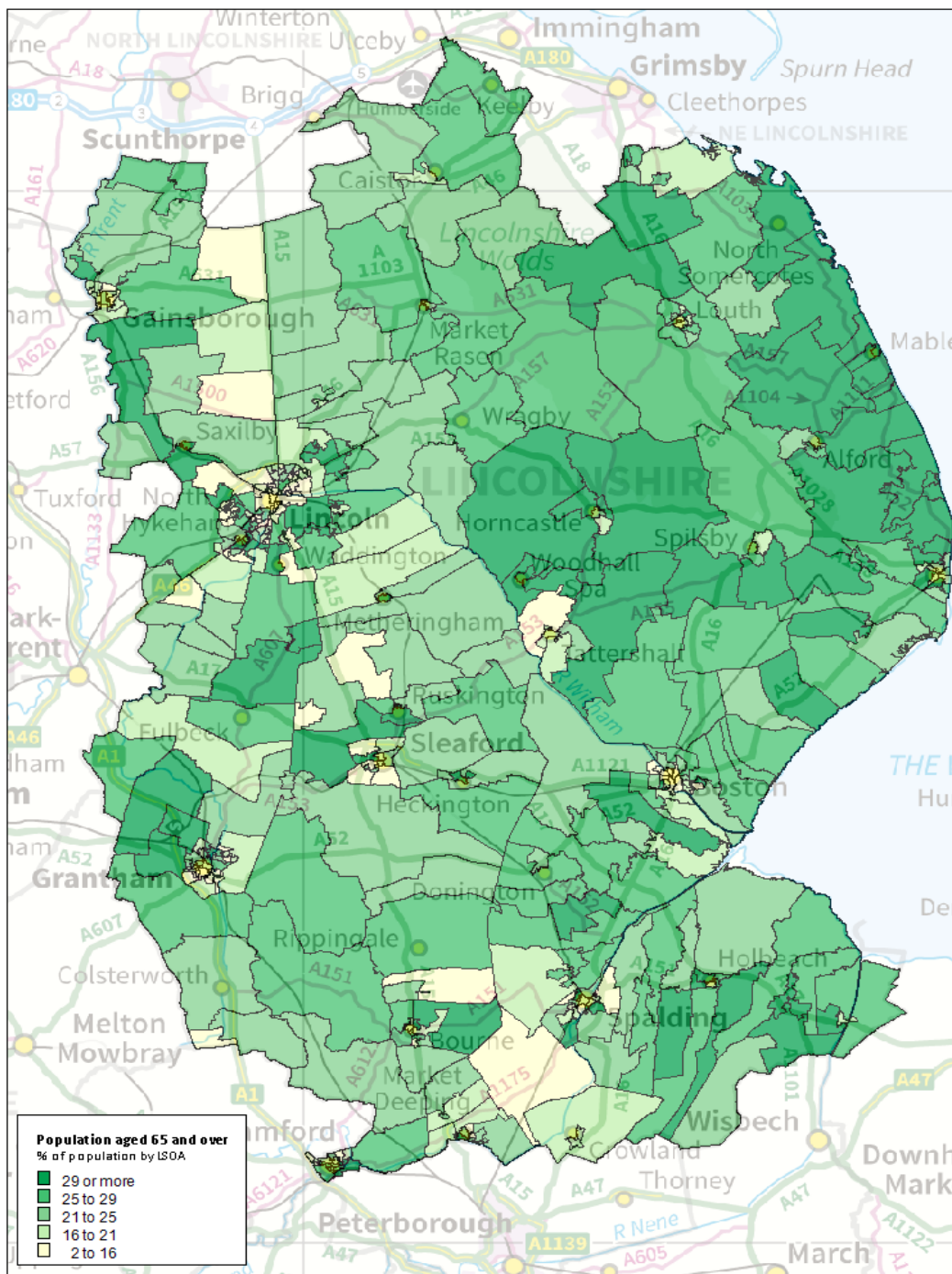
Figures 6 and 7 show the population under 18 years and over 65 years by super output area.

Figure 6: Lincolnshire's population aged <18 years, 2015



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Source: ONS, 2015 Mid-Year Population Estimates

Figure 7: Lincolnshire Population aged ≥65 years, 2015



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Source: Office for National Statistics, 2015 mid-year population estimates

2.1.3 GP-registered population

Table 4 shows the number of people registered with GP practices which are located within the district on April 2016. The CCG-registered population (745,500) of the county is slightly greater than the resident population (736,700) as it includes people living outside Lincolnshire who are registered with a GP practice in Lincolnshire.

Table 4: GP-registered population by district, April 2016

Locality	Total*
Boston	80,400
East Lindsey	145,900
Lincoln	94,400
North Kesteven	93,800
South Holland	89,800
South Kesteven	160,800
West Lindsey	80,400
Lincolnshire	745,500

Source: NHS Health and Social Care Information Centre, Lincolnshire Research Observatory available at <http://www.research-lincs.org.uk/>

* Numbers rounded to nearest 100, hence Lincolnshire total will not equal total of district population

2.1.4 Factors related to population growth

2.1.4.1 Natural growth – maternities

Table 5 shows the number of live births, crude birth rate and general fertility rate (GFR) for 2015. Boston had the highest GFR rate at 68.6 per 1,000 women aged 15-44, and Lincoln the lowest at 56.2 per 1,000 women aged 15-44 years. Further details are available at <http://www.research-lincs.org.uk/jsna-Pregnancy-and-Maternal-Health.aspx>.

Table 5: Births and fertility rate, by district of usual residence of mother, 2015

District of usual residence	Number of live births	Crude birth rate*	GFR per 1,000 women aged 15-44 years**
Boston	816	12.2	68.6
East Lindsey	1,211	8.8	62.8
Lincoln	1,287	13.3	56.2
North Kesteven	1,124	10	61.3
South Holland	957	10.5	63.0
South Kesteven	1,477	10.6	63.1
West Lindsey	901	9.7	61.1
Lincolnshire	7,773	10.6	61.8
England	664,399	12.1	62.5

Source: Office for National Statistics Birth Summary Tables, England and Wales 2015 and Live Births by area of usual residence, England and Wales 2015

* Live births per 1,000 population (all persons and all ages), calculated using mid-2015 population estimates

** GFR is the number of live births per 1,000 women aged 15-44, calculated using mid-2015 population estimates.

2.1.4.2 International migration

Table 6 gives a breakdown of the population by country of birth. Boston had the highest proportion of its population born outside the UK at about 15%, with 10.6% born in an EU accession country. This is higher than the other localities, with the proportion of their populations born in an EU accession country ranging between 1% to 4%.

Table 6: Population by Country of Birth (% of population)

District	Country of Birth								
	United Kingdom	EU members (March 2001)	EU (accession countries Apr 2001 -Mar 2011)	Rest of Europe	Africa	Middle East and Asia	The Americas and the Caribbean	Antarctica and Oceania (including Australasia)	Other
Boston	84.9%	1.9%	10.6%	0.3%	0.6%	1.3%	0.4%	0.1%	0.0%
East Lindsey	96.3%	1.1%	0.9%	0.2%	0.4%	0.7%	0.3%	0.1%	0.0%
Lincoln	90.2%	2.3%	3.9%	0.3%	0.9%	1.8%	0.5%	0.1%	0.0%
North Kesteven	94.8%	1.8%	1.1%	0.2%	0.6%	0.8%	0.5%	0.2%	0.0%
South Holland	90.4%	1.6%	5.9%	0.2%	0.5%	0.8%	0.3%	0.1%	0.0%
South Kesteven	93.2%	1.9%	2.1%	0.2%	0.5%	0.8%	0.3%	0.1%	0.0%
West Lindsey	95.9%	1.5%	0.6%	0.1%	0.6%	0.9%	0.3%	0.1%	0.0%
Lincolnshire	92.9%	1.7%	3.0%	0.2%	0.6%	1.1%	0.4%	0.1%	0.0%
East Midlands	90.1%	1.6%	2.0%	0.3%	1.9%	3.4%	0.6%	0.1%	0.0%
England	86.2%	2.4%	2.0%	0.6%	2.4%	4.8%	1.3%	0.3%	0.0%

Source: ONS, 2011 Population Census

Notes: Other EU member countries in March 2001 – Austria, Belgium, Denmark, Finland, France, Germany, Greece, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden; EU accession countries April 2001 to March 2011 – Bulgaria, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia and Slovenia

2.2 Ethnicity

Lincolnshire has a predominantly white population (97.6%), as shown in Table 7. Only 2.4% of the population is from a Black and Minority Ethnic (BME) group.

This is less than the national average. Lincoln is the most diverse district with the largest Asian and mixed-ethnic groups across the county.

Table 7: Lincolnshire localities ethnic group population, 2011

Area	White	Mixed/ multiple ethnic groups	Asian/ Asian British	Black/African/ Caribbean/black British	Other ethnic group
Boston	96.8%	1.0%	1.4%	0.4%	0.3%
East Lindsey	98.5%	0.7%	0.6%	0.2%	0.1%
Lincoln	95.6%	1.3%	1.9%	0.8%	0.4%
North Kesteven	98.2%	0.7%	0.7%	0.2%	0.1%
South Holland	97.8%	0.9%	0.8%	0.3%	0.1%
South Kesteven	97.5%	0.9%	1.2%	0.4%	0.1%
West Lindsey	98.2%	0.7%	0.8%	0.3%	0.1%
Lincolnshire	97.6%	0.9%	1.0%	0.4%	0.2%
East Midlands	89.3%	1.9%	6.5%	1.8%	0.6%
England & Wales	86.0%	2.2%	7.5%	3.3%	1.0%

Source: ONS, 2011 Population Census

Note: totals may not sum due to rounding and disclosure control at small geographies

2.3 Vulnerable populations

There are several vulnerable population groups in Lincolnshire which will have an impact on the need for pharmaceutical care.

- Adults in nursing and residential care
- People with sensory, physical and learning impairments
- Homeless populations
- Park homes; Gypsy and Traveller population
- Carers

2.3.1 Adults in nursing and residential care

Nursing and care homes play a large part in the provision of support for older people with often complex health and social needs. Patients in nursing homes often require 24-hour nursing input and are usually very elderly people. Majority of patients in nursing and residential care will have medical needs that require regular access to pharmaceutical services.

According to the JSNA, there are 279 care homes²² in Lincolnshire, 186 for older people and 93 for people aged 16-84 with disabilities. There are approximately 6,100 people aged over 65 and 1,100 people aged 18-64 in care homes, either self-funding, funded the local authority, 3,500 are funded by Lincolnshire Adult Care.

Information from the JSNA indicates that 585 per 100,000 younger adults (aged 18-64) and 15 per 100,000 older adults (aged 65+) are admitted to residential and nursing care homes in Lincolnshire, which is greater than the average for a group of similar authorities of 705 per 100,000 population and 17 per 100,000 population respectively.

2.3.2 People with sensory, physical and learning impairments

It is estimated that there are currently 60,000 adults aged 18-64 living in Lincolnshire with a long-term illness or physical disability; this represents 15% of the population. This is a vulnerable group of the population with often varied pharmaceutical needs depending on the complexities of their disability or illness. Pharmacy services play a large part in ensuring these patients have convenient access to medicines promptly and free delivery of prescription services can be of benefit to this patient population.

Projections based on The Health Survey of England in 2014 estimated that 10,000 people in the county aged 18-64 have a serious physical disability, with just over a third (3,400 people) needing assistance from someone else with personal care tasks.

The Lincolnshire JSNA on physical disabilities and sensory impairment can be found at <http://www.research-lincs.org.uk/jsna-Physical-Disabilities.aspx>.

2.3.3 Homeless populations

The homeless population is a vulnerable population with often complex health, social and mental health needs. Access to pharmacy services is key to supporting this population including availability of specialist services to address health and wellbeing concerns.

Lincolnshire has a low rate of statutorily homeless households in temporary accommodation per 1,000 households (0.4). This is similar to the regional figure and much lower than the national rate of 3.1 households per 1,000 (2015-16).

Family homelessness rate in Lincolnshire is 1.2 per 1,000 households (2015-16) and has remained relatively steady since 2011-12. The rate for England is 1.9 per 1,000 households.

Across Lincolnshire there are 13,563 individuals/households on council house waiting lists or in temporary accommodation waiting for suitable accommodation. The district areas with the largest waiting lists are Boston (2,268), Lincoln (2,798) and South Kesteven (2,914). In Lincolnshire, there are 334 families with children who were accepted as homeless and are in priority need for accommodation. Lincoln and South Kesteven localities have the highest numbers with 105 and 112 respectively. In addition, there are 532 households across the county who are accepted as being homeless and in priority need for accommodation. Again, the localities of Lincoln (169) and South Kesteven (171) have the highest numbers of households who are statutorily homeless and in priority need.

²² JSNA Residential and Nursing Care March 2016: http://www.research-lincs.org.uk/UI/Documents/JSNA_Topic_Residential_Nursing_Care_v2.0_160316.pdf

An analysis of data (July 2015 to October 2016) collated by the countywide Street Outreach Team showed 156 (155 aged 21+) different individuals were seen sleeping rough six or more times.

Further details are available at <http://www.research-lincs.org.uk/jsna-Housing.aspx>.

2.3.4 Gypsy and Traveller population

Park homes or caravans are not considered as part of local development plan however, planning applications can be submitted for either permanent residential or holiday sites. Irrespective of the status of the sites there are specific issues in relation to meeting the health needs, including pharmaceutical needs, of temporary or permanent residents.

The gypsy and traveller population often present with varying health needs both for adults and children. Due to lifestyle and the nomadic nature of this population, healthy living and wellbeing may be disrupted, therefore when settled for a temporary period, access to pharmaceutical services is vital to support good health.

Table 8 provides numbers of caravans on the Travellers' caravan sites in Lincolnshire localities. South Holland has the greatest number while Boston and East Lindsey do not have any.

Table 8: Travellers' caravan count (number of caravans) as of July 2016 in Lincolnshire by district.

District	Total counts
Boston	0
East Lindsey	0
Lincoln	13
North Kesteven	40
South Holland	125
South Kesteven	70
West Lindsey	97
Lincolnshire	345

Source: Department for Communities and Local Government (DCLG), available at Lincolnshire Research Observatory

2.3.5 Park homes & Mobile Caravans

There are around 300 static caravan sites on the East Coast of Lincolnshire with around 28,000 caravans (the largest concentrated number of static caravans in Europe).²³ This may be a conservative number as there also remains a "hidden population" of caravan dwellers due to the high density of caravans.²⁴

²³ East Lindsey District Council: <https://www.e-lindsey.gov.uk/article/5142/Caravan-Sites>

²⁴ Centre for Regional Economic and Social Research: <http://www.research-lincs.org.uk/UI/Documents/Caravans%20report%20-%20Final%20version%20280711.pdf>

This section of the population will have varying health needs (age and lifestyle dependent) and therefore access to medical and pharmaceutical services is challenging to predict. Some caravans also often house 'holidaymakers' or seasonal workers for long periods of time and they will need to local amenities including access to community pharmacies for their health needs.

In addition, the Lincolnshire East Coast is a popular holiday destination²⁵ for all age groups hence access to community pharmacies is vital especially for the older population who are likely to be on polypharmacy for potentially multiple health conditions.

2.3.6 Carers

Lincolnshire has approximately 84,000 unpaid family carers (JSNA) aged from 5 to 100 years. There are 1,800 young carers aged under 15 years and a further 3,500 young carers aged 16-24 years. About 58% of carers are women. Table 9 highlights that the highest proportion of unpaid carers are in East Lindsey and West Lindsey.

Table 9: Percentage of the Lincolnshire population unpaid care, by hours per week

District	No unpaid care	1-19 hours of unpaid care	20-49 hours of unpaid care	50+ hours of unpaid care
Boston	89.7%	6.1%	1.4%	2.7%
East Lindsey	87.0%	7.0%	1.9%	4.1%
Lincoln	90.4%	5.7%	1.3%	2.6%
North Kesteven	88.7%	7.2%	1.4%	2.8%
South Holland	89.3%	6.4%	1.4%	2.9%
South Kesteven	89.7%	6.9%	1.2%	2.2%
West Lindsey	88.3%	7.7%	1.3%	2.8%
Lincolnshire	88.9%	6.8%	1.4%	2.9%
England	89.8%	6.5%	1.4%	2.4%

Source: ONS, 2011 Census

Further detail can be found at <http://www.research-lincs.org.uk/jsna-Carers.aspx>

2.4 Life expectancy

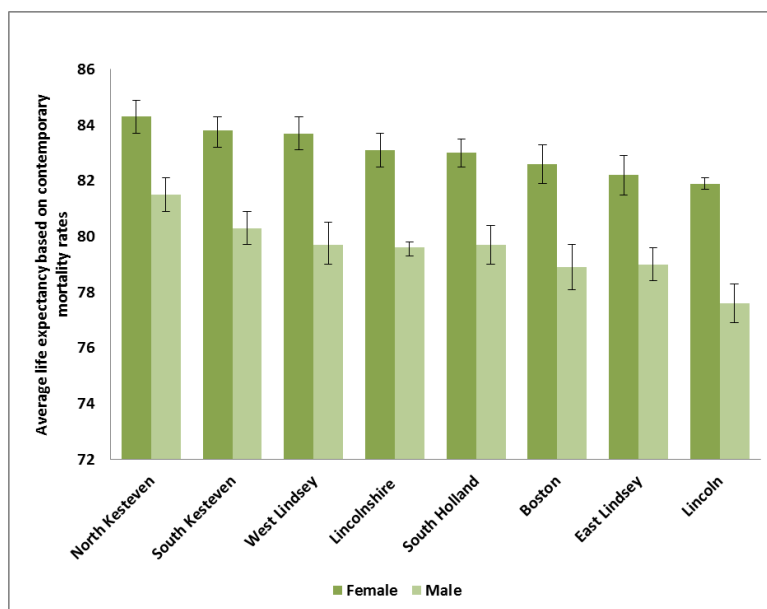
Life expectancy (LE) at birth in Lincolnshire residents was 79.6 years for males and 83.1 years for females (2013-2015), in comparison to East Midlands LE which was 79.3 years for males was 79.3 years and 82.9 years for females.

²⁵ Global Tourism Solutions: Lincolnshire STEAM trend report:

https://www.greaterlincolnshirelep.co.uk/assets/documents/Lincolnshire_STEAM_Report_2009-2016_07-Aug-17.pdf

Figure 8 highlights that not all areas within Lincolnshire have similar levels of life expectancy. At district level, North Kesteven district has the highest male LE at birth (81.5 years) and Lincoln has the lowest (77.6 years), a gap of 3.9 years. Female LE is highest in North Kesteven (84.3 years) and lowest in Lincoln (81.9 years), a gap of 2.4 years.

Figure 8: Life Expectancy at birth (2013-2015) in Lincolnshire localities by gender



Source: ONS, Public Health England Public Health Profiles available at <https://fingertips.phe.org.uk>

2.5 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA)²⁶ for Lincolnshire reports on the health and wellbeing needs of the people of Lincolnshire. It brings together detailed information on local health and wellbeing needs and looks ahead at emerging challenges and projected future needs. A summary of the 6 themes are listed below and further details can be found at <http://www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx>

- Children and young people
- Adult health and wellbeing
- Older people
- Healthy lifestyle
- Major diseases
- Wider determinants of health

2.6 Joint Health and Wellbeing Strategy

The Joint Health and Wellbeing Strategy (JHWS) aims to inform and influence decisions about the commissioning and delivery of health and social care services in Lincolnshire so

²⁶ Lincolnshire Research Observatory – JSNA 2015: <http://www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx>.

that they are focused on the needs of the people who use them and can tackle the factors that affect residents' health and wellbeing as outlined in the JSNA.

Responsibility for producing the Joint Health and Wellbeing Strategy lies with the Lincolnshire HWB and it also oversees production of the JSNA.

Currently the JHWS is undergoing a review and the HWB are in the process of considering some key themes that have emerged during the public engagement workshops. A strategy will be drafted and available to view in early 2018.

Further detail can be found at <https://www.lincolnshire.gov.uk/residents/public-health/behind-the-scenes/policies-and-publications/joint-health-and-wellbeing-strategy/115339.article>

2.7 Sustainability Transformation Plans (STP)

In 2015, the Five Year Forward View (5YFV) introduced new models of care and requested all CCGs and local authorities to produce their Sustainability and Transformation Plan (STP). The STP shows how their local services will transform and become clinically and financially sustainable over the next five years.²⁷

The Lincolnshire STP footprint covers areas which fall within the responsibility of the four CCGs, the three local NHS Providers – United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire Partnership NHS Foundation Trust (LPFT), Lincolnshire Community Health Services NHS Trust (LCHS) and Lincolnshire County Council (LCC).

The vision is to achieve really good health for the people of Lincolnshire by 2021 with support from an excellent and accessible health and care service with the money available.

The proposals set out in Lincolnshire's STP plan include:

- More investment in primary care and community services and more focus on prevention to keep people out of hospital
- A joined-up health and social care service at a neighbourhood level where teams work together to support people, carers and families, and care is coordinated
- Improving the effectiveness of services – reducing things like cancelled operations, delays in discharging people from hospital, waiting times for appointments and referrals
- Possible options to centralise some services where it will deliver better outcomes for patient

Further details can be found at <https://lincolnshirehealthandcare.org>

2.8 Mortality and causes of ill health

In Lincolnshire, the main causes of premature mortality (under 75 years) in Lincolnshire are cancer, cardiovascular disease and respiratory disease.²⁸

²⁷ Lincolnshire STP - <https://lincolnshirehealthandcare.org>

²⁸ JSNA: <http://www.research-lincs.org.uk/jsna-Cancer.aspx>

2.8.1 Cardiovascular disease

Cardiovascular disease (CVD) includes diseases of the heart, blood vessels, or both. Coronary Heart Disease (CHD) is the most common cardiovascular disease.

As shown in Table 10, rates of cardiovascular conditions in all Lincolnshire CCGs are higher than regionally or nationally, with Lincolnshire East CCG demonstrating the highest rate. More than a third of the population of Lincolnshire who are estimated to have a cardiovascular condition are a resident in Lincolnshire East.²⁹ The prevalence rates are not age standardised therefore it may not reflect a true comparison between localities and nationally.

Table 10: National, regional and local comparison of QOF prevalence rates (%) for cardiovascular conditions: 2013-14

Clinical register	England	Midlands and East of England	Lincolnshire	Lincolnshire East	Lincolnshire West	South Lincolnshire	South West Lincolnshire
Chronic kidney disease (18+)	4.00	4.21	5.75	6.37	5.01	6.26	5.44
Coronary heart disease	3.29	3.36	4.44	5.15	3.96	4.37	4.12
Stroke	1.72	1.75	2.18	2.59	1.92	2.05	2.03
Atrial fibrillation	1.57	1.63	2.01	2.27	1.75	1.99	1.98
Heart failure	0.71	0.75	0.92	1.03	0.76	1.01	0.88
Peripheral arterial disease	0.64	0.61	0.76	0.86	0.68	0.83	0.67

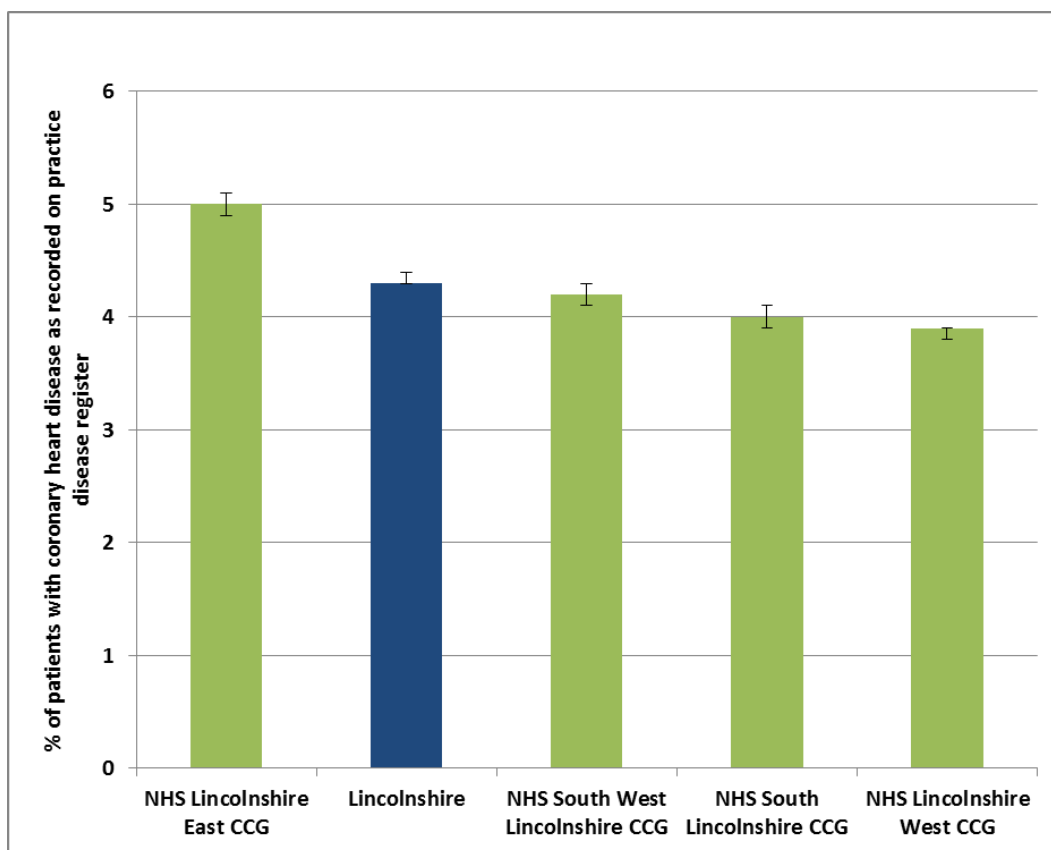
Source: HSCIC (QOF), ONS

2.8.2 Coronary Heart Disease (CHD)

In Lincolnshire, there were a total of 33,293 people on the CHD register in 2014-15. Figure 9 shows the recorded prevalence of CHD in Lincolnshire and the respective four CCGs. Lincolnshire East has a higher prevalence compared with Lincolnshire and the other three CCGs. The higher rates of people living with CHD in the east of the county could be attributed to an older population living with multiple long-term conditions and to higher levels of deprivation in pockets of this CCG.

²⁹ LCC. Cardiovascular Disease in Lincolnshire. May 2015. <http://www.research-lincs.org.uk/UJ/Documents/cardiovascular-disease-in-lincolnshire.PDF>

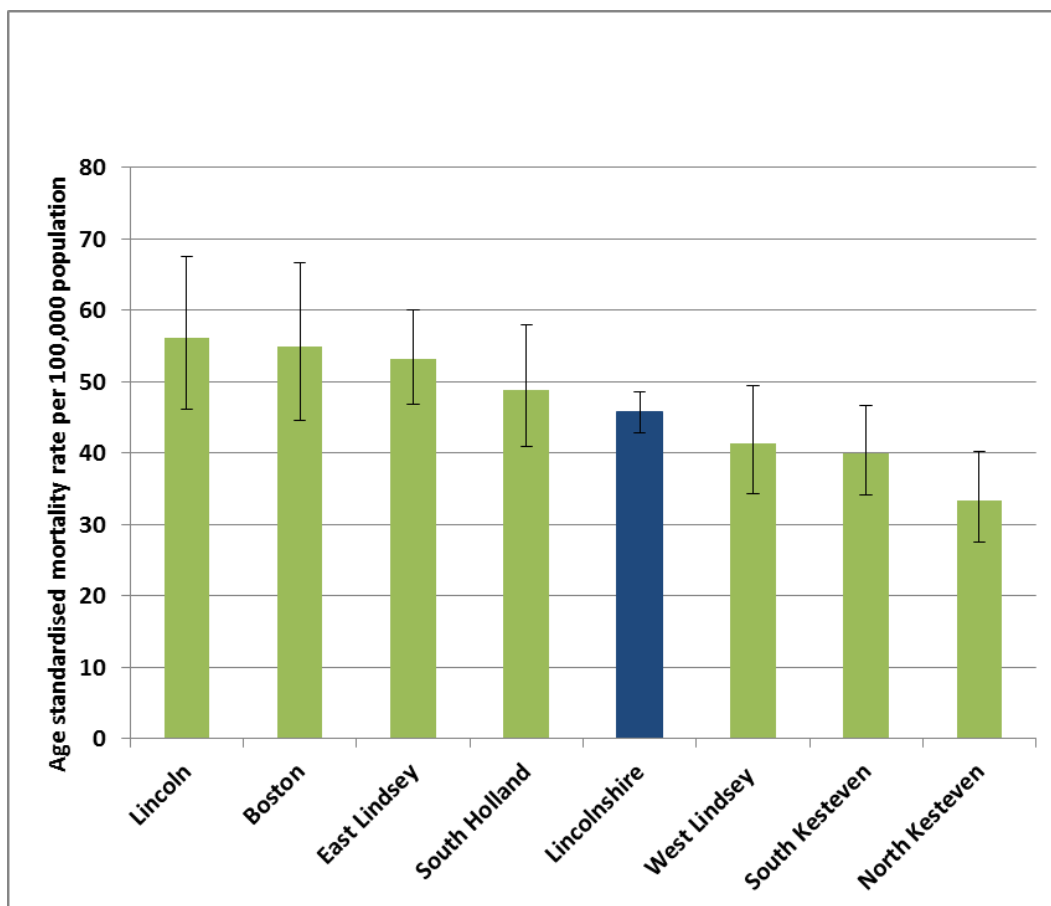
Figure 9: CHD recorded prevalence (all ages) by CCGs, 2015-16



Source: NHS Digital, Quality and Outcome Framework, accessed at Public Health England Fingertips (<https://fingertips.phe.org.uk/search/coronary%20heart%20disease#page/6/gid/1/pat/46/par/E39000030/ati/19/are/E38000010/iid/273/age/1/sex/4>)

Figure 10 shows the three-year average mortality rate (adjusted for age) from coronary heart disease in people aged under 75 years for districts. When compared with England (not shown in the figure), Lincolnshire and the four districts, Boston, East Lindsey, Lincoln and South Holland have significantly higher rates.

Figure 10: Age-standardised mortality rates per 100,000 from CHD (under 75 years) by district, Lincolnshire, 2013-2015



Source : Public Health Profiles, accessed at Public Health England Fingertips (<https://fingertips.phe.org.uk/search/coronary%20heart%20disease#page/6/gid/1/pat/6/par/E12000004/ati/101/are/E06000015/iid/91166/age/163/sex/4>)

Further details can be found at <http://www.research-lincs.org.uk/jsna-CHD.aspx>

2.8.3 Stroke

In Lincolnshire during 2012 - 2014, there were 286 deaths from a stroke in people aged under-75 years. In 2014/15 16,510 people were on a stroke/TIA general practice disease register. This accounts for 2.2% of the entire Lincolnshire population.

The percentage of the population, who have had a stroke or TIA, as recorded in general practice in 2014/15, is higher than the national average across all four of the Lincolnshire Clinical Commissioning Groups (CCGs) with the highest prevalence in Lincolnshire East (2.64%). The rate in England is 1.7%.

Hypertension was prevalent in 16.4% of the Lincolnshire population in 2014/15, which equates to 121,607 people. Lincolnshire East has the highest prevalence in hypertension with 17.8% and Lincolnshire West has the lowest prevalence with 14%.

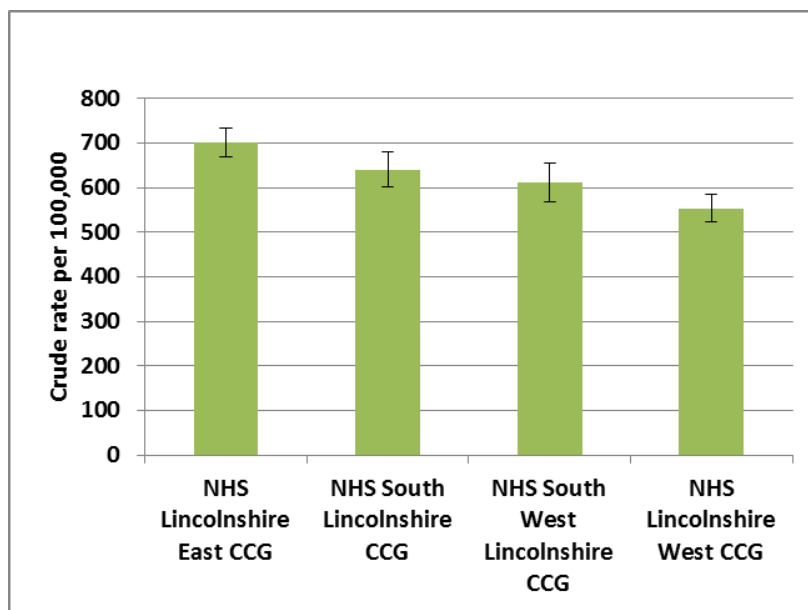
Further details can be found at <http://www.research-lincs.org.uk/jsna-Stroke.aspx>.

2.8.4 Cancer

The prevalence rate for all cancers in Lincolnshire (2.9%) represents a statistically significant higher rate than the national cancer prevalence rate (2.3%). However, Lincolnshire West (2.7%) presents a statistically significant lower rate than the rest of Lincolnshire, and latest figures show that prevalence of cancer is highest in Lincolnshire East (3%); this reflects the demographic profile of an ageing population within Lincolnshire East CCG.

Figure 11 shows that new cases of all cancers were significantly higher in Lincolnshire East (701 per 100,000 population), South Lincolnshire (641 per 100,000) and South West Lincolnshire (610 per 100,000); in 2013-14 these CCGs had rates greater than the national average (515.3 per 100,000).

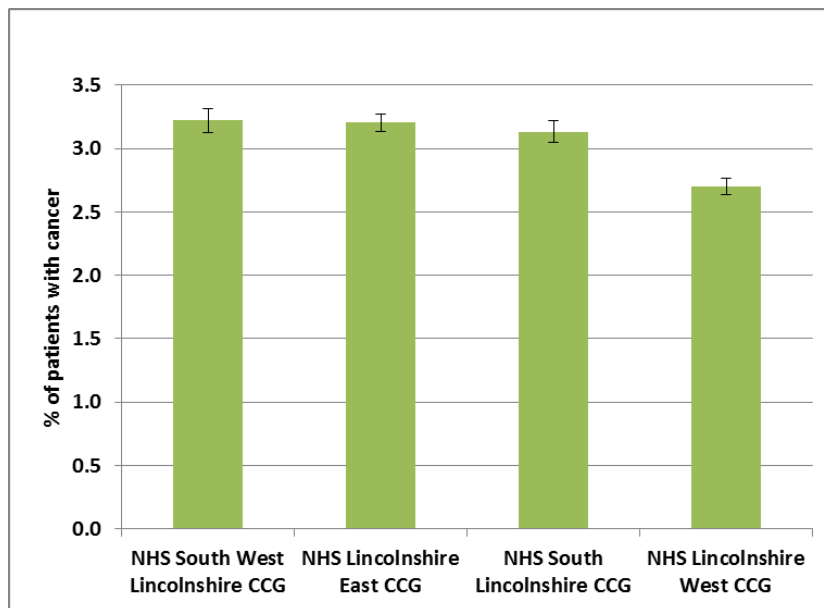
Figure 11: New cancer cases by CCG area, 2013-2014



Source: Public Health England Fingertips, New cancer cases, available at: <https://fingertips.phe.org.uk>

Figure 12 shows the recorded prevalence data for all cancers by CCG. Lincolnshire West (2.7%) has a lower prevalence than the rest of Lincolnshire. The data is not age adjusted.

Figure 12: Recorded prevalence of cancer, as recorded on practice disease registers (all ages) in 2015-2016

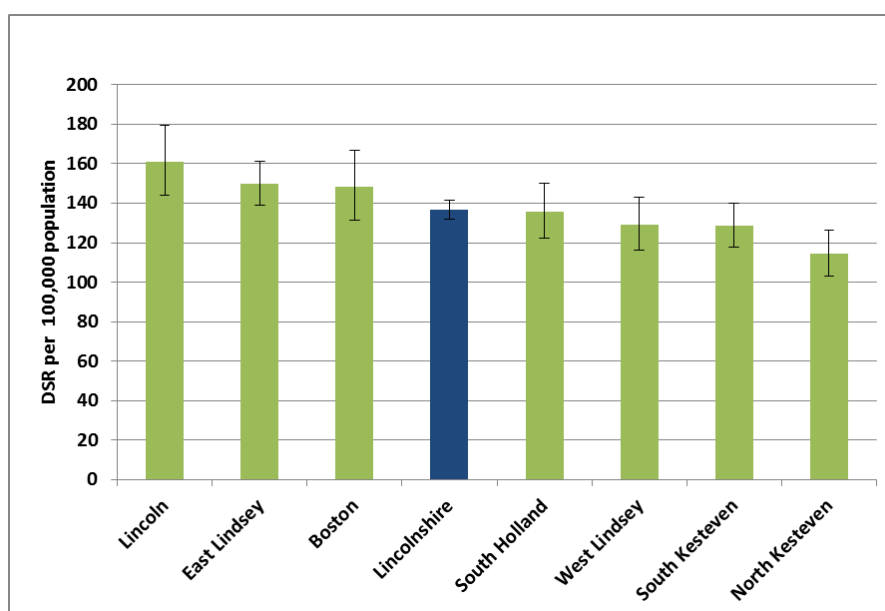


Source: Public Health England Fingertips, Cancer: QOF prevalence (all ages) available at: <https://fingertips.phe.org.uk>

Figure 13 shows that the under 75 mortality rate for cancer in Lincolnshire was 136.7 per 100,000 population (2013-2015).

This is similar to the England rate of 138.8 per 100,000 (not shown in the figure). Lincoln (161.0 per 100,000) and East Lindsey (149.8 per 100,000) have the highest rates of cancer mortality within the Lincolnshire districts, which according to the PHE data is significantly higher than the England average.

Figure 13: Age-standardised rate of mortality from all cancers in persons under-75 years of age per 100,000 population (2013-2015)



Source: Public Health England, Public Health Outcome Framework available at: <http://www.phoutcomes.info>

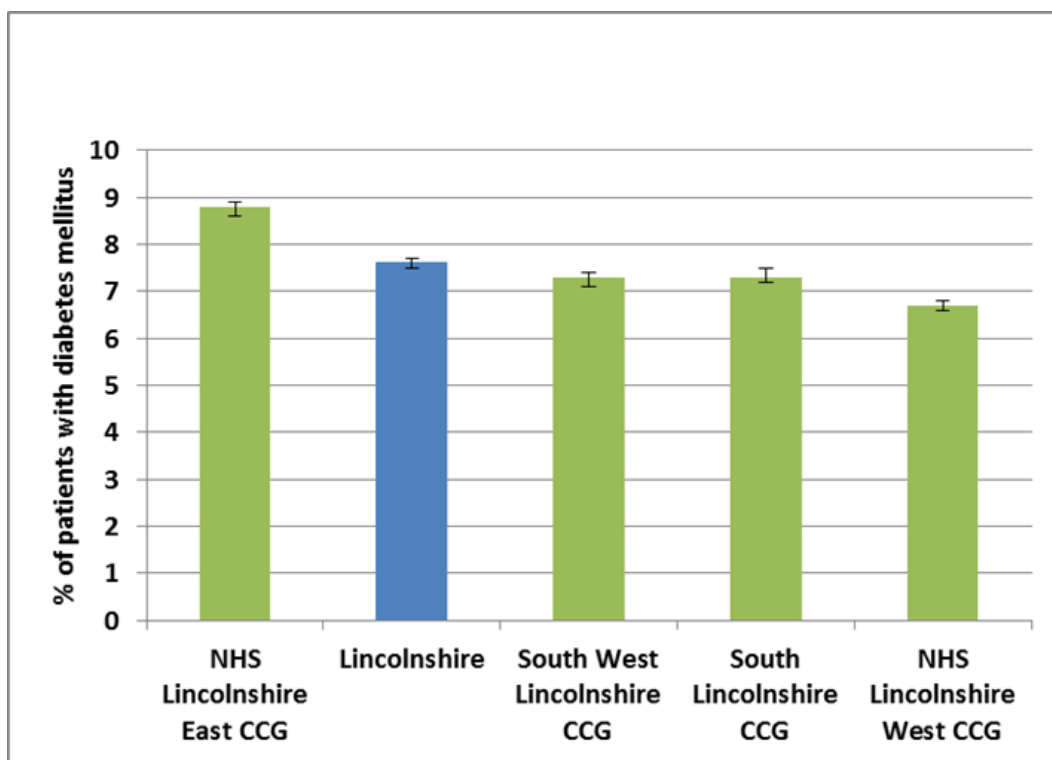
Further details can be found at <http://www.research-lincs.org.uk/jsna-Cancer.aspx>.

2.8.5 Diabetes

In 2014/15, 45,298 people were on the general practice diabetes register (7.5% of the Lincolnshire adult population) with some Lincolnshire general practices have nearly twice the Lincolnshire average of recorded diabetes. The highest prevalence of diabetes is in Lincolnshire East CCG.³⁰

Figure 14 shows the recorded prevalence of diabetes by Lincolnshire CCGs and the total for Lincolnshire (sum of all GP practices across the four CCGs) based on GP 2015-16 data.

Figure 14: Recorded diabetes prevalence in patients aged 17+ years for Lincolnshire CCGs (2015-16)



Source: NHS Digital, Quality and Outcome Framework, accessed at Public Health England Fingertips <https://fingertips.phe.org.uk/profile/diabetes-ft>

It is estimated that in Lincolnshire 12.4% (75,506) of the 16+ population have non-diabetic hyperglycaemia (pre-diabetes) and therefore at risk of developing Type 2 diabetes as well as other cardiovascular conditions.³¹ In England it is estimated that the overall prevalence is 11.4%.

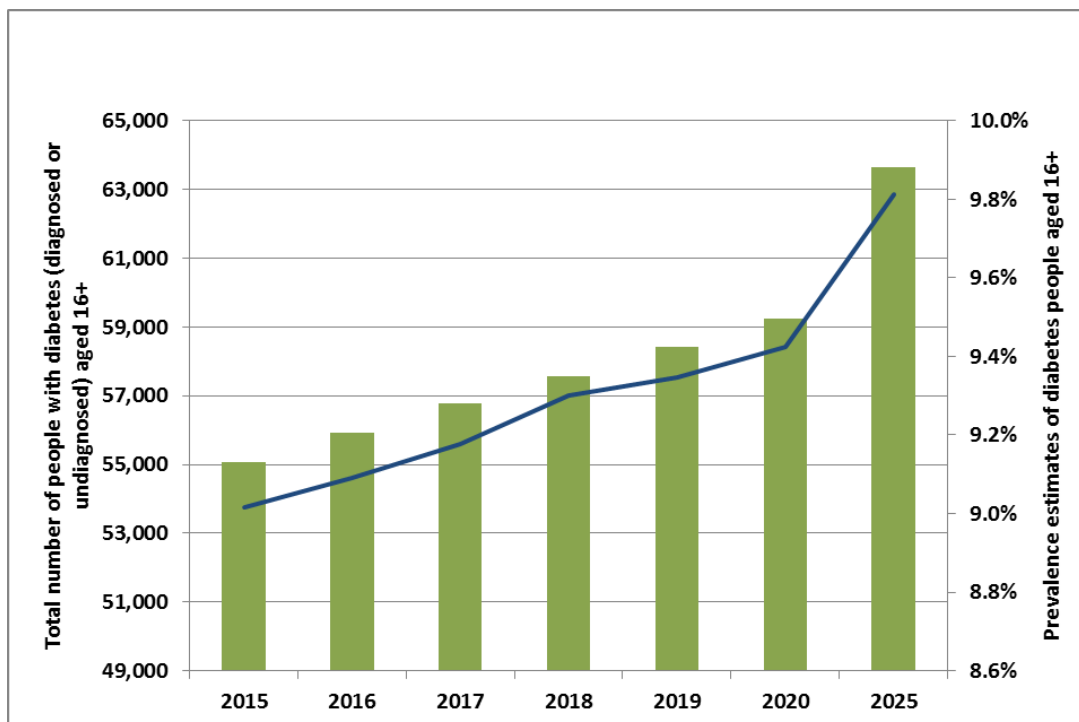
Figure 15 shows the projected prevalence and number of persons modelled on the age, gender, ethnicity and deprivation for Lincolnshire from 2015 to 2025. In 2015, the expected prevalence was 9%, rising to 9.8% in 2025.

³⁰ JSNA Diabetes: <http://www.research-lincs.org.uk/jsna-Diabetes.aspx>

³¹ Public Health England – Diabetes: <https://fingertips.phe.org.uk/profile/diabetes-ft>

The PHE diabetes prevalence and risk profile for 2015³² suggests that an estimated 12.4% (75,489 persons) of the 16+ population across all Lincolnshire CCGs is likely to have non-diabetic hyperglycaemia (pre-diabetes) and therefore at risk of developing type 2 diabetes as well as other cardiovascular conditions.

Figure 15: Estimated prevalence of diabetes (diagnosed and undiagnosed) in Lincolnshire, 2015



Source: Public Health England, National Cardiovascular Intelligence Network, Prevalence estimates of diabetes based on Health Survey for England 2012, 2013 and 2014 and 2014-based Subnational Population Projections, mid-2012 to mid-2037, Population Projections Unit, ONS.

Crown copyright 2014 as well as Hospital Episode Statistics (HES), 2012/13-2014/15, Copyright © 2016, Re-used with the permission of NHS Digital (NHS Digital is the trading name of the Health and Social Care Information Centre. All rights reserved). <https://www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations>

Further details can be found at <http://www.research-lincs.org.uk/jsna-Diabetes.aspx>.

2.8.6 Chronic Obstructive Pulmonary Disease (COPD)

The national prevalence of COPD in Lincolnshire is 1.9% according to GP practice data 2015-16, a slight increase from 1.8 per cent in 2014-15. Lincolnshire data for 2015-16 at CCG level demonstrates a statistically significant higher prevalence of COPD in Lincolnshire East CCG (2.5%) compared to the other 3 CCGs in Lincolnshire which all have a prevalence of 2.0% each (Source: Public Health England (PHE)).

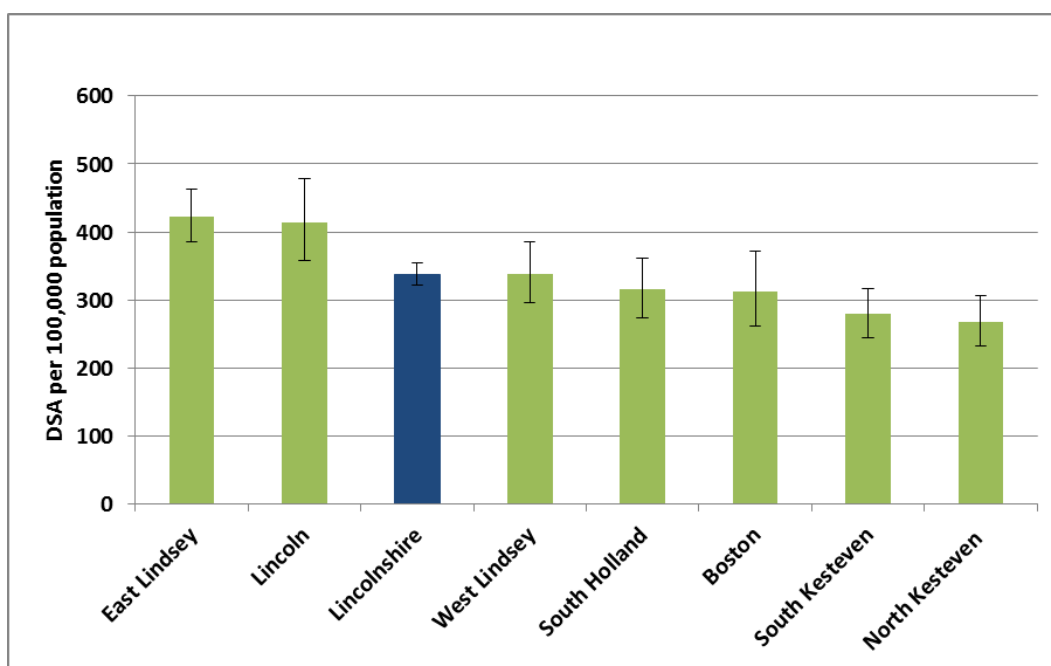
In Lincolnshire the age standardised rate for deaths from COPD is 50.3 per 100,000 which is similar to the East Midlands and national averages for 2013-15.

³² PHE diabetes profiles: <https://fingertips.phe.org.uk/profile/diabetes-ft>

PHE profiles for COPD indicate that the COPD recorded prevalence on QOF (all ages) for Lincolnshire East CCG (2.6%), Lincolnshire West CCG (2.0%) and South Lincolnshire (2.0%) were significantly higher compared with England (1.9%).³³

Figure 16 shows emergency admissions for COPD for 2015-16. The rate for Lincolnshire was 338 per 100,000 which was lower than the England average of 411 per 100,000. Lincolnshire localities had rates which were lower or similar to England rate. The England rate is not shown in the figure.

Figure 16: Emergency hospital admissions for COPD in adults aged 35+ years, Lincolnshire, 2015-16

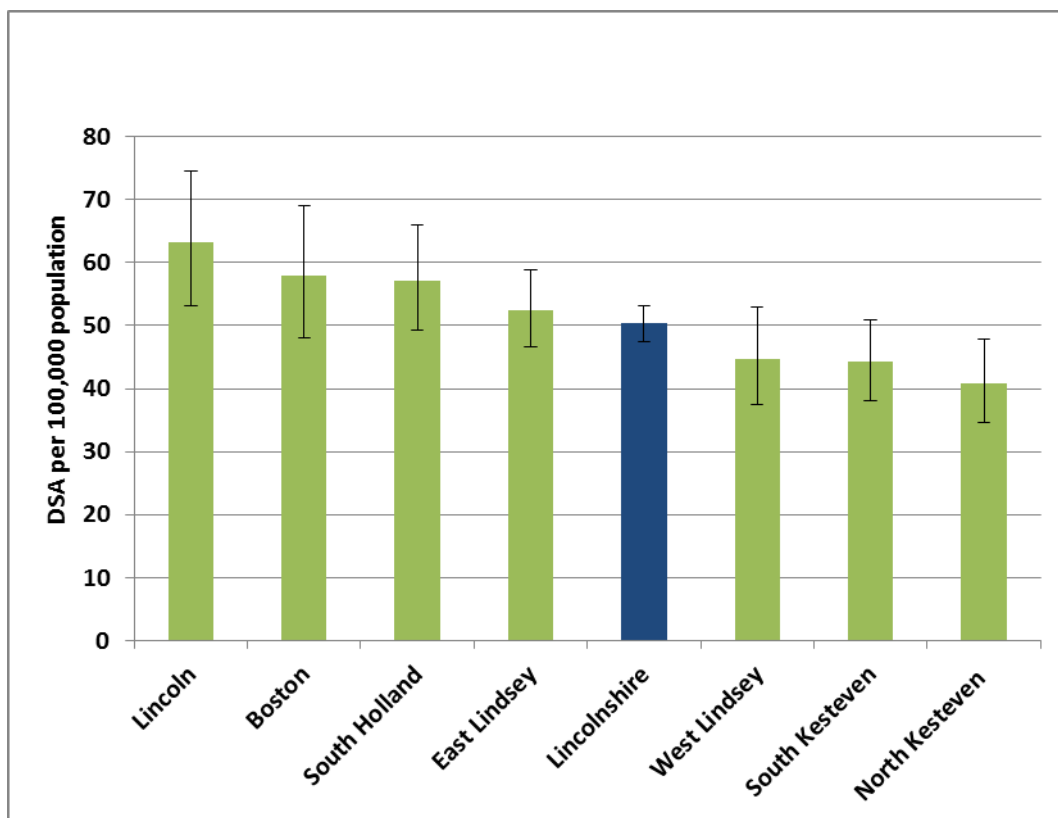


Source: Hospital Episode Statistics (HES) accessed at Public Health England Fingertips (<https://fingertips.phe.org.uk/search/lung%20conditions#page/6/gid/1/pat/6/par/E12000004/ati/102/are/E06000015/iid/92302/age/202/sex/4>)

Figure 17 shows the 2015-16 age-adjusted mortality rate from COPD for Lincolnshire and localities. The rate for Lincolnshire (50.3 per 100,000) was comparable with England (52.6 per 100,000). All the localities were comparable with or lower than the England rate.

³³ Public Health England. Inhale. December 2015. <https://fingertips.phe.org.uk/profile/inhale/>

Figure 17: Mortality from Chronic Obstructive Pulmonary Disease, Lincolnshire localities, 2013-15



Source: Public Health Profiles, accessed at Public Health England Fingertips (<https://fingertips.phe.org.uk/search/copd-page/6/gid/1/pat/6/par/E12000004/ati/102/are/E06000015/iid/1204/age/1/sex/4>)

Further details can be found at <http://www.research-lincs.org.uk/jsna-COPD.aspx>.

2.8.7 Asthma

Table 11 provides asthma prevalence as recorded in GP Practices. According to the statistical significance (95% CI) presented in PHE Inhale atlas,³⁴ all the Lincolnshire CCGs have significantly higher rates compared with England. Further details can be found at <https://fingertips.phe.org.uk/search/asthma#page/0/gid/1/pat/6/par/E12000004/ati/102/are/E07000032>

³⁴ PHE Inhale Atlas <https://fingertips.phe.org.uk/profile/inhale/data#page/3/gid/8000004/pat/46/par/E39000030/ati/153/are/E38000157/iid/285/age/1/sex/4>

Table 11: Recorded prevalence of Asthma, 2015-16, CCG level

CCG code	CCG name	Asthma Register	Prevalence %
03T	Lincolnshire East CCG	16,369	6.7
04D	Lincolnshire West CCG	14,825	6.3
99D	South Lincolnshire CCG	10,624	6.5
04Q	South West Lincolnshire CCG	8,082	6.1
	Lincolnshire Total	49,900	6.4
	England	3,400,679	5.9

Source: NHS Digital, Quality and Outcomes Framework 2015-16, October 2016 available at: <http://content.digital.nhs.uk/qof>

2.8.8 Depression and mental health

In Lincolnshire, there were 2,010 inpatient admissions due to a mental health condition, representing 344.2 in every 100,000 adults aged 16 and over. Admission rates in 2014/15 were higher for men (372.6 per 100,000) than in women (317.7 per 100,000).³⁵ Self-reported levels of wellbeing and anxiety have improved since 2011-12 but 17% of people aged 16 and over in Lincolnshire suffer from a common mental disorder.

According to the Lincolnshire 2016 Healthwatch mental health survey 9.4 % of 5-16-year-olds, over 3,000 children aged 5-10 years and over 5,000 aged 11-16 years have poor mental health and 20.5% of young people have self-harmed.³⁶

In Lincolnshire 3% of premature deaths in people aged under 75-years are due to suicide and injury of unknown intent, making this the fifth most common cause of premature death in the county. It was most common in males aged 40-44 years. It must be noted that family and friends of people who may have taken their own life are at an increased risk of mental and emotional problems and may be at a higher risk of suicide themselves.

Further details can be found at <https://fingertips.phe.org.uk/search/mental%20health>

2.8.9 Dementia

In 2015, 11,289 people aged 65 and over were living with dementia in Lincolnshire, which accounts for 6.7% of the population aged 65 and over or 1.5% of the entire population.

When the national prevalence rates are applied to the number of population by age registered at each CCG, Lincolnshire East CCG has the highest estimated rates at 4,104 (1.68%), which reflects the older age profile of its population. South West Lincolnshire CCG has the lowest estimated rates at 1,907 (1.45%).

Further details can be found at <http://www.research-lincs.org.uk/jsna-Dementia.aspx>.

³⁵ Lincolnshire Research Observatory – Mental Health: <http://www.research-lincs.org.uk/jsna-Mental-Health-Adults.aspx>

³⁶ PHE National Child and Maternal Health Intelligence Network: <http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=34&geoTypeId=4&geoids=925>

2.8.10 Accidental injuries and falls

In 2014-15, the age-standardised rate of injury due to falls in Lincolnshire among those aged 65 years and over was 1,892 per 100,000 population compared with 2,125 per 100,000 population in England. The rate for those aged 80+ years in Lincolnshire was 4,712 per 100,000 population compared with 5,351 per 100,000 in England in the same year.

In people aged 65 and over, falls accounted for 9% of all emergency admissions and was the cause of 12% of admissions in people aged 80 and over.

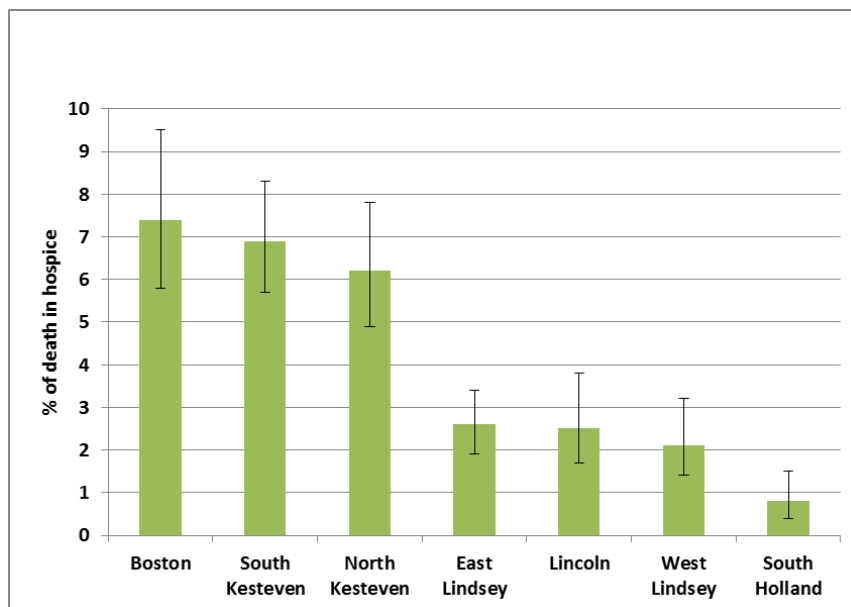
Analysis of hospital episode statistics between 2011-12 and 2014-15 shows that three quarters of falls occurred at the person's place of residence (home or residential institution) in Lincolnshire.

Further details can be found at <http://www.research-lincs.org.uk/jsna-Falls.aspx>.

2.8.11 Palliative care

Figure 18 shows the proportion of all deaths occurring in hospice by district over a year (from Quarter 4, 2015-16 to Quarter 3, 2016-17). Boston, South and North Kesteven have a higher proportion compared with the other four localities.

Figure 18: Deaths occurring in a hospice as a proportion of all registered deaths in Lincolnshire between Q4 2015-16 and Q3 2016-17



Source: National End of Life Care Intelligence Network, Place of death, available at: <http://www.endoflifecare-intelligence.org.uk>

2.9 Immunisation

Vaccination can offer protection from disease by helping build up our immunity to the natural infection. This means that we are also unlikely to infect anyone else. This then reduces the risk of unvaccinated people getting the infectious disease meaning that people who cannot be vaccinated will still benefit from the vaccination programme. This is called herd or population immunity.³⁷ When enough people are vaccinated it helps herd immunity and reduces the level of the circulating infection.

Across Lincolnshire in 2014-15:

- MMR uptake was 84.7%, below the rate in East Midlands (91.2%) and England (88.6%) and below the 95% threshold needed for herd immunity
- Lincolnshire East CCG has the lowest uptake (below the 95% threshold) of routine vaccinations for 12-month-old children, while South Lincolnshire CCG has the highest rate and exceeds the national average
- Uptake of the HPV Vaccination for girls aged 12-13 is 93.7%, the second highest in the East Midlands
- In 2014-15 the uptake of flu vaccination in Lincolnshire was 72.4%, slightly below the regional and national averages (73.5% and 72.7% respectively); this is comparable to other authorities in the East Midlands

Further details can be found at <http://www.research-lincs.org.uk/jsna-Immunisation.aspx>.

2.10 Healthy lifestyles, health and wellbeing

2.10.1 Substance misuse – drug misuse

Of all adults entering treatment in 2014-15, many used multiple substances with the most drug presentations being for heroin and crack at 53%, cannabis at 17.5% and amphetamine at 10%. Novel Psychoactive Substances (NPS) only accounted for 1.9% of all adult presentations.³⁸

Of young people under 18 years old entering treatment in 2014-15, many used multiple substances with the most presentations being for cannabis at 81%, followed by alcohol and NPS, with figures of 69% and 34% respectively.

As of the end of year 2014-15, waiting times for service users entering treatment in Lincolnshire is significantly shorter than the national average, with no more than 0.6% waiting longer than three weeks (nationally 3%).

2.10.2 Alcohol and related disease

Data from PHE local alcohol profiles for 2015-16³⁹ indicates that Lincolnshire had a lower alcohol-specific mortality rate (all ages) adjusted for age (6.6 per 100,000) compared with the England rate (11.5 per 1000,000). All the localities had lower rates.

³⁷ Department of Health. Immunisation against infectious disease, Green book.

³⁸ Lincolnshire 2015 Substance Misuse Health Needs Assessment

³⁹ PHE Local Alcohol Profiles <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

Alcohol specific hospital admissions for Lincolnshire in 2015-16 were also lower at 350 per 100,000 compared with 583 per 100,000 for England.

According to the PHE profiles there were around 603 people in treatment at specialist alcohol misuse services with a successful completion rate of 39.7%. Waiting times for accessing alcohol treatment in Lincolnshire are considerably better than the national average with only 0.1% waiting more than three weeks, compared with 4.1% seen nationally.

2.10.3 Sexual health and teenage pregnancy

Sexually transmitted infections (STIs) in Lincolnshire have risen to 1,245 cases of new infections per 100,000 population, compared to the England rate of 767.6 cases in 2015. Of these, 66% are in the 15-24 age group.

2.10.3.1 Chlamydia

The chlamydia diagnosis rate in Lincolnshire is 1,821 per 100,000 population of 15-24-year-olds, less than the national target. Local areas are expected to achieve a chlamydia detection rate of at least 2,300 per 100,000 population in this age group.⁴⁰

The number of young people screened across the county has increased considerably since the inception of the Lincolnshire Chlamydia Screening programme in 2008.

The following information is taken from data collated by Public Health England and covers the period January-December 2015.⁴¹

- In 2015, 21,350 screens were carried out in Lincolnshire, which equates to 24.8% of the target population of 15-24-year-olds
- This achieved a positivity rate of 7.4% and a detection rate of 1,821 per 100,000 15-24-year-olds
- The chlamydia detection rate in 15-24-year-olds in Lincolnshire was slightly lower (1,821 per 100,000 population) than the East Midlands (1,835 per 100,000) and the England average (1,887 per 100,000). Lincolnshire, East Midlands and England detection rates were all significantly lower than the benchmark goal
- Positivity rates (15-24 age group) within Lincolnshire are currently highest in Lincoln at 3,293 per 100,000 of the 15-24-year-old population. South Holland has the lowest detection rate of 911 per 100,000 people which is the second lowest in the East Midlands region
- The chlamydia diagnosis rate in over-25s is significantly lower in Lincolnshire (287 per 100,000 population) than the national rate of 361 per 100,000 people. Lincoln had a significantly higher rate of 783 per 100,000 people and has the highest rate in Lincolnshire, whereas South Holland has the lowest rate of 145 per 100,000 people

⁴⁰ Public Health England. Public Health Outcomes Framework (2013-16).

<https://www.gov.uk/government/publications/healthy-liveshealthy-people-improving-outcomes-and-supporting-transparency>

⁴¹ Gov.uk. National chlamydia screening programme (NCSP): data tables. June 2017.

<https://www.gov.uk/government/statistics/national-chlamydia-screening-programme-ncsp-data-tables>

2.10.3.2 HIV – prevention of transmission

There were 20 new diagnoses of HIV in 2015 in people aged 15 and over in Lincolnshire (3.2 per 100,000 population), with the highest number in South Kesteven with six new cases. South Kesteven and South Holland both had a HIV diagnosis rate of 5.2 people per 100,000 which is the highest in Lincolnshire; East Lindsey had the lowest diagnosis rate of 0.8 per 100,000. While the numbers may be small, there is a major impact on physical and mental health, social welfare and the rising costs of ARV (Antiretroviral Therapy).

The rate of testing in England is 67.3 per 100,000 population. Within Lincolnshire the highest performers are in South Kesteven, with 73.4 per 100,000 and South Holland at 69.5 per 100,000. The lowest rate is in East Lindsey with 57.7 per 100,000.

HIV testing uptake in Lincolnshire 2015 is at 71.8%; this is significantly lower than the national uptake of 76.2% and the lowest rate in the East Midlands.

Further details can be found at <http://www.research-lincs.org.uk/jsna-Sexual-Health.aspx>.

2.10.3.3 Teenage conceptions

The rate of under-18 conceptions in Lincolnshire in 2014 was 22.4 per 1,000. This was slightly lower than the national rate of 22.8 per 1,000, but higher than the East Midlands average of 21.6 per 1,000.

Rates of under-18 conceptions have halved in all localities of the county since 1998, with the greatest decrease seen in Lincoln district. However, rates of under-18 conceptions in Lincoln remain the highest in the county in 2014, at 36 per 1,000. Boston had the second highest rates, at 33.7 per 1,000. The lowest under-18 conception rates in the county were seen in North Kesteven: this district, along with West Lindsey and South Holland, had a rate below the national average in 2014.

Under-18 birth rates in Lincolnshire are again following a downward trend, falling to 8.93 per 1,000 in 2014. Although Lincoln district has historically had the highest rate of births to under-18s, in 2014, the rate decreased sharply by almost half to 11.76 per 1,000. West Lindsey had the highest rate of births to under-18s in 2014, at 12.7 per 1,000.

Further details can be found at <http://www.research-lincs.org.uk/jsna-Teenage-Pregnancy.aspx>.

2.10.4 Smoking

The smoking prevalence in Lincolnshire (17.7%) is significantly higher than in England 15.5% (2016). As seen in Table 12, figures from the PHE Tobacco control profiles⁴² indicate that smoking rates for Boston (24.9%) were significantly higher compared with the national rate of 15.5% for 18+ years adults in 2016.

⁴² PHE Tobacco Control profiles <https://fingertips.phe.org.uk/profile/tobacco-control/data#page>

The same profiles suggest that the successful quit rate for Lincolnshire smoking cessation services was 2,507 per 100,000 smokers aged 18+ years in 2015-16 which was similar to the England rate. However, the CO2-validated quit rate was lower (1,406 per 100,000) compared with England (1,845 per 100,000)

Table 12: Smoking prevalence, current smokers* persons aged 18+ Lincolnshire, 2016

Area	Smoking prevalence	Routine and manual occupation smoking prevalence
Boston	24.9%	29.8%
East Lindsey	18.4%	25.4%
Lincoln	21.0%	30.7 %
North Kesteven	11.1%	22.4%
South Holland	19.0%	21.1%
South Kesteven	16.0%	27.7%
West Lindsey	18.0%	34.4%
Lincolnshire	17.7%	27.2%

*Annual population survey

Source: PHE local tobacco profiles <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/>

Smoking during pregnancy continues to remain an issue in Lincolnshire. Data collected in 2013-14 by ULHT⁴³ suggests that the smoking prevalence in pregnancy at booking is 18%, equating to approximately 1,300 women reducing to 15% 1,080 at delivery. Smoking in pregnancy in Lincolnshire mothers is significantly higher than the England average of 11.4% and East Midlands average of 13.7%. However, data collection issues have meant that the reporting of Smoking At Time Of Delivery (SATOD, the national indicator) for Lincolnshire has been estimated for the past two years and may be unreliable as it may not reflect the true picture.

Further details can be found at <http://www.research-lincs.org.uk/jsna-Smoking-Adults.aspx>.

2.10.5 Obesity

In 2015-16, in Lincolnshire, 21.5% of 4-5-year-olds and 34.7% of 10-11-year-olds are reported to be overweight or obese.⁴⁴ Children in Lincolnshire have similar levels of obesity to the England average at 4-5 years and 10-11 years.

⁴³ Lincolnshire JSNA. Smoking Reduction in Adults through Tobacco Control Supplementary Data Document.

⁴⁴ PHE. PHOF - <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/>

When rates are compared across localities within the county, marked variation is seen. For example, in East Lindsey 24.6% of 4-5 year olds were overweight or obese compared with 16.6% in West Lindsey. In South Holland 41.9% of 10-11-year-olds were classified as overweight or obese, compared with 31.3% in North Kesteven.

The Public Health Outcomes indicator for adult obesity (2013-2015) reports that 69.9% of adults in the county have excess weight, which is higher than the average prevalence reported at a national and regional level.

All the localities in Lincolnshire except Lincoln had significantly higher rates than England. The rates ranged from 73.8% in Boston to 66.1% in Lincoln.

According to the Lincolnshire JSNA on obesity:⁴⁵

- The NHS Health Check Programme locally screens nearly 25,000 adults (40-74 years) a year. The screening found that 64.5% of patients had excess weight and 26.2% are obese
- In 2014-15 there were nearly 6,000 hospital admissions related to adult obesity (directly or indirectly). 61 hospital admissions had a direct relation to obesity and 90 adults underwent bariatric surgery outside the county. The costs to the NHS locally for such surgery exceed £480,000 per annum
- Applying the national rates of morbid obesity to Lincolnshire suggests that there may be 11,500 adults with a BMI over 40 and nearly 800 with a BMI over 50. Over 3,200 adults may be eligible and may wish to take up bariatric surgery

Further details can be found at <http://www.research-lincs.org.uk/jsna-Obesity.aspx>.

2.10.6 Oral health

Table 13 compares indicators for tooth decay in Lincolnshire with East Midlands and England. Lincolnshire county has levels of tooth decay in children that are lower than the average for England.⁴⁶

⁴⁵ LRO. JSNA obesity - <http://www.research-lincs.org.uk/jsna-Obesity.aspx>

⁴⁶ PHE. Lincolnshire Dental Profile. July 2017.

Table 13: Decayed, missing or filled teeth (DMFT), Lincolnshire (2014-15)

	Lincolnshire	East Midlands	England
Average d3mft	0.7	0.9	0.8
% without decay experience	76.5%	72.5%	75.2%
% with decay experience	23.5%	27.5%	24.7%
Average d3mft in those with decay experience	3.0	3.3	3.4
% with active decay	20.9%	24.3%	21.5%
% with experience of extraction 2	1.0%	1.9%	2.5%
% with dental abscess	1.3%	1.5%	1.4%
% with teeth decayed into pulp	4.2%	4.0%	3.6%
% with decay affecting incisors 3	3.9%	5.6%	5.6%
% with high levels of plaque present on upper front teeth 4	1.0%	2.3%	1.7%

Source: 2015 National Dental Epidemiology Programme survey of five-year old children

Note

1. Generated by the Children's Services statistical neighbour benchmarking tool, within the East Midlands the comparator is 'Very Close' and comparator 1 is 'Extremely Close'.
2. Experience of extraction of one or more teeth on one or more occasions. The majority of children attending hospital for extractions have general anaesthetics for these procedures.
3. Decay involving one or more surfaces of upper anterior teeth. This pattern of decay is often linked with long-term use of a feeding bottle with sugar-containing drinks.
4. Indicative of a non-brusher.

The full results of the 2015 National Dental Epidemiology Programme survey of five-year-old children are available at: www.nwph.net/dentalhealth.

2.11 Housing Growth

Lincolnshire is an area of growth both in economic and housing terms, with the housing stock likely to increase considerably in the next 20 years. Three areas in the county (Lincoln, Gainsborough and Grantham) have been awarded Growth Point status – with each area receiving up to £8 million as part of a national strategy for sustainable development.

Similarly, the emerging local development plans in the county point towards high levels of housing allocation with 71,116 homes overall to be built in Lincolnshire by 2036 at an average annual rate of 3,500 per annum. Most of these developments are not expected to be completed, or even started, in the next three years (within the life of this PNA document), but these areas will be reviewed regularly.

Planned large housing developments in the Growth Point areas and some other main towns (such as Boston, Sleaford and Spalding) may result in the PNA for those areas needing to be reassessed. Table 14 summarises housing development plans for local localities in Lincolnshire.

Table 14: Number of additional housing planned and built in Lincolnshire by area 2016-2021

	Planned			Built since start of plan period	Outstanding from 2016
	Period	Total	Annual	Total	Total
Central Lincolnshire (Lincoln, North Kesteven and West Lindsey)	2012-2036	Lincoln strategy area - 23,654 Gainsborough strategy area - 4,435 Sleaford strategy area - 4,435 Elsewhere - 4,435 Total - 36,960	1,540	3,510	33,450
South East Lincolnshire (Boston and South Holland)	2011-2036	Boston - 7,550 South Holland - 11,125 Total - 18,675	Boston - 300 South Holland - 445 Total - 745	1,780	16,895
East Lindsey	2016-2031	Coast - 1,308 (already with permission) Inland - 6460 Total - 7,786		Nil (since 2011 1,640)	7,786
East Lindsey	2016-2021 2021-2025 2025-2031			591 481 482	
South Kesteven	2011-2036	Total - 15,625	625	2,640	12,985

Housing provision data source: Central Lincolnshire Local Plan 2012-2036 (adopted April 2017)

South East Lincolnshire Local Plan 2011-2036 (submitted June 2017).

East Lindsey Core Strategy 2016-2031 (submitted 2017, hearing date July 2017)

South Kesteven Local Plan (consultation draft July 2017)

Extra care housing

Extra care homes are purpose-built to meet the current and future personal care needs of older people and people with disabilities. In Lincolnshire, these tend to be self-contained flats. There are no known specific schemes in the pipeline at the time of adopting this PNA.

Factors to consider in relation to needs for pharmaceutical services:

An increase in population size is likely to generate an increased need for pharmaceutical services, but, on a local level, changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

In conclusion, over the coming years, the population in Lincolnshire is expected to both age and grow substantially in numbers. Several large-scale housing developments are in progress. The Lincolnshire HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary.

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Community pharmacies

There are 122 community pharmacies and 1 DAC in Lincolnshire (as of 1st August 2017) serving a population of 736,665 (mid-2015, ONS) which equates to an average of 16.7 pharmacies per 100,000 population.

Data for 2015-16 shows the England average of community pharmacies is 21.5 per 100,000 population, which has decreased slightly from 2015 when the average number was 21.7. The Midlands and East region average of community pharmacies is 21 per 100,000.⁴⁷

Table 15 provides a breakdown, by district, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by district. Due to the mainly rural area of Lincolnshire, some populations may find community pharmacies in neighbouring HWB areas more accessible and/or more convenient.

Table 15: A breakdown of average community pharmacies per 100,000 population

Area	Number of community pharmacies (as of 01/08/2017)	Total population (mid-year 2015 estimates)	Average number of community pharmacies per 100,000 population (as of 01/08/2017)
Boston	10	66,902	14.9
East Lindsey	26	137,887	18.9
Lincoln	22	97,065	22.7
North Kesteven	18	111,876	16.1
South Holland	13	92,812	14.0
South Kesteven	20	138,909	14.4
West Lindsey	14	93,730	14.9
Lincolnshire	123	736,665	16.7
Midlands & East	3,446	-	20.9*
England	11,688	-	21.5*

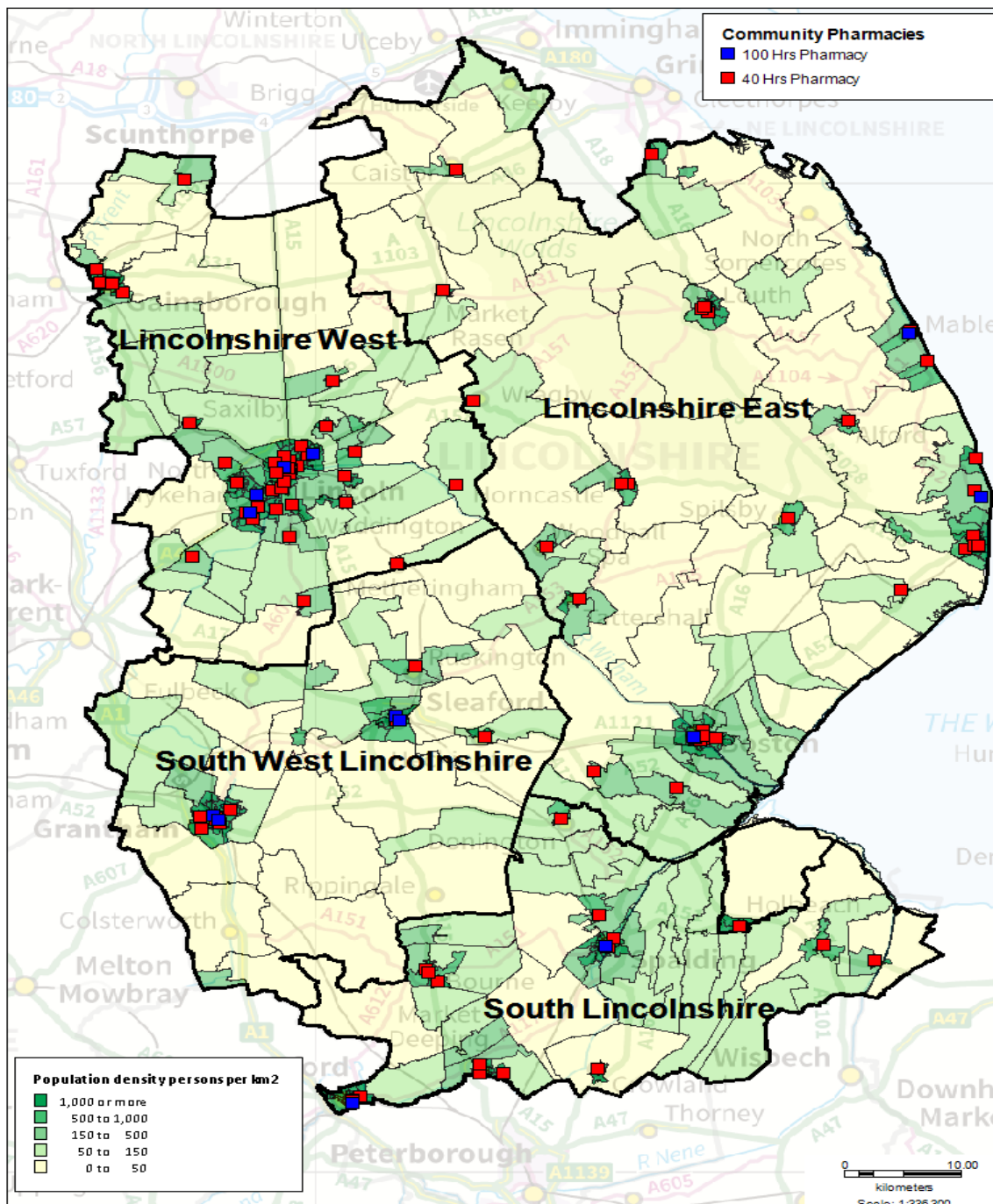
**Data includes distance-selling (internet) pharmacies, which do not provide face-to-face services*

Figure 19 shows the location of community pharmacies in Lincolnshire (Also included as Map A). Section 1.3 lists the essential services of the pharmacy contract, and it is assumed that provision of these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each district is explored in Section 6.

⁴⁷ National Statistics General Pharmaceutical Services - 2006/7 to 2015/16 -

<https://www.gov.uk/government/statistics/general-pharmaceutical-services-20067-to-201516>

Figure 19: Location of community pharmacies and distribution in Lincolnshire



A full list of community pharmacies in Lincolnshire and their opening hours can be found in Appendix A.

3.1.1 Choice of community pharmacies

The table below shows the breakdown of community pharmacy ownership in Lincolnshire. The data shows that independent pharmacy ownership is much lower than seen in the rest of England and the Midlands and East region. Although Lincolnshire has a much higher percentage of multiple pharmacies compared with nationally, the population still has a good choice of pharmacy providers available in all districts. Pharmaceutical services are also provided by the 66 dispensing practices in Lincolnshire for eligible patients.

Table 16: Community pharmacy ownership, 2015-16

Area	Multiples (%)	Independent (%)
England	61.9	38.1
Lincolnshire	78.7	21.3
Midlands & East	60.8	39.2

3.1.2 Weekend and evening provision

It is estimated that, collectively, community pharmacies in England⁴⁸ are open approximately 150,000 hours per week more than ten years ago. This has been mainly driven through the opening of '100-hour' pharmacies. There are 1,161 (9.9%) community pharmacies in England open for 100 hours or more per week. This has increased significantly from 2013-14, when there were 773 (6.7%). The public questionnaire results illustrate that 5% of respondents access pharmacy services in the early evening (6-8pm) and only 1% access pharmacy services late evening (after 8pm). With regards to weekend access, 5% of respondents visit the pharmacy on Saturday and only 1% visit the pharmacy on Sunday.

Table 17 shows that Lincolnshire has a slightly higher percentage of its pharmacies open for 100 hours or more compared with regionally and nationally. Most 100-hour pharmacies are open late and at the weekends.

Table 17: Numbers of 100-hour pharmacies (and percentage of total in each district)

Area	Number (%) of 100-hour pharmacies
England (2015-16 data)	1,161 (9.9%)
Midlands & East	353 (10.2%)
Lincolnshire	13 (10.6%)
Boston	1 (11%)
East Lindsey	2 (7.8%)
Lincoln	3 (13.6%)
North Kesteven	3 (16.6%)
South Holland	1 (7.8%)
South Kesteven	3 (15.0%)
West Lindsey	0 (0%)

⁴⁸ Dispensing Health: Pharmacy Voice. 'Who do you think we are? Community Pharmacy: dispensers of health.' 2014. <http://www.dispensinghealth.org/wp-content/uploads/2014/01/DH-Launch-FINA1.pdf>

3.2 Dispensing Appliance Contractors (DACs)

There is one Dispensing Appliance Contractor (DAC) in Lincolnshire, however DAC services are also available to the population from elsewhere in the UK, and appliances may also be dispensed from community pharmacies. There were 112 DACs in England in 2015-16. As part of the essential services of appliance contractors, a free delivery service is available to the whole population. It is therefore likely that patients may obtain appliances delivered from DACs outside Lincolnshire.

The community pharmacy contractor questionnaire received 96 responses and 85% of respondents reported that they provide stoma and/or incontinence appliances.

3.3 Distance-selling pharmacies

A distance-selling pharmacy provides services as per the Pharmaceutical Regulations, 2013. It must not provide essential services face-to-face and therefore provision is by mail order and/or wholly internet. As part of the terms of service for distance-selling pharmacies, provision of all services offered must be offered throughout England.

It is therefore likely that the population within Lincolnshire may be receiving pharmaceutical services from a distance-selling pharmacy outside Lincolnshire. There are currently three distance-selling pharmacies in Lincolnshire details of which can be found in Appendix A.

Figures in 2015-16 show that in England there were 266 distance-selling pharmacies, accounting for 2.3% of the total number of pharmacies, and in the Midlands and East region there were 85 distance-selling pharmacies, accounting for 2.5%, which has remained steady since 2014-15.

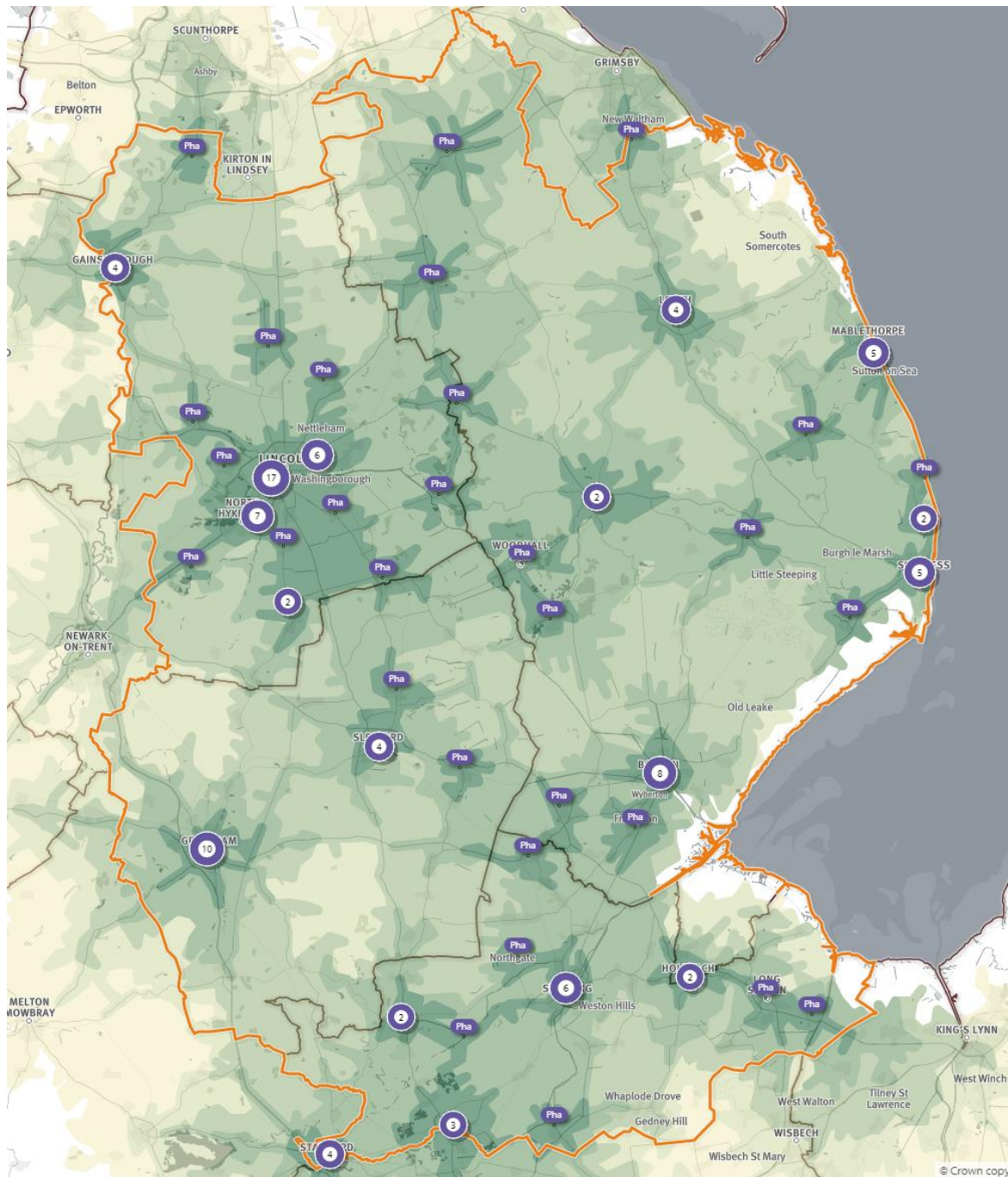
The public questionnaire identifies that only 8% of respondents have used a distance-selling pharmacy (internet pharmacy).

3.4 Access to community pharmacies

Most community pharmacy providers in the Lincolnshire are sited in areas co-located with shops, GP practices or other routine destinations; many also provide extended opening hours. As such they attract a high level of convenience.

Figure 20 shows the location of community pharmacies in Lincolnshire and car journey travel time accessible to the population of Lincolnshire (Also included as Map B).

Figure 20: Location of community pharmacies in Lincolnshire and car journey travel time



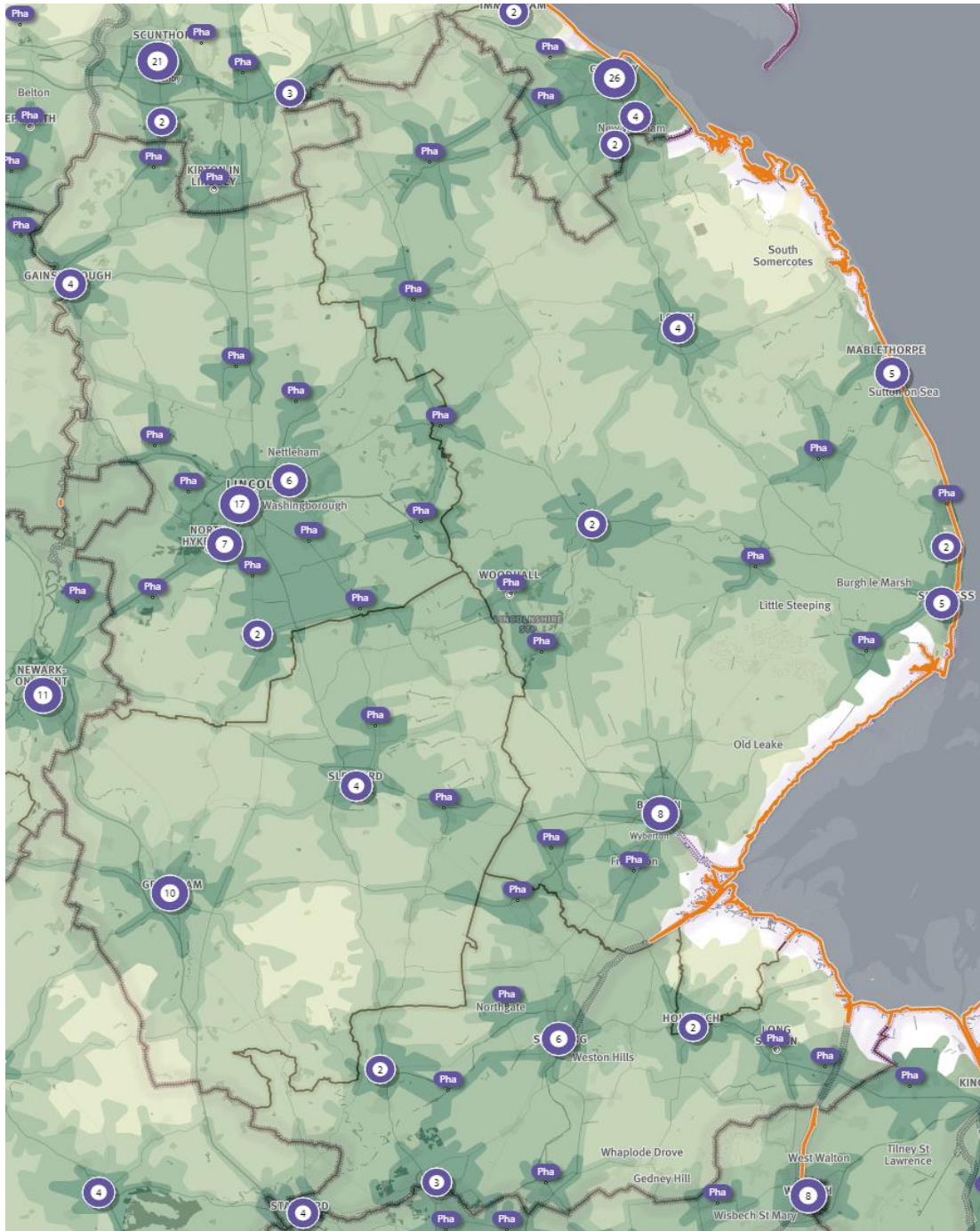
3.4.1 Access to community pharmacies outside Lincolnshire

Due to the diverse geography and large rural nature of Lincolnshire, it is assumed that a large proportion of the population may drive or use public transport to access several amenities including pharmaceutical services.

As Lincolnshire is bordered by nine other HWB areas, the population is not limited to accessing services just within Lincolnshire and will have access to pharmaceutical service providers in these neighbouring HWB areas.

Figure 21 illustrates pharmacies located outside Lincolnshire which may be more accessible by car to the population living close to the border (Also included as Map C).

Figure 21: Location of community pharmacies in Lincolnshire and surrounding areas and car journey travel time



3.4.2 Routine daytime access to community pharmacies

Due to the rural nature of Lincolnshire, it may not be practical for residents to walk to their community pharmacy unless they live within the town centres. Therefore, it would be accurate to assume that a large proportion of residents will drive to their local community pharmacy, which may be in a neighbouring HWB area. In response to the public questionnaire, 61% of the respondents stated they travel by car to the pharmacy.

The White Paper, 'Pharmacy in England: Building on strengths – delivering the future'⁴⁹ noted that 99% of the population – even those living in the most deprived areas – can get to a community pharmacy within 20 minutes by car and 96% by walking or using public transport. However, there are differences between rural and urban areas and Lincolnshire is recognised as a large rural county therefore access to community pharmacies within 20 minutes by car may be unrealistic.

A previously published article⁵⁰ suggests that over 89% of the population of England has a maximum 20-minute walk to a community pharmacy, but this figure falls to as low as 14% in rural areas.

A full list of community pharmacies in Lincolnshire and their opening hours can be found in Appendix A.

3.4.3 Routine weekday evening access to community pharmacies

The number of community pharmacy providers open beyond 6pm, Monday to Friday (excluding bank holidays), varies within each district and are listed in the table below. The location and opening hours can be found in Appendix A. 'Average' access is difficult given the variety of opening hours and locations and is therefore considered at district level. A further detailed analysis of provision in each district is detailed in Section 6.

Table 18: Number of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6pm (and percentage of total in each district)

Area	Number (%) of community pharmacies open Monday to Friday beyond 6pm
Lincolnshire	46 (37%)
Boston	5 (56%)
East Lindsey	9 (35%)
Lincoln City	10 (45%)
North Kesteven	5 (28%)
South Holland	5 (38%)
South Kesteven	6 (30%)
West Lindsey	6 (40%)

⁴⁹ Department of Health White Paper. Pharmacy in England: Building on strengths – delivering the future. April 2008. <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf>

⁵⁰ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

3.4.4 Routine Saturday daytime access to community pharmacies

The number of community pharmacy providers open on Saturdays vary within each district are listed in the table below. The location and opening hours can be found in Appendix A. Of the pharmacies in Lincolnshire, 83% are open on Saturdays, a vast proportion of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations and is therefore considered at district level. A further analysis of provision is detailed in Section 6.

Table 19: Number of community pharmacy providers open Saturdays (and percentage of total in each district)

Area	Number (%) of community pharmacies open Saturdays
Lincolnshire	102 (83%)
Boston	7 (78%)
East Lindsey	20 (77%)
Lincoln City	18 (82%)
North Kesteven	16 (89%)
South Holland	12 (92%)
South Kesteven	19 (95%)
West Lindsey	10 (67%)

3.4.5 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each district. Fewer pharmacies are open on Sundays than any other day in Lincolnshire. West Lindsey District only has one contractor open on Sundays.

Table 20: Number of community pharmacy providers open Sundays (and percentage of total in each district)

Area	Number (%) of community pharmacies open Sundays
Lincolnshire	24 (20%)
Boston	2 (22%)
East Lindsey	5 (19%)
Lincoln City	7 (32%)
North Kesteven	3 (17%)
South Holland	2 (15%)
South Kesteven	4 (20%)
West Lindsey	1 (7%)

3.4.6 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, several pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours.

The number, location and opening hours of community pharmacy providers open on bank holidays vary within each district and for different bank holidays. Annually, NHS England requests feedback from community pharmacies on their bank holiday intentions. For most bank holidays, several providers have planned to open and NHS England has deemed provision as satisfactory and not commissioned any further provision. NHS England may often need to commission a bank holiday rota service from a small number of pharmacies, particularly in some areas, for Easter Sunday and Christmas Day.

3.5 Advanced service provision from community pharmacies

Section 1.3 lists all advanced services which may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all the time. Data supplied from NHS England has been used to demonstrate provision of MURs, NMSs and flu vaccination. Table 21 lists a summary of the latest available data (2015-16) on provision of advanced services.

The data relating to immunisation relates to the 2015-16 season and only details information for those contractors who provided the service within that period.

Table 21: Advanced service provision

Advanced Service	Percentage of providers currently providing		
	England	Midlands & East	Lincolnshire
Medicines use reviews (MURs)	94.4%	94.5%	88.6%
New medicine service (NMS)	80.8%	79.9%	82.1%
Flu vaccination	61.6%	61.0%	69.9%
NUMSAS*	-	-	-
Appliance use review (AUR)**	1.2%	1.1%	0.0%
Stoma appliance customisation (SAC)**	14.7%	14.1%	8.1%

*NUMSAS: No list of providers of NHS Urgent Medicines Supply Advanced Service is available publicly

**AUR and SAC data includes provision from Dispensing Appliance Contractors

The percentage of providers of the MUR service is slightly lower than the regional and national average, whereas the NMS services in Lincolnshire is slightly higher than the regional and national levels. Appendix A lists those community pharmacies who provide these services.

Of respondents to the community pharmacy contractor questionnaire, all indicated that they had a consultation room which complies with the requirements to perform NMS/MUR services. Respondents indicated that hand-washing facilities are located either within or close to the consultation area in 93% of their premises and 100% identify that the consultation room is in a closed area.

Provision of the SAC service is low compared with national provision, but similar to that reported regionally, with eleven (8.1%) contractors providing this service.

There has been no recorded provision of the AUR service from community pharmacy providers in Lincolnshire up to 1st August 2017. The number of providers of the AUR is also very low regionally and nationally. There were only 140 community pharmacy or DAC providers nationally (1.2%) and 39 community pharmacy or DAC providers (1.1%) in the Midlands & East region.

3.6 Enhanced service provision

NHS England commissions extended opening hours for pharmacies in Louth as an enhanced service. Currently four pharmacies in Louth are commissioned as part of this service.

Under the pharmacy contract, enhanced services are those directly commissioned by NHS England (Section 1.3). Therefore, any locally commissioned services commissioned by CCGs or the local authority are not considered here. They are outside the scope of the PNA but are considered in Section 4.

Table 22: Extended-hours pharmacies in Louth commissioned by NHS England

Pharmacy Name	Pharmacy Address
Your Local Boots Pharmacy	96-98 East Gate, Louth, LN11 9AA
Louth Pharmacy	155 Newmarket, Louth, LN11 9EH
Boots the Chemists Ltd	26 Mercer Row, Louth, LN11 9JQ
Lincoln Co-op Chemists Ltd	52 Eastgate, Louth, LN11 9PG

Section 4: Other services which may impact on pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by the local authority or CCG.

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list.

It is important to note that these services are out of the scope of the PNA and are not included in the analysis for identifying gaps in the provision of pharmaceutical services in Lincolnshire.

4.1 Local authority-commissioned services provided by community pharmacies in Lincolnshire

Lincolnshire HWB commissions the following services from community pharmacies either directly or via a subcontracted service agreement.

- Smoking cessation services
- Sexual health services
- Emergency Hormonal Contraception (EHC) services
- Pregnancy testing
- Pharmacy-Based Supervised Administration Programme (PBSAP)

A full list of services and community pharmacy providers can be found in Appendix A.

4.2 Clinical Commissioning Group-commissioned services

None of the four CCGs in the Lincolnshire currently commission any services from community pharmacies.

4.3 Other services provided from community pharmacies

As part of the community pharmacy contractor questionnaire, found in Appendix E, respondents were asked to indicate which of a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide. Most pharmacies indicated that they either currently provide these services or would be willing to provide if commissioned.

A summary of the community pharmacy contractor questionnaire responses is detailed in Appendix J.

4.4 Collection and delivery services

All pharmacies who responded offer collection of prescriptions from GP practices. Of those who responded, 96% of pharmacies offer a free delivery service of dispensed medicines on request, while 4% provide a chargeable service.

Dispensing practices also offer a free delivery of dispensed medicines on request of the patient as a value-added service.

Depending on the area in question and the ability of residents to pay for a delivery service, this could impact on individuals' ability to receive a delivery service and impact on their access to medications. However, it should be noted that all internet and distance-selling pharmacies are obliged to provide a free prescription delivery service.

4.5 Domiciliary services

There are currently no accurate figures available for the number of Lincolnshire residents that are considered housebound, hence it is unclear if this translates into a need for prescription delivery services and if current provision fulfils this need.

Contractors providing MURs may provide them at patients' homes, upon agreement with NHS England. No data has been gathered on numbers of domiciliary MURs provided in Lincolnshire.

4.6 Language services

Of the pharmacies who responded to the community pharmacy contractor questionnaire, 19 reported that they offer at least one additional language in addition to English. The most common spoken additional languages were Polish (6%) and Chinese (3%).

4.7 Services for less-abled people

As a requirement of the Equality Act 2010,⁵¹ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. From the community pharmacy contractor questionnaire, 81% indicated they have wide door access, 72% have ramped access and 23% have an electric door. The questionnaire identifies that 84% have a consultation room which is accessible to wheelchair users.

4.8 Electronic Prescription Service (EPS)

Many GP practices are now able to transmit prescriptions electronically to a pharmaceutical service provider (community pharmacy or dispensing appliance contractor).

This system is known as EPS Release 2 and means that the patient no longer needs to obtain a paper prescription and present it at their pharmacy for dispensing.

Electronic prescriptions are sent directly to the pharmacy nominated by the patient. GP practices that provide this service can only transmit electronic prescriptions to a pharmacy who has a dispensing system enabled to receive electronic ('Release 2') prescriptions. All (100%) respondents to the community pharmacy contractor questionnaire reported that they have a system which is compliant to receive electronic prescriptions. Data available on which pharmacies in England are enabled to offer the EPS is available from NHS Choices.⁵²

⁵¹ The Equality Act 2010 - <http://www.legislation.gov.uk/ukpga/2010/15/contents>

⁵² NHS Choices - <http://www.nhs.uk/NHSEngland/AboutNHSservices/pharmacists/Pages/eps.aspx>

4.9 GP practices providing extended hours

There are 56 (58%) GP practices in Lincolnshire that provide extended hours. Identifying these allows the HWB to determine if there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services. Most practices are dispensing practices and the remaining are all within a reasonable distance from a community pharmacy.

Patients living in rural areas that reside more than one mile (1.6km)⁵³ from a pharmacy's premises (but excluding any distance-selling chemist premises) who also have serious difficulty in obtaining any necessary drugs or appliances from pharmacy premises because of distance are eligible to have their prescriptions dispensed at a dispensing GP practice.

It is unclear at this time whether the dispensing GP practices have their pharmacies open during extended hours and further analysis would be required to ascertain whether this is perceived as a gap in pharmaceutical services.

Patients not eligible to have their prescriptions dispensed at the dispensing GP practice would need to use the services of a community pharmacy. Appendix B provides details of the GP practices in each district that provide extended hours and the corresponding community pharmacies that are open during this period

Outside of these hours Lincolnshire Community Health Services NHS Trust offers an out-of-hours medical care service during evenings, weekends and bank holidays. These services are accessed via the NHS 111 service. Pharmacy provision during these hours varies by district and can be accessed from Appendix A.

⁵³ Dispensing doctors service provision – Regulations under the Health Act 2009: Market entry by means of Pharmaceutical Needs Assessments.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212872/Chapter-15-dispensing-doctors-services.pdf

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed (Appendix D) and compiled by Lincolnshire PNA Steering Group. This was circulated by the local authority to a range of stakeholders listed below:

- All pharmacy contractors in Lincolnshire to distribute to the public
- All GP practices in Lincolnshire to distribute to the public
- All public libraries in Lincolnshire to distribute to the public
- Lincolnshire Healthwatch who distributed to:
 - their database of over 1,500 individuals
 - shared on Twitter and Facebook
 - providers' network meeting in each CCG area
 - several social group meetings
 - staff and board members
- Lincolnshire People's Partnership who distributed to:
 - Lincolnshire Sensory Services
 - Children's Links
 - Links Lighthouse
 - Shine
 - Carers FIRST
 - Lincolnshire Independent Living
 - Every-One
 - Linkage
- Engagement Database distribution list (mix of groups and individuals who have signed up to be notified about all consultation and/or Adult Care and/or Public Health and Wellbeing)
- Lincolnshire Association of Local Councils (LALC) – sent to all Town and Parish Councils in Lincolnshire
- LCC corporate news release
- LCC corporate Facebook account
- LCC corporate Twitter account
- LCC website

From the 1,145 responses received from the public questionnaire:

- 85% have a regular or preferred pharmacy that they visit
- **62%** use a **car/taxi** to their community pharmacy which is the most frequent means of travel to their chosen pharmacy
- **79%** report having a journey time of **no more than 15 minutes**
- **91%** had **no difficulties** travelling to their pharmacy
- **47%** respondents indicated that **Monday to Friday** are the **most convenient** days to visit the pharmacy
- **6%** of respondents indicated that the most convenient day to visit the pharmacy is **Saturday or Sunday**.

A full copy of the results can be found in Appendix I.

Table 23 provides the demographic analysis of respondents to the public questionnaire.

Table 23: Demographic analysis of the community pharmacy user questionnaire respondents

Male				Female			
32%				68%			
Age (%)							
16-24	25-34	35-54	55-64	65-74	75-84	85 and over	Prefer not to state
3.8%	6.5%	24.2%	24.2%	27.8%	12.4%	2.1%	0.9%
Illness or disability (%)							
Yes		No			Prefer not to say		
26.5%		69.1%			4.4%		
Ethnic origin (%)					Questionnaire	2011 census	
Asian/Asian British – Bangladeshi					0.00%	0.1%	
Asian/Asian British – Chinese					0.09%	0.2%	
Asian/Asian British – Indian					0.28%	0.3%	
Asian/Asian British – Pakistani					0.00%	0.1%	
Asian/Asian British – other (please state)					0.00%	0.3%	
Black/African/Caribbean/black British – African					0.09%	0.2%	
Black/African/Caribbean/black British – Caribbean					0.09%	0.1%	
Black/African/Caribbean/black British – other					0.00%	0.1%	
Other ethnic group – Arab					0.00%	0.1%	
Other ethnic group – Eastern European					0.19%	0.1%	
Other ethnic group – other					0.00%	0.1%	
White – English/Welsh/Scottish/N Irish /British					94.31%	93.0%	
White – Irish					0.76%	0.5%	
White Gypsy or Irish Traveller					0.28%	0.1%	
White – other					0.38%	4.0%	
Mixed/multiple – white and black Caribbean					0.28%	0.3%	
Mixed/multiple – white and black African					0.09%	0.1%	
Mixed/multiple – white and Asian					0.00%	0.3%	
Mixed/Multiple – other					0.00%	0.2%	
Prefer not to state					2.37%	N/A	
Where 'other' is answered, please specify:					0.85%	N/A	

Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

The Joint Health and Wellbeing Strategy for Lincolnshire 2013-2018 (currently under review) is based on the five priorities identified in the Joint Strategic Needs Assessment:

- Promoting healthier lifestyles
- Improving the health and wellbeing of older people in Lincolnshire
- Delivering high quality systematic care for major causes of ill health and disability
- Improving health and social outcomes and reducing inequalities for children
- Tackling the social determinants of health

The Lincolnshire Sustainability and Transformation Plan vision is to achieve really good health for the people of Lincolnshire by 2021 with support from an excellent and accessible health and care service with the money available.

These priorities can be supported by the provision of appropriate pharmaceutical services within Lincolnshire. Medicines adherence and review is vital for the successful management of many long-term conditions, e.g. circulatory diseases, mental health and diabetes, therefore having a positive impact on morbidity and mortality. Disease-specific guidance, e.g. from the National Institute for Health and Care Excellence (NICE), regularly emphasises the importance of medicine optimisation and adherence in control of conditions such as hypertension, asthma and stroke.

6.2 Essential Services (ES)

The Essential Services (ES) of the community pharmacy contract must be provided by all contractors:

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing
- ES 3: Disposal of unwanted medicines
- ES 4: Promotion of healthy lifestyles
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Clinical governance

ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on lifelong medicines as part of their treatment, e.g. statins or insulin.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home, which may increase the risk of error in taking medicines or the taking of out-of-date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking (a key priority of the Lincolnshire Joint Health and Wellbeing Strategy 2013-2018⁵⁴) healthy diet, physical activity and alcohol consumption.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke, e.g. FAST campaign
- Promote validated information resources for patients and carers
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target 'at-risk' groups within the local population to promote understanding and access to screening programmes, e.g. men in their 40s for NHS Health Checks

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in the Lincolnshire Joint Health and Wellbeing Strategy.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and also direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated, e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally, some symptoms can be much more significant in certain long-term conditions, e.g. foot conditions in diabetes, and the attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist and lead to an appropriate referral.

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most-accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role and the need for further research.

ES7 provides the governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme

⁵⁴ Lincolnshire Joint Health and Wellbeing Strategy 2013-2018: <https://www.lincolnshire.gov.uk/residents/public-health/behind-the-scenes/policies-and-publications/joint-health-and-wellbeing-strategy/115339.article>

- A staffing and staff programme
- An information governance programme

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meeting local health priorities within Lincolnshire.

6.3 Advanced services

Advanced services are not mandatory for providers. In many cases, there are restrictions within the provision and/or availability of these services. For example, in the case of MURs, a pharmacy providing these services must have a consultation room which fits the service requirements, the pharmacist must complete approved MUR training and inform the NHS commissioning body on their intention to provide the service and the patient must have obtained dispensing services from the pharmacy for the previous three months (except for the Prescription Intervention Service).

Although the HWB has determined advanced services as necessary services, for the purpose of the PNA, the HWB does not consider that a lack of provision or access to an advanced service from a particular pharmacy translates automatically into a gap in service. Lincolnshire HWB would wish to support all existing pharmaceutical service providers to make available all advanced services where a need exists.

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all. Advanced services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term conditions management. Advanced services provide an opportunity to identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings resulting in patients receiving a better outcome from their medicines and, in some cases, cost saving for the CCG. Advanced services may also identify other issues such as regarding general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy e.g. repeat dispensing.

The inclusion of flu vaccination as one of the advanced services contributes to improved access and opportunity for the public to receive their seasonal vaccine, giving patients another choice of venue for their vaccination and helping commissioners to meet their local NHS vaccination targets. Information from the PSNC website,⁵⁵ indicates that a total of 950,765 vaccinations were administered for the 2016-17 influenza season.

⁵⁵ Pharmaceutical Services Negotiating Committee. [Accessed 1st June 2017] <http://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/flu-vaccination-data-for-201617/>

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, COPD or CVD, or carers, against diseases such as seasonal flu or shingles. These can cause additional health complications that can be associated with unplanned hospital admissions.

Promotion of self-care is an important aspect to the management of many long-term conditions and advanced services provide a key opportunity for the pharmacist help support patients in reaching their goals.

6.4 Enhanced services

NHS England commissions extended opening hours for pharmacies in Louth as an enhanced service. Currently four pharmacies in Louth are commissioned as part of this service. Details can be found in Section 3.6, Table 22.

6.5 Locally Commissioned Services (LCS)

Appendix A provides a summary of Locally Commissioned Services (LCS) within Lincolnshire pharmacies and Sections 4.1 and 4.2 provides a description of those services. It is important to note the commissioning status of each service as this defines whether it is an LCS.

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

It is important to note that these services are out of the scope of the PNA and are not included in the analysis for identifying gaps in the provision of pharmaceutical services in Lincolnshire.

6.5.1 Stop smoking services

Smoking is the UK's single greatest cause of preventable illness and early death. Adults who smoke lose on average 13 to 14 years of their lives and more than 86,000 people in the UK die from smoking each year. It is a key priority health issue highlighted in the Lincolnshire JSNA and in the Joint Health and Wellbeing Strategy.

Smoking remains an area of health inequality in the county and there are geographical differences across the county as discussed in Section 2.10.4. The prevalence in Lincolnshire at 17.7% varies within different localities, with Boston district at 24.9% followed closely by East Lindsey district at 18.4%. On average the smoking prevalence in the localities is slightly higher than England 15.5% (2016). In the previous PNA, the smoking prevalence for Lincolnshire in 2012 was quoted as 20.9%.

Smoking cessation services are provided by a specialist provider Quit 51, which is subcontracted to community pharmacy and GP practices, who provide stop smoking support and a full range of pharmacotherapy. Thirty-eight community pharmacies in the Lincolnshire provide stop smoking services across all seven localities. The Stop Smoking Service reports a 53%-63% average rate of smokers quitting at four weeks.

Stop smoking services are referred to as an enhanced service within the 2013 Directions. In theory, they may be commissioned by NHS England as a pharmaceutical enhanced service, but currently they are not in Lincolnshire. If NHS England chooses to commission this service from pharmacies in Lincolnshire in the future, the capacity, quit rates and accessibility of all providers of stop smoking services within Lincolnshire should be considered when establishing service need and the commissioning intentions for pharmacies.

6.5.2 Emergency Hormonal Contraception (EHC)

There is a very strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies, especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy within England as recommended by NICE.

The rate of under-18 conceptions in Lincolnshire in 2014 was 22.4 per 1,000. This was higher than the East Midlands average of 21.6 per 1,000 and slightly lower than the national rate of 22.8 per 1,000.

In Lincolnshire, 81 community pharmacies (65%) are commissioned to provide EHC and pregnancy testing which is provided as a free service to females. The community pharmacies are spread across all seven localities.

In theory, EHC services may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LCC. If NHS England chooses to commission this service from pharmacies in the future, this should be based upon a defined need within the population. When establishing the service need and the commissioning intentions for pharmacies, NHS England should also consider the capacity, activity and accessibility of all providers who have the potential to supply levonorgestrel under PGD, on a prescription or as an over-the-counter medication in Lincolnshire

6.5.3 Chlamydia screening

The number of young people screened across the county has increased considerably since the inception of the Lincolnshire Chlamydia Screening programme in 2008. The chlamydia diagnosis rate in Lincolnshire is 1,821 per 100,000 population of 15-24-year-olds, less than the national target.

No sexual services are commissioned by LCC with community pharmacies, however, the Lincolnshire Integrated Sexual Health Service (LISH) has 69 community pharmacies (56%) signed up to undertake chlamydia screening. The LISH is funded by the Public Health Grant.

Screening services are referred to as an enhanced service within the 2013 Directions. In theory, they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LCC. If NHS England chooses to commission this service from pharmacies in the future, this should be based upon a defined need within the population. When establishing the service need and the commissioning intentions for pharmacies, it should also consider the capacity, activity and accessibility of all providers of chlamydia screening services in Lincolnshire

6.5.4 Substance misuse treatment and recovery services – Pharmacy-Based Supervised Administration Programme (PBSAP)

Community pharmacies have been utilised for a number of years by drug and alcohol service providers in the provision of supervised consumption services and needle exchange services.

Supervised consumption involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy. It is a medicines adherence service which aims to:

- Reduce the risk of harm to the client by over- or under-usage of drug treatment
- Reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market
- Reduce the risk of harm to the community by accidental exposure to prescribed medicines.

The PBSAP service is a locally commissioned service with community pharmacies in the Lincolnshire, however from October 2017 this responsibility will move to the substance misuse provider (Addaction) and become part of treatment service. Addaction will arrange subcontracting with individual pharmacies prior to the transfer taking place.

Seventy-one community pharmacies (58%) in Lincolnshire are sub-commissioned to provide this service, across all seven localities.

Supervised administration services are referred to as an enhanced service within the 2013 Directions. In theory, they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LCC. If NHS England chooses to commission this service from pharmacies in the future, this should be based upon a defined need within the population. It should also consider the capacity, activity and accessibility of all providers of supervised administration substance misuse services within Lincolnshire when establishing the service need and the commissioning intentions for pharmacies.

6.5.5 Needle exchange service

This service is an integral part of the harm reduction strategy for drug users. It aims to reduce the spread of blood-borne pathogens, e.g. hepatitis B, hepatitis C and HIV, and to act as a referral point for service users to other health and social care services.

Only 17 community pharmacies (14%) in Lincolnshire are subcontracted to provide this service for adults across all seven localities.

Needle and syringe exchange services are referred to as an enhanced service within the 2013 Directions. In theory, they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LCC. If NHS England chooses to commission this service from pharmacies in the future, this should be based upon a defined need within the population. It should also consider the capacity, activity and accessibility of all providers of needle and syringe exchange services within Lincolnshire when establishing the service need and the commissioning intentions for pharmacies.

6.6 PNA localities

There are 122 community pharmacies and 1 DAC within Lincolnshire and pharmacy opening times are listed in Appendix A. Although specific data is not available, it is anticipated that some residents may rely upon the delivery services provided by community pharmacies, distance-selling pharmacies and DACs.

As described within Section 1.5, the PNA Steering Group agreed that the Lincolnshire districts would be used to define the localities of the Lincolnshire HWB geography. Substantial health data is available at this level and populations and their health needs vary widely between localities. This is illustrated and discussed in detail in Section 2.

Taking the health needs highlighted in each district into consideration, this chapter considers the pharmaceutical service provision within each district.

A number of districts have been awarded up to £8 million as part of a national strategy for sustainable development. Lincolnshire HWB will continue to monitor pharmaceutical service provision in specific areas within the district where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

6.6.1 Boston

Boston has a population of 66,902, making it the least populated district in the Lincolnshire HWB. It is classified as urban with significant Rural (rural including hub towns 26-49%) according to the Rural-Urban Classification 2011.

There are ten community pharmacies in this district and the estimated average number of community pharmacies per 100,000 population is 14.9. This is less than the Lincolnshire average (16.7) and lower than the England average (21.5), (Section 3.1, Table 15). Eight pharmacies hold a standard 40-core hour contract, there is one 100-hour contract pharmacy and one distance selling/internet pharmacy. There are also four GP dispensing practices in this district.

Of the 10 pharmacies:

- 4 pharmacies (44%) are open after 6pm on weekdays
- 7 pharmacies (77%) are open on Saturdays
- 2 pharmacies (22%) are open on Sundays
- 9 pharmacies (100%) provide MURs
- 8 pharmacies (89%) provide NMS
- 6 pharmacies (67%) provide flu vaccination services

Regarding access to locally commissioned services within the 10 pharmacies:

- 1 pharmacy (11%) provides the Support to Stop Smoking service
- 4 pharmacies (44%) provide needle exchange services
- 9 pharmacies (100%) provide supervised administration
- 8 pharmacies (89%) provide EHC and pregnancy testing

The pharmacies providing these locally commissioned services have varying opening times and are located in the more densely populated areas of the district.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Several community pharmacies and dispensing practices provide free prescription delivery services which many residents may find helpful.

The population of Boston are well served with a choice of community pharmacies located in densely populated areas where other necessary amenities are located even though the average number of community pharmacies per 100,000 is less than the Lincolnshire and England average.

Following analysis of the location of the community pharmacies, the average car journey travel time to a community pharmacy and the population density distribution within Boston, no gap has been identified in the provision of pharmaceutical services for the population of Boston.

6.6.2 East Lindsey

East Lindsey has a population of 137,887, making it the second most populated district in the Lincolnshire HWB. It is classified as mainly rural (rural including hub towns $\geq 80\%$) according to the Rural-Urban Classification 2011.

There are 26 community pharmacies in this district and the estimated average number of community pharmacies per 100,000 population is 18.7. This is the second highest average compared to Lincolnshire average (16.7) and England average (21.5), (Section 3.1, Table 15). Twenty-four pharmacies hold a standard 40-core hour contract and there are two 100-hour contract pharmacies. There are also 17 GP dispensing practices in the district.

Of the 26 pharmacies:

- 9 pharmacies (35%) are open after 6pm on weekdays
- 20 pharmacies (77%) are open on Saturdays
- 5 pharmacies (19%) are open on Sundays
- 23 pharmacies (88%) provide MURs
- 21 pharmacies (81%) provide NMS
- 19 pharmacies (73%) provide flu vaccination services

Regarding access to locally commissioned services within the 26 pharmacies:

- 10 pharmacies (38%) provide the Support to Stop Smoking service
- 4 pharmacies (15%) provide needle exchange services
- 15 pharmacies (58%) provide supervised administration
- 16 pharmacies (62%) provide EHC and pregnancy testing

The pharmacies providing these locally commissioned services have varying opening times and are in the more densely populated areas of the district.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Several community pharmacies and dispensing practices provide free prescription delivery services which many residents may find helpful.

Analysis of the health needs in East Lincolnshire (Chapter 2) refer to the pockets of deprivation and the subsequent health inequalities in this district. The district is sparsely populated however has a regular influx of temporary residents (holiday makers/ seasonal workers) therefore provision for adequate pharmaceutical services is imperative.

Currently pharmacies are located in densely-populated areas where other amenities are also located. There are a few dispensing GP practices located in more rural areas.

Following analysis of the location of the community pharmacies, the average car journey travel time to a community pharmacy, the population density distribution within this district and the influx of temporary residents, no gaps have been identified in the provision of pharmaceutical services for the population of East Lindsey.

6.6.3 Lincoln

Lincoln has a population of 97,065, making it the fourth most populated district. It is classified as urban with city and town according to the Rural-Urban Classification 2011.

There are 22 community pharmacies including 1 DAC in this district and the estimated average number of community pharmacies per 100,000 population is 22.7. This is greater than the Lincolnshire average (16.7) and England average (21.5), (Section 3.1, Table 15). Of these pharmacies, 17 hold a standard 40-core hour contract while three hold a 100-hour contract, one Dispensing Appliance Contractor and one Out-of-Town Retail Community Pharmacy.

Of the 22 pharmacies:

- 9 pharmacies (41%) are open after 6pm on weekdays
- 18 pharmacies (82%) are open on Saturdays
- 7 pharmacies (32%) are open on Sundays
- 19 pharmacies (86%) provide MURs
- 19 pharmacies (86%) provide NMS
- 11 pharmacies (50%) provide flu vaccination services

Regarding access to locally commissioned services within the 22 pharmacies:

- 9 pharmacies (41%) provide the Support to Stop Smoking service
- 2 pharmacies (9%) provide needle exchange services
- 13 pharmacies (59%) provide supervised administration
- 15 pharmacies (68%) provide EHC and pregnancy testing

The pharmacies providing these locally commissioned services have varying opening times and are located in the more densely populated areas of the district.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Several community pharmacies and dispensing GP practices also provide free prescription delivery services which many residents may find helpful.

Lincoln is busy city with a large choice of community pharmacies available to the population where the average number of pharmacies per 100,000 population greater than both the Lincolnshire and England average. No gaps have been identified for the provision of pharmaceutical services for the population of Lincoln.

6.6.4 North Kesteven

North Kesteven has a population of 111,876, making it the third highest populated district in the Lincolnshire HWB. It is classified as mainly rural (rural including hub towns $\geq 80\%$) according to the Rural-Urban Classification 2011.

There are 18 community pharmacies in this district and the estimated average number of community pharmacies per 100,000 population is 16.1. This is similar in comparison to the Lincolnshire average (16.7) and but lower than the England average (21.5), (Section 3.1, Table 15). Fifteen pharmacies hold a standard 40-core hour contract and there are three 100-hour contract pharmacies. There are also eight GP dispensing practices in the district.

Of the 18 pharmacies:

- 5 pharmacies (28%) are open after 6pm on weekdays
- 16 pharmacies (89%) are open on Saturdays
- 4 pharmacies (22%) are open on Sundays
- 15 pharmacies (83%) provide MURs
- 14 pharmacies (78%) provide NMS
- 14 pharmacies (78%) provide flu vaccination services

Regarding access to locally commissioned services within the 18 pharmacies:

- 7 pharmacies (39%) provide the Support to Stop Smoking service
- 1 pharmacy (5%) provides needle exchange services
- 12 pharmacies (67%) provide supervised administration
- 5 pharmacies (28%) provide EHC and pregnancy testing

The pharmacies providing these locally commissioned services have varying opening times and are located in the more densely populated areas of the district.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Several community pharmacies and dispensing GP practices provide free prescription delivery services which many residents may find helpful.

Pharmacies in North Kesteven are well distributed where majority of the population resides, and a few GP dispensing practices are located in rural areas. There is good provision for necessary services in this district and no gaps have been identified for the provision of pharmaceutical services for the population of North Kesteven.

6.6.5 South Holland

South Holland has a population of 91,214, making it the second lowest populated district in the Lincolnshire HWB. It is classified as largely rural (rural including hub towns 50-79%) according to the Rural-Urban Classification 2011.

There are 13 community pharmacies in this district including one internet/distance-selling pharmacy, and the estimated average number of community pharmacies per 100,000 population is 14.0. This is much lower in comparison to the Lincolnshire average (16.7) and the England average (21.5), (Section 3.1, Table 15). Eleven pharmacies hold a standard 40-core hour contract and there is one 100-hour contract pharmacy. There are also nine GP dispensing practices in the district.

Of the 13 pharmacies:

- 5 pharmacies (38%) are open after 6pm on weekdays
- 12 pharmacies (92%) are open on Saturdays
- 2 pharmacies (15%) are open on Sundays
- 13 pharmacies (100%) provide MURs
- 12 pharmacies (92%) provide NMS
- 10 pharmacies (77%) provide flu vaccination services

Regarding access to locally commissioned services within the 18 pharmacies:

- 3 pharmacies (23%) provide the Support to Stop Smoking service
- 2 pharmacies (15%) provide needle exchange services
- 6 pharmacies (46%) provide supervised administration
- 7 pharmacies (54%) provide EHC and pregnancy testing

The pharmacies providing these locally commissioned services have varying opening times and are located in the more densely populated areas of the district.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Several community pharmacies and dispensing GP practices provide free prescription delivery services which many residents may find helpful.

The average number of community pharmacies per 100,000 population is understandably lower due to the lower population and hence lower demand for services. However, despite the large rural area and the sparsely populated district, there is good provision for necessary services in this district and no gaps have been identified for the provision of pharmaceutical services for the population of South Holland.

6.6.6 South Kesteven

South Kesteven has a population of 138,909, making it the highest populated district in the Lincolnshire HWB. It is classified as largely rural (rural including hub towns 50-79%) according to the Rural-Urban Classification 2011.

There are 20 community pharmacies in this district and the estimated average number of community pharmacies per 100,000 population is 14.4. This is much lower in comparison to the Lincolnshire average (16.7) and England average (21.5), (Section 3.1, Table 15). Seventeen pharmacies hold a standard 40-core hour contract and there are three 100-hour contract pharmacies. There are also 13 GP dispensing practices in the district.

Of the 20 pharmacies:

- 5 pharmacies (25%) are open after 6pm on weekdays
- 19 pharmacies (95%) are open on Saturdays
- 4 pharmacies (20%) are open on Sundays
- 17 pharmacies (85%) provide MURs
- 15 pharmacies (75%) provide NMS
- 16 pharmacies (80%) provide flu vaccination services

Regarding access to locally commissioned services within the 20 pharmacies:

- 2 pharmacies (10%) provide the Support to Stop Smoking service
- 3 pharmacies (15%) provide needle exchange services
- 13 pharmacies (65%) provide supervised administration
- 13 pharmacies (65%) provide EHC and pregnancy testing

The pharmacies providing these locally commissioned services have varying opening times and are located in the more densely populated areas of the district.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Several community pharmacies provide free prescription delivery services which many residents may find helpful.

Despite the lower average of community pharmacies per 100,000 population in comparison to Lincolnshire and England, a large part of this district is rural and community pharmacies are located in the densely-populated area where the population can access other amenities. There are a few dispensing GP practices located in rural areas.

There is good provision for necessary services in this district and no gaps have been identified for the provision of pharmaceutical services for the population of South Kesteven.

6.6.7 West Lindsey

West Lindsey has a population of 92,812, making it one of the lower populated localities in the Lincolnshire HWB. It is classified as mainly rural (rural including hub towns $\geq 80\%$) according to the Rural-Urban Classification 2011.

There are 14 community pharmacies in this district including one internet/distance-selling pharmacies and the estimated average number of community pharmacies per 100,000 population is 14.9. This is lower in comparison to the Lincolnshire average (16.7) and England average (21.5), (Section 3.1, Table 15). Thirteen pharmacies hold a standard 40-core hour contract and there are no 100-hour contract pharmacies. There are also nine GP dispensing practices in the district.

Of the 14 pharmacies:

- 6 pharmacies (40%) are open after 6pm on weekdays
- 10 pharmacies (67%) are open on Saturdays
- 1 pharmacy (7%) is open on Sundays
- 13 pharmacies (87%) provide MURs
- 12 pharmacies (80%) provide NMS
- 9 pharmacies (60%) provide flu vaccination services

Regarding access to locally commissioned services within the 15 pharmacies:

- 6 pharmacies (40%) provide the Support to Stop Smoking service
- 1 pharmacy (7%) provides needle exchange services
- 7 pharmacies (47%) provide supervised administration
- 10 pharmacies (67%) provide EHC and pregnancy testing

The pharmacies providing these locally commissioned services have varying opening times and are located in the more densely populated areas of the district.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Several community pharmacies provide free prescription delivery services which many residents may find helpful.

West Lindsey is the only district in Lincolnshire with no 100-hour contract pharmacy, however as with other districts, this is a large rural area and pharmacies are located in densely populated areas of the district. The population also has access to community pharmacies and dispensing GP practices across the border and these may be more convenient and accessible. The public questionnaire did not receive any responses highlighting concerns about access or lack of pharmaceutical services in this district and only 1% of respondents visit a pharmacy on Sunday.

Following analysis, there is good provision for necessary services in this district and no gaps have been identified for the provision of pharmaceutical services for the population of West Lindsey.

6.7 Necessary services – gaps in service provision

For the purposes of this PNA, necessary services are defined as:

- Essential services provided at all premises on the pharmaceutical list during all the opening hours of the pharmacy in line with their terms of service as set out in the Pharmaceutical Regulations 2013
- Advanced services in line with their terms of service as set out in the Pharmaceutical Regulations 2013

Lincolnshire HWB has considered the White Paper 'Pharmacy in England: building on strengths – delivering the future' (2008) which states that it is the strength of the current system that community pharmacies are easily accessible. Lincolnshire HWB considers that the population of Lincolnshire currently experiences this situation in all seven PNA localities.

When assessing the provision of necessary services in Lincolnshire and each of the seven PNA localities, Lincolnshire HWB has considered the following:

- The map showing the location of pharmacies within Lincolnshire in relation to localities and population density, indicating that pharmacies are generally located within areas of higher population density (Map A)
- The proportion of district population not born in UK; BME levels (Table 6)

- The location of community pharmacies in Lincolnshire and car journey travel time (Map B)
- The location of community pharmacies in Lincolnshire and surrounding areas and car journey travel time (Map C)
- The number, distribution and opening times of pharmacies within each of the seven PNA localities and across the whole of Lincolnshire (Appendix A)
- The choice of pharmacies covering each of the seven PNA localities and the whole of Lincolnshire (Appendix A)
- Location and opening hours of GP practices, including those providing extended opening hours (Appendix B)
- Results of the public questionnaire (Section 5)
- Proposed new housing developments (Table 14)
- Projected population growth (Figure 4, Table 2)

In Lincolnshire, there are pharmacies open beyond what may be regarded as regular hours in that they provide pharmaceutical services during supplementary hours in the evening, on Saturday and on Sunday. There are thirteen 100-hour pharmacies spread across six localities (Section 3.1.2 Table 17) accounting for 10.6% of all pharmacies within Lincolnshire. West Lindsey is the only district without a 100-hour contract pharmacy, however the population may have access to such a pharmacy in the neighbouring localities or a bordering HWB area. The population has a reasonable proportion of pharmacies open beyond regular hours within Lincolnshire.

Due to the diverse geography of Lincolnshire comprising large rural and agricultural areas the population density varies within localities. Community pharmacies are located in the more densely populated areas and Map B illustrates the drive travel time for the population where the maximum drive time is up to 20 minutes and, in some cases, up to 30 minutes. This concurs with the results from the public questionnaire where 16% of respondents reported 16-30 minutes as travel time to a pharmacy.

The population also has access to internet/distance-selling pharmacies which are contracted to provide all essential services, and some of the population may also have access to community pharmacies in a neighbouring HWB area.

There are a significant number of new housing development plans in progress within all seven localities in Lincolnshire which will have an impact on population densities and subsequent health needs. Lincolnshire HWB will consider the responses from the public, pharmacy contractors and other stakeholders involved in these developments as they progress during the three-year time horizon of the PNA.

The four Lincolnshire CCGs' Commissioning Intentions and the Joint Health and Wellbeing Strategic Plan both refer to initiatives that could have an impact on the provision of pharmaceutical services in Lincolnshire in the next three years, e.g. relocation of secondary care-based services into primary care settings, a focus on developing integrated pathways of care and the out-of-hospital care initiatives.

These could see an increase in demand for pharmaceutical services in primary care settings within Lincolnshire. These will be considered by Lincolnshire HWB as the CCGs progress with their commissioning intentions.

Changes in the provision of GP practice-based services are already occurring, e.g. increased opening hours. Future development of the primary care estate and resultant changes in service provision could see an increase in demand for pharmaceutical services in primary care settings within Lincolnshire.

It is unclear if these changes will occur during the time horizon of this PNA. Any changes will be considered by Lincolnshire HWB as the CCG progresses with its commissioning intentions.

6.8 Improvements and better access – gaps in service provision

Lincolnshire HWB recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered, however a principle of proportionate consideration should apply.

The public questionnaire did not record any specific themes relating to pharmacy opening times (Section 5). Lincolnshire HWB therefore concludes there is no significant information to indicate there is a gap in the current provision of pharmacy opening times.

The same conclusion is reached in considering whether there is any future specified circumstance that would result in creating a gap in pharmaceutical provision at certain times, based upon the current information and evidence available.

With regard to enhanced services, Lincolnshire HWB is mindful that only those services commissioned by NHS England are regarded as pharmaceutical services. However, since 1st April 2013, there has been a shift in commissioning arrangements for some services that would otherwise be defined as enhanced services (Section 1.3.1).

Therefore, the absence of a particular service being commissioned by NHS England is addressed by a service being commissioned through LCC (as in the case of EHC, chlamydia screening and substance misuse services). This PNA identifies these as locally commissioned services (LCS).

Lincolnshire HWB notes that there is a variation in accessibility of LCS to the population in all PNA localities, and in some cases the LCS may be provided by a provider other than a community pharmacy. Lincolnshire HWB also notes that it is unclear in some cases if these services are meeting the needs of the local population due to insufficient data. Nevertheless, Lincolnshire HWB has not been presented with any evidence to date which concludes that any of these LCS should be decommissioned or that any of them should be expanded.

The main causes of mortality in Lincolnshire are CHD, COPD, diabetes and cancer. Commissioners may wish to consider commissioning community pharmacies to provide screening services for current and future service provision of these target areas.

The pharmacy contractor questionnaire did identify that respondents would be willing to provide cholesterol screening services (84%), diabetes screening (84%) and COPD management services (90%) which could contribute to improving the identification of those at risk of and provide ongoing support to help those already suffering from a long-term condition.

Lifestyle issues such as smoking, obesity and drugs and alcohol remain priorities for Lincolnshire HWB.

Smoking prevalence in Lincolnshire is slightly higher than the regional figure, 17.7%, and the England figure, 15.5%, (2016) and smoking during pregnancy continues to be an issue. Thirty-eight (31%) community pharmacies provide stop smoking services across all seven districts. The Lincolnshire stop smoking service on average reports a 53%-63% quit rate of smokers quitting at four weeks.

Accessing all information used to construct this PNA, Lincolnshire HWB considered the location, number, distribution and choice of pharmacies covering each of the seven districts in Lincolnshire providing LCS, to provide improved access to the population for these services. Based on the current information and evidence available, this conclusion is also applied when considering any future circumstances within the time horizon of the PNA.

Section 7: Conclusions

7.1 Current provision – necessary and other relevant services

Lincolnshire HWB has identified necessary services in Section 6.7 as essential services and advanced services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

Lincolnshire HWB has identified enhanced services in Section 3.6 as pharmaceutical services which secure improvements or better access, or which have contributed towards meeting the need for pharmaceutical services in the area of Lincolnshire HWB.

Lincolnshire HWB has identified locally commissioned services in Section 4.1, 4.2 and 6.5 which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of Lincolnshire HWB.

7.2 Necessary services – gaps in provision

In reference to Section 6, and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

7.2.1 Access to essential services

In order to assess the provision of essential services against the needs of the residents of Lincolnshire, Lincolnshire HWB considers access (average travel times) and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

7.2.1.1 Access to essential services normal working hours

Lincolnshire HWB has determined that the average travel times, and opening hours of pharmacies in all seven districts, across the whole HWB area are reasonable in all circumstances.

No gaps have been identified in the provision of essential services during normal working hours across the whole HWB area.

7.2.1.2 Access to essential services outside normal working hours

There are thirteen 100-hour contract pharmacies and fourteen 'late night' pharmacies (open beyond 8pm) within Lincolnshire. These are geographically spread across Lincolnshire and the seven districts. During extended GP opening hours, there is at least one pharmacy open within a reasonable distance, hence currently no gap has been identified in service which would require a change to the current provision for access to essential services outside normal hours in this district. Lincolnshire HWB will monitor the uptake and need for necessary services and where potential shortfalls exist, these will be commissioned from current providers.

No gaps have been identified in the provision of essential services outside of normal working hours across the whole HWB area.

7.2.2 Access to advanced services

Section 6.3 defines the level of access to advanced services. There is no identified gap in the provision of advanced services as MURs are available in 87%, NMS is available in 82% and flu vaccination is available in 70% of pharmacies across all seven localities. There is no information available publicly with regard to the provision of NUMSAS.

Lincolnshire HWB will monitor the uptake and need for necessary services and where potential shortfalls exist, these will be commissioned from current providers.

No gaps have been identified in the provision of advanced services across the whole HWB area.

7.2.3 Access to enhanced services

Section 6.4 defines the level of access to enhanced services. There is one enhanced service commissioned by NHS England. As agreed by the PNA Steering group, enhanced services are not necessary services therefore they are not in the scope of the PNA. As a result, no gaps have been identified in service.

No gaps have been identified in the provision of enhanced services across the whole HWB area.

7.3 Future provision of necessary services

Lincolnshire HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services in any of the seven localities.

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across the whole HWB area.

7.4 Improvements and better access – gaps in provision

As described in Section 6 and required by paragraph 4 of Schedule 1 to the Pharmaceutical Regulations 2013:

7.4.1 Current and future access to essential services

Lincolnshire HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements or better access to essential services in any of the seven localities.

No gaps have been identified in essential services that if provided either now or in the future would secure improvements or better access to essential services across the whole HWB area.

7.4.2 Current and future access to advanced services

In 2016-17, MURs services were available in 89% of pharmacies and NMS were available in 82% of pharmacies across all localities. Where applicable, NHS England will encourage all pharmacies and pharmacists to become eligible to deliver the service in all pharmacies so that more of the population are able to access and benefit from this service. In addition, 70% of pharmacies provide access to the flu vaccination service.

Demand for the appliance advanced services (SAC and AUR) is lower than for the other two advanced services, due to the much smaller proportion of the population that may require the services. Pharmacies and DACs may choose which appliances they provide and may also choose whether to provide the two related advanced services. NHS England will encourage those contractors in the areas that do provide appliances to become eligible to deliver these advanced services where appropriate.

No data is available publicly with regard to the provision of NUMSAS.

No gaps have been identified in the provision of advanced services at present or in the future that would secure improvements or better access to advanced services across the whole HWB area.

7.4.3 Current and future access to enhanced services

NHS England only commissions one out of hours enhanced service from community pharmacies in a specific area.

Some of the enhanced services listed in the 2013 Directions (Section 1.3.1) are commissioned by LCC (Stop Smoking, EHC, chlamydia screening and substance misuse) and therefore fall outside of the definition of both enhanced services and pharmaceutical services and are not in the scope of this PNA.

There are no gaps identified in respect of securing improvements or better access to enhanced services provision on a district basis as identified in Section 6.2 either now or in specified future circumstances.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to enhanced services across the whole HWB area.

Comprehensive service reviews are required in order to establish if currently and in future scenarios, improvement of or better access to enhanced services across the whole HWB area would be appropriate, however this is out of the scope of the PNA.

7.5 Other NHS services

As required by paragraph 5 of Schedule 1 to the Pharmaceutical Regulations 2013, Lincolnshire HWB has had regard for any other NHS Services that may affect the need for pharmaceutical services in the area of Lincolnshire HWB. Lincolnshire HWB will consider any current or future needs as these plans are developed, and where potential shortfalls exist, these will be commissioned from current providers.

Based on current information no gaps have been identified in respect of securing improvements or better access to other NHS services either now or in specified future circumstances across the whole HWB area.

7.6 Locally commissioned services

With regard to enhanced services and locally commissioned services, Lincolnshire HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through LCC (Stop Smoking, EHC, chlamydia screening and substance misuse). This PNA identifies those as locally commissioned services (LCS).

Lincolnshire HWB has not been presented with any evidence to date which concludes that any of these LCS should be expanded and any service reviews are out of the scope of the PNA.

Lincolnshire HWB notes that all LCS are accessible to the population in all seven districts. Lincolnshire HWB also notes that it is unclear if these services are meeting the needs of the local population and further work is needed as part of a detailed service review to establish this. Nevertheless, Lincolnshire HWB has not been presented with any evidence to date which concludes that any of these LCS should be decommissioned or that any of them should be expanded. Based on current information Lincolnshire HWB has not identified a need to commission any locally commissioned services not currently commissioned.

Regular service reviews are recommended to establish if currently and in future scenarios locally commissioned services secure improvement or better access across all HWB localities. However these are out of the scope of the PNA.

Abbreviations

5YFV – Five Year Forward View

AURs – Appliance Use Reviews

BME – Black and Minority Ethnic

BMI – Body Mass Index

BSA – Business Services Authority

CB – Commissioning Board

CCGs – Clinical Commissioning Groups

CHD – Coronary Heart Disease

COPD – Chronic Obstructive Pulmonary Disease

CPCF – Community Pharmacy Contractual Framework

CVD – Cardiovascular Disease

DAC – Dispensing Appliance Contractor

DH – Department of Health

DSP – Distance-Selling Pharmacy

EHC – Emergency Hormonal Contraception

EPS – Electronic Prescription Service

ES – Essential services

ESPS – Essential Small Pharmacy Scheme

EU – European Union

GFR – General Fertility Rate

GP – General Practitioner

HIV – Human Immunodeficiency Virus

HSCIC – Health and Social Care Information Centre

HWB – Health and Wellbeing Board

IMD – Index of Multiple Deprivation

JSNA – Joint Strategic Needs Assessment

LA – Local Authority

LCC – Lincolnshire County Council

LCHS – Lincolnshire Community Health Services NHS Trust

LCS – Locally Commissioned Services

LE – Life Expectancy

Draft PNA

LMC – Local Medical Committee

LPC – Local Pharmaceutical Committee

LPFT – Lincolnshire Partnership NHS Foundation Trust

LPS – Local Pharmaceutical Service

LRO – Lincolnshire Research Observatory

LSOA – Lower Super Output Areas

MURs – Medicines Use Reviews

NCSP – National Chlamydia Screening Programme

NHS – National Health Service

NICE – National Institute for Health and Care Excellence

NMS – New Medicines Service

NPS – Novel Psychoactive Substances

NUMSAS – NHS Urgent Medicine Supply Advanced Service

ONS – Office for National Statistics

PANSI – Projecting Adult Needs and Service Information System

PBSAP – Pharmacy-Based Supervised Administration Programme

PGD – Patient Group Direction

PhAS – Pharmacy Access Scheme

PhIF – Pharmacy Integration Fund

PHOF – Public Health Outcomes Framework

POPPI – Projecting Older People Population Information System

PCTs – Primary Care Trusts

PHE – Public Health England

PNA – Pharmaceutical Needs Assessment

PSNC – Pharmaceutical Services Negotiating Committee

QOF – Quality and Outcomes Framework

SAC – Stoma Appliance Customisation

STI – Sexually Transmitted Infection

STP – Sustainability and Transformation Plan

ULHT – United Lincolnshire Hospitals NHS Trust

Glossary

Appliance Use Reviews (AURs) - A service provided by a pharmacist or a specialist nurse in the pharmacy or at the patient's home to improve the patient's knowledge and use of any specified appliance (e.g. catheter, laryngectomy or tracheostomy appliance, irrigation system, wound drainage pouch, etc.)

Flu vaccination service - A service provided by community pharmacies in England to offer a seasonal influenza (flu) vaccination service for patients in at-risk groups.

NHS Urgent Medicines Supply Advanced Service (NUMSAS) - A community pharmacy national pilot to manage NHS 111 requests for urgent medicine supply, resolve problems leading to patients running out of their medicines, to increase patients' awareness of electronic repeat dispensing and to reduce the demand on the rest of the urgent care system

New Medicine Service (NMS) - A service that provides support to patients with long-term conditions such as hypertension, antiplatelet/anticoagulant therapy, asthma, COPD and Type 2 diabetes, to help improve medicines adherence when prescribed new medicines for these conditions.

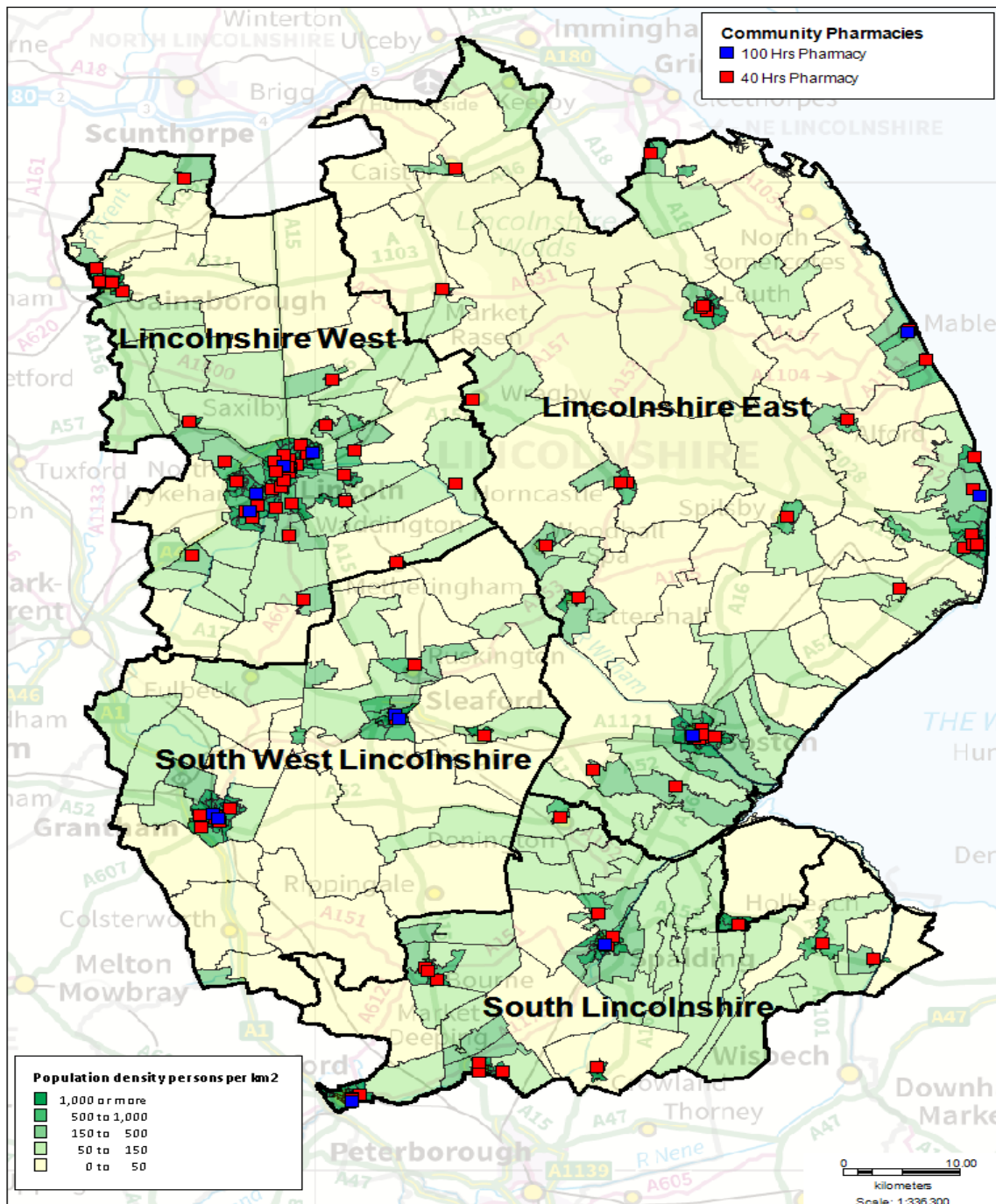
Pharmacy Access Scheme (PhAS) – A Department of Health (DH) confirmed scheme to ensure that a baseline level of patient access to NHS community pharmacy services is protected. The PhAS will protect access in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

Pharmacy Integration Fund (PhIF) - The aim of the PhIF is to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in a more integrated and effective NHS primary care patient pathway. In particular, the PhIF is intended to drive the greater use of community pharmacy, pharmacists and pharmacy technicians in new, integrated local care models.

Medicines Use Reviews (MURs) - A structured appraisal that involves a pharmacist reviewing the patient's use of their medication, ensuring they understand how their medicines should be used, why they have been prescribed, identifying any problems and then, where necessary, providing feedback to the prescriber.

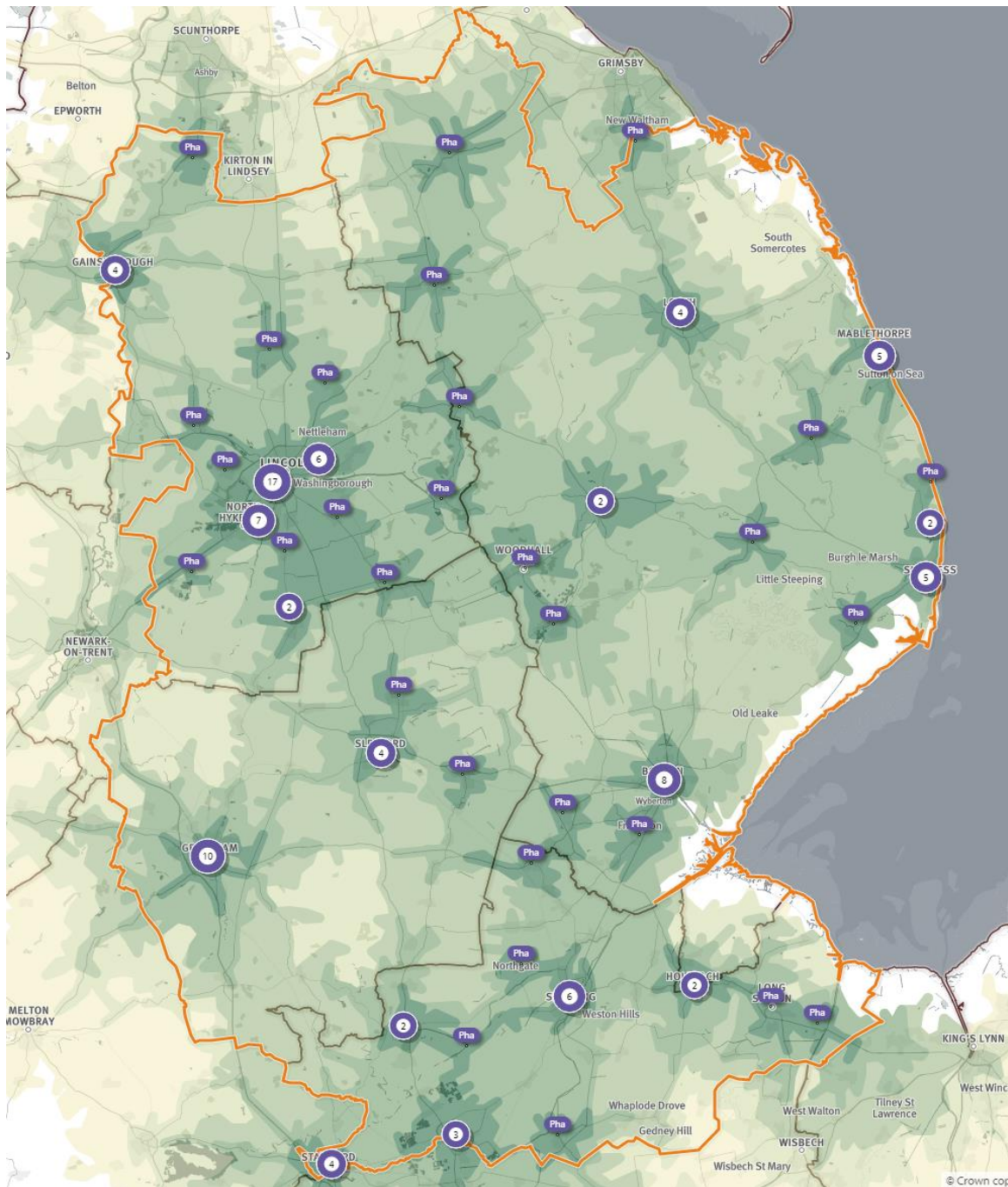
Stoma Appliance Customisation (SAC) - A service provided by a pharmacy that involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage,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

Map A: Location of community pharmacies and distribution in Lincolnshire



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Source: ONS, 2015 mid-year population estimates; NHS England, Pharmaceutical list, June 2017

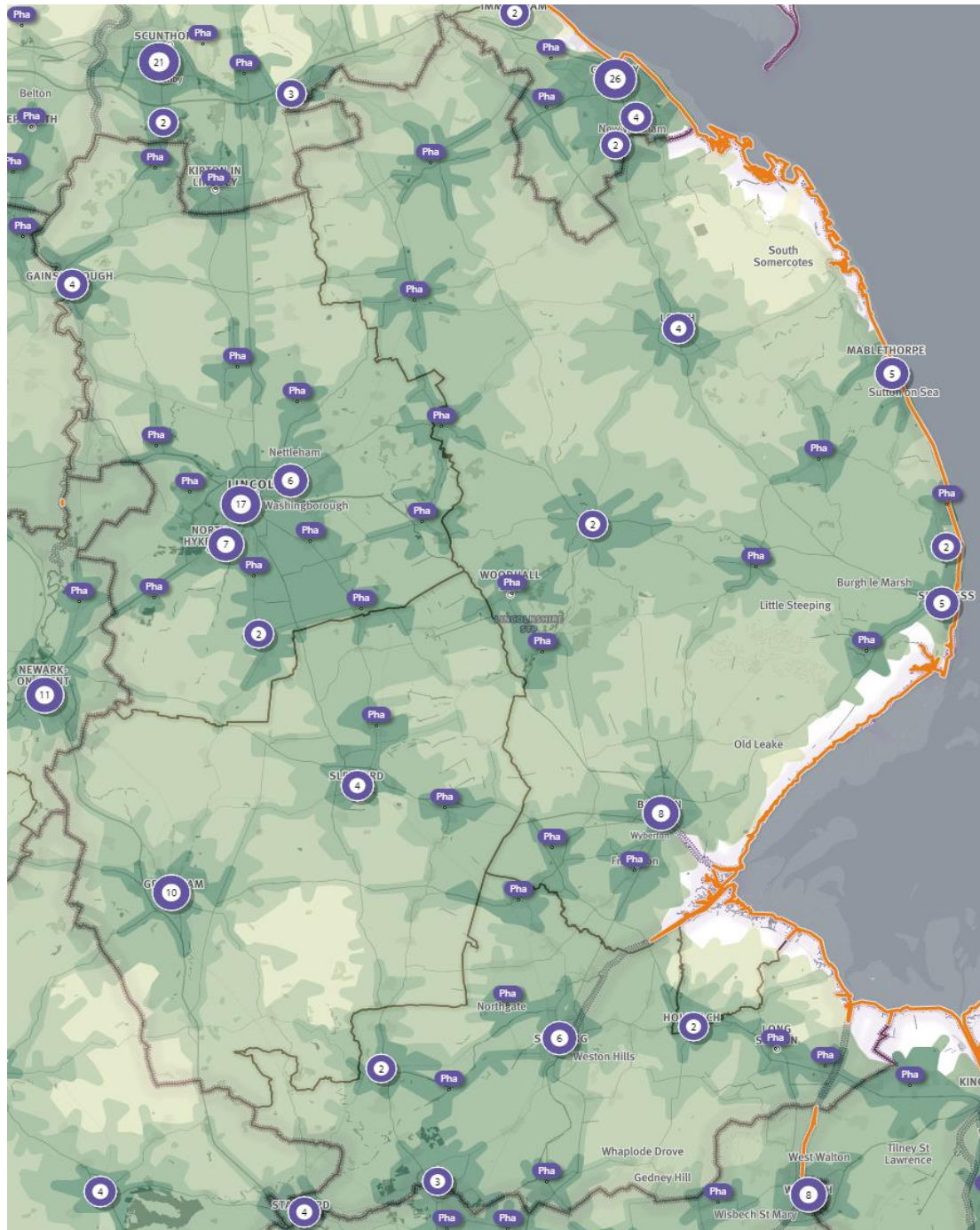
Map B: Location of community pharmacies in Lincolnshire and car journey travel time





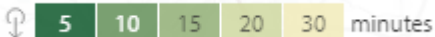
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 Source: <https://shapeatlas.net/place>

	Community Pharmacy
	Number of community pharmacies in close proximity
	Travel time in minutes

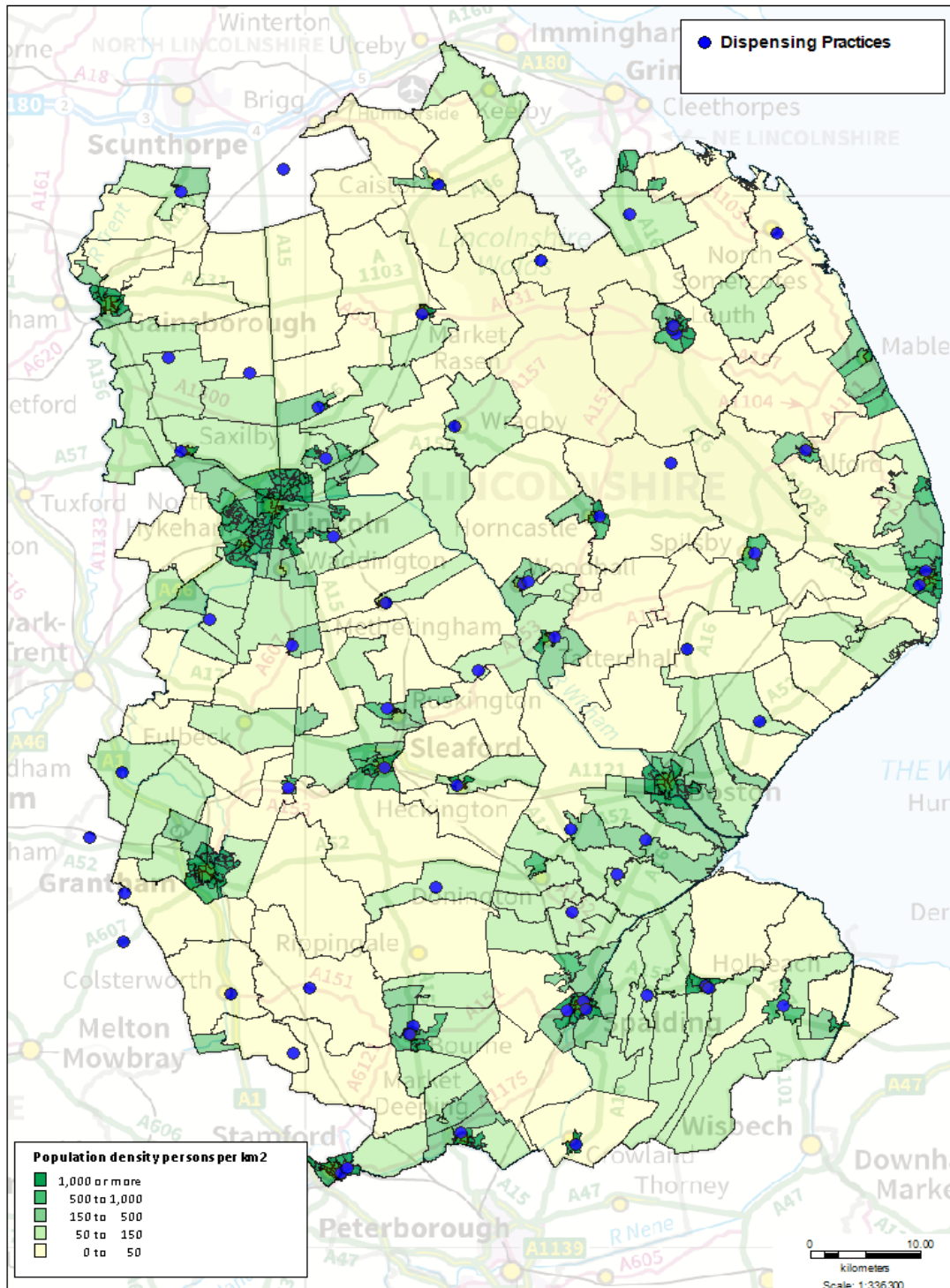
Map C: Location of community pharmacies in Lincolnshire and surrounding areas and car journey travel time



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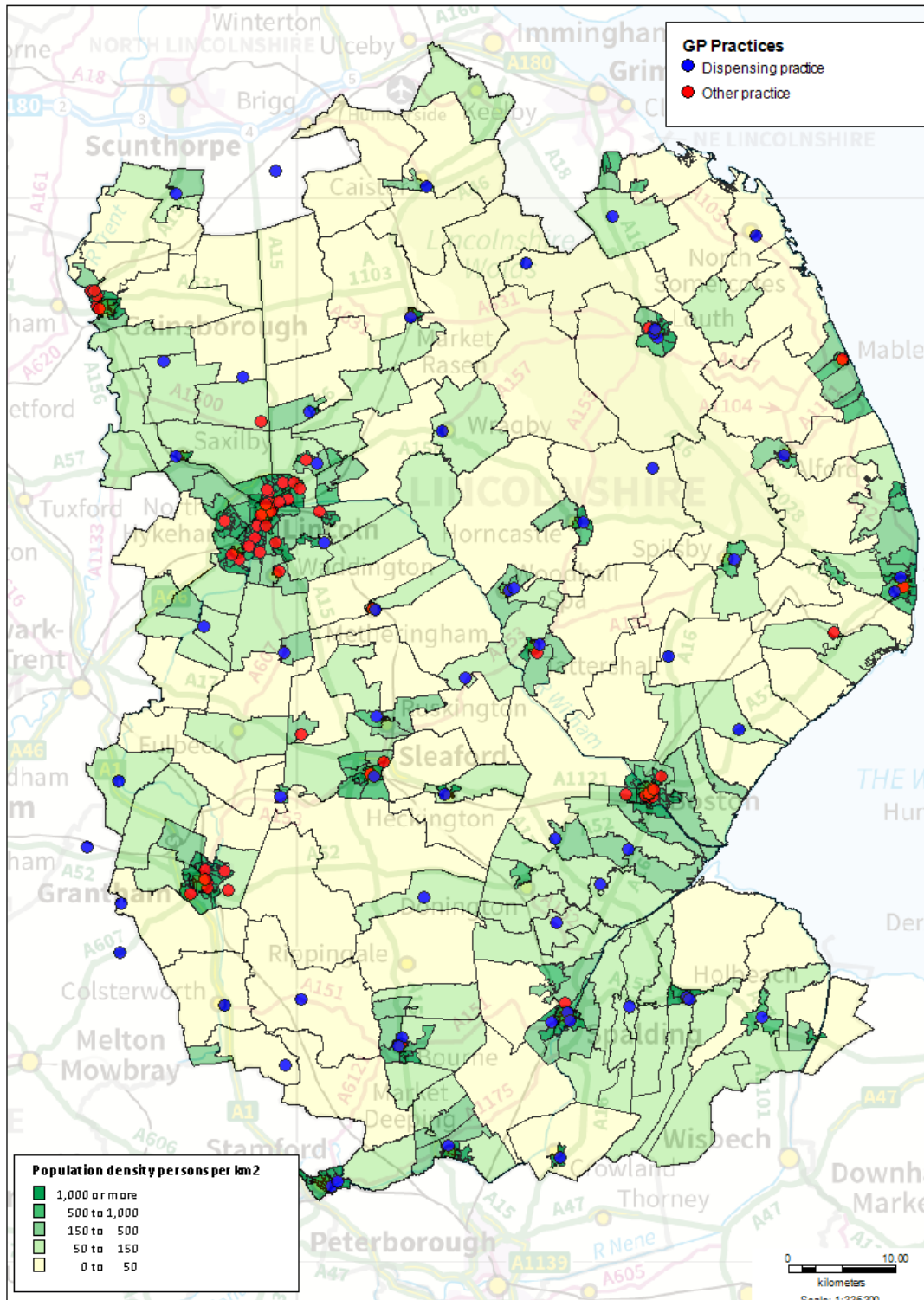
	Community Pharmacy
	Number of community pharmacies in close proximity
	Travel time in minutes

Map D: Location of the dispensing GP practices in Lincolnshire



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Source: ONS, 2015 mid-year population estimates; NHS England, Pharmaceutical list, June 2017
Note: Some dispensing practices are included which are outside of the Lincolnshire boundary as they serve significant numbers of Lincolnshire residents and are part of a Lincolnshire CCG.

Map E: Location of GP practices in Lincolnshire, including dispensing practices

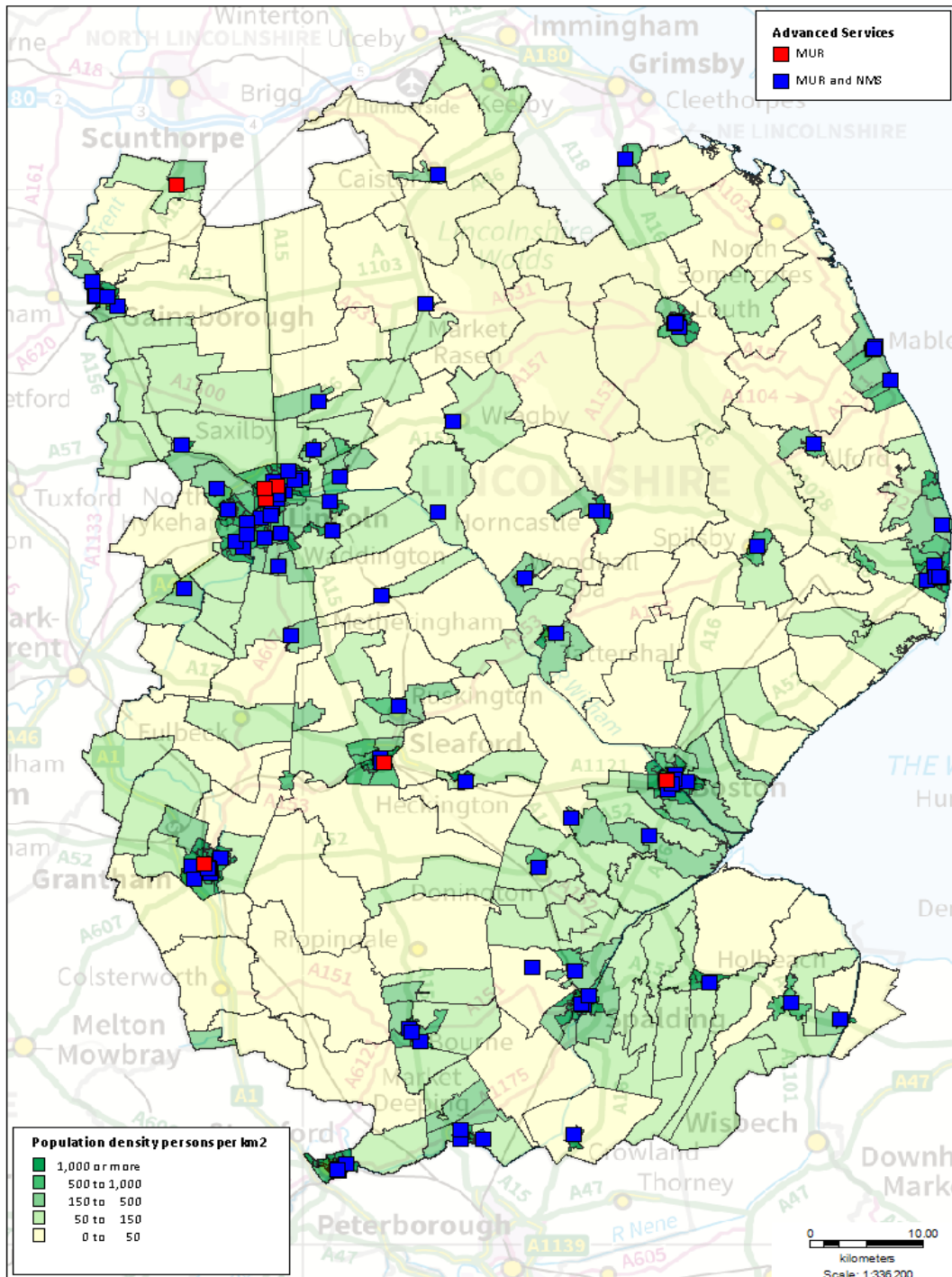


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Source: ONS, 2015 mid-year population estimates; NHS England, Pharmaceutical list, June 2017

Note: Some dispensing practices are included which are outside of the Lincolnshire boundary as they serve significant numbers of Lincolnshire residents and are part of a Lincolnshire CCG.

Map F: Pharmacies which provide Medicine Use Review and New Medicine Services



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Source: NHS England, Pharmaceutical list, June 2017

Appendix A: List of pharmaceutical service providers in Lincolnshire

Boston

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
PAQ04	Community 40 hrs	Lloyds Pharmacy	South Square, Boston PE21 6JU	09:00-18:30	09:00-13:00	Closed	N	N	Y	Y	Y	Y	Y	N	Y	Y
FX22	Community 40 hrs	Lincoln Co-op Chemists	The Pharmacy, High Street, Swineshead PE20 3LH	09:00-13:00, 14:00-18:00	Closed	Closed	Y	N	N	Y	Y	Y	Y	N	N	Y
FK029	Community 100 hrs	Asda Pharmacy	Sleaford Road, Boston PE21 8EQ	Monday 08:00-23:00, Tues-Fri 07:00-23:00	07:00-22:00	10:00-16:00	N	N	N	N	Y	Y	N	N	N	Y
FN261	Community 40 hrs	Lloyds Pharmacy	Boston West Business Park, Sleaford Road, Boston PE21 8EG	09:00-18:30	09:00-13:00	Closed	N	N	N	Y	Y	Y	Y	N	Y	Y
FP299	Community 40 hrs	Lincoln Co-op Chemists	Parkside Pharmacy, Tawney Street, Boston PE21 6PA	09:00-18:30	09:00-12:30	Closed	N	N	Y	Y	Y	Y	Y	N	N	Y
FPK15	Community 30 hrs	Lloyds Pharmacy	13 Forbes Road, Boston PE21 0PD	09:00-18:00	09:00-13:00 14:15-17:00	Closed	N	N	Y	Y	Y	Y	Y	N	Y	Y

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FYJ76	Community 40 hrs	Boots the Chemist	26 Market Place, Boston PE21 6EH	08:30-17:30	08:30-17:30	10:00-16:00	N	N	N	Y	Y	Y	Y	N	N	Y
PEE74	Community 40 hrs	Lincoln Co-op Chemists	Boston Road, Kirton PE20 1DS	09:00-13:00, 14:00-18:00	09:00-12:00	Closed	N	Y	N	Y	Y	Y	Y	N	N	N
PEX31	Community 40 hrs	Lincoln Co-op Chemists	8 Liquorpond Street, Boston PE21 8UF	09:00-13:00, 14:00-18:30	Closed	Closed	N	N	Y	Y	Y	Y	Y	N	N	N
FTQ91	Internet / Distance Selling	Ask Pharmacy	Unit 17, Redstone Industrial Estate, Redstone Road, Boston PE21 8EA	09:00-17:00	Closed	Close	N	N	N	N	N	N	N	N	N	N
	GP Disp Practice	Swineshead Medical Group	Fairfax House, Packhorse Lane, Swineshead PE20 3JE				N	N	N	N	N	N	N	N	N	N
	GP Disp Practice	The Medical Centre	Church End, Old Leake, Boston PE22 9LE				N	N	N	N	N	N	N	N	N	N
	GP Disp Practice	Kirton Medical Centre	Boston Road, Kirton PE20 1DS				N	N	N	N	N	N	N	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services			
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC
	GP Disp Practice	The Surgery	Spalding Road, Sutterton PE20 2ET				N	N	N	N	N	N	N	N	N

* NUMSAS: No list of providers of NHS Urgent Medicines Supply Advanced Service is available publicly
 **No data available for Healthy Living Pharmacies
 ***No data available for CCG-Commissioned Services
 ****No data available for Sexual Health Services (commissioned by Lincolnshire County Council)

East Lindsey

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
PEY51 Page 130	Community 40 hrs	Your local Boots Pharmacy	Toronto House, The Broadway, Woodhall Spa LN10 6ST	08:30-13:00, 14:00-18:00	09:00-13:00 14:00-17:00	Closed	N	N	N	Y	N	Y	Y	N	N	Y
FD420	Community 40 hrs	Your local Boots Pharmacy	96-98 Eastgate, Louth LN11 9AA	09:00-13:00, 14:00-17:30	09:00-13:00 14:00-17:00	Closed	N	N	N	Y	Y	Y	Y	N	N	Y
FD434	Community 100 hrs	Beacon Pharmacy	Skegness Road, Ingoldmells PE25 1JL	Mon-Thurs 08:00-22:00 Fri 08:00-23:00	07:00-22:00	10:00-16:00	N	N	N	N	N	Y	Y	N	N	Y
FE396	Community 40 hrs	T A Burley Pharmacy	115 Louth Rd, Holton-le-Clay DN36 5AD	09:00-13:30, 14:30-18:00	09:00-13:00	Closed	Y	N	N	N	Y	Y	Y	N	N	Y
FEG61	Community 40 hrs	Your local Boots Pharmacy	The Old Vicarage, Spilsby Road, Horncastle LN9 6AL	08:30-13:00, 14:00-18:30	08:30-13:00	Closed	N	Y	N	Y	N	Y	Y	N	N	Y
FEL76	Community 40 hrs	Your local Boots Pharmacy	7 Silver Street, Coningsby LN4 4SG	09:00-18:30	09:00-17:00	Closed	N	N	N	Y	Y	Y	Y	N	N	Y

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FER87	Community 40 hrs	Boots the Chemist	Health Centre, Churchill Ave, Skegness PE25 2RN	08:30-12:30, 13:30-18:00	09:00-12:00	Closed	N	Y	Y	Y	N	Y	Y	N	N	Y
FER51	Community 40 hrs	Boots the Chemist	58-64 Lumley Road, Skegness PE25 3NG	08:30-17:30	08:30-17:30	10:00-16:00	N	Y	Y	Y	Y	Y	Y	N	N	Y
Page 31 FH064	Community 40 hrs	Your local Boots Pharmacy	11 High Street, Sutton on Sea LN12 2EY	08:30-18:00	09:00-13:00, 14:00-17:00	Closed	N	Y	N	N	N	Y	Y	N	N	Y
FHN60	Community 100 hrs	Marisco Pharmacy	Stanley Avenue, Mablethorpe LN12 1DP	07:00-23:00	07:00-22:00	09:00-16:00	N	N	N	N	N	Y	N	N	N	Y
FJQ49	Community 40 hrs	Morrisons Pharmacy	Wainfleet Road, Skegness PE25 3QT	08:30-13:00, 14:00-21:00	09:00-13:00, 14:00-20:00	10:00-16:00	N	N	N	Y	N	N	Y	N	N	Y
FKG76	Community 40 hrs	Lincoln Co-op Chemists	7 High Street, Spilsby PE23 5JJ	09:30-13:00, 14:00-18:00	09:00-12:00	Closed	Y	N	N	Y	Y	Y	Y	N	N	Y
FMQ05	Community 40 hrs	Your local Boots Pharmacy	29 High Street, Mablethorpe LN12 1AF	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-17:00	Closed	N	Y	N	Y	Y	Y	Y	N	N	Y
FN019	Community 40 hrs	Newmarket Pharmacy	155 Newmarket, Louth LN11 9EH	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	N	N	N	N	N	N	N	N	N	Y

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FNQ74	Community 40 hrs	Lloyds Pharmacy	23 High Street, Sutton on Sea LN12 2EY	08:30-18:30	Closed	Closed	N	N	N	Y	Y	Y	Y	N	Y	Y
Page 10 FBR73	Community 40 hrs	Lincoln Co-op Chemists	29-31 High Street, Horncastle LN9 5HP	08:45-13:00, 14:30-17:30	08:45-13:30	Closed	N	Y	N	Y	Y	Y	Y	N	N	Y
FDP80	Community 40 hrs	Whitworth Chemists	12 Roman Bank, Skegness PE25 2RU	09:00-13:00, 13:30-17:30	Closed	Closed	N	Y	N	N	Y	Y	Y	N	N	Y
FV522	Community 40 hrs	Lloyds Pharmacy	111 West Street, Alford LN13 9DJ	09:00-18:30	09:00-17:30	Closed	N	Y	N	Y	Y	Y	Y	N	Y	Y
FV707	Community 40 hrs	Boots the Chemist	26 Mercer Row, Louth LN11 9JQ	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	Closed	N	N	Y	Y	Y	Y	Y	N	N	Y
FA306	Community 40 hrs	Rowlands Pharmacy	8 Hawthorn Road, Skegness PE25 3TD	08:30-13:00, 13:30-14:00, 14:00-18:00	Closed	Closed	N	N	N	Y	N	Y	Y	N	Y	N
FCW02	Community 40 hrs	Wainfleet Pharmacy	3 High Street, Wainfleet PE24 4BS	Mon-Wed, Fri 09:00-13:00, 14:00-18:00 Thurs 08:30-13:30	09:00-12:30	Closed	Y	N	N	N	Y	Y	Y	N	N	N
FK184	Community 40 hrs	Wilcare Co	High Street, Ingoldmells PE25 1NS	09:00-13:00, 14:00-18:00	Closed	Closed	N	Y	N	N	Y	Y	N	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services			
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC
Page 133 FR35	Community 40 hrs	Pharmacy Wise Wragby	Market Place, Wragby LN8 5QU	Mon-Wed 08:30-13:00, 14:00-18:00 Thurs 08:30-13:00, 14:00-20:00 Fri 08:30-13:00, 14:00-18:30	08:30-13:00	10:00-11:00	Y	N	N	N	N	N	N	N	N
FV732	Community 40 hrs	Your local Boots Pharmacy	78 Seacroft Road, Mablethorpe LN12 2DR	08:30-13:00, 14:00-17:30	Closed	Closed	N	Y	Y	Y	Y	Y	Y	N	N
FV809	Community 40 hrs	Wilcare Co	The Esplanade, Chapel St Leonards, PE24 5TB	09:00-13:00, 14:00-18:00	Closed	Closed	Y	N	N	N	Y	Y	N	N	N
FX130	Community 40 hrs	Lincoln Co-op Chemists	52 Eastgate, Louth LN11 9PG	09:00-13:00, 14:00-17:30	09:00- 13:00, 14:00-17:00	Closed	N	N	N	Y	N	Y	Y	N	N
	GP Disp Practice	The Spilsby Surgery	Bull Yard, Simpson Street, Spilsby PE23 5LG				N	N	N	N	N	N	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services			
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC
	GP Disp Practice	The Kidgate Surgery	32 Queen Street, Louth LN11 9AU				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Beacon Medical Practice	Churchill Avenue, Skegness PE25 2RN				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Horncastle Medical Group	The Old Vicarage, Spilsby Road, Horncastle LN9 6AL				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Merton Lodge	33 West Street, Alford LN13 9HT				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Marsh Medical Practice	Keeling Street, North Somercotes LN11 7QU				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Hawthorn Medical Practice	Hawthorn Road, Skegness PE25 3TD				N	N	N	N	N	N	N	N	N
	GP Disp Practice	The Surgery	Main Road, Stickney PE22 8AA				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Newmarket Medical Practice	153 Newmarket, Louth LN11 9EH				N	N	N	N	N	N	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services			
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC
	GP Disp Practice	The North Thoresby Surgery	Highfield Road, North Thoresby DN36 5RT				N	N	N	N	N	N	N	N	N
	GP Disp Practice	The New Coningsby Surgery	20 Silver Street, Coningsby LN4 4SG				N	N	N	N	N	N	N	N	N
	GP Disp Practice	James Street Family Practice	49 James Street, Louth LN11 0JN				N	N	N	N	N	N	N	N	N
	GP Disp Practice	The Wolds Practice	West Road, Tetford LN9 6QP				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Tasburgh Lodge	30 Victoria Avenue, Woodhall Spa LN10 6TX				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Woodhall Spa New Surgery	The Broadway, Woodhall Spa LN10 6SQ				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Binbrook Surgery	Back Lane, Binbrook LN8 6ED				N	N	N	N	N	N	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services		
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR
	GP Disp Practice	The Wragby Surgery	Old Grammar School Way, Wragby LN8 5DA				N	N	N	N	N	N	N	N

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 **No data available for Healthy Living Pharmacies
 ***No data available for CCG Commissioned Services
 ****No data available for Sexual Health Services (commissioned by Lincolnshire County Council)

Lincoln

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FA17	Community 100 hrs	Boots the Chemist	Unit 1, The Carlton Centre, Outer Circle Road, Lincoln LN2 4WA	Mon-Thurs 08:30-00:00 Friday 08:00-00:00	09:00-00:00	10:30-16:30	N	N	N	Y	Y	Y	Y	N	N	Y
FM80	Community Out of Town Retail	Tritton Road Pharmacy	Instore Unit 1, Morrisons Supermarket, Tritton Road, Lincoln LN6 7QL	09:00-19:00	09:00-17:00	10:00-16:00	N	N	N	N	Y	N	N	N	N	Y
FEH98	Community 40 hrs	Lincoln Co-op Chemist	226 Rookery Lane, Lincoln LN6 7PH	09:00-13:00, 14:00-18:00	09:00-12:30	Closed	N	Y	Y	N	Y	Y	Y	N	N	Y
FHY37	Community 40 hrs	Boots the Chemist	26 Station Street, St Marks, Lincoln LN5 7EY	08:30-17:30	08:30-17:30	10:30-16:30	N	N	N	Y	N	Y	Y	N	N	Y
FKW05	Community 100 hrs	Lloyds Pharmacy	Sainsbury's Supermarket, Tritton Road, Lincoln LN6 7QN	07:00-23:00	07:00-20:00	10:00-16:00	N	Y	N	Y	Y	Y	Y	N	N	Y
FLG06	Community 40 hrs	Rowlands Pharmacy	60 Portland Street, Lincoln LN5 7LB	09:00-13:00, 13:20-18:30	09:00-13:00	Closed	N	N	N	Y	Y	Y	Y	N	Y	Y

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FNG12	Community 40 hrs	Lincoln Co-op Chemists	Newland Health Centre, 34 Newland, Lincoln LN1 1XP	09:00-13:00, 14:00-18:30	Closed	Closed	N	Y	N	Y	Y	Y	Y	N	N	Y
FPH76	Community 40 hrs	Tesco Pharmacy	Tesco Superstore, Wragby Road, Lincoln LN2 4QQ	08:00-20:00	08:00-20:00	10:00-16:00	N	Y	N	N	N	Y	Y	N	N	Y
FVV12	Community 40 hrs	Lincoln Co-op Chemists	111 Burton Road, Lincoln LN1 3LL	09:00-13:00, 14:00-18:30	09:00-13:00	Closed	N	N	N	Y	Y	Y	Y	N	N	Y
FW257	Community 100 hrs	Lloyds Pharmacy	Brayford Quay, Newland, Lincoln LN1 1YA	07:30-23:00	08:30-23:00	10:00-18:00	N	N	N	Y	Y	Y	Y	N	Y	Y
FY179	Community 40 hrs	Boots the Chemist	311-312 High Street, Lincoln LN5 7DZ	08:30-18:00	08:30-18:00	10:30-16:30	N	N	N	Y	Y	Y	Y	N	N	Y
FCY70	Community 40 hrs	Your Local Boots Pharmacy	Birchwood Health Centre, Jasmin Road, Lincoln LN6 0QQ	09:00-13:00, 14:00-18:30	09:00-12:30	Closed	N	Y	Y	Y	N	Y	Y	N	N	N
FEC14	Community 40 hrs	Lincoln Co-op Chemist	90 Jasmin Road, Birchwood, Lincoln LN6 0QQ	08:45-13:00, 14:00-18:00	09:00-12:00	Closed	N	N	N	Y	Y	Y	Y	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FGR53	Community 40 hrs	Lincoln Co-op Chemist	121 Monks Road, Lincoln LN2 5HT	09:00-13:00, 14:00-18:00	09:00-12:00	Closed	N	N	N	Y	Y	Y	Y	N	N	N
Page 159 FR589	Community 40 hrs	Lincoln Co-op Chemists	Sincil Street, Lincoln LN5 7EJ	09:00-17:30	08:30-17:00	Closed	N	N	N	Y	Y	Y	Y	N	N	N
Page 159 FR624	Community 40 hrs	Lincoln Co-op Chemists	Unit 10, Lowfields Shopping Centre, Brant Road, Lincoln LN5 9TR	09:00-13:00, 14:00-18:00	09:00-12:00	Closed	N	Y	N	Y	Y	Y	Y	N	N	N
FR577	Community 40 hrs	F P Watson	6-7 Bailgate, Lincoln LN1 3AE	09:00-17:30	09:00-17:00	Closed	N	N	N	Y	N	N	N	N	N	N
FRG73	Community 40 hrs	Lincoln Co-op Chemists	Cabourne Pharmacy, Cabourne Avenue, Lincoln LN2 2HP	08:30-13:00, 14:00-18:30	09:00-12:00	Closed	N	Y	N	Y	N	Y	Y	N	N	N
FVF19	Community 40 hrs	Lincoln Co-op Chemists	59 Newark Road, Lincoln LN5 8NE	09:00-13:00, 14:00-18:00	Closed	Closed	N	Y	N	N	Y	Y	Y	N	N	N
FW881	Community 40 hrs	Lincoln Co-op Chemists	Winning Post, Carholme Road, Lincoln LN1 1RU	09:00-13:00, 14:00-18:00	Closed	Closed	N	N	N	N	Y	Y	Y	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FXH25	Community 40 hrs	Lincoln Co-op Chemists	18 High Street, Lincoln LN5 8BE	09:00-13:00, 14:00-18:00	09:00-12:00	Closed	N	Y	N	N	Y	Y	Y	N	N	N
PF14	Dispensing Appliance Contractor	Amcare Limited	Building J2, The Point, Weaver Road, Lincoln LN6 3QN				N	N	N	N	N	N	N	N	N	N

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 **No data available for Healthy Living Pharmacies
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 ****No data available for Sexual Health Services (commissioned by Lincolnshire County Council)

North Kesteven

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FAP11	Community 40 hrs	R Gohil Pharmacy	Clover House, Boston Road, Sleaford NG34 7HD	09:00-18:00	09:00-12:00	Closed	N	N	N	N	N	Y	Y	N	N	Y
F096	Community 100 hrs	Tesco Instore Pharmacy	65 Northgate, Sleaford NG34 7BB	Mon 08:00-22:30 Tues-Fri 06:00-22:30	06:30-22:00	Closed	N	Y	N	N	N	Y	Y	N	N	Y
FCK57	Community 40 hrs	Medicines Plus Pharmacy	41 High Street, Navenby LN5 0DZ	09:00-13:00, 13:30-17:30	Closed	Closed	Y	N	N	N	N	Y	Y	N	N	Y
FCX81	Community 100 hrs	Asda Pharmacy	Newark Road, North Hykeham LN6 8JY	07:00-23:00	07:00-22:00	10:00-16:00	N	N	N	N	N	N	N	N	N	Y
FD243	Community 40 hrs	Lincoln Co-op Chemists	High Steet, Ruskington NG34 9DY	08:45-13:00, 14:00-18:15	09:00-12:00	Closed	N	Y	N	Y	Y	Y	Y	N	N	Y
FEW45	Community 40 hrs	Lincoln Co-op Chemists	3 High Street, Heckington NG34 9RA	09:00-18:00	09:00-13:00	Closed	Y	N	N	Y	N	N	N	N	N	Y

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FG343	Community 40 hrs	Lincoln Co-op Chemists	Bar Lane, Waddington LN5 9SA	09:00-13:00, 14:00-18:30	09:00-12:30	Closed	Y	N	N	Y	Y	Y	Y	N	N	Y
FC57	Community 100 hrs	The Riverside Pharmacy	47 Boston Road, Sleaford NG34 7HD	07:00-23:00	07:00-22:00	08:00-18:00	N	Y	N	Y	Y	N	N	N	N	Y
FHT35	Community 40 hrs	Lincoln Co-op Chemists	Muntjac Way, Witham St Hughs LN6 9WF	09:30-13:00, 14:00-18:00	09:00-12:00	Closed	Y	N	N	Y	N	Y	Y	N	N	Y
FHY65	Community 40 hrs	Boots the Chemists	41-45 Southgate, Sleaford NG34 7SY	08:30-17:30	08:30-17:30	10:00-16:00	N	Y	Y	Y	Y	Y	Y	N	N	Y
FL784	Community 40 hrs	Lincoln Co-op Chemists	Station Road, Branston LN4 1LH	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	N	N	N	Y	N	Y	Y	N	N	Y
FP676	Community 40 hrs	Lincoln Co-op Chemists	5 The Forum, Newark Road, North Hykeham LN6 8HW	09:00-18:00	09:00-13:00, 14:00-17:00	Closed	N	Y	N	Y	N	Y	Y	N	N	Y
FPX47	Community 40 hrs	Lincoln Co-op Chemists	2 Jerusalem Road, Skellingthorpe LN6 5TW	09:00-13:00, 14:00-18:00, Thurs 09:00-13:00, 13:30-17:30	09:00-12:00	Closed	Y	Y	N	Y	N	Y	N	N	N	Y

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FV274 Page 143	Community 40 hrs	Lincoln Co-op Chemists	8-10 Grantham Road, Bracebridge Heath LN4 2LD	Mo,We,Thur 09:00-13:00, 14:00-18:00 Tues, Fri 09:00-13:00, 14:00-17:30	09:00-12:30	Closed	Y	N	N	Y	N	Y	Y	N	N	Y
FGV92	Community 40 hrs	Lincoln Co-op Chemists	2 The Precinct, Park Lane, Washingborough LN4 1DQ	09:30-13:00, 14:00-18:00	09:00-12:30	Closed	N	N	N	Y	N	Y	Y	N	N	N
FG118	Community 40 hrs	Lincoln Co-op Chemists	259-261 Lincoln Road, North Hykeham LN6 8NH	09:00-13:00, 14:00-18:00	09:00-12:00	Closed	N	N	N	N	N	Y	Y	N	N	N
FGD94	Community 40 hrs	Lincoln Co-op Chemists	275 Newark Road, North Hykeham LN6 8QE	09:00-13:00, 14:00-18:00	Closed	Closed	N	N	N	N	N	Y	Y	N	N	N
FQD13	Community 40 hrs	Lincoln Co-op Chemists	28 High Street, Metheringham LN4 3EA	08:45-13:00, 14:00-18:00	09:00-12:00	Closed	N	Y	N	Y	Y	Y	Y	N	N	N
	GP Disp Practice	Navenby Cliff Villages	Grantham Road, Navenby LN5 0JJ				N	N	N	N	N	N	N	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services			
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC
		Medical Practice													
	GP Disp Practice	Millview Medical Centre	1 Sleaford Road, Heckington NG34 9QP				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Ruskington Medical Practice	Brookside Close, Ruskington NG34 9GQ				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Sleaford Medical Group	47 Boston Road, Sleaford NG34 7HD				N	N	N	N	N	N	N	N	N
	GP Disp Practice	The Branston and Heighington Family	Station Road, Branston LN4 1LH				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Billinghay Medical Practice	39 High Street, Billinghay LN4 4AU					N	N	N		N	N	N	N
	GP Disp Practice	Church Walk Surgery	Drury Street, Metheringham LN4 3EZ					N	N	N		N	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
	GP Disp Practice	Bassingham Surgery	20 Torgate Lane, Bassingham LN5 9HF					N	N	N		N	N	N	N	N

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South Holland

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
Page 922 146	Community 40 hrs	Nene Pharmacy	184 Bridge Road, Sutton Bridge PE12 9SF	09:00-13:00, 14:00-18:00 Wed only 09:00-13:00	09:00-12:00	Closed	N	N	N	N	Y	Y	N	N	N	Y
FCH32	Community 40 hrs	Boots the Chemist	27 High Street, Holbeach PE12 7DY	Mon 08:30- 13:00, 14:00- 17:30 Tues-Wed 08:30-18:00 Thurs-Fri 08:30-13:00, 14:00-18:00	08:30- 13:00, 14:00-17:30	Closed	N	Y	N	Y	Y	Y	Y	N	N	Y
FGR00	Community 40 hrs	Boots the Chemist	11-14 Hall Place, Spalding PE11 1SA	08:30-17:30	08:30-17:30	10:00-16:00	N	N	Y	Y	Y	Y	Y	N	N	Y
FH029	Community 40 hrs	Lloyds Pharmacy	9 North Street, Crowland PE6 0EG	09:00-18:30	09:00-13:00	Closed	N	N	N	Y	N	Y	Y	N	Y	Y
FH728	Community 40 hrs	Lincoln Co-op Chemists	27 Market Place, Donington PE11 4ST	09:00-13:00, 13:30-17:30	09:00-12:30	Closed	Y	Y	N	Y	Y	Y	Y	N	N	Y

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FJ366	Community 40 hrs	Superdrug Pharmacy	29 Hall Place, Spalding PE11 1SG	08:30-14:00, 14:30-17:30	08:30-13:30, 14:00-17:30	Closed	N	N	N	Y	N	Y	Y	N	N	Y
FA84	Community 40 hrs	Lloyds Pharmacy	20 Market Place, Spalding PE11 1SU	08:30-18:30	09:00-13:00	Closed	N	N	Y	N	N	Y	Y	N	Y	Y
FK11	Community 40 hrs	Your local Boots Pharmacy	8 Market Place, Long Sutton PE12 9JF	09:00-13:00, 14:00-18:30 Wed 09:00-13:00	09:00-13:00, 14:00-17:00	Closed	N	Y	N	Y	Y	Y	Y	N	N	Y
FRP99	Community 40 hrs	West Elloe Pharmacy	West Elloe Avenue, Spalding PE11 2BJ	08:30-18:30	08:30-12:00	Closed	N	N	N	N	N	Y	Y	N	N	Y
FWW61	Community 40 hrs	Lincoln Co-op Chemists	5 Fleet Street, Holbeach PE12 7AX	09:00-13:00, 13:30-17:30	09:00-13:00	Closed	N	N	N	Y	Y	Y	Y	N	N	Y
FNA04	Community 100 hrs	Lloyds Pharmacy	Inside Sainsbury's Holland Market Retail Park, Spalding PE11 1RQ	07:00-22:00	07:00-22:00	10:00-16:00	N	N	N	N	Y	Y	Y	N	N	N
FWA76	Community 40 hrs	Knight Street Pharmacy	22 Knight Street, Pinchbeck PE11 3RB	08:30-17:30	08:30-12:30	Closed	Y	N	N	N	N	Y	Y	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services						
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination		
FWK20 PS	Internet / Distance Selling	Pinchbeck Pharmacy	Barrowby Barns, Northgate, West Pinchbeck PE11 3TB	08:30-16:30	Closed	Closed	N	N	N	N	N	Y	Y	N	N	N		
	GP Disp Practice	Beechfield Medical Centre	Beechfield Gardens, Spalding PE11 1UN				N	N	N	N	N	N	N	N	N	N		
	GP Disp Practice	Munro Medical Centre	West Elloe Avenue, Spalding PE11 2BY				N	N	N	N	N	N	N	N	N	N	N	N
	GP Disp Practice	Holbeach Medical Centre	Park Road, Holdbeach, PE12 7EE				N	N	N	N	N	N	N	N	N	N	N	N
	GP Disp Practice	Gosberton Medical Centre	Lowgate, Gosberton PE11 4NL				N	N	N	N	N	N	N	N	N	N	N	N
	GP Disp Practice	Moulton Medical Centre	High Street, Moulton PE12 6QB				N	N	N	N	N	N	N	N	N	N	N	N
	GP Disp Practice	Long Sutton Medical Centre	Trafalgar Square, Long Sutton PE12 9HB				N	N	N	N	N	N	N	N	N	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services			
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC
	GP Disp Practice	Littlebury Medical Centre	Fishpond Lane, Holbeach PE12 7DE				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Abbeyview Surgery	Thorney Road, Crowland PE6 0AL				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Pennygate Health Centre	210 Pennygate, Spalding PE11 1LT				N	N	N	N	N	N	N	N	N

* NUMSAS: No list of providers of NHS Urgent Medicines Supply Advanced Service is available publicly

**No data available for Healthy Living Pharmacies

***No data available for CCG Commissioned Services

****No data available for Sexual Health Services (commissioned by Lincolnshire County Council)

South Kesteven

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
Page 190 FF91	Community 40 hrs	Well Pharmacy	Rainbow Superstore, Market Deeping PE6 8EA	08:30-18:30	09:00-17:00	Closed	N	N	Y	Y	Y	Y	Y	N	N	Y
190 FY22	Community 40 hrs	Lloyds Pharmacy	17-18 High Street, Grantham NG31 6PN	09:00-18:00	09:00-14:00	Closed	N	N	N	N	N	Y	Y	N	Y	Y
FF878	Community 40 hrs	Tesco Instore Pharmacy	Tesco Stores, South Road, Bourne PE10 9LS	08:00-20:00	08:00-20:00	10:00-16:00	N	N	N	N	N	Y	Y	N	N	Y
FGC34	Community 40 hrs	Superdrug Pharmacy	22-22a High Street, Stamford PE9 2AY	08:30-17:30	08:30-17:30	Closed	N	N	N	Y	Y	Y	Y	N	N	Y
FJG45	Community 40 hrs	Well Pharmacy	Exeter Street, Bourne PE10 9NJ	08:30-18:00	09:00-13:00	Closed	N	N	N	Y	N	Y	Y	N	N	Y
FKH66	Community 40 hrs	Well Pharmacy	Ryhall Road, Stamford PE9 1YA	09:00-18:30	Closed	Closed	N	N	Y	Y	Y	Y	Y	N	N	Y
FNJ59	Community 40 hrs	Lloyds Pharmacy	171 New Beacon Road, Grantham NG31 9LJ	09:00-13:00, 14:00-17:30	09:00-13:00	Closed	Y	N	N	N	Y	Y	Y	N	N	Y
FNR78	Community 40 hrs	Boots the Chemist	66 High Street, Stamford PE9 2AW	08:30-17:30	08:30-17:30	10:00- 12:00, 13:00-16:00	N	N	N	Y	Y	Y	Y	N	N	Y

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FQ895	Community 40 hrs	Well Pharmacy	Health Centre, Godsey Lane, Market Deeping PE6 8DD	08:30-18:00	08:30-13:00	Closed	N	N	N	Y	Y	Y	Y	N	N	Y
PE771	Community 40 hrs	Your local Boots Pharmacy	23B St Peter's Hill, Grantham NG31 6QF	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	N	Y	N	Y	Y	Y	Y	N	N	Y
FTJ49	Community 100 hrs	Asda Pharmacy	Union Street, Grantham NG31 6NZ	Mon 08:00-23:00 Tues-Fri 07:00-23:00	07:00-22:00	10:00-16:00	N	N	N	N	Y	Y	N	N	N	Y
FT220	Community 100 hrs	St Peter's Hill Pharmacy	15 St Peter's Hill, Grantham NG31 6QA	08:00-24:00	08:00-24:00	Closed	N	N	N	Y	N	N	N	N	N	Y
FTJ10	Community 40 hrs	Boots the Chemist	42-43 High Street, Grantham NG31 6NE	08:30-17:30	08:30-17:30	10:00-16:00	N	N	N	Y	Y	Y	Y	N	N	Y
FV074	Community 40 hrs	Well Pharmacy	103 Hornsby Road, Grantham NG31 7XD	09:00-18:00	09:00-13:00	Closed	Y	N	Y	Y	Y	Y	Y	N	N	Y
FWL55	Community 40 hrs	Superdrug Pharmacy	1-2 The Pantiles, Isaac Newton Centre, Grantham NG31 6EQ	08:30-17:30	08:30-17:30	Closed	N	N	N	Y	N	Y	N	N	N	Y

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FYY76	Community 40 hrs	Boots the Chemist	3 West Street, Bourne PE10 9NB	08:30-13:00, 14:00-17:30	09:30-13:00, 14:00-17:30	Closed	N	Y	N	Y	Y	Y	Y	N	N	Y
FA80	Community 100 hrs	Stamford Pharmacy	6 St Mary's Hill, Stamford PE9 2DW	Mon 07:00-19:00 Thurs (non-stop) Fri 07:00-19:00	08:00-13:00	Closed	N	N	N	N	Y	N	N	N	N	N
FP635	Community 40 hrs	Boots UK	62 London Road, Grantham NG31 6HR	09:00-13:00, 14:00-18:00	09:00-12:30	Closed	N	N	N	N	N	N	N	N	N	N
FP637	Community 40 hrs	Lincoln Co-op Chemists	176 Winchester Road, Grantham NG31 8RX	09:00-18:00	09:00-12:00	Closed	Y	N	N	Y	Y	Y	Y	N	N	N
FW782	Community 40 hrs	Deeping St James Pharmacy	21 Rycroft Avenue, Deeping St James PE6 8NT	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	Y	N	N	N	N	Y	Y	N	N	N
	GP Disp Practice	The New Sheepmarket Surgery	Ryhall Road, Stamford PE9 1YA				N	N	N	N	N	N	N	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services			
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC
	GP Disp Practice	St Mary's Medical Centre	Wharf Road, Stamford PE9 2DH				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Ancaster Surgery	12 Ermine Street, Ancaster, NG32 3PP				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Glenside Country Practice	12B High Street, Castle Bytham, Grantham NG33 4RZ				N	N	N	N	N	N	N	N	N
	GP Disp Practice	The Deepings Practice	Godsey Lane, Market Deeping PE6 8DD				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Hereward Medical Centre	Exeter Street, Bourne PE10 9XR				N	N	N	N	N	N	N	N	N
	GP Disp Practice	The Surgery	Back Lane, Colsterworth, Grantham NG33 5NJ				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Bourne Galletly Practice Team	The Surgery, 40 North Road, Bourne PE10 9BT				N	N	N	N	N	N	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services			
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC
	GP Disp Practice	The Medical Centre	Dring's Field, 10 Valey Lane, Long Bennington, NG23 5FR				N	N	N	N	N	N	N	N	N
	GP Disp Practice	The Little Surgery	21 St Mary's Street, Stamford PE9 2DG				N	N	N	N	N	N	N	N	N
	GP Disp Practice	The Surgery	Main Street, Woolsthorpe By Belvoir, Grantham NG32 1LX				N	N	N	N	N	N	N	N	N
	GP Disp Practice	The Market Cross Surgery	Bourne Road, Corby Glen, NG33 4BB				N	N	N	N	N	N	N	N	N
	GP Disp Practice	The New Springwells Practice	The Surgery, Springwells, Billingborough, NG34 0QQ				N	N	N	N	N	N	N	N	N

* NUMSAS: No list of providers of NHS Urgent Medicines Supply Advanced Service is available publicly

**No data available for Healthy Living Pharmacies

***No data available for CCG-Commissioned Services

****No data available for Sexual Health Services (commissioned by Lincolnshire County Council)

West Lindsey

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FD289 Page 55	Community 40 hrs	Boots the Chemist	30 Market Place, Gainsborough DN21 2BY	09:00-17:30	09:00-13:00, 14:00-17:00	Closed	N	Y	N	Y	Y	Y	Y	N	N	Y
FT233	Community 40 hrs	Morrisons Pharmacy	Morrisons Superstore, Heapham Road, Gainsborough DN21 1XY	Mon-Tues 09:00-19:00 Wed-Fri 09:00-20:00	09:00-18:00	10:00-16:00	Y	N	N	Y	N	Y	Y	N	N	Y
FJN65	Community 40 hrs	Lincoln Co-op Chemists	Vanessa Drive, Gainsborough DN21 2UQ	08:45-13:00, 14:00-18:15	Closed	Closed	N	Y	N	Y	N	Y	Y	N	N	Y
FMK80	Community 40 hrs	Lincoln Co-op Chemists	6 Church Street, Nettleham LN2 2PD	09:00-13:00, 14:00-18:00	09:00-12:00	Closed	Y	Y	N	Y	N	Y	Y	N	N	Y
FQ149	Community 40 hrs	Lincoln Co-op Chemists	15-17 Market Street, Gainsborough DN21 2BL	09:00-13:00, 14:00-18:00	09:00-12:30	Closed	N	N	Y	Y	Y	Y	Y	N	N	Y
FTC20	Community 40 hrs	Boots the Chemists	3-4 Queen Street, Market Rasen LN8 3EH	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-17:30	Closed	N	Y	N	Y	Y	Y	Y	N	N	Y

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FTC50	Community 40 hrs	Lincoln Co-op Chemists	Unit 9, The Parade, Cherry Willingham LN3 4JL	08:45-13:00, 14:00-18:00	08:45-13:00	Closed	N	Y	N	Y	Y	Y	Y	N	N	Y
FW689	Community 40 hrs	Your local Boots Pharmacy	1 Market Place, Caistor LN7 6TJ	09:00-13:00, 14:00-17:30	09:00-13:00	Closed	Y	Y	N	Y	Y	Y	Y	N	N	Y
FW339	Community 40 hrs	Queensway Pharmacy	24 Queensway, Gainsborough DN21 1SN	09:00-20:30	09:00-13:00	Closed	Y	N	N	N	Y	Y	N	N	N	Y
FCV46	Community 40 hrs	Lincoln Co-op Chemists	107 High Street, Saxilby LN1 2HG	09:00-13:00, 14:00-18:00	09:00-12:00	Closed	Y	N	N	Y	Y	Y	Y	N	N	N
FGN03	Community 40 hrs	Bardney Pharmacy	1 Westview, Bardney LN3 5UB	Mon-Tue, Thurs 09:00-13:00, 14:00-18:00 Wed 09:00-13:00 Fri 09:00-13:00, 14:00-18:30	Closed	Closed	Y	N	N	N	N	Y	Y	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services				
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC	Flu Vaccination
FWH94	Community 40 hrs	Hawthorn Pharmacy	Hawthorn Health Centre, Scotton Road, Scotter DN21 3SB	08:00-13:00, 14:00-18:00 Wed 08:00-12:00	Closed	Closed	Y	N	N	N	N	Y	Y	N	N	N
Page 319	Community 40 hrs	Lincoln Co-op Chemists	1 Ryland Road, Welton LN2 3LU	08:45-13:00, 14:00-18:30	09:00-12:30	Closed	N	N	N	Y	N	Y	Y	N	N	N
Page 157	Internet / Distance Selling	Averroes Pharmacy	Eco One Offices, Highcliffe Business Park, Ingham LN1 2YQ	09:00-17:00	Closed	Closed	N	N	N	N	N	N	N	N	N	N
	GP Disp Practice	Nettleham Medical Practice	14 Lodge Lane, Nettleham LN2 2RS				N	N	N	N	N	N	N	N	N	N
	GP Disp Practice	Welton Family Health Centre	4 Cliff Road, Welton LN2 3JH				N	N	N	N	N	N	N	N	N	N
	GP Disp Practice	The Glebe Practice	85 Sykes Lane, Saxilby LN1 2NU				N	N	N	N	N	N	N	N	N	N
	GP Disp Practice	The Surgery	Mill Road, Market Rasen LN8 3BP				N	N	N	N	N	N	N	N	N	N

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services			
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC
	GP Disp Practice	The Ingham Surgery	Lincoln Road, Ingham LN1 2XF				N	N	N	N	N	N	N	N	N
	GP Disp Practice	The Surgery	High Street, Willingham By Stow, DN21 5JZ				N	N	N	N	N	N	N	N	N
	GP Disp Practice	The Health Centre	Dale View, Caistor LN7 6NX				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Hawthorn Surgery	Scotton Road, Scotter, Gainsborough DN21 3SB				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Trent Valley Surgery	85 Sykes Lane, Saxilby LN1 2NU				N	N	N	N	N	N	N	N	N

* NUMSAS: No list of providers of NHS Urgent Medicines Supply Advanced Service is available publicly

**No data available for Healthy Living Pharmacies

***No data available for CCG Commissioned Services

****No data available for Sexual Health Services (commissioned by Lincolnshire County Council)

Outside Lincolnshire Border

ODS number	Provider type	Pharmacy name	Address	Opening hours			PhAS	Lincolnshire County Council Commissioned Services				NHS England Advanced Services			
				Monday-Friday	Saturday	Sunday		Stop Smoking Service	Needle Exchange	EHC + Pregnancy testing	Supervised Administration	MUR	NMS	AUR	SAC
	GP Disp Practice	The Welby Practice	Bottesford Surgery, 25 Walford Close, Bottesford NG13 0AN				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Belvoir Vale Surgery	17A Walford Close, Bottesford NG13 0AN				N	N	N	N	N	N	N	N	N
	GP Disp Practice	Hibaldstow Medical Centre	11 Church Street, Hibaldstow DN20 9ED				N	N	N	N	N	N	N	N	N
	GP Disp Practice	The Stackyard Surgery	1 The Stackyard, Croxton Kerrial, Grantham NG32 1QS				N	N	N	N	N	N	N	N	N

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**No data available for Healthy Living Pharmacies

***No data available for CCG Commissioned Services

****No data available for Sexual Health Services (commissioned by Lincolnshire County Council

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Appendix B: List of GP practices providing extended hours services and corresponding community pharmacies open during these hours

District	GP name and address	Extended Opening hours	Name of nearest community pharmacy open during extended hours	Distance of community pharmacy to GP Practice
Boston	Liquorpond Surgery, 10 Liquorpond Street, Boston PE21 8UE	M, W 18:30-20:00	Asda Pharmacy, Sleaford Road, Boston PE21 8EQ	0.4 miles
	Parkside Medical Centre, Tawney Street, Boston PE21 6PF	M-W, Th 07:30-08:00 Tu 18:30-20:00	Asda Pharmacy, Sleaford Road, Boston PE21 8EQ	0.6 miles
	(Dispensing Practice) Swineshead Medical Group, Fairfax House, 1 Packhorse Lane, Swineshead PE20 3JE	Tu-W 18:30-19:15 Th 07:15-08:00	Asda Stores, Sleaford Road, Boston, PE21 8E	5.8 miles
	Westside Surgery, Sleaford Road Medical Centre, Boston PE21 8EG	M, Th 18:30-20:00 Tu 18:30-19:00	Asda Pharmacy, Sleaford Road, Boston PE21 8EQ	0.1 miles
	Greyfriars Surgery, South Square, Boston PE21 6JU	M 18:30-20:00	Asda Pharmacy, Sleaford Road, Boston PE21 8EQ	0.5 miles
	Stuart House Surgery, Sleaford Road, Boston PE21 8EG	M 18:30-20:00 W 18:30-19:30	Asda Pharmacy, Sleaford Road, Boston PE21 8EQ	0.1 miles
	(Dispensing Practice) The Medical Centre, Church End, Old Leake PE22 9LE	Tu 18:30-19:30 W 18:30-19:00	Asda Stores, Sleaford Road, Boston, PE21 8E	6.7 miles
East Lindsey	(Dispensing Practice) The Spilsby Surgery, Bull Yard, Spilsby PE23 5LG	Tu 18:30-20:30 Sat 08:00-10:00	Beacon Pharmacy, Skegness, Road, Ingoldmells, PE25 1JL	10.2 miles
	(Dispensing Practice) Beacon Medical Practice, Churchill Avenue, Skegness PE25 2RN	M-W 18:30-20:00	Morrisons Pharmacy, Wainfleet Road, Skegness, PE25 3QT	0.9 miles

District	GP name and address	Extended Opening hours	Name of nearest community pharmacy open during extended hours	Distance of community pharmacy to GP Practice
East Lindsey	(Dispensing Practice) Merton Lodge Surgery, 33 West Street, Alford LN13 9HT	M-F 18:30-19:00	Marisco Pharmacy, Stanley Avenue, Mablethorpe, LN12 1DP	6.4 miles
	(Dispensing Practice) Marsh Medical Practice, Keeling Street, North Somercotes LN11 7QU	M 18:30-20:00 Tu-W 18:30-19:00 W 07:30-07:45	Marisco Pharmacy, Stanley Avenue, Mablethorpe, LN12 1DP	8.9 miles
	(Dispensing Practice) Newmarket Medical Practice, 153 Newmarket, Louth LN11 9EH	M 18:30-19:30 Tu, W 18:30-19:00 Th 07:00-08:00	Marisco Pharmacy, Stanley Avenue, Mablethorpe, LN12 1DP	10.7 miles
	(Dispensing Practice) The New Coningsby Surgery, 20 Silver Street, Coningsby LN4 4SG	Th 18:30-20:00 Sat 08:00-12:00	Asda Pharmacy, Sleaford Road, Boston, PE21 8E	10.6 miles
	(Dispensing Practice) Tasburgh Lodge, 30 Victoria Av, Woodhall Spa LN10 6TY	M 07:30-08:00 Tu 18:30-19:00	The Riverside Pharmacy, 47 Boston Road, Sleaford, NG34 7HD	13.2 miles
Lincoln City	Portland Medical Practice, 60 Portland Street, Lincoln LN5 7LB	M-Tu 18:30-19:30 Th 18:30-19:15	Lloyds Pharmacy, Brayford Quays, Newland LN1 1YA	0.5 miles
	Lindum Medical Practice, 1 Cabourne Court, Lincoln LN2 2JP	M 18:30-20:00 T, Th 07:30-08:00	Tesco Instore Pharmacy, Wragby Road, Lincoln LN2 4QQ (Monday only) Lloyds Pharmacy, Brayford Quays, Newland LN1 1YA	0.6 miles 1.5 miles
	Boultham Park Medical Practice, Boultham Park Road, Lincoln LN6 7SS	Sat 08:00-13:00	Lloyds Pharmacy Inside Sainsbury's, Tritton Road, Lincoln LN6 7QN	0.9 miles

District	GP name and address	Extended Opening hours	Name of nearest community pharmacy open during extended hours	Distance of community pharmacy to GP Practice
Lincoln City	Woodland Medical Practice, Jasmin Road, Lincoln LN6 0QQ	W 18:30-20:30	Lloyds Pharmacy Inside Sainsbury's, Tritton Rd, Lincoln LN6 7QN	1.3 miles
	Cliff House Medical Practice, 82 Burton Road, Lincoln LN1 3LJ	M 18:30-20:00	Lloyds Pharmacy, Brayford Quays, Newland LN1 1YA	0.7 miles
	Brant Road Surgery, 291 Brant Road, Lincoln LN5 9AB	Tu-W 18:30-20:00	Asda Pharmacy, Newark Road, North Hykeham LN6 8JY	1.4 miles
	Glebe Park Surgery, 17 Montaigne Crescent, Lincoln LN2 4QN	M 07:00-08:00	Lloyds Pharmacy, Brayford Quays, Newland LN1 1YA (open from 07:30)	1.9 miles
			Lloyds Pharmacy Inside Sainsbury's, Tritton Road, Lincoln LN6 7QN	4.1 miles
	Birchwood Medical Practice, Jasmin Road, Lincoln LN6 0QQ	M 18:30-20:00 W 07:00-08:00	Lloyds Pharmacy, Inside Sainsbury's, Tritton Road, Lincoln LN6 7QN	1.3 miles
	Brayford Medical Practice, Newland Health Centre, 34 Newland, Lincoln LN1 1XP	W 07:00-08:00	Lloyds Pharmacy, Brayford Quays, Newland, Lincoln LN1 1YA (open from 07:30)	0.1 miles
Lloyds Pharmacy Inside Sainsbury's, Tritton Road, Lincoln LN6 7QN			2.3 miles	
The Witham Practice, Newland Health Centre, 34 Newland, Lincoln LN1 1XP	M-Tu, Th-F 18:30-18:45	Lloyds Pharmacy, Brayford Quays, Newland LN1 1YA	0.1 miles	

District	GP name and address	Extended Opening hours	Name of nearest community pharmacy open during extended hours	Distance of community pharmacy to GP Practice
North Kesteven	(Dispensing Practice) Cliff Villages Medical Practice, Grantham Road, Navenby LN5 0JJ	Tu 18:30-20:40	Asda Pharmacy, Newark Road, North Hykeham, LN6 8JY	6.5 miles
	(Dispensing Practice) Millview Medical Centre, 1 Sleaford Road, Heckington NG34 9QP	M 18:30-20:00	The Riverside Pharmacy, 47 Boston Road, Sleaford, NG34 7HD	4.2 miles
	(Dispensing Practice) Ruskington Medical Practice, Brookside Close, Ruskington NG34 9GQ	M, Th-F 07:30-08:00 M 18:30-19:15 Tu-W, F 18:30-19:00	The Riverside Pharmacy, 47 Boston Road, Sleaford, NG34 7HD	3.5 miles
	(Dispensing Practice) Sleaford Medical Group, 47 Boston Road, Sleaford NG34 7HD	M-F 18:30-20:00	The Riverside Pharmacy, 47 Boston Road, Sleaford, NG34 7HD	0.0 miles
	Richmond Medical Centre, Moor Lane, North Hykeham LN6 9AY	M 18:30-19:45	Asda Pharmacy, Newark Road, North Hykeham LN6 8JY	0.3 miles
	(Dispensing Practice) Billinghay Medical Practice, 39 High Street, Billinghay LN4 4 AU	W 18:30-19:45	Tesco instore Pharmacy, 65 Northgate, Sleaford, NG34 7BB	7.7 miles
	The Heath Surgery, London Road, Bracebridge Heath LN4 2LA	W 18:30-20:00	Lloyds Pharmacy Inside Sainsbury's, Tritton Road, Lincoln LN6 7QN	2.0 miles
	The Surgery, School Lane, Washingborough LN4 1BN	M 18:30-19:30	Boots, Unit 1, The Carlton Centre, Outer Circle Rd, Lincoln LN2 4WA	2.0 miles
	(Dispensing Practice) Bassingham Surgery, 20 Torgate Lane, Bassingham LN5 9HF	M 18:30-20:00	Asda Pharmacy, Newark Road, North Hykeham, LN6 8JY	4.7 miles

District	GP name and address	Extended Opening hours	Name of nearest community pharmacy open during extended hours	Distance of community pharmacy to GP Practice
South Holland	(Dispensing Practice) Munro Medical Centre, West Elloe Av, Spalding PE11 2BY	M-Th 18:30- 20:00	Lloyds Pharmacy, Sainsbury's Holland Market Retail Park, Spalding, PE11 1RQ	0.5 miles
	(Dispensing Practice) Gosberton Medical Centre, Lowgate, Gosberton PE11 4NL	M-Tu 07:10- 08:00	Lloyds Pharmacy, Sainsbury's Holland Market Retail Park, Spalding, PE11 1RQ	5.6 miles
	(Dispensing Practice) Littlebury Medical Centre, Fishpond Lane, Holbeach PE12 7DE	Tu 18:30- 19:30	Lloyds Pharmacy, Sainsbury's Holland Market Retail Park, Spalding, PE11 1RQ	7.3 miles
	(Dispensing Practice) Abbeyview Surgery, Thorney Road, Crowland PE6 0AL	M-Tu 07:30- 08:00 Th 18:30- 20:00	Lloyds Pharmacy, Sainsbury's, Flaxland, Bretton, PE3 8DA	7.6 miles
	(Dispensing Practice) Pennygate Health Centre, 210 Pennygate, Spalding PE11 1LT	Tu 18:30- 20:30	Lloyds Pharmacy, Sainsbury's Holland Market Retail Park, Spalding, PE11 1RQ	0.7 miles
South Kesteven	Lakeside Healthcare Stamford, Ryhall Road, Stamford PE9 1YA	T, Th 18:30- 20:00 Sat 08:00- 12:00	Stamford Pharmacy, 6 St Mary's Hill, Stamford PE9 2DW	0.6 miles
	(Dispensing Practice) Ancaster Surgery, 12 Ermine Street, Ancaster NG32 3PP	Tu 18:30- 20:30	Tesco instore Pharmacy, 65 Northgate, Sleaford, NG34 7BB	5.4 miles
	(Dispensing Practice) The Deepings Practice, Godsey Lane, Market Deeping PE6 8DD	Sat 08:00- 11:55	Tesco instore Pharmacy, South Road, Bourne, PE10 9LS	5.7 miles

District	GP name and address	Extended Opening hours	Name of nearest community pharmacy open during extended hours	Distance of community pharmacy to GP Practice
South Kesteven	(Dispensing Practice) Hereward Medical Centre, Exeter St, Bourne PE10 9XR	M 18:30-20:30 Sat 08:00-12:15	Tesco instore Pharmacy, South Road, Bourne, PE10 9LS	0.9 miles
	St Peter's Hill Surgery, 15 St Peter's Hill, Grantham NG31 6QA	Sat 08:30-12:30	St Peter's Hill Pharmacy, 15 St Peter's Hill, Grantham NG31 6QA	0.0 miles
	St John's Medical Centre, 62 London Road, Grantham NG31 6HR	Tu 18:30-20:30 Sat 09:00-12:30	Boots Chemists, 62 London Road, Grantham NG31 6HR (Saturday only)	0.0 miles
			St Peter's Hill Pharmacy, 15 St Peter's Hill, Grantham NG31 6QA	0.3 miles
	(Dispensing Practice) Bourne Galletly Practice Team, The Surgery, 40 North Road, Bourne PE10 9BT	Tu 07:00-08:00 Th 18:30-20:00	Tesco instore Pharmacy, South Road, Bourne, PE10 9LS (Thursday only) Lloyds Pharmacy, Sainsbury's Holland Market Retail Park, Spalding, PE11 1RQ	1.2 miles 9.4 miles
	(Dispensing Practice) The Medical Centre, Dring's Field, 10 Valley Lane, Long Bennington NG23 5FR	T, Th 18:30-20:00	Asda Pharmacy, Lombard Street, Newark, Nottinghamshire, NG24 1XG	5.8 miles
	(Dispensing Practice) The Little Surgery, 21 St Mary's St, Stamford PE9 2DG	Tu 18:30-19:30	Stamford Pharmacy, 6 St Mary's Hill, Stamford, PE9 2DW	0.1 miles

District	GP name and address	Extended Opening hours	Name of nearest community pharmacy open during extended hours	Distance of community pharmacy to GP Practice
South Kesteven	(Dispensing Practice) The Market Cross Surgery, Bourne Road, Corby Glen NG33 4BB	M 18:30-20:30 Sat 09:00-10:30	Well Bourne, Hereward MC, Exeter Street, Bourne, PE10 9NJ (Saturday only) St Peter's Hill Pharmacy, 15 St Peter's Hill, Grantham, NG31 6QA	6.2 miles 8.7 miles
	(Dispensing Practice) The New Springwells Practice, The Surgery, Billingborough NG34 0QQ	Tu 18:30-20:15	The Riverside Pharmacy, 47 Boston Road, Sleaford, NG34 7HD	7.7 miles
	(Dispensing Practice) The Stackyard Surgery, 1 The Stackyard, Croxton Kerrial NG32 1QS	Sat 08:00-12:45	Asda Pharmacy, Union Street, Grantham, NG31 6NZ	6.4 miles
	(Dispensing Practice) The Surgery, Main Street, Woolsthorpe by Belvoir NG32 1LX	Sat 08:00-12:45	Asda Pharmacy, Union Street, Grantham, NG31 6NZ	4.9 miles
	(Dispensing Practice) Glenside Country Practice, 12B High Street, Castle Bytham, NG33 4RZ	M, Th 18:30-19:30	Tesco instore Pharmacy, South Road, Bourne, PE10 9LS	7.2 miles
West Lindsey	(Dispensing Practice) Nettleham Medical Practice, 14 Lodge Lane, Nettleham LN2 2RS	Th 18:30-20:00 Sat 09:00-12:00	Lincoln Co-Op Chemists, 6 Church Street, Nettleham, LN2 2PD (Saturday only) Boots Chemists, Unit 1, The Carlton Centre, Outer Circle Road, Lincoln, LN2 4WA	0.6 miles 2.0 miles

District	GP name and address	Extended Opening hours	Name of nearest community pharmacy open during extended hours	Distance of community pharmacy to GP Practice
West Lindsey	(Dispensing Practice) Welton Family Health Centre, 4 Cliff Road, Welton LN2 3JH	M 18:30-20:00 W 18:30-19:00	Boots Chemists, Unit 1, The Carlton Centre, Outer Circle Road, Lincoln, LN2 4WA	4.6 miles
	(Dispensing Practice) The Surgery, Mill Road, Market Rasen LN8 3BP	T-Th 18:30-19:15	Pharmacy Wise Wragby, Market Place, Wragby, LN8 5QU (Thursday only)	6.9 miles
			Boots Chemists, Unit 1, The Carlton Centre, Outer Circle Road, Lincoln, LN2 4WA	12.1 miles
	(Dispensing Practice) The Ingham Surgery, Lincoln Road, Ingham LN1 2XF	Tu 18:30-19:00 W 07:30-08:00	Lloyds Pharmacy, Brayford Quays, Newland, Lincoln, LN1 1YA	7.6 miles
Outside Lincolnshire Border	(Dispensing Practice) The Welby Practice, Bottesford Surgery, 25 Walford Close Surgery, Bottesford NG13 0AN	Th 18:30-19:45	Asda Pharmacy, Union Street, Grantham, NG31 6NZ	6.9 miles
	(Dispensing Practice) Belvoir Vale Surgery, 17A Walford Close, Bottesford NG13 0AN	M 18:30-20:15	Asda Pharmacy, Union Street, Grantham, NG31 6NZ	6.9 miles

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Tony McGinty, Interim Director of Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 December 2017
Subject:	Lincolnshire Health and Wellbeing Board Membership Review

Summary:

At the Health and Wellbeing Board (HWB) meeting on 20 June 2017 it was agreed that a review of the Board's membership should be undertaken to ensure the right representation is in place to drive forward the new Joint Health and Wellbeing Strategy, and to take account of wider developments across the local health and care system.

It was agreed that a paper setting out the proposed changes arising from the review be brought to this meeting of the Board for approval, and that following this, any revisions to membership requiring a change to Lincolnshire County Council's Constitution should go forward to Full Council for approval in early 2018.

Actions Required:

The Health and Wellbeing Board is asked to:

1. Endorse the membership changes recommended by the Working Group in section 1.5 on page 4 of this report.
2. Agree the proposed recommendations are formally submitted to Full Council in early 2018 to enable the appropriate changes to be made to the County Council's Constitution.

1. Background

1.1 Statutory Context

Under the Health and Social Care Act 2012, all upper tier and unitary local authorities are required to establish a Health and Wellbeing Board (HWB) for its area. In 2013, the HWB was formally established as a committee of Lincolnshire County Council. The functions of the HWB are set out in Sections 195 and 196 of the Act as follows:

- to encourage persons who arrange for the provision of any health and social care services in the area to work in an integrated manner;
- to provide advice, assistance or other support, as it thinks appropriate, for the purpose of encouraging joint commissioning;
- to prepare and publish a Joint Strategic Needs Assessment (JSNA) on the local population;
- to prepare and publish a Joint Health and Wellbeing Strategy (JHWS);
- to receive the commissioning plans for the Clinical Commissioning Groups – this includes involvement in preparing the plans and ensuring that they take account of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

In addition to the statutory functions listed above, the Act also makes provision for the local authority to delegate any powers or functions exercisable by the authority to the Board.

The Health and Social Care Act 2012 states the statutory core membership of the HWB is to consist of:

- at least one Councillor of the local authority
- the Director of Adult Social Services for the local authority
- the Director of Children's Services for the local authority
- the Director of Public Health for the local authority
- a representative of the Local Healthwatch organisation for the area of the local authority
- a representative of each relevant Clinical Commissioning Group (CCG)
- such other persons, or representative of such other persons, as the local authority thinks appropriate

Non statutory members to the Board will be directly appointed to the HWB by the statutory elected member (Leader of the Council). Additional members may be appointed to the Board as it thinks appropriate at any point. Before any new member is appointed to the Board, however, the HWB must be consulted.

The current membership and functions of the HWB, as detailed in the Council's Constitution, is presented in Appendix A.

At the Board meeting in June 2017, the HWB agreed to undertake a review of its membership to ensure the Board is engaging the right stakeholders to enable it to be the key driving force for health and care integration. The context for the review is:

- national policy requiring closer integration
- the emerging Joint Health and Wellbeing Strategy
- the relationship and linkages with the Sustainability and Transformation Plan (STP)
- the establishment of the Housing, Health and Care Delivery Group

1.2 Review Process

In consultation with the Chairman of the Board, a three stage approach to the review as adopted:

- | | |
|-----------|--|
| Aug 2017 | Desktop research to review different membership models from other HWBs. Consideration was given to work undertaken by the Local Government Association (LGA) into what makes a good HWB, with a specific focus on HWB areas that have completed a LGA Peer Review. |
| Sept 2017 | HWB members were asked to submit their views on whether the HWB membership should be extended or refreshed. |
| Oct 2017 | Working group convened to consider the findings of the desktop research and the views of HWB members. Recommendations on a suggested way forward to be made to the HWB meeting in December 2017. |

1.3 Desktop Research

Nine HWB identified by the LGA as 'best practice' were reviewed, however, only two of examples were two tier areas therefore four neighbouring HWB areas in the East Midlands were also considered. Key themes from the research:

- Whilst each HWB's membership reflects local circumstances and priorities there are some commonalities, for example:
 - Many HWB memberships have developed beyond the statutory minimum to include organisations involved in the wider determinant aspects of health and wellbeing.
 - The majority of HWBs now include the Police and Crime Commissioner (PCC)/Police.
 - A number of HWBs have opted to extend membership by including non-voting representatives – the advantage of this approach is they are able to take part in the discussions to help shape the direction but are not part of the final decision making.
- The number of members sitting on the HWB varies from 29 to 9, but the average number is 19 members.

1.4 Feedback from HWB Members

Five responses were received from HWB members and key themes from the feedback are:

- Refresh the membership rather than extend.
- Need to limit the number of board members so that the HWB does not become too big and unwieldy.
- Strong support for the inclusion of the PCC.
- Advantage having strong GP/Clinical representation although health representation on the HWB needs to be reconsidered to take account of a number of changes in the health system, most notably now having only one representative for both South and South West CCGs and the relationship with the STP.
- The number of County Councillors on the Board needs to be reviewed.
- A request from District Councils for an additional place on the HWB.

1.5 Recommendations of the Working Group

The Working Group, made up of representation from the County Council, CCGs and District Councils, met on 31 October 2017 to consider the findings. The recommendations from the Working Group are to extend core membership to:

- the Police and Crime Commissioner to enable closer joint working on key areas such as mental health, and
- the Chairman of the Lincolnshire Coordination Board to strengthen the links with the STP.

Discussions are still ongoing regarding wider changes to the overall composition of Board's membership.

2. Conclusion

At a previous meeting the Board agreed to review its membership to ensure the right representation is in place to drive forward the new Joint Health and Wellbeing Strategy, and to take account of wider developments across the local health and care system. In line with statutory requirements, the review has sought the views of current HWB members and any subsequent changes endorsed by the Board will be submitted to Full Council for formal approval.

3. Consultation

In line with the requirements of the Health and Care Act 2012, Members of the HWB were consulted as part of the review process.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Exact from Lincolnshire's County Council's Constitution – Lincolnshire Health and Wellbeing Board

5. Background Papers

Document	How it can be accessed
Lincolnshire County Council Constitution	https://www.lincolnshire.gov.uk/local-democracy/how-the-council-works/the-constitution/
Health and Social Care Act 2012	http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

This report was written by Alison Christie, Programme Manager Health and Wellbeing, who can be contacted on 01522 552322 or alison.christie@lincolnshire.gov.uk

Extract from Lincolnshire's County Council's Constitution - Lincolnshire Health and Wellbeing Board

The HWB is a Committee of the County Council. The Council's Constitution (Part 2, Section 7.06) sets out the governance arrangements for the Board. The Constitution provides for the following persons to be a member of the Board:

The Executive Councillor for NHS Liaison & Community Engagement
The Executive Councillor for Adult Care, Public Health and Children's Services
The Executive Councillor for Libraries, Heritage, Culture, Registration and Coroners Service
Five Further County Councillors
The Director of Public Health
The Director of Children's Services
The Director of Adult Social Services

A designated representative from each clinical commissioning group in Lincolnshire
A designated representative from the NHS Commissioning Board
One designated District Council representative
A designated representative of Healthwatch

Functions

- To encourage persons who arrange the provision of any health and social care services in the area to work in an integrated manner
- To provide such advice, assistance or other services as it thinks appropriate for the purpose of encouraging joint commissioning
- To prepare and publish a Joint Strategic Needs Assessment
- To prepare and publish a Joint Health and Wellbeing Strategy

Quorum

One third of the membership of the Board to include a representative from the clinical commissioning groups, a Lincolnshire County Council Executive Councillor and either the Chairman or the Vice Chairman.

Frequency of Meetings

The Board shall meet no less than four times each year including an AGM.

Chairman and Vice

The Board shall elect its Chairman and Vice Chairman at its AGM.

Voting

Each member of the Board shall have one vote and decisions will be made by a simple majority. The Chairman will have a casting vote.

Substitutes

Each member of the Board can nominate a named substitute. Two working days advanced notice that a substitute member can attend a meeting of the Board will be given to the Democratic Services Manager. Substitute members will have the same powers as Board members.

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of East Lindsey Strategic Health and Wellbeing Partnership

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 December 2017
Subject:	East Lindsey Strategic Health and Wellbeing Partnership's Quality of Life Health and Wellbeing Strategy 2017-18

Summary:

This report considers a Health and Wellbeing Strategy for East Lindsey. This has been developed by East Lindsey's Health and Wellbeing Partnership, a group of organisations working together to improve the health and wellbeing of local residents. The core members are East Lindsey District Council (ELDC), Lincolnshire County Council (LCC) and Lincolnshire East Clinical Commissioning Group (LECCG). The Partnership aims to support delivery of the Lincolnshire Health and Wellbeing Strategy and contribute towards delivering their own corporate strategy ambitions. The Partnership aims, through this Strategy, to add value through collective activity on a small number of agreed priorities.

Actions Required:

The Board is requested to endorse East Lindsey's Quality of Life Health and Wellbeing Strategy 2017-18, noting that this will be refreshed in 2018 to align to Lincolnshire's Joint Health and Wellbeing Strategy priorities and timeframes for revision.

1. Background

- 1.1. East Lindsey's Health and Wellbeing Partnership was retained when Local Strategic Partnerships (LSPs) were de-commissioned. It was re-focussed in 2015 to consist of a smaller group of core partners, to develop a strategy and action plan. The Partnership meets every 2-3 months, convened and supported by LCC Public Health Division.
- 1.2. A wider partnership of public, voluntary and community agencies meets as the East Lindsey Quality of Life Group. This Group, also convened and supported by LCC's Public Health colleagues, meets quarterly to share information and promote better multi-agency working.

- 1.3. Most Lincolnshire District Councils have local health partnerships. North Kesteven District Council and Boston Borough Council have agreed locally-focussed strategies, which have been presented to Lincolnshire's Health and Wellbeing Board. Like these partnerships, East Lindsey's Health and Wellbeing Strategy aims to address the social determinants of health and wellbeing rather than 'medical' issues, taking note of but avoiding duplication with NHS strategy documents.
- 1.4. The East Lindsey Strategy draws on evidence from Public Health England's East Lindsey Health Profile 2017 published in July 2017 and Lincolnshire's Joint Strategic Needs Assessment published in June 2017.
- 1.5. The Strategy and its related action plan are intended to run for one year, so that they can, if necessary, be refreshed in 2018, to support delivery of Lincolnshire's Joint Health and Wellbeing Strategy and align to its timeframes for review.
- 1.6. The Strategy action plan includes both projects which will be monitored through meeting agreed milestones (e.g. setting up and delivering multi-agency workshops on planning and housing), and programmes which will be monitored by specific outcome measures (e.g. the number of people with disabilities in employment will be measured in the next census).
- 1.7. The Strategy is owned collectively by East Lindsey's Strategic Health and Wellbeing Partnership i.e. it is not a Strategy of the District Council in isolation. The Partnership is chaired by LCC Public Health Division.
- 1.8. East Lindsey District Council's Overview Committee (5 September) commented on the Strategy which was then supported by the Executive Board (27 September 2017). The Executive Board requested that the Strategy is promoted to those organisations who can contribute to this as it develops.
- 1.9. Lincolnshire East CCG's Governing Body considered the Strategy at its October meeting.

2. Conclusion

- 2.1 East Lindsey's Strategic Health and Wellbeing Partnership's Strategy aims to deliver a small number of locally-relevant activities. The Partnership aims to support the work of others, adding value to and extending their activity, rather than generating lots of new activity, especially where this requires extra resource. Being able to lever greater support for existing initiatives e.g. dementia awareness, is likely to generate long-term and more widespread returns. The Health and Wellbeing Board is asked to endorse the Strategy.

3. Consultation

Members of the East Lindsey Quality of Life Group have been actively involved in developing this Strategy. The District Council's Overview Committee has also had the opportunity to comment.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	East Lindsey Health and Wellbeing Partnership's Quality of Life Health and Wellbeing Strategy 2017-18

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Samantha Neal, Strategic Development Manager, ELDC and Vice Chair, East Lindsey Strategic Health and Wellbeing Partnership, who can be contacted on 01507 601111 or Samantha.neal@e-lindsey.gov.uk

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East Lindsey Health & Wellbeing Partnership

Quality Of Life Health & Wellbeing Strategy 2017/18



East Lindsey residents enjoy a superb natural environment, relaxed pace of life and low crime rates. But some also experience health and wellbeing challenges arising from lifestyle choices, physical inactivity and low income. We have an ageing population with specific needs and our rural geography mean some residents experience isolation and limited access to services.

East Lindsey Health and Wellbeing Partnership are a group of local organisations exploring ways of working together to improve the health and wellbeing of residents.

Who are we?

- East Lindsey District Council
- Lincolnshire County Council
- Lincolnshire East Clinical Commissioning Group

To support Lincolnshire's Joint Health & Wellbeing Strategy and our corporate priorities, we aim to:

- Identify key priorities for improving health and wellbeing
- Encourage everyone in the sector to collaborate, be creative and ensure services meet local needs
- Support residents to be active in understanding and managing their own health, wellbeing and care
- Develop and oversee an annual delivery plan

Working together, we can promote wellbeing, prevent ill-health and support people to achieve a better Quality of Life.

Our Strategy...

Initially, this is a one year strategy that will be reviewed and updated to align with the renewed Lincolnshire Joint Health and Wellbeing Strategy due in 2018.

Our Action Plan...

An outline of aims and activities we hope to achieve in the first year. To target delivery, our initial focus will be on the East Coast as this is the area of greatest need.

Measuring success...

Milestones and measures of success will be considered and updated annually. Activities aim to improve local health indicators or add social and economic value.

Getting involved...

We welcome organisations with an interest in the health, wellbeing and economic growth to support us. If you are working towards a better quality of life for residents, get in touch at:
eastlindseyqualityoflife@lincolnshire.gov.uk

Quality of life in East Lindsey



700
square miles



137,900
population



Intense pockets of
deprivation. Ranked
33 most deprived
district out of 326 in
England



Almost a quarter
of children live in
poverty (24%)



21% of children are
obese by aged 11



Average salary is
£23,873; £4258 lower
than the national
average



18%
of adults smoke



1 in 10 working aged
adults claim benefits
due to physical
or mental health
condition (9%)



45% of adults
physically inactive



Highest rate of
diabetes in the
country with 11,252
adults living with the
condition (9.2%)



Citizens Advice East
Lindsey help with £2.5
million of problem
debt annually



71% of adults are
overweight or obese



39,800 of population
over 65 years old
(29%)



17,704
unpaid carers (13%)



Estimated 4,100
adults living with
dementia



Life expectancy is 79
years for men and
82 years for women,
both lower than the
national average

Priority 1: Working Together

We aim to help local people improve their wellbeing and resilience and enable communities and organisations to respond to needs and opportunities.

Themes:

- Evidence & Needs
- Gaps & Opportunities
- Networks & Partnerships
- Workforce Development

Why is this important?

- We believe that organisations can work together better and that with the right information and support, residents can do more to improve their own health and wellbeing
- We recognise the constraints of limited resources and capacity within the public, community and voluntary sectors, but welcome all those interested in health and wellbeing to help deliver this Strategy
- Issues cannot be addressed unless partners work together
- The impact will be greater if we add value to the work of others



Priority 2: Promoting Healthy Lifestyles

We aim to help local people improve wellbeing by leading healthier, happier lifestyles and supporting them to address causes of poor health.

Themes:

- Starting Well
- Living Well
- Ageing Well
- Feeling Well

Why is this important?

- Physical inactivity is responsible for 1 in 6 UK deaths. It is the fourth greatest risk factor for premature death and has a bigger impact than obesity
- Meeting the recommended physical activity levels can help prevent type 2 diabetes, colon cancer, coronary heart disease, stroke, falls and hypertension
- Being active reduces the risk of developing Alzheimer's, osteoarthritis, hip fractures and depression
- Physical inactivity currently costs the NHS and wider society £7.4 billion annually



Priority 3: Tackling Social & Economic Determinants

To help local people improve resilience and security, improving access to information and services.

Themes:

- Accessible Services
- Digital & Financial Inclusion
- Safe & Secure Housing
- Economic Wellbeing
- Neglect & Abuse

Why is this important?

- Health and wellbeing are determined by complex relationships between the individual, lifestyle choices and the physical, social and economic environment
- Health inequalities result from social inequalities
- Low household income and debt are often two of the main drivers behind poor physical and mental health
- People living in poor quality housing are at greater risk of respiratory conditions and mental ill-health



Who's who in East Lindsey Heath & Wellbeing?

Lincolnshire Health and Wellbeing Board is an executive committee of Lincolnshire County Council with representatives from Districts, Clinical Commissioning Groups and Healthwatch. They produce the Joint Health and Wellbeing Strategy to direct local commissioning and action.

Lincolnshire County Council Public Health Directorate supports activity across the county to prevent ill-health and to improve health outcomes.

Lincolnshire East Clinical Commissioning Group hold budgets to buy local health services from providers. There are four groups across Lincolnshire.

East Lindsey Quality of Life Group is an information sharing network which meets quarterly and is open to any organisation in the District.

East Lindsey District Council value the health and wellbeing of residents and support improvements through delivery of services and partnerships.

Care Quality Commission is the national body overseeing and inspection the performance of health service providers.

Public Health England is a national agency whose role includes providing information and advice to the public and to professionals. They produce an annual snapshot Health Profile for each District.

Lincolnshire Joint Strategic Needs Assessment is a shared evidence base made up of commentaries and data sources which reports on the key areas of health and wellbeing in Lincolnshire.

2017/18 Delivery Plan

AREA	AIM	ACTIVITY	MILESTONES & MEASURES
PRIORITY 1: WORKING TOGETHER			
Dementia Friendly Communities	To support Skegness to become the country's first dementia friendly seaside town.	To raise awareness of and reduce the barriers affecting those living with dementia, encouraging businesses and service providers to adapt their current provision.	<ul style="list-style-type: none"> • Becoming recognised as a Dementia Friendly community
Understanding Hospital Discharge	To understand the process and causes for delays in hospital discharge and to plan to reduce these.	To deliver a pilot hospital housing link project to understand current needs and gaps. Convene a workshop based on the outcomes to explore potential improvements.	<ul style="list-style-type: none"> • Appointment of Hospital Housing Link Worker (Sept 2017) • Deliver workshop for housing partners (March 2018)
Understanding Housing Services	To understand the scope for greater collaboration between housing, health and care services.	To convene a workshop for partners and colleagues to understand current services, requirements of new legislation and future collaboration.	<ul style="list-style-type: none"> • Report on gaps in provision (Jan 2018) • Deliver workshop to explore solutions (March 2018)
Understanding the Planning System	To understand and plan to meet the future needs and opportunities for healthcare services.	To convene a workshop for partners and colleagues to understand the planning process to ensure future health needs are considered.	<ul style="list-style-type: none"> • Deliver workshop to partners to identify actions (July 2018)
Ageing Better	To reduce loneliness and social exclusion amongst the over 50's	To commission services that reduce social isolation, support volunteering and befriending and develop networks. Increase number of Age Friendly Businesses.	<ul style="list-style-type: none"> • Continue to expand networks and opportunities for the over 50's • No. of Age Friendly Businesses
PRIORITY 2: PROMOTING HEALTHIER LIFESTYLES			
Living Well with Dementia	To support the Skegness Dementia Action Alliance to help people live well with dementia.	To ensure those living with or caring for those with dementia have support, advice and care.	<ul style="list-style-type: none"> • No. of organisations engaged • No. of Dementia Friends • No. of Dementia Champions

AREA	AIM	ACTIVITY	MILESTONES & MEASURES
Community Referral & Social Prescribing	To ensure appropriate pathways to advice and support, providing confidence to individuals and referral partners.	To ensure residents with needs are recognised and people are supported to find the right information and activities to improve their own outcomes.	<ul style="list-style-type: none"> • Social Prescribing Pilot in place • Formalise referrals from primary care services (Dec 2017)
One You Lincolnshire	To support people to make simple changes towards a longer and happier life.	One You provides tools, support and encouragement every step of the way, to help people make better choices today. To improve their health right away and prevent risks in later life.	<ul style="list-style-type: none"> • Promote & present One You and other national campaigns • Provide partners with access to campaign resources
Making Every Contact Count	To ensure the appropriate promotion materials and training are available to partner organisations.	To utilise day to day interactions that organisations have with people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.	<ul style="list-style-type: none"> • Relationship building and promotion to encourage engagement with MECC • No. of MECC training courses delivered
PRIORITY 3: TACKLING SOCIAL & ECONOMIC DETERMINANTS			
Reduce the disability employment gap	To reduce the local disability employment gap by identifying and overcoming barriers to employment.	To ensure those with disabilities have equal opportunities to apply for and secure work with appropriate support to meet their needs.	<ul style="list-style-type: none"> • Reduced number of disabled adults out of work (Census 2021) • No. of Employers registered as disability confident
Preparing for Universal Credit	To understand welfare reforms, economic impact and support transition to local full service.	To ensure residents moving onto Universal Credit make and manage their claims, understand the incentive to work and secure their economic wellbeing.	<ul style="list-style-type: none"> • Prepare residents for digital full service (March 2018) • No. of residents budgeting support offered to

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of
the Lincolnshire Sustainability and Transformation Partnership

Report to	Lincolnshire Health and Wellbeing Board
Date:	5 December 2017
Subject:	Sustainability and Transformation Partnership (STP) Update

Summary:

This report provides information on the progress since the last report to the Health and Wellbeing Board in September 2017.

Actions Required:

To note the progress in the last 3 months.

1. Background

1.1 Context

Following several years of work on the Lincolnshire Health and Care (LHAC) programme and the subsequent development of the Sustainability and Transformation Plans (STPs) as a national requirement, the Lincolnshire STP (one of 44 in England) was published in December 2016. Put simply, it is a plan of actions to address the significant challenges we face, and to ensure that a safe and sustainable NHS is secured for the future.

1.2 Seven Key priorities

Lincolnshire has been working on seven key priorities since April 2017. Since the last update to the Board in September 2017, the following progress has been made;

1.2.1 Mental Health

- The psychiatric intensive care unit opened in July 2017, enabling male patients with the most intensive mental health needs to be cared for locally without the need to travel out of the county, this unit is now fully operational. There has been a reduction in out of area treatments meaning that a number of patients have been cared for in the county who would otherwise have had to leave Lincolnshire for their care.
- Other initiatives that aim to increase the number of people being cared for closer to home either within a Lincolnshire bedded service or at home are as follows;
 - Psychiatric Clinical Decisions Unit - All staff recruited and service to be fully operational by 2 January 2018.
 - Enhancement of Crisis Resolution and Home Treatment teams – Partial recruitment of staff but on track to be fully recruited with the service to be fully operational by 30 January 2018
 - Expansion of Bed Managers Team - All staff recruited and service to be fully operational by 2 January 2018.

1.2.2 Neighbourhood Teams

Since September 2018, work to develop the next 6 Neighbourhood Teams has gathered pace:

- Gainsborough – continues to develop with an increasing number of people and groups now part of the Neighbourhood Team, including local care homes and community pharmacists.
- The five new sites are becoming established with both Boston and Stamford holding local stakeholder events and all have clear implementation plans in place.
- A recruitment process is underway to identify Operational Lead posts for the neighbourhood areas with these key individuals being identified by the middle of December.
- Work is also moving forward with Public Health colleagues to develop Health Needs profiles for each area to support their more detailed planning of services.

1.2.3 Implementation of GP Forward View

The STP has now appointed a senior programme manager to work alongside clinicians and drive this critical area of work forward. The key focus is:

- Applying for the next wave of International GP Recruitment. Lincolnshire has successfully led the way with this initiative with 26 new GPs in place and the opportunity to appoint a further 39 during 2018.
- Workforce planning – a detailed Workforce Plan has now been completed which identifies the work needed to ensure a robust workforce for General Practice over the next 5 years.
- Supporting the roll out of 7 day access to Primary Care.

1.2.4 Service Reconfiguration

This priority is about the potential reconfiguration of a small number of vitally important services to support the delivery of high quality care and ensure sustainability into the future.

Since the last update to the Board, the Health Scrutiny Committee reviewed the Learning Disabilities consultation document and plan on 11th October. The Committee felt that the

engagement concerning the permanent closure of Long Leys Court should be targeted to people with learning disabilities, their carers and their families. As a result of that recommendation, an engagement plan will be finalised at the Learning Disabilities Partnership Board on the 21st November.

Other service reconfiguration work continues; the services being considered are hyper acute stroke services, breast care services, Grantham A&E services and women and children services. Public Consultation for these remaining four acute care services will be next year, with a number of key gateways still to be completed.

1.2.5 Urgent and Emergency Care Transformation

The main focus of the work continues to be the recovery of the A&E 4 hour standard.

- The Urgent Care Streaming Service has now successfully commenced at both Pilgrim Hospital and Lincoln County.
- The work to establish Urgent Treatment Centres within Lincolnshire is being included in the Urgent Care Strategy and the location for the centres will be agreed by March 2018 as required by NHS England in line with the National standards now published.
- Work is on-going to enable all Lincolnshire Care Homes direct access to the Clinical Assessment Service (CAS). Although at an early stage, feedback so far is positive with the CAS being able to support all the calls received to date without the patient needing to go to hospital. Currently 25 care homes use the service, with the aim being for 80 care homes to be using the service by Christmas 2017.

1.2.6 Operational Efficiencies

This new workstream has now established regular liaison within the local community as well as governance mechanisms for overseeing the programmes of work across both the providers and commissioners. A number of projects within the five broad areas of the portfolio have reached implementation stage over the last three months since the last update to the Board. The main themes are highlighted as follows:

- Prescribing & Pharmacy – continuing to progress well, with five current active projects and several more identified for implementation in the new financial year.
- Estates rationalisation – dialogue established across the estates leads, including One Public Estate programme. A project brief for a review of the use of non-clinical space within the county has also been prepared and agreed and work is about to commence following a procurement process for the delivery partner.
- Back Office efficiency – arrangements are progressing well to oversee the development of shared services across the local NHS, along with the underpinning principles. In the meantime, plans to work more collaboratively have been developed for two functions across the providers (in estates and ICT services). More detailed business cases are now in development with a view to subsequent implementation in the new financial year, subject to review and approval.
- Procurement – the providers are now working together on a number of procurement initiatives with a collective effort in addressing the local elements of the national NHS procurement transformation programme. Furthermore, both providers and commissioners have now agreed to a collective approach to the commissioning of pathology services across the county, and this is progressing well.
- Workforce – a number of collective discussions have been arranged, together with greater co-ordination of various data streams, to start developing how the workforce

plans are finalised (including the operational efficiency elements) as part of the forthcoming round of business planning. This area of work still requires more focus and steps are in hand to continue to progress it.

1.2.7 Planned Care

This programme is as follows;

- Transformation of MSK services across Lincolnshire – this work continues with two trips planned to visit other areas of the Country who have already undertaken transformational improvements to their MSK services. This will assist clinicians and managers to finalise the service model for Lincolnshire.
- Reduced demand and referral to secondary care – this includes 4 projects; Referral Management Service (RMS), Peer to Peer Review (GP to GP), Advice and Guidance (GP to Consultant) and Prior Approval.

Work has progressed in all areas and the focus is currently on establishing 'Advice and Guidance' with ULHT. This will enable GPs to access a wide range of support from hospital colleagues without the need for making a formal referral for patients. This is working well now for cardiology referrals and being planned for ENT referrals by the end of November and one further specialty before Christmas.

- 100 day improvement programme – Lincolnshire has successfully bid to NHSE to become "Wave 2" of the national Elective Care Transformation Programme that supports health economies to implement innovative interventions, i.e. the 100 day improvement plans. Despite a delay at national level, the local launch of this programme is set for 13 December with work starting early in the New Year.

2. Conclusion

There is much to be proud of in the NHS in Lincolnshire. There is a strong dedication and commitment to patient care and improving the health of our population from NHS staff and GP practices across the county, and many of our patient services rate very highly.

Good progress continues to be made in delivering the STP in Lincolnshire. We are still at a relatively early implementation stage being eighteen months into a five year programme.

3. Consultation

Public Consultation for service reconfiguration will take place next year.

4. Appendices

Not applicable.

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Sarah Furley, who can be contacted on 07964 304558 or sarah.furley@lincolnshireeastccg.nhs.uk .

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing on behalf of the Joint Commissioning Board.

Report to	Lincolnshire Health and Wellbeing Board
Date:	December 2017
Subject:	Better Care Fund

Summary:

This report provides the Lincolnshire Health and Wellbeing Board with an update on Lincolnshire's BCF plans which includes the submission of the BCF Narrative Plan and the related Planning Template. There is also a finance and performance update showing the current position.

Actions Required:

Lincolnshire Health and Wellbeing Board are asked to note the BCF report update.

1. Background

The Lincolnshire Better Care Fund for 2016/17 was £196.5m. The submitted plan for 2017 – 2019 shows sums of £226m for 2017/18 and £235m for 2018/19.

Formal approval – without any conditions - to the original plan was given on 31 October, however there will be a need to revisit these figures to eliminate some double-counting that has emerged in the sums included for Mental Health – this has been confirmed at the S75 Finance Officers Group and will be included in Q2 BCF monitoring returns and the final published plan.

For 2016/17 both Non Elective Admissions (NEA) and delayed transfers of care (DTC) were a priority, primarily because both nationally and locally NEAs and DTC have increased and are causing additional financial pressures particularly to NHS partners. For 2017/18 the key performance areas are the same as in 2016/17 though there is an ever-increasing focus on DTC performance.

The final requirement of the submission process is to have all relevant Section 75 agreements in place by 30 November. At the time of writing working drafts of the two remaining agreements are outstanding. The BCF Framework Agreement and the Proactive Care Agreement had been issued to the Chief Officers of the Lincolnshire CCGs ahead of a meeting of the System Executive Team on 22 November to agree the contents ahead of signing the agreements in advance of the deadline.

BCF 2017/18 and 2018/19

The BCF Narrative Plan and related Planning Template were submitted to NHSE on 11 September as required on 31 October.

The key **financial** elements of the plan include:-

- An overall BCF Plan of £226.2m for 2017/18 and £235.4m for 2018/19 with the increase predominantly relating to the iBCF funding of over £17m (£22m in 2018/19) , increases in DFG funding, and increases in the aligned CAMHS budget
- Agreement that the 'Minimum Mandated Expenditure on Social Care from the CCG minimum' complies with national requirements for a 1.79% and then 1.9% increase, making the amount provided for the Protection of Adult Care Services £17.13m in 2017/18 and £17.465m in 2018/19.
- Over the three years of the overall iBCF funding to March 2020 the funding will be invested in:

	17/18 to 19/20
Meeting Adult Social Care Need	53%
Reducing Pressures on the NHS	22%
Stabilising the Social Care Market	24%

The key **performance** elements of the BCF Plan relate to:-

- Delayed Transfers of Care (DTC) - An ever increasing focus is being placed on the DTC metric, and increasingly the success of the BCF Plan is nationally seen to depend on being successful in reducing DTC. The Lincolnshire plan assumes that both the local authority and the CCGs will achieve the nationally set DTC targets
- Non Elective Admissions (NEAs) – the BCF Plan also assumes that the nationally set target for NEAs is also achieved.
- In both the above areas the Plan is required to identify whether 'stretch targets' should be set. This challenge has been discussed within LCC and the 4 CCGs, at the JCB and also at the Lincolnshire A&E Delivery Board. It has been agreed that we will not include a stretch target in either of these areas.

Graduation

Graduation – this is the Government's latest phrase for moving local areas from the BCF to the full integration of health and social care. The benefits of being a 'graduation pilot' are still being determined nationally, though proposed benefits include a reduction in bureaucracy and the need to report to (and be reviewed by) central government.

Lincolnshire's Graduation Plan provides a strong evidence base of the ambitions for the Lincolnshire health and social care community. It builds on existing strengths whilst expanding into areas mutually agreed across the community as activities to strongly link within the plan. We also intend that our graduation submission should also make a significant contribution, notably in reducing acute pressures and expanding the capacity of primary/community colleagues to 'do more'.

Our Expression of Interest (Eoi) for Graduation was submitted in May and we are on a shortlist to be selected as a Graduation area.

2. Finance

A finance update is shown as Appendix A. The analysis provides an update on the Better Care Fund (BCF) for 2017-19 focusing on the £39.792m 2017/18 funding allocated directly to Lincolnshire County Council which is made of four funding streams.

- CCG funding for the Protection of Adult Care Services - £17.130m
- iBCF funding announced in the November 2015 budget - £2.105m
- iBCF Supplementary funding announced in the March 2017 budget - £15.265m
- Disabled Facilities Grant (DFG) allocations to District Councils - £5.291m

HWB will be also aware that there has been some revision to the original plan outlined at the beginning of the summer.

Current analysis suggests that total spend within these four areas will total £39.706m producing an underspend of £0.086m.

3. Performance

A performance update is shown in Appendix B. The analysis provides an update on performance measure that the council are required to report both to NHSE and to DCLG as a condition of the Supplementary iBCF. This shows the latest available ratified data, highlights include:

- **Non-Elective Admissions** - A total of 20,690 admissions were made during Q2, 2389 more than target and a 12% increase on the same period last year. The measure has been marked as not achieved for this quarter. Only the South CCG experienced monthly admission rates lower than the HWB plan in August and September in the quarter.
- **Residential Admissions** - Within the first half of 2017/18 there have been 388 permanent admissions of people over 65 to residential or nursing care, 191 less than for the same period last year. The number of new admissions to care homes remains low in Quarter 2, and is therefore better than the target by 177 admissions. Approximately 13% of the new admissions are brand new clients, not previously receiving long term support services. The majority (87%) are for adults transferring from existing long term support services in the community (e.g. from a direct payment or home care).
- **Delayed Days** - There were a total of 6,539 delayed days for patients in Q2, 2,238 fewer than the same period last year. Social Care delays account for 9%, a further fall from the proportion (15%) reported in Q1. The proportion of NHS delays has increased from 71% in Q1 to 77% in Q2. In terms of delay reasons, overall 61% of delayed days relate to three main reasons: waiting for further non-acute care, residential care or packages in the persons home. Compared to Q1 the proportion of delays attributable to awaiting further NHS non acute care has increased from 21% to 26% in Q2. Progress has been made on refining the performance reporting available by showing delays by provider.

- **Reablement** - This is not currently reported on a quarterly basis – as it is based on a 3 month window from January to March each year. The outturn for 16/17 was 75.4% against a target of 80%. Performance colleagues are currently exploring whether more regular reporting can be meaningfully provided.

4. Conclusion

The Lincolnshire BCF Narrative Plan and related Planning Template has been submitted to NHSE and approved without conditions. The Board is asked to note and comment on the information provided in the appendices attached to this report

3. Consultation

None Required.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	BCF Financial Analysis November 2017
Appendix B	2017/18 BCF Performance Report Q2 2017

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Steven Houchin who can be contacted on (01522 554293) or (Steven.Houchin@Lincolnshire.gov.uk)

Better Care Fund Financial Analysis **September-17**

BCF Protection of Adult Care (POAC) Programme	Original 2017/18	Revised 2017/18	Projected	Notes
Transitional Care	£ 1,230,000	£ 1,230,000	£ 1,230,000	Arrangements required to transfer fund to CCG to ensure that total POAC value equals £15.9m
Intermediate Care - Reablement	£ 2,200,000	£ 2,200,000	£ 2,200,000	Ongoing payments to reablement provider payment continuing, full utilisation of funds expected
NHT- Comm int. reablement agency staff	£ 1,400,000	£ 1,400,000	£ 1,400,000	Cotinuation of service delivery via Agency Staff, full utilisation of funds expected
7 day working - provider of last resort	£ 1,500,000	£ 1,500,000	£ 1,500,000	Expectation is that allocation will be fully utilised
7 day working - assessments and care	£ 300,000	£ 300,000	£ 300,000	Expectation is that allocation will be fully utilised
NHT- Demographic growth	£ 2,125,000	£ 2,125,000	£ 2,125,000	Expectation is that allocation will be fully utilised
Care Act	£ 1,712,500	£ 1,712,500	£ 1,712,500	Expectation is that allocation will be fully utilised
Specialist Services - Demographic Growth	£ 2,125,000	£ 2,125,000	£ 2,125,000	Expectation is that allocation will be fully utilised
Specialist Services - Mental Illness Prevention	£ 137,500	£ 137,500	£ 137,500	Transfer to LPFT
Specialist Services - Future Risk Sharing	£ 4,400,000	£ 4,400,000	£ 4,400,000	Expectation is that allocation will be fully utilised
Sub Total	£ 17,130,000	£ 17,130,000	£ 17,130,000	

iBCF Programme	Original 2017/18	Revised 2017/18	Projected	Notes
Carers breaks OP	£ 100,000	£ 100,000	£ 100,000	Expectation is that allocation will be fully utilised
Co-Responders	£ 400,000	£ 400,000	£ 400,000	Expectation is that allocation will be fully utilised
Care Act	£ 287,500	£ 287,500	£ 287,500	Expectation is that allocation will be fully utilised
Trusted Assessors	£ 100,000	£ 100,000	£ 100,000	Expectation is that allocation will be fully utilised
Dementia Family Friends	£ 420,000	£ 420,000	£ 420,000	Expectation is that allocation will be fully utilised
Neighbourhood Team Development	£ 120,000	£ 120,000	£ 120,000	Expectation is that allocation will be fully utilised
Housing for Independence	£ 250,000	£ 250,000	£ 250,000	Expectation is that allocation will be fully utilised
Making every contact count - PH Preventative	£ 42,000	£ 42,000	£ 42,000	Expectation is that allocation will be fully utilised
Carers Breaks LD	£ 50,000	£ 50,000	£ 50,000	Expectation is that allocation will be fully utilised
LPFT Mental Illness Prevention work	£ 237,500	£ 237,500	£ 237,500	Expectation is that allocation will be fully utilised
Integrated Personal Commissioning	£ 100,000	£ 100,000	£ 100,000	Expectation is that allocation will be fully utilised
Other One Off Investment/Reduction	-£ 1,270	-£ 1,270	-£ 1,270	Expectation is that allocation will be fully utilised
Sub Total	£ 2,105,730	£ 2,105,730	£ 2,105,730	

Supp iBCF Programme	Original 2017/18	Revised 2017/18	Projected	Notes
Market Stabilisation - AF HomeCare	£ 2,306,037	£ 1,877,969	£ 2,325,105	Reflects the report presented on 1st September 2017, letters have been issued to providers and we are now awaiting invoices for payments for the first half of the financial year.
Market Stabilisation - AF Direct Payments	£ 1,467,553	£ 412,367	£ 50,000	Link between iBCF and related Homecare/CSL rates broken with use of "part b" payments to providers via grant mechansim. Therefore the liklihood of Direct Payment increases as a direct result of other initiatives is reduced but there is an asumption of some limited impact.
Market Stabilisation SAS - Direct Payments	£ 772,000	£ 579,000	£ -	Link between iBCF and related Homecare rates broken with use of "part b" payments to providers via grant mechansim. In addition there have been no additional payments to LD providers, therefore there is little liklihood of Direct Payment increases with the Learning Disability Area
Market Stablisation - AF Residential Care	£ 761,220	£ 1,124,977	£ 1,592,112	Revised to reflect increases based on placements made in 2016/17 - This also assumes that a full annual payment will be made and not from June 10th - Awaiting Procurement
Staffing	£ 750,000	£ 562,500	£ 562,500	Posts have now been advertised. Some agency posts to support teams whilst we are recruiting these additional posts is currently being incurred - No change
Quick Response Service/Reablement	£ 1,500,000	£ 1,383,782	£ 1,300,000	Revised to reflect increases based on current delivered hours and antcipated average growth of 18 hours per week adjusted to 10th June. Funding is dependent on Allied meeting key targets on hours. Potential to increase part B&C payments (circa £70k) on transitional beds due to procureement of a second lot of 15 beds. - Awaiting Procurement
Mosaic & Information Systems	£ 2,500,000	£ 2,300,000	£ 2,300,000	Includes additional annual costs for the Mosaic Team yet to be transferrd to the new iBCf cost centre.
Mental Health Awareness Training	£ 20,000	£ 20,000	£ 20,000	Assume transfer of funds to deliver project once BCF agreement in place - No change
Adult Safeguarding	£ 490,000	£ 490,000	£ 490,000	Assume transfer of funds to deliver project once BCF agreement in place - No change
Nursing Associates	£ 50,000	£ 50,000	£ 50,000	Assume transfer of funds to deliver project once BCF agreement in place - No change
Enhanced Health (Care) in Care Home programme	£ 200,000	£ 200,000	£ 200,000	Confirmation by LB (11/08/17) that allocation will be used in full. Outcome likely in November 2017.
DTOC	£ 2,000,000	£ 4,000,000	£ 4,000,000	DTOC figure increased to cover 2 years funding. Priciple agreed for LCC to hold funding in an earmarked reserve and transfer as per a S76 between LCC & CCG's which has yet to be written.
Waking Nights	£ 1,500,000	£ 1,500,000	£ 1,200,000	Current activity and cost suggests total required will be closer to £1.2m than £1.5m. Currently there are 4 providers who are yet to return their contract and therefore receive the uplift. A paper to agree the Waking Nights process is for Direct Payments is currently being drafted for DMT approval.
Carers Outreach	£ 375,000	£ 375,000	£ 670,497	Confirmation by JM (11/08/17) that allocation will be used in full. Potetial to front load first two years of funding into 17/18
Carers - Everyone	£ 40,000	£ 40,000	£ 121,250	Confirmation by JM (11/08/17) that allocation will be used in full. Potetial to front load first two years of funding into 17/18
Shared Lives	£ 250,000	£ 250,000	£ -	Anecdotal information suggests there will be little progress until 2018/19
Programme Support Costs	£ 283,786	£ 100,000	£ 297,667	Updated to now reflect the cost of officer time on BCF from April 2017 onwards based on the assessment of hours in August & September
Sub Total	£ 15,265,596	£ 15,265,596	£ 15,179,131	

iBCF Programme	Original 2017/18	Revised 2017/18	Projected	Notes
Disabled Facilities Grant	£ 5,291,137	£ 5,291,137	£ 5,291,137	Allocations to District Councils were made in full on 30th June 2017
	£ 5,291,137	£ 5,291,137	£ 5,291,137	

Grant Total	£ 39,792,463	£ 39,792,463	£ 39,705,998
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RAG Rated Spend	£ 1,241,367	£ 50,000
	£ 9,283,782	£ 9,097,667
	£ 29,267,314	£ 30,558,331
Total	£ 39,792,463	£ 39,705,998

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Better Care Fund - 2017/18

Performance Report

Quarter 2 Report

Produced November 2017

Performance Alerts

Performance is on or ahead of target

Performance is behind target, with no improvement

Performance is behind target, with some improvement

Performance is not reported in this period

Total measures

Summary

BCF metrics

Achieved	1
Not achieved	2
Improving but not achieved	0
Not reported in period	1
	4

A detailed analysis of the national BCF measures is provided later in this report, showing baselines, trends, measure calculations, CCG breakdown and targets, with charts where appropriate. Guidance is also provided for each measure below the measure descriptor for ease of reference.

For 2017/18 each BCF measure has been assigned a suggested lead officer, which once agreed will be invited to provide an operational insight into performance of the indicator. The Targets presented within the report are provisional and subject to agreement.

Polarity	Indicator Description	Responsibility / Suggested Lead Officer	Previous Years		2017/18			
			2015/16	2016/17	Current - September 17			Forecasting
					Actual	Plan	Alert	Target/Plan (Period)

Health and Wellbeing Better Care Fund Metrics

Smaller is Better	1. Total non-elective admissions into hospital : General and Acute	NHS / Carol Cottingham	6,101 (average per month)	6,148 (average per month)	20,690	18,301	Not achieved	Quarterly
Smaller is Better	2. Permanent admissions to residential and nursing care homes aged 65+ ASCOF 2A part 2	LCC / Carolyn Nice	1,019	1,031	388	565	Achieved	Annual
Bigger is Better	3. % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation ASCOF 2B part 1	NHS / LCC Lynne Bucknell	76.0%	75.4%	Not reported in period			Annual
Smaller is Better	4. Delayed transfers of care: Delayed days from hospital, aged 18+ Overall (proxy to ASCOF 2C part 1)	NHS / LCC	2,787 (average per month)	2,987 (average per month)	6,539	6,515	Not achieved	Quarterly
	<i>Of which attributable to NHS</i>	NHS Ruth Cumbers	2068 (average per month)	2103 (average per month)	5,004	4,358	Not achieved	Quarterly
	<i>Of which attributable to Social care and Joint (proxy to ASCOF 2C part 2)</i>	LCC Lynne Bucknell	719 (average per month)	884 (average per month)	1,535	2,156	Achieved	Quarterly

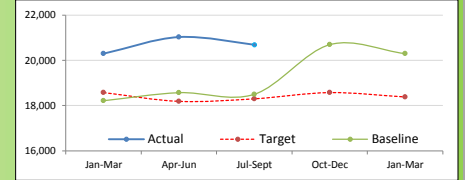
Health and Wellbeing Better Care Fund Metrics

1: Total non-elective admissions in to hospital (general and acute)

Definition: The total number of emergency admissions for people of all ages where an acute condition was the primary diagnosis, that would not usually require hospital admission.

Frequency / Reporting Basis: Monthly / Cumulative within quarter only

Source: MAR data (Monthly NHS England published hospital episode statistics)



Performance observations from the data:

A total of 20,690 admissions were made during Q2, 2389 more than target and a 12% increase on the same period last year. The measure has been marked as not achieved for this quarter. Only the South CCG experienced monthly admission rates lower than the HWB plan in August and September in the quarter.

Operational observations:

To be provided by operational lead officer when agreed.

Prior Year	2016/17 BCF (Calendar Year)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
In Month	6,122	6,236	6,214	6,183	6,206	6,112	6,818	6,868	7,009	6,884	6,277	7,138
In Quarter (cumulative)	6,122	12,358	18,572	6,183	12,389	18,501	6,818	13,686	20,695	6,884	13,161	20,299

Current Year	2017/18 BCF (Calendar Year)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
In Month	7,246	6,943	6,843	7,110	6,722	6,858						
In Quarter	7,246	14,189	21,032	7,110	13,832	20,690						
HWB NEA Plan - Target	6,063	12,126	18,189	6,100	12,201	18,301						
Actual reduction (negative indicates an increase)	number	-1,183	-2,063	-2,843	-1,010	-1,631	-2,389					
	%	-16.33%	-14.54%	-13.52%	-14.20%	-11.79%	-11.55%					
Performance	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved						

by CCG												
Actual In Quarter	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	2,340	4,871	7,284	2,524	4,891	7,221						
West CCG	2,060	4,156	6,234	2,180	4,254	6,421						
South CCG	1,800	3,031	4,275	1,201	2,335	3,528						
South West CCG	932	1,895	2,883	1,083	2,110	3,154						
Other contributing CCGs	114	236	356	122	242	366						
Total	7,246	14,189	21,032	7,110	13,832	20,690						

HWB Plan	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	1,938	3,876	5,813	1,950	3,900	5,849						
West CCG	1,846	3,692	5,539	1,858	3,715	5,573						
South CCG	1,185	2,371	3,556	1,193	2,385	3,578						
South West CCG	981	1,961	2,942	987	1,974	2,960						
Other contributing CCGs	113	226	339	113	227	340						
Total	6,063	12,126	18,189	6,100	12,201	18,301						

Variance from plan (cumulative in Qtr)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	402	995	1,471	574	991	1,372						
West CCG	214	464	695	322	539	848						
South CCG	615	660	719	8	-50	-50						
South West CCG	-49	-66	-59	96	136	194						
Other contributing CCGs	1	10	17	9	15	26						
Total	1,183	2,063	2,843	1,010	1,631	2,389						

% Variance from plan (cumulative in Qtr)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	20.76%	25.68%	25.30%	29.45%	25.42%	23.45%						
West CCG	11.58%	12.55%	12.55%	17.35%	14.50%	15.22%						
South CCG	51.86%	27.86%	20.22%	0.70%	-2.11%	-1.39%						
South West CCG	-4.97%	-3.39%	-2.01%	9.75%	6.91%	6.54%						
Other contributing CCGs	0.88%	4.42%	5.01%	7.53%	6.65%	7.53%						
Total	19.51%	17.01%	15.63%	16.55%	13.37%	13.05%						

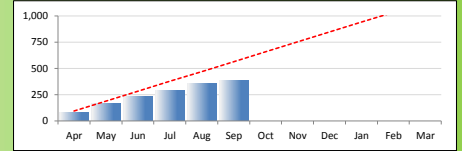
2: Admissions to residential / nursing care homes - aged 65+ per 100,000 population (ASCOF 2A part ii)

Definition: The total number of admissions to permanent residential or nursing care during the year (excluding transfers between homes unless the type of care has changed from temporary to permanent)

Frequency / Reporting Basis: Monthly / Cumulative YTD

Source: Mosaic data: Local Adult Care Monitoring (LTC admissions report & SALT return).

Note: Figure reported cumulatively, so monthly figures show increases in placements recorded & not necessarily within that month



Performance observations from the data:

Within the first half of 2017/18 there have been 388 permanent admissions to residential or nursing care, 191 less than for the same period last year.

Operational comments:

The number of new admissions to care homes remains low in Quarter 2, and is therefore exceeding the target by 177 admissions. Approximately 13% of the new admissions are brand new clients not previously receiving long term support services. The majority (87%) are for adults transferring from existing long term support services in the community (e.g. from a direct payment or home care).

Prior Year	2016/17 BCF (Financial Year)											
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
In month	87	120	52	154	123	43	158	63	42	54	62	73
Cumulative YTD	87	207	259	413	536	579	737	800	842	896	958	1,031

Current Year	2017/18 BCF (Financial Year)											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Placements per month	79	84	73	59	62	31						
Cumulative YTD	79	163	236	295	357	388						
Denominator	172,133	172,133	172,133	172,133	172,133	172,133						
Rate per 100,000	45.9	94.7	137.1	171.4	207.4	225.4						
Target (admissions)	94	188	282	376	470	565						
Target (per 100k)	55	109	164	219	273	328						
Performance	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved						

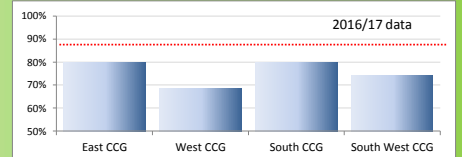
by CCG													
Care home admissions (Cumulative)	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East	409	33	68	99	125	153	163						
West	283	24	49	71	89	102	111						
South	187	14	24	34	45	56	61						
South West	129	7	18	25	28	38	42						
Not Recorded	23	1	4	7	8	8	11						
Total	1,031	79	163	236	295	357	388						
Est. CCG population (aged 65+)	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	62,724	62,724	62,724	62,724	62,724	62,724	62,724						
West CCG	47,550	47,550	47,550	47,550	47,550	47,550	47,550						
South CCG	34,291	34,291	34,291	34,291	34,291	34,291	34,291						
South West CCG	27,568	27,568	27,568	27,568	27,568	27,568	27,568						
Lincolnshire	172,133	172,133	172,133	172,133	172,133	172,133	172,133						
Rate per 100,000	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	652	53	108	158	199	244	260						
West CCG	595	50	103	149	187	215	233						
South CCG	546	41	70	99	131	163	178						
South West CCG	468	25	65	91	102	138	152						
Lincolnshire	599	46	95	137	171	207	225						

3: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation (ASCOF 2B part 1)

Definition: The percentage of older people (within a 3 month sample period) discharged from an acute or non-acute hospital to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital.

Frequency / Reporting Basis: Yearly / Cumulative for sample period

Source: Reablement - external service provider - Allied Healthcare, rehabilitation - LCHS



Observations from the data:

Data not reported until end of Q4.

	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Numerator	504												
Denominator	668												
Value	75.4%												
Target	80.0%												80.0%
Performance	Not achieved												

by CCG													
Numerator	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	193												
West CCG	145												
South CCG	88												
South West CCG	77												
Not known	1												
Total	504												
Denominator	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	242												
West CCG	211												
South CCG	110												
South West CCG	104												
Not known	1												
Total	668												
Actual	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	79.8%												
West CCG	68.7%												
South CCG	80.0%												
South West CCG	74.0%												
Total	75.4%												

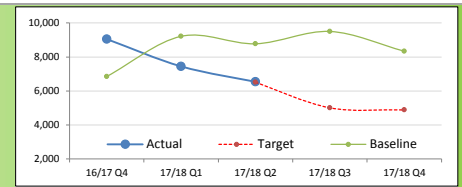
4: Delayed transfers of care (delayed days) from hospital for adults aged 18+, per 100,000 population

Definition: The number of delayed transfers of care (days) for adults who were ready for discharge from acute and non-acute beds, expressed as the rate per 100,000 of the adult population of Lincolnshire.

Frequency / Reporting Basis: Monthly / Cumulatively within the quarter

Source: NHSE Published Delayed Days Report (Sitrep)

Table note: In the analysis by delay reason below, the organisation that the delay reason is attributable to is included in parentheses i.e. NHS, SSD, NHS or SSD, BOTH.



Performance observations from the data:

There were a total of 6,539 delayed days for patients in Q2, 2,238 fewer than the same period last year.

Social Care delays account for 9%, a further fall from the proportion (15%) reported in Q1. The proportion of NHS delays has increased from 71% in Q1 to 77% in Q2. In terms of delay reasons, overall 61% of delayed days relate to three main reasons: waiting for further non-acute care, residential care or packages in the persons home. Compared to Q1 the proportion of delays attributable to awaiting further NHS non acute care has increased from 21% to 26% in Q2. Progress has been made on refining the performance reporting available to leaders by showing delays by provider.

Operational observations:

This section of the report has been expanded this year to further breakdown the split between responsible organisations (NHS, Social & Joint) and includes the revised HWB targets which were submitted on 4th September 2017.

	2015/16 BCF (Financial Year)											
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Numerator	3,006	6,233	9,218	3,048	5,904	8,777	3,347	6,559	9,503	3,066	5,654	8,341
Denominator	598,595	598,595	598,595	598,595	598,595	598,595	598,595	598,595	598,595	602,877	602,877	602,877
Actual	502.2	1,041.3	1,539.9	509.2	986.3	1,466.3	559.1	1,095.7	1,587.6	508.6	938	1,384

	2016/17 BCF (Financial Year)											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
In month	2,391	2,704	2,351	1,958	2,268	2,313						
In Quarter (cumulative)	2,391	5,095	7,446	1,958	4,226	6,539						
Denominator	602,877	602,877	602,877	602,877	602,877	602,877						
Rate per 100,000 population	396.6	845.1	1,235.1	324.8	701.0	1,084.6						
Target (days) -based on revised HWB plan	-	-	-	2,441	4,634	6,515						
Target (per 100k)	-	-	-	404.9	768.6	1,080.6						
Performance				Achieved	Achieved	Not achieved						

by Type of Care													
	2016/17 Q4	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Acute	5,392	1,380	3,208	4,988	1,540	3,294	5,187						
Non Acute	2,949	1,011	1,887	2,458	418	932	1,352						
Total	8,341	2,391	5,095	7,446	1,958	4,226	6,539						
	2016/17 Q4	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Acute	65%	58%	63%	67%	79%	78%	79%						
Non Acute	35%	42%	37%	33%	21%	22%	21%						

by Responsible Organisation													
	2016/17 Q4	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS	5,898	1,709	3,715	5,321	1,479	3,200	5,004						
Target (days)	-	-	-	-	1,680	3,146	4,358						
Target (per 100k)	-	-	-	-	278.7	521.9	722.9						
Performance					Achieved	Not achieved	Not achieved						
Social Care (SSD)	1,890	411	779	1,094	164	376	577						
Target (days)	-	-	-	-	539	1,065	1,560						
Target (per 100k)	-	-	-	-	89.4	176.6	258.7						
Performance					Achieved	Achieved	Achieved						
Both	553	271	601	1,031	315	650	958						
Target (days)	-	-	-	-	222	423	596						
Target (per 100k)	-	-	-	-	36.8	70.1	98.9						
Performance					Not achieved	Not achieved	Not achieved						
Total	8,341	2,391	5,095	7,446	1,958	4,226	6,539						
	2016/17 Q4	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS	71%	71%	73%	71%	76%	76%	77%						
Social Care (SSD)	23%	17%	15%	15%	8%	9%	9%						
Both	7%	11%	12%	14%	16%	15%	15%						

by Delay Reason													
All Delays													
	2016/17 Q4	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
A. Completion of Assessment (BOTH)	875	238	631	867	239	462	661						
B. Public Funding (BOTH)	155	6	90	144	40	80	136						
C. Awaiting NHS Non-acute care (NHS)	1,727	595	1,116	1,559	516	1,067	1,671						
D. Residential or Nursing Care (BOTH)	1,969	324	717	1,045	241	552	751						
E. Care Package at home (BOTH)	1,954	709	1,315	2,004	482	1,020	1,578						
F. Awaiting Equipment (BOTH)	164	38	119	189	31	106	160						
G. Patient or Family Choice (NHS or SSD)	817	318	786	1,177	292	741	1,346						
H. Disputes (NHS or SSD)	336	48	81	90	11	16	21						
I. Housing - (NHS)	344	82	153	254	75	119	152						
O. Other (NHS) ^	-	33	87	117	31	63	63						
Total	8,341	2,391	5,095	7,446	1,958	4,226	6,539						
	2016/17 Q4	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
A. Completion of Assessment (BOTH)	10%	10%	12%	12%	12%	11%	10%						
B. Public Funding (BOTH)	2%	0%	2%	2%	2%	2%	2%						
C. Awaiting NHS Non-acute care (NHS)	21%	25%	22%	21%	26%	25%	26%						
D. Residential or Nursing Care (BOTH)	24%	14%	14%	14%	12%	13%	11%						
E. Care Package at home (BOTH)	23%	30%	26%	27%	25%	24%	24%						
F. Awaiting Equipment (BOTH)	2%	2%	2%	3%	2%	3%	2%						
G. Patient or Family Choice (NHS or SSD)	10%	13%	15%	16%	15%	18%	21%						
H. Disputes (NHS or SSD)	4%	2%	2%	1%	1%	0%	0%						
I. Housing - (NHS)	4%	3%	3%	3%	4%	3%	2%						
O. Other (NHS) ^	-	1%	2%	2%	2%	1%	1%						

Note: ^ New category added April 17 for non-acute delays, used for delays reported in NHS Digital's Health and Social Services Data Set (MHSDS v2.0) which cannot be mapped to existing codes.

by NHS Trust													
	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Overall	8,341	2,391	5,095	7,446	1,958	4,226	6,539						
ULHT	3,708	1,042	2,313	3,497	995	2,277	3,449						
LCHS	574	484	995	1,298	236	533	787						
LPFT	2,332	527	892	1,160	147	364	530						
NWAFT*	-	173	528	875	290	563	895						
Other	1,727	165	367	616	290	489	878						
NHS	5,898	1,709	3,715	5,321	1,479	3,200	5,004						
ULHT	3,052	777	1,605	2,331	646	1,601	2,478						
LCHS	387	344	795	1,023	214	489	704						
LPFT	912	290	508	695	113	219	296						
NWAFT*	-	169	493	784	256	513	821						
Other	1,547	129	314	488	250	378	705						
Social Care & Joint	2,443	682	1,380	2,125	479	1,026	1,535						
ULHT	656	265	708	1,166	349	676	971						
LCHS	187	140	200	275	22	44	83						
LPFT	1,420	237	384	465	34	145	234						
NWAFT*	-	4	35	91	34	50	74						
Other	180	36	53	128	40	111	173						

Note: *North West Anglia Foundation Trust formed on 1st April 2017 covers South Lincolnshire, Cambridgeshire and the neighbouring counties

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Cllr Mrs W Bowkett, Chairman of the Housing, Health and Care Delivery Group

Report to	Lincolnshire Health and Wellbeing Board
Date:	5th December 2017
Subject:	Housing Health and Care Delivery Group Update

Summary:

This report provides an update on the Housing, Health and Care Delivery Group (HHCDG) and the wider Housing for Independence (Hfl) work.

The vision for Hfl is evolving with the principle aim of integrating housing, health and care whilst supporting a vision for joined up services that are focused on the individual. The aim of Hfl is to help residents remain at home for longer, and therefore, reduce the need for hospital and care admission to avoid unnecessary costs. Work streams include the Joint Strategic Needs Assessment (JSNA) Housing & Health Topic and the modernisation of Disabled Facilities Grants (DFGs).

Actions Required:

The Health and Wellbeing Board is asked to:

1. Receive this report and note the collaborative partnership working.

1. Background

One of the statutory functions of the Health and Wellbeing Board (HWB) is to promote closer joint working and encourage integrated commissioning. To this end, in March 2017 the Board identified the need for an integrated, strategic approach to housing, health and care, and agreed to establish a Delivery Group as sub group of the Board to oversee this important area of work.

The purpose of the HHCDG is to provide strategic direction and governance to the wider Housing for Independence (Hfl) agenda for Lincolnshire, in an integrated and collaborative manner. The establishment of the Delivery Group has been supported by the District Housing Network (DHN). The DHN helped to shape and develop the Terms of Reference and governance arrangements for the HHCDG.

The HHCDG held its first meeting on the 5 September 2017. Reports presented at the first meeting included:

- DFG Performance and Data;
- Housing and Health JSNA review.

Although the HHCDG is not a democratic board as such, formal processes have been created to ensure it will reflect the same principles. For example, structured methods for requesting agenda items and submitting reports. The first meeting did not have any representation from our health colleagues. However, it is anticipated that the next meeting in November will see active appropriate participation from all partners.

Agenda Items for the next HHCDG 21st November 2017 include:

	Discussion Items	Decision/Authorisation Items	Information Items
1.	ACTion Lincs Entrenched Rough Sleepers	LGA Housing Advisers Programme – Analytical Capacity / Older Persons Housing Needs across Greater Lincolnshire	Local Housing Allowance Consultation
2.	Lincolnshire Homelessness Strategy & Charter		Extra Care Housing-Delivery Strategy
3.	Joint Health and Wellbeing Strategy- Housing Priorities		
4.	Housing Options for Looked After Children and Those Leaving Care		
5.	Tackling excess winter deaths and illness and the health risks associated with cold homes		

The topics and items below fall within the scope of the HHCDG:

Housing and Health JSNA

The HHCDG agreed to be responsible for the continual review and development of the Housing and Health JSNA topic. A workshop has been organised and key stakeholders will be invited. A date is set for January 2018.

Better Care Fund (BCF)

The funding forms part of enhanced investment in a Hfl programme. As required nationally, Lincolnshire's Better Care Fund (BCF) plan was submitted on behalf of the County's health and social care system leaders in September 2017; Hfl seeks to utilise the objectives of the BCF to support Lincolnshire's wider Hfl outcomes.

This can be demonstrated by the newly reviewed and agreed adaptations policy for North Kesteven District Council and South Kesteven District Council to support the BCF objectives.

Both the above polices include:

- Safe and Secure Grants;
- Hospital Discharge Grants;
- Fast Track adaptations.

DFG - Funding

The entire DFG funding of £5,291,137 allocated to Lincolnshire by DCLG for 2017/18 was passported to the seven District Councils in June 2017.

DFG- Performance, activity and expenditure

Following the first HHCDG when a report was tabled called "DFG Performance and Data", the HHCDG were asked to:

- Review the appraisal of options and agree the most suitable one in order to collect activity performance and expenditure
- Confirm that all stakeholders will provide assistance and support in the development and submission of data in order to develop the best option.
- Agree to provide quarterly reports to the HWB.

The HHCDG agreed a progress to capture the required information via the Mosaic system. A detailed project plan is currently under development, this will detail roles and responsibilities, and meet the milestones of this objective in a timely manner.

The Moving Forward with DFG group will work collaboratively with the Hfl Manager to develop and create a local data collection system with a vision to go live in Mosaic in April 2018.

DFG - Procurement & Legal

- Active work and participation from 6 out of 7 District Councils;
- District Position Statement completed for 6 out of 7 District Councils;
- Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis completed for different procurement approaches;
- Procurement options appraisal paper for DFGs with rationale;
- Legal support sought in order to finalise the individual Council Contract Procedure Rules.

We have a greater understanding of what we can do on a countywide basis to support a smoother, sleeker DFG process. A formal report with recommendations will be completed before the end of November.

Hospital Housing Link Worker

- A 12 month pilot has been agreed. The worker will be the link between the hospital, patient and housing provider to ensure a joined up approach enabling a smooth, safe discharge and continuation of care to avoid re-admittance to hospital;
- A job description and advert were co-produced. Interviews were conducted in partnership with Lincolnshire County Council (LCC) and District Councils;
- The appointed person was due to start in October; However, this has been delayed until November 2017.

Hospital Discharge and Delayed Transfer of Care (DToC)

- Proactive work underway to see how the DFG budget can support DToC cases;
- Draft policy for Hospital Discharge Grants has been agreed in one District and waiting for confirmation in another, with a positive appetite from other districts to demonstrate how the DFG grant can support DToC;
- The first complex DToC case, which can be supported using the DFG budget, is hosting a multi-agency meeting in September 2017 to start the process and capture results;
- A topic for concern is the volume of hoarding cases, and the lack of any understanding to the scale of the problem and any long term solutions.

Extra Care

Collaborative work is under way between LCC and Lincoln City Council (CoLC) to understand the opportunities for a joint venture in extra care housing, using funding already secured. The vision is that a collaborative deal would secure the best outcomes for the residents of Lincolnshire. A presentation to the Senior Leadership group has taken place.

Lincolnshire Homeless Strategy 2017-2021

There will be a formal launch of the Strategy in early January 2018. Local Housing Authorities have a statutory duty to have one in place. For many years, the seven Lincolnshire Housing Authorities have collaborated to achieve this, with a lot of success and additional investment in Lincolnshire as a result. In order to demonstrate collaboration and integrated working the Homelessness Strategy Group is looking for LCC to become a signatory to the Lincolnshire Homelessness Strategy. The strategy is being launched with a "Delivery Plan". It is hoped that the HHCDG will be used as the governance and oversight board to report progress.

ACTion Lincs – Social Impact Bond to Tackle Entrenched Rough Sleeping

The ACTion Lincs project launched in September 2017 and will support 120 of the most entrenched and vulnerable homeless individuals intensively for a three and a half year period.

The model adopts a housing first approach, and will be delivered through genuine collaboration and partnership. This will be delivered by a team of specialists including a seconded drug and alcohol recovery worker (Addaction) and a seconded mental health practitioner (LPFT).

Crucially, once someone is accepted onto the programme, unlike traditional service models they will remain part of the programme and support will be provided in any setting whether it be the street, hospital, prison or home.

2. Conclusion

Housing is complicated and hard to navigate; housing is very broad topic from bricks and mortar to planning and environment. These all impact on the residents and vulnerable groups we provide services for. The importance of housing has never been so critical both locally and nationally. It is a high profile subject in central government which is leading to opportunities to look at solutions for current housing concerns.

The establishment of the HHCDG has been very timely, and early indication is that it has been a welcomed strategic group who have the opportunity to provide guidance and collective support to Lincolnshire's integration agenda.

As relationships continue to develop the opportunities for true partnership working will support modernisation of services whilst exploring joint funding of services all to benefit for the residents of Lincolnshire.

3. Consultation

Not applicable

4. Appendices

Not applicable

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were use in the preparation of this report.

This report was written by Lisa Loy who can be contacted on 01522 554697 or lisa.loy@lincolnshire.gov.uk

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Agenda Item 8d

Health and Wellbeing Board – Decisions from 20 June 2017

Meeting Date	Minute No	Agenda Item & Decision made
20 June 2017	1	Election of Chairman That Councillor Mrs S Woolley be elected as the Chairman of the Lincolnshire Health and Wellbeing Board for 2017/18
	2	Election of Vice-Chairman That Dr Sunil Hindocha be elected as the Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2017/18
	5	Minutes That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 7 March 2017, be confirmed by the Chairman as a correct record.
	6	Action Updates from the previous meeting That the completed actions as detailed be noted.
	8a	Terms of Reference, Procedural Rules, Board members Roles and responsibilities That the Terms of Reference. Procedure Rules and Board Members Roles and Responsibilities be re-affirmed. That a working group to review membership be established.
	8b	Housing, Health and Care Delivery Group That the Terms of Reference and Governance Arrangements for the Housing, Health and Care Delivery Group be agreed; That strategic leadership and direction to the Housing, Health and Care Delivery Group by the Board be agreed; That the relevant Portfolio Holder be included within the membership of the Housing, Health and Care Delivery Group; and That Councillor Mrs W Bowkett be identified by the Board as a suitable Chair for the Housing, Health and Care Delivery Group.
	8c	Integration of Services for Children and Young People with a Special Educational Need and/or Disability That a strategic intent to develop an integration plan for Health and Local Authority Services for children and young people with special educational needs and disabilities be confirmed; That CCGs be asked to commit resource to undertake the work required to review and remodel the current commissioning arrangements for health provision, following the commitment from LCC; and That the proposal for this work to be governed via the Women and Children's Joint Delivery Board, reporting the Lincolnshire Health and Wellbeing Board, be agreed.
	8d	Developing Integrated, Neighbourhood Working – Update That the content of the Work Programme be noted; That the current progress and key actions be noted; That the link between the Neighbourhood Working Programme and the Health and Wellbeing Board be developed and strengthened by regular updates and discussion regarding the programme at future meetings; and That the Governance Structure outline in place to support this work be noted.

20 June 2017 (continued)	8e	<p>Health and Wellbeing in Lincolnshire: Overview of the 2017 Joint Strategic Needs Assessment</p> <p>That the refreshed Joint Strategic Needs Assessment for Lincolnshire be formally adopted and the evidence base to inform the development of the new Joint Health and Wellbeing Strategy be accepted and confirmed.</p>
	9a	<p>Lincolnshire Sustainability and Transformation Plan (STP) Priorities and Update</p> <p>That the STP priorities be noted; That the progress to-date be noted; and That regular updates be added to the Work Programme of the Lincolnshire Health and Wellbeing Board.</p>
	9b	<p>Better Care Fund (BCF) 2016/2017 and 2017/2018</p> <p>That the BCF performance for the 2016/17 financial year and the performance achieved be noted; That the £3m Risk Contingency established for this financial year had been fully utilised by the CCGs in meeting the extra cost to ULHT despite the performance achieved on Non-Elective Admissions in 2016/17 be noted; That the submission of the Graduation Plan and Lincolnshire's progress at being shortlisted for graduation be noted; That the delays to the timetable for the submission of the BCF Plan and associated BCF Planning Templates be noted; and That this item be added to future agendas of the Board as a standing item.</p>
	10a	<p>Lincolnshire Pharmaceutical Needs Assessment</p> <p>That the report for information be received.</p>
	10b	<p>Health and Wellbeing Grant Fund – Half Yearly Update</p> <p>That the report for information be received.</p>
	10c	<p>An Action log of Previous Decisions</p> <p>That the report be noted.</p>
	10d	<p>Lincolnshire Health and Wellbeing Board – Forward Plan</p> <p>That the report for information be received and the request to refer the Board's concerns regarding immunisation to the Health Scrutiny Committee for Lincolnshire be noted.</p>
	10e	<p>Future Scheduled Meeting Dates</p> <p>That the following scheduled meeting dates for the remainder of 2017 and for 2018 be noted.</p> <p>26 September 2017 5 December 2017 27 March 2018 6 June 2018 25 September 2018 4 December 2018</p> <p>(All the above meetings to commence at 2.00pm)</p>
26 September 2017	13	<p>Minutes of the meeting of the Lincolnshire Health and Wellbeing Board Meeting held on 20 June 2017</p> <p>That the minutes of the meeting held on 20 June 2017 be confirmed and signed by the Chairman as a correct record.</p>

26 September 2017 (continued)	14	Action Updates from the Previous Meeting That the completed actions as detailed be noted.
	16a	Transport Service Group – 'Connected Lincolnshire' Initiative That support be given to the vision and the associated approach, work streams and projects of the Transport Services Group.
	16b	Physical Activity – 'Whole System Approach' That the Health and Wellbeing Board support the key priorities of <i>Active Lincolnshire</i> subject to any duplication with other priorities being avoided. That <i>Active Lincolnshire</i> be advised to collaborate with District Councils' Network and Lincolnshire Public Health to create a 'whole-system' shift in physical activity across the county. That the strategic fit of creating a 'physical activity alliance' to drive forward the agenda be understood.
	16c	Housing, Health and Care Delivery Group Update That the verbal update be noted.
	16d	Lincolnshire Pharmaceutical Needs Assessment (PNA) 2018 That the process to produce a revised Pharmaceutical Needs Assessment (PNA) by 1 April 2018 be noted. That the Terms of Reference for the Lincolnshire PNA Steering Group be received. That the project plan timelines from the Lincolnshire PNA Steering Group on the production of the 2018 Lincolnshire PNA be received.
	16e	Sustainability and Transformation Plan (STP) Update That the progress made with the Sustainability and Transformation Plan in the last three months be noted.
	16f	Better Care Fund (BCF) That the Better Care Fund (BCF) Update be noted. That the Lincolnshire Better Care Fund Narrative Plan 2017-2019, as detailed at Appendix A to the report, be approved.
	17a	Development of the Joint Health and Wellbeing Strategy for Lincolnshire That the evaluation report detailing the engagement on the next Joint Health and Wellbeing Strategy for Lincolnshire be received. That the following priorities be approved for further development as part of the Joint Health and Wellbeing Strategy for Lincolnshire, subject to the inclusion of the comments of the members of the Board:- <ul style="list-style-type: none"> • Mental Health (both Adults and Children/Young People); • Housing; • Carers; • Physical Activity; • Dementia; and • Obesity That the members of the Health and Wellbeing Board who would lead on the further development and drafting of the Joint Health and Wellbeing Strategy for Lincolnshire be allocated at a later date.
	17b	Health and Wellbeing Grant Fund – Allocation of Remaining Funds That the recommendation from the Health and Wellbeing Fund Sub Group to allocate all remaining uncommitted money in the Health and Wellbeing Grant Fund to the four Clinical Commissioning Groups

		<p>be approved.</p> <p>That the proposal for the four Clinical Commissioning Groups to use the funds to develop neighbourhood working with a specific focus on building resilience in the Voluntary and Community Sector be approved.</p> <p>That approval be given for the monitoring of the projects to be carried out through existing reporting mechanisms for the development of neighbourhood working.</p> <p>That an update on the projects be provided to the Health and Wellbeing Board in six months.</p>
	18a	<p>Joint Health and Wellbeing Strategy (JHWS) 2013-18 – Annual Dashboard Reports</p> <p>That the report for information be received.</p>
	18b	<p>An Action Log of Previous Decisions</p> <p>That the report for information be received.</p> <p>That an item on <i>ACTion Lincs</i> be added to the Forward Plan for a future meeting.</p>
	18c	<p>Lincolnshire Health and Wellbeing Board Forward Plan</p> <p>That the report for information be received.</p> <p>That an item on the <i>Role of District Councils in Health and Wellbeing</i> be added to the Forward Plan.</p>

Lincolnshire Health and Wellbeing Board Forward Plan: December 2017 – June 2018

Meeting Dates	Decision/Authorisation Item	Discussion Item	Information Item
<p>5 December 2017</p> <p>2pm, Committee Room 1, County Offices</p>	<p>Joint Health and Wellbeing Strategy A receive a presentation on the further development of the Joint Health and Wellbeing Strategy for Lincolnshire following the engagement feedback. David Stacey, Programme Manager, Strategy and Performance</p> <p>Lincolnshire Pharmaceutical Needs Assessment (PNA) To receive a report on behalf of the PNA Steering Group presenting the draft PNA for comment prior to the statutory 60 consultation, due to begin 11 December 2017. Tony McGinty, Interim Director of Public Health</p> <p>HWB Membership – outcome from review To receive a report on behalf of the HWB Membership Working Group which asks the HWB to consider the outcome of the review and to endorse the recommendations to be made to Full Council in February in 2018 to change the HWB's membership. Tony McGinty, Interim Director of Public Health</p>	<p><u>District/Locality/Partner Items</u> East Lindsey Health and Wellbeing Strategy To receive a report on behalf of East Lindsey's Strategic Health and Wellbeing Partnership which presents East Lindsey's Quality of Life Health and Wellbeing Strategy 2017-18 Sem Neal, East Lindsey District Council</p>	<p>Sustainability and Transformation Plan To receive an update on the delivery of the STP-</p> <p>Better Care Fund Update To receive an update on the BCF</p> <p>Housing Health and Care Delivery Group Update To receive an update report on behalf of the HHCDG</p>
<p>27 March 2018</p> <p>2pm, Committee Room 1, County Offices</p>	<p>Joint Health and Wellbeing Strategy To receive a report on the Joint Health and Wellbeing Strategy for Lincolnshire 2018-2023 David Stacey, Programme Manager, Strategy and Performance</p> <p>Pharmaceutical Needs Assessment</p>	<p>Sustainability and Transformation Plan To receive an update on the delivery of the STP John Turner, Chief Officer South Lincolnshire CCG</p> <p>Better Care Fund Update</p>	

Meeting Dates	Decision/Authorisation Item	Discussion Item	Information Item
	<p>To receive a report on behalf of the PNA Steering Group asking the Board to formally approve Lincolnshire PNA (2018). Chris Weston, Public Health Consultant – Wider Determinants of Health</p> <p>CCG Operational Plan 2018 – 2020 To receive a report on behalf of all the CCGs on the Joint Operational Plan for 2018-2020. CCGs must involve the Board in preparing its plans including consulting the Board on whether the plans take proper account of the JSNA and JHWS. TBC</p>	<p>To receive an update on the BCF Director of Adult Care & Community Wellbeing</p> <p>Housing Health and Care Delivery Group Update To receive an update report from the HHCDG Cllr Wendy Bowkett, Chairman of the HHCDG</p> <p><u>District/Locality/Partner Items</u> Role of District Councils in Health and Wellbeing</p>	
<p>6 June 2018 2pm, Committee Room 1, County Offices</p>	<p>Annual General Meeting Election of Chair and Vice Chair</p> <p>Terms of Reference and Procedural Rules, roles and responsibilities of core Board members Review and formal agreement Alison Christie, Programme Manager Health and Wellbeing</p>	<p>Sustainability and Transformation Plan To receive an update on the delivery of the STP John Turner, Chief Officer South Lincolnshire CCG</p> <p>Better Care Fund Update To receive an update on the BCF Glen Garrod, Director of Adult Care & Community Wellbeing</p> <p>Housing Health and Care Delivery Group Update To receive an update report from the HHCDG Cllr Wendy Bowkett, Chairman of the HHCDG</p> <p><u>District/Locality/Partner Items</u> TBC</p>	<p>Health and Wellbeing Grant Fund – Update To receive a half yearly report on the Health and Wellbeing Grant Fund projects. Alison Christie, Programme Manager Health and Wellbeing</p>