Lincolnshire COUNTY COUNCIL
Working for a better future

County Offices
Newland
Lincoln
LN1 1YL

19 March 2018

Lincolnshire Health and Wellbeing Board

A Meeting of the Lincolnshire Health and Wellbeing Board will be held on Tuesday, 27 March 2018 at 2.00 pm in Committee Room One, County Offices, Newland, Lincoln LN1 1YL

Yours sincerely

Richard Wills
Head of Paid Service

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 Social Services) and Professor Derek Ward (Director of Public Health)

District Council: Councillor Donald Nannestad

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

Healthwatch Lincolnshire: Sarah Fletcher

NHS England: Jim Heys

Police and Crime Commissioner: Marc Jones

Lincolnshire Coordination Board: Elaine Baylis

(*) Permanent Membership

LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 27 MARCH 2018

Item	Title	Pages
7c	**Housing, Health and Care Delivery Group Update** *(To receive a report from Councillor Mrs W Bowkett (Chairman of the Housing, Health and Care Delivery Group) and Lisa Loy (Housing for Independence Programme Manager) which provides an update on the activities of the Housing, Health and Care Delivery Group and the wider Housing for Independence (HfI) work)*	153 - 162
8	**Information Items**	
8a	**Better Care Fund - Update** *(To receive an update from Glen Garrod (Executive Director of Adult and Community Wellbeing) on the Better Care Fund)*	163 - 178
8b	**An Action Log of Previous Decisions** *(For the Health and Wellbeing Board to note decisions taken since May 2017)*	179 - 184
8c	**Lincolnshire Health and Wellbeing Board Forward Plan** *(This item provides the Board with an opportunity to discuss items for future meetings which will subsequently be included on the Forward Plan)*	185 - 186

Democratic Services Officer Contact Details

Name: **Andrea Brown**

Direct Dial **01522 553787**

E Mail Address andrea.brown@lincolnshire.gov.uk

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.
All papers for council meetings are available on:
www.lincolnshire.gov.uk/committeerecords

This page is intentionally left blank

LINCOLNSHIRE HEALTH AND WELLBEING BOARD
5 DECEMBER 2017

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors Mrs P A Bradwell (Executive Councillor Adult Care, Health and Children's Services), C N Worth (Executive Councillor Culture and Emergency Services), Mrs W Bowkett, R L Foulkes, 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 (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: Not represented

Officers In Attendance: Andrea Brown (Democratic Services Officer) (Democratic Services), Alison Christie (Programme Manager, Health and Wellbeing Board), Councillor G Marsh (East Lindsey District Council), Semantha Neal (East Lindsey District Council) and David Stacey (Programme Manager, Public Health)

19 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Dr Stephen Baird and Councillor C E H Marfleet. There were no replacement members in attendance.

20 DECLARATIONS OF MEMBERS' INTEREST

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

It was noted, however, that in relation to item 6b – *Lincolnshire Pharmaceutical Needs Assessment 2018,* the clinicians on the Board may be involved in this assessment as many GPs had dispensing practices in Lincolnshire.

21 MINUTES OF THE MEETING OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 26 SEPTEMBER 2017

RESOLVED

That the minutes of the meeting held on 26 September 2017 be confirmed and signed by the Chairman as a correct record.

22 ACTION UPDATES FROM THE PREVIOUS MEETING

RESOLVED

That the completed actions as detailed be noted.

23 CHAIRMAN'S ANNOUNCEMENTS

In addition to the announcements, as printed on page 19 of the agenda pack, the Chairman reported that she had attended the Rural Health and Social Care Roundtable at the NHS Confederation in London on 21 November 2017, on behalf of the Chairman of the LGA Community Wellbeing Board. It was noted that the rural perspective of Lincolnshire had been reiterated throughout the day both by Councillor S Woolley and Jan Sobieraj, Chief Executive of United Lincolnshire Hospitals NHS Trust (ULHT).

RESOLVED

That the Chairman's announcements be noted.

24 DECISION/AUTHORISATION ITEMS

24a Joint Health and Wellbeing Strategy

Consideration was given to a presentation by David Stacey (Programme Manager – Strategy and Performance) which provided details of the further development of the Joint Health and Wellbeing Strategy for Lincolnshire following the engagement feedback.

The presentation included the following information:-

- Joint Health and Wellbeing Strategy (JHWS) Timeline;
- Background;
- Approach;
- Mental Health and Emotional Resilience – Children and Young People;
- Adult Mental Health;
- Carers;
- Physical Activity;
- Housing;
- Dementia;
- Obesity;

- Safeguarding;
- Common Areas;
- Key Messages;
- Potential Governance; and
- Delivering the JHWS.

The presentation explained the principles of the timeline and the framework criteria set for the timeline. Stakeholder engagement was essential in order to build public and patient confidence in the process and decisions would be made based on clear value choices underpinned by a sound evidence base.

The findings of the JHWS engagement had been presented at the Board in September 2017 where it was agreed that further work would be undertaken on the 'stand out' JSNA priority areas. This work would give further consideration to some of the key themes which had emerged from the engagement process and included prevention and early intervention; collective action across a range of organisations; tackling inequalities and equitable provision of services; and the ability to deliver transformational change to improve health and wellbeing.

It was reported that it was proposed to hold HWB-led Network Events to build leadership and drive change. These events would support multi-agency partnership working and collaborations which had been suggested following discussions with the Carers leads. The events were intended to provide key messages that HWB and JHWS should be at the forefront of leading a system shift towards joint commissioning for prevention.

In delivering the JHWS, it was proposed to align this to the JSNA as a continuous process. This would not, therefore, be a fixed strategy covering a specific timeframe period but an iterative process of prioritisation to reflect changing needs over time. The vision required a change in thinking to view the JHWS as an ongoing process which set out visions and outcomes rather than a static document, much like the JSNA.

During discussion, the following points were noted:-

- Although Active Lincolnshire was noted within the presentation that they were the lead for the work around Physical Activity, it was confirmed that there were also other active providers;
- There was an opportunity for the JHWS to also act as the Children and Young People Plan for Lincolnshire. It was noted, however, that the there was no specific mention of safeguarding of children within the JHWS. It was explained that there was a statutory requirement by the Department of Education (DfE) to have a Children and Young People Plan but that this did not need to be separate should all the statutory requirements already be in one plan. To avoid criticism by Ofsted, particular mention of safeguarding and safety of children and young people would have to be included, whether as a separate topic or as a 'golden thread' running throughout the JHWS. Safeguarding elements would also include Adults. The Board was happy to

ensure that this element was incorporated into the JHWS and asked officers to look at ways to do this;

- In addition to safeguarding, further discussion took place in regard to ensuring that the underpinning of safety and security for wellbeing in general be somehow included into the JHWS. The Board supported the need to include safeguarding as a cross cutting theme. It was reinforced that it was the responsibility of the members of the Lincolnshire Health and Wellbeing Board to promote the health of the residents of Lincolnshire where required and, to this end, the Local Authority's execution of enforcement duties and powers;
- In relation to Potential Governance, it was agreed that a specialist in each field would be required to lead on the group, for example the Physical Activity Alliance;
- It was reported, however, that Active Lincolnshire were also looking to set up a group as they had done a considerable amount of data collection work and, although it was acknowledged that this was for their own strategy, it was suggested that links could be made to share data and avoid duplication;
- A suggestion was made to amend *'Embed prevention in integrated Neighbourhood Teams across all JHWS priorities',* as a potential JHWS theme, to *'Embed prevention in integrated locality working across all JHWS priorities'*;
- A more formalised governance arrangement was to be implemented for this strategy which would include regular progress reporting to the Board. Regular reviews and updates to the strategy would be made following prioritisation discussions as and when required.

RESOLVED

1. That the presentation and comments of the Board be noted; and
2. That the statutory requirements for safeguarding be amended to be more obvious throughout the document.

24b Lincolnshire Pharmaceutical Needs Assessment 2018

Consideration was given to a report by Tony McGinty (Interim Director of Public Health), on behalf of the Pharmaceutical Needs Assessment (PNA) Steering Group, which invited the Board to approve the draft PNA in preparation for the consultation planned between 11 December 2017 and 11 February 2018.

The Interim Director of Public Health introduced the report and explained that the completion of a Pharmaceutical Needs Assessment (PNA) was a statutory duty for Health and Wellbeing Boards to undertake at least every three years. The data contained within the assessment would be used to plan pharmaceutical services in the county which best met local health needs.

The Board delegated the work to publish a PNA by 1st April 2017 to a PNA Steering Group with regular updates to the Board on its progress. The draft PNA was approved by the Steering Group at its meeting on 10 November 2017. Pending the approval of the Board, it would then be made available for a mandatory 60-day consultation.

The results of the consultation would be considered by the Steering Group on 28 February 2018, following which a final PNA would be produced with a recommendation to the Board at its meeting on 27 March 2018 to publish the document. It was also confirmed that the final PNA must be published no later than 31 March 2018.

It was reported that the consultation, at this stage, was targeted at pharmaceutical professionals (pharmacists, chemists, etc) and not designed for members of the public due to its complex and technical content.

During discussion, the following points were noted:-

- Access to pharmacies at weekends, especially in rural areas, was highlighted as an issue and a suggestion made that even opening for two hours per day would be beneficial to residents;
- It was acknowledged that the provision was reduced over the weekend but, when benchmarked with other areas, Lincolnshire did not particularly stand out which was the reason why the county did not officially have a 'technical gap';
- Although not directed at members of the public, it was suggested that some may wish to comment on the document. It was explained that there was no legal obligation to distribute paper copies of the document and that it would be available on the LCC website. It was also reiterated that anyone intending to answer the questions would have to read all elements of the document to be able to do so;
- The consultation at this stage was to ascertain if the assessment gave an accurate picture of current services in Lincolnshire; and
- Healthwatch had also been part of this process and it was confirmed that they would be happy to assist any member of the public who wished to understand the content and answer the questions. Healthwatch would also be publicising the PNA throughout their own networks also.

RESOLVED

1. That the conclusions of the draft Pharmaceutical Needs Assessment (PNA) be noted;
2. That the draft PNA, in preparation for consultation, be approved by the Board;
3. That a consultation on a draft PNA for Lincolnshire planned between 11 December 2017 and 11 February 2018 be noted; and
4. That the progress and project plan timelines from the 'Lincolnshire PNA Steering Group' on the production of the 2018 Lincolnshire PNA be noted.

24c Lincolnshire Health and Wellbeing Board Membership Review

Consideration was given to a report by the Interim Director of Public Health which set out the proposed changes arising from the review of membership for the Board's approval. Any revisions to membership which required a change to the Council's Constitution would be presented to Full Council for approval in February 2018.

Following the Board's decision in June 2017 to consider its membership, nine Health and Wellbeing Boards, identified by the LGA as 'best practice', were reviewed although only two examples were two tier areas. Four neighbouring HWB areas in the East Midlands were also considered.

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 recommendation following these discussions was to extend core membership to add the:-

- Police and Crime Commissioner to enable closer joint working on key areas such as mental health; and
- Chairman of the Lincolnshire Coordination Board to strengthen the links with the STP.

It was confirmed, however, that discussions were still ongoing regarding potential wider changes to the overall composition of the Board's membership, specifically in relation to CCG engagement and to ensure continued senior clinical input; and the balance of the political representation between the County Council as the accountable body and the District Councils.

The Chairman stressed that this change would not be the only opportunity to consider the Board's membership and discussions would continue in order to present one proposal to Full Council in February 2018.

During discussion, the following points were noted:-

- Councillor D Nannestad indicated that there had been an agreement made at the Working Group to propose the appointment of a second District Council representative to the Board. Other members of the Working Group acknowledged that there had been discussion about the increase in District Council representation but that the majority had agreed that the 'dual-hatters' currently on the Board would sufficiently represent the District Councils in addition to the formally appointed representative. Councillor Nannestad disagreed and asked that his dissatisfaction with the outcome be noted; and
- It was confirmed that there were no plans to change the representation of the CCGs but that further discussion would be held on the actual number of representatives required.

RESOLVED

- That the membership changes, as recommended by the Working Group, to add the Police and Crime Commissioner and the Chairman of the Lincolnshire Coordination Board be endorsed; and
- That the proposed recommendations be formally submitted to Full Council in February 2018, to enable appropriate changes to be made to the County Council's Constitution, be agreed.

Councillor D Nannestad asked that this vote against these resolutions be recorded due to his view that this was not agreed at the Working Group.

At 3.25pm, Councillor Mrs P A Bradwell left and did not return.

25 DISTRICT/LOCALITY PARTNER ITEMS

25a East Lindsey Strategic Health and Wellbeing Partnership's Quality of Life Health and Wellbeing Strategy 2017-18

Consideration was given to a report by Semantha Neal (Strategic Development Manager, East Lindsey District Council, and Vice-Chair, East Lindsey Strategic Health and Wellbeing Partnership) which asked the Board to endorse East Lindsey's Quality of Life Health and Wellbeing Strategy 2017-18 and to note that this would be refreshed in 2018 to align to Lincolnshire's Joint Health and Wellbeing Strategy priorities and timeframes for revision.

Councillor G Marsh (East Lindsey District Council) provided a brief introduction to the item before asking Semantha Neal (Vice-Chair of East Lindsey Strategic Health and Wellbeing Partnership) to introduce the detail of the report.

The strategy had been developed by East Lindsey's Health and Wellbeing Partnership whose core members consisted of East Lindsey District Council (ELDC), Lincolnshire County Council (LCC), and Lincolnshire East Clinical Commissioning Group (LECCG) and chaired by LCC Public Health Division. The aim of that partnership was to support delivery of the Lincolnshire Health and Wellbeing Strategy and to contribute towards delivery of a small number of locally-relevant activities.

The strategy action plan included projects, which would be monitored through meeting agreed milestones, and programmes which would be monitored by specific outcome measures.

It was reported that mental health would be included within the refresh in addition to affordable warmth and fuel poverty; finance; safeguarding infrastructure in adults with complex needs. It was also suggested to have a focussed piece of work, to be undertaken collectively, in relation to immunisations.

The Board had no comments to make other than to commend East Lindsey for producing such a concise and informative strategy.

RESOLVED

That East Lindsey's Quality of Life Health and Wellbeing Strategy 2017-18, noting the refresh in 2018 to align to Lincolnshire's Joint Health and Wellbeing Strategy priorities and timelines for revision, be endorsed.

26 INFORMATION ITEMS

26a Sustainability and Transformation Partnership (STP) Update

The Board received a report from the Lincolnshire Sustainability and Transformation Partnership (STP) which provided information on the progress of the seven priorities since the last update in September 2017.

The seven priority areas were:-

1. Mental Health;
2. Neighbourhood Teams;
3. Implementation of GP Forward View;
4. Service Reconfiguration;
5. Urgent and Emergency Care Transformation;
6. Operational Efficiencies; and
7. Planned Care

RESOLVED

That the report for information be received.

26b Better Care Fund

The Board received a report from Glen Garrod (Executive Director of Adult Care and Community Wellbeing), on behalf of the Joint Commissioning Board, which provided an update on Lincolnshire's Better Care Fund (BCF) plans including the submission of the BCF Narrative Plan and the related Planning Template. The report also included a finance and performance update showing the current position.

The Lincolnshire BCF Narrative Plan and related Planning Template had been submitted to NHS England and approved without conditions.

RESOLVED

That the report for information be received.

26c Housing Health and Care Delivery Group Update

Consideration was given to a report by Councillor Mrs W Bowkett, Chairman of the Housing, Health and Care Delivery Group, which provided an update on the work of the group and the wider Housing for Independence (HfI) work.

The vision for HfI was evolving with the principle aim of integrating housing, health and care whilst supporting a vision for joined up services which were focussed on the individual. The aim of HfI was to help residents remain at home for longer and, therefore, reduce the need for hospital and care admission to avoid unnecessary costs. Work streams included the Joint Strategic Needs Assessment (JSNA) Housing & Health Topic and the modernisation of Disabled Facilities Grants (DFGs).

Councillor Mrs Bowkett reported that the meetings had been well attended and that all partners appeared to be working together to continue positive discussions.

It was further reported that the Chancellor had announced that an additional £43m was to be spent on DFGs in-year and, as that sits outside the BCF, it was advised that this would provide more of a challenge within two-tier areas.

Semantha Neal (Strategic Development Manager, East Lindsey District Council) confirmed that ELDC had received £117k but that this was to be spent and the work completed by the end of March 2018. The money must also be committed by the end of January 2018.

Conversations were underway between the County Council and District Councils to ensure that this money is spent within the guidelines. It was suggested that the Chairman of the Housing, Health and Care Delivery Group write to all District Councils to reiterate the importance of this particular spend.

RESOLVED

That the report for information be received and further comments noted.

26d An Action Log of Previous Decisions

The Board received a report which noted the decisions taken since the September 2017.

RESOLVED

That the report for information be received.

26e Lincolnshire Health and Wellbeing Board Forward Plan

The Board considered the Forward Plan of the Lincolnshire Health and Wellbeing Board which provided members with an opportunity to discuss the items for future meetings which would, subsequently, be included on the Forward Plan.

It was suggested by Healthwatch to bring the results of the GP appointment work to the Board which was currently under analysis. It was agreed that it would be more appropriate for the Health Scrutiny Committee for Lincolnshire to consider but that the Board would be pleased to receive a copy for information.

Following earlier discussions, it was agreed to add *Lincolnshire Health and Wellbeing Board Membership* to the Forward Plan.

RESOLVED

1. That the report for information be received; and
2. That an item on the *Lincolnshire Health and Wellbeing Board Membership* be added to the Forward Plan.

The meeting closed at 3.46 pm

Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
20.06.17	**6**	**TERMS OF REFERENCE, PROCEDURAL RULES, MEMBERS ROLES AND RESPONSIBILITIES** That a working group be established to review the membership of the Lincolnshire Health and Wellbeing Board.	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	**INTEGRATION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH A SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITY** 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.	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	**LINCOLNSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN (STP) PRIORITIES AND UPDATE** That regular updates be added to the Work Programme of the Lincolnshire Health and Wellbeing Board.	The Sustainability and Transformation Plan and the Better Care Fund are standing items on the HWB's agenda
	10d	**LINCOLNSHIRE HEALTH AND WELLBEING BOARD – FORWARD PLAN** That the Board's concerns regarding immunisations be referred to the Health Scrutiny Committee for Lincolnshire.	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**	**DEVELOPMENT OF THE JOINT HEALTH AND WELLBEING STRATEGY FOR LINCOLNSHIRE** • That the following priorities be approved for further development as part of the Joint Health and Wellbeing Strategy for Lincolnshire:- ○ Mental Health (Both Adults and Children/Young People; ○ Housing; ○ Carers;	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: • 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 • The need to tackle inequalities and equitable provision of services

		○ Physical Activity; ○ Dementia; and ○ Obesity. • 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.	that support and promote health and wellbeing. 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.
	17b	**HEALTH AND WELLBEING GRANT FUND – ALLOCATION OF REMAINING FUNDS** • 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.	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. Subject to approval by the Chairman, this item is scheduled on the Forward Plan for June 2018.
	18b	**AN ACTION LOG OF PREVIOUS DECISIONS** That an item of ACTion Lincs be added to the Forward Plan for a future meeting.	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.
	18c	**LINCOLNSHIRE HEALTH AND WELLBEING BOARD FORWARD PLAN** That an item on the *Role of District Councils in Health and Wellbeing* be added to the Forward Plan.	Subject to approval by the Chairman, this item is scheduled on the Forward Plan for March 2018.
05.12.17	**24a**	**JOINT HEALTH AND WELLBEING STRATEGY** That the statutory requirements for safeguarding be amended to be more obvious throughout the document.	Safeguarding has been added as one of the Themes that will cut across all the priority areas in the new Joint Health and Wellbeing Strategy. Each priority area are developing delivery plans (to be signed off by the Board in June) and as part of this process each priority area will set out how safeguarding issues will be addressed.

	24b	**LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2018** That a consultation on a draft PNA for Lincolnshire planned between 11 December 2017 and 11 February 2018 be noted.	The statutory 60 consultation, required as part of PNA development process, began on Monday 11 December 2017 and closed on 11 February 2018. A total of 18 responses were received and these have been reviewed by the PNA Steering Group and necessary amendments made to the draft PNA document. The final PNA document will be presented to the HWB in March 2018 for formal approval. The document & associated appendices will be published on the Lincolnshire Research Observatory by 29 March 2018.
	24c	**LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEMBERSHIP** • That membership changes, as recommended by the Working Group, to add the Office of the Police and Crime Commissioner and the Chairman of the Lincolnshire Coordination Board be endorsed; and • That the proposed recommendations be formally submitted to Full Council in February 2017, to enable appropriate changes to be made to the County Council's Constitution be agreed.	A report was presented to County Council on 23 February 2018 detailing the proposed changes to the Board's membership and asking Council to approve the necessary changes to The Constitution. The County Council agreed to extend membership of the Health and Wellbeing Board to include the: • Office of the Police and Crime Commissioner • Chairman of the Lincolnshire Coordination Board The Chairman of the Lincolnshire Health and Wellbeing Board has formally written to Marc Jones and Elaine Baylis notifying them of the decision, which comes into immediate effect.
	26e	**LINCOLNSHIRE HEALTH AND WELLBEING BOARD FORWARD PLAN** That an item on the Lincolnshire Health and Wellbeing Board Membership be added to the Forward Plan.	An update on HWB Membership is provisionally scheduled on the Forward Plan for December 2018.

This page is intentionally left blank

Lincolnshire Health and Wellbeing Board – 27 March 2018

Chairman's Announcements

Lincolnshire Sustainability and Transformation Plan (STP)

Since October 2017 the Health Scrutiny Committee for Lincolnshire has been receiving regular reports on the STP, with a particular focus on the seven priority areas in the STP. Within this in mind, I have taken the decision not to include the STP as an agenda item for this meeting. Instead, information below has been provided on behalf by Sarah Furley, Programme Director, Lincolnshire Sustainability & Transformation Partnership.

Update:
As part of the STP as a plan (rather than as a partnership or system), Lincolnshire has been working on seven key priorities since April 2017. These are:

- Neighbourhood Teams
- GP Forward View
- Urgent and Emergency Care
- Mental Health
- Planned Care
- Operational Efficiency
- Service Reconfiguration

Work in relation to each priority is progressing and starting to deliver changes in patient services and support for people across the county. In addition, we are starting to address productivity in the "back office" services that support patient facing services.

The demands on our health services continue to increase, particularly in our main hospitals, and our health system is severely challenged. Despite the hard work and dedication of NHS staff across the county, the Lincolnshire health system continues to deteriorate in terms of service quality, staffing sustainability and financial performance. We know that the Lincolnshire system is currently unsustainable, and that more people go to hospital than is necessary. So alongside the progress to date, our plans are now being extended further to more closely focus on the optimum way of delivering the services provided by the hospitals in Lincolnshire. This is an ambitious and important task and we are currently undertaking in-house work with senior clinical and other staff. The public would expect the NHS to be constantly assessing how it develops in order to improve patient services and the health of the population, and this is what we are doing.

As part of the STP as a partnership or system (rather than a plan), our regulator NHS England now requires the STP to lead on a range of work on behalf of the system, such as developing a single system operating plan for 2018/19, aligning all NHS contracts for 2018/19 and developing elective care projects that will be delivered as part of the national programmes of work. Lincolnshire NHS services have worked together even more closely over the past few months to develop this system of working across the county, and it is anticipated that the role of the STP will continue to evolve.

New Health and Wellbeing Board Members

The Board's recommendation, agreed at December's meeting, to extend core membership to the Office of the Police & Crime Commissioner and the Chairman of the Lincolnshire Coordination Board were formally approved by the County Council on 23 February 2018. The decision took immediate effect and the necessary changes are being made to the Council's Constitution. Following the Council meeting I have personally written to Marc Jones and Elaine Baylis formally notifying them of the decision and inviting them to attend future Board meetings.

June's Health and Wellbeing Board meeting – change of date

I would like to advise the Board of a change to the date of the Health and Wellbeing Board meeting in June 2018. The meeting will now be held at 2pm on **Tuesday 5 June** and not on Wednesday 6 June as previously communicated.

A formal appointment will be issued by Democratic Services, but can I ask Board Members to note the change in their diary.

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**27 March 2018**
Subject:	**Lincolnshire Pharmaceutical Needs Assessment 2018**

Summary:
Completion of a Pharmaceutical Needs Assessment (PNA) is a statutory duty for Health and Wellbeing Boards (HWB) 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 consultation has now concluded and the final 2018 PNA for Lincolnshire has been prepared and approved by the steering group on 27 February 2018. The final PNA needs to be approved by the HWB and published by 1 April 2018.

Actions Required:
1. To approve the final PNA for publication by 1 April 2018.

1. Background

1.1 The PNA 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 As reported to the Board in December 2017, the PNA Steering Group has been delegated responsibility for developing the document on behalf of the HWB. The PNA Steering Group held its fourth meeting on 27 February 2018. At this meeting the final draft of the PNA and the results of the consultation, prepared by an external expert pharmacy resource (Soar Beyond Limited), were presented and considered by the Steering Group.

1.3 The final draft PNA 2018, as shown in Appendix A, was approved by the Steering Group on 27 February 2018 and is being presented to the HWB for approval. Pending approval, it will be made available for publication on 1 April 2018.

2. Community Pharmacy reforms

2.1 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.

2.2 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.

2.3 There is concern within Community Pharmacies about the potential impact of these changes however at the time of writing (27 February 2018) 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.

2.4 The data cut off point used for this PNA is 27 February 2018 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.

3 Statutory Consultation

3.1 As required by the Pharmaceutical Regulations 2013, Lincolnshire Health and Wellbeing Board (HWB) held a 60-day consultation on the draft Pharmaceutical Needs Assessment (PNA) from 11th December 2017 to 11th February 2018.

3.2 The draft PNA was hosted on the Lincolnshire Council website and invitations to review the assessment and comment were sent to a wide range of stakeholders, including all community pharmacies in Lincolnshire. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation, as were a range of public engagement groups in Lincolnshire as identified by Lincolnshire Council and Lincolnshire Healthwatch. Responses to the consultation were possible via an online survey, paper or email.

3.3 A total of 18 responses were reviewed at the Steering Group meeting held on 27 February 2018 and some changes made to the draft 2018 PNA, as a result. A Summary of Consultation responses and Consultation Report can be found in Appendices B and C.

4 Conclusions

Following the consultation, the conclusion remains the same as the approved draft report

4.1 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.

4.2 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.

4.3 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.

4.4 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.

4.5 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

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire 2018 PNA
Appendix B	Summary of Consultation responses
Appendix C	Consultation report

6. 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
Pharmaceutical Needs Assessment Report to the Lincolnshire Health and Wellbeing Board, 5 December 2017	http://lincolnshire.moderngov.co.uk/documents/s20376/Lincolnshire%20Pharmaceutical%20Needs%20Assessment%202018.pdf
PNA 2018 Appendix A – List of pharmaceutical service providers in Lincolnshire	To view a copy of the these appendices prior to formal publication please contact hwb@lincolnshire.gov.uk
PNA 2018 Appendix B – Extended hour GP practices and corresponding community pharmacies open during these hours	
PNA 2018 Appendix C – PNA Steering Group Terms of Reference	
PNA 2018 Appendix D – Public Questionnaire	
PNA 2018 Appendix E – Pharmacy contractor questionnaire	

PNA 2018 Appendix F – Dispensing Practice questionnaire	
PNA 2018 Appendix G – PNA Project Plan	
PNA 2018 Appendix H – Consultation Engagement Plan	
PNA 2018 Appendix I – Results of the public questionnaire	
PNA 2018 Appendix J – Results of the Pharmacy Contractor questionnaire	
PNA 2018 Appendix K – Results of the Dispensing Practice questionnaire	

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

Lincolnshire Health & Wellbeing Board 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

Contents

Executive Summary

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). This mapping of pharmaceutical services against local health needs provides Lincolnshire HWB with a framework to support the local health economy to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This PNA has been produced through the PNA Steering Group for Lincolnshire HWB by Lincolnshire County Council (LCC) with authoring support from Soar Beyond Ltd and is accurate as of 27th February 2018. Any subsequent changes will be monitored, and any changes updated through supplementary statements, when necessary.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the 'Pharmaceutical List' held by NHS England. Types of providers are:

- Community pharmacy contractors, including distance-selling pharmacies
- Dispensing appliance contractors
- Local pharmaceutical service providers
- Dispensing doctors

Community pharmacies operate under a contractual framework agreed in 2005 which sets out three levels of service:

Essential services: Negotiated nationally. Provided from all pharmacies.

Advanced services: Negotiated nationally. Provided from some pharmacies, specifically accredited.

Enhanced services: Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned.

This contract enables NHS England Area Teams to commission services to address local needs, while still retaining the traditional dispensing of medicines and access to support for self-care from pharmacies.

Lincolnshire

Lincolnshire is located in the East Midlands and is the fourth largest county in England. The county has seven districts – Boston, East Lindsey, Lincoln City, North Kesteven, South Holland, South Kesteven, West Lindsey – and has a diverse geography comprising large rural and agricultural areas, urban areas and market towns, and a large eastern coastline.

The estimated resident Lincolnshire population is 736,700 (based on ONS 2015 Mid-Year Population Estimates) with a 48.9% male and 51.1% female breakdown.

Lincolnshire has a predominantly white population (98%); only 2% of the population is from a Black and Minority Ethnic (BME) group, which is less than the national average of 14%.

Lincolnshire is an area of growth both in economic and housing terms, with three areas in the county (Lincoln, Gainsborough and Grantham) receiving up to £8 million as part of a national strategy for sustainable development. 71,116 homes are planned to be built in Lincolnshire by 2036, at an average annual rate of 3,500 per annum.

In the Index of Multiple Deprivation (IMD) showing overall deprivation, the 2015 data shows Lincolnshire ranked 90th out of 152 upper-tier local authorities in England, where 1st is the most deprived. Levels of deprivation vary across the county, which has an influence on health needs and services required by the population.

The main causes of ill health in Lincolnshire are Coronary Heart Disease (CHD), Chronic Obstructive Pulmonary Disease (COPD), diabetes and cancer. There is also a high prevalence of obesity, stroke and heart disease.

Current pharmaceutical provision

There are 123 community pharmacies in Lincolnshire HWB area (as of 27 February 2018), serving a population of 736,700 (mid-2015 ONS). The number and rate of community pharmacies vary widely by district. Due to the mainly rural nature of Lincolnshire, some populations may find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. Pharmaceutical services are also provided by the 64 dispensing practices in Lincolnshire for eligible patients.

Conclusion

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 national system that community pharmacies are easily accessible. Lincolnshire HWB considers that the population of Lincolnshire currently experiences this situation in all seven districts.

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 and concluded that residents of Lincolnshire are adequately served by providers of pharmaceutical services in both urban and rural areas and no gaps have been identified in the provision of essential and advanced services during and outside normal working hours across Lincolnshire.

Any changes linked to population growth in districts and therefore pharmaceutical provision will be subject to assessment of local need, patient demand, clear evidence of benefit, value for money and improved health outcomes. This will be regularly reviewed by the HWB and the PNA will be updated with supplementary statements where necessary. Any expansion to services will be done within the existing community pharmacy network where possible, to avoid destabilising current provision of essential services.

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 ESPS[4] 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 NUMSAS[5] from community pharmacies. 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 of protecting access in areas where there are fewer pharmacies with higher health needs and ensure that no area is left without access to NHS community pharmaceutical services. There are 25 pharmacies in Lincolnshire funded under the PhAS.

[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/

Quality payment scheme

The DH has introduced a Quality Payments Scheme[7] 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.

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's need to deliver £22 billion in efficiency savings by 2020-21, the government has imposed a two-year funding package on community pharmacies, 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 2017.[9]

There is concern within community pharmacies about the potential impact of these changes however at the time of writing (27 February 2018) 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. NB in order to maintain accuracy for service providers the cut-off date was agreed 27 February 2018.

1.2 Purpose of the Pharmaceutical Needs Assessment (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.

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

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.

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.

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

The types of NHS pharmaceutical providers 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.

1.3.1 Pharmacy contractors

Pharmacy contractors operate under the CPCF initially agreed in 2005[11] 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

[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

Map A shows the locations of the pharmacies which provide Medicines Use Reviews and the New Medicine Service.

In Lincolnshire, NHS England commissions all six advanced services from community pharmacies. A full list of advanced services providers in Lincolnshire (correct as of 27 February 2018) 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.

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 Lincolnshire HWB area 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.

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 Lincolnshire HWB area, 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 on 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.

---

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

[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

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 (1.6 km) from a pharmacy's premises (excluding any distance-selling pharmacy 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'.

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 figures 20, 21, 22 and 23.

1.3.5 Other providers of pharmaceutical services in neighbouring Health and Wellbeing Board (HWB) areas

There are nine other HWB areas which border Lincolnshire HWB area:

- 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
- County Hospital Louth, 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, 47 Boston Road, Sleaford NG34 7HD
- Grantham and District Hospital, Manthorpe Road, Grantham NG31 8DG
- Stamford and Rutland Hospital, Ryhall Road, Stamford PE9 1UA

Minor Illness Unit

- Sleaford Medical Group, 47 Boston Road, Sleaford NG34 7HD

Walk-in Centre

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

Lincolnshire West CCG's governing body has agreed that the walk-in centre will close fully after the final weekend of February (24th/25th February) in 2018. The committee agreed that the CCG had evidenced sufficient alternative provision including NHS 111, the Clinical Assessment Service, GP Out-of-Hours service, awareness of the services provided by pharmacies and greater access to GP appointments.

NB This list does not include accident and emergency provision in Lincolnshire Hospitals.

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 – LCC 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 pharmacies.

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 publish 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
    - Twitter and Facebook followers
    - 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.

Step 5: Consultation

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 11th December 2017 and 11th February 2018. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA.

Step 6: Collation and analysis of consultation responses

The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received, and analysis is noted in Appendix L.

Step 7: Production of final PNA – future stage

The collation and analysis of consultation responses was used by the project group to revise the draft PNA, and the final PNA was presented to the PNA Steering Group.

The final PNA was presented to Lincolnshire HWB for approval and publication before 1st April 2018.

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 is 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

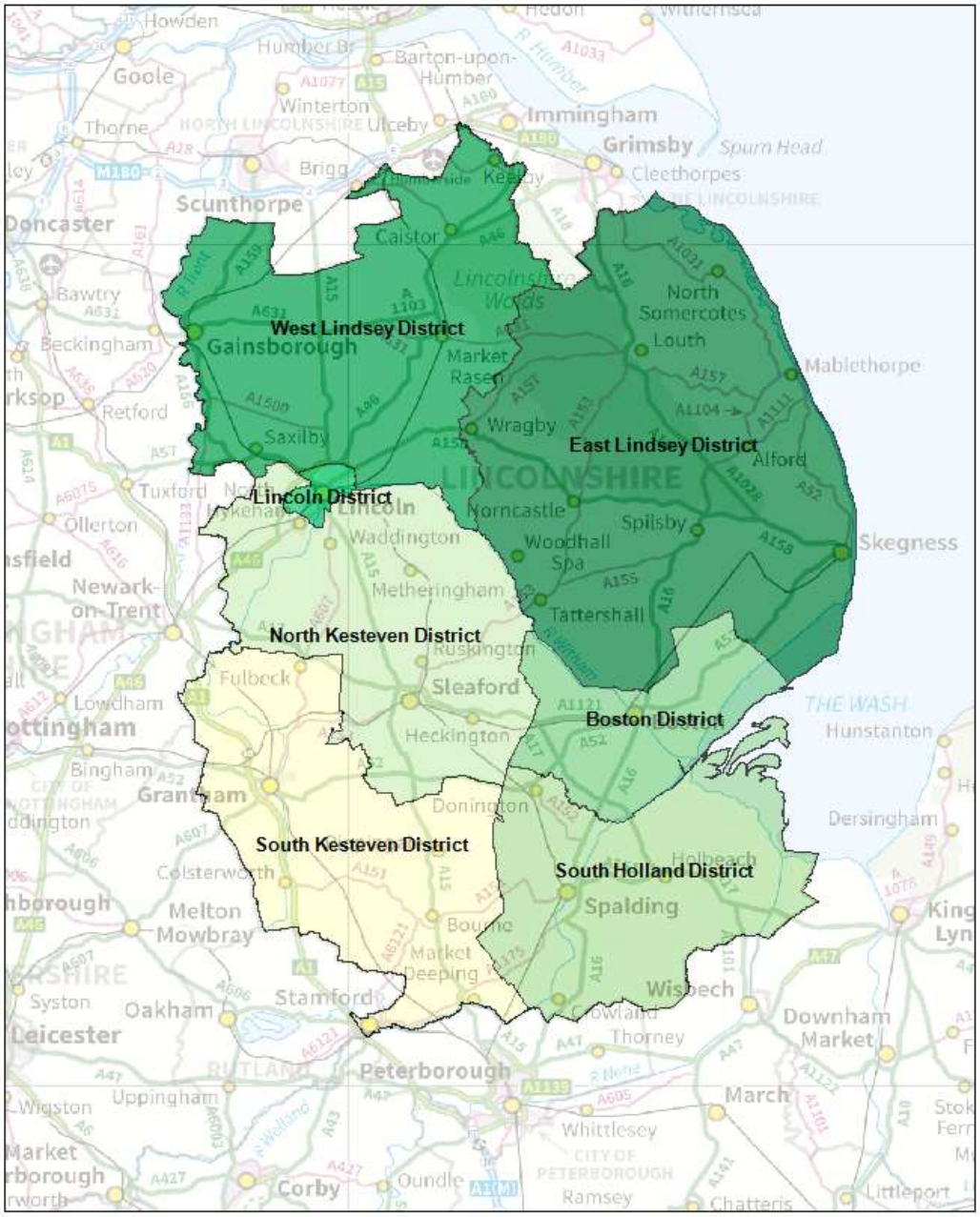


Table 1 indicates that five districts are classified as rural areas, one as urban with rural [elements] and one as urban with city and town. This is based on the share of the population that lives in rural areas or rural-related areas (i.e. hub towns), as classified by the Department for Environment, 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.

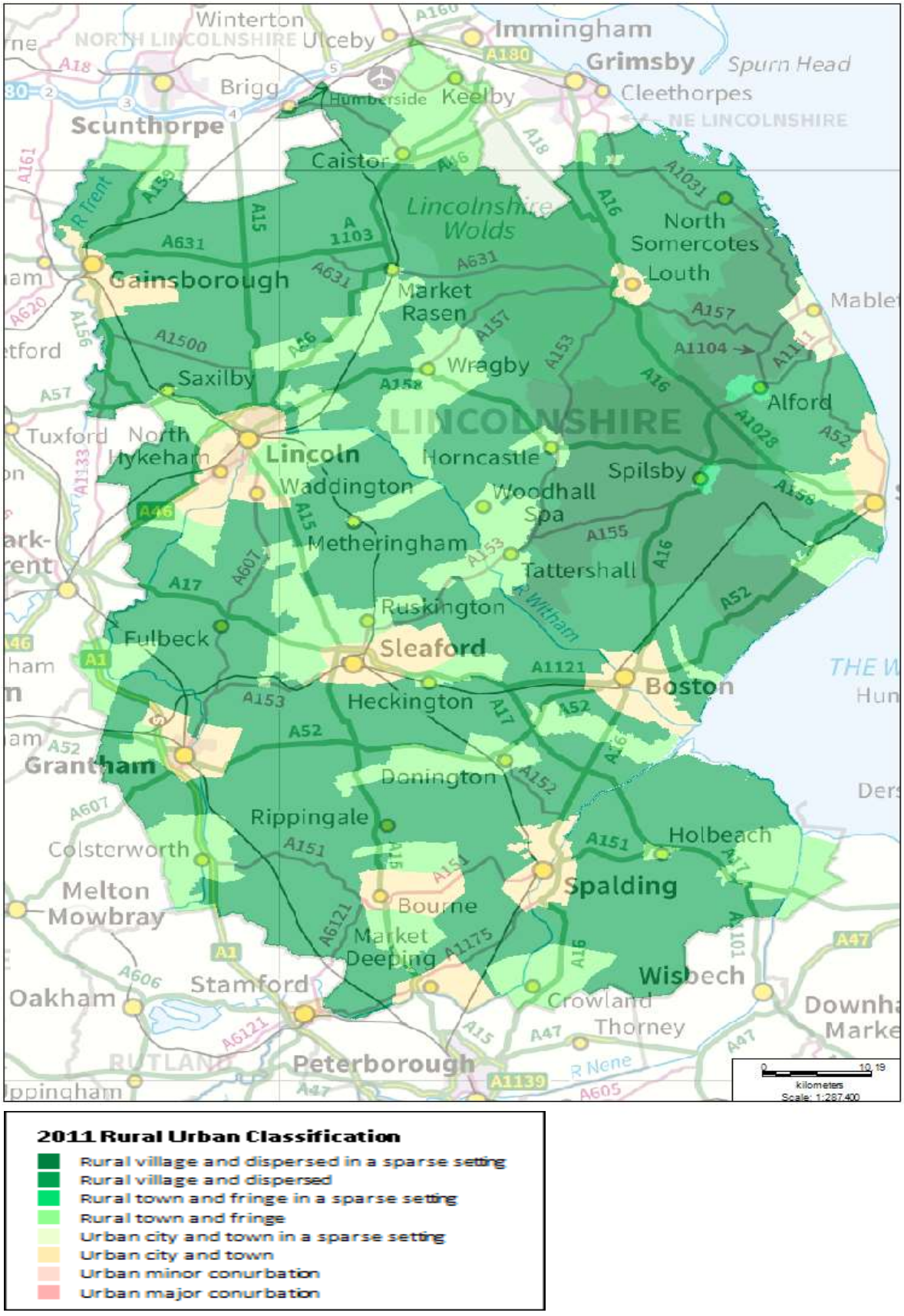
Table 1: Rural-Urban classification of Lincolnshire districts

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



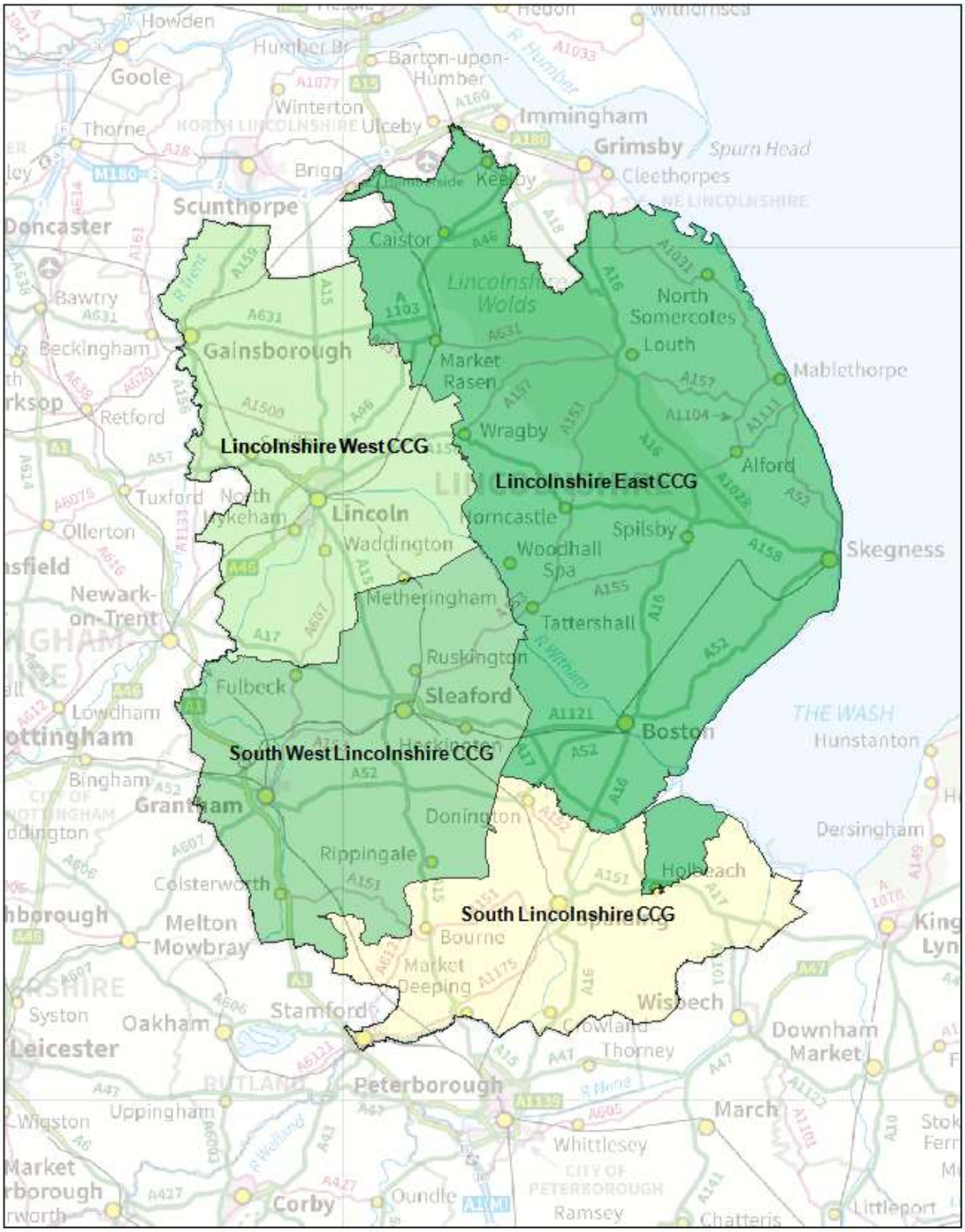
Clinical Commissioning Groups (CCGs)

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 CCG,[16] made up of 29 GP practices covering an area including Boston, East Lindsey and Skegness
- Lincolnshire West CCG,[17] made up of 33 practices covering Lincoln, Gainsborough and surrounding areas
- South Lincolnshire CCG,[18] made up of 15 practices in Welland and South Holland, including Bourne, Stamford and the Deepings
- South West Lincolnshire CCG,[19] made up of 19 GP practices in Grantham, Sleaford and surrounding villages

[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



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 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:

- 19.3% of the population is aged under 18 years

[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

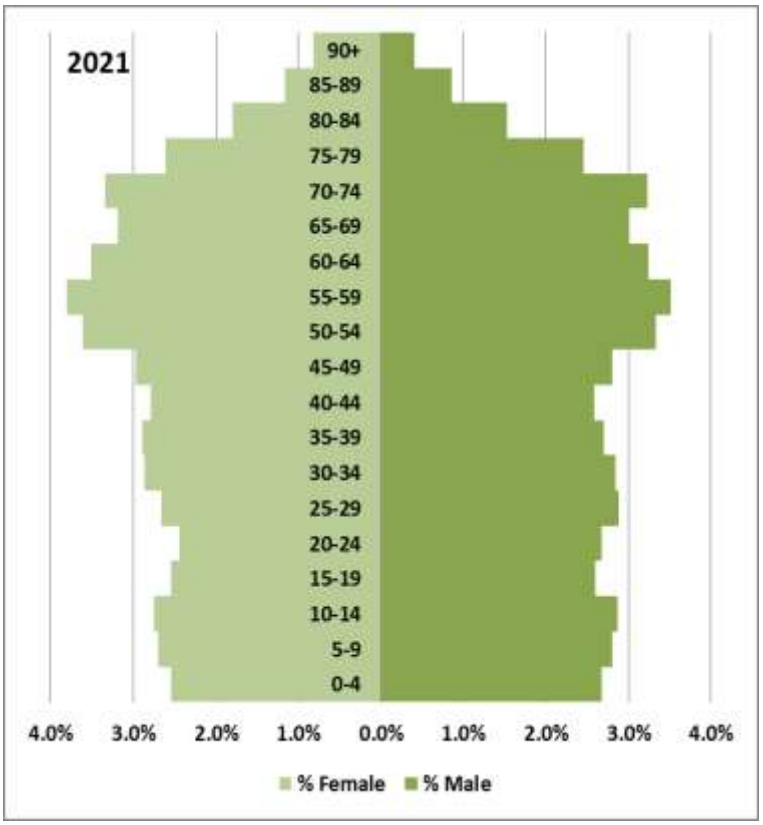
- 57.9% is aged 18–64 years and
- 24.4% of the population is aged over 65 years

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

District	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

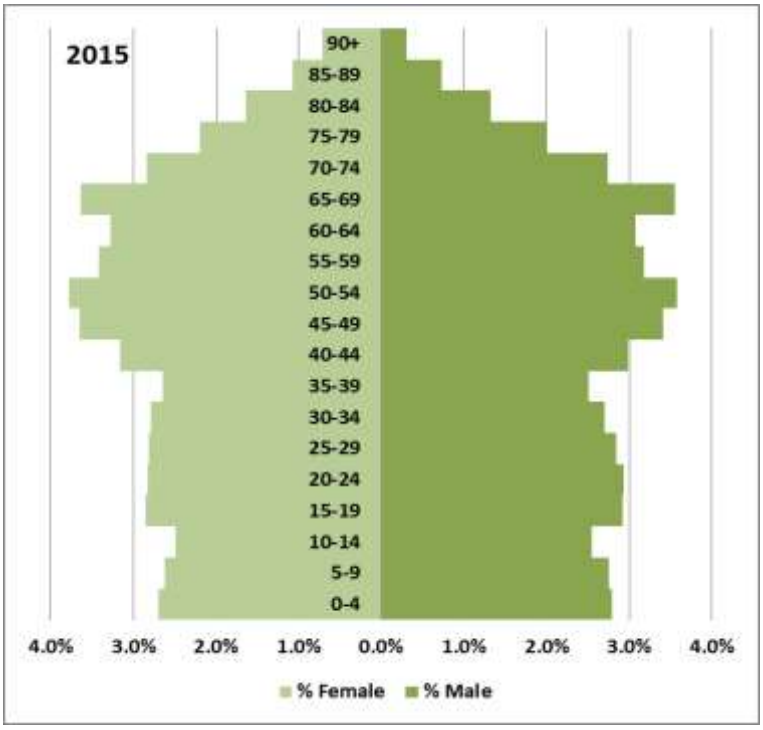
Source: ONS, 2015 mid-year population projections and 2021 projections (based on 2014 mid-year population)

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



Source: ONS, 2014-based population projections

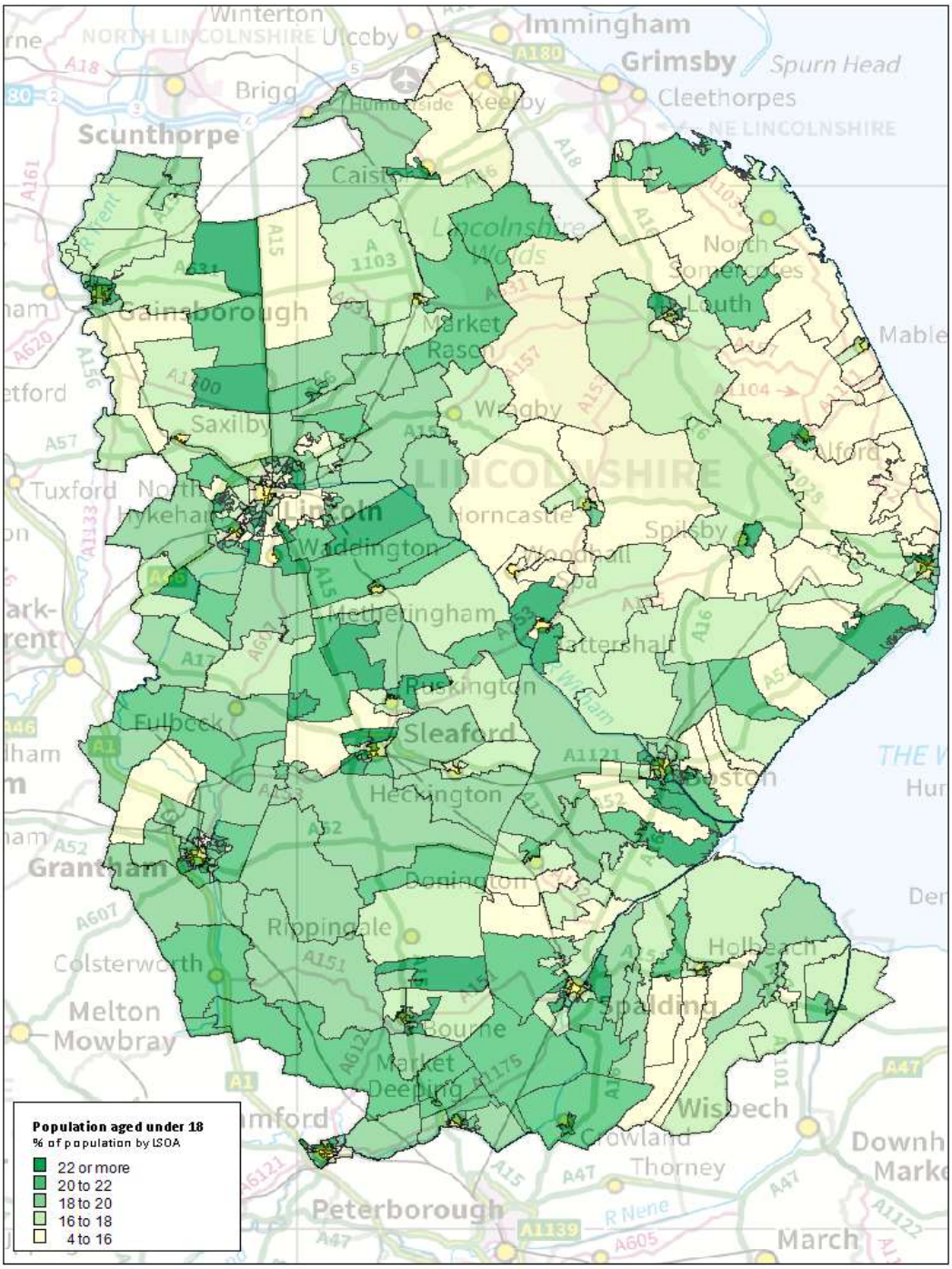
Figure 5: Age structure of Lincolnshire's population, 2015 mid-year population estimates by gender



Source: ONS, 2015 Mid-Year Population Estimates

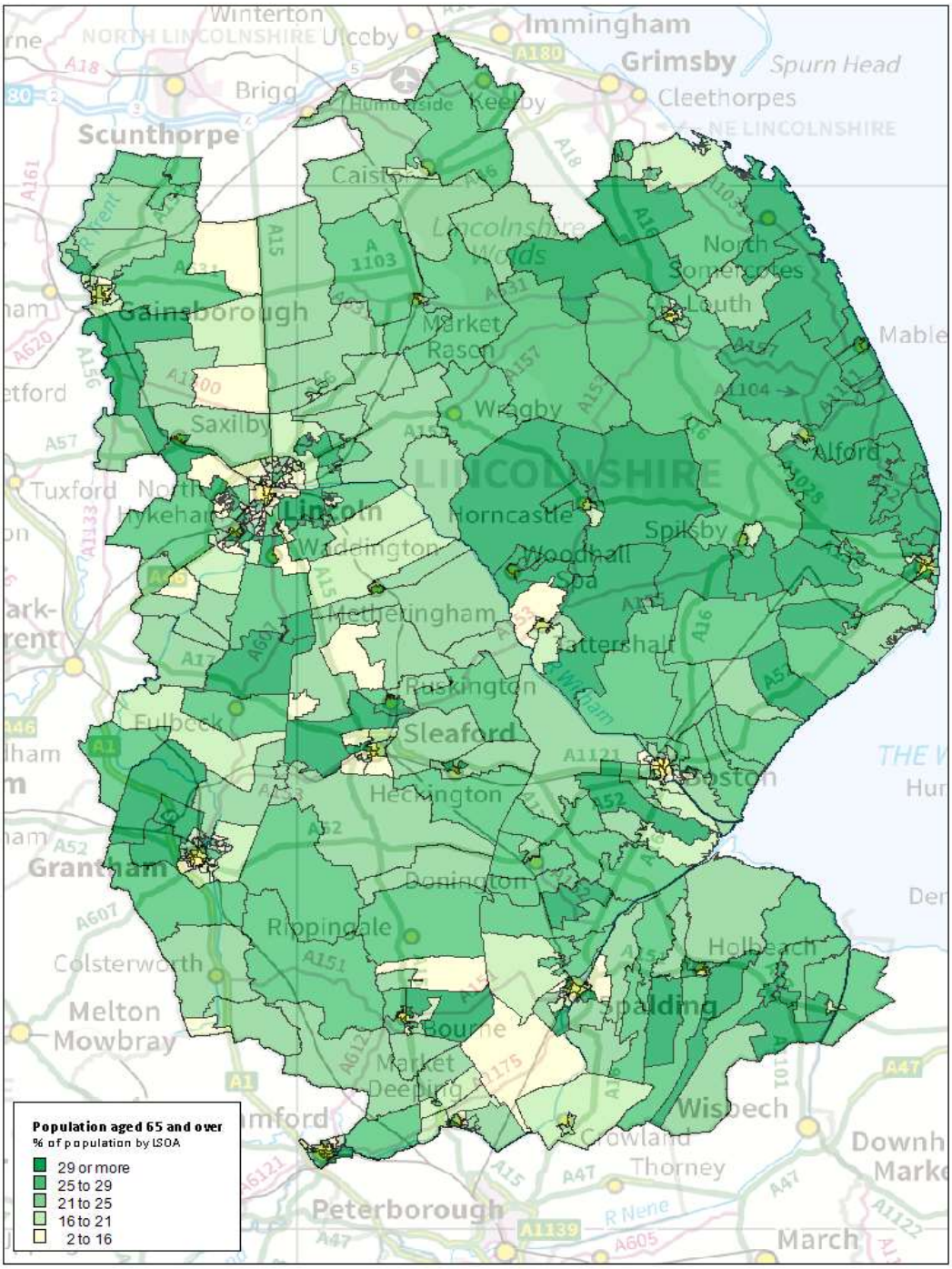
Figures 6 and 7 show the population under 18 years and over 65 years by super output area.

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



Source: ONS, 2015 Mid-Year Population Estimates

Figure 7: Lincolnshire Population aged ≥65 years, 2015



Source: ONS, 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

District	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. 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: ONS 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 districts, with the proportion of their populations born in an EU accession country ranging between 1% and 4%.

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

	Country of Birth								
District	**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 districts 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. The 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 homes[22] 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, or funded by 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 averages 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 districts have the highest numbers with 105 and 112 respectively.

[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

In addition, there are 532 households across the county who are accepted as being homeless and in priority need for accommodation. Again, the districts of Lincoln (169) and South Kesteven (171) have the highest numbers of households who are statutorily homeless and in priority need.

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 districts. 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, available at Lincolnshire Research Observatory

2.3.5 Park homes and 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]

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 destination[25] for all age groups hence access to community pharmacies is vital especially for the older population who a 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 old. There are 1,800 young carers aged under 15 and a further 3,500 young carers aged 16–24. 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

[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
[25] Global Tourism Solutions: Lincolnshire STEAM trend report - https://www.greaterlincolnshirelep.co.uk/assets/documents/Lincolnshire_STEAM_Report_2009-2016_07-Aug-17.pdf

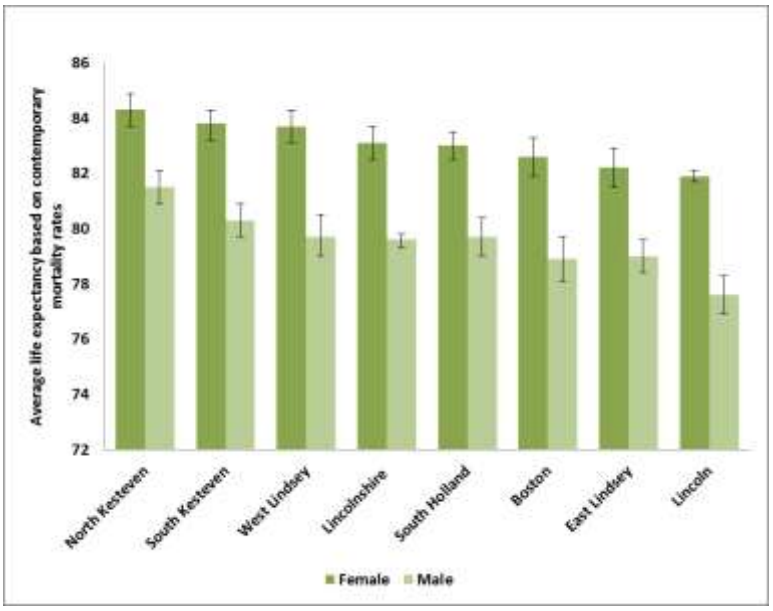
Further detail can be found at http://www.research-lincs.org.uk/jsna-Carers.aspx

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 and 82.9 years for females.

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 districts by gender



Source: ONS, Public Health England (PHE) Public Health Profiles available at https://fingertips.phe.org.uk/

2.5 Joint Strategic Needs Assessment (JSNA)

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 six themes is 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

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

2.6 Sustainability Transformation Plans (STPs)

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 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 – e.g. reducing 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 patients

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

2.7 Mortality and causes of ill health

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

2.7.1 Cardiovascular Disease (CVD)

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 resident in Lincolnshire East.[29] The prevalence rates are not age-standardised therefore it may not reflect a true comparison between districts and nationally.

---

[27] Lincolnshire STP - https://lincolnshirehealthandcare.org
[28] JSNA - http://www.research-lincs.org.uk/jsna-Cancer.aspx
[29] LCC. Cardiovascular Disease in Lincolnshire. May 2015. http://www.research-lincs.org.uk/UI/Documents/cardiovascular-disease-in-lincolnshire.PDF

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 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 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 JHWS lies with Lincolnshire HWB and it also oversees production of the JSNA.

Currently the JHWS is undergoing a review and the HWB is in the process of considering some key themes that have emerged during the public engagement workshops. The key areas priorities identified for consideration are:

- Mental health – both adults and children and young people
- Housing
- Carers
- Physical activity
- Dementia
- Obesity

A strategy will be drafted and available to view in early 2018.

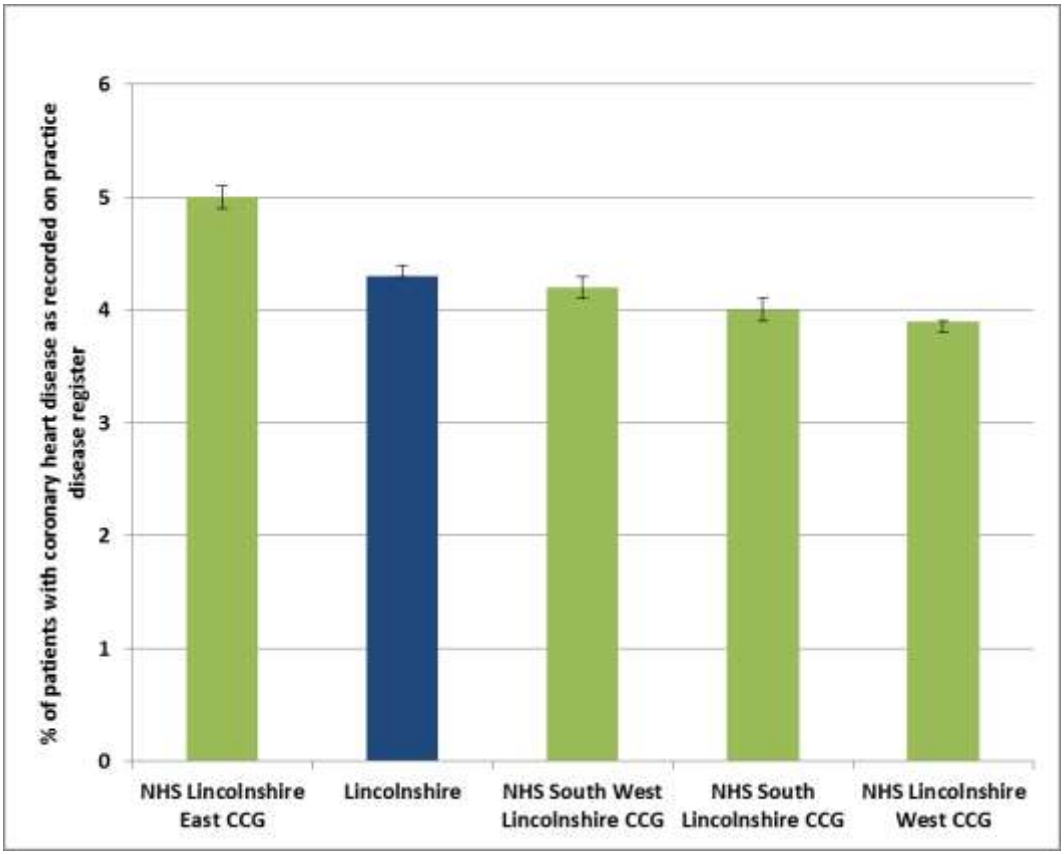
Further detail can be found at www.lincolnshire.gov.uk/residents/public-health/behind-the-scenes/policies-and-publications/joint-health-and-wellbeing-strategy/115339.article.

2.8.1 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.

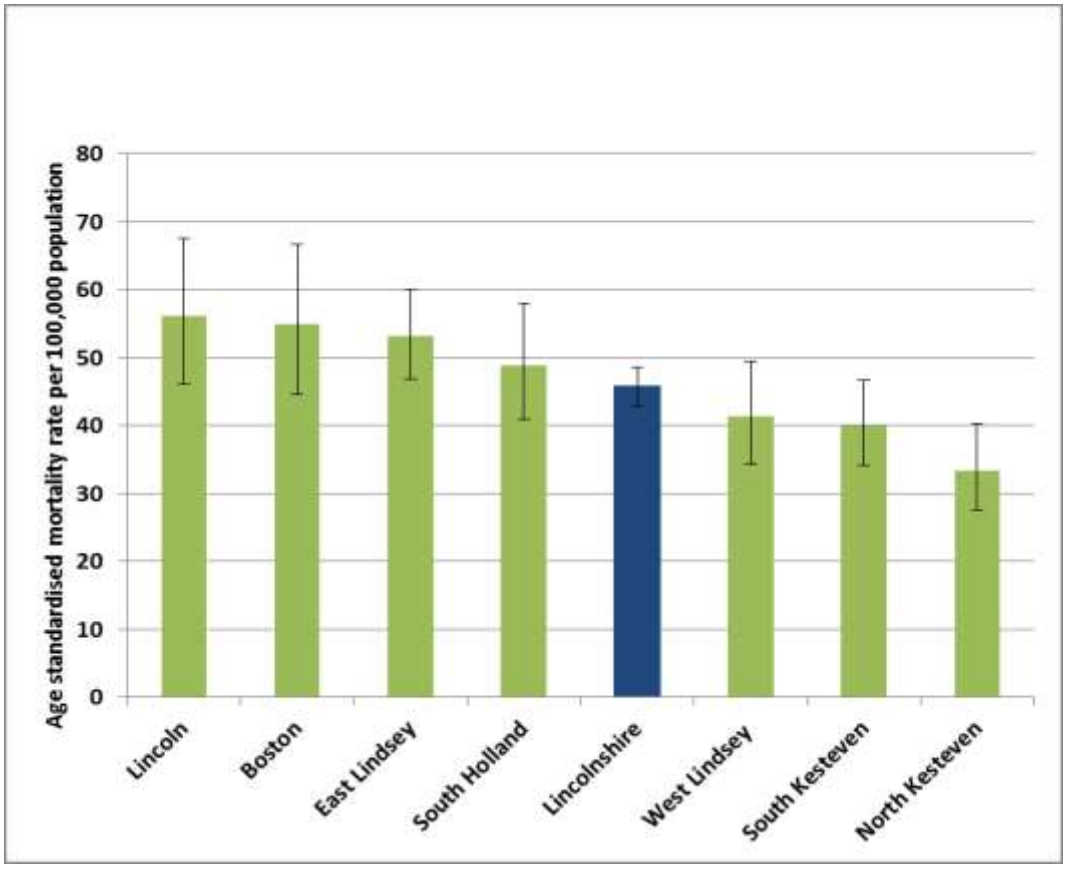
Figure 9: CHD recorded prevalence (all ages) by CCGs, 2015-16



Source: NHS Digital, Quality and Outcome Framework, accessed at PHE 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 CHD in people aged under 75 for districts. When compared with England (not shown in the figure), Lincolnshire and the four districts of 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 PHE Fingertips (https://fingertips.phe.org.uk/search/coronary heart disease - 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

2.8.2 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 Lincolnshire 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.

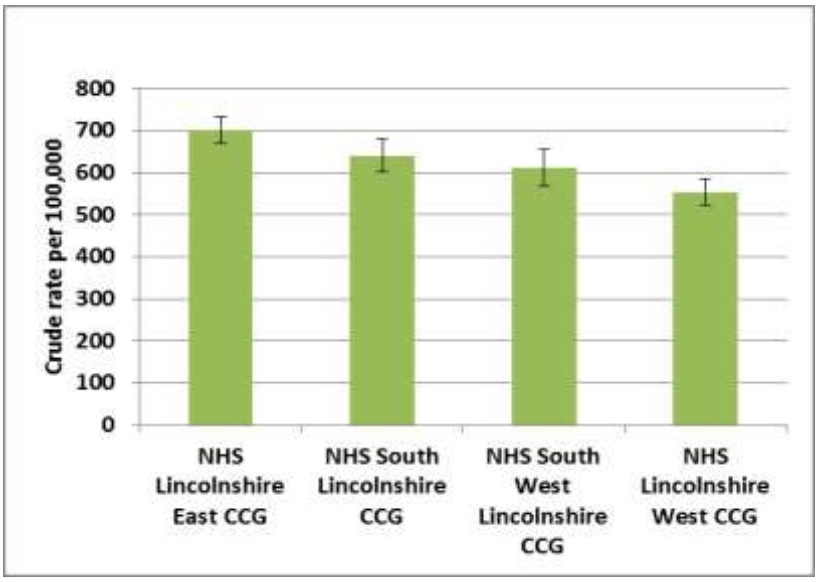
2.8.3 Cancer

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).

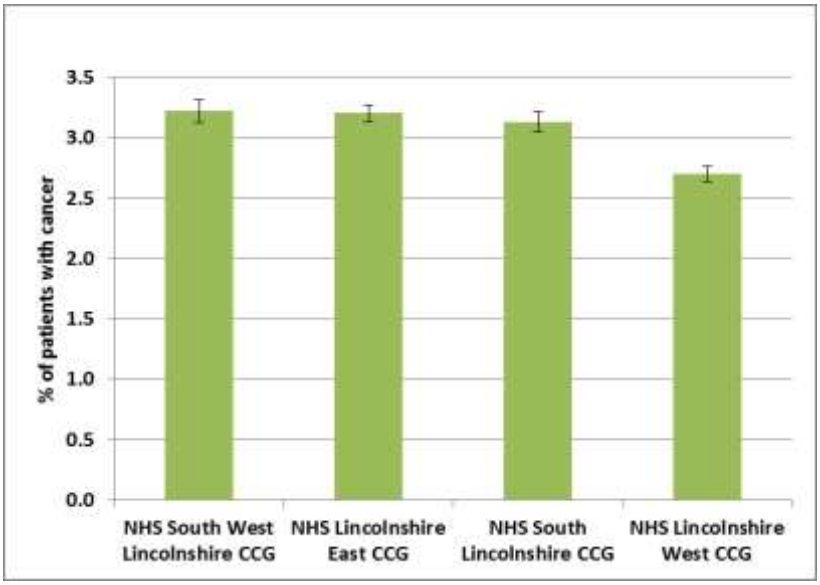
Figure 11: New cancer cases by CCG area, 2013-2014



Source: PHE 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

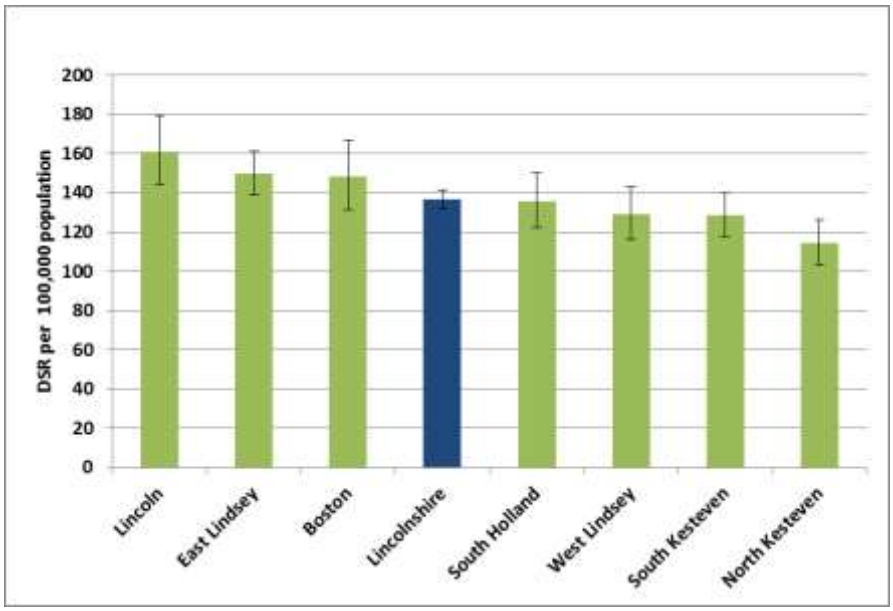


Source: PHE Fingertips, Cancer: QOF prevalence (all ages) available at: https://fingertips.phe.org.uk

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, per 100,000 population (2013-2015)



Source: PHE, 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.

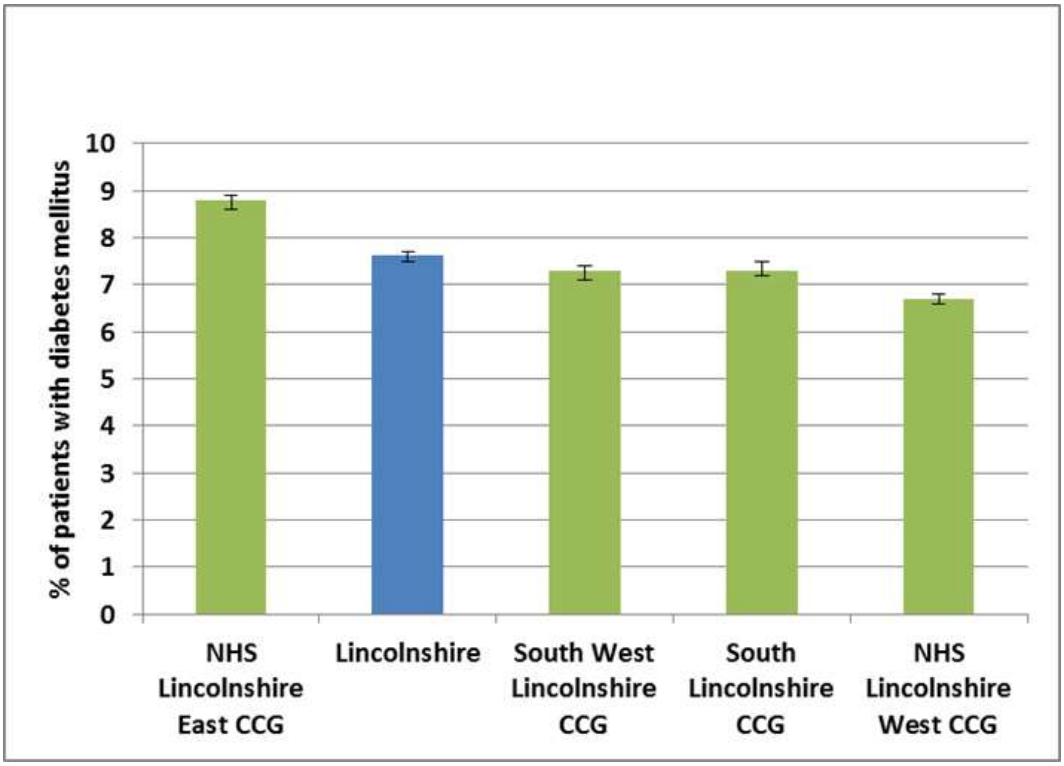
2.8.4 Diabetes

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 having 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.

[30] JSNA Diabetes: http://www.research-lincs.org.uk/jsna-Diabetes.aspx

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



Source: NHS Digital, Quality and Outcome Framework, accessed at PHE Fingertips
https://fingertips.phe.org.uk/profile/diabetes-ft

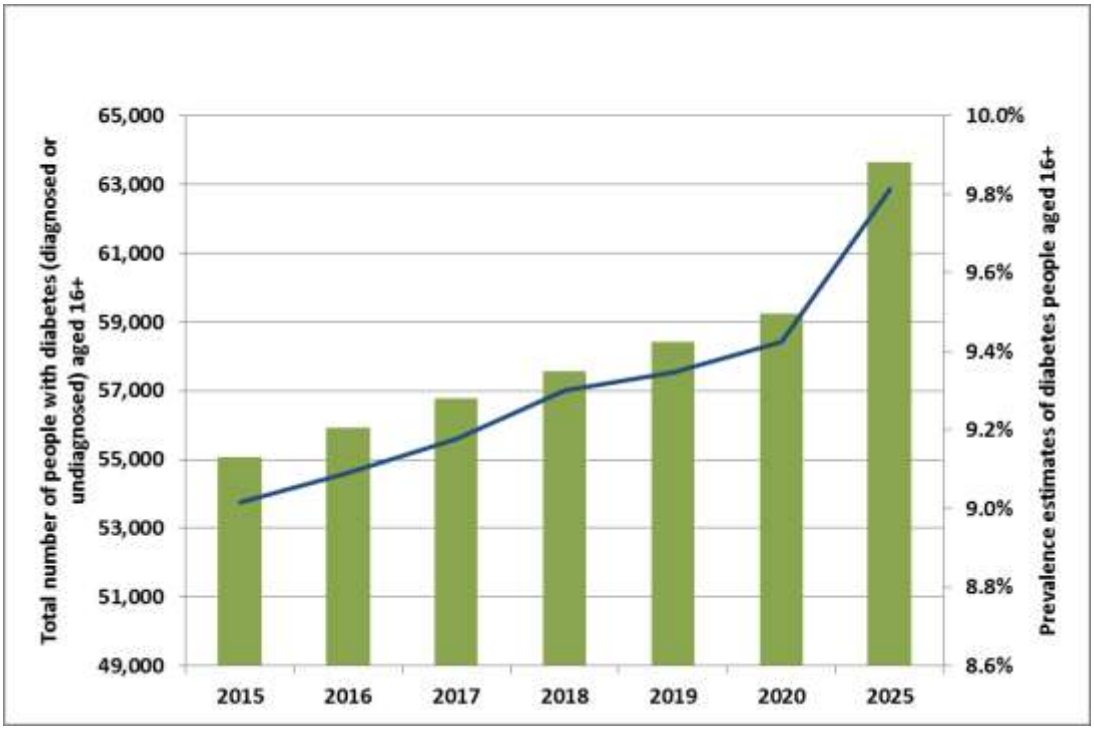
It is estimated that in Lincolnshire 12.4% (75,506 persons) of the 16+ population has non-diabetic hyperglycaemia (pre-diabetes) and is therefore at risk of developing type 2 diabetes as well as other cardiovascular conditions.[31] In England it is estimated that the overall prevalence is 11.4%.

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.

The PHE diabetes prevalence and risk profile for 2015[32] 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 is therefore at risk of developing type 2 diabetes as well as other cardiovascular conditions.

[31] PHE – Diabetes: https://fingertips.phe.org.uk/profile/diabetes-ft
[32] PHE diabetes profiles: https://fingertips.phe.org.uk/profile/diabetes-ft

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



Source: PHE, 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, Reused 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.

2.8.5 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% 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 with the other three CCGs in Lincolnshire which each have a prevalence of 2.0% (Source: 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.

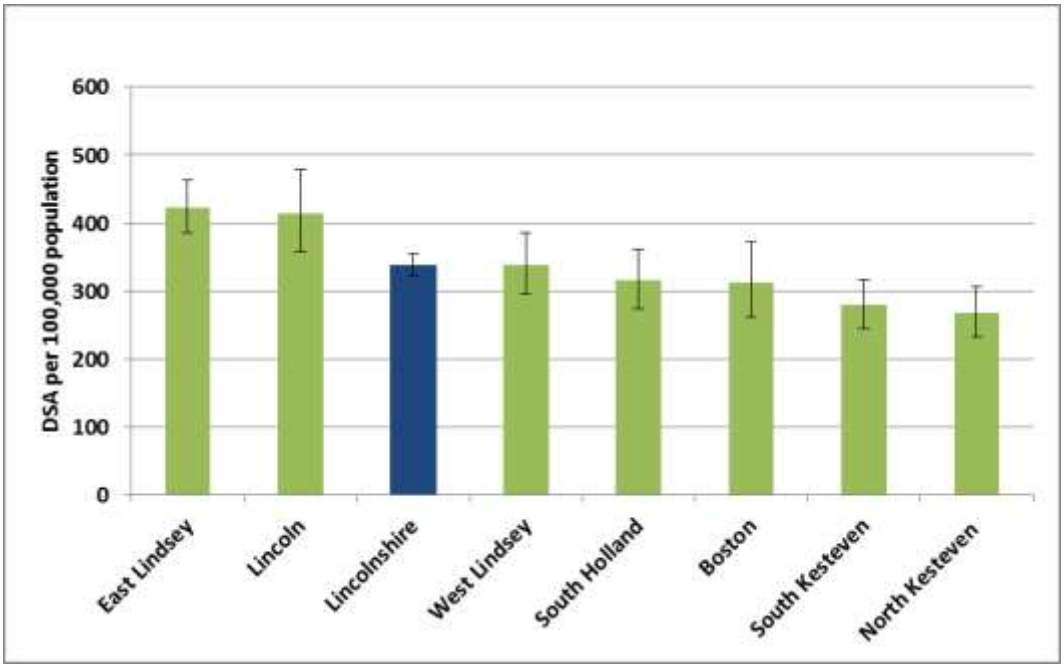
PHE profiles for COPD indicate that the COPD recorded prevalence on QOF (all ages) for Lincolnshire East CCG (2.6%), Lincolnshire West CCG (2.0%) and South Lincolnshire (2.0%) were significantly higher compared with England (1.9%).[33]

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.

[33] PHE. Inhale. December 2015. https://fingertips.phe.org.uk/profile/inhale/

Lincolnshire districts had rates which were lower than or similar to England rate. The England rate is not shown in the figure.

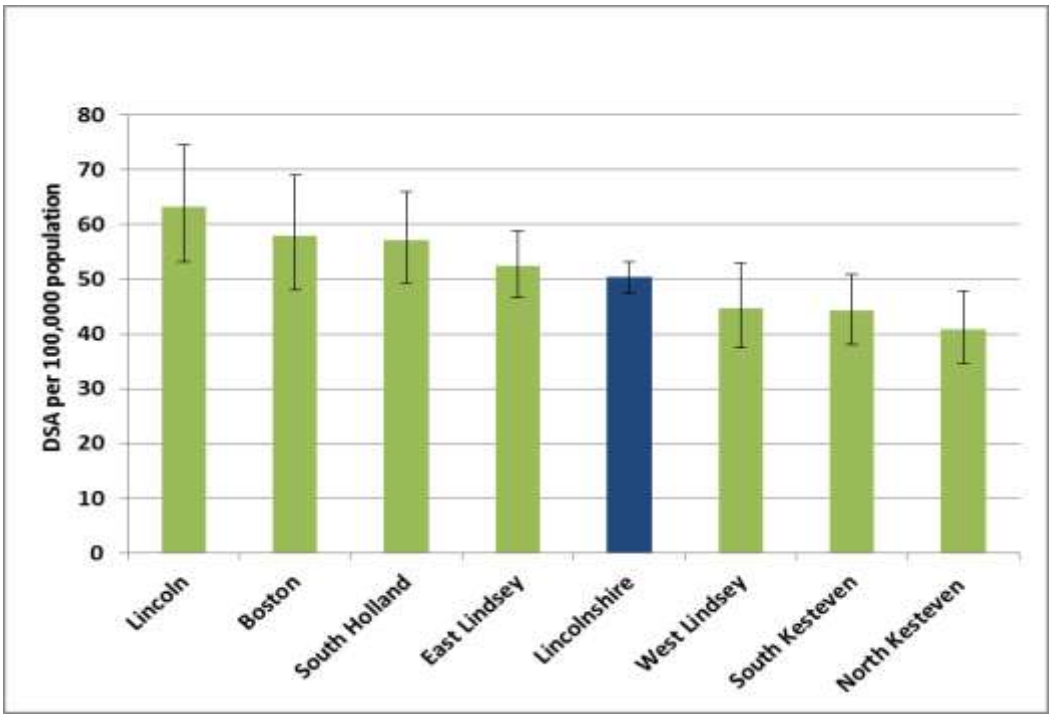
Figure 16: Emergency hospital admissions for COPD in adults aged 35+ years, Lincolnshire, 2015-16



Source: Hospital Episode Statistics (HES) accessed at PHE 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 for COPD for Lincolnshire and districts. The rate for Lincolnshire (50.3 per 100,000) was comparable to England (52.6 per 100,000). All the districts were comparable to or lower than the England rate.

Figure 17: Mortality from COPD, Lincolnshire districts, 2013-15



Source: Public Health Profiles, accessed at PHE 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.

2.8.6 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

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, QOF 2015-16, October 2016 available at - http://content.digital.nhs.uk/qof

[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

2.8.7 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 for 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 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.

2.8.8 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.

2.8.9 Accidental injuries and falls

In 2014-15, the age-standardised rate of injury due to falls in Lincolnshire among those aged 65 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+ 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 were 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.

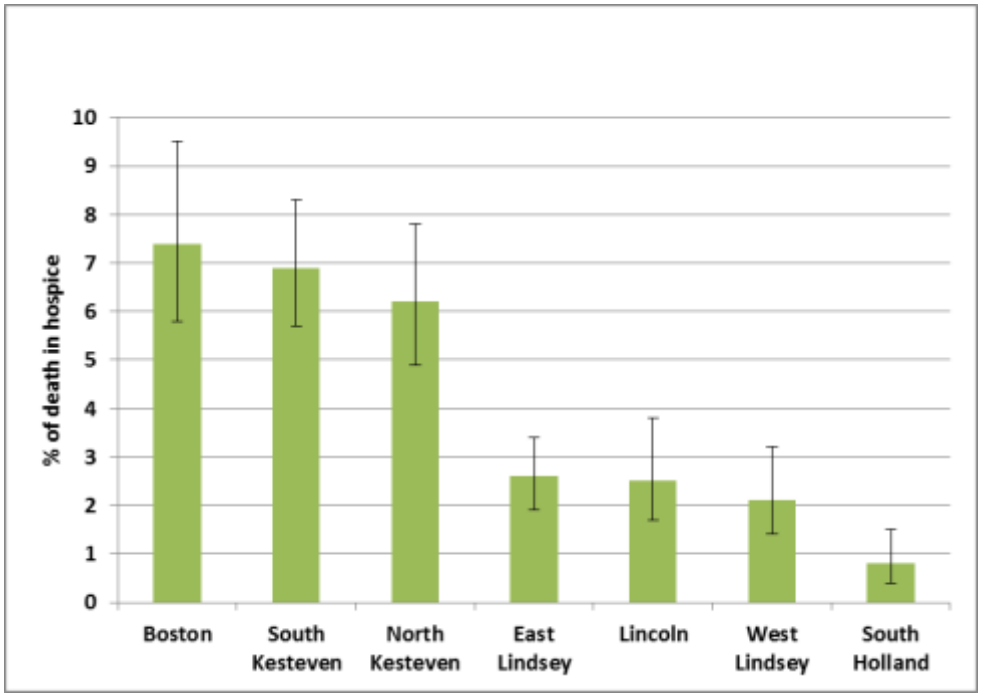
---

[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 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 districts.

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

[37] DH. Immunisation against infectious disease, Green book.

- 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 2015-16[39] 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 districts had lower rates.

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 with 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]

[38] Lincolnshire 2015 Substance Misuse Health Needs Assessment
[39] PHE Local Alcohol Profiles https://fingertips.phe.org.uk/profile/local-alcohol-profiles

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 PHE 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

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 is the lowest rate in the East Midlands.

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

---

[40] PHE. 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

2.10.3.3 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 districts 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 profiles[42] 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.

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/

[42] PHE Tobacco Control 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 ULHT[43] 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 old.

When rates are compared across districts 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 districts 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.

[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/
[45] LRO. JSNA obesity - 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]

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

	Lincolnshire	East Midlands	England
Average DMFT	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 DMFT in those with decay experience	3.0	3.3	3.4
% with active decay	20.9%	24.3%	21.5%
% with experience of extraction(1)	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(2)	3.9%	5.6%	5.6%
% with high levels of plaque present on upper front teeth(3)	1.0%	2.3%	1.7%

Source: 2015 National Dental Epidemiology Programme survey of five-year old children
Note: 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'3.

1. *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.*
2. *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.*
3. *Indicative of a non-brusher.*

The full results of the 2015 National Dental Epidemiology Programme survey of 5-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.

[46] PHE. Lincolnshire Dental Profile. July 2017.

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 districts in Lincolnshire.

Table 14: Number of additional houses planned and built in Lincolnshire by area 2016-21

Area	**Planned**			**Built since start of plan period**	**Outstanding from 2016**
	Period	Total	Annual	Total	Total
Central Lincolnshire (Lincoln, North Kesteven and West Lindsey)	2012-36	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)	2011-36	Boston - 7,550 South Holland - 11,125 Total - 18,675	Boston-300 South Holland - 445 Total - 745	1,780	16,895
East Lindsey	2016-31	Coast - 1,308 (already with permission) Inland - 6460 Total- 7,786		Nil (since 2011 1,640)	7,786
East Lindsey	2016-21 2021-25 2025-31			591 481 482	
South Kesteven	2011-36	Total - 15,625	625	2,640	12,985

Housing provision data source: Central Lincolnshire Local Plan 2012-36 (adopted April 2017). South East Lincolnshire Local Plan 2011-36 (submitted June 2017). East Lindsey Core Strategy 2016-31 (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. 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 one DAC in Lincolnshire (as of 27 February 2018) 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 nature 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

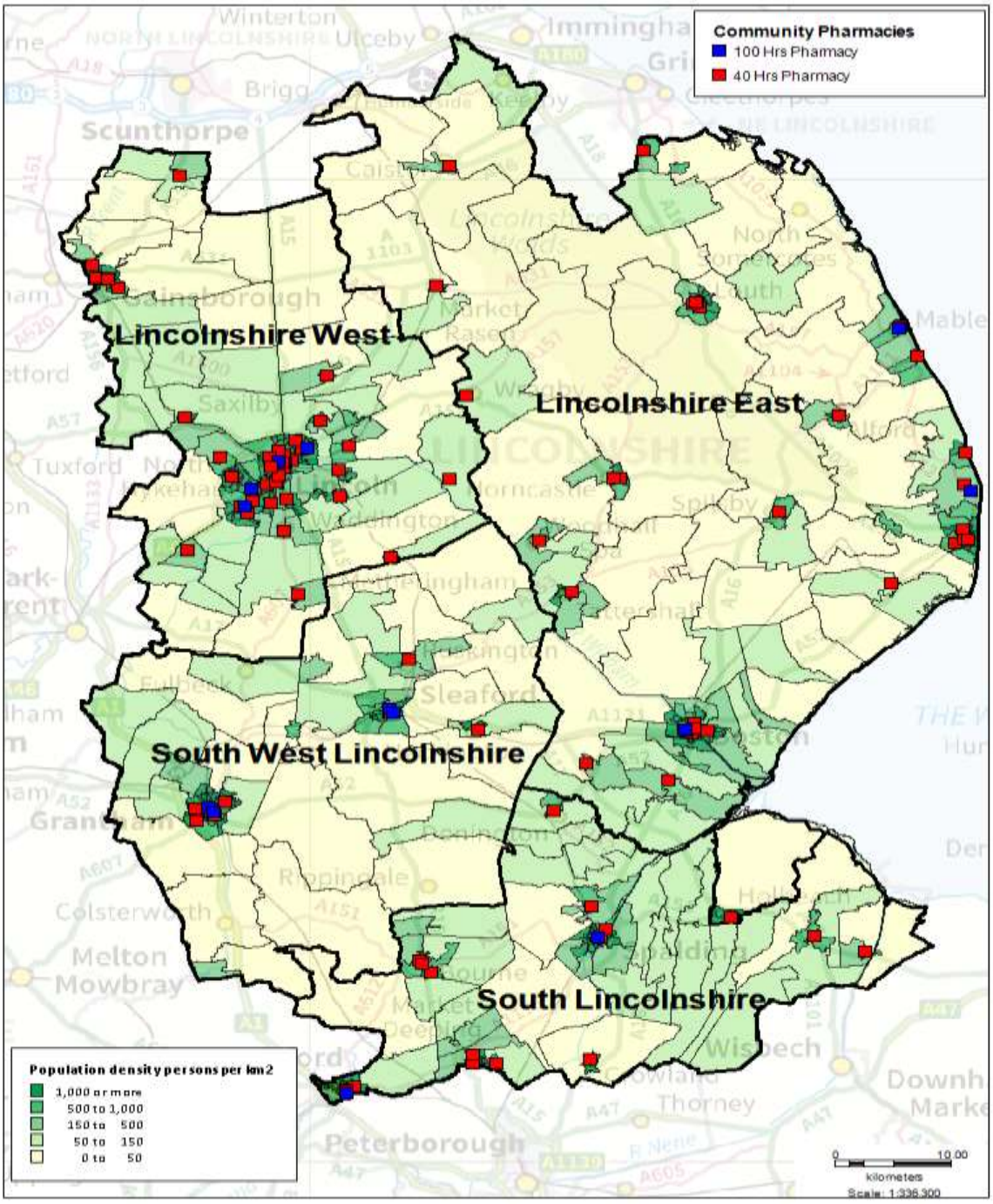
Area	Number of community pharmacies (as of 01/08/2017)	Total population (mid-year 2015 estimates)	Average number of community pharmacies per 100,000 population (as of 01/08/2017)
Boston	10	66,902	14.9
East Lindsey	26	137,887	18.9
Lincoln	22	97,065	22.7
North Kesteven	18	111,876	16.1
South Holland	13	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*

[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 shows the location of community pharmacies in Lincolnshire. 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.

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 Ownership of community pharmacies in Lincolnshire

Table 16 shows the breakdown of community pharmacy ownership in Lincolnshire.

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 England[48] 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 (6pm-8pm) and only 1% access pharmacy services late evening (after 8pm). With regard to weekend access, 5% of respondents visit the pharmacy on Saturdays and only 1% visit the pharmacy on Sundays.

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: Number 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 Lincolnshire HWB area 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.

Due to the diverse geography and large rural nature of Lincolnshire, it is assumed that a large proportion of the population may drive to access several amenities including pharmaceutical services, which is supported by the public questionnaire where 61% of respondents use a car to travel to their pharmacy. This is followed by 31% of respondents who opt to walk to their pharmacy which may be practical for residents living within close proximity to the town centres.

There is a public transport network (bus service) in Lincolnshire however there are still parts of the county that have a limited service especially in rural areas. In view of this LCC has a demand responsive service that residents can access if necessary. The public questionnaire reported that only 2% of residents access pharmacy services by public transport.

Table 18 shows a summary of the percentage of the population travelling within Lincolnshire and the respective time it takes to access a community pharmacy. The following assumptions have been made in reference to the table and the maps that follow.

- Population numbers based on ONS 2016 mid-year population estimates
- A walking speed of 4.8km/h is assumed on the road network. For the points away of road network, walking is assumed to be in straight lines to the nearest road point with the speed 20% slower than normal
- Car journey times were measured based on the maximum allowed speed on any given type of road. Traffic conditions (peak or off-peak) were not taken into account
- Journey time by bus services is based on the timetable as of November 2017. The bus journey times are as on Tuesday morning (between 9am and 12pm). The 'frequent bus service' only takes into account services with the frequency of at least one bus per hour at given stop. 'All buses services' include all the services regardless of frequency. Assumption was made that a person would walk not further than 1 km to the first stop. If more than one service needs to be used on the journey, a 5 min penalty is added to the journey time to allow for change between vehicles. Demand responsive services not included in the analysis
- Analysis is shown for the Lincolnshire community pharmacies. Out-of-area pharmacies and dispensing GP practices are identified in the maps as potential alternatives

Table 18: Percentage of Lincolnshire population able to travel to Lincolnshire-based community pharmacy within stated time and mode of travel.

Journey time	Walking	Car Journey	Bus	
			Frequent bus service	All bus services
<=15 min	30.1	87.1	37.2	47.9
<=30 min	56.2	97.1	50.6	58.8
<=45 min	66.0	97.2	51.3	60.3
<=60 min	72.5	97.2	51.3	60.6

Figure 20 shows the car travel time from any point in Lincolnshire to the nearest pharmacy within the county. Some of the population may find that the nearest pharmacy is an out-of-area provider as shown on the map, but these do not form part of travel analysis.

Figure 20: Car journey travel time to Lincolnshire community pharmacies

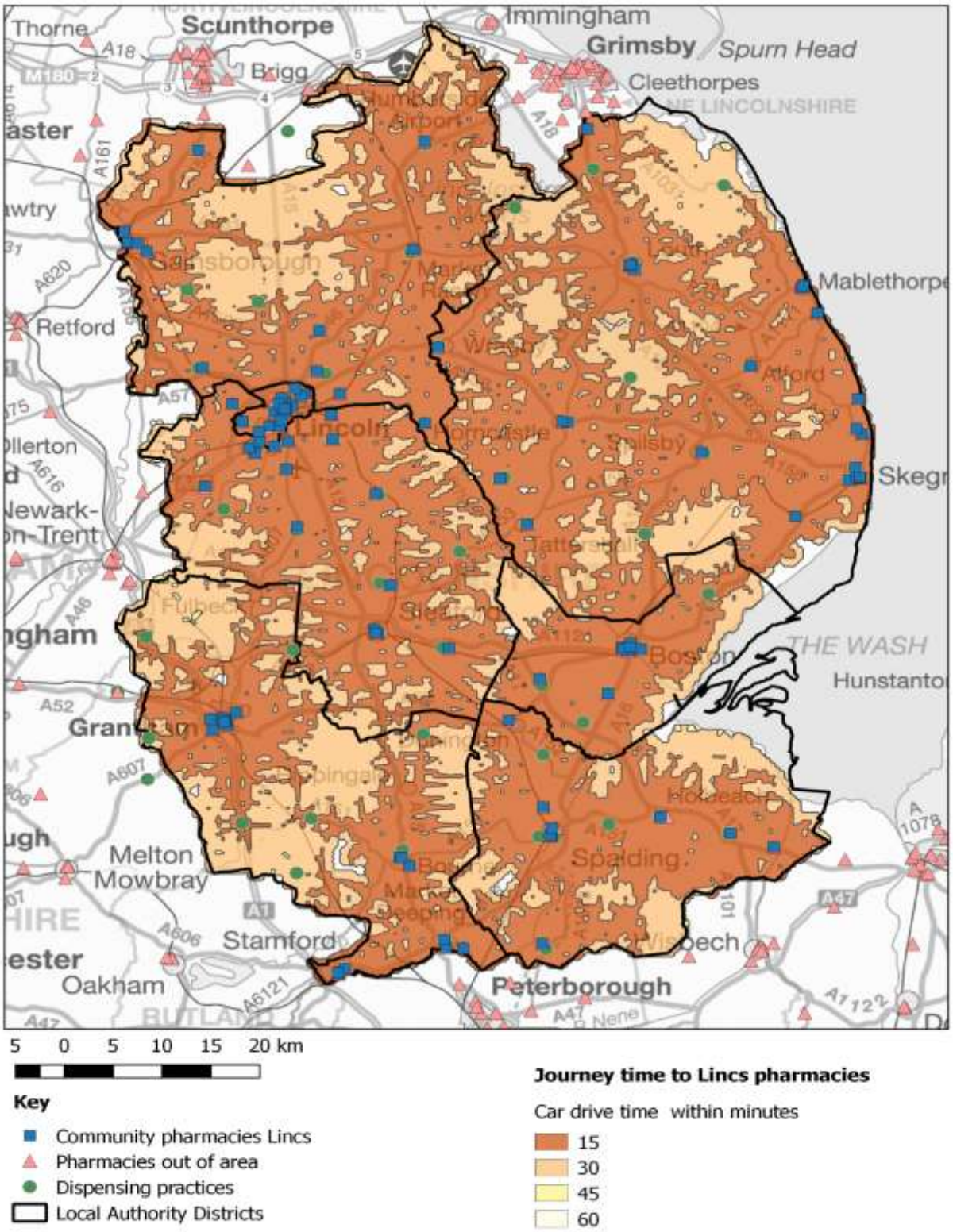


Figure 21 shows the walking time to community pharmacies in Lincolnshire.

Figure 21: Walking time to community pharmacies in Lincolnshire.

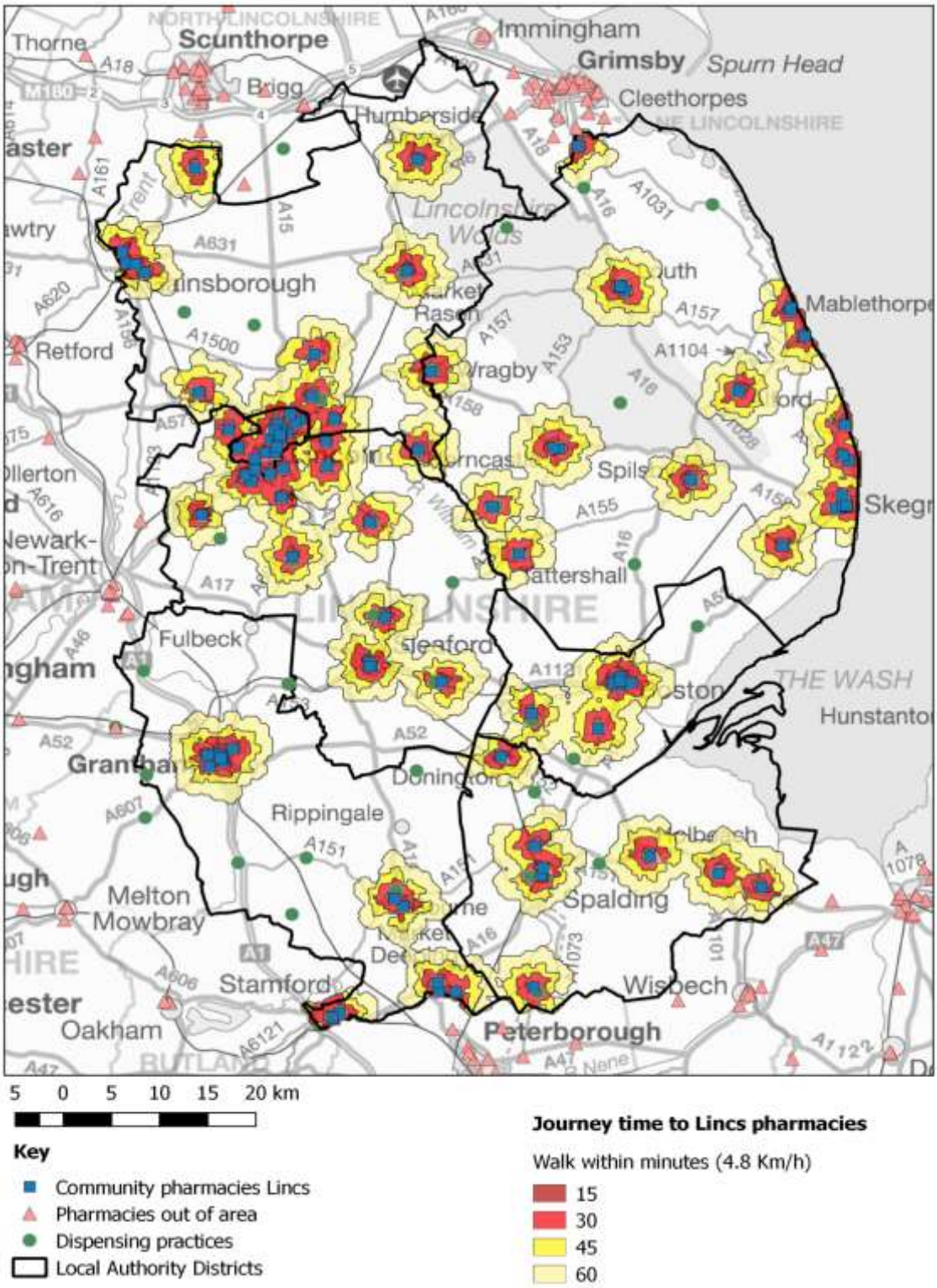


Figure 22: Travel time to Lincolnshire community pharmacies by public bus services (min one bus per hour at given bus stop)

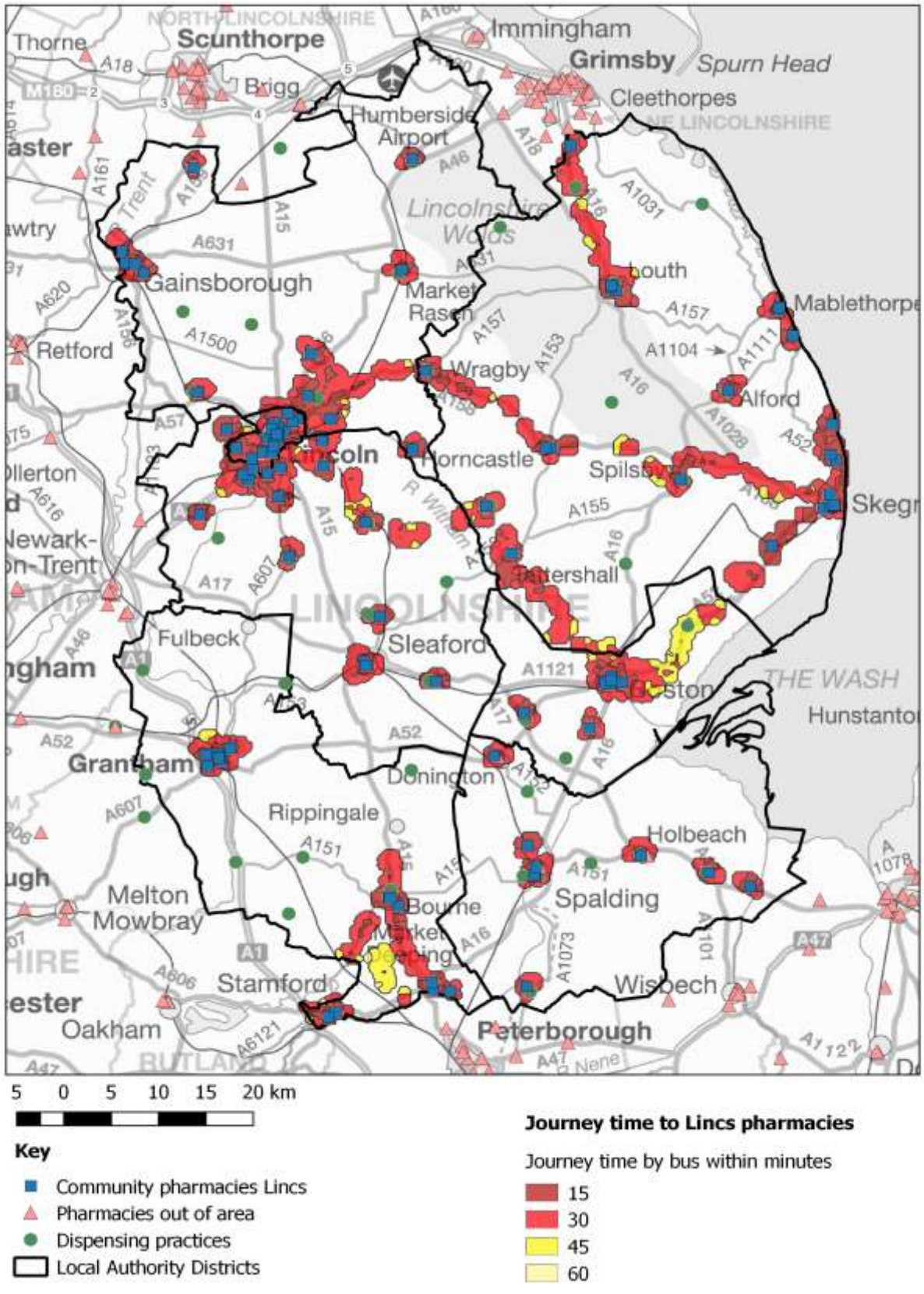
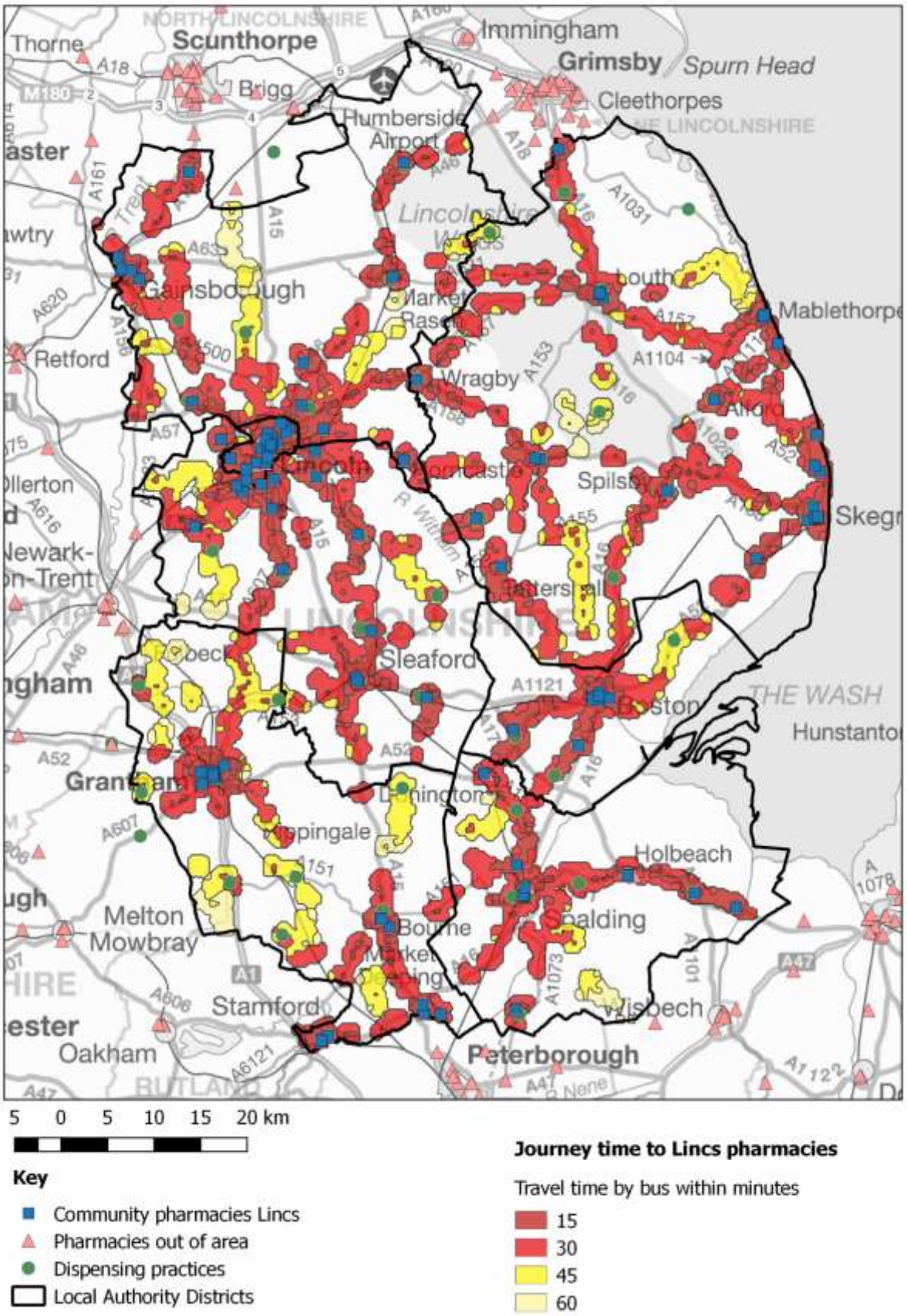


Figure 23: Travel time to Lincolnshire community pharmacies by public bus services (no minimum frequency)



3.4.1 Access to community pharmacies outside Lincolnshire

As Lincolnshire is bordered by nine other HWB areas, most of the population is not limited to accessing services just within Lincolnshire and some districts will have access to pharmaceutical service providers in these neighbouring HWB areas. Figure 20 above illustrates pharmacies located outside Lincolnshire which may be more accessible by car to the population living close to the border.

There is however, a large part of East Lindsey district which is bordered by the sea and this population may consider distance-selling pharmacies as an option for receiving some pharmaceutical services.

3.4.2 Routine daytime access to community pharmacies

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. A previously published article[50] 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.

There is however a vast difference between access in rural and urban areas and Lincolnshire HWB recognised that a time frame of 20 minutes could be unrealistic given the largely rural nature of the county. Travel analysis to community pharmacies has therefore been reviewed at 15, 30, 45 and 60-minute intervals to illustrate a potentially more realistic picture of access within Lincolnshire as previously seen in Table 18 above.

79% of the population who responded to the public questionnaire could travel to a pharmacy within 15 minutes, however, further detailed analysis would be necessary to determine if this accurately represented the population across the county. 16% could travel to a pharmacy within 30 minutes.

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 the figures are listed in Table 19. 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.

[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

Table 19: 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	11 (50%)
North Kesteven	4 (22%)
South Holland	5 (38%)
South Kesteven	6 (30%)
West Lindsey	6 (40%)

3.4.4 Routine Saturday daytime access to community pharmacies

The number of community pharmacy providers open on Saturdays varies within each district and the figures are listed in Table 20. The location and opening hours can be found in Appendix A. Of the pharmacies in Lincolnshire, 84% 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 20: Number of community pharmacy providers open on Saturdays (and percentage of total in each district)

Area	Number (%) of community pharmacies open on Saturdays
Lincolnshire	103 (84%)
Boston	7 (78%)
East Lindsey	20 (77%)
Lincoln City	19 (86%)
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 21: Number of community pharmacy providers open on Sundays (and percentage of total in each district)

Area	Number (%) of community pharmacies open on 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, NMS and flu vaccination. Table 22 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 22: 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 averages, whereas the provision of NMS 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 11 (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 23: Extended-hours pharmacies in Louth commissioned by NHS England

Pharmacy Name	Pharmacy Address
Boots	96-98 East Gate, Louth LN11 9AA
Louth Pharmacy	155 Newmarket, Louth LN11 9EH
Boots	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
- Needle exchange
- 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 CCG-commissioned services

None of the four CCGs in Lincolnshire HWB area 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 commonly 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 DAC).

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 which 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 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 (1.6 km)[53] from a pharmacy's premises (but excluding any distance-selling pharmacy 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 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] Department of Health. Regulations under the Health Act 2009: Market entry by means of Pharmaceutical Needs Assessments – Dispensing doctors service provision. August 2012. 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
    - Twitter and Facebook followers
    - 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 24 provides the demographic analysis of respondents to the public questionnaire.

Table 24: 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 JSNA.

- 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 2013-2018[54]) 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
- A staffing and staff programme
- An information governance 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

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 of 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 those 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.

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.

[55] PSNC. [Accessed 1st June 2017] http://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/flu-vaccination-data-for-201617/

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 23.

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 provide 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 of 17.7% varies between different districts, with Boston district at 24.9% followed closely by East Lindsey district at 18.4%. On average the smoking prevalence in the districts is slightly higher than the England average of 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 Lincolnshire HWB area provide stop smoking services across all seven districts. 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 districts.

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 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 within 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 Lincolnshire HWB area, however, from October 2017 this responsibility will move to the substance misuse provider (Addaction) and become part of their 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 districts.

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 districts.

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 one DAC within Lincolnshire. 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 districts 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 area. 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 (40%) are open after 6pm on weekdays
- 7 pharmacies (70%) are open on Saturdays
- 2 pharmacies (20%) are open on Sundays
- 9 pharmacies (90%) provide MURs
- 8 pharmacies (80%) provide NMS
- 8 pharmacies (80%) provide flu vaccination services

Regarding access to locally commissioned services within the 10 pharmacies:

- 1 pharmacy (10%) provides the Support to Stop Smoking service
- 4 pharmacies (40%) provide needle exchange services
- 9 pharmacies (90%) provide supervised administration
- 8 pharmacies (80%) 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 is 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 averages.

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 area. It is classified as mainly rural (rural including hub towns >=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 with the Lincolnshire average (16.7) and the 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) refers to the pockets of deprivation and the subsequent health inequalities in this district. The district is sparsely populated, however, it 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 one 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 the 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 is a Dispensing Appliance Contractor and one is an Out-of-Town Retail Community Pharmacy.

Of the 22 pharmacies:

- 11 pharmacies (50%) are open after 6pm on weekdays
- 19 pharmacies (86%) are open on Saturdays
- 7 pharmacies (32%) are open on Sundays
- 19 pharmacies (86%) provide MURs
- 19 pharmacies (86%) provide NMS
- 12 pharmacies (54%) 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 is greater than both the Lincolnshire and England averages. 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 area. It is classified as mainly rural (rural including hub towns >=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:

- 4 pharmacies (22%) are open after 6pm on weekdays
- 16 pharmacies (89%) are open on Saturdays
- 4 pharmacies (22%) are open on Sundays
- 16 pharmacies (88%) provide MURs
- 16 pharmacies (88%) 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 area. 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 with 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 largely 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 area. 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 with the Lincolnshire average (16.7) and the 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 with Lincolnshire and England, a large part of this district is rural and community pharmacies are located in the densely populated areas 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 districts in the Lincolnshire HWB area. It is classified as mainly rural (rural including hub towns >=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 with the Lincolnshire average (16.7) and the 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 (43%) are open after 6pm on weekdays
- 10 pharmacies (71%) are open on Saturdays
- 1 pharmacy (7%) is open on Sundays
- 13 pharmacies (93%) provide MURs
- 12 pharmacies (86%) provide NMS
- 9 pharmacies (64%) provide flu vaccination services

Regarding access to locally commissioned services within the 14 pharmacies:

- 6 pharmacies (43%) provide the Support to Stop Smoking service
- 1 pharmacy (7%) provides needle exchange services
- 7 pharmacies (50%) provide supervised administration
- 10 pharmacies (71%) 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 largely 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 Sundays.

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 districts.

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

- The map showing the location of pharmacies within Lincolnshire in relation to districts and population density, indicating that pharmacies are generally located within areas of higher population density (Figure 19)
- 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 (Figure 20)
- The number, distribution and opening times of pharmacies within each of the seven PNA districts and across 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 Saturdays and on Sundays. There are 13 100-hour pharmacies spread across six districts (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 districts. Community pharmacies are located in the more densely populated areas and Figure 20 illustrates the travel time by car 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 districts 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 Strategy 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 districts, 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 that the location, number, distribution and choice of pharmacies covering each of the seven districts in Lincolnshire providing LCS, provides 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 to, 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 Sections 4.1, 4.2 and 6.5 which secure improvements or better access, or which 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 to, 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 13 100-hour contract pharmacies and 14 '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 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 districts. 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 districts.

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 as 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 districts.

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, MUR services were available in 89% of pharmacies and NMS were available in 82% of pharmacies across all districts. Where applicable, NHS England will encourage all pharmacies and pharmacists to become eligible to deliver the services in all pharmacies so that more of the population are able to access and benefit from these services. 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 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

AUR – Appliance Use Review

BME – Black and Minority Ethnic

BMI – Body Mass Index

CCG – Clinical Commissioning Group

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

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

JHWS – Joint Health and Wellbeing Strategy

JSNA – Joint Strategic Needs Assessment

LALC – Lincolnshire Association of Local Councils

LCC – Lincolnshire County Council

LCHS – Lincolnshire Community Health Services NHS Trust

LCS – Locally Commissioned Services

LE – Life Expectancy

LISH – Lincolnshire Integrated Sexual Health Service

LPC – Local Pharmaceutical Committee

LPFT – Lincolnshire Partnership NHS Foundation Trust

LPS – Local Pharmaceutical Service

LRO – Lincolnshire Research Observatory

LSOA – Lower Super Output Areas

MUR – Medicines Use Review

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

PBSAP – Pharmacy-Based Supervised Administration Programme

PCT – Primary Care Trust

PGD – Patient Group Direction

PhAS – Pharmacy Access Scheme

PHE – Public Health England

PhIF – Pharmacy Integration Fund

PHOF – Public Health Outcomes Framework

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.

Independent Pharmacy - An independent pharmacy is one which is owned by a community pharmacy contractor who has five or less pharmacies.

Multiple Pharmacy – A pharmacy is considered to be a multiple pharmacy, if the community pharmacy contractor owns 6 or more pharmacies.

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 and why they have been prescribed, identifying any problems and then, where necessary, providing feedback to the prescriber.

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.

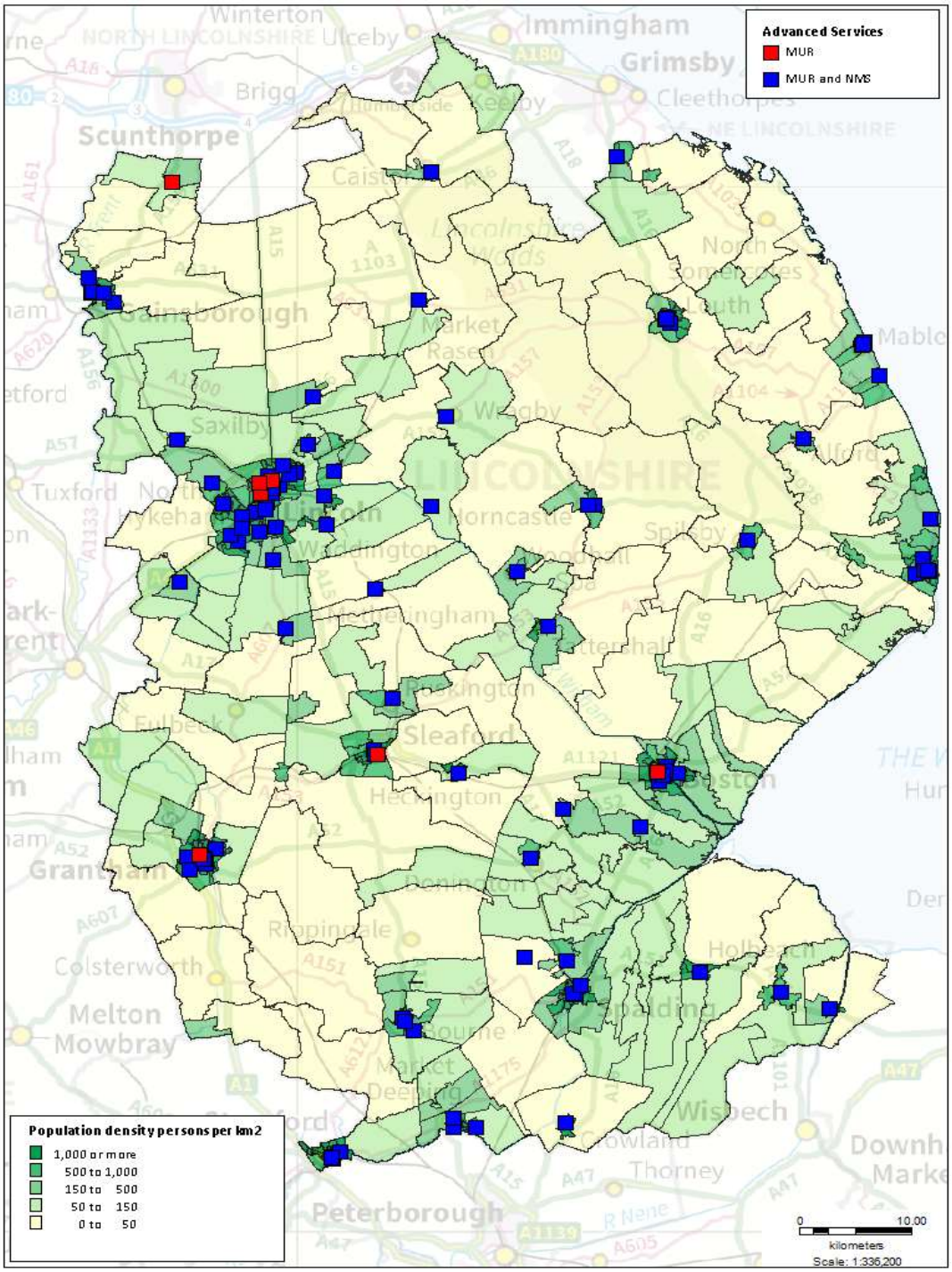
NHS Urgent Medicines Supply Advanced Service (NUMSAS) – A community pharmacy national pilot to manage NHS 111 requests for urgent medicine supply, to resolve problems leading to patients running out of their medicines, to increase patients' awareness of electronic repeat dispensing and to reduce the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

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 pharmacies, pharmacists and pharmacy technicians in new, integrated local care models.

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: Pharmacies which provide Medicines Use Review and New Medicine Services



Source: NHS England, Pharmaceutical list, June 2017

Appendix L: Summary of consultation responses and comments

As required by the Pharmaceutical Regulations 2013,[1] Lincolnshire Health and Wellbeing Board (HWB) held a 60-day consultation on the draft Pharmaceutical Needs Assessment (PNA) from 11th December 2017 to 11th February 2018.

The draft PNA was hosted on the Lincolnshire Council website and invitations to review the assessment and comment were sent to a wide range of stakeholders, including all community pharmacies in Lincolnshire. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation, as were a range of public engagement groups in Lincolnshire as identified by Lincolnshire Council and Lincolnshire Healthwatch. Responses to the consultation were possible via an online survey, paper or email.

There were in total 18 responses of which 15 (83%) were to the internet survey and 3 (17%) were paper surveys. There were 3 responses (18%) received from the public, 1 (3%) from community pharmacists, 3 (18%) from healthcare or social care providers, 6 (35%) from an elected member or employee of a local authority, 1 (6%) from a business, and 3 (18%) from 'other' (including the Local Pharmaceutical Committee).

The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Consideration which services are 'necessary' and 'relevant'
- Issues over access to services
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA

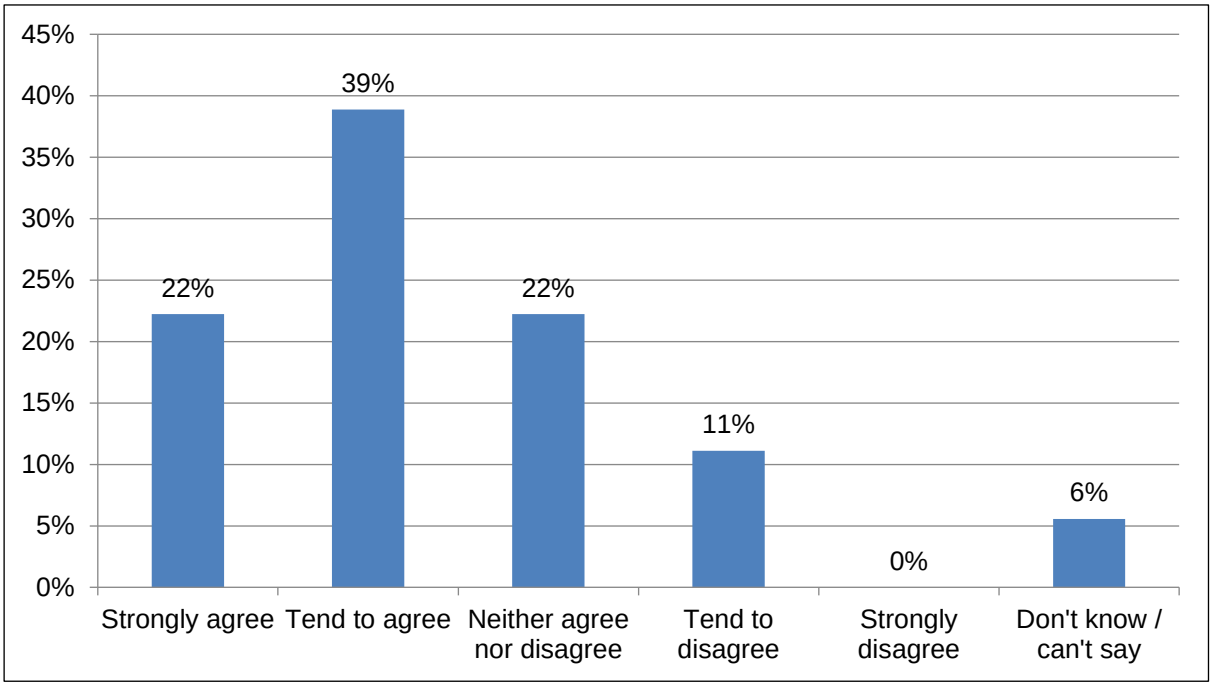
All responses were considered by the PNA Steering Group at its meeting on 27th February 2018 for the final report. Where relevant the changes were made to the final PNA. Where comments were received which were outside of the scope of the PNA, they were forwarded to the relevant organisations. Should you wish to view these comments and responses please contact: hwb@lincolnshire.gov.uk.

Below is a summary of responses to the specific questions asked during the consultation.

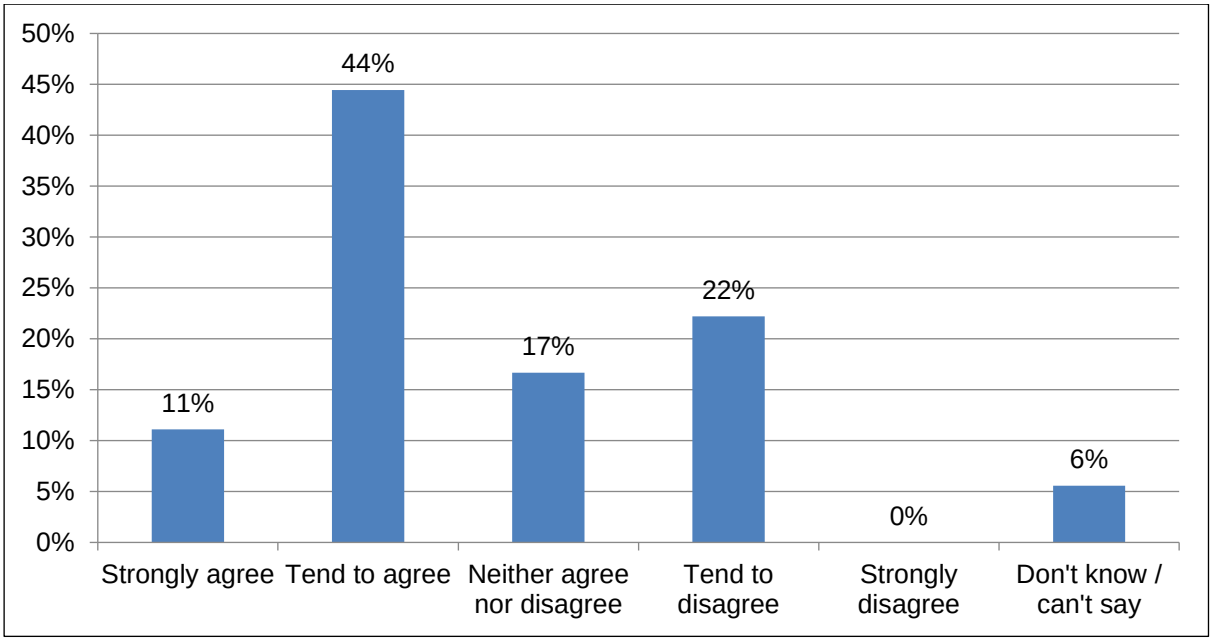
[1] Pharmaceutical Regulations 2013 - http://www.legislation.gov.uk/uksi/2013/349/contents/made

Consultation questions and responses:

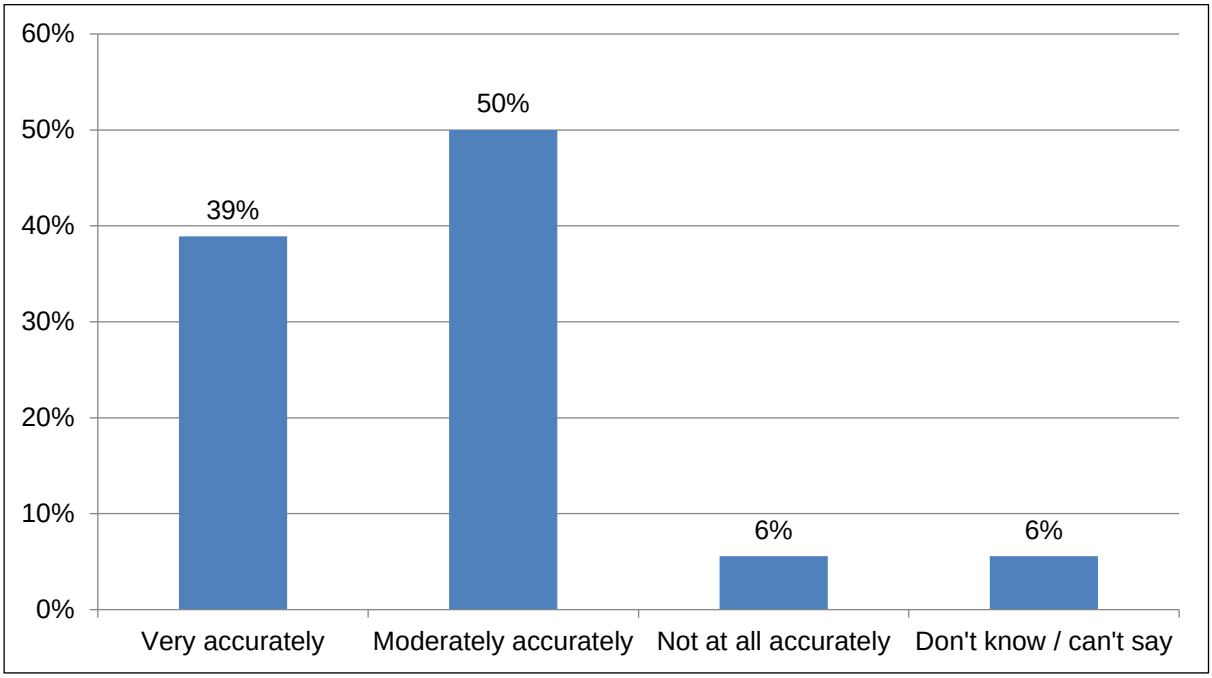
Q1. The Lincolnshire draft PNA identifies that there are no gaps in the provision of pharmaceutical services. To what extent do you agree or disagree that there are no gaps in pharmaceutical services in Lincolnshire?



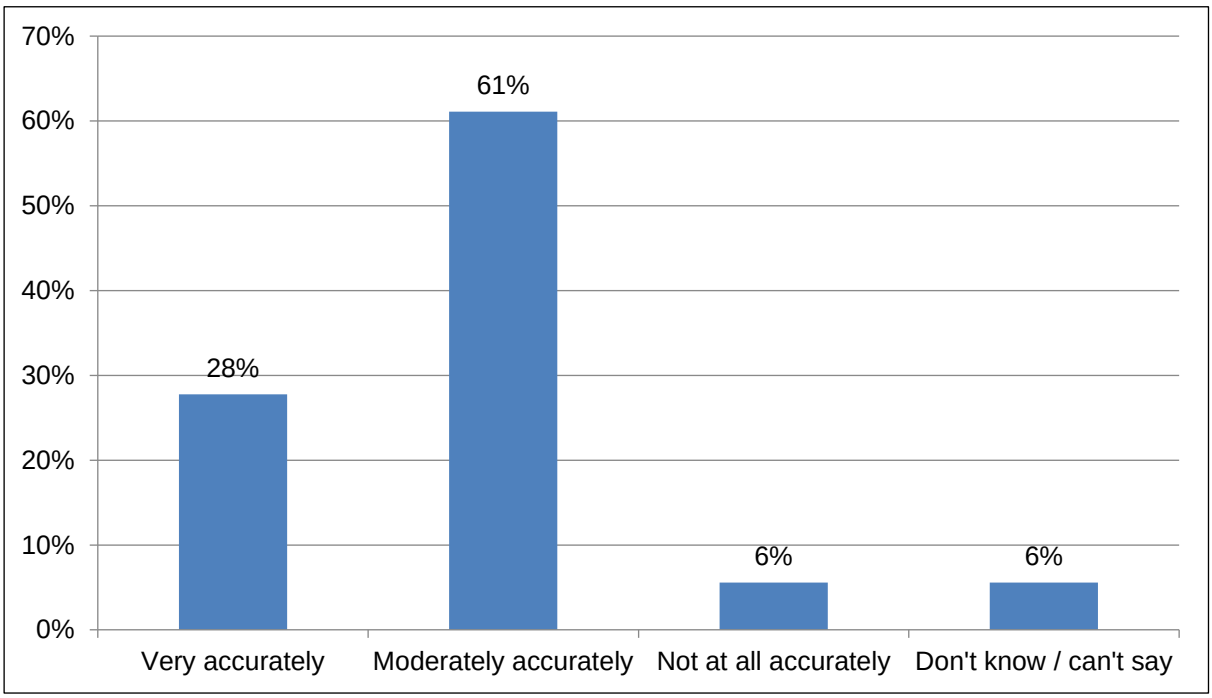
Q2. To what extent do you agree or disagree with the other conclusions contained within the draft PNA regarding the provision of pharmaceutical services in Lincolnshire?



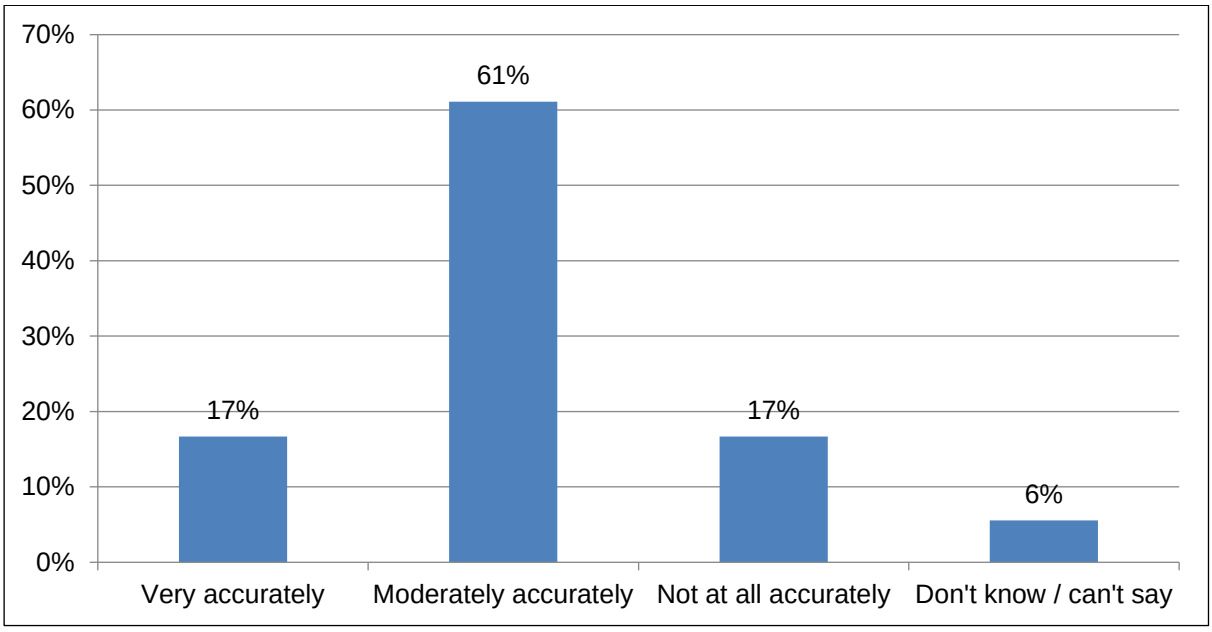
Q3. In your opinion, how accurately does the draft PNA reflect how pharmaceutical services are currently provided in Lincolnshire? (See Section 3, Section 4 and Section 7 of the draft PNA)



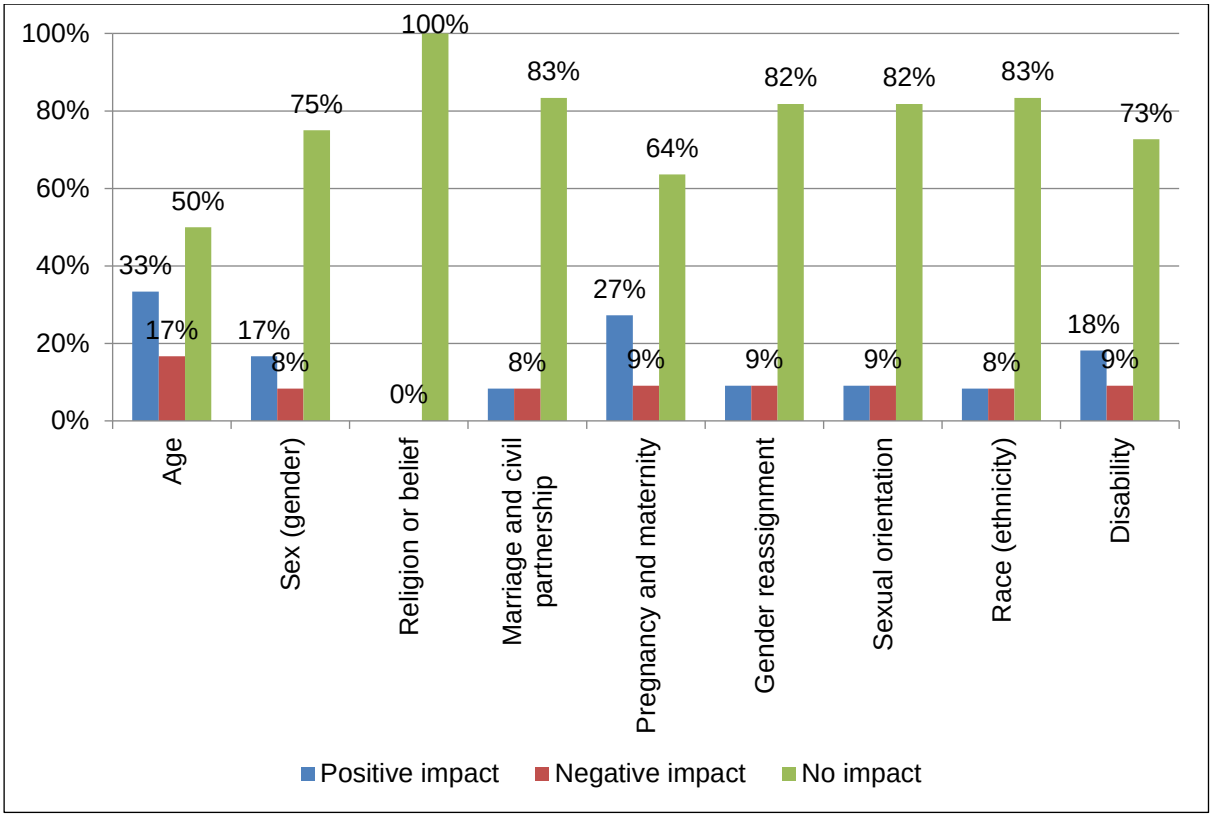
Q4. In your opinion, how accurately does the draft PNA reflect the current pharmaceutical needs of the people of Lincolnshire? (See Section 7 of the draft PNA)



Q5. In your opinion, how accurately does the draft PNA reflect the future pharmaceutical needs of the people of Lincolnshire over the next three years?



Q6. Impact – Would the conclusion of the PNA have a positive or negative impact on you due to any of the following? (Please tick all that apply)



Ref	Comment Received From	Comment	Steering Group Response
1	Community Pharmacy Lincolnshire, the Local Pharmaceutical Committee	q1- 3.1.1 Choice of community pharmacies: The paragraph and accompanying table adds nothing of value to discourse of the PNA. The inference of the inclusion of the paragraph is that choice of provider is related to the ratio of independent contractors to multiple providers, but that bears no factual relationship to choice as patients find it in any given location. A location with only one pharmacy contractor provides the same amount of choice no matter whether that provider is an independent contractor or a multiple, nor can such a crude metric describe the choice available across the continuum of the opening hours offered by pharmacy contractors across Lincolnshire. Appendix A: There remain discrepancies in the opening hours when compared with NHS Choices. The quality payments process has validated the data on NHS Choices and Community Pharmacy Lincolnshire strongly urge the PNA to adopt the data from NHS Choices, rather than the current mix of core and supplementary hours described. Corrections have been sent under separate cover by email.	Paragraph in section 3.1.1 has been updated within the PNA. Appendix A - hours updated and amended as per information received and available
2	An elected member or employee of a local authority	q1- Inaccuracies exist within the assessment and data/appendices changes have taken place since it was formulated!	The PNA is an assessment in a moment of time. Data regarding services has been updated and is believed to be correct as of the 27th February 2018. The PNA will be kept under constant review and any relevant changes will be updated through supplementary statements.
3	A member of the public	q1- The information has changed since this document was first compiled	Due to no specific detail of which information has changed it is difficult to respond. The PNA will be kept under constant review and any relevant changes will be updated through supplementary statements. No change has been made to the PNA
4	North Kesteven District Council	q1- From the information provided, gaps in provision of services appears to be minimal. On the whole, access to pharmaceutical services appears to be reasonable in North Kesteven. The maximum drive travel time is 30 minutes, and in most cases 20 minutes. North Kesteven has the benefit of three 100-hour pharmacies, five community pharmacies that open beyond 6pm Monday to Friday, and three that open on Sundays. However, this is assuming that patients are able to travel to point of collection, or are eligible/qualify for home delivery services. Consideration must be given to those who are less able and subsequently in need of additional support to reach pharmaceutical services.	Residents of lincolnshire do travel to access other services and most community pharmacies do offer delivery service for those who require it. Outside of this there are Distance Selling Pharmacies too. Consideration has been made for all groups. No change has been made to the PNA

Ref	Comment Received From	Comment	Steering Group Response
5	Response formulated at a meeting of the South Kesteven District Council Rural Overview and Scrutiny Committee, in conjunction with Members of the Communities and Wellbeing Overview and Scrutiny Committee	q1- Please note: The responses to this survey relate to provision in South Kesteven only and not wider Lincolnshire.	Noted
6	A healthcare or social care professional	q1- Quality report	Noted. Thank you for your feedback
7	An elected member or employee of a local authority: LCC & SKDC	q1- Good report. Low return to the original summer 2017 consultation	Noted
8	An elected member or employee of a local authority: North Lincolnshire HWB	q1- I am responding on behalf of the North Lincolnshire Health & Wellbeing Board. We recognise that our respective residents will utilise pharmacy services that are most convenient to them, ignoring administrative boundaries. We are pleased to note there are no identified gaps in provision and would support the continuation provision of services utilised by our population.	Noted
9	An elected member or employee of a local authority: Health Scrutiny Committee for Lincolnshire (Lincolnshire County Council)	q1- The Health Scrutiny Committee for Lincolnshire tends to agree that there are no gaps in service provision. The Committee would like to make reference to the extension of GP opening hours, as part of the national GP Forward View initiative, and how these extended hours would ideally be reflected in an extension of the opening hours of local pharmacies.	Consideration has been given to practices that provide extended access currently. The PNA will be kept under constant review and any relevant changes will be updated through supplementary statements. No change has been made to the PNA
10	An elected member or employee of a local authority: East Lindsey District Council	q1- East Lindsey experiences significant growth in population in the summer season, but increasingly year-round. The increase in numbers is mentioned in the PNA. However, there is concern that the levels of Saturday and Sunday pharmacy opening may not be sufficient. Whilst the consultation results show only a small percentage of people wanting to access services at weekends, by definition these are predominantly residents as tourists are unlikely to have completed the survey and their needs may therefore not have been addressed. ELDC is also keen to understand whether there need to be changes to pharmacy opening hours to align these to changes in GP opening hours which are being extended. We would also like to be sure that where GP practices are merging and/or relocating (e.g. in Louth) that alignment with pharmacy locations and opening hours will be considered and reviewed.	Pharmacy has demonstrated that it will adjust to market/seasonal demand. Where NHS England recognises pharmacy does not meet the demand they have mechanisms to address this. Regarding GP practices merging - NHS England and CCG work together on merges and pharmacies are consulted along with any other stakeholders. No change has been made to the PNA
11	A healthcare or social care professional	q1- Pharmacists now refusing to request medication from surgeries causing a lot of disruption for patients + surgeries.	Noted - your feedback will be provided to local commissioners and the LPC. This is outside of the scope of the PNA and therefore no change has been made to the PNA

Ref	Comment Received From	Comment	Steering Group Response
12	A member of the public	q2- I understand the reasons but it seems to be going back a few steps	Due to no specific detail it is difficult to respond. The PNA will be kept under constant review and any relevant changes will be updated through supplementary statements. No change has been made to the PNA
13	North Kesteven District Council	q2- Having considered the information that has been provided in the assessment, it is fair to say that the conclusions are reasonable.	Noted
14	Response formulated at a meeting of the South Kesteven District Council Rural Overview and Scrutiny Committee, in conjunction with Members of the Communities and Wellbeing Overview and Scrutiny Committee	q2- The conclusions appear to be aimed at saving money. Data in the report suggests that by 2021 (the end of the life of this PNA) the population of South Kesteven will have increased by 5.8% (higher than the England average), aligned to this our population is ageing. These factors place additional demands on pharmaceutical services as more people will use the services and as people live longer these demands often become more frequent.	The PNA will be kept under constant review and any relevant changes will be updated through supplementary statements. No change has been made to the PNA
15	A healthcare or social care professional	q2- The only 2 conclusions - which do not say there are no gaps are ruled out by being outside its terms of reference - nonsense!	Noted
16	An elected member or employee of a local authority: LCC & SKDC	q2- I read government funding is changing.	Funding is due to change however during the PNA no announcement was made which impacted on the service provision. No change has been made to the PNA.
17	An elected member or employee of a local authority: Health Scrutiny Committee for Lincolnshire (Lincolnshire County Council)	q2- The Health Scrutiny Committee for Lincolnshire tends to agree with the other conclusions contained within the draft PNA regarding the provision of pharmaceutical services in Lincolnshire.	Noted
18	Other'	q2- The cutbacks in the pharmaceutical budget means that any application from multiples (known high street pharmacy) must be looked at in great detail if at all. They are consolidating dispensing operation and in some areas. they are operating like an Internet Pharmacy contract and dispensing is done under spoke and hub model which pose a lot of potential risks in a rural area where the turn around for prescribing, dispensing and delivery may not reflect immediate medication change.	Noted.
19	An elected member or employee of a local authority	q3- Change to providers have already taken place. Inaccuracies exist in the service providers Appendix 1 Pt2	Noted. Appendix A has been updated with the information that was available.
20	A member of the public	q3- I can only comment on SKDC	Noted
21	North Kesteven District Council	q3- This question is difficult to answer without a more thorough understanding of pharmaceutical services in Lincolnshire, and would be better answered by service providers and clinicians.	Noted. All groups were invited to take part in the consultation

Ref	Comment Received From	Comment	Steering Group Response
22	Response formulated at a meeting of the South Kesteven District Council Rural Overview and Scrutiny Committee, in conjunction with Members of the Communities and Wellbeing Overview and Scrutiny Committee	q3- It is considered that at the time of publication the draft report very accurately reflected the services provided. However, some service provision has now changed, for example; the Dispensing Practice at The Little Surgery, 21 St Mary's Street, Stamford has now closed. It was also noted that Grantham and District Hospital has its urgent care services listed as a 'minor injury unit', but does in fact still have A&E provision. In view of the above, the draft PNA currently reflects that services 'moderately accurately' and should be reviewed before final publication.	We have received confirmation from NHS England regarding The Little Surgery and this has now been changed in Appendix B. We have not listed A+E services within the PNA as this is out of scope of the PNA
23	A healthcare or social care professional	q3- Appendix 1 part 3 New Springwells surgery - the pharmacy is not 7.7 miles but 9.5miles	The distance is confirmed from NHS Choices. No change has been made to the PNA
24	An elected member or employee of a local authority: Health Scrutiny Committee for Lincolnshire (Lincolnshire County Council)	q3- The Health Scrutiny Committee for Lincolnshire believes that moderately accurately reflects how pharmaceutical services are provided in Lincolnshire.	Noted
25	An elected member or employee of a local authority	q4- Under provision compared overall to UK	Provision may be lower however the assessment concluded that service is sufficient and there are no gaps. No change has been made to the PNA
26	North Kesteven District Council	q4- Again, this question is difficult to answer without a more thorough understanding of the needs of people in Lincolnshire, and would be better answered by patients and clinicians.	Noted. All groups were invited to take part in the consultation
27	Response formulated at a meeting of the South Kesteven District Council Rural Overview and Scrutiny Committee, in conjunction with Members of the Communities and Wellbeing Overview and Scrutiny Committee	q4- It is noted that a public survey was undertaken during the summer of 2017; however, only 1145 responses were received from across the county. This is just 0.15% of the GP registered population of Lincolnshire. In this respect it questioned whether this level of response adequately reflects the needs and opinions of the entire population. Much of the data used in the draft PNA is taken from the 2011 Census. While this may be the most current data available in some instances it is likely that some will now be out of date and not necessarily reflect current need.Since the publication of the consultation document it is noted that there have been changes to repeat prescription ordering in the South and South West CCG areas which includes South Kesteven. As a result, patients who use a pharmacy to order repeat medicines on their behalf will instead be asked to order repeat prescriptions directly from their GP practice. Whilst the aims of this are fully understood (to make prescribing safer, less wasteful and more cost efficient), there are concerns that this will create barriers, particularly for older and vulnerable residents and may lead to some not having their medication available when needed.	Noted. The number of responses is as we would expect for a county wide questionnaire. The following were taken into account when producing the PNA: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

Ref	Comment Received From	Comment	Steering Group Response
			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)The questionnaire is only one element of the assessment. Your concerns regarding repeat prescription ordering will be forwarded to local commissioners and the LPC as this is out of scope of the PNAThe most upto date has been used in all cases. Regarding your comment on repeat prescriptions this has been forwarded on to the CCG however is outside of scope of the PNA. No change has been made to the PNA.
28	An elected member or employee of a local authority: LCC & SKDC	q4- We are a rural county &I it is what it is.	Noted
29	An elected member or employee of a local authority: Health Scrutiny Committee for Lincolnshire (Lincolnshire County Council)	q4- The Health Scrutiny Committee for Lincolnshire believes that the draft PNA 'moderately accurately' reflects how pharmaceutical services are provided in Lincolnshire. The Committee is aware of that the scope of the Pharmaceutical Needs Assessment is limited to essential services provided by community pharmacists, and services such as the provision of advice to patients on minor ailments falls outside its scope. The Committee would like to emphasise the importance of advice provided by pharmacists on minor ailments, as a means of preventing pressure on GP surgeries and accident and emergency departments.	Noted. Your feedback with be forwarded to local commissioners and LPC to note
30	An elected member or employee of a local authority: East Lindsey District Council	q4- As for question 1, there is a concern that whilst the consultation has been conducted with residents, the views and needs of tourists are unlikely to have been captured and may vary from those of residents, particularly in relation to Saturday and Sunday opening hours. Many tourists are unlikely to be registered with a GP and may draw more heavily on pharmacy services than residents. In addition, with national and local campaigns encouraging people to access pharmacy services rather than GP / A&E, they will only do this where there is both availability of staff and space for a private conversation. This needs to be reviewed to ensure that both are available especially at the busiest times.	Pharmacy has demonstrated that it will adjust to market/seasonal demand. Where NHS England recognises pharmacy does not meet the demand they have mechanisms to address this. No change has been made to the PNA.

Ref	Comment Received From	Comment	Steering Group Response
31	An elected member or employee of a local authority	q5- There are many gaps, these need correction and further consideration	Without the details of where the gaps are it is difficult to respond. However 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)The overall assessment has led to the conclusions in the report. No change has been made to the PNA
32	A member of the public	q5- Growth in populations and the way services are delivered. If pharmacies being asked to take on more roles	Noted

Ref	Comment Received From	Comment	Steering Group Response
33	North Kesteven District Council	q5- It is clearly important that the PNA models provision against growth projections as part of assessing adequacy. One case in point is Witham St Hughes which has been an area of growth in recent years but where provision of a pharmacy has lagged behind. The draft PNA appears to reflect future needs, and makes explicit reference to initiatives that could have an impact on the provision of services in the next three years. These include the relocation of secondary care based services, developing integrated pathways of care and out of hospital care initiatives. The PNA acknowledges predicted population growth from planned housing developments in particular, and the HWB will consider responses from the public, pharmacy contractors and other stakeholders involved in these developments as they progress during the three year time span of the PNA.	Noted
34	Response formulated at a meeting of the South Kesteven District Council Rural Overview and Scrutiny Committee, in conjunction with Members of the Communities and Wellbeing Overview and Scrutiny Committee	q5- The significant housing growth planned in South Kesteven will have an impact on the future provision within the district. This is acknowledged in the draft PNA and it is welcomed that the HWB will monitor the development of major housing sites and produce supplementary statements where necessary. We would be pleased to work with the HWB to progress this where appropriate.	Noted
35	An elected member or employee of a local authority: LCC & SKDC	q5- Funding and primary care changes can affect future services.	Noted
36	An elected member or employee of a local authority: North Lincolnshire HWB	q5- The pressure on our local hospitals to cope with rising demand and population means there is a need to keep pharmacy provision under review to ensure pressure is taken off secondary care provision where possible.	Noted
37	An elected member or employee of a local authority: Health Scrutiny Committee for Lincolnshire (Lincolnshire County Council)	q5- The Health Scrutiny Committee for Lincolnshire believes that the draft PNA 'moderately accurately' reflects the future pharmaceutical needs of the people in Lincolnshire. The Committee would like to reiterate its statement in response to question 4, emphasising the importance of advice provided by pharmacists on minor ailments, as a means of preventing pressure on GP surgeries and accident and emergency departments. The Committee has been assured that the development of the PNA reflects future housing developments.	Noted
38	An elected member or employee of a local authority: East Lindsey District Council	q5- ELDC accepts that some modelling has been done, but with data showing population, life expectancy and years lived in poor health all increasing, there is concern that there will be significant demands on pharmacy. This is particularly the concern where increases in dementia and similar conditions could mean staff needing to take more time with individual patients. Nationally there is media concern about demand on staff at Boots and the increasing risk of mistakes. The public need reassurance in relation to this.	The PNA will be kept under constant review and any relevant changes will be updated through supplementary statements. Second comment is outside of scope of the PNA. No change has been made to the PNA

Ref	Comment Received From	Comment	Steering Group Response
39	Other'	q5- The recent NHS England transformation plans focus on keeping the resources well within primary care, and using commercials pharmacies to provide services can mean profits are taken out of the local area.	Noted
40	An elected member or employee of a local authority	q6- Distance to travel / regular access to pharmacy - surgery / gaining appointments for review	Noted

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**27 March 2018**
Subject:	**Joint Health and Wellbeing Strategy for Lincolnshire**

Summary:

Currently the JHWS produced by the Health and Wellbeing Board for Lincolnshire (HWB) is due to end 2018. Over the course of the last 18 months the HWB has undertaken significant engagement on the development of the new JHWS, the outcome of which has previously been reported to the Board in September 2017.

In summary the HWB agreed that further work should be undertaken on each of the following priority areas:

- Carers
- Mental Health & Emotional Wellbeing (Children & Young People)
- Mental Health (Adults)
- Dementia
- Housing
- Physical Activity
- Obesity

Since the meeting of the HWB in December further work has been undertaken with each of the groups identified by the HWB in order to:

- Discuss delivery planning based on the outcome of the HWB which can be used to capture the specific objectives, deliverables and outcomes for each priority area within the JHWS;
- Review next steps for developing the JHWS including potential governance and assurance processes to ensure the HWB can delegate certain responsibilities regarding the JHWS to the groups identified;
- Exploring possible future engagement with relevant boards/groups, key stakeholders and communities on the shape of the JHWS and the objectives, deliverables and outcomes within the delivery plans.

As part of this work some emerging areas for discussion at the HWB have been identified which will help to steer the more detailed planning:

1. Whole system approach to obesity (potential system leadership role by HWB on this priority area through establishment of multi-agency partnership group)
2. Financial implications of JHWS (commitment to deliver objectives but recognition that some may require additional resources subject to investment decisions across partners)
3. Strategy alignment (opportunity for the JHWS to negate the need for separate strategies for some priority areas, e.g. JHWS to act as Joint Carers Strategy in same way as it will serve as the Children and Young Peoples Plan and the potential for other areas to follow suit where appropriate)
4. Further engagement (to check back with wider stakeholders regarding the appropriateness of the objectives and to ensure an ongoing process of engagement through the delivery of the JHWS)
5. Merge two themes (to merge "Embed prevention in integrated locality teams" and "Build prevention into all pathways across health and care" into one theme "Embed prevention into all pathways across health and care including integrated locality teams")

Actions Required:

1. That the further development of the JHWS as set out in this report is received and noted.

2. That the emerging areas for discussion are considered and the view of the board is captured on these matters to enable final delivery planning to be undertaken.

1. Background

A statutory duty under the Health and Social Care Act 2012 requires 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).

The purpose of the JHWS is to set out the strategic commissioning for all organisations who commission services in order to improve the health and wellbeing of the population and reduce inequalities.

Currently the JHWS produced by the Health and Wellbeing Board for Lincolnshire (HWB) is due to end 2018. Over the course of the last 18 months the HWB has undertaken significant engagement on the development of the new JHWS, the outcome of which has previously been reported to the Board in September 2017. In summary the HWB agreed that further work should be undertaken on each of the following priority areas:

- Mental Health & Emotional Wellbeing (Children & Young People)
- Mental Health (Adults)
- Carers
- Physical Activity
- Housing
- Obesity
- Dementia

The HWB agreed that this further work would be undertaken in the context of some key principles/values which emerged during the engagement. These included the need for the JHWS to:

- Have a strong **focus on prevention** and early intervention
- Take **collective action** across a range of organisations to deliver the JHWS
- Focus on **tackling inequalities and equity** of service provision to meet the population needs
- Deliver **transformational change** in order to improve health and wellbeing

Further to this, a presentation was given to the HWB in December 2017 to set out the progress made in identifying some key areas which the JHWS might include following further discussions with commissioners, JSNA sponsors and key groups which lead on the priority areas identified through the engagement. At this meeting the HWB agreed the following:

- The JHWS will act as the Children and Young People Plan for Lincolnshire in future;
- A more formalised governance arrangement was to be implemented for this strategy which would include regular progress reporting to the Board. Regular reviews and updates to the strategy would be made following prioritisation discussions as and when required. The overarching governance structure is included at Appendix A along with proposed aims for the JHWS;
- The need to include safeguarding as a cross cutting theme. It was re-enforced that it is the responsibility of the members of the Lincolnshire Health and Wellbeing Board to promote the health of the residents of Lincolnshire and to protect their safety where required and to this end the LA had enforcement duties and powers

Alongside this the HWB supported the themes identified and some key messages including:

- HWB (and JHWS) should be at the forefront of leading a system shift towards joint commissioning for Prevention;

- Develop a robust delivery plan formalised through the proposed new governance structures;

- Align to JSNA as a continuous process with periodic review;

- Taking a whole family/well family approach to tackling issues identified.

Progress Report

Since the meeting of the HWB in December further work has been undertaken with each of the groups identified by the HWB in order to:

- Discuss delivery planning based on the outcome of the HWB which can be used to capture the specific objectives, deliverables and outcomes for each priority area within the JHWS;

- Review next steps for developing the JHWS including potential governance and assurance processes to ensure the HWB can delegate certain responsibilities regarding the JHWS to the groups identified;

- Exploring possible future engagement with relevant boards/groups, key stakeholders and communities on the shape of the JHWS and the objectives, deliverables and outcomes within the delivery plans.

Each of the groups has now identified a set of objectives and commenced delivery planning to set out key actions, milestones and outcomes. The proposed objectives are set out in Appendix B.

This will form the basis for the final JHWS (along with associated Delivery Plans) which is now proposed to come to the HWB for decision in June 2018. At this point a more detailed approach to on-going governance, reporting and review arrangements for the JHWS will also be presented.

2. Conclusion

Emerging areas for discussion

1. Whole System Approach to Obesity

A number of discussions on the new JHWS have picked up the issue of systems leadership for obesity and the need for there to be concerted multi-agency approaches to tackling this issue. This is in line with the HWB's principle of taking collective action across a range of organisations to deliver the JHWS.

Lincolnshire's Healthy Weight Strategic Action Plan aims to tackle obesity through a preventative, life course approach from antenatal through to reaching adulthood. NICE guidelines state schools play a crucial role in improving the diet and activity levels of children and young people, with this being a priority for action to help prevent excess weight gain. Interventions should be sustained, varied and address the whole school, including after-school clubs and other activities. Short-term interventions and one-off events are insufficient on their own and should be part of a long-term integrated programme. This has prompted the development of a self-serve 'portfolio' of interventions including resources or organisations that schools can book from/ refer to, to support

schools in enhancing their healthy weight activity. A whole-school approach should be used to develop life-long healthy eating and physical activity practices.

In agreeing to include obesity as a priority area within the JHWS, the HWB may wish to consider the establishment of a specific sub-group to the HWB to oversee a whole system approach to tackling obesity (similar to the HWB decision to establish the Housing, Health and Care Delivery Group to drive closer integration between housing, health and care).

In taking this approach the work on obesity across Lincolnshire would be in line with work commissioned by Public Health England being delivered by Leeds Beckett University. This work has been set up to identify ways in which local areas can create whole systems approaches to obesity by focussing on two key elements; promoting collaboration and focussing on creating a framework through which all partners can build a sustainable partnership in order to tackle the complex range of issues associated with obesity.

2. Investment

Whilst the HWB has indicated a desire for the JHWS to be built on the principles of prevention, collective action, tackling inequalities and equity and transformational system change, one key issue that was discussed at the STP Mental Health and Learning Disability Group was that some of the proposed objectives may have considerable resource implications attached to them. It was therefore felt important to recognise that delivering some of the objectives will require the responsible agencies to develop sound business cases that identify and secure additional investment and resources to deliver the priority objectives identified.

3. Strategy alignment

The Joint Carers Strategy is due to be refreshed. The Carers Steering Group is keen to utilise the JHWS as its Joint Carers Strategy rather than develop a separate strategy. This would be in line with the agreement to have the JHWS act as the Children and Young Peoples Plan. This may be something which is worth exploring with other groups leading on priorities within the JHWS in future also.

4. Further engagement

Engagement will be built into the priority lead groups (see Appendix A) for the purposes of ongoing delivery. However it is proposed that an online survey is established so as to ensure interested parties have an opportunity to comment and feed into the more detailed planning work. This is something which people identified during the engagement in the summer of 2017 where there was a strong desire amongst those who were involved in the process that the HWB continues to engage wider stakeholders in the development and implementation of the new strategy. It is suggested that this would focus on gathering people's views on whether the objectives are tackling the issues they feel are important to the priority areas and/or if there are any objectives or actions that they feel are missing.

More broadly it is planned that as part of the accountability and governance framework associated with the new JHWS there will also be a formalised engagement framework for the strategy as a whole. This will enable the HWB to be clear and transparent about how the delivery groups are involving/engaging stakeholders including patients, service users, carers and the public as well as the wider engagement work of the HWB itself regarding JHWS engagement. This will also support engagement and involvement in the JSNA.

5. Merge “Embed Prevention” themes

In December the themes presented included two as follows:

- Embed prevention in integrated locality teams across all JHWS priorities
- Build prevention into all pathways across health and care through 'place-based' and co-commissioning opportunities and mechanisms

It is proposed that these are merged into one theme as follows:

- Embed prevention into all pathways across health and care including integrated locality teams

3. Consultation

Each of the lead groups identified is considering how to build engagement into the process for the further development of the JHWS. Alongside this is a proposed online survey as set out above. The report to the HWB in June will also propose a formal approach to periodic engagement to assure the HWB that the priorities remain the key issues for people who live and work in Lincolnshire.

4. Appendices

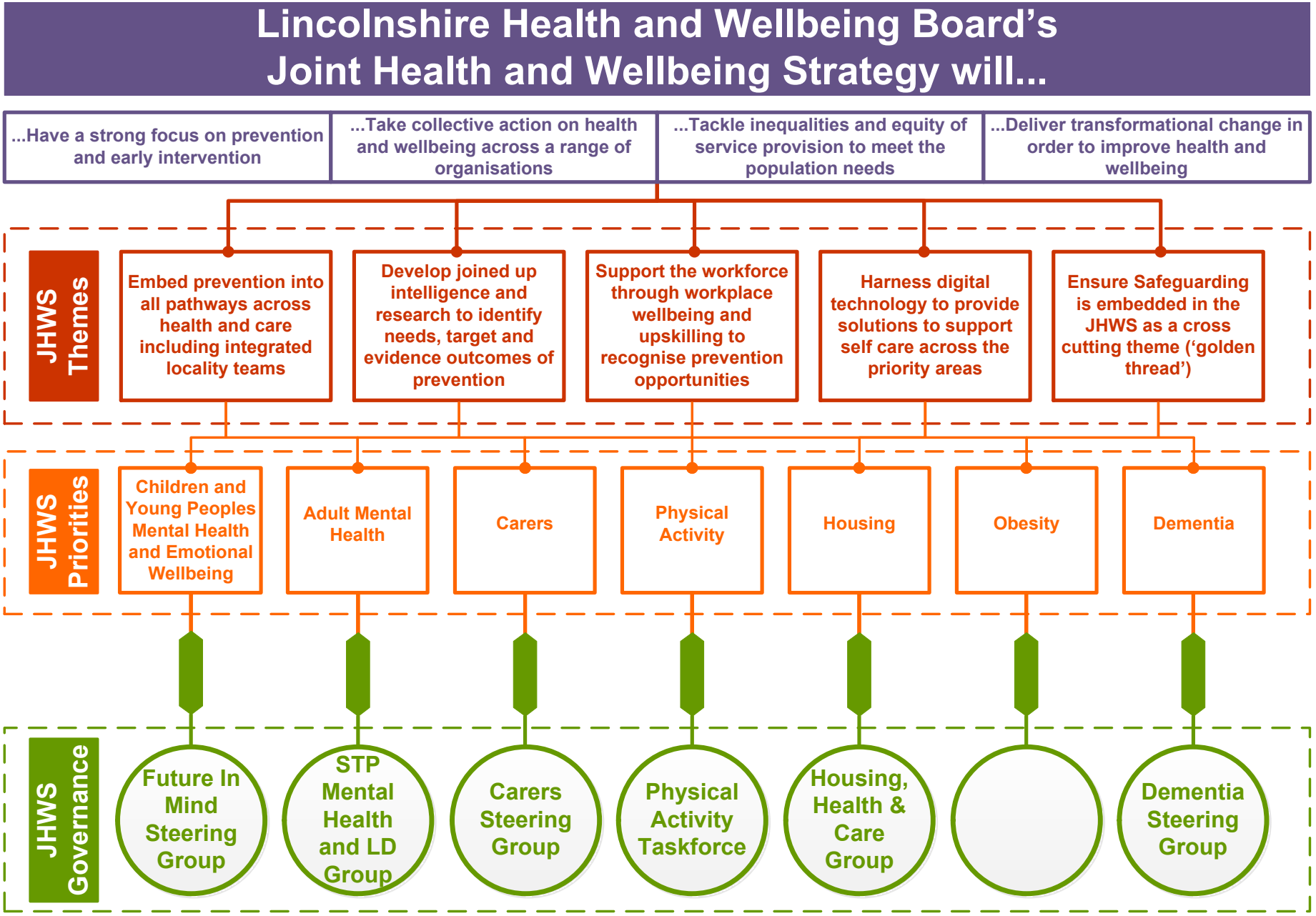
These are listed below and attached at the back of the report	
Appendix A	Proposed Governance Structure for JHWS
Appendix B	JHWS Delivery Plan – Draft Objectives

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 David Stacey, Programme Manager for Strategy and Performance who can be contacted on 01522 554017 or david.stacey@lincolnshire.gov.uk

Appendix A | Proposed Governance Structure for JHWS



Appendix B | JHWS Delivery Plan – Draft Objectives

Priorities	Mental Health & Emotional Wellbeing (Children & Young People)	Mental Health (Adults)	Carers	Physical Activity	Housing	Obesity	Dementia
Objectives	Build emotional resilience and positive mental health	Improved preventative services for adults who have mental health needs and their families through closer integration with neighbourhood teams.	Early identification of carers from the point of diagnosis and signpost to appropriate support.	Integrating physical activity into pathways and strategic planning (e.g. clinical pathways, neighbourhood integrated teams, locality teams, district council networks, planning and transport services and GLEP)	Adopt a whole family approach to tackling housing needs	Develop a Whole System Approach to Obesity	Comprehensive, integrated pathways for timely identification, referral, diagnosis and post-diagnosis support
	Action on the wider determinants and their impact on mental health and emotional wellbeing	NHS Health Checks – targeting uptake of those with MH conditions	Whole family approach to support an integrated and seamless carers journey	Undertaking robust local insight analysis (including population need and service provision). Use the insight to drive developments and service improvements	Understand and address housing related delayed transfers of care	Improved information and support for people	Focused prevention programme for vascular dementia
	Better understanding of self-harm/suicidal intent in young people	Reducing in-patient numbers (both in & out of county)	Ensure carers are listened to from the outset, and involved in the care of the person they support	Supporting workforce wellbeing through physical activity and workforce strategy.	Supported housing arrangements, across partners, fully support vulnerable people with complex presenting needs	Develop Making Every Contact Count (MECC)	Ensure appropriate support is available for those with dementia under 65 years of age

Priorities	Mental Health & Emotional Wellbeing (Children & Young People)	Mental Health (Adults)	Carers	Physical Activity	Housing	Obesity	Dementia
	Greater parity between Mental Health and Emotional Wellbeing as experienced for Adults and that of Children and Young People and between mental health and physical health	Development of an all-age crisis service going forward	Ensure young carers are identified in the education sector with supportive learning environments that are sensitive to their needs and promotes educational attainment.	Explore innovation and technology to increase physical activity levels across the county	Commitment to joint action on a housing Memorandum of Understanding across partners	Deliver the Healthy Weight in Children Strategic Actions to reduce Childhood Obesity to the targets set in the STP	Address the sustainability of future support provision
	Ensure that young people have timely access to appropriate crisis services	Development of better analytical data to identify needs and target service provision more effectively, including improved understanding of Mental Health Investment Standard and where resources are being targeted.	Carers are supported to look after their own physical and mental wellbeing, including developing coping mechanisms	Ensure safeguarding is embedded and considered across physical activity within the county	Addressing poor standards of housing and the level of appropriate housing required		Greater integration and awareness raising within neighbourhood teams
	Families of young people with mental health needs are supported	Ensure appropriate transport arrangements are available for People with Mental Health Needs including at times of crisis and/or mental health assessment.	Carers are supported to plan for the future, including emergencies, to make choices about their lives, such as combining care and employment.		Concerted action across partners to tackling homelessness		Wider public and professional awareness of dementia to support services in all parts of the community to be dementia friendly

Priorities	Mental Health & Emotional Wellbeing (Children & Young People)	Mental Health (Adults)	Carers	Physical Activity	Housing	Obesity	Dementia
	Ensure appropriate support services are in place for pupils with special educational need and a disability	Development of a new patient-held digital information platform for Mental Health (including families caring for people with dementia)	Improved understanding of the local intelligence to influence and shape preventative measures and support services for carers		Ensure people have the financial capability to access and maintain secure housing		

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**27 March 2018**
Subject:	**Health and Wellbeing Board Development Session – Proposal**

Summary:
A key function of the Health and Wellbeing Board (HWB) is to promote and encourage integration across the health and care system and as a result HWBs are increasingly adopting a more place based leadership role. To support Lincolnshire's HWB ongoing development, this paper proposes the HWB holds a development workshop, facilitated by the Local Government Association, in June 2018.

Actions Required:

The Health and Wellbeing Board is asked to:

1. Consider the details of the 'Stepping up to the place' facilitated integration workshop provided in Appendix A
2. Commit to holding and attending a workshop in June 2018
3. Comment on which other organisations should be invited to attend

1. Background

The Health and Care Act 2012 established Health and Wellbeing Boards (HWBs) to act as a forum bringing together senior representatives from across the health and care system to work together to reduce health inequalities and improve the health and wellbeing of the population based on the best evidence of local needs. Along with the requirement to produce a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWS), a statutory function of the HWB is to promote joint working and encourage closer integration between health and care services.

Since the HWB was established in April 2013, significant progress has been made to work in a more integrated manner through developments such as the Better Care Fund, Section 75 funding arrangements and the Housing Health and Care Delivery Group. The HWB, as part of its assurance process, has regularly undertaken a self-assessment

exercise to review the progress being made and the outcomes from these exercises have previously been reported to the HWB.

The development of the new JHWS along with the recent agreement to extend board membership to the Office of the Police and Crime Commissioner and the Chairman of the Lincolnshire Coordination Board provides an opportunity for the HWB to consider its future role in the health and care system. Research undertaken on behalf of the Local Government Association (LGA) concludes that the most effective HWBs are developing a place-based leadership role, with a particular focus on the wider determinants of health. The LGA report, *'The power of place – health and wellbeing boards 2017'*, refers to HWB as being 'place anchors'; providing the wider and longer term place perspective that provides a strategic framework for more immediate and more narrowly focused activity. This approach therefore gives the HWB ownership of the overall direction of travel of the local health and care system.

Based on the research, the LGA have developed a Health and Wellbeing Improvement Programme which offers a range of support and development packages to HWBs, with a particular focus on developing the place based leadership role and integration. Appendix A provides details of the 'Stepping up to the Place' facilitated integration workshop. This support package offers a half day workshop facilitated by experienced senior leaders in health, local government and social care. The exact focus of the session can be tailored to meet local needs.

Following an initial discussion with the LGA, the proposal is to hold a half day workshop in June 2018 with HWB members and other invited colleagues from the health and care system. Whilst it is beneficial to get wider input and the broader views on non HWB members, to be effective the workshop should involve no more than 24 participants in total. The Board is therefore asked to comment on which other organisations should be invited to attend.

2. Conclusion

To support the ongoing development to the HWB it is proposed to hold a workshop, facilitated by the LGA, with HWB members and other invited organisations in June 2018.

3. Consultation

Not applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Stepping up to the place – facilitated integration workshop prospectus

5. Background Papers

Document	Where can it be accessed
The power of place – Health and Wellbeing Boards 2017	https://www.local.gov.uk/sites/default/files/documents/The%20power%20of%20place%20health%20and%20wellbeing%20boards%20in%202017.pdf

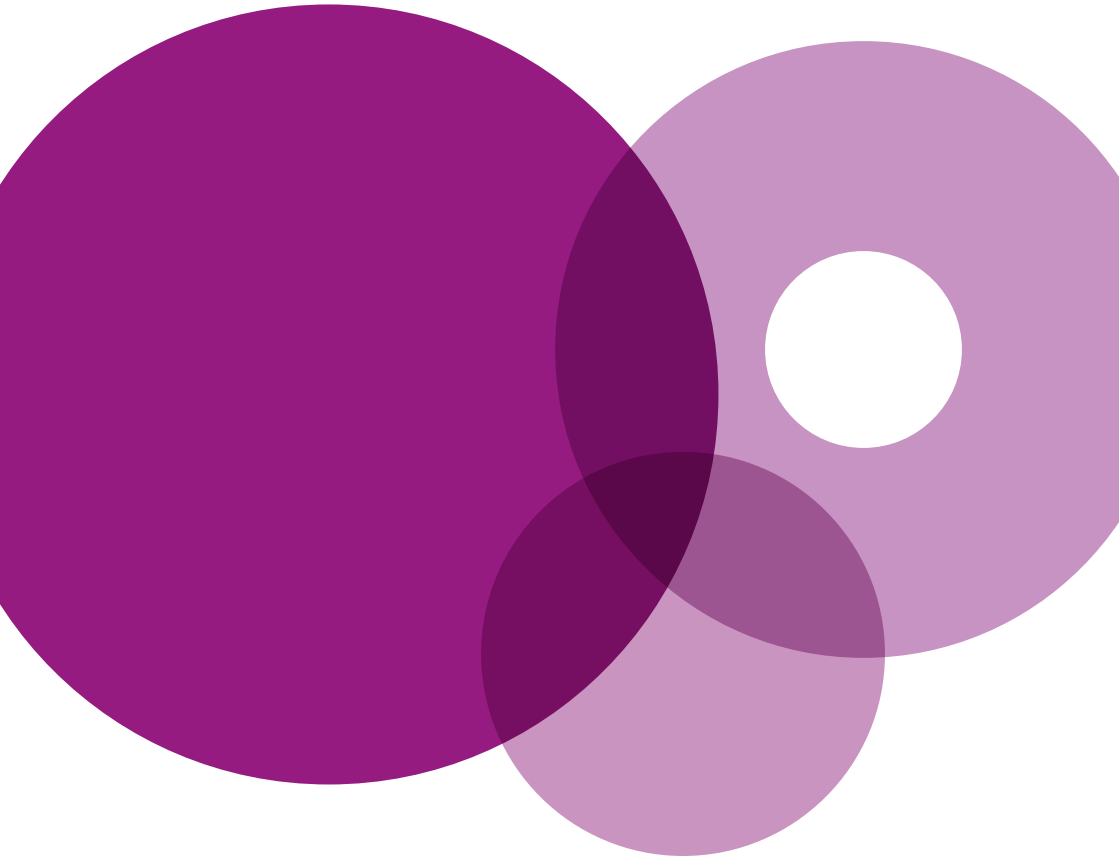
This report was written by Alison Christie, Programme Manager Health and Wellbeing, who can be contacted on 01522 552322 or alison.christie@lincolnshire.gov.uk

Local Government Association

NHS CONFEDERATION

Stepping up to the place:

Facilitated integration workshop



directors of adass adult social services

NHS Clinical Commissioners
The independent collective voice of clinical commissioning groups

Stepping up to the place:

Facilitated integration workshop

This support offer enables local health and wellbeing system leaders to identify their ambitions, capacity, capability and commitment to make meaningful progress to achieving a fully integrated local health and care system. The workshop, facilitated by senior figures in health, local government and social care will enable you to identify where you are now and what more you need to do to escalate the scale and pace of integration.

Our framework document and approach can be adapted to work with a range of complex situations, including across diverse organisational structures or multiple planning and commissioning footprints.

"Probably the best self-assessment or discussion I've been involved in."

"Exceeded my expectations in terms of generating conversations that we need to have."

What is the offer?

- free half day facilitated workshop on site
- highly skilled and experienced facilitators with credibility and good reputation in local government, health and adult social care
- pre-event scoping calls with key leaders to get a sense of the key issues and tailor the session to your local needs
- an active, focused self-assessment process to prompt group discussion
- agreed locally owned action points that can be developed into an action plan
- follow up discussion to identify any further action and any further support that can be offered.

What we need from you

- commitment from the HWB and other colleagues to own, attend and participate
- take responsibility for arranging the workshop
- support the event on the day
- arrange up to four scoping calls with key leaders beforehand
- commitment to own and take forward action planning
- engage in a follow up call.

Further information

For further information and to book a session please contact caroline.bosdet@local.gov.uk

"An agreed set of actions that would otherwise not have been agreed."

"Much more than just a workshop, the tool covers the whole process from scoping calls to follow up discussions."

Local Government Association
Local Government House
Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Fax 020 7664 3030
Email info@local.gov.uk
www.local.gov.uk

For a copy in Braille, larger print or audio, please contact us on 020 7664 3000. We consider requests on an individual basis.

REF 1.31

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Housing, Health and Care Delivery Group

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**27 March 2018**
Subject:	**Housing, Health and Care Delivery Group Update**

Summary:

This report provides the Lincolnshire Health and Wellbeing Board an update on the progress and actions relating to the Housing, Health and Care Delivery Group.

Actions Required:

The Lincolnshire Health and Wellbeing Board is asked to note the progress made in this area as outlined in this report update, and to receive further updates in the future.

1. Background

Housing, Health and Care Delivery Group

The purpose of the Housing, Health and Care Delivery Group (HHCDG) is to provide strategic direction and governance to the wider Housing for Independence (HfI) agenda for Lincolnshire, in an integrated and collaborative manner.

The HHCDG has met three times since it was set up, and each time has had a packed agenda, emphasising the importance of the group in being the strategic link for housing, health and care. A wide range of partners attend the group, the key to success will be when we have a integrated approach with a realisation that its wider than savings to one single budget.

The recently updated Joint Health and Wellbeing Strategy (JHWS) identified housing as a priority and work has been undertaken to agree key objectives.

Agreed Objectives:

1. Adopt a whole family approach to tackling housing needs;
2. Understand and address housing related delayed transfers of care;
3. Review supported housing arrangements across partners to support vulnerable people with complex presenting needs;
4. Joint action on a housing Memorandum of Understanding across partners;
5. Addressing poor standards of housing and the level of appropriate housing required;
6. Concerted action across partners to tackling homelessness;
7. Ensure people have the financial capability to access and maintain secure housing.

In order to align the above objectives to the JSNA we shall frame them around the commentary:

- Insecure housing and homelessness;
- Unsuitable homes;
- Poor condition housing.

Further work will take place to develop a collaborative joint action plan (with deliverables). We will host a workshop style event in the near future to develop this plan.

Moving Forward with DFGs – Progress to Date

The Moving Forward with DFGs Group was established and first met in December 2016 this group provides strategic direction to the HHCDG. The principle aim of the group is to modernise the DFG process for the benefit of the end user whilst developing and encouraging a more consistent timely response, during 2017 proactive work has seen the development of a single procurement framework agreed by all 7 districts.

In April 2018 we shall go live with a Mosaic workflow, where all DFG (under the Better Care Fund) will be captured. This is a massive step in the right direction and a clear demonstration of the hard work and commitment of this group. Once DFG Mosaic is live and data is captured it will allow for further improvements based on evidence.

The Moving Forward group remain ambitious and keen to agree the key objectives for the next stage of modernisation. A key action here is to agree the key priorities based on research from Foundations, who are a national company commissioned to help modernise DFGs.

Key actions for the Moving forward group:

1. Identify and agree top actions for 2018/19;
2. Plan and agree phase two Mosaic;
3. Proactively promote and communicate with other services areas we do not currently work with – including NHS partners;
4. Celebrate success and promote good practice.

Hospital Housing Link Worker

In 2017, the number of Delayed Transfers of Care attributed to ‘housing’ appeared to increase. Lincolnshire County Council (LCC) has funded a Hospital Housing Link Worker, employed by East Lindsey District Council (ELDC), to understand the housing issues

affecting residents of East Lindsey and Boston who are patients at Boston Pilgrim, Skegness and Louth Hospitals.

The Hospital Housing Link Worker has already responded to 18 cases, as of 20th February 2018. Each case is complex and there are no easy solutions to individual cases. However, in over half of the cases, the patient was homeless on admission or was not able to return to their last address because they had no legal right to do so or could pose a risk to others. There are also issues regarding communication and accuracy of information.

Initial findings suggest that:

- The new Wellbeing Service may be able to support many of the cases seen;
- Homelessness is a significant issue requiring more multi-agency case management to assess needs and secure appropriate solutions;
- Hospital and housing teams need to better understand and have confidence in each other's systems and processes to find solutions. The Wellbeing Service Hospital In Reach work should help with this;
- The Hospital Housing Link Worker role continues to be needed to provide capacity to understand needs and signpost them in the appropriate direction.

Hoarding

It is recognised the number of cases of hoarding are increasing, and in certain circumstances can lead to a delayed transfer of care (DToC). There is no common countywide approach to hoarding. This leads to a piecemeal, inconsistent approach, and there is no understanding of the scale or impact of hoarding countywide.

A hoarding seminar was held in December 2017. A range of key partners were in attendance. Partners included, but were not limited to, Fire and Rescue, Safeguarding, Adult Social Care, Public Health, District Councils, Environmental health Officers, and Anti-social Behaviour team.

Hoarding has garnered interest in Lincolnshire and there is a strong appetite for a common protocol and guidance. The HfI Programme Manager is coordinating and seeking to ensure a collaborative approach is agreed. A task and finish group will be held in the spring.

Joint Strategic Needs Assessment (JSNA) Housing and Health topic

A workshop attended by a range of partners was held in January 2018. The workshop was an opportunity to consider the previous topic commentary and look at any data gaps. Useful discussions were had and a range of actions were agreed by the group. A timeframe for updating and publishing the topic commentary is in place. The topic should be published by June 2018. The commentary will be developed in conjunction with an expert panel.

The topic commentary is currently being drafted up, with updates being made to the data, and national and local policies/guidance.

2. Conclusion

The housing agenda is complex and can be hard to navigate. Housing is a very broad topic ranging from bricks and mortar buildings, to adaptations, including wider planning issues and the built 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, highlighted by the renaming of the Department for Communities and Local Government to the Ministry for Housing, Communities and Local Government.

The progress we are making locally is an excellent starting point. To date, all partners have worked together on a range of items. However, this is only a start. Collective ambitions, with shared goals and outcomes are the only way further progress will be made. Further building of relationships across a wide range of partners who have common goals are key to realising this. The work of both the HHCDG and Moving Forward with DFG Group will play a major role in this.

3. Consultation

None required.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	HHCDG Terms of Reference

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 Ben Wood (Programme Officer – Wellbeing Commissioning) who can be contacted on ben.wood@lincolnshire.gov.uk

Lincolnshire Health and Wellbeing Board (HWBB)

Housing, Health and Care Delivery Group (HHCDG)

Terms of Reference

1. Context

1.1 The Housing, Health and Care Delivery Group (HHCDG) was established at the Annual General Meeting of the Health and Wellbeing Board (HWBB) on 20 June 2017.

1.2 The HHCDG will focus on closer integration between housing, health and care to address shared issues and align strategies to complement each other.

1.3 Housing is primarily provided by and via the seven District Councils in terms of direct provision, through other social housing providers, in their strategic housing role and through their development and planning functions. The HWBB recognises these important roles and the need to engage with the housing sector to promote better integration of health and wellbeing and housing.

2. Housing, Health and Care Delivery Group

2.1 Purpose and Aim

The aim of the Housing, Health and Care Delivery Group is to provide strategic direction and oversight to the wider Housing for Independence agenda in an integrated, collaborative manner.

2.1.1 Good housing is inextricably linked to better health, and health outcomes both physical and mental. There is also good evidence that targeted housing can reduce long term social care costs and generate greater independence.

2.1.2 Affordable and warm housing can help people to stay physically well and assist in recovery times from ill health.

2.1.3 The provision of housing that is suitable to an individual's additional needs assists in sustained independence and lower demand for residential and nursing care.

2.1.4 Good quality housing suitable for an individual's additional needs reduces the likelihood of falls and other forms of physical injury.

2.1.5 A warm, safe, affordable and secure place to sleep is a prerequisite of better mental health, which is a foundation for all other health issues.

2.1.6 Initiatives to tackle Homelessness with those with complex and chaotic lifestyles have to be through a multi-agency approach i.e. it is more than the physical homelessness that needs to be addressed.

2.2 Objectives

The objectives for the HHCDG are:

2.2.1 To support the HWBB to develop and adopt strategies that integrate housing need into the wider health and wellbeing agenda.

2.2.2 To lead on the development of the JSNA Housing and Health Topic and contribute to the delivery of the Joint Health and Wellbeing Strategy.

2.2.3 To be the mechanism for matching housing development opportunities with evidenced need as well as commissioning requirements and strategies.

2.2.4 To maximise opportunities and circumstances for joint working and integration of services and make the best use of opportunities and processes and prevent duplication or omission within Lincolnshire.

2.2.5 To develop and lead on implementation of a full integrated Housing and Health Memorandum of Understanding (MoU) and strategy under the auspices of the HWBB.

2.2.6 To support the modernisation of DFGs in Lincolnshire.

2.2.7 To agree priority workstreams to address key housing issues impacting on Lincolnshire, such as delayed transfers of care (DToC).

2.2.8 To explore future pooled funding arrangements to secure best value for 2018/19.

2.2.9 To assist the people of Lincolnshire in retaining their independence through the effective integration of housing and health concerns and solutions.

2.2.10 To act as a conduit to a wider network of housing agencies and providers including other social landlords.

2.2.11 Agree to provide quarterly reports to the HWB.

2.3 Membership

2.3.1 It is proposed that the Group will identify nominated representation from:

Health and Wellbeing Core Board member & District Council representative
HWB Board member – two to support the chair
Senior housing lead officer, Boston Borough Council
Senior housing lead officer, City of Lincoln Council
Senior housing lead officer, East Lindsey District Council
Senior housing lead officer, North Kesteven District Council
Senior housing lead officer, South Holland District Council
Senior housing lead officer, South Kesteven District Council
Senior housing lead officer, West Lindsey District Council
Housing for Independence Manager, Lincolnshire County Council
United Lincolnshire Health Trust
Lincolnshire Community Health Service
Lincolnshire Partnership Foundation Trust
Department For Work and Pensions
Adult Care and Community Wellbeing Representatives
Housing Association Representative
Clinical Commissioning Group (CCG) Representative

2.3.2 In order to meet the changing requirements of the agenda, it has been agreed that membership can be flexible to allow each member of the delivery group to nominate a named substitute to attend meetings in their absence. Substitute members will be included in all communications regarding the HHCDG to ensure a consistent flow of information. It is envisaged that nominated representatives and their substitutes will communicate prior to any meetings in order to agree key messages from their respective organisations.

2.4 Roles and Responsibilities

2.4.1 To work together on the evidence bases and needs analysis of the JSNA and Health Topic.

2.4.2 To work together to agree and deliver the Housing Theme of the Joint Health and Wellbeing Strategy for Lincolnshire.

2.4.3 To bring the principles and priorities agreed in the Housing for Independence Strategy development to full strategic proposals and recommendations for implementation.

2.4.4 To work with the HWBB to build a partnership approach to key issues and provide recommendations to the HWBB for consideration of initiatives designed to improve housing and health outcomes for the people of Lincolnshire.

2.4.5 To participate in discussion to reflect the views of their partner organisations, being sufficiently briefed and able to make recommendations about future policy developments and service delivery.

2.4.6 To champion the work of the HHCDG and HWBB in their wider networks and in the community.

2.4.7 To ensure that there are communication mechanisms in place within partner organisations to enable information about the priorities and recommendations of the HHCDG and HWBB to be disseminated and actioned to ensure that the health and wellbeing of the community of Lincolnshire is improved.

2.4.8 To promote any consequent changes to strategy, policy, budget and service delivery within their own partner organisation to align with the recommendations of the HHCDG as ratified by the Board.

2.5 Governance and Accountability

2.5.1 The Chair of the HHCDG will report directly to the HWBB, the Chair will also ensure regular reporting to relevant health forums and the County Council's Adults and Community Wellbeing Scrutiny Committee. The HWBB meets at least four times a year, including an AGM, and will receive updates from the HHCDG in line with reporting mechanisms / requests agreed by the Board. Each member of the HHCDG will be responsible for reporting back into their internal governance structures including District Council Committees.

2.5.2 A series of short term task and finish groups will be developed by the Delivery Group to address specific areas of work such as the Moving Forward with DFG Modernisation Group. Task and Finish project leads will report into the HHCDG in readiness for any relevant information to be escalated to the HWBB.

2.5.3 The HHCDG is accountable collectively to the HWBB although it is recognised that individual members have ultimate accountability to their employing organisation.

2.5.4 Members of the HHCDG bring the responsibility, accountability and duties of their individual roles to the Group and provide information, data and consultation material, as appropriate to inform the discussions, recommendations and decisions.

2.5.5 The HHCDG will discharge its responsibilities by means of recommendations to the HWBB and to relevant partner organisations who will act in accordance

with their powers and duties to improve the health and housing outcomes for the people of Lincolnshire.

2.5.6 The HHCDG will report to the HWBB by sending meeting minutes and presenting papers as and when requested.

2.5.7 The members of the HHCDG will also take part in roundtable discussions with the public, voluntary, community, private, independent and NHS sectors to ensure that there is a full partnership about housing and health and issues.

2.6 Frequency of Meetings

2.6.1 To be determined by the HHCDG though given the nature of the role it is expected that there will be a minimum requirement for bi-monthly meetings.

2.6.2 Agenda and Notice of Meetings

The agenda for each ordinary meeting of the group will be against the following

Headings:

1. **Apologies for Absence**
2. **Minutes from the Previous Meeting**
3. **Action Updates from the Previous Meeting**
4. **Decision/Authorisation Items**
5. **Discussion Items**
6. **Information Items**
7. **Housing, Health and Care Forward Plan**
8. **Future Scheduled Meeting Dates**

2.6.3 All papers for the delivery group to be provided to the Housing for Independence Programme Manager 15 working days before the date of the scheduled meeting for approval with the Chair.

2.6.4 The appropriate report template should be used when submitting a report see Appendix A.

2.6.5 All agenda items or reports to be added to the forward plan at the meeting and submitted no later than seven working days in advance of the next meeting.

2.6.6 No business will be conducted that is not on the agenda.

2.6.7 Agenda and reports will be circulated at least five clear working days prior to the meeting.

2.6.8 Minutes

A minute taker will be provided by Public Health for 12 months and reviewed as necessary.

2.6.9 Draft minutes will be shared with the chair and sent out accordingly with an action log.

2.7 Review

The final Terms of Reference will be reviewed every two years or earlier if necessary or at the discretion of the HWBB.

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**27 March 2017**
Subject:	**Better Care Fund - update**

Summary:
This report provides the Lincolnshire Health and Wellbeing Board with an update on Lincolnshire's BCF plan for 2017-2019 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 2017.

For 2016/17 both Non Elective Admissions (NEA) and delayed transfers of care (DTOC) were a priority, primarily because both nationally and locally NEAs and DTOC 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 due to an ever-increasing focus on DTOC performance.

The final requirement of the submission process was to have all relevant Section 75 agreements in place by 30 November and this was achieved within the required 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 (DTOC) - An increased focus has been placed on the DTOC metric, and increasingly the success of the BCF Plan is nationally seen to depend on being successful in reducing DTOC. The Lincolnshire plan assumes that both the local authority and the CCGs will achieve their respective – and collective - nationally set DTOC 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 SET 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.

BCF Planning conditions allow for the current plan to be revised from time to time, to reflect changes in assumptions that may give rise to a change in the planning total.

At the time of writing this report finance colleagues from the four Lincolnshire Clinical Commissioning Groups (CCGs) are working to establish an agreement between them regarding the level of contributions each make to a number of schemes within the overall plan. However it should be stressed that levels of NHS funding will remain unchanged and it is merely the split that requires confirmation.

Graduation

Graduation – this was the Government's latest phrase for moving local areas from the BCF recognising local progress on key metrics and integration of health and social care.
Lincolnshire's Graduation Plan submission provided 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 remain on a shortlist of 7 systems 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

In addition to the £5.291m passed to District Councils as part of their annual DFG allocation, the Chancellor announced an additional £42 million of capital funding for the DFG in 2017-18 for local authorities in England. Unlike the current 2017-18 DFG Grant Determination, the funding which totalled £0.462m for the County was allocated directly to the lower tier authorities.

The additional DFG funding is not subject to the usual BCF requirements such as the need for local authorities and clinical commissioning groups to jointly agree how to spend the funding as part of Lincolnshire's local BCF plan.

Councils are expected to spend the entirety of the indicative allocation of additional funding by 31 March 2018.

Current analysis illustrated by Appendix A suggests that total spend within the four BCF areas will total £39.706m, an underspend of £0.87m (0.21%).

3. Performance

A performance update is shown in the BCF Quarter 3 Performance report attached at 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 21,446 admissions were made during Q3, 2,870 more than target and a 3.6% increase on the same period last year. The measure has been marked as not achieved for this quarter. The measure is not on track to achieve the target level of non-elective admissions for the year.

- ***Residential Admissions*** - The number of new admissions to care homes remains low in Quarter 3, and is exceeding the target by 138 admissions – on track to achieve the target for the full year. 18% of the new admissions are brand new clients not previously receiving long term support services; the majority (82%) 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 7,015 delayed days for patients in Q3, 2,488 fewer than the same period last year. Social Care delays account for 6%, a further fall from the proportion (9%) reported in Q2. The proportion of NHS delays has remained consistent around 77% in Q3, although the proportion of Joint delays has increased to 18%. In terms of delay reasons, overall 63% of delayed days relate to three main reasons:
  - waiting for further non-acute care,
  - residential care
  - care packages in the persons home.

  Compared to Q2 the proportion of delays attributable to awaiting further NHS non-acute care has increased from 26% to 29% in Q3. Progress has been made on refining the performance reporting available to leaders by showing delays by provider.

- ***Reablement*** - This is not currently reported on a quarterly basis – as the annual statutory NHS outcomes measure used, is based on a 3 month window where those discharged from hospital between October and December are checked to see their status 91 days after discharge. The outturn for 16/17 was 75.4% against a target of 80%. Work is now underway to collate and process the data for this year's measure, from the two reablement providers in Lincolnshire – Allied Healthcare and LCHS.

5. Future Developments

The NHS England Strategy Team is aiming to launch a project in the near future focussed on the scale and spread of successful approaches to integration. The project will focus on facilitated groups of peer learning from areas that are advanced in the practice of integrating health and care services. It will seek to produce applicable products which can be used by areas across the country, as part of development towards integrated systems of care.

Lincolnshire will be looking to be part of this project which aims to improve services and support for individuals by accelerating development of whole-system integration within local systems, by:

- Capturing and spreading applicable approaches from successful areas across the country.
- Developing the strategic relationship between NHS England and key sector bodies working in this area.
- Consolidating existing work across NHS England to create a single organisational perspective, and identify any central activity that can be taken to further enable integration.
- To input findings into the forthcoming Social Care Green Paper.

In addition to this a workshop to develop the approach to designing and delivering integration programmes in future years will take place on 20th March.

The event is intended to bring local BCF and integration leads, colleagues involved in regional assurance together with Better Care Managers, the Better Care Support Team and representatives from national partners to establish the lessons learned from developing and delivering the current joint BCF plans.

The group will also look at opportunities for improving outcomes through closer working and integration and to consider how to best deliver integration of health, care and other services in the future.

6. Conclusion

The Board is asked to note the information provided both in this report and the appendices attached.

7. Consultation

None Required.

8. Appendices

These are listed below and attached at the back of the report	
Appendix A	BCF Financial Analysis March 2018
Appendix B	2017/18 BCF Performance Report Q3 2017

9. 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

This page is intentionally left blank

Better Care Fund Financial Analysis (Suggested HWB)	March-18

BCF Protection of Adult Care (POAC) Programme	Revised 2017/18	Projected	Notes
Transitional Care	£ 1,230,000	£ 1,230,000	Arrangments required to transfer fund to CCG to ensure that total POAC value equals £15.9m
Intermediate Care - Reablement (Base)	£ 2,200,000	£ 2,034,835	Represents BCF recurrent investment in base Reablement funding, underspend expected
Community Integrated Reablement Agency Staff	£ 1,400,000	£ 1,400,000	Continuation of service delivery via Agency Staff, full utilisation of funds expected
Residential Rates	£ 3,212,500	£ 3,212,500	Expectation is that allocation will be fully utilised
7 Day Working - Assessments and Care Mgt	£ 300,000	£ 300,000	Expectation is that allocation will be fully utilised
AFLTC - Demographic growth	£ 2,125,000	£ 2,125,000	Expectation is that allocation will be fully utilised
Specialist Services - Demographic Growth	£ 2,125,000	£ 2,125,000	Expectation is that allocation will be fully utilised
Specialist Services - Mental Illness Prevention	£ 137,500	£ 137,500	Transfer to LPFT
Specialist Services - Future Risk Sharing	£ 4,400,000	£ 4,565,165	The estimated projectection also includes the increased cost of joint funding
Sub Total	**£ 17,130,000**	**£ 17,130,000**	

iBCF Programme	Revised 2017/18	Projected	Notes
Carers breaks OP	£ 100,000	£ 100,000	Expectation is that allocation will be fully utilised
Co-Responders	£ 400,000	£ 400,000	Expectation is that allocation will be fully utilised
Care Act	£ 287,500	£ 287,000	Expectation is that allocation will be fully utilised
Trusted Assessors	£ 100,000	£ 100,000	Expectation is that allocation will be fully utilised
Dementia Family Friends	£ 420,000	£ 420,000	Expectation is that allocation will be fully utilised
Neighbourhood Team Development	£ 120,000	£ 119,700	Expectation is that allocation will be fully utilised
Housing for Independence	£ 250,000	£ 250,000	Expectation is that allocation will be fully utilised
Making every contact count - PH Preventative	£ 42,000	£ 15,000	Only partial spend estimated this year
LPFT Mental Illness Prevention	£ 286,230	£ 286,230	Expectation is that allocation will be fully utilised
Integrated Personal Commissioning	£ 100,000	£ 100,000	Expectation is that allocation will be fully utilised
Sub Total	**£ 2,105,730**	**£ 2,077,930**	

Stop iBCF Programme	Revised 2017/18	Projected	Notes
Market Stabilisation - AF HomeCare	£ 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	£ 412,367	£ -	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.
Specialist Services - Additonal Risk Sharing	£ 579,000	£ 734,835	Funding redirected towards the increased cost of joint funding within LD
Market Stabilsation - AF Residential Care	£ 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	£ 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	£ 1,383,782	£ 1,715,162	Transitional Care and Reablement home will further receive an amount that is based upon the number of placements that result from a successful discharge from Hospital and are less than seven days length of stay in the care home multiplied by £100. Reablement - Grant agreement to be issued to the contracted Provider of the HBRS, Allied Healthcare. This will come in the form of staged payments intended to enable the provider to invest in the delivery of the service with a focus on improving the outcomes in a number of priority areas. This looks to complment the ongoing base funding in the Reabelment Service.
Mosaic & Information Systems	£ 2,300,000	£ 1,600,000	Includes additional annual costs for the Mosaic Team yet to be transferrd to the new iBCf cost centre and costs of further IT infrastructure investment
Mental Health Awareness Training	£ 20,000	£ 20,000	Assume transfer of funds to deliver project once BCF agreement in place - No change
Adult Safeguarding	£ 490,000	£ 490,000	Assume transfer of funds to deliver project once BCF agreement in place - No change
Nursing Associates	£ 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	Confirmation by LB (11/08/17) that allocation will be used in full. Outcome likely in November 2017.
DTOC	£ 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	£ 1,200,000	Current activity and cost suggests total required will be closer to £1.2m than £1.5m. Currently there are a 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	£ 665,000	£ 359,063	Carers Outreach and Carers Everyone Project, based on business cases presented by Emma Krasinska
Programme Support Costs	£ 100,000	£ 357,667	Updated to now reflect the cost of officer time on BCF from April 2017 onwards
Sub Total	**£ 15,265,596**	**£ 15,206,444**	

iBCF Programme	Revised 2017/18	Projected	Notes
Disabled Facilities Grant	£ 5,291,137	£ 5,291,137	Allocations to District Councils were made in full on 30th June 2017
	£ 5,291,137	**£ 5,291,137**	

Grant Total	**£ 39,792,463**	**£ 39,705,511**
		-£ 86,952

This page is intentionally left blank

Better Care Fund - 2017/18

Performance Report

Quarter 3 Report

Produced February 2017

Performance Alerts	Summary BCF metrics
Performance is on or ahead of target	Achieved: 1
Performance is behind target, with no improvement	Not achieved: 2
Performance is behind target, with some improvement	Improving but not achieved: 0
Performance is not reported in this period	Not reported in period: 1
Total measures	4

Produced by Lincolnshire County Council, Adult Care Performance & Intelligence Team
ASC_Performance@lincolnshire.gov.uk

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.

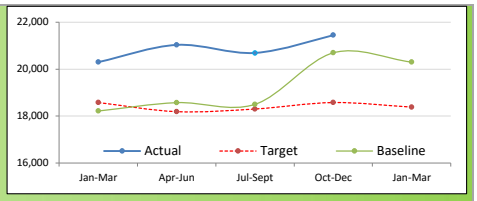
Polarity	Indicator Description	Responsibility / Suggested Lead Officer	Previous Years		2017/18			
					Current - December 17			Forecasting
			2015/16	2016/17	Actual	Plan	Alert	Target/Plan (Period)
Health and Wellbeing Better Care Fund Metrics								
Smaller is Better	1. Total non-elective admissions into hospital : General and Acute	NHS / Carol Cottingham	6,101 (average per month)	6,148 (average per month)	21,446	18,576	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	709	847	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)	7,015	5,004	Not achieved	Quarterly
	Of which attributable to ***NHS***	NHS Ruth Cumbers	2068 (average per month)	2103 (average per month)	5,387	3,085	Not achieved	Quarterly
	Of which attributable to **Social care and Joint** **(proxy to ASCOF 2C part 2)**	LCC Lynne Bucknell	719 (average per month)	884 (average per month)	1,628	1,919	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 21,446 admissions were made during Q3, 2870 more than target and a 3.6% increase on the same period last year. The measure has been marked as not achieved for this 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	7,375	7,104	6,967			
In Quarter		7,246	14,189	21,032	7,110	13,832	20,690	7,375	14,479	21,446			
HWB NEA Plan - Target		6,063	12,126	18,189	6,100	12,201	18,301	6,192	12,384	18,576			
Actual reduction (negative indicates an increase)	number	-1,183	-2,063	-2,843	-1,010	-1,631	-2,389	-1,183	-2,095	-2,870			
	%	-16.33%	-14.54%	-13.52%	-14.20%	-11.79%	-11.55%	-16.04%	-14.47%	-13.38%			
Performance		Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved			

by CCG

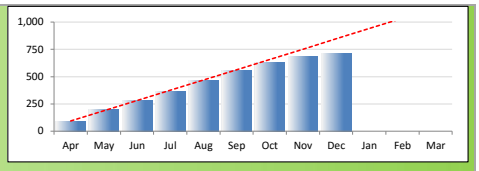
Actual In Quarter	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	2,340	4,871	7,284	2,524	4,891	7,221	2,582	5,104	7,536			
West CCG	2,060	4,156	6,234	2,180	4,254	6,421	2,287	4,501	6,685			
South CCG	1,800	3,031	4,275	1,201	2,335	3,528	1,271	2,489	3,641			
South West CCG	932	1,895	2,883	1,083	2,110	3,154	1,103	2,126	3,194			
Other contributing CCGs	114	236	356	122	242	366	132	259	390			
Total	**7,246**	**14,189**	**21,032**	**7,110**	**13,832**	**20,690**	**7,375**	**14,479**	**21,446**			

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	1,979	3,958	5,937			
West CCG	1,846	3,692	5,539	1,858	3,715	5,573	1,886	3,771	5,657			
South CCG	1,185	2,371	3,556	1,193	2,385	3,578	1,211	2,421	3,632			
South West CCG	981	1,961	2,942	987	1,974	2,960	1,002	2,003	3,005			
Other contributing CCGs	113	226	339	113	227	340	115	230	345			
Total	**6,063**	**12,126**	**18,189**	**6,100**	**12,201**	**18,301**	**6,192**	**12,384**	**18,576**			

Variance from plan (cumulative in Qtr)	monthly increase/reduction	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	603	1,146	1,599			
West CCG		214	464	695	322	539	848	401	730	1,028			
South CCG		615	660	719	8	-50	-50	60	68	9			
South West CCG		-49	-66	-59	96	136	194	101	123	189			
Other contributing CCGs		1	10	17	9	15	26	17	29	45			
Total		**1,183**	**2,063**	**2,843**	**1,010**	**1,631**	**2,389**	**1,183**	**2,095**	**2,870**			

% 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%	30.46%	28.95%	26.93%			
West CCG	11.58%	12.55%	12.55%	17.35%	14.50%	15.22%	21.29%	19.35%	18.18%			
South CCG	51.86%	27.86%	20.22%	0.70%	-2.11%	-1.39%	4.99%	2.81%	0.26%			
South West CCG	-4.97%	-3.39%	-2.01%	9.75%	6.91%	6.54%	10.12%	6.13%	6.29%			
Other contributing CCGs	0.88%	4.42%	5.01%	7.53%	6.65%	7.53%	14.62%	12.45%	12.88%			
Total	19.51%	17.01%	15.63%	16.55%	13.37%	13.05%	19.11%	16.92%	15.45%			

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:
Please note that due to revision in data reporting, the quarterly and cumulative figures for Quarter 1 and Quarter 2 have been amended accordingly. Up to the end of Q3 there have been 709 permanent admissions to residential or nursing care, 187 less than for the same period last year.

Operational comments:
The number of new admissions to care homes remains low in Quarter 3, and is exceeding the target by 138 admissions. 18% of the new admissions are brand new clients not previously receiving long term support services; the majority (82%) 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

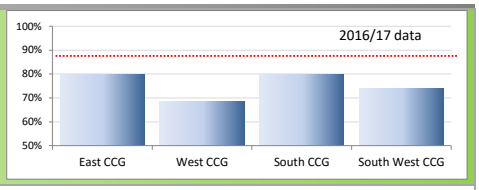
Current Year	2017/18 BCF (Financial Year)										
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Placements per month	91	107	80	85	99	97	73	53	24			
Cumulative YTD	91	198	278	363	462	559	632	685	709			
Denominator	172,133	172,133	172,133	172,133	172,133	172,133	172,133	172,133	172,133			
Rate per 100,000	52.9	115.0	161.5	210.9	268.4	324.7	367.2	397.9	411.9			
Target (admissions)	**94**	**188**	**282**	**376**	**470**	**565**	**659**	**753**	**847**			
Target (per 100k)	55	109	164	219	273	328	383	437	492			
Performance	Achieved	Achieved	Achieved	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	243	261	272			
West	283	24	49	71	89	102	111	184	206	213			
South	187	14	24	34	45	56	61	116	125	128			
South West	129	7	18	25	28	38	42	74	78	81			
Out of County	23	1	4	7	8	8	11	15	15	15			
Total	**1,031**	**79**	**163**	**236**	**295**	**357**	**388**	**632**	**685**	**709**			
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	62,724	62,724	62,724			
West CCG	47,550	47,550	47,550	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	34,291	34,291	34,291			
South West CCG	27,568	27,568	27,568	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**	**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	387	416	434			
West CCG	595	50	103	149	187	215	233	387	433	448			
South CCG	546	41	70	99	131	163	178	338	365	373			
South West CCG	468	25	65	91	102	138	152	268	283	294			
Lincolnshire	**599**	**46**	**95**	**137**	**171**	**207**	**225**	**367**	**398**	**412**			

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												

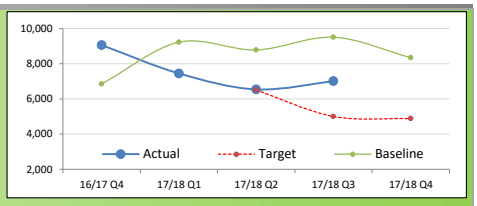
by CCG

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 in included in parentheses i.e. NHS, SSD, NHS or SSD, BOTH.



Performance observations from the data:
There were a total of 7,015 delayed days for patients in Q3, 2,488 fewer than the same period last year.
Social Care delays account for 6%, a further fall from the proportion (9%) reported in Q2. The proportion of NHS delays has remained consistent arround 77% in Q3, although the proportion of Joint delays has increased to 18%. In terms of delay reasons, overall 63% of delayed days relate to three main reasons: waiting for further non-acute care, residential care or packages in the persons home. Compared to Q2 the proportion of delays attributable to awaiting further NHS non acute care has increased from 26% to 29% in Q3. 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.

Prior Year

	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**

Current Year

	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	2,263	2,270	2,482			
In Quarter (cumulative)	2,391	5,095	7,446	1,958	4,226	6,539	2,263	4,533	7,015			
Denominator	602,877	602,877	602,877	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	375.4	751.9	1,163.6			
Target (days) -based on revised HWB plan	-	-	-	**2,441**	**4,634**	**6,515**	**1,695**	**3,322**	**5,004**			
Target (per 100k)	-	-	-	404.9	768.6	1,080.6	281.1	551.1	830.0			
Performance				Achieved	Achieved	Not achieved	Not achieved	Not 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	1,856	3,855	6,177			
Non Acute	2,949	1,011	1,887	2,458	418	932	1,352	407	678	838			
Total	**8,341**	**2,391**	**5,095**	**7,446**	**1,958**	**4,226**	**6,539**	**2,263**	**4,533**	**7,015**	-	-	-
	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%	82%	85%	88%			
Non Acute	35%	42%	37%	33%	21%	22%	21%	18%	15%	12%			

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	1,822	3,551	5,387			
Target (days)	-	-	-	-	**1,680**	**3,146**	**4,358**	**1,039**	**2,045**	**3,085**			
Target (per 100k)	-	-	-	-	278.7	521.9	722.9	172.3	339.2	511.8			
Performance					Achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved			
Social Care (SSD)	1,890	411	779	1,094	164	376	577	122	246	390			
Target (days)	-	-	-	-	**539**	**1,065**	**1,560**	**498**	**966**	**1,449**			
Target (per 100k)	-	-	-	-	89.4	176.6	258.7	82.6	160.2	240.4			
Performance					Achieved	Achieved	Achieved	Achieved	Achieved	Achieved			
Joint	553	271	601	1,031	315	650	958	319	736	1,238			
Target (days)	-	-	-	-	**222**	**423**	**596**	**158**	**311**	**470**			
Target (per 100k)	-	-	-	-	36.8	70.1	98.9	26.2	51.6	77.9			
Performance					Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved			
Total	**8,341**	**2,391**	**5,095**	**7,446**	**1,958**	**4,226**	**6,539**	**2,263**	**4,533**	**7,015**			
	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%	81%	78%	77%			
Social Care (SSD)	23%	17%	15%	15%	8%	9%	9%	5%	5%	6%			
Both	7%	11%	12%	14%	16%	15%	15%	14%	16%	18%			

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	219	467	851			
B. Public Funding **(BOTH)**	155	6	90	144	40	80	136	25	80	103			
C. Awaiting NHS Non-acute care **(NHS)**	1,727	595	1,116	1,559	516	1,067	1,671	767	1,439	2,044			
D. Residential or Nursing Care **(BOTH)**	1,969	324	717	1,045	241	552	751	222	426	637			
E. Care Package at home **(BOTH)**	1,954	709	1,315	2,004	482	1,020	1,578	510	1,077	1,738			
F. Awaiting Equipment **(BOTH)**	164	38	119	189	31	106	160	52	153	246			
G. Patient or Family Choice **(NHS or SSD)**	817	318	786	1,177	292	741	1,346	427	782	1,205			
H. Disputes **(NHS or SSD)**	336	48	81	90	11	16	21	25	59	85			
I. Housing - **(NHS)**	344	82	153	254	75	119	152	16	50	106			
O. Other **(NHS)** ^	-	33	87	117	31	63	63	0	0	0			
Total	**8,341**	**2,391**	**5,095**	**7,446**	**1,958**	**4,226**	**6,539**	**2,263**	**4,533**	**7,015**	-	-	-
	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%	10%	10%	12%			
B. Public Funding **(BOTH)**	2%	0%	2%	2%	2%	2%	2%	1%	2%	1%			
C. Awaiting NHS Non-acute care **(NHS)**	21%	25%	22%	21%	26%	25%	26%	34%	32%	29%			
D. Residential or Nursing Care **(BOTH)**	24%	14%	14%	14%	12%	13%	11%	10%	9%	9%			
E. Care Package at home **(BOTH)**	23%	30%	26%	27%	25%	24%	24%	23%	24%	25%			
F. Awaiting Equipment **(BOTH)**	2%	2%	2%	3%	2%	3%	2%	2%	3%	4%			
G. Patient or Family Choice **(NHS or SSD)**	10%	13%	15%	16%	15%	18%	21%	19%	17%	17%			
H. Disputes **(NHS or SSD)**	4%	2%	2%	1%	1%	0%	0%	1%	1%	1%			
I. Housing - **(NHS)**	4%	3%	3%	3%	4%	3%	2%	1%	1%	2%			
O. Other **(NHS)** ^	-	1%	2%	2%	2%	1%	1%	0%	0%	0%			

Note: ^ New category added April 17 for non-acute delays, used for delays reported in NHS Digital's Mental Health 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**	**2,263**	**4,533**	**7,015**			
ULHT	3,708	1,042	2,313	3,497	995	2,277	3,449	1,219	2,576	4,168			
LCHS	574	484	995	1,298	236	533	787	158	294	432			
LPFT	2,332	527	892	1,160	147	364	530	229	343	365			
NWAFT*	-	173	528	875	290	563	895	265	627	1,106			
Other	1,727	165	367	616	290	489	878	392	693	944			
NHS	**5,898**	**1,709**	**3,715**	**5,321**	**1,479**	**3,200**	**5,004**	**1,822**	**3,551**	**5,387**			
ULHT	3,052	777	1,605	2,331	646	1,601	2,478	928	1,842	2,891			
LCHS	387	344	795	1,023	214	489	704	154	282	395			
LPFT	912	290	508	695	113	219	296	188	289	311			
NWAFT*	-	169	493	784	256	513	821	224	546	1,005			
Other	1,547	129	314	488	250	378	705	328	592	785			
Social Care & Joint	**2,443**	**682**	**1,380**	**2,125**	**479**	**1,026**	**1,535**	**441**	**982**	**1,628**			
ULHT	656	265	708	1,166	349	676	971	291	734	1,277			
LCHS	187	140	200	275	22	44	83	4	12	37			
LPFT	1,420	237	384	465	34	145	234	41	54	54			
NWAFT*	-	4	35	91	34	50	74	41	81	101			
Other	180	36	53	128	40	111	173	64	101	159			

Note: *North West Anglia Foundation Trust formed on 1st April 2017 covers South Lincolnshire, Cambridgeshire and the neighbouring counties

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**	**Health and Wellbeing in Lincolnshire: Overview of the 2017 Joint Strategic Needs Assessment** 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.
	9a	**Lincolnshire Sustainability and Transformation Plan (STP) Priorities and Update** 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.
	9b	**Better Care Fund (BCF) 2016/2017 and 2017/2018** 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.
	10a	**Lincolnshire Pharmaceutical Needs Assessment** That the report for information be received.
	10b	**Health and Wellbeing Grant Fund – Half Yearly Update** That the report for information be received.
	10c	**An Action log of Previous Decisions** That the report be noted.
	10d	**Lincolnshire Health and Wellbeing Board – Forward Plan** 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.
	10e	**Future Scheduled Meeting Dates** That the following scheduled meeting dates for the remainder of 2017 and for 2018 be noted. 26 September 2017 5 December 2017 27 March 2018 6 June 2018 25 September 2018 4 December 2018 (All the above meetings to commence at 2.00pm)
26 September 2017	**13**	**Minutes of the meeting of the Lincolnshire Health and Wellbeing Board Meeting held on 20 June 2017** That the minutes of the meeting held on 20 June 2017 be confirmed and signed by the Chairman as a correct record.

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 *Active Lincolnshire* subject to any duplication with other priorities being avoided. 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. 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:- • 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.

26 September 2017 (continued)	**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 be approved. 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. That approval be given for the monitoring of the projects to be carried out through existing reporting mechanisms for the development of neighbourhood working. That an update on the projects be provided to the Health and Wellbeing Board in six months.
	18a	**Joint Health and Wellbeing Strategy (JHWS) 2013-18 – Annual Dashboard Reports** That the report for information be received.
	18b	**An Action Log of Previous Decisions** That the report for information be received. That an item on *ACTion Lincs* be added to the Forward Plan for a future meeting.
	18c	**Lincolnshire Health and Wellbeing Board Forward Plan** That the report for information be received. That an item on the *Role of District Councils in Health and Wellbeing* be added to the Forward Plan.
5 December 2017	**21**	**Minutes of the Meeting of the Lincolnshire Health and Wellbeing Board Meeting held on 26 September 2017** That the minutes of the meeting held on 26 September 2017 be confirmed and signed by the Chairman as a correct record.
	22	**Action Updates from the Previous Meeting** That the completed actions as detailed be noted.
	24a	**Joint Health and Wellbeing Strategy** That the presentation and comments be noted. That the statutory requirements for safeguarding be amended to be more obvious throughout the document.
	24b	**Lincolnshire Pharmaceutical Needs Assessment 2018** That the conclusions of the draft PNA be noted. That the draft PNA, in preparation for consultation, be approved by the Board. That a consultation on a draft PNA for Lincolnshire planned between 11 December 2017 and 11 February 2018 be noted. That the progress and project plan timelines from the 'Lincolnshire PNA Steering Group' on the production of the 2018 Lincolnshire PNA be noted.
	24c	**Lincolnshire Health and Wellbeing Board Membership Review** That the membership changes, as recommended by the Working Group, to add the Police and Crime Commissioner and the Chairman of the Lincolnshire Coordination Board, be endorsed. That the proposed recommendations be formally submitted to Full Council in February 2018 to enable appropriate changes to be made to the County Council's Constitution, be agreed.

5 December 2017 (continued)	**25a**	**East Lindsey Strategic Health and Wellbeing Partnership's Quality of Life Health and Wellbeing Strategy 2017-18** That East Lindsey's Quality of Life Health and Wellbeing Strategy 2017-18, noting the refresh in 2018 to align to Lincolnshire's Joint Health and Wellbeing Strategy priorities and timelines for revision, be endorsed.
	26a	**Sustainability and Transformation Partnership (STP) Update** That the report for information be received.
	26b	**Better Care Fund** That the report for information be received.
	26c	**Housing Health and Care Delivery Group Update** That the report for information be received and further comments noted.
	26d	**An Action Log of Previous Decisions** That the report for information be received.
	26d	**Lincolnshire Health and Wellbeing Board Forward Plan** That the report for information be received. That an item on the *Lincolnshire Health and Wellbeing Board Membership* be added to the Forward Plan.

This page is intentionally left blank

Lincolnshire Health and Wellbeing Board Forward Plan: March 2018 – December 2018

Meeting Dates	Decision/Authorisation Item	Discussion Item	Information Item
27 March 2018 **2pm, Committee Room 1, County Offices, Lincoln**	**Lincolnshire Pharmaceutical Needs Assessment 2018** 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**	**Joint Health and Wellbeing Strategy** To receive a report updating the Board on the development of the next Joint Health and Wellbeing Strategy for Lincolnshire **David Stacey, Programme Manager, Strategy and Performance** **Health and Wellbeing Board Development Session – Proposal** To receive a report on proposals to hold a development session to be facilitated by the Local Government Association **Alison Christie, Programme Manager, Health and Wellbeing** **Housing, Health and Care Delivery Group - update** To receive a report updating the Board on the activities of the HHCDG and the wider Housing for Independence agenda **Cllr Mrs Wendy Bowkett, Chairman of the Housing Health and Care Delivery Group & Lisa Loy, Housing for Independence Programme Manager**	**Better Care Fund Update** To receive an information report updating the Board on the BCF **Glen Garrod, Director of Adult Care & Community Wellbeing**
5 June 2018 **2pm, Committee Room 1, County Offices, Lincoln**	**Annual General Meeting** Election of Chair and Vice Chair **Terms of Reference and Procedural Rules, roles and responsibilities of core Board members** Review and formal agreement of governance arrangements **Alison Christie, Programme Manager Health and Wellbeing**	**Annual Report of the Director of Public Health** To receive the annual report **Derek Ward, Director of Public Health** **Winter Planning – 2018/19** To receive a report on the planning process across the health and care system for Winter 2018/19 **TBC** **Health and Care staff recruitment and retention** To receive a report on the issues facing	**Sustainability and Transformation Plan** To receive an information report updating the Board on Lincolnshire's STP **John Turner, Chief Officer South Lincolnshire CCG** **Better Care Fund Update** To receive an information report updating the Board on the BCF **Glen Garrod, Director of Adult Care & Community Wellbeing**

Meeting Dates	Decision/Authorisation Item	Discussion Item	Information Item
	Joint Health and Wellbeing Strategy To receive a report asking the Board to formally sign off the new Joint Health and Wellbeing Strategy for Lincolnshire and associated delivery plans **David Stacey, Programme Manager, Strategy and Performance**	Lincolnshire and the steps being taken to address staff shortages and skills gaps (*Possible joint report with the GLEP*) **TBC** **Housing Health and Care Delivery Group Update** To receive an update report from the HHCDG **Cllr Wendy Bowkett, Chairman of the HHCDG** **<u>District/Locality/Partner Items</u>** TBC	**Health and Wellbeing Grant Fund – Update** To receive a half yearly information report on the Health and Wellbeing Grant Fund projects. **Alison Christie, Programme Manager Health and Wellbeing**
25 September 2018 **2pm, Committee Room 1, County Offices, Lincoln**		**Housing Health and Care Delivery Group Update** To receive an update report from the HHCDG **Cllr Wendy Bowkett, Chairman of the HHCDG** **<u>District/Locality/Partner Items</u>** TBC	**Sustainability and Transformation Plan** To receive an information report updating the Board on Lincolnshire's STP **John Turner, Chief Officer South Lincolnshire CCG** **Better Care Fund Update** To receive an information report updating the Board on the BCF **Glen Garrod, Director of Adult Care & Community Wellbeing**
4 December 2018 **2pm, Committee Room 1, County Offices, Lincoln**		**Health and Wellbeing Board Membership** To consider any further changes to the HWB membership **TBC** **Housing Health and Care Delivery Group Update** To receive an update report from the HHCDG **Cllr Wendy Bowkett, Chairman of the HHCDG** **<u>District/Locality/Partner Items</u>** TBC	**Sustainability and Transformation Plan** To receive an information report updating the Board on Lincolnshire's STP **John Turner, Chief Officer South Lincolnshire CCG** **Better Care Fund Update** To receive an information report updating the Board on the BCF **Glen Garrod, Director of Adult Care & Community Wellbeing**