

Public Document Pack
SOUTHEND-ON-SEA CITY COUNCIL

Health & Wellbeing Board

Date: Wednesday, 7th September, 2022

Time: 5.00 pm

Place: Council Chamber

Contact: Robert Harris – Principal Democratic Services Officer

Email: committeesection@southend.gov.uk

A G E N D A

- 1 **Apologies for Absence**
- 2 **Declarations of Interest**
- 3 **Minutes of the Meeting held on Wednesday, 8th June 2022** (Pages 1 - 4)
- 4 **Public Questions**
- **** **FOR DECISION**
- 5 **Pharmacy Needs Assessment** (Pages 5 - 204)
Report of Director of Public Health attached
- **** **FOR DISCUSSION**
- 6 **Shoebury Health and Wellbeing Centre** (Pages 205 - 212)
Presentation slides from South East Essex Alliance Director attached
- 7 **A Better Start Southend Update** (Pages 213 - 230)
Joint report of ABSS Chair and ABSS Director attached
- 8 **ICS Update**
Presentation slides to follow
- 9 **Core20Plus5 Programme: Community Connectors** (Pages 231 - 242)
Joint paper from Chief Officer, Healthwatch Southend and Chief Executive, SAVS to follow
- 10 **Developing the South East Essex Alliance Plan** (Pages 243 - 250)
Presentation slides from South East Essex Alliance Director attached
- 11 **Teenage Pregnancy Implementation Plan - Annual Update** (Pages 251 - 256)
Report of Director of Public Health attached

**** **FOR INFORMATION**

- 12 **JSNA Timeline - Refreshing Suite of Products** (Pages 257 - 350)
Report of Director of Public Health attached
- 13 **Better Care Fund - 2022/23 Plan Approval** (Pages 351 - 354)
Report of Executive Director (Adults and Communities) attached
- 14 **Health Protection Updates** (Pages 355 - 358)
Report of Director of Public Health attached
- 15 **Health Inequalities Funding Update** (Pages 359 - 370)
Presentation slides from South East Essex Alliance Director attached
- 16 **Population Health Management** (Pages 371 - 382)
Report of Director of Public Health attached

SOUTHEND-ON-SEA CITY COUNCIL

Meeting of Health & Wellbeing Board

Date: Wednesday, 8th June, 2022
Place: Council Chamber - Civic Suite

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Present: Councillor K Mitchell (Chair)
Councillors M Davidson, T Forster, A Lewis, J Moyies, C Mulrone, K Ramkhelawon, M Sadza and M Terry

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillors L Salter
R Harris

Start/End Time: 5.00 - 7.20 pm

31 Apologies for Absence

Apologies for absence were received from R Hallett, Y Blucher, J Gardner, P Scott, O Richards, K Jackson, S Dolling and A Khaldi.

32 Declarations of Interest

The following declarations of interest were made:

a) Cllr Mitchell – Minute 35 (Adult Joint Strategic Needs Assessment) and Minute 36 (LeDeR Annual Report) – Non-pecuniary interest: A close family member with learning disabilities is a resident in supported living; Minute 37 (HWB Strategy Implementation Plan) – Non-pecuniary interest: Appointed to the EPUT Board; Minute 42 (ABSS) – Non-pecuniary interest: Chair of Hamlet Court Road Community Group;

b) Councillor Salter – Minute 37 (HWB Strategy Implementation Plan) and Minute 39 (Pandemic Updates) – Non-pecuniary interests: Non-pecuniary interest: Husband is consultant surgeon at Southend Hospital; daughter is a consultant at Basildon Hospital; son-in-law is GP in the Borough.

33 Public Questions

There were no questions from members of the public at this meeting.

34 Minutes of the Meeting held on 7th March 2022

Resolved:-

That the Minutes of the Meeting held on Monday 7th March 2022 be confirmed as a correct record and signed.

35 Adult Joint Strategic Needs Assessment

The Board considered a report of the Director of Public Health presenting the outline of the proposed structure for an Adult Social Care Joint Strategic Needs Assessment (ASC JSNA). The report also provided an overview of the progress made and current and future challenges.

Resolved:

1. That the report and content of the ASC JSNA delivery plan, be noted.
2. That the Board continue to provide advice and support, where necessary, so that any challenges can be overcome.

36 LeDeR Annual Report

The Board considered a report of the Director of Public Health setting out the progress with the delivery of the action plan through the Southend, Essex and Thurrock's Learning Disability Mortality Review (LeDeR) Steering Group.

The Board asked questions which were responded to by officers. The Board commented on the excellent partnership work taking place in this area.

Resolved:

1. That the report, be noted.
2. That any suggestions that could enhance the delivery of the plan in 2022/23 be forwarded to the Director of Public Health.

37 HWB Strategy Implementation Plan - Mid-Year Report

The Board considered a report of the Director of Public Health presenting an update on progress against Year 1 of the action plan for the Health and Wellbeing Strategy.

The Board noted that the Year 2 action plan will be developed with partners and presented to the Board in September 2022 for approval.

The Board asked questions which were responded to by officers. The Board commented on some of the key challenges (financial and otherwise) and the opportunities to ensure that everyone who lives, works, studies and travels has the opportunity to experience a healthier city.

Resolved:

1. That the report be noted.
2. That the Board continue to provide advice and support, where necessary, so that any challenges can be overcome.

38 Better Care Fund 2020/21 End of Year Submission

The Board considered a report of the Director of Commissioning presenting the 2021/22 end of year Better Care Fund (BCF) submission.

The Board noted that the BCF submission was made to the NHSE BCF National Team on 27th May 2022 and was subject to final approval from this Board.

The Board asked questions which were responded to by officers.

Resolved:

That the report be noted and the proposed Southend BCF 2021/22 end of year submission, be approved.

39 Pandemic Updates

The Board considered a report of the Director of Public Health presenting an update on the on-going management of the Covid-19 pandemic.

The Board noted that the Local Outbreak Management Plan has been refreshed being refreshed and was presented to the Health Protection Board on 27th May 2022.

Resolved:

1. That the proposed changes to the operations of the pandemic team and the refreshed Southend's Local Outbreak Management Plan was adopted by the Local Health Protection Board on 27th May 2022.

2. That the amendments to the Terms of Reference for both the Health Protection Board and the Health Protection Oversight and Engagement Board, as they continue to provide the relevant governance and assurance framework for all Health Protection matters (as sub-Committees of the Health and Wellbeing Board), be noted.

40 HWB Schools Wellbeing Programme Report / Update

The Board considered a report of the Director of Public Health presenting an update on the recent progress made through working with the School Sports Partnerships on the Schools Wellbeing Programme, including the successes, challenges and future opportunities.

The Board asked questions which were responded to by officers.

Resolved:

1. That the updates provided on the Schools Wellbeing Programme, including the successes, challenges and future opportunities, be noted.

2. That any additional actions or opportunities for further work across the partnership to increase physical activity and improve emotional wellbeing be forwarded to the Director of Public Health.

41 National Drug Strategy 'From Harm to Hope' Progress Report/Update

The Board received and considered a verbal update from the Drug and Alcohol Commissioning Officer concerning the National Drug Strategy 'From Harm to Hope'.

The Board was advised that a Drug and Alcohol Executive Board would be established consisting of key partners from both the Health and Wellbeing Board and Community Safety Partnership Board. This Executive group will make decisions on the future drug and alcohol treatment recovery system as well as recommendations on future grant allocation.

The Board asked questions which were responded to by officers.

Resolved:

That the update and progress regarding the National Drug Strategy 'From Harm to Hope', be noted.

42 A Better Start Southend

The Board considered a joint report of the Independent Chair and Director for ABSS presenting an update on key developments.

The Board asked questions which were responded to by the ABSS Director.

Resolved:

1. That the report be noted.

2. That the ABSS Legacy and Sustainability Strategy, agreed by the Board on 16th May 2022, be noted and partners continue to identify further opportunities for collaboration and joint working, to secure a legacy for the Lottery investment beyond 2025.

43 HWB Forward Plan 2022/23

The Board considered the draft Forward Plan 2022/23 setting out the key matters for discussion at future meetings.

Resolved:

That the Forward Plan 2022/23, be noted and any further suggestions for additions to the plan be forwarded to the Principal Democratic Services Officer.

Chairman: _____

Southend Health & Wellbeing Board

Krishna Ramkhelawon, Director of Public Health,
Southend City Council

to
Health & Wellbeing Board
on
7th September 2022

Report prepared by:
Margaret Eni-Olotu
Consultant in Public Health
Southend City Council

Agenda
Item No.

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For discussion		For information only	<input checked="" type="checkbox"/>	Approval required	
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Pharmaceutical Needs Assessment (PNA) 2022-2025

1 Purpose of Report

The purpose of this report is as follows:

- 1.1 To provide the Board with the draft Pharmaceutical Needs Assessment covering three years – 2022-25 including noting conclusions and recommendations.
- 1.2 To provide the Board with the new draft PNA, following a public consultation and follow up review by the PNA Steering Group

2 Recommendations

- 2.1 The Health and Wellbeing Board is asked to note the conclusions and recommendations
- 2.2 The Health and Wellbeing Board is asked to note that there is a requirement to reassess and revise the PNA within three years of its previous publication.
- 2.3 The Health and Wellbeing Board is asked to note that a revised assessment must be made as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment, that may have an effect on the needs of the pharmaceutical services

3 Background & Context

- 3.1 The purpose of the PNA is to map pharmaceutical services against the local health needs of Southend-on-Sea.

- 3.2 This mapping provides a framework for strategic development and commissioning of services, enabling local pharmacy service providers and commissioners to:
 - 3.2.1 Understand the pharmaceutical needs of the population
 - 3.2.2 Gain a clearer picture of pharmaceutical services currently provided
 - 3.2.3 Make appropriate decisions on applications to join the pharmaceutical list or to amend an entry on the pharmaceutical list
 - 3.2.4 Commission appropriate and accessible services from community pharmacies
 - 3.2.5 Clearly identify and address any local gaps in pharmaceutical services
 - 3.2.6 Target services to reduce health inequalities within local health communities
- 3.3 The NHS commissioning and service delivery landscape has seen significant development over the past three years, leading to the creation of the Mid and South Essex STP and from July 2022, the new Integrated Care System replaced the CCGs
- 3.4 The new South East Essex Alliance, which covers the area of Southend-on-Sea, Castle Point and Rochford will play a vital role in the local delivery of health and wellbeing and has been developing a new Place based commissioning plan
- 3.5 In Southend-on-Sea approximately 19% of people are 65 or over, which is similar to the rate of 19% nationally. Population forecasts suggest that this proportion is set to increase by 7.17% by 2031.
- 3.6 The increasing population and its diversity will require significant planning for the delivery of services, in particular to meet its varied health and social care needs.
- 3.7 There is growing recognition that health inequalities are widening, and now exacerbated due to the impact caused by COVID.
- 3.8 One of the major health inequalities for Southend is the contrast in life expectancy, between those living in the most deprived wards and the more affluent wards. There is a ten year gap in life expectancy.
- 3.9 The other major health inequality for Southend is the contrast in healthy life expectancy, between those living in the most deprived wards and the more affluent wards. There is a sixteen year gap in healthy life expectancy.
- 3.10 Lifestyle issues are of a concern, especially those related to drug and alcohol use, obesity, sexual health, smoking, and oral health.

- 3.11 Locally commissioned services are provided by many community pharmacies to address these lifestyle issues
- 3.12 Southend-on-Sea has 38 community pharmacies (as of March 2022) for a population of around 182,773. Detailed maps identifying all Southend-on-Sea HWB pharmacies and cross-border pharmacy provision can be found in section 3
- 3.13 Provision of current pharmaceutical services and locally commissioned services are well distributed, serving all the main population centres.
- 3.14 Using current population estimates, the number of community pharmacies per 100,000 population for Southend-on-Sea is currently 20.8, which has decreased slightly from 21.4 in 2018.
- 3.15 The majority (61%) of community pharmacies in Southend-on-Sea are open on weekday evenings (after 6 pm) and on Saturdays (87%). A number are open on Sundays (18%), mainly in shopping areas.
- 3.16 This document must be reassessed and revised every three years, However, due to the pandemic, the Department of Health and Social Care postponed the requirement for all PNAs to be published until 1 October 2022.

4 Pharmaceutical Needs Assessment – Update

- 4.1 The consultation for the PNA closed on Friday 8th July 2022, with a total of 412 responses received from the public questionnaire. A full copy of the results can be found in Appendix G.
- 4.2 All feedback was reviewed at the PNA Steering Group meeting on Tuesday 2nd August 2022, and the document was updated accordingly.
- 4.3 It was agreed that the 'Consultation Comments Report' document would be included as an Appendix on the final PNA document.
- 4.4 Final PNA to be published the last week in September/ first week of October 2022. The current version is still therefore in 'draft' form, although we do not expect any material change in the final version.
- 4.5 This document must be reassessed and revised every three years, However, due to the pandemic, the Department of Health and Social Care postponed the requirement for all PNAs to be published until 1 October 2022.

5 Conclusions and Recommendations

- 5.1 There is no current gap in the provision of Necessary Services during normal working hours across Southend-on-Sea to meet the needs of the population
- 5.2 There are no current gaps in the provision of Necessary Services outside of normal working hours across Southend-on-Sea to meet the needs of the population.

- 5.3 No gaps have been identified in the need for pharmaceutical services in specified future circumstances across the whole of Southend-on-Sea.
- 5.4 No gaps 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 of Southend-on-Sea.
- 5.5 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 of Southend-on-Sea
- 5.6 Based on current information, no current gaps have been identified in respect of securing improvements or better access to locally commissioned services, either now or in specific future circumstances across Southend-on-Sea to meet the needs of the population.

6 Reasons for Recommendation

- 6.1 To ensure local pharmaceutical services meet the identified needs of Southend-on-Sea residents
- 6.2 To continue to deliver a comprehensive pharmaceutical service within Southend

7 Financial / Resource Implications

- 7.1 The conclusions and recommendations are on the basis that funding is at least maintained at current levels and or reflects future population changes.

8 Legal Implications

- 8.1 None at this stage.

9 Equality & Diversity

- 9.1 This Assessment is population wide and aims to ensure that everyone, who lives, works, studies and travels within the borough, has access to high quality pharmaceutical services.



Southend-on-Sea Health and Wellbeing Board

Pharmaceutical Needs Assessment 2022

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Southend-on-Sea City Council. The production has been overseen by the PNA Steering Group for Southend-on-Sea Health and Wellbeing Board (HWB) with authoring support from Soar Beyond Ltd.

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Executive summary

Every Health and Wellbeing Board (HWB) is now required to produce a Pharmaceutical Needs Assessment (PNA).

There is also a requirement to reassess and revise the PNA within three years of its previous publication. However, the HWB must make a revised assessment as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment, that may have an effect on the needs of the pharmaceutical services. Due to the COVID-19 pandemic, the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022.

This mapping of pharmaceutical services against local health needs provides Southend-on-Sea HWB with a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications to join the pharmaceutical list or to amend an entry on the pharmaceutical list
- 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 Southend-on-Sea HWB by Southend-on-Sea City Council (SCC), with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England (NHSE). Types of providers are:

- Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

Community pharmacies operate under a contractual framework, last agreed in 2019, which sets three levels of service:

Essential Services: Negotiated nationally, provided by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (CPCF).

Advanced Services: Negotiated nationally, community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

Local Enhanced Services: Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned. These services are only commissioned by NHSE.

National Enhanced Services: Negotiated nationally and implemented to address local health needs.

From 1 January 2021, being a Healthy Living Pharmacy (HLP) was an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.¹

The contract enables NHSE Regional 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. Since the 2018 PNA there have been a number of contractual changes affecting community pharmacies.

In addition to NHS pharmaceutical services, community pharmacies may also provide 'Locally Commissioned Services' (LCS). These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013. Further information and details of those LCS provided in Southend-on-Sea can be found in [Section 4](#).

Health in Southend-on-Sea

The area

Southend-on-Sea is located in the county of Essex on the east coast of Britain and 16.1 mi² in size. It is a famous beach resort with seven miles of award-winning coastline, the world's longest pleasure pier and over 80 parks and green spaces, including 14 conservation areas.

The population

The current 2020-estimated resident population is 182,773. The population rate of Southend-on-Sea will often fluctuate more than the larger regions as small changes will produce a relatively large change in rate. The 2031 projections show an increase in most age groups with a slight decrease in under-10s and 25-to-39-year-olds, suggesting an aging population.

The population of Southend-on-Sea is projected to rise to around:

- 195,875 by 2031

Southend-on-Sea has a predominantly White (90.7%) population. Compared with England, Southend-on-Sea is less ethnically diverse.

At time of writing, Southend-on-Sea plans to develop approximately 1,370 new homes by 2024, which will help support the growing population and demand for housing.

In Southend-on-Sea approximately 19% of people are 65 or over, which is similar to the rate of 19% nationally. Population forecasts suggest that this proportion is set to increase by 7.17% by 2031.

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

Health inequalities

The Index of Multiple Deprivation (IMD) 2019 map shows that West Central is the most deprived locality in Southend-on-Sea. The overall IMD score for Southend-on-Sea is 22.4, compared with 21.7 for England.

¹ PSNC. Healthy Living Pharmacies. June 2022. <https://psnc.org.uk/services-commissioning/essential-services/healthy-living-pharmacies/>

Highly localised deprivation occurs when small pockets of deprivation are masked in the data by areas of relative affluence. Very small areas of deprivation are difficult to identify and may mean people do not receive the same levels of resource and intervention that a larger and more defined area would.

Particular populations that may have specific health needs include older populations, residential and nursing home populations, and vulnerable people.

Health and illness

Life expectancy has increased across the country. Over the period 2018-21, life expectancy at birth in Southend-on-Sea was 83.2 years for women and 78.8 years for men, in both cases slightly lower than the average for England.

The prevalence of long-term conditions is expected to rise in Southend-on-Sea. Neoplasms, cardiovascular disease, musculoskeletal disorders, neurological disorders and chronic respiratory conditions have the largest burden of disease in Southend-on-Sea.

Lifestyle

Lifestyle issues are of a concern, especially those related to drug and alcohol use, obesity, sexual health, smoking and oral health. Southend-on-Sea performs better than the national data.

LCS are provided by many community pharmacies to address these lifestyle issues. The following LCS are commissioned in Southend-on-Sea:

- Smoking cessation
- Condom distribution*
- Emergency hormonal contraception*
- Supervised consumption
- Needle exchange
- Access to palliative care drugs

* Service in development but not yet provided via community pharmacy

Pharmacies in Southend-on-Sea

Southend-on-Sea has 39 community pharmacies (as of March 2022) for a population of around 182,773. Provision of current pharmaceutical services and LCS are well distributed, serving all the main population centres. There is excellent access to a range of services commissioned and privately provided from pharmaceutical service providers.

Using current population estimates, the number of community pharmacies per 100,000 population for Southend-on-Sea is currently 21.3, very similar to the 21.4 in 2018.

The majority (62%) of community pharmacies in Southend-on-Sea are open on weekday evenings (after 6 pm) and on Saturdays (87%).

A number are open on Sundays (18%), mainly in shopping areas. There is a much higher than national ratio of independent providers to multiples, providing a good choice of providers to local residents (national average is 40% independent providers versus 71% in Southend-on-Sea, based on 2020-21 figures).

Feedback on pharmaceutical services

Views of pharmacy service users were gained from a questionnaire circulated for feedback from the general public.

There were 412 responses received from the public questionnaire, the detail of which can be seen in Appendix G, and a summary and discussion of the results are in [Section 5](#).

The analysis of the questionnaires shows that over half of respondents (69%) have visited a community pharmacy at least once a month in the past six-month period. The main method of transport was walking (52%) and 93% of respondents were able to reach the pharmacy within 15 minutes (100% of respondents within 30 minutes). Of respondents who identified a difficulty in getting to a pharmacy, for 71% it was due to parking and for 9% it was due to lack of suitable public transport.

The findings of public questionnaire show that accessing a community pharmacy in Southend-on-Sea was not seen to be an issue by the vast majority.

Findings of note include information that most respondents were aware of the provision of Essential Services from the pharmacy. For services that would be classified as Advanced or Enhanced the figures were lower, but responses suggested that the services may be valued. The table below summarises some of the results:

Service	Awareness	Like to see provided
Needle exchange	22%	45%
Flu vaccination services	84%	89%
Community Pharmacist Consultation Service (CPCS)	20%	65%
New Medicine Service (NMS)	30%	66%
Stop smoking or nicotine replacement service	60%	59%
Sexual health	32%	59%
Supervised consumption of medicines	26%	40%
Immediate access to specialist care medicines	19%	74%

In addition, approximately 55% of respondents wished to see services that provide weight management, 53% anticoagulation monitoring and 63% long-term condition management from community pharmacies.

Conclusions

The HWB provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and/or reflects future population changes.

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013. The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it has identified as being necessary to meet the need for pharmaceutical services within the PNA.

For the purposes of this PNA, Southend-on-Sea has designated that all Essential Services, and the Advanced Services of Community Pharmacist Consultation Service (CPCS) and New Medicine Service (NMS), are to be regarded as **Necessary Services**. Other Advanced Services are all considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purposes of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Southend-on-Sea.

For the purposes of this PNA, Locally Commissioned Services (LCS) are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Southend-on-Sea and are commissioned by the Clinical Commissioning Group (CCG) or local authority, rather than NHSE.

Please note that although a service may not be commissioned, this does not necessarily mean there is a gap in pharmaceutical service provision.

Current provision of Necessary Services

Necessary Services – gaps in provision in Southend-on-Sea

In reference to [Section 6](#) and as required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

Necessary Services – normal working hours

There is no current gap in the provision of Necessary Services during normal working hours across Southend-on-Sea to meet the needs of the population.

Necessary Services – outside normal working hours

There are no current gaps in the provision of Necessary Services outside normal working hours across Southend-on-Sea to meet the needs of the population.

Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across the whole of Southend-on-Sea.

Improvements and better access – gaps in provision

Current and future access to Advanced Services

There are no gaps in the provision of Advanced Services across the whole of Southend-on-Sea.

There are no gaps 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 of Southend-on-Sea.

Current and future access to Enhanced Services

The COVID-19 vaccination is the only Enhanced Service provided in Southend-on-Sea. The numbers of service providers are increasing rapidly across England, and this is likely to be the case in Southend-on-Sea. In February 2022 there were ten providers (26%); community pharmacies are not the only provider of COVID-19 vaccinations.

While these numbers are low, this does not mean there is a gap identified in respect of securing improvements or better access to Enhanced Service provision on a locality basis as identified, 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 of Southend-on-Sea.

Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those commissioned by NHSE are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE is in some cases addressed by a service being commissioned through the council or local authority; these services are described in [Section 6.5](#).

Based on current information, Southend-on-Sea HWB has not identified a need to commission any LCS not currently commissioned, however uptake by community pharmacy needs to be encouraged by the commissioner.

A full analysis has not been conducted on which LCS might be of benefit, as this is out of the scope of the PNA.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to LCS across the whole of Southend-on-Sea.

Section 1: Introduction

1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),¹ hereafter referred to as the Pharmaceutical Regulations 2013, came into force on 1 April 2013. Unless required to be produced earlier, the Pharmaceutical Regulations 2013 permitted Health and Wellbeing Boards (HWBs) a temporary extension of the Pharmaceutical Needs Assessments (PNAs) previously produced by the Primary Care Trust (PCT); HWBs were then required to publish their first PNA by 1 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. Due to the COVID-19 (C-19) pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022.

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

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring PCTs to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *Publication of PNAs was delayed during the C-19 pandemic

Since the 2018 PNA there has been several significant changes to the Community Pharmacy Contractual Framework (CPCF), national directives and environmental factors, which need to be considered as part of this PNA.

1.1.1 NHS Long Term Plan (LTP)²

The NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. The priority clinical areas that could be affected by community pharmacy services are set out below. A more detailed description is available in [Section 2.1](#).

Priority clinical areas in the LTP include:

- Prevention
 - Smoking
 - Obesity
 - Alcohol
 - Antimicrobial resistance
 - Hypertension
 - Stronger NHS action on health inequalities

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

www.legislation.gov.uk/uksi/2013/349/contents/made

² NHSE. NHS Long Term Plan. www.longtermplan.nhs.uk/

- Better care for major health conditions
 - Cancer
 - Cardiovascular disease
 - Stroke care
 - Diabetes
 - Respiratory disease
 - Adult mental health services

1.1.2 Services stopped, started, and changed

- **Medicines Use Reviews (MURs):** This service was decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Discharge Medicines Service (DMS):** An Essential Service from 15 February 2021. NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England (NHSE) Medicines Safety Improvement Programme as a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.³
- **Community Pharmacist Consultation Service (CPCS):**⁴ An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaced the NHS Urgent Supply Advanced Scheme (NUMSAS) and local pilots of Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with pharmacist from referral from NHS 111, integrated urgent clinical assessment services and, in some cases, 999. From 1 November 2020, GP CPCS was launched where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aim to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care–level services, part of the NHS LTP.
- **Remote Access:** From November 2020, community pharmacies have had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme that forms part of the CPCF.⁵ It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly.

³ Discharge Medicine Service (DMS). <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

⁴ Community Pharmacist Consultation Service (CPCS). <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

⁵ NHSE Pharmacy Quality Scheme. September 2021. www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf

- **Coronavirus pandemic:** The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided, and to remain open during the pandemic to provide for the pharmaceutical needs for the population.⁶ During the pandemic there was a net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.⁷ In response to the pandemic, two Advanced Services were also created: the pandemic delivery service and C-19 Lateral Flow Device (LFD) provision. The C-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSE. Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.⁸

1.2 Purpose of the PNA

NHSE 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. NHSE must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE 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 NHSE 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 NHSE regarding applications to the pharmaceutical list may be appealed to the NHS Resolution, 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 local authority's Joint Strategic Needs Assessment (JSNA).⁹ For the purpose of this PNA, the 2019 JSNA has been used, which focuses on Southend-on-Sea City Council's (SCC's) vision for 2050.

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, NHSE and the Clinical Commissioning Groups (CCGs), these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

CCGs have been replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICS). Currently the footprint of Southend-on-Sea is covered by one ICS.

⁶ Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

⁷ Wickware C. Lowest number of community pharmacies in six years, official figures show. *Pharmaceutical J.* 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

⁸ Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

⁹ Joint Strategic Needs Assessment (JSNA): Southend-on-Sea. <https://southend-jsna-southend.hub.arcgis.com/>

NHSE delegation of responsibility for pharmaceutical services has been delayed and in East of England this will go live in April 2023. They will take on the delegated responsibility for pharmaceutical services from NHSE and therefore some services commissioned from pharmacies by CCGs currently may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the regulations have been considered as 'pharmaceutical services'.

Although the Steering Group is aware that during the lifetime of this PNA CCGs will transition into ICBs, we have referred to CCGs throughout the document with the intention that the CCG will refer to its successor body when fully in place by April 2023.

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 NHSE. They are:

- Pharmacy contractors
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

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

1.3.1 Community pharmacy contractors

The CPCF, last agreed in 2019,¹⁰ is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

¹⁰ DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

Details of these services can be found in [Section 6](#).

All pharmacies were required to become Level 1 Healthy Living Pharmacies (HLPs) by April 2020. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. From 1 January 2021, being an HLP was an essential requirement for all community pharmacy contractors in England.¹¹

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

Pharmacy contractors comprise both those located within the Southend-on-Sea HWB area as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs). Although DSPs 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 anyone in England who requests them.

1.3.2 Dispensing Appliance Contractors (DACs)

Dispensing Appliance Contractors (DACs) 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. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

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 Review (AUR) and Stoma Appliance Customisation (SAC).

Pharmacy contractors, dispensing doctors and LPS providers may supply appliances, but DACs are unable to supply medicines.

1.3.3 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. 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 areas known as 'controlled localities'.

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

1.3.4 Local Pharmaceutical Service (LPS) providers

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

¹¹ PSNC. Healthy Living Pharmacies. <https://psnc.org.uk/services-commissioning/essential-services/healthy-living-pharmacies/>

This contract is locally commissioned by NHSE 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 national contract. Payment for service delivery is locally agreed and funded.

1.3.5 Pharmacy Access Scheme (PhAS) providers¹²

The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

DSPs, DACs, LPS contractors, and dispensing doctors remain ineligible for the scheme.

From 1 January 2022, the revised PhAS, is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services is protected.

1.3.6 Other providers of pharmaceutical services in neighbouring HWB areas

There is one other HWB area that borders the Southend-on-Sea HWB area:

- Essex HWB

In determining the needs of, and pharmaceutical service provision to, the population of the Southend-on-Sea, consideration has been made to the pharmaceutical service provision from the neighbouring HWB area.

1.3.7 Other services and providers in Southend-on-Sea HWB area

As stated in [Section 1.3](#), for the purpose of this PNA, 'pharmaceutical services' have been defined as those that are, or may be, commissioned under the provider's contract with NHSE.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Southend-on-Sea commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA.

1.4 Process for developing the PNA

As a direct result of the Health and Social Care Act 2012, a paper was presented to Southend-on-Sea HWB on 20 October 2021.

The purpose of the paper was to inform Southend-on-Sea HWB of its statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Southend-on-Sea was published in November 2017 and is therefore due to be reassessed in line with the extended timetable by October 2022.

Southend-on-Sea HWB accepted the content of the paper at the meeting and the recommendation to delegate responsibility of the PNA to a steering group. It also agreed to the funding necessary to research and produce the PNA.

¹² DHSC. 2022 Pharmacy Access Scheme: guidance. 4 July 2022. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

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

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

- **Step 1: Steering group**

On 9 November 2021 Southend-on-Sea's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

- **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 timeline for the project.

- **Step 3: Review of existing PNA and JSNA**

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements¹³ and JSNA.

- **Step 4a: Public questionnaire on pharmacy provision**

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

- Pharmacy users across the borough
- The wider local public in general

The questionnaire was promoted via:

- Your Say Southend consultation page
- Web article
- SCC social media networks
- Public Health social media channels
- Intranet article/snapshot/internal email communication
- Livewell website article and social media
- Voluntary and community organisations emails
- Council e-newsletter
- Social media advert – Facebook/Instagram
- Engagement forums
- Healthwatch Southend

A total of 412 responses were received. A copy of the public questionnaire can be found in Appendix C and the detailed responses can be found in Appendix G.

¹³ Southend-on-Sea PNA and subsequent supplementary statements. www.southend.gov.uk/health-wellbeing/pharmaceutical-needs-assessment

- **Step 4b: 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 30 responses were received. A copy of the pharmacy questionnaire can be found in Appendix D and the responses can be found in Appendix H.

- **Step 4c: Commissioner questionnaire**

The Steering Group agreed a questionnaire to be distributed to all relevant commissioners in Southend-on-Sea to inform the PNA.

A total of three responses were received. A copy of the commissioner questionnaire can be found in Appendix E and the responses can be found in Appendix I.

- **Step 5: Mapping of services**

Details of services and service providers were collated and triangulated to ensure the information upon which the assessment was based was the most robust and accurate. NHSE, being the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified, and shared with the Steering Group before the assessment was commenced. The pharmaceutical list from NHSE dated 15 December 2021 was used for this assessment.

- **Step 6: Preparing the draft PNA for consultation**

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. The Steering Group was fully aware of the potential changes brought about with the easing of restrictions that had been brought in due to the C-19 pandemic. However, as the PNA is an assessment taken at defined moment in time, it was agreed the pragmatic way forward would be to monitor such changes and, if necessary, update the PNA before finalising or publish with accompanying supplementary statements as per the regulations unless the changes had a significant impact on the conclusions. In the case of the latter, the group were fully aware of the need to reassess.

- **Step 7: Consultation**

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 9 May 2022 and 8 July 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in Appendix J The draft PNA was also posted on Southend-on-Sea website.

- **Step 8: 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 K, and all comments included in Appendix L.

- **Step 9: Production of final PNA – future stage**

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

The final PNA was presented to the Southend-on-Sea HWB for approval and publication before 1 October 2022.

1.5 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within the Southend-on-Sea HWB geography would be defined. The majority of health and social care data is available at local authority council ward level and at this level provides reasonable statistical rigour. It was agreed that the council wards would be used to define the localities of the Southend-on-Sea HWB geography and were used in last PNA in 2017.

The localities with wards used for the PNA for Southend-on-Sea HWB area are:

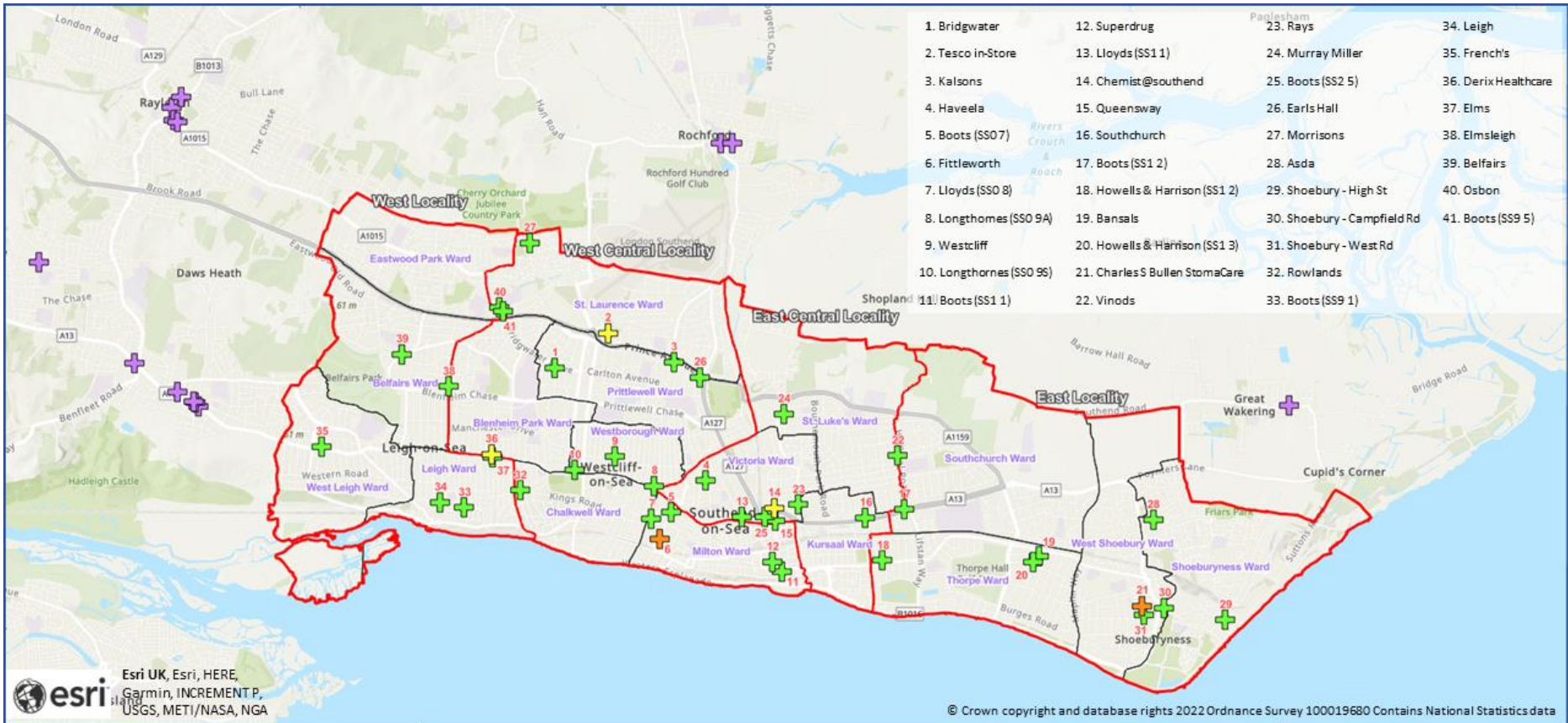
Table 2: Localities for Southend-on-Sea PNA

West	West Central	East Central	East
Belfairs	Blenheim Park	Kursaal	Shoeburyness
Eastwood Park	Chalkwell	St Luke's	Southchurch
Leigh	Milton	Victoria	Thorpe
West Leigh	Prittlewell		West Shoebury
	St Laurence		
	Westborough		

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

The information contained in Appendix A has been provided by NHSE (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), SCC and Southend CCG.

Figure 1: Map of Southend-on-Sea localities and wards



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Pharmaceutical Needs Assessment January 2022 Southend-on-Sea Pharmacy locations – Wards	Community 40 Hours	Nearby Pharmacy	NHS England england.contactus@nhs.net
	Community 100 Hours	Locality Boundary	
	Dispensing Appliance Contractor (DAC)	Ward Boundary	

Section 2: Context for the PNA

2.1 NHS Long Term Plan (LTP)¹⁵

NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include:

- Prevention
 - Smoking
 - Obesity
 - Alcohol
 - Antimicrobial resistance
 - Hypertension
 - Stronger NHS action on health inequalities
- Better care for major health conditions
 - Cancer
 - Cardiovascular disease
 - Stroke care
 - Diabetes
 - Respiratory disease
 - Adult mental health services

There are specific aspects of the LTP that include community pharmacy and pharmacists:

- Section 4.21 states that ‘Pharmacists have an essential role to play in delivering the Long Term Plan’ and goes on to state: ‘In community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’
- Section 1.10 refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to book appointments directly into GP practices across the country, as well as referring on to community pharmacies, who support urgent care and promote patient self-care and self-management. CCGs have also developed pharmacy connection schemes for patients who don’t need primary medical services. Pharmacy connection schemes have developed into the CPCS, which has been available since 29 October 2019 as an Advanced Service.
- Section 1.12 identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- Section 1.26 states that urgent treatment centres will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.

¹⁵ NHSE. NHS Long Term Plan. www.longtermplan.nhs.uk/

- Section 3.68 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- Section 3.86 states: 'We will do more to support those with respiratory disease to receive and use the right medication.' Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.
- Section 6.17 identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: 'Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.'

2.2 Joint Strategic Needs Assessment (JSNA)

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the Southend-on-Sea JSNA.

JSNAs are assessments of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, CCGs, or NHSE. JSNAs are produced by HWBs and are unique to each local area. The policy intention is for HWBs to also consider wider factors that affect their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities.

The purpose of JSNAs and related Joint Health and Wellbeing Strategies (JHWS, see [Section 2.3](#)) is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning that will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that affect health and wellbeing.¹⁶

The PNA should therefore be read alongside the JSNA. The Southend JSNA was last updated in 2019 and focuses on the borough's vision for 2050.¹⁷ This has added to the new JHWS 2021 to 2024, which considers the findings of the JSNA.

2.3 Joint Health and Wellbeing Strategy (JHWS)

JHWSs are strategies for meeting the needs identified in JSNAs. A Southend JHWS was published in early 2021. It outlines the priorities of Southend-on-Sea for 2021 to 2024.

¹⁶ Department of Health. Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. 2012. www.gov.uk/government/uploads/system/uploads/attachment_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf

¹⁷ Joint Strategic Needs Assessment (JSNA): Southend-on-Sea. <https://southend-jsna-southend.hub.arcgis.com/>

The JHWS is based on findings in the Southend-on-Sea JSNA and related data and is supported by a range of other strategies and plans. The JHWS considers the unexpected arrival of the C-19 pandemic and exacerbated the inequalities across communities.¹⁸ The vision is:

- To support and enable the people of Southend-on-Sea to have the best possible physical and mental health, wellbeing and quality of life
- To promote good healthcare, to enhance health and wellbeing across the life course: starting and developing well, living and working well, and ageing well
- The following broad principles and ways of working underpin the delivery of this strategy:¹⁹
 - Life-course approach
 - Prevention and early intervention
 - Addressing social and health inequalities and the wider determinants
 - Promoting healthy lifestyles and self-care
 - Community and asset-based approach with active community engagement and co-production – applying the Asset Based Community Development (ABCD) approach²⁰
 - Place-based approach – integration and partnership working to meet the unique needs of individual localities
 - For professionals to be fully trained, competent and understand the inequalities in health to address better outcomes for everyone
 - Use of high-quality data and evidence to support strategy and delivery – led by the local population health management approach
 - Use of new technology

2.4 Mid and South Essex Integrated Care System (ICS)

Mid and South Essex ICS aims to working for a better quality of life in a thriving mid and south Essex, with every resident making informed choices in a strengthened health and care system. The ICS has five main ambitions:²¹

- Reducing inequalities
- Creating opportunity
- Health and wellbeing
- Moving care closer to home
- Transforming our services

Table 3 demonstrates how these ambitions will be reached.

¹⁸ Southend-on-Sea Borough Council. Health and Wellbeing Strategy 2021-2024. [Accessed 20 December 2021]. www.southend.gov.uk/health-wellbeing/health-wellbeing-strategy

¹⁹ Southend-on-Sea Borough Council. Health and Wellbeing Strategy 2021-2024. [Accessed 20 December 2021]. www.southend.gov.uk/health-wellbeing/health-wellbeing-strategy

²⁰ Stuart G. What is asset-based community development (ABCD)? Sustaining Community. 15 August 2013. <https://sustainingcommunity.wordpress.com/2013/08/15/what-is-abcd/>

²¹ Mid and South Essex Health and Care Partnership. Our 5 Year Strategy and Development Plan. 2020. www.msehealthandcarepartnership.co.uk/wp-content/uploads/2020/01/15417-Mid-and-South-Essex-Health-and-Care-Partnership-5-Year-Strategy-Document_A4_Dec-2019-v10-DRAFT.pdf

Table 3: Outcomes framework

	How will we know we've made a difference?	What metrics will we use to track progress?
Reducing Inequalities	<ul style="list-style-type: none"> • Inequality will reduce and our residents will enjoy longer, healthier lives 	<ul style="list-style-type: none"> • Slope Index of Inequality • Healthy life expectancy measures
Creating Opportunity	<ul style="list-style-type: none"> • Our children achieve good development and educational attainment • Employment will rise • Homelessness will reduce and we will have good housing stock 	<ul style="list-style-type: none"> • School readiness • Percentage of people in employment • Educational attainment • Statutory homelessness • Number of non-decent dwellings • Air quality
Health and wellbeing	<ul style="list-style-type: none"> • Our residents live long, healthy lives, and are supported to make good decisions on their own health and wellbeing 	<ul style="list-style-type: none"> • % of adults classified as overweight or obese • Reception and Year 6 prevalence of overweight children • % of adults physically active • Smoking prevalence • Admissions for alcohol-related conditions • Quality Outcomes Framework prevalence for diabetes, atrial fibrillation, Coronary Heart Disease (CHD), hypertension, cholesterol • % of people self-caring after reablement • Patient Activation Measures
Moving care closer to home	<ul style="list-style-type: none"> • Our residents report good access to and experience of primary and community services 	<ul style="list-style-type: none"> • Patients reporting good overall experience with practice appointment times and good experience of making an appointment • Patients reporting a positive experience of their GP practice • Delayed transfer of care • A&E attendances conveyed by ambulance
Transforming our services	<ul style="list-style-type: none"> • Our residents have consistent, timely access to safe, high-quality health and care services. • The outcomes from our services are improved. 	<ul style="list-style-type: none"> • Breast and bowel screening uptake • Cancer waiting times • Elective waiting times • % of residents with high self-reported happiness • Reduction in depression cases • Reduction in self-harm • Reduction in suicide • Treatment and recovery rates for IAPT services • Physical health checks for patients with serious mental illness • Mental health admissions to hospital

2.5 Population characteristics

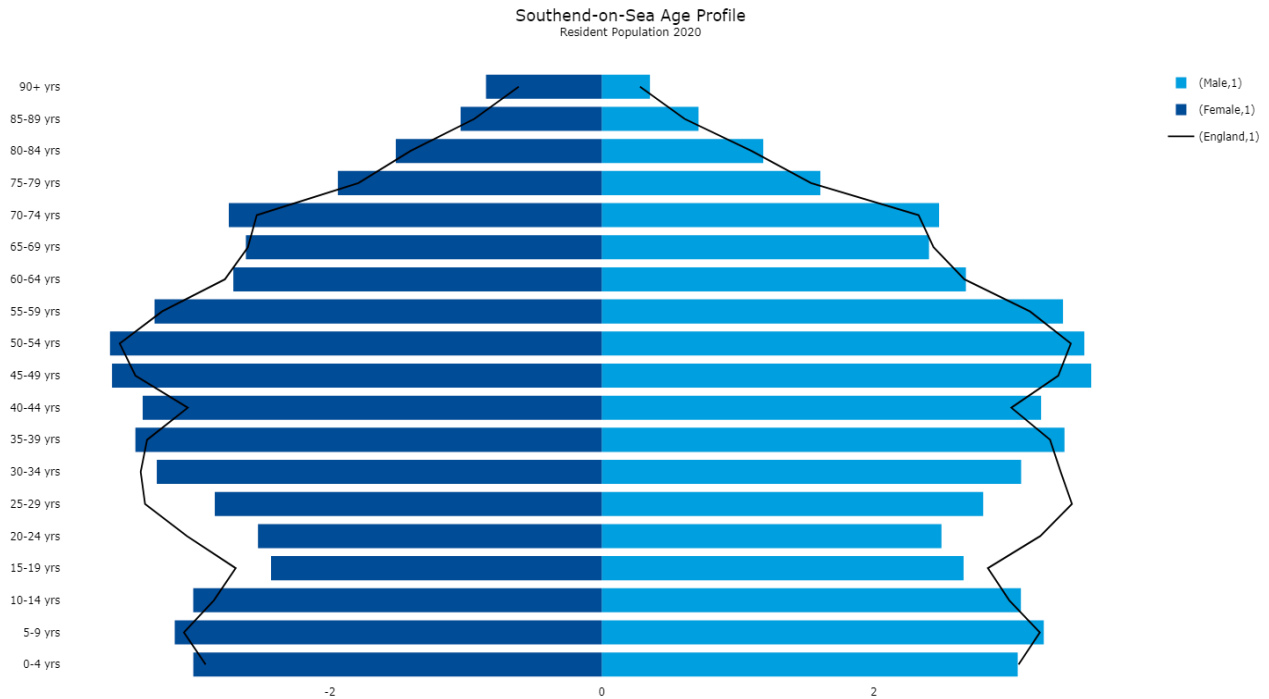
2.5.1 Overview

Where comparisons with England and the East of England region are made there are a few important considerations. The rate of Southend-on-Sea will often fluctuate more than the larger regions as small changes will produce a relatively large change in rate. The smaller population also contributes to larger uncertainties. The estimated population for Southend-on-Sea is 182,773:²² 49% of the population is male and 51% is female.

2.5.2 Age structure

Figure 2 shows a graph of number of residents in each age band as the percentage of the total population. The line shows a comparison with England. The main differences between Southend-on-Sea and the national age band percentage are that Southend-on-Sea has fewer 15–34-year-olds.

Figure 2: Southend-on-Sea age profile, 2020



Source: ONS Population estimates for the UK, England and Wales, Scotland and Northern Ireland

West Central is the most populous locality, with a more even distribution across the other localities.

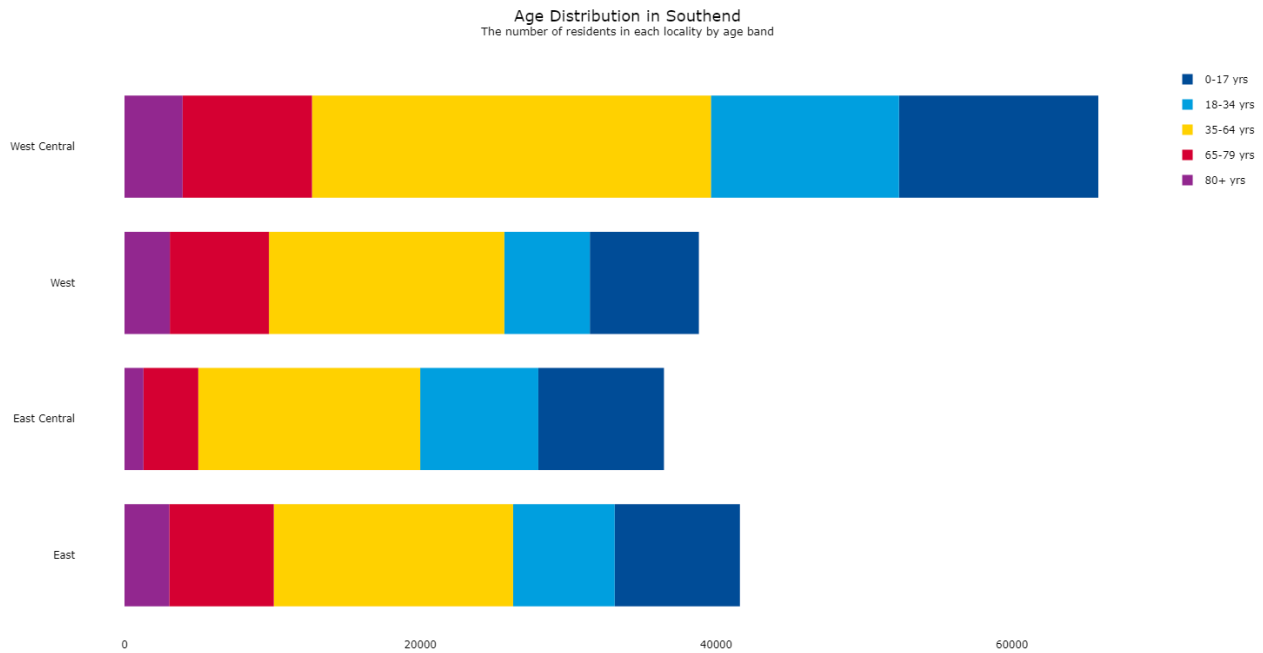
²² ONS. Population estimates.

www.ons.gov.uk/file?uri=%2fpeoplepopulationandcommunity%2fpopulationandmigration%2fpopulationestimates%2fdata%2fpopulationestimatesforukenglandandwales%2fmid2020/ukpoestimatesmid2020on2021geography.xls

Table 4: Age distribution of Southend-on-Sea²³

Locality	0–17	18–34	35–64	65–79	80+	Total
East	8,934	6,879	16,143	6,893	2,763	41,612
East Central	8,911	8,157	14,764	3,494	1,151	36,477
West Central	14,135	13,002	26,700	8,413	3,597	65,847
West	7,756	5,851	15,880	6,557	2,793	38,837
Total	39,736	33,889	73,487	25,357	10,304	182,773

Figure 3: Age distribution in Southend-on-Sea, number of residents in each locality by age band



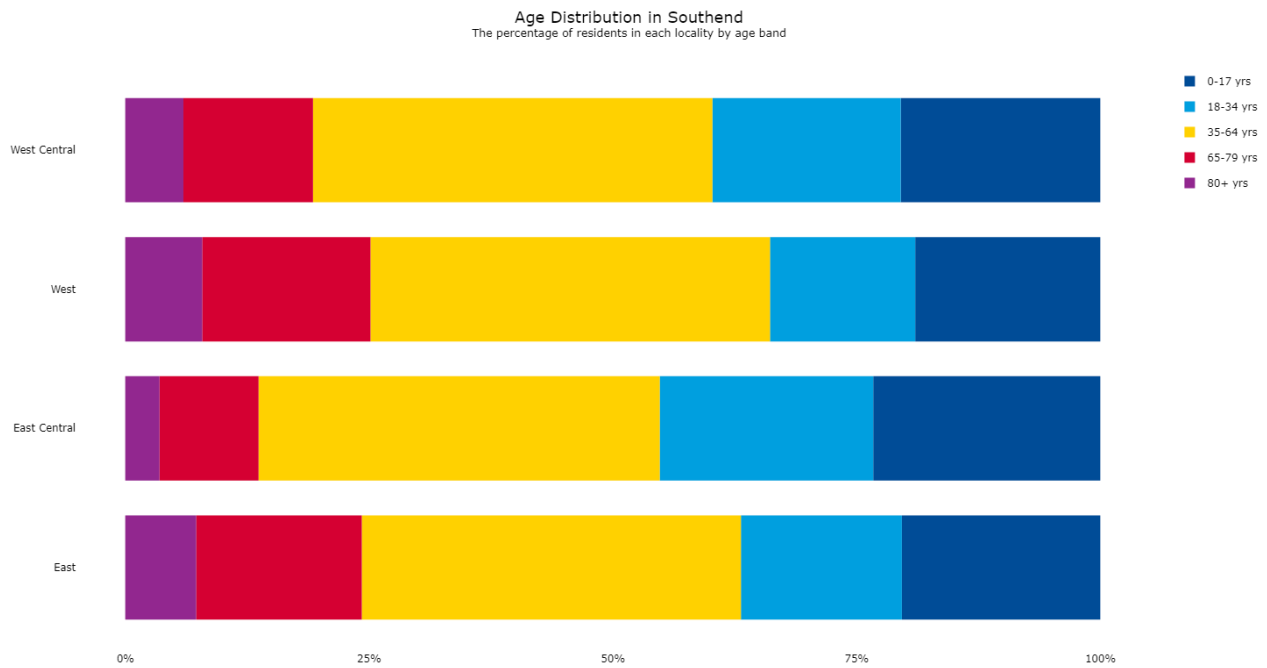
Source: ONS Mid year estimates

The percentage of residents in the 0–17 band is similar across all the localities. The East and West localities have a similar distribution across all age bands. East Central has the lowest percentage of older residents (both 65–79 and 80+).

²³ ONS. Population estimates.

www.ons.gov.uk/file?uri=%2fpeoplepopulationandcommunity%2fpopulationandmigration%2fpopulationestimates%2fdata%2fpopulationestimatesforukenglandandwalesscotlandandnorthernireland%2fmid2020/ukpoestimatesmid2020on2021geography.xls

Figure 4: Age distribution in Southend-on-Sea, percentage of residents in each locality by age band

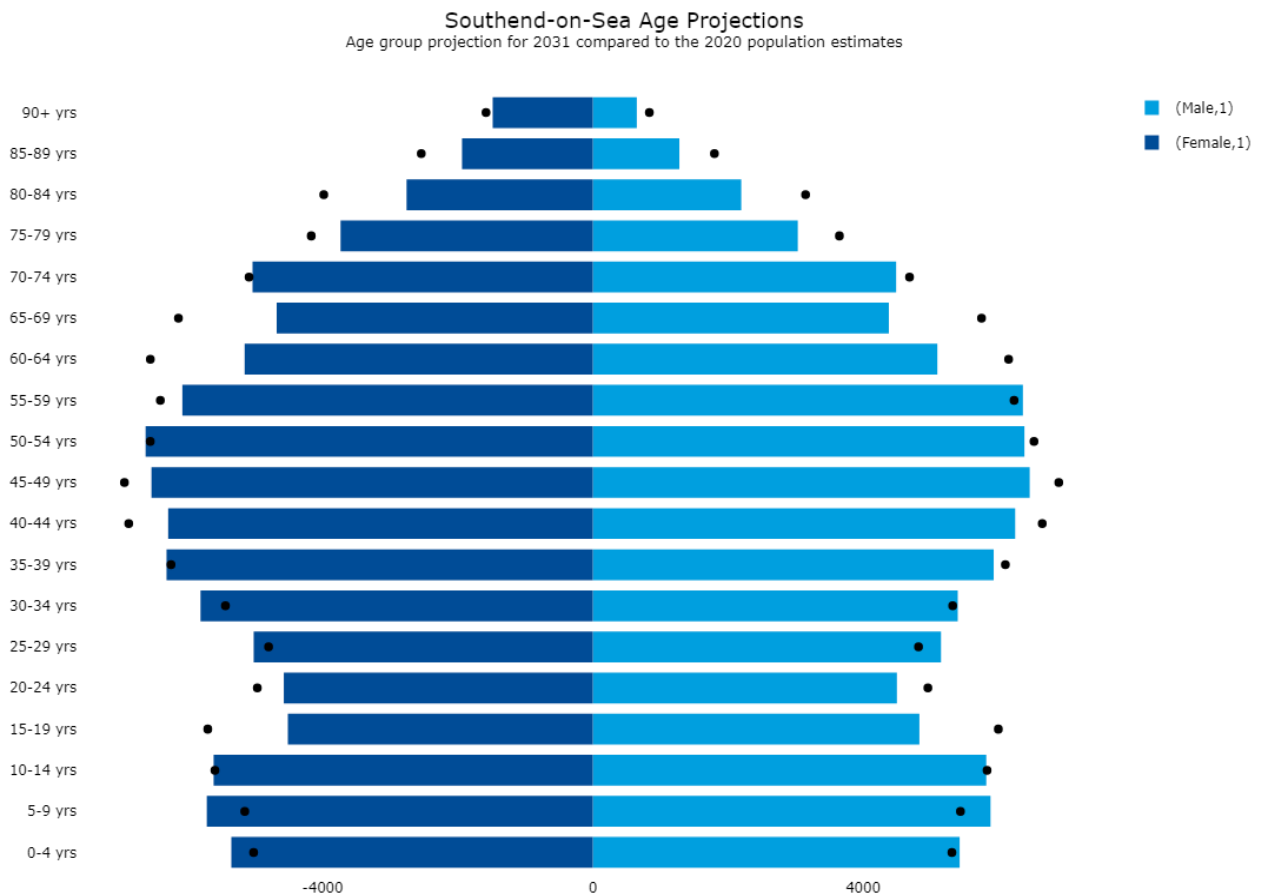


Source: ONS Mid year estimates

2.5.3 Projected population growth

The 2031 projections show an increase in most age groups with a slight decrease in under-10s and 25–39-year-olds, suggesting an aging population.

Figure 5: Southend-on-Sea age projections, 2020-31



Source: ONS Population estimates for the UK, England and Wales, Scotland and Northern Ireland

Table 5: Southend 2031 projections²⁴

Age group	Southend female	Percentage change	Southend male	Percentage change	Southend total	Percentage change
All ages	99,695	6.99	96,180	7.35	195,875	7.17

Southend-on-Sea has an average number of residents per household of 2.32 (173,658/74,678). This compares with the national average number of residents per household that was recorded as 2.40 in the 2011 census. In the 2001 census, the average residents per household in Southend-on-Sea was recorded as 2.25, showing a small increase in residents per household over time. The national average in 2001 was recorded as 2.40. Using this average figure it can be estimated that the increase in population due to the increase in housing stock (2,726) will be 6,324 residents.

²⁴ ONS. Population Projections for Local Authorities. 24 March 2020.
www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesnenglandtable2

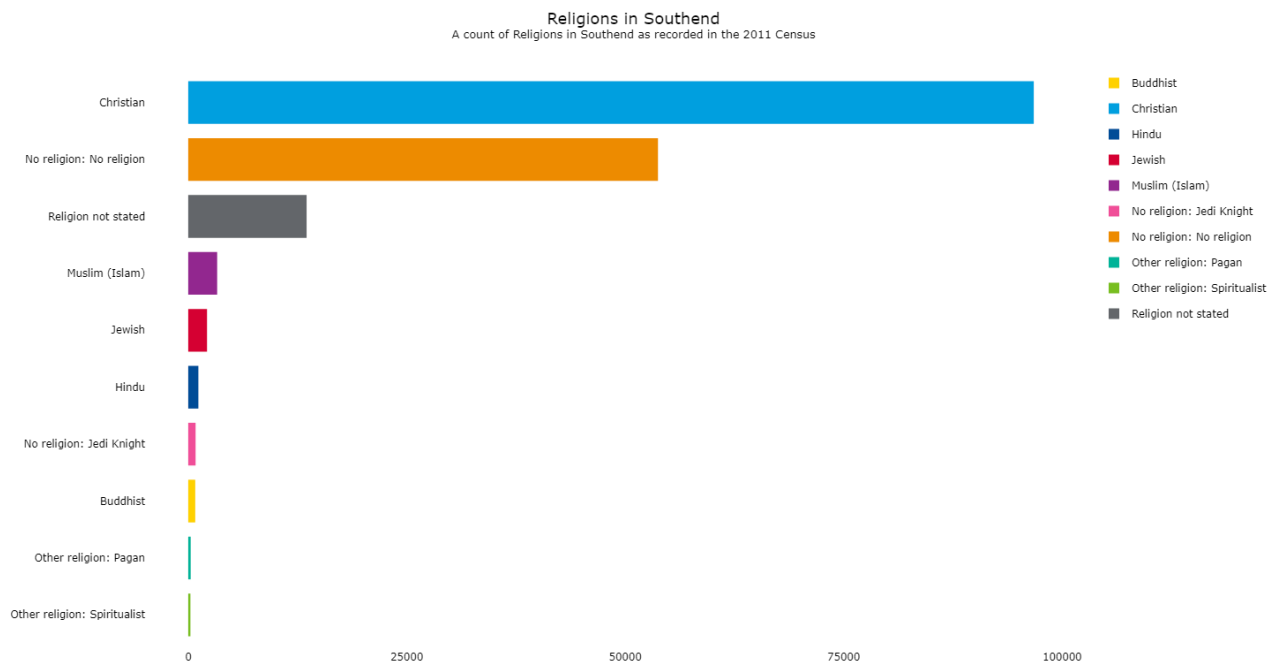
2.5.4 GP-registered population

It is reported that there are 190,333 patients registered with the 25 GP surgeries across Southend-on-Sea. This figure is slightly larger than population of Southend, as a number of patients reside outside the borough.²⁵

2.5.5 Religion

The graph in Figure 6 shows the count of religions recorded in the 2011 census and has been filtered to only show religions with more than 250 responses. Christianity is the largest religion in Southend-on-Sea followed by 'no religion' and 'religion not stated'.

Figure 6: Religions in Southend, 2011



Source: 2011 Census

2.5.6 Specific populations

2.5.6.1 Ethnicity

Table 6 shows the ethnic breakdown of Southend-on-Sea and England taken from the 2011 census. The main difference is that Southend-on-Sea has a smaller Asian population than England as a whole.

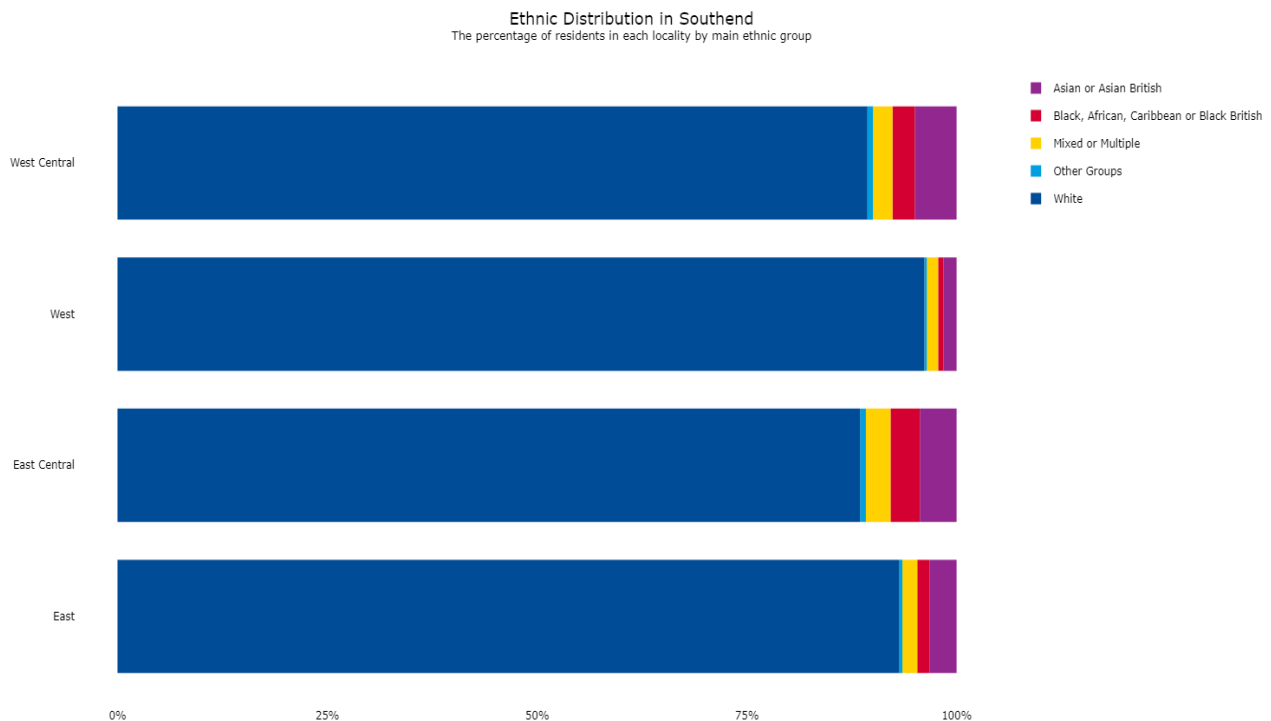
²⁵ NHS Digital. Patients Registered at a GP Practice, November 2021. <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/november-2021>

Table 6: Ethnic breakdown

Ethnicity (2011 census)	Southend-on-Sea number	Southend-on-Sea percent	England percent
All people	183,125	100%	100%
White	166,037	90.7%	85.4%
Mixed	4,853	2.7%	2.3%
Asian	7,180	3.9%	7.8%
Black	4,128	2.3%	3.5%
Other	927	0.5%	1.0%

All localities have a high proportion of White residents. East Central and West Central localities have a lower proportion of White residents compared with other localities.

Figure 7: Ethnic distribution in Southend-on-Sea



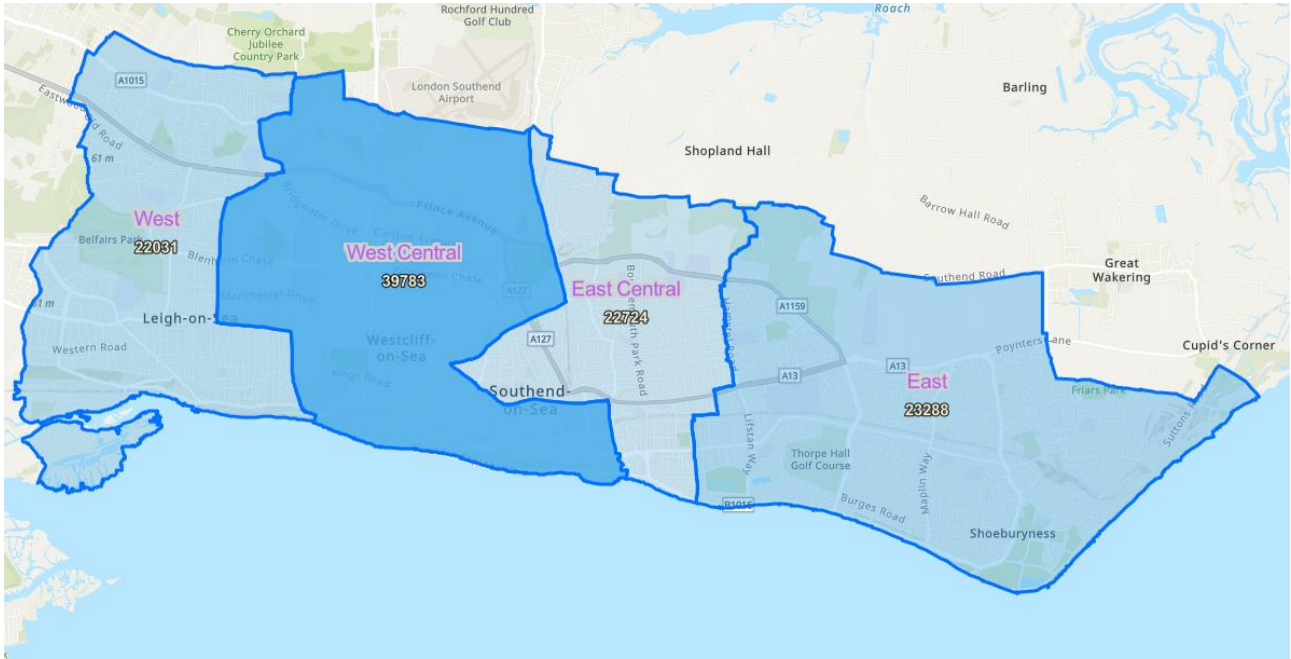
Source: Census 2011

2.5.6.2 Working-age population

The maps below show the distribution of those of working age (18–64 years) in Southend-on-Sea, which can be seen to be fairly evenly distributed. The largest concentration is in the centre of Southend-on-Sea. It is important to note that some may commute out of Southend-on-Sea to their workplace.

Southend-on-Sea’s population is split between the four localities, as shown below, with the greatest proportion (36%) being in the West Central locality.

Figure 8: Working-age population by locality



Southend-on-Sea's population can be broken down further into the 17 electoral wards.

Figure 9: Working-age population by ward

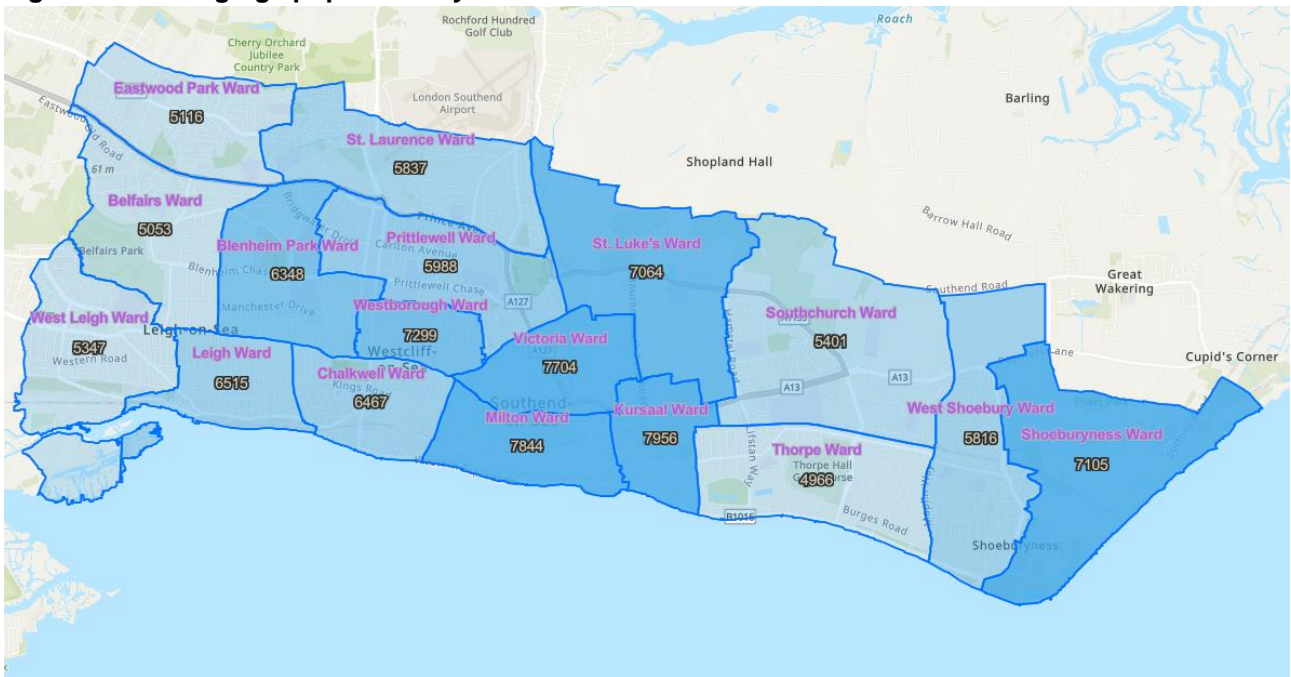
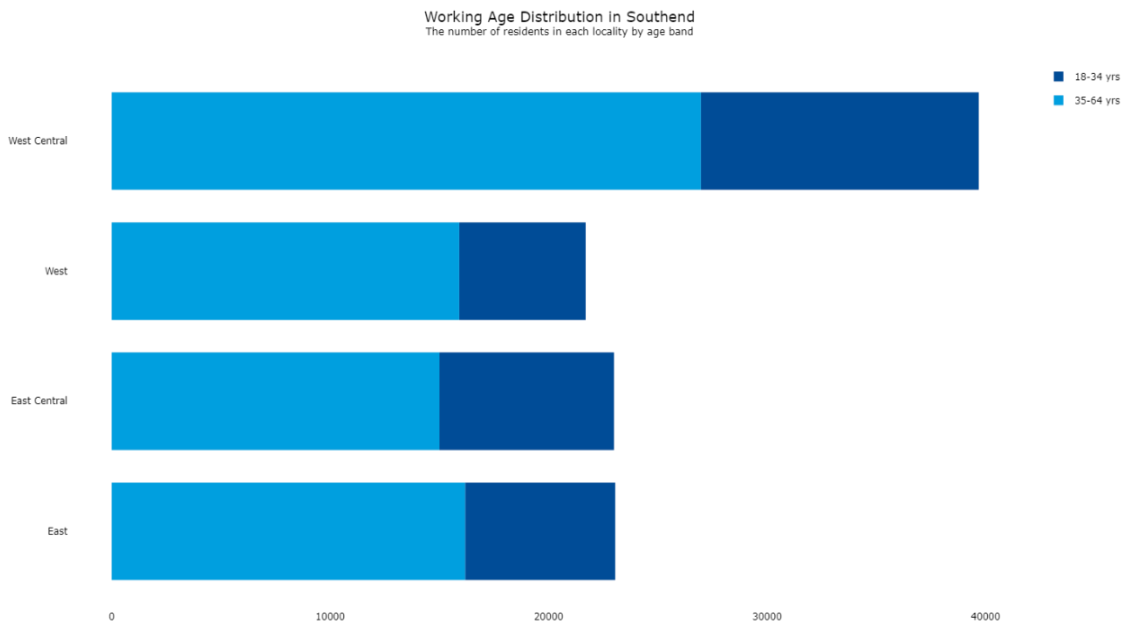


Figure 10: Working-age distribution in Southend-on-Sea



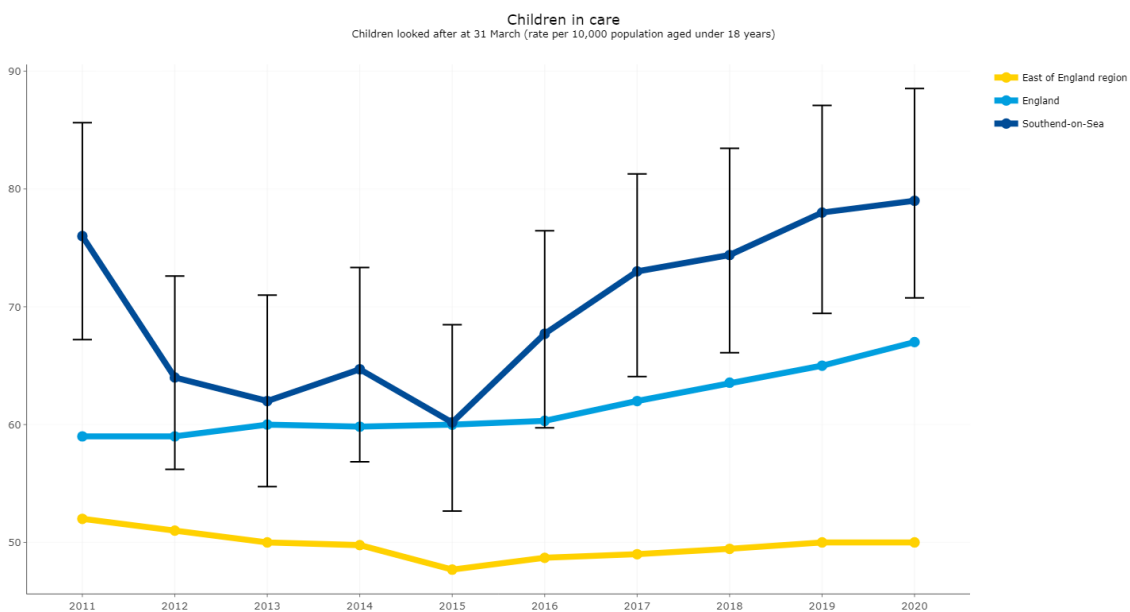
Source: ONS Mid year estimates

2.5.6.3 Children and adults in care and adult safeguarding

Children and young people in care are among the most socially excluded in children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care-leavers later in life.

The rate of children in care is consistently larger in Southend-on-Sea than the national and regional levels, and in recent years significantly higher. Since 2015 the rate has been increasing for both the local and national levels.

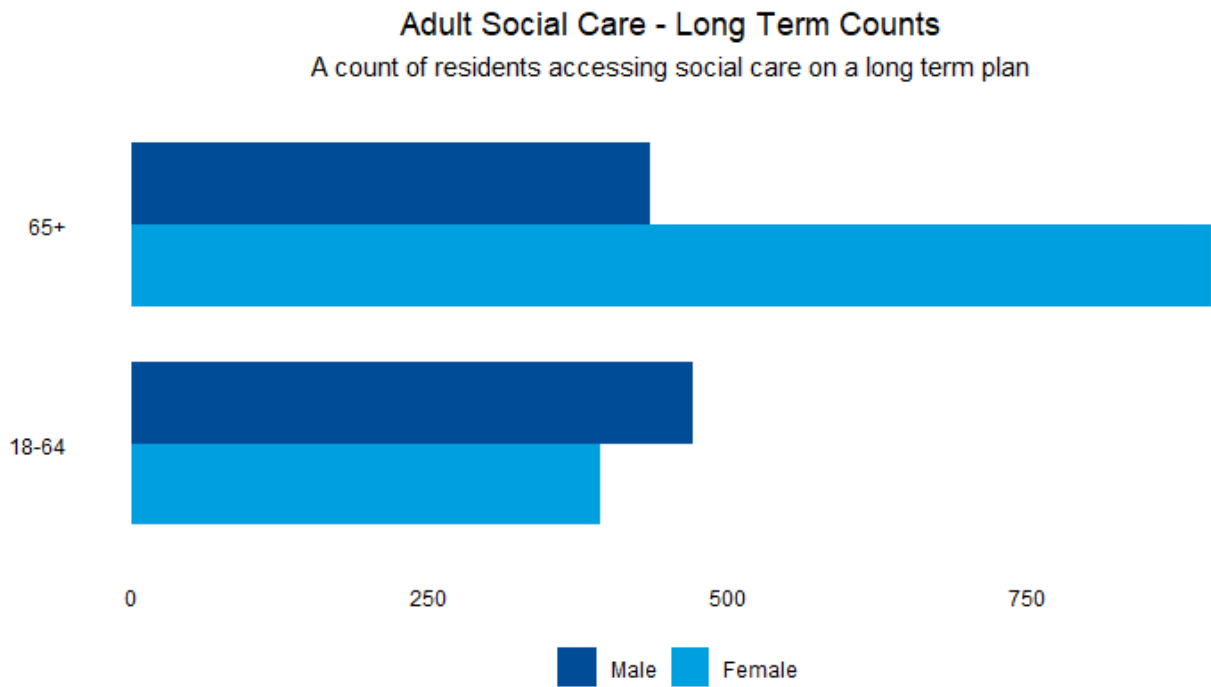
Figure 11: Children in care



Source: NHS Fingertips Indicator ID 90803 Accessed:2021-12-10

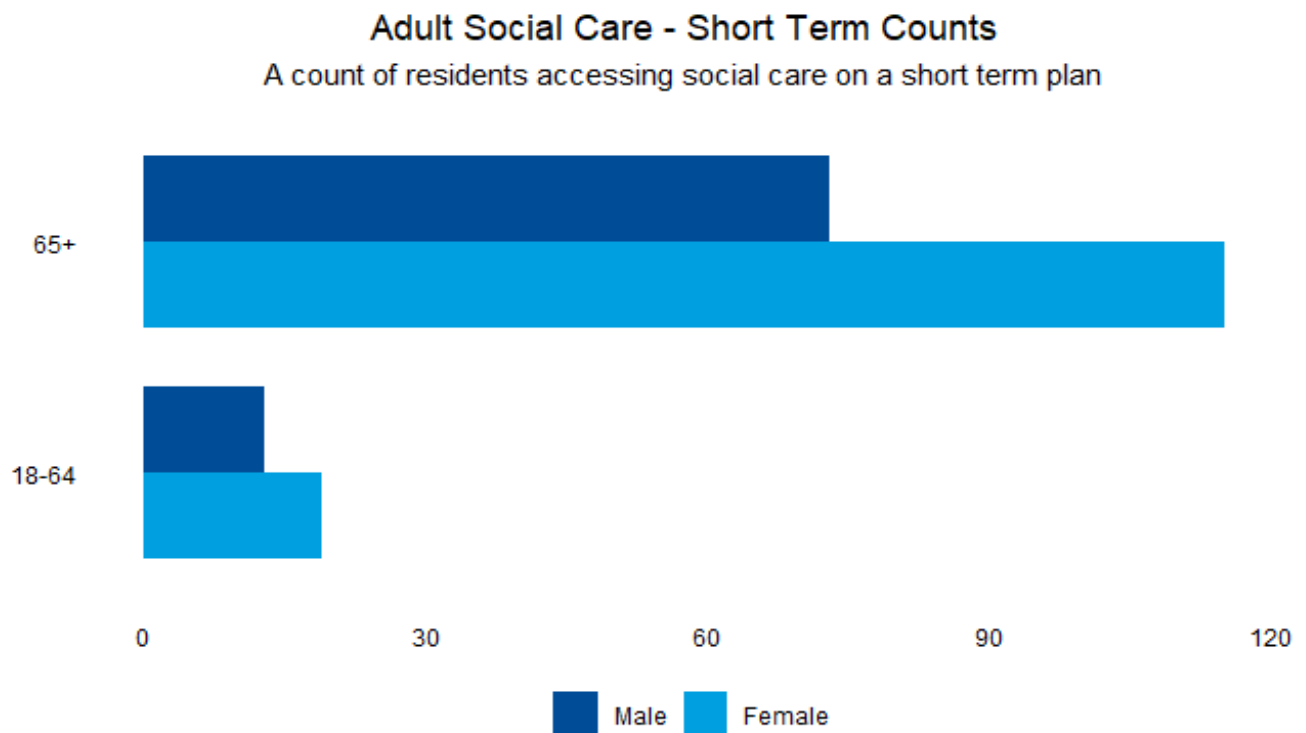
The main difference between the age bands is in the 18–64 age band: in the short-term type there are more females, while in long-term there are more males.

Figure 12: Adult social care – long-term counts



Source: Southend Borough Council

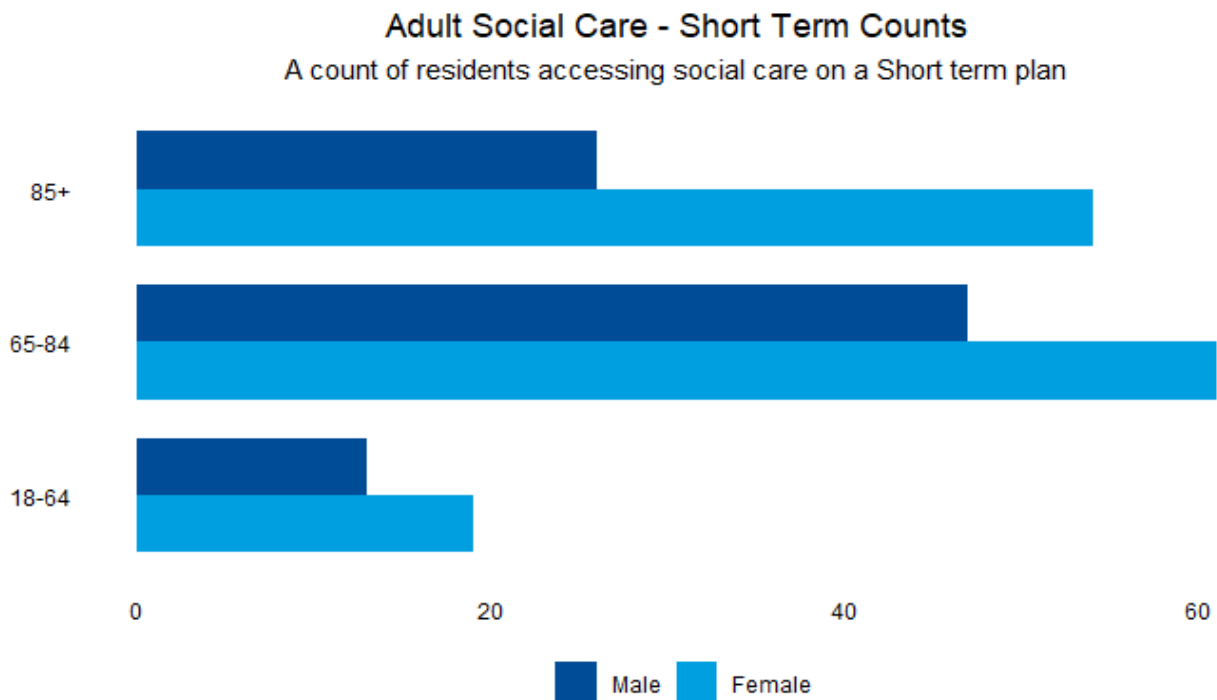
Figure 13: Adult social care – short-term counts



Source: Southend Borough Council

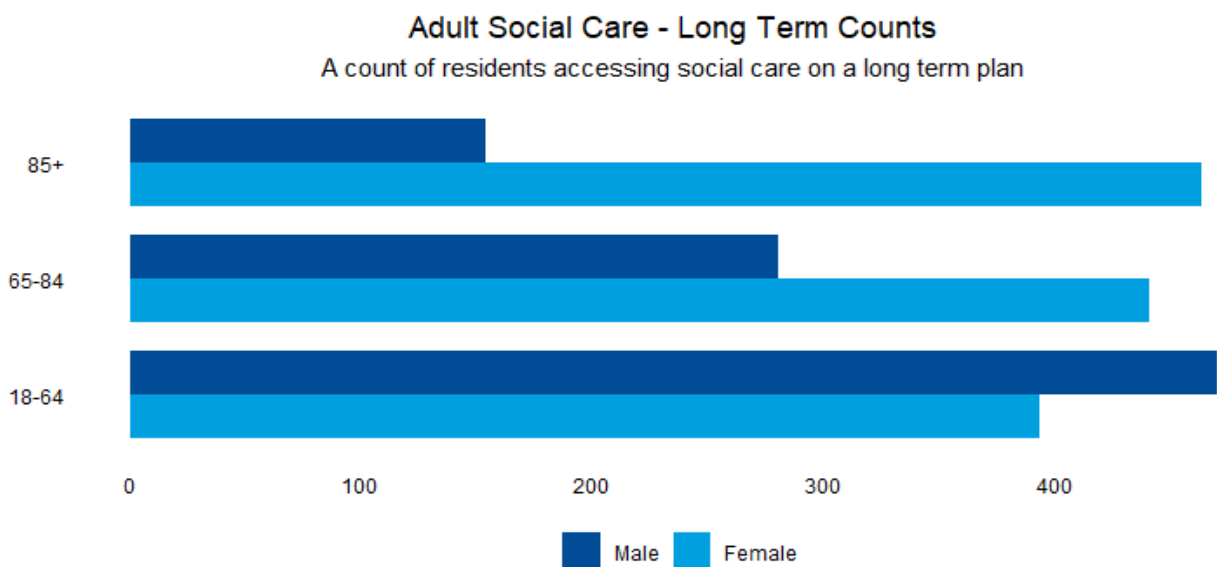
Splitting the 65+ age band to 65–84 and 85+ shows the same pattern: in almost all bands there are more females, while in the long-term support 18–64 age band there are more males.

Figure 14: Adult social care – short-term counts, splitting 65+ band



Source: Southend Borough Council

Figure 15: Adult social care – long-term counts, splitting 65+ band

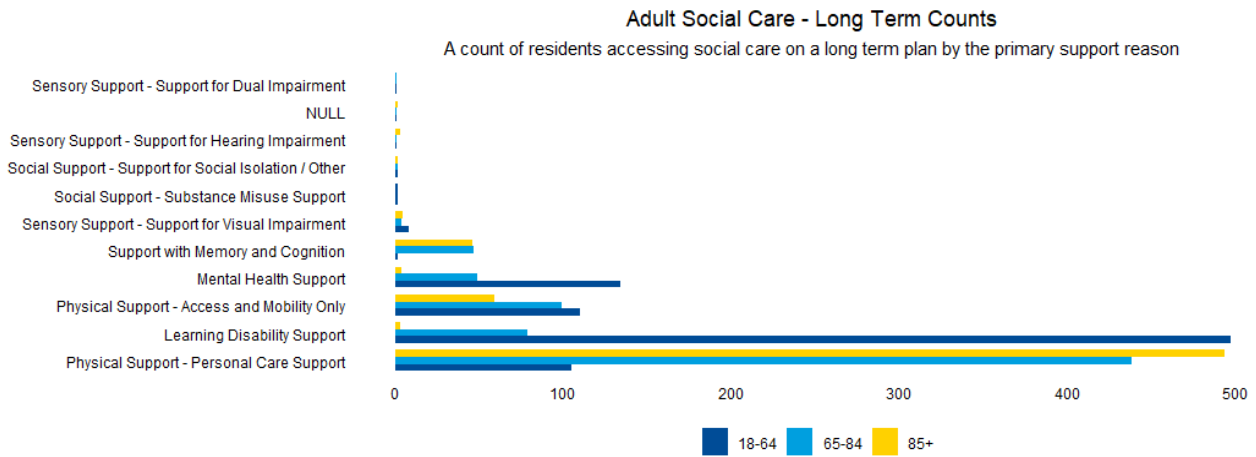


Source: Southend Borough Council

2.5.6.4 Adult social care primary support reason

The most common cause for long-term support in the upper age bands is ‘physical support – personal care’ while ‘learning disability support’ is the most common for those aged 18–64.

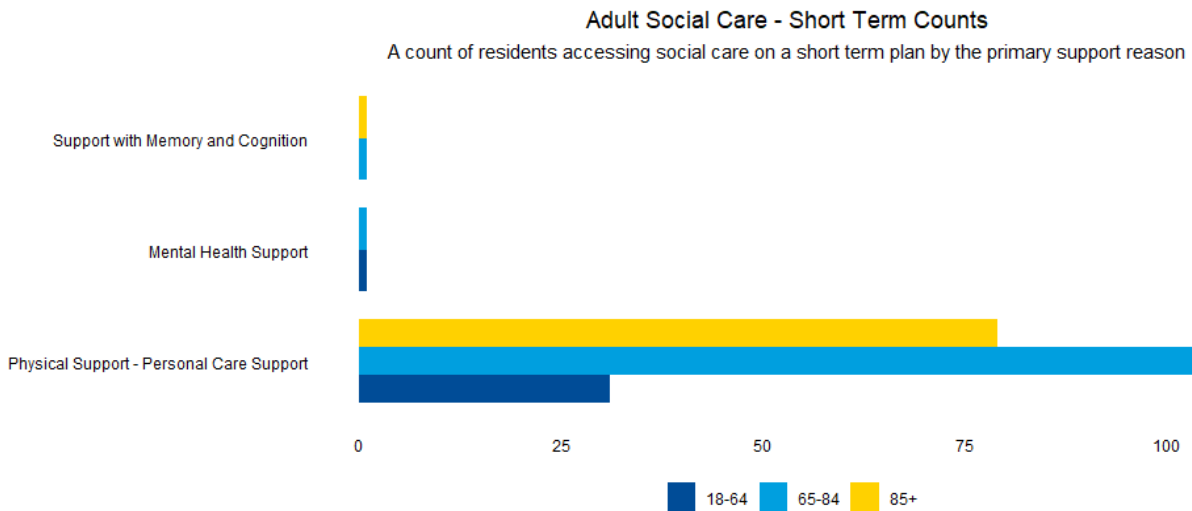
Figure 16: Adult social care – long-term counts



Source: Southend Borough Council

The most common cause for short-term care across all age bands is physical support.

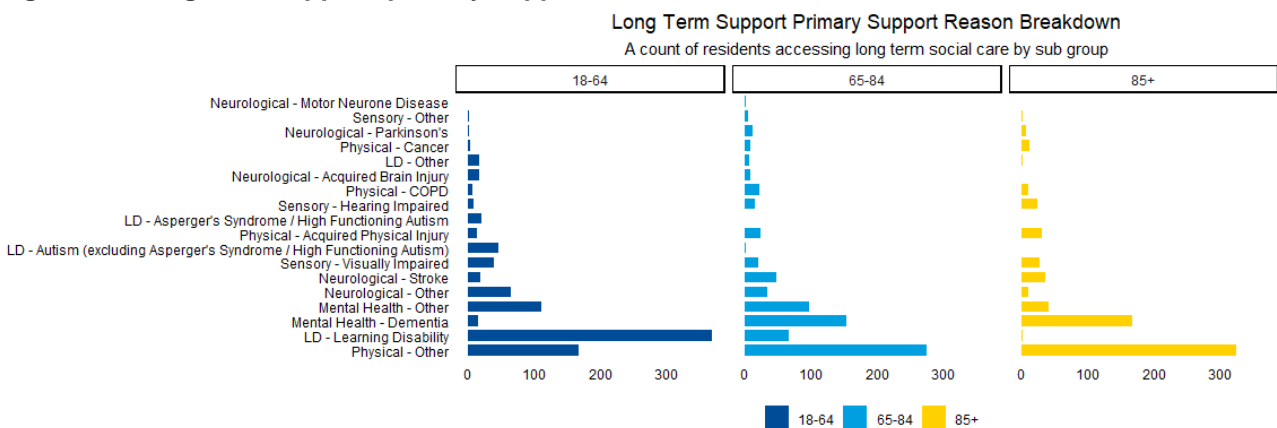
Figure 17: Adult social care – short-term counts



Source: Southend Borough Council

For the 85+ and 65–84 age bands the most common reason for long-term care is ‘physical – other’, and ‘mental health – dementia’ is the second most common. In the 18–64 age bracket ‘learning disability’ is the most common reason and ‘physical – other’ is the second most common reason.

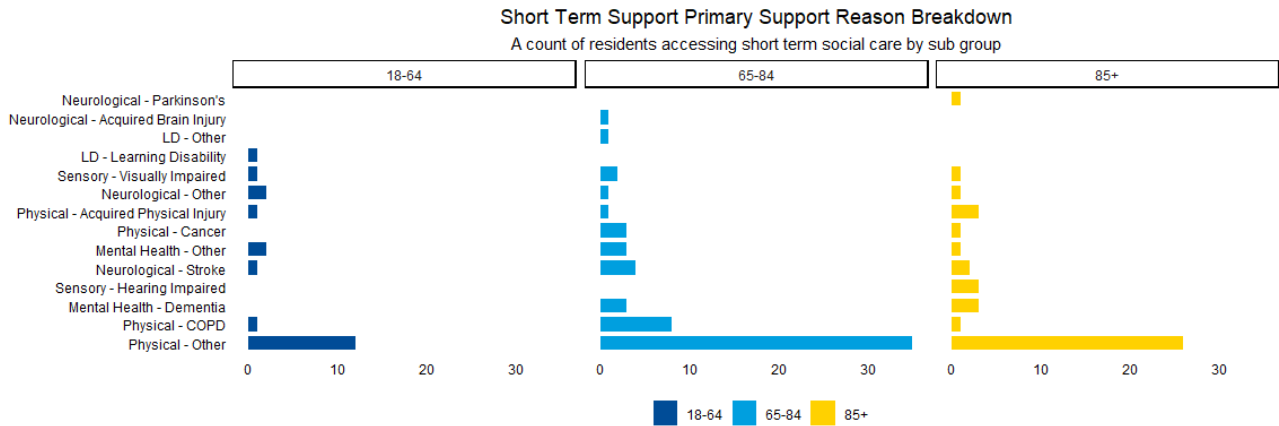
Figure 18: Long-term support, primary support reason breakdown



Source: Southend Borough Council

For short-term care the most common cause across all age bands is ‘physical – other’, with ‘physical – COPD’ the second most common cause for the 65–84 age bracket, ‘physical – acquired physical injury’ for the 85+ age bracket and ‘mental health – other’ and ‘neurological – other’ the joint second most common causes for 18–64-year-olds.

Figure 19: Short-term support, primary support reason breakdown



Source: Southend Borough Council

Learning disability is the highest category for accessing care in the 65–84 and 18–64 age brackets. In the 85+ age bracket there were very few of any category recorded.

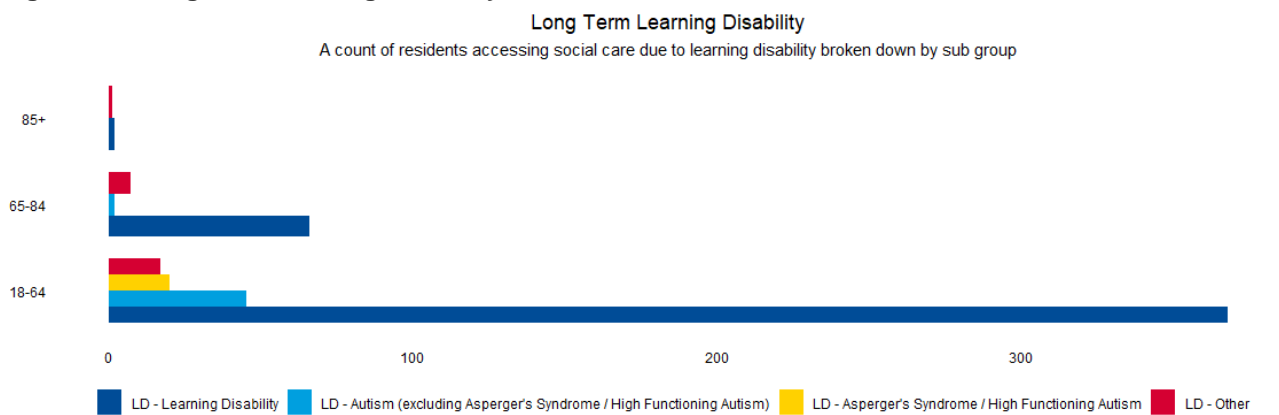
In mental health, the 85+ and 65–84 bands have a similar distribution, with dementia significantly larger than other; the 18–64 bracket reverses this.

For neurological care there is again a similarity in the 85+ and 65–84 age brackets, with stroke being the most common reason for accessing care, but this differs in the second most common being Parkinson’s and ‘other’ respectively. ‘Other’ reasons are the highest in the 18–64 bracket.

‘Other physical’ reasons is the highest category for accessing care across all age bands.

Across all age bands ‘visually impaired’ is the most common sensory condition cited in accessing care, with ‘hearing impaired’ second.

Figure 20: Long-term learning disability



Source: Southend Borough Council

Figure 21: Long-term mental health

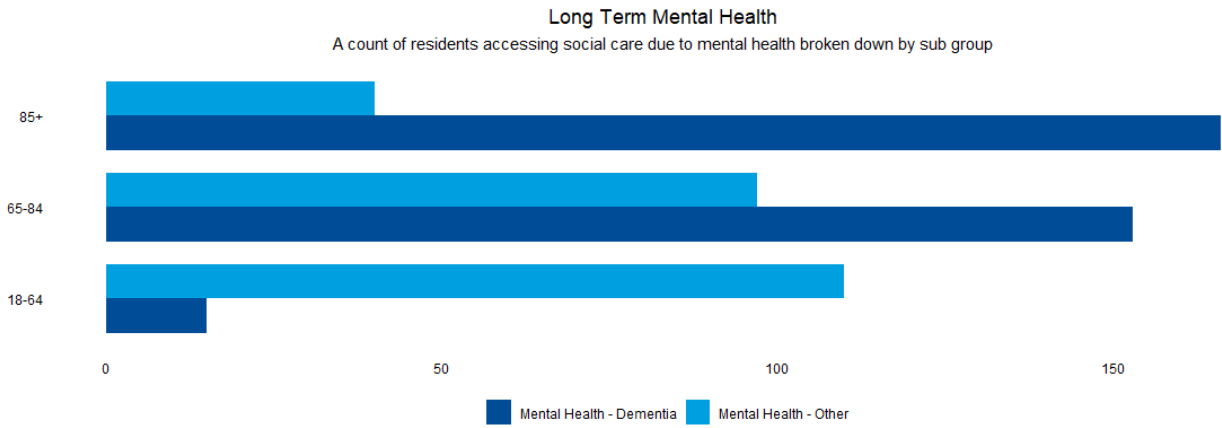


Figure 22: Long-term neurological

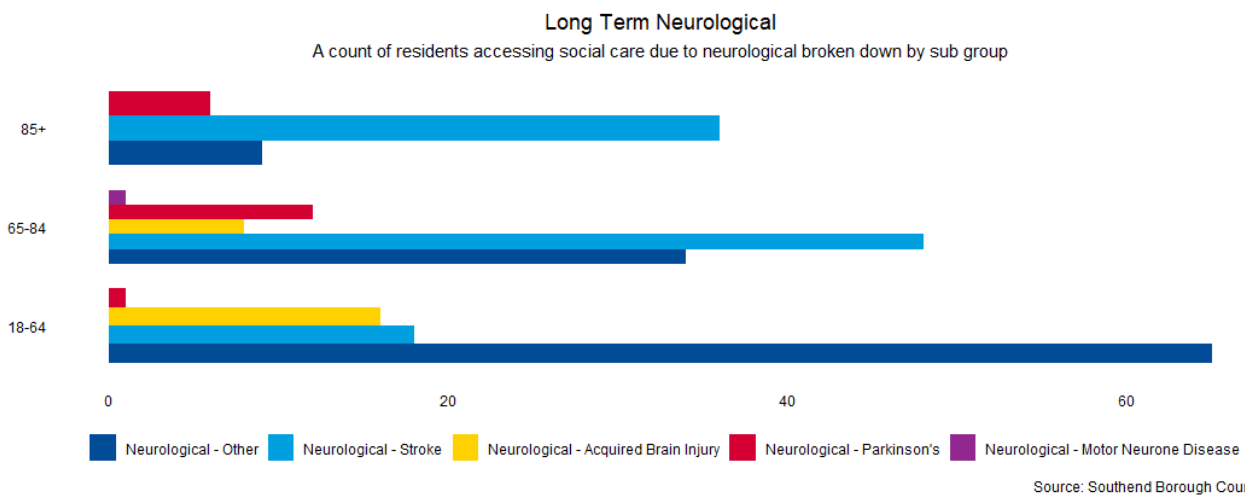


Figure 23: Long-term physical

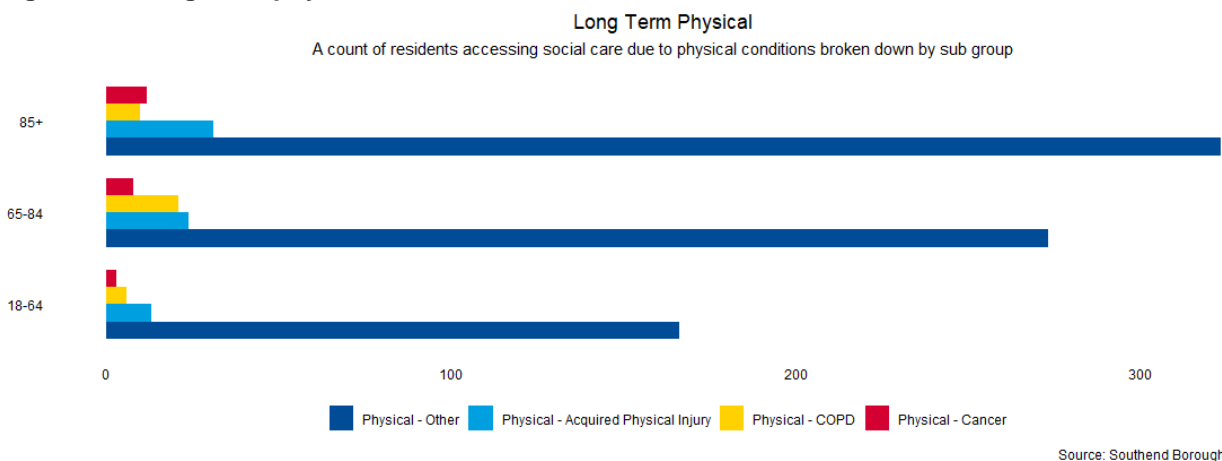
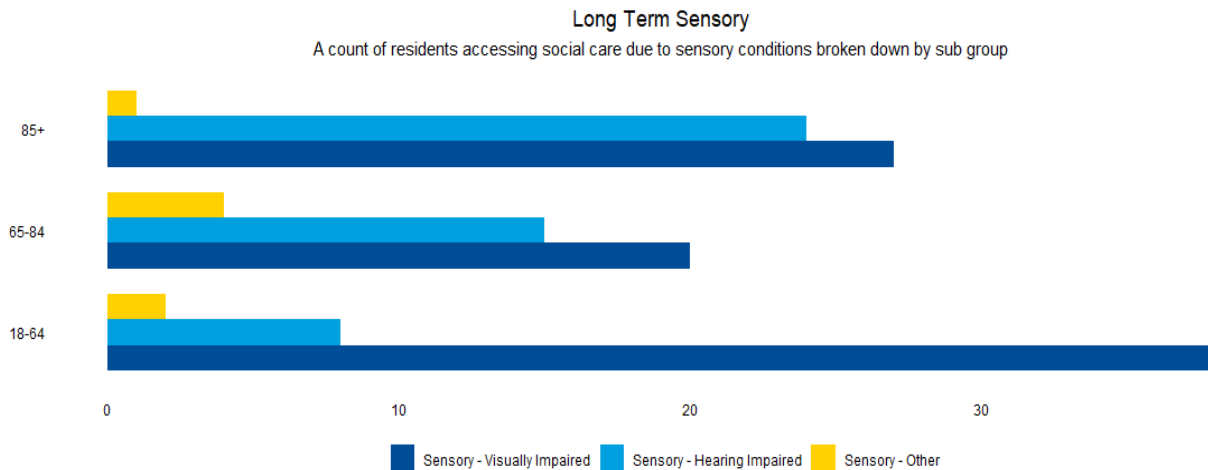


Figure 24: Long-term sensory



Source: Southend Borough Council

Due to the lower numbers across short-term care, drawing any differences is difficult as in mental health, neurological and sensory the maximum difference is one or two.

Across all age bands 'other' reasons are the most common reasons for accessing care in the physical category.

2.5.6.5 Prison populations – include young offenders, detention centre

There are no prisons or detention centres within Southend-on-Sea.

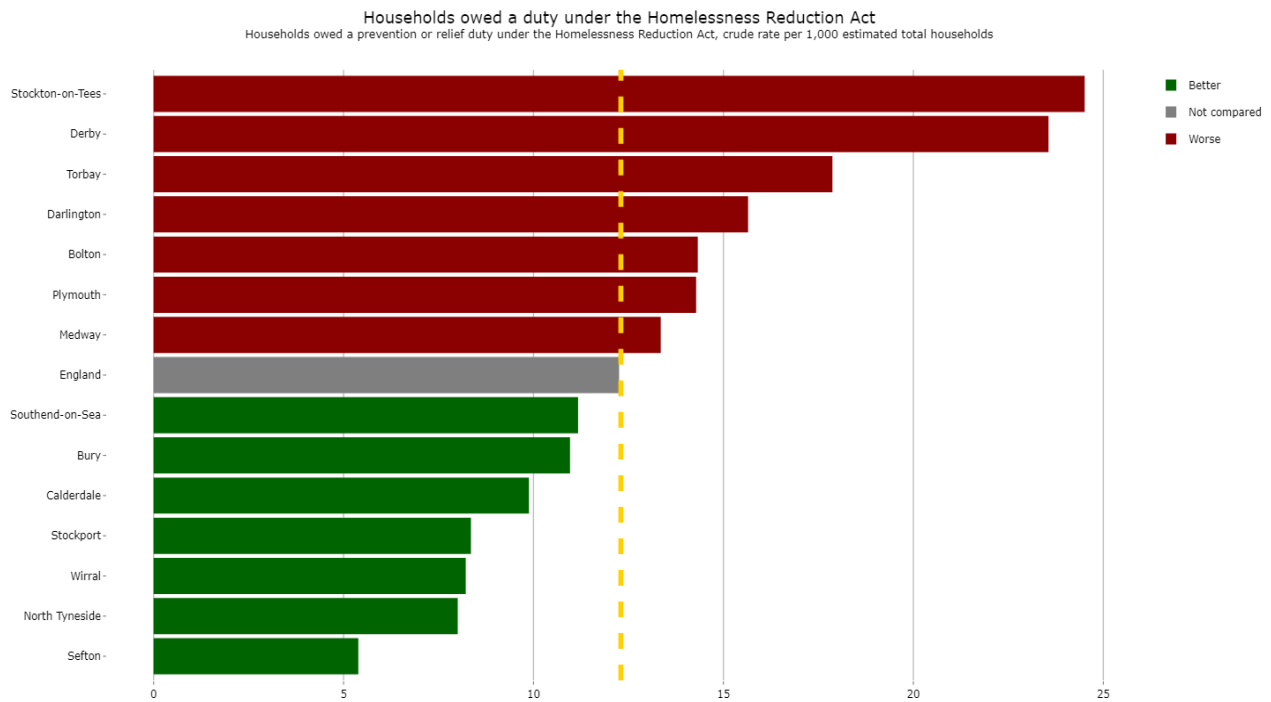
2.5.6.6 Homeless populations

Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.

The Homelessness Reduction Act 2017 (HRA) introduced new homelessness duties that meant significantly more households are being provided with a statutory service by local housing authorities than before the HRA came into force in April 2018. The HRA introduced new prevention and relief duties, which are owed to all eligible households who are homeless or threatened with becoming homeless, including those single-adult households who do not have 'priority need' under the HRA.

The graphs below compare Southend-on-Sea and the statistical neighbours. As can be seen, Southend-on-Sea has a lower rate than the national average and a lower rate than half of the statistical neighbours.

Figure 25: Households owed a duty under the HRA



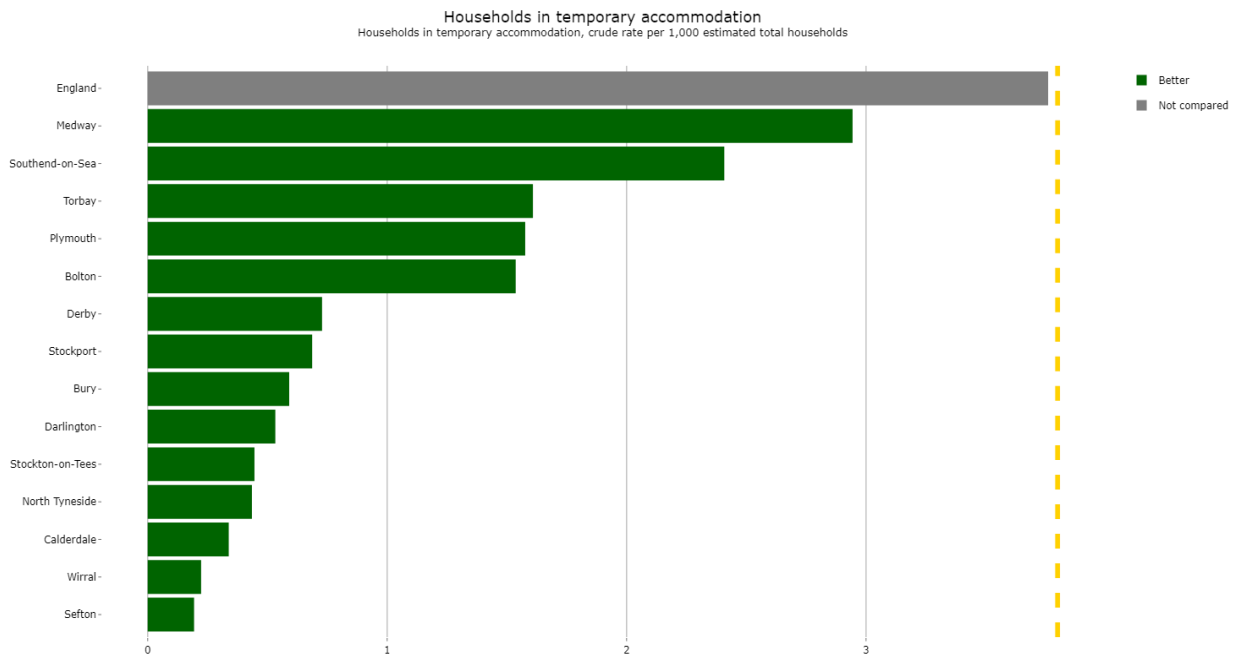
Source: NHS Fingertips Indicator ID 93736 Accessed: 2021-12-14

As a result of the HRA, local authorities must provide temporary accommodation for households in a number of circumstances, which might include pending the completion of inquiries into an application, or they might spend time waiting in temporary accommodation after an application is accepted until suitable secure accommodation becomes available.

The Public Accounts Committee’s December 2017 report, ‘Homeless Households’, observed that temporary accommodation is often of a poor standard and does not offer value for money.

All statistical neighbours and Southend have a lower rate of households in temporary accommodation than the national level. Southend has the second highest rate out of the statistical neighbours.

Figure 26: Households in temporary accommodation

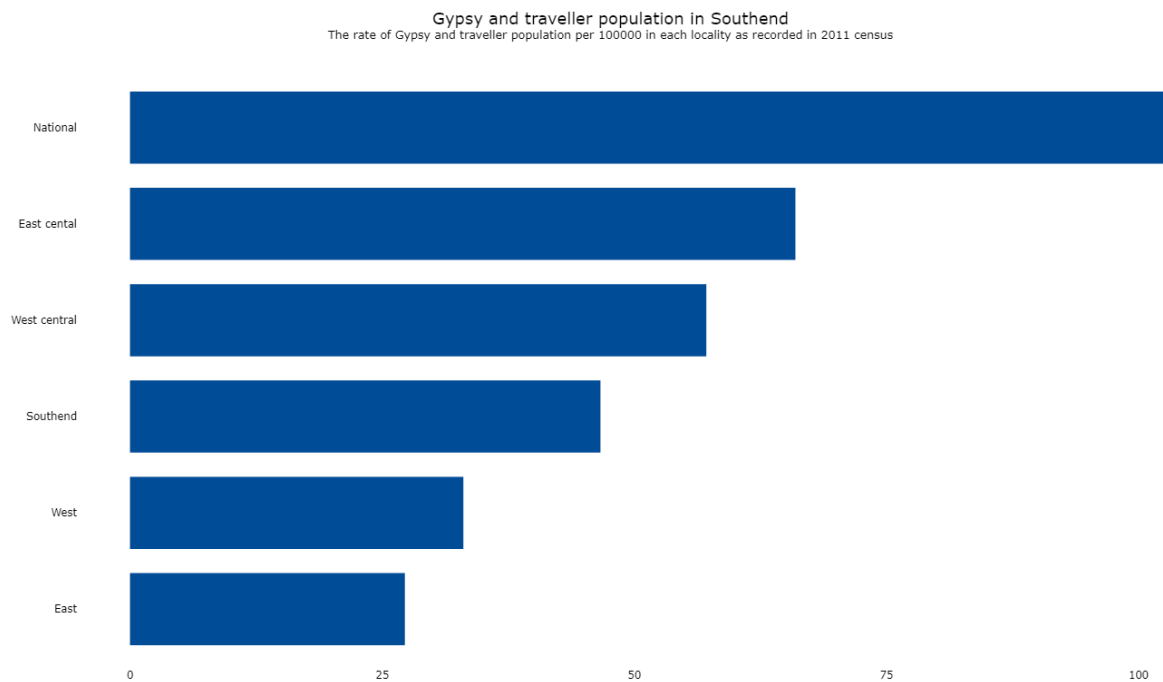


Source: NHS Fingertips Indicator ID 93735 Accessed:2021-12-14

2.5.6.7 Gypsy and Traveller population

Southend-on-Sea has a lower rate (less than half) of Gypsy and Traveller population than the national level. Within Southend, East Central and West Central localities have the higher rates and the East and West localities have lower rates.

Figure 27: Gypsy and Traveller population in Southend-on-Sea



Source: Census 2011

2.5.6.8 Residential and nursing home populations

Research²⁶ suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups admission to residential or nursing care homes can represent an improvement in their situation.

According to the Adult Social Care Outcomes Framework, residents counted in this measure include:

- Users where the local authority makes any contribution to the costs of care, no matter how trivial the amount and irrespective of how the balance of these costs are met (including full-cost clients) or location of residential or nursing care
- Supported users and self-funders with depleted funds in the following categories:
 - Those moving to residential or nursing care as a result of an unplanned review
 - Those moving to residential or nursing care as a result of a planned review
 - New clients whose request for support was fulfilled with the sequel of 'Long Term Support (Eligible Services) – Nursing Care' or 'Long Term Support (Eligible Services) – Residential Care'
 - New clients, who following receipt, or early cessation, of 'Short Term Support to Maximise Independence' entered either long-term residential or nursing care
 - Existing clients, who following receipt, or early cessation, of 'Short Term Support to Maximise Independence' entered either long-term residential or nursing care

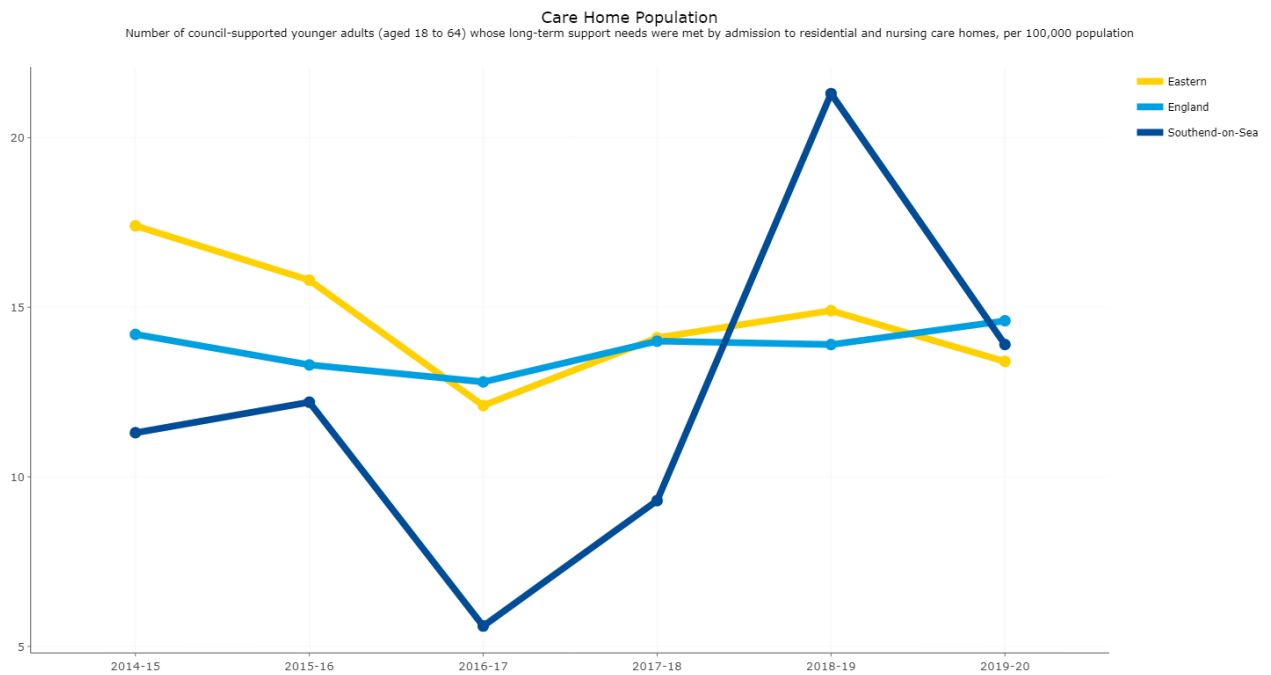
For the national and regional levels, the rates of younger adults in care homes have been similar since 2016-17, while the rate in Southend has been lower until a large rise in 2018-19 and a fall in 2019-20 to become similar to those figures.

For older adults in residential care, the rate in Southend-on-Sea has been significantly higher than the national and regional rates, but this rate has a downward trend and in recent years has become similar to the national rate. Similar to the younger adults' rate, there was a significant spike in 2018-19. The national rate also has a downward trend but a smaller gradient. Across the previous five years the regional level has little overall trend.

²⁶ DHSC. Adult Social Care Outcomes Framework 2018/19. March 2018.

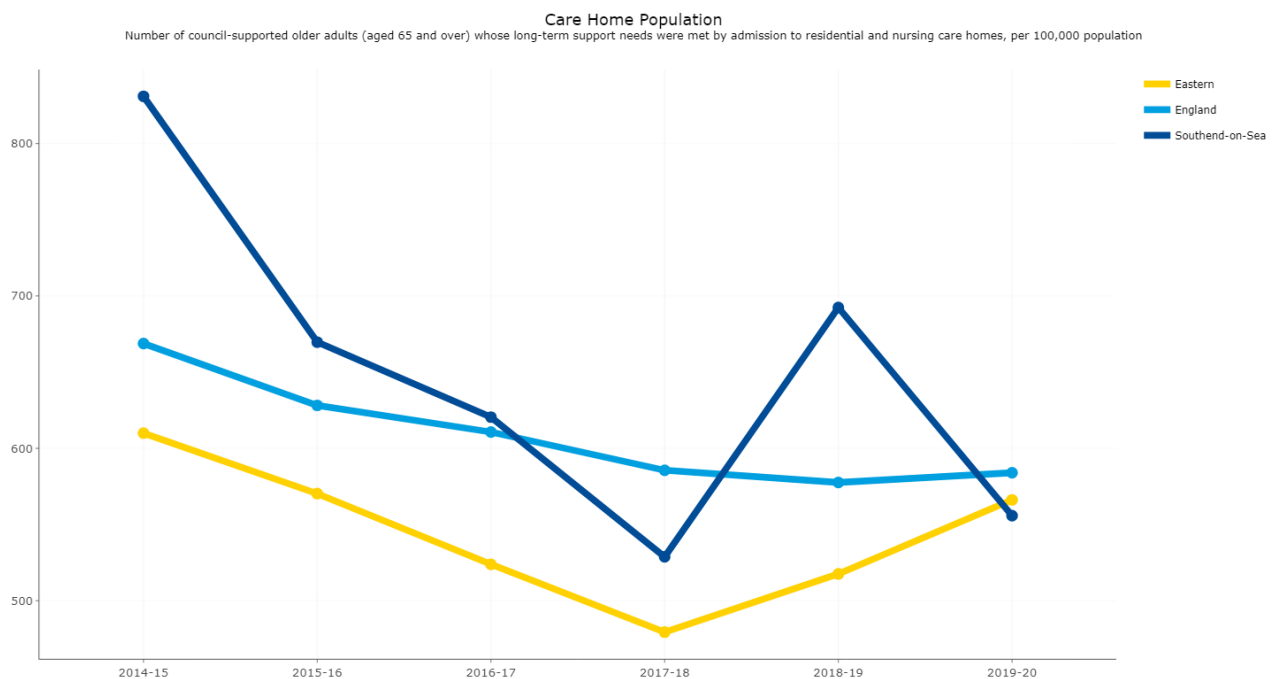
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf

Figure 28: Care home population, younger adults



Source: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof> Accessed on 2021-12-10

Figure 29: Care home population, older adults



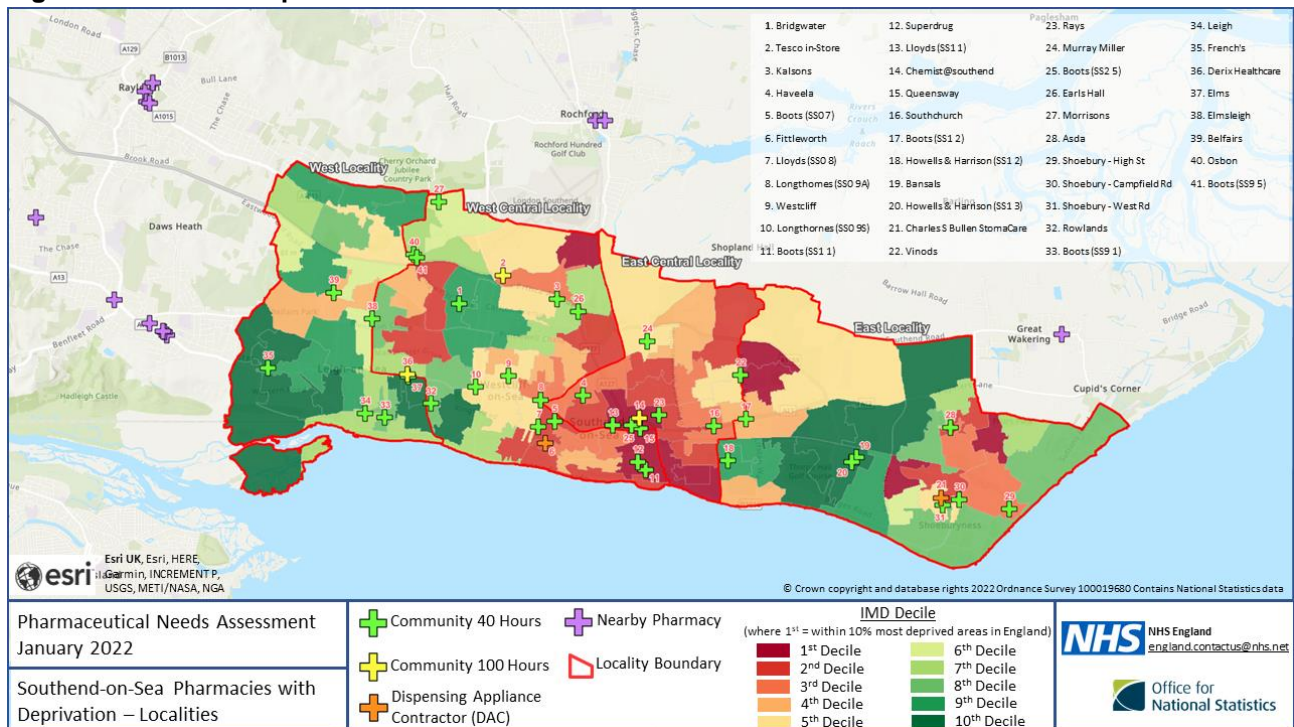
Source: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof> Accessed on 2021-12-10

2.6 Wider determinants of health

2.6.1 Deprivation IMD 2019

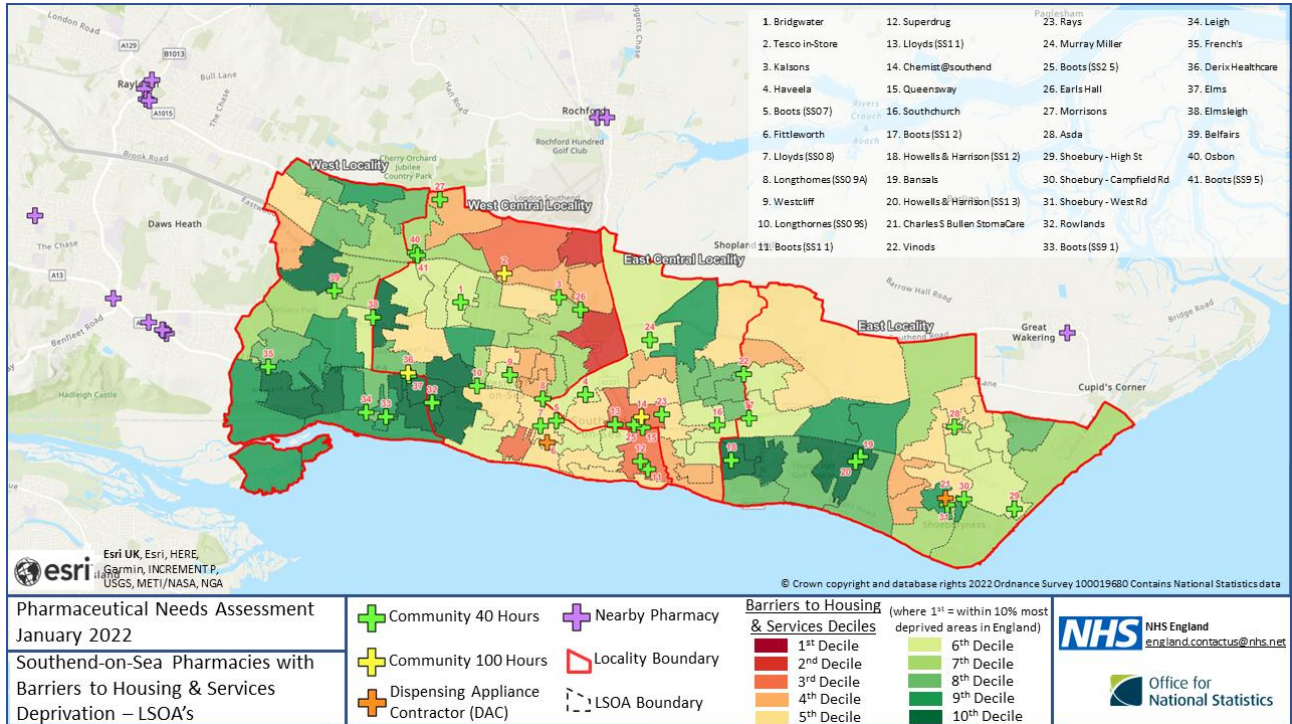
The IMD score is calculated across the categories Income (22.5%), Employment (22.5%), Education (13.5%), Health (13.5%), Crime (9.3%), Barriers to Housing and Services (9.3%), and Living Environment (9.3%). Of the indices, Decile 1 is the most deprived and Decile 10 the least deprived. The Central areas generally have the most deprivation recorded. The overall IMD score for Southend-on-Sea is 22.4, compared with 21.7 for England.

Figure 30: Level of deprivation in Southend-on-Sea



‘Barriers to housing and services’ forms a significant proportion of the IMD, and differs from the overall IMD levels in that the Central area is significantly less deprived, and the St Laurence ward is more deprived.

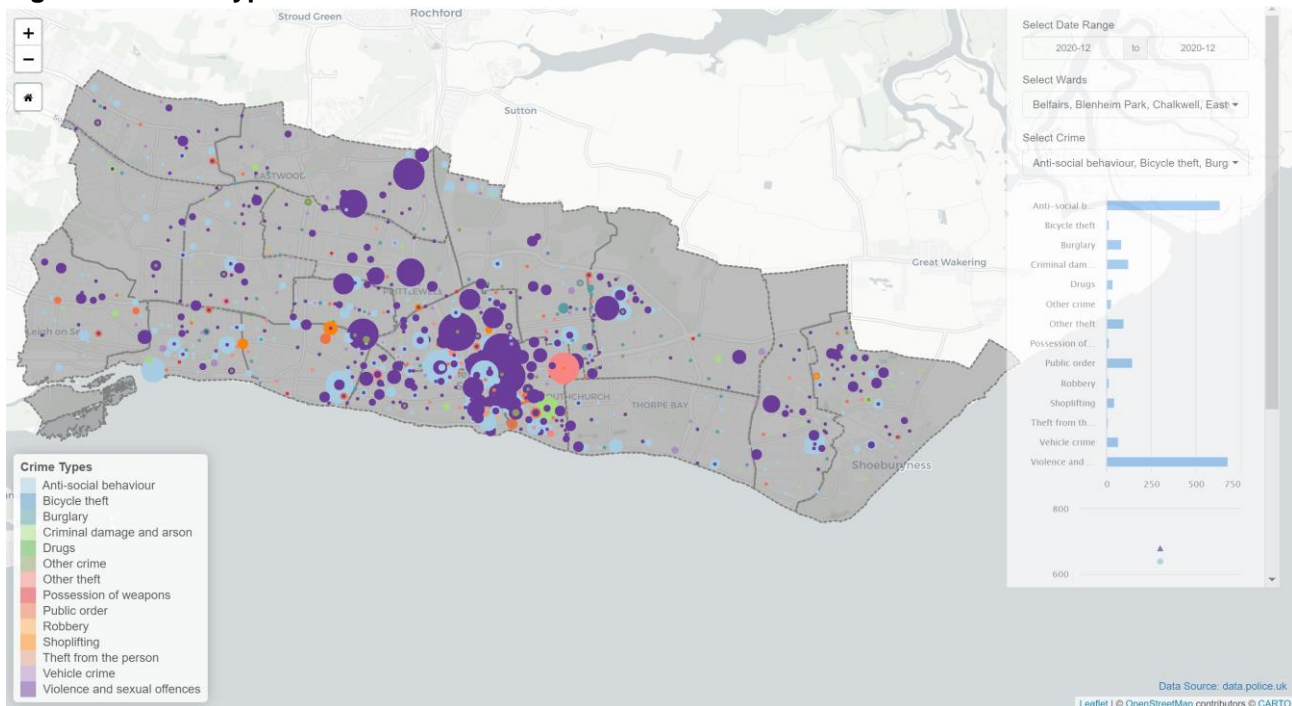
Figure 31: Level of deprivation in Southend-on-Sea for barriers to housing and access to services



2.6.2 Crime

The map in Figure 32 shows crimes reported in Southend-on-Sea in December 2020. Violence and sexual offences are the most commonly reported crime in Southend-on-Sea, with antisocial behaviour the second most common: these two make up the majority of the incidents. The Central areas have the most crimes reported; these regions also have the highest population density and are the most deprived.

Figure 32: Crime types in Southend-on-Sea

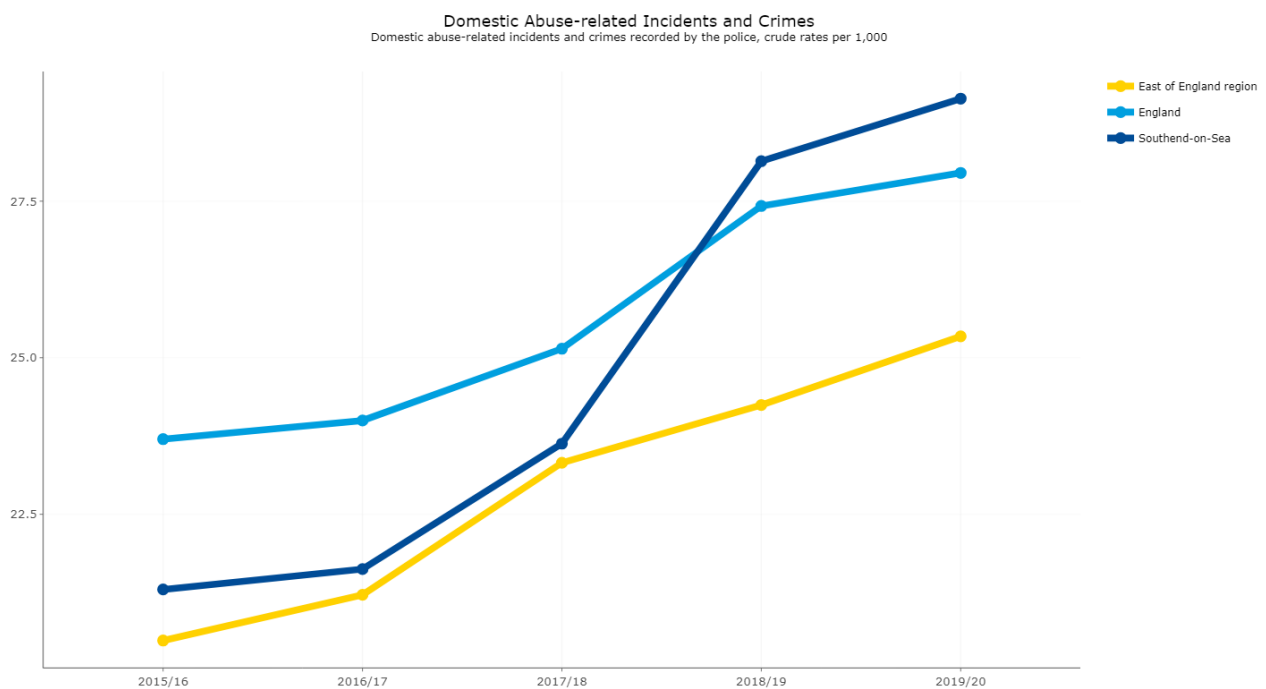


2.6.3 Domestic violence

Tackling domestic abuse as a public health issue is important to ensure that some of the most vulnerable people in society receive the support, understanding and treatment they deserve. The more we can focus on interventions that are effective, the more we can treat victims and prevent future re-victimisation. It is also the government’s strategic ambition, as set out in ‘Ending Violence against Women and Girls, Strategy 2016 – 2020’, to do what it can to contribute to a cohesive and comprehensive response.

Until 2017-18, the rate in Southend-on-Sea was similar to the rate of the East of England and lower than the national level. After 2018-19 the rate rose in Southend-on-Sea to be above that of the national level.

Figure 33: Domestic abuse-related incidents and crimes



Source: NHS Fingertips Indicator ID 92863 Accessed:2021-12-10

2.7 High level health and wellbeing indicators

2.7.1 Life expectancy

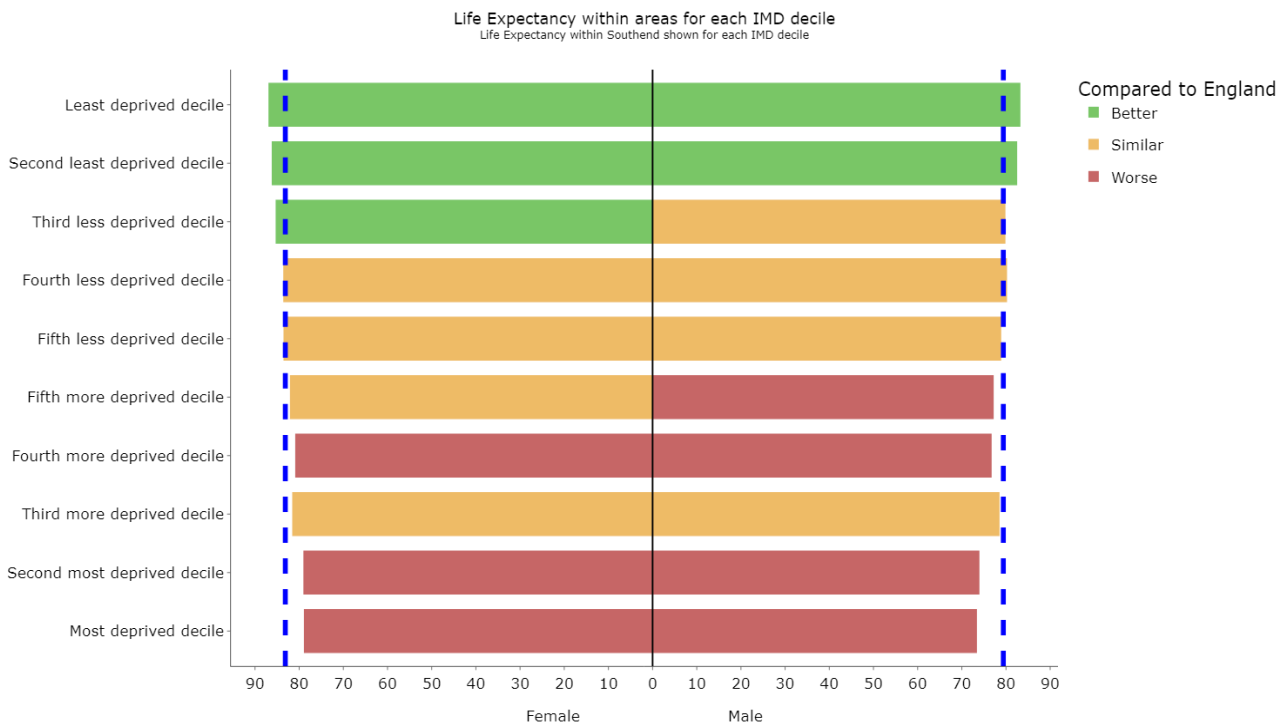
Life expectancy is the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if they experienced the age-specific mortality rates for that area and time period throughout their life.

Figures are calculated from deaths from all causes and mid-year population estimates, based on data aggregated over a three-year period. Figures reflect mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of years a baby born in the area could actually expect to live, both because the mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives.

There is a direct correlation between the life expectancy and the level of deprivation, in that those with a lower level of deprivation have a significantly higher life expectancy. This is true for both sexes. There is an exception, where those that have a deprivation score within the 3rd decile (toward the most deprived) have a higher life expectancy than those in the 4th and 5th decile. The dotted blue line shows the national average.

The overall life expectancy at birth in Southend-on-Sea for females is 82.6 (compared with 83.2 for England) and 78.8 (compared with 79.7 for England) for males.

Figure 34: Life expectancy within areas for each IMD decile



Source: NHS Fingertips Indicator ID 90366 Accessed:2022-04-04

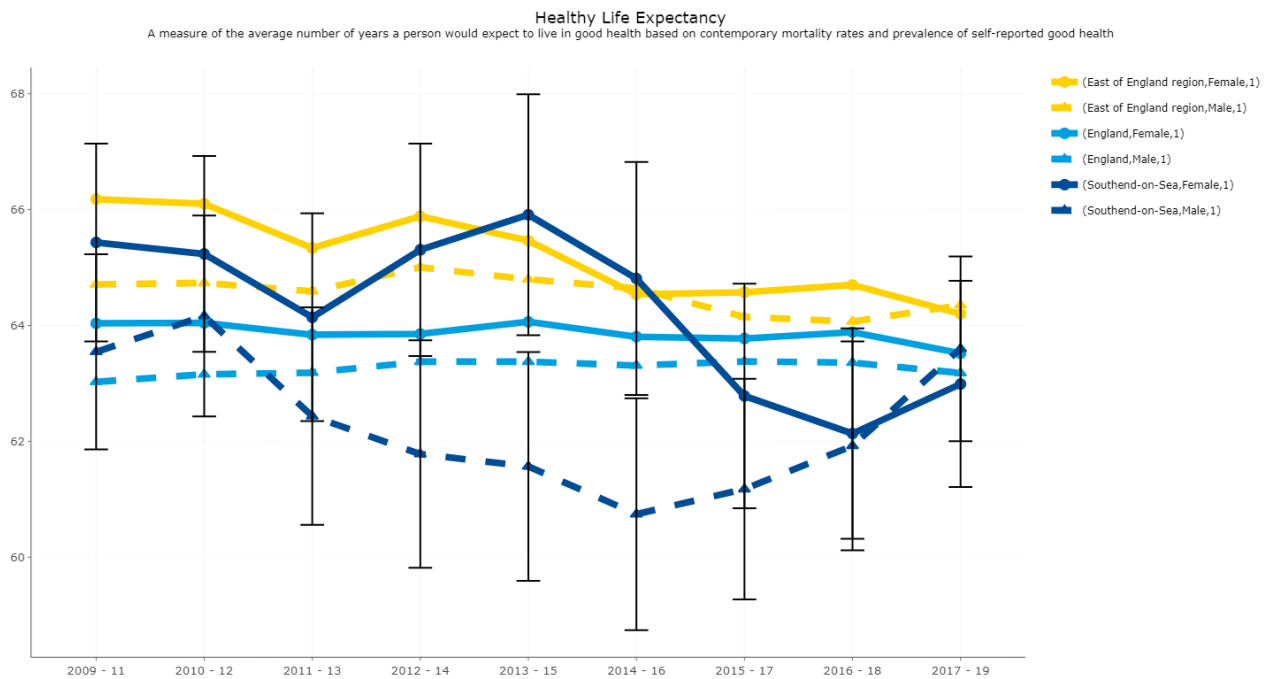
2.7.2 Healthy life expectancy and disability-free life years

Healthy life expectancy and disability-free life years are a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. The prevalence of good health is derived from responses to a survey question on general health. For a particular area and time period, it is an estimate of the average number of years a newborn baby would live in good general health if they experienced the age-specific mortality rates and prevalence of good health for that area and time period throughout their life.

Figures are calculated from deaths from all causes, mid-year population estimates and self-reported general health status, based on data aggregated over a three-year period. Figures reflect the prevalence of good health and mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of years a baby born in the area could actually expect to live in good general health, both because the health prevalence and mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives.

In the following chart, the dotted lines represent males and the solid lines females. For all three regions (East of England, England and Southend-on-Sea) females have a higher health life expectancy. Southend has the most variable healthy life expectancy, with the most recent year showing a close gathering of all three regions.

Figure 35: Health life expectancy



Source: NHS Fingertips Indicator ID 90362 Accessed:2021-12-13

2.7.3 Wellbeing indicators

Wellbeing is a key issue for the government, and the Office for National Statistics (ONS) is leading a programme of work to develop new measures of national wellbeing. People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

Local data on wellbeing is likely to be a key component of local JSNAs and forms an important part of the work of local HWBs.

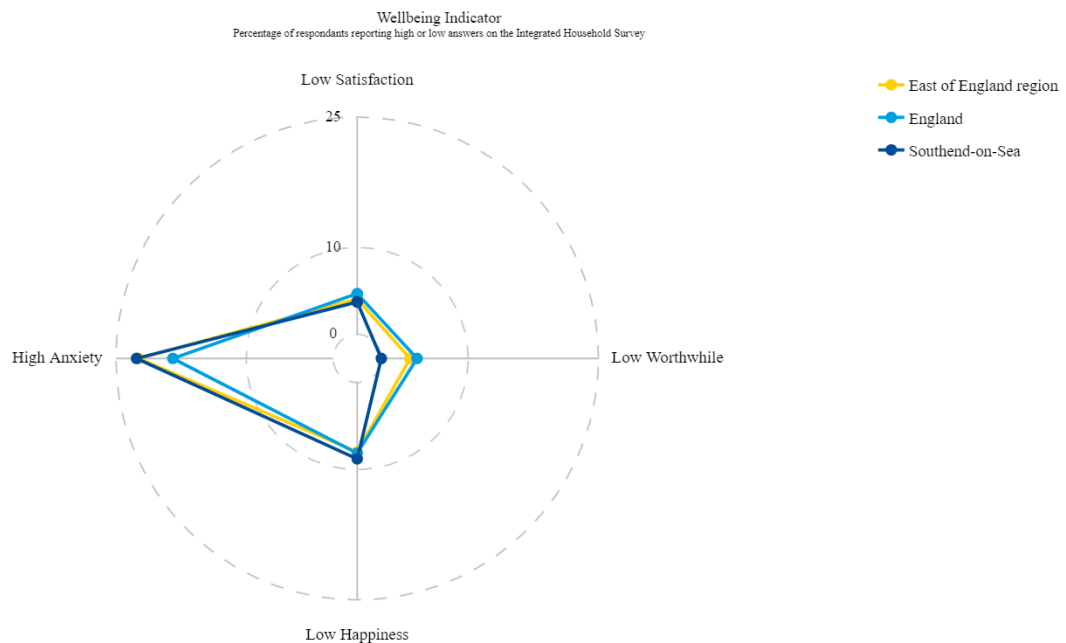
ONS is currently measuring individual/subjective wellbeing based on four questions included on the Integrated Household Survey:

1. Overall, how satisfied are you with your life nowadays?
2. Overall, how happy did you feel yesterday?
3. Overall, how anxious did you feel yesterday?
4. Overall, to what extent do you feel the things you do in your life are worthwhile?

Responses are given on a scale of 0–10 (where 0 is ‘not at all satisfied/happy/anxious/worthwhile’ and 10 is ‘completely satisfied/happy/anxious/worthwhile’). In the ONS report, the percentage of people scoring 0–1, 2–3, 4–5 and 6–10 have been calculated for this indicator.

The percentage reporting feeling low worthwhile for Southend-on-Sea is missing due to small sample size; the other scores for Southend-on-Sea are similar to those of the East of England region and show fewer people reporting low satisfaction than the national level, but more with low happiness and high anxiety.

Figure 36: Wellbeing indicator



Source: NHS Fingertips Indicator ID 22301,22302,22303,22304 Accessed:2021-12-13

2.8 Lifestyle

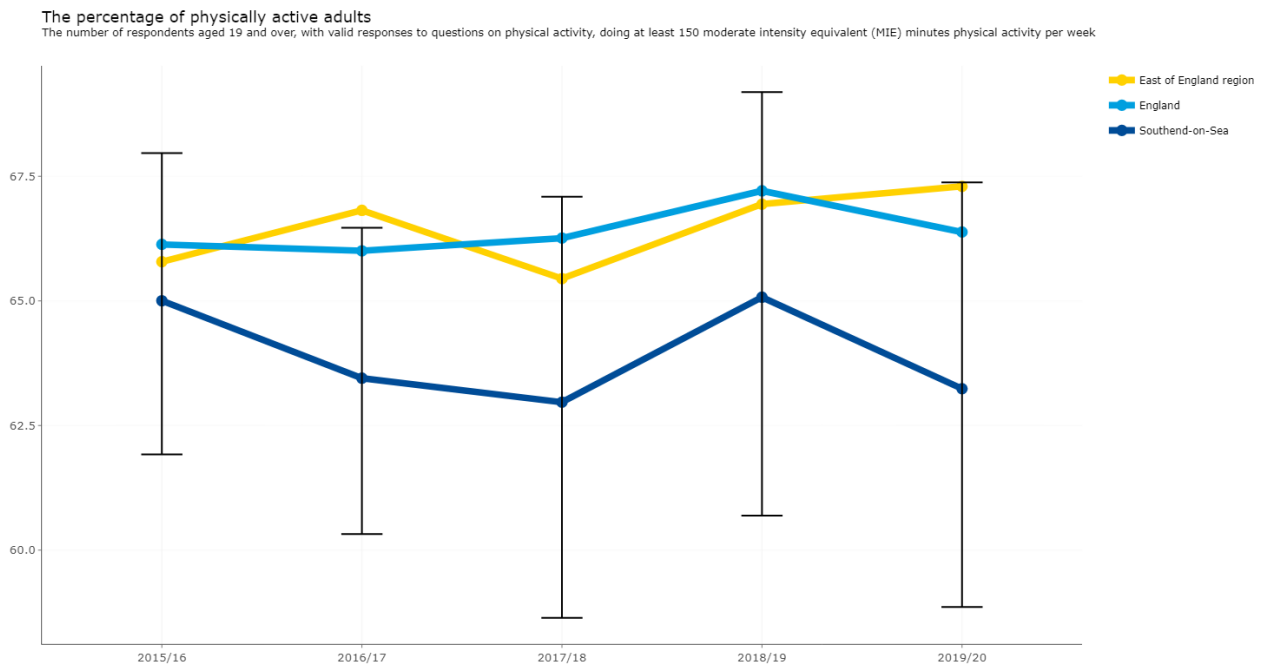
2.8.1 Physical activity and diet

Physical inactivity is the fourth leading risk factor for global mortality, accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20–35% lower risk of cardiovascular disease, CHD and stroke, compared with those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer, and with improved mental health. In older adults, physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.

The Chief Medical Officer currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two (moderate to vigorous physical activity), in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency.

Southend-on-Sea consistently has the lowest percentage of physically active adults, with no overall trend. The national and regional levels are similar.

Figure 37: Percentage of physically active adults

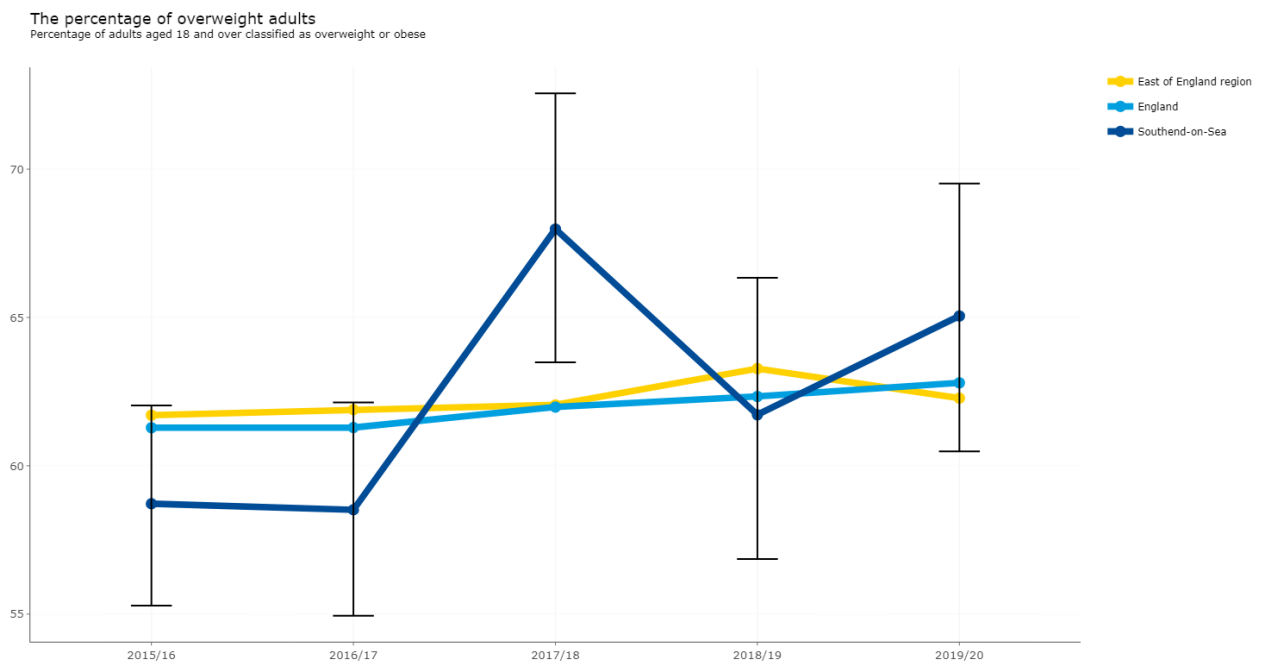


Source: NHS Fingertips Indicator ID 93014 Accessed:2021-12-13

2.8.2 Obesity

The statistics are based on the number of adults aged 18+ with a Body Mass Index (BMI) classified as overweight (including obese), calculated from the adjusted height and weight variables. Adults are defined as overweight (including obese) if their BMI is greater than or equal to 25kg/m².

Figure 38: Percentage of overweight adults



Source: NHS Fingertips Indicator ID 93088 Accessed:2021-12-13

Table 7: Percentage of overweight adults

Area	Period	Percentage (%)	Compared with England
England	2018-19	62.34	Not compared
East of England	2018-19	63.28	Worse
Southend-on-Sea	2018-19	61.72	Similar
England	2019-20	62.80	Not compared
East of England	2019-20	62.28	Similar
Southend-on-Sea	2019-20	65.05	Similar

Source: NHS Fingertips Indicator ID 93088

2.8.3 Smoking

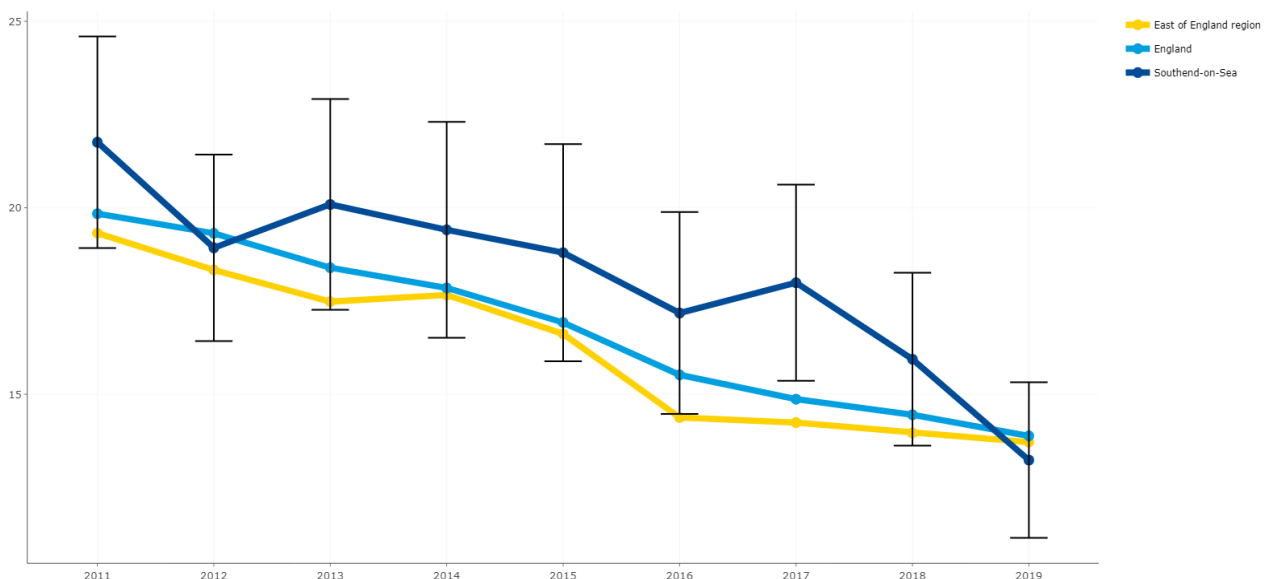
Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, Chronic Obstructive Pulmonary Disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Smoking is a modifiable behavioural risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

The prevalence of smokers has been decreasing across all areas with the national and regional prevalence being similar. Southend-on-Sea has had slightly higher prevalence than regionally and nationally, but apart from 2017 has been within uncertainty of those points.

Figure 39: Prevalence of current smokers

The prevalence of current smokers
The prevalence is calculated by dividing the weighted number of self-reported smokers aged 18+ by total number of respondents aged 18+, expressed as a percentage.



Source: NHS Fingertips Indicator ID 92443 Accessed:2021-12-13

Table 8: Prevalence of current smokers

Area	Period	Percentage (%)	Compared with England
England	2018	14.44931167	Not compared
East of England	2018	13.96137022	Similar
Southend-on-Sea	2018	15.93909339	Similar
England	2019	13.88213277	Not compared
East of England	2019	13.71654137	Similar
Southend-on-Sea	2019	13.23423079	Similar

Source: NHS Fingertips Indicator ID 92443

2.8.4 Drug and alcohol misuse

The Alcohol-Attributable Fraction (AAF) denotes the proportion of a health outcome that is caused by alcohol (i.e. the proportion that would disappear if alcohol consumption was removed). Alcohol consumption has a causal impact on more than 200 health conditions (diseases and injuries). The AAF for each health condition is recorded upon admission to hospital as a method of determining the affect alcohol has had on the admission. There are two types of definition, broad and narrow, with the narrow definition only recording conditions closely linked to alcohol consumption.

The following maps show the sum of these fractions for each locality, which can be used as a metric to compare the effect alcohol has on different areas. The first map shows the narrow definition of disease more closely linked to alcohol consumption. In both, the highest levels are in the West Central area and is fairly even across the other localities.

Figure 40: AAF, narrow

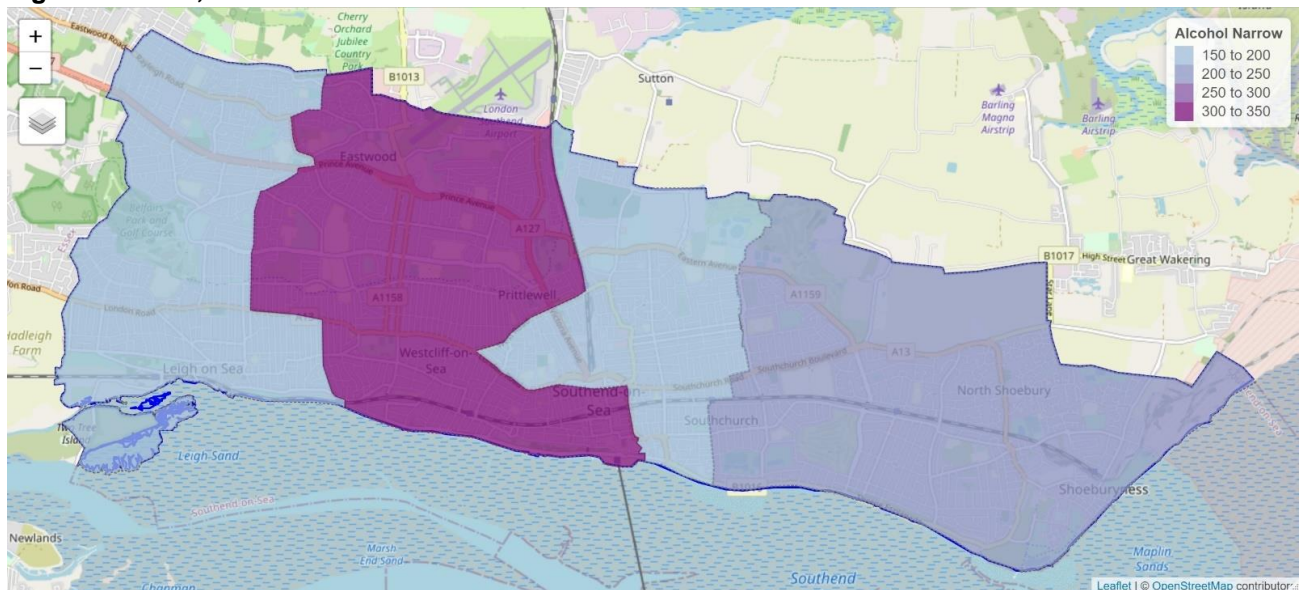
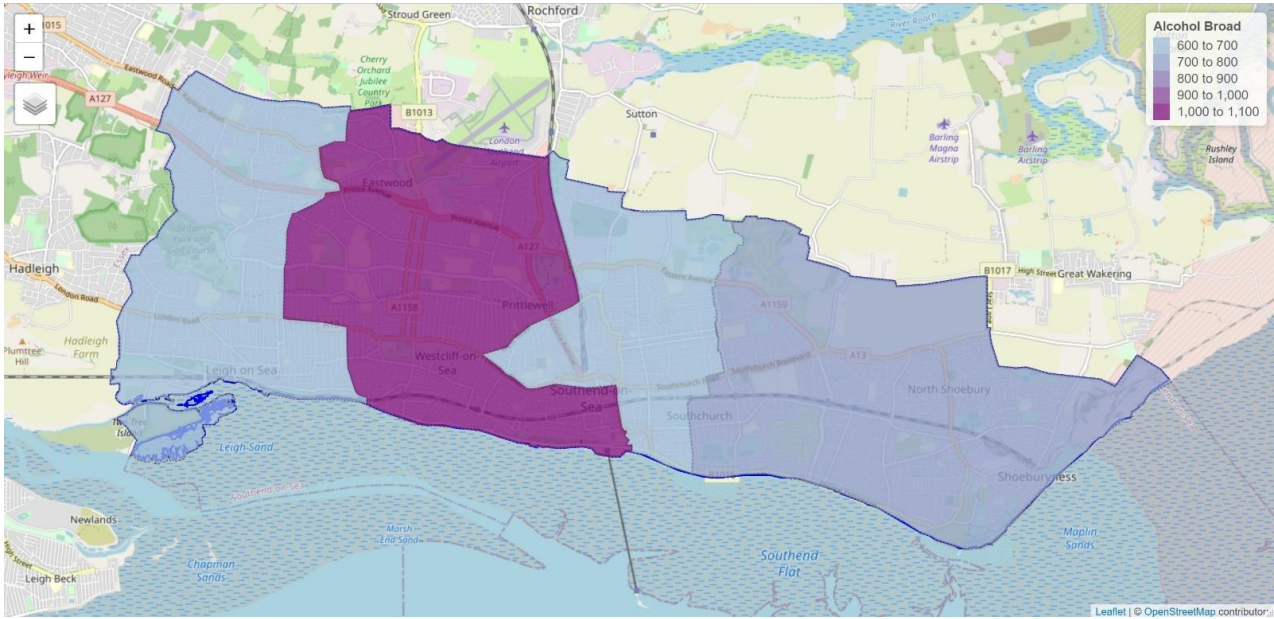


Figure 41: AAF, broad

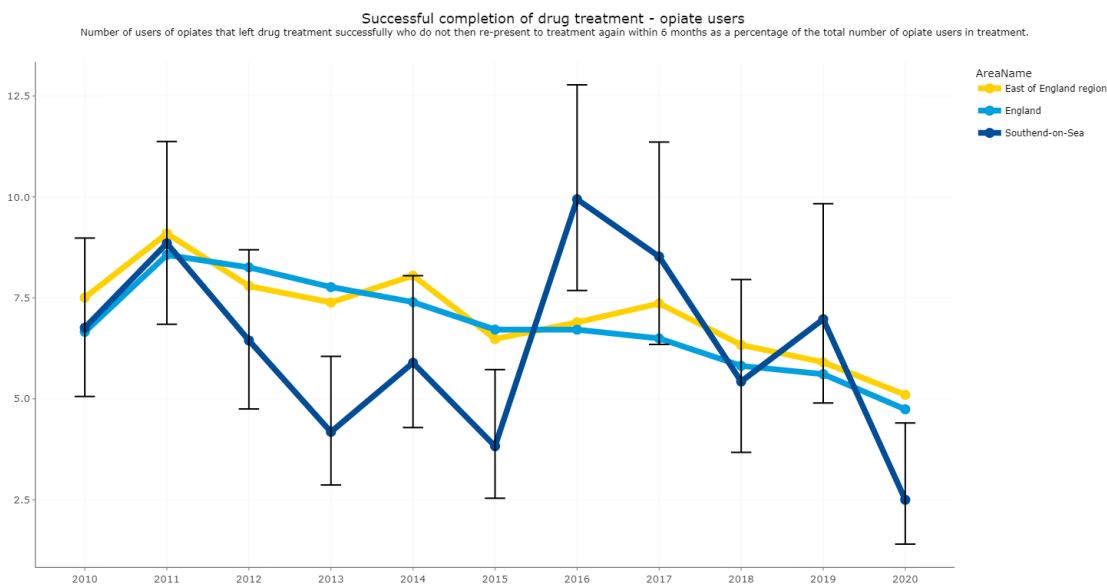


Individuals that have successfully completed an opiate treatment programme, and have not re-presented within six months, demonstrate a significant improvement in health and wellbeing in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

This aligns with the ambition of both public health and the government’s drug strategy of increasing the number of individuals recovering from addiction. It also aligns well with the reducing reoffending outcome, as offending behaviour is closely linked to substance use and it is well demonstrated that cessation of drug use reduces reoffending significantly. This in turn will have benefits to a range of wider services and will address those who cause the most harm in local communities.

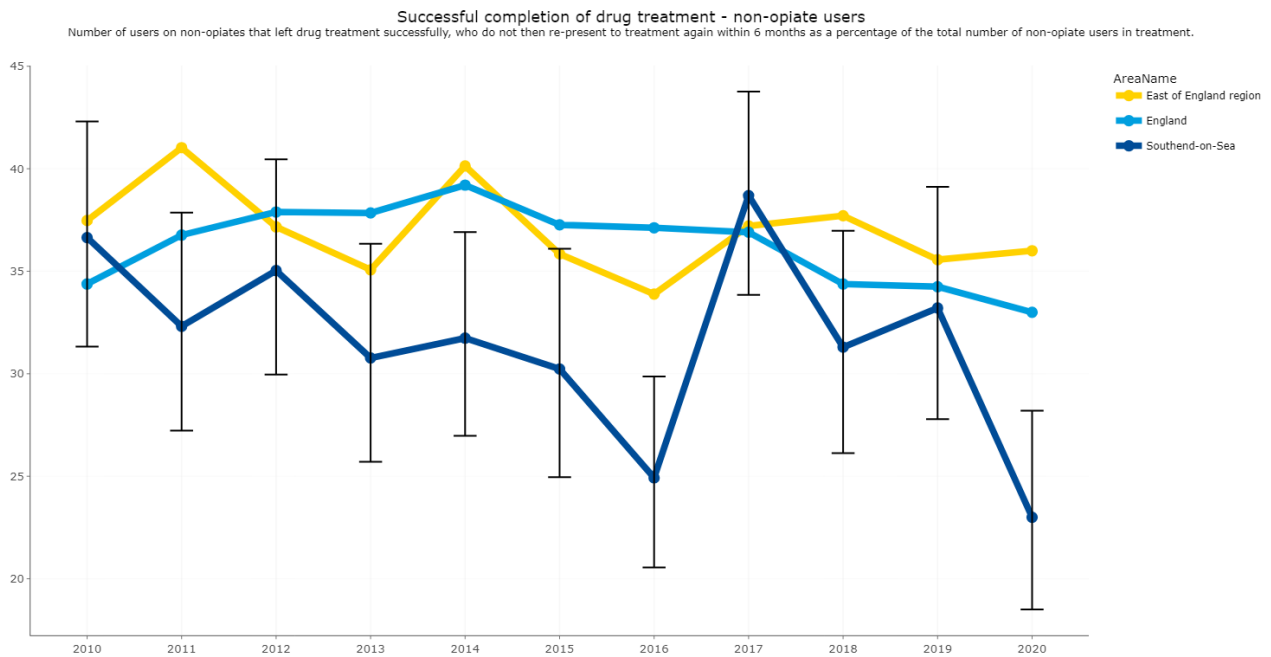
In Southend-on-Sea, the percentage of successful completions has reduced over the last five years and is now below the England average.

Figure 42: Successful completion of drug treatment – opiate users



Source: NHS Fingertips Indicator ID 90244 Accessed:2022-04-06

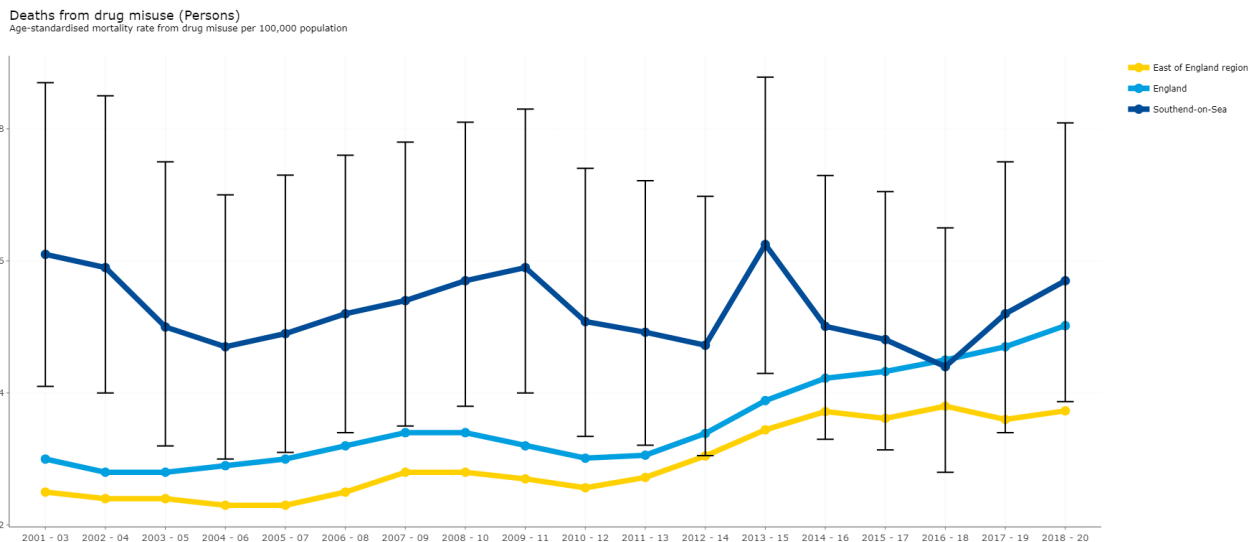
Figure 43: Successful completion of drug treatment – non-opiate users



Source: NHS Fingertips Indicator ID 90245 Accessed:2022-04-06

Southend-on-Sea has had higher than the national and regional level of deaths from drug misuse, until the recording period 2014-16, with no overall trend; the national and regional levels have had a slight upwards trend to become closer to the Southend-on-Sea value.

Figure 44: Deaths from drug misuse



Source: NHS Fingertips Indicator ID 92432 Accessed:2021-12-13

Table 9: Deaths from drug misuse

Area	Period	Rate	Compared with England
England	2016-18	4.5	Not compared
East of England	2016-18	3.8	Better
Southend-on-Sea	2016-18	4.4	Similar
England	2017-19	4.7	Not compared
East of England	2017-19	3.6	Better
Southend-on-Sea	2017-19	5.2	Similar
England	2018-20	5.0	Not compared
East of England	2018-20	3.7	Better
Southend-on-Sea	2018-20	5.7	Similar

Source: NHS Fingertips Indicator ID 92432

2.8.5 Sexual health and teenage pregnancy

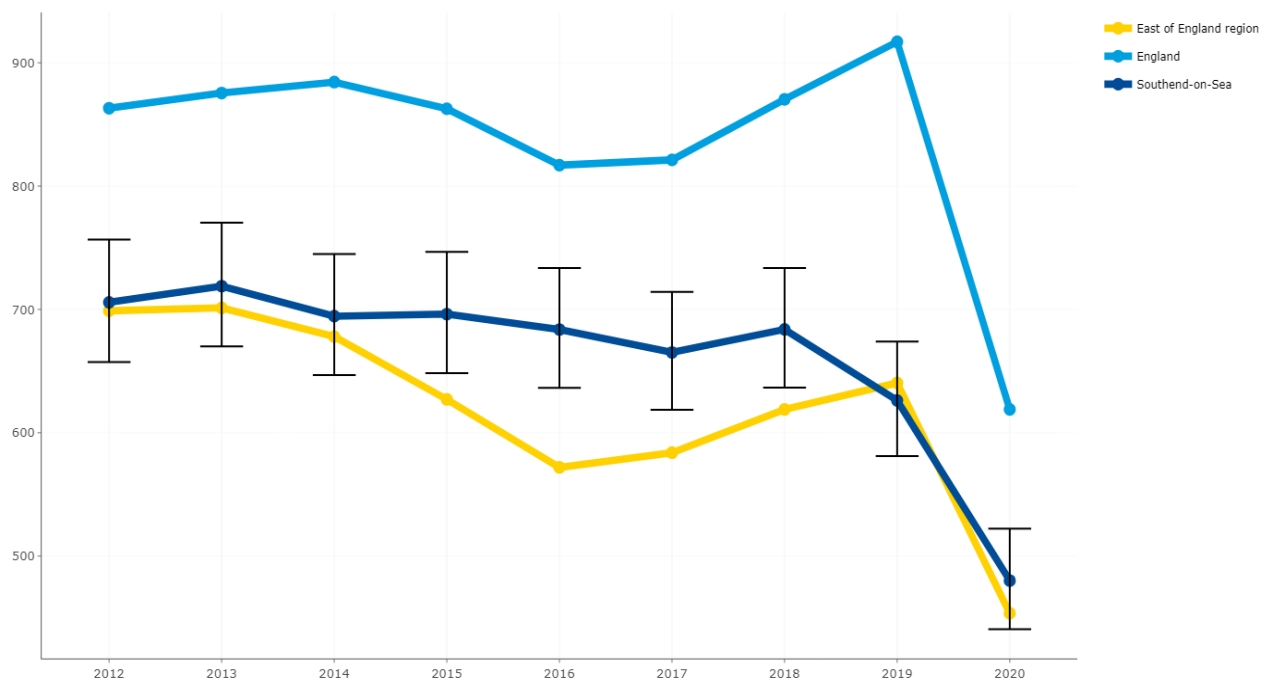
A summary figure of all new Sexually Transmitted Infection (STI) diagnoses, excluding diagnoses of chlamydia in the age group targeted by the National Chlamydia Screening Programme (NCSP).

Diagnosis rates of STIs should be interpreted alongside the corresponding testing rate and positivity, which can influence local diagnosis rates and are also available within the Sexual and Reproductive Health Profiles tool. A high diagnosis rate is indicative of a high burden of infection; however, a low diagnosis rate may be explained by other factors as well.

Southend-on-Sea has been similar to the regional level with both having a recent downward trend.

Figure 45: New STI diagnoses

New STI diagnoses (exc chlamydia aged <25) per 100,000
 The number of new STI diagnoses (excluding chlamydia in those aged under 25 years) among people aged 15 to 64 accessing sexual health services in England who are also residents in England.



Source: NHS Fingertips Indicator ID 91306 Accessed:2021-12-13

Table 10: New STI diagnosis per 100,000

Area	Period	Rate	Compared with England
England	2018	870.39	Not compared
East of England	2018	618.88	Better
Southend-on-Sea	2018	683.80	Better
England	2019	917.00	Not compared
East of England	2019	640.36	Better
Southend-on-Sea	2019	626.18	Better
England	2020	618.96	Not compared
East of England	2020	453.65	Better
Southend-on-Sea	2020	480.17	Better

Source: NHS Fingertips Indicator ID 91306

Conception data combines information from registrations of births and notifications of legal abortions occurring in England and Wales for women who are usually resident there.

Conception statistics include pregnancies that result in:

- One or more live births or stillbirths (a maternity)
- A legal abortion under the Abortion Act 1967 (an abortion)

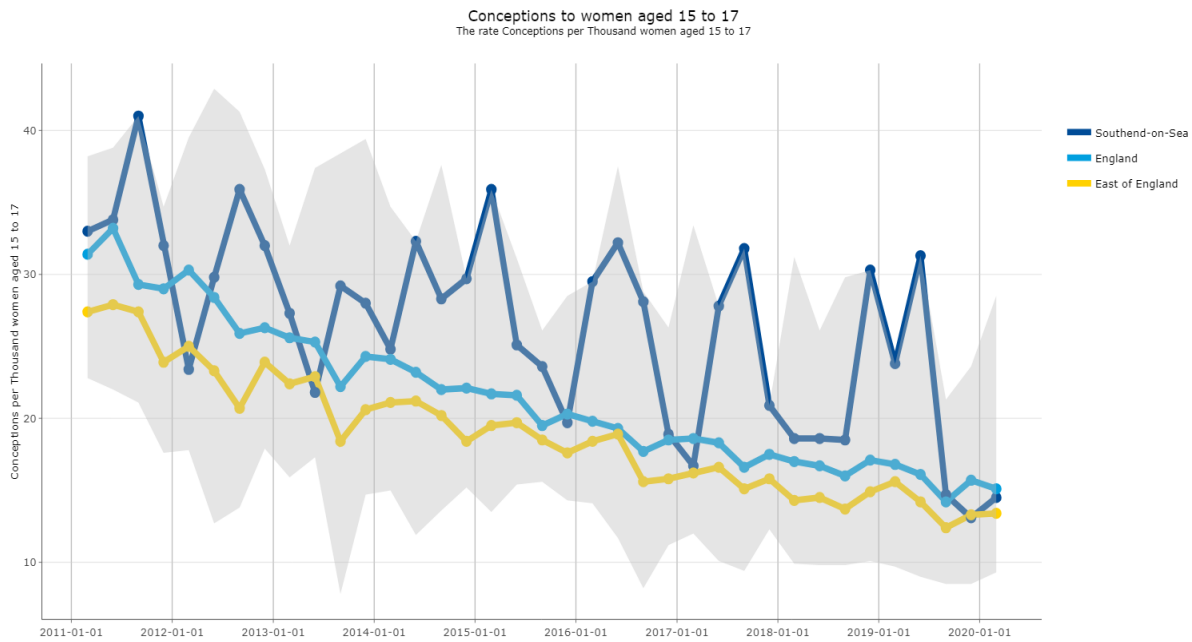
They do not include miscarriages or illegal abortions. The date of conception is estimated using recorded gestation for abortions and stillbirths, and assuming 38 weeks' gestation for live births.

Rates for women under 18 are based on the population of women aged 15–17. The quarterly (March, June, September, December) populations used in rate calculations are adjusted using mid-year population estimates or a combination of mid-year population estimates and population projections to estimate what the likely population would have been for the mid-quarter.

The rolling annual rates are calculated using the last four quarters' conception numbers and the populations used are mid-year population estimates from the corresponding years weighted accordingly.

Rates are not calculated where there are fewer than three conceptions; rates based on such low numbers are susceptible to inaccurate interpretation.

Figure 46: Conceptions to women aged 15 to 17



Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/quarterlyconceptionstowomenagedunder18englandandwales> Accessed : 2021-08-16

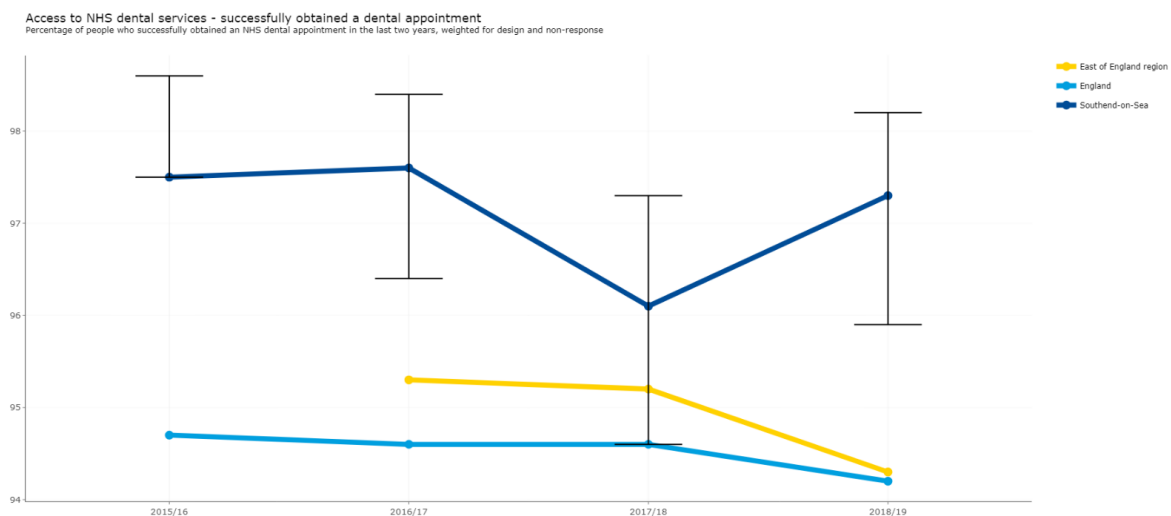
2.8.6 Oral health

Local dental surgeries are the main point of contact with dental services for many local people. The availability of dental appointments is an asset for any community as they provide potential points of contact for 'Making Every Contact Count', as well as providing preventative dental care.

High proportions suggest that the availability of services is appropriate to the needs within the area. Dental health is linked to other factors including socioeconomic status, and there are significant inequalities in care.

Southend-on-Sea has a significantly higher level of access to NHS dental services, than both the national and regional average, with a percentage of over 97% other than in 2017-18.

Figure 47: Access to NHS dental services

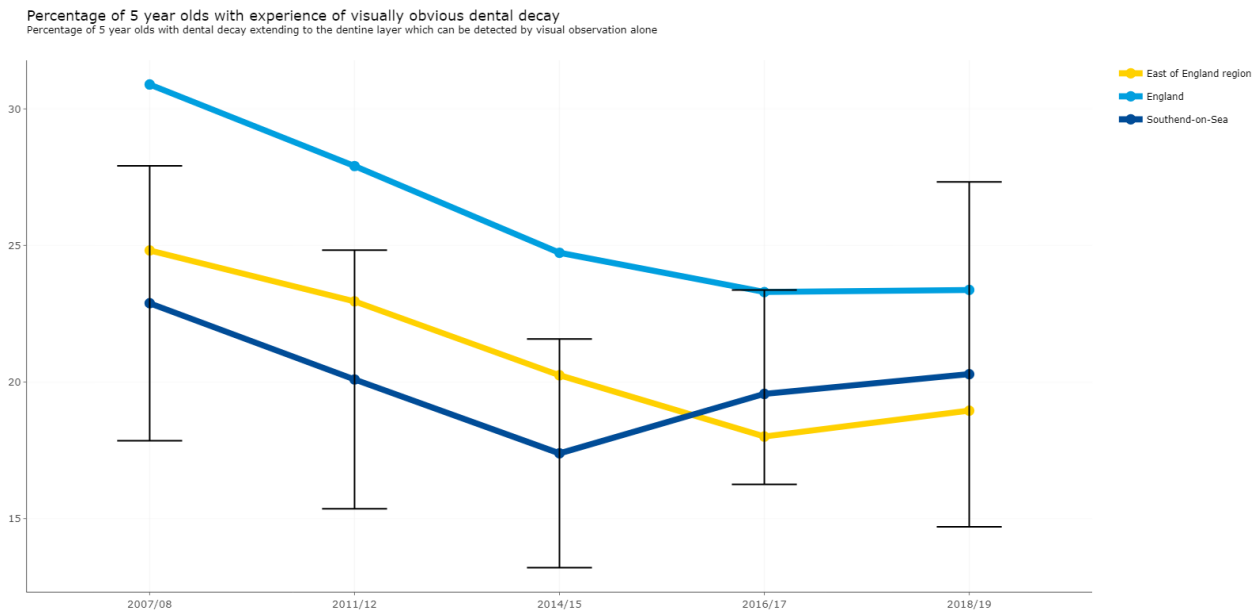


Source: NHS FinAertips Indicator ID 92785 Accessed:2021-12-13

Oral health is an integral part of overall health; when children are not healthy this affects their ability to learn, thrive and develop. This indicator therefore links to a key policy – Getting the Best Start in Life. Poor oral health is a priority under this policy; it was also a topic of a Health Select Committee inquiry, and the most common cause of hospital admission for 5–9-year-olds. This indicator allows benchmarking of oral health of young children across England and is an excellent proxy measure of assessing the impact of the commissioning of oral health improvement programmes on the local community. Dental caries is a synonymous term for tooth decay.

Southend-on-Sea has a rate lower than the national and similar to the regional level for 5-year-olds with visually obvious dental decay. This could be due to the high level of access to NHS dentists as recorded above.

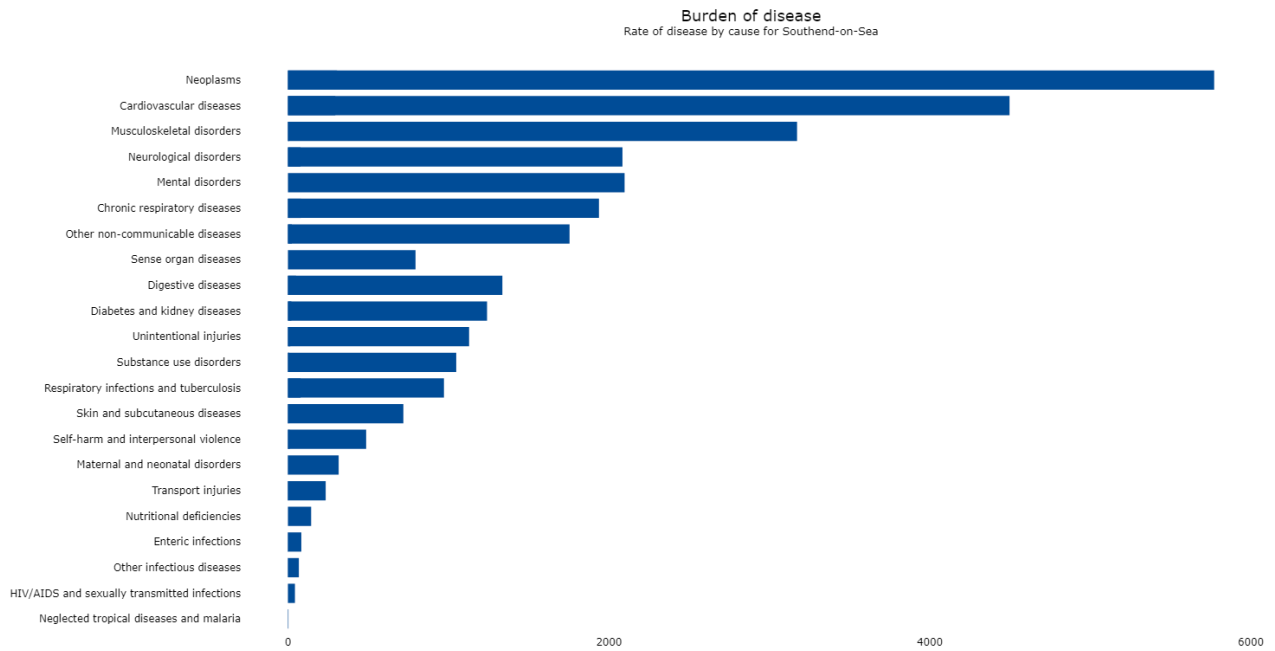
Figure 48: Percentage of 5-year-olds with visually obvious dental decay



Source: NHS Fingertips Indicator ID 935363 Accessed: 2021-12-13

2.9 Burden of disease

Figure 49: Burden of disease

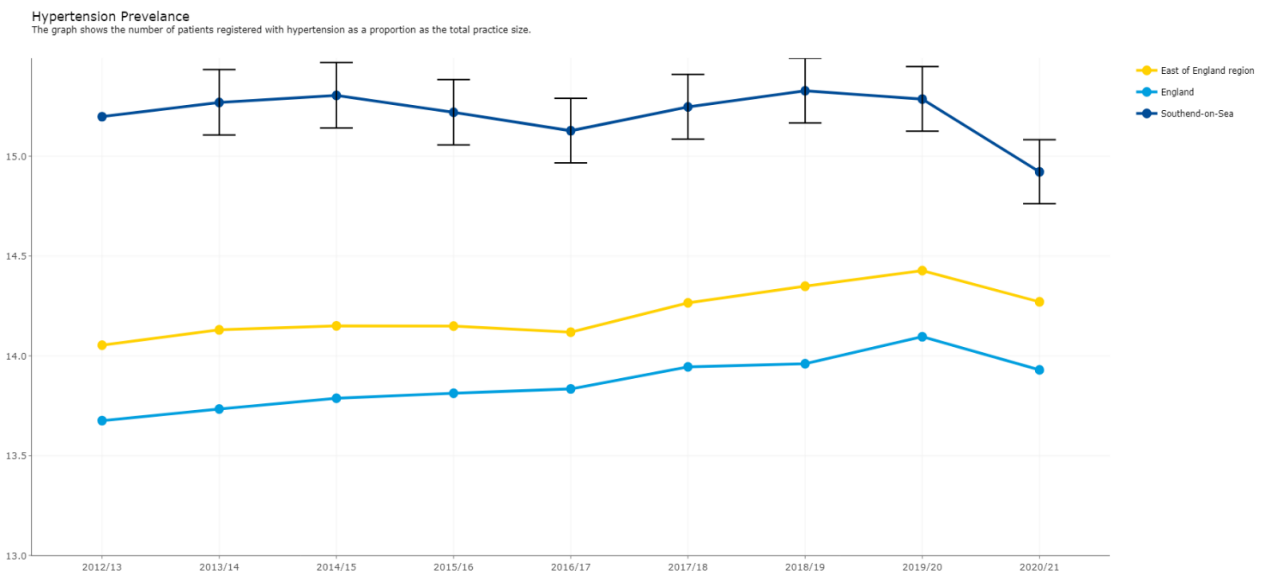


Source: <http://ghdx.healthdata.org/> Accessed on: 2021-12-14

2.9.1 Cardiovascular diseases – CHD, stroke, hypertension, CKD

Figure 50 shows the number of patients registered with hypertension as a proportion of the total practice size. For Southend-on-Sea, the rate has been consistently higher than the national and regional rates across the time period. The difference between the regions was consistent and greater than the 95% confidence interval.

Figure 50: Hypertension prevalence

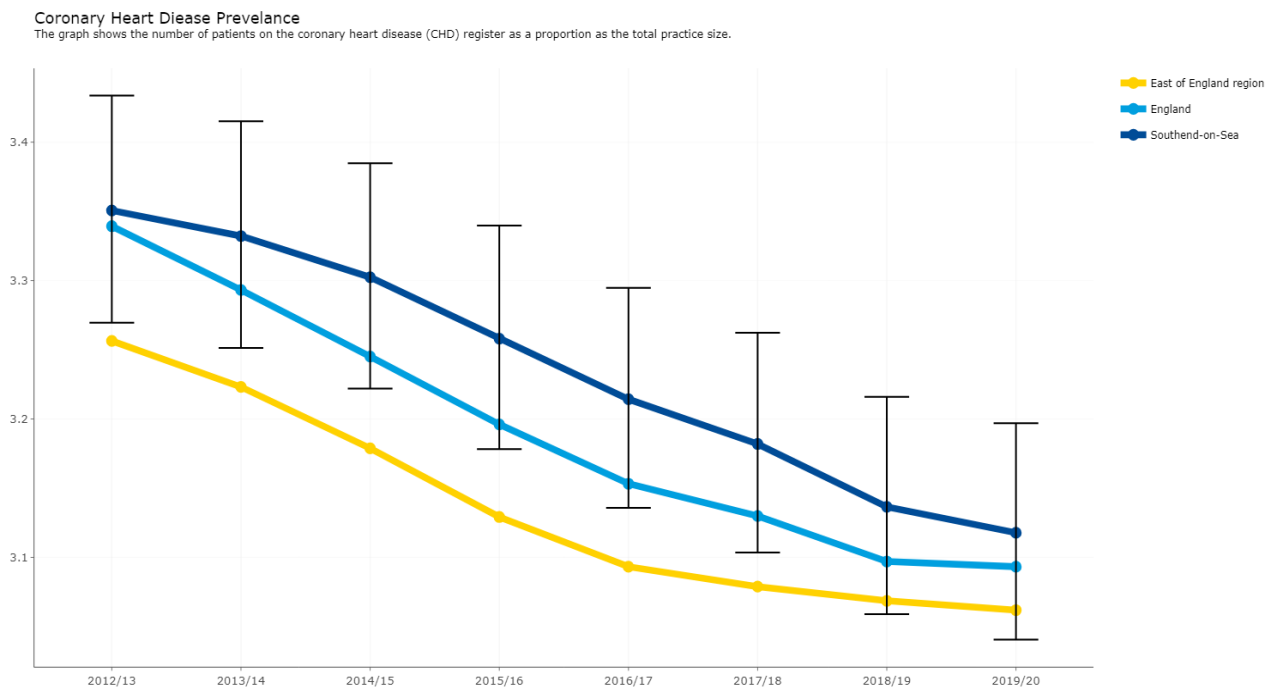


Source: NHS Fingertips Indicator ID 219 Accessed:2021-12-13

CHD is the single most common cause of premature death in the UK. The research evidence relating to the management of CHD is well established and, if implemented, can reduce the risk of death from CHD and improve the quality of life for patients.

Figure 51 shows the number of patients on the CHD register as a proportion of the total practice size. There has been a downward trend across the time period. England is within the 95% confidence interval of Southend-on-Sea and can be considered statistically similar.

Figure 51: CHD prevalence

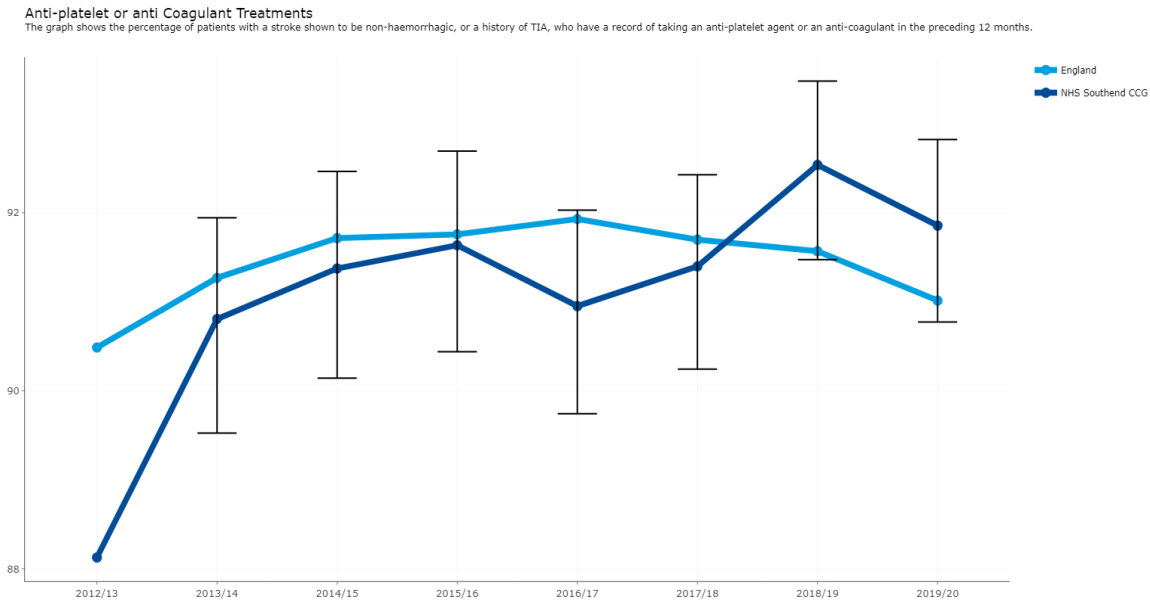


Source: NHS Fingertips Indicator ID 273 Accessed:2021-12-13

Long-term antiplatelet therapy reduces the risk of serious vascular events following a stroke by about a quarter. Antiplatelet therapy is prescribed for the secondary prevention of recurrent stroke and other vascular events in patients who have sustained an ischaemic cerebrovascular event.

Figure 52 shows the percentage of patients with a stroke shown to be non-haemorrhagic, or a history of Transient Ischaemic Attack (TIA), who have a record in the preceding 12 months that an antiplatelet agent or an anticoagulant is being taken. For Southend-on-Sea this shows a slight overall upward trend.

Figure 52: Antiplatelet or anticoagulant treatments

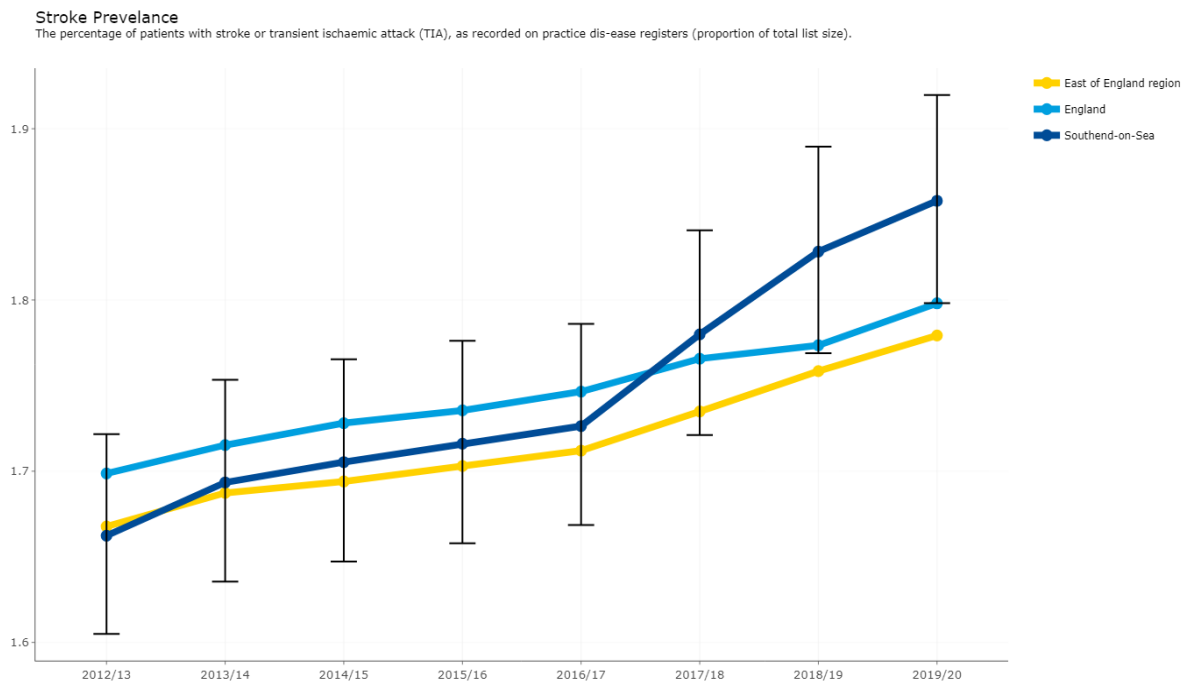


Source: NHS Fingertips Indicator ID 91013 Accessed:2021-12-13

Stroke is the third most common cause of death in the developed world. One-quarter of stroke deaths occur under the age of 65.

Figure 53 shows the percentage of patients with stroke or TIA as recorded on practice disease registers (proportion of total list size). For Southend-on-Sea this shows an upward trend. In 2018-19 the prevalence in Southend-on-Sea became statistically significantly different as the 95% confidence intervals no longer overlap.

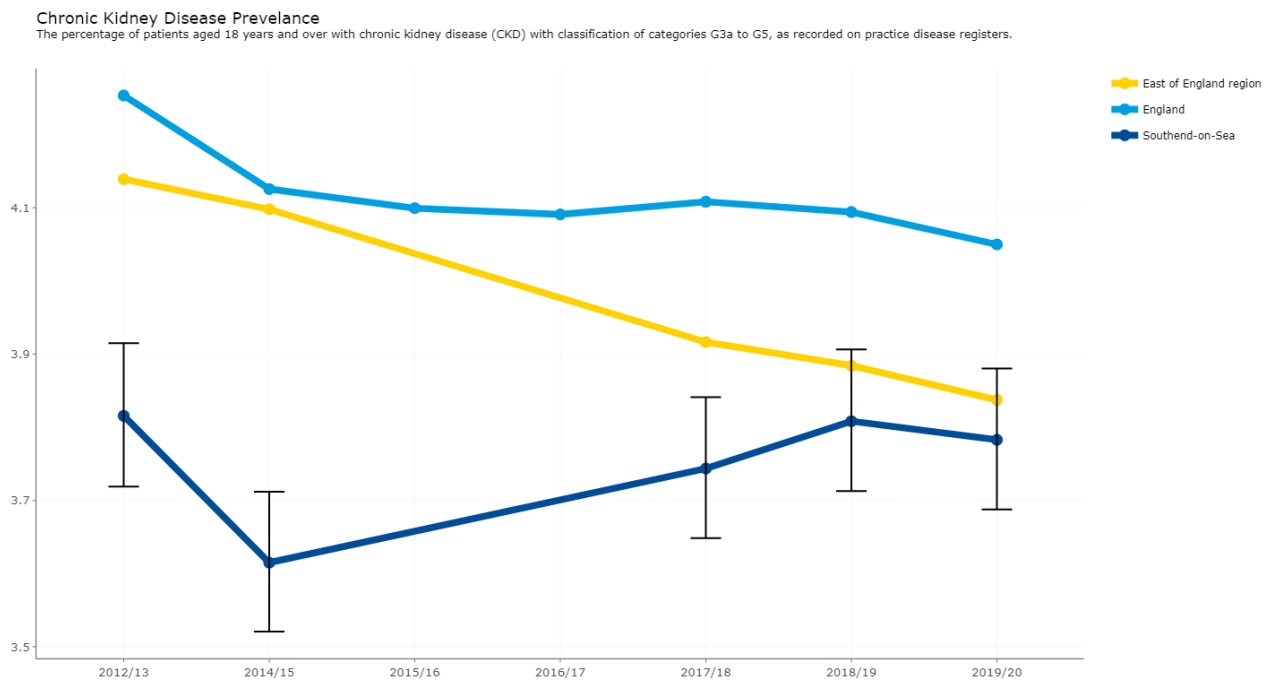
Figure 53: Stroke prevalence



Source: NHS Fingertips Indicator ID 212 Accessed:2021-12-13

Chronic Kidney Disease (CKD) is a long-term condition; the National Health and Nutrition Examination Survey (NHANES 1999–2004) suggested that the age-standardised prevalence of stages 3 to 5 CKD in the non-institutionalised American population is approximately 6%. The prevalence in females was higher than in males (6.9% versus 4.9%). In the fully adjusted model, the prevalence of low GFR (glomerular filtration rate) was strongly associated with diagnosed diabetes (OR, 1.54; 95% CI (Confidence Interval), 1.28–1.80) and hypertension (OR, 1.98; 95% CI, 1.73–2.67) as well as higher BMI (OR, 1.08; 95% CI, 1.02–1.15 per 5-unit increment of BMI). Figure 54 shows the percentage of patients aged 18+ with CKD with classification of categories G3a to G5, as recorded on practice disease registers. From 2018-19 Southend-on-Sea and East of England are similar, as the confidence intervals overlap significantly.

Figure 54: CKD prevalence

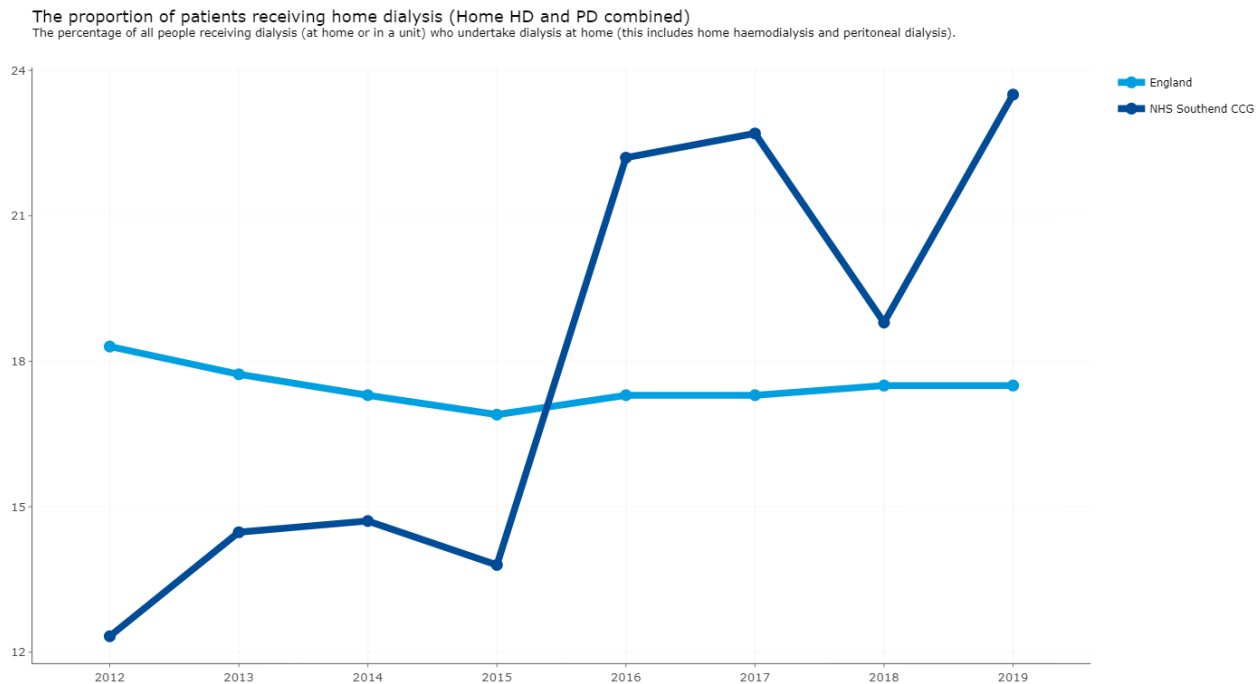


Source: NHS Fingertips Indicator ID 258 Accessed:2021-12-13

It is important that patients receive enough information to make an informed decision about Renal Replacement Therapy (RRT) treatment options, including conservative care. The different types of dialysis are Peritoneal Dialysis (PD), and Haemodialysis (HD), which can be either home or unit-based. There are variations in the type of RRT received by patients in different kidney centres.

There is an overall upward trend for Southend-on-Sea over the last ten years, rising to above the national level in 2016.

Figure 55: Proportion of patients receiving home dialysis



Source: NHS Fingertips Indicator ID 91025 Accessed:2021-12-13

2.9.2 Diabetes and hyperglycaemia

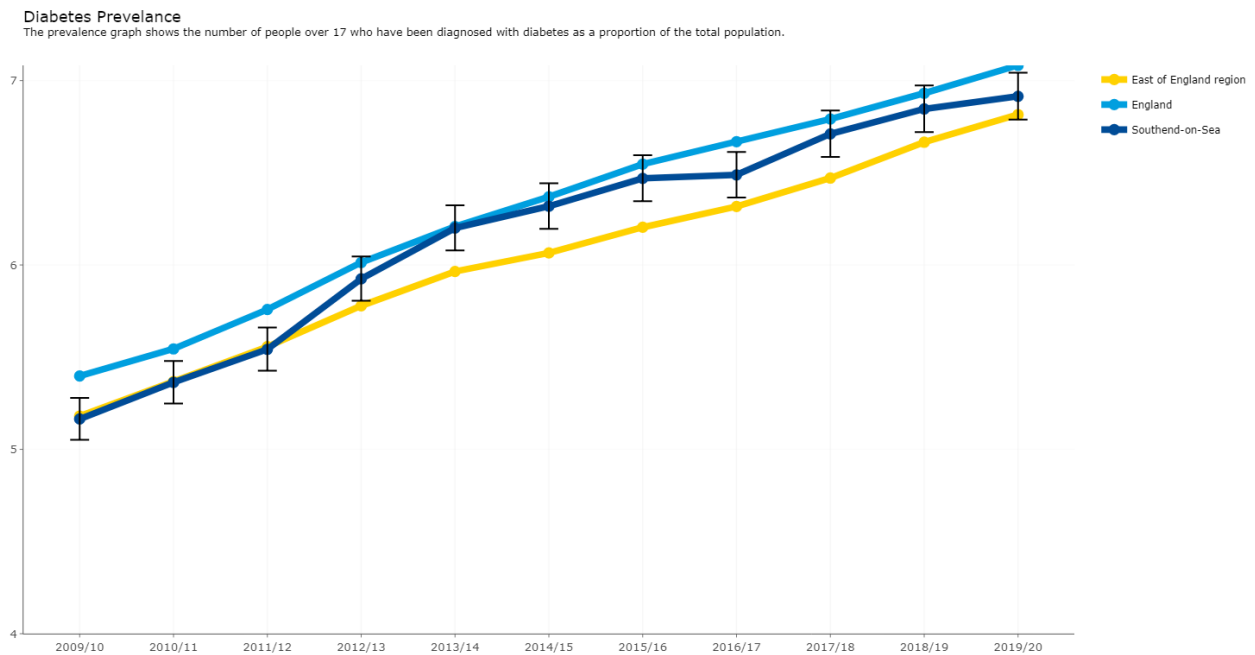
Diabetes mellitus is one of the common endocrine diseases affecting all age groups, with over three million people in the UK having the condition. Effective control and monitoring can reduce mortality and morbidity. Much of the management and monitoring of patients with diabetes, particularly those with type 2 diabetes, is undertaken by the GP and members of the primary care team.

Diabetic complications (including cardiovascular, kidney, foot, and eye diseases) result in considerable morbidity and have a detrimental impact on quality of life. Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable – it can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating). Earlier detection of type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications.

NICE (National Institute for Health and Care Excellence) guidelines for diabetes include those for children and young people, pregnancy, type 1 diabetes, type 2 diabetes, prevention of type 2 diabetes. All aim to improve the prevention, identification, and management of those people at risk of developing diabetes and those with the condition.

The prevalence graph shows the number of people over 17 who have been diagnosed with diabetes as a proportion of the total population. There is a consistent upward trend across each region displayed.

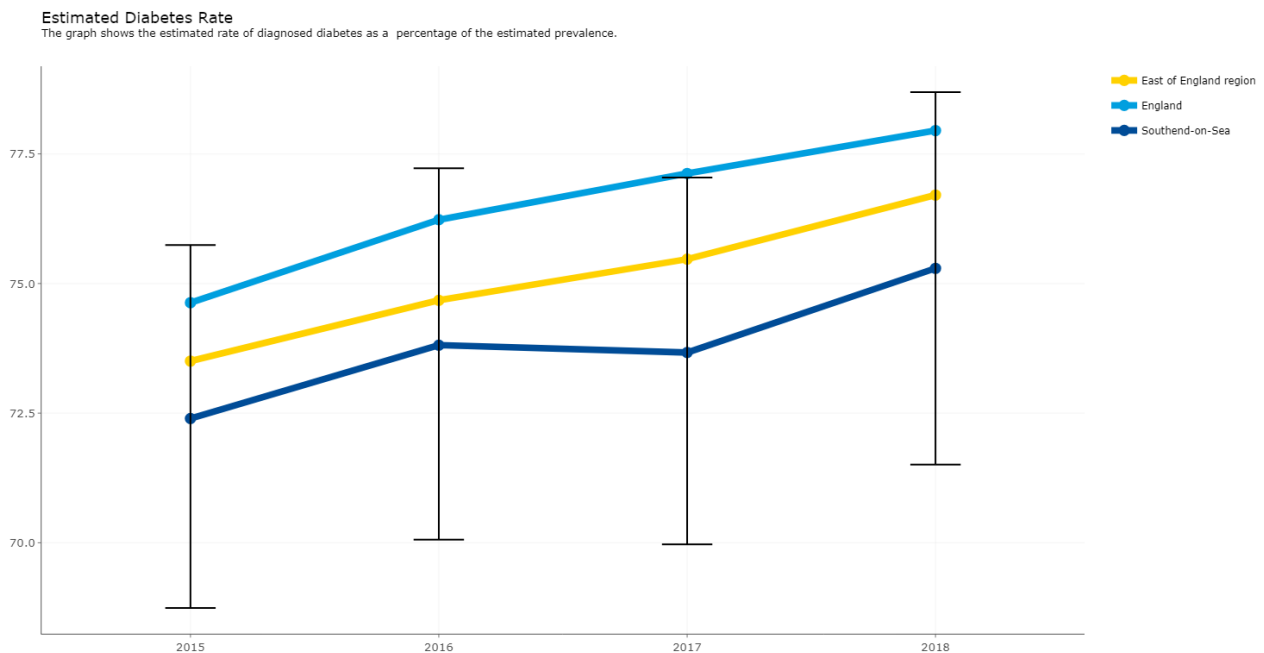
Figure 56: Diabetes prevalence



Source: NHS Fingertips Indicator ID 241 Accessed:2021-12-13

Figure 57 shows the estimated rate of diagnosed diabetes as a percentage of the estimated prevalence. There is an overall upward trend, suggesting that there are fewer cases of undiagnosed diabetes each year. England, East of England and Southend-on-Sea are within the 95% confidence interval of each other.

Figure 57: Estimated diabetes rate

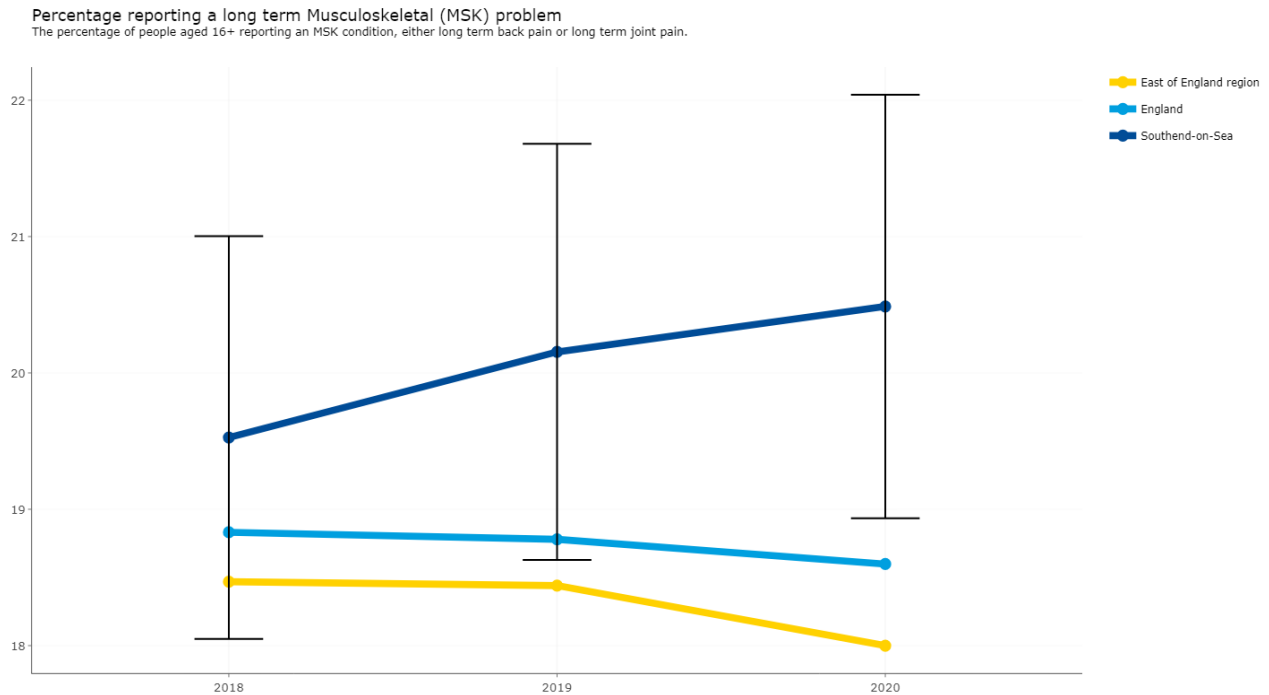


Source: NHS Fingertips Indicator ID 93347 Accessed:2021-12-13

2.9.3 Musculoskeletal (MSK)

In England low back and neck pain was ranked as the top reason for years lived with disability, and ‘other musculoskeletal (MSK) conditions’ was ranked as number 10. MSK conditions are known to impact quality of life due to increased pain, limiting range of motion and affecting the ability to take part in daily life such as attending work.

Figure 58: Percentage reporting an MSK condition



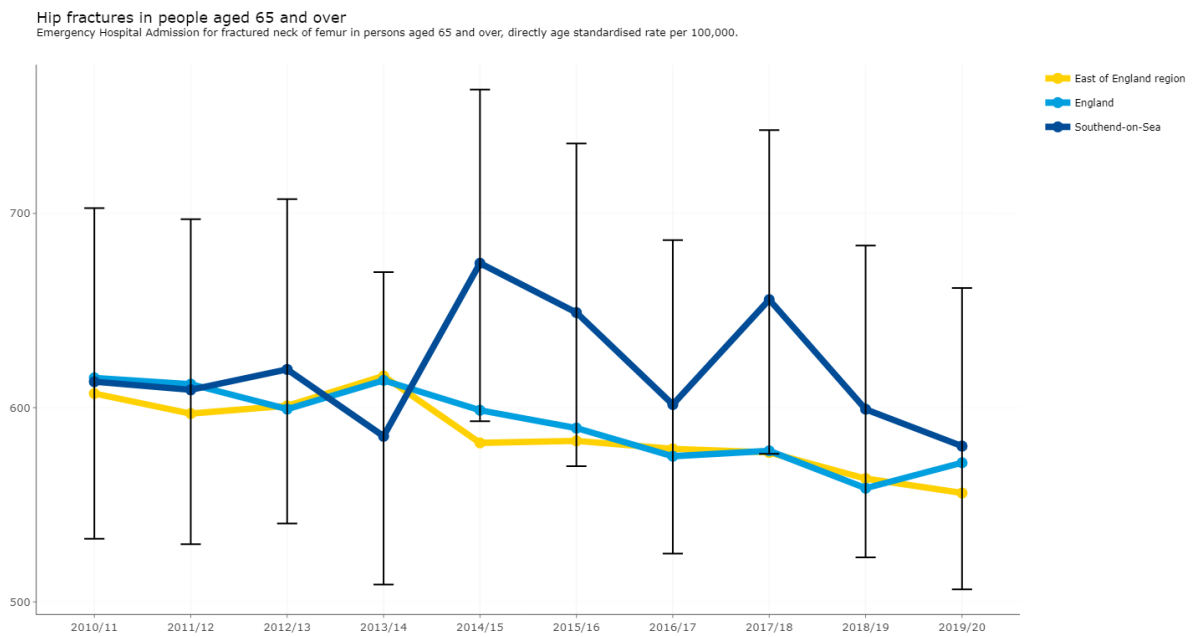
Source: NHS Fingertips Indicator ID 93377 Accessed:2021-12-13

Hip fracture is a debilitating condition – only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care. Hip fractures are almost as common and costly as strokes and the incidence is rising. In the UK, about 75,000 hip fractures occur annually at an estimated health and social cost of about £2 billion a year.

The average age of a person with hip fracture is about 83, with about 73% of fractures occurring in women. There is a high prevalence of comorbidity in people with hip fracture. The National Hip Fracture Database reports that mortality from hip fracture is high – about one in ten people with a hip fracture die within one month and about one in three within 12 months.

NICE has produced a quality standard that covers the management and secondary prevention of hip fracture in adults (18 years and older). The standard is designed to drive measurable improvements in the three dimensions of quality – patient safety, patient experience and clinical effectiveness for fragility fracture of the hip or fracture of the hip due to osteoporosis or osteopenia.

Figure 59: Hip fractures in people aged 65 and over

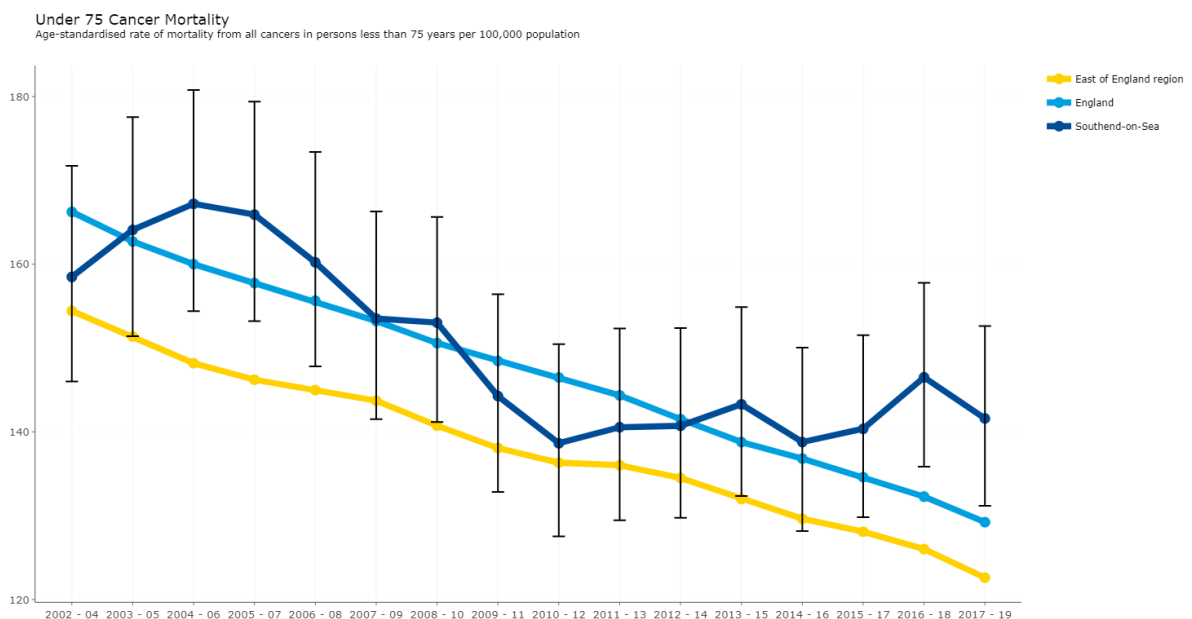


Source: Hospital Episode Statistics (HES), NHS Digital

2.9.4 Cancers

Cancer is the highest cause of death in England in under-75s. To ensure that there continues to be a reduction in the rate of premature mortality from cancer, there needs to be concerted action in both prevention and treatment. The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could mainly be avoided through effective public health and primary prevention interventions.

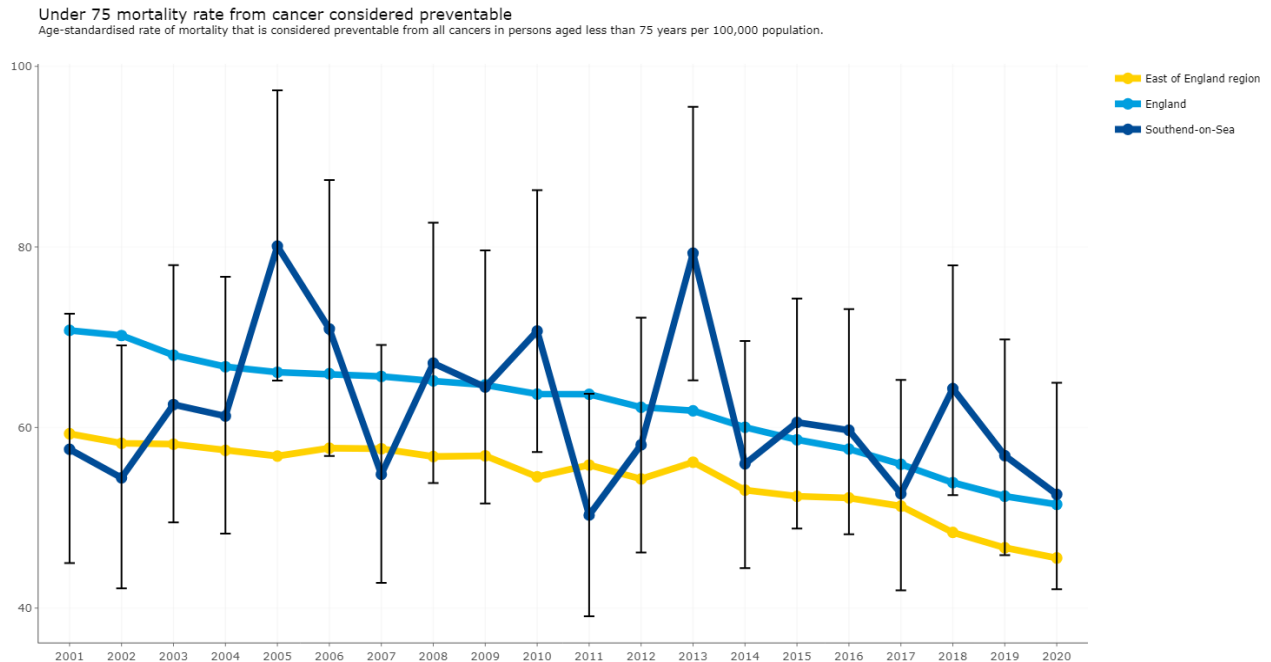
Figure 60: Under-75 cancer mortality



Source: NHS Fingertips Indicator ID 40501 Accessed:2021-12-13

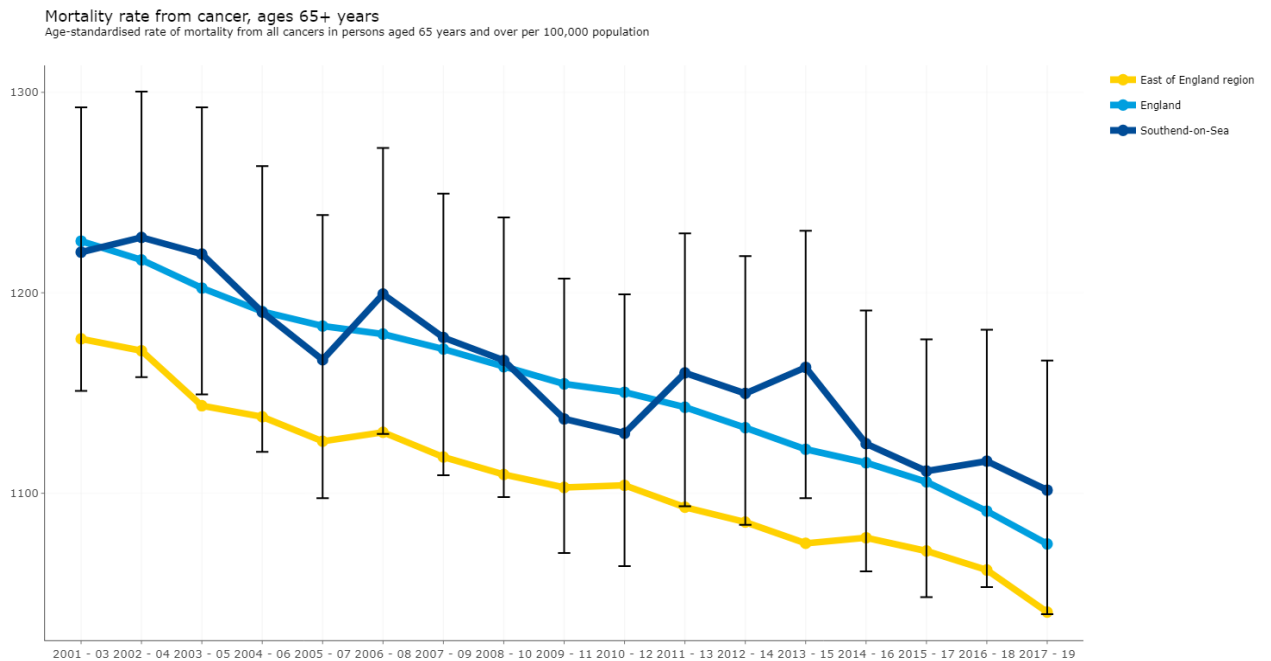
Preventable mortality overlaps with but is not the same as 'treatable' mortality, which includes causes of death that could potentially be avoided through effective healthcare interventions, including secondary prevention and treatment. Preventable mortality and treatable mortality are the two components of 'avoidable' mortality.

Figure 61: Under-75 mortality rate from cancer considered preventable



Source: NHS Fingertips Indicator ID 93723 Accessed:2021-12-13

Figure 62: Mortality rate from cancer, ages 65+



Source: NHS Fingertips Indicator ID 92724 Accessed:2021-12-13

2.9.5 Respiratory diseases – asthma and COPD

This indicator is designed to measure emergency hospital admissions for COPD. COPD is the umbrella term for serious lung conditions that include chronic bronchitis and emphysema. COPD is usually prevalent in adults over the age of 35. As many as 3 million people suffer from COPD in the UK, of which only around a third of cases have been diagnosed. COPD is a serious lung disease for which smoking is the biggest preventable risk factor.

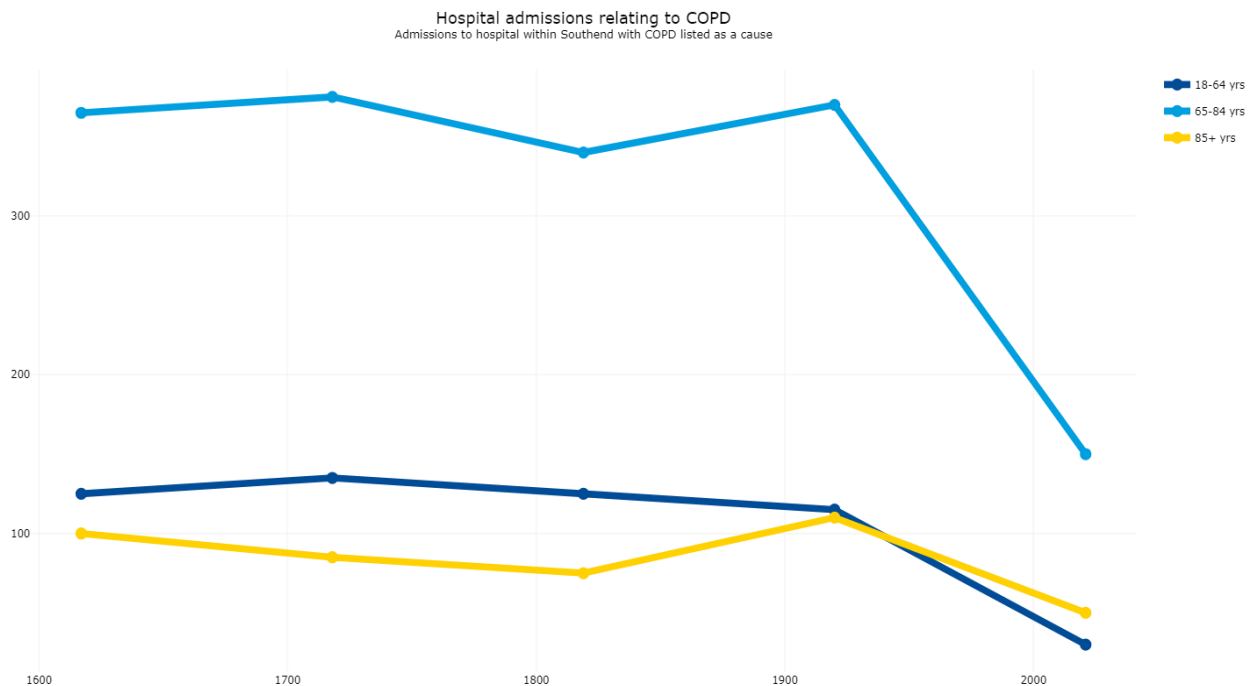
People with COPD have difficulties breathing, primarily due to the narrowing of their airways and destruction of lung tissue. Typical symptoms include breathlessness when active, a persistent cough and frequent chest infections.

Smokers can often dismiss the early signs of COPD as a ‘smoker’s cough’, but if they continue smoking and the condition worsens it can greatly impact on their quality of life. Large numbers of people with COPD are unable to participate in everyday activities such as climbing stairs, housework or gardening, with many even unable take a holiday because of their disease.

If a timely diagnosis is given, COPD is a condition that can be effectively managed in a primary care setting. This indicator therefore can help signpost those areas with lower rates of diagnosis and/or poor management of this condition.

Hospital admissions for COPD shows a similar pattern to the care results, with 65–84 age brackets having the most cases followed by 85+, and 18–64 having fewest cases.

Figure 63: Hospital admissions relating to COPD



Source: Hospital Episode Statistics (HES), NHS Digital

2.9.6 Dementia

This indicator quantifies the proportion of the population aged 65+ with a recorded diagnosis of dementia.

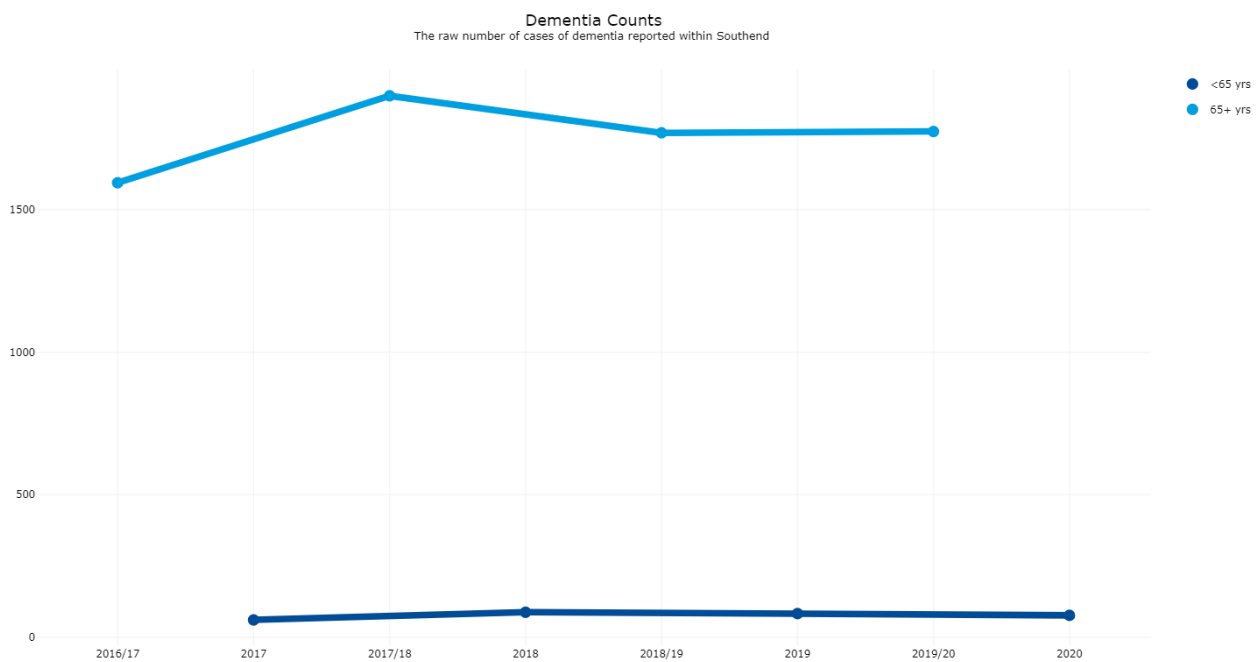
Objective two of the National Dementia Strategy (2009) is for ‘all people with dementia to have access to treatment, care and support as needed following diagnosis’.

The recorded dementia prevalence provides an indication of the concentration, within a population, of the number of people aged 65+ who have been diagnosed and who are now living with the condition.

Young-onset dementia (also known as early or working-age dementia) refers to dementia that is diagnosed before the age of 65 (the age at which people traditionally retired); however, the age cut-off point has no medical or biological significance. People diagnosed with dementia under the age of 65 have different needs and commitments, often follow a different clinical pathway, and may also need different forms of support, compared with people diagnosed with dementia over the age of 65.

Cases of dementia reported within Southend-on-Sea far outnumber the cases reported in care and shows that the majority of cases are over 65. This is likely due to a large number being diagnosed with dementia but not seeking social care.

Figure 64: Dementia counts





Source: NHS Fingertips Indicator ID 93305 Accessed:2021-12-13

2.9.7 Influenza

Table 11 illustrates the Influenza vaccine uptake for the year 2020. Southend-on-Sea has a lower uptake than the national average across all groups and achieves the target rate in the general 'at risk groups' and the '65+' group.

Table 11: Influenza uptake 2020

		Southend	Target	England
	2–3-year-olds	51.8%	65%	56.7%
	At-risk groups	58.5%	55%	64.4%
	Pregnant women	40.9%	55%	43.5%
	65+ years	75.6%	75%	80.9%

Source: PHE – Immform – GP patients influenza vaccine uptake

2.9.8 COVID-19 impact

Figure 65 shows the number of new cases per day over the period of the COVID-19 pandemic in Southend-on-Sea, with major changes to guidelines highlighted. The spikes in cases numbers follow the national pattern, and generally follow the identification of new variants, or by a change in the government guidelines.

Figure 65: COVID-19 cases in Southend-on-Sea

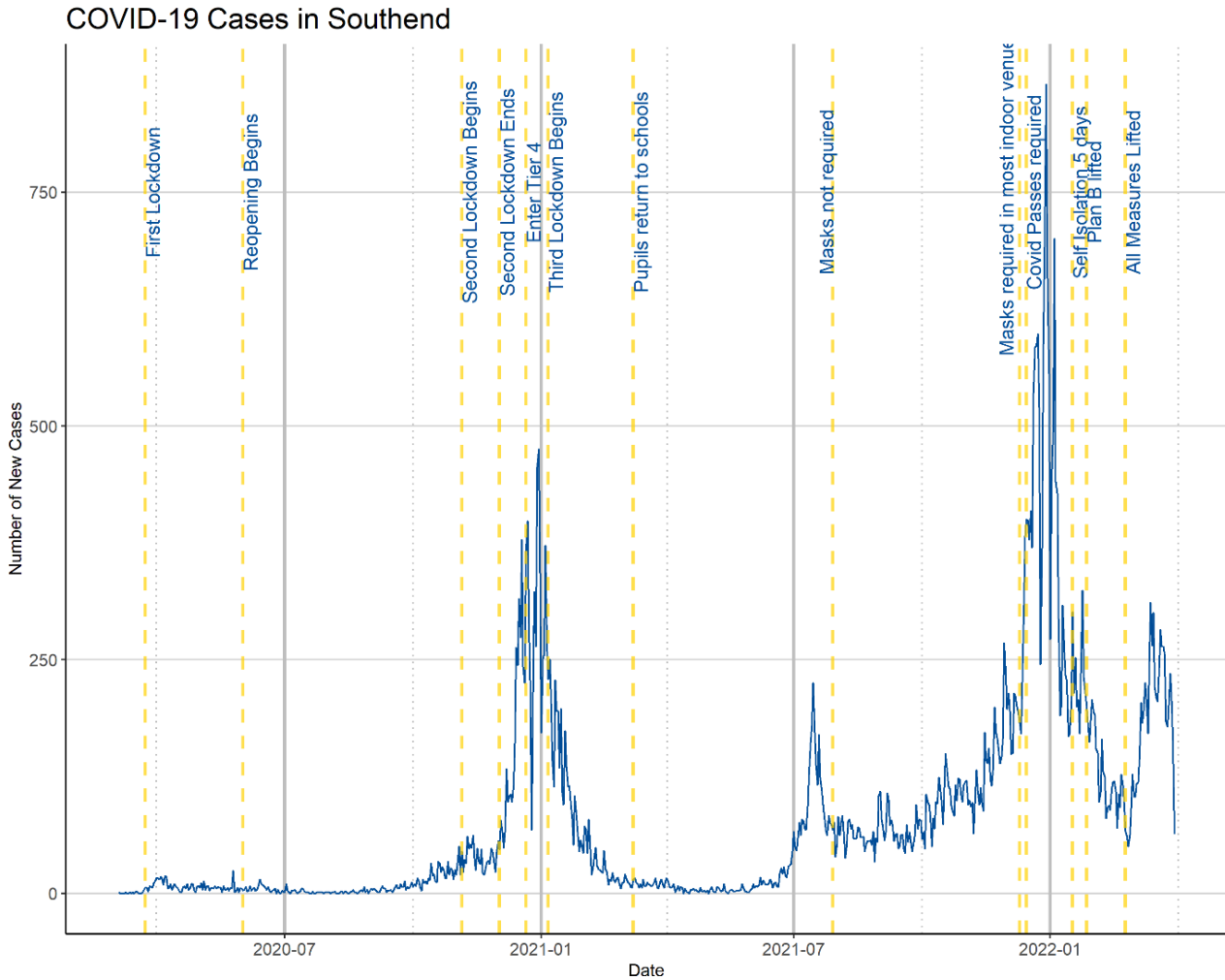
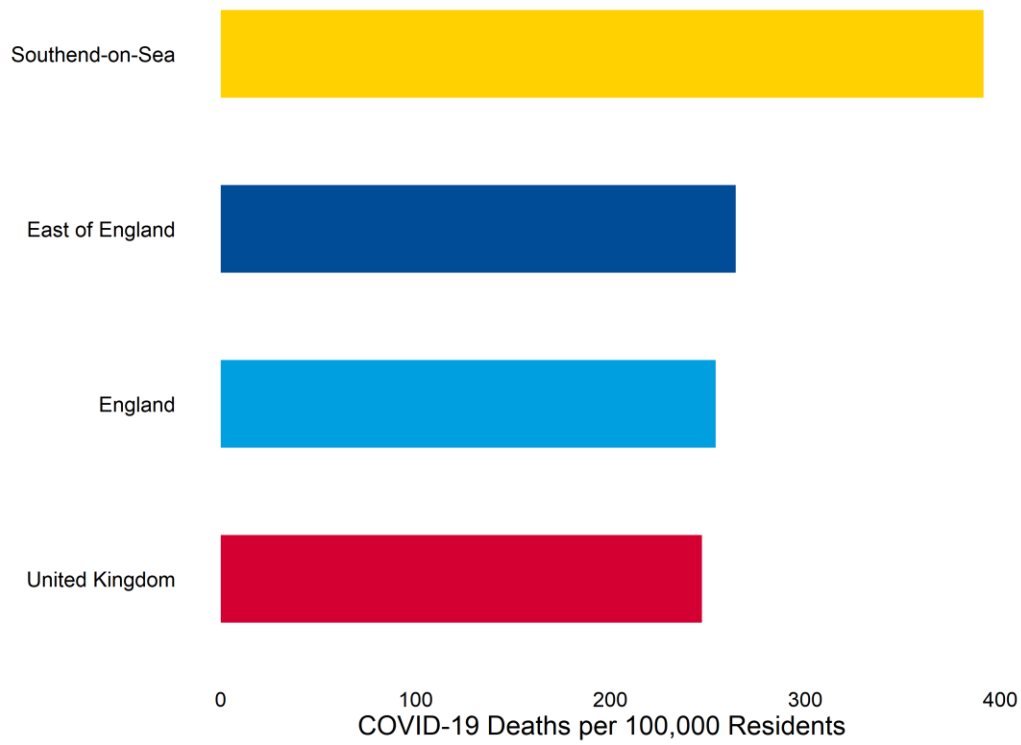


Figure 66 indicates the rate of deaths per 100,000 residents within 28 days of a positive COVID-19 test. Southend-on-Sea has a higher rate of deaths than the national and regional averages.

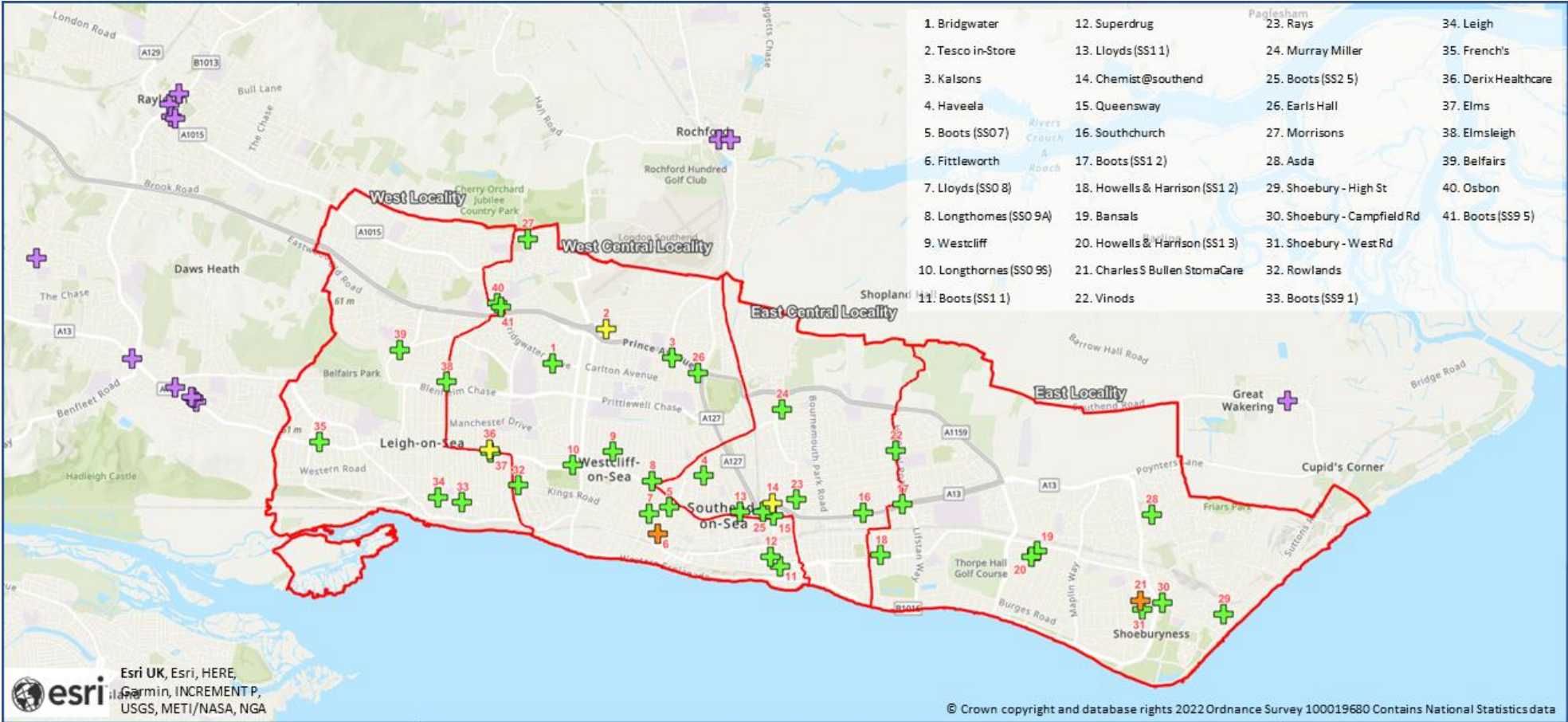
Figure 66: COVID-19 deaths per 100,000 residents by region

COVID-19 Deaths per 100,000 Residents by Region



Section 3: NHS pharmaceutical services provision, currently commissioned

Figure 67: All contractors in Southend-on-Sea HWB area



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Pharmaceutical Needs Assessment January 2022 Southend-on-Sea Pharmacy locations - Localities	Community 40 Hours	Nearby Pharmacy
	Community 100 Hours	Locality Boundary
	Dispensing Appliance Contractor (DAC)	

NHS England
england.contactus@nhs.net

There are a total of 41 contractors in Southend-on-Sea.

- 36 x 40-hour community pharmacies
- 3 x 100-hour community pharmacies
- 2 x DAC

3.1 Community pharmacies

<p>39 community pharmacies in Southend-on-Sea</p> 	<p>182,773 population of Southend-on-Sea</p> 	<p>21.3 pharmacies per 100,000 population</p> 
---	--	---

Correct as of 15 December 2021

During the C-19 pandemic there was a net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.²⁷

Since the previous PNA was published in 2017, the number of community pharmacies in Southend-on-Sea has reduced by one. The England average is 20.5 community pharmacies per 100,000 population, which has decreased slightly from 2018, when the average number was 21.2. The East of England average has also decreased to 19.4 from the previous 20.4 community pharmacies per 100,000 population. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring Essex HWB, with average of 17.5 pharmacies per 100,000 population.

Table 12 shows the change in the numbers of community pharmacies over recent years compared with regional and national averages. Southend-on-Sea is well served with community pharmacies and comparable to the East of England and national averages.

Table 12: Number of community pharmacies per 100,000 population

	England	East of England	Southend-on-Sea
2020-21	20.5	20.7	21.3
2019-20	21.0	21.6	21.3
2018-19	21.2	20.4	21.4

Source: ONS Population

The public questionnaire details the perception of access to community pharmacies and the services they provide ([Section 5](#)).

The full results of the pharmacy user questionnaire are detailed in Appendix G.

²⁷ Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

Table 13 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality. Overall, the number of pharmacy contractors has not changed since the last PNA, however opening hours have changed considerably (see pharmacy contractor details in Appendix A).

Table 13: Breakdown of average community pharmacies per 100,000 population²⁸

Locality	Number of community pharmacies (March 2022)*	Total population (ONS mid-year 2020)	Average number of community pharmacies per 100,000 population (Dec 2021)
West	8	38,837	20.6
West Central	14	65,847	21.3
East Central	8	36,477	21.9
East	9	41,612	21.6
Southend-on-Sea (2021)	39	182,773	21.3
East of England (2021)	1,216	6,269,161	19.4
England (2021)	11,636	56,760,975	20.5

*Data includes DSPs, which do not provide face-to-face services

[Section 6.2](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in [Section 6](#).

3.1.1 Choice of community pharmacies

Table 14 shows the breakdown of community pharmacy ownership in Southend-on-Sea. The data shows that pharmacy ownership is at different levels to those seen in the rest of East of England and England, as Southend-on-Sea has a much higher percent of independent pharmacies compared with nationally, with no one provider having a monopoly in any locality. People in Southend-on-Sea therefore have a good choice of pharmacy providers.

Table 14: Community pharmacy ownership, 2020-21

Area	Multiples (%)	Independent (%)
England*	60%	40%
East of England*	56%	44%
Southend-on-Sea (2021)	29%	71%

*Source: NHS BSA

3.1.2 Weekend and evening provision

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 15 shows that Southend-on-Sea has a slightly lower percentage of its pharmacies open for 100 hours or more compared with regionally and nationally. There are three 100-hour pharmacies, one in East Central locality and two in West Central locality. Most 100-hour pharmacies are open late and at the weekends.

²⁸ NHS BSA. Dispensing data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

Table 15: Number of 100-hour pharmacies (and percentage of total)²⁹

Area	Number (%) of 100-hour pharmacies
England (2020-21 data)	1,094 (9.4%)
East of England	121 (10.0%)
Southend-on-Sea	3 (8%)

3.1.3 Access to community pharmacies

Community pharmacies in Southend-on-Sea are particularly located around areas with a higher density of population. Many also provide extended opening hours and/or open at weekends.

A previously published article³⁰ suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates.

A list of community pharmacies in Southend-on-Sea and their opening hours can be found in Appendix A.

3.1.3.1 Routine daytime access to community pharmacies

The following maps show travel times to community pharmacies using a variety of options. In summary:

- Driving: a majority of the population can drive to a pharmacy within 5 minutes
- Walking: a majority of the population can walk to a pharmacy within 20 minutes
- Public transport: a majority of the population can access a pharmacy via public transport within 20 minutes.

²⁹ NHS BSA. Dispensing data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

³⁰ 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>

Figure 68: Driving times to nearest pharmacy

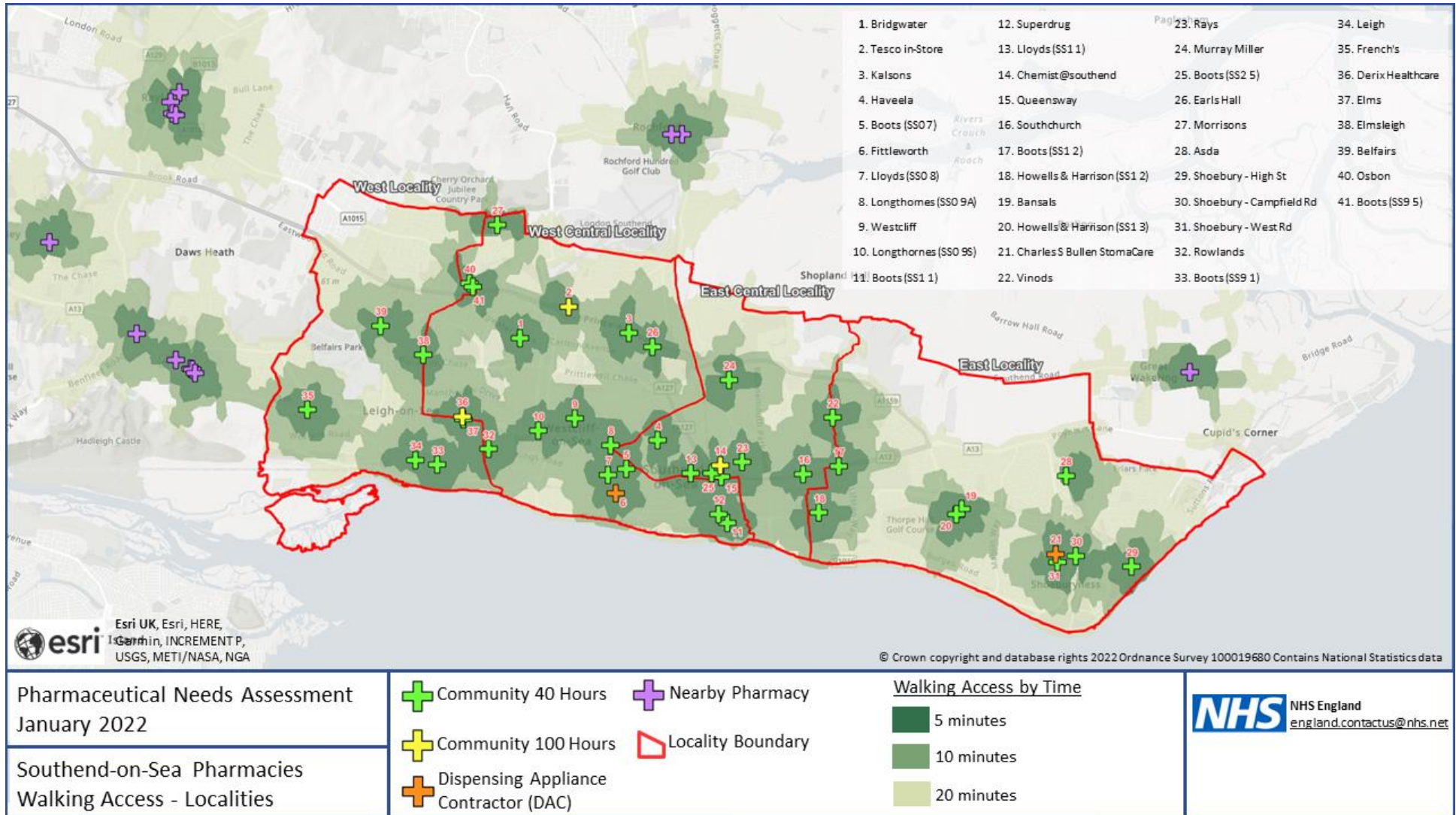


- | | | | |
|--------------------------|--------------------------------|-----------------------------|---------------------|
| 1. Bridgwater | 12. Superdrug | 23. RAYS | 34. Leigh |
| 2. Tesco in-Store | 13. Lloyds (SS1 1) | 24. Murray Miller | 35. French's |
| 3. Kalsons | 14. Chemist@southend | 25. Boots (SS2 5) | 36. DerixHealthcare |
| 4. Haveela | 15. Queensway | 26. Earls Hall | 37. Elms |
| 5. Boots (SS07) | 16. Southchurch | 27. Morrisons | 38. Elmsleigh |
| 6. Fittleworth | 17. Boots (SS1 2) | 28. Asda | 39. Belfairs |
| 7. Lloyds (SS0 8) | 18. Howells & Harrison (SS1 2) | 29. Shoebury - High St | 40. Osbon |
| 8. Longthomes (SS0 9A) | 19. Bansals | 30. Shoebury - Campfield Rd | 41. Boots (SS9 5) |
| 9. Westcliff | 20. Howells & Harrison (SS1 3) | 31. Shoebury - West Rd | |
| 10. Longthornes (SS0 9S) | 21. Charles S Bullen StomaCare | 32. Rowlands | |
| 11. Boots (SS1 1) | 22. Vinods | 33. Boots (SS9 1) | |

68

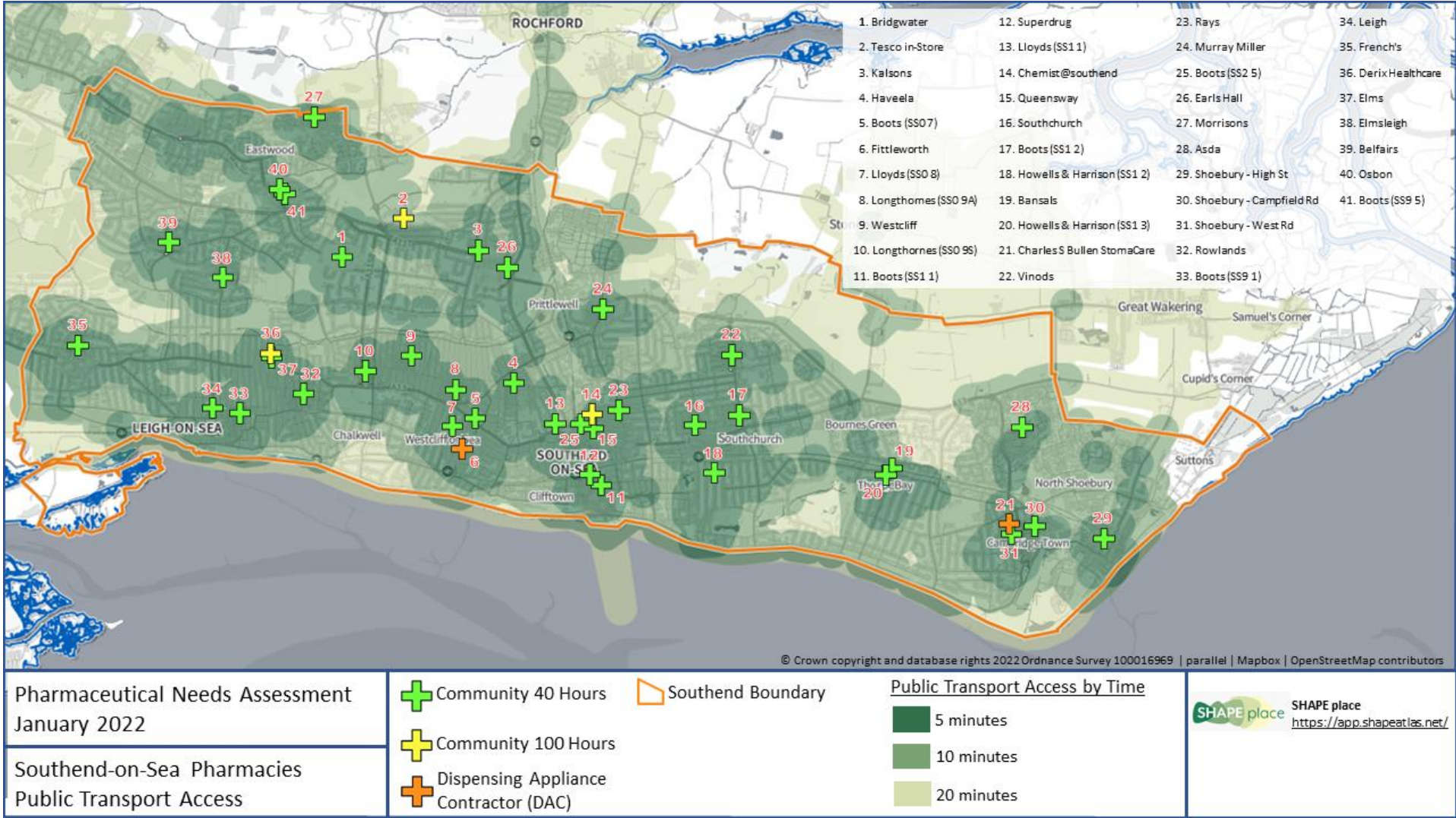
Pharmaceutical Needs Assessment January 2022 Southend-on-Sea Pharmacies Driving Access - Localities	Community 40 Hours	Nearby Pharmacy	Driving Access by Time 5 minutes	NHS England england.contactus@nhs.net
	Community 100 Hours	Locality Boundary		

Figure 69: Walking times to nearest pharmacy



06

Figure 70: Public transport access to nearest pharmacy



- 1. Bridgewater
- 2. Tesco in-Store
- 3. Kalsons
- 4. Haveela
- 5. Boots (SS07)
- 6. Fittleworth
- 7. Lloyds (SS0 8)
- 8. Longthomes (SS0 9A)
- 9. Westcliff
- 10. Longthornes (SS0 9S)
- 11. Boots (SS1 1)
- 12. Superdrug
- 13. Lloyds (SS1 1)
- 14. Chemist@southend
- 15. Queensway
- 16. Southchurch
- 17. Boots (SS1 2)
- 18. Howells & Harrison (SS1 2)
- 19. Bansals
- 20. Howells & Harrison (SS1 3)
- 21. Charles S Bullen StomaCare
- 22. Vinods
- 23. Rays
- 24. Murray Miller
- 25. Boots (SS2 5)
- 26. Earls Hall
- 27. Morrisons
- 28. Asda
- 29. Shoebury - High St
- 30. Shoebury - Campfield Rd
- 31. Shoebury - West Rd
- 32. Rowlands
- 33. Boots (SS9 1)
- 34. Leigh
- 35. French's
- 36. Derix Healthcare
- 37. Elms
- 38. Elmsleigh
- 39. Belfairs
- 40. Osbon
- 41. Boots (SS9 5)

3.1.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays) varies within each locality; they are listed in Table 16. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level and can be found in Table 16; the population of Southend-on-Sea has reasonable access to community pharmacies in the evening. This is because the majority of providers in Southend-on-Sea are open after 6 pm.

Table 16: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6 pm, on Saturday and Sunday

Locality	Percentage of pharmacies open beyond 6 pm	Percentage of pharmacies open on a Saturday	Percentage of pharmacies open on a Sunday
West	63%	88%	0%
West Central	64%	79%	29%
East Central	50%	87%	25%
East	67%	100%	11%
Southend-on-Sea (2021)	62%	87%	18%

3.1.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Southend-on-Sea, 87% are open on Saturdays, but only a few are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

3.1.3.4 Routine Sunday daytime access to community pharmacies

The average number of community pharmacies open for the whole area is 18%, although none are open on Sundays in West locality. Fewer pharmacies are open on Sundays than on any other day in Southend-on-Sea. Full details of all pharmacies open on a Sunday can be found in Appendix A.

3.1.3.5 Routine bank holiday access to community pharmacies

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

NHSE may commission a bank holiday rota service from a small number of pharmacies, particularly in some areas, for Easter Sunday and Christmas Day as an Enhanced Service.

3.1.4 Advanced Service provision from community pharmacies

Data supplied from NHSE has been used to demonstrate in Table 17 how many community pharmacies per locality have signed up to provide the Advanced Services. Details of individual pharmacy providers can be seen in Appendix A.

Table 17: Percentage of community pharmacy providers by locality offering Advanced Services in Southend-on-Sea (2021-22)

Localities (number of pharmacies)	West (8)	West Central (14)	East Central (8)	East (9)
NMS	100%	86%	87.5%	100%
Community pharmacy seasonal influenza vaccination	87.5%	57%	87.5%	78%
CPCS	75%	79%	100%	100%
Hypertension case-finding service*	75%	50%	89%	100%
Smoking cessation service	12.5%	0%	25%	22%
Community pharmacy hepatitis C antibody-testing service*	0%	14%	0%	11%

* Data as of August 2022

There is no local data on AURs.

The information in Table 18 provides detail of the recorded activity of Advanced Service delivery in Southend-on-Sea. It must be stressed that the impact of the COVID-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

[Section 6.3](#) lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time. Data supplied from NHSE has been used to demonstrate percentage of provision of Advanced Services across the area. Table 18 lists a summary of the latest available activity data on provision of Advanced Services.

Table 18: Percentage of providers currently providing Advanced Service provision within England, East of England, and Southend-on-Sea

Advanced Service	England	East of England	Southend-on-Sea
NMS*	85%	90%	92%
Community pharmacy seasonal influenza vaccination*	63.5%	71.5%	74%
CPCS^*	77%	79%	87%
Hypertension case-finding service**	5%	10%	0%
Community pharmacy hepatitis C antibody-testing service (currently until 31 March 2023)*	0.1%	0.08%	0%
AUR*	0.3%	0.2%	0%
SAC*	8%	5.5%	5%

Source: NHS BSA, Dispensing Data

^ This includes CPCS and GP CPCS consultations

* Data from NHSA BSA 2021-22, 7 months

** Data from NHS BSA Nov-Dec 2021

Appendix A lists those community pharmacies who have provided these services in December 2021 (except Community pharmacy hepatitis C antibody-testing service and Hypertension case-finding service where provider is as of August 2022).

Table 18 provides information on the activity of Advanced Services across Southend-on-Sea. All data uses 2021-22 seven-month data, however, for this PNA activity data across the last four years is skewed, as the most recent data will have been affected by the C-19 pandemic and will therefore not be an accurate reflection.

Activity data shows that Advanced Services are used, but information is skewed due to the C-19 pandemic. New services, such as CPCS, are being used, but data shows low uptake nationally.³¹ A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.³² CPCS has been provided in 87% community pharmacies as of October 2021 in Southend-on-Sea.

To date, there has been no activity data recorded on the use of community pharmacy hepatitis C antibody-testing service locally, but there is low uptake nationally.

The new hypertension case-finding service started in October 2021. Activity data is still low nationally and regionally, and there is no activity data at time of writing for Southend-on-Sea.

The smoking cessation Advanced Service started on 10 March 2022, and therefore no activity data is available at time of writing.

There has been no recorded provision of the AUR service from community pharmacy providers in Southend-on-Sea up to 1 November 2021. The number of providers of AUR is also very low regionally and nationally.

3.1.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE ([Section 1.3](#)). Therefore, any Locally Commissioned Services (LCS) 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](#).

There are currently two Enhanced Service commissioned in the Southend-on-Sea HWB area:

- Delivery of the COVID-19 vaccination has been added as an Enhanced Service from community pharmacies to support the public during the pandemic
- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required

3.2 Dispensing Appliance Contractors (DACs)

There are two DACs in Southend-on-Sea, however, DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received 30 responses and 77% of respondents reported that they provide all type of appliances.

There are two DACs in Southend-on-Sea:

³¹ NHS BSA. Dispensing Data. <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data>

³² Royal College of General Practitioners. Making the Community Pharmacist Consultation Service a Success. October 2021. www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs

- Charles S Bullen Healthcare Ltd, 103 West Road, Shoeburyness SS3 9DT
- Fittleworth Medical Ltd, 44 Hamlet Court Road, Westcliff-on-Sea SS0 7LX

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Southend-on-Sea. There were 112 DACs in England in 2020-21.

3.3 Distance-Selling Pharmacies (DSPs)

A DSP provides services as per the Pharmaceutical Regulations 2013. It may 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 DSPs, provision of all services offered must be offered throughout England to anyone who requests them.

It is therefore likely that patients within Southend-on-Sea will be receiving pharmaceutical services from a DSP outside of Southend-on-Sea. There are no DSPs in Southend-on-Sea.

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

3.4 Local Pharmaceutical Service (LPS) providers

There is no LPS pharmacies in Southend.

3.5 Dispensing GP practices

There are no dispensing GP practices in Southend-on-Sea, which is the same as at the time of writing the 2017 PNA.

3.6 PhAS pharmacies

From January 2022, this scheme is being updated to the Pharmacy Access Scheme (PhAS), to continue to support patient access to isolated, eligible pharmacies.

There is one PhAS in Southend-on-Sea:

- Morrisons Pharmacy, Western Approaches, Southend-on-Sea SS2 6SH

3.7 Pharmaceutical service provision from outside Southend-on-Sea HWB area

Southend-on-Sea HWB is bordered by one other HWB area: Essex. As previously mentioned, like East of England, Southend-on-Sea has good transport links even to the rural areas. As a result, it is anticipated that many residents in Southend-on-Sea will have reasonable access to pharmaceutical service providers in the neighbouring HWB area and beyond.

For some residents, the nearest provider of pharmaceutical services may be across the border in the neighbouring HWB area. It is not practical to list here all those pharmacies outside Southend-on-Sea by which Southend-on-Sea residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Southend-on-Sea boundaries and are marked on the map in Figure 71. Further analysis of cross-border provision is undertaken in [Section 6](#).

Figure 71: Map identifying Southend-on-Sea HWB pharmacies and cross-border pharmacy provision



DSPs may also provide prescriptions to Southend-on-Sea residents and over the last six months Pharmacy2U, Leeds, has dispensed approx. 10,000 prescriptions from Southend CCG GP practices, which equates to approx. 1.25% of all Southend-on-Sea prescriptions.

Section 4: Other services that may affect 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 (LA) 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.

The services commissioned in Southend-on-Sea are described below and in [Section 6](#), and those commissioned from community pharmacy contractors in Southend-on-Sea are listed in Table 19.

Table 19: Commissioned services from community pharmacies

Commissioned service	CCG-commissioned service	LA-commissioned service
Smoking cessation		X
Condom distribution*		X
Emergency Hormonal Contraception*		X
Supervised consumption service		X
Needle exchange service		X
Access to palliative care drugs	X	

*Currently under development and not an active service being offered in pharmacies as yet

4.1 Local authority-commissioned services provided by community pharmacies in Southend-on-Sea

SCC commissions six services from community pharmacies:

- Emergency Hormonal Contraception (EHC) service
- Condom distribution
- Smoking cessation
- Supervised consumption
- Needle exchange service

At time of writing, EHC and condom distribution services are currently under development and not active services being offered in pharmacies. SCC does not directly commission the pharmacies for supervised consumption and needle exchange as they are contracted by a treatment provider, STARS, as their parent organisation CGL (Change Grow Live) subcontracts pharmacy management through Lloyds Pharmacy.

These services may also be provided from other providers, e.g. GP practices or community health services. A full list of services and community pharmacy providers can be found in Appendix A.

4.2 CCG-commissioned services

Southend-on-Sea CCG commissions one service:

- Palliative care medicines supply service via Mid and South Essex Health and Care Partnership, until March 2023

A full list of community pharmacy providers is listed in Appendix A.

CCGs have been replaced by ICBs as part of ICSs. Southend-on-Sea is covered by one ICS. NHSE delegation of responsibility for pharmaceutical services has been delayed and in East of England this will go live in April 2023. ICBs will take on the delegated responsibility for pharmaceutical services from NHSE and therefore some services commissioned from pharmacies by CCGs currently may fall under the definition of Enhanced Services

4.3 Other services provided from community pharmacies

As part of the community pharmacy contractor questionnaire, found in Appendix D, 48% of respondents indicated a particular need for an LCS. The responses included sexual health services, blood pressure monitoring, minor ailments service, ear syringing and weight management.

A summary of the community pharmacy contractor questionnaire responses is given in Appendix H.

4.4 Collection and delivery services

Collection and delivery services are non-commissioned services.

All pharmacies who responded offer collection of prescriptions from GP practices. Of those who responded, 58% offer a free delivery service of dispensed medicines on request, while 52% provide a chargeable service. Depending on the area in question and the ability of residents to pay for a delivery service, this could affect individuals' ability to receive a delivery service and affect their access to medications.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are no DSPs based in Southend-on-Sea, but there are 372 throughout England. Free delivery of appliances is also offered by DACs. There are two DACs based in Southend-on-Sea, providing services nationally, and there are a further 112 throughout England.

4.5 Services for less-abled people

Under the Equality Act 2010,³³ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. The public questionnaire identifies that 45% of residents were aware that consultation room is accessible to wheelchair users or those with other accessibility needs.

4.6 GP practices providing extended hours

There are a number of GP practices in Southend-on-Sea that provide extended hours. The normal working hours that a GP practice is obliged to be available to patients are 8 am to 6.30 pm, Monday to Friday; a number of practices offer extended hours both before and after these times, including on a Saturday morning.

4.7 Other providers

The following are providers of pharmacy services in Southend-on-Sea but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

NHS hospitals – pharmaceutical service provision is provided to patients by the hospital:

- Southend Hospital, Prittlewell Chase, Westcliff-on-Sea SS0 0RY

Out-of-hours GP provision provided by IC24 and covers 18:31 to 07:59 Monday to Friday and all weekends and bank holidays.

³³ Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

There are no urgent care centres, walk in centres or one-stop shops in Southend-on-Sea.

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed (Appendix C) and compiled by Southend-on-Sea PNA Steering Group. This was circulated to a range of stakeholders listed below:

- Pharmacy users across the borough
- The wider local public in general

The survey was promoted via:

- Your Say Southend consultation page
- Web article
- SCC social media networks
- Public Health social media channels
- Intranet article/snapshot/internal email communication
- Livewell website article and social media
- Voluntary and community organisation emails
- Council e-newsletter
- Social media advert – Facebook/Instagram
- Engagement forums

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

From the 412 responses received from the public questionnaire.

5.1 Visiting a pharmacy

- 93% have a regular or preferred pharmacy
- 69% have visited a pharmacy once a month or more frequently for themselves in the past six months
- 41% have visited a pharmacy at least once a month for others in the past six months
- 47% indicated that they used pharmacies every month or more for the purchase of over-the-counter medicine

5.2 Choosing a pharmacy

Reason for choosing pharmacy	% respondents was extremely important
Quality of service	62%
Convenience	64%
Accessibility	32%
Availability of medication or services	71%

5.3 Mode of transport to a community pharmacy

The main way patients access a pharmacy is by walking, with 52% using this method. The next most common method is by car.

5.4 Time to get to a pharmacy

≤15 mins	16–30 mins
93%	7%

- 71% of those who reported difficulty in travelling to a pharmacy said it was due to parking
- 9% of those who reported difficulty in travelling to a pharmacy said it was due to lack of suitable public transport

5.5 Preference for when to visit a pharmacy

There is no clear preference for the time of day people want to visit a pharmacy:

- 21% chose 8 am–12 pm
- 3% chose 12 pm–2 pm
- 15% chose 2 pm–6 pm
- 5% chose 6 pm–8 pm
- 1% chose after 8 pm
- 28% chose ‘time varies’
- 27% don’t mind when they visit the pharmacy

There is no clear preference for the day on which people want to visit a pharmacy:

- 26% chose to visit a pharmacy on Monday to Friday
- 6% chose to visit a pharmacy on Saturday
- Only 2% identified Sunday as a preferred day to visit
- 31% of respondents vary the day they prefer to visit the pharmacy
- 36% don’t mind when they visit the pharmacy

5.6 Service provision from community pharmacies

- **52% walk** to their community pharmacy, which is similar to the previous PNA at **52.7%**, but still the most frequent means of travel to their chosen pharmacy; **39%** use a **car**, which is a decrease from **42.7%**; **2%** use **public transport**
- **1%** of respondents indicated that they have used an **internet pharmacy**
- **50%** of respondents were aware that they can order online with GP practice
- **25%** of respondents have use the eRD (Electronic Repeat Dispensing)

Tables 20a–c provides the demographic summary of respondents (full details are in Appendix G).

Table 20a: Demographics of the community pharmacy user questionnaire respondents – sex (%)

Sex	Male	Female
Percentage	34%	65%

Table 20b: Demographics of the community pharmacy user questionnaire respondents – age (%)

Age Ranges	18–34	35–44	45–54	55–64	65–74	75+
Percentage	4%	10%	15%	25%	29%	17%

Table 20c: Demographics of the community pharmacy user questionnaire respondents – illness or disability (%)

Illness or disability?	Yes	No
Percentage	44%	51%

Most respondents were aware of the provision of Essential Services from the pharmacy. For services that would be classified as Advanced or Enhanced the figures were lower, but responses suggested that the services may be valued. Table 21 summarises some of the results:

Table 21: Opinion on some Advanced Services from community pharmacies

Service	Awareness	Like to see provided
Needle exchange	22%	45%
Flu vaccination services	84%	89%
CPCS	20%	65%
NMS	30%	66%
Stop smoking or nicotine replacement therapy	60%	59%
Sexual health	32%	59%
Supervised consumption of medicines	26%	40%
Immediate access to palliative care	19%	74%

In addition, approximately 55% of respondents wished to see services that provide weight management, 53% anticoagulation monitoring and 63% long-term condition management from community pharmacies.

Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

[Section 2](#) discusses the Southend-on-Sea JSNA and local strategies. In addition, the priorities outlined in the NHS LTP (especially those where community pharmacies can have an impact) need consideration.

The following priorities can be supported by the provision of pharmaceutical services within Southend-on-Sea. Some of these services are Essential Services and already provided and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

To note: there have been temporary changes to the service requirements within the NHS CPCF which were introduced during the COVID-19 pandemic.

The changes were agreed by the Pharmaceutical Services Negotiating Committee (PSNC) with NHSE and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.

These services are temporary, with the Advanced Services due to stop, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population. At present it is not clear what shape services locally commissioned by CCGs will take in the long-term future. The development of the ICS across Southend-on-Sea will conceivably lead to an alignment of these LCS across the ICS area.

6.1.1 Southend-on-Sea health needs

Causes of ill health in Southend-on-Sea are discussed in detail in [Section 2](#). Some of the key areas are as follows:

- **Cardiovascular disease:** The number of patients registered with hypertension as a proportion of the total practice size in Southend-on-Sea has been consistently higher than the national and regional rate across the time period.
 - In 2020-21, the number of patients registered with hypertension as a proportion of the total practice size was 14.9, a higher rate compared with that of England, at 13.9.
- **Musculoskeletal:** The percentage of people aged 16+ in Southend-on-Sea reporting a MSK condition, either long-term back pain or long-term joint pain, is higher than in England. England and the East of England are outside the 95% confidence interval of Southend-on-Sea.
 - The percentage of people aged 16+ reporting a musculoskeletal condition – either long-term back pain or long-term joint pain – in Southend-on-Sea in 2020 was 20.5% and in England 18.6%.
- **Cancers:** The age-standardised rate of mortality from all cancers in persons under 75 per 100,000 population is higher in Southend-on-Sea compared with the East of England and nationally from 2016. England and the East of England are outside the 95% confidence interval of Southend-on-Sea.
 - Over the period 2017-19, the age-standardised rate of mortality from all cancers in persons under 75 per 100,000 population was 142 in Southend-on-Sea and 130 in England.

The prevalence of long-term conditions is expected to rise in Southend-on-Sea. Neoplasms, cardiovascular disease, MSK disorders, neurological disorders and chronic respiratory conditions have the largest burden of disease in Southend-on-Sea.

Particular populations that may have specific health needs include the older population, residential and nursing home population, and vulnerable people.

The older population in Southend-on-Sea is growing, most notably those aged 65 and over. The 2031 projections show an increase in most age groups with a slight decrease in under-10s and 25–39-year-olds, suggesting an aging population. This growth will have accompanying health needs.

The NMS is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine, to help improve medicines adherence. Both Essential and 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 commissioner.

6.1.2 Southend-on-Sea Joint Health and Wellbeing Strategy (JHWS)

This is discussed in detail in [Section 2](#). The following summarises the key priorities:

The most recent refresh of the JHWS (2019-22) is based on four principles:

- Prioritising prevention
- Promoting resilient communities
- Working well together
- Reducing health inequalities

6.1.3 Priorities from the NHS Long Term Plan (LTP)

LTP priorities that can be supported from community pharmacy include:

- Prevention
 - Smoking
 - Obesity
 - Alcohol
 - Antimicrobial resistance
 - Hypertension
 - Stronger NHS action on health inequalities
- Better care for major health conditions
 - Cancer
 - Cardiovascular disease
 - Stroke care
 - Diabetes
 - Respiratory disease
 - Adult mental health services

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies, who support urgent care and promote patient self-care and self-management. The **CPCS** has been available since 29 October 2019, as an Advanced Service.

Pharmacist review of medication as a method to reduce avoidable A&E attendances, admissions, and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication, has been identified as an important part of the services that can be provided from community pharmacies and should include services that support patients to take their medicines to get the best from them, reduce waste and promote self-care.

The LTP also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check**, rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacy as part of this process, but other disease-specific programmes should be made part of the service options available, including respiratory, diabetes and cancer. For example, the LTP states: 'We will do more to support those with respiratory disease to receive and use the right medication.' Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine, to help improve medicines adherence.

Community pharmacy also has an important role in optimising the use of medicines and the LTP identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually.

Southend-on-Sea HWB has designated that all Essential Services, CPCS and NMS are to be regarded as Necessary Services. All other Advanced Services are considered relevant.

Southend-on-Sea HWB has identified all Enhanced Services and LCS as pharmaceutical services that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

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/electronic repeat dispensing (eRD)
- ES 3: Disposal of unwanted medicines
- ES 4: Public health (promotion of healthy lifestyles)
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Discharge Medicines Service |(DMS)

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 medicines as part of their treatment for long-term conditions, e.g. diabetes, cardiovascular or respiratory.

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, 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

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. The current pandemic has highlighted this even further and there appears to be a desire and appetite to do more to integrate the system and pharmacy workforce spanning across community pharmacy, primary and secondary care to improve health outcomes and reduce inequalities.

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 SCC JHWS. Essential Services may also identify other issues such as general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

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

ES7: From 15 February 2021, NHS trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE's Medicines Safety Improvement Programme as a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Underpinning the Essential Services is a 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

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 Southend-on-Sea.

Both Essential and 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, costs-saving for the commissioner.

For more information on the Essential Services please visit: <https://psnc.org.uk/services-commissioning/essential-services/>

6.3 Advanced Services

Advanced Services are not mandatory for providers to provide. In many cases, there are restrictions on the provision and/or availability of these services. The Advanced Services are listed below and the number of pharmacy participants for each service in Southend-on-Sea can be seen in [Section 3.1.4](#) and later in this section by locality. A description of each service may be found below.

- A1: Appliance Use Review (AUR)
- A2: Stoma Appliance Customisation (SAC)
- A3: Community Pharmacist Consultation Service (CPCS)
- A4: Flu vaccination service
- A5: Hepatitis C testing service
- A6: Hypertension case-finding service
- A7: New Medicine Service (NMS)
- A8: Smoking cessation Advanced Service

Although the Steering Group has determined that Advanced Services (except NMS and CPCS) are relevant but not Necessary Services, Southend-on-Sea 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.

A.1 Appliance Use Review (AUR)

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

1. Establishing the way the patient uses the appliance and the patient's experience of such use;
2. Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
3. Advising the patient on the safe and appropriate storage of the appliance; and
4. Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

A.2 Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

A.3 Community Pharmacist Consultation Service (CPCS)

Since 1 November 2020, GPs have been able to refer patients for a minor illness consultation via GP CPCS, once a local referral pathway has been agreed. As well as referrals from GPs, the CPCS takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, the 999 service, and has been available since 29 October 2019.

A.4 Flu vaccination

The inclusion of flu vaccination as one of the Advanced Services contributes to improve access and opportunity for the public to receive their seasonal vaccine. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations – provided each year from September through to March.

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, COPD or cardiovascular disease, or carers, against diseases such as seasonal flu or shingles.

A.5 Hepatitis C testing service

The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs, such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.

A.6 Hypertension case-finding service

This is a new Advanced Service that has been recently introduced. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

A.7 New Medicine Service (NMS)

The service provides support to people who are newly prescribed a medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the long-term condition. Specific conditions/medicines are covered by the service, which are detailed below.

The service is split into three stages, which are: 1. patient engagement; 2. intervention; and 3. Follow-up.

From 1 September 2021, the following conditions are covered by the service:

- Asthma and COPD
- Diabetes (type 2)
- Hypertension
- Hypercholesterolaemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence/retention
- Heart failure
- Acute coronary syndromes
- Atrial fibrillation
- Long term risks of venous thromboembolism /embolism
- Stroke/TIA
- CHD

The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for the NMS.³⁴

A.8 Smoking cessation Advanced Service

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS LTP care model for tobacco addiction.

6.4 Enhanced Services

There are currently two Enhanced Services commissioned through community pharmacies from NHSE in Southend-on-Sea:

6.4.1 COVID-19 vaccination

Delivery of the COVID-19 vaccination has been added as an Enhanced Service from community pharmacies to support the public during the pandemic and commissioned by NHSE.

There are ten (26%) community pharmacies providing this service in Southend-on-Sea. The pharmacies providing the service are listed in Appendix A and highlighted by locality in [Section 6.6](#).

6.4.2 Easter Sunday and Christmas Day access to pharmaceutical services

This has been commissioned by NHSE across Southend to ensure there is sufficient coverage on these days for residents when and if required.

6.5 Locally Commissioned Services (LCS)

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, CCGs and NHSE local teams. In Southend-on-Sea, most commissioned services are public health services and hence are commissioned by the Southend-on-Sea Public Health Team.

Appendix A provides a summary of LCS in Southend-on-Sea 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 or not it is an LCS.

³⁴ NHS BSA. NMS – Drug List. www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists

LCS 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.

6.5.1 CCG-commissioned services

Southend-on-Sea CCG currently commissions one service from community pharmacies.

6.5.1.1 Palliative care medicines supply service

This service aims to provide immediate and consistent access to palliative care and other specialist medication across Mid and South Essex.

Within the Southend-on-Sea, two pharmacies (5%) provide this service: one in West Central locality, one in East Central locality.

6.5.2 Local authority-commissioned services

SCC commissions six services from community pharmacies.

6.5.2.1 Emergency Hormonal Contraception (EHC) service

Since 1 April 2021, sexual health services in Southend-on-Sea have been delivered by Brook in partnership with SH:24. This includes the ongoing provision of face-to-face services for all ages, alongside quick and easy online access to STI testing and contraception. All services are free to access for Southend-on-Sea residents.

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

Teenage pregnancies often lead to poor health and social outcomes for mother and baby and unwanted pregnancies have a significant impact, particularly in young girls. The termination of a pregnancy can also have long-term physical and psychological effects that may lead to health problems in future.

Teenage conception includes all conceptions before the mother's 20th birthday, but the national focus is on conception under 18. The conception rate is the number of pregnancies that start before the mother's 18th birthday (per 1,000 females aged 15–17) and includes pregnancies that end either in birth or in termination.

In 2020, the rate of conceptions per thousand females aged 15–17 in Southend-on-Sea was 14% compared with 15% for England.

At the time of writing, an EHC service for community pharmacy is currently under development.

6.5.2.2 Condom distribution

Adverse sexual health outcomes are major public health issues in England. Correct and consistent condom use remains a major intervention for preventing STIs, unplanned pregnancies and supporting a reduction in conceptions in under-18-year-olds. Condom distribution schemes are a key method of promoting condom use and provide a more holistic approach to condom distribution and sexual health promotion.

The Southend-on-Sea condom distribution service (C-Card), provided by Brook Young People, offers all-age access to free condoms from a number of outlets. Following registration, including a risk assessment and consultation, either in person or online, a C-Card is issued. Holders of a C-Card can then access condoms at an approved distribution outlet. The scheme is currently live and is seeking to expand within community pharmacy as well as in other settings; the service is currently under development.

6.5.2.3 Smoking cessation

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Smoking is a modifiable behavioural risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

The prevalence of smokers has been decreasing across all areas with the national and regional prevalence being similar. In 2019, the prevalence of current smokers in Southend-on-Sea is 13.23%, which is similar to the England rate of 13.88%.

Southend-on-Sea has 15 (39%) community pharmacies providing a stop smoking service: they are geographically spread across the borough and are available in all localities.

6.5.2.4 Supervised consumption

Southend Drug and Alcohol Commissioning Team on behalf of SCC commissioned CGL (Change Grow Live) for a 24-month pilot from 1 April 2018 until 31 March 2020. It was seen as an extension of the contract to deliver Southend Treatment and Recovery Service and was required to deliver pharmacy needle and syringe provision and supervised consumption functions.

CGL was responsible for contracting with local pharmacies and facilitating arrangements for the supervised consumption of medication for opioid substitution therapy. CGL was also responsible for ensuring that participating pharmacists are appropriately qualified to deliver supervised consumption in line with relevant professional requirements.

To access supervised consumption service, an individual will have been assessed by the service provider.

The rate of deaths from drug misuse over the period 2018–20 in Southend was 5.7. This was similar to the England average of 5.0.

Twenty-five community pharmacies (64%) in Southend-on-Sea have been commissioned to provide this service: they are geographically spread across the borough and are available in all localities.

6.5.2.5 Needle exchange service

Southend Drug and Alcohol Commissioning Team on behalf of SCC commissioned CGL for a 24-month pilot from 1 April 2018 until 31 March 2020. It was seen as an extension of the contract to deliver Southend Treatment and Recovery Service and was required to deliver pharmacy needle and syringe provision and supervised consumption functions.

CGL is expected to develop opportunities for needle and syringe services in pharmacies across the borough at times that best meet the needs of those wishing to access them. The service provider is also responsible for ensuring that participating pharmacists are appropriately qualified to deliver the service in line with relevant professional requirements.

The provision of needle exchange services 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 C, and to act as a referral point for service users to other health and social care services.

Eight pharmacies (21%) in the Southend-on-Sea HWB area are commissioned to provide this service: they are geographically spread across the borough and are available in all localities.

6.6 PNA localities

There are 38 community pharmacies within Southend-on-Sea. Individual pharmacy opening times are listed in Appendix A.

As described within [Section 1.5](#), the PNA Steering Group decided that the Southend-on-Sea PNA should be divided into four localities:

- West
- West Central
- East Central
- East

Southend-on-Sea has designated that all Essential Services, CPCS and NMS are to be regarded as Necessary Services. All other Advanced Services are considered relevant.

Southend-on-Sea HWB has identified all Enhanced Services and LCS as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the area of HWB.

Health data is available for Southend-on-Sea's population with some data at locality level. This is illustrated and discussed in detail in [Section 2](#).

Community pharmacy information by locality is summarised in the following three tables in terms of opening hours and availability of services.

Table 22: Number and type of community pharmacies per locality by opening hours

Opening Times	West (8)	West Central (14)	East Central (8)	East (9)
100-hour pharmacy	0	2 (14%)	1 (12.5%)	0
After 18:30 weekdays	0	3 (21%)	2 (25%)	4 (44%)
Saturday	7 (87.5%)	11 (79%)	7 (87.5%)	9 (100%)
Sunday	0	4 (29%)	2 (25%)	1 (11%)

Table 23: Provision of NHSE Advanced and Enhanced Services by locality

NHSE Advanced or Enhanced* Service	West (8)	West Central (14)	East Central (8)	East (9)
NMS	8 (100%)	12 (86%)	7 (87.5%)	9 (100%)
CPCS	6 (75%)	11 (79%)	8 (100%)	9 (100%)
Flu vaccination	7 (87.5%)	8 (57%)	7 (87.5%)	7 (78%)
SAC	0	2 [^] (13%)	0	0
AUR	0	0	0	0
Hepatitis C testing service	0	2 (14%)	1 (11%)	0
Hypertension case-finding service	6 (75%)	7 (50%)	8 (89%)	8 (100%)
Smoking cessation service	1 (12.5%)	0	2 (25%)	2 (22%)
C-19 vaccination*	3 (37.5%)	3 (23%)	3 (37.5%)	1 (11%)

* Enhanced

[^] Including one DAC**Table 24: Provision of locally commissioned services by locality (CCG and LA)**

CCG	West (8)	West Central (14)	East Central (8)	East (9)
Access to palliative care medicines	0	0	1 (12.5%)	0
LA	West (8)	West Central (14)	East Central (8)	East (9)
EHC	In development	In development	In development	In development
Condom distribution	In development	In development	In development	In development
Stop smoking	1 (12.5%)	4 (31%)	5 (62.5%)	5 (56%)
Supervised consumption	3 (37.5%)	10 (71%)	7 (87.5%)	5 (56%)
Needle exchange	1 (12.5%)	5 (38%)	1 (12.5%)	1 (11%)

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

6.6.1 West

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.6.1.1 Necessary Services: current provision

West locality has a total population of 38,837 and is made up of four wards, making it the second most populated locality in Southend-on-Sea. It has a high proportion of White residents.

There are eight community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 20.6, lower than Southend-on-Sea (21.3) but the same as the England average of 20.5 ([Section 3.1](#), Table 12), as of 15 December 2021. Since the previous PNA was published in 2017, there has been no change in the number of community pharmacies in Southend-on-Sea.

All of these pharmacies hold standard 40-core hour contracts, with none holding a 100-core hour contract. There are no dispensing GP practices in Southend-on-Sea, which is the same as in the 2017 PNA. There are no PhAS pharmacies in this locality.

Of the eight community pharmacies:

- 7 pharmacies (87.5%) are open on Saturdays
- None of these pharmacies are open on Sundays
- 8 pharmacies (100%) provide the NMS
- 6 pharmacies (75%) provide the CPCS
- 6 pharmacies (75%) provide the hypertension case-finding service
- 1 pharmacy (12.5%) provides the stop smoking service
- No pharmacies provide the Hepatitis C testing service

There are a number of accessible providers open in neighbouring localities and HWB areas.

6.6.1.2 Necessary Services: gaps in provision

Whilst there are no 100-hour pharmacies, nor pharmacies that open on Sundays in West locality, there is adequate pharmaceutical service provision available including good availability of the NMS and CPCS. This is based on the response from the public questionnaire and access to pharmacies that are available over these periods in neighbouring localities and HWB areas. This suggests that there is no gap in the provision of Necessary Services for the locality.

However, Southend-on-Sea HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where any major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for West locality.

6.6.1.3 Other relevant services: current provision

Table 23 shows the number of pharmacies in the West locality providing Advanced and Enhanced Services – it can be seen that there is a good availability of flu vaccination and hypertension case-finding service in the locality.

Regarding access to **Advanced Services** in the locality:

- 7 pharmacies (87.5%) provide flu vaccination services

Regarding access to **Enhanced Services** in the locality:

- 3 pharmacies (37.5%) currently provide the C-19 vaccination service

Regarding access to **Locally Commissioned Services** in the eight pharmacies, Table 24 shows that:

- No pharmacy provides the immediate access to palliative medicines service
- No pharmacy provides the EHC and condom distribution service
- 1 pharmacy (12.5%) provides the stop smoking service
- 3 pharmacies (37.5%) provide the supervised consumption service
- 1 pharmacy (12.5%) provides the needle exchange service

6.6.1.4 Improvements and better access: gaps in provision

Figure 30 in [Section 2.6.1](#) shows that West locality is the least deprived locality in Southend-on-Sea. It is also the second most populated locality in Southend-on-Sea.

There are a number of areas of ill health above the national average in Southend-on-Sea (see [Section 6.8](#)). Should these be priority target areas for commissioners, they may want to consider the current provision and uptake of services from community pharmacies.

The C-19 vaccination Enhanced Service is provided by three pharmacies in the West locality.

No community pharmacy currently provides the CCG service access to palliative care medicines in West locality. However, there is access to other community pharmacies that provide this service in the neighbouring localities.

No community pharmacy currently provides the local authority services of EHC and condom distribution across Southend-on-Sea. Please see [Section 6.8](#) for more information. Although sexual health services may be provided by other providers within Southend-on-Sea, consideration should be given to incentives for the uptake of these services by community pharmacy once developed.

There are no community pharmacies providing services overnight in West locality. Based upon the results of the public and pharmacy contractor questionnaires, consultation on the draft PNA, provision of 100-hour pharmacies in Southend-on-Sea compared with nationally and regionally, and access to pharmacies across Southend-on-Sea or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality

Southend-on-Sea HWB will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists. Details of improvements and better access for wider Southend-on-Sea HWB area can be seen in [Section 6.8](#).

No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across West locality.

6.6.2 West Central

6.6.2.1 Necessary Services: current provision

West Central locality has a total population of 65,847 and is made up of six wards, making it the most populated locality in Southend-on-Sea. It has a high proportion of White residents.

There are 14 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 21.3, the same as that of Southend-on-Sea (21.3) but higher than the England average of 20.5 ([Section 3.1](#), Table 12).

Of these pharmacies, 12 hold a standard 40-core hour contract while two hold a 100-core hour contract. There are no dispensing GP practices in Southend-on-Sea as a whole, but there is one PhAS pharmacy in this locality.

Of the 14 community pharmacies:

- 3 pharmacies (21%) are open after 6:30 pm on weekdays
- 11 pharmacies (79%) are open on Saturdays
- 4 pharmacies (29%) are open on Sundays
- 12 pharmacies (86%) provide the NMS
- 11 pharmacies (79%) provide the CPCS
- 7 pharmacies (50%) provide the hypertension case-finding service
- 2 pharmacies (14%) provide the Hepatitis C testing service

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.6.2.2 Necessary Services: gaps in provision

Generally, there is adequate pharmaceutical service provision including good availability of the NMS and CPCS across the whole locality to ensure continuity of provision to any new developments.

Southend-on-Sea HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for West Central locality.

6.6.2.3 Other relevant services: current provision

Table 23 shows the number of pharmacies in West Central locality providing Advanced and Enhanced Services – it can be seen that there is a good availability of the NMS, CPCS, flu vaccination and hypertension case-finding service in the locality.

Regarding access to **Advanced Services** in the locality:

- 8 pharmacies (57%) provide flu vaccination services

Regarding access to **Enhanced Services** in the locality:

- 3 (23%) pharmacies currently provide the C-19 Vaccination Service.

Regarding access to **Locally Commissioned Services** in the 13 pharmacies, Table 24 shows that:

- No pharmacy provides the immediate access to palliative medicines service
- No pharmacy provides the EHC and condom distribution service
- 4 pharmacies (31%) provide the Stop Smoking Service
- 10 pharmacies (71%) provide the supervised consumption service
- 5 pharmacies (38%) provide the needle exchange service

6.6.2.4 Improvements and better access: gaps in provision

West Central is the second most deprived locality with the highest overall population and the highest elderly population (over 65 years) and it has the highest number of pharmacies when compared with the other localities within Southend-on-Sea, including two 100-hour pharmacies.

There are a number of areas of ill health above the national average in Southend-on-Sea (see [Section 6.8](#)). Should these be priority target areas for commissioners, they may want to consider the current provision and uptake of services from community pharmacies. They may also want to consider the further uptake of the smoking cessation Advanced Service.

No community pharmacy currently provides the local authority services of EHC and condom distribution across Southend-on-Sea, as this is currently under development. Please see [Section 6.8](#) for more information. Although sexual health services may be provided by other providers within Southend-on-Sea, consideration should be given to incentives for uptake of these services by community pharmacy once developed, especially as West Central locality has the second highest level of deprivation within Southend-on-Sea.

There is one community pharmacy that currently provides the CCG service of access to palliative care medicines in the West Central locality.

There are no community pharmacies providing services overnight in West Central locality. Based upon the results of the public and pharmacy contractor questionnaires, consultation on the draft PNA, provision of 100-hour pharmacies in Southend-on-Sea compared with nationally and regionally, and access to pharmacies across Southend-on-Sea or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality.

Southend-on-Sea HWB will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists. Details of health needs for the wider Southend-on-Sea HWB area can be seen in [Section 6.8](#).

No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across West Central locality.

6.6.3 East

6.6.3.1 Necessary Services: current provision

East locality has a total population of 41,612 and is made up of four wards, making it the third most populated locality in Southend-on-Sea. It has a high proportion of White residents.

There are nine community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 21.6, higher than Southend-on-Sea (21.3) and the England average of 20.5 ([Section 3.1](#), Table 12).

All of these pharmacies hold standard 40-core hour contracts, with none holding a 100-core hour contract. There are no dispensing GP practices in Southend-on-Sea as a whole and no PhAS pharmacy in this locality.

Of the 9 community pharmacies:

- 4 pharmacies (44%) are open after 6:30 pm on weekdays
- 9 pharmacies (100%) are open on Saturdays
- 1 pharmacy (11%) is open on Sundays
- 9 pharmacies (100%) provide the NMS
- 9 pharmacies (100%) provide the CPCS
- 8 pharmacies (89%) provide the hypertension case-finding service
- 2 pharmacies (22%) provide the stop smoking service
- 1 pharmacy (11%) provides the Hepatitis C testing service

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.6.3.2 Necessary Services: gaps in provision

Even with no 100-hour pharmacy in the locality, based on the response from the public questionnaire and access to neighbouring pharmacies, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to any new developments.

Southend-on-Sea HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for West Central locality.

6.6.3.3 Other relevant services: current provision

Table 23 shows the number of pharmacies in East locality providing Advanced and Enhanced Services – it can be seen that there is a good availability of flu vaccination and hypertension case-finding service in the locality.

Regarding access to **Advanced Services** in the locality:

- 7 pharmacies (78%) provide flu vaccination services

Regarding access to **Enhanced Services** in the locality:

- 1 pharmacy (11%) currently provides the C-19 vaccination service.

Regarding access to **Locally Commissioned Services** in the 9 pharmacies, Table 24 shows that:

- No pharmacy provides the immediate access to palliative medicines service
- No pharmacy provides the EHC and condom distribution service
- 5 pharmacies (56%) provide the stop smoking service
- 5 pharmacies (56%) provide the supervised consumption service
- Only 1 pharmacy (11%) provides the needle exchange service

6.6.3.4 Improvements and better access: gaps in provision

East locality is the second least deprived locality within Southend-on-Sea and the third most populated locality out of the four localities in Southend-on-Sea.

No community pharmacy currently provides EHC and condom distribution services across Southend-on-Sea as these services are currently under development. Please see [Section 6.8](#) for more information. Although sexual health services may be provided by other providers within Southend-on-Sea, consideration should be given to incentives for uptake of these services by community pharmacy on developed.

No community pharmacy currently provides the CCG service of access to palliative care medicines in East locality. However, there is access to community pharmacies that provide this service in the neighbouring localities.

There are no community pharmacies providing services overnight in East locality. Based upon the results of the public and pharmacy contractor questionnaires, consultation on the draft PNA, provision of 100-hour pharmacies in Southend-on-Sea compared with nationally and regionally, and access to pharmacies across Southend-on-Sea or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service which would equate to the need for access to Essential Services outside normal hours in this locality.

Southend-on-Sea HWB will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists. Details improvements and better access for the wider Southend-on-Sea can be seen in [Section 6.8](#).

No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across East locality.

6.6.4 East Central

6.6.4.1 Necessary Services: current provision

East Central locality has a total population of 36,477 and is made up of three wards, making it the least populated locality in Southend-on-Sea. It has a high proportion of White residents.

There are eight community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 21.9, higher than Southend-on-Sea (21.3) and the England average of 20.5 ([Section 3.1](#), Table 12).

Of these pharmacies, 7 hold a standard 40-core hour contract with 1 pharmacy holding a 100-core hour contract. There are no dispensing GP practices in Southend-on-Sea as a whole and no PhAS pharmacy in this locality.

Of the 8 community pharmacies:

- 2 pharmacies (25%) are open after 6:30 pm on weekdays
- 7 pharmacies (87.5%) are open on Saturdays
- 2 pharmacies (25%) are open on Sundays
- 7 pharmacies (87.5%) provide the NMS
- 8 pharmacies (100%) provide the CPCS
- 8 pharmacies (100%) provide the hypertension case-finding service
- 2 pharmacies (25%) provide the stop smoking service
- No pharmacies provide the Hepatitis C testing service

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.6.4.2 Necessary Services: gaps in provision

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to any new developments.

SCC HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for East Central locality.

6.6.4.3 Other relevant services: current provision

Table 23 shows the number of pharmacies in East Central locality providing Advanced and Enhanced Services – it can be seen that there is a good availability of flu vaccination and hypertension case-finding service in the locality.

Regarding access to **Advanced Services** in the locality:

- 7 pharmacies (87.5%) provide flu vaccination services

Regarding access to **Enhanced Services** in the locality:

- 3 pharmacies (37.5%) provide the C-19 vaccination service.

Regarding access to **Locally Commissioned Services** in the 8 pharmacies, Table 24 shows that:

- 1 pharmacy (12.5%) provides the immediate access to palliative medicines service commissioned via the CCG
- No pharmacy provides the EHC and condom distribution service
- 5 pharmacies (62.5%) provide the stop smoking service
- 7 pharmacies (87.5%) provide the supervised consumption service
- Only 1 pharmacy (12.5%) provides the needle exchange service

6.6.4.4 Improvements and better access: gaps in provision

Figure 30 in [Section 2.6.1](#) shows the East Central locality as the most deprived locality in Southend-on-Sea, although it is the least populated locality.

There are a number of areas of ill health above the national average in Southend-on-Sea (see [Section 6.8](#)), however, data is not broken by locality. Should these be priority target areas for commissioners, they may want to consider the current provision and uptake of services from community pharmacies.

There is only one community pharmacy that currently provides the CCG service of access to palliative care medicines in East Central locality.

No community pharmacy currently provides the local authority services of EHC and condom distribution services across Southend-on-Sea, as they are currently under development. Please see [Section 6.8](#) for more information. Although sexual health services may be provided by other providers within Southend-on-Sea, consideration should be given to incentives for the uptake of these services by community pharmacy.

There are no community pharmacies providing services overnight in East Central locality. Based upon the results of the public and pharmacy contractor questionnaires, consultation on the draft PNA, provision of 100-hour pharmacies in Southend-on-Sea compared with nationally and regionally, and access to pharmacies across Southend-on-Sea or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality.

Southend-on-Sea HWB will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists. Details of health needs for the wider Southend-on-Sea HWB area can be seen in [Section 6.7](#).

No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across East Central locality.

6.7 Necessary Services: gaps in provision in Southend-on-Sea

For the purposes of this PNA, Necessary Services for Southend-on-Sea HWB are defined as Essential Services plus the NMS and CPCS.

The PNA has considered NHS LTP that was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. [Section 2.1](#) identifies aspects of the LTP that are especially relevant to community pharmacy services provision.

In all four localities, there are pharmacies that provide supplementary hours in the evening during the week and on Saturday. For those localities that have limited late evening pharmaceutical provision, there are easily accessible alternative pharmacies in either the surrounding localities or in neighbouring HWBs. There are three 100-hour pharmacies within Southend-on-Sea (Table 22, [Section 6.6](#)); 64% of pharmacies are open later than 6 pm on weekdays with 79% of community pharmacies open on a Saturday and 18% are open on Sundays (Table 16, [Section 3.1.3](#)).

There is good access to the Advanced Services designated as Necessary, i.e. NMS and CPCS, with 92% and 87% of community pharmacies providing these services, respectively, across Southend-on-Sea.

The public questionnaire did not record any specific themes relating to pharmacy opening times ([Section 5](#)). This and other information on current provision allows us to conclude, therefore, that there is no significant information to indicate there is a gap in the current provision of pharmacy opening times.

Southend-on-Sea as a whole has a variable healthy life expectancy but there is no data on this for each of the localities.

The current 2020 estimated resident population of Southend-on-Sea is 182,773. The 2031 projections show an increase in most age groups with a slight decrease in under-10s and 25- to 39-year-olds, suggesting an aging population as a whole. However, there is no breakdown of this data by locality.

Approximately 19% of the population is 65 or over, which is similar to the national rate of 19%. Population forecasts suggest that the population is set to increase by 7.17% by 2031, i.e. to around 195,875 by 2031.

At time of writing, Southend-on-Sea plans to develop approximately 1,370 new homes across the borough until 2024, which will help support the growing population and demand for housing. There is no breakdown of this data by locality.

The PNA Steering Group has considered the housing plans and proposed population growth over the life of this PNA. This will be monitored over the next three years. The Steering Group considers that there are currently no gaps in the future provision of pharmaceutical services in the areas covering these new populations.

SCC will monitor the uptake and need for Necessary Services across the HWB area.

From the information provided above by locality, the maps and contractor, and public questionnaires:

No gaps in the provision of Necessary Services have been identified for Southend-on-Sea.

6.8 Improvements and better access: gaps in provision in Southend-on-Sea

The Steering Group considers it is those services provided in addition to those considered necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services.

The health needs of the population of Southend-on-Sea are discussed in [Section 2](#) and summarised in [Section 6.1](#).

Over the period 2018-21, life expectancy at birth in Southend-on-Sea was 83.2 years for women and 78.8 years for men, in both cases slightly lower than the average for England. The prevalence of long-term conditions is expected to rise in Southend-on-Sea. Neoplasms, cardiovascular disease, musculoskeletal disorders, neurological disorders and chronic respiratory conditions have the largest burden of disease in Southend-on-Sea.

Flu vaccination is available in 74% of community pharmacies, however, Southend-on-Sea has a lower uptake than the national average across all groups and achieves the target rate in the general at-risk groups and the 65+ group. Improving these rates by better utilisation of the existing community pharmacy providers could be considered.

The COVID-19 vaccination service is an Enhanced Service provided in Southend-on-Sea. The numbers of service providers are increasing rapidly across England, and this is likely to be the case in Southend-on-Sea. In February 2022 there were ten providers (26%).

There are a number of LCS in Southend-on-Sea, commissioned by the CCG and LA. These are discussed in [Section 6.5](#) and by locality in [Section 6.6](#). Emergency contraception and condom distribution is commissioned in Southend-on-Sea, although the provision through community pharmacies is currently under development. Based upon the results of the public questionnaire (Table 21), a large percentage of the people who participated in the survey would like to see sexual health services provided.

Conversely, based upon the results of the pharmacy contractor questionnaires (Appendix H), only 5 out of the 25 respondents reported that there was a need for sexual health services (EHC, chlamydia screening, condom distribution) to be commissioned in their area. None of the respondents reported the need for the immediate access to palliative medicines service.

Based upon the results of the commissioner questionnaire (Appendix I):

- 3 out of 3 commissioners reported that they were 'not able or willing to commission' the chlamydia testing and treatment, contraceptive service (not EC)
- 2 out of 3 commissioners reported that they were 'not able or willing to commission' the Emergency Contraception Service. However, 1 out of 3 commissioners reported already commissioning the service as part of the Patient Group Direction Service.
- 2 out of 2 commissioners reported that they were 'not able or willing to commission' the following disease-specific medicines management services: CHD, heart failure, cholesterol

Although sexual health services may be provided by other providers within Southend-on-Sea, consideration should be given to incentives for the uptake of these services by community pharmacy to allow further access to such services once developed. SCC will monitor the uptake of these services across the HWB area once developed.

In regard to the other LCS, there is a fair spread of community pharmacies providing stop smoking, supervised consumption and needle exchange services across all localities.

The palliative care medicines supply service is provided only in the two central localities (East Central and West Central localities) of Southend-in-Sea. These are accessible by the wider Southend-on-Sea HWB area.

Figures for Southend-on-Sea as a whole indicate that the number of patients registered with hypertension as a proportion of the total practice size is 14.9, a higher rate than England at 13.9. There are new Advanced Services becoming available, such as the hypertension case-finding service, which would support the identified priorities for Southend-on-Sea. However, there has been low uptake of these services and methods to enhance the uptake should be considered including awareness campaigns (healthcare professionals and public) and gaining a clear understanding of the C-19 pandemic impact.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across all CCG localities. This will mean that more eligible patients can access and benefit from these services.

The impact of the C-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA.:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and C-19 vaccination
- Managing significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that the implementation of additional new services from community pharmacies in the future is possible.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across the Southend-on-Sea.

Section 7: Conclusions

When assessing the provision of pharmaceutical services in Southend-on-Sea and each of the four PNA localities, Southend-on-Sea HWB considered the following:

- The health needs of the population of Southend-on-Sea from the JSNA and nationally from the NHS LTP
- The location of pharmacies within Southend-on-Sea in relation to ward, locality and population density indicating that pharmacies are generally located within areas of higher population density (Figure 1, Table 12 and Appendix A)
- Projected population growth ([Section 2.5.3](#))
- Specific populations ([Section 2.5.6](#)) across all four PNA localities
- The IMD and deprivation ranges within Southend-on-Sea and across the four PNA localities ([Section 2.6.1](#), Figure 30) as well as the other wider determinants of health ([Section 2.6](#))
- The general lifestyle within Southend-on-Sea including smoking and drug and alcohol misuse ([Section 2.8](#))
- The disease burden within Southend-on-Sea ([Section 2.9](#))
- The choice of community pharmacies in Southend-on-Sea ([Section 3.1.1](#))
- Access to a community pharmacy in the evenings and over the weekend within Southend-on-Sea ([Section 3.1.2](#), [Sections 3.1.3.2](#) to [3.1.3.5](#))
- The number and distribution of all contractors in each PNA locality in Southend-on-Sea and nearby HWB including opening times (Figure 67, Appendix A)
- Access to community pharmacies via various types of transport ([Section 3.1.3](#) and Figures 68 to 70)
- The choice of pharmacies covering each of the four PNA localities and the whole of Southend-on-Sea (Appendix A)
- Results of the public questionnaire (Appendix G)
- Results of the pharmacy contractor questionnaire (Appendix H)
- Results of the commissioner questionnaire (Appendix I)

The HWB provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes.

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Necessary Services for Southend-on-Sea HWB are defined as Essential Services plus the NMS and CPCS.

Other Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Southend-on-Sea HWB area.

Locally Commissioned Services are those that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Southend-on-Sea, and are commissioned by the CCG or local authority, rather than NHSE.

7.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Necessary Services are Essential Services plus NMS and CPCS, which are described in [Sections 6.2](#) and [6.3](#).

Details of Necessary Service provision in Southend-on-Sea are provided in [Section 6.7](#).

Please note although a service may not be commissioned this does not necessarily mean there is a gap in pharmaceutical service provision.

In reference to [Section 6](#), and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

7.1.1 Necessary Services – normal working hours

Southend-on-Sea HWB has determined that the average daytime travel and walking times and opening hours of pharmacies in all four localities, across the whole HWB area, are reasonable in all the circumstances.

There is no current gap in the provision of Necessary Services during normal working hours across Southend-on-Sea to meet the needs of the population.

7.1.2 Necessary Services – outside normal working hours

There are two 100-hour contract pharmacies (one in West Central locality and one in East Central locality) and a total of eight pharmacies open after 6.30 pm within Southend-on-Sea on weekdays. These are geographically spread across Southend-on-Sea and are present in each of the four PNA localities.

Only 5 out of 38 pharmacies are **not** open on a Saturday, and 7 pharmacies are open at some time on a Sunday.

Based upon the results of the public questionnaire and access to pharmacies across Southend-on-Sea, there is no gap in service provision that would equate to the need for access to Necessary Services outside normal hours. Southend-on-Sea HWB will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future, which may provide evidence that a need exists.

There are no current gaps in the provision of Necessary Services outside of normal working hours across Southend-on-Sea to meet the needs of the population.

7.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across the whole of Southend-on-Sea.

7.3 Improvements and better access – gaps in provision

Advanced Services (except the NMS and CPCS), are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Southend-on-Sea.

Locally Commissioned Services are those that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Southend-on-Sea, and are commissioned by the CCG or local authority, rather than NHSE.

7.3.1 Current and future access to Advanced Services

Access to Advanced Services

Details of the services are outlined in [Section 6.3](#) and the provision in each locality is discussed in [Section 6.6](#).

[Section 6.8](#) discusses improvements and better access to services in relation to the health needs of Southend-on-Sea.

There are no gaps in the provision of Advanced Services across Southend-on-Sea.

Appendix M discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have a benefit to the population of Southend-on-Sea.

Optimising uptake of the existing Advanced Services within the existing community pharmacy sector would enhance the delivery of support to the public.

Southend-on-Sea HWB will monitor the uptake and need for Necessary Services and consider the impact of any changes in all localities in the future that may provide evidence that a need exists.

There are no gaps 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 of Southend-on-Sea.

7.3.2 Current and future access to Enhanced Services

Details of the services are outlined in [Section 6.4](#) and the provision in each locality is discussed in [Section 6.6](#).

[Section 6.8](#) discusses improvements and better access to services in relation to the health needs of Southend-on-Sea.

The C-19 vaccination is the only Enhanced Service provided in Southend-on-Sea. The numbers of service providers are increasing rapidly across England, and this is likely to be the case in Southend-on-Sea. In February 2022 there were ten providers (26%).

While these numbers are low, this does not mean there is a gap identified in respect of securing improvements or better access to Enhanced Service provision on a locality basis as identified 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 of Southend-on-Sea

7.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those commissioned by NHSE are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE is in some cases addressed by a service being commissioned through the council or local authority; these services are described in [Section 6.5](#).

[Section 6.8](#) discusses improvements and better access to LCS in relation to the health needs of Southend-on-Sea.

Southend-on-Sea HWB notes that the local authority-commissioned EHC and condom distribution services are under development and currently not active in community pharmacy. The Steering Group notes that other providers of these services (e.g. sexual health clinics) are available, however, consideration could be given to incentives for the uptake of these services by community pharmacy to enable access at weekends and evenings once developed.

The palliative care medicines supply service is an out-of-hours service and is available in East Central and West Central localities. Consideration could be given to commission further pharmacies in East and West localities should the need arise.

Appendix M discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have a benefit to the population of Southend-on-Sea.

Based on current information, Southend-on-Sea HWB has not identified a need to commission any LCS not currently commissioned, however uptake by community pharmacy needs to be encouraged by the commissioner.

A full analysis has not been conducted on which LCS might be of benefit as this is out of the scope of the PNA.

Based on current information no current gaps have been identified in respect of securing improvements or better access to locally commissioned services, either now or in specific future circumstances across Southend-on-Sea to meet the needs of the population.

Appendix A: List of pharmaceutical service providers in Southend-on-Sea HWB area

West locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced							NHSE Enhanced	CCG	LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	EHC	Condom distribution	Stop smoking	Supervised consumption
Elms Pharmacy Ltd	FK615	Community	912 London Road, Leigh on Sea	SS9 3NG	08:30-18:30 (Mon 09:00-18:30)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-
Boots 129	FKH07	Community	9-13 Rayleigh Road, Eastwood, Leigh on Sea	SS9 5UU	09:00-18:00 (Wed 09:00-14:00)	09:00-16:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	Y	-
Osbon Pharmacy	FLW54	Community	372 Rayleigh Road, Eastwood, Leigh-on-Sea	SS9 5PT	09:00-18:30	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	-	-	-	Y	Y
Boots	FN662	Community	89 The Broadway, Leigh-on-Sea	SS9 1PE	09:00-13:00, 14:00-18:00	10:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-
Belfairs Pharmacy	FR725	Community	327 Eastwood Road North, Leigh-on-Sea	SS9 4LT	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-
French's Chemist	FTW96	Community	1723-1725 London Road, Leigh-on-Sea	SS9 2SW	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-
Leigh Pharmacy	FX461	Community	31 Elm Road, Leigh-on-Sea	SS9 1SW	09:00-18:30	09:00-15:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	Y	-	-	-	-	-
Elmsleigh Pharmacy	FX534	Community	185 Elmsleigh Drive, Leigh-on-Sea	SS9 4JH	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-

West Central locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced								NHSE Enhanced	CCG	LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	EHC	Condom distribution	Stop smoking	Supervised consumption	Needle exchange
Kalsons Chemist	FAN08	Community	138 Hoblethick Lane, Westcliff-on-Sea	SS0 0RJ	09:00-18:30	09:00-12:45	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-
Boots	FCF14	Community	179-181 Hamlet Court Road, Westcliff-on-Sea	SS0 7EL	08:00-18:30	09:00-17:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y	-
Fittleworth Medical Ltd	FD135	DAC	44 Hamlet Court Road	SS0 7LX	09:00-17:00 (Fri 09:00-13:00)	Closed	Closed	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Boots 130	FD263	Community	Unit 2 Royal Shopping Centre, High Street, Southend-on-Sea	SS1 1DE	08:30-18:00	08:30-18:00	11:00-17:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y
Longthornes Pharmacy	FDP05	Community	5 West Road, Westcliff-on-Sea	SS0 9AU	09:00-18:15	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Westcliff Pharmacy	FGE91	Community	315 Westborough Road, Westcliff-on-Sea	SS0 9PU	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-
Derix Healthcare Pharmacy	FH669	Community	1065 London Road, Leigh-on-Sea	SS9 3JP	08:00-23:00	08:00-18:00	08:00-23:00	Y	-	Y	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-
Longthornes Pharmacy	FJF40	Community	779 London Road, Westcliff-on-Sea	SS0 9SU	09:00-13:00, 14:00-18:15	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Morrisons Pharmacy	FKL87	Community	Western Approaches, Eastwood, Southend-on-Sea	SS2 6SH	09:00-19:30	09:00-13:00, 14:00-18:00	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-
Tesco Pharmacy	FLP85	Community	Prince Avenue, Westcliff-on-Sea	SS0 0JP	06:30-22:30 (Mon 08:00-22:30)	06:30-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-
Earls Hall Pharmacy	FM089	Community	8 Earls Hall Parade, Southend-on-Sea	SS2 6NW	09:00-18:30 (Wed 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced								NHSE Enhanced	CCG	LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	EHC	Condom distribution	Stop smoking	Supervised consumption	Needle exchange
Superdrug Pharmacy	FMM35	Community	37-41 High Street, Southend-on-Sea	SS1 1JD	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	Y	-
Bridgwater Pharmacy	FW376	Community	84 Bridgwater Drive, Westcliff-on-Sea	SS0 0DH	09:00-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	-	Y	-
Rowlands Pharmacy	FWL05	Community	87 Leigh Road, Leigh-on-Sea	SS9 1JN	09:00-13:00, 13:20-18:00	Closed	Closed	-	-	Y	-	Y	Y	-	Y	-	-	Y	-	-	-	-	-	-
Lloyds Pharmacy	FYE97	Community	Valkyrie Road Primary Care Centre, 50 Valkyrie Road, Westcliff-on-Sea	SS0 8BT	09:00-18:00	09:00-12:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	Y

East locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced								NHSE Enhanced	CCG	LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	EHC	Condom distribution	Stop smoking	Supervised consumption	Needle exchange
Boots	FD896	Community	801-809 Southchurch Road, Southend-on-Sea	SS1 2PP	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	
Howells & Harrison	FEV61	Community	129-135 Broadway, Thorpe Bay	SS1 3EX	09:00-18:30 (Wed 09:00-13:00, 14:00-18:30)	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-
Shoebury Pharmacy	FGT47	Community	Campfield Road, Shoeburyness	SS3 9BX	08:30-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-
Shoebury Pharmacy	FH037	Community	72 West Road, Shoeburyness, Southend-on-Sea	SS3 9DS	09:00-13:00,14:00-18:00	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y	
Charles S Bullen Stomacare Ltd	FNE35	DAC	103 West Road, Shoeburyness	SS3 9DT	09:00-17:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vinods Dispensing Chemists	FVX46	Community	227 Hamstel Road, Southend-on-Sea	SS2 4LB	09:00-13:00,14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y	-
Asda Pharmacy	FW534	Community	North Shoebury Road, Shoeburyness	SS3 8DA	09:00-20:00 (Thu 09:00-21:00; Fri 09:00-22:00)	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	
Shoebury Pharmacy	FWF65	Community	14 High Street, Shoeburyness	SS3 9AH	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	
Howells & Harrison (Sthnd Ltd)	FX084	Community	235 Woodgrange Drive, Southend-on-Sea	SS1 2SG	09:00-13:00, 13:30-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-
Bansals Pharmacy	FXJ82	Community	178 The Broadway, Thorpe Bay	SS1 3ES	09:00-19:00	09:00-16:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	-	-

East Central locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced								NHSE Enhanced	CCG	LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	EHC	Condom distribution	Stop smoking	Supervised consumption	Needle exchange
Lloyds Pharmacy	FDN90	Community	45 London Road, Southend-on-Sea	SS1 1PL	08:00-20:00	08:00-20:00	10:00-13:00, 14:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y	
Chemist@ Southend	FEA52	Community	Queensway Surgery, 75 Queensway, Southend-on-Sea	SS1 2AB	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	Y	-
Havela Pharmacy	FKW96	Community	183-195 North Road, Westcliff-on-Sea	SS0 7AF	08:00-18:30	09:00-13:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	-	
Queensway Pharmacy	FM237	Community	61 Southchurch Road, Southend-on-Sea	SS1 2NL	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	-	-	-	
Boots	FRY11	Community	Unit G48, Victoria Shopping Centre, Southend-on-Sea	SS2 5SA	09:30-17:30	09:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	Y	-	
Southchurch Pharmacy	FTJ79	Community	535 Southchurch Road, Southend-on-Sea	SS1 2PN	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	
Murray Miller Pharmacy	FV495	Community	526 Sutton Road, Southend-on-Sea	SS2 5PW	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	-	Y	Y	-
Rays Pharmacy	FWX85	Community	47 Sutton Road, Southend-on-Sea	SS2 5PB	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	-	Y	Y	-

Appendix B: PNA Steering Group terms of reference

Objective/Purpose

To support the production of the Pharmaceutical Needs Assessments (PNA) on behalf of the Southend-on-Sea City Council, to ensure that they satisfy the relevant regulations including consultation requirements.

Accountability

The Steering Group is to report to the Public Health Lead.

Membership

Core members:

- Public Health Lead
- NHS England representative
- Local Medical Committee representative
- Local Pharmaceutical Committee (LPC) representative
- CCG representative
- Council – consultant in public health
- Council – commissioning manager
- Healthwatch representative (lay member)

Soar Beyond are not to be a core member however will chair the meetings. Each core member has one vote. The Public Health Lead (Group Manager – Operational Performance & Intelligence Team) will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG commissioning managers
- NHS trust chief pharmacists
- Dispensing doctors representative

In attendance at meetings will be representatives of Soar Beyond Ltd who has been commissioned by Southend-on-Sea City Council to support the development of the PNAs. Other additional members may be co-opted if required.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the PNA for submission to the Health and Wellbeing Board (HWB).

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
 - Any LPC for its area

- Any Local Medical Committee for its area
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area
- Any LPS chemist in its area
- Any local Healthwatch organisation for its area
- Any NHS trust or NHS foundation trust in its area
- NHS England
- Any neighbouring HWB
- Ensure that due process is followed
- Report to HWB on both the drafts and final PNA
- Publish the final PNA by 1 October 2022.

Appendix C: Public questionnaire

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Pharmaceutical Needs Assessment 2022 Public Questionnaire Southend-on-Sea Health and Wellbeing Board

Tell us what you think of community pharmacy services in Southend-on-Sea

We want to hear what you think of community pharmacy (or local chemists) services in Southend-on-Sea to help us develop services in the future. Everybody's views are important to ensure the pharmacy services in Southend-on-Sea meet your needs. Your views will help us to develop future pharmacy services and how these are accessed.

The information you give us will enable us to:

- check whether our services are equally accessible to everyone who is entitled to them;
- identify and address any barriers to accessing (information about) our services;
- continually improve the services we deliver.

We would be grateful if you would take your time to answer some questions about your own experience and views. It takes between 3 and 20 minutes, depending on your answers.

The information in the questionnaire you provide is confidential. Please see the privacy statement to understand what happens to your information and answers. Information returned in the 'A bit about you' section will be recorded separately from the questionnaire response.

This questionnaire is available in other formats upon request. Please contact Roger MacDonald on 01702 215161 or email data@southend.gov.uk

If you would like to complete this online please follow the link below or scan the QR code:

<https://yoursay.southend.gov.uk/pharmaceutical-needs-assessment-2022>



Closing date for this questionnaire is 14th January 2022

Please return the questionnaire in the envelope provided to Southend-on-Sea Council.

N.B. All responses to these questions are anonymous; responses are added together and no individuals are identified. Any information provided will be treated as strictly confidential and in line with GDPR (General Data Protection Regulation). The information will be held securely and used for the purpose of planning appropriate services for all communities. It will not be passed on to any third party. For more detail on the Public Health privacy notice please visit: www.southend.gov.uk/downloads/file/5539/southend-on-sea-council-data-protection-policy

1) Do you normally use a specific pharmacy? (Please note this question is required)

- Yes
- No
- I prefer to use an online pharmacy
- I prefer to use both a community pharmacy and an online pharmacy

(An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically, and dispensed medication is sent via a courier to your home.)

2) If happy to do so, please provide the name and address / website below:

3) How would you rate your overall satisfaction with your regular/preferred pharmacy?

- Excellent
- Good
- Fair
- Poor

4) How easy or difficult has it been to speak to your pharmacy over the last 18 months, during the pandemic?

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult

5) On a scale from 1 to 10 (1 being extremely unsatisfactory and 10 being extremely satisfactory) how well does your local community pharmacy meet your needs?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

6) How important are each of the following aspects to you when choosing a preferred pharmacy?

	Extremely important	Very Important	Moderately Important	Fairly important	Not at all important
Quality of service (friendly staff, expertise)					
Convenience (e.g., location, opening times)					
Accessibility (e.g., language spoken (including BSL), parking, clear signage, wheelchair/buggy access)					
Availability of medication/ services (e.g., stocks, specific services)					
Other, please specify _____					

In the last six months, how frequently have you visited/contacted (spoken to, emailed or visited in person) a pharmacy? (Please select one answer for yourself Q7 and one for someone else Q8)

7) For yourself:

- Once a week or more
- Once a month
- Once every few months
- Once in six months
- I haven't visited/contacted a pharmacy in the last 6 months
- I normally prefer to use an internet/online pharmacy

8) For someone else:

- Once a week or more
- Once a month
- Once every few months
- Once in six months
- I haven't visited/contacted a pharmacy in the last 6 months
- I normally prefer to use an internet/online pharmacy

9) Who do you normally visit/contact a pharmacy for? (Please select all that apply)

- Yourself A family member A neighbour/friend Someone you are a carer for
- All of the above Other, please specify _____

10) If you visit/contact a pharmacy regularly on behalf of someone else, please give a reason why? (Please select all that apply)

- Opening hours of the pharmacy not suitable for the person
- The person can't access the pharmacy (for example due to disability/lack of transport)
- The person cannot use the delivery service
- For a child/dependant
- The person is too unwell
- The person does not have access to digital or online services
- All of the above
- Other, please specify _____

11) How would you usually travel to the pharmacy? (Please select one answer)

- Car Taxi Public transport Walk Bicycle Wheelchair/mobility scooter
- I don't, someone goes for me
- I don't, I use an online pharmacy or delivery service
- I don't, I utilise a delivery service
- Other, please specify _____

If you have answered that you don't travel to a pharmacy, please go to question 15.

12) If you travel to a pharmacy, where do you travel from? (Please select all that apply)

- Home Work Other, please specify _____

13) On an average, how long does it take you to travel to a pharmacy? (Please select one answer)

- 0 to 15 minutes 16 to 30 minutes Over 30 minutes

14) Do you face any of the following difficulties when travelling to a pharmacy? (Please select all that apply)

- Lack of parking Lack of suitable public transport
- It's too far away Lack of disabled access/facilities
- Other, please specify _____

15) What is the most convenient day for you to visit / contact a pharmacy? (Please select one answer)

- Monday to Friday Saturday Sunday Varies I don't mind

16) Is your preferred pharmacy open on the most convenient day for you?

- Yes No

17) When do you prefer to visit/contact a pharmacy? (Please select one answer)

- Morning (8 am–12 pm)
 Lunchtime (12 pm–2 pm)
 Afternoon (2 pm–6 pm)
 Early evening (6 pm–8 pm)
 Late evening (after 8 pm)
 Varies
 I don't mind/no preference

18) Is your preferred pharmacy open at the most convenient time for you/at your preferred time?

- Yes No

19) How frequently do you buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

- Daily Weekly Fortnightly Monthly Yearly
 Rarely Never

20) Pharmacy services are services that are provided by pharmacists. These services include clinical advice and support for managing minor illness, including the supply of over-the-counter medicines for a range of minor illnesses, dispensing of prescription medication and health and wellbeing advice. Example of service are listed below.

Which of the following [pharmacy services](#) are you aware that a pharmacy may provide?

(Please select one answer for each service – even if you do not use the service)

Service	Are you aware that a pharmacy may provide this?
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19 lateral flow device (LFD) distribution service	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19 asymptomatic testing using a lateral flow device (LFD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19 vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flu vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buying over-the-counter medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispensing prescription medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispensing appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No

Service	Are you aware that a pharmacy may provide this?	
Repeat dispensing services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home delivery and prescription collection services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication review	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New Medicine Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discharge from hospital medicines service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency supply of prescription medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disposal of unwanted medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appliance Use Review	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Pharmacist Consultation Service (urgent care referral)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis testing service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stoma appliance customisation service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Needle exchange	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stopping smoking/nicotine replacement therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immediate access to specialist drugs, e.g. palliative care medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Travel immunisation (some pharmacies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anticoagulation monitoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weight management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Long-term condition management	<input type="checkbox"/> Yes	<input type="checkbox"/> No

21) Which of the following pharmacy services would you like to see always provided by your pharmacy? (Please select one answer for each service)

Service	Would you like to see this service always provided?
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID-19 lateral flow device distribution service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID-19 asymptomatic testing using a lateral flow device (LFD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID-19 vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Flu vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Buying over-the-counter medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Repeat dispensing services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Home delivery and prescription collection services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion

Service	Would you like to see this service always provided?
Medication review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
New Medicine Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Discharge from hospital medicines service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Emergency supply of prescription medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Disposal of unwanted medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Appliance Use Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Community Pharmacist Consultation Service (urgent care referral)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Hepatitis testing service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stoma Appliance Customisation service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Needle exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stopping smoking/nicotine replacement therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Immediate access to specialist drugs e.g. palliative care medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Travel immunisation (some pharmacies)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Anticoagulation monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Weight management	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Long-term condition management	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion

22) Other services you would like to see provided by your pharmacy? Please specify

23) Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit/contact?

Yes No I don't know

24) If there is a consultation room, is it fully accessible to wheelchair users, or to people with other accessibility needs?

Yes No I don't know

25) Any other comments you would like to make about the consultation room?

26) Is your pharmacy able to provide medication on the same day your prescription is sent to it? (Please select one answer)

- Yes
- No – it normally takes one day
- No – it normally takes two or three days
- No – it normally takes more than three days
- I don't know

27) How do you prefer to be alerted when your medication is ready for collection? (Please select one answer)

- Yes – by text
- Yes – by email
- I prefer not to be alerted
- Other (Please specify) _____

28) If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)

- Paper request form to my GP practice
- Paper request form through my pharmacy
- By email to my GP practice
- Online request to my GP practice
- My pharmacy orders on my behalf
- Electronic Repeat Dispensing (eRD)
- NHS app
- Varies
- Other (Please specify) _____

29) Have you ever used [Electronic Repeat Dispensing \(eRD\)](#)? This is a process that allows you to obtain repeated medication/appliances without the need for your GP to hand-sign authorised repeat prescriptions each time. This allows your GP to authorise and issue a batch of repeat prescriptions until you need to be reviewed. The prescriptions are then available for dispensing at the specified intervals at your nominated pharmacy. (Please select one answer)

- Yes
- No
- I don't know / have never heard of it

30) Please tell us if you have any comments about eRD?

31) Not all health needs require a GP appointment or a visit to an urgent treatment centre or A&E. Many minor health needs can be met by phoning 111 or visiting a pharmacy. What types of treatments or advice would you like to receive from community pharmacies so they can better meet your needs?

32) Do you have any other comments you would like to make about your pharmacy services, including any improvements you would like to see?

A bit about you

The following questions tell us more about you and help us to make sure we have captured views from a cross-section of people.

We recognize that you might consider some of these questions to be personal or sensitive, in which case you are free not to answer them. The information you provide will only be used for ensuring we are getting opinions of a cross section of society, and to see if there are any differences between Southend residents in the view and experiences of living in Southend.

Promoting Equality: Southend-on-Sea Borough Council has as duty to assess the impact of its work on the local population with a focus on certain groups that include: race, age, disability and gender. The Council is aware that these groups and others may experience more difficulties in accessing local services.

33) Your home postcode (will remain confidential) _____

34) Do you want to answer some questions about you?

- Yes, I would like to share this information now No – please end the questionnaire

35) What is your age group?

- Below 18 18–24 25–34 35–44 45–54
 55–64 65–74 75 or above Prefer not to say

36) Gender

- Male Female
 Prefer to self/describe _____ Prefer not to say

37) What is your sexual orientation?

- Bisexual Gay / Lesbian Heterosexual / Straight
 Other Prefer not to say

38) What is your ethnic group?

- | | |
|--|---|
| <input type="checkbox"/> White: English/Welsh/Scottish/Northern Irish/British | |
| <input type="checkbox"/> White: Irish | <input type="checkbox"/> White: Eastern European |
| <input type="checkbox"/> White: any other background | <input type="checkbox"/> Gypsy or Irish Traveller |
| <input type="checkbox"/> Mixed/multiple ethnic background: White and Black Caribbean | |
| <input type="checkbox"/> Mixed/multiple ethnic background: White and Black African | |
| <input type="checkbox"/> Mixed/multiple ethnic background: White and Asian | |
| <input type="checkbox"/> Mixed/multiple ethnic background: any other background | |
| <input type="checkbox"/> Asian/Asian British: Indian | <input type="checkbox"/> Asian / Asian British: Pakistani |
| <input type="checkbox"/> Asian/Asian British: Bangladeshi | <input type="checkbox"/> Asian / Asian British: Chinese |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Black British |
| <input type="checkbox"/> Black: African | <input type="checkbox"/> Black: Caribbean |
| <input type="checkbox"/> Any other Black/African/Caribbean background | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Any other ethnic group | <input type="checkbox"/> Prefer not to say |

39) Do you consider yourself disabled or have a long-standing illness? Long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, affecting mobility |
| <input type="checkbox"/> Yes, affecting hearing | <input type="checkbox"/> Yes, affecting vision |
| <input type="checkbox"/> Yes, a learning disability | <input type="checkbox"/> Yes, mental ill health |
| <input type="checkbox"/> Yes, another form of disability | <input type="checkbox"/> Yes, affecting multiple areas |
| <input type="checkbox"/> Prefer not to say | |

40) Do you have caring responsibilities? A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

- Yes No Prefer not to say

Thank you for completing this questionnaire

If you wish to be kept informed about the Southend-on-Sea Pharmaceutical Needs Assessment and the consultation, please visit:

<https://yoursay.southend.gov.uk/pharmaceutical-needs-assessment-2022>

Appendix D: Pharmacy contractor questionnaire

PNA 2022 Pharmacy Contractor Questionnaire Southend-on-Sea Health and Wellbeing Board

Soar Beyond are supporting Southend-on-Sea Borough Council to produce its 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all pharmacy contractors within Southend.

We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer, you may complete the survey online at

<https://www.surveymonkey.com/r/SouthendPNA2022PharmacyContractor>



Please complete this questionnaire by 14th January 2022 at the latest

Premises and contact details

Contractor code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading name	
Address of contractor pharmacy	
Opening hours and related matters	Contact NHSE

Services – Does the pharmacy dispense appliances?

Yes – All types	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other [identify]	
None	<input type="checkbox"/>
Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Non-commissioned services – Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – With charge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any services you would like to provide that are not currently commissioned in your area? If so, please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details of the person completing this form:

Contact name of person completing questionnaire on behalf of the contractor if questions arise	Contact telephone number

Appendix E: Commissioner questionnaire

PNA 2022 Commissioner Questionnaire Southend-on-Sea Health and Wellbeing Board

Soar Beyond are supporting Southend-on-Sea to produce their 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all commissioners who are responsible for commissioning services from community pharmacies in Southend-on-Sea (even if they do not commission services currently).

We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer, you may complete the survey online at

<https://www.surveymonkey.co.uk/r/SouthendPNA2022Commissioner>



Please complete the questionnaire by 14th January 2022

Community pharmacy services overview

Community Pharmacy Contractual Framework (CPCF)¹

Community pharmacies are contracted and commissioned in England under the national Community Pharmacy Contractual Framework (CPCF). This sets out the services that need to be provided, how quality is assured and other expectations, such as safety. CPCF is made up of three different service types and below are examples of what is already commissioned in community pharmacy:

1. Essential services – provided by all pharmacy contractors and are commissioned by NHS England
 - a. Dispensing medicines and appliances
 - b. Repeat dispensing
 - c. Discharge medicines service
 - d. Disposal of unwanted medicines
 - e. Promotion of Health Lifestyles – Public Health
 - f. Signposting to other healthcare providers
 - g. Clinical governance
 - h. Support for self-care
2. Advanced services – provided by all contractors once accreditation requirements have been met and are commissioned by NHS England
 - a. Appliance use reviews (AUR)
 - b. Community pharmacist consultation service (CPCS)
 - c. C-19 Lateral flow device distribution service
 - d. Flu vaccination service
 - e. Hepatitis C testing service
 - f. Hypertension case-finding service
 - g. New Medicine Service
 - h. Pandemic delivery service – active until 31st March 2022
 - i. Stoma appliance customisation
 - j. Smoking Cessation advanced service – will be commissioned from January 2022
3. Locally commissioned services – services commissioned by Local Authorities, Clinical Commissioning Groups and NHS England in response to the needs of the local populations.

Pharmacy Quality Scheme (PQS)

The Pharmacy Quality Scheme (PQS) forms part of the CPCF. It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience.²

The new PQS for 2021/22 from September 2021 will focus on priorities supporting recovery from COVID-19 and examples of criteria include:³

- 20 new NMS provisions

¹ **PSNC, Pharmaceutical Services Negotiating Committee.** Community Pharmacy Contractual Framework. PSNC. [Online] [Cited: October 06, 2021.] <https://psnc.org.uk/contract-it/the-pharmacy-contract/>

² **PSNC, Pharmaceutical Services Negotiating Committee.** Pharmacy Quality Scheme. PSNC. [Online] [Cited: October 2021, 2021.] <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/>

³ **NHS Business Services Authority.** Pharmacy Quality Scheme (PQS) 2021/22. NHSBA. [Online] [Cited: October 06, 2021.] <https://www.nhsbsa.nhs.uk/sites/default/files/2021-08/Pharmacy%20Quality%20Scheme%20Announcement%20September%202021-2022.pdf>

- Identifying people who would benefit from weight management advice and onward referral, including to the recently introduced NHS Digital Weight and/or Local Authority funded tier 2 weight management service
- Checking inhaler technique, as part of catch-up NMS, ensuring patients have personalised asthma action plans and use of spacers in children, and encouraging return of unwanted and used inhalers for disposal to protect the environment

Full details of PQS 2021/22 can be found here:

[Pharmacy Quality Scheme Announcement September 2021-2022.pdf \(nhsbsa.nhs.uk\)](https://www.nhs.uk/medicines/pharmacy-quality-scheme/announcement-september-2021-2022.pdf)

Which of the following services do you commission or may be considering commissioning from local community pharmacies?

SERVICE	Currently commissioning	Would consider commissioning in the future	Not likely to commission in the future
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiviral Distribution Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive Service (not EC) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease-Specific Medicines Management Service:			
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contraception Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten-Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently commissioning an Independent Prescribing Service, what therapeutic areas are covered?			

¹ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHS England and NHS Improvement Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

SERVICE	Currently commissioning	Would consider commissioning in the future	Not likely to commission in the future
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Optimisation Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently commissioning a Medicines Optimisation Service, what therapeutic areas are covered?			
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity Management (adults and children) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not-Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (please name the medicines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service:			
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza Vaccination Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Vaccinations:			
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at-risk workers or patients) vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE	Currently commissioning	Would consider commissioning in the future	Not likely to commission in the future
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (please name therapeutic areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details of the Person Completing this Questionnaire – if questions arise

Contact name	Contact telephone number

Appendix F: PNA project plan

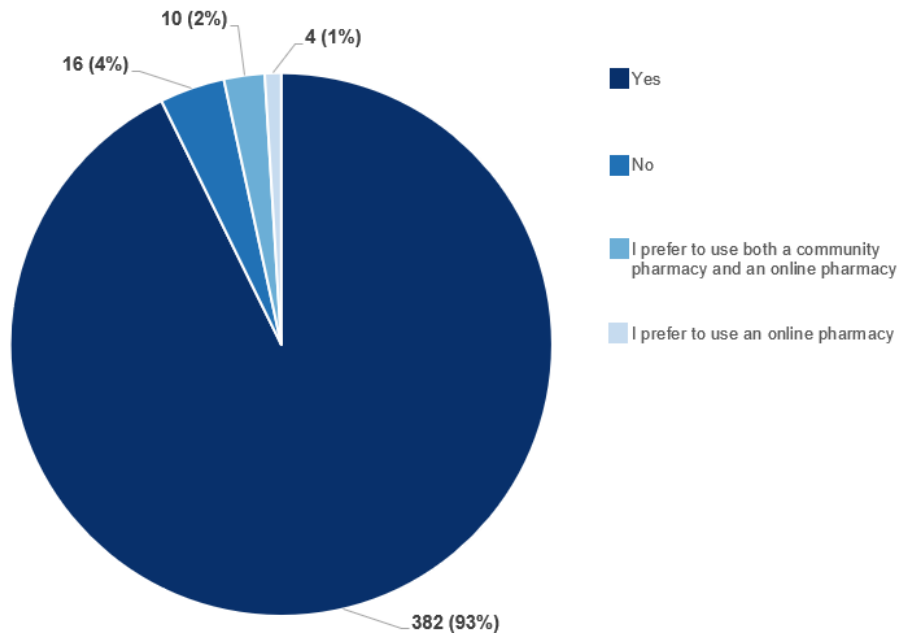
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<p>Stage 1: Project Planning & Governance</p> <ul style="list-style-type: none"> Stakeholders identified First Steering Group meeting conducted Project Plan, Communications Plan and Terms of Reference agreed PNA localities agreed Questionnaire templates shared and agreed 													
<p>Stage 2: Research & analysis</p> <ul style="list-style-type: none"> Collation of data from NHSE, PH, LPC and other providers of services Listing and mapping of services and facilities with the borough Collation of information regarding housing and new care home developments EIA – Equalities Impact Assessment Electronic, distribution and collation Analysis of questionnaire responses Steering Group meeting two Draft update for HWB 													
<p>Stage 3: PNA development</p> <ul style="list-style-type: none"> Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs Develop Consultation Plan Draft PNA Engagement for Consultation Steering Group meeting three Draft update for HWB 													
<p>Stage 4: Consultation and final draft production</p> <ul style="list-style-type: none"> Coordination and management of consultation Analysis of consultation responses Production of consultation findings report Draft final PNA for approval Steering Group meeting four Minutes to meetings Edit and finalise final PNA 2022 Draft update for HWB 													

155

Appendix G: Results of the public questionnaire

Total responses received:¹ 412

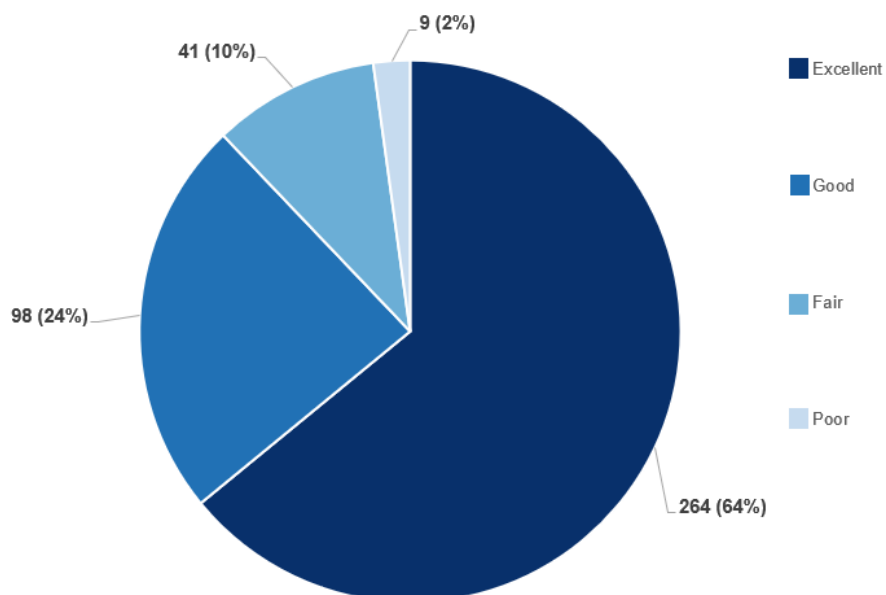
1 - Do you normally use a specific pharmacy?



2 - If happy to do so, please provide the name and address/website:

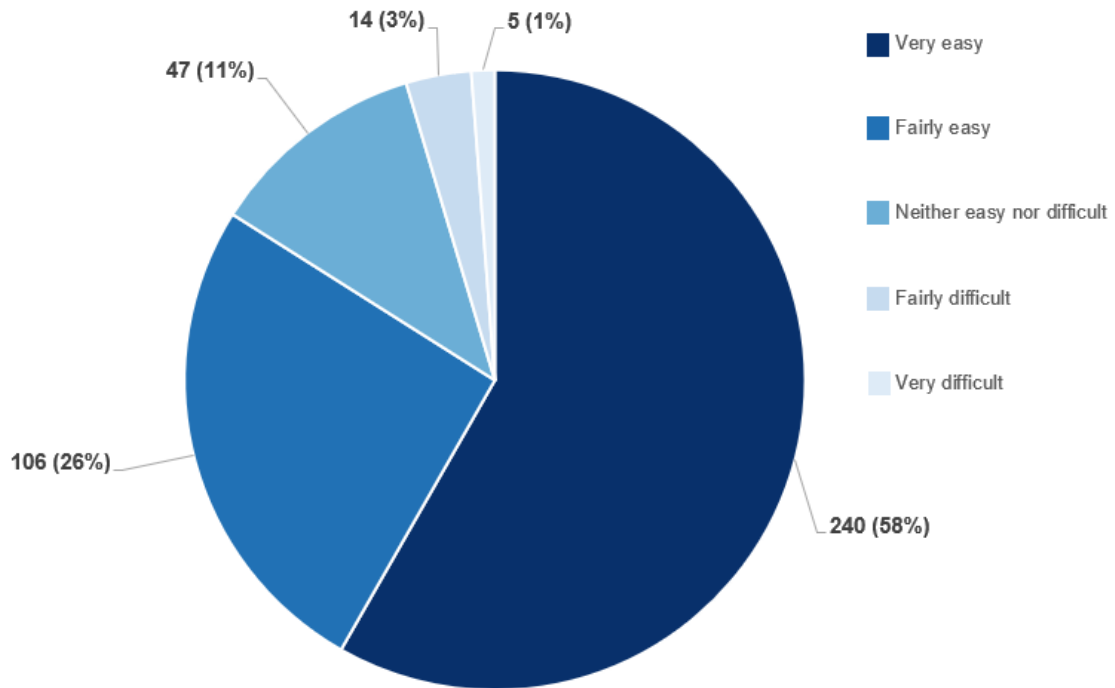
Provided name and address of pharmacy	296
Provided name and website of online pharmacy	3

3 - How would you rate your overall satisfaction with your regular/preferred pharmacy?

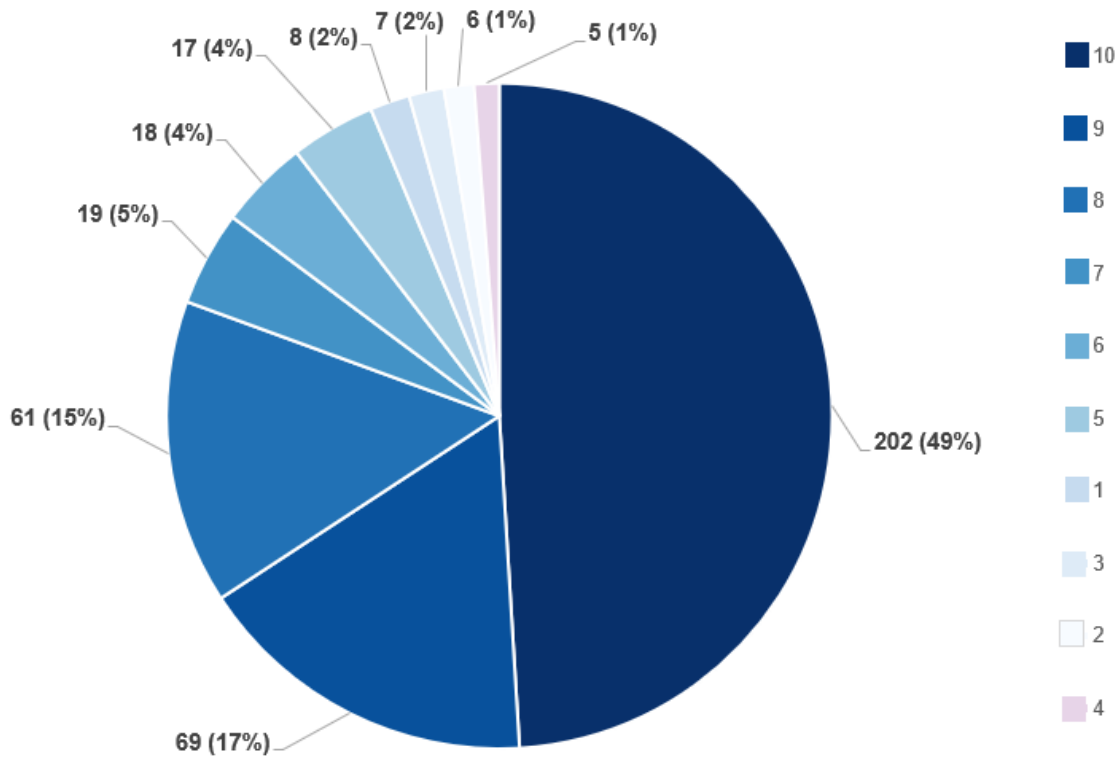


¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

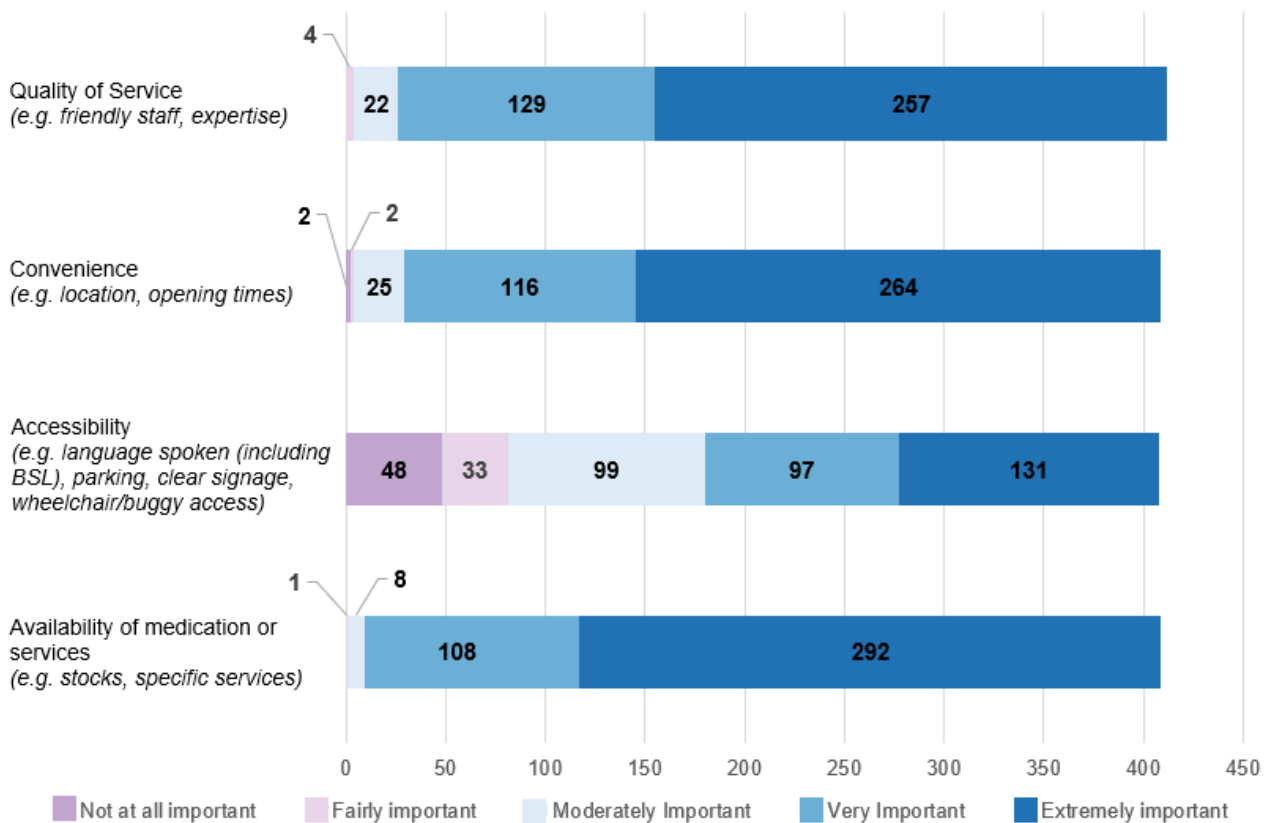
4 - How easy or difficult has it been to speak to your pharmacy over the last 18 months, during the pandemic?



5 - On a scale from 1 to 10 (1 being extremely unsatisfactory and 10 being extremely satisfactory) how well does your local community pharmacy meet your needs?



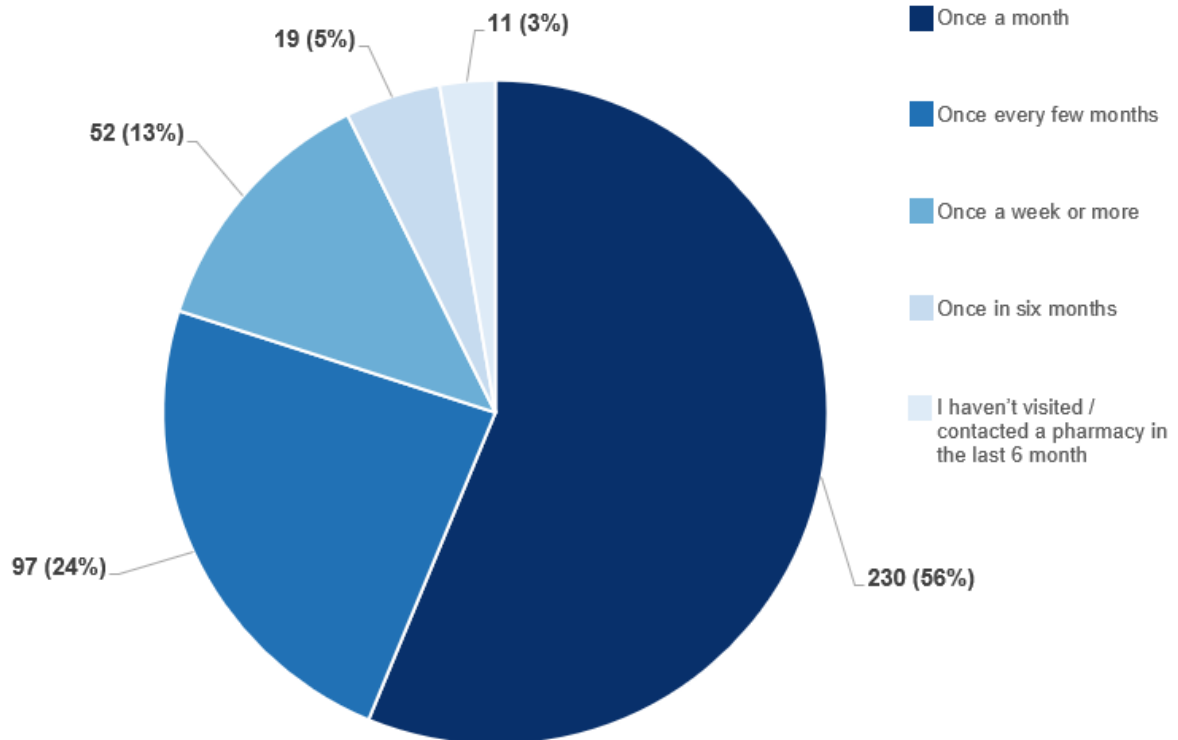
6 - How important are each of the following aspects to you when choosing a pharmacy?



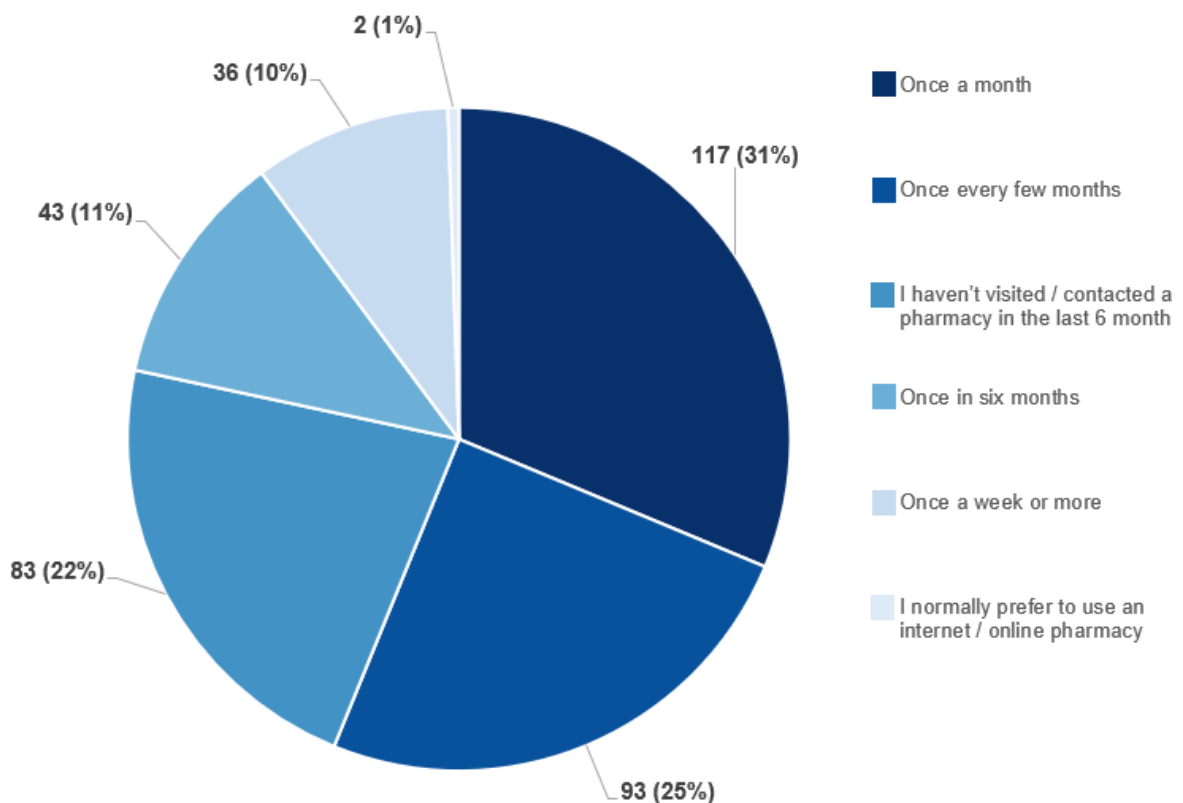
Comments:

Understanding and helpful staff	18	Need a consultation room	1
Good, expert advice and contactable	15	Need extra staff	1
Additional services including vaccinations, smoking, weight loss clinics	13	New Medication Service	1
Home delivery	9	SMS when medication is ready for collection	1
Opening hours including weekends	9	Range of non-prescription medication	1
Keep medications ready	7	Efficient service	1
Prevent long waiting times	6	Pharmacy staff to support patients during COVID	1
Clean and hygienic pharmacy	3	Opening hours – open on Sundays	1
Range of different OTC	2	Prescribe large range of medication	1
Should have all medications in stock	3	Convenient	1
Good communication with GP	2	Automatic ordering of repeat prescriptions	1
Able to order prescription via telephone or email	2	Parking	1
		eRD prescription system	1

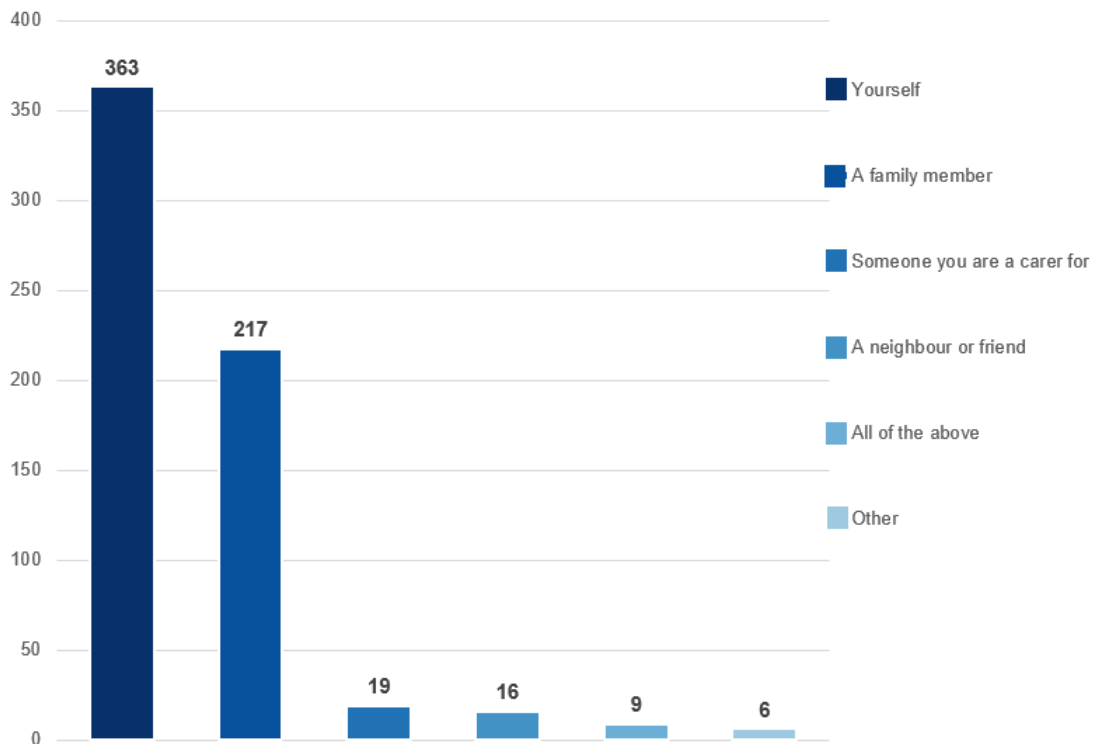
7 - In the last six months, how frequently have you visited/contacted (spoken to, emailed or visited in person) a pharmacy for yourself?



8 - In the last six months, how frequently have you visited/contacted (spoken to, emailed or visited in person) a pharmacy for someone else?



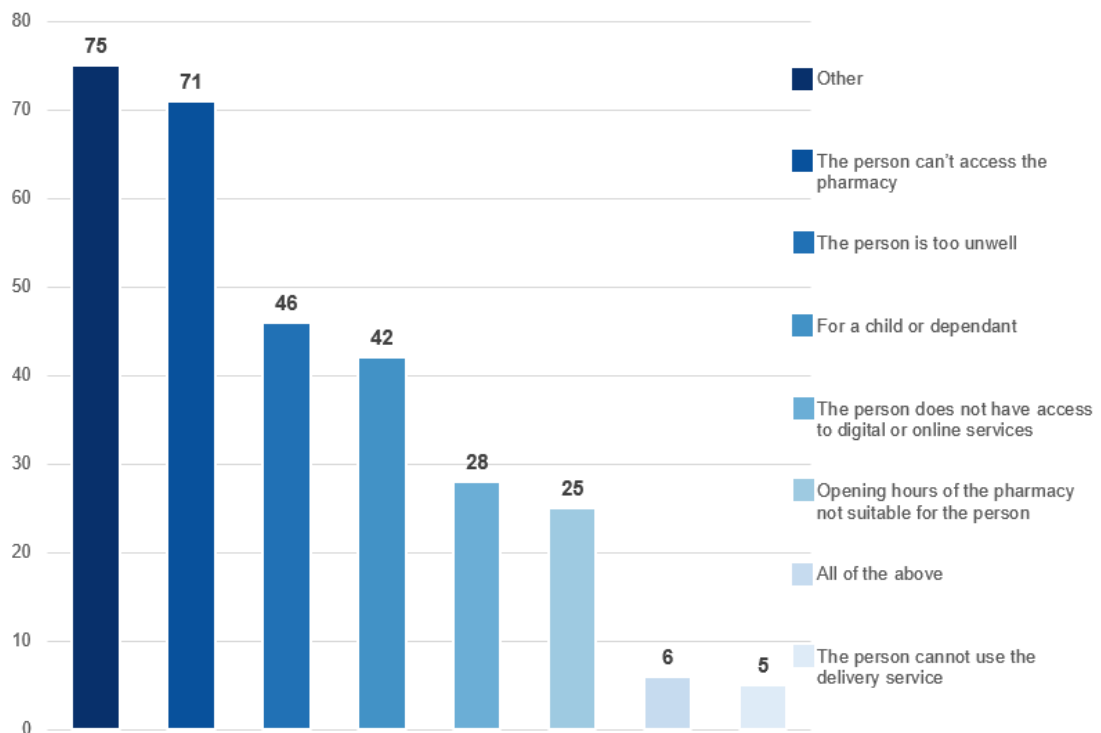
9 - Who do you normally visit/contact a pharmacy for?



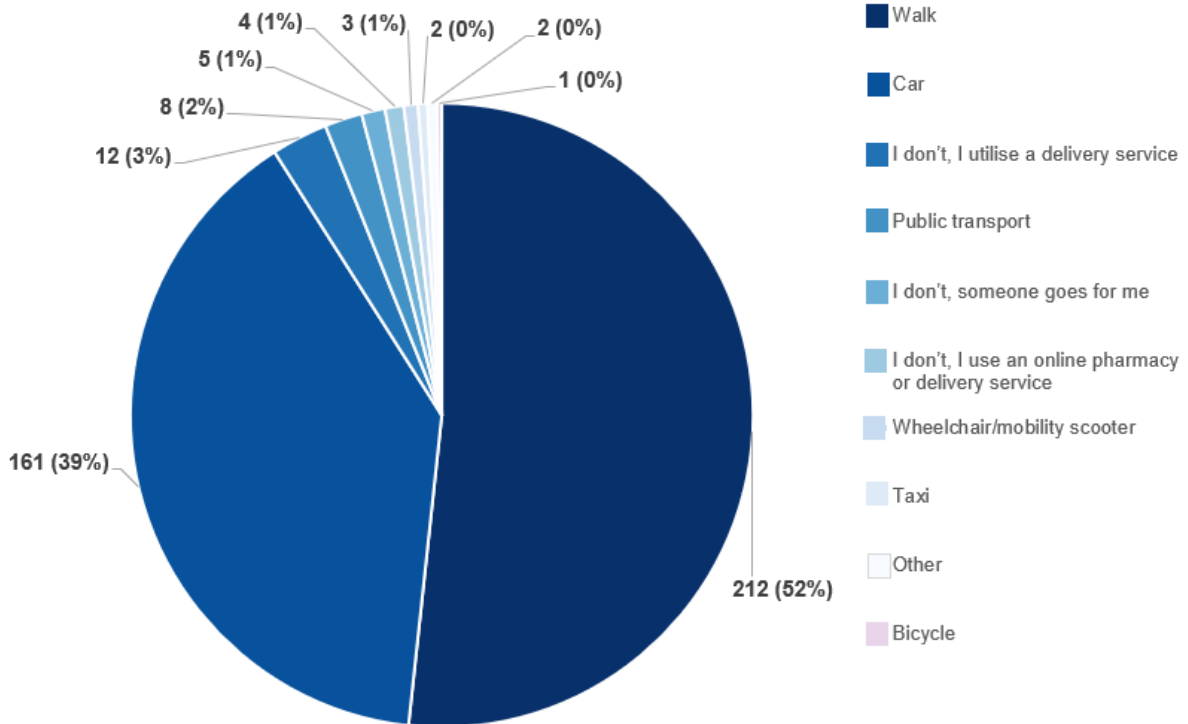
Comments:

Spouse/Partner	15	Parents	1
Someone else	4	Dependant	1

10 - If you visit/contact a pharmacy regularly on behalf of someone else, please give a reason why?



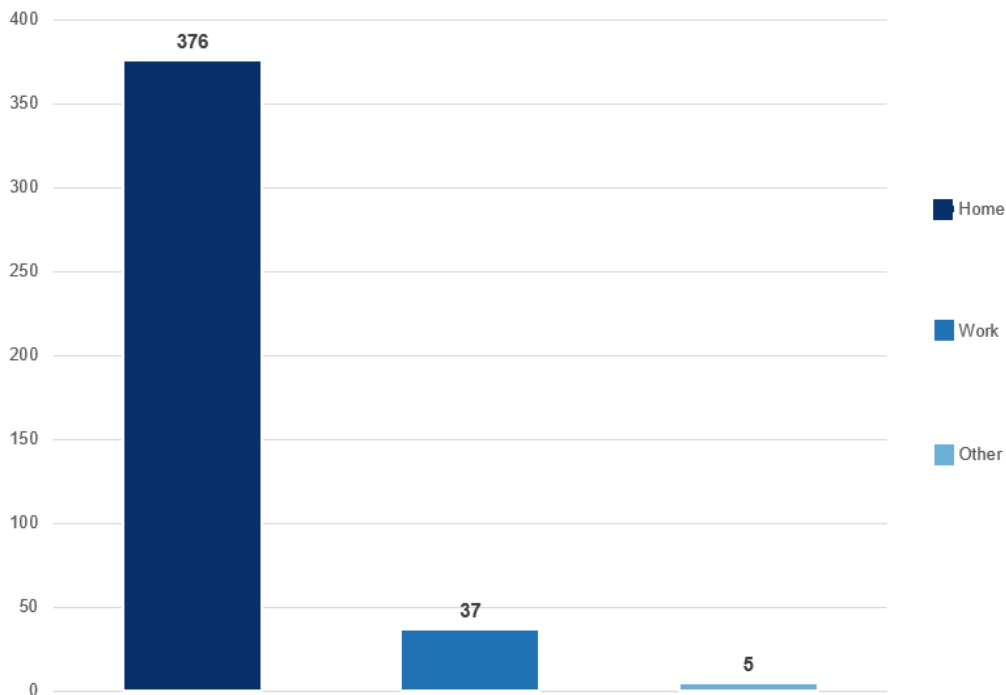
11 - How would you usually travel to the pharmacy?



Comments:

Prefer to use a home delivery service which is competent	1
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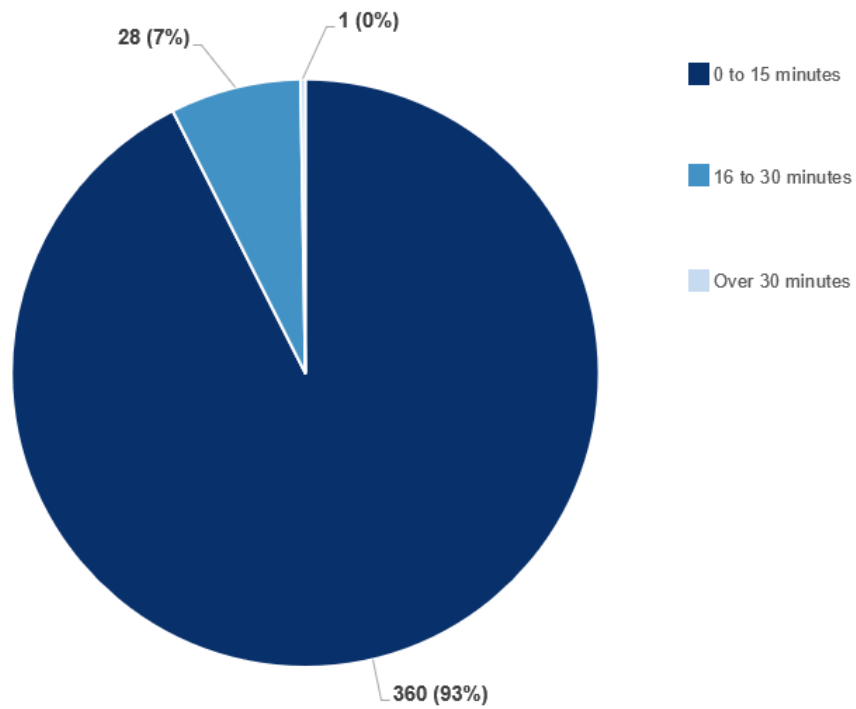
12 - If you travel to a pharmacy, where do you travel from?



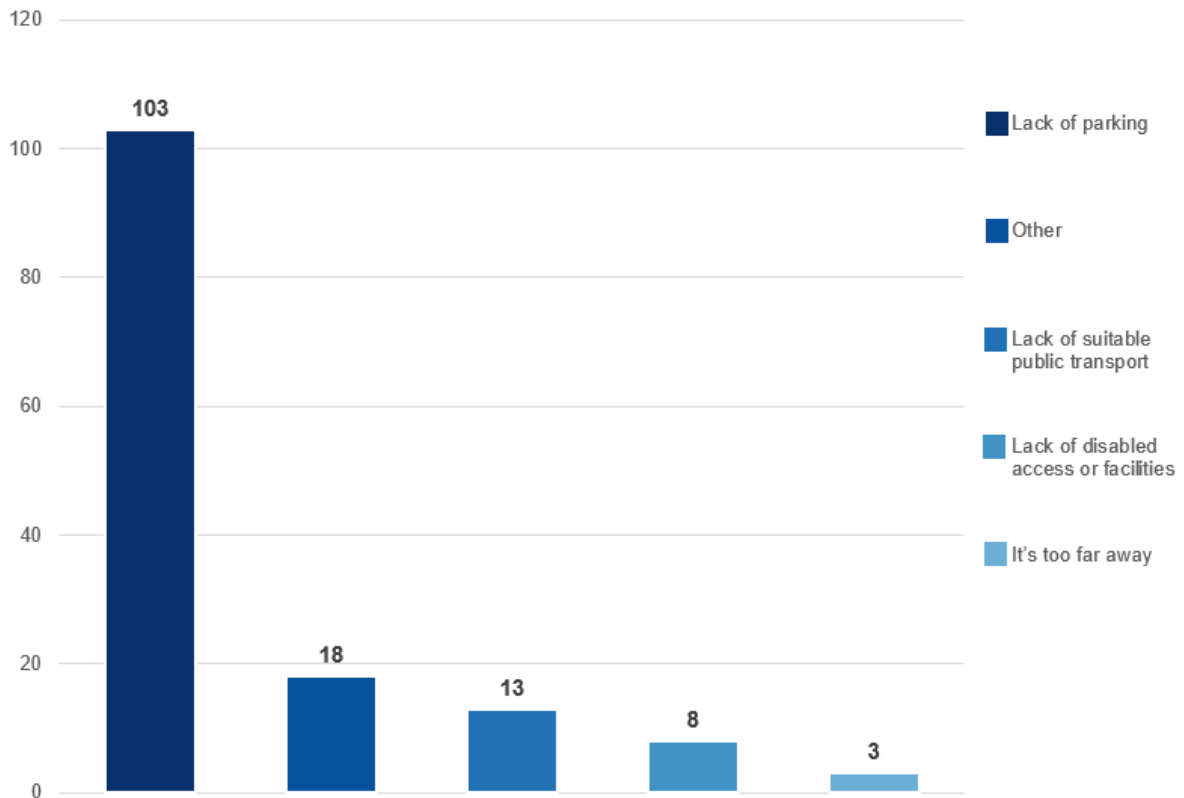
Comments:

Relative's home	1	Shops	1
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13 - On average, how long does it take you to travel to a pharmacy?



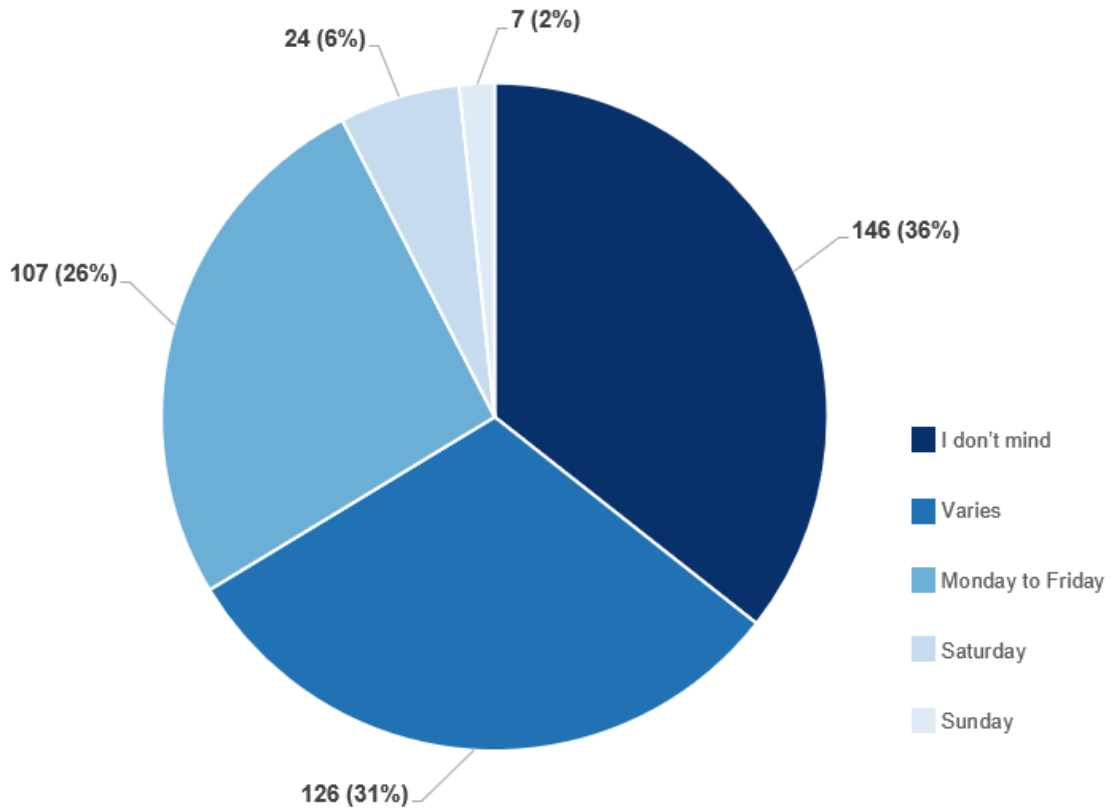
14 - Do you face any of the following difficulties when travelling to a pharmacy?



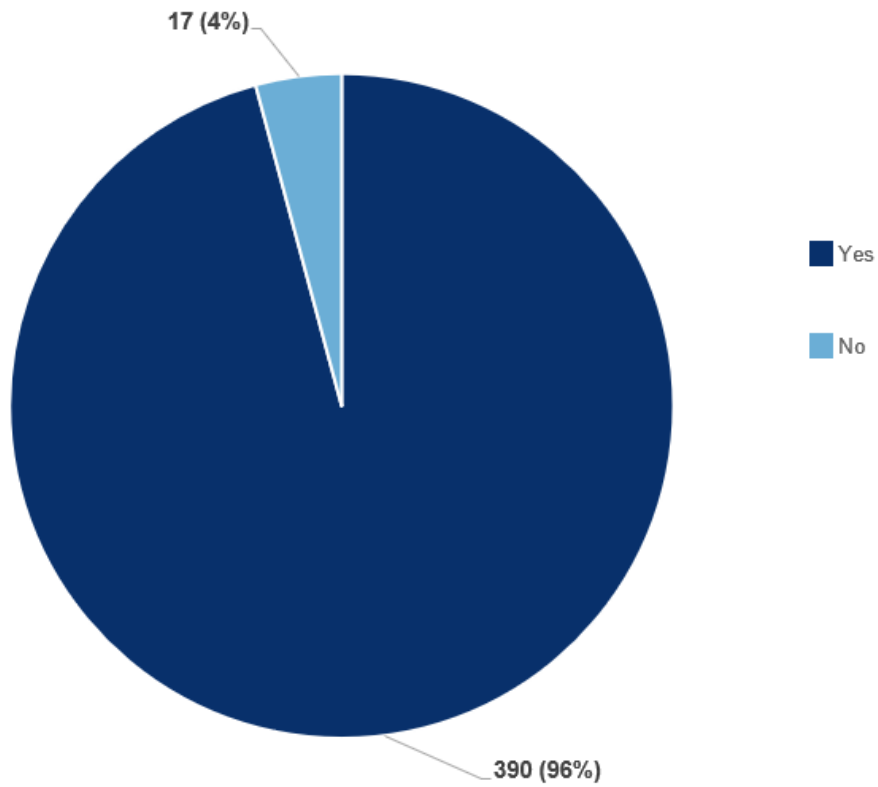
Comments:

Limited space inside/waiting area	2	No secure bicycle parking	1
No parking	1		

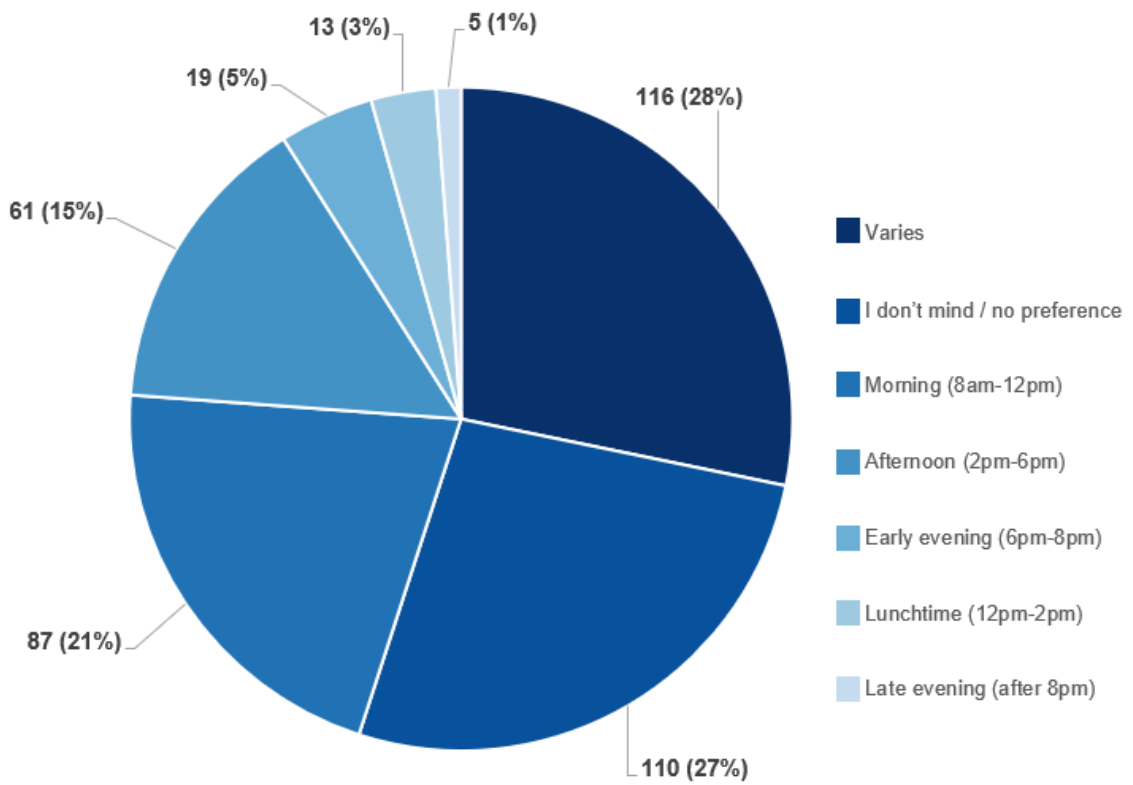
15 - What is the most convenient day for you to visit/contact a pharmacy?



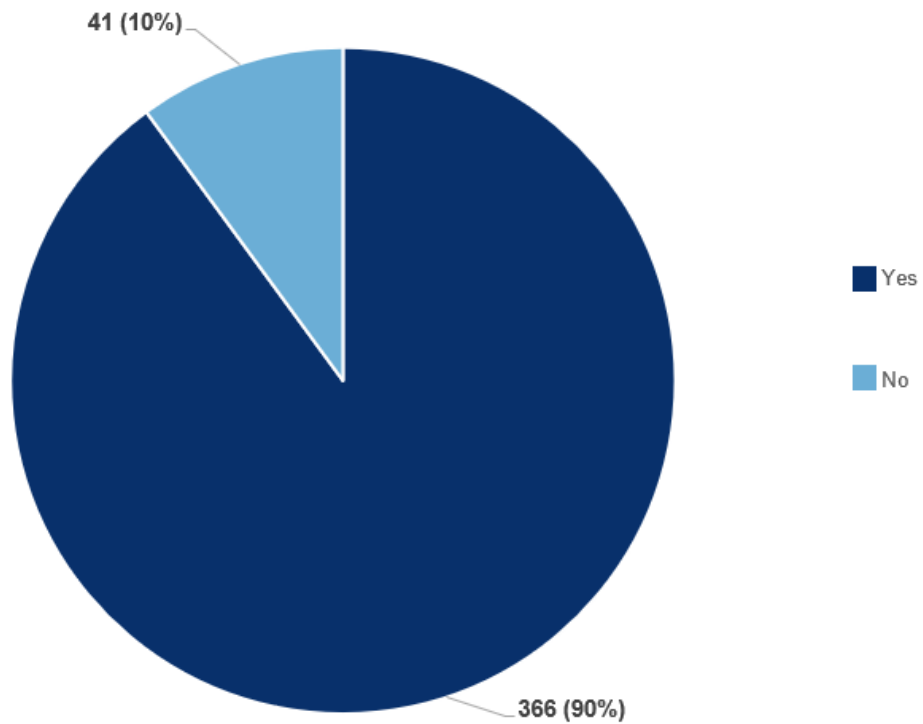
16 - Is your preferred pharmacy open on the most convenient day for you?



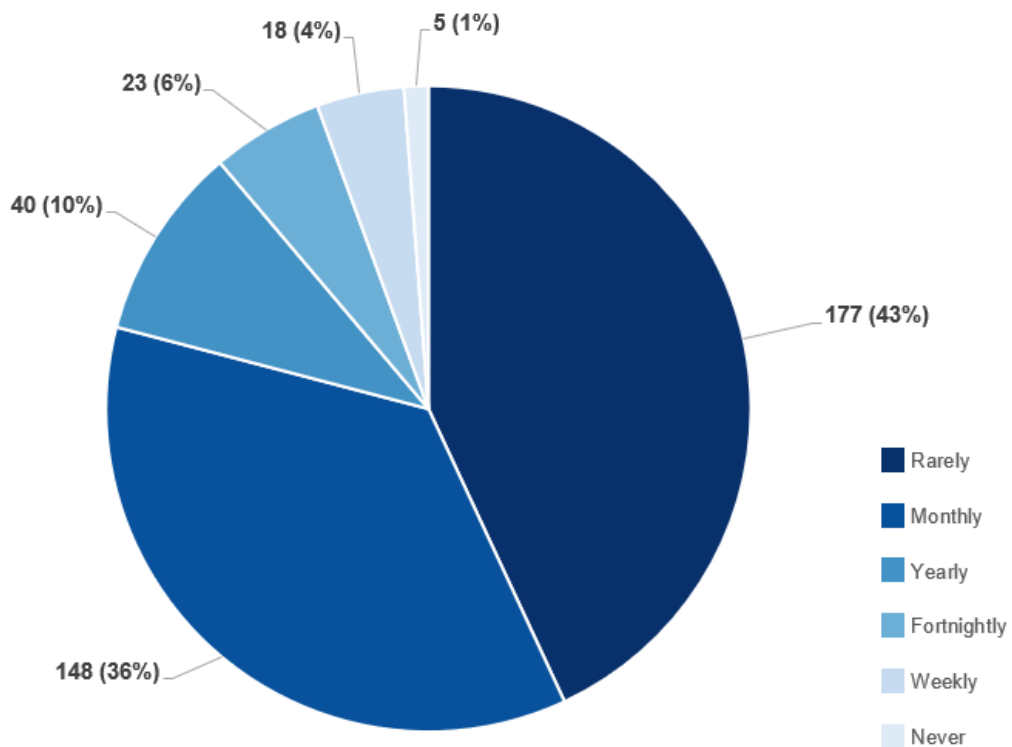
17 - When do you prefer to visit/contact a pharmacy?



18 - Is your preferred pharmacy open at the most convenient time for you/at your preferred time?



19 - How frequently do you buy an over-the-counter medicine from a pharmacy?



20 - Which of the following pharmacy services are you aware that a pharmacy may provide?

Service	Yes		No	
Dispensing prescription medicines	99%	408	1%	4
Advice from your pharmacist	98%	402	2%	10
Buying over the counter medicines	98%	404	2%	8
Repeat dispensing services	93%	383	7%	29
Flu vaccination service	84%	346	16%	66
Covid-19 lateral flow device (LFD) distribution service	83%	341	17%	71
Disposal of unwanted medicines	82%	339	18%	73
Home delivery and prescription collection services	71%	292	29%	120
Dispensing appliances	61%	252	39%	160
Nicotine replacement therapy	60%	248	40%	164
Covid-19 asymptomatic testing using a lateral flow device (LFD)	57%	235	43%	177
Covid-19 vaccination services	52%	215	48%	197
Emergency supply of prescription medicines	47%	192	53%	220
Medication review	41%	167	59%	245
Sexual health services	32%	130	68%	282
New medicine service	30%	125	70%	287
Travel immunisation	29%	121	71%	291
Supervised consumption of methadone and buprenorphine	26%	109	74%	303
Discharge from hospital Medicines Service	22%	91	78%	321
Needle exchange	22%	92	78%	320
Appliance Use Review	20%	82	80%	330
Community Pharmacist Consultation Service (urgent care referral)	20%	82	80%	330
Immediate access to specialist drugs	19%	80	81%	332
Long term condition management	19%	77	81%	335
Weight management	18%	75	82%	337
Anti-coagulation monitoring	10%	43	90%	369
Stoma appliance customisation service	9%	36	91%	376
Hepatitis testing service	7%	28	93%	384

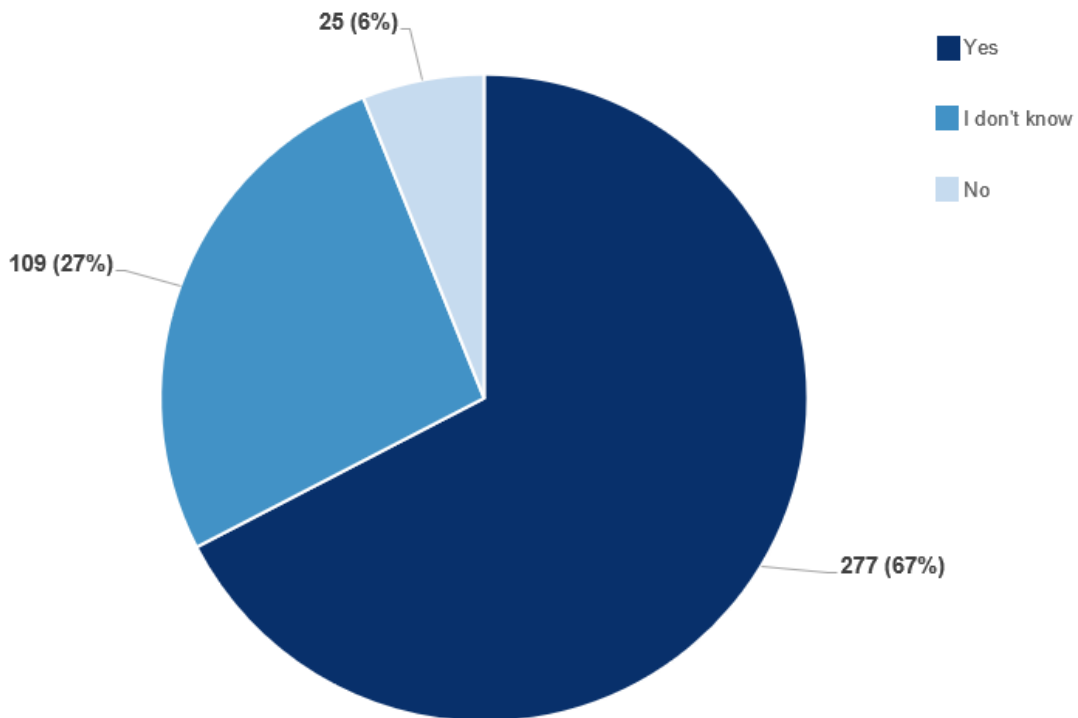
21 - Which of the following pharmacy services would you like to see always provided by your pharmacy?

Service	Yes		No		No opinion	
Advice from your pharmacist	97%	401	0%	0	3%	11
Buying over the counter medicines	97%	401	0%	0	3%	11
Dispensing medicines	97%	399	0%	1	3%	12
Disposal of unwanted medicines	92%	379	0%	1	8%	32
Emergency supply of prescription medicines	92%	378	0%	2	8%	32
Repeat dispensing services	92%	381	1%	4	7%	27
Flu vaccination services	89%	365	1%	5	10%	42
Home delivery and prescription collection services	87%	358	1%	5	12%	49
Covid-19 vaccination services	83%	341	2%	10	15%	61
Covid-19 asymptomatic testing using a lateral flow device (LFD)	75%	311	2%	9	22%	92
Immediate access to specialist drugs	74%	305	1%	5	25%	102
Medication review	73%	299	6%	25	21%	88
Discharge from hospital Medicines Service	71%	291	2%	9	27%	112
New medicine service	66%	271	3%	11	32%	130
Travel immunisation	66%	273	3%	12	31%	127
Community Pharmacist Consultation Service (urgent care referral)	65%	269	2%	9	33%	134
Dispensing appliances	63%	258	1%	6	36%	148
Long term condition management	63%	261	5%	20	32%	131
Sexual health services	59%	243	2%	10	39%	159
Stopping smoking or nicotine replacement therapy	59%	242	2%	8	39%	162
Weight management	55%	227	4%	18	41%	167
Anti-coagulation monitoring	53%	220	3%	13	43%	179
Needle exchange	45%	186	4%	16	51%	210
Appliance Use Review	42%	174	3%	12	55%	226
Hepatitis testing service	42%	174	3%	13	55%	225
Supervised consumption of methadone and buprenorphine	40%	166	6%	24	54%	222
Stoma appliance customisation service	36%	149	3%	12	61%	251

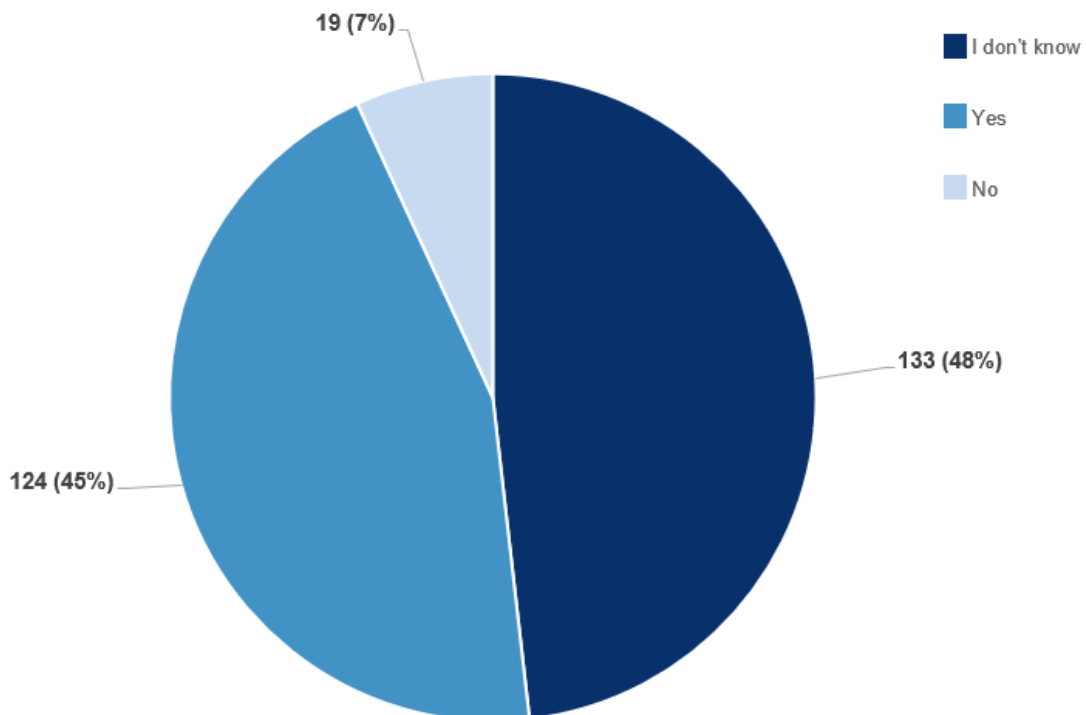
22 - Other services you would like to see provided by your pharmacy?

Additional clinical services, e.g. asthma review, blood tests, prescribing, diabetes checks, minor illnesses, mental health, etc	23	Pain management	1
A system to order prescriptions	4	24-hour pharmacy	1
Requires home delivery – free	3	Have all items in prescription in stock	1
Disposal of sharps bin/collection	3	Remote consultation	1
Physiotherapy	2	Order through pharmacy	1
Manage prescriptions for surgeries	2	Provide blister packs	1
Vaccinations	1	Injections services, e.g. vitamin B12	1
Wound care	1		

23 - Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit/contact?



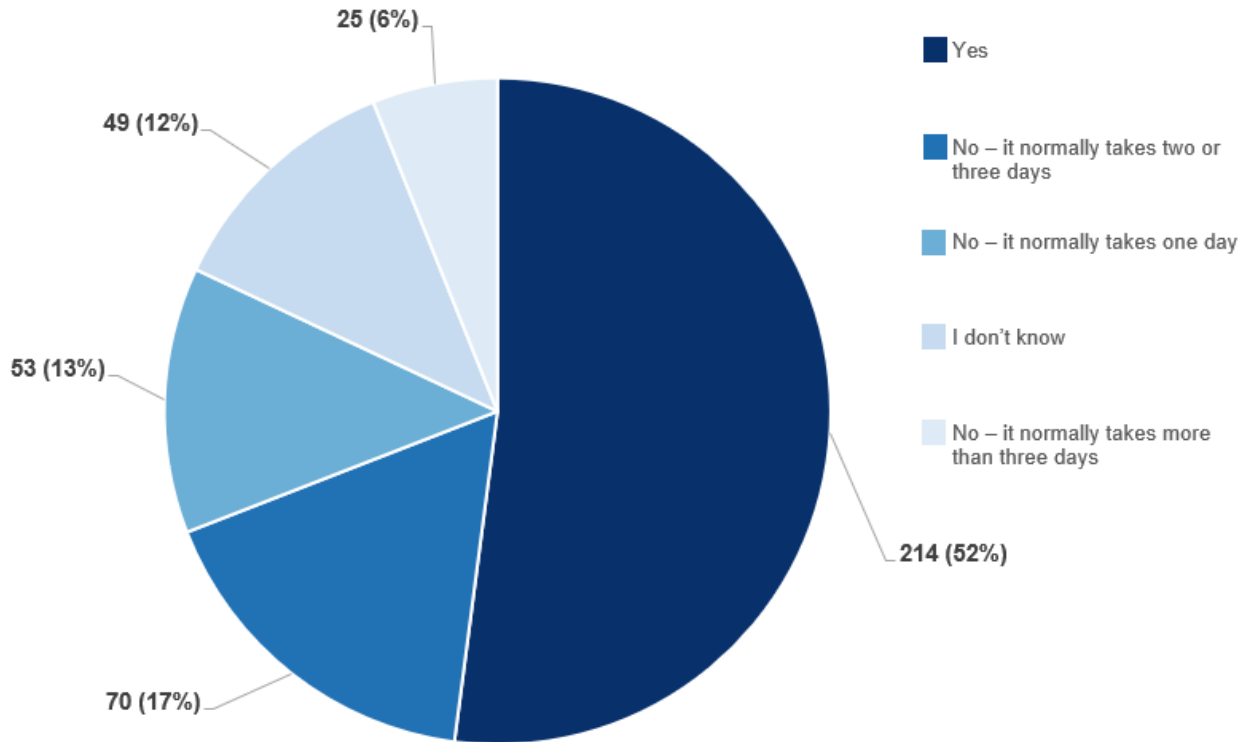
24 - If there is a consultation room, is it fully accessible to wheelchair users, or to people with other accessibility needs?



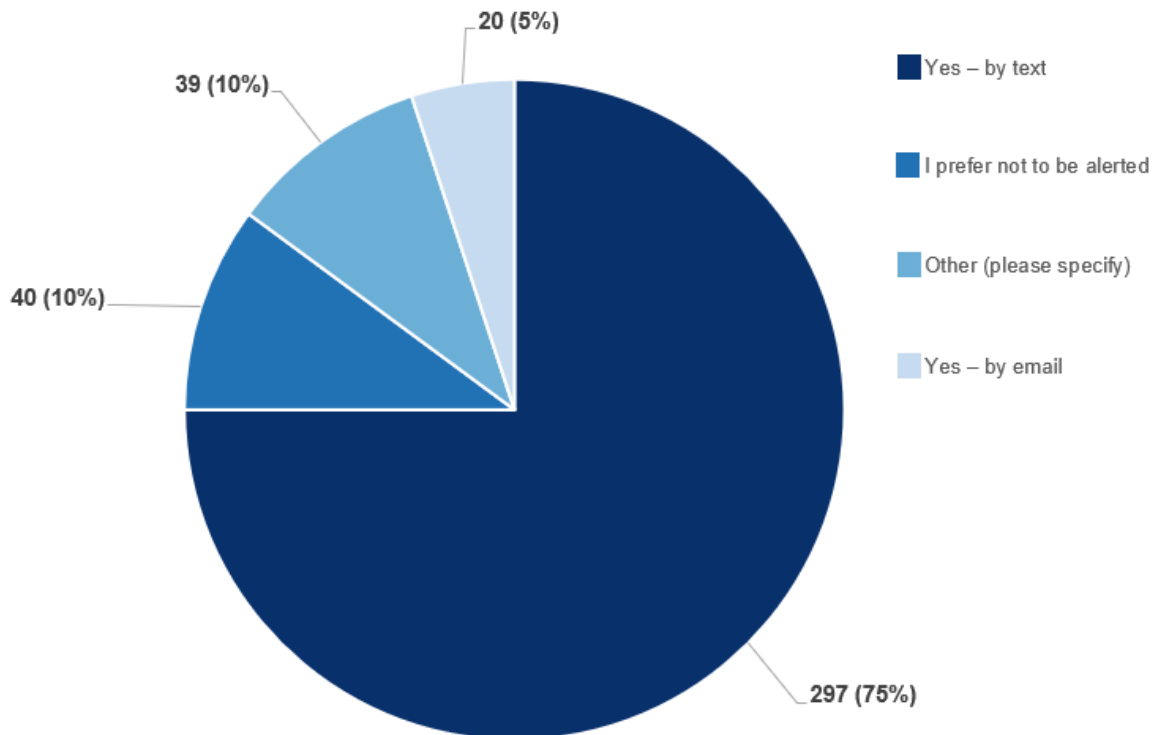
25 - Any other comments you would like to make about the consultation room?

No comments received

26 - Is your pharmacy able to provide medication on the same day that your prescription is sent to it?



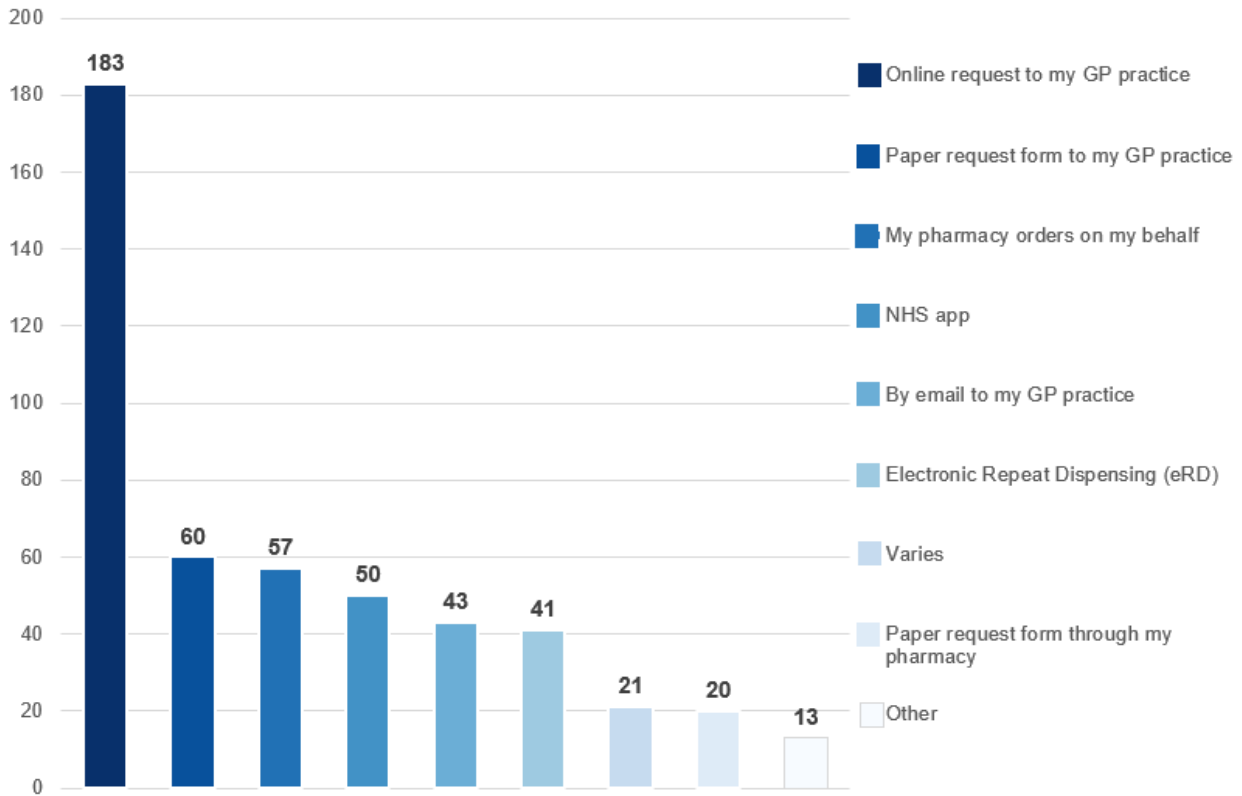
27- Would you like to be alerted when your medication is ready for collection?



Comments:

Home delivery	13	Don't mind	1
Telephone	9	Not aware there is a service	1
Never been alerted	4	GP surgery inform me	1
		Alerted on GP website	1

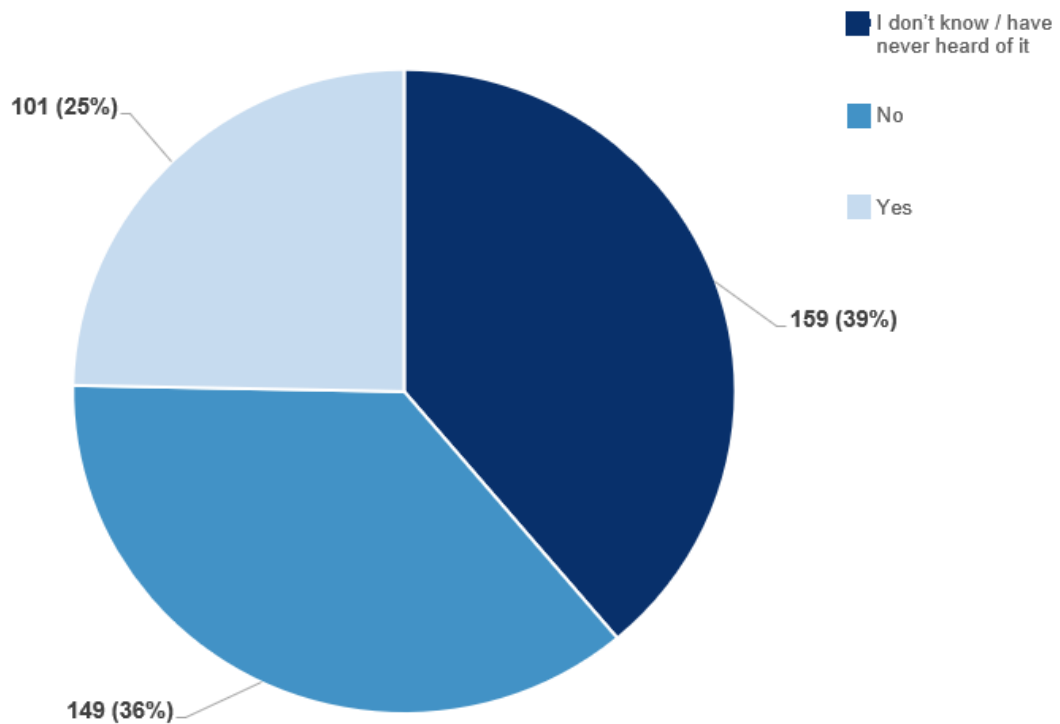
28 - If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions?



Comments:

Online system	6	Never re-ordered	2
Call my pharmacy	3	Telephone GP	2

29 - Have you ever used Electronic Repeat Dispensing (eRD)?



30 - Please tell us if you have any comments about eRD?

Efficient service	15
Extra items are added which have not been requested via eRD	3
Staff require training	3
Not available from GP surgery/not sure if available	4
Pharmacy takes control of eRD service from surgeries	2

31 - Not all health needs require a GP appointment or a visit to an urgent treatment centre or A&E. Many minor health needs can be met by phoning 111 or visiting a pharmacy. **What types of treatments or advice would you like to receive from pharmacies so they can better meet your needs?**

Minor illness clinic, e.g., blood tests, prescriptions, and skin clinics	57	Vaccinations	3
Good, expert advice	23	Not sure	2
Triage before going to GP or 111	9	Diabetes clinic	2
Health Check/review (BP, pulse)	5	Emergency contraception	1
Mental health services	4	INR Monitoring	1
Wound care/dressing changes	4	Migraine clinic	1
Skin clinic	3		

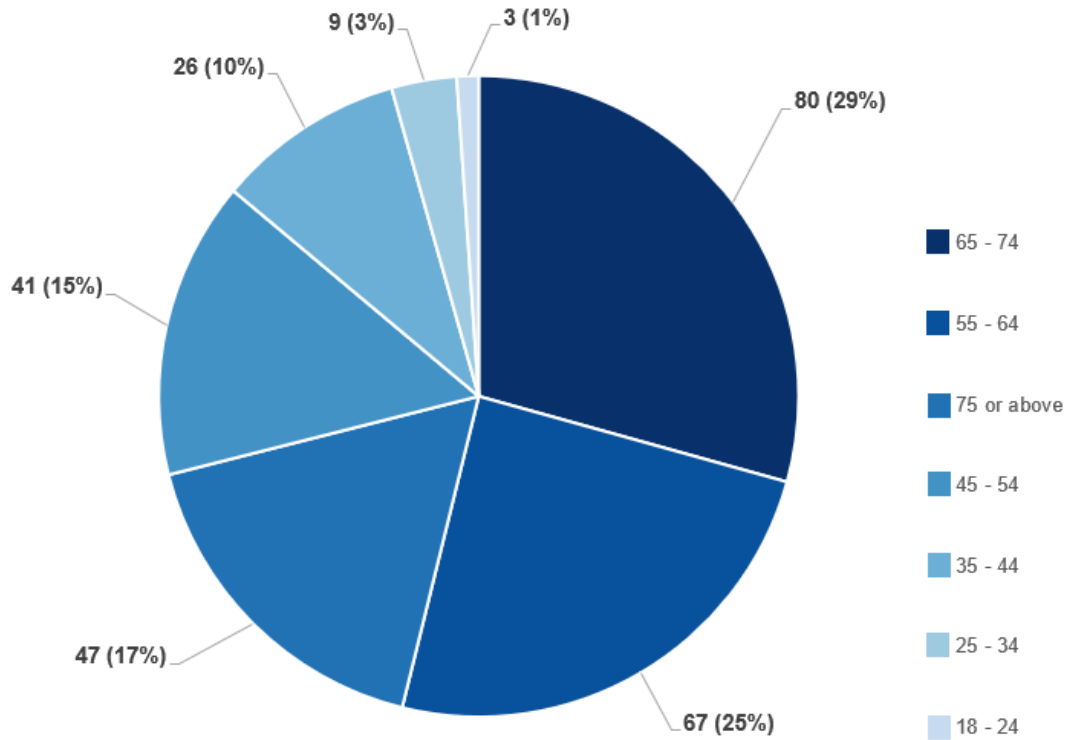
32 - Do you have any other comments you would like to make about your pharmacy services, including any improvements you would like to see?

Very good service including advice rather than prescription over the counter	31
Require efficient prescription collection service and medication ready	18
Need to extend opening hours including Sundays	9
Additional clinical service e.g. medication review, UTI, blood tests, cholesterol checks, minor illness clinics, prescribing etc	7
Need extra staff	6
Not able to order prescriptions via telephone	3
To be alerted when prescription ready	2
Home delivery	2
Stock all medications	2
Privacy at the counter	1
Same brand medication given each time	1
Availability of healthcare leaflets	1
Privacy when discussing with staff or pharmacist	1
More contact between doctor's surgery and pharmacy	1
Accuracy of blister packs	1
Should be disposal of sharps bins	1
Training and knowledge about transgender medication	1
Provide medication as per patient's values and diet, e.g. no gelatine capsules	1
Pharmacy can order repeat medications	1
Advertise about flu jabs and other clinical services	1
Efficient service	1

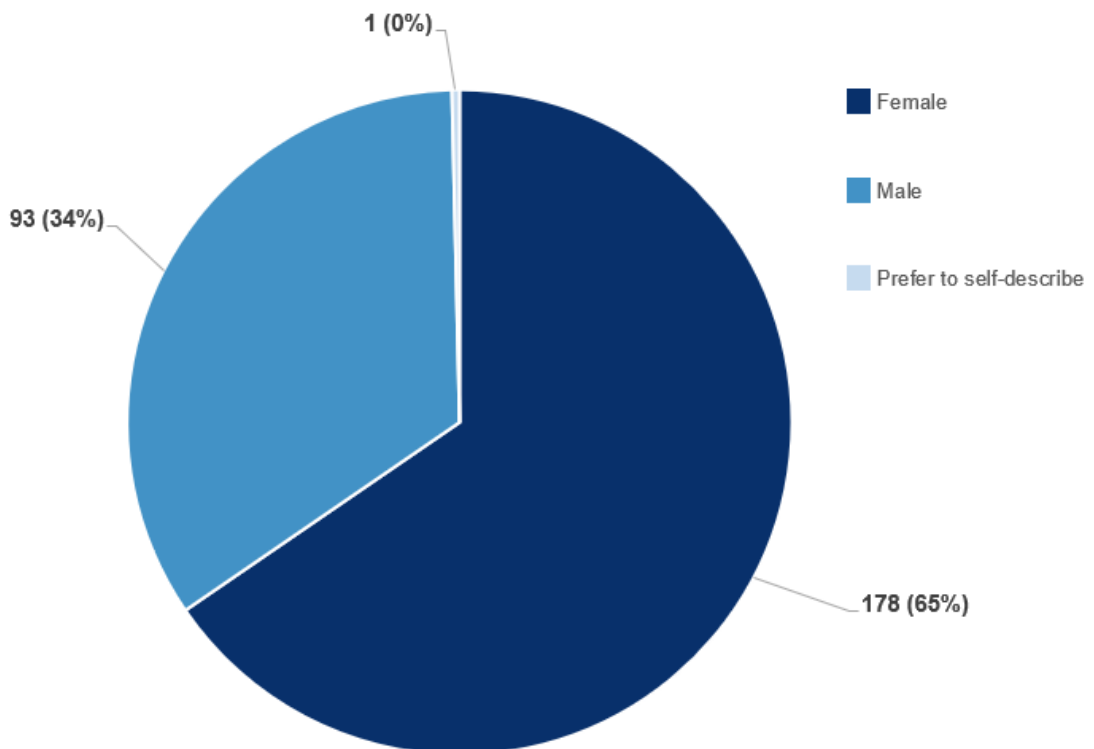
A bit about you

33, 34 - Postcode and confirmation to answer equality questions

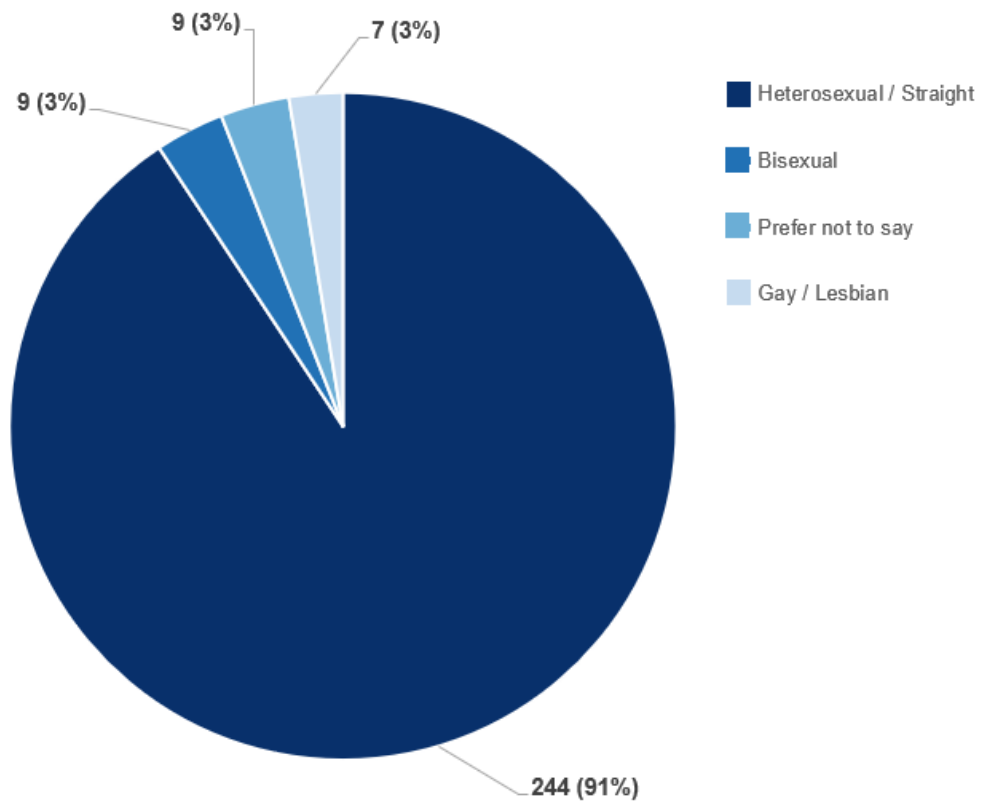
35 - What is your age group?



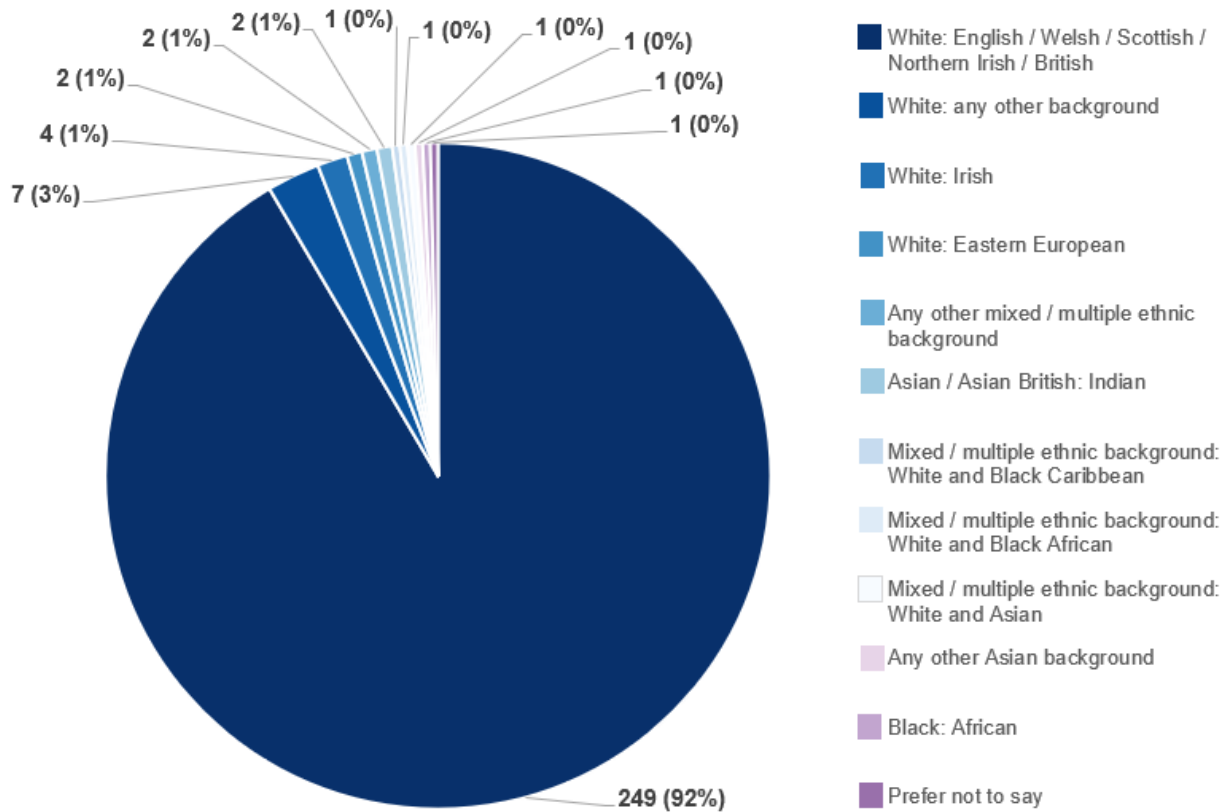
36 - Gender:



37 - What is your sexual orientation?

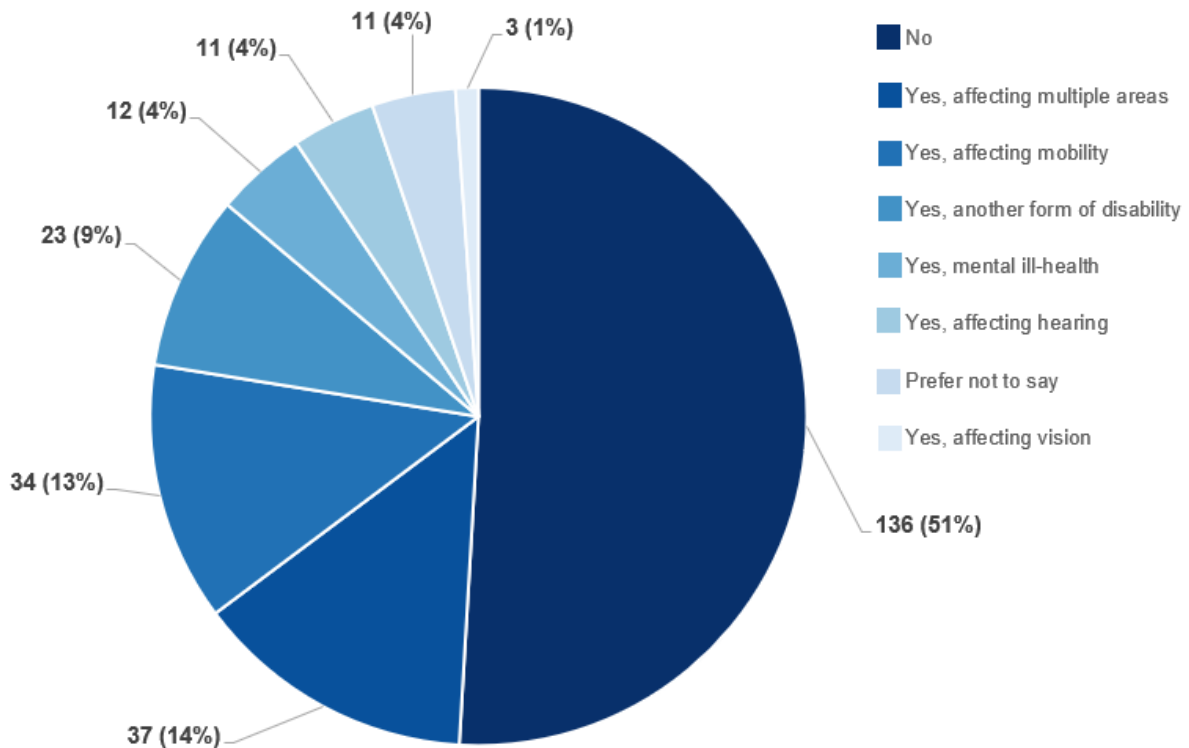


38 - What is your ethnic group?



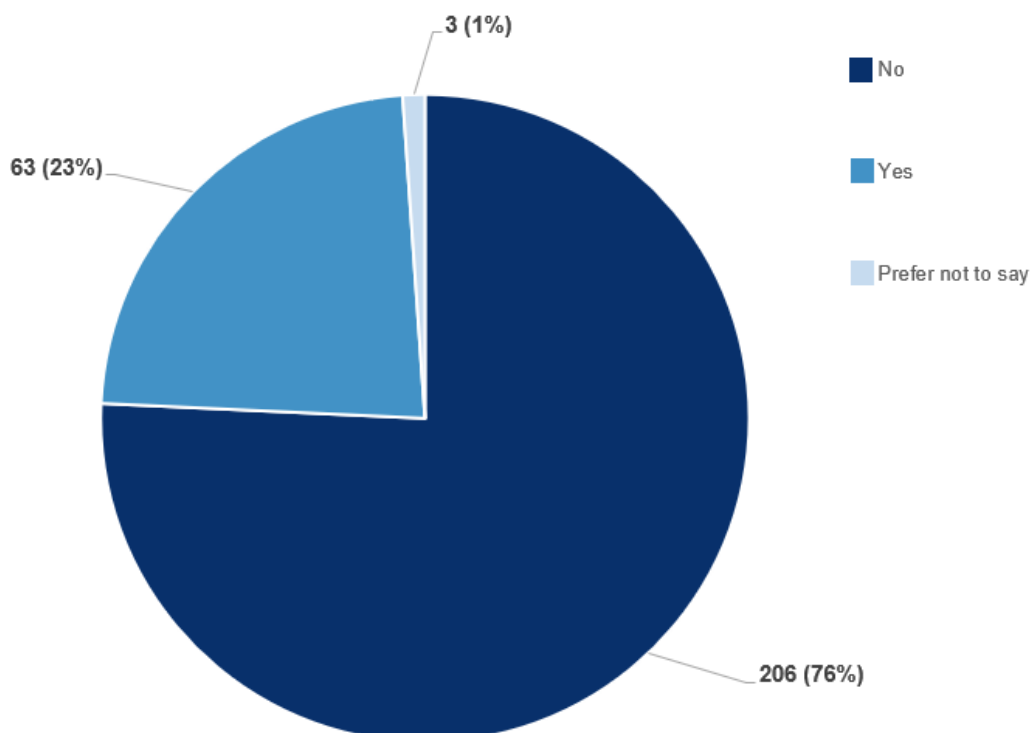
39 - Do you consider yourself disabled or have a long-standing illness?

Long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time.



40 - Do you have caring responsibilities?





A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.



Appendix H: Results of the pharmacy contractor questionnaire

Total responses received:¹ 30

1 - Pharmacy-specific questions: ODS code, trading name, etc	Answered	30	Skipped	0
	N/A			

2 - Does the pharmacy dispense appliances?		Answered	26	Skipped	4
		%	Responses		
None		15%	4		
Yes – All types		77%	20		
Yes, excluding stoma appliances		0%	0		
Yes, excluding incontinence appliances		0%	0		
Yes, excluding stoma and incontinence appliances		0%	0		
Yes, just dressings		4%	1		
Other		4%	1		

Comments:











Dispensed through NWOS	1
------------------------	---

3 - Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?		Answered	25	Skipped	5
		%	Responses		
Yes		48%	12		
No		52%	13		

Comments:

Sexual health services (EHC, chlamydia screening, condom distribution)	5
Blood pressure monitoring	3
Minor Ailments Service	3
Ear syringing	3
Weight management	3
Cholesterol monitoring	1
Clinical reviews (MURs)	1
COVID vaccination	1
INR testing	1
Stop smoking	1

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.



4 - Non-commissioned services: Does the pharmacy provide any of the following?		Answered	26	Skipped	4
		%	Responses		
Collection of prescriptions from GP practices					
Yes		88%	23		
No		12%	3		
Delivery of dispensed medicines – selected patient groups					
Yes		75%	18		
No		25%	6		
Delivery of dispensed medicines – selected areas					
Yes		82%	18		
No		18%	4		
Delivery of dispensed medicines – free of charge on request					
Yes		58%	15		
No		42%	11		
Delivery of dispensed medicines – with charge					
Yes		52%	12		
No		48%	11		

Areas:

Local	2
Leigh, Westcliff	1
Shoeburyness, Wakering, Thorpe Bay & Southchurch	1
All areas free of charge	1

Patient groups:

Elderly/housebound	6
All who request	3
Vulnerable patients	2
Paid customers	1
Person living with disability	1








5 - Are there any services you would like to provide that are not currently commissioned in your area? If so, please specify		Answered	26	Skipped	4
		%	Responses		
Yes		58%	15		
No		42%	11		

Comments:










Sexual health services	6
Minor Ailment Service	5
Blood pressure monitoring	3
Weight management	2
Ear syringing	2
Stop Smoking Service	2
COVID vaccination	1







Appendix I: Results of the commissioner questionnaire







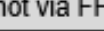


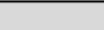





Total responses received:¹ 3






1 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered	3	Skipped	0
		%		Responses	
Anticoagulant Monitoring Service					
Already commissioning		0%		0	
Would consider commissioning		50%		1	
Not able or willing to commission		50%		1	
Antiviral Distribution Service					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Care Home Service					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Chlamydia Testing Service					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		3	
Chlamydia Treatment Service					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		3	
Contraceptive Service (not EC)					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		3	





¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.








2 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Disease-Specific Medicines Management Services		Answered	2	Skipped	1
		%		Responses	
Allergies					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Alzheimer's / dementia					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Asthma					
Already commissioning		0%		0	
Would consider commissioning		50%		1	
Not able or willing to commission		50%		1	
CHD					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
COPD					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Depression					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Diabetes type I					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Diabetes type II					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Epilepsy					
Already commissioning		0%		0	

2 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Disease-Specific Medicines Management Services		Answered	2	Skipped	1
				%	Responses
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Heart Failure					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Hypertension					
Already commissioning		0%		0	
Would consider commissioning		50%		1	
Not able or willing to commission		50%		1	
Parkinson's disease					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Other					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	

3 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered	3	Skipped	0
		%		Responses	
Emergency Contraception Service					
Already commissioning		33%		1	
Would consider commissioning		0%		0	
Not able or willing to commission		67%		2	
Emergency Supply Service					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Gluten-Free Food Supply Service (i.e., not via FP10)					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Home Delivery Service (not appliances)					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Independent Prescribing Service					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	











4 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered	2	Skipped	1
		%		Responses	
Language Access Service					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Medication Review					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Medicines Assessment and Compliance Support Service					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Minor Ailment Scheme					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Medicines Optimisation Service					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	


5 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered	3	Skipped	0
		%		Responses	
Needle and Syringe Exchange Service					
Already commissioning		0%		0	
Would consider commissioning		50%		1	
Not able or willing to commission		50%		1	
Obesity Management (adults and children)					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Not-Dispensed Scheme					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	








5 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered	3	Skipped	0
		%		Responses	
On-Demand Availability of Specialist Drugs Service					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Out-of-Hours Services					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Patient Group Direction Service					
Already commissioning		33%		1	
Would consider commissioning		0%		0	
Not able or willing to commission		67%		2	
Phlebotomy Service					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Prescriber Support Service					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Schools Service					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	



Please name the medicines for your Patient Group Direction Service:









<p>As part of the Emergency Contraception Contract:</p> <ol style="list-style-type: none"> 1. Supply or administration of levonorgestrel 1500 microgram tablet(s) for emergency contraception in Southend-on-Sea Community Pharmacy 2. Supply or administration of ulipristal acetate (UPA) 30 microgram tablet(s) for emergency contraception in Southend on Sea Community Pharmacy 	1
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6 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Screening Services:		Answered	3	Skipped	0
		%	Responses		
Alcohol					
Already commissioning		0%	0		
Would consider commissioning		50%	1		
Not able or willing to commission		50%	1		
Cholesterol					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
Diabetes					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
Gonorrhoea					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
H. pylori					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
HbA1C					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
Hepatitis					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
HIV					
Already commissioning		0%	0		
Would consider commissioning		33%	1		
Not able or willing to commission		67%	2		
Other					
Already commissioning		0%	0		

6 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Screening Services:		Answered	3	Skipped	0
		%	Responses		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		

7 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Vaccinations		Answered	2	Skipped	1
		%	Responses		
Seasonal Influenza Vaccination Service					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
Childhood vaccinations					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
COVID-19 vaccinations					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
Hepatitis (at-risk workers or patients) vaccinations					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
HPV vaccinations					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
Meningococcal vaccinations					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
Pneumococcal vaccinations					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
Travel vaccinations					
Already commissioning		0%	0		

7 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Vaccinations		Answered	2	Skipped	1
		%		Responses	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Other vaccinations					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	

8 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered	3	Skipped	0
		%		Responses	
Sharps Disposal Service					
Already commissioning		0%		0	
Would consider commissioning		50%		1	
Not able or willing to commission		50%		1	
Stop Smoking Service					
Already commissioning		33%		1	
Would consider commissioning		0%		0	
Not able or willing to commission		67%		2	
Supervised Administration Service					
Already commissioning		0%		0	
Would consider commissioning		50%		1	
Not able or willing to commission		50%		1	
Supplementary Prescribing Service					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
Vascular Risk Assessment Service (NHS Health Check)					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	

Appendix J: Consultation plan and list of stakeholders

Engagement during PNA production: consultees as required by Pharmaceutical Regulations 2013 Part 2(8)

Stakeholder role	PNA briefing letter sent	Steering Group representation	Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent
LPC - Essex	Y	Y	All	Y
LMCs – North and South Essex	Y	Y	All	Y
Chair, Local Pharmacy Network (LPN)	Y	Y	All	Y
Any person on pharmaceutical list (community pharmacies) via chair, LPN	-	-	Contractor	Y
Southend Healthwatch	Y	Y	All	Y
Southend HWB	Y	-	All	Y
NHSE	Y	Y	All	Y
Southend Council website	-	-	Public	Y
Southend Council social media – paid and organic	-	-	Public	Y
Southend Public Health social media channels	-	-	Public	Y
Southend Council eNewsletter & Consultation eNewsletter	-	-	Public	-
Events and Forums run by Community Engagement Team	-	-	Public	-
Poster promoting Public Questionnaire and PNA consultation sent to libraries. Draft PNA accessible via Southend Library computers	-	-	Public	Y
Circulated to voluntary and community organisations	-	-	Public	Y
Public Questionnaire and posters distributed to 42x pharmacies and the main vaccination centre in Southend	-	-	Public	-
Southend Council Employees Intranet article/snapshot/internal email communication	-	-	Public	Y
Southend Hospital	-	-	-	Y
Essex HWB	-	-	-	Y

Engagement during PNA production: other consultees

Stakeholder role	PNA briefing letter sent	Steering Group representation	Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent
CCG Castle Point and Rochford - Head of Communications and Engagement	-	-	Public, Commissioner	Y
CCG Southend – Head of Medicines Management (Interim), Medicines Management Team	Y	Y	Public, Commissioner	Y
LMC Essex	-	-	-	Y
LPC Essex	-	-	-	Y
Director of Public Health	-	-	Public	Y
Health Improvement Practitioner (Advanced), Southend-on-Sea	Y	Y	Public	Y
Senior Data Analyst Southend-on-Sea	Y	Y	Public	Y
Communications and Campaigns Advisor Southend-on-Sea	Y	Y	Public	Y
Communications and Digital Campaigns Advisor Southend-on-Sea	-	-	Public	Y
Community Capacity Advisor Southend-on-Sea	-	-	Public	Y
PH Consultant Southend-on-Sea	Y	Y	Public	Y
Head of Alcohol and Substance Misuse, UK Health Security Agency	-	-	-	Y
UK Health Security Agency	-	-	-	Y
South East Essex Mental Health Partnership Forum	-	-	-	Y

Appendix K: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013,¹ Southend-on-Sea HWB held a 60-day consultation on the draft PNA from 9 May 2022 to 8 July 2022.

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

There were in total **21 responses**, all of them from the internet survey; responses received:

- 10 (48%) from the public
- 3 (14%) from pharmacists
- 3 (14%) from healthcare or social care professionals
- 5 (24%) did not identify

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

- 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 2 August 2022 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA. Please see Appendix M Consultation comments report for detailed responses.

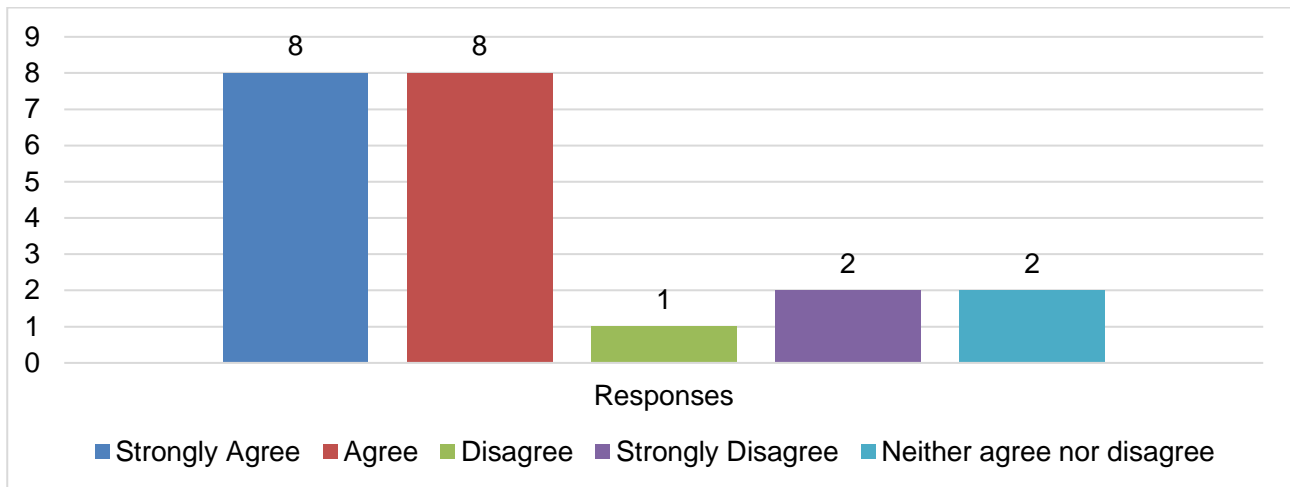
Below is a summary of responses to specific questions, asked during the consultation.²

¹ Pharmaceutical Regulations 2013. www.legislation.gov.uk/ukxi/2013/349/contents/made

² Please note that some percentage figures will add up to more or less than 100%. These figures have been rounded up to the nearest whole percent.

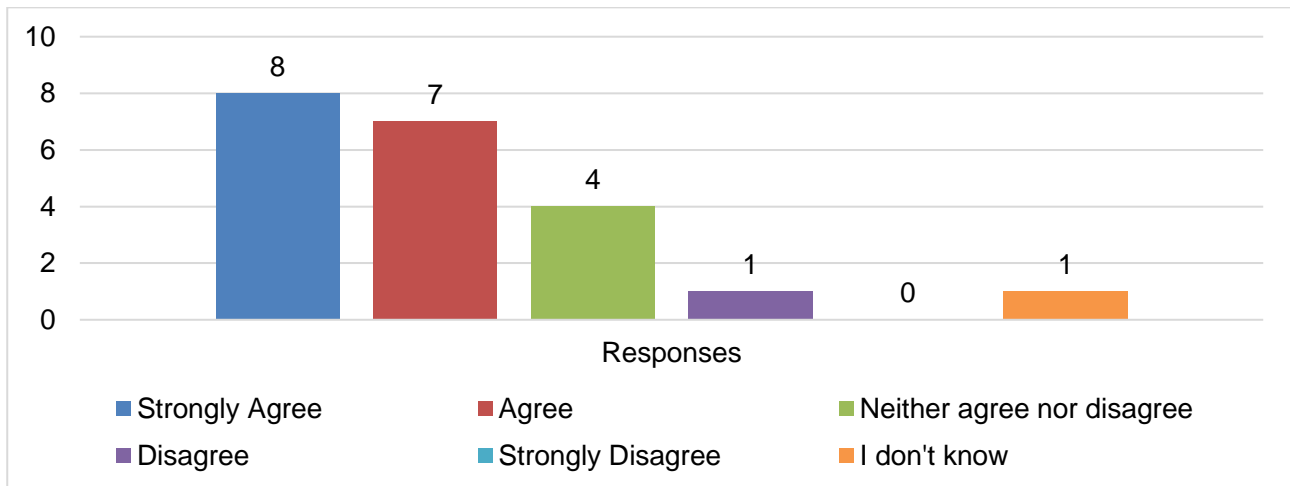
Consultation questions and responses:

Q1 - The Southend draft PNA does not identify any gaps in the provision of pharmaceutical services. To what extent do you agree or disagree with this assessment?



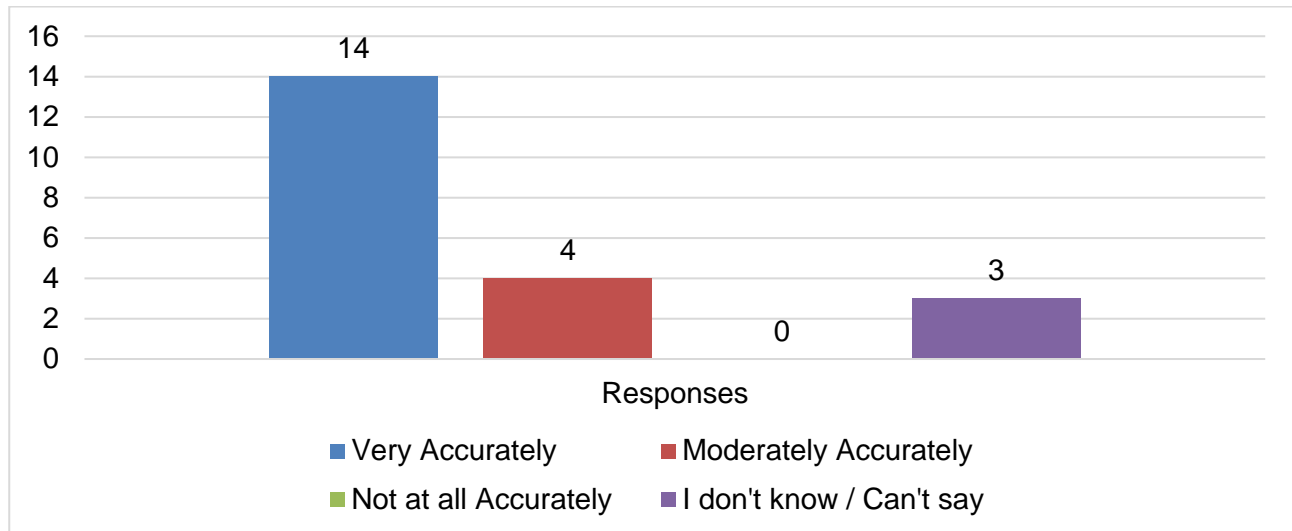
Response	Count
Strongly agree	8
Agree	8
Neither agree nor disagree	2
Disagree	1
Strongly disagree	2
I don't know / can't say	0

Q2 - To what extent do you agree or disagree with the other conclusions contained within the Southend-on-Sea draft PNA? (See the Executive Summary section of the draft PNA)



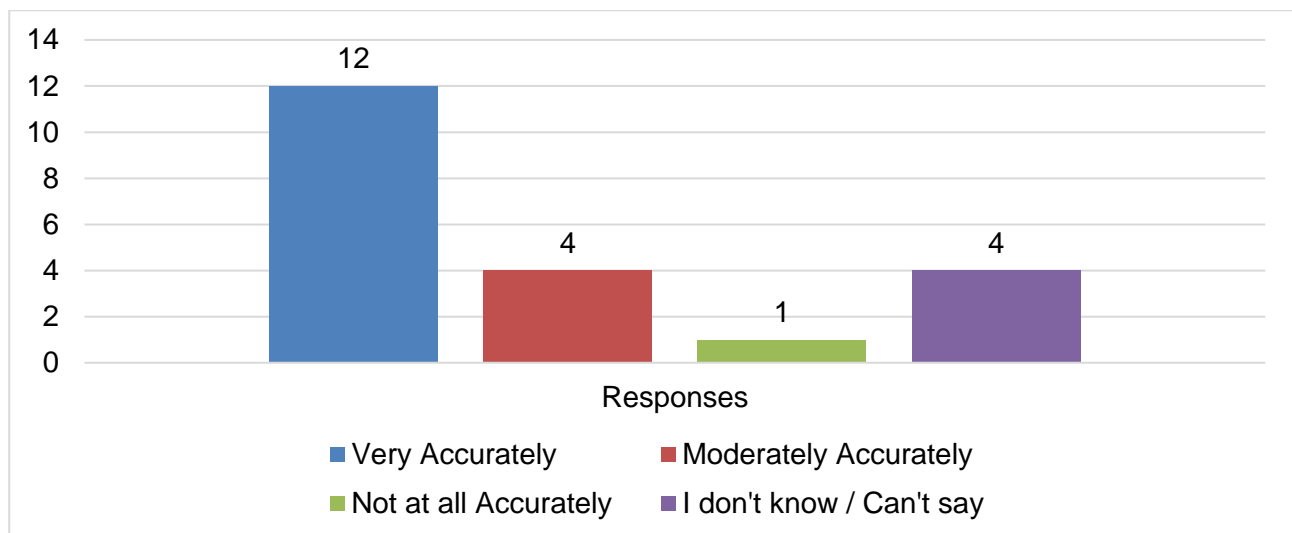
Response	Count
Strongly Agree	8
Agree	7
Neither agree nor disagree	4
Disagree	1
Strongly Disagree	0
I don't know / Can't say	4

Q3 - In your opinion, how accurately does the Southend-on-Sea draft PNA reflect what is currently being provided in terms of pharmaceutical services in Southend-on-Sea? (See Sections 3, 4 and 6 of the Southend-on-Sea draft PNA)



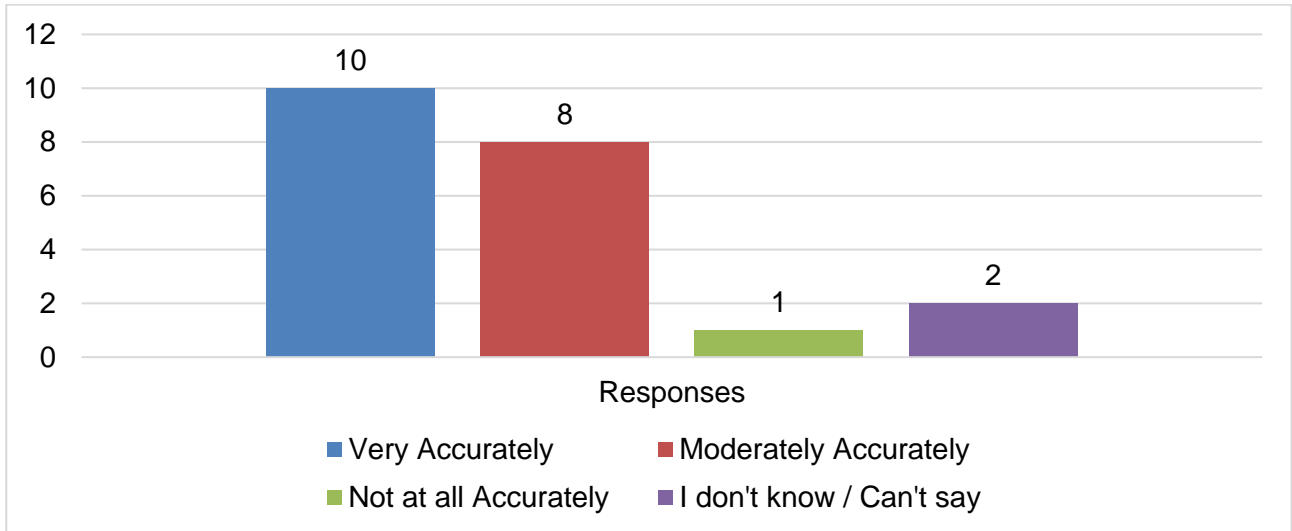
Response	Count
Very Accurately	14
Moderately Accurately	4
Not at all accurately	0
I don't know / Can't say	3

Q4 - In your opinion, how accurately does the Southend-on-Sea draft PNA reflect the current pharmaceutical needs of Southend's population? (See Section 6 of the Southend-on-Sea draft PNA)



Response	Count
Very Accurately	12
Moderately Accurately	4
Not at all accurately	1
I don't know / Can't say	4

Q5 - In your opinion, how accurately does the Southend-on-Sea draft PNA reflect the future pharmaceutical needs of Southend’s population (over the next three years)? (See Section 6 of the Southend-on-Sea draft PNA)



Response	Count
Very Accurately	10
Moderately Accurately	8
Not at all accurately	1
I don't know / Can't say	2

Appendix L: Consultation comments

Comment number	Question	Responding as	Comment	SG response
1	1- No gaps in current provision	Healthcare or social care professional	The needs of elderly or disabled people who use professional home care services to help with their medications is missing.	Noted. This document assesses the NHS pharmaceutical services provision in an area. Homecare services is not an NHS pharmaceutical service and therefore out of scope of PNA.
2	1- No gaps in current provision	Healthcare or social care professional	Feedback from palliative care teams is that it is not always easy to obtain those drugs needed out of hours and I note that palliative care is not mentioned in the Burden of Disease section of the report. I also note that no mention is made of mental health issues in this section, despite it being an increasingly prevalent, and frequently overlooked, problem, especially amongst young people. Despite a decreasing and lower than average completion of opiate treatment programmes, there is no mention of the community pharmacist role in supporting opiate replacement therapy and supervised administration.	Palliative care, substance misuse and needles exchange are not commissioned by NHSE and therefore out of scope of the PNA process, however narrative for services which support improved access include: 1. Palliative care – Palliative care medicines supply service is commissioned by CCG and provided by 2 pharmacies in Southend-on-Sea the PNA mentions these are accessible by the wider Southend-on-Sea HWB area (section 6.8) 2. Mental health – Mental health is a priority for Southend-on-Sea and is being address at an Alliance level 3. Opiate treatment programmes – Section 6.5.2.4 and 6.5.2.5 discusses supervised consumption and needles exchange services respectively. There are currently 25 pharmacies which provide supervised consumption service and 8 pharmacies which provide a needle exchange service.
3	1- No gaps in current provision	Healthcare or social care professional	I am an emergency ambulance crew member. Often when we go to a patients house during the night who requires medication such as antibiotics there is NO provision to obtain any after 10:30-11pm despite the fact that Out of Hour GP services such as NHS111 can still prescribe medication past these hours. It often means if we want a patient to start antibiotics immediately they have to be transported to Southend University Hospital inappropriately causing delays. Southend needs at least ONE dedicated 24hour pharmacy that patients and their families can get to in prescribed emergency medication to relieve pressure on the wider NHS services.	Thank you for your comment. Evening opening has been considered and provision is deemed adequate based upon patient need and mirroring other healthcare service providers. Pharmaceutical services between 11pm-8am will be detrimental to the planning of pharmaceutical services in the area. There are a total of three 100 hour pharmacies in Southend on Sea (1 in the East Central locality and 2 in the West Central locality) and during weekdays these pharmacies are open 8am-11pm.

Comment number	Question	Responding as	Comment	SG response
4	2- Agreement with other conclusions	Healthcare or social care professional	There needs to be a way for a professional care provider (CQC regulated) to gain access to pharmacy information and advice 24 hours a day.	Noted, however this is out of scope of the PNA.
5	3- Current provision	Healthcare or social care professional	with a rapidly ageing population we need to a policy which identifies those who need more support with medications and how that might impact their needs.	Noted, however this is out of scope of the PNA but covered by the Equality Act 2010.
6	4- Current needs	Healthcare or social care professional	Each care home has the "luxury" of working with one local pharmacist to deliver and support all of their residents. As a provider of home care across the City area we have to deal with over 20 GP practices and over 30 pharmacies, no service has yet been created which is fit for purpose to allow for us to move all our clients prescription needs to one provider. a commissioned provider of pharmacy services to the social care providers is needed to help us to keep people safe and prevent avoidable hospital admissions.	Noted, however this is out of scope of the PNA. Patient can choose where their prescriptions are sent for dispensing.
7	6- Protected characteristics impact	Healthcare or social care professional	With people to care for who are elderly and/or disabled this proposal does not offer enough solutions to our professional needs.	Noted, however this is out of scope of the PNA.
8	7- Other comments	Healthcare or social care professional	I have emailed further comments and welcome the opportunity to raise the issues before this proposal is ratified.	Noted and will await email.
9	7- Other comments	Business or organisation – Boots	Due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies have not been reflected in the draft PNA. As we are currently in the process of renewing/agreeing the contracts for the locally. Commissioned services in Southend, the list in Appendix A might not be accurate throughout the PNA timescale.	Noted, opening hours have been updated for the final PNA. Provider number for Hepatitis C and Hypertension case finding services have been updated.
10	7- Other comments	A pharmacist	In my opinion, Southend CCG should support community Pharmacists to work together with GP, by introducing new roles as that would help the Pharmacists to work closely with GP and as a community will give better outcome for the patients.	Noted, however this is out of scope of the PNA.
11	7- Other comments	A member of the public	A well thought out and concise document.	Noted.

Comment number	Question	Responding as	Comment	SG response
12	7- Other comments	A member of the public	Good services provided by pharmacy.	Noted.
13	7- Other comments	A member of the public	I'm happy with my pharmacist.	Noted.
14	7- Other comments	A pharmacist	Very well illustrated, community pharmacists are always willing to provide new commissioned services.	Noted.
15	7- Other comments	NHS England	<p>The document refers to NHS England and NHS Improvement (NHSEI). From 1 July 2022, NHSE is only going to be known as NHS England/NHSE - not improvement.</p> <p>Page 18 - I found the references to delegation confusing. In the East of England region, ICS have full responsibility for primary medical care. Primary care dental, optical and pharmaceutical services will not be delegated until 1 April 2023.</p> <p>Page 22 - second bullet point. The tense is wrong I think. It says "from 2019, GPs will start to directly book into GP practices."</p> <p>Page 76 - reference to SCC in the table. It took me a while to realise what that was - when the rest of the document references Southend HWB or Southend on Sea.</p> <p>Page 83 - NHSE does have data on who is registered to provide hep C service. My colleague who sits on the steering group has been in contact with Soar Beyond on this point.</p> <p>Page 88 - says ICS will take responsibility for pharmaceutical services from 1 April 2022 - should be 2023 for EoE region.</p> <p>Page 102 - needle exchange. It says "Only 8 pharmacies provide this service...". I think the use of "only" implies there isn't enough. I would remove "only".</p> <p>Page 102 - reference to the Covid LFT service. This service has ceased so wondered if it needed to be included? If it is kept in, it references "only x number provide this service". Again, I would remove the "only" as it implies there needs to be more.</p>	<p>Amended from NHSE&I to NHSE.</p> <p>Amended.</p> <p>Amended.</p> <p>Amended.</p> <p>Document updated with updated Hep C and Hypertension case finding service.</p> <p>Amended.</p> <p>Amended.</p> <p>Covid services no longer exist and therefore the Steering Group have decided to remove these services from the PNA</p>

Note: The comments raised as part of the Southend-on-Sea PNA will be passed onto the ICS

Appendix M: Opportunities for possible community pharmacy services in Southend-on-Sea

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the regulations.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services for Southend-on-Sea as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and that service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

The take-up of some services from pharmacies has been low; a review to identify the factors that contribute to this low uptake should form part of a review to rectify the shortfall.

1 Health needs identified in the NHS Long Term Plan (LTP)

Priority clinical areas in the LTP include:

- Prevention
 - Smoking
 - Obesity
 - Alcohol
 - Antimicrobial resistance
 - Hypertension
 - Stronger NHS action on health inequalities
- Better care for major health conditions
 - Cancer
 - Cardiovascular disease
 - Stroke care
 - Diabetes
 - Respiratory disease
 - Adult mental health services

2 Health needs identified in Southend-on-Sea

Causes of ill health in Southend-on-Sea are discussed in detail in [Section 2](#) of this PNA. Some of the key areas are as follows:

- **Cardiovascular disease:** The number of patients registered with hypertension as a proportion as the total practice size in Southend-on-Sea has been consistently higher than the national and regional rate across the time period.
 - In 2020-21, the number of patients registered with hypertension as a proportion of the total practice size was 14.9, a higher rate compared with that of England at 13.9

- **Musculoskeletal:** The percentage of people aged 16+ in Southend-on-Sea reporting an MSK condition, either long-term back pain or long-term joint pain, is higher than in England. England and the East of England are outside the 95% confidence interval of Southend-on-Sea.
 - The percentage of people aged 16+ reporting an MSK condition – either long-term back pain or long-term joint pain – in Southend-on-Sea in 2020 was 20.5% and in England 18.6%
- **Cancers:** The age-standardised rate of mortality from all cancers in persons under 75 per 100,000 population is higher in Southend-on-Sea than in the East of England and nationally from 2016. England and the East of England are outside the 95% confidence interval of Southend-on-Sea.
 - Over the period 2017-19, the age-standardised rate of mortality from all cancers in persons under 75 per 100,000 population was 142 in Southend-on-Sea and 130 in England.

The prevalence of long-term conditions is expected to rise in Southend-on-Sea. Neoplasms, cardiovascular disease, musculoskeletal disorders, neurological disorders and chronic respiratory conditions have the largest burden of disease in Southend-on-Sea.

Particular populations that may have specific health needs include older population, residential and nursing home population, and vulnerable people.

The older population in Southend-on-Sea is growing, most notably those 65 and over. The 2031 projections show an increase in most age groups with a slight decrease in under-10s and 25–39-year-olds, suggesting an aging population. This growth will have accompanying health needs.

3 Opportunities for further community pharmacy provision

Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs, community pharmacy can be commissioned to provide services that can help manage and support in these areas.

3.1 Existing services

3.1.1 Essential Services

Signposting for issues such as weight management, the promotion of healthy lifestyles and supporting self-care could support these areas of need. This is especially important as the percentage of overweight adults in Southend-on-Sea increased from 61.72% in 2018-19 to 65.05% in 2019-20.

Of the pharmacy contractors completed the questionnaire, 56% responded that they were willing to provide a service that they were not currently commissioned for, including a weight management service if it was commissioned.

3.1.2 Advanced Services

Some of the existing Advanced Services could be better utilised within Southend-on-Sea, i.e. CPCS and NMS, including a focus on particular health needs in the population for these services.

For example: a focus of the use of the NMS in asthma management could support adherence to therapy and help in the reduction of hospitalisation of patients under the age of 19. The NMS could also support adherence to therapy in other disease-specific management, like dementia and COPD, thereby reducing hospitalisation.

3.1.3 Locally Commissioned Services

There has been a reduction in the numbers of pharmacies in the Southend-on-Sea HWB area providing sexual health services (from one in 2018 to none), which may be due to a greater availability of services from other providers like Brook. However, the opening hours provided by community pharmacy at weekends and late nights does give better opportunity for access to these services if provided.

The Emergency Hormonal Contraception (EHC) and condom distribution service have been commissioned by the local authority (Table 24). However, no community pharmacies have signed up to provide these services. Should this become a priority for commissioners, consideration may be given to incentives for further uptake of sexual health services through community pharmacies.

There is an opportunity to couple this service with the new Advanced Service of hepatitis C–screening (below).

3.2 New services

From the public questionnaire there is a wish for new services to be made available from community pharmacies. From the contractor questionnaire there is also a willingness to deliver such services.

3.2.1 Advanced Services

These services would be commissioned by NHS England (NHSE).

There are several new Advanced Services about to be implemented that could be beneficial to the population of Southend-on-Sea based on the identified health needs, including:

- **Hypertension case-finding service**

This is a new Advanced Service that has been recently introduced. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension.

- **Hepatitis C testing service**

The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven’t yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

- **Smoking cessation**

There is a new smoking cessation Advanced Service for people referred to pharmacies by a hospital, which will be commissioned from January 2022 (delayed). The service is aimed at stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The Department of Health and Social Care and NHSE proposed the commissioning of this service as an **Advanced Service**.

3.2.2 Locally Commissioned Services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively affect outcomes.

Below are examples of services that have been commissioned in some areas of England either by NHSE or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Southend-on-Sea ([Section 2.9](#)) or the NHS LTP.

3.2.3 Possible disease-specific services

- **Diabetes**

Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team, 2. Prevention and lifestyle, 3. Complications of diabetes, 4. Education programmes, 5. Medicines adherence, 6. Signposting.

- **HIV screening**

The new Advanced Service for Hepatitis C testing uses a POCT methodology, and these tests are also available for HIV testing. There have been many such services delivered from community pharmacies around England. This service could be combined with a **needle exchange service**, which is not currently commissioned in Southend-on-Sea, or as a supplementary service to the **EHC** service, which is available already.

- **Cardiovascular**

AF screening service (multiple areas). This service provides patients at high risk of Atrial Fibrillation (AF) with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for AF using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a stop smoking service or weight loss support service.

- **Respiratory**

Asthma inhaler technique (Greater Manchester). The purpose of the Improving Inhaler Technique through Community Pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory disease. The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a **participating pharmacy**.

3.3 Recommendations

1. Highlight to the public the services that are currently available from community pharmacies

This will help to manage the following issues:

- The existing services are used sub-optimally

- The public questionnaire made it clear that members of the public were not aware of available services
 - Members of the public wish to see these services provided ([Section 5](#))
- 2. Identify the best way to deliver the new Advanced Services**
- Smoking cessation, hypertension case-finding and hepatitis C–screening can all meet the health needs of Southend-on-Sea, albeit in targeted localities
- 3. Consider the provision of new locally commissioned services**
- To meet specific health needs in Southend-on-Sea, e.g., HIV screening (+/- needle exchange), asthma and cardiovascular services.

Abbreviations

AAF – Alcohol-Attributable Fraction
 AF – Atrial Fibrillation
 AUR – Appliance Use Review
 BMI – Body Mass Index
 BSA – Business Services Authority
 C-19 – COVID-19
 CCG – Clinical Commissioning Group
 CGL – Change Grow Live
 CHD – Coronary Heart Disease
 CI – Confidence Interval
 CKD – Chronic Kidney Disease
 COPD – Chronic Obstructive Pulmonary Disease
 CPCF – Community Pharmacy Contractual Framework
 CPCS – Community Pharmacist Consultation Service
 DAC – Dispensing Appliance Contractor
 DHSC – Department of Health and Social Care
 DMIRS – Digital Minor Illness Referral Service
 DMS – Discharge Medicine Service
 DSP – Distance-Selling Pharmacy
 EHC – Emergency Hormonal Contraception
 eRD – Electronic Repeat Dispensing
 ES – Essential Services
 GFR – Glomerular Filtration Rate
 GP – General Practitioner
 HD – Haemodialysis
 HIV – Human Immunodeficiency Virus
 HLP – Healthy Living Pharmacy
 HRA – Homelessness Reduction Act 2017
 HWB – Health and Wellbeing Board
 IAPT – Improving Access to Psychological Therapies
 ICB – Integrated Care Board
 ICS – Integrated Care System
 IMD – Index of Multiple Deprivation

JHWS – Joint Health and Wellbeing Strategy
JSNA – Joint Strategic Needs Assessment
LA – Local Authority
LCS – Locally Commissioned Services
LFD – Lateral Flow Device
LPC – Local Pharmaceutical Committee
LPN – Local Pharmacy Network
LPS – Local Pharmaceutical Service
LTP – Long Term Plan
MSK – Musculoskeletal
MUR – Medicines Use Review
NCSP – National Chlamydia Screening Programme
NHS – National Health Service
NHSE – NHS England
NICE – National Institute for Health and Care Excellence
NMS – New Medicine Service
NUMSAS – NHS Urgent Medicine Supply Advanced Service
ONS – Office for National Statistics
PCT – Primary Care Trust
PD – Peritoneal Dialysis
PhAS – Pharmacy Access Scheme
PHE – Public Health England
PNA – Pharmaceutical Needs Assessment
POCT – Point of Care Testing
PQS – Pharmacy Quality Scheme
PSNC – Pharmaceutical Services Negotiating Committee
PWID – People Who Inject Drugs
RRT – Renal Replacement Therapy
SAC – Stoma Appliance Customisation
SCC – Southend-on-Sea City Council
STI – Sexually Transmitted Infection
TIA – Transient Ischaemic Attack

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Mid and South Essex
Integrated Care
System



Mid and South Essex

205

Shoebury Health & Wellbeing Hub

Choosing a preferred site





The process

To date:

- Comprehensive options appraisal of possible sites
- Local engagement with residents through a variety of channels
- Identified a preferred location option

Next steps

- Service model
- Business case

Five identified sites

1. Shoebury Health Centre
2. The Garrison
3. Shoebury House
4. Thorpedene
5. North Shoebury

An extensive site evaluation report was produced which identified five possible sites



Community engagement

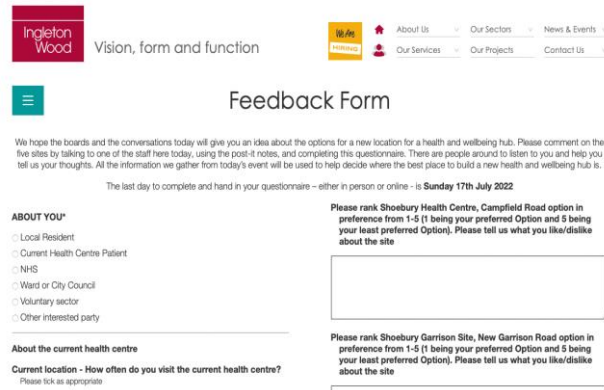
Worked in partnership with SAVS, Shoebury Residents Association, Local Councillors, and the Patient Participation Group (PPG) Chair to gain insights and target specific locations

15 June – 17 July

Online questionnaire

- 429 responses
- Live from 15th June-17th July

208



The screenshot shows a web page for 'Ingleton Wood' with a 'Feedback Form' section. The page includes a navigation menu with 'Home', 'About Us', 'Our Services', 'Our Projects', 'Contact Us', 'Our Sectors', and 'News & Events'. The feedback form text reads: 'We hope the boards and the conversations today will give you an idea about the options for a new location for a health and wellbeing hub. Please comment on the five sites by talking to one of the staff here today, using the post-it notes, and completing this questionnaire. There are people around to listen to you and help you tell us your thoughts. All the information we gather from today's event will be used to help decide where the best place to build a new health and wellbeing hub is. The last day to complete and hand in your questionnaire - either in person or online - is Sunday 17th July 2022.' Below this, there are two ranking questions: 'Please rank Shoebury Health Centre, Campfield Road option in preference from 1-5 (1 being your preferred Option and 5 being your least preferred Option). Please tell us what you like/dislike about the site' and 'Please rank Shoebury Garrison Site, New Garrison Road option in preference from 1-5 (1 being your preferred Option and 5 being your least preferred Option). Please tell us what you like/dislike about the site'. There are also sections for 'ABOUT YOU*' with radio button options (Local Resident, Current Health Centre Patient, NHS, Ward or City Council, Voluntary sector, Other interested party) and 'About the current health centre' with a question 'Current location - How often do you visit the current health centre?' and a note 'Please tick as appropriate'.

16 June

Community event

- 58 paper questionnaires
- Post-it activity (likes and dislikes on each site on an open board)



7 – 8 July

Intercept interviews

- 93 interviews
- 9 locations around Shoeburyness – Asda, Thorpe Bay station, TrustLinks, Food Bank, Salvation Army, Friars Family centre, Hub151, Baptist Church, Children's Centre



11 – 17 July

Social media and digital

- SMS to existing practice patients
- Geo-focused, targeted facebook ads



Community engagement reach

Engaged with over 500 residents

209

429 Online questionnaire responses

2,357 direct link

Business cards, flyers, text messages

151 Resident conversations

58 community event

93 intercept interviews

14 organic

Website browser search

390 referral

Facebook, MSE website, LinkedIn

- From the Facebook advert:
- Total number of people reached: 18,392
 - Total number of times ads shown: 93,523
 - Total number of times ads shown to average per person: 5.08 times
 - Total number of times link was clicked: 1,146
 - Total number of people who clicked the link: 884

Preferred site

Shoebury House

Because:

- residents prefer it
- sufficient space for expansion (working with partners)
- on bus routes
- in the heart of the community
- not far from existing site
- lower flood risk and options to mitigating flood risks,
- some funding already available from insurance which we can build on

210





Please join us for a Q&A
session with our Estates
Team and Architect firm
Thursday 1st September at
3.30pm

Joining link: [Click here to join the meeting](#)

Any further questions: sarah.mills45@nhs.net

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Southend Health and Wellbeing Board

Report by

Alex Khaldi, Independent Chair, A Better Start Southend

to

Health & Wellbeing Board on 7th September 2022

Report prepared by:

Tara Poore, Director, A Better Start Southend

	For discussion	X	For information only		Approval required
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A Better Start Southend - update

Part 1 (Public Agenda Item)

1 Purpose of Report

The purpose of this report is to provide an update from the Chair of A Better Start Southend (ABSS) on key developments since the last meeting.

2 Recommendations

HWB are asked to:

1. Note the contents of the report and raise issues and opportunities with Tara Poore, ABSS Director, who will be presenting on behalf of Alex Khaldi, Independent Chair of A Better Start Southend (ABSS).
2. Note the progression of the ABSS Legacy and Sustainability Strategy, with particular reference to the development of the legacy vehicle, City Family CIC

3 Governance

The ABSS Programme continues to benefit from strong Partnership engagement, with positive participation at a range of levels for all core Partners, including:

- Early Years Alliance
- Southend City Council
- Essex Police
- Mid and South Essex Hospital Trust
- Essex Partnership University NHS Foundation Trust (EPUT)
- Mid and South Essex Integrated Care Board
- University of Essex
- Family Action
- SAVS
- *Integrated Care System*

Membership

As a reminder, the ABSS Programme Governance structure comprises the following Groups:

- Partnership Board - Chair, Alex Khaldi
- Executive Consultative Board - Chair, Alex Khaldi
- Programme Group - Chair, Krishna Ramkhelawon, SCC
- Insight and Analysis Group - Chair, Michael Freeston, EYA
- Finance and Risk Group - Chair, Paul Grout, SCC
- Parents' Group - Rolling Parent Champion Chairs
- YourFamily Partnership Group - Chair, Lucy Jeffreys, Parent Champion (Lucy has recently resigned from her role, and in the interim Jo Houston from Southend Family Centres who is the vice chair of this group will step into the role of chair).

All ABSS governance meetings continue to take place regularly and aligned to the governance schedule, to aid with oversight of the ABSS Programme activity.

A Better Start Southend has been shortlisted for two CYP Now awards in the categories of Partnership Working and Early Years. This recognises the sheer success of the partnership attached to the programme as well as the specific work undertaken by the Talking Transitions programme. The award ceremony takes place on November 24th.

ABSS Legacy and Sustainability Strategy

The ABSS Legacy and Sustainability Strategy development work continues to be a key priority for Alex Khaldi and Tara Poore. Along with other ABSS staff, partners and parents continue to work with Social Minds to meet tight deadlines in progressing key elements.

City Family Community Interest Company, which is the legacy vehicle of ABSS will be incorporated as a business this month. A stewardship board will be established which will enable the first formal meeting to take place thus enabling the recruitment of additional board members, including two Southend, early years lived experience parents.

It is intended that City Family CIC will become a delivery partner of ABSS, being commissioned to take forward key elements of the Legacy and Sustainability Strategy. The aim over the next 2/3 years will be for City Family CIC to build its capability such that it is in a position to take on a key role in Southend and beyond when the Lottery funding expires in 2025 and ABSS concludes.

City Family CIC

City Family CIC will be incorporated within the next four weeks, registered as a Community Interest Company.

- The objects of the Company are to carry on activities which benefit the community and in particular (without limitation) to help families and their children by the provision of support, information and advice aimed at reducing the barriers they face.
- To support the improvement of child development with reference to physical and mental health, learning and communication.
- To develop innovative practices through evidence led learning and enable the promotion of excellence.

City Family CIC will bring together communities and professionals as equal value partners to develop and deliver solutions to support improved child development, building upon the extensive co-

production that threads through ABSS. It will do this by offering earlier and improved access to universal, and targeted services. It will have a co-produced approach that builds capacity to support families and children, drawn from peers and champions within localities.

City Family CIC will build vibrant networks that strengthen support around families as well facilitating local spaces for activities designed and co-delivered by local communities. Any surplus income will be reinvested into provision co-led by community volunteers or be utilised for charitable giving.

Engagement of Parent Champions within ABSS (Governance) Meetings

All committees and groups include the active participation of engaged parents, with Terms of Reference stating that no meeting is quorate unless there is parent and Partner presence at each forum.

ABSS Action Against Racial Inequality Steering Group

It must be acknowledged that the Action Against Racial Inequality group has not met for some time. Several months ago, the decision was made to pause the external facing side of this work whilst a review was conducted, the review was looking at whether a Southend centric approach would improve progression. Efforts to bring in a local consultant were not successful, however the review has redefined this work;

- To ensure ABSS is anti-racist and that we are actively challenging ourselves.
- To facilitate learning across the ABSS partnership.
- To ensure our services are appealing to families from all ethnicities in Southend.
- To offer a conversation-based service for minoritised families to have open conversations that lead to action

To develop this work, it is important that ABSS staff have increased confidence to tackle barriers to racial equality. ABSS must be able to identify how effective the current engagement and services are and how accessible the commissioning is. In the first instance ABSS are seeking proposals for specialist anti racist training for staff, which will reaffirm our commitment to taking action against racial inequality.

The AARI steering group is being disbanded, with AARI and equality becoming a substantive agenda item for Partnership Board.

The National Lottery Community Fund (TNLCF)

The National Lottery Community Foundation have confirmed and approved the budget reallocation request of £696,387 over the remaining three years, which is very welcomed news. This is a testament to the compelling case presented to TNLCF by ABSS. This is previously withdrawn funding attached to the ABSS' pause period (2017/2018) and is not additional to the grant. This approval and allocation to the ABSS Partnership will enable the Programme to continue to improve outcomes for Southend's youngest children, whilst developing the legacy to take forward impact and system change for the next ten years. We are grateful to TNLCF for their approval and continued support.

ABSS continues to send updates to TNLCF aligned to the revised 2022 Reporting Schedule. Some elements of reporting will be updated to better reflect the stage of the Programme reached, this includes much more visual accounts of progress that are dynamic and informative. The next Quarterly Review meeting between ABSS and TNLCF is due to be held in October 2022.

TNLCF are working with all five ABS sites across England and the National Children's Bureaux to share best practice in workforce development, communication, research, and sustainability planning.

Cost of Living Crisis

The impact of the cost-of-living crisis is starting to be seen by ABSS commissioned projects and direct delivery services, families' priorities are shifting as they prepare and plan for the expected, significant changes to expenditure. The ABSS research team have produced a report exploring the implications of food insecurity on family health and child development and are exploring how services can be offered in a way that can support families experiencing the cold. ABSS is ready to work with delivery partners and the City to explore ways of supporting families.

4 Evidence Project

Programme Evaluation Partnership

The University of Essex Research team delivered their fifth round of evaluation reports at the end of July 2022. These covered the 2021/22 Q4 and 2022/23 Q1 period with data collected over a six-month period. A review of the project evaluation activities will take place over the next few months, to reflect that some evaluated projects have come to an end while other new projects have started. The review will re-focus the evaluation activities to ensure that they are producing insights that are useful for the delivery and development of individual projects as well as for the strategic direction of the ABSS programme as a whole.

The team have also produced a meta-thematic analysis of findings from semi-structured qualitative interviews held with more than 140 beneficiaries between October 2020 and December 2021. One parent (peer) researcher was actively involved in the development of a qualitative coding scheme (first phase of analysis), with the support of the Research team. Initial findings from the meta-analysis were presented to the IAG meeting in June, with the final report produced in August 2022. The final results of the analysis will be presented to the IAG meeting in September, and further opportunities are being explored to share insights from the analysis with ABSS and project staff

Initial discussion have taken place around the membership of the Independent Advisory Committee (IAC), which requires review in light of personnel changes in the original membership of the group. Discussions identified a change in the role of the group, from advising on the design of evaluation activities to advising on dissemination and communication of findings, including through peer-reviewed journal papers. and new members are being sought who can support this aspect.

Independent Programme-wide Summative Evaluation

The report on Phase 1 of the Summative Evaluation was completed in August and will be presented and discussed at the Partnership Board on 22 August. In addition to the full report, a summary document, infographic resources and a PowerPoint slide deck have been created to help with dissemination of the findings. These findings point to evidence of positive impacts from the ABSS programme, but also highlight some areas where developments would help to increase the reach and impact of the programme.

Outcomes Framework

Following consultation of the Outcomes Framework document at the IAG meeting in June, discussions are developing around the purposes to which ABSS can put its outcomes and other data. With a growing focus on the legacy of ABSS and the nature of the service provisions that will

follow the end of the Lottery funding, we are exploring the uses that data and evidence can be put to in order to support decision-making and planning in those areas. As a result, the design and content of the Outcomes Framework document is being re-thought to ensure it supports the future needs of ABSS. This review will be completed in coming months as our understanding of our future needs develops.

Outcomes Reporting

The SCC OPI Data Team continue with regular work refreshing the data dashboards, including updating with recently-released data for 2021/22, and completing the Q4 Lottery return. Discussions have taken place with ABSS about the handling of new EYFSP measures, as there has been a gap in data collection during the pandemic and a subsequent change in the methodology used to collect the EYFSP measures, meaning that direct comparisons will not be possible between pre- and post-Covid measures. A narrative approach will be needed to present and explain the consequences of this. Comparisons will still be possible between ABSS and non-ABSS wards in Southend.

Workforce Development

Following meetings with ABSS Programme Managers and members of the Partnership Board, the Research and Evaluation Manager drafted out an initial outline plan for the Workforce Development Strategy. This is forming the basis for further discussion taking into account recent developments in the ABSS Legacy and Sustainability Strategy. The Workforce Development Strategy will address the workforce-related needs of the ABSS programme during its remaining period of delivery but will also focus on future workforce needs. This will include supporting the development of the City Family CIC, including with the emerging ideas around a Centre for Excellence, but will also support partners with their ongoing work in the wider early years sector in Southend.

An extract of the ABSS Data Dashboard titled '**Partnership Board Programme Activity Summary**' is shown in **Appendix One**

5 Programme Activity

YourFamily

The YourFamily programme has been working with families for almost a year now and 710 families have joined the YourFamily Community. 842 children aged under four years are beneficiaries of the YourFamily community and over half of these children are living in ABSS wards.

Referrals from partners are increasing as relationships are made YourFamily has received the most referrals from our health visiting partners. 184 referrals from health visitors, with additional referrals from Southend Home Based Family Support team and Early Help and others from our ABSS delivery partners and community groups. 202 families have joined the YourFamily community as a result of accessing activities delivered by the team or through connections made by the YourFamily Connectors who are visible at community events. The direct delivery of workshops and courses will increase from October offering families more opportunities to feel confident knowledgeable parents.

The volunteer element of the programme had been delayed and the YourFamily Volunteer Co-ordinator is now actively seeking volunteers to support delivery of the programme. The volunteer roles range from administration support through to delivering evidence-based support to family's dependant on the volunteers' skills, knowledge and interests.

The Family Partnership Model supervision training starts in October with the Train the Trainer course planned for the spring. This will ensure a strengths-based way of working is shared across the early year's workforce and a shared language when working with families.

The case management system has been developed for YourFamily and the development work with the Southend Family Centre's Home-Based Family Support team is almost complete. This will enable family contact information to be shared and will highlight who is working with a family ensuring sharing information for any safeguarding issues is quick and efficient. The reporting element is in development and there is an ambition to have all ABSS delivery partners using the system from November.

Evaluation of the YourFamily programme has been discussed, all activity provided by YourFamily will be evaluated by the University of Essex through online evaluation forms. The family journey over time and gathering an understanding of the level of engagement with voluntary and statutory services and peer support will be given ethical consideration before a plan can be agreed. The YourFamily Programme Manager is working with the ABSS Research and Evaluation Manager to identify how a baseline can be set at the start of a parents journey with YourFamily.

Parent, Family and Community Hub

ABSS Delivery Partners and community groups are running extensive sessions from the Parent, Family and Community Hub, resulting in an offer to families every day of the week.

In May 2022, ABSS submitted evidence to the Family Review being carried out by the Children's Commissioner's Office, which was examining experiences of family life across the UK and how well services addressed the needs of families as a unit. In July, members of the Family Review team visited Southend to meet ABSS staff and to conduct some interviews and focus groups with ABSS parents. The parents who kindly agreed to take part in the discussions came from a range of experiences, including Parent Champions with long-term connections to ABSS, parents recently engaging with YourFamily for the first time, and parents from the Chaos and Calm group who shared the particular challenges of being parents of children with SEND. The visiting team commented on how pleased they were to be able to talk to parents with such a breadth of experiences, and on the insights they gained from talking to them. The Family Review report will be published in the Autumn.

Commissioned Services

An enhanced review process has been established providing a comprehensive format that captures information in line with the Lottery data collection requirements. This will ensure partners are providing the relevant, required monitoring data and that detailed scrutiny can be undertaken against performance and contract outputs.

Examples of some key Programme highlights are included below: Listed detail – Appendix Three

HENRY Healthy Families

HENRY Healthy Families will conclude on Friday 26th August 2022. This will ensure that all families that had been booked on to the 8-week course will have had an opportunity to complete it. 22 beneficiaries were booked onto courses being run across Q1, with 18 completing, final figures for July and August will be released at the end of the programme.

HENRY and ABSS have developed joint communications to be shared across respective social media platforms, encouraging and signposting families to alternative healthy eating services across Southend.

On completion of this programme an evaluation of the project will be undertaken to understand key elements and inform future service direction in this space.

FOOD Club (Food on Our Doorstep)

The scheme is delivered from three Family Centres: Centre Place (Kursaal), Summer Court (Victoria) and Friars (Shoeburyness). Since March 2022, 39 new families have joined the scheme, bringing the total to 288 members, with Centre Place and Summer Court being the most well attended, Friars accounting for 15% of new families.

The focus has been on encouraging families to utilise all the produce provided, the aim being to eliminate as much waste as possible, widening the range of foods that families use and encouraging families to make healthy choices. Food Club have been actively reaching out to partners and community groups to expand their network, and co-ordinate joint events. This will continue to be a focus, and collaboration with the Food Alliance will be a key focal point.

The contract runs until the end of Feb 2023. A draft sustainability plan will be presented to the Programme Group in September.

Talking Transitions

The Talking Transitions project has reached 1007 children this year and those children participated in Talking Transition events each satellite delivered, and all received the 'chatter bag challenge'.

To date 10 out of 11 primary schools 15 out of 23 early years settings and 2 childminders all in ward are participating in the project.

In addition, 4 schools, 6 early years settings and 1 childminder are not in ward but children from ABSS wards attend are also involved in the project.

Gaining consent to record data for this project has improved year on year but remains a challenge. The Programme Manager for direct delivery is finding out if it is possible to capture this data anonymously on the CRM system. This year so far, 422 consents have been obtained.

This year 19 learners representing 16 settings and 1 childminder, participated in the 10-week Accredited Elklan 3–5-year-olds Speech, Language and Communication Training and all gained their accreditation.

A case study is attached for reference - see Appendix Two

Details of all ABSS programmes in delivery are attached for reference - see Appendix Three

The Festival of Conversations

The Festival of Conversations preparations are well underway, and over 25 events are currently being finalised. A press release and an FoC web landing page have been developed to provide families and professionals an overview of what will be on offer and was formally launched on August 12th. Due to demand three larger themed 'Roadshows' have been added to the programme, offering an opportunity for several partners and professionals to come together in one space.

6 Programme Management Office

The Programme Management Office (PMO) comprises the following teams and continues to provide excellent support for the ABSS Programme:

- **Senior Programme Team** - comprising the Director and Assistant Director and all Senior Managers.
- **Operations and New Business Development Team** (led by Assistant Director) - including HR, finance, physical resources, governance, administration and the contracts and compliance functions.
- **Project Management** - including contract and quality monitoring of commissioned service providers, Creche Services and the Parent, Family and Community Hub Co-ordinators.
- **Communications and Marketing**
- **Research and Evaluation**

7 Communications and Marketing

YourFamily

The advertising and Out of Home campaign with Bradford-based agency ICG has now come to an end and all performance reports have been collated. The Marketing and Communications Team are now preparing a full report on the success of this initiative, complete with information about how many sign ups were received against the goals set.

World Breastfeeding Week 2022

The Marketing and Communications team undertook a successful digital campaign for world breastfeeding week in August, which reached 4,500 people within the A Better Start Southend community. Members of the one-to-one and group-based breastfeeding teams attended summer events with Southend's Family Centres to provide breastfeeding advice and guidance as part of the campaign.

Infant mental health week

The Marketing and Communications team also undertook a very successful campaign for Infant Mental Health Week, which focussed on limiting the effects of trauma on young children and their mental health. The campaign reached 6450 people, and over 2,000 of those people engaged with the campaign in a meaningful way (such as reacting, sharing or commenting).

Festival of Conversations

Implementation of the FoC communications strategy has begun, and the campaign was launched on the 12th August. The press release has been picked up by the Leigh Times and BBC Essex, and both are keen to publish a story about the festival.

Volunteer Home Visiting digital advertising campaign

We have begun a new digital advertising campaign for the Volunteer Home Visiting service in order to boost sign ups. The campaign will run for 4 weeks (possibly 5 if the campaign is successful) and we hope to bring 5-8 new families on board.

8 Reasons for Recommendations

ABSS Governance have reviewed and approved activities at the appropriate level. The Health and Wellbeing Board are asked to:

1. Note the contents of the report and raise issues and opportunities with Tara Poore, ABSS Director or Alex Khaldi, Independent Chair of A Better Start Southend (ABSS).
2. Note the progression of the ABSS Legacy and Sustainability Strategy, with particular reference to the development of the legacy vehicle, City Family CIC.

9 Financial / Resource Implications

There are not financial/resource implications for this report.

10 Legal Implications

None at this stage.

11 Equality & Diversity

None at this stage.

12 Appendices

Appendix One – ABSS Partnership Board Programme Activity Summary

Appendix Two – Case Study

Appendix Three - ABSS Project Names and Workstreams

Tara Poore, Director, ABSS

7th September 2022

Appendix One – ABSS Partnership Board Programme Activity Summary

Produced by the Operational Performance and Intelligence Team

18/08/2022

This short extract is based on the ABSS Programme Activity Dashboard for the period ending **31-Jul-2022**.

For further details please click the following link to view the full dashboard:

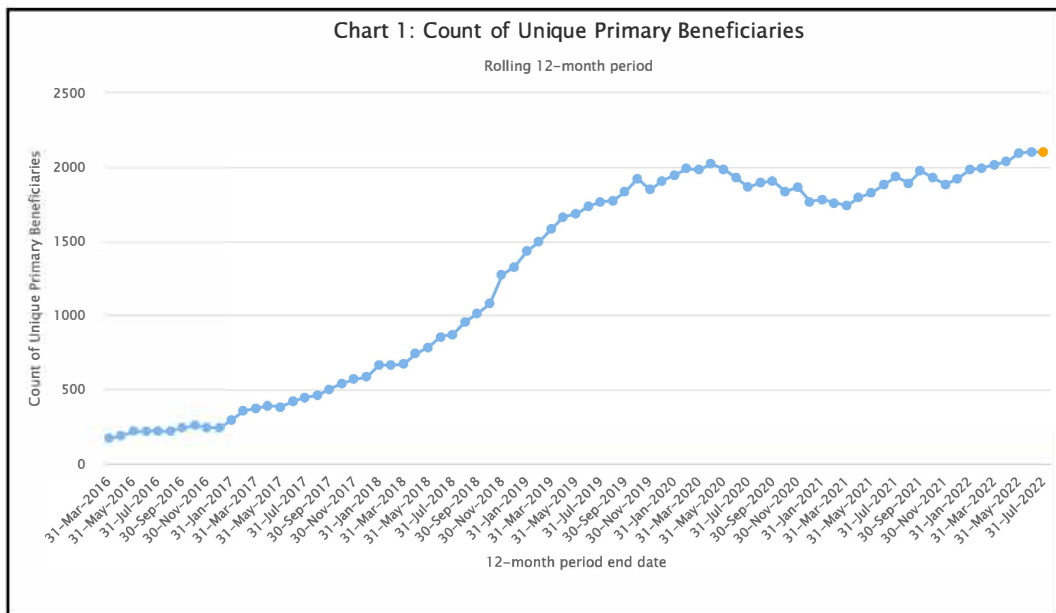
https://sbcdata.shinyapps.io/ABSS_Programme_Activity/

(https://sbcdata.shinyapps.io/ABSS_Programme_Activity/).

Section 1 - Programme Reach

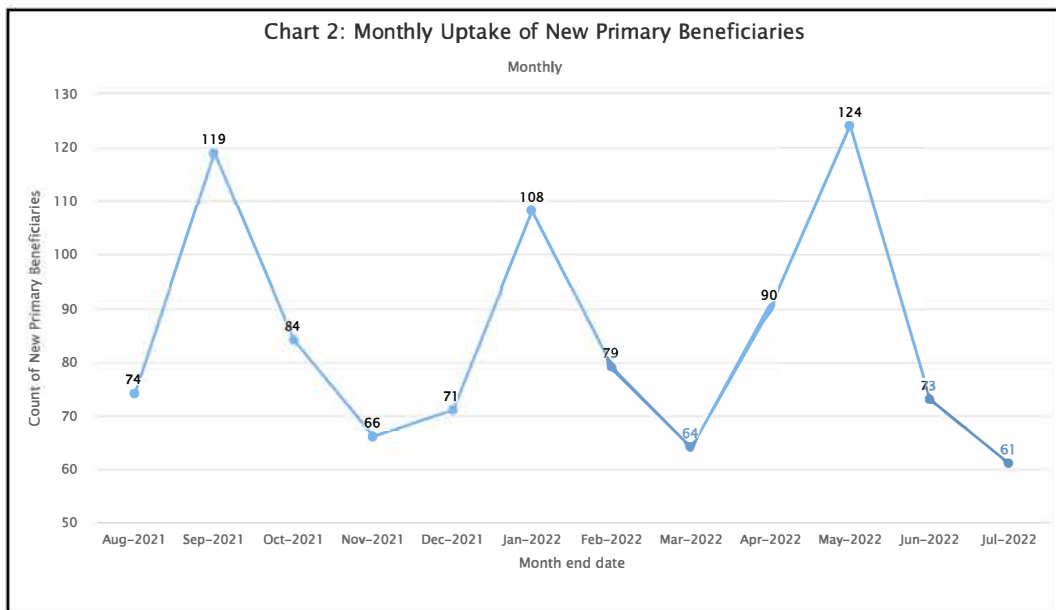
The total number of beneficiaries of the A Better Start Southend programme since April 2015 is now **5529**, which has risen from **5468** at the end of the previous month.

As chart 1 below shows, reach has continued to grow during the life of the programme and the total number of beneficiaries of A Better Start in the past 12 months was **2098**, which is equivalent to the numbers seen for the period ending September 2021. This represents **45.9%** of all potential beneficiaries and is amongst the highest proportions achieved since the start of the programme. Growth in reach has been consistent since November 2021 indicating a recovery from the effects of Covid.



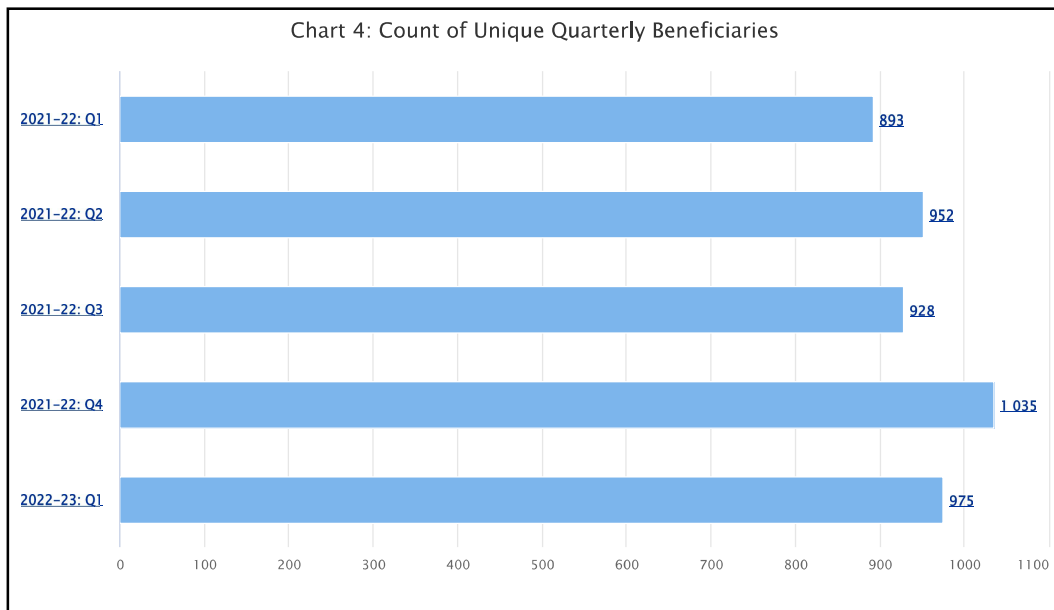
Section 2 - New Primary Beneficiaries

Chart 2 shows that new families continue to be introduced to the programme each month and the numbers of new beneficiaries show significant peaks at the start of the new academic and calendar year.

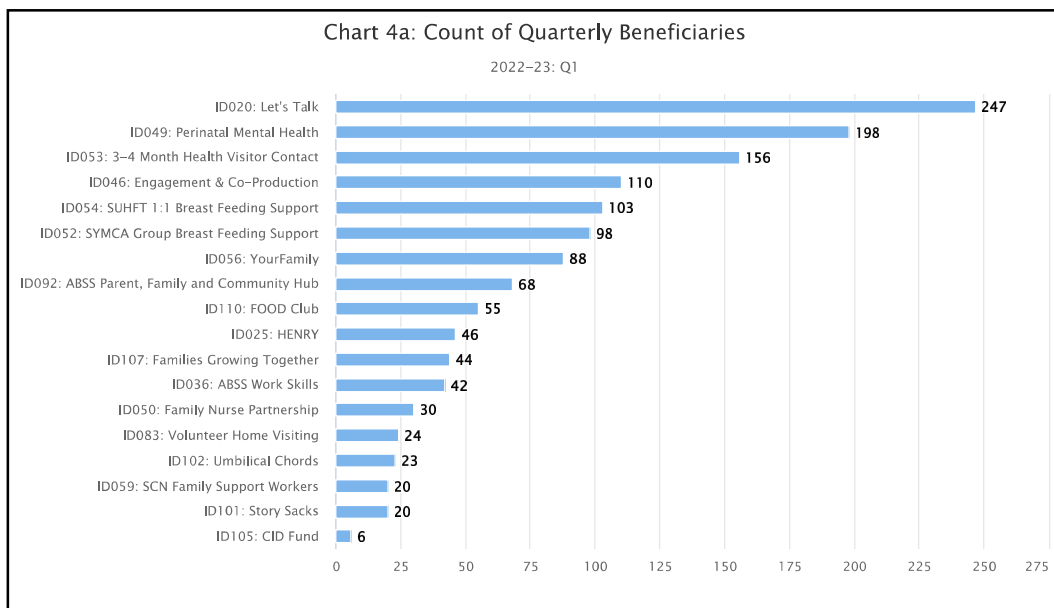


Section 3 - Project Delivery

As Chart 4 from the Programme Activity Dashboard shows below, quarter 4 (Jan - Mar) of the previous financial year was the busiest quarter, showing growth of activity since the start of this calendar year.



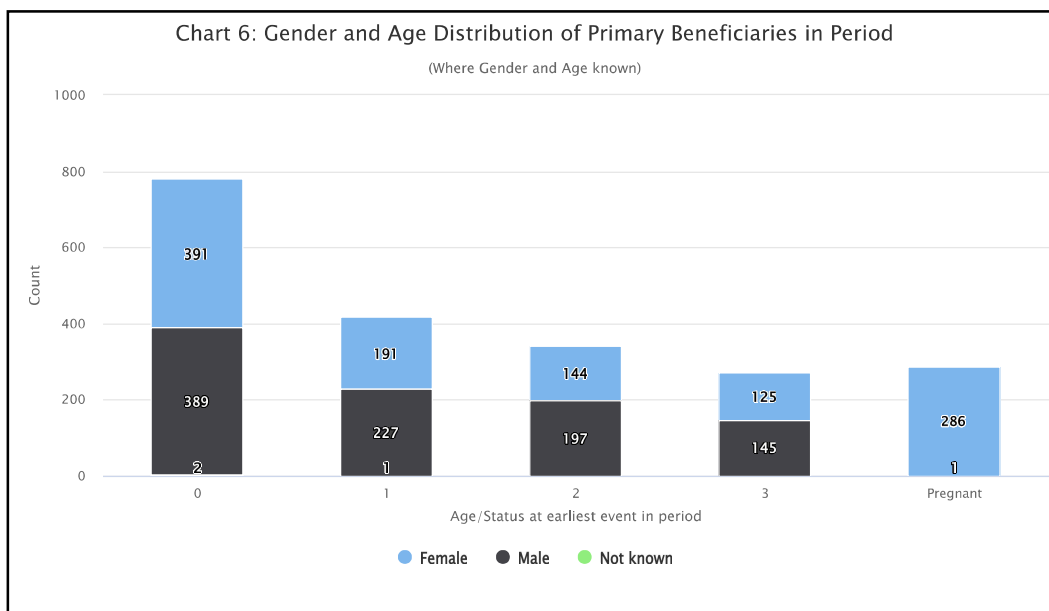
Quarter 1 of 2022-23 is displayed in Chart 4a at project level, showing the relative reach of each project in terms of numbers of primary beneficiaries. Note that the YourFamily project which was live from April 2022 is now included in project data.



Section 4 - Age and Gender

Chart 6 extracted from the Programme Activity Dashboard below shows that there is a fairly even distribution of male and female beneficiaries and that there is an emphasis on engaging children from the earliest stage in their lives (i.e. age 0).

The number of pregnant primary beneficiaries that participated in the past 12 months has decreased slightly from **291** for the equivalent 12-month period ending one year ago.

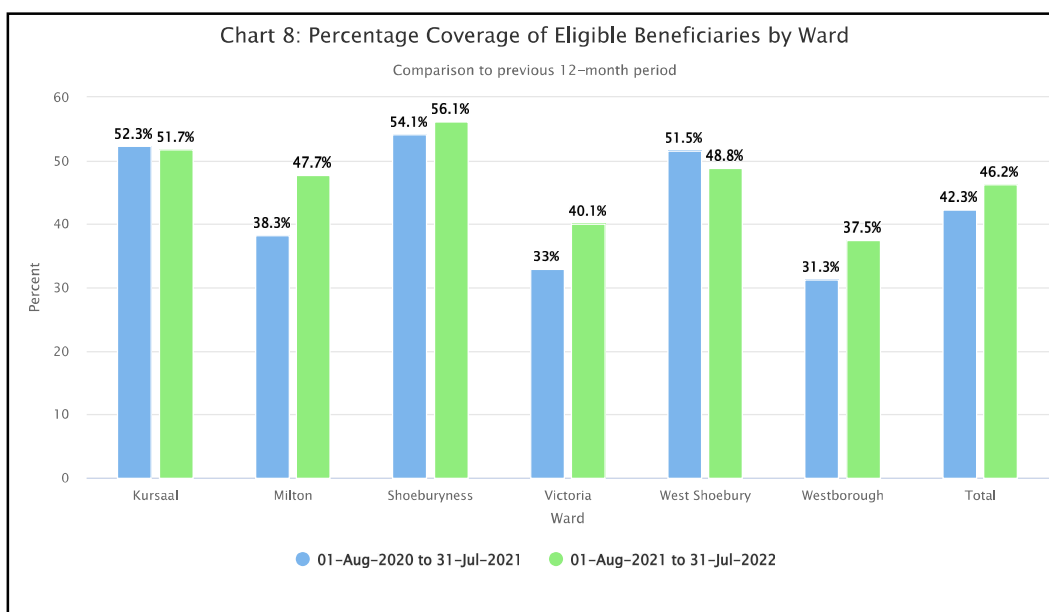


Section 5 - Delivery by Ward

Chart 8 extracted from the Programme Activity Dashboard shows a comparison of the percentage of eligible primary beneficiaries that have participated in an ABSS project during the past 12 months compared to the previous 12-month period. Over the combined ABSS wards (see the far right-hand bars) this percentage has increased and this is also the case for each of the wards with the exception of Kursaal and West Shoebury where there has been small reductions in the percentage of potential beneficiaries engaged by the programme.

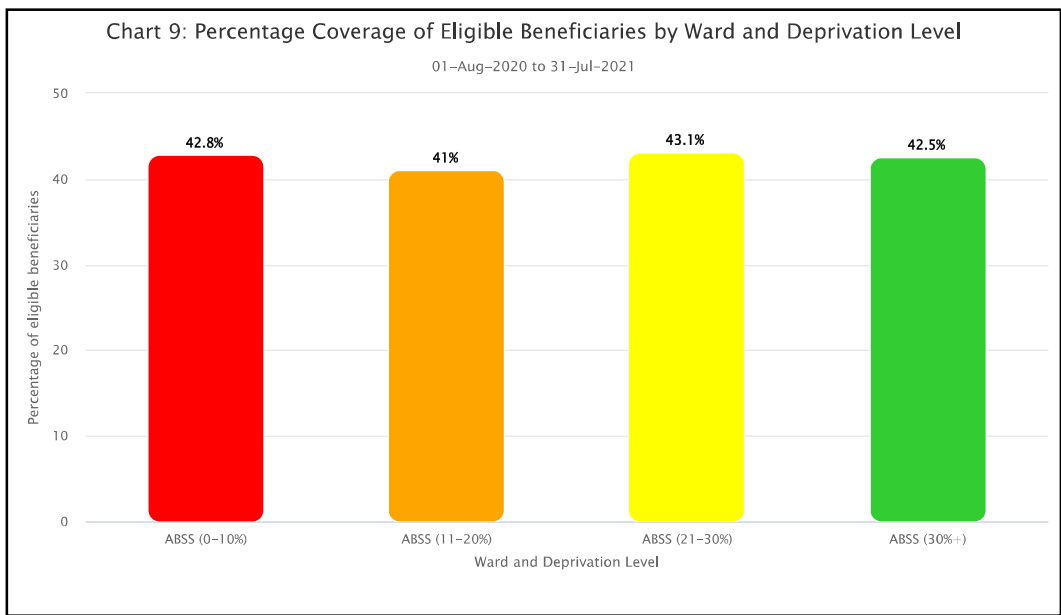
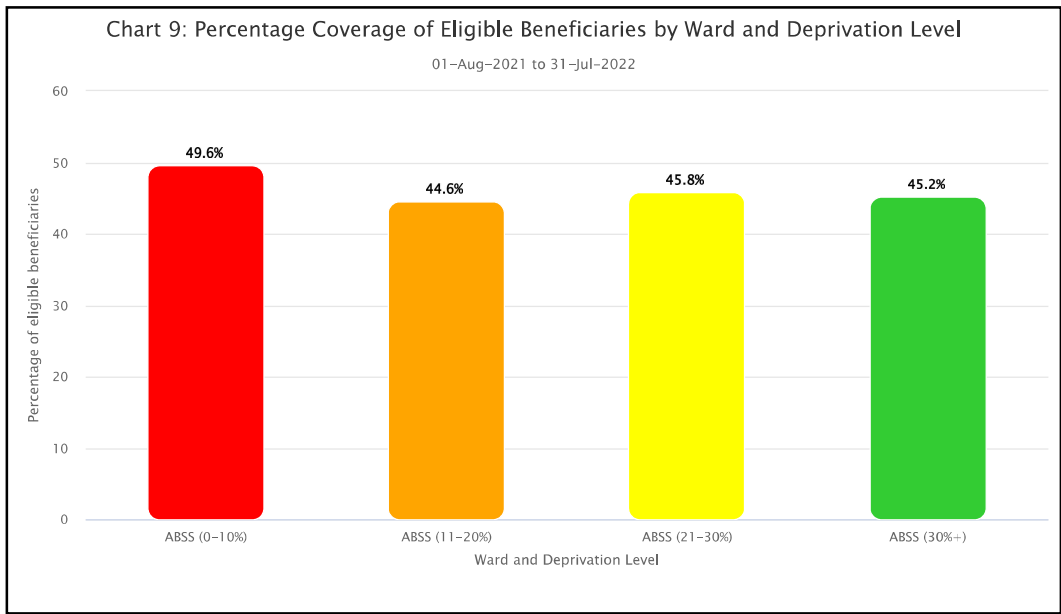
Reach within the Kursaal, Milton, Shoeburyness and West Shoebury all equal or exceed the average reach across the entire ABSS wards and reach in Victoria and Westborough is below the overall average.

The difference in reach between the wards with the highest and lowest reach is **18.6** percentage points.



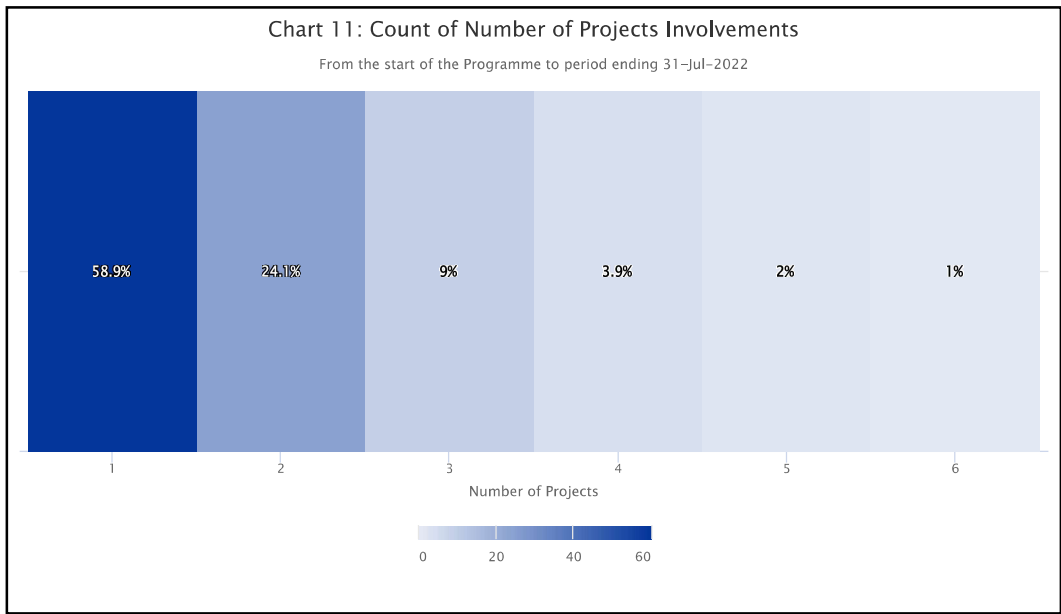
Section 6 - Delivery by Deprivation Level

The two charts below are partial extracts from the Programme Activity Dashboard and show a comparison of percentage delivery to all eligible beneficiaries for the current and previous 12-month delivery periods, by deprivation deciles. The top chart shows the most recent 12-month period and displays a higher level of reach in the most deprived areas (red bars). The percentages for all deprivation areas have increased from the previous 12 month period.



Section 7 - Participation in Multiple Projects

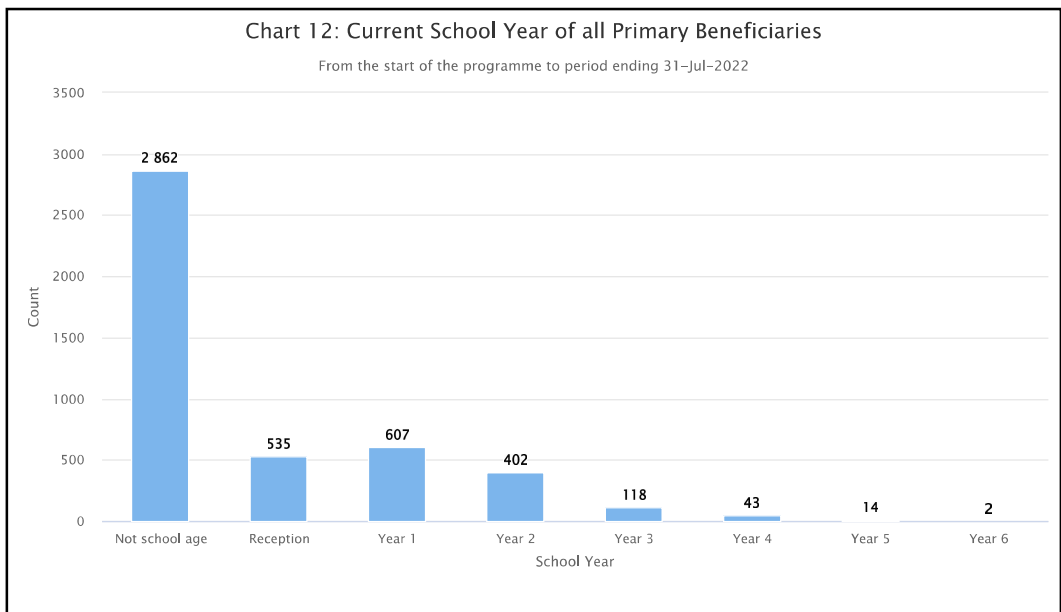
This chart shows the percentage of beneficiaries that have been involved in multiple projects over the course of the programme. For example, **41.1%** of all beneficiaries have been involved in more than one project, which demonstrates a good linkage between projects and retention of beneficiaries.



Section 8 - Current School Year of Primary Beneficiaries

This final chart shows the current school year of all current and past primary beneficiaries. This is helpful when considering that a number of outcome measures reported to the National Lottery Community Fund are age-related. For example, the Early Years Foundation Stage Profile (EYFSP) and one of the National School Measurement Programme (NCMP) measures are taken during the reception year. The ability of A Better Start to improve these population-level outcomes is dependent on a significant proportion of those children being reached by the ABSS Programme.

For further details of outcome measures please click the following link to view the full dashboard: https://sbcddata.shinyapps.io/ABSS_COF_Tool/ (https://sbcddata.shinyapps.io/ABSS_COF_Tool/).



End of document.

Appendix Two - Case Study

Spotlight on one Family's Ongoing Journey with YourFamily

Background

The family were invited to join YourFamily by one of the SAVS Engagement Team and consented to being contacted by one of the team.

Connection

The ABSS Engagement Team introduced the YourFamily worker to the parent and this meeting was at a time and place that was convenient to the family. The parent had the opportunity to talk about a number of concerns that she had relating to her children and her own anxieties.

The parent was happy to receive a weekly phone call with the YourFamily Worker to identify existing strengths within the family and to consider areas of change. Over time a trusting relationship was made and the YourFamily worker was invited to visit the family at home.

A bed guard was needed and YourFamily worker sourced this from Bibs and Bobs. Help was given by the YourFamily worker with household budgeting and communication with utility providers and the YourFamily worker has been able to write a supporting housing letter to assist with a housing application.

Once the initial challenge of managing a budget and communicating with utility companies had been supported the YourFamily worker helped the parent to set and achieve some personal and family goals.

Initial Outcomes

The YourFamily worker has started to see some positive changes in the lives of this family.

Through signposting, the parent is now accessing other services within the community to build self-confidence and to support her mental health. The YourFamily worker expects to see further changes for the family once the parent has engaged with other services.

With ongoing support, the parent will be working towards a higher level of engagement for herself and her children in the community.

The connection with the YourFamily worker is ongoing and the family will be supported through regular check ins (phone calls) and the parent can ask for further support at any time she feels it is needed.

Appendix Three - Project Names and Workstreams

Project ID	Project Title	Work Stream	Budget Work Stream	Delivery Status	Delivery Partner
ID054	121 Breastfeeding	D & N	D & N	In Delivery	MSE Hospital Trust (previously SUHFT)
ID052	Group Breastfeeding	D & N	D & N	In Delivery	YMCA
ID053	3 - 4 Month Contact	D & N	D & N	In Delivery	SCC
ID025	HENRY Healthy Families	D & N	D & N	In Delivery	HENRY
ID087	Southend Supports Breastfeeding	D & N	D & N	Mobilisation	SCC & EYA
ID088	Infant Feeding Supervisor Lead	D & N	D & N	In Delivery	SCC
ID089	Maternal Healthy Weight	D & N	D & N	Paused	TBD
ID095	UNICEF Accreditation	D & N	D & N	Paused	TBD
ID097	Public Health Midwife	D & N	D & N	Mobilisation	TBD
ID110	FOOD Club	D & N	D & N	In Delivery	Family Action
ID050	Family Nurse Partnership	S & E	S & E	In Delivery	EPUT
ID049	Perinatal Mental Health	S & E	S & E	In Delivery	EPUT
ID061	Preparation for Parenthood	S & E	S & E	Closed	HENRY
ID083	Volunteer Home Visiting Service	S & E	S & E	In Delivery	Home Start
ID107	Families Growing Together	S & E	S & E	In Delivery	Trustlinks
ID104	IDVA	S & E	S & E	In Delivery	Safe Steps
ID020	Let's Talk	C & L	C & L	In Delivery	EPUT
ID082	WellComm Screening	C & L	C & L	In Delivery	EYA
ID091	Talking Transitions	C & L	C & L	In Delivery	EYA
ID109	Sensory Story Time	C & L	C & L	In Delivery	Chaos and Calm
ID101	Story Sacks	C & L	CR	In Delivery	SAVS
ID102	Umbilical Chords	C & L	CR	In Delivery	YMCA
ID046	Engagement	CR	CR	In Delivery	SAVS
ID064	Engagement Fund	CR	CR	In Delivery	SAVS
ID084	CID Fund (Process and applications)	CR	CR	In Delivery	N/A
ID086	Coproduction Champion	CR	CR	In Delivery	SAVS, EYA, SCC

ID036	Work Skills	CR	CR	In Delivery	SCC
ID103	Engagement Fund COVID-19	CR	CR	Closed	SAVS
ID115	Hamlet Court Road in Harmony	CR	CR	In Delivery	
ID116	Festival of Conversation	CR	SC	In Delivery	Broomfield Events
ID059	FSW SCN	DD	S & E	In Delivery	East Anglia Hub
ID056	Your Family	DD	S & E	In Delivery	EYA/ABSS
ID092	ABSS Parent, Family and Community Hub	DD	CR	In Delivery	ABSS
ID081	Welcome to the UK	SC	SC	In Delivery	Welcome to the UK
ID099	Data Input - ESTART	SC	SC	In Delivery	SCC
ID080	First and Foremost	SC	SC	Closed	EYA
ID079	The Dartington Service Design (0-19 mapping)	SC	SC	Closed	Dartington
ID078	SCC Data Analysis	SC	SC	In Delivery	SCC
ID048	Joint Paediatric Clinic	SC	SC	Paused	Southend CCG
ID090	Programme Evaluation Partnership	SC	SC	In Delivery	UoE
ID106	RSM Summative Evaluation	SC	SC	In Delivery	RSM
ID098	Information Governance Specialist Consultant	SC	SC	In Delivery	Data Protection People
ID117	AARI	SC	SC	Paused	Equinox (ended) new TBC
ID108	Digital Strategy (Inform)	SC	SC	In Delivery	
ID114	Reception at Centre Place	SC	D & N	Service Design	

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Core20Plus5 Community Connectors



What is the Core20PLUS5 programme?



REDUCING HEALTHCARE INEQUALITIES

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS5



Key clinical areas of health inequalities

1



MATERNITY
ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups

2



SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5



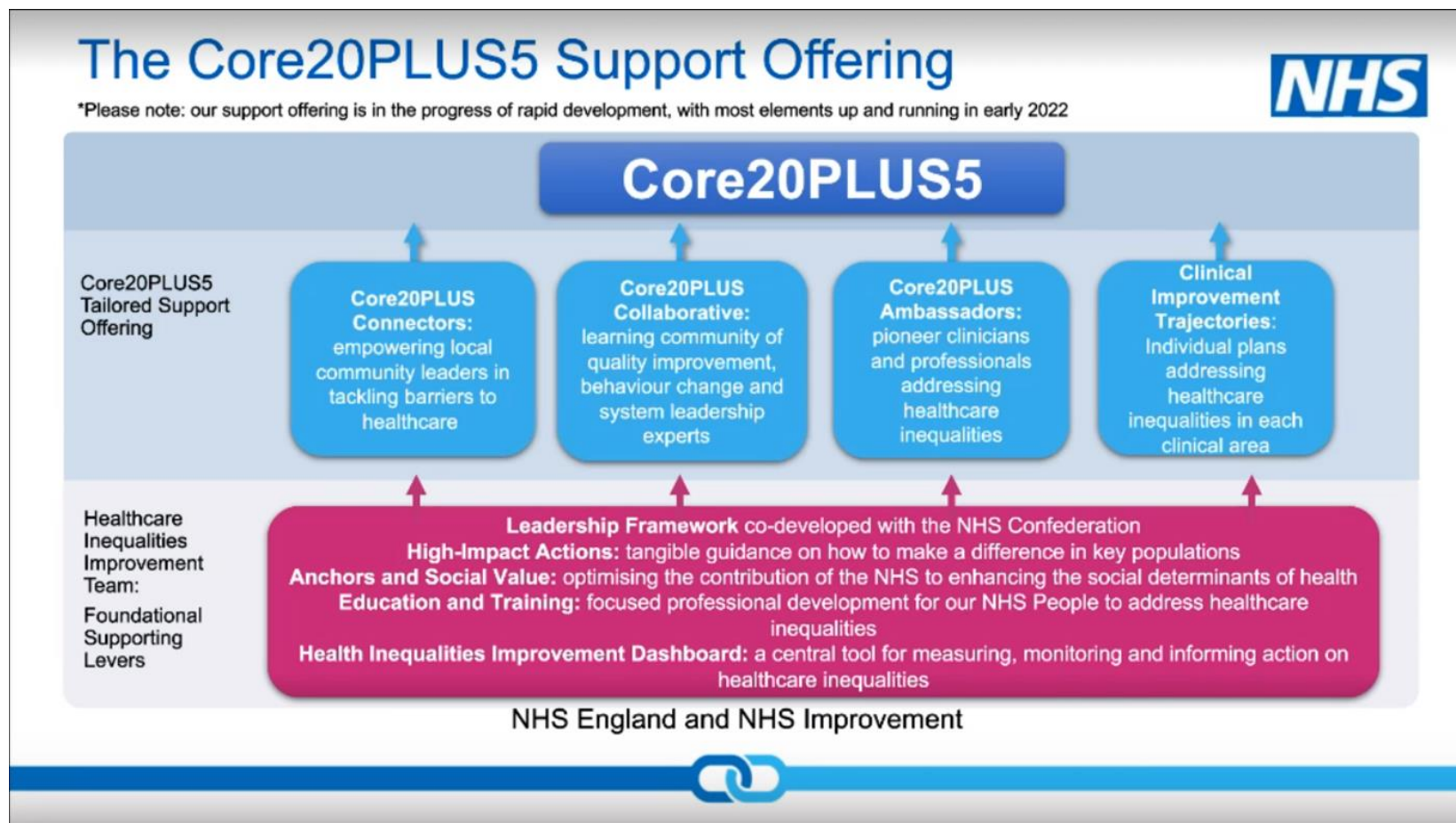
HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas

Part of Core20PLUS5 approach

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The approach

Co-design your local connector programme

- Work with existing organisations with trust
- Learn from what already exists / assets (and invest in it)
- Speak to communities and ask them what will work.
- Define success in community terms not KPIs/targets



Recruit connectors

- Community
Connectors must be local people (peer power)
- Have recent lived experience of inequality
- Have good current connections within their communities
- Engage people with the right attributes/traits
- Train and support them (prevent harm and progress)

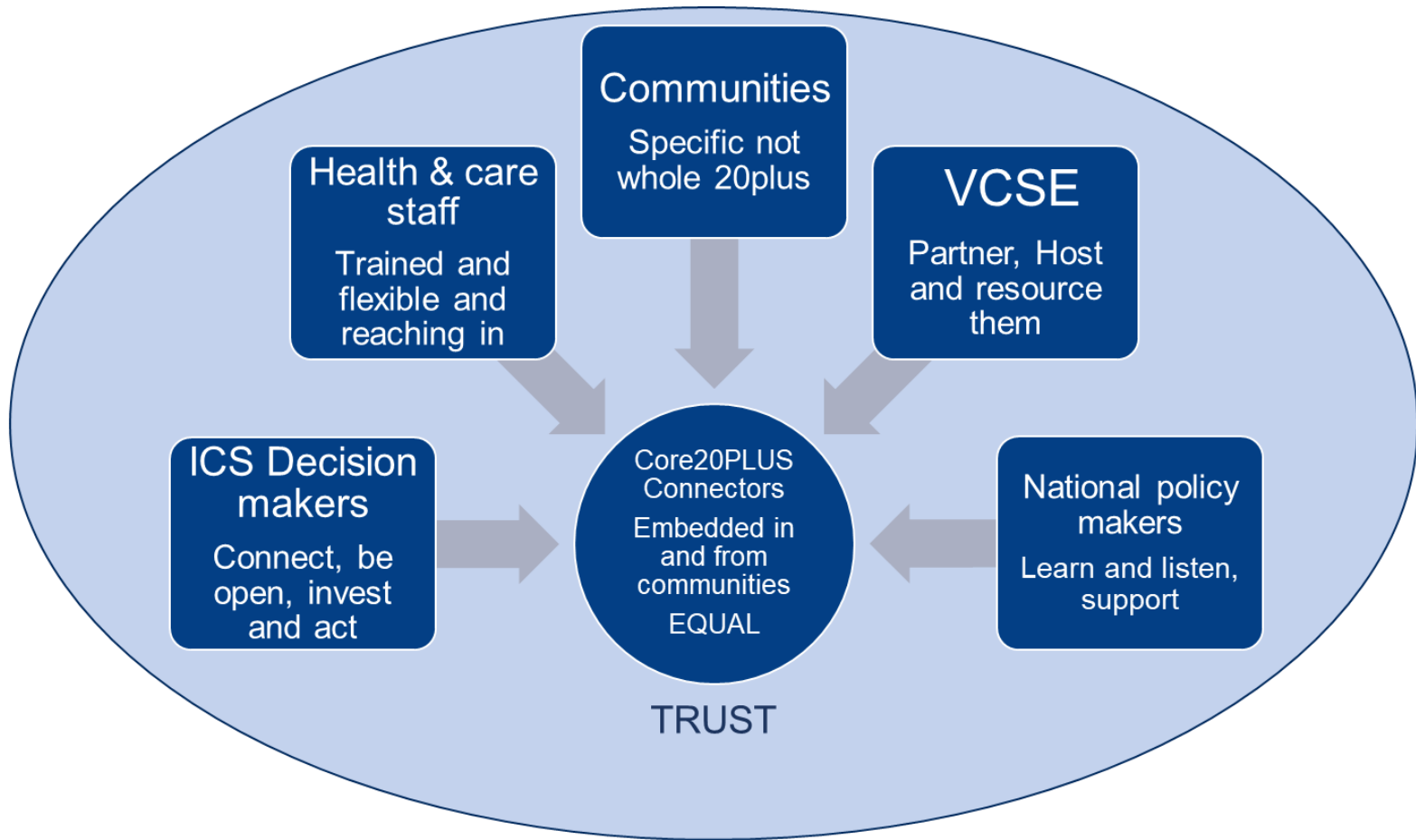


Share power with communities

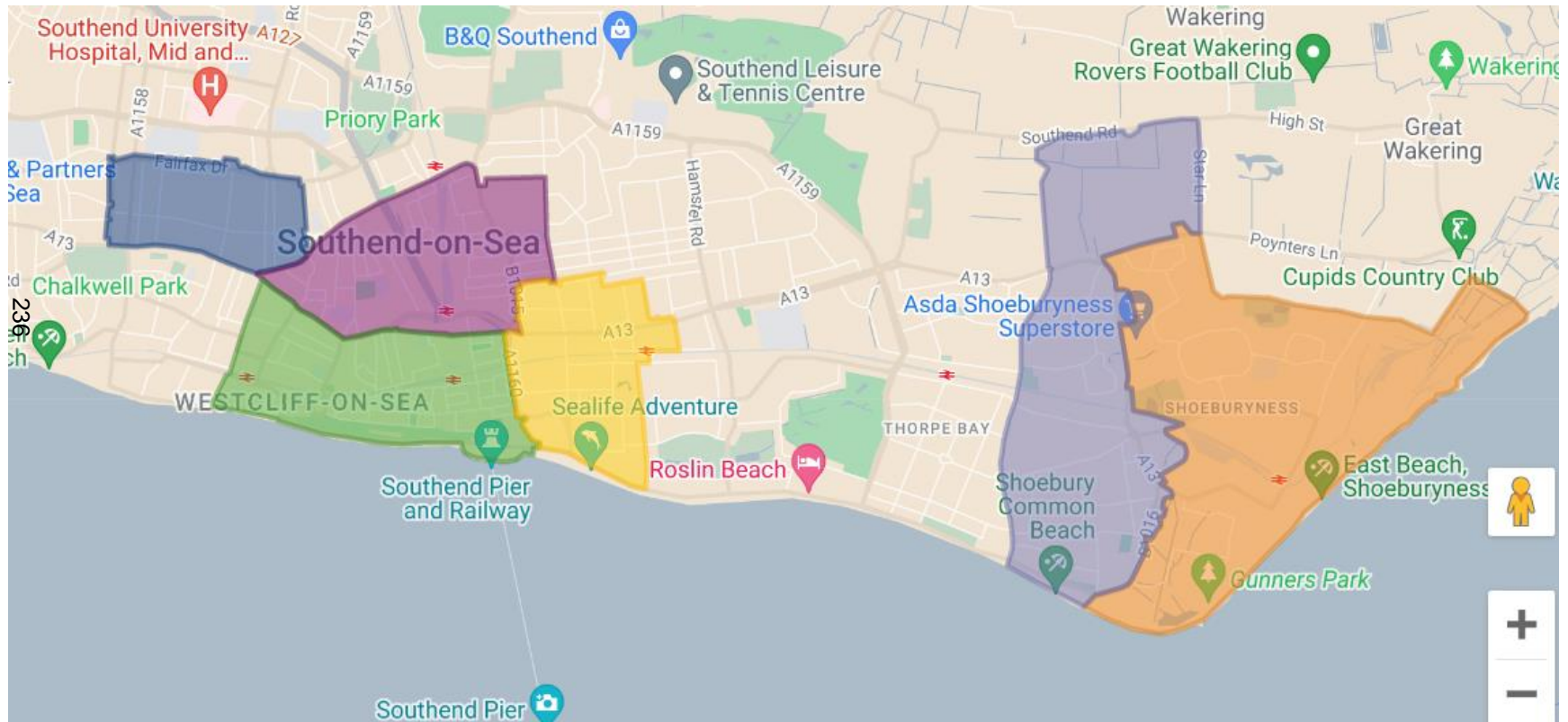
- Equal seats
- Long term relationship
- Accept responsibility
- Listen, get behind and fund what they think the solutions are
- Share anonymised data with them
- Work with them to address the issues – in partnership

Building bridges

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Where?



Why here?

- The six wards selected are the most deprived in Southend; three are in the top 10% most deprived areas in England
- There were an additional 471 deaths from respiratory disease in these wards as a consequence of socioeconomic inequality
- Within Southend the mortality rate from COPD is 61.8% (national average 52.85%)
- 835 respiratory admissions across the ICS were for patients who lived in areas of poor-quality housing; just under half of these admissions were in Southend
- The people of Southend lost 1022 years of life between them in 2010 due to air pollution.
- Those living in Milton/Victoria/Kursaal wards suffer 20–30% higher background pollution than the rest of Southend
- an average of 17.7% of patients smoke (national average 15.9%)

Our approach

Phase I

- Intelligence from *A Better Start Southend*, plus possible connectors
- Aim to capture local residents' views about health and wellbeing
- Curated intelligence will inform.....

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Phase II

- More targeted work on COPD with patients/carers
- Developing confidence to co-design – both connectors and decision-makers
- Workshops etc
- Evaluation and spread of learning

Connecting to the decision-makers

- Stewardship Group
- SE Essex Alliance
- Mid & South Essex ICB
- Health Inequalities Groups – system and place
- Southend City Council

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Questions

- How do we work with the people around this table?
- Who else should we include as decision-makers?
- As decision-makers, what support would be helpful before you meet with our community connectors?

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For more information

Healthwatch Southend
The Haven Community Hub

138-140 Hamlet Court Road

Westcliff

www.healthwatchsouthend.co.uk

t: 01702 416320

e: info@healthwatchsouthend.co.uk

24/7



healthwatch

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Mid and South Essex
Integrated Care
System



Mid and South Essex

Developing a South East Essex Alliance Plan

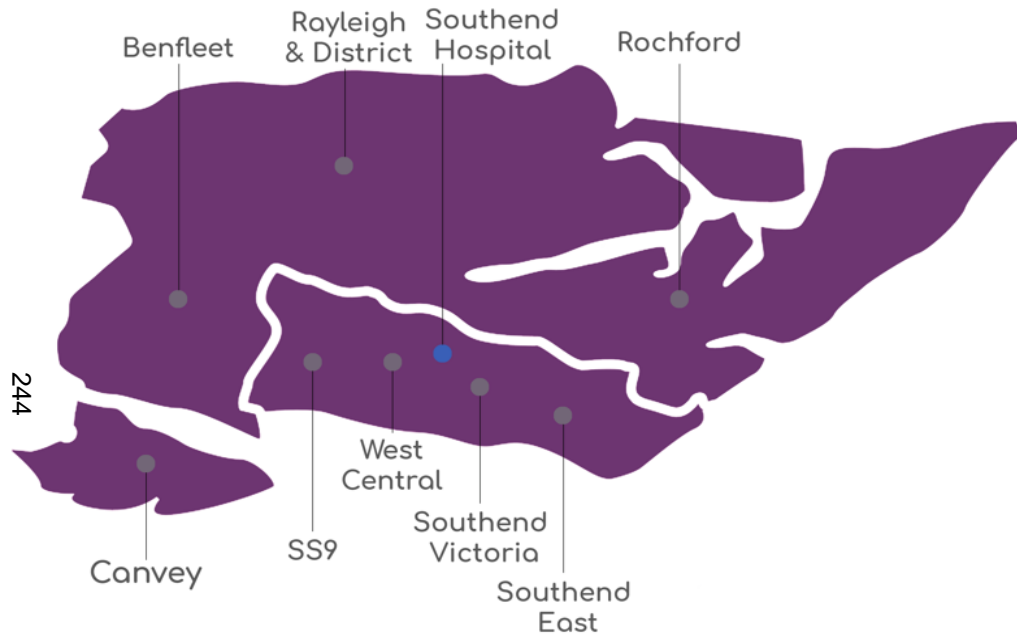
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The South East Essex Alliance

South East Essex

Combined population c370,000



Our population

18% aged 0-15



12% live alone



60% aged 16-64



9% claim universal credit



22% aged 65+



98.4% are in employment



What challenges do we face in South East Essex?

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5,402 dwellings have an **energy performance** certificate rating of D or below

9,298 adults (3.2%) are at higher risk of **alcohol related health** problems

The deaths of 5,068 people were attributable to **socioeconomic inequality** between 2003 and 2018. Over 3,000 of these were in Southend

Obesity in children at year 6:
36% - Castle Point
33% - Southend
31% - Rochford

39,568 adults (18%) have a **mental health** problem

37,000 **unpaid carers**

Adult (18+) obesity:
70% - Castle Point
69% - Southend
67% - Rochford

58,818 (15%) of people live in the **20% most deprived** areas in England

6,872 adults (2.3%) are **dependent on drugs**

1,440 people are **homeless**

What is the need?

We need to submit an Alliance Plan to the Integrated Care Board by the end of the year (date to be confirmed by the ICB).

We want to ensure that the Alliance Plan is collaborative of all Alliance organisation strategies & the three Health & Wellbeing Board Strategies.

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Joint Strategic Needs
Assessments (JSNAs)

Population Health Management
(PHM) Data

What do Alliance organisations need to do together for the plan?

We need to review existing strategies for alignment across the Alliance organisations

We need to review need against existing work by undertaking a gap analysis

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Local work already underway

Alliance Priorities

Health Inequalities

Living & Dying Well

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Alliance Development

Resident Flow

Including Urgent & Emergency Care & Better Care Fund

Estates

Including Shoebury Health & Wellbeing Hub & possible development in Castle Point

Primary Care Development

Focused Alliance Projects

Older people staying in acute settings for longer than needed - understanding flow

Falls prevention and peer outcomes long term for those who experience a fall

Support to children, young people and their families/cares whilst they wait for a specialist mental health placement

Addressing wider family dynamics that influence overall wellbeing - social prescribing for families

Ensuring the priorities of our members and communities are reflected in the ICS strategy in April 2023

Project Champion

Simon Griffiths

Yvonne Blucher

Michael Marks

Janis Gibson

TBC

Our ask to the Health & Wellbeing Board

Access to the data that underpins the Health & Wellbeing Strategies

Access to the data that underpins the JSNA

Input from you into the Alliance Plan

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Southend Health & Wellbeing Board

Report of the Director of Public Health
Southend City Council

To
Health & Wellbeing Board
on
September 2022

Report prepared by: Erin Brennan-Douglas,
Senior Principal Public Health

Agenda
Item No.

11

For information only		For discussion	x	Approval required	
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Teenage Pregnancy Implementation Plan -Annual Update

Part 1 (Public Agenda Item)

1. Background

In 2019, Public Health undertook a deep dive into teenage pregnancy rates and into the caseload of young parents in order to understand local inequalities. There had been a plateau in the local reduction of teenage conception rates in comparison to our neighbours and nationally, and the clinicians were highlighting increased complexity within the young parent's caseload. An evidence-based approach was taken using existing public health frameworks to assess the current approach to teenage pregnancy prevention and the support given to young parents in Southend.

The deep dive identified the need to strengthen all areas of prevention and to increase the relationships and pathways of Practitioners for young parents. The review also identified some key issues, young parents in Southend face, including poor levels of mental health, low aspirations with poor educational attainment and unhealthy relationships featuring domestic abuse.

2. Teenage Pregnancy Prevention Framework

The international evidence is clear. Building the knowledge, skills, resilience and aspirations of young people, and providing easy access to welcoming services, helps them to delay sex until they are ready to enjoy healthy, consensual relationships and to use contraception to prevent unplanned pregnancy. Central to success is translating the evidence into a multi-agency whole system approach.

The Public Health England Teenage Pregnancy Prevention Framework outlines the 10 key factors for an effective strategy, providing a structure for a collaborative whole system approach. In 2020, a multi-agency self-assessment was undertaken as part of the deep dive into plateaued teenage conception rates and identified areas to strengthen in all points of the 10-point framework.

PHE 10 point Framework for Teeange Pregnancy Prevention



3. Southend Data and insights

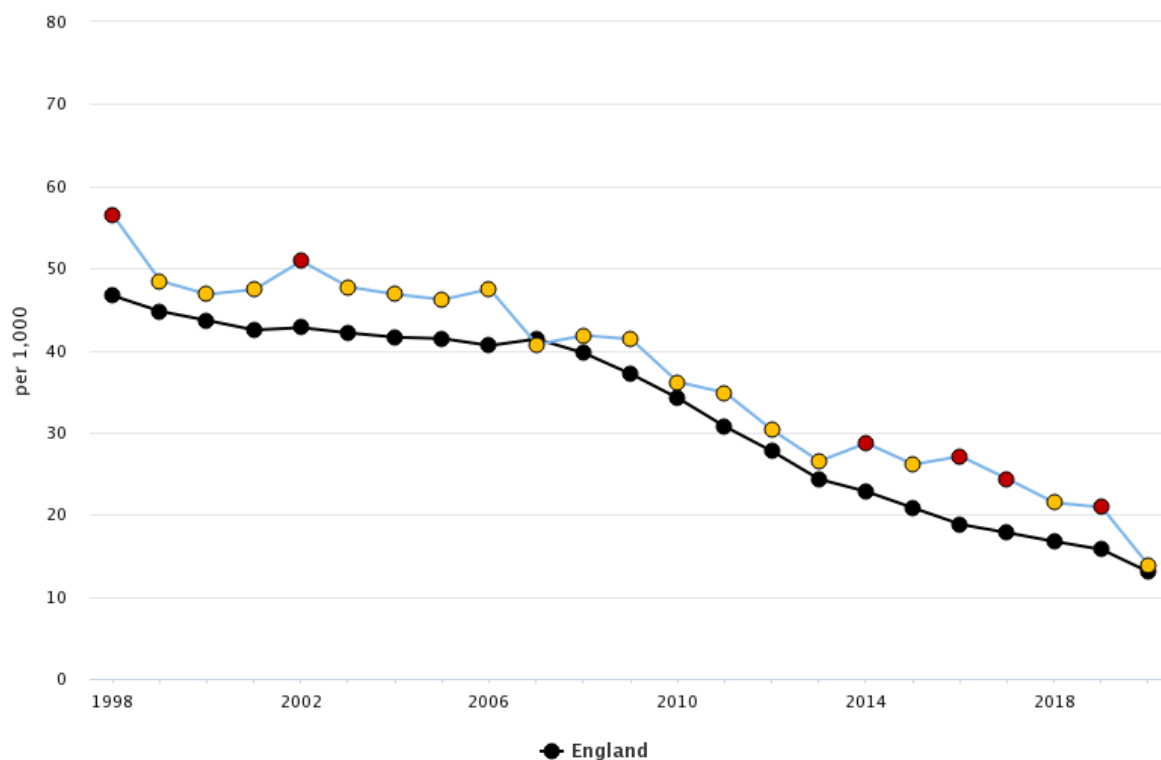
The teenage conception rate is calculated by dividing the number of conceptions to women aged under 18 years by the female population aged 15 to 17 years.

ONS published the 2020 [annual conception statistics](#) in April 2022. The downward trend in the under-18 conception rate continues with the England rate now 13/1000 15-17 year old females, a 17.2% drop from 2019. The national reduction from 1998 is now 72%. Under 16 rates are also declining.

It is worth noting that although all quarterly data for 2020 declined, the bigger than usual annual reduction is largely due to the 33% drop in Q2 which coincided with the first pandemic national lockdown. Ongoing monitoring will identify if this is a sustained reduction.

All regions have seen declines since 1998 but as the table below highlights, there remain variations in progress and rates.

Under 18s conception rate / 1,000 for Southend-on-Sea



	Conception rate per 1,000 women in age group 2020	Conception rate per 1,000 women in age group % change 2019 to 2020	Conception rate per 1,000 women in age group % change 1998 to 2020
England	13	-17.2	-72.1
North East	18.6	-14.7	-67.1
North West	16.7	-13.9	-66.8
Yorkshire And The Humber	16.5	-14.5	-68.9
East Midlands	12.5	-18.8	-74.4
West Midlands	15.1	-17.5	-70.8
East	11.8	-15.1	-68.9
London	9.8	-27.4	-80.8
South East	10.6	-16.5	-72.0
South West	10.5	-18.0	-73.4

4. Progress on the 10 areas of prevention

- Strategic leadership & accountability

The Teenage Pregnancy Prevention and Young Parents Implementation Group meets bimonthly and has regularly met to monitor progress and actions. The group is chaired by Cllr Boyd and co-chaired by Erin Brennan-Douglas.

- Relationship and Sex Education (RSE) in schools and colleges

RSE delivery post covid was an immediate concern for the group, as schools reported this was not a key priority during the peak of the crisis. The Health Improvement Practitioner Speciality (HIPS) for School Age Children led this work through the Healthy Schools Programme. This work coincided with the DfE requirement for schools to publish the schools plans and school policy for RSE. Strong relationships are in place with the HIPS and schools, and this led to quickly reinstating RSE programmes. DfE compliance was monitored with a good outcome for schools publishing their curriculums and policies and progressing the visibility of RSE in the school.

Public Health continues to support the Healthy Schools Programme and investment into ensuring staff have the right skills and competency to delivery RSE education.

- Youth friendly contraception & sexual health services + a condom scheme

Brook Southend is an all-age provider; however Brook has a long-standing strength in providing young people friendly services and a leading expert in this level of provision in the UK. A condom scheme is in place.

- Targeted prevention of young people at risk

The two priority groups the Implementation Group has been working on are children and young people we care for (Looked after Children) and those children and young people not accessing RSE in mainstream education settings.

For children we care for (Looked After Children)

- Benchmarking the opportunities for RSE discussions and approaches
- Review of the School Nursing yearly Review Health Assessment (RHA) for opportunity, updated approach and good practice
- Inclusion for RSE offer on the Personal Education Plan (PEP) both by the school and the child or young person
- Multi-teams training offer for RSE update and condom training across Leaving Care, School Nursing, Adolescent Intervention team and Little Steps Health Visiting
- Developing key leads and an approach on engaging boys and young men for RHA
- Discussions and ideas with Children in Care Council

For children and young people out of mainstream education

- Raising the profile with education colleagues on indicators and risks for a common profile of young parents (poor education attainment by age 12, multiple home and school moves, history of domestic abuse in the family and poor school attendance)
- Access to the peer relationship play for foster carers, young people in alternative education settings and those children and young people home schooled
- School Nurse specialist nurse for children and young people home schooled or out of mainstream education
- Links to Brook Southend promoted in the newsletter and offer to those out of mainstream education
- Brook visibility at training days for foster carers or event for those not in mainstream educational settings

- Support for parents to discuss relationships and sexual health

RSE curriculum and policy for schools and access to Brook Southend

- Training on relationships and sexual health for health and non-health professionals
 - Brook Southend offer a range of education days for non-health care and health care staff. This is circulated on the Southend Learning platform for school and through the partnership
 - Brook multi-team training planned for September 22 to support LAC planning
 - Healthy Schools Programme offer to schools
- Active access to contraception in non-health education and youth settings
 - Brook Southend has implemented a condom distributions scheme, making condoms accessible online and through a range of community venues

[Free condoms - Brook Southend \(sexualhealthsouthend.co.uk\)](http://sexualhealthsouthend.co.uk)

- Consistent messages & service publicity to young people, parents & practitioners

Work is ongoing with Brook Southend to maintain a consistently strong public offer and visibility is being led through commissioning leads.

- Support for pregnant teenagers and young parents – prevention of subsequent pregnancies

The Little Steps enhanced health visiting offer has been rolled to young parents under 20, to compliment the Family Nurse Partnership programme run by Essex Partnership University Trust (EPUT). This is to ensure all young parents are given additional support to reduce health inequalities, reduce subsequent pregnancies and ensure their children have the best start to life. Both programmes have rapid access to clinics and Brook Southend for emergency contraception with both short and long-acting reversible contraception.

- Strong use of data for commissioning and monitoring progress

The Joint Strategic Needs Assessment (JSNA) for teenage pregnancy prevention and young parents is currently being collated and is in draft format. The JSNA will allow commissioners and leaders to identify gaps and assess where future needs may arise.

5. Teenage Parents

A young parent professional's group is meeting regularly to improve the collaboration of care and improve pathway work when working with young parents. The deep dive highlighted the frustrations that parents had on the disconnected care provided by multiple professionals they come in contact with.

The pathways have been mapped and the group is exploring the opportunity to start case level discussions to ensure that there is an opportunity to plan care and services in a more cohesive way.

The Family Nurse Partnership collects and shares case stories quarterly as part of their national framework. These stories are used to ensure the journey and experience and voice of the young parent shared.

6. Next steps 2022/23 and forward planning

The implementation group will be working on the following priorities for the year in addition to inequalities highlighted by the JSNA:

- Finalise an improved offer for better access to Emergency Hormonal Contraception;
- Repeating the School Health Education Unit survey post-covid, testing the knowledge of Young People about local services;
- Assessing the multi- team training impact LAC review health assessment, AIPT and leaving care team.

7. Recommendations

8. For the HWB Board to note the content of this report, with the next annual update due in September 2023.
9. For the HWB Board to provide any suggestion or recommendations that could enhance the delivery of the plan in 2022-23.

Southend Health & Wellbeing Board

Report of Krishna Ramkhelawon, Director of Public Health,
Southend City Council.

to
Health & Wellbeing Board
on
7 September 2022

Agenda
Item No.

12

Report prepared by:
Remi Kolade-Omotoye, JSNA Public Health Consultant
James Rapkin, Data, Performance and Information Manager
Southend-on-Sea City Council

For discussion	X	For information only	Approval required	
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JSNA Timeline and Completion of the Adult Social Care Joint Strategic Needs Assessment

1 Purpose of Report

The purpose of this report is as follows:

- 1.1 To confirm the timeline for the completion of the suite of products for the Joint Strategic Needs Assessment (JSNA).
- 1.2 To provide the Board with an overview of the progress made so far on the Adult Social Care (ASC) JSNA.
- 1.3 To alert the Board to any challenges so far and/or any challenges in the future.

2 Recommendations

- 2.1 For the Board to note the final Timeline for the suite of JSNA products.
- 2.2 For the Board to note the completion of the ASC JSNA.

3 Background & Context

- 3.1 In June 2022, the Board agreed the suite of product and noted that the timeline for completion will be advised at the September Board meeting. The initial

scoping work outlining the topic areas that would form part of the ASC JSNA was also presented to the Health and Wellbeing Board.

- 3.2 It is anticipated that the delivery of a final version of the ASC JSNA would be published by the end of September 2022.
- 3.3 From June onwards, work started on collating the available data from external and internal sources to begin informing each of the agreed topics to be included in the ASC JSNA.
- 3.4 Some challenge has been encountered when seeking data or information from external sources such as the Mid and South Essex Integrated Care System, and especially the ongoing releases from ONS Census 2021. These are likely to impact the content of the ASC JSNA and to avoid delays in publication we might have to consider resolving these as recommendations within the JSNA for future work.
- 3.5 The draft report is included with this paper, albeit with some minor revisions to follow before formal publication.
- 3.6 A summary of some of the key findings from the draft ASC JSNA is as follows:
 - Amongst its peers, Southend was ranked the 3rd lowest on ASC spend per 100k of population in 2020/21
 - In 2020/21, around a third of the requests from new service users were referred for long term support and this is the most common request
 - Thorpe, Belfairs and Eastwood Park wards are the top three wards with the highest proportion of populations aged 80+
 - Currently the number of people of state pension age is estimated to be 300 per 1,000 of the working age population. In another decade, this is expected to reach 319 per 1,000 of the working age population
 - In the East/Mid-South Essex area, Southend is ranked the second highest with premature mortality from all causes and the highest from premature mortality caused by cardiovascular disease
 - The last five years has seen an increasing number of Southend residents admitted to hospitals as an emergency due to falls
 - Multimorbidity is highest in the 85+ age groups with prevalence of both physical and mental health multimorbidity being higher in females than males
 - Although the QoF register suggests 1,177 individuals with a learning disability (LD) are registered with GPs, the LD population in Southend could be as high as 2,146 individuals and by 2035 could reach around 3,750 individuals

4 Action

- 4.1 To continue to develop and finalise ASC JSNA
- 4.2 Continue regular reviews and communication with ASC JSNA Project Group as part of the quality assurance process to ensure the integrity of the final version of

the ASC JSNA and to allow for a continuing process of development and approval.

- 4.3 Receive final sign-off before publication, from the sponsors of the report Executive Director Adults and Communities, Director of Adult Social Care and Director of Public Health.

5 Reasons for Recommendation

- 5.1 Feedback on the ASC JSNA is essential to ensure a process of continual development

6 Financial / Resource Implications

- 6.1 ASC JSNA is being delivered using current resources and working in collaboration with partners

7 Risk Implications

- 7.1 The proposed timescales relative to the scope of the work and any delays in receiving data or information from external partners

8 Legal Implications

- 8.1 None at this stage

9 Equality & Diversity

- 9.1 The ASC JSNA focuses on the population group aged 18+ living in the city, and the aim is to ensure they (especially the vulnerable) have an opportunity to experience a healthier Southend.

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Adult Social Care JSNA

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September 2022

Contents

- Introduction/Background
 - ASC Overview/Background
 - Scope and purpose of needs assessment
 - Policy drivers – Care Act, Local strategies, ASCOF, SALT, etc
- Topic areas
 - Definitions
 - Key issues (facts)
 - Health Inequalities
 - Needs of the population
 - Outcomes
 - Surveys – what people say
 - Services provided
 - Gaps in services/needs
 - Areas for further consideration
- Impacts of COVID-19
- Glossary
 - Chart visuals interpretations
 - Definition of statistical terms - confidence interval , standardised rates, use of standard comparators – CIPFA local authority peers, Eastern region, and National
 - Acronyms
- Sources of data
- References

Areas for consideration: summary

- **Adult social care expenditure**

- Although ASC gross current expenditure in 2020/21 improved compared to previous year (and England), amongst its peers Southend was ranked the 3rd lowest on ASC spend per 100K population.
- Most of the spend was in long term support

- **Adult social care activity (measure of demand)**

- In 2020/21, around a third of the requests from new service users were referred for long term support, and it is the most common request
- In contrast to the White population, Asians and other mixed groups appear to have a disproportional lower level of access to care relative to their resident population.
- Requests for support from new service users aged 18-64 continues to fall, at a faster rate than its CIPFA local authority peers

- **Carers – to review**

- **Population and demography**

- Most of the increased population growths in the 85+ appear to be driven by the 90+ population.
 - Thorpe (898), Belfairs (861) and Eastwood Park (807) wards are the top three largest populations aged 80+.
- Currently, the number of people of state pension age is estimated to be around 300 per 1,000 working age population. In another decade (2032), this is expected to reach around 319 per 1,000 working age population
- Of the 7 wards in the 10% most deprived nationally, around 16% (13,082/79,842) are aged 18+. One of the wards, Kursaal ward has the highest aged 18+ (27.9%).
- Whilst most of the life expectancy metrics are comparably better in women than men, a key metric, disability free life expectancy in women aged 65+ is lower than males
-

- **Health Status and Inequalities**

- In the East/Mid South Essex area, Southend is ranked the second highest with premature mortality from all causes, and the highest from that caused by CVD (including that attributable to socio-economic inequality)

- **Falls and Fractures**

- The last 5 years has seen an increasing number of Southend residents admitted to hospitals as an emergency due to falls
- The high rate of emergency hospital admissions appear to be driven by those aged 80+, as the rates are significantly higher than England compared to those aged 65-70 (similar to England)
- In contrast, hospital admissions due to hip fractures has been on a decline in Southend, following a similar pattern to that seen nationally. Areas to monitor because of significantly high rates are Kursall, Charkwell, Victoria, Prittiwell and Milton

- **Multimorbidity**

- Multimorbidity is highest in the 85+ age groups; prevalence of both physical and mental health multimorbidity is higher in females than males

- **Learning Disability**

- Although QoF register suggest 1,1177 individuals are registered with GPs, the LD population could be as high as 2,146 individuals in Southend. By 2035, the LD population could reach around 3,750 people,
- Working age adults with LD, receiving long term support from the local authority and living in stable and appropriate accommodation continues to significantly improve.. In 2021, around 88% (430) of adults with LDs and known to the council live either in their homes or their with their family, which is significantly higher than England (77.3%) and the East (74%), and slightly up from 83% in 2014/15
- LD population receiving direct payments have fallen - from around 37% in 2014/15 to 32.5% in 2019/20, although Southend compares favourably than the England average (30.3%), but lower than the average for its CIPFA peers (35%).
- The LD population in employment is greater than that for its CIPFA peers and England. In 2019/20, around 10% were in paid employment, almost twice the rate in East of England 95.8%), England (5.6%), and its CIPFA peers (5.1%)
- The average age of death for adults with a LD in SET in 2021/22 was 65.5 years. In comparison, for the rest of the population average age is 82.3 years

ASC Expenditure

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ASC Spend in Southend. 2019/20 and 2020/21

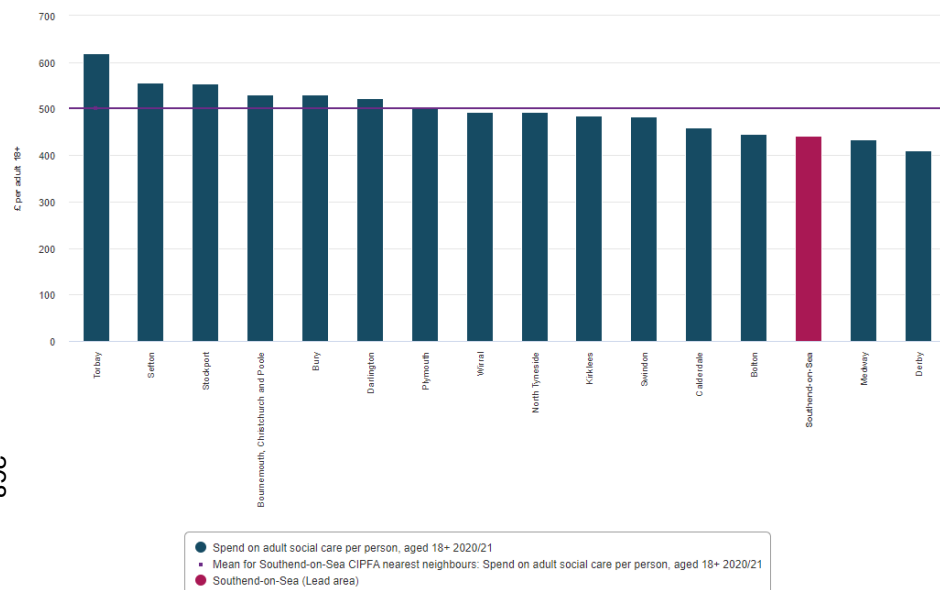
- In 2020, the adult population of Southend was 143,387, which represented around three (78.3%) in every four residents of Southend (182,773).
 - In 2022, the projected number of people of adult age is 146,346, and in another 3 years (2025), this could reach almost 150,000. By 2032, the adult population is projected to be around 157,000.
 - People of state pension age is estimated to be around 300 per 1,000 working age population; and by 2032, this is projected to be around 319 per 1,000 working age population.
- In 2020/21, Southend spent £63,2m on adult social care, a 15.3% increase on previous year, compared to an 8.1% for England.
- Around 62% of the gross expenditure (38.89m) in 2020/21 was spent on long term support, a marginal 1.3% fall from previous year, similar to the fall in England.
- Expenditure on short term support was down 44.3% to £1.21M, in contrast to an 11.8% increase for England.
- Expenditure on other support went up 74.3% to £23.17M compared to previous year. The rise in England (35.2%) was just about half of that for Southend

	2019/20 £ (000)	2020/21 £ (000)	£ diff £ (000)	% change (and England's)
Total Expenditure (incl. capital)	73,769	83,181	+9,412	+12.8 (+11.8)
Gross Current Expenditure (income from client contributions and LA spend)	54,861	63,271	+8,410	+15.3 (+8.1)
Long term Support	39,392	38,889	-503	-1.3 (+1.5)
Short term support	2,172	1,210	-962	-44.3 (+11.8)
ST-Max	285	-715	-1,000	-350.9 (+5.5)
Other short term client	1,887	1,925	+38	+2 (+20.4)
Other support	13,297	23,172	+9,875	+74.3 (+35.2)

NHS Digital

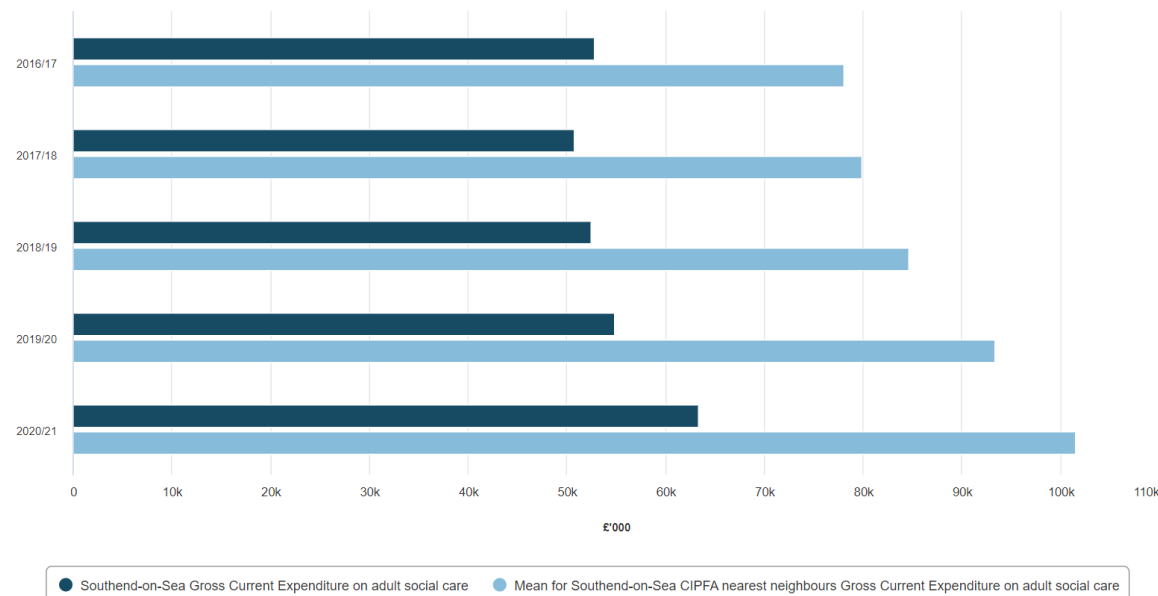
ASC Gross Current Expenditure, Southend, CIPFA neighbours, (Eastern) and England

268



Source:
NHS Digital

Southend and CIPFA nearest neighbours



- In 2021, ASC spend per 100K Southend residents aged 18+ was £442.34, compared to £500 and £478m per adult person in Eastern region and England. In the last 5 years, ASC spend grew by around 20%
- However ASC spend in Southend appears to be one of the lowest amongst its CIPFA peers. In 2020//21, ASC spend was ranked third lowest, which appeared to be a pattern seen over a much longer period, In the last y5 years, ASC spend in Southend was comparably lower than the average across its CIPFA peers.

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ASC activity (measure of demand)

Estimated request for social care support.

- Number of new clients in request of support from ASC had fallen by almost a quarter, from 8,600 in 2019/20 to 6,575 in 2020/21, on average, falling to around 18 requests a day, from 24 a day in 2019/20.
 - The 65+ account for 74% of requests from new clients compared to 70% nationally
- Although long term support expenditure had slightly dropped from previous year, it still accounted for most ASC expenditure. Relative to this, there had been a fall in long term support users in the 18-64 age group, from 1345 to 910 users, and in contrast the 65+ numbers were up, 25%, to 1990 users in 2020/21.
- Support provided to carers had also marginally dropped 2.4% from previous year; most of the support were for carers to those in the 18-64 age group. (830 in 2020/21)

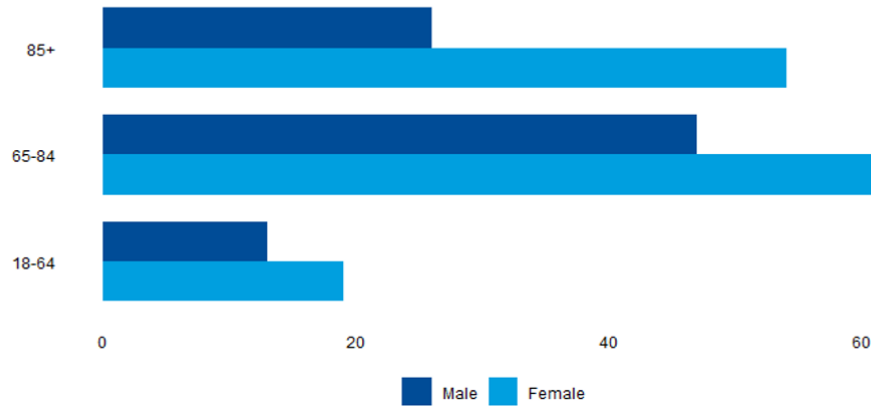
NHS Digital

Social care Demand	2019/20	2020/21	difference	% change
Number of requests for social care support received from new clients	8600	6575	-2025	-23.5%
18-64	2430	1680		
65+	6170	4895		
ST-MAX (short term support to maximise independence)				
New clients	1955	1745	-210	-10.7%
18-64	360	210		
65+	1595	1535		
Existing clients	120	70	-50	-41.7%
18-64	10	10		
65+	110	60		
Long term support	2835	2900	65	2.3%
18-64	1345	910		
65+	1490	1990		
Support provided to carers	1424	1390	-34	-2.4%
18-64	839	830		
65-84	470	455		
85+	115	105		

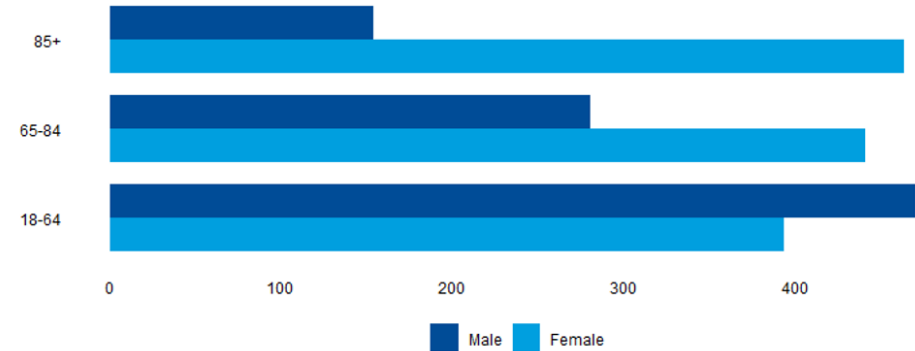
Gender of residents accessing social care in Southend

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Adult Social Care - Short Term Counts
A count of residents accessing social care on a Short term plan



Adult Social Care - Long Term Counts
A count of residents accessing social care on a long term plan



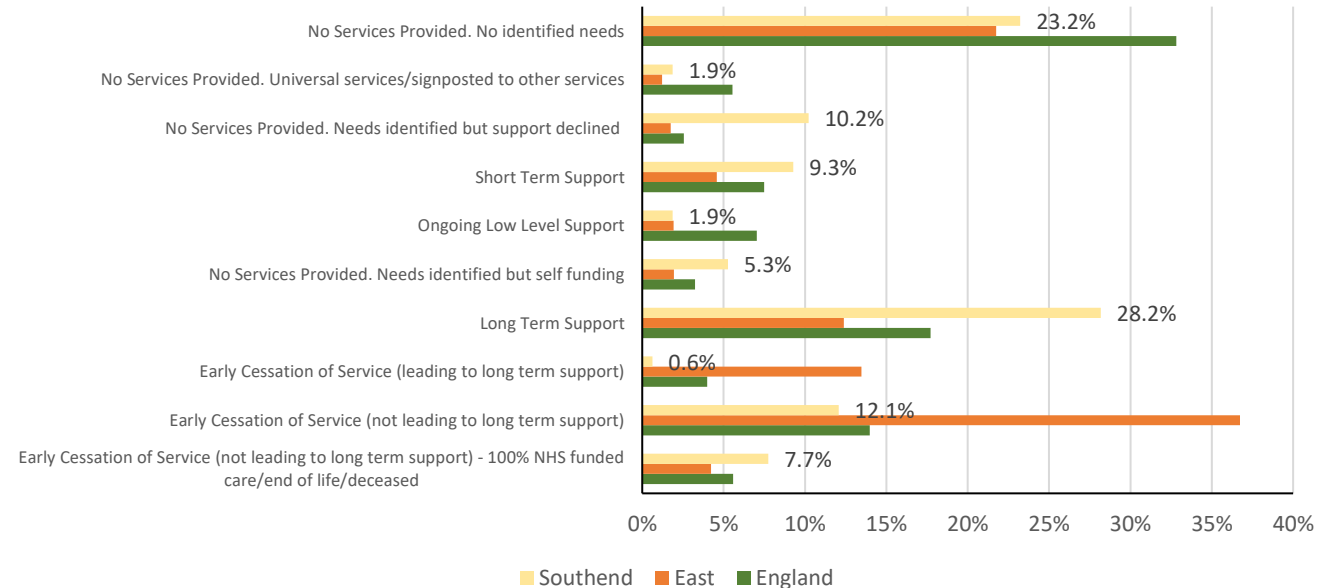
Source: Southend Borough Council

- As with other parts of the country, number of adult residents accessing social care on a long term are greater than those accessing on a shorter term
- The main difference between the age bands is in the 18–64 age band, in the short-term type there are more females, while in long term there are more males
- Similar pattern is also seen when the 65+ are split, there are more females in the 65-84 age group and 85+ whereas there are more males in the 18-64 age group.

Types of support provided to new clients (following a request for support)

- Around a third (28.2%) of requests for support from new Southend clients were passed on for long term support in 2020/21. This was higher than both East region (12.4%) and England (17.7%).
- Just under a quarter (23.3%) of requests for support from new clients were provided with no services, and needs were also not identified, higher than that for the East region (21.7%), but much lower than the average for England (32.8%)

Number of completed episodes of ST-Max for new clients, by what happened next, 2020-21

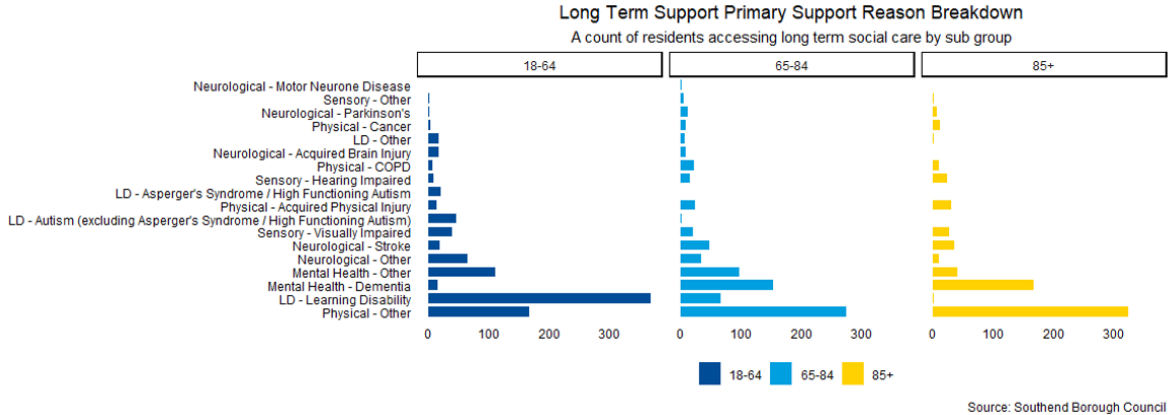
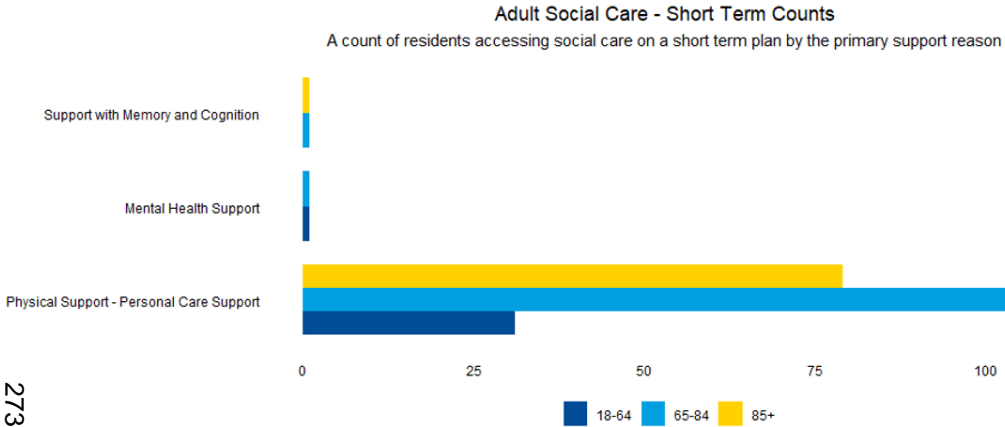


Short Term Support to Maximise Independence” (ST-Max) is designed to be time limited and aims to make users as independent as possible, before a review or formal assessment determines the next steps

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Number of clients accessing short and long term support, and the most common causes of support, by age.

273



Source: Southend Borough Council

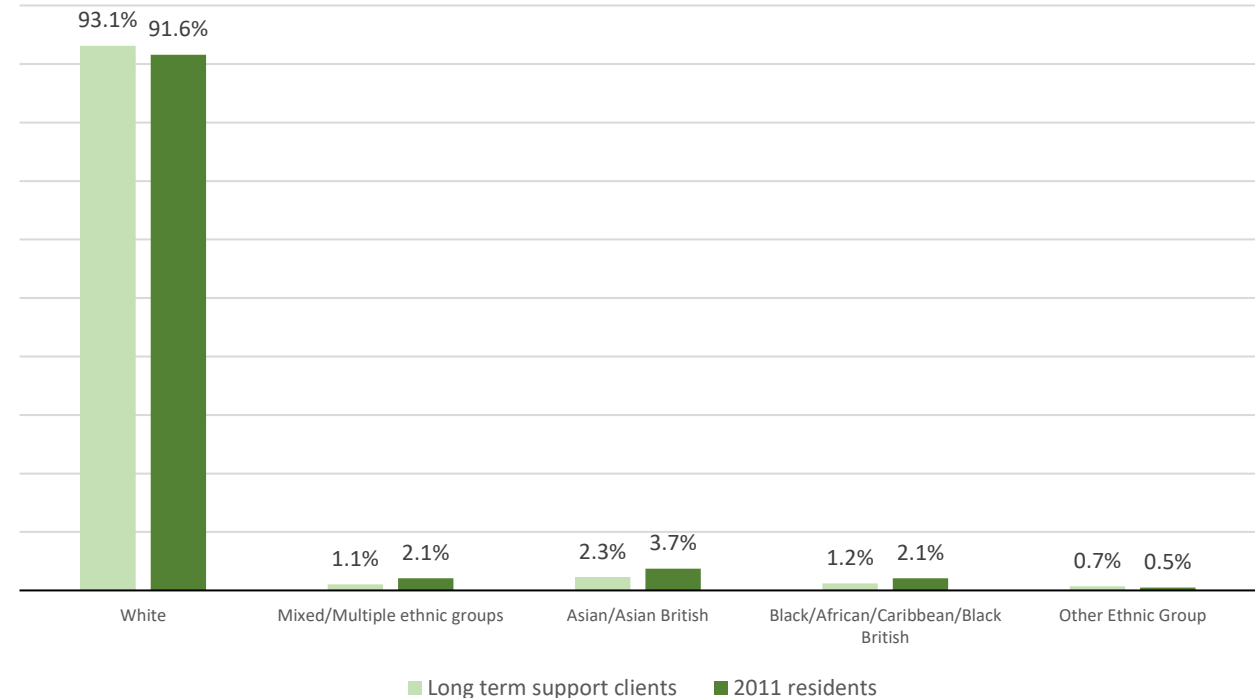
- Physical support is the most common cause of short term primary support across all age bands
 - Physical "other" is the most common cause across all age bands
 - Neurology and mental health are the joint is the second most common cause for 18-64 year olds
 - COPD is the second most common cause in the 65-84s and,
 - Physical injury is the second most common cause in the 85+
- Learning Disability is the most common cause of long term primary support in those aged 18-64
- Physical "other" and dementia is the most common cause of long term primary support in those aged 65-84 and 85+.

Ethnicity of Service Users in Southend.

- Most of the clients accessing long term support in Southend are of the white population (90%+), a reflection of the dominant ethnicity in the borough.
- The ratio for the BAME groups, in contrast, suggest an under-representation of these ethnic groups that access long term support in the borough – the % of BAME groups in the population is greater than the % accessing long term support.

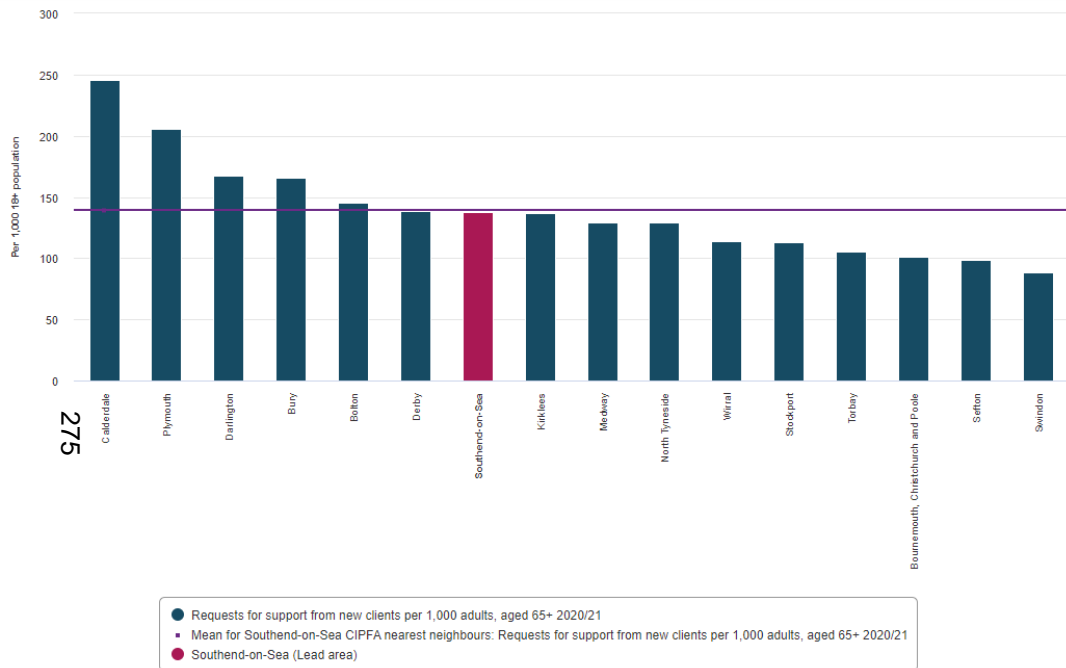
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Ethnicity of clients accessing long term support in Southend (2019/20) compared to 2011 ethnicity of Southend

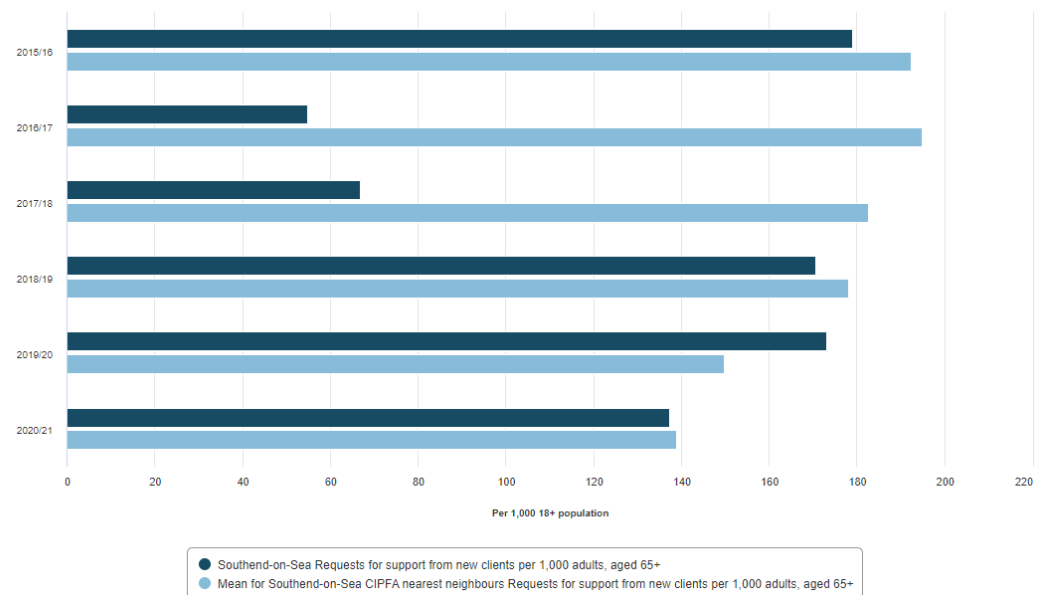


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New service users: Requests for support from new clients aged 65+ per 1,000 adults aged 65+ for Southend and CIPFA neighbours



Southend and CIPFA nearest neighbours

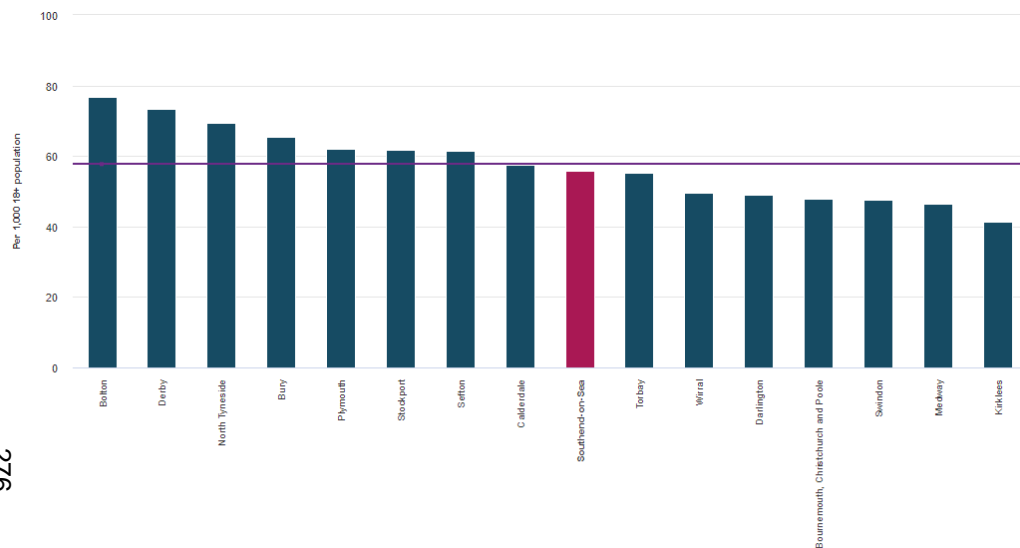


- In 2020/21, there were 4,895 requests for support from new clients aged 65+ and living in Southend – this is equivalent to 137.3 per 1,000 population aged 65+. It is similar to the average for its CIPFA peer local authorities. Comparable rates across the East region and England were 122.8 and 128.2 per 1,000k respectively.
- The fall in requests from new clients is consistent across both Southend and its CIPFA local authority peers – a 20% and 25% respective fall from the rates in 2017/18.
- Similar pattern to the average for its CIPFA peers was seen since 2017/18, although there had also been a fall in number of requests – around a 20% and 22% fall across both respective areas.

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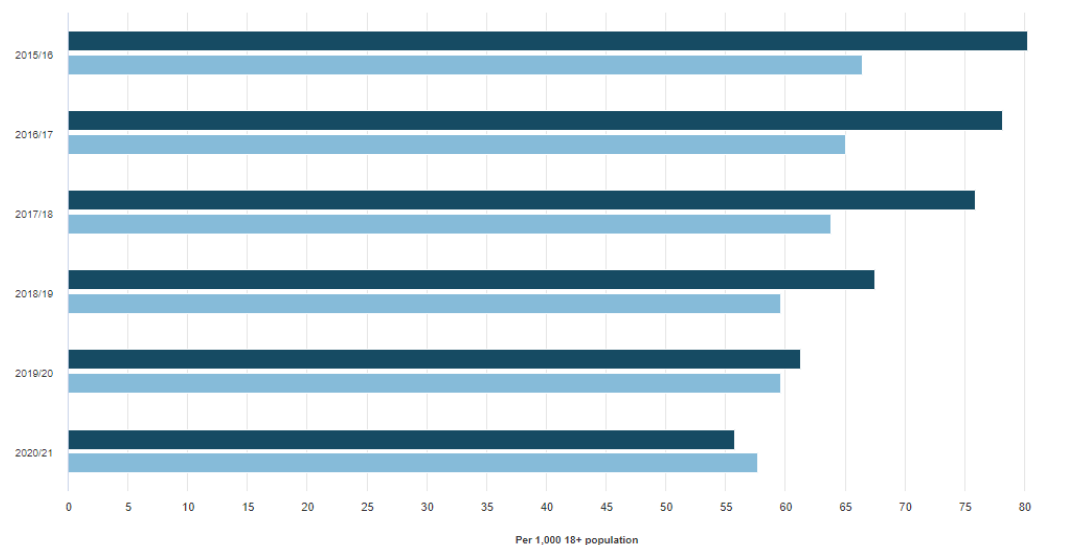
Existing client (65+) demand: Clients aged 65+ receiving long term support (as per 1,000 adults aged 65+). Southend and CIPFA neighbours

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● Clients aged 65+ receiving long term support per 1,000 adults, aged 65+ 2020/21
● Mean for Southend-on-Sea CIPFA nearest neighbours: Clients aged 65+ receiving long term support per 1,000 adults, aged 65+ 2020/21
● Southend-on-Sea (Lead area)

Southend and CIPFA nearest neighbours



● Southend-on-Sea Clients aged 65+ receiving long term support per 1,000 adults, aged 65+
● Mean for Southend-on-Sea CIPFA nearest neighbours Clients aged 65+ receiving long term support per 1,000 adults, aged 65+

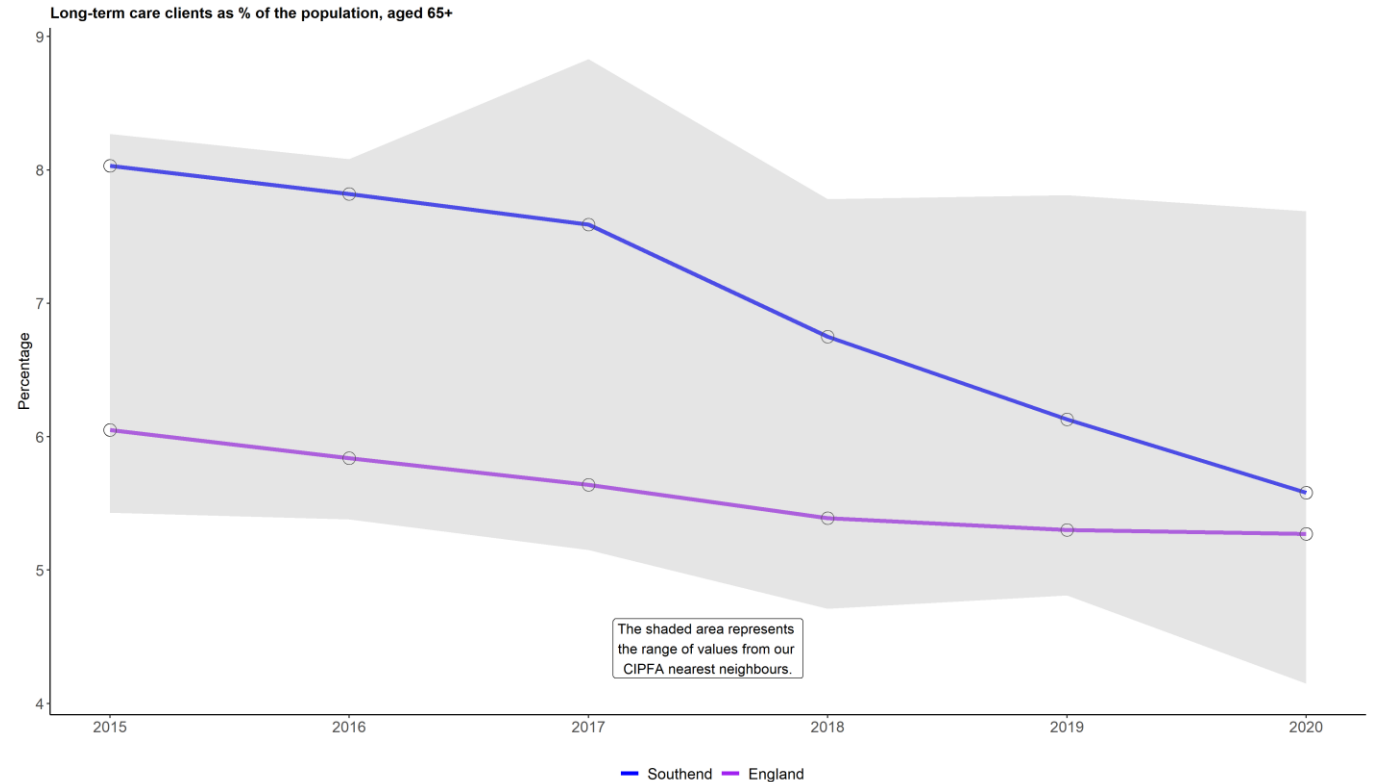
- Compared to previous year, whilst long term support users aged 65+ in Southend had increased, the impacts of increased population in the 65+ appear to have accounted for different pattern for demand.
 - The last 5 years had seen falling rates of long term support per 1,000 in the 65+ living in Southend and also across its CIPFA peer local authorities.
 - And in contrast to previous years, the 2020/21 rates in Southend (55.8 per 1,000K population aged 65+) were lower than that across its CIPFA peers (57.7 per 1K), Almost reaching England levels. Probably caused by pandemic.

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Existing client (65+) demand : Clients aged 65+ receiving long term support (as percentage of 65+ population). Southend and CIPFA neighbours

- The last 5 years had seen falling rates of long term support per 1,000 in the 65+ living in Southend and also across its CIPFA peer local authorities.
- In contrast to previous years, the 2020/21 rates in Southend (55.8 per 1,000K population aged 65+) were lower than that across its CIPFA peers (57.7 per 1K), and almost reaching England levels (52.8 per 1K). Probably caused by pandemic.
- The top 3 actions following the requests from new clients in Southend were
 - Short term care (to maximise independence), 1535
 - No services provided, 1430
 - Ongoing level support, 665
- This is slightly variable to that for the region and across England:
 - No services provided
 - Short term care (to maximise independence),
 - Universal services/signposted to other services.

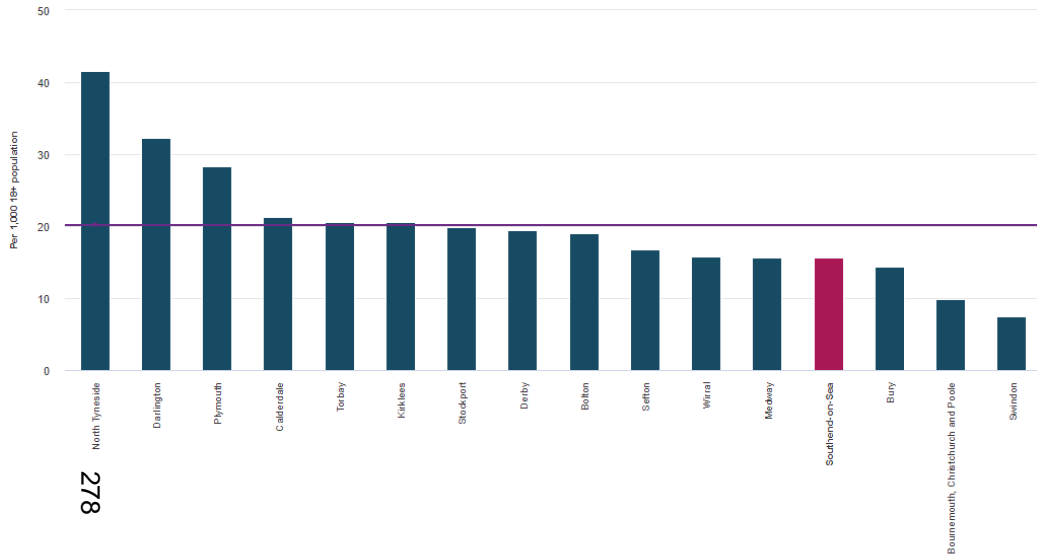
277



Source: Inform Identifier: 11517

[LG Inform](#)

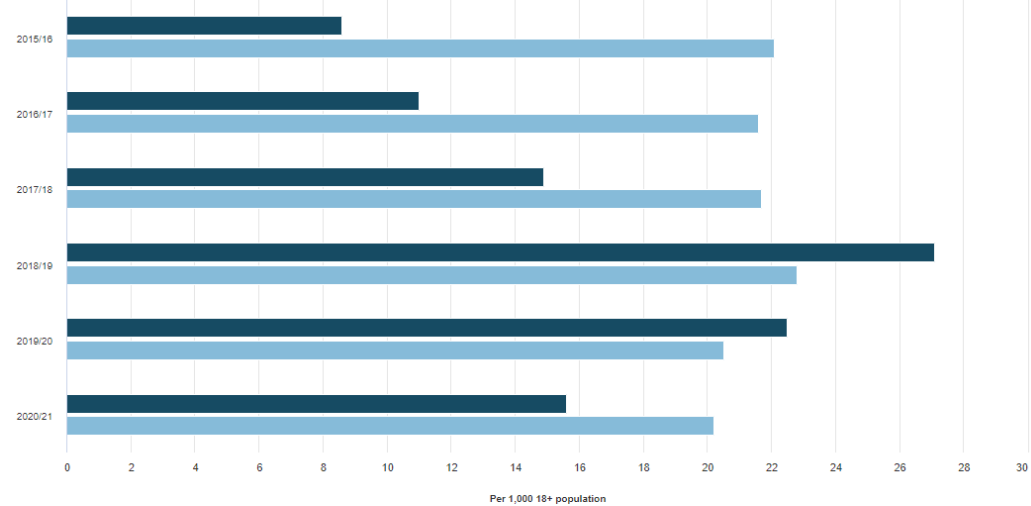
New service users: Requests for support from new clients aged 18 to 64 per 1,000 adults aged 18-64 for Southend and CIPFA neighbours



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- Requests for support from new clients per 1,000 adults aged 18-64 2020/21
- Mean for Southend-on-Sea CIPFA nearest neighbours. Requests for support from new clients per 1,000 adults aged 18-64 2020/21
- Southend-on-Sea (Lead area)

Southend and CIPFA nearest neighbours



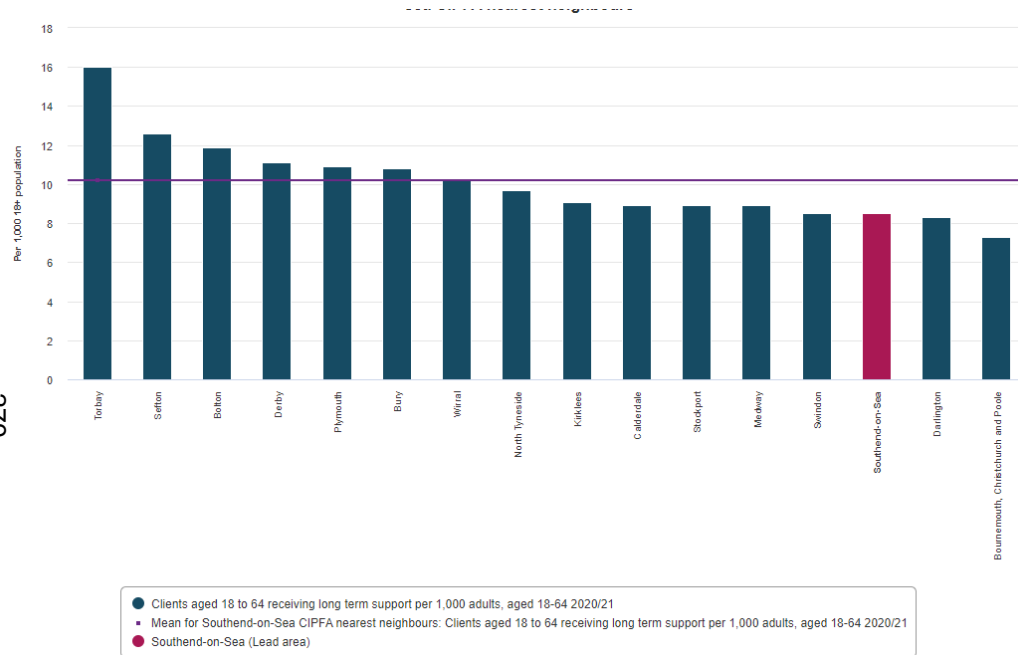
- Southend-on-Sea Requests for support from new clients per 1,000 adults aged 18-64
- Mean for Southend-on-Sea CIPFA nearest neighbours Requests for support from new clients per 1,000 adults aged 18-64

- In 2020/21, there were 1,680 requests for support from new clients aged 18-64 and living in Southend – this is equivalent to 15.6K per 1,000 population aged 18-64 years old. It is much lower than the average for its CIPFA peer local authorities, and ranked one of the lowest amongst its peers. Comparable rates across the East region and England were 12.3 and 12.8 per 1,000k respectively.
- The fall in requests from new clients is consistent across both Southend and its CIPFA local authority peers – a 20% and 25% respective fall from the rates in 2017/18. . Since 2017/18, requests from new clients in this age group appear to continue to fall at a faster rate, but similar, pattern with its CIPFA neighbours – a 42.4% drop to 15.6 per 1K compared to an 11.6% fall to 20.2 per 1K respectively across its CIPFA peers. . .

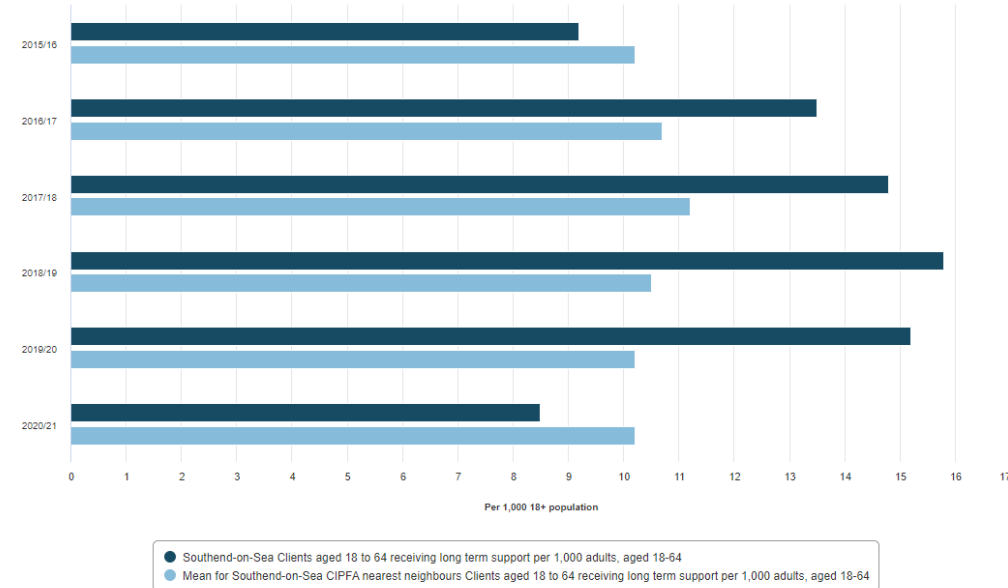
[LG Inform](#)

Existing demand (18-64)-prevalence: Clients aged 18-64 receiving long term support (as per 1,000 adults aged 18-64). Southend and CIPFA neighbours

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Southend and CIPFA nearest neighbours



- Requests for long term support have fallen in the 18-64 age group, with Southend, at a rate of **8,5 per 1K** is ranked 14 (out of 16) amongst its CIPFA neighbours in decreasing levels of long term support in 2020/21.
- Fall in levels of long term support in 18-64, especially in 2020/21 was at a greater rate in Southend compared to its CIPFA peers. Falling to almost half (45%) the level of support the previous year to 8.5 per 1K. Long term support levels on average, amongst its CIPFA peers remain relatively unchanged.

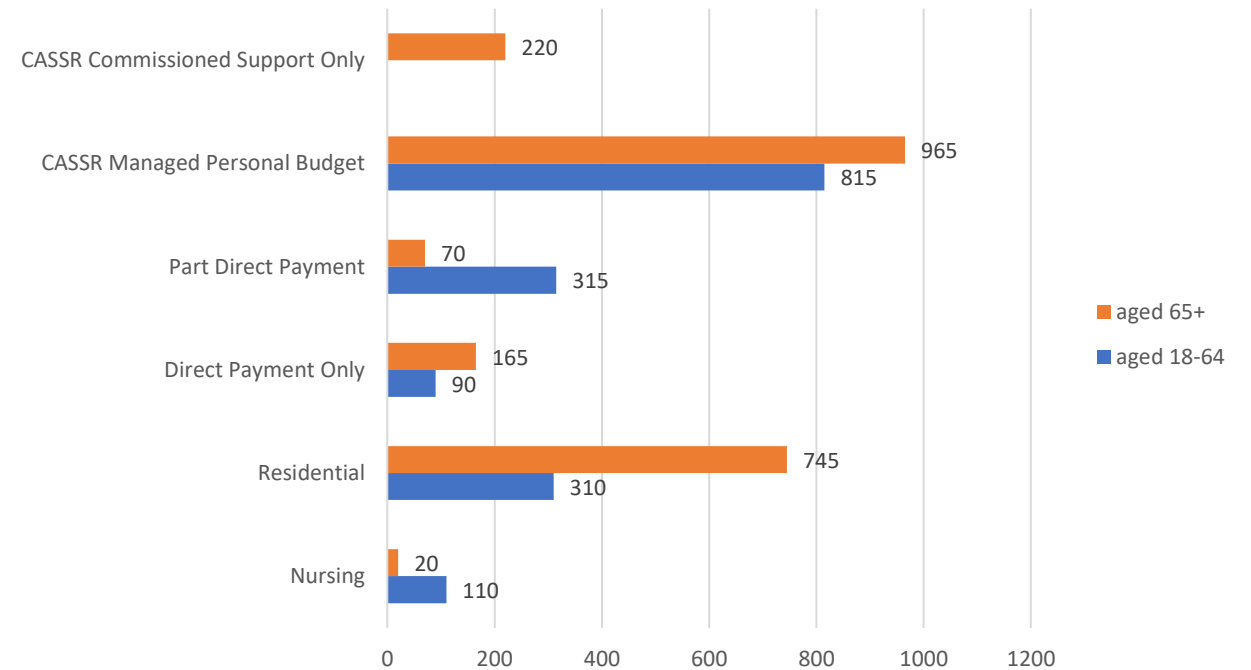
[LG Inform](#)

Service user journey: Long term support setting

- In the 18-64 age groups, the long term requests that were mostly accessed were managed personal budgets. This was also the case with the 65+.
- However, support with residential care was the second most common support provided to the 65+

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Number of clients accessing long term support and support setting, 2019/20



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Areas for consideration

- **Long term** support is the most common support provided to new clients after a request for support.
- Requests for support from new clients aged 18-64 continues to fall, at a faster rate than its CIPFA local authority peers.
- ASC spend in Southend is ranked as one of the lowest amongst its peers.

Source: [Age UK](#)

Demand in settings

- Outline the estimated census in key settings and possibly project future demand based on population projections):
 - Domiciliary care
 - Residential care
 - Nursing care
 - Home care

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Source: [Age UK](#)

Carers profile, including population of paid and unpaid

Definition of carers

- A carer, as defined under the Care Act 2014, is someone someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation.” The Care Act mainly deals with adult carers (people aged 18+ who are caring for another adult).
- Carers are unpaid, and they generally support or look after rson who supports or looks after someone who needs help with their daily life for reasons such as:
 - age
 - long-term illness,
 - disability,
 - mental health or
 - substance misuse

Estimate of Carers' in Southend

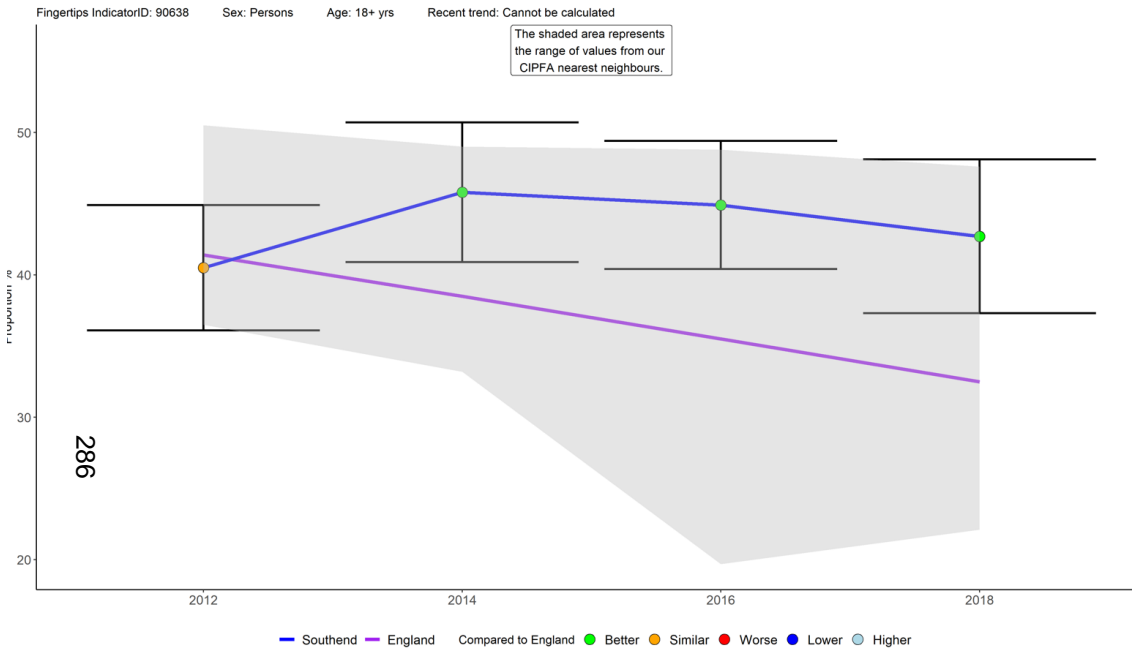
285

Relevant metric	
Unpaid carers aged 65+	4,111
Unpaid carers aged 50-64	6,339
Carers aged 18+ that are supported	1,424
Carers aged 18+ in receipt of carers allowance	3,197
Estimated carers aged 18+ (excluding those on carers allowance)	11,920
Estimated carers aged 18+ (including those on carers allowance)	15,117
Estimated carers of adult age (using Carers UK 12% estimate of adult population)	17,880

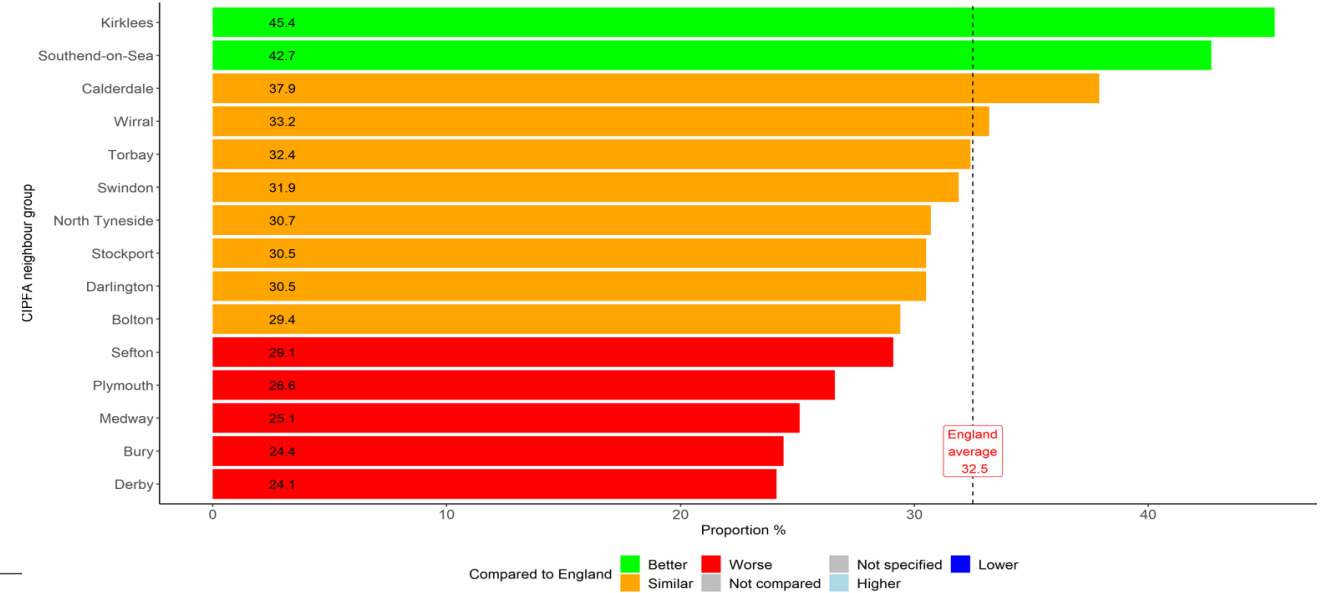
- According to Carers' UK estimates, around 58% of carers are women.
- Local estimates using Carers First to be ascertained

Other sources: [NHS Digital](#) and [LG Inform](#)

Social isolation: Percentage of adult carers' (aged 18+) who have as much social contact as they like



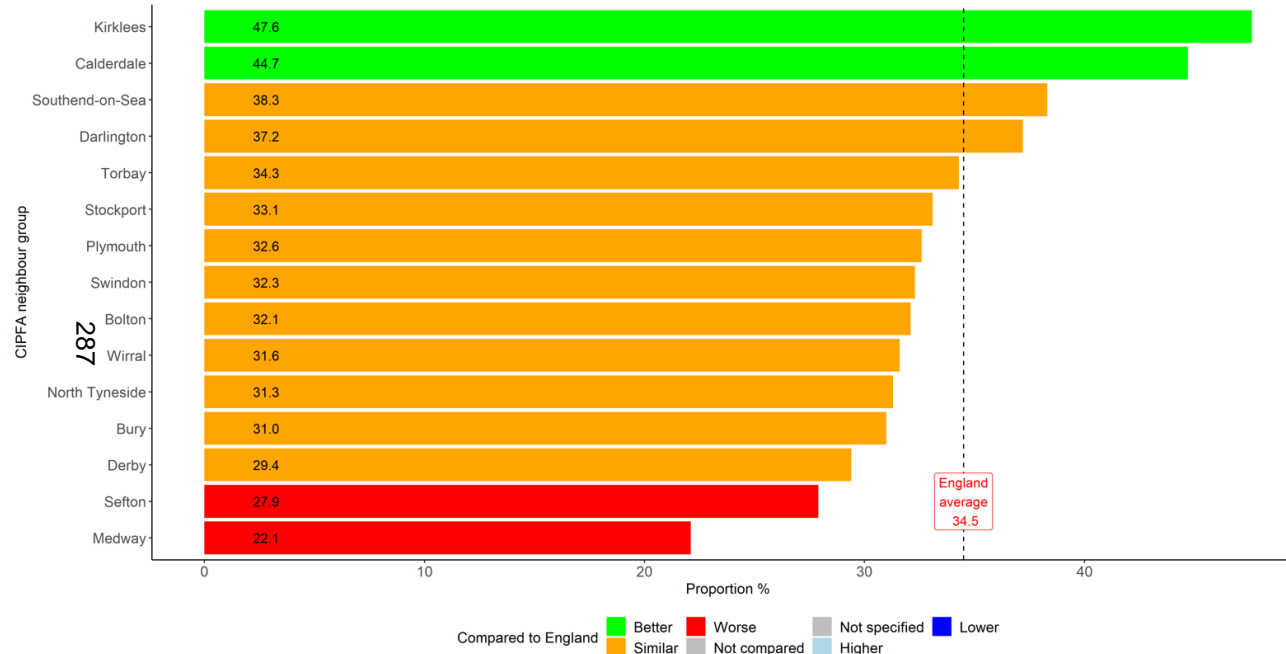
Fingertips indicator: 90638 Timeperiod: 2018/19 Sex: Persons Age: 18+ yrs Definition: The percentage of respondents to the Personal Social Services Survey of Adult Carers in England who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like" This measure applies to those people in receipt, at the point that data are extracted, of long-term support services funded or managed by social services following a full assessment of need



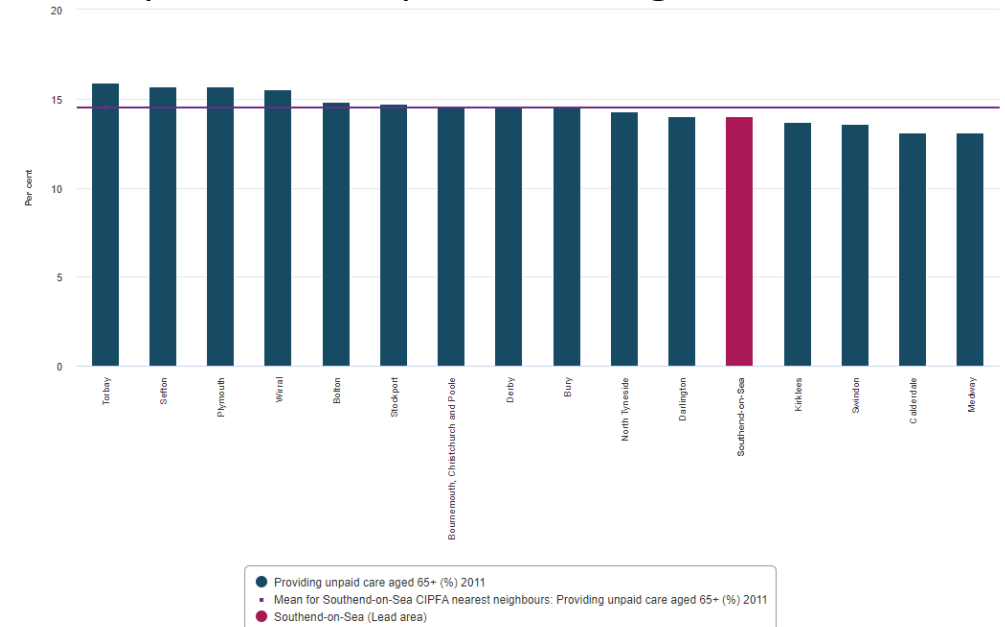
- According to the survey, around 43% of adult carers' aged 18+ in Southend have as much social contact as they like, which is better than what was reported across the rest of the country (33%).
- At similar levels with the average for CIPFA neighbours, and much better than England

Social isolation: Percentage of older adult carers' (aged 65+) who have as much social contact as they like

Fingertips indicator: 90638 Timeperiod: 2018/19 Sex: Persons Age: 65+ yrs Definition: The percentage of respondents to the Personal Social Services Survey of Adult Carers in England who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like". This measure applies to those people in receipt, at the point that data are extracted, of long-term support services funded or managed by social services following a full assessment of need



Proportion of unpaid carers aged 65+



Loneliness is a major issue that is now widely recognised in society today

- According to the adult carers survey, around 4 in 10 (38%) of every adult carer aged 65+ in Southend have as much social contact as they like, similar to the levels across the rest of the country (35%).
- .Census (2011) estimates there are around 14% of the population aged 65+ in Southend providing unpaid care.
- According to the Age UK Research survey, Southend is ranked 105 (out of 161 local authorities in England) in terms of loneliness. Loneliness is a major issue

Key Findings ASCOF and SALT data

- Of the 1,470 carers that were offered some form of support in 2020-21, Information, Advice and other Universal Services/Signposting accounted for most, 86% (1,265/1,470) of the support types for the carers
- National figures suggest this pattern was consistent across all age group of cares (under 18s, adult carers, and even older adult carers).

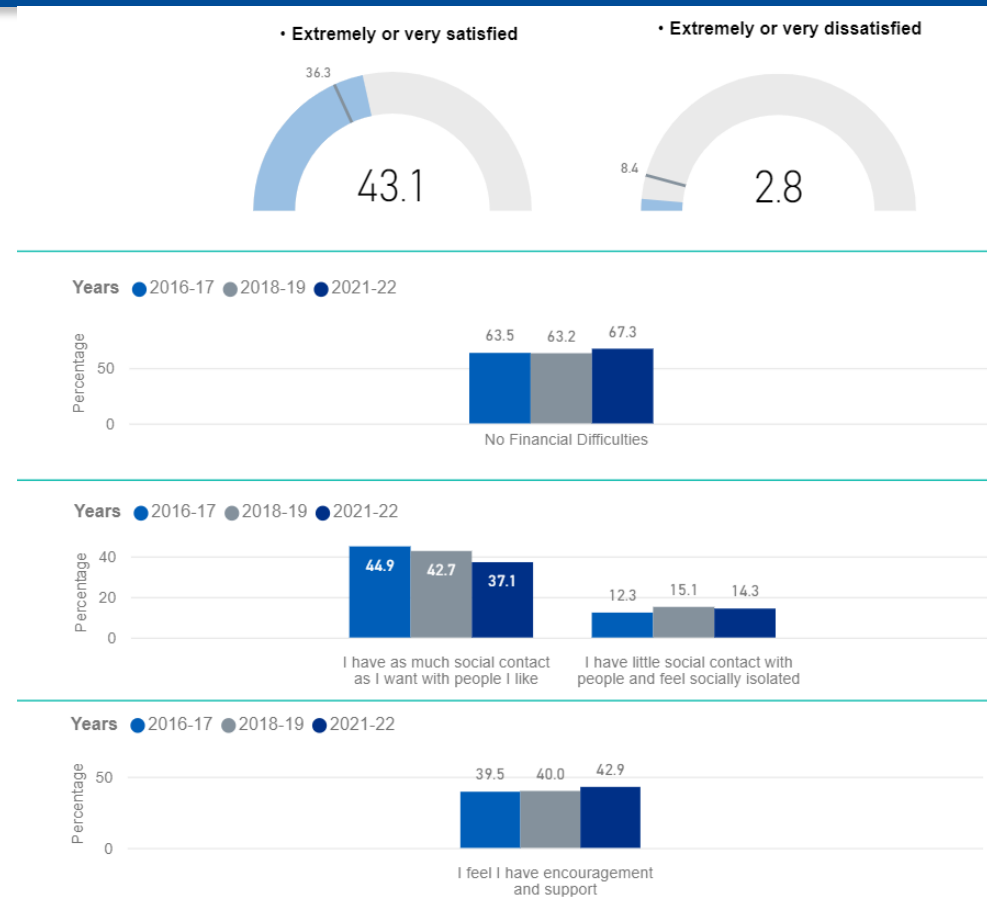
Key Findings from Survey of Adult Carers' in Southend, 2018/19

- More than half of the carers aged 65+ said they are satisfied with their experience of care and support, compared to the average for its CIPFA neighbours (41.5%)
- According to the survey, around 43% of adult carers' aged 18+ in Southend have as much social contact as they like, which is better than what was reported across the rest of the country (33%).
- Around 72% of carers' aged 65+ report that they had been included or consulted in discussions about the person they are for, similar to what was observed among its CIPFA neighbours
- The carers QoL score (out of 12) for adult carers aged 65+ in Southend was 8. The average for its CIPFA neighbours was 7.7. The higher the score, the better the carer reported QoL, with the maximum score been 12 8

Key Findings from Survey of Adult Carer's in Southend.

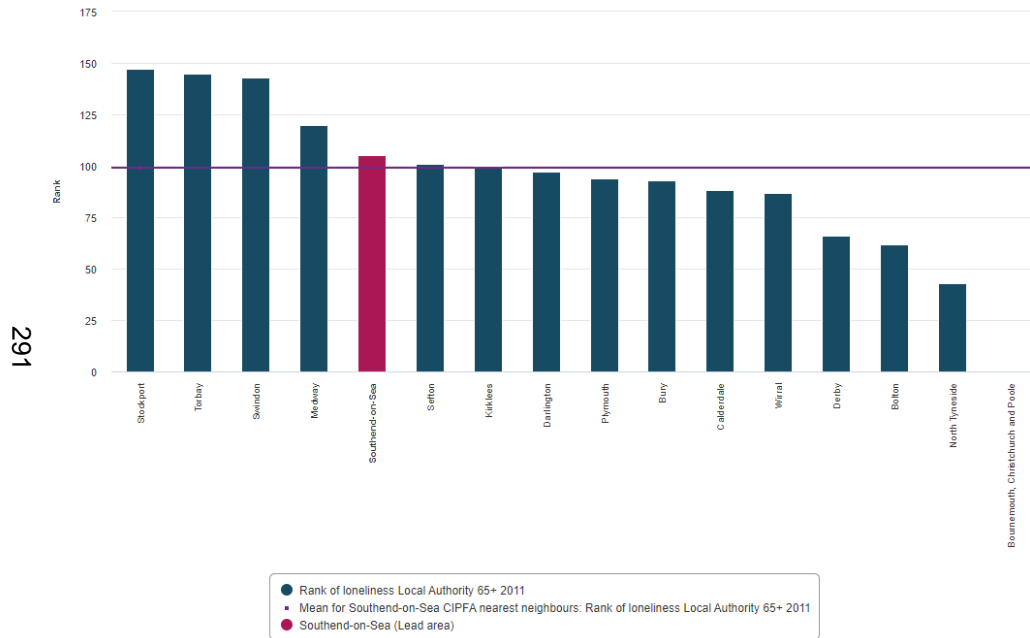
- 43% of carers say they are extremely satisfied with services, an improvement from previous survey survey. And % of dissatisfactions also significantly fallen.
- Around 7 in 10 carers reported their caring roles had not caused financial difficulty, an improvement from what was reported in previous survey.
- Proportion of carers who felt they had as much social contact as they want had fallen, especially in period of COVID-19 pandemic, 37.1% in 2021/22 compared to 42.7%.
- Th recent survey suggests there has been some slight improvement in overall encouragement of carers. Percentage of carers in 2021/22 was up to 42.9% compared to 40.2% in 2018/19years.

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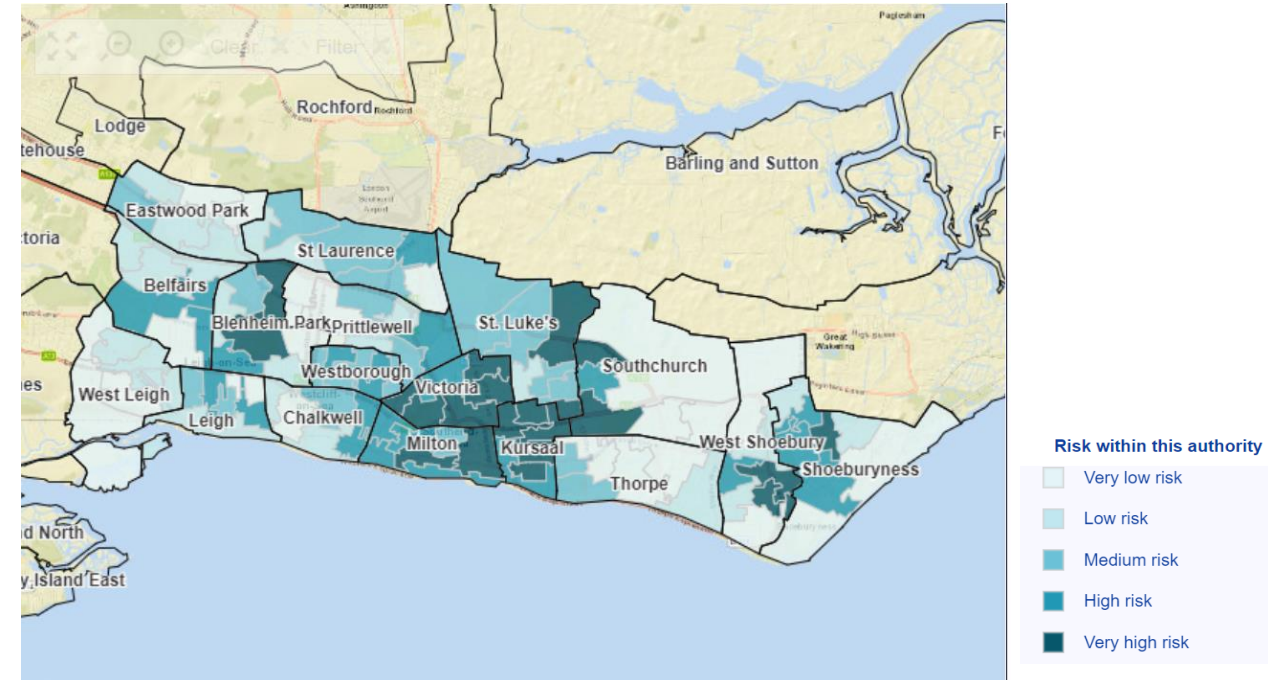


Loneliness: Loneliness in population aged 65+

Rank of loneliness in Age 65+: Southend and its CIPFA neighbours



Age 65+: Risk of loneliness in Southend LSOAs



Loneliness is a major issue that is now widely recognised in society today. The term is slightly different from isolation. For example people can be lonely, yet among people, or can be alone (isolated), yet not be lonely.

- According to the Age UK Research survey, around 20% (2016) of the predicted loneliness is observed in people aged 65+ in England
- Southend is ranked 105 out of 326 local authorities in England in the position of loneliness in England (with Rank 1 being the most lonely).

Source: [Age UK](https://www.ageuk.org.uk)

Outstanding

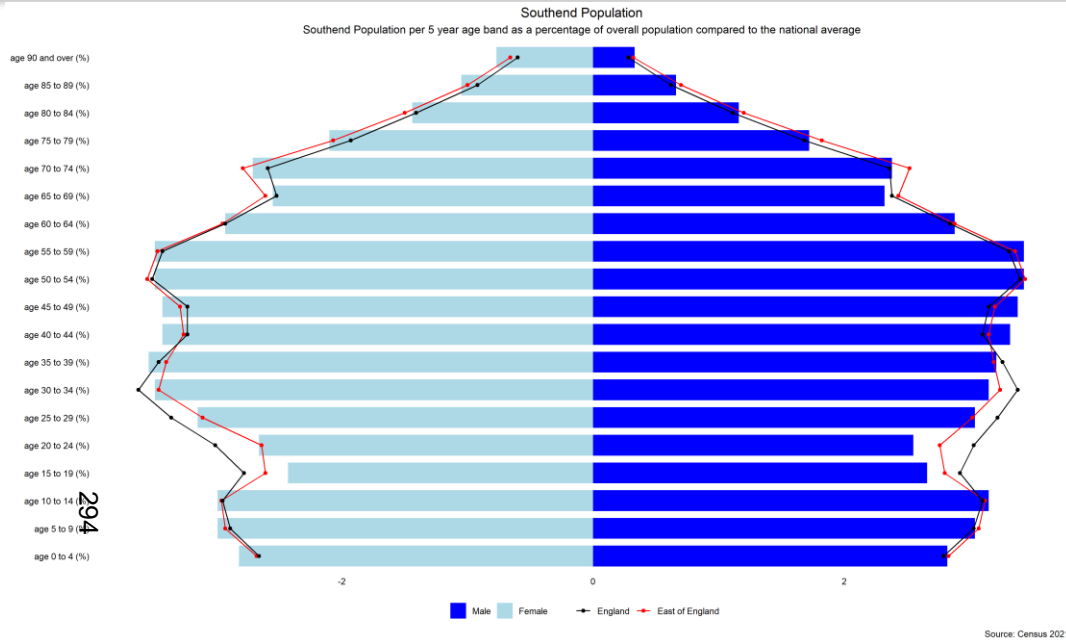
- Explanation of setting types and physical support needs
- Estimation population need/demand in settings
- Review of surveys
- Transition for children's social to adult social care

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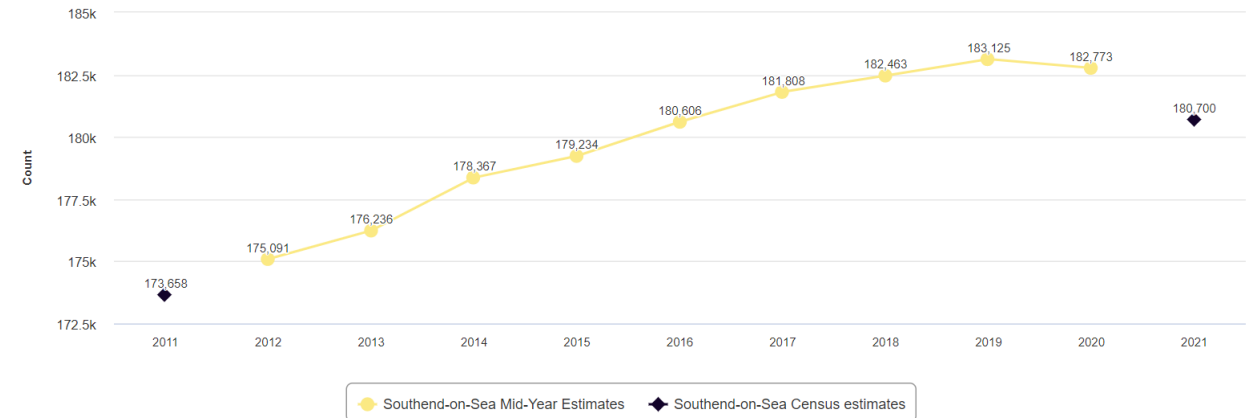
Source: [Age UK](#)

Population and Demography

Population



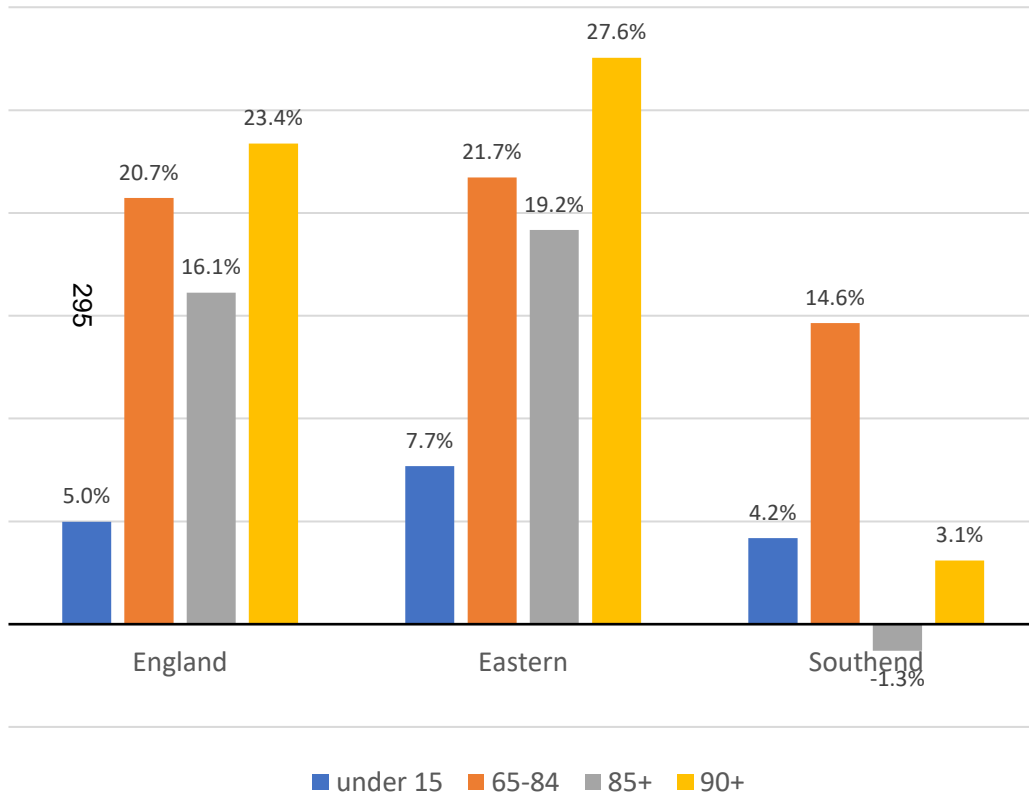
Southend population, Censuses 2011 and 2021 and mid year population estimates.



- According to the 2021 census, the Southend population compared to the previous census was up 5% to 180,700 in 2021. Growth rate for England in same period was marginally faster (+7%). Compared to mid year trends, the census estimate suggest a slower pace of growth than indicated in the mid year estimations of the population (between 2012 and 2020).
- Of the 180,700 people, 92,800 (51.4%) were women, and 87,900 (48.6%) were men. The median age is 42.1 years; since the 2011 census, the population grew by around 5% in 2020, and the median age increased by nearly 2 years in same period.
- The population density of Southend has increased – it is the 3rd most densely populated area in the Eastern region with around 4,386 people per square km, and ranked the 36th (out of 309) local authorities in England. In 2011, the population density was 4,158 residents per square km. The respective population densities for England and East England were 434 and 331 residents per square km.

Census: Southend population changes in last decade

% change between 2011 and 2021



The age group, as a proportion of all population, by census year.



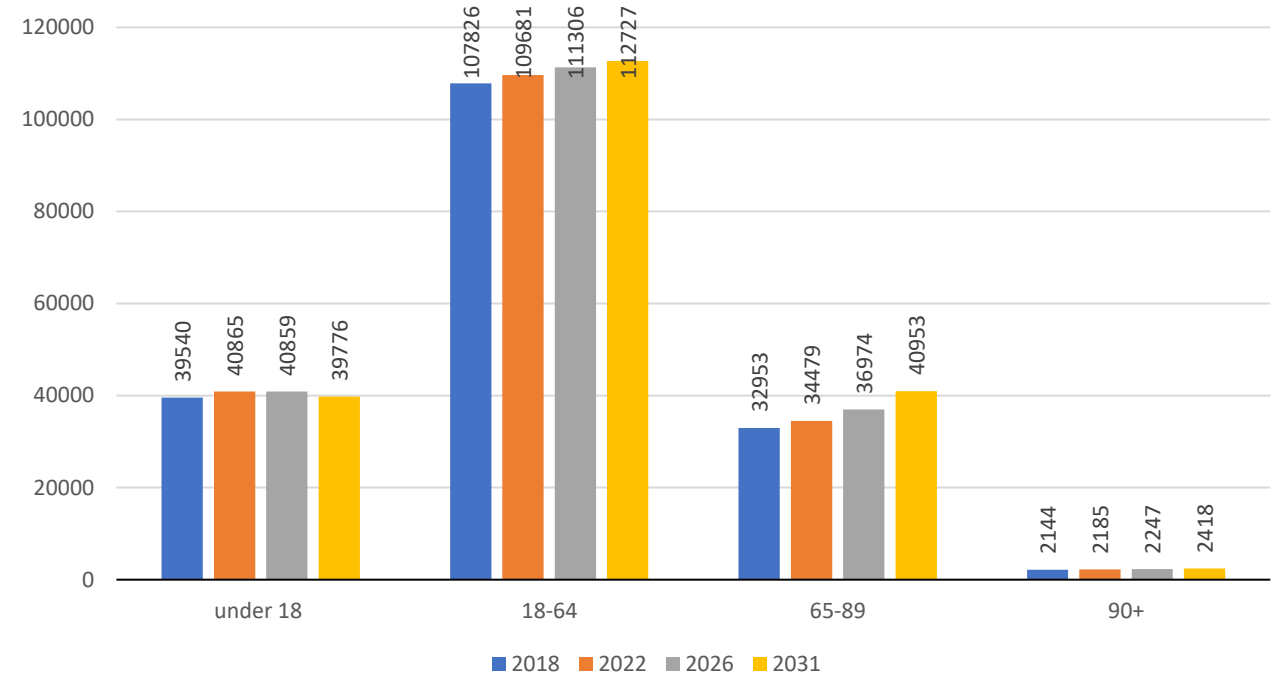
- There is an aging population - in Southend in 2021, the proportion of the population in Southend aged 65+ (19.1%) significantly greater than the proportion of the population aged under 15 (17.8%).
- Although as with other parts of the country, population in the last decade had gone up in Southend, the rate of growth in Southend was at a slower pace than other comparable areas.
- It can be deduced that the negative growth (-1.3%) in the 85+ population is driven by those aged 85-89, whereas the 90+ population had gone up 3.1%. However, the rate of increase in the 90+ is significantly lower than that for the region (+27.6%) and England (23.4%)

Projected population growth in Southend – through key life stages

- Population change in the future suggest number of children and working age populations will grow at a slower rate compared to older population.
- Using 2018 as the benchmark population, by 2031, children aged under 18 and adults of working age population (18-64) would have grown 0.6% and 4.5% respectively; and estimated projections in the older populations aged 65-89 and 90+ are 24.3% and 12.8% respectively. Table of projected growths in East and England are below

Projected growth changes in Southend, East and England, 2018 and 2031.

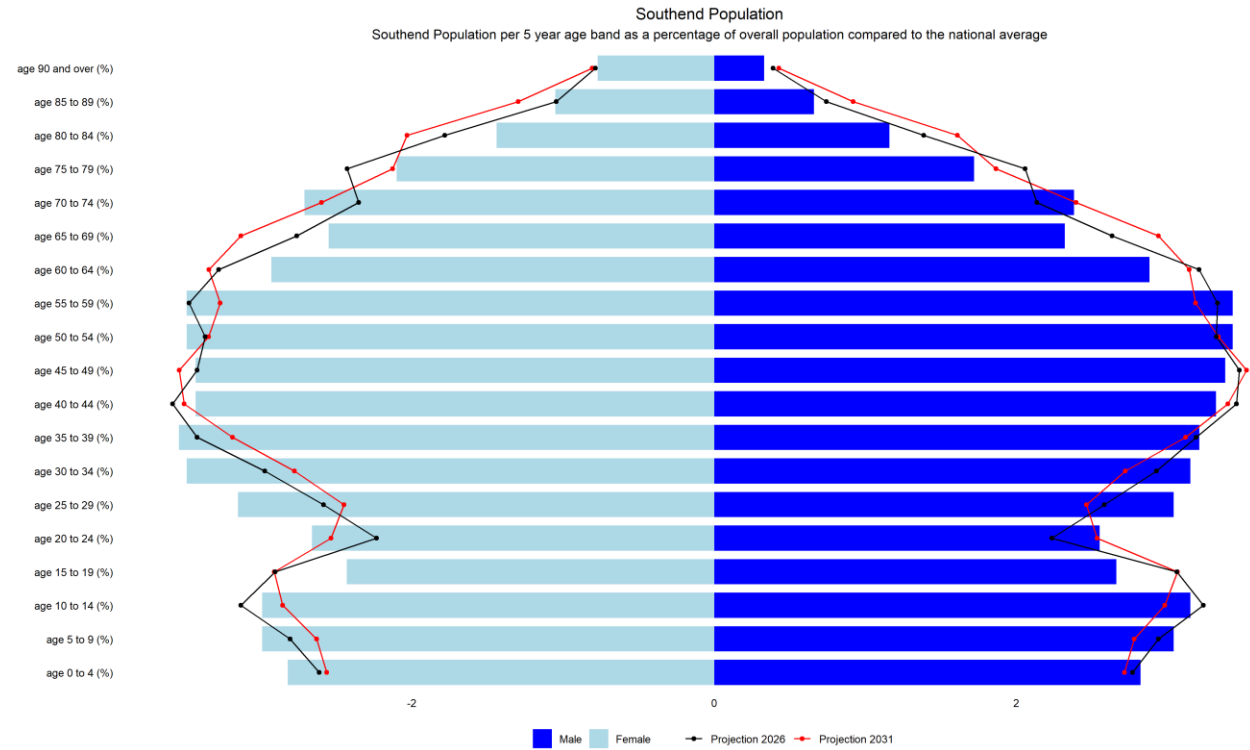
	Under-18	18-64	65-89	90+
Southend	0.6%	4.5%	24.3%	12.8%
East	-0.3%	1.9%	25.2%	33.4%
England				



Population pyramid showing 5-year populations for 2018, 2026 and 2031

- Population change in the future suggest number of children and working age populations will grow at a slower rate compared to older population.
- Using 2018 as the benchmark population, by 2031, children aged under 18 and adults of working age population (18-64) would have grown 0.6% and 4.5% respectively; and estimated projections in the older populations aged 65-89 and 90+ are 24.3% and 12.8% respectively. Table of projected growths in East and England are below

297



Source: Census 2021

%). Compared to

Population and demography

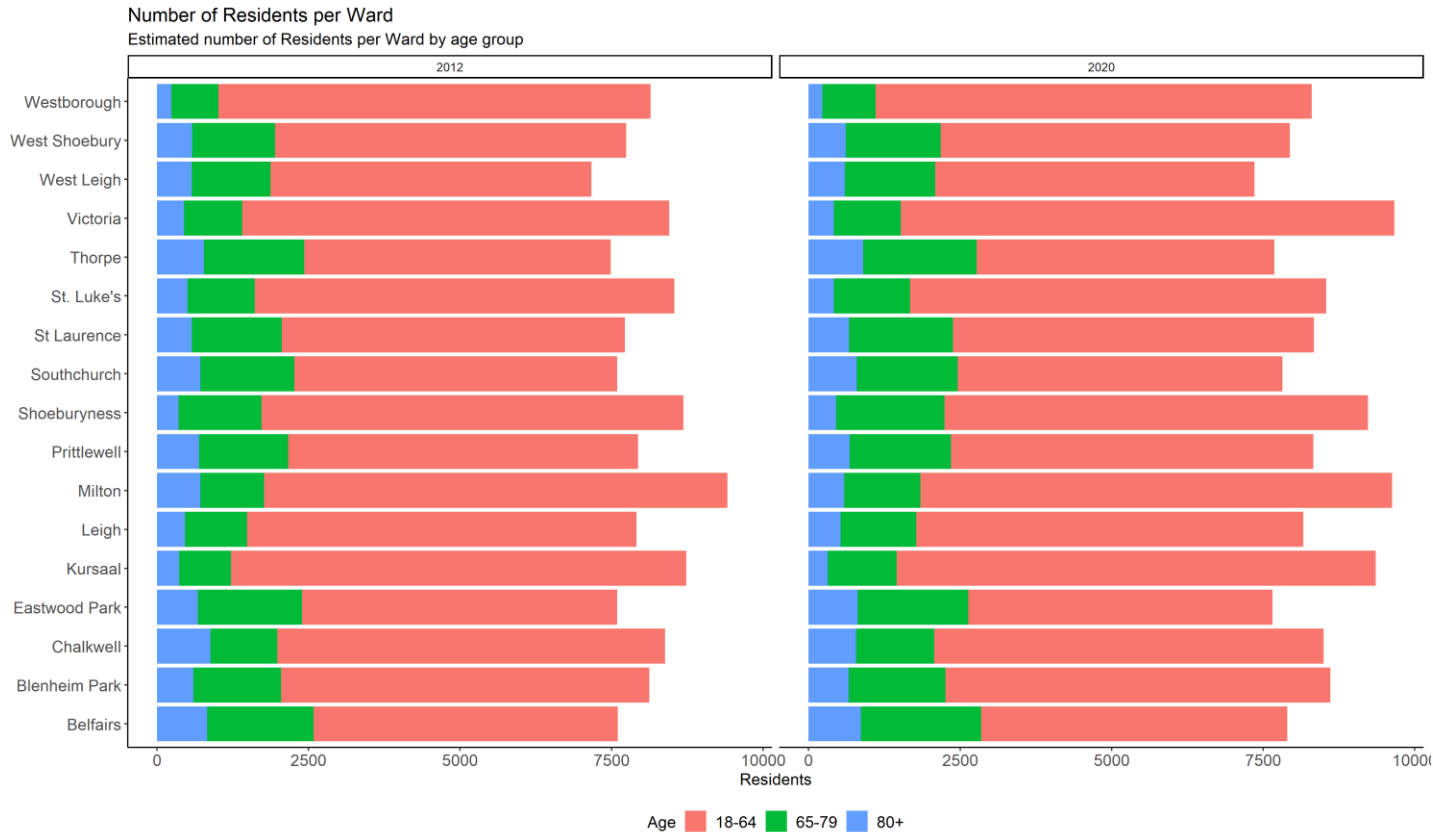
Working age and Older population

- According to the census (2021), the population of Southend is around 180,700, a 5% rise compared to that estimated in 2011.
- The mid-year 2020 working and older age population of Southend was estimated to be 143,037, a marginal change (+350) from the previous year.
- Around three (78.3%) in **every four** residents of Southend (182,773) is either of working age or an older person.
 - Of this, 107,376 are aged 18-64 years old (58.7% of population), compared to 60% of the population for England.
 - And 37,520 are aged 65+ (20.5% of population), compared to 18.5% of the population for England.
- In 2022, the projected number of people of state pension age is estimated to be around 300 per 1,000 working age population. In another decade (2032), this is expected to reach around 319 per 1,000 working age population.

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Ward population; and trend showing age groups as proportion of ward population each year. 2012 – 2020.

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Ward-level population estimates (Experimental Statistics) <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

- Victoria ward has the largest population aged 18+ (13,025) in Southend.
- Although 18-64s make up most of the population aged 18+, growth in this age group was at a comparably slower pace compared to the older groups. Over the last 9 years, most of the ward seemed to have fallen in population size. The greatest fall was in West Shoebury (-1.4%); Victoria grew the most (+0.3%).
- Thorpe has the largest number aged 65-79 (1,987), followed by Thorpe (1,828) and Eastwood Park (1,828). West Shoebury grew the most in the last 9 years (+1.1%)
- Thorpe (898), Belfairs (861) and Eastwood Park (807) wards are the top three largest populations aged 80+. The population over the last 9 years grew the most in Thorpe (+0.8%).

[ONS Experimental Stats](#)

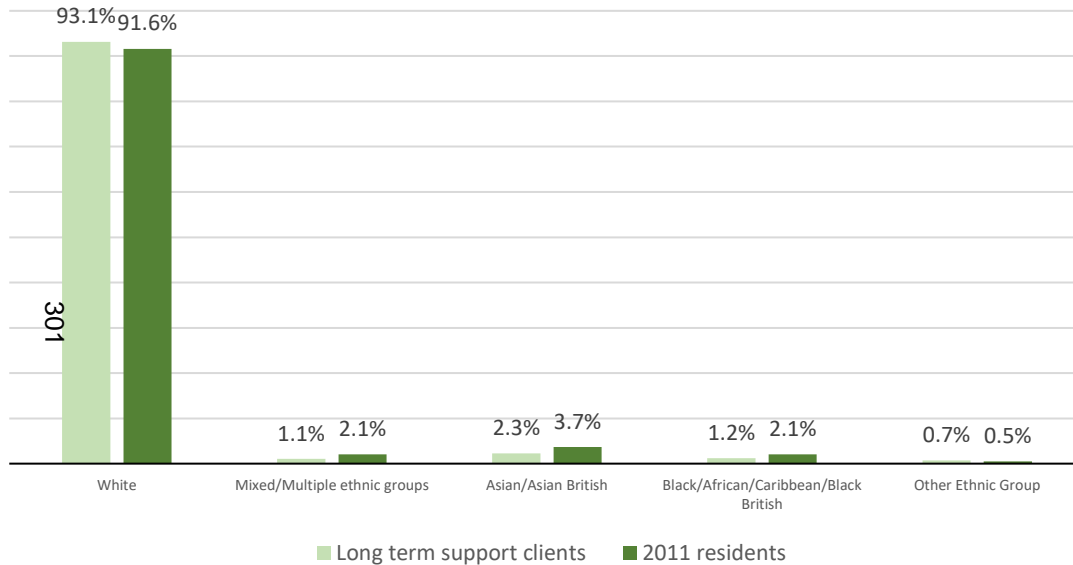
Country of birth and Ethnicity

Country of birth

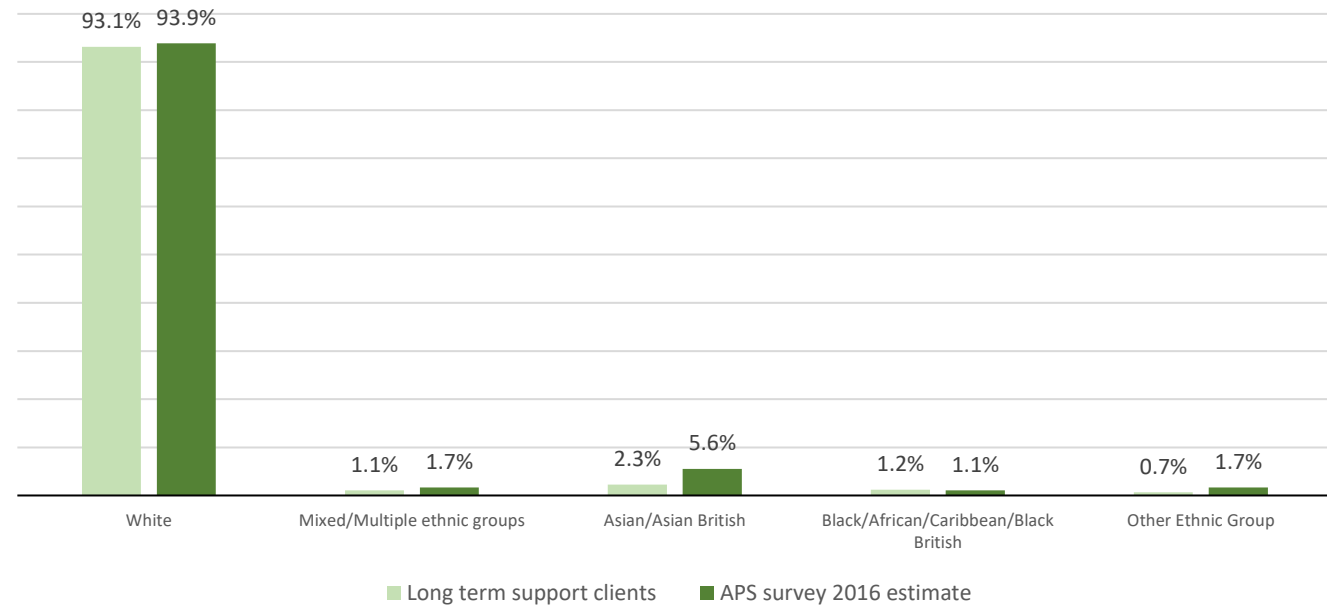
- Around 19,000 are non-UK born (10.3%) compared to 15.7% nationally. Mainly Asian and EU nationals (7000 each), followed by sub-Saharan Africa (3000).
- In the region, the top 5 most common **overseas** countries of birth are India, Poland, Romania, Republic of Ireland and South Africa. England is similar (apart from Pakistani, instead of Romania)

Ethnicity of service users (compared to general population)

Ethnicity of clients accessing long term support in Southend (2019/20) compared to 2011 ethnicity of Southend



Ethnicity of clients accessing long term support in Southend (2019/20) compared to estimated ethnicity using 2016 APS survey



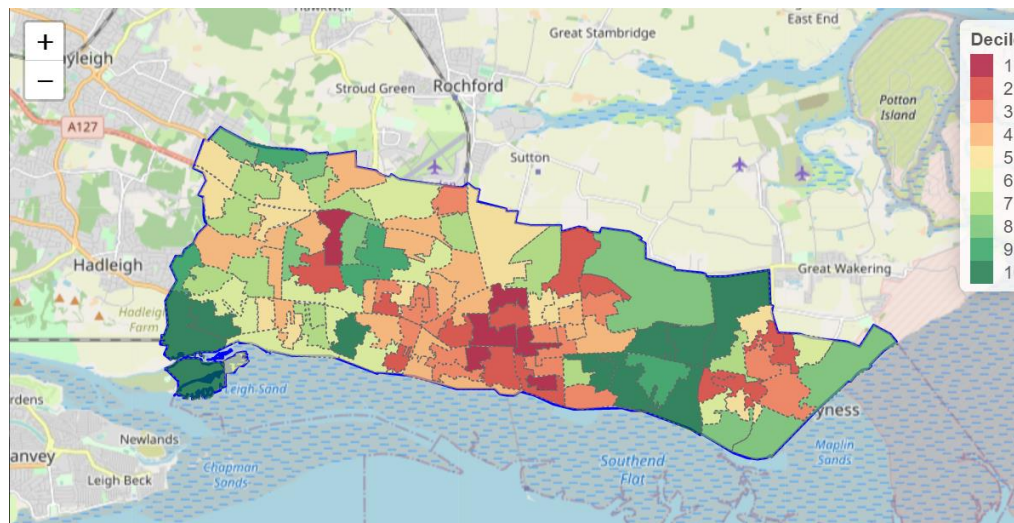
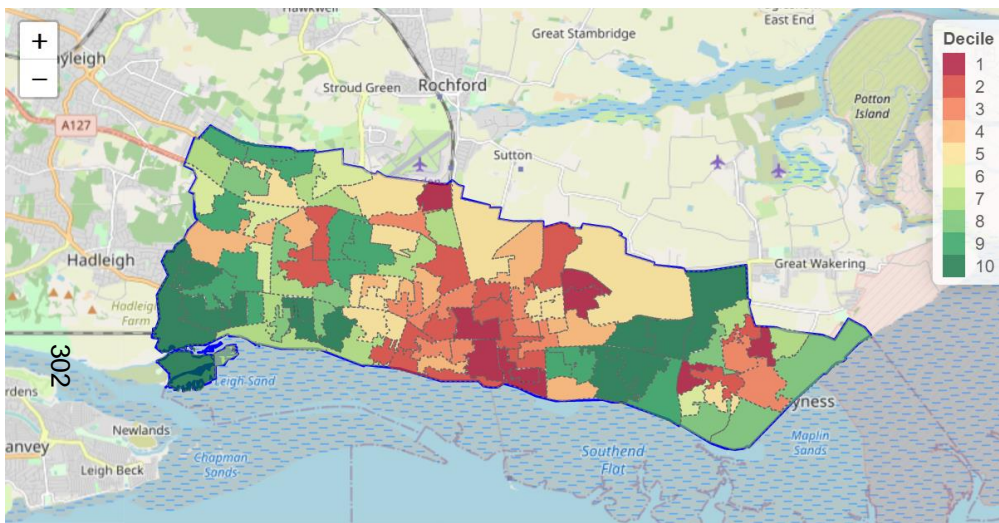
Access to services by ethnicity

- The ethnicity of Southend is predominantly a white population (approximately 93%). This ratio is similar to the proportion with access to long term support – census 2011 suggests a slight over-representation) and more recent ethnicity estimates suggest similar levels of proportional representation.
- In Black and ethnic minority ethnic groups (BAME), the ratio of the populations in the community and access to long term support suggest a disproportional representation – the ratio suggests that Asian populations appear to be more disproportionately represented (especially using the APS survey), and the proportional representation appears to be less skewed for the black ethnic groups and mixed groups.

Deprivation in Southend

Index of multiple deprivation based on six domains of deprivation index. (decile 1 is the most deprived; 10 is least deprived)

Income deprivation affecting older people – proportion of the 60+ who experience income deprivation (decile 1 is the most deprived; 10 is least deprived)



- Seven (out of the 18 wards) have residents in the 10% most deprived wards nationally
- An estimated 13,082 people live in these areas, which is 16.3% of their population. Kursaal ward has the highest aged 18+ (27.9%) – see table below.
- The map shows the pattern of income deprivation affecting older people is similar to the pattern for overall deprivation.

Wards	18-64	65-84	85-90	18+	All age	Proportion in Decile 1
Kursaal	2,950	434	26	3,410	12,215	27.9%
Southchurch	1,768	417	93	2,278	9,977	22.8%
Victoria	1,825	199	24	2,048	13,025	15.7%
Miltom	1,310	179	18	1,507	11,762	12.8%
St Laurence	824	290	48	1,162	10,509	11.1%
Westbury	917	149	12	1,078	10,415	10.4%
Shoeburyness	830	228	21	1,079	11,939	9.0%

Estimated population of Southend wards in top 10% most deprived nationally.

Life Expectancy

Indicator	Period	England	Southend-on-Sea	Belfairs	Blenheim Park	Chalkwell	Eastwood Park	Kursaal	Leigh	Milton	Prittlewell	Shoeburyness	Southchurch	St Laurence	St. Luke's	Thorpe	Victoria	West Leigh	West Shoebury	Westborough
Life expectancy at birth, (upper age band 90+) (Male)	2015 - 19	79.7	78.8	80.6	78.4	76.1	81.5	73.8	82.0	76.4	78.0	78.7	78.9	79.6	79.0	83.0	73.8	83.1	78.8	79.3
Life expectancy at birth, (upper age band 90+) (Female)	2015 - 19	83.2	82.6	84.4	82.5	80.6	84.8	79.0	85.6	79.8	82.0	82.7	82.9	84.7	84.1	86.9	77.2	85.5	82.7	81.5

Life expectancy is a useful summary measure, which provides an indication of the general state of health of the population; it can also be used to compare health status by gender, geography and age. Some of the key indicators of life expectancy are:

- Life expectancy at birth, and at 65
- Inequality in life expectancy, and at 65
- Healthy life expectancy at birth, and at 65
- Disability free life expectancy at birth, and at 65.

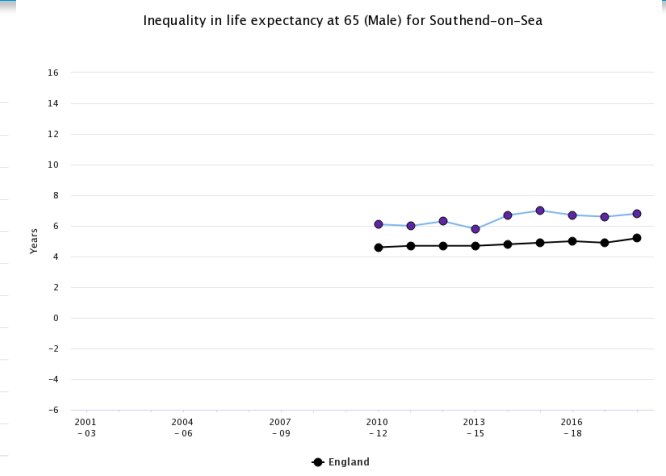
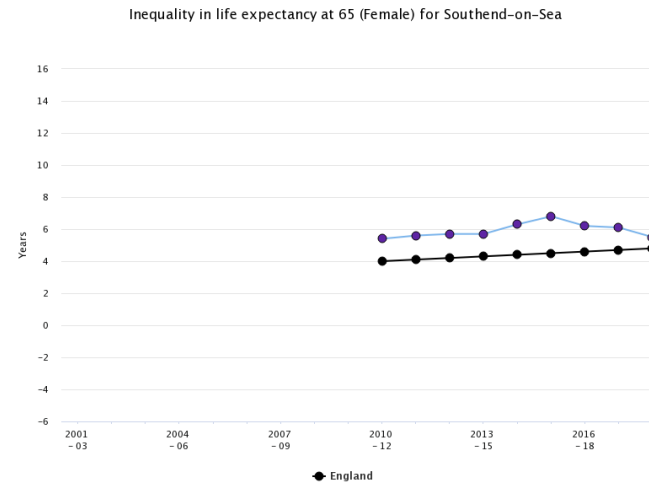
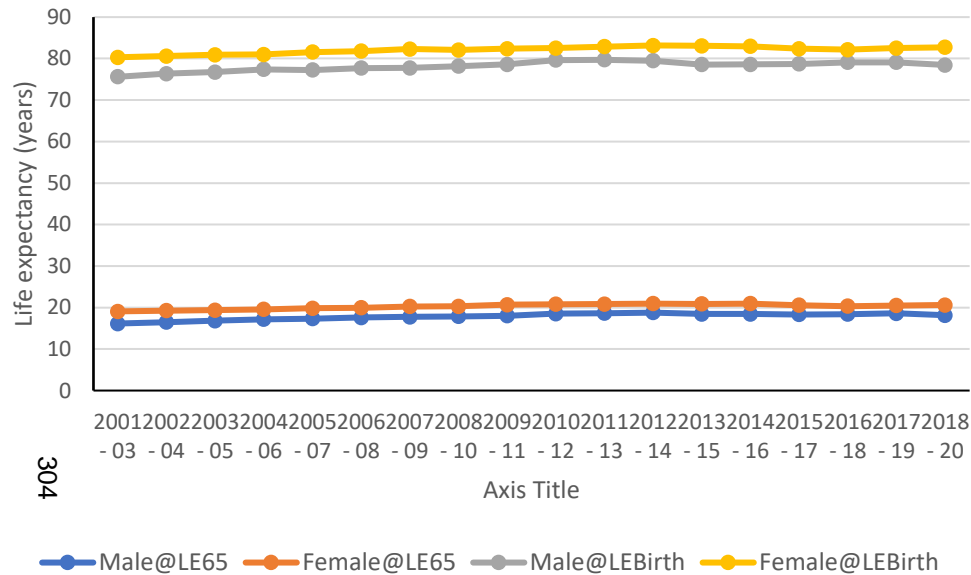
Only **ONE** (out of the 16 life expectancy indicators) show Southend faring significantly better than England and the East region: disability free life expectancy at birth (male) – 65.1 years compared to 64.3 and 62.4 years for East and England respectively

Indicator	Period	Southend				Region England				England	
		Recent Trend	Count	Value	Worst	Value	Value	Worst	Range	Best	
Healthy life expectancy at birth (Male)	2018 - 20	-	-	63.7	64.6	63.1	53.5			74.7	
Healthy life expectancy at birth (Female)	2018 - 20	-	-	62.1	65.0	63.9	54.3			71.2	
Life expectancy at birth (Male, 1 year range)	2020	-	-	77.4	79.6	78.7	73.6			83.3	
Life expectancy at birth (Male, 3 year range)	2018 - 20	-	-	78.4	80.2	79.4	74.1			84.7	
Life expectancy at birth (Female, 1 year range)	2020	-	-	82.4	83.5	82.6	78.0			87.8	
Life expectancy at birth (Female, 3 year range)	2018 - 20	-	-	82.7	83.8	83.1	79.0			87.9	
Life expectancy at 65 (Male, 1 year range)	2020	-	-	17.2	18.7	18.1	14.7			22.2	
Life expectancy at 65 (Male, 3 year range)	2018 - 20	-	-	18.1	19.1	18.7	16.0			23.1	
Life expectancy at 65 (Female, 1 year range)	2020	-	-	20.4	21.2	20.7	17.7			25.3	
Life expectancy at 65 (Female, 3 year range)	2018 - 20	-	-	20.6	21.5	21.1	18.6			25.4	
Inequality in healthy life expectancy at birth LA (Male)	2009 - 13	-	-	12.1	-	-	-			-	
Inequality in healthy life expectancy at birth LA (Female)	2009 - 13	-	-	13.3	-	-	-			-	
Inequality in life expectancy at birth (Male)	2018 - 20	-	-	10.1	7.9	9.7	17.0			2.6	
Inequality in life expectancy at birth (Female)	2018 - 20	-	-	9.1	6.2	7.9	13.9			1.2	
Inequality in life expectancy at 65 (Male)	2018 - 20	-	-	6.8	4.3	5.2	12.7			2.2	
Inequality in life expectancy at 65 (Female)	2018 - 20	-	-	5.5	3.8	4.8	8.6			0.1	
Life expectancy at birth, (upper age band 90+) (Male)	2015 - 19	-	-	78.8	-	79.7	74.2			91.1	
Life expectancy at birth, (upper age band 90+) (Female)	2015 - 19	-	-	82.6	-	83.2	79.5			90.2	
Healthy life expectancy at 65 (Male)	2018 - 20	-	-	10.0	11.1	10.5	5.9			16.1	
Healthy life expectancy at 65 (Female)	2018 - 20	-	-	10.2	12.3	11.3	6.9			17.2	
Disability-free life expectancy at 65 (Male)	2018 - 20	-	-	10.7	10.5	9.8	6.2			14.6	
Disability-free life expectancy at 65 (Female)	2018 - 20	-	-	9.8	10.8	9.9	6.4			15.5	
Disability-free life expectancy at birth (Male)	2018 - 20	-	-	65.1	64.3	62.4	52.7			68.9	
Disability-free life expectancy at birth (Female)	2018 - 20	-	-	61.1	61.9	60.9	51.5			68.8	

Summary:

- Females have higher life expectancy at birth and at 65
- Inequality in life expectancy at birth is higher in males,
- Inequality in life expectancy at 65 is higher in females
- Disability –free life expectancy at 65 is higher in males
- Healthy life expectancy at 65 is marginally higher in females

Life expectancy in Southend



- The inequality in life expectancy at 65 (the difference in life expectancy in most deprived compared with those in least deprived areas) is greater in men than women. Over the years, inequality in life expectancy in women aged 65+ had narrowed. In 2018-20, inequality was 5.5 years compared to 6.8 years in 2015-17. Whereas in men, inequality had only marginally fallen – 6.8 years in 2018-20 compared to 7 years in 2015-17.
- Improvements in life expectancy at birth over the years is also reflected in much older age groups. In 2001-3, male life expectancy at 65 was 16.2 years, and two decades later, this had increased by 2 year. A similar trend is also seen in women who are expected to live longer than men, though improved life expectancy appears marginally slower in women. Over the years, LE in Southend is in line with the England trend, though in the last 5/6 years, they have been significantly lower in both men and women.

Disability-free life expectancy

Changes in both life expectancy and DFLE have an impact on the number of years people can expect to live with a disability. The years lived with a disability is the difference between life expectancy and DFLE, It is used to assess whether improvements in length of life are comparable to improvements in years lived without a long-term illness that limits daily activities

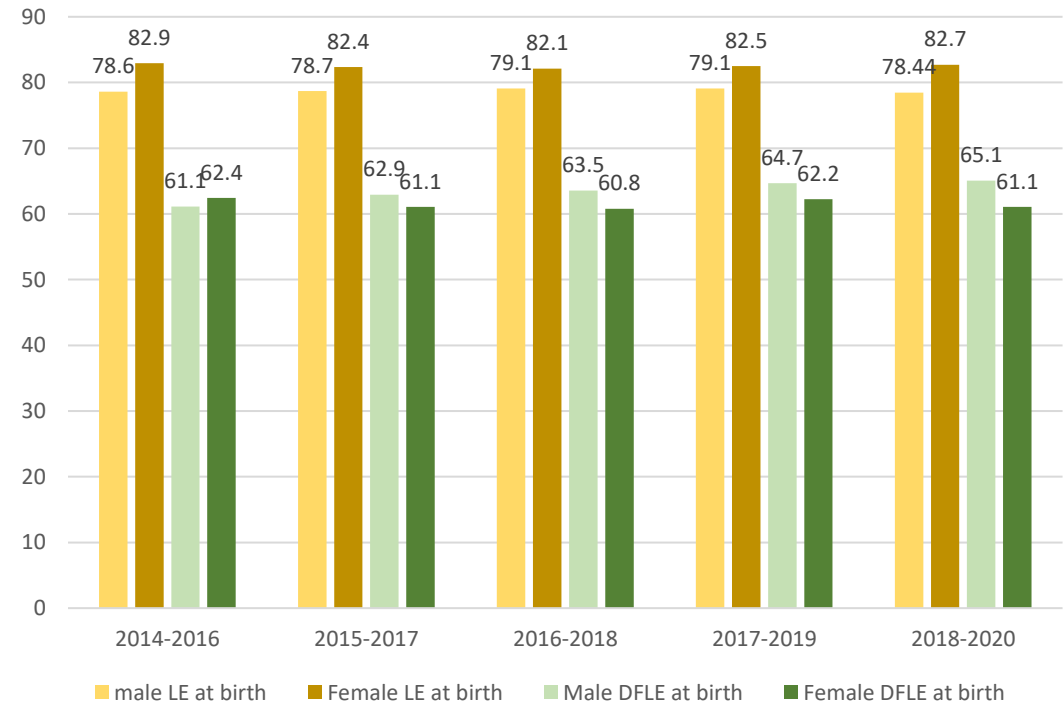
- Published DFLE figures indicate a pattern of continued improvements in disability-free years of life in men compared to women in Southend. In 2018-20, male DFLE was 65.1 years, which is four years more than that for women, a gap that had been increasing since 2015-17.

305 Life expectancy in females with LD is 21.6 years lower than females with no LD, and in men, it is a 13- year gap (65.1 in male LD group compared to 78.4 years in those with no LD).

- This is in contrast to life expectancy, which has remained increasingly higher in women than men.
 - The fall seen in male life expectancy in 2018-20 (some probably caused by COVID-19 pandemic) is in contrast to the *improving male DFLE, whereas in women, compared to previous period, LE in 2018-20 was up, and DFLE had gone down..

* underlying causes of deaths

Life expectancy and disability free life expectancy in Southend.
2014-16 to 2018-20



ONS

Health Status and Inequalities

Premature mortality, deaths aged under 75 years

Factors that could account for early deaths include social and economic determinants of health, inequitable access to health and care services.

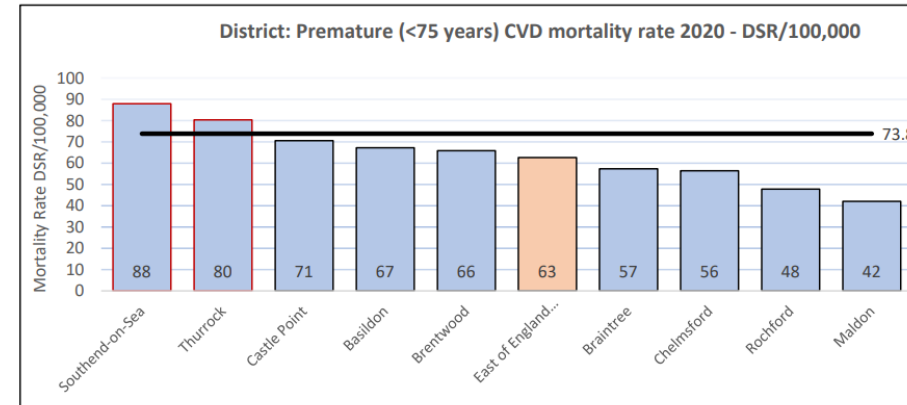
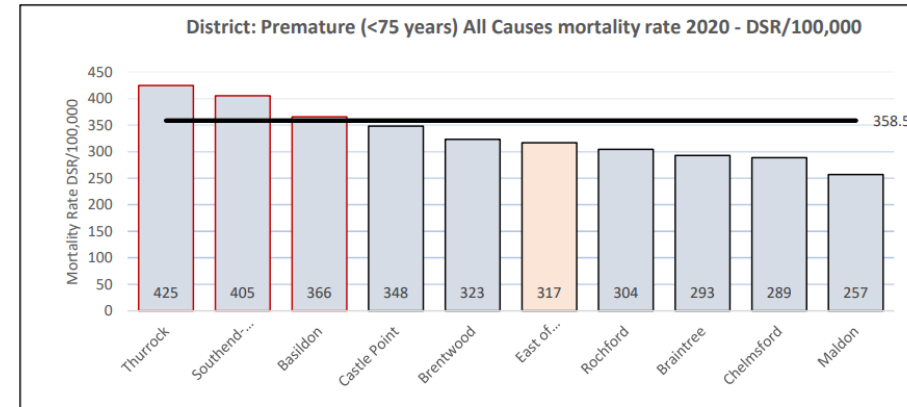
According to a study published in the [Lancet Public Health](#), one in three deaths before the age of 75 are attributable to socio-economic and regional health inequalities

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- In the East region, Southend is ranked the second highest with premature mortality from all causes, and the highest from that caused by CVD.

Source: MSE Health and Care Partnership June 2022

Premature mortality at district level



■ Premature mortality DSR/100,000

— England mortality rate - DSR/100,000

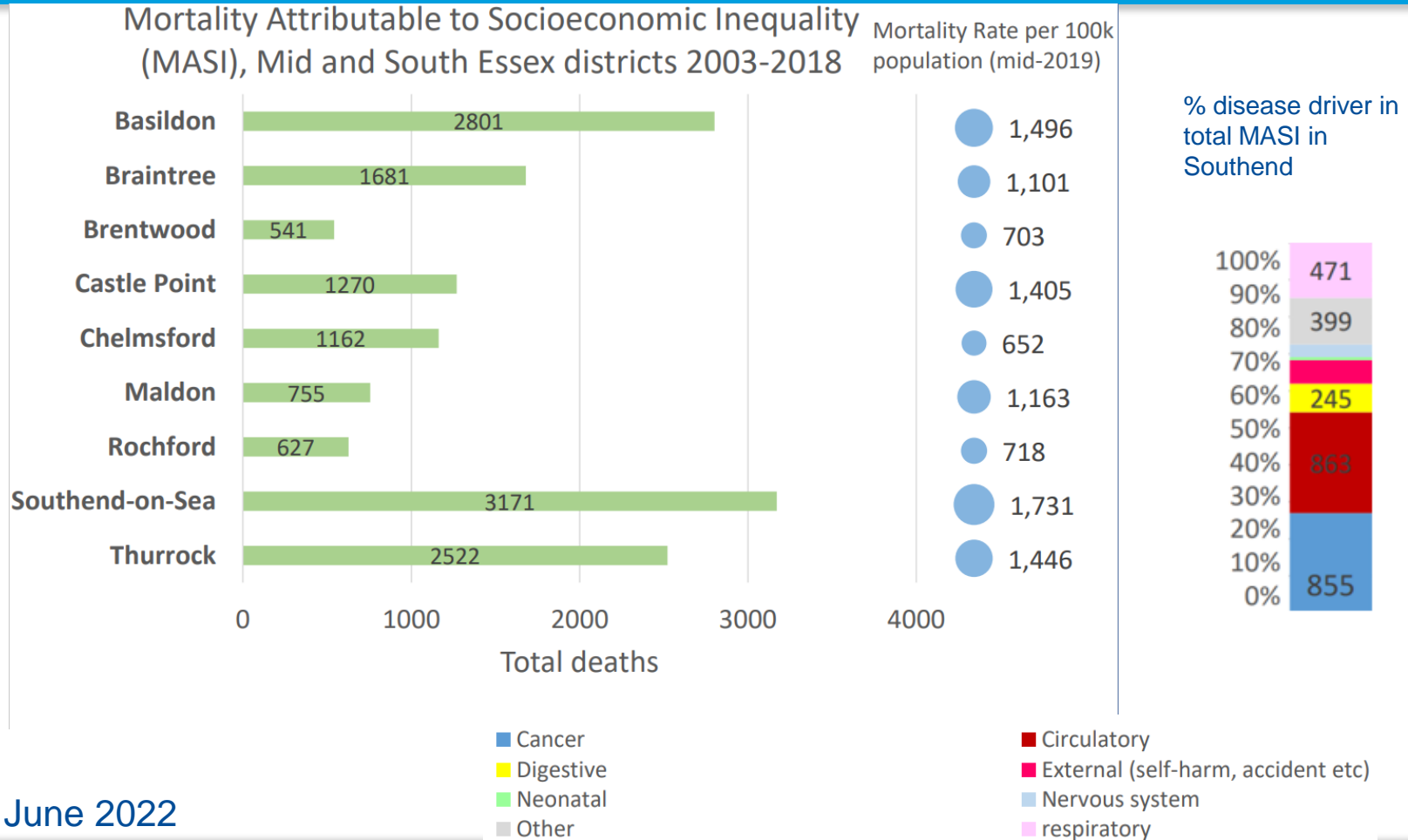
Mortality attributable to socio-economic inequality (MASI)

MASI gives an indication of deaths attributable to inequality.

According to a study published in the Lancet Public Health, one in three deaths before the age of 75 are attributable to socio-economic and regional health inequalities. In England, around 900,00 deaths in the last 16 years were potentially avoidable in a “more equal society”

- Southend has the highest MASI rate in the Mid and South Essex districts, an estimated 3,171 deaths (equivalent to 1,731/100K) associated with socio-economic inequality.
- Cancers, circulatory disease and respiratory disease contribute the most to MASI – this pattern is similar in most of the Mid-South Essex districts.

Source: MSE Health and Care Partnership June 2022



Other topic areas

Sensory Conditions

310

Hearing loss

Estimated hearing conditions in Southend

Age group	2025	2030	203518
18-64	12,473	12,646	12,695
65-84	20,328	22,646	23,666
85+	6,606	7,513	9,365
18+	39,407	42,805	45,726

Falls/Hip Fracture

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Background

Falls account for majority of [emergency hospital admissions](#) for older people, with significant impact on longer term outcomes, such as, moving people from their homes into care home settings.

Falls that lead to injury can have serious physical, social and mental health consequences – it is estimated that around 1 in 20 older people in the community either experience a fracture or fall that leads to hospital admissions.

Hip fracture is a debilitating condition – only one in three sufferer return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care

Hip fractures are almost as common and as costly to public services as strokes. Mortality from hip fracture is high - [about one in ten people with a hip fracture die within a month, and about one in three die within a year](#)

Falls and Fracture (summary key metrics)

Summary:

- Southend population aged 65+ has significantly higher emergency hospital admissions due to falls compared to England
- The high rate of emergency hospital admissions appear to be driven by those aged 80+, as the rates are significantly higher than England compared to those aged 65-70 (similar to England)

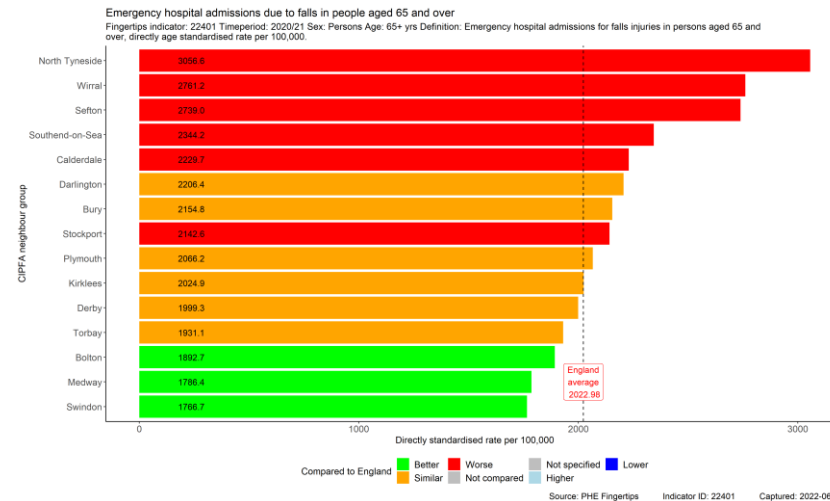
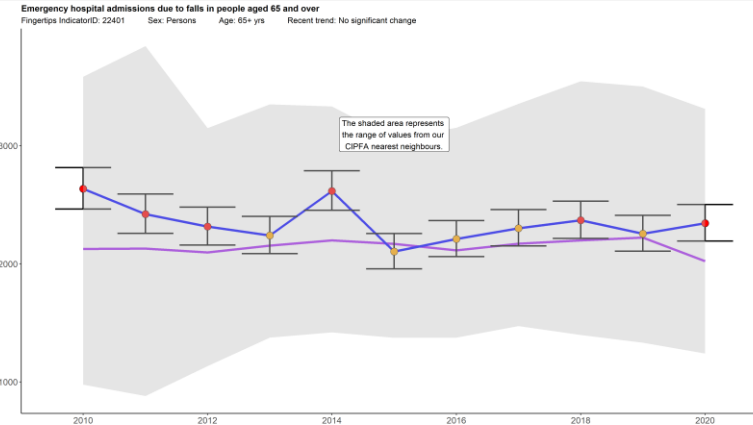
314

Indicator	Period	Southend		Count	Value	Count	Value	England		Range	Best/ Highest
		Recent Trend	Value					Worst/ Lowest	Value		
Falls & Fractures											
Emergency hospital admissions due to falls in people aged 65 and over	2020/21	→	905	2,344*	2344*	2023	3,234				1,102
Emergency hospital admissions due to falls in people aged 65-79	2020/21	→	265	1,041*	1041*	937	1,671				517
Emergency hospital admissions due to falls in people aged 80+	2020/21	→	640	6,124*	6124*	5174	8,181				2,548
Hip fractures in people aged 65 and over	2020/21	→	200	513*	513*	529	746				306
Hip fractures in people aged 65-79	2020/21	→	50	202*	202*	219	360				88
Hip fractures in people aged 80+	2020/21	→	145	1,415*	1415*	1426	2,137				684
Osteoporosis: QOF prevalence (50+)	2020/21	↑	364	0.5%	0.5%	0.8%	0.1%				2.4%

Falls

- The 2020/21 figures indicate that the rate of emergency hospital admissions due to falls in Southend are above the national average.
- Apart from 2019/20, the last 5 years has seen an increasing number of Southend residents admitted to hospitals as an emergency due to falls.
- In 2015/16, 791 Southend residents aged 65+ (equivalent to 2,103 per 100K) were admitted as an emergency, and in 2021, this had gone up 15%, to 905 people on emergency admissions to hospitals following falls.

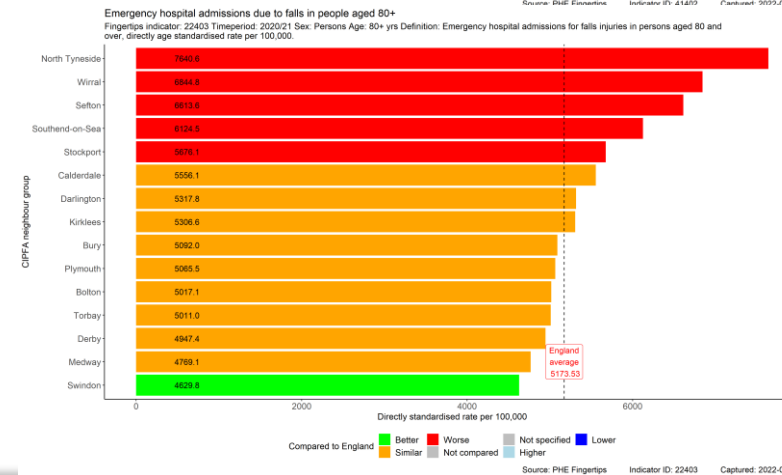
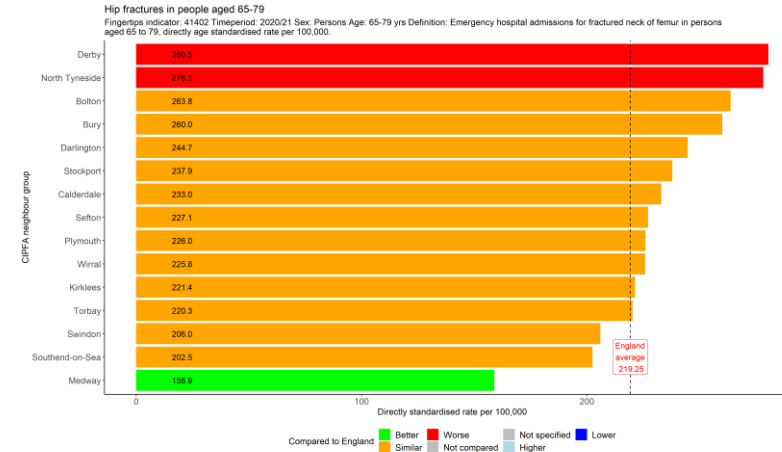
315



Falls hospital admissions more common in 80+

- Emergency admissions in hospitals following falls appear to be significantly driven by the Southend population aged 80+
- Emergency admission rates in Southend residents aged 65-79 (202.5 per 100K) were similar to the England rates (), and ranked one of the lowest rates among its CIPFA neighbours.
- In contrast the rate of emergency admissions to hospitals following falls in those aged 80+ (2,344 per 100K0, were about 10 times that in the 65-79 age group. It was significantly higher than the England rates, and ranked the 4th highest among its CIPFA neighbours.

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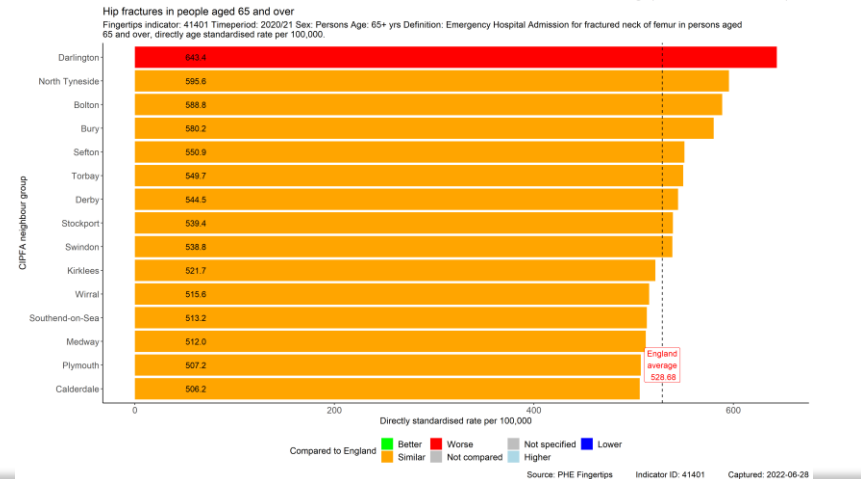
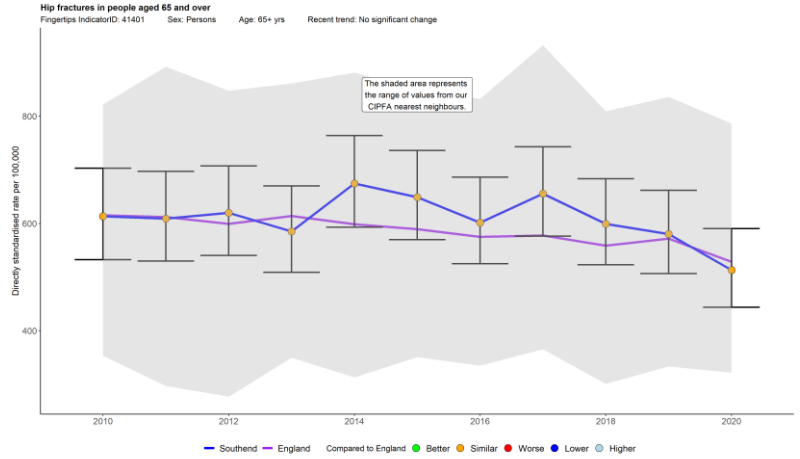


Hip Fractures

- In five of the last 6 years, hospital admissions due to hip fractures has been on a decline in Southend, following a similar pattern to that seen nationally.
- In 2020/21, 200 residents of Southend aged 65+ (equivalent to rate of 513 per 100K) were admitted as an emergency with a hip fracture. This was similar to the rate for England. The city was ranked 4th with the lowest rate of emergency admissions among its CIPFA neighbours.
- Areas in Southend with significantly higher proportion of emergency admissions for hip fractures than expected (SAR) compared to England were Kursaal, Charkwell, Victoria, Prittlewell and Milton.

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Indicator	Period	England	Southend-on-Sea	Kursaal	Chalkwell	Victoria	Prittlewell	Milton	West Leigh	West Shoebury	Westborough	Blenheim Park	Leigh	Shoeburyness	Belfairs	Southchurch	St Laurence	Thorpe	Eastwood Park	St. Luke's
Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	2015/16 - 19/20	100.0	107.5	149.9	140.0	139.1	138.1	136.6	124.4	119.2	114.8	112.7	99.0	90.6	90.2	84.5	81.6	80.2	79.8	72.5



Frailty

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Background

Frailty tend to be associated with a state of health commonly experienced by older people (aged 85+), although younger people with complex needs can also be classified as frail. One in four people aged 85+ is living with frailty; and increasingly, frailty is been seen as a long term condition.

NHS England has defined frailty as a progressive, long term health condition characterised by a loss of physical and/or cognitive resilience. It is caused by the combined effects of natural ageing, outcomes of multiple long term conditions, reduced muscle strength and fatigue. People living with frailty can deteriorate unexpectedly and do not recovery quickly after a simple illness or other stressful event

With increasing life expectancy, and older populations projected to grow, it is expected that there will be increasing number of older people living with frailty in Southend. It is therefore anticipated that there will be increasing demand on ASC services, such as number of care home and nursing bed needs for older people, hospital admissions,/LoS, other social care services (extra care units, domiciliary care), increase in informal care.

Its been suggested that frail people are more likely to experience public and private services that does not match their needs; and they are likely to be vulnerable to poor quality health care and services that is not commensurate to their needs.

Estimated demand on the ASC system

- According to AgeUK, around 10% of people aged 65+ live with frailty, and this rises to between 25% and 50% in those aged 85+. Applied to Southend, this suggests that in Southend, around 3,450 people aged 65+ could be living with frailty in Southend, and between 1,250 and 2500 of these could be aged 85+.
- As the population ages, the prevalence and impact of frailty is likely to increase. It is anticipated that demand for care home beds and nursing home beds **could be aroundby 2025 (or 2030)**
- **Informal care estimates**

Frailty (summary of key metics)

- Southend's population for those aged 75+ - use GP registered population
- See stats on **Falls** on slides 41-45
- **Proportion living alone (slide 22)** census 2011 indicates one in three of the population aged 65+ live alone. See updated figures based on census 2021 and also based on ward count
- LE at 65 is significantly lower than that for England
- Also refer to ASCS on question oof how much social contact.
- Also slides 26, 28, 31 and 32 on population and life expectancy

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Indicator	Period	Southend	Counties England & UAs (from Apr 2021)	England
Life & Health Expectancy - At 65				
Life expectancy at 65 (Male)	2018 - 20	18.1	18.1	18.7
Life expectancy at 65 (Female)	2018 - 20	20.6	20.6	21.1
Inequality in life expectancy at 65 (Male)	2018 - 20	6.8	6.8	5.2
Inequality in life expectancy at 65 (Female)	2018 - 20	5.5	5.5	4.8
Health related quality of life for older people	2016/17	0.740	0.740	0.735
NHS Early Checks & Interventions				
Cancer screening coverage - breast cancer	2021	13,135	64.7%	64.7%
Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	2021	12,146	72.1%	72.1%
Cancer screening coverage - bowel cancer	2021	17,414	58.8%	58.8%
Employment, Finance & Deprivation				
Older people in poverty: Income deprivation affecting older people Index (IDAOPI)	2019	6,650	15.3%	15.3%
Homelessness - households owed a duty under the	2020/21	112	3.1	3.1
Social Connections & Community Assets				
Loneliness: Percentage of adults who feel lonely often / always or some of the time	2019/20	28.56%	28.56%	22.26%
Older people living alone, % of people aged 65 and over who are living alone	2011	33.3%	33.3%	31.5%
Common Mental Health Disorders				
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	10.6%*	10.6%*	10.2%*
Dementia				
Estimated dementia diagnosis rate (aged 65 and over)	2022	71.0%	71.0%	62.0%
<div style="display: flex; justify-content: space-between; align-items: center;"> New data <div style="display: flex; gap: 5px;"> > 66.7% (significantly) similar to 66.7% < 66.7% (significantly) </div> </div>				
Care Homes & End of Life Care				
Care home beds per 100 people 75+	2021	11.6	11.6	9.4
Nursing home beds per 100 people 75+	2021	2.5	2.5	4.6

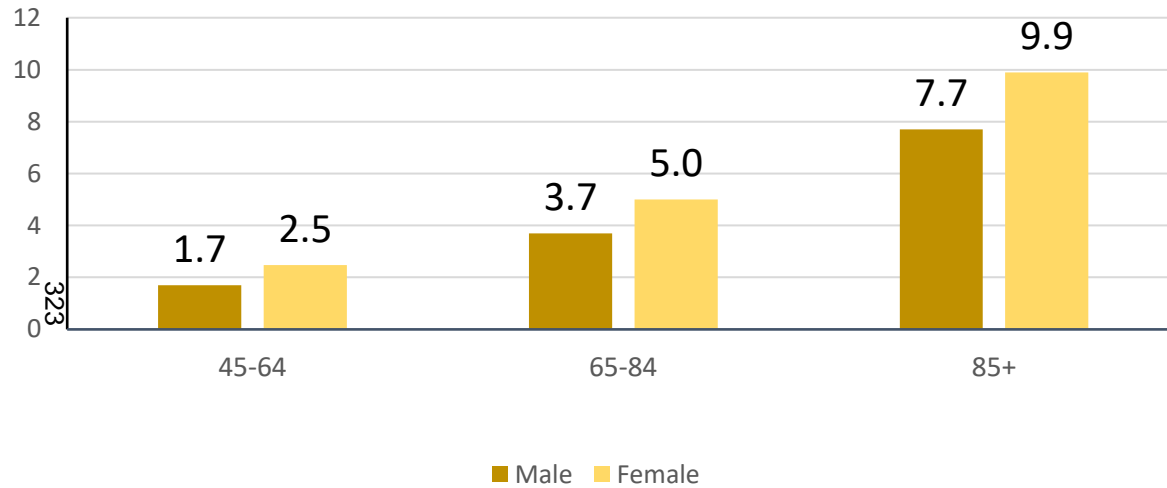
Multimorbidity

Background

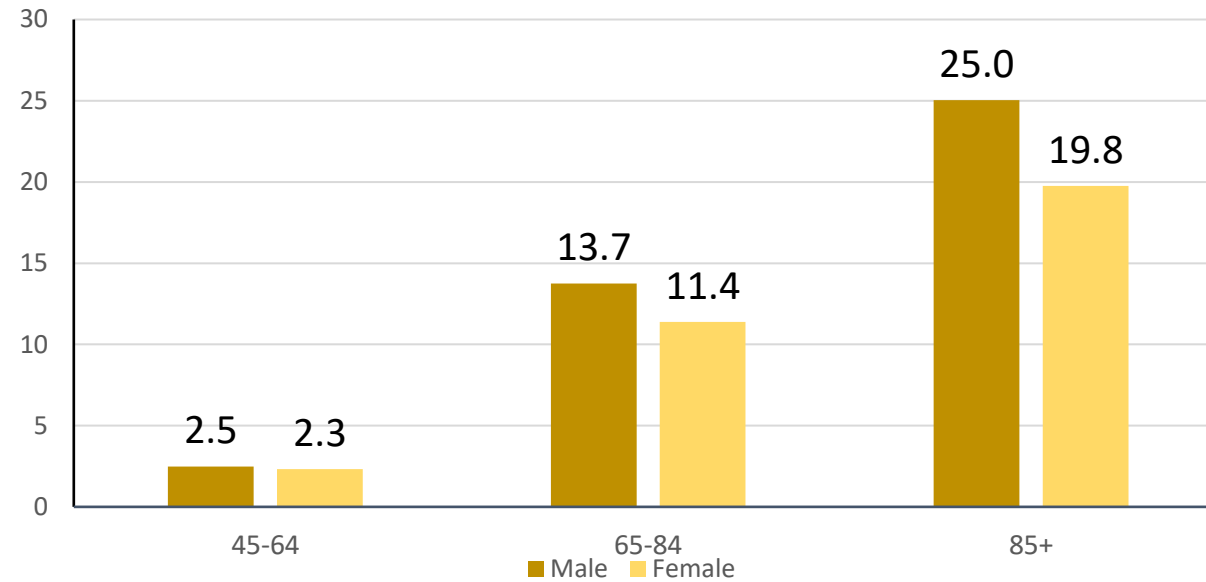
- presence of 2 or more long term conditions
- Physical or mental health

Estimated prevalence of multimorbidity, aged 45+

Long term physical and mental health conditions (3+ conditions)



Long term physical health conditions (3+ conditions)



- Prevalence of both physical and mental health multimorbidity is higher in females than males - applied to census 2021 population, 2768 persons.
- Prevalence of physical health (ONLY) multimorbidity is higher in males than females (in the 65+ age groups) – applied to census 2021 population, 5939 persons.
- Prevalence of multimorbidity is highest in the 85+ age groups.

Estimates of ward level MM prevalence

- Apply local authority MM prevalence to ward level experimental estimates – [see spreadsheet](#)

Learning Disability

Learning Disability

Background

- LD definition
- Population Group
 - Registered with GPs (QoF), ASC, unknown in general population – living well strategy doc – which is those with LD as a condition but not eligible for ASC (could be fully independent)
 - should we leave out police/prison, schools, as their needs are met by these agencies?
 - Possible to split into 18-64, 65-79 and 80+? – George should be able to pull that 3 from LAS (Liquid Logic). May have an LD, but not known to ASC.
 - Can break down to where they live (ward level stuff) – ask George.
- Mortality and DALE (compared with LE)
- Any ward level stats
- Spend per client known to services (long and short term)
- Accommodation – but what does “settled” accommodation. Last JSNA
- Education and employment
- Children transitioning into adulthood – George should be able to give me the figures (or Sarah Range, Principal Social Worker).
 - Ideally can be called **Preparing** for adulthood is 14-25? Could be different in each council – Care Act (2014), Children and Families Act (2014), SEND Protocol (2014)
- Number of carers for LDs (and their experiences), including carers’ support. George would know these numbers
- DOLs, Neglect. (how many have gone through the system, etc)
- Anything on lifestyle – physical activity, obesity, smoking – what support to these groups for accessing services
- Access to services (transport, information, smoking cessation, etc, general health inequalities)

Learning Disability

Background

- **LeDer – national initiative – improve the health of LDs**
 - Local LeDeR group (looking at numbers of deaths) – check with NHS colleagues.
 - Local LeDeR contact could be Stephen Bradley (Essex gov.uk email)
 - Mortality variation between LDs and general population
- All GPs should have annual health checks

Background

According to the 2001 DH White Paper, Valuing People, the definition of LD which is still been broadly used includes the presence of:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
- A reduced ability to cope independently (impaired social functioning);
- Which started before adulthood, with a lasting effect on development

Some more background to LD definition – LD can be mild, moderate, severe or a profound MLD.

It is lifelong condition.

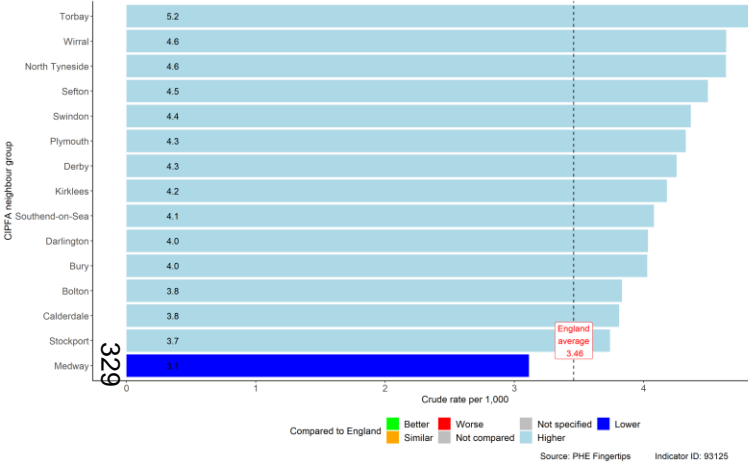
Populations that could also be assessed for additional health and care support include the following:

- individual whose needs are associated social functioning and communication skills (and not necessarily with low intelligence quotient, IQ below 70)
- LD groups with physical or sensory impairments
- Some adults with autism

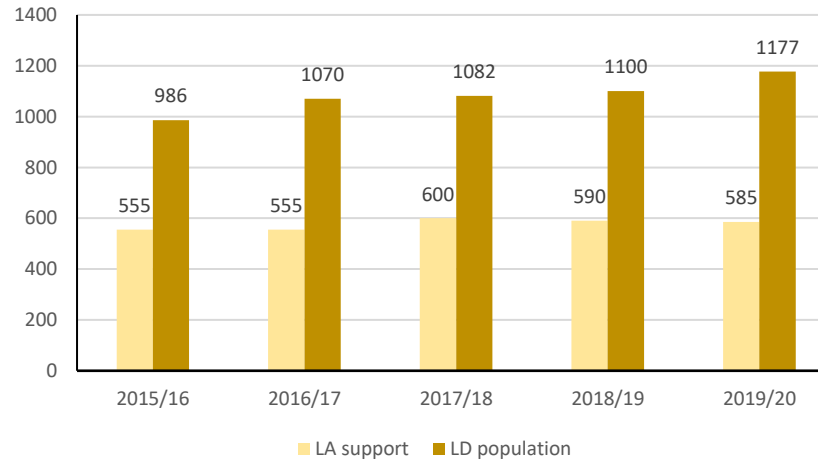
Transition is an important point for capturing the needs of young people who will be moving into ASC services. From a health perspective, transition offers an opportunity for the health system to identify needs early and consider the health support needs that a young person with SEN, including LD, will need as an adult

Estimated LD population in Southend in the future

Adults (18+ yrs) with learning disability receiving long-term support from local authorities (per 1,000 population)
Fingertips indicator: 93125 Timeperiod: 2019/20 Sex: Persons Age: 18+ yrs Definition: Adults (18+ yrs) with a learning disability getting long-term support from local authorities (per 1,000 population)



LD estimated population in Southend, and individuals known to have long term support from local authority

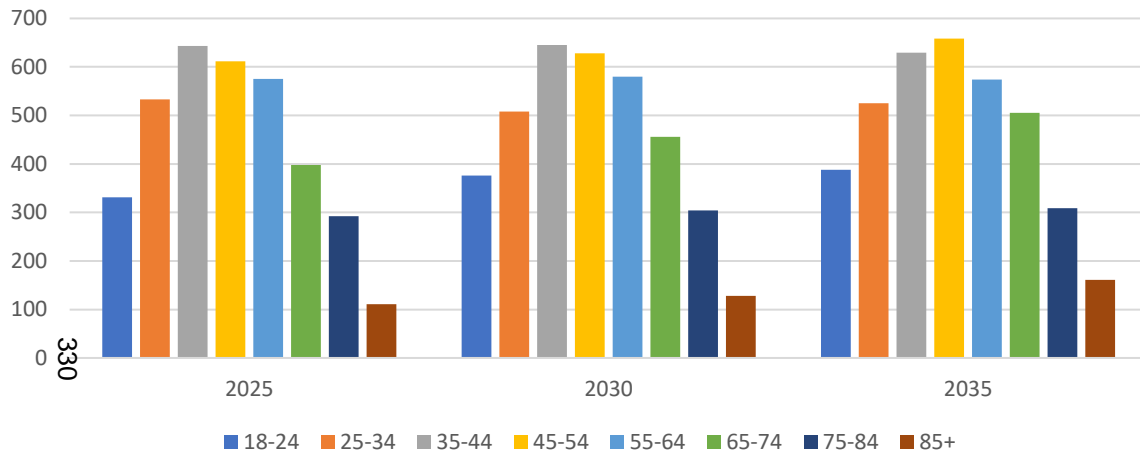


Age group	2025	2030	2035	% change (2025-35)
18-24	331	376	388	17.2%
25-34	533	508	525	-1.5%
35-44	643	645	629	-2.2%
45-54	611	628	658	7.7%
55-64	575	580	574	-0.2%
65-74	398	456	505	26.9%
75-84	292	304	309	5.8%
85+	111	128	161	45%
18+	3,494	3,624	3,750	7.3%

- QoF figures (2019/20) indicate that an estimated 1,177 (0.6%) adults living with LD are registered with GPs across Southend.
- Trend in the last 5 years show marginal increase in these figures; compared to previous year, the numbers had gone up 7%, to 1,177 individuals in 2019/20. In 2016/17, 1070 were known to GPs,
 - Recent GP Patient Survey suggest the figures could be higher – between 1,573 and 2,146 individuals report having a LD.
- In the next decade between 2025 and 2035, the number of adults with LD in Southend is projected to go up, an estimated 7.3% to around 3,750 people. QoF figures (2019/20) indicate that an estimated 1,177 (0.6%) adults
- The largest increase is in the older population aged 65+, especially the 85+ (45%), Also of note is the projected increases expected in the younger adults aged 18+ (17.2%)
- Adults with LD receiving LTS from LA have also been stable. Compared to previous years, the numbers receiving long term support from LA were slightly down, to 585 in 2019/20 (equivalent to 4.1 per 1,000 population), and just around half of the GP-registered individuals.

Estimated LD population in Southend in the future

Estimated number of people to have a learning disability in Southend in the future, by age



- In the next decade between 2025 and 2035, the number of adults with LD in Southend is projected to go up, an estimated 7.3% to around 3,750 people. QoF figures (2019/20) indicate that an estimated 1,177 (0.6%) adults
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Learning Disability

Office for Health Improvement and Disparities produced a set of [Learning Disability profiles](#) at a local level, complimented with an interactive data tool – both of these contain the latest Southend-on Sea data, and for comparable geographies.

Indicator	Period	Southend		Region England			England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Adults (18+ yrs) with learning disability receiving long- term support from local authorities (per 1,000 population)	2019/20	→	585	4.08	3.62	3.46	2.00		6.32
Learning disability: QOF prevalence	2019/20	–	1,177	0.6%	0.5%	0.5%	0.2%		0.9%
Proportion of eligible adults with a learning disability having a GP health check (%)	2018/19	–	644	58.5%	53.0%	52.3%	3.4%		87.2%
Proportion of supported working age adults with learning disability living in settled accommodation (%)	2019/20	→	430	87.8%	74.0%	77.3%	39.6%		96.7%
Proportion of supported working age adults with learning disability living in unsettled accommodation (%)	2019/20	→	55	11.2%	17.6%	16.9%	31.6%		0.8%
Proportion of supported working age adults with learning disability in paid employment (%)	2019/20	→	50	10.2%	5.8%	5.6%	0.4%		27.8%
Proportion of supported adults with learning disability receiving direct payments (%)	2019/20	→	190	32.5%	28.3%	30.3%	0.9%		69.5%
Individuals with learning disabilities involved in Section 42 safeguarding enquiries (per 1,000 people on the GP learning disability register)	2018/19	–	70	63.6	65.3	50.9	10.3		175.2
Adults (18+ yrs) with learning disability receiving long- term support from local authorities (per 100 people on the GP learning disability register)	2019/20	→	585	49.7	52.7	49.7	30.0		82.9

Life expectancy

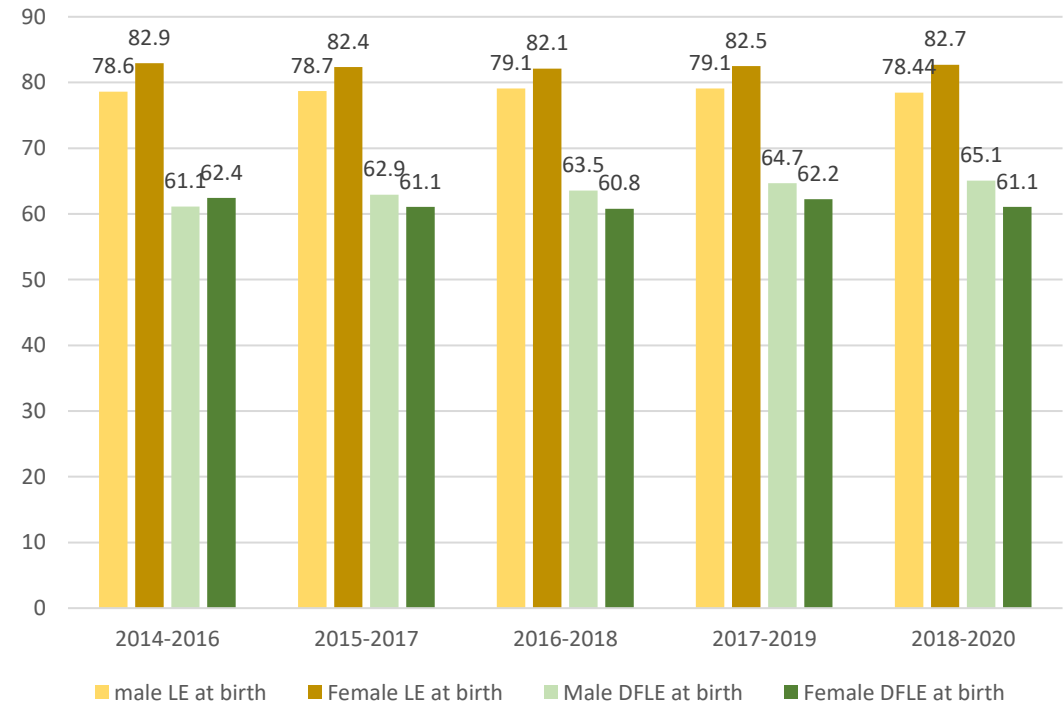
Changes in both life expectancy and DFLE have an impact on the number of years people can expect to live with a disability. The years lived with a disability is the difference between life expectancy and DFLE, It is used to assess whether improvements in length of life are comparable to improvements in years lived without a long-term illness that limits daily activities

- Published DFLE figures indicate a pattern of continued improvements in disability-free years of life in men compared to women in Southend. In 2018-20, male DFLE was 65.1 years, which is four years more than that for women, a gap that had been increasing since 2015-17.
 - Life expectancy in females with LD is 21.6 years lower than females with no LD, and in men, it is a 13- year gap (65.1 in male LD group compared to 78.4 years in those with no LD).
- This is in contrast to life expectancy, which has remained increasingly higher in women than men.
 - The fall seen in male life expectancy in 2018-20 (some probably caused by COVID-19 pandemic) is in contrast to the *improving male DFLE, whereas in women, compared to previous period, LE in 2018-20 was up, and DFLE had gone down..

332

* underlying causes of deaths

Life expectancy and disability free life expectancy in Southend.
2014-16 to 2018-20



ONS

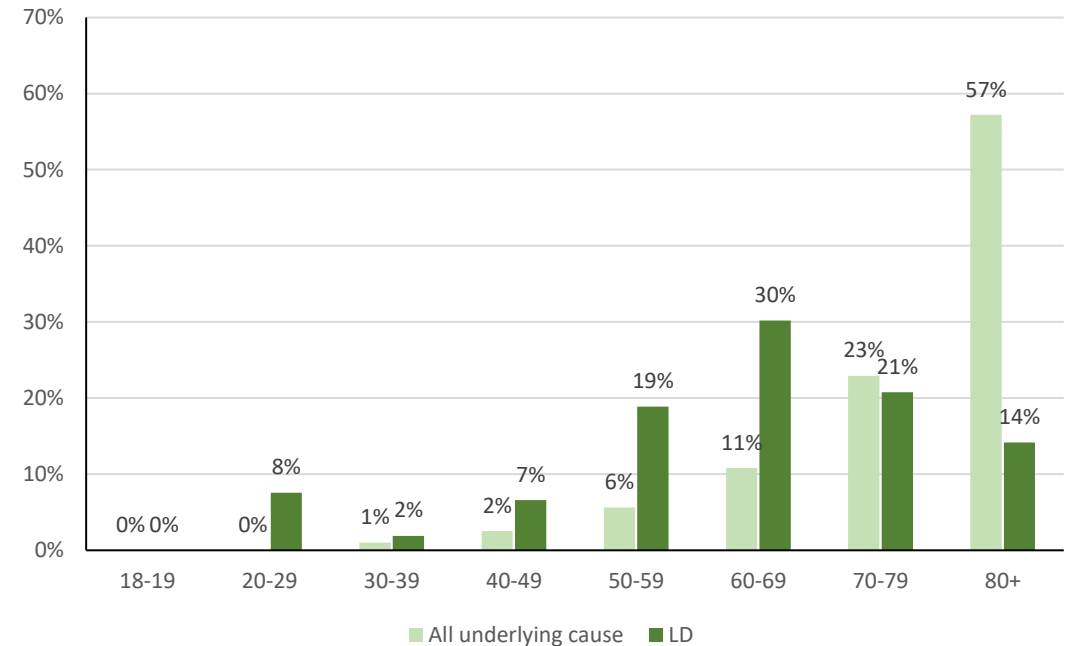
LD mortality

333

- Deaths in LD individuals were most common in 60-69s, and predominantly those aged under 70. In contrast deaths* in the Southend population is mostly common in those aged 80+.
- The age of death in the LD population is improving, but the gap is still wide when compared to deaths in rest of population. The average age of death for adults with a LD in SET in 2021/22 was 65.5 years. In comparison, for the rest of the population average age is 82.3 years for males and 85,8 years for females
- There are differences in causes of death in general population and LD population. In LD population, pneumonia, aspiratory pneumonia, and other respiratory conditions accounted for more than half (56%) of all deaths in the SET population with a LD*, whereas in general population, dementia, Alzheimer's disease, ischaemic heart disease and covid-19 were as the most common causes of death in 2021.
- Changes in both life expectancy and DFLE have an impact on the number of years people can expect to live with a disability. The years lived with a disability is the difference between life expectancy and DFLE, It is used to assess whether improvements in length of life are comparable to improvements in years lived without a long-term illness that limits daily activities

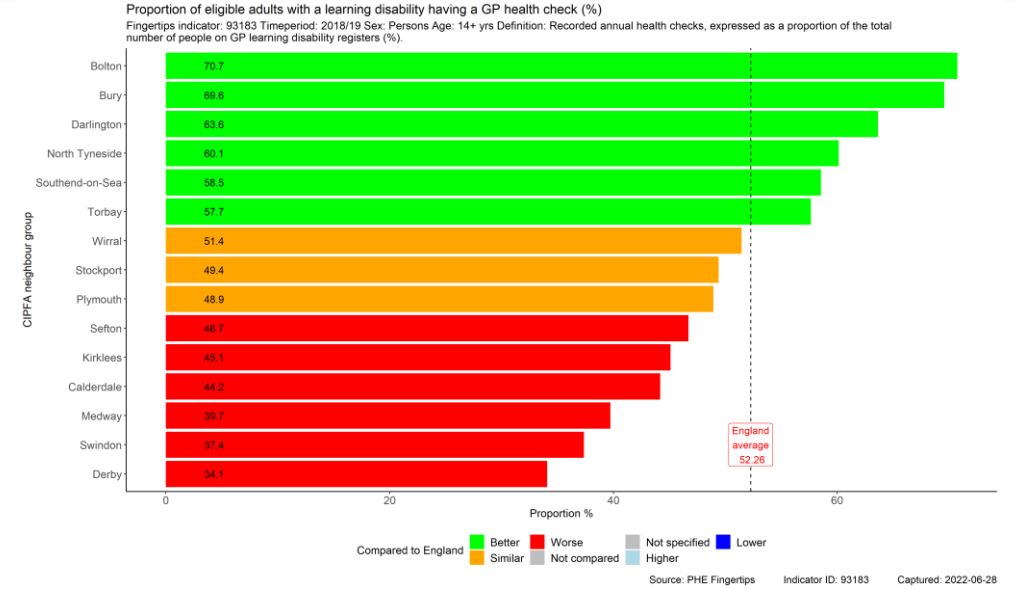
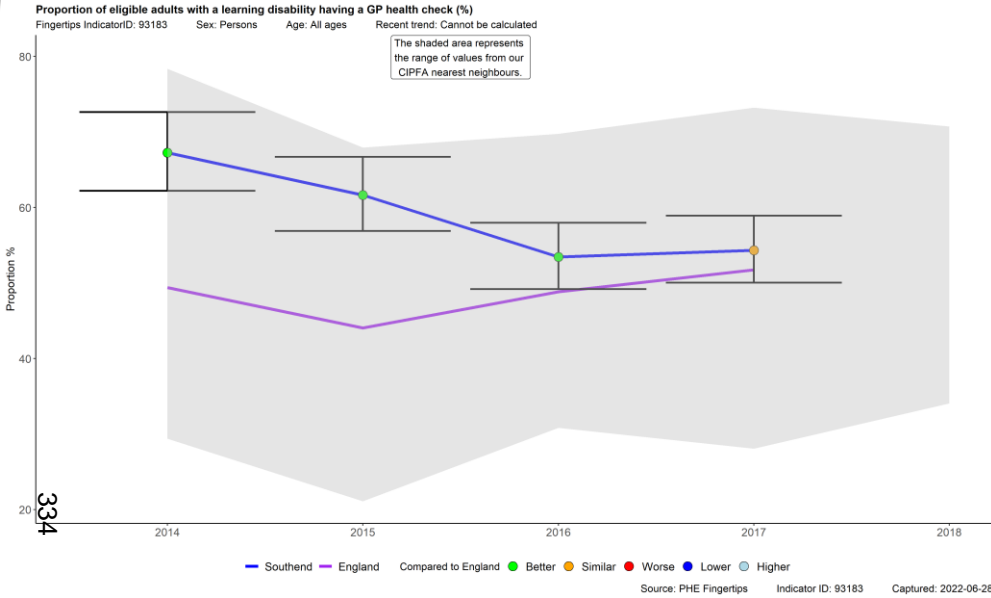
* underlying causes of deaths

2021 deaths: Proportion of all deaths
All population in Southend, and the Southend, Essex
and Thurrock (SET) Learning Disability population



*LeDeR completed reviews

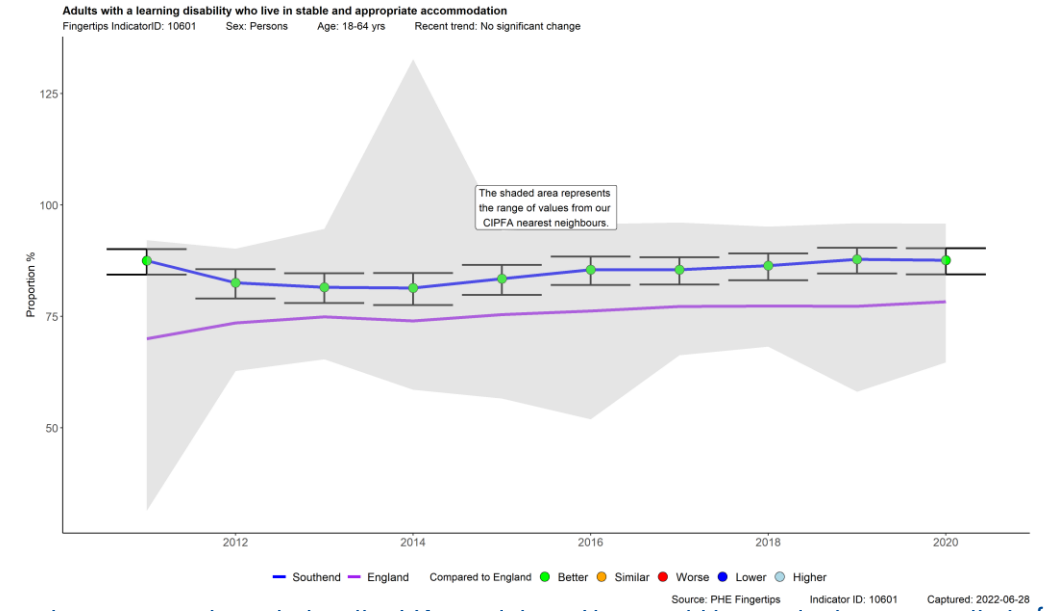
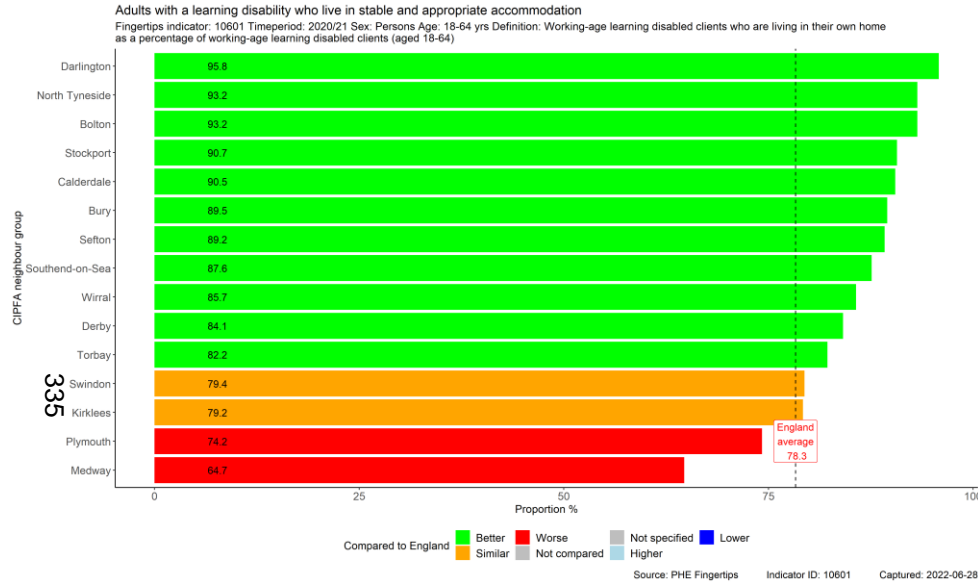
LD population having GP health checks



The setting up of LD annual health checks was designed to motivate GP Practices to identify LDs aged 14+, leading to developing an LD register, which includes offering an annual health action plan

- In 2018/19, uptake of GP annual health checks (not NHS Health check). was 58.5% (644) in the eligible LD population registered with GPs in Southend. This is significantly higher than the regional (53%) and national average (52.3%). Uptake in the area is also amongst the highest in the CIPFA area.
- More recent figures, up to March 2022 indicate 1,124 are in the LD register, of which 74% accepted an annual health action plan.)

LDs with stable and appropriate accommodation



Accessibility to range of accommodation types does impact on the health and wellbeing needs of people with support or care needs, including the LD population. They could be similar housing as that of the general population, supported sharing to living in residential and care homes. The Local Authority is a key partner in providing supported living opportunities for people with learning disabilities and the range of housing options which are available

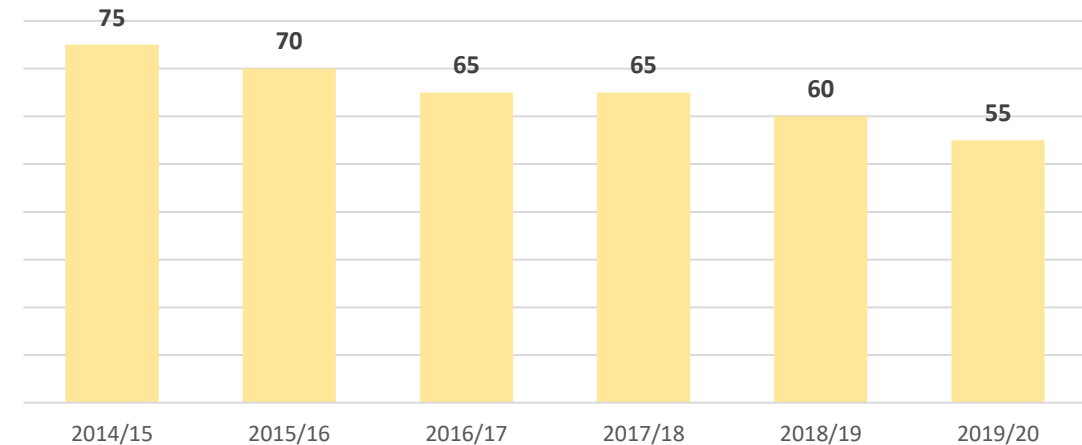
- Working age adults with LD, receiving long term support from the LA, and living in stable and appropriate accommodation continues to significantly improve.. In 2021, around 88% (430) of adults with LDs and known to the council live either in their homes or their with their family, which is significantly higher than England (77.3%) and the East (74%), and slightly up from 83% in 2014/15

Include definition of unsettled accommodation - Rough sleeper/Squatting, Night shelter/emergency hostel/direct access hostel Refuge, Placed in temporary accommodation by the council (including Homelessness resettlement) - e.g., Bed and Breakfast, Staying with family/friends as a short-term guest, Acute/long stay healthcare residential facility or hospital (e.g. NHS or Independent general hospitals/clinics, long stay hospitals, specialist rehabilitation/recovery hospitals), Registered Care Home, Registered Nursing Home, Prison/Young Offenders Institution/Detention Centre, other temporary accommodation

LD: Stable/appropriate accommodation

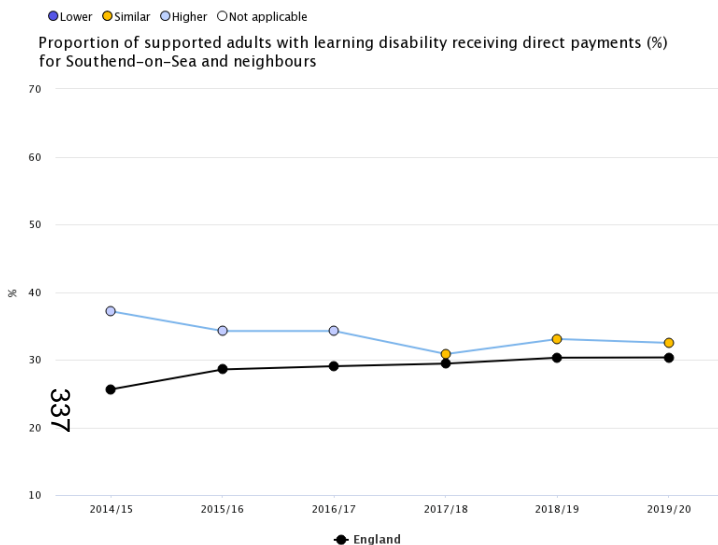
- In equal measure, adults with LD living in unsettled accommodation* continues to fall; significantly these figures have been falling at a faster rate compared to England and the CIPFA neighbour average.
- In 2014/15, 17% were living in unsettled accommodation, and this had fallen to 11.2% in 2019/20.

Proportion of supported working age adults living in unsettled accommodation



* Include definition of unsettled accommodation - Rough sleeper/Squatting, Night shelter/emergency hostel/direct access hostel Refuge, Placed in temporary accommodation by the council (including Homelessness resettlement) - e.g., Bed and Breakfast, Staying with family/friends as a short-term guest, Acute/long stay healthcare residential facility or hospital (e.g. NHS or Independent general hospitals/clinics, long stay hospitals, specialist rehabilitation/recovery hospitals), Registered Care Home, Registered Nursing Home, Prison/Young Offenders Institution/Detention Centre, other temporary accommodation

LDs with direct payments



Recent trend: → No significant change

Period	Southend-on-Sea				Neighbrs average	England
	Count	Value	95% Lower CI	95% Upper CI		
2014/15	195	37.1%	33.1%	41.4%	29.5%*	25.6%
2015/16	190	34.2%	30.4%	38.3%	33.6%*	28.6%
2016/17	190	34.2%	30.4%	38.3%	33.5%*	29.0%
2017/18	185	30.8%	27.3%	34.6%	34.1%*	29.4%
2018/19	195	33.1%	29.4%	36.9%	35.7%*	30.3%
2019/20	190	32.5%	28.8%	36.4%	35.4%*	30.3%

Source: NHS Digital, Adult Social Care Activity and Finance Report, Short and Long-Term Care Statistics (for both numerator and denominator).

The benefits of choosing personal budgets, preferably as direct payments from the Council, which gives individual more control and flexibility in the use of services for their care and support, and how/where they get them. The Care and Support [White Paper](#) is a government policy that emphasises the use of personal budgets or direct payments.

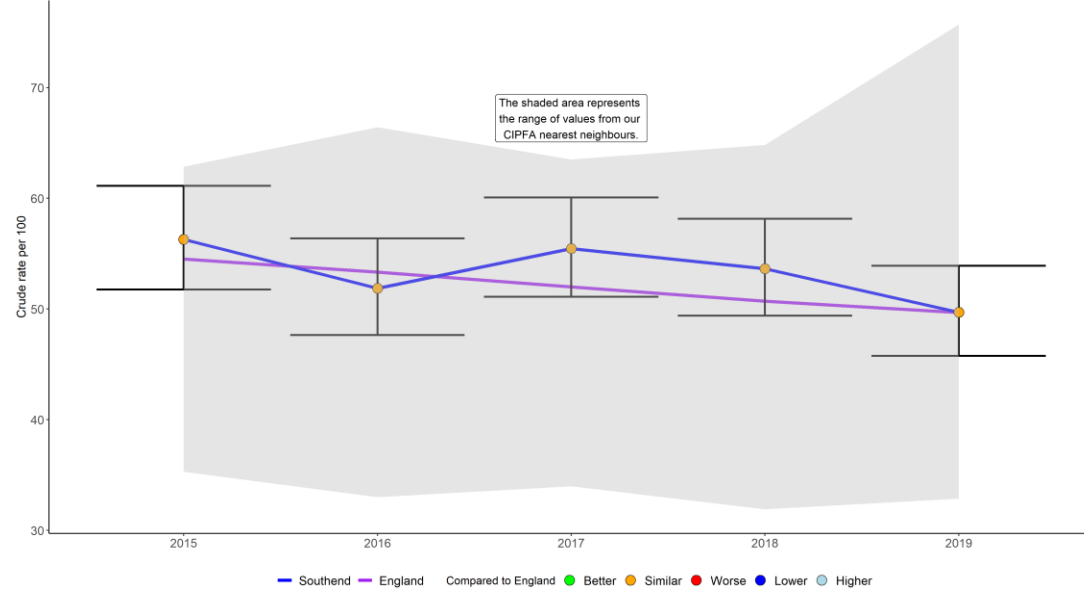
- Proportion of supported adults with LDs receiving direct payments had fallen – from around 37% in 2014/15 to 32.5% in 2019/20.
- Although in the more recent years, the proportion of supported adults had not significantly changed, Southend at 32.5% in 2019/20 compares favourably than the England average (30.3%), but lower than the average for its CIPFA peers (35%).

LDs with long term support

338

Adults (18+ yrs) with learning disability receiving long-term support from local authorities (per 100 people on the GP learning disability register)

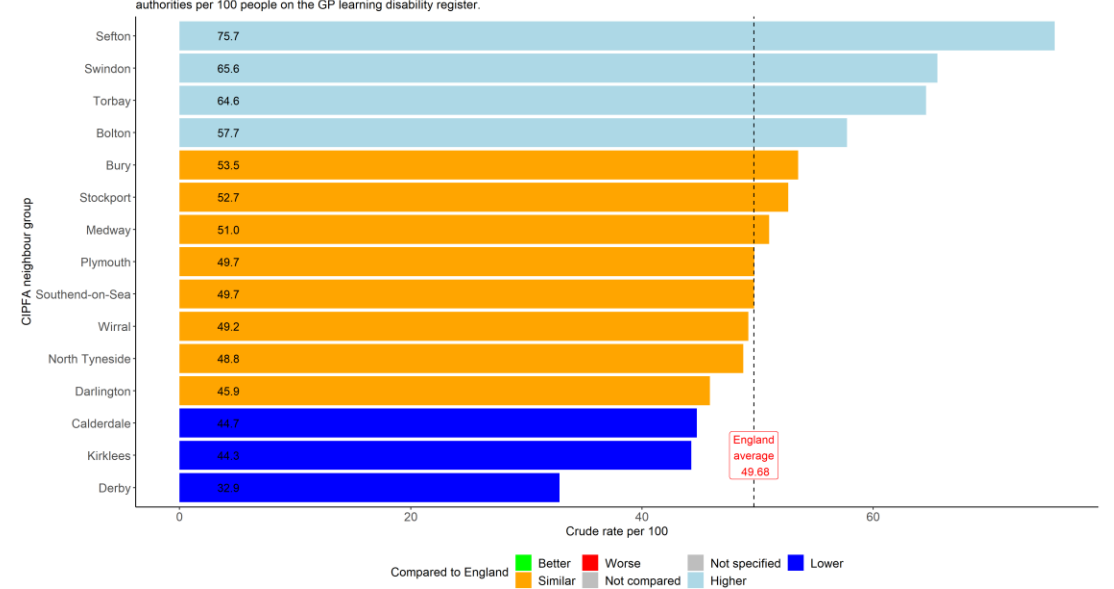
Fingertips IndicatorID: 93175 Sex: Persons Age: 18+ yrs Recent trend: No significant change



Source: PHE Fingertips Indicator ID: 93175 Captured: 2022-06-28

Adults (18+ yrs) with learning disability receiving long-term support from local authorities (per 100 people on the GP learning disability register)

Fingertips indicator: 93175 Timeperiod: 2019/20 Sex: Persons Age: 18+ yrs Definition: Adults (18+ yrs) receiving community services supported by local authorities per 100 people on the GP learning disability register.

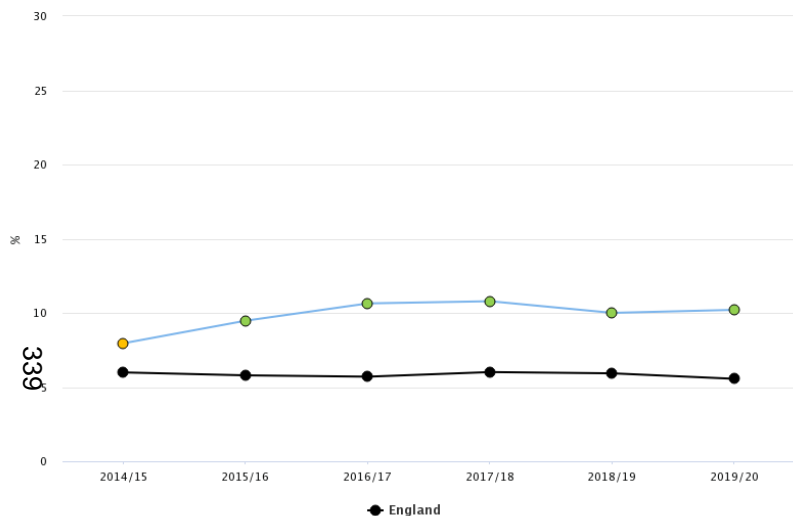


Source: PHE Fingertips Indicator ID: 93175 Captured: 2022-06-28

Compared to England: Better (Green), Similar (Orange), Worse (Red), Not compared (Grey), Higher (Light Blue), Lower (Dark Blue)

LD Health Outcomes: Employment

Proportion of supported working age adults with learning disability in paid employment (%) for Southend-on-Sea



Recent trend: → No significant change

Period	Southend-on-Sea				Neighbors average	England
	Count	Value	95% Lower CI	95% Upper CI		
2014/15	35	8.0%	5.8%	10.9%	5.6%*	6.0%
2015/16	45	9.5%	7.2%	12.4%	5.9%*	5.8%
2016/17	50	10.6%	8.2%	13.8%	6.1%*	5.7%
2017/18	55	10.8%	8.4%	13.8%	6.1%*	6.0%
2018/19	50	10.0%	7.7%	12.9%	5.9%*	5.9%
2019/20	50	10.2%	7.8%	13.2%	5.1%*	5.6%

Source: NHS Digital, Adult Social Care Activity and Finance Report, Short and Long-Term Care Statistics (for both numerator and denominator).

- The chart shows that change in employment rates in the working age adults with LD in Southend had been marginal, although the rates were consistently higher than that for England, the region, and its peers. In 2019/20, around 10% were in paid employment in Southend, almost twice the rate in East of England 95.8%), England (5.6%), and its CIPFA peers (5.1%)

LD work area

Wider determinants of health

- In paid employment
- Gaps in employment rate
- In settled accommodation
 - Also breakdown of those in nursing/residential care
- Safeguarding

Demand (or offer) for services - activity

- ASC with LTS
- Receipt of direct payments/personalised care planning
- **Transition**
 - **what is the transition protocol in Southend. How many will require support from ASC from 18th birthday, and where do they live?**
 - **What about those requiring additional support as part of their future education**
- **Health checks (offer for services/uptake by Practice) 21/22 compared to 20/21.**
- **Those who feel safe – survey led info**
- **Trend in services received by LD population (by type of service) - George**
- **Trends in residential homes**
- **Expenditure in services for people with LD – direct payments – equipment and adaptations, assessment and care management, supported and other accommodation, other services, community services (home care and day care) and nursing/residential care placements _ George**

Populations/Demography

- **Carer population for LD**
 - **Numbers of reviews or assessments for those caring for people with LD**
- Residence of cared for person by client type lives with care or away from carer (LD, unknown,
- Mortality/LTC- LeDeR breakdown of common causes of death/common LTCs
- Outcomes for health conditions

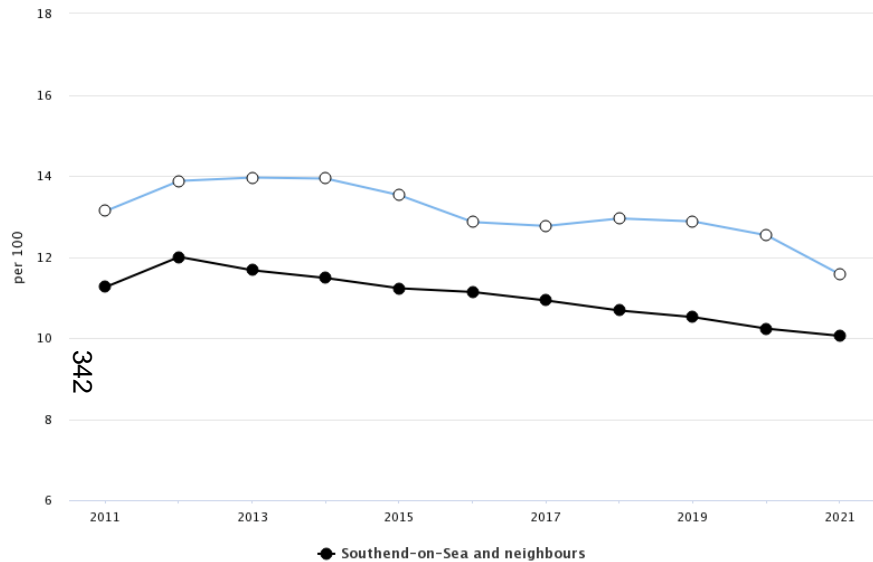
Characteristics of cared for persons

By caregivers gender and age:
summarises the information that is available on the people they cared for

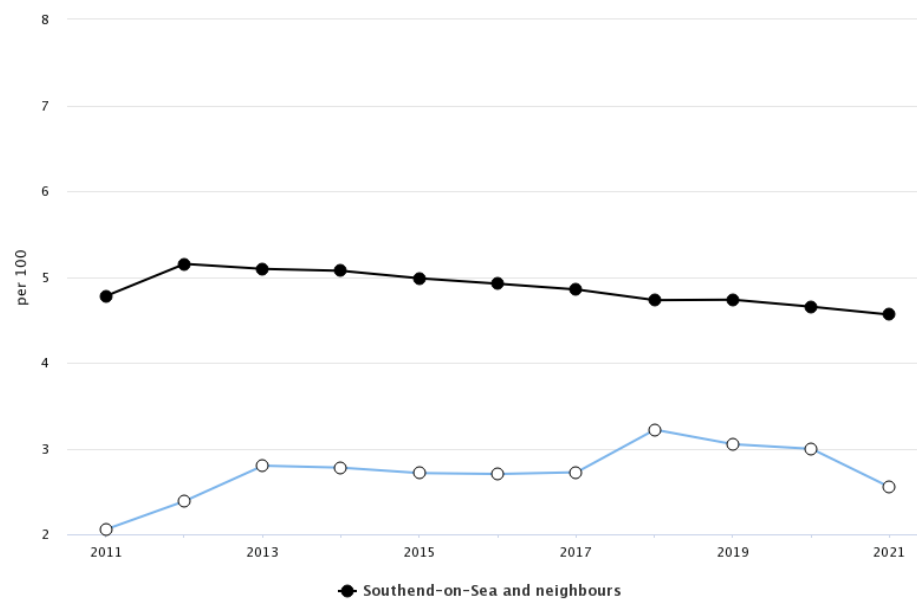
Cared-for characteristics	All carers			Younger carers: under 25			Mid-life carers: 25-64			Older carers: 65 and over		
	All	Women	Men	All	Women	Men	All	Women	Men	All	Women	Men
% Male n= 1294	50.39%	61.61%**	23.9%	52.46%	50%	55.29%	45.25% ^{##}	51.50%**	19.23%	55.58%	77%**	11.83%
Mean age n= 1124	60.97	59.83%**	63.98	22.03 ^{##}	20.57	23.75	57.83 ^{##}	54.96%**	70.19	76.05	75.81	76.54
% older person (65 and over) n= 1124	58.27%	57.13%	61.29%	1.06 ^{##}	0%	3.28%	49.71% ^{##}	47.70%**	58.33%	84.17%	82.96%	86.67%
% disabled child n=1257	15.20%	16.41%*	12.26%	5.15% ^{##}	49.46%	53.85%	16.57% ^{##}	19.85%**	19.61%	0.41%	0.62%	0%
% adult with physical disability n=1257	13.21%	11.12%**	18.26%	22.49% ^{##}	19.78%	25.64%	12.71%	10.66%**	21.57%	10.18%	9.57%	11.38%
% adult mental health or learning needs (includes older people) n= 1257	25.14%	25.71%	23.71%	17.75% [#]	21.98%	12.82%	28.18%	29.48%	22.55%	24.24%	21.61%**	29.34%
% employed n=1103	18.86%	18.91%	18.73%	32.89% ^{##}	32.53%	33.33%	22.04% ^{##}	22.14%	21.59%	11.12%	11.26%	10.96%
% retired n=1103	60.47%	59.14%	63.81%	2.01% ^{##}	0%**	4.55%	53.81% ^{##}	50.78%**	67.05%	86.56%	86.35%	87.00%
% adult not working/retired/student n= 1103	17.14%	16.50%	18.73%	32.89% ^{##}	32.53%	33.33%	19.28% ^{##}	18.75%	21.59%	9.80%	9.22%	10.96%
% student/pupil n= 1103	16.23%	17.40%*	13.33%	46.98% ^{##}	40.96%	54.55%	21.40% ^{##}	25.26%**	4.55%	1.14%	1.37%	0.68%
% receives Disability Benefit n=1985	4.23%	4.19%	4.32%	0 ^{##} %	0%	0%	6.82% ^{##}	6.60%	7.69%	4.04%	3.26%	5.54%
% receives Attendance Allowance n= 1985	18.89%	18.94%	18.77%	0 ^{##} %	0%	0%	11.79% ^{##}	12.30%	9.79%	30.05%	30.13%	29.89%
% live in own home or joint home (with carer) n= 1267	73.64%	68.64%**	85.56%	93.82% ^{##}	92.71%	95.12%	58.9% ^{##}	53.85%**	80.81%	81.76%	81.33%	82.63%
% live in caregivers home n= 1267	22.34%	27.10%**	10.96%	3.93% ^{##}	3.13%	4.88%	35.99% ^{##}	41.03%**	14.14%	15.23%	16.27%	13.17%
% live in medical/care/residential/ sheltered/ supported home n= 1267	3.31%	3.46%	2.94%	0.56%	1.04%	0%	4.17%	4.2%	4.04%	3%	2.41%	4.19%

Care home and Nursing home beds in Southend (and CIPFA neighbours)

Care home beds per 100 people 75+ for Southend-on-Sea and neighbours



Nursing home beds per 100 people 75+ for Southend-on-Sea and neighbours



In 2021, the total number of care home beds for people aged 75+ in Southend was around 1,975 (equivalent 11.6 beds per 100 people aged 75+).

In contrast, estimates number of older people living with frail condition in Southend could be around 2500 (see previous slide)

And the total number of nursing home beds 435 (equivalent to 2.5 beds per 100 people aged 75+).

Compared to the average for CIPFA neighbours, rate if care home beds aged 75+ in Southend was lower; and it appears much higher for nursing home beds (although these numbers are relatively low compared to care home beds).

Time table for long term conditions

Topic	Estimated days for completion	Start date	End date	Other Key dates
Local picture (Demography/Population)	3	29 JUNE	5 JUL	
Falls/Fracture	2	6 JULY	11 JULY	
Frailty	2	12 JULY	14 JULY	
Multimorbidity	4	18 JULY	21 JULY	
Sensory conditions	1	25 JULY	26 JULY	
Autism	1	1 AUG	2 AUG	
Dementia/Alzheimer's disease	1	3 AUG	4 AUG	
Learning Disability	3	5 AUG	10 AUG	
End of life care	2	11 AUG	15 AUG	
Musculoskeletal condition	1	16 AUG	17 AUG	

source: [Age UK](#)

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Time table for long term conditions

Topic	Estimated days for completion	Start date	End date	Other Key dates
Flu (and other infectious disease/COVID-19)	2	18 AUG	22 AUG	
Circulatory disease	1	23 AUG	24 AUG	Draft slides to SMT
Musculoskeletal	1	25 AUG	26 AUG	
Diabetes	1	30 AUG	31 AUG	Draft slides to HWB
Respiratory	1	1 SEP	5 SEP	
Hospital admissions	1	6 SEP	7 SEP	Health and Wellbeing Board
Mortality	1	8 SEP	9 SEP	
DoLs/Neglect	1	12 SEP	13 SEP	
Asylum seekers	1	14 SEP	15 SEP	

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Time table for other areas

Topic	Estimated days for completion	Start date	End date	Other Key dates
Housing	3	19 SEP	22 SEP	
Employment	1	19 SEP	22 SEP	
Mental Health	2	23 SEP	26 SEP	
Survey	1	27 SEP	29 SEP	
Review of ASCOF indicators	1	27 SEP	29 SEP	
Review of SALT indicators	1	27 SEP	29 SEP	
Review of local indicators	1	27 SEP	29 SEP	
Update/complete other work areas (e.g. life expectancy, small area stats, deprivation, etc)	5	3 OCT	7 OCT	

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Long term conditions

- Fracture/Falls
- Frailty/Multimorbidity
- Mental health – see [SET JSNA](#)
- Sensory conditions – hearing/visual
- Autism
- Dementia/Alzheimer's disease
- End of life care
- Learning Disability
- Summary/key messages

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Source: [Age UK](#)

Other long term conditions

- Flu and other infectious disease (COVID-19), incl. vaccinations.
- Cancers - cervical, breast, prostate, lung, incl. vaccinations
- COPDs
- Circulatory disease
- Musculoskeletal
- Diabetes
- Respiratory
- Lifestyle conditions – obesity, smoking and alcohol consumption
- Summary/key messages

Source: [Age UK](#)

Other long term conditions/outcomes

- Hospital admissions (trend, and breakdown of key factors of admission possibly by ward/MSOAs) – 18-64, 65-84 and 85+
- Delayed transfer of care – trend
- COVID-19 including its impacts
- Mortality (trends, pooled rates)
 - Ward level mortality
 - including excess mortality,
 - amenable/avoidable mortality,
 - excess winter deaths (by ward)
- Summary/key messages

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Source: [Age UK](#)

Socio-economic (wider determinants)

- Deprivation of liberty safeguards
- Neglect/self neglect
- Asylum seekers
- Mental health
- Employment
- Housing
- Access to services
- Loneliness/living alone/social isolation
- Summary/key messages

Source: [Age UK](#)

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Southend Health & Wellbeing Board

Agenda
Item No.

13

Report of the Director of Commissioning

To
Health & Wellbeing Board

on
7th September 2022

Report prepared by: Benedict Leigh, Director of
Commissioning

For information only	x	For discussion		Approval required	
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Better Care Fund

(Southend on Sea Borough Council/ Integrated Care System)

Better Care Fund 2022-23 update for sign off

Part 1 (Public Agenda Item)

Purpose

The purpose of this report:

1. To inform the Health and Wellbeing Board that the Better Care Fund (BCF) 2022-23 planning guidance and documents were published on the 19th of July 2022 for SCC and Integrated Care System (ICS) to complete a joint BCF plan and submissions documents related to the current financial year.
2. To inform the board that due to the turnaround timescales given by the National Team, the full 2022-23 BCF Plan will require HWB Chair and Members to sign off via email circulation on the 19th of September as an exception. This is to ensure aligned governance timescales with health partners through the Integrated Care Board (ICB) prior to HWB approval.

Background

BCF National Policy Framework 2022-23

BCF funds are managed locally, and in each Local Authority area the Council is legally obliged to submit an agreed BCF plan jointly with their Integrated Care System (ICS) which adheres to the national guidance.

There is an annually agreed health minimum contribution to each local authority area. For the current 2022/23 financial year, the contribution for Southend ICS is £15.121m, and the adult social care spend of this minimum contribution is £7,155m. The intention is to shift resources into social care and community services from the NHS budget in England and set out a joined-up approach to integrated, person-centred services across local health, care, housing, and wider public services.

The national policy framework for 2022-23 sets out four national conditions:

1. A jointly agreed plan between local health and social care commissioners, signed off by the Health and Well Being Board (HWB)

The local authority and ICS must agree a plan for their local authority area that includes agreement on use of mandatory BCF funding streams. The plan must be signed off by the HWB.

BCF plans set out a joined-up approach to integrated, person-centred services across local health, care, housing, and wider public services. They include arrangements for joint or collaborative commissioning, and an agreed approach for embedding the current hospital discharge policy in relation to how BCF funding will support this.

2. NHS contribution to adult social care to be maintained in line with the uplift to the CCG minimum contribution

The health contribution to the BCF will rise in actual terms by 5.66% in 2022/23. Minimum contributions to social care will also increase by 5.66%. The minimum expectation of spending for each HWB area is derived by applying the percentage increase in the health contribution to the BCF for the area to the 2022 to 2023 minimum social care maintenance figure for the HWB foot print.

3. Invest in NHS-commissioned out-of-hospital services

BCF narrative plans set out the approach to delivering this aim locally, and how health and local authority partners will work together to deliver it. Expenditure plans will show the schemes that are being commissioned from BCF funding sources to support this objective.

4. Local partners should ensure that they have an agreed approach to meet the BCF policy objectives:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

This national condition requires local areas to demonstrate an approach to integrating care to deliver better outcomes, including how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to support people to remain at home, or return home following an episode of inpatient hospital care.

This national condition also requires areas to agree a joint plan to deliver health and social care services that support improvement in outcomes for people being discharged from hospital, including the implementation of the hospital discharge policy,

and continued implementation of the High Impact Change Model for Managing Transfers of Care.

5. The local BCF plan should focus on improvements in the key metrics below:

- Percentage of discharges to a person’s usual place of residence (SUS data)
- Avoidable admissions – unplanned hospitalisation for chronic ambulatory care sensitive conditions
- long term admission to residential and nursing care per 100,000 population
- Reablement – proportion of older people still at home 91 days after discharge from hospital into a reablement service

Demand and Capacity Tracker

Local areas have been asked to develop plans outlining expected demand and capacity for intermediate care services, covering demand for both services to support people to stay at home (including admissions avoidance) and hospital discharge pathways 0-3 inclusive, or equivalent, for quarters 3 and 4 of 2022-23 across health and social care.

This should cover both BCF funded activity and non BCF funded activity.

The demand and capacity tracker for intermediate care services is a new requirement of this years BCF planning submissions.

Key timescale:

BCF planning requirements published	19/07/2022
Optional draft BCF planning submission (including capacity and demand plan) submitted to BCM and copied to the BCF team (england.bettercarefundteam@nhs.net)	18/08/2022
BCF planning submission from local HWB areas (agreed by ICBs and local government). All submissions will need to be sent to the local BCM, and copied to england.bettercarefundteam@nhs.net	26/09/2022
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	26/09/2022 - 24/10/2022
Regionally moderated assurance outcomes sent to BCF team	24/10/2022
Cross-regional calibration	01/11/2022
Approval letters issued giving formal permission to spend (NHS minimum)	30/11/2022
All section 75 agreements to be signed and in place	31/12/2022

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Southend Health & Wellbeing Board

Agenda
Item No.

14

Report of the Director of Public Health

To
Health & Wellbeing Board

on
7th September 2022

Report prepared by: Krishna Ramkhelawon,
Director of Public Health

For information only	X	For discussion	Approval required	
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Health Protection Update

Updates from the Health Protection Board and the Oversight and Engagement Board

Part 1 (Public Agenda Item)

Purpose

This is to provide an update on-going management of the COVID-19 pandemic and to advise the Board on the wider remit of the two sub-committees.

We are also advising the Board that we are currently refreshing our Local Outbreak Management Plan which will go before the Health Protection Board on the 27th May 2022.

Background

We are now learning to live with Covid whilst continuously reviewing the evolution this virus and its impact on our communities. Collectively, we continue to play an important role in the ongoing management of local outbreaks.

Other areas of concern for health protection are now our renewed focus, including the emerging challenge pose by the Monkeypox cases across the country. We have also being working to drive up the uptake of MMR, whilst engaging in the planning of the next Covid booster vaccine, likely to be bivalent – in other words, it provides immunity against the original strain of the virus and well as the Omicron variant.

Local Outbreak Management Plan (LOMP)

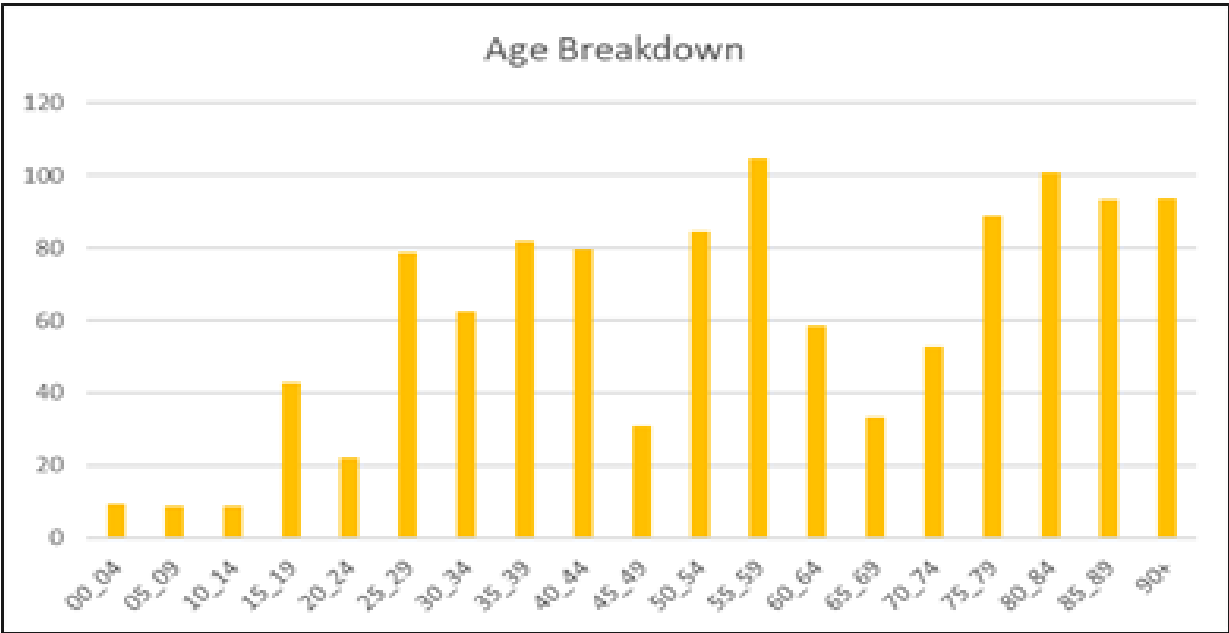
Local planning and response are enshrined in the Southend LOMP which has been revised and adopted by the Health Protection Board. This document will remain active, whilst we await the final publication of the national agreement between UKHSA and Local Authorities, on how we will collective work across health protection matters. The document has been refreshed as required to ensure a safe transition to more local determination and will ensure we remain vigilant in dealing with any potential newly identified 'Variant of Concern', in dealing with any

significant surge in infection rates and in sustaining our resilience in dealing with other health protection risks, especially as we will move into the autumn and winter seasons.

Local Boards & Pandemic Management

The Health Protection Board (HPB) is now meeting monthly and continues to receive the local Health Protection Surveillance Report and necessary actions – last meeting 26th August 2022.

The infection rate has gradually decreased. Our overall rate was 56/100,000 (19th August – EoEng = 70/100,000), and is now the lowest this calendar year we are expecting. We expect to see a continued gradual decrease in infection. This national reporting will remain the best gauge for the level of infection in our communities, although fewer people are testing currently. This is a breakdown by specific age groups (rates per 100,000):



The Council and UKHSA continue to work closely with care homes which are the higher risk settings for transmissions and consequential impact on health and wellbeing. As at the 19th August, we had 3 care homes in Outbreak, another 3 with a Covid Exposure and 5 other care settings with an Exposure.

Our Covid vaccination rates have not changed significantly in the past few weeks and now stand at: Dose 1: 80.9%; Dose 2: 77.1%; Dose 3+: 60.3%. The roll-out of the new vaccine (Bivalent – ability to target the 2 main Covid strains) will start at the beginning of September with care settings. We are currently working with the NHS to finalise our local plans for this booster dose alongside the Flu vaccines. The plan will be shared at the next HPB meeting.

We will continue to manage a small Health Protection team and we are also training (in September) a team of reservist (likely to include a number of agencies) who can be redeployed at short notice, without impacting on key public services.

The Health Protection Oversight and Engagement Board continues to lead on a number of communication and engagement activities, including refreshing our messaging to the public and local businesses. The Board's remit has moved to cover the wider remit of health protection matters – next meeting is on the 14th September 2022.

The Board will continue to support the NHS in addressing local hesitancy with the COVID-19 vaccination programme and we are now in the planning phase for the next Covid and flu vaccine boosters.

For Noting

1. For the HWB Board to note on the on-going operations and steer of these two sub-committees.

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Mid and South Essex
Integrated Care
System



Mid and South Essex

Health Inequalities Funding Application Proposal

South East Essex Alliance Update September 7th 2022

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Health Inequalities

Core20PLUS5 is the national NHS approach to support the reduction of health inequalities <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

Core20

The most deprived 20% of the national population as identified by the national [Index of Multiple Deprivation \(IMD\)](#).

PLUS

Key local population groups identified with a greater need i.e. ethnic minority communities, homelessness, drug and alcohol dependence, vulnerable migrants, sex and other socially excluded groups.

5

Five clinical areas of focus.

- I. Maternity
- II. Severe mental illness (SMI)
- III. Chronic respiratory disease
- IV. Early cancer diagnosis
- V. Hypertension case-finding and optimal management

Opportunity



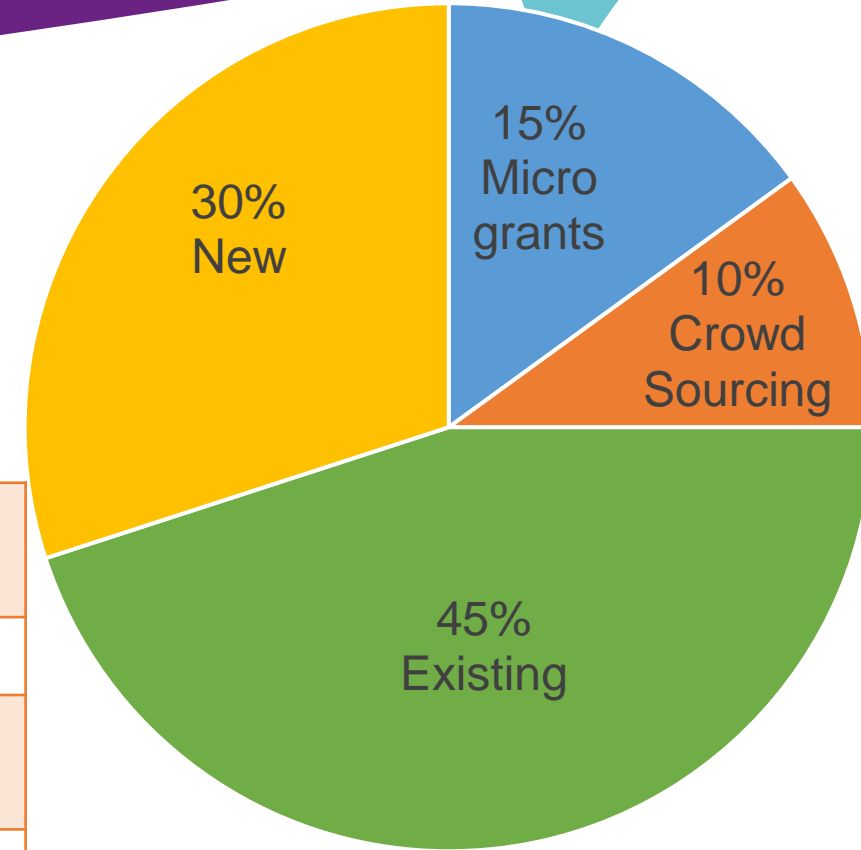
- The ICS 5-year strategy outlines the reduction of health inequalities as a key ambition
 - NHSE have allocated **£3.399m** to Mid & South Essex to support the reduction of Health Inequalities
 - SEE Alliance allocation of **£922k** to embed innovative approaches
 - Proposed apportionment of funding:
 - **Top slice 10% for evaluation**
- Remainder;
- **Core20 – up to 60%**
 - **PLUS – up to 40%**
 - **5 – up to 40%**

Proposal

The Health Inequalities SEE Group developed a proposed **model** for **effective utilisation** of available funds, the model was subsequently reviewed and agreed by the Alliance Committee.

The agreed model proposed the **£922k** allocation would be **shared** against following **categories**:

10%	Top sliced to enable appropriate evaluation with an external evaluation partner	£92,000
Remaining funds (rounded up/down);		
45%	Development of Existing Projects which are already demonstrating benefit	£373,500
30%	New Projects	£249,000
10%	Crowd Sourcing	£83,000
15%	Micro Grants	£124,500



Expression of Interest Process



- **Expression of Interest (EOI)** process advertised widely across SEE system
- **56** EOI's were received and ranked via a **Value/Effort** Matrix as pre-agreed by Alliance Committee and Health Inequalities SEE Group members.
- **Value** was determined by focus & impact on; Core20PLUS5, PHM dataset priorities and shared H&W strategy priorities
- **Effort** was determined by; Workforce requirements, estates and resource needs and impact on demand for other services (unintended consequence)
- **75%** of Alliance membership organisations voted for their top 5 EOI's based on the above

Existing Projects

- The Health Inequalities SEE Group identified **existing projects** from the voting process and matched them against the financial envelope agreed for existing projects.
- The Health Inequalities SEE group determined that all **existing** projects receiving **MULTIPLE votes** would be **selected** for funding:
 - **Total** Existing project budget: **£373,500**
 - **7** Projects receiving **multiple** votes
- The Health Inequalities SEE Group determined the **12 remaining bids** which received at least **1 vote** would be **further assessed** by SCC and ECC Public Health Consultants. The projects were ranked and the top **6** were **selected** for funding
- This leaves a potential **deficit** of approx. £22,400 we are in discussions with bidders to identify cost savings or economies of scale to enable funding all 13 initiatives selected.

New Projects

- **New projects** followed an identical process and mapping against the financial envelope for new projects
- The Health Inequalities SEE group deemed **1** project too **large** to consider as a test and learn or pilot under this funding envelope, this bid was **removed** from the process
- The group determined that **all** remaining **new** projects receiving **MULTIPLE votes** would be **selected** for funding:
 - **Total** New project budget: **£249,000**
 - **7** Projects receiving **multiple** votes
- This leaves a **deficit** of approx. **£14,100**, we are in discussions with bidders to identify cost savings, economies of scale or match funding opportunities to enable funding all 7 initiatives selected

Shortlisted Projects

Of the **20** projects shortlisted

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5 x Focus on CVD case finding and aim to alleviate system flow pressures	2 x Focus on loneliness and improved access to services
2 x Focus on mental health and financial resilience	2 x Focus on increased cancer screening
1 x Focus on suicide prevention	2 x Focus on food market and nutrition
1 x Focus on veterans mental health and access to services	1 x Focus on lifestyle interventions to increase activity levels in the older population
1 x Focus on family and childhood mental health and resilience	2 x Focus on dental and access for deprived and the young
1 x Focus on mental health through the green agenda	

Shortlisted Projects



Of the 20 projects shortlisted how are they geographically spread?

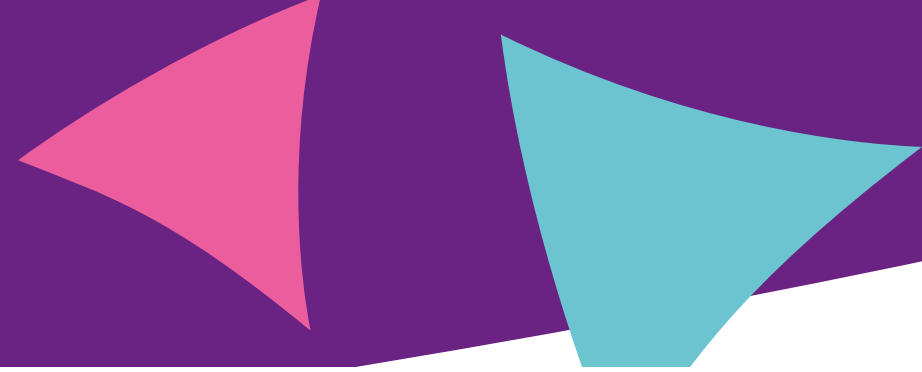
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- 8 are for delivery in SOS specifically
- 4 are for delivery in CPR specifically
- 6 are for delivery in BOTH localities

Of the 8 in SOS there is scope for 2 of these to be scaled up to deliver in CPR and we are in discussions to see how this may impact the financial envelope.

Mapping has taken place to ensure spread across the most deprived areas of our communities.

Micro Grants & Crowd Sourcing



- **Crowd Sourcing** enables ‘crowds’ i.e. staff, professionals and stakeholders within our system to put their wealth of **knowledge** and **front line experience** into developing ideas to support the reduction of health inequalities
- We are actively reviewing **digital platforms** to support the Crowd Sourcing element of the proposal
- **Micro Grants** are a quick and easily accessible way to help community projects at a grassroots level
- We are actively supporting a **system wide approach** to Micro Grants
- We are communicating with **bidders** to ensure they are able to **mobilise at pace** if and when proposals are approved
- **Governance** and **procurement** processes are being explored for both options above, including a **finance framework** to deliver any approved funds to bidders

Evaluation

- We are actively seeking to commission an **Evaluation Partner** for the Existing & New projects (as a minimum)
- We would seek to **share** this resource with other **Alliances** to have a consistent approach and a wider view of impact, successes and feedback
- A series of evaluation **methods** may be utilised based on the outcomes and expectations of each project i.e.;
- ✓ **User Surveys**, online surveys are a cost effective way of obtaining the views of a wide range of project users
- ✓ **Focus groups or interviews** with **project users** provide more in-depth feedback about the impact of a programme and users' views about its effectiveness
- ✓ **Interviews** with **professionals** gather open ended feedback about their experiences of running the project and the impact seen on users
- Aspiration for interim reports at 6 & 9 months with a final report at 12 months

Next Steps

Following review by a system wide panel, the SEE Alliance process and **outline proposal** was **approved** (w/c 15/08/22), next steps are;

- Review and **finalise cost efficiencies** against the 20 Existing and New programmes to ensure affordability and value for money
- Continue to **review digital platforms** for the Crowd Sourcing element of the proposal
- **Engage with system partners** to develop the Micro Grants element of the proposal
- Develop a **robust governance framework** for each element of the proposal
- Develop a **financial framework** to ensure due diligence, appropriate check and challenge and delivery modes for approved funding to bidders
- Continue to **communicate with bidders** to ensure they are able to mobilise at pace if and when proposals are approved.

Population Health Management

Overview

What it is – Population Health Management (**PHM**)

What it is not – Population Health

What it aims to do – Link data sources to prioritise and plan

What it's done so far – NHS Alliance Pack – Focus on 20%

Where we come in with Next Steps - Focus on the remaining 80%

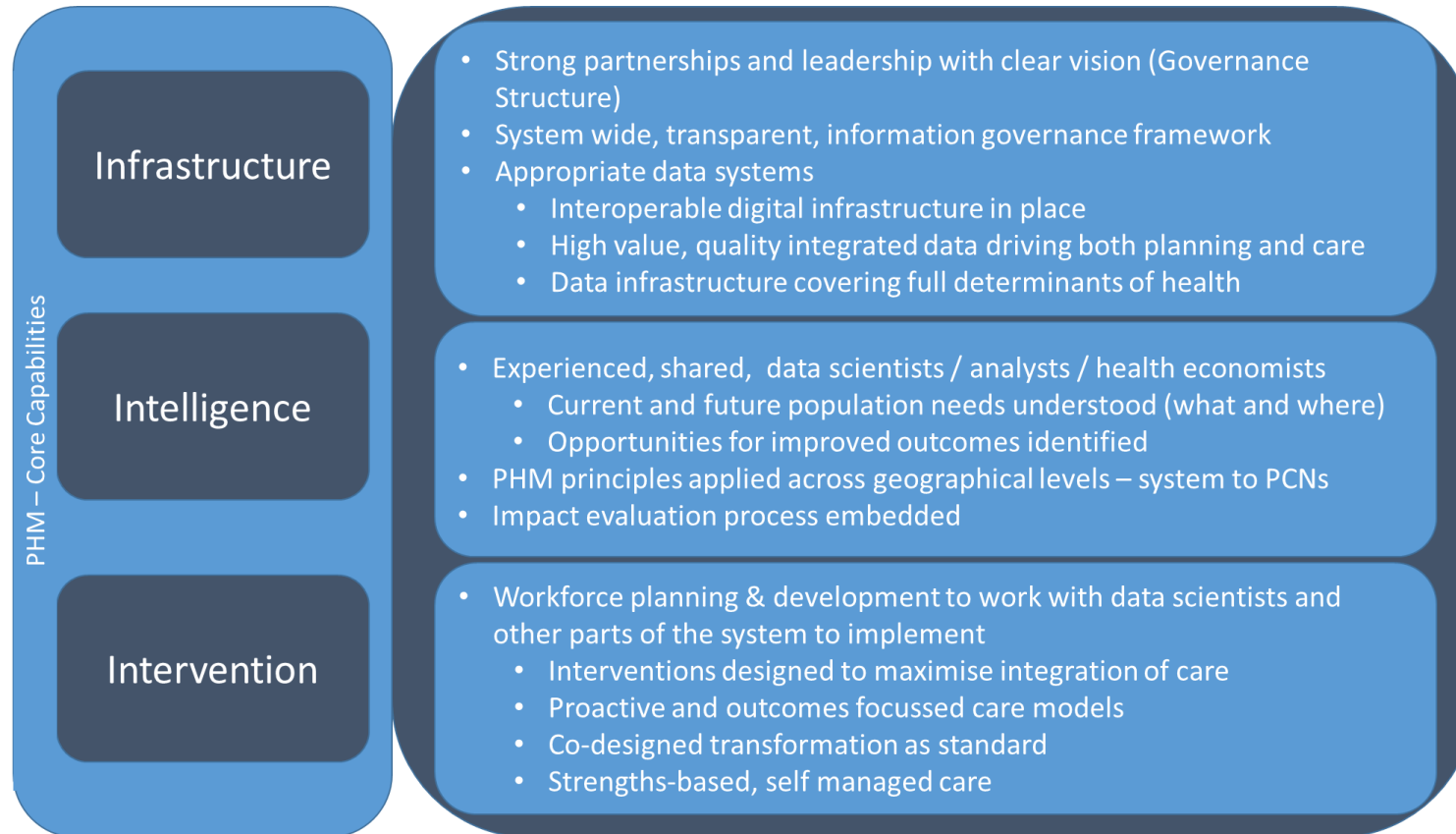
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WHAT IS PHM

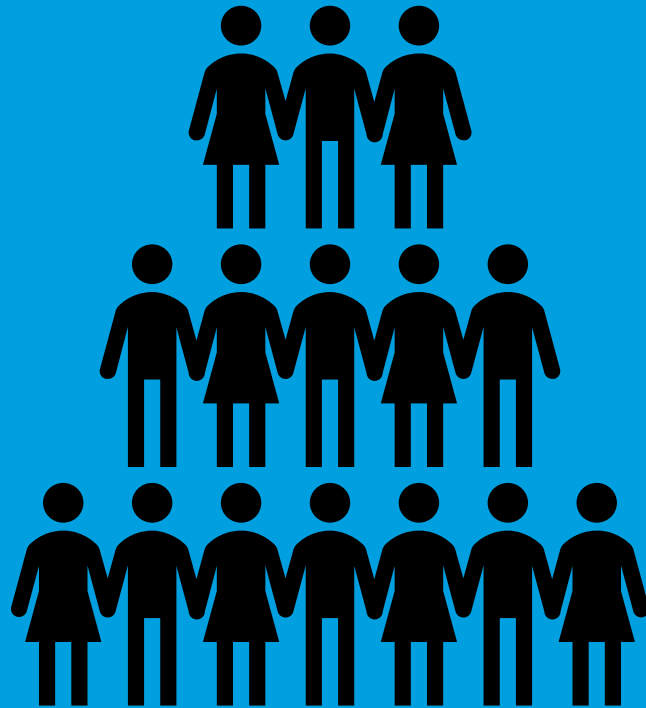
- *Population Health Management is an enabler for the system and the partnership in supporting and developing solutions.*
- *Population Health Management does this by using data and analytics, shining a light on **areas of unmet need, driving interventions to improve the health and wellbeing of the population***
- Population Health Management is also a crucial mechanism to inform the allocation of resources to the health and care sector including management of Long Term Conditions(LTC) Self management, Prevention and reducing Health Inequalities (Core20plus5)

Scope of PHM

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Population Health vs Population Health Management



Population Health is an approach aimed at improving the health of an entire population.

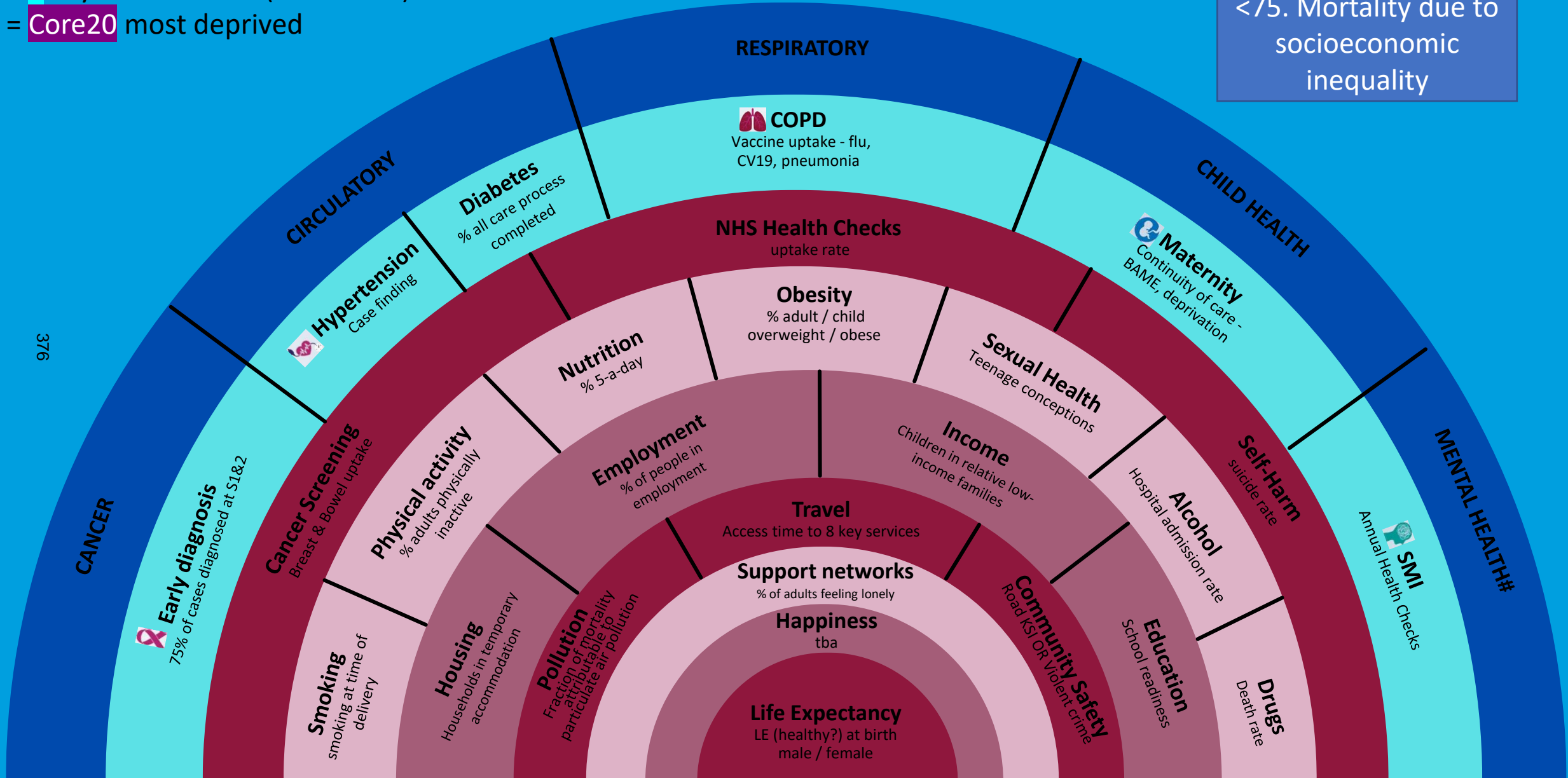
It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population.

It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, and requires working with communities and partner agencies.

Health Inequalities

- = PLUS population Groups
- = 5 key clinical areas (+ diabetes)
- = Core20 most deprived

Premature mortality <75. Mortality due to socioeconomic inequality



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REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities



1 MATERNITY
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups



2 SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



3 CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

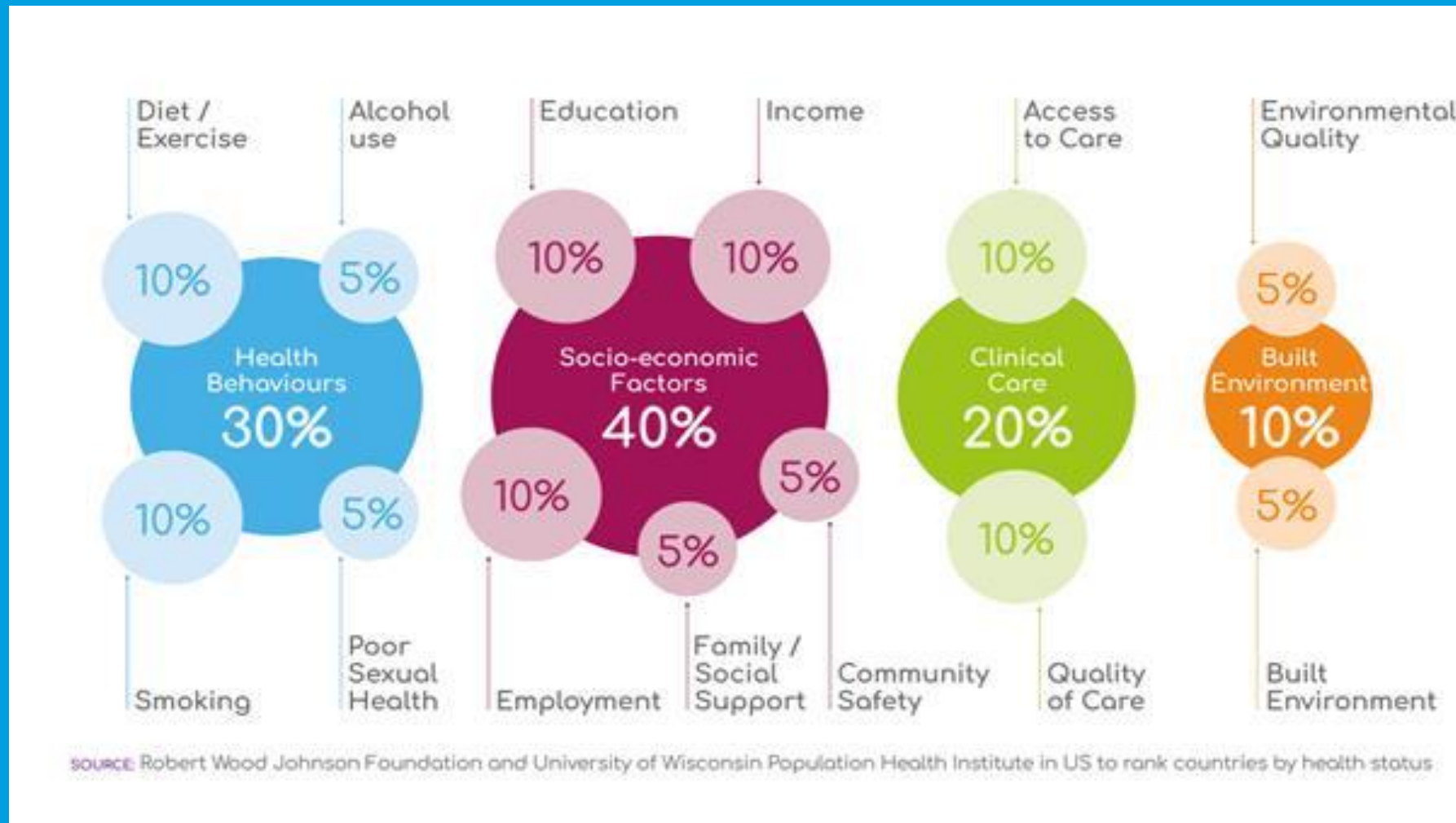


4 EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028



5 HYPERTENSION CASE-FINDING
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

Why ? Only 20% is health care related



Some Headlines from the NHS Alliance Pack

- Southend had the highest mortality attributable to socioeconomic inequality (MASI) rate in Mid & South Essex with an estimated **3,171 people dying as a result of socioeconomic inequality** between 2003 and 2018 (1,731 per 100,000).
- Female Healthy Life Expectancy (living without disability or illness) in Southend on Sea **is much lower than** the England Average.
- Southend has the **second highest rate of premature mortality** for all causes across Mid & South Essex (405/100,000) and highest for Cardio-vascular diseases (88/100,000). This equates to **699 deaths prematurely for all causes** and 145 for heart conditions compared to England Average.

Next Steps and Expectations

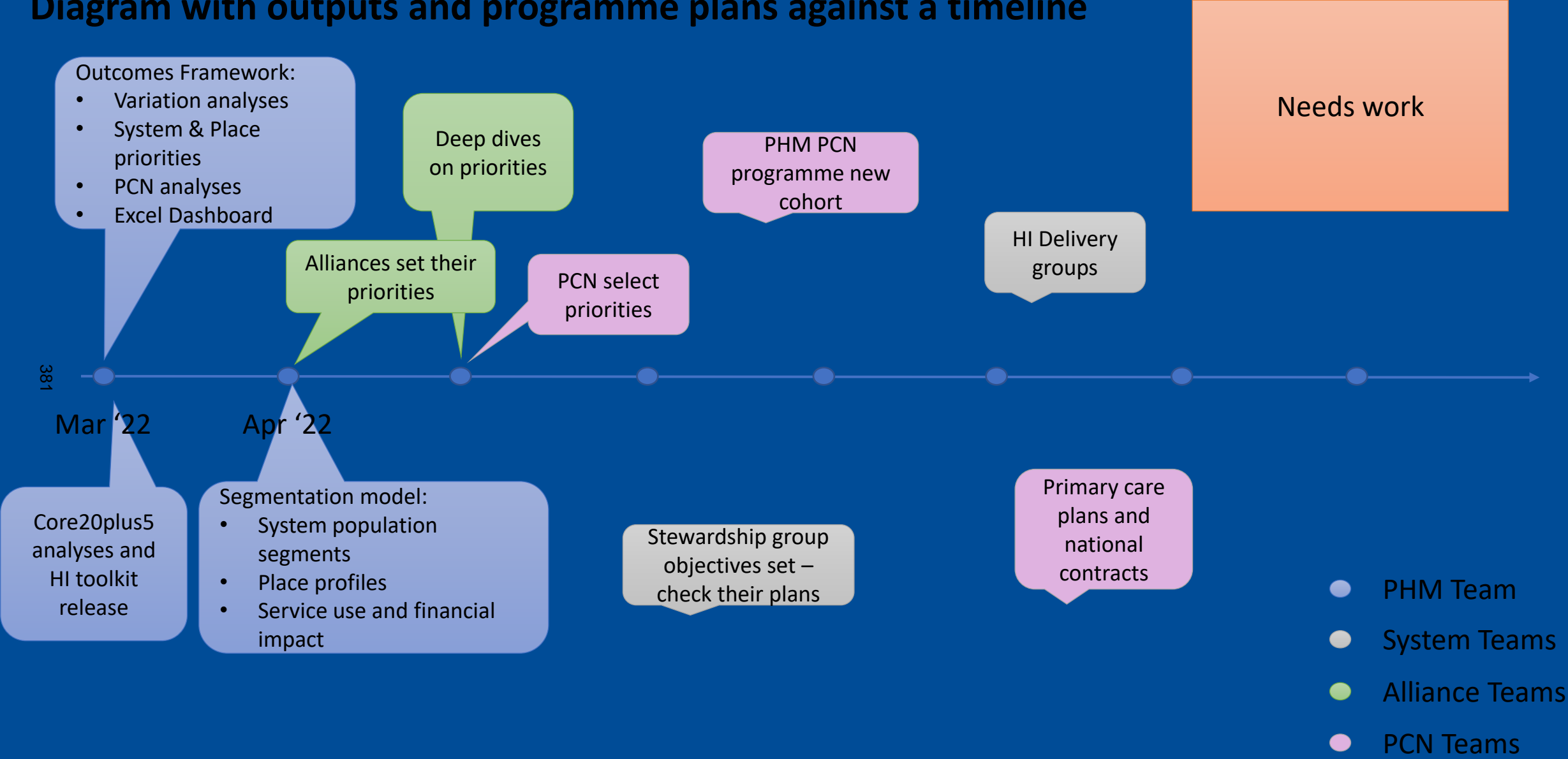
The PHM team is implementing and developing new infrastructure and intelligence systems, **to ensure our data on our residents is linked and accessible for meaningful analysis.**

This will mean:

- Local Councils (e.g. social care data) and Providers to provide comprehensive data and insight for accurate interpretation of the data
- We will share data around physical health, mental health and other social factors such as poor housing and air pollution
- Collecting key information such as **Name, Date of birth, NHS number and Ethnicity**
- Collect additional **information on people with no recording of risks or condition**

All of these will be used to inform and develop a multi-partnered approach to reducing health inequalities.

Diagram with outputs and programme plans against a timeline



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