Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 07 September 2022 at 14:00

County Hall, **West Bridgford, Nottingham, NG2 7QP**

AGENDA

1	Minutes of the last meeting held on 15 June 2022	3 - 12
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
4	Chair's Report	13 - 20
5	The Nottinghamshire Combatting Substance Misuse Partnership	21 - 26
6	Approval of the Joint Strategic Needs Assessment (JSNA) Chapter - Substance Abuse	27 - 132
7	Targeted Lung Health Check Programme	133 - 136
8	Approval of the Pharmaceutical Needs Assessment (PNA) 2022-2025	137 - 548
9	Better Care Fund - Submission of the Year End Reporting Template	549 - 572
10	Work Programme	573 - 580

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Peter Barker (Tel. 0115 977 4416) or a colleague in Democratic Services prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 15 June 2022 (commencing at 2:00 pm)

Membership
Persons absent are marked with an 'A'

COUNTY COUNCILLORS

John Doddy (Chair)
Sinead Anderson
Scott Carlton
A Sheila Place
John Wilmott

DISTRICT COUNCILLORS

David Walters	-	Ashfield District Council
Susan Shaw	-	Bassetlaw District Council
Colin Tideswell	-	Broxtowe Borough Council
Henry Wheeler	-	Gedling Borough Council
Abby Brennan	-	Rushcliffe Borough Council
Tim Wildgust	-	Newark and Sherwood District Council
Marion Bradshaw	-	Mansfield District Council

OFFICERS

A	Melanie Brooks	-	Corporate Director, Adult Social Care and Health
A	Colin Pettigrew	-	Corporate Director, Children and Families Services
A	Jonathan Gribbin	-	Director of Public Health

CLINICAL COMMISSIONING GROUPS

A	David Ainsworth	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
	Lucy Dadge	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
A	Idris Griffiths	-	NHS Bassetlaw Clinical Commissioning Group
	Dr Thilan Bartholemeuz	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group
A	Fiona Callaghan	-	NHS Nottingham & Nottinghamshire Clinical Commissioning Group
	Dr Jeremy Griffiths	-	NHS Nottingham and Nottinghamshire Clinical Commissioning Group (Vice-Chair)
A	Oliver Newbould	-	NHS England and NHS Improvement

LOCAL HEALTHWATCH

Sarah Collis - Healthwatch Nottingham & Nottinghamshire

OFFICE OF THE NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Sharon Cadell - Chief Executive, OPCC

OFFICERS IN ATTENDANCE

Sue Foley	-	Consultant in Public Health (via Teams)
Lucy Hawkin	-	Public Health and Commissioning Manager (via Teams)
Briony Jones	-	Public Health and Commissioning Manager
Pete Barker	-	Democratic Services Officer

TO NOTE THE APPOINTMENT BY FULL COUNCIL ON 12 MAY 2022 OF COUNCILLOR DR JOHN DODDY AS CHAIRMAN FOR THE 2022-23 MUNCIPAL YEAR

RESOLVED: 2022/014

That the appointment of Councillor Dr John Doddy as Chairman be noted.

ELECTION OF VICE-CHAIRMAN

Due to the implications of the upcoming Health and Care Act 2022 this was the last meeting of the Vice Chairman, Dr Jeremy Griffiths.

The election of a new Vice Chair will take place after the Health and Care Act comes into effect on 1 July 2022.

TERMS OF REFERENCE

RESOLVED: 2022/015

That the Terms of Reference of the Health and Wellbeing Board be noted.

MINUTES

The minutes of the last meeting held on 4 May 2022, having been circulated to all Members, were taken as read and were confirmed, subject to the following amendment, and were signed by the Chair:-

- The penultimate paragraph on Page 10 of the minutes should read:

  'Sarah Collis spoke of the government-funded work being undertaken by the VCS to develop a voluntary sector alliance to interface with the ICS structure and the Chair asked for the Board to be updated on this work in due course.'

APOLOGIES FOR ABSENCE

- David Ainsworth, NHS Nottingham and Nottinghamshire CCG
- Melanie Brooks, Nottinghamshire County Council (Sue Batty deputises)
- Fiona Callaghan, NHS Nottingham and Nottinghamshire CCG (Stewart Newman deputises)
- Jonathan Gribbin, Nottinghamshire County Council (Dawn Jenkin deputises)
- Idris Griffiths, NHS Bassetlaw CCG
- Councillor Sheila Place, Nottinghamshire County Council (Councillor Jim Creamer deputises)

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

CHAIR'S REPORT

The Chair introduced the report and informed members of the following:

- In Nottinghamshire, Stapleford had received £79k of funding for a 'mini-Holland' feasibility study which aims to assess how areas can be made as pedestrian and cycle-friendly as their Dutch city equivalents

- The DoE has announced another £7m of funding to enable all schools to train a senior mental health lead

- Proposed rules banning multi buy deals for food and drinks high in fat, salt or sugar have been delayed a year but rules requiring calorie information to be displayed on menus and food labels did come into force on 6 April 2022

- An independent review led by Dr Javed Khan will help to achieve the DHSC's plan for England to be smoke free, ie less than 5% of the population smoking, by 2030. This may seem over ambitious given that in some areas of Nottinghamshire, Ashfield and Mansfield for example, the rate is 19-20%, but in Rushcliffe the rate is just over 5% so overall the target is entirely achievable. It has been shown that those who attend targeted support services are three times more likely to give up smoking than those who do not attend.

Councillor Shaw pointed out that the One Youth Project was based in Mansfield and not Bassetlaw as stated in the report. Councillor Shaw also expressed her disappointment that the government had not addressed the issue of advertising before 9pm and that the proposed ban on 'buy one get one free' promotions had been delayed a year. The Chair stated that the food industry had shown ingenuity in the past in circumventing government measures but that the prevalence of obesity was a major concern.

Councillor Wilmott welcomed the comprehensive report and the new website but asked that consideration was given to those wit out internet access. Councillor Wilmott spoke about the importance of children's centres at a time when some children were being sent to school in nappies and stated that a good education was crucial in giving people a good start in life. Councillor Wilmott stated that substance misuse was still a big problem and also pointed out that there was little in the report about the challenges and problems faced by the elderly.

The Chair thanked Councillor Wilmott for his comments and referred him to the minutes of previous meetings which indicate that many problems are longstanding and are still relevant.

The Vice Chair spoke of the need for an anthropological approach as well as looking at infrastructure – why can't people make the required changes to their lifestyle that will benefit their health? The Chair stated that some people do take notice of the information

available but that there are hard to reach groups. Should the approach be one where the information is made available to all or should certain groups be targeted, in future a mixture of the two will be required along with an understanding of the triggers that cause people to act in the way that they do.

Councillor Creamer asked about feedback on initiatives undertaken including the One Youth Project in Mansfield and Clean Air Day on 16 June. Councillor Creamer also asked about the possibility of national statistics being broken down by districts in Nottinghamshire and the impact of e scooter use on health. The Chair replied that the results of projects will be fed back to the Board and that if something was not working it would be reviewed and replaced by something that did work. The Chair agreed about the importance of breaking down figures - overall Nottinghamshire compares with the national average in many measures but there are variations in the County that are very significant and which the place-based approach should highlight. In terms of e scooter use, the County has little experience of these and there are no plans to introduce them.

Dr Thilan Bartholemeuz welcomed the increased funding for mental health support for children and young people and asked if the Board could influence how this money would be spent given how the challenges vary geographically. The Chair replied that inequities were at the root of many problems and that the Board was obliged to deal with health inequalities, including in the field of mental health.

Members discussed how it could be ensured that resources for mental health support went to where they were needed. The authority needed to encourage schools to apply. The system was somewhat disjointed with some academy trusts better at applying for funding on behalf of their schools than others.

Ms Cadell spoke of the need for behavioural change and a community strategy, especially in respect of drugs and alcohol, and informed members that she and the Police & Crime Commissioner had recently attended a ‘Harm to Hope’ event where it was concluded that the community public health campaigns had not really worked or achieved change.

The Chair stated that the biggest factor in reducing smoking the world over was pricing, with the young and women being affected the most. The Chair informed members of the plan for released prisoners to wear tags that detect alcohol and the possibility that something similar will be used to detect illegal drug use. Councillor Shaw stated that it was not just price which affected people’s desire to smoke and spoke of people’s mental health and the use of tobacco and alcohol to seek solace. The Chair informed members that 60-70% of mentally ill people smoked.

RESOLVED: 2022/016

That the contents of the report be noted.

INTEGRATION AND INNOVATION – WORKING TOGETHER TO IMPROVE HEALTH AND SOCIAL CARE FOR ALL

The Chair asked Lucy Dadge to introduce the report stating that it was a time of transition with the place-based approach potentially heralding the biggest changes people have seen in their lifetimes.

Lucy Dadge introduced the report and highlighted the following:

- The new Health and Care Act 2022 will come into effect on 1 July 2022 and though legislative change rarely delivers change on its own, the hope is that it will help to find new ways of dealing with health disparities. The aim is to move towards a more comprehensive and collaborative approach away from one where the emphasis is on competition for limited resources.

- Oversight remains the responsibility of the NHS, working with and through the Integrated Care Systems (ICS) with the CQC reviewing and rating the ICS.

- Locally a two part statutory care system will be in place consisting of a new body, the Integrated Care Board (ICB) which will allocate budgets and commission services, and the Integrated Care Partnership (ICP) where wider partners are brought together and which will develop and lead the integrated care strategy and complement the work of the Heath and Wellbeing Bord (HWB) but will not commission services.

- The HWB will act as a fulcrum ensuring everyone is working towards the same aims.

- Citizens need to be encouraged to look after their own health and services need to be delivered in new, innovative ways.

- The barriers that prevent the NHS and other providers working together effectively must be broken down. Work will be at scale with a plurality of providers who will have the skills and knowledge to deliver and develop quality services and who will be tasked with delivering wider social outcomes.

- The Primary Care Network (PCN) will continue with GPs working with local providers offering a more personal serve at a neighbourhood level of 60-50k which will maintain the strength of the GP service while being large enough to be resilient in the new ways of working.

- There will be a shift towards prevention, in the areas of heart and lung disease and diabetes for example, which can be achieved if the focus is away from the more resource intensive but less effective cure approach.

- The system can be thought of as an inverse pyramid with the neighbourhoods and population at the top supported by the PCN and GPs from where most of the care

will be provided. This will be supported by the broader collaborations providing episodic care as required with the thin layer of the ICB at the bottom facilitating the new ways of working.

- Resources will be allocated according to need, which is easy to say but harder to achieve.

- The ICB will report annually on performance and there will be structured opportunities for the HWB to influence the work of the ICP.

The Chair thanked Lucy for her presentation and confirmed that, as one of the most frequent 'meeters' and holders of workshops, details of the Board's work would be fed back to the ICP. The Chair stated that the most expensive system is one that responds after something has happened, for example, a heart attack, and welcomed the preventative approach.

Councillor Wilmott also welcomed the change in emphasis and hoped that it would help to solve the large number of problems that still needed addressing as outlined in the report. In answer to Councillor Wilmott's question about CCGs, the Chair replied that in effect they are now the ICB but now better equipped to meet the challenges they face.

Councillor Shaw welcomed the inclusion of Bassetlaw into the Nottingham and Nottinghamshire ICS boundary from July 2022 and commented that the place-based work already undertaken had been strong and innovative.

Councillor Brennan asked about the Performance Assessment of the ICB, how it would be possible to gauge if the changes had made a difference and when any positive outcomes could be expected. Lucy Dadge replied that the mechanism are in place but would need to be developed in partnership and that there will be a focus on outcomes.

Councillor Tideswell asked if the Children's Early Learning Centre could become a member of the Board to help deal with such problems as children starting school in nappies and also referred to the huge problems caused by obesity. The Chair replied that he remembered the Sure Start Centres well and reminded the Board that the Authority had been in the forefront of tackling obesity through such initiatives as circulating nutritional food information, food vouchers and encouraging families to cook healthy meals.

Councillor Walters asked how dentistry fitted in and Lucy Dadge replied that this service, along with optometry and pharmacy, were commissioned regionally so the Board did not play any part at the moment though this was due to change in 2023.

The Vice Chair welcomed the changes and the emphasis on prevention, though given the pressures on services it was difficult dealing with those who were ill let alone having the time to focus on prevention. The Vice Chair called for an empathetic approach to ensure sufficient engagement.

RESOLVED: 2022/017

That the contents of the report be noted.

NOTTINGHAMNSHIRE JOINT STRATEGIC NEEDS ASSESSMENT WORK PROGRAMME 2022-23

The Chair stated that the production of the JSNA was a statutory obligation of the Board and it could be said it is the Board's 'raison d'etre'. The JSNA is an evolving and complex tool capable of designing bespoke solutions for individual areas in Nottinghamshire.

Lucy Hawkins introduced the report explaining that as part of the process of producing the work programme 9 formal submissions had been received and reviewed with the help of partners and colleagues and that a more flexible approach would be adopted in future. The main areas of work would focus on demography, substance misuse, housing, health impacts of climate change, diet & nutrition and physical activity.

Sue Foley then spoke of the joint Nottingham and Nottinghamshire workshop that had been held in May to look at the JSNA system and other data sources. It was a productive session and key findings included the need for a common ICS wide analytic system; the necessity for collaborative working to gain a full analytic picture; the centralised holding of intelligence products and education of users; the importance of clarity of the data source base. There will now be a meeting with the System Analytic Intelligence Unit and Directors of Public Health to develop an action plan.

Sue Foley also spoke of the Covid impact assessment work that was being undertaken and ultimately recommendations on the way forward would be brought to the Board for approval. The work is ongoing and the scope includes study of the vaccination programme, those who have passed away and those with long covid.

The Chair thanked Lucy and Sue for their presentations and praised the JSNA as a valuable and comprehensive source of local information.

The Vice Chair stated that it was important for the JSNA to achieve change and asked what scale of change could be regarded as success. Sue Foley replied that measurement was a challenge but that emphasised the importance of lived experience which can inform the data collected and may tell a different story to that data. The Vice Chair asked if the JSNA would include themes of lived experience in the future and was informed that there the template does contain a local voice section, with some chapters containing more details than others, and that there would be more scope for this approach in future given the new place-based partnerships.

RESOLVED: 2022/018

That the 2022-23 JSNA work programme and proposed products, developed through the JSNA prioritisation process, be approved.

MONITORING AND EVALUATION - JOINT HEALTH & WELLBEING STRATEGY 2022-2026

Briony Jones introduced the report which detailed the proposals for monitoring and evaluating the new Joint Health and Wellbeing Strategy and delivered a presentation that highlighted the following:

- Hard copies of the Strategy are now available
- The report discusses how the monitoring might take place and how the approach will evolve as delivery is rolled out
- The monitoring and evaluation will revolve around 4 ambitions and 9 priority areas, developed after extensive consultation
- More publications will be produced in future to aid the implementation of the Strategy
- 4 Programme Groups will be responsible for the delivery of the Strategy and will report progress back to the Board
- A Task and Finish Group will consider how progress will be monitored

Sue Foley then delivered a presentation that highlighted the following:

- The Task and Finish Group was established in April 2022 and comprises representatives from Public Health, PBPs and the Nottingham & Nottinghamshire Integrated Care System
- The Group has proposed a framework for monitoring and evaluation
- The approach is multi-level and will look at effects as a whole in terms of the 4 ambitions and 9 priorities
- A toolkit will be developed to look for richer evidence
- An annual report will be produced on the strategic vision. In addition to this there will be short, quarterly reports on each of the 4 ambitions with an annual report also produced for each of the ambitions
- Feedback from the Board will be important in shaping the development of the monitoring and evaluation process
- The newly launched Board website will allow residents to find out about services available and what is being done to improve people's health
- Progress will be detailed on the website

Following the presentations Councillor Shaw asked for members to be sent copies of the slides used.

Councillor Wilmott pointed out that there had been no mention of the problems of drug abuse or gambling addiction.

RESOLVED: 2022/019

That the proposals for the monitoring and evaluation of the new Nottinghamshire Joint Health and Wellbeing Strategy for 2022-2026, as outlined in the report, be endorsed.

WORK PROGRAMME

RESOLVED: 2022/020

That the contents of the report be noted.

At this point the Chair informed members that in all likelihood this would be the last meeting of the Board that the Vice Chair, Dr Jeremy Griffiths, would be attending. The Chair thanked Dr Griffiths for all of his work and support over the years, Dr Griffiths had been a cornerstone of the Board since he joined one of the most hardworking Boards in the country in 2012 and had attended 72 meetings in that time.

Dr Griffiths acknowledged the thanks and told the Board that he would continue to dedicate himself to prevention.

The meeting closed at 4:08pm

CHAIR

Nottinghamshire County Council

Report to the Health & Wellbeing Board

7 September 2022

Agenda Item: 4

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

CHAIR'S REPORT

Purpose of the Report

1. The report provides an update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.

Information

LOCAL

Give Every Child the Best Chance of Maximising their Potential

Nottinghamshire's childcare champions celebrated at special event

2. Childcare providers and early years settings in Nottinghamshire received a special thank you from Nottinghamshire County Council recently. The celebration evening on Tuesday, 19 July at the Fretwell Complex Mansfield, was a 'thank you' to the hard work and dedication of the sector which makes a difference to the lives of Nottinghamshire's children and families every day. The 100 guests included childcare providers, nurseries, early years school settings and childminders, who were nominated by peers and parents for their dedication and passion for supporting children.

Create Healthy and Sustainable Places

Ashfield District Council confirms Carbon-Neutral Target

3. Ashfield District Council has already made considerable progress in reducing its emissions through multiple projects, including installing solar panels on many Council-owned buildings, switching to a Green Energy tariff, operating smarter working practices in its Council offices, investing in electric vehicle charging points, replacing its fleet with electric vehicles and launching a Climate Change Officer Working Group to collaboratively drive reductions in carbon emissions. Council decision making now includes assessments of impact on sustainability and the environment. It has developed a climate change strategy and carbon management plan to achieving net-zero by 2030 for the emissions for which they are responsible.

Bassetlaw - Planning Application Submitted for Health & Wellbeing Hub

4. Architects working on behalf of Bassetlaw District Council have submitted a planning application to develop a vacant site owned by the Council on Newgate Street into a Health and Wellbeing Hub. Located next to Newgate Medical Practice, the proposed development would be built by Bassetlaw District Council and leased to the NHS.

Social Eating projects in Rushcliffe

5. Following receiving funding from Nottinghamshire County Council via the Social Recovery Fund back in December 2021, Metropolitan Thames Valley Housing recently hosted a pop-up social eating event using surplus food, in collaboration with the Secret Kitchen Café, at Cricketers Court sheltered housing in West Bridgford. 28 residents were able to attend with the project part of a wider agenda looking to capture resident voice on what the community wants from social eating services in the area and how social eating projects can be taken forward to meet the needs of the community across Nottinghamshire.

Mansfield's super seven – Green Flag success for parks and nature reserves

6. Green Flags have been awarded to seven of Mansfield parks and nature reserves - for the seventh year in a row. The green spaces which have achieved the coveted standard in the district are: Carr Bank Park, Titchfield Park and King George V Park, all in Mansfield, plus Peafield Park and Yeoman Hill Park, in Mansfield Woodhouse, and two Local Nature Reserves at Quarry Lane, Mansfield, and The Carrs, in Warsop.

Mansfield's New Play Park in the heart of Bellamy Road Estate

7. This is the first project within a wider £7m regeneration project, known as the Bellamy Road Community Heart scheme, to build new housing and regenerate an area of the estate near Tuxford Court. The regeneration project, to improve housing, transport and infrastructure in the area, was co-designed with the community, including the Bellamy Tenants and Residents Association and Friends of Bellamy. It was made possible by £70,000 of combined funding provided by Mansfield District Council and a grant from Nottinghamshire County Council's Local Improvement Scheme to the Bellamy Tenants and Residents Association.

Everyone can access the right support to improve their health

NottAlone website wins the Local Government Chronicle Technology Award

8. The NottAlone (www.nottalone.org.uk) website helps young people in Nottingham and Nottinghamshire to find mental health support and information all in one place. It was developed by young people, parents, carers and professionals from Nottinghamshire County Council, Nottingham City Council, NHS trusts and other local partners. It provides information for young people, parents/carers and professionals seeking mental health support and advice. It won the technology award with The Local Government Chronicle (LGC) judges commented "the winner demonstrated true collaboration and partnership working across a range of stakeholders and showed real commitments to authentic co-production."

Make it Happen in Rushcliffe

9. Two additional Reach Rushcliffe awards have been made to Metropolitan Thames Valley Housing and East Leake Parish Council. RBC will be supporting Metropolitan Thames Valley Housing with their "Make it Happen in Rushcliffe" programme. This will allow communities in Rushcliffe to access funding, with the aim to get residents to work together to create projects that enable them to share and learn new skills, combat isolation and improve their overall wellbeing by expanding their connections and sense of community. Rushcliffe Borough Council will also be supporting East Leake Parish Council with the setup of a friendship bench and community garden which will look to form a group and encourage people to take part in looking after the garden, with volunteers available regularly throughout the seasons, to work with and help those who would find gardening and social interaction beneficial to their physical and mental wellbeing.

More supported living homes planned for Nottinghamshire

10. 205 more 'supported living' placements could be created in Notts to help people with disabilities and complex needs live as independently as possible in the community. The County Council will go out to the housing provider market to tender for eight different contracts between now and January 2023. The plans include up to 10 schemes of between 6 and 12 units within north Notts, mid Notts and south Notts, as well as two larger schemes in Worksop and an extra care scheme for older people in Hucknall. There are already 190 supported living schemes throughout Nottinghamshire, providing independent living for 750 people.

More early intervention support for homeless people in Nottinghamshire

11. More early-intervention support will be provided to homeless people to access mental health services, substance misuse support and healthy lifestyle guidance as part of a new homelessness contract commissioned by the County Council. The Cabinet Member for Adult Social Care and Health, Councillor Matt Barney, has agreed to go out to tender for the 'support for single homeless adults in temporary accommodation' contract, which is worth £1 million a year. The service will also offer extra help for people who have left the service and moved on to their own tenancy. The aim will be to identify further support that helps them maintain a long-term independent tenancy, reducing the chances of becoming homeless again. Once a provider is appointed, the new contract will start in April 2023 and will provide 238 accommodation units. These will offer a mixture of short-term hostel places (for up to 18 weeks) and 'move-on' support (12 months' support until longer term accommodation is found).

Keep Our Communities Safe and Healthy

£3m for Safer Streets in Nottinghamshire

12. Following the three previous rounds of Safer Streets funding, the new funding bids have been announced. One is for Nottingham city and will fund projects in the Arboretum, Radford and Park, and Bestwood. Another bid is for South Nottinghamshire, with spending going into the Trent Bridge ward of Rushcliffe borough, Netherfield and Colwick in the Gedling borough, and the Eastwood South area of Broxtowe borough. A third bid covers the Mansfield and Ashfield districts, with funding coming to Warsop and Kirkby-in-Ashfield. And the final bid is for the districts of Bassetlaw and Newark and Sherwood, with projects planned in Worksop and the

Castle ward of Newark. It means all seven district and borough councils in Nottinghamshire and the unitary authority of Nottingham have received some Safer Streets funding.

NATIONAL

Mental Health

Rethinking mental health services for vulnerable young people

13. The Commission on Young Lives, launched in September 2021, will propose a new settlement to prevent marginalised children and young people from falling into violence, exploitation, and the criminal justice system, and to support them to thrive. Its national action plan will include ambitious practical, affordable proposals that government, councils, police, social services, and communities can put into place. Taking a public health approach focused on prevention, inclusion and supportive relationships, its work is steered by its commissioners, alongside panels of young people and practitioners.

Improving children and young people's mental health services: Local data insights from England, Scotland and Wales

14. This briefing presents analysis from The Health Foundation's Networked Data Lab (NDL) about children and young people's mental health. The analysis from local teams across Scotland, England and Wales has highlighted three key areas for urgent investigation, to help ensure children and young people get the care they need. These are: rapid increases in mental health prescribing and support provided by GPs; the prevalence of mental health problems among adolescent girls and young women, and stark socio-economic inequalities across the UK.

Mental health and loneliness: the relationship across life stages

15. This report published by the Department of Digital, Culture, Media and Sport (DCMS) presents the findings from a qualitative study exploring the experiences of loneliness among those who had experienced a mental health condition. Research also finds that young people, disabled people and the LGBTQ community are at higher risk of chronic loneliness. Previous research has shown that there is a link between experiences of loneliness and poor mental health. The DCMS commissioned the National Centre for Social Research (NatCen) to explore this issue across four key life stages as part of developing the evidence base for work on tackling loneliness. It will explore factors associated with loneliness in Adults in England, such as the characteristics of those at risk of loneliness; whether the risk factors for loneliness have changed over time; whether any factors predict the alleviation of loneliness over the short term; and the relationship between loneliness and wellbeing.

Tobacco

Public Mental Health and Smoking

16. A joint report has been published by Action on Smoking and Health (ASH) and the Royal College of Psychiatrist's Public Mental Health Implementation Centre. The report is a practical document, designed to drive action locally, regionally and nationally across sectors. It is for people and organisations developing plans and strategies to improve physical and mental

health in our communities, particularly those working to implement public mental health approaches to prevent poor mental health in society. It provides evidence that people with poor mental health are more likely to smoke and that smoking can damage people's mental health.

Best Start

How has early childhood changed? Findings from the Changing Face of Early Childhood Series

17. The Nuffield Foundation's Changing face of early childhood series explored how the experience of being a young child or their parent has transformed over the last two decades. It includes further information on the data trends across four of the most significant changes which are listed below:
    - Parents are increasingly choosing to cohabit rather than marry
    - A rapid expansion in digital use
    - More mothers are working but still do most of the childcare
    - Younger children are at the greatest risk of poverty and there are significant inequalities in the risk of poverty

18. The first five years of a child's life are crucial to their healthy development and well-being in later life. But the concluding report in the Changing face of early childhood series reveals that early childhood is increasingly characterised by inequality and uncertainty, compounded by the impact of the pandemic and rising poverty amid the cost of living crisis. An estimated two-fifths of children are not reaching their expected level of development by age five and more than a third of families with young children are living in poverty.

Homelessness

More than 4,500 primary school classes worth of children spending summer holidays in temporary accommodation

19. The Local Government Association warns that over 4,500 primary school classes worth of homeless children are spending the summer holidays in temporary accommodation amid a national shortage of affordable housing. Latest figures for England show there are 119,840 children living in temporary accommodation, including 1,700 households with children in bed and breakfasts. There are also concerns around the rising cost of living and the potential for an increase in the number of homeless presentations, which will likely include more children.

Health Inequalities

Women's Health Strategy for England

20. This document, published by the Department of Health and Social Care, sets out the government's strategy for women's health in England. It details the government's ambitions over the next ten years and outlines the actions being taken to improve the health and wellbeing of women and girls in England.

Inequality on the inside: Using hospital data to understand the key health care issues for women in prison.

21. This new research, which was funded by the Health Foundation, underlines the challenges and risks women in prison face because of barriers to accessing health and care services. The key findings were:

    - Pregnant women in prison are more likely to experience preterm labour than women in the general population.
    - There are no official routine data on the number of women in prison who have children
    - Access to hospital services is poor and this is a long-term issue.
    - Hospital data highlight the complex needs of women in prison, particularly around trauma and substance misuse.
    - Substance misuse plays a part in a significant proportion of hospital admissions by women in prison.
    - Women's sexual and reproductive health care needs are not talked about openly and symptoms of normal changes to the body, such as the menopause, as well as conditions such as endometriosis, are not well understood or managed.

22. The report contains a set of recommendations and can be read in full online.

Towards a new partnership between disabled people and health and care services: getting our voices heard

23. Disabled people's voices need to be valued and prioritised in the planning and delivery of health and care services. This long read sets out the findings of research carried out by The King's Fund and Disability Rights UK into how disabled people are currently involved in health and care system design. 60 per cent of those who died from Covid-19 in the first year of the pandemic were disabled. The health inequalities disabled people already faced were made worse by the pandemic and a decade of austerity.

Building the right support for people with a learning disability and autistic people action plan

24. This document published by the Department of Health and Social Care, is an action plan to strengthen community support for people with a learning disability and autistic people and reduce reliance on mental health inpatient care. People with a learning disability and people with autism should have the right support in place to live an ordinary life and fulfil their aspirations, in their own home. 'Building the right support' is the government's policy to achieve this ambition by: strengthening community support; reducing the overall reliance on specialist inpatient care in mental health hospitals; and improving the experiences of people with a learning disability and people with autism across public services such as health, social care, education, employment, housing and justice.

Everyone has the right to a good later life

25. The Centre for Better Ageing has launched a new public campaign tackling everyday ageism alongside its new strategy. The campaign will seek to overturn the deeply entrenched negative attitudes within society towards older people through a collective and nationwide approach. The organisation will work with the public, age-friendly communities and employers, as well as

other sector and industry partners, to change the way people think, feel and act about ageing. The new strategy also focuses on activities to reduce the inequalities people experience as they grow older.

UK first country to approve dual-strain vaccine

26. The UK has become the first country to approve a dual vaccine which tackles both the original Covid virus and the newer Omicron variant. This will form part of the autumn booster campaign, with an expectation that 13 million doses of the new vaccine will be available this year.

Papers to other local committees

27. Investing for Improved Public Health Outcomes
Nottinghamshire County Council (Cabinet)
26 May 2022

28. Establishment of Joint Committee - Nottingham and Nottinghamshire Integrated Care Partnership
Nottinghamshire County Council (Full Council)
7 July 2022

Nottingham and Nottinghamshire Integrated Care System

29. Board papers
Nottingham & Nottinghamshire Integrated Care Board
1 July 2022

Other Options Considered

30. None

Reasons for Recommendation

31. To identify potential opportunities to improve health and wellbeing in Nottinghamshire.

Statutory and Policy Implications

32. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public-sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

33. There are no financial implications arising from this report.

RECOMMENDATION

The Health and Wellbeing Board is asked-

1) To consider the update, determine implications for the Joint Health and Wellbeing Strategy 2022 – 2026 and consider whether there are any actions required by the Health & Wellbeing Board in relation to the various issues outlined.

Councillor Dr John Doddy
Chairman of the Health & Wellbeing Board
Nottinghamshire County Council

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Constitutional Comments (CEH 15/08/2022)

34. The Health & Wellbeing Board is the appropriate body to consider the content of the report.

Financial Comments (DG 15/08/22)

35. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Report to the Health & Wellbeing Board

7 September 2022

Agenda Item: 5

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

THE NOTTINGHAMSHIRE COMBATING SUBSTANCE MISUSE PARTNERSHIP

Purpose of the Report

1. To inform the Nottinghamshire Health and Wellbeing Board on the establishment of a Combating Substance Misuse Partnership Board to oversee local delivery of the national drugs strategy.

Information

Background

2. The Government's new Drugs Strategy: From Harm to Hope (FHTH) was published in December 2021.Its objective is to cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life. It is underpinned by investment of over £3 billion over the next three years. The three strategic priorities of the strategy are:

    a. Break drug supply chains
    b. Deliver a world-class treatment and recovery system
    c. Achieve a generational shift in demand for drugs

3. Addressing the harms of substance misuse in Nottinghamshire is currently led by the Nottinghamshire Substance Misuse Strategy Group. The group reports to both the Safer Nottinghamshire Board and to the Nottinghamshire Health and Wellbeing Board. It is chaired by Nottinghamshire County Council Director of Public Health and its workplan is set out in its Framework for Action 2017-2022.

4. Membership of the current group has comprised Office of the Police and Crime Commissioner, Nottinghamshire Police, Community Safety Partnerships, Probation, Trading Standards, Nottinghamshire County Council Children's Services, NHS England, Clinical Commissioning Group (formerly), Nottinghamshire Fire and Rescue, Office of Health Improvement and Disparities (formerly Public Health England) and Change Grow Live (the provider of treatment and recovery which is commissioned by Nottinghamshire County Council), and representative of the Nottingham City Crime and Drugs Partnership (to maintain coordination across agendas of joint interest).

Requirement to establish partnership arrangements

5. The Combating Drugs Unit of the Home Office has also now published From Harm to Hope: Guidance for Local Delivery Partners. This guidance outlines how local areas in England should deliver the transformative ambition set out in the strategy and the mechanisms that central government will draw upon to track and support delivery. This requires changes to the existing governance arrangements for substance misuse in Nottinghamshire and the establishment of a new local Partnership for tackling substance misuse. This new partnership arrangement is referred to as the Combating Substance

Misuse Partnership ("the Partnership"). Local authority Chief Executives have been asked to ensure that these arrangements are established, noting that this will require work at pace given the short timescales.

6. The guidance indicates that the Partnership should be a multi-agency forum with accountability for delivering the following outcomes:

    - Reducing Drug Use
    - Reducing Drug- Related Crime
    - Reducing Drug-Related deaths and harm

7. It should provide a single setting for understanding and addressing shared challenges related to drug-related harm, based on our local context, and need. There is a nationally set Outcomes Framework to report back to OHID on progress.

8. The Partnership will cover a fourth priority, namely the Bigger Picture: Reducing Health Inequalities and Tackling Wider Determinants. This recognises the wider reasons for people misusing drugs and alcohol. The Partnership will also place an equal focus on alcohol as well as drugs, recognising the greater level of alcohol abuse in the County and that it is a priority for the Nottinghamshire Joint Health and Wellbeing Strategy and the ICS Health Inequalities Strategy.

9. The Partnership should have a named Senior Responsible Officer (SRO) who will report to central government and hold delivery partners to account. The SRO will be responsible for ensuring the right local partners come together, building strong collective engagement, and designing a shared local plan to deliver against the National Combating Drugs Outcomes Framework. It is proposed that the Nottinghamshire Director of Public Health (DPH) will serve as interim SRO and Chair of the Partnership until a mutually agreed SRO and Chair is designated.

10. Key membership of the group includes elected members, local authority officials, NHS, Job Centre Plus, substance misuse treatment providers, police, PCC, National Probation Service, people affected by substance misuse harm and prisons.

11. By the 1 August local areas had to confirm the geographical footprint of their partnership, who will undertake the role of Senior Responsible Officer and Chair, and who will be members of the partnership board. Local areas were expected to secure agreement from a number of stakeholders whom the Home Office identify to be key partners, including the County Council Chief Executive, the Director of Public Health, the Integrated Care Board Chief Executive, The Police and Crime Commissioner and the Regional Probation Director. In addition, the Home Office required confirmation of who will undertake the roles of Partnership Lead, Public Involvement Lead and Data & Digital Lead.

Early Priorities for the Partnership

12. Subsequent to 1 August, local areas should also agree terms of reference, making clear the scope of activity to be overseen by the partnership and its decision-making powers and responsibilities.

13. By November the Partnership will be required to involve all relevant parties in completing an assessment of need across all three ambitions of the strategy. By December, the new Partnership will have agreed a local drugs strategy delivery plan and performance framework to reflect the national strategic priorities.

14. The timescales set out for these actions are as follows:

Action	Timeframe
Form the local drugs strategy partnership	By 1st August
Confirm the footprint for the partnership	By 1st August
Nomination and formal agreement of the (interim) SRO by the Elected Local Authority Leader, Police and Crime Commissioner, Local Authority Chief Executive, Director of Public Health, Regional Probation Director, Integrated Care Board Chief Executive to	By 1st August
Identify and confirm for the local drugs strategy partnership a partnership lead, a public involvement lead and a data and digital lead	By 1st August
Agree terms of reference for the partnership and governance structure	By September
Conduct a health needs assessment across all three ambitions of the strategy	By November
Agree local drug strategy delivery plan	By December
Agree local performance framework	By December
Report on progress to OHID	By April

Confirmations so far regarding the Partnership

15. It has been agreed by The Chief Executive of Nottinghamshire County Council and The Leader of the Council that the Director of Public Health will be designated SRO on an interim basis.

16. The geographical footprint of the Partnership will be Nottinghamshire County as this will enable to the challenges and opportunities of From Harm to Hope to be quickly addressed. As part of early discussion, a number of areas have been identified that will benefit from a joint approach on a Nottinghamshire-wide footprint (e.g. alcohol harm reduction, drug-related deaths, criminal justice pathways, dual diagnosis arrangements).

17. In anticipation of the work that is required to develop suitable terms of reference for the new Partnership, it is proposed that **the scope of should explicitly include the impacts of alcohol misuse on crime and safety and health and wellbeing**. This is because these harms represent a significant burden. As the guidance makes clear, “drug related harm should not be driven down at the expense of increasing alcohol-related harm”. It goes on to propose that areas may address this by ensuring the partnership covers both alcohol and other drugs.

Other Options Considered

18. The recommendations are based on the current evidence available and will be used to inform decision making processes.

Reason/s for Recommendation/s

19. The newly published Guidance for Local Delivery Partners outlined the responsibilities for local Combating Substance Misuse Partnerships.

Statutory and Policy Implications

20. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

21. There are none arising from this report.

RECOMMENDATIONS

The Health and Wellbeing Board is asked-

1) To endorse the arrangements for the Nottinghamshire Combating Substance Misuse Partnership.

Jonathan Gribbin
Director of Public Health
Nottinghamshire County Council

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Constitutional Comments (LW 23/08/22)

22. The recommendation falls within the remit of the Health and Wellbeing Board by virtue of its terms of reference.

Financial Comments (DG 15/08/22)

23. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Report to the Health & Wellbeing Board

7 September 2022

Agenda Item: 6

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

APPROVAL OF THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER: SUBSTANCE MISUSE

Purpose of the Report

1. To request that the Health and Wellbeing Board approve the refreshed Substance Misuse Joint Strategic Needs Assessment (JSNA) Chapter.

Information

Health and Social Context

2. Substance misuse (drugs and/or alcohol) is associated with a wide range of health and social issues and has enormous health and social care financial costs. Dependency in particular is commonly associated with poor outcomes in relation to physical health, mental health, education, training, employment and housing and with anti-social and criminal activity that adversely affects individuals, families and communities.

3. Alcohol alone contributes to more than 60 diseases and health conditions and represents 10% of the burden of disease and death in the UK, placing it in the top three lifestyle risk factors with smoking and obesity. The conditions most strongly related to health inequalities, such as cancer and cardiovascular disease, are associated with alcohol and drug use.

4. Anyone could be at risk of developing a substance misuse problem during their lives. Everyone has the potential to develop an addiction to a health harming behaviour. Specifically, addiction occurs when a behaviour that a person finds temporary pleasure, escape or relief in starts to cause negative consequences, but the person cannot give that behaviour up despite those negative consequences. The behaviour will be acting as a coping mechanism and will be meeting an emotional need that is otherwise not being met.

5. There are recognised risk and protective factors at different stages of life, and these are inextricably linked to the family and community environment. Certain populations are particularly at risk. Resilience is an important personal factor and deprivation is an important social factor in the likelihood of substance misuse issues occurring.

6. Substance misuse does not exist in isolation. Effectively addressing a community's substance misuse issues means addressing the wider determinants of health: the social, economic and environmental factors that impact on peoples' health.

7. Trauma and adversity (particularly in childhood) can also significantly increase the likelihood of an individual developing risk taking behaviour and it is commonly a factor in the development of substance misuse dependence and other health harming behaviours.

8. There is strong evidence of the effectiveness of substance misuse treatment and recovery-orientated interventions, and effective substance misuse services contribute towards many other public health outcomes.

National Context

9. Substance misuse remains a significant national challenge. Over 10 million people in the UK consume alcohol at levels that can adversely affect their health, with 8.5 million drinking at increasing risk levels and 7.3 million people are estimated to binge drink. It is estimated that 2 million people are dependent on substances. There are approximately 814,000 alcohol-related hospital admissions in England 2020-21. It is estimated that 4.5% of pregnant women are substance misusers, equating to 30,200 births. Deaths from substance misuse are rising across England.

10. The Covid-19 pandemic does not appear to have significantly changed drug usage levels but for those who drink alcohol, increased consumption has been reported. There was a 58.6% increase in people reporting that they were drinking at increasing and higher risk levels when comparing March 2020 and 2021. Alcohol-specific deaths increased nationally during the pandemic, thought to be related to the increased heavy drinking habits, and those requiring alcohol treatment are presenting with more complex needs than prior to the pandemic.

11. The new 10-year National Drug Strategy 2021, 'From Harm to Hope: A 10 Year drugs plan to cut crime and save lives' is underpinned by investment of over £3 billion over the next three years, with the aim to reduce drug-related crime, death, harm and overall drug use, deter the use of recreational drugs and work to prevent young people from taking drugs. The three strategic ambitions of the strategy are:

    A. Break drug supply chains
    B. Deliver a world-class treatment and recovery system
    C. Achieve a generational shift in demand for drugs

12. The National Alcohol Strategy 2012 focussed on reducing the number of people drinking excessively and making 'less risky' drinking the norm. There has been no updated national Alcohol Strategy since 2012.

13. As highlighted in the Combating Substance Misuse Partnership report (**Item 5**) there is a requirement for local partnerships to undertake a joint needs assessment across all three strategic ambitions of the national strategy. The content of this substance misuse JSNA chapter will contribute to this needs assessment, notably for ambitions B and C, with the Office of the Police and Crime Commissioner leading on the data analysis for ambition A.

Local Context

14. Local synthetic estimates suggest that there could be in the region of at least 175,600 individuals in Nottinghamshire who use substances frequently and could benefit from a

substance misuse intervention, with 12,800 dependent on substances. These figures are likely to be under-estimates due to the hidden nature of some substance misuse.

15. Nottinghamshire has a greater unmet need for alcohol compared to drugs. About one in ten of the years lost to death or disability in Nottinghamshire are attributable to drug or alcohol misuse (Global Burden of Disease 2019) and substance misuse represents a significant burden on the Nottinghamshire health and social care system. For example, alcohol-specific hospital admission rates are lower than the England average, but rates are higher than the England average in Mansfield and Ashfield. Adult alcohol-related hospital admission episodes are higher than the national average across all districts except Bassetlaw. Adult alcohol-related hospital admission episodes are higher than the England average for both males and females and across all age groups. There are more admission episodes overall in ages 40-64. The most female admission episodes are ages 40-64 and males over 65.

16. The rate of alcohol-specific mortality in Nottinghamshire is similar to the England rate, although Mansfield's rate is significantly higher. Nottinghamshire has slightly lower rates of alcohol-related mortality compared to the England rate, although Bassetlaw has a higher rate. Nottinghamshire and England deaths from drug misuse are rising. Nottinghamshire is lower than England, but Mansfield is higher.

Local Services

17. Change Grow Live (CGL) deliver an all-age substance misuse treatment and recovery-oriented service for individuals and families across all districts of Nottinghamshire. Levels of service activity broadly correlate with deprivation levels across the county. The service works with local partners to improve access to wider support for substance misusers such as sport and leisure, housing, welfare and debt advice, employment and education and opportunities to engage in mutual aid groups and other peer support activities.

18. CGL have approximately 4,500 Nottinghamshire residents in structured treatment at any one time, of which approximately 2,410 are new presentations within that year. 20% of residents leave the service drug and/or alcohol free, which is in line with the national average and Local Authority comparators. Those who successfully leave the service also report improvements in mental wellbeing, employment opportunities, improved housing situations and overall quality of life.

19. For those who are unlikely to leave treatment, benefits gained whilst in treatment are monitored, such as improved physical and mental health and improved social circumstances.

Local Governance

20. Addressing substance misuse is a priority within the Nottinghamshire Joint Health and Wellbeing Strategy 2022 – 2026 and for the Nottinghamshire Integrated Care System (ICS).

21. The Nottinghamshire Substance Misuse Framework for Action and the Nottinghamshire Substance Misuse Strategy Group are currently being reviewed in line with the requirements of the new national drug strategy From Harm to Hope (2021) to ensure local governance and partnership arrangements for tackling substance misuse in Nottinghamshire are fit for purpose to locally drive the delivery of the ambitions of the Drug Strategy across all three strategic

priorities. Ensuring the voices of those with lived experience of substance misuse issues are heard will be central to the new governance arrangements.

22. Alcohol Priorities are driven through the Nottingham and Nottinghamshire Alcohol Harm Reduction Group which reports to the ICS Health Inequalities Board. The Covid-19 pandemic slowed the pace of developments on the local alcohol agenda but momentum is now being built up again.

Unmet needs and service gaps – What we still need to improve

23. The prevalence of substance misuse in Nottinghamshire is difficult to establish, although synthetic modelling indicates that there is still substantial unmet need out there in terms of individuals who would benefit from a substance misuse intervention, particularly regarding alcohol. Alcohol represents the greatest need, particularly post-pandemic.

24. Little is known of substance misusers who come into contact with other services, such as hospital Emergency Departments, primary care, maternity services, mental health services, pharmacy services, fire and rescue services, criminal justice services, social security services, social care services, ambulatory services, homeless and housing services and community and voluntary sector services. Substance misuse data is not consistently or reliably collected due to historical reasons or recent infrastructure changes. An analysis of the sources of referrals to treatment may indicate that substance misusing individuals are not being identified and referred on as levels of self–referral are high.

25. There needs to be a stronger focus and a more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk-taking behaviour.

26. More needs to be done by local partners across Nottinghamshire to reduce the supply of substances in communities, such as influencing the Licensing process by using district level alcohol profiles to identify any cumulative impact arising from a high concentration of licensed premises in a defined geographical area.

27. Post-Covid, work is taking place to ensure pathways for certain cohorts of substance misusers are fit for purpose, particularly for those with mental health issues and those coming through the criminal justice system. Nottinghamshire also aims to build on the excellent co-ordinated partnership work that took place during Covid to support those individuals who suffer multiple disadvantages (including substance misuse, homelessness, mental health and domestic abuse).

28. There is no current systematic process for sharing existing data between partner agencies to provide an overview and basis for action to tackle substance misuse strategically.

29. Historically, there has been a strong focus on drug (in particular, opiate and/or crack) treatment services. A new focus is needed on preventing young people from taking drugs and breaking drug supply chains and a stronger focus is also needed on alcohol education, support and treatment across the system, particularly post-pandemic.

Recommendations for consideration

30. These recommendations should be considered by local partners in the context of having a stronger focus and more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk-taking behaviour.

31. Responsibility for the delivery of the recommendations will be established within the new local substance misuse governance arrangements in line with the requirements of the new national Drug Strategy 'From Harm to Hope' (2021). It is anticipated that overall responsibility will sit with the new local Nottinghamshire Combating Substance Misuse Partnership Board, with alcohol specific actions sitting with the Nottinghamshire and Nottingham City Alcohol Harm Reduction Group.

Governance	
1	Establish a Nottinghamshire Combating Substance Misuse Partnership Board that will deliver the ambitions of the new national Drug Strategy 'From Harm to Hope' and will be led by the relevant partner organisations. This should be co-ordinated and make use of the best available up-to-date evidence. The Board will ensure that local views and the views of those with lived experience are incorporated into its work.
2	Implement locally the new national Drug Strategy, in particular the development of commissioning plans, implementation of commissioning standards, health needs assessments for drugs and alcohol and ensuring capacity in the system for both commissioning and delivery of services.
Commissioning and Service Delivery	
3	Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) in order to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.
4	Commissioners and providers of mental health and substance misuse services should continue to implement and build upon the new Mental Health/Substance Misuse Pathway, including a process for reviewing the effectiveness of the pathway.
5	The new substance misuse criminal justice pathway should be formally evaluated to monitor the impact on treatment outcomes for this cohort.
6	Evidence based trauma programmes and interventions should continue to be implemented across the system to ensure trauma informed local services, including formal evaluation of these programmes and interventions (e.g., Route Enquiry into Adverse Childhood Programme (REACh)).
7	Those who have been in substance misuse treatment for 4 years or more should continue to receive targeted support to move them through the system and exit successfully. For those who are unlikely to leave treatment, improvements made whilst in treatment should be monitored.
Alcohol	
8	In line with the ICS Health Inequalities Strategy priorities, implement targeted interventions to address the significant impacts of alcohol and liver disease, such as

	systematically offering Identification and Brief Advice (IBA) to individuals who are drinking at increasing risk or high-risk levels and improving alcohol interventions in both primary care and secondary care (including hospital Emergency Departments). Where possible, this work should be aligned with the Making Every Contact Count (MECC) workstream.
9	Through the Nottinghamshire and Nottingham City Alcohol Harm Reduction Group, explore why Nottinghamshire and some of its districts are still doing significantly worse than England for certain types of alcohol-related hospital admissions and develop partnership plans to address this. This will require system mapping of the impact of the Covid pandemic on alcohol consumption at the local level, the need (post-Covid pandemic) and existing services available to inform future commissioning.
10	In line with the local Alcohol Plan, District/Borough Councils should consider data presented in their local alcohol profile to inform future alcohol licensing policy and decision making.
Prevention and Early Intervention	
11	Resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance misuse issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.
12	Stakeholders and services should continue to engage in national campaigns and initiatives aimed at addressing substance misuse and promoting healthier lifestyles, such as Dry January, Sober in October and Stoptober.
13	Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance misuse problem, seek help and successfully address it.
14	Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance misuse in the Risk Assessments they complete, and referrals should be made as appropriate, especially regarding parental substance misuse and the impact of that on the child(ren)/family unit.
Data	
15	Explore the barriers and challenges to collecting and sharing data across public sector services regarding substance misusers that come into contact with those services (including hospital Emergency Departments, primary care, maternity services, Police and criminal justice services (including prisons, probation and community rehabilitation companies)) and identify any opportunities.
16	Along with improved data collection and sharing, identify the most effective governance structure to enable a more complete picture and strategic overview of substance misusers who come into contact with public sector services, to enable strategic and targeted action.

Other Options Considered

32. The recommendations are based on the current evidence available and will be used to inform decision making processes.

Reason/s for Recommendation/s

33. The chapter has been written to reflect current local issues.

Statutory and Policy Implications

34. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

35. There are none arising from this report.

RECOMMENDATIONS

The Health and Wellbeing Board is asked-

1) To approve the Substance Misuse (JSNA) chapter that is provided in Appendix 1.

Jonathan Gribbin
Director of Public Health
Nottinghamshire County Council

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Constitutional Comments (GMG 15/08/22)

36. This report falls within the remit of the Health and Wellbeing Board for decision (see Section 7, Part 2, paragraph 8 on page 117 of the Council's Constitution where the Board's Terms of Reference are set out).

Financial Comments (DG 15/08/22)

37. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

JSNA Substance Misuse Young People and Adults

June 2022

Topic information	
Topic owner	Nottinghamshire Substance Misuse Strategy Group
Topic author(s)	Tristan Snowdon-Poole, Hannah Bone
Topic quality reviewed	May 2022
Topic endorsed by	Nottinghamshire Substance Misuse Strategy Group
Topic approved by	Pending approval from Health and Wellbeing Board (7.09.22)
Replaces version	Substance Misuse Young People and Adults: November 2018
Linked JSNA topics	**Children and Young People:** Child Poverty (2016) / Emotional and Mental Health of Children and Young People (2021) / Teenage Pregnancy (2017) / Youth Offenders (2014) / 1001 days: From conception to age 2 (2019) **Adults and Vulnerable Groups:** Domestic Abuse (2019) / Sexual Health and HIV (2019) / Mental Health (2017) **Cross-Cutting Themes:** Health and Homelessness (2019) / Suicide Prevention (2016) / Tobacco control (2020)

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Executive Summary

Definitions and overall approach

- 'Substance misuse' is defined here as 'intoxication by – or regular excessive consumption of and/or dependence on – psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs'[1]. 'Psychoactive substance' means a substance that changes brain function and results in alterations in perception, mood, consciousness, cognition, or behaviour.
- Like the 2018 Joint Strategic Needs Assessment Chapter, this Chapter combines both alcohol and drugs and young people and adults, adopting a life course approach.
- Drugs and alcohol are combined because the use of different substances share similar root causes and can have similar overall effects on the lives of individuals, families and on communities. Also, poly-substance use is very common[2].

This JSNA topic provides an overview of local need and current services regarding substance misuse and identifies unmet needs and gaps. It focusses on substance misuse in the community. It excludes substance misuse amongst prisoners and patients with long term health conditions as a result of substance misuse.

Health and social context:

Substance misuse is associated with a wide range of health and social issues and has enormous health and social care financial costs. Dependency in particular is commonly associated with poor outcomes in relation to physical health, mental health, education, training, employment and housing and with anti-social and criminal activity that adversely affects individuals, families and communities. Alcohol alone contributes to more than 60 diseases and health conditions and represents 10% of the burden of disease and death in the UK, placing it in the top three lifestyle risk factors with smoking and obesity. The conditions most strongly related to health inequalities, such as cancer and cardiovascular disease, are associated with alcohol and drug use.

Anyone could be at risk of developing a substance misuse problem during their lives. Everyone has the potential to develop an addiction to a health harming behaviour. Specifically, addiction occurs when a behaviour that a person finds temporary pleasure, escape or relief from starts to cause negative consequences resulting in the person cannot give that behaviour up despite those negative consequences. The behaviour is acting as a coping mechanism and will be meeting an emotional need that is otherwise not being met.

There are recognised risk and protective factors at different stages of life, and these are inextricably linked to the family and community environment. Certain populations are particularly at risk. Resilience is an important personal factor and deprivation is an important social factor in the likelihood of substance misuse issues occurring.

Substance misuse does not exist in isolation. Effectively addressing a community's substance misuse issues means addressing the wider determinants of health: the social, economic and environmental factors that impact on peoples' health.

Trauma and adversity (particularly in childhood) can also significantly increase the likelihood of an individual developing risk taking behaviour and it is commonly a factor in the development of substance misuse dependence and other health harming behaviours.

There is strong evidence of the effectiveness of substance misuse treatment and recovery-orientated interventions, and effective substance misuse services contribute towards many other public health outcomes.

National context:

National evidence suggests that substance misuse in the UK has reduced significantly in the UK over the last decade. However, substance misuse remains a significant national challenge as:

- Over 10 million people in the UK consume alcohol at levels that can adversely affect their health, with 8.5 million drinking at increasing risk levels and 7.3million people are estimated to binge drink
- It is estimated that 2 million people are dependent on substances.
- There are approximately 814,000 alcohol-related hospital admissions in England 2020-21
- It is estimated that 4.5% of pregnant women are substance misusers, equating to 30,200 births
- Deaths from substance misuse are rising across England
- Binge-drinking remains a concern. Up to one-third of alcohol related A&E attendances are for those under 18.
- Substance misuse is often associated with individuals with more complex needs such as homelessness

In terms of the impact of the Covid-19 pandemic:

- The pandemic does not appear to have significantly changed drug usage levels but, for alcohol, an increase in alcohol sales in shops suggests more drinking at home and it appears that amongst those who do drink, increased consumption was reported. There was a 58.6% increase in people reporting that they were drinking at increasing and higher risk levels when comparing March 2020 and 2021.
- The pandemic also saw a national decrease in alcohol-specific admissions except admissions for alcoholic liver disease
- Alcohol-specific deaths increased nationally during the pandemic, thought to be related to the increased heavy drinking habits
- Those requiring alcohol treatment are presenting with more complex needs than prior to the Covid pandemic
- Nationally, deaths of those in substance misuse treatment increased during the pandemic

For historical reasons, opiate users dominate current treatment systems and further investment and capacity is needed in alcohol treatment, particularly post-Covid.

Addressing substance misuse remains a key national priority. The National Drug Strategy 2021, 'From Harm to Hope: A 10 Year drugs plan to cut crime and save lives' builds on the previous 2017 national drug strategy and aims to combat illegal drugs by cutting off the supply of drugs by criminal gangs and giving people with a drug addiction a route to a productive and drug-free life. The strategy is underpinned by investment of over £3 billion over the next three years, with the aim to reduce drug-related crime, death, harm and overall drug use, deter the use of recreational drugs and work to prevent young people from taking drugs. The three strategic priorities of the strategy are:

- Break drug supply chains
- Deliver a world-class treatment and recovery system

- Achieve a generational shift in demand for drugs

Across England over the next 10 years, the strategy aims to create:

- A further 54,500 new high-quality treatment places
- 21,000 new places for opiate and crack users, bringing a total of 53% of opiate and crack users into treatment
- A treatment place for every offender with an addiction
- 30,000 new treatment places for non-opiate users and alcohol users
- A further 5,000 more young people in treatment
- 24,000 more people in long-term recovery from substance dependence
- 800 more medical, mental health and other professionals
- 950 additional drug and alcohol and criminal justice workers
- Sufficient commissioning and co-ordinator capacity in every Local Authority

The National Alcohol Strategy 2012 focussed on reducing the number of people drinking excessively and making 'less risky' drinking the norm. There has been no updated national Alcohol Strategy since 2012.

It is expected that effective local systems will be those that demonstrate strong partnership working and a 'whole systems' approach to raising their prevention and recovery-orientated ambitions.

Local context:

Addressing substance misuse is a priority within the Nottinghamshire Health and Wellbeing Strategy and for the Nottinghamshire Integrated Care System (ICS). The Nottinghamshire Substance Misuse Framework for Action brings together a strategic partnership approach to tackling the harms caused by all substances. The overall vision of this strategy is to:

'Prevent and reduce substance misuse and related problems through partnership working and using the best available evidence of what works so that we can improve the quality of life for people who live, work and visit Nottinghamshire'.

Ensuring the delivery of the key priorities in the Framework is currently the responsibility of the Substance Misuse Strategy Group which reports to the Health and Wellbeing Board and to the Safer Nottinghamshire Board. The local Framework for Action and the Substance Misuse Strategy Group are currently being reviewed in line with the requirements of the new national drug strategy From Harm to Hope (2021) to ensure local governance and partnership arrangements for tackling substance misuse in Nottinghamshire are fit for purpose to locally drive the delivery of the ambitions of the Drug Strategy across all three strategic priorities. Ensuring the voices of those with lived experience of substance misuse issues are heard will be central to the new governance arrangements.

Alcohol Priorities are driven through the Nottingham and Nottinghamshire Alcohol Harm Reduction Group which reports to the ICS Health Inequalities Board. The Covid-19 pandemic slowed the pace of developments on the local alcohol agenda but momentum is now being built up again. For example, the recently approved Nottinghamshire Health and Wellbeing Strategy 2022-2026 has alcohol as one of its priorities.

Local synthetic estimates suggest that there could be in the region of at least 175,600 individuals in Nottinghamshire who use substances frequently and could benefit from a substance misuse intervention, with 12,800 dependent on substances. These figures are likely to be under-estimates due to the hidden nature of some substance misuse.

Nottinghamshire has a greater unmet need for alcohol compared to drugs. About one in ten of the years lost to death or disability in Nottinghamshire are attributable to drug or alcohol misuse (Global Burden of Disease 2019) and substance misuse represents a significant burden on the Nottinghamshire health and social care system. For example, for hospitals:

- Alcohol-specific hospital admission rates are lower than the England average, but rates are higher than the England average in Mansfield and Ashfield
- Adult alcohol-related hospital admission episodes are higher than the national average across all districts except Bassetlaw
- Adult alcohol-related hospital admission episodes are higher than the England average for both males and females and across all age groups There are more admission episodes overall in ages 40-64. The most female admission episodes are ages 40-64 and males over 65
- Nottinghamshire is significantly worse than England and comparator areas for alcohol-related hospital admissions due to unintentional injuries

In terms of substance misuse-related mortality:

- The rate of alcohol-specific mortality in Nottinghamshire is similar to the England rate although Mansfield's rate is significantly higher
- Nottinghamshire has slightly lower rates of alcohol-related mortality compared to the England rate, although Bassetlaw has a higher rate
- Nottinghamshire and England deaths from drug misuse are rising. Nottinghamshire is lower than England, but Mansfield is higher

Change Grow Live (CGL) deliver an all-age substance misuse treatment and recovery service for individuals and families across Nottinghamshire. Levels of service activity broadly correlate with deprivation levels across the county.

Young peoples' services are focused on reducing harm, preventing substance use from escalating, and preventing young people from becoming substance–dependent adults, working as part of a wider network of universal (e.g., schools, colleges, and youth clubs) and targeted (e.g., youth offending teams and non-mainstream education) services. The service also delivers recovery-oriented behaviour change support and interventions for adults and for families where appropriate. This involves transition from the clinic to the community as the locus of intervention and a commitment to partnership working to improve access to wider support for substance misusers such as sport and leisure, housing, welfare and debt advice, employment and education and opportunities to engage in mutual aid groups and other peer support activities. CGL have approximately 4500 Nottinghamshire residents in structured treatment at any one time, of which approximately 2410 are new presentations within that year. 20% of residents leave the service drug and/or alcohol free, which is in line with the national average and Local Authority comparators. Those who successfully leave the service also report improvements in mental wellbeing, employment opportunities, improved housing situations and overall quality of life. For those who are unlikely to leave treatment, benefits gained whilst in treatment are monitored, such as improved physical and mental health and improved social circumstances.

Local services responded and adapted well to the pressures and demands of the pandemic. However, there continues to be a substantial degree of need among the population, particularly in relation to alcohol misuse. Where substance misuse intersects with other social and health issues there are also further public health concerns to be addressed.

Historically, there has been a strong focus on drug (in particular, opiate and/or crack) treatment services. A new focus is needed on preventing young people from taking drugs and breaking drug supply chains and a stronger focus is also needed on alcohol education, support and treatment across the system, particularly post-pandemic.

Unmet Needs and Service Gaps

The prevalence of substance misuse in Nottinghamshire is difficult to establish, although synthetic modelling indicates that there is still substantial unmet need out there in terms of individuals who would benefit from a substance misuse intervention, particularly regarding alcohol. Alcohol represents the greatest need, particularly post-pandemic.

There needs to be a stronger focus and a more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk-taking behaviour.

More needs to be done by local partners across Nottinghamshire to reduce the supply of substances in communities, such as influencing the Licensing process by using district level alcohol profiles to identify any cumulative impact arising from a high concentration of licensed premises in a defined geographical area.

Post-Covid, work is taking place to ensure pathways for certain cohorts of substance misusers are fit for purpose, particularly for those with mental health issues and those coming through the criminal justice system. Nottinghamshire also aims to build on the excellent co-ordinated partnership work that took place during Covid to support those individuals who suffer multiple disadvantages (including substance misuse, homelessness, mental health and domestic abuse).

Knowledge Gaps

Reliable Nottinghamshire substance misuse prevalence data is difficult to establish. Little is known of substance misusers who come into contact with other services, such as hospital Emergency Departments, primary care, maternity services, mental health services, pharmacy services, fire and rescue services, criminal justice services, social security services, social care services, ambulatory services, homeless and housing services and community and voluntary sector services. Substance misuse data is not consistently or reliably collected due to historical reasons or recent infrastructure changes. An analysis of the sources of referrals to treatment may indicate that substance misusing individuals are not being identified and referred on as levels of self–referral are high.

There is no current systematic process for sharing existing data between partner agencies to provide an overview and basis for action to tackle substance misuse strategically.

Recommendations for consideration by the local system partners

These recommendations should be considered by local partners in the context of having a stronger focus and more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk-taking behaviour.

Responsibility for the delivery of the recommendations will be established within the new local substance misuse governance arrangements in line with the requirements of the new national Drug Strategy ‘From Harm to Hope’ (2021). It is anticipated that overall responsibility will sit with the new local Nottinghamshire Combating Substance Misuse

Partnership Board, with alcohol specific actions sitting with the Nottinghamshire and Nottingham City Alcohol Harm Reduction Group.

Governance	
1	Establish a Nottinghamshire Combating Substance Misuse Partnership Board that will deliver the ambitions of the new national Drug Strategy 'From Harm to Hope' and will be led by the relevant partner organisations. This should be co-ordinated and make use of the best available up-to-date evidence. The Board will ensure that local views and the views of those with lived experience are incorporated into its work.
2	Implement locally the new national Drug Strategy, in particular the development of commissioning plans, implementation of commissioning standards, health needs assessments for drugs and alcohol and ensuring capacity in the system for both commissioning and delivery of services.
Commissioning and Service Delivery	
3	Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) in order to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.
4	Commissioners and providers of mental health and substance misuse services should continue to implement and build upon the new Mental Health/Substance Misuse Pathway, including a process for reviewing the effectiveness of the pathway.
5	The new substance misuse criminal justice pathway should be formally evaluated to monitor the impact on treatment outcomes for this cohort.
6	Evidence based trauma programmes and interventions should continue to be implemented across the system to ensure trauma informed local services, including formal evaluation of these programmes and interventions (e.g., Route Enquiry into Adverse Childhood Programme (REACh)).
7	Those who have been in substance misuse treatment for 4 years or more should continue to receive targeted support to move them through the system and exit successfully. For those who are unlikely to leave treatment, improvements made whilst in treatment should be monitored.
Alcohol	
8	In line with the ICS Health Inequalities Strategy priorities, implement targeted interventions to address the significant impacts of alcohol and liver disease, such as systematically offering Identification and Brief Advice (IBA) to individuals who are drinking at increasing risk or high-risk levels and improving alcohol interventions in both primary care and secondary care (including hospital Emergency Departments). Where possible, this work should be aligned with the Making Every Contact Count (MECC) workstream.
9	Through the Nottinghamshire and Nottingham City Alcohol Harm Reduction Group, explore why Nottinghamshire and some of its districts are still doing significantly worse than England for certain types of alcohol-related hospital admissions and develop partnership plans to address this. This will require system mapping of the impact of the Covid pandemic on alcohol consumption at the local level, the need (post-Covid pandemic) and existing services available to inform future commissioning.

10	In line with the local Alcohol Plan, District/Borough Councils should consider data presented in their local alcohol profile to inform future alcohol licensing policy and decision making.
Prevention and Early Intervention	
11	Resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance misuse issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.
12	Stakeholders and services should continue to engage in national campaigns and initiatives aimed at addressing substance misuse and promoting healthier lifestyles, such as Dry January, Sober in October and Stoptober.
13	Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance misuse problem, seek help and successfully address it.
14	Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance misuse in the Risk Assessments they complete, and referrals should be made as appropriate, especially regarding parental substance misuse and the impact of that on the child(ren)/family unit.
Data	
15	Explore the barriers and challenges to collecting and sharing data across public sector services regarding substance misusers that come into contact with those services (including hospital Emergency Departments, primary care, maternity services, Police and criminal justice services (including prisons, probation and community rehabilitation companies)) and identify any opportunities.
16	Along with improved data collection and sharing, identify the most effective governance structure to enable a more complete picture and strategic overview of substance misusers who come into contact with public sector services, to enable strategic and targeted action.

Full JSNA report

Notable changes from previous JSNA

- Data updated for 2022 where possible.
- Impact of COVID-19 – caution needed when interpreting data/trends over time. Narrative is provided where known or can reasonably be assumed.
- Implications of the new national Drug Strategy 2022.
- Revision of recommendations from previous chapter to reflect recent national developments and current local priorities.

What do we know?

1. Who is at risk and why?

1.1 Risk and protective factors – across the life course:

There is no such thing as a 'typical' substance user as people experiment with or use substances at different points in their life for many different reasons.

Everyone has the potential to develop an addiction to a health harming behaviour. Addiction occurs when a behaviour that a person finds temporary pleasure, escape or relief in starts to cause negative consequences, but the person cannot give that behaviour up despite those negative consequences. The behaviour will be acting as a coping mechanism and will be meeting an emotional need that is otherwise not being met.

Risk factors increase an individual's chances for substance misuse while protective factors can increase the resilience of an individual when faced with a risk factor, thereby reducing the risk of substance misuse. A wide range of factors have been identified, some of which interact with each other, and the evidence suggests that the more risks an individual is exposed to the more likely substance misuse problems will develop. Equally, it is often observed that the more protective factors an individual demonstrates, the less susceptible they are to risky behaviours.

Research has shown that risk and protective factors at the personal, family and social level can affect individuals at different developmental stages of their lives particularly during formative major life transitions, as summarised in Appendix A. In the early years of life, these factors are inextricably linked with healthy child development.

1.2 Risk and protective factors – adverse life events:

Alongside the main formative life course transitions, substance misuse can also be triggered at any point throughout life by adverse events such as traumatic events, relationship breakdowns, conflicts, interpersonal losses, legal problems, or financial concerns. Research suggests that an individual's ability to effectively cope (and therefore avoid problems such as substance misuse) will depend on the individual's level of 'capital', which will largely reflect the degree to which protective factors are or have been present in that individual's life. Capital can be described as the breadth and depth of internal and external resources that an individual has to draw upon in the following domains (Table 1):

Table 1: Capital domains

Personal capital	the skills, experiences and capabilities a person has, including the core enablers of self-esteem, self-efficacy, self-coping and a positive personal identity
Social capital	an individual's social network and connections with others and the resources and opportunities that arise from them
Collective capital	the broader context within which individuals live and the aspects of community life that impact on an individual's chances to effectively cope with adverse events[5]

Source: Best, D., 2012. Addiction Recovery: A movement for social change and personal growth in the UK. Brighton: Pavilion Publishing.

1.3 Certain populations most at risk of substance misuse:

These are presented below broadly in order of the strength of the evidence. For further evidence relating to these risks groups, see Appendix B. Services should be outreaching to these groups.

Young people and troubled family history: There is a growing body of evidence demonstrating that experiences during childhood can affect health throughout the life course (Adverse Childhood Experiences (ACEs))[6]. Children who experience stressful and poor quality childhoods are more likely to adopt health-harming behaviours such as substance misuse in later life and the more ACEs a child is exposed to, the more likely they are to develop problems[7].

Individuals living in deprived areas: Deprivation and social exclusion are likely to have an impact on the initiation and maintenance of substance misuse. People living in more deprived areas are more likely to have entrenched and complex needs and to be frequent substance users, as well as potentially lack access to resources and opportunities to help improve their personal and social capital[8 9].

Individuals with mental health issues: Co-existing mental health and substance use problems may affect 30-70% of those presenting to health and social care settings. However, although there are clear associations between mental health and substance misuse, causality is not always clear[10 11 12 13].

Offenders: Offenders and ex-offenders generally experience greater health inequalities, social exclusion and risk of substance misuse. Prisoners report higher levels of substance misuse: 44% report drug misuse and 31% report alcohol misuse, compared to 8.6% and 22% respectively in the general population.

***Individuals in substance misuse recovery*:** While successful completion of treatment is an important outcome for individuals who have accessed substance misuse services, relapse is often a threat. Individuals in recovery post-treatment are at risk of relapse and other associated risks such as substance-related death[14].

***Domestic violence*:** As well as links to the perpetration of domestic violence, substance misuse can be a response to domestic violence and can increase vulnerability to violence, for example where substances are used as a coping mechanism for people in violent relationships[15].

Men: are more likely than women to use substances and to die from using substances[16]. Approximately 62% of increasing and higher risk drinkers and 76% of frequent drug users are male.

Older people: Over 75% of increasing and higher risk drinkers are over 35, with the highest rates in the 45-64 age group.

Ethnicity: Adults from a mixed background are more likely to have participated in illicit substance taking in the last year compared to other ethnic groups.

Sexual orientation: Lesbian, Gay, Bisexual and Transgender (LGBT) individuals have significantly higher rates of substance misuse than their heterosexual counterparts, with the highest rates amongst males.

1.4 The impact of substance misuse on health and wellbeing

The harms arising from substance misuse are wide-ranging and vary depending on the substance used and the pattern and context of use, but it is well established that substance misuse represents a major public health burden. Substance misuse is linked to the development of a range of acute and chronic conditions, ranging from cancer to road traffic accidents. Substance misuse is known to have an impact on:

- *Physical and mental health*: The use of substances at an early age can have a significant impact on cognitive development and increases the likelihood of sustained use, and therefore greater health harms, in later life. Substance misuse is a contributing factor to many health conditions and long-term substance use can lead to conditions of the vascular system (strokes and heart disease) and liver damage and a range of mental health problems.

- *Sexual health:* Substance misuse can lead to risky behaviours such as early sexual activity, unprotected sex and teenage pregnancy.

- *Mortality rates:* High rates of alcohol-specific mortality and mortality from chronic liver disease indicate a significant population who have been drinking heavily and persistently over the last 10-30 years, with deaths being the highest among men aged 60-64 and women aged 55-59.

- *Relationships and families:* Substance misuse is commonly associated with domestic violence, amongst both victims and perpetrators. Substance misuse can reduce the capacity to parent effectively and the children of substance-misusing parents/carers are more at risk of behavioural problems, low educational attainment and substance misuse problems themselves. Family members and close friends of substance misusers can also be affected, experiencing stress and health problems as a result of being close to and concerned about the person with the substance misuse problem.

- *Crime and anti-social behaviour*: There is a relationship between alcohol and drug use and crime rates and anti-social behaviour, with alcohol in particular being a driver of violent crime and anti-social behaviour. It is widely reported that half of all serious acquisitive crime is drug-related and around three quarters of heroin and crack users commit crime to fund their habit. Higher levels of alcohol-related recorded crimes and violent crimes are likely to be significantly linked to binge drinking and the night-time economy. Alcohol is also a common feature in sexual assaults.

For more key facts, see Appendix C.

Key Points:

Anyone could be at risk of developing a substance misuse problem during their lives, as everyone has the potential to develop an addiction to a health harming behaviour.

Addiction occurs when a behaviour that a person finds temporary pleasure, escape or relief in starts to cause negative consequences, but the person cannot give that behaviour up despite those negative consequences. The behaviour will be acting as a coping mechanism and will be meeting an emotional need that is otherwise not being met.

There are recognised risk and protective factors at different stages of life and these are inextricably linked to the family and community environment. Certain populations are particularly at risk.

Substance misuse has wide-ranging and significant adverse effects on individuals, families, and communities.

2. Size of the issue locally

Unfortunately, it is difficult to estimate how many people across Nottinghamshire are using substances, not least because of the clandestine nature of some substance misuse. The most reliable data comes from those in contact with treatment services, which does not necessarily reflect actual need in the community. It is possible however to:

a. Synthetically model local need based on national data (i.e., applying a percentage representative of Nottinghamshire to published national data on certain populations)
b. Analyse data from other public services (other than substance misuse treatment services) that are likely to come into contact with those who misuse substances. Substance misuse treatment service data will be considered separately in section 4.

2.1 Synthetic local estimates

2.1.1 Drugs:

The best available estimates indicate that in Nottinghamshire:

- **9,615** individuals use drugs frequently (Table 2).
- There is a cohort of **4,292** who use opiates and/or crack problematically (Table 2).
- It is estimated that 48% of the opiate/crack population is in treatment at some point in the year.
- It is estimated that **665** 10 to 17 years olds misuse substances (http://beta.roi.nice.org.uk/CYP).

Table 2: Synthetic estimates of drug use in Nottinghamshire

	In their lifetime:	In the last year:	In the last month:	Use frequently
16-59 year olds (all drugs)				
Any drug	159,320	42,600	23,347	9,615
Class A drugs	71,864	15,396	6,500	---
New Psychoactive Substances	10,536	1,556	---	---
15-64 year olds (estimated dependant drug users)				
Opiate and/or Crack users	---	---	---	4,292 (CI: 2,795- 5,764)
Opiate users	---	---	---	3,608 (CI: 2,579- 4,506)
Crack users	---	---	---	1,673 (CI: 837- 2,541)

Utilising:
2019/20 Crime Survey for England and Wales – URL:
https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020 ONS Mid-Year 2020 Population Estimates
Opiate and crack cocaine use: prevalence estimates by local area 2016-17
https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations

Use of new psychoactive substances such as Mamba and Spice (synthetic cannabinoid receptor agonists (SCRA)) remains prolific among vulnerable cohorts. The overt use of these substances in local town and city centres continues to give rise to significant community concern and personal health risks. The number of SCRA-related incidents recorded by Police fell during the 2020 lockdown period before rising to pre-Coronavirus levels in September 2021. SCRA remains the most commonly seized drug after cannabis and are likely to remain readily available on account of their profitability and ease of production.

2.1.2 Alcohol:

The best available estimates indicate that in Nottinghamshire:

- **160,206** adults drink at levels that pose a risk to their health.
- **8,506** adults are estimated to have alcohol dependency
- Around 19,310 of those drinking at levels that may harm their health are 60+ years old[17].
- Adults who abstain from alcohol has reduced from 94,131 to 82,073
- It is estimated that there are **5114** young people (10-17 year olds) who are drinking at increasing and higher risk levels (http://beta.roi.nice.org.uk/CYP).

Table 3: Synthetic estimates of alcohol consumption in Nottinghamshire

Drinking behaviour in adults:	Estimates:
Adults who abstain from drinking alcohol	82,073
Adults binge drinking on heaviest drinking day	112,276
Adults drinking over 14 units of alcohol a week	160,206
Number of dependent drinkers	8,506 (CI: 6,868 – 10,881)

Utilising:
Local Alcohol Profiles for England - Data - OHID (phe.org.uk) 2015-18 ONS Mid-Year 2020 Population Estimates
Alcohol dependence prevalence in England - GOV.UK (www.gov.uk) 2018-19

2.2 Potential Impact of the COVID-19 Pandemic on prevalence of substance misuse

2.2.1 Drugs:

Broadly, reported drug usage levels did not significantly change during lockdown.

The Crime Survey for England and Wales 19/20 indicated that levels of illicit drug use among adults (9.4%) and young adults aged 16 to 24 (21.0%) saw no significant change between 2019 and 2020 although incremental year-on-year rises have resulted in an increase in prevalence among adults and young adults of 12% and 17% respectively since 2015/16.

The proportion of adults (3.4%) and young adults (7.4%) reporting Class A drug use fell marginally in 2019/20. There were no significant changes in drug use for most individual drug types including cannabis, ecstasy, powder cocaine and new psychoactive substances. The proportion of frequent users of powder cocaine, however, fell from 14.4% to 8.7%.

2.2.2 Alcohol:

The National Report from Public Health England 'Alcohol Consumption and Harm During the COVID-19 Pandemic' (July 2021) highlighted that despite hospitality venues closing for approximately eight months due to a series of national lockdowns, the total amount of alcohol released for sale during the pandemic was similar to before the pandemic.

Data from consumer purchasing panels shows there was a 24.4% increase in alcohol sold in shops and supermarkets in 2020-21 compared to 2019-20, suggesting that people have been drinking more at home. There was a 58.6% increase in people reporting that they were drinking at increasing and higher risk levels when comparing March 2020 and 2021.

Duty-paid wine and spirits increased compared to beer in 2019-2020 (+8.9% and 7.3%) while cider and beer decreased (-16.7% and -14.0%). This likely related to the fact beer and cider are more often bought in on-trade settings.

Key Points:

These figures suggest that there could be in the region of at least 175,600 individuals in Nottinghamshire who use substances frequently and could benefit from a substance misuse intervention, with 12,800 dependent on substances. These figures are likely to be under-estimates due to the hidden nature of some substance misuse.

Alcohol still represents the greatest need (noting that a significant proportion of the drug using population are also likely to be drinking). See recommendations 8 and 9.

Nationally, the COVID-19 pandemic does not appear to have significantly changed drug usage levels. For alcohol, an increase in alcohol sales in shops suggests more drinking at home and it appears that, amongst those who do drink, increased consumption was reported.

2.3 Where individuals with substance misuse issues come into contact with other local public services

The most reliable data is hospital admissions data. Substance misusers are also likely to come into contact with the following services:

- Local Authority:
  - Homeless and Housing services
  - Social Care services
- NHS:
  - Primary Care
  - Hospital Emergency Departments
  - Maternity services
  - Pharmacy services
  - Mental Health services
  - Ambulatory services
- Police and Police and Crime Commissioner:
  - Criminal justice services (including custody suites, prisons, probation and community rehabilitation companies)
- Other Public Sector and Voluntary Services
  - Fire and Rescue services
  - Social Security services
  - Community and voluntary sector services

Local substance misuse data is not collected comprehensively across these agencies. This is either due to historical reasons or to infrastructure and IT changes within organisations. Some information is known (such as of all recorded crimes, 8% are estimated to be alcohol related and 3.2% to be drug offences in 2021) but the picture is incomplete. A brief summary of what is known can be found in Appendix D.

For the following hospital admissions data, it cannot be ascertained whether the individuals involved are accessing substance misuse services or not. It does however help build a local picture of need and the impact this population has on local public services.

For the following hospital admissions data, county-level rates and trends are similar to England and other comparator areas unless otherwise stated. District analysis identifies some differences. Headlines are given below and more comprehensive district level data and trends can be found in Appendix E.

2.3 1 Alcohol-specific hospital admissions

- The data suggested that there has been a reduction in the rate of alcohol-specific admissions in under 18s between 2006 and 2020. The Nottinghamshire rate is lower than that of England's between 2017/18- 2019/20. However, Mansfield and Ashfield have higher admission rates than England.
- For adults (over 18s), there has been a steady increase in the rate of alcohol-specific admissions between 2008 and 2021 across England. The Nottinghamshire rate is lower than that of England. However, Mansfield and Ashfield have higher admission rates than England.

2.3.2 Alcohol-related hospital admissions

There were 4,525 adult hospital admissions across Nottinghamshire for alcohol-related conditions in 2020-21.

- Nottinghamshire has on average higher rates than the England average (535 per 100,000 compared to 456 per 100,000). Only Bassetlaw has lower rates than the England average.
- Admission episodes for males are higher than the England average in Nottinghamshire and higher in Mansfield, Ashfield, Broxtowe and Gedling specifically.
- Admission episodes for females are higher than the England average across Nottinghamshire and in all districts. They are highest in Mansfield and Newark & Sherwood.
- Admission episodes are higher than the England average across all age groups. Most of the individual district level results are also higher. There are more admission episodes overall in 40-64. The most female admission episodes are ages 40-64 and males over 65.

2.3.3 Alcohol-related hospital admissions due to unintentional injuries

- Nottinghamshire has higher rates than the England average for alcohol-related hospital admissions due to unintentional injuries, which include road or pedestrian traffic accidents, alcohol poisoning and fall and fire injuries. Rates are significantly worse for both males and females and in all districts except Rushcliffe and Bassetlaw.
- Nottinghamshire is the only area worse than England amongst its comparator areas.

2.3.4 Hospital admissions due to substance misuse

Hospital admissions due to substance misuse in 15-24 year olds have gradually risen across England and Nottinghamshire since 2008. For 2018/19-2020/21 there were 215 admissions across Nottinghamshire, a rate of 83.9 per 100,000 population compared to the England rate of 81.2.

2.4 Mortality and substance misuse

Deaths of people in drug and alcohol treatment increased during the pandemic and have not returned to their pre-pandemic levels. These deaths are mostly not attributable to COVID-19 itself, though they may be connected to restrictions on people's freedoms and related stresses, and to unavoidable changes in healthcare services and practice made necessary by the pandemic.

2.4.1 Alcohol

The rate of alcohol-specific mortality has increased nationally at approximately 13.0 per 100,000 population in 2020 from 10.9 in 2019. The number of alcohol-specific deaths has increased between 2019 and 2020, from 5,820 to 6,985. This increase has been confirmed in previously published reports from the Office for Health Improvement and Disparities (OHID) in the Alcohol Consumption and Harm During the COVID-19 Pandemic report and the Office for National Statistics (ONS) in the Quarterly Alcohol Specific Deaths report.

In Nottinghamshire, the rate of alcohol-specific mortality is similar to the England rate (at 11 per 100,000 population) although Mansfield's rate is significantly higher at 18.3 deaths per 100,000 population.

Alcohol-related mortality in England has remained relatively high. There were an estimated 20,468 alcohol-related deaths in England in 2020 representing a 4.8% increase compared to 2019 (an increase in the rate from 36.4 to 37.8 per 100,000 population).

Nottinghamshire has slightly lower rates of alcohol-related mortality compared to the England average (33.5 per 100,000 compared to 37.8 per 100,000), although Bassetlaw has a higher rate than the England average (39.8 per 100,000).

Table 4: Alcohol-related mortality in England and Nottinghamshire

Number of alcohol-related deaths:	**2018**	**2019**	**2020**
England	**19,308 (36.5)**	**19,530 (36.4)**	**20,468 (37.8)**
Notts	**293 (34.3)**	**329 (38.3)**	**292 (33.5)**

Source: Local Alcohol Profiles for England - OHID (phe.org.uk)

There were 7,402 deaths due to chronic liver disease in England in 2020, an increase from 6,530 in 2019, representing a 13.3.% increase (and an increase in rate from 12.2. to 13.7 per 100,000 population). A similar increase to that seen in alcohol-specific deaths is to be expected as a significant proportion of alcohol-specific deaths are due to alcoholic liver disease.

2.4.2 Drugs

Between 2018-2020, there were 8185 deaths across England. The latest data from the Public Health Outcomes Framework for deaths due to drug misuse shows 65 deaths across Nottinghamshire between 2018 and 2020. The table below shows the district breakdown (Table 5). Both England and Nottinghamshire rates have been rising since 2011, but Nottinghamshire has consistently had lower rates. However, at district level, Mansfield has a slightly higher rate.

Table 5: Deaths due to Drug Misuse in England and Nottinghamshire

Area	Count	Value (per 100,000)
England	8,185	5.0
Nottinghamshire	65	2.8
Mansfield	16	5.3
Bassetlaw	13	4.0
Newark and Sherwood	11	3.3
Ashfield	9	-
Broxtowe	3	-
Gedling	4	-
Rushcliffe	9	-

There is an increasing population of long term in-treatment service users who are now suffering from other health complications as a result of their continued substance misuse. The Nottinghamshire substance misuse service (Change Grow Live (CGL)) has reported an increase in incidents for service users who are on low opiate substitute methadone prescribing but with high alcohol usage.

2.5 The Impact of Covid on alcohol hospital admissions and deaths

The 2021 OHID report showed that nationally:

- During the pandemic (2020), rates of unplanned admissions to hospital for alcohol specific causes decreased by 3.2% compared to 2019. The decrease was thought to be due to reduced admissions for mental and behavioural disorders due to alcohol use.
- Unplanned admissions for alcoholic liver disease were the only alcohol specific unplanned admission type to increase between 2019 and 2020. (13.5%). From June 2020 there were significant and sustained increased in the rate of unplanned admissions for alcoholic liver disease.

There were rapid decreases in the rate of alcohol specific admissions which coincided with the start of the pandemic, but this is not unique to alcohol. They remained significantly lower than baseline throughout 2020 and 2021. The 'lockdown effect' likely related to psychological factors where people avoided hospitals due to easing pressure on the NHS and avoiding high risk settings for covid.

- Alcohol-specific deaths increased by 20.0% in 2020 (from 5,819 in 2019 to 6,983) and alcoholic liver disease accounted for 80.3% of alcohol specific deaths in 2020.
- There was a rapid increase in the number of alcoholic liver disease deaths, rising by 20.8% between 2019 and 2020, compared to a rise of 2.9% between 2018 and 2019.
- Deaths from mental and behavioural disorders due to alcohol increased by 10.8% between 2019 and 2020 (compared to a 1.1% increase between 2018 and 2019), but hospital admissions were down.
- Deaths from alcohol poisoning increased by 15.4% between 2019 and 2020 (compared to a decrease of 4.5% between 2018 and 2019), but hospital admissions were down.
- In 2020, 33.0% of all alcohol-specific deaths occurred in the most deprived 20% and 10.7% in the least deprived quintile.

The upwards trend in alcohol specific deaths was brought about by increases in deaths from alcoholic liver disease. From July 2020 rates of alcoholic liver disease were significantly and consistently higher than baseline. Although alcohol related cirrhosis can take a decade or more to develop, most deaths occur due to acute-on-chronic liver failure, due to recent alcohol intake and heavy drinking. The report suggested liver mortality rates responded to changes in population level drinking - particularly the increase in drinking patterns in heavy drinking seen in the pandemic.

Tackling alcohol consumption is an essential part of the UK governments COVID-19 recovery plan and data will continue to be collected. Nationally there are plans for long-term sustained action to prevent and reduce liver disease as a priority for public health. This is especially important due to the increased consumption of alcohol seen in the pandemic.

In the national Covid context of increased mortality from alcohol and liver disease, work is needed to understand the impact of Covid on alcohol consumption at a local level and whether local services are equipped to deal with the treatment need arising from this. Through the Nottingham and Nottinghamshire Alcohol Harm Reduction Group, system mapping will be carried out (post-Covid) on need and existing services available to inform any future commissioning of services for any identified gaps. Emergency Departments in local hospitals and Primary Care have been identified as areas where further developments or commissioning of support services will need to take place.

2.6 The Impact of Covid on drug related deaths

The OHID report 'Adult Substance Misuse Treatment Statistics' in November 2021 noted a 27% increase in the number of service users who died whilst in drug and/or alcohol treatment 2020 to 2021. It is likely that several factors contributed to this increase such as changes to alcohol and drug treatment, reduced access to other healthcare services, changes to lifestyle and social circumstances in lockdown and Covid-19 itself.

Key Points:

- Hospital admissions data is the most reliable source of data. Local substance misuse data is not collected comprehensively across other public sector agencies. Some information is known but the picture is incomplete. Improved substance misuse-related data collection and sharing is required across public sector agencies (such as hospital Emergency Departments, Primary Care, maternity services and criminal justice agencies) if substance misuse is to be tackled strategically in a co-ordinated way.

- Nottinghamshire's alcohol-specific hospital admission rates are lower than the England average, but rates are higher than the England average in Mansfield and Ashfield

- Nottinghamshire adult alcohol-related hospital admission episodes are higher than the national average across all districts except Bassetlaw. Admissions for females are higher than the England average in all districts.

- Nottinghamshire adult alcohol-related hospital admission episodes are higher than the England average for both males and females and across all age groups. Most of the individual district level results are also higher. There are more admission episodes overall in ages 40-64. The most female admission episodes are ages 40-64 and males over 65.

- Nottinghamshire is significantly worse than England and comparator areas for alcohol-related hospital admissions due to unintentional injuries.

- The rate of alcohol-specific mortality in Nottinghamshire is similar to the England rate although Mansfield's rate is significantly higher

- Nottinghamshire has slightly lower rates of alcohol-related mortality compared to the England rate, although Bassetlaw has a higher rate

- Nottinghamshire and England deaths from drug misuse are rising. Nottinghamshire is lower than England, but Mansfield is higher.

Impact of the COVID-19 Pandemic:

- The COVID-19 pandemic saw a national decrease in alcohol-specific admissions except admissions for alcoholic liver disease.

- Alcohol-specific deaths increased nationally during the pandemic, thought to be related to the increased heavy drinking habits.

- Nationally, deaths of those in substance misuse treatment increased during the pandemic

- In the national Covid context of increased mortality from alcohol and liver disease, work is needed in Nottinghamshire to understand the impact of Covid on alcohol consumption at a local level and whether local services are equipped to deal with the treatment need arising from this. See recommendations 8 and 9.

3. Targets and performance

Nottinghamshire currently works to 3 strategic themes of Reducing Demand, Restricting Supply and Reducing Harm (through the provision of effective services). There are currently no agreed targets or performance measures for the themes of Reducing Demand and Restricting Supply. For Reducing Harm, substance misuse treatment service targets are in place (Table 7).

Nottinghamshire's substance misuse treatment services are recovery oriented. Nottinghamshire has adopted the UK Drug Policy Commission definition of recovery which is *'voluntarily sustained control over substance use which maximises health and well-being and participation in the rights, roles and responsibilities of society'*. Recovery is the best word to summarise the positive benefits to physical, mental, and social health that can happen when substance-dependent individuals get the help they need. It is a concept based on principles of empowerment, choice and hope and focusses on strengths rather than weaknesses/pathologies.

Although recovery is a personal journey and varies between people and settings, it is not entirely unpredictable. Recovery is social in nature with recovery journeys involving other people and taking place in social settings. Recovery is also a social movement of change that helps to build and transform local communities and recovery successes should be visible to communities. Recovery does not occur in treatment, although treatment may be both a catalyst and a prerequisite for some people.

Since 2014, Change Grow Live (CGL) have delivered all substance misuse treatment and recovery services across Nottinghamshire. Since 2020 they have mobilised an integrated all age substance misuse treatment and recovery service which incorporates drug and alcohol services and support for all ages and to families where appropriate. The service offers support for individuals as well as children and family members impacted by someone else's substance misuse. It is free and confidential with bases in Mansfield, Worksop and County South (Monday-Friday 9:00-17:00 with some weekend and evening provision).

It is an outcome-based contract and the provider has complete operational and financial flexibility to configure services as they see fit to meet the needs of the local population and the high level contract outcomes. The service is:

- Focussed on recovery- recognising that this is not just a process of shedding symptoms but a process of growth and wellbeing, focussing on the potential, not the pathology
- Strengths and assets-based – which values the capacity, skills, knowledge, connections and potential in individuals, families and communities. Community assets are utilised to support individuals to achieve and sustain their recovery goals
- Integrates drug and alcohol services and focusses on behaviour change – seeing the substance(s) of choice as only the manifestation of an individual's problems
- Focussed on outcomes – empowering the provider to use the best evidence of what works, to innovate and develop staff and services to deliver outcomes that are meaningful for individuals, families, and communities
- Services (delivered in a range of settings) include community based advice, support and structured treatment, psychological and pharmacological interventions, criminal justice-specific interventions, Needle and Syringe Programmes, supervised consumption services, inpatient and community detoxification services, residential rehabilitation service placements, harm reduction services, blood borne virus testing and vaccinations, training and development of the wider workforce to raise drug and alcohol awareness and deliver drug and alcohol interventions, hospital substance misuse liaison services, opportunities for volunteering and employment readiness services, peer support and recovery community support and referrals to other support services where relevant

Broadly, the service offers 2 phases of support of increasing intensity and focusses on behaviour change (Table 6). The pathways are not defined by the substance(s) of choice:

Table 6: CGL phases of support:

Brief Assessments	Single brief intervention that offers screening, information, low level advice and guidance, with sign posting as required. This cohort includes needle exchange/harm reduction provision and anyone scoring 8 or under on audit C*.
Structured Treatments	A comprehensive package of concurrent or sequential specialist drug and alcohol focused interventions.

**Audit C is* a brief alcohol screening tool that can help identify individuals who are drinking at harmful or dependent levels

Service user involvement underpins all phases and is integral to service design, quality development and improvement plans.

Broadly over the life of the contracts, CGL performance is excellent and the service is consistently meeting or exceeding its local contract targets. These targets are set locally and encapsulate all individuals who come into contact with the service and, as such, do not directly align with Public health Outcome Framework measures (which relate to only the structured care planned treatment cohort).

Table 7: Current substance misuse service performance on key outcomes

Outcome:	Targets	Current Performance:
1. Referrals in		6743 unique individuals supported
2. Improving successful discharges from the service (not split by substance)	15%	20%. There has been a significant reduction in unplanned discharges. Re-presentations remain low
3. Increasing engagement in education, training and employment (including volunteering)	20%	33%

4. Improving mental health and wellbeing	80%	81%
5. Improving housing situations	50%	89%

NOTE: 2,3,4 and 5 are measured via NDTMS and Treatment Outcome Profiles

In line with the national picture, there is an ageing opiate using cohort in treatment. As at June 2018 there were 744 individuals who have been in treatment for 4 years or more. There has been an increase in the number of opiate treatment clients who have been in treatment for over 6 years. Locally this is 36%. Nationally, it is 31.7%.

It is essential that this cohort's needs are addressed either to:

- Move them through and out of treatment and achieve their recovery goals. The evidence suggests this could happen for approximately 10% of this population. Or;
- Improve their quality of life while they remain in treatment. For a large proportion of this cohort, they may never leave treatment. Whilst in treatment, many benefits are gained to the individual (e.g. improved physical health, mental health and social circumstances) and to the community (e.g. reduced crime). Improvements made whilst in treatment are being monitored for this cohort.

Covid-19 Impact

Alcohol and drug treatment services were subject to restrictions and limitations early in the coronavirus (COVID-19) pandemic. This required significant changes and flexibility in how services were delivered to keep staff and service users safe. This included changes to medication dispensing, reducing in-person interactions, and introducing new and expanded remote interventions. The service adapted well to the local pressures and demands of the pandemic.

Most of these restrictions have now been lifted and services have reviewed and revised their practice, mostly returning to pre-pandemic guideline-compliant practice. However, some of the changes to practice were (and could still be) beneficial to service users. These will be continued where appropriate and in line with clinical guidance.

Key Points:

Public Health commission an all age substance misuse treatment and recovery service for all districts of Nottinghamshire from CGL. Service performance is excellent and meeting or exceeding contract targets. Services were flexible and adapted well to the pressures of the Covid-19 pandemic.

A focus is needed on supporting those who have been in substance misuse treatment for 4 years or more to exit treatment successfully. For those who are unlikely to leave treatment, improvements made whilst in treatment are being monitored. See recommendation 7.

4. Current activity, service provision and assets

The diagram below (figure 1) outlines the current provision across the domains of Reducing Demand, Restricting Supply and Reducing Harm (through the provision of effective services), all underpinned by the wider determinants of health. These 3 themes form the work streams of the current Nottinghamshire Substance Misuse Strategy Group and the Framework for Action.

This Framework for Action and the configuration of the Nottinghamshire Substance Misuse Strategy Group and governance infrastructure is currently being reviewed to reflect the new requirements within the new National Drug Strategy 'From Harm to Hope' 2021. This will be in line with national guidance as it is released.

Figure 1: Current Nottinghamshire provision and activity

Theme: Reducing demand	***Theme: Restricting supply***	***Theme: Reducing Harm***
Young People Education and Prevention programmes Early intervention: Healthy Family Programme Targeted Support & Youth Justice Early Help Unit Supporting national substance-related campaigns – e.g., Dry January/Alcohol Awareness Week/FRANK Supporting healthy lifestyle messages – e.g. One You/Making Every Contact Count (MECC)	Drug Seizures Alcohol Licensing Minimum Unit Pricing Trading Standards Night-Time Economy Initiatives	Specialist Substance Misuse services for Young People, Adults and Families Secondary Care – long term health conditions caused by substance misuse
Wider determinants of health (the social, economic and environmental conditions that influence health)		

4.1 Education and Prevention – Young People

- There are currently a number of organisations providing education around substance misuse for young people in schools (sometimes via PSHE sessions) and other youth-centred services. However, the level and quality can be varied as schools and academies commission programmes independently based on their own needs and there is no universal standard.

- The Nottinghamshire County Schools Health Hub (SHH) has been in place since January 2017 working as part of the Tackling Emerging Threats Team. The SHH co-ordinators quality assure substance misuse interventions offered to schools with a focus on the evidence-base, the impact on children and young people and cost effectiveness. Schools are supported to develop lesson plans, guidance and policies to support substance misuse prevention. Protection from and prevention of substance misuse as with all risk-taking behaviours and lifestyle choices, is underpinned by

good mental health and wellbeing i.e., self-awareness, self-confidence, self-possession, self-esteem and ultimately self-efficacy.

- Up to March 2021, Public Health and Nottinghamshire CCGs commissioned resilience programmes to build emotional health and wellbeing for children and young people attending Nottinghamshire schools. The menu of evidence-based quality assured interventions was available to schools via the Schools Portal. In Nottinghamshire, Each Amazing breath CIC Take Five at School (north and west of the county) and Young Minds Academic Resilience Approach (south of the County) were commissioned. It was provided to 60 schools across the county based on JSNA child population data on emotional mental health and wellbeing prevalence most commonly anxiety, depression and conduct disorder, and the Schools Income deprivation affecting children Index (IDACI) with the programmes offered to the schools whose pupils and students were likely to have the highest need. This is the population of children and young people most affected by adversity and Adverse Childhood Experiences (ACEs) and science demonstrates that they are more likely to have health inequalities arising from risk taking behaviour like substance misuse. There is now sufficient understanding in schools of the value of Trauma Informed approaches and strength based approaches in language development about feelings and physical practice to release the embodiment of stress that there will be some degree of sustainability.

  During the early stages of the pandemic and during lockdowns, the Each Amazing Breath Take Five at Schools Programme moved to online learning with bespoke training VTs, Zoom access to advice and online materials. Young Minds Academic Resilience Approach stopped during the pandemic. The evaluation was brought to an early close as the school environment and population changed so much that it was difficult to relate and compare results. An impact assessment report is due shortly from Each Amazing Breath commissioned by Bassetlaw CCG, reflecting on seven years of Take Five in Bassetlaw.

4.2 Early Intervention – Young People

Healthy Family Programme (0-19 years)
This service offers brief intervention and referral into open access and specialist substance misuse services via schools and targeted school-based group work, community based holistic health and wellbeing drop-in sessions and following contact made by young people via CHATHEALTH (young peoples' texting service).

Targeted Support and Universal Youth Services
This service works with young people demonstrating signs of lower-level substance misuse. It provides advice and guidance on lifestyle choices and addresses issues for vulnerable adolescents such as homelessness, educational welfare as well as substance misuse.

CAMHS Head2Head
The Head2Head team has an early intervention role as well as a specialist substance misuse treatment role. The team works with young people across Nottinghamshire aged up to 18 (19 if they are working with a Youth Offending Team) who have significant issues with substance misuse. They work within the Targeted Support and Youth Justice Team supporting young people with lower level substance misuse issues and provide training and awareness raising for generic staff working with young people. Young people at risk of substance misuse issues aged 14-16 have been identified as a group particularly at risk of not accessing services or disengaging with them. These are a particularly vulnerable cohort as they move towards the transition from young people services to adulthood/adult services (see Recommendation 14).

4.3 Making Every Contact Count (MECC)

Nottinghamshire County Council is committed to adopting a MECC approach. Making Every Contact Count is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. Staff across health, local authority and voluntary sectors have thousands of contacts every day with individuals and are ideally placed to promote health and healthy lifestyles. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.

- *For organisations*: MECC means providing their staff with the leadership, environment, training and information that they need to deliver the MECC approach.

- *For staff*: MECC means having the competence and confidence to deliver healthy lifestyle messages, to help encourage people to change their behaviour and to direct them to local services that can support them.

- *For individuals*: MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health.

MECC focuses on the lifestyle issues that, when addressed, can make the greatest improvement to an individual's health:

- Stopping smoking
- Drinking alcohol only within the recommended limits
- Healthy eating
- Being physically active
- Keeping to a healthy weight
- Improving mental health and wellbeing

Where individuals are identified by frontline health and social care workers as drinking at increasing risk or high risk levels, identification and brief advice (IBA) should be provided with the aim of encouraging them to reduce their consumption to lower risk levels. This is a prevention (not treatment) approach aimed at helping at-risk drinkers to make informed choices about their drinking.

MECC and IBA are not currently systematically carried out or recorded across agencies in Nottinghamshire.

4.4 Substance Misuse Treatment - Young People (Under 18s)

Headlines are presented here. For more detailed information see Appendix F.

- As at March 2021 there were 55 young people in treatment for substance misuse
- The number of young people accessing treatment increased throughout the 2020-2021 period. There was a 34% increase of young people in treatment when comparing 2019 and 2020 (which contrasts with the national picture).
- Within Children and Families services, 68% of referrals were from Targeted Support. This has decreased from 95% in 2018.

- The majority of young people accessing treatment are 16-17 with the main substances of choice being cannabis and alcohol. The majority are male.
- Those presenting to services demonstrate wider vulnerabilities such as domestic abuse, mental health problems and self-harm. In particular, Nottinghamshire has a large proportion of young people in treatment who are not in education, employment or training (NEET) when compared to national trends. Nottinghamshire's level of those in NEET is much higher than the East Midlands and national averages.
- Compared to 2018, there has been an increase in treatment length in young people. The majority of treatment in 2020-2021 lasted between 27-52 weeks (31%), compared to the majority being treated within 0-14 weeks (45%) in 2018. However, this is at least in part due to the pandemic and retaining young people in treatment for safety.

4.5 Substance Misuse Treatment - Adults

In Nottinghamshire, local data on all individuals who come into contact with the community adult substance misuse service is collected. Headlines are presented here. Further detail can be found in Appendix G. The data is from the CGLs own IT system and relates to the latest available 2 years of data. It is not possible to benchmark with England or other areas as the key performance measures and outcomes have been locally determined and do not align directly with national (NDTMS) measures.

Alcohol and drug treatment services were subject to restrictions and limitations early in the coronavirus (COVID-19) pandemic and had to change their practices to keep staff and service users safe. This included reducing in-person interactions and introducing new and expanded remote interventions. Most of these restrictions have now been lifted. Throughout lockdown periods CGL saw reduced numbers in brief assessments and slightly increased structured treatments when comparing 2019-2020 and 2020-2021.This suggests more complex individuals were requiring treatment in the pandemic. There was a reduction in 18-24 year olds and an increase in over 65s in assessments.

During the pandemic there was also a reduction in the numbers of individuals who were in substance misuse treatment and who were also in the criminal justice system. The lockdown period resulted in reduced police activity and less opportunity to commit crime. There were no referrals to CGL from arrests in 2020-2021 compared to over 20% in 2019-2020. There were also fewer referrals from courts.

CGL have supported 6,743 individuals in the latest contract year. Current performance for successful completions of treatment and related outcomes and re-presentations exceeds targets (see section 3 above). Appendix G looks more closely at the last year of June 2020-May 2021. Key data are as follows (Table 8):

Table 8: CGL data for 2 year period since last JSNA (June 2019 – May 2021)
Key data split by Brief Assessment and Structured Treatment

Phase:	No. unique individuals seen in Nottinghamshire	Referrals	Age & Gender	Parental Status
Brief Assessments (Data: Jun 2019 – May 2021)	1246 Plus 56 no fixed abode Total; 1302 individuals	Approx. 72% of referrals are from Hetty's*, Hospital or Self (29% of referrals are from Hetty's)	Mostly males aged 25-34	---
Structured Treatment (Data: Jun 2019 – May 2021)	5365 Plus 76 no fixed abode Total: 5441 individuals	Approx. 80% of referrals are from Self, Other Drug Services or Prison. (69% of referrals were Self)	Mostly males aged 35-44	24% (1184 clients) living with children 40% Not a parent

Source: CGL
* Hetty's work with CGL to provide support for family members of substance misusers

Over this 2 year period, 12% of clients were also in the criminal justice system (639 individuals). This is compared to 22% in the JSNA in 2018. The reduction is due to the impact of Covid with fewer individuals being referred into treatment. 47% were parents, with 11% living with children.

Broadly, levels of service activity by district correlate with deprivation levels (see Appendix G).

For Nottinghamshire overall (district data not available), 2020 data on the Public Health Outcomes Framework indicates:

- Successful completions of drug treatment (opiate users) is 4.5% (91 individuals) which is similar to England (4.7%). The trend has been decreasing both nationally and locally since 2017.
- Successful completion of drug treatment (non-opiate users) is 30.3% (190 cases) which is also similar to England (33%). The Nottinghamshire figure has decreased from 39% in 2018 (and in England from 36.9%)
- Successful completions of alcohol treatment is 37.3% which is similar to England (35.3%). This has decreased from 44.9% in Nottinghamshire in 2019

The reduction in successful completions both nationally and locally are at least in part due to the pandemic (where services have retained individuals in treatment for longer than usual for safety reasons).

4.6 CGL services and individuals with protected characteristics

Certain groups with protected characteristics are known to likely be at risk of substance misuse. Although the true extent of population treatment need in Nottinghamshire's communities may not be known (and therefore not fully known whether particular groups are under-represented in treatment), CGL adapt and respond appropriately to the needs as and when they present to their services. Examples include:

- Treatment is individual and tailored and CGL will support individuals according to their unique expectations e.g., someone being called by their preferred name.
- There is a tailored offer specific to women and CGL are linking in with Women's Aid to support this group. CGL also have a specific pregnancy pathway.
- CGL provide staff training on domestic abuse in the LGBTQ+ community and male survivors.
- CGL have prioritised those with mental health problems due to its prominence in referrals. They are recruiting mental health practitioners as part of the mental health transformation work. Work by Commissioners and providers of mental health and substance misuse services is taking place to improve this pathway, including a process for reviewing the effectiveness of the pathway.

4.7 Impact of Covid

The pandemic changed the way in which services were delivered and the local service adapted well to the pressures and demands of the pandemic in order to keep staff and service users safe.

During the pandemic, there was an increase in opiate presentations to treatment during the first wave/lockdown. There has also been a resultant rise in presentations for alcohol treatment and those presentations have become more complex, indicating a need to identify alcohol treatment need further 'upstream' and engage individuals in treatment earlier as well as ensure sufficient capacity in the treatment system to meet future demand. These issues are reflected nationally.

The Covid period also affected criminal justice referrals into substance misuse treatment. Work is underway to ensure these pathways are effective and fit for purpose post-Covid, with an evaluation taking place of a new pathway for this cohort.

Local partners worked closely and effectively during the pandemic to ensure those with multiple disadvantages were supported (in particular, those experiencing substance misuse issues, homelessness, mental health and domestic abuse). Nottinghamshire wish to build on this work for the future and continue to work in an integrated and co-ordinated way across service boundaries. Nottinghamshire are looking to embed the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners to continue this co-ordinated system response and to establish a long-term, sustainable change in the way that complex problems and systems are understood and operate.

Key Points:

Education and Prevention:

Agencies within Nottinghamshire should continue to support national and local initiatives aimed at reducing the supply of and demand for substances within the community. (See Recommendation 12)

Education and prevention programmes should be quality assured with a focus on the evidence base, the impact and cost effectiveness. (See Recommendation 11)

Treatment:

CGL have supported 6,743 individuals in the latest contract year. 12% of the in-service population are also in the criminal justice system.

There are high levels of self-referrals to treatment. (See Recommendations 3, 5 & 7)

Levels of service activity broadly correlate with deprivation levels across the county.

Successful treatment completion rates are similar to England but the trend is worsening nationally and locally. This may be at least in part due to the pandemic and treatment services retaining people in treatment for safety.

Local services responded well to the pressures and demands of the pandemic.

Those requiring alcohol treatment are presenting with more complex needs than prior to the Covid pandemic. (See Recommendations 8 & 9).

Specific work is taking place to improve pathways between substance misuse services and mental health and criminal justice services. (See Recommendations 4 & 5)

Nottinghamshire aims to build on the co-ordinated partnership work that took place during the pandemic in delivering effective interventions to those with multiple disadvantages. (See Recommendation 3)

5. Local Views

As of writing the JSNA in 2022, there have been no recent local views gathered so the local views from the 2018 JSNA remain (see below). Public consultation did take place however when the local substance misuse community treatment and recovery service was tendered and re-commissioned as of April 2020. Feedback informed the design of the Nottinghamshire all age/family substance misuse treatment and recovery service.

From previous JSNA: an extensive evaluation of the views of young people in treatment was undertaken by Nottingham Trent University in 2012. It is felt that much of the information gathered remains relevant. For details, please see http://www.nottinghaminsight.org.uk/d/99366/Download/Health-and-Social-Care/County-JSNA-Library/JSNA-Topics-and-Summaries/County-JSNA---Children-and-young-people-chapter/

The Integrated Commissioning Hub at Nottinghamshire County Council undertook a survey in 2014 to establish the key health and wellbeing priorities for young people. The survey received over 1200 responses and included questions about substance misuse. When asked what is the most important thing for being healthy 4.7% of the young people (aged 11-25) that responded highlighted the issue of substance use. This ranked higher than sexual health, education and access to health services. It was superseded by the importance of family and friends, diet and exercise and emotional health and wellbeing. Young people were also asked how they typically access information regarding their health with 46% suggesting they would search about it online. 9.3% of all respondents then identified accessing information on substance use online as a priority. It was suggested that a lot of information provided is designed to prevent young people from using substances, whereas they feel they are able to make educated decisions independently. This has been captured in the recommendations set out in the Young People's Health Strategy (http://www.nottinghamshire.gov.uk/DMS/Document).

At Change Grow Live, the people they support play an active role in helping to shape and improve services. CGL recruit service user representatives - these are people who may still be in treatment or who consider themselves to have lived experience. They attend and contribute to meetings and promote the many ways that service users can give feedback and they actively seek feedback from service users. CGL operate a "You Said We Did" approach to feedback.

Where there are new developments or projects within any specific CGL teams, there are ongoing consultations with service users.

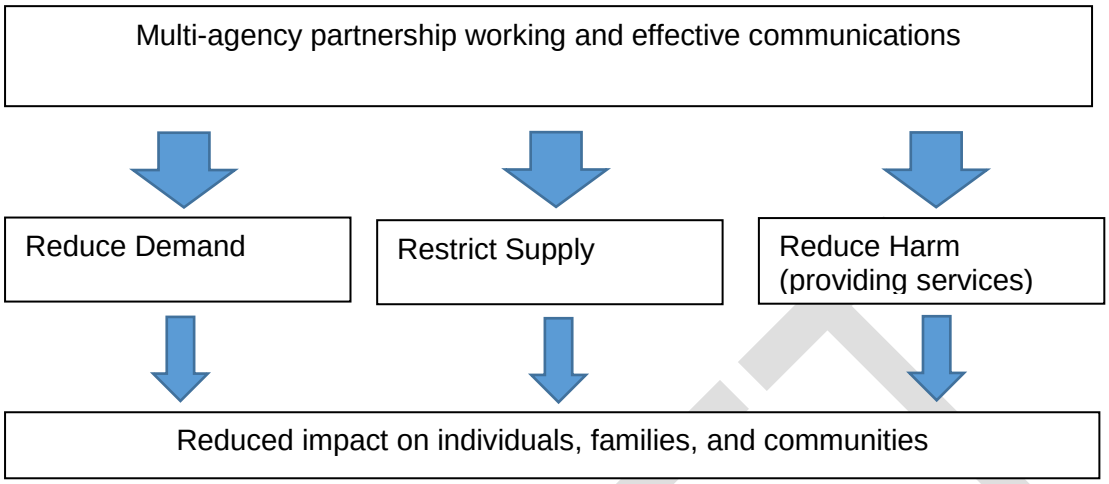
CGL also receive public feedback via Care Opinion which is an independent platform. This allows anyone who has used or is using the service to share their story. Care Opinion is promoted to all staff members and service users on a regular basis, with information posters in all hubs.

Service users support with recruitment of our staffing team and are part of the recruitment panel.

Gaining local views and, in particular, the views and experiences of those with lived experience of substance misuse and recovery is a priority in the new national Drug Strategy and will be a key element of the new local substance misuse governance arrangements.

6. Evidence of what works

The approach taken must be informed by what is known to work. Strategically, co-ordinated multi-agency partnership action is required in the following areas:



There is an extensive range of Public Health England and Department of Health/National Institute for Health and Care Excellence guidance summarising best practice in addressing and treating substance misuse issues ranging from prevention, pharmacological and psychosocial interventions, harm reduction measures and interventions for certain at risk and vulnerable populations, all across a range of settings. The key documents are identified in Appendix I.

In taking a life course approach to tackling substance misuse, the following is highlighted:

6.1 Prevention and Early Intervention

Preventing harmful substance use is central to a public health approach, which emphasises tackling the root causes of health, social harms and substance misuse. It can also help people avoid problems by providing opportunities for alternative, healthier life choices and developing better skills and decision making. Consistent and coordinated prevention activities delivered through a range of programmes and in a variety of settings (e.g. at home, in school, among peers, in the workplace, throughout the local community and in the media) seem most likely to lead to positive outcomes. Evidence also suggests that modifying the environment where risky behaviour takes place can reduce harmful outcomes – e.g. controlling alcohol sales, density of outlets and alcohol price – and that it is vital that people have access to accurate, relevant information about the health and social impacts of substance use. Although there is little to no evidence that information alone changes behaviour, it can help reduce harm and inform choice. It is most effective when delivered alongside interventions that help develop the skills and personal resources people need to avoid early initiation to substance use and developing harmful use.

Prevention interventions that influence substance use are often not drug and alcohol-specific and may already exist as broader interventions. For further detailed information on prevention interventions, what to do and when across the life course, see International Standards on Drug Use Prevention (unodc.org)[20]

6.2 Promoting Resilience

Resilience is an individual's, family's or community's capacity to bounce back from adversity – i.e. a good outcome in the face of challenges. It is important as it is part of achieving good health and wellbeing. This does not mean removing risk – it means shoring up the resources for dealing with it. Young people face a range of pressures and threats to their wellbeing from maltreatment and neglect to bullying and social media issues and also have to deal with major transitional life events. Both young people and adults will also have to face and overcome adverse life events. Resilience is not just about personal coping skills, but also ensures that conditions are in place to support relationships in the family and local community, and that services are available and appropriate for when they are needed. Promoting resilience is an important aspect of preventing and addressing health harming behaviours such as substance misuse and a prerequisite for good health and wellbeing.

The guide *'A public health approach to promoting young people's resilience 2016'* (Association for Young People's Health) references many resources that are available to promote resilience in young people. For more information, see http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf. Plans for Nottinghamshire have been outlined in section 4.1 above.

6.3 Adverse Childhood Experiences (ACEs):

Preventing ACEs can improve health across the whole life course, enhancing individuals' wellbeing and productivity while reducing pressure and costs on health and social care services. Preventing ACEs in a single generation or at least reducing their impacts can benefit both current and future generations. This growing body of evidence highlights the importance of remembering that the causes of substance misuse cannot be considered nor addressed in isolation of broader social and family issues and that to truly tackle health harming behaviours such as substance misuse, the co-ordination of investments, activities and assets across multiple organisations is essential. The research identifies the importance of:

- Improved awareness of the importance of early life experiences on the long-term health, social and economic prospects of children
- Information being available to a wide range of professionals (health, education, social, criminal justice and others) on ACEs, their consequences and how they can be prevented, as well as to the public and especially those planning or having children, with access to support services particularly in the early years. Support must conform to established and emerging evidence of what works in the prevention of ACEs and the successful development of resilience in children, with enhanced support for those in most need (often, but not exclusively, in deprived communities).

Wales is pioneering a range of policies and programmes aimed to identify and intervene where children may already be victims of abuse, neglect or living in adverse childhood environments, to better equip parents and care-givers with the necessary skills to avoid ACEs arising within the home environment and encourage the development of social and emotional wellbeing and resilience in children and also ensure that indirect harms (e.g. domestic violence, substance misuse, behavioural disorders) in the family setting are identified, addressed and their impact on children minimised.

For more information, see Welsh Adverse Childhood Experiences (ACE) study 2015 - http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf

A number of areas across the UK are exploring ways in which their public services can be more trauma informed and trauma smart, with areas of good practice being identified.

Building on the previous Nottinghamshire Director of Public Health Reports, partners in Nottinghamshire have been rolling out a trauma-smart programme across a range of front line services across the county. This programme equips professionals to routinely ask about service users' adverse childhood experiences when delivering services - empowering service users to gain an insight into what drives their behaviour, improve the therapeutic relationship and help the service user get access to the right services quicker. This programme is currently being formally evaluated to inform future commissioning activity.

6.4 Those requiring substance misuse support and treatment – building recovery

Guidance for substance misuse treatment services is extensive[21 22 23]. The evidence is moving towards recovery-orientated interventions including maximising peer support opportunities, mobilising community assets and making recovery visible in communities.

Public Health England released guidance titled 'Improving access to mutual aid' in two documents in 2014 for commissioners and service managers[24]. This guidance highlights the importance of mutual aid in the recovery process especially regarding service users community integration, their social networks and recovery outcomes, along with the health and wellbeing of their families and relatives.

The system commissioned in Nottinghamshire is a strength-based one and based on mobilising community assets to meet recovery needs and build recovery communities. Although the service commissioned is not a mental health service, improving health and wellbeing (both physical and mental) is a key outcome of the service. There is a body of evidence focused on wellbeing and community-centred approaches, including: *'Five Ways to Wellbeing'*[25], *'A Guide to Community-centred Approaches for Health and Wellbeing 2015'* (ref) and *'Building Recovery in Communities 2012'* [26].

6.5 Behavioural science

Behavioural science builds an understanding of how people react psychologically and respond behaviourally to interventions, environments and stimuli. There is a body of evidence that can be harnessed to inform policy, improve services and assist them in motivating and supporting individuals to recognise they may have a substance misuse problem and seek help and treatment.

Nottinghamshire is considering exploring Behavioural Insights methodology to further enhance local services in motivating and supporting individuals to seek help. The Behavioural Insights Team generate and apply the best of behavioural science to inform policy, improve public services and deliver results for individuals and society, as well as support with building capacity and skills to apply behavioural science. Behavioural Insights Team (See Recommendation 13).

6.6 Public health and alcohol licensing:

Whilst the promotion of public health is not specifically a licensing objective there is a role for Public Health to contribute towards how licensing policy and decision making may impact on the wider determinants of health within and between each Licensing Authority. Public Health was previously working with Responsible Authorities in Nottinghamshire to produce a series of district level alcohol profiles that relate to the four licensing objectives whilst considering the associated health impacts arising from alcohol consumption. However, this work paused during Covid. These profiles will be a useful source of information to inform future policy and strategy relating to licensing decision making with a view to improving the health and wellbeing of local communities, for example through identifying a cumulative impact arising

from a high concentration of licensed premises in a defined geographical area. This is now an action within the Nottingham City and Nottinghamshire Alcohol Harm Reduction Group's Action Plan (see Recommendation10).

6.7 The evidence on how effective substance misuse services meet other public health outcomes

The provision of effective substance misuse services contributes to other public health outcomes such as reducing premature mortality, reducing (re)offending, improving physical and psychological health, increasing employment and reducing homelessness. Appendix J summarises the available evidence on how the provision of effective substance misuse services meet other public health outcomes.

Key Points:

To strategically tackle substance misuse, co-ordinated partnership action is required to reduce demand and supply and to provide effective support and treatment services for those who require them. (See recommendation 1)

Effective substance misuse services contribute towards many other public health outcomes.

There is strong evidence of the effectiveness of substance misuse treatment and recovery-orientated interventions.

The evidence suggests that substance misuse does not exist in isolation and should be considered in the context of broader risk-taking behaviour and the life and family circumstances of young people. Adverse Childhood Experiences are a key element of this. (See Recommendation 6)

7. What is on the horizon?

There are a number of key issues that partners across Nottinghamshire are currently deciding on how to address going into 2022 and beyond.

7. 1 The New National Drug Strategy: "From Harm to Hope" 2021

Public Health and local partners are reviewing current arrangements in the light of the new national 10 year drug strategy published in 2021(https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives). Currently, addressing substance misuse issues is driven through the Nottinghamshire Substance Misuse Strategy Group. This Strategy Group is accountable to the Health and Wellbeing Board and also links to the Safer Nottinghamshire Board. Its vision is to prevent and reduce substance misuse and related problems to improve the quality of life for people who live, work and visit Nottinghamshire. The action required to deliver this is set out in a Framework for Action. This Strategy Group and the Framework for Action are currently being reviewed.

The Government's new drug strategy aims to combat illegal drugs by cutting off the supply of drugs by criminal gangs and giving people with a drug addiction a route to a productive and drug-free life. The strategy is underpinned by investment of over £3 billion over the next three years, with the aim to reduce drug-related crime, death, harm and overall drug use, deter the use of recreational drugs and work to prevent young people from taking drugs.

The three strategic priorities of the strategy are:

a. Break drug supply chains
b. Deliver a world-class treatment and recovery system
c. Achieve a generational shift in demand for drugs

Across England over the next 10 years, the strategy aims to create:

- A further 54,500 new high-quality treatment places
- 21,000 new places for opiate and crack users, bringing a total of 53% of opiate and crack users into treatment
- A treatment place for every offender with an addiction
- 30,000 new treatment places for non-opiate users and alcohol users
- A further 5,000 more young people in treatment
- 24,000 more people in long-term recovery from substance dependence
- 800 more medical, mental health and other professionals
- 950 additional drug and alcohol and criminal justice workers
- Sufficient commissioning and co-ordinator capacity in every local authority

Local implementation will be overseen by upper tier Local Authorities. Local authorities are expected to:

- Develop a local strategic partnership board
- Increase the number of treatment places for community treatment
- Form a consortium and procure additional inpatient detoxification places
- Produce one year and three year plans for the local implementation of strategy
- Undertake a health needs assessment across all three strategic priorities of strategy
- Implement the new commissioning standards when published
- Monitor the additional grant conditions

- Establish what the local outcome monitoring framework for the strategy will be

The local strategic partnership board will bring together relevant organisations, for example Police and Crime Commissioner, Police, Probation, NHS England, mental health treatment providers and substance misuse treatment providers. Guidance about this and an accompanying commissioning framework and governance arrangements are still awaited.

Commissioning plans are currently being developed for the spend of the additional funding attached to the strategy (and building upon current commissioning plans and activity) with key areas of focus being:

- **Increased treatment capacity and quality:**
  - Additional psychology, medic and nurse cover, including non-medical prescribers
  - Young adult worker for hostel and move-on accommodation
  - Increased funding for the costs of extra treatment places
  - Hidden Harm and family workers working within a Multi-Disciplinary Team setting alongside social care
  - Recovery motivators focussing on districts where the most need is and education, training and employment
  - Alcohol workers in Primary Care
  - Continue to build on the new services and arrangements for individuals with co-existing substance misuse and mental health issues
  - Pilot and evaluate the Individual Placement Scheme aimed at getting those who are in treatment into employment

- **Increased integration and improved care pathways between the criminal justice settings and drug treatment:**
  - Extra capacity within Criminal Justice and Youth Justice Teams focusing on the new Nottinghamshire criminal justice pathway to improve access into treatment - outreach work, out of court disposal orders , recovery-oriented services, prison in-reach motivators.
  - Female specific team focussing on women in the criminal justice system, specifically those being released from prison and those coming through the court and custody system. Additional capacity to co-produce work for those in domestic violence refuges and community domestic violence services to support access into treatment and provide a tailored approach into treatment

- **Enhance harm reduction provision:**
  - Increase availability of Naloxone
  - Piloting the use of Buvidal (long acting opioid medication)

- **System Co-ordination and Commissioning:**
  - Further commissioning capacity
  - Infrastructure to improve liaison and connection across all partners and the system – particularly across Hospitals (Emergency Departments) and Prisons
  - Community Pharmacy liaison

- **Increase residential rehabilitation placements and inpatient detoxification placements:**
  - Nottinghamshire will be leading an East Midlands-wide consortium in 2022 (for 3 years) to expand the local inpatient detoxification service offer for East Midlands residents

The additional funding is conditional on maintaining existing levels of investment in local substance misuse services.

7.2 Alcohol Developments

Alcohol is a priority within the Nottinghamshire Integrated Care System Inequalities Strategy. The Nottingham and Nottinghamshire Alcohol Harm Reduction Group is the Delivery Group for the local alcohol action plan. Key priorities across 8 themes for 2022 and beyond include:

- Increasing population level understanding of risk and harm
- Preventing alcohol harm through wider related local/national policy
- A systematic approach to Alcohol Identification and Brief Advice (IBA)
- Identification of 'alcohol champions' in key organisations across the system
- Including alcohol as a priority for employee health and wellbeing
- Agreeing and embedding pathways for service users with co-existing mental health and substance misuse issues
- Better communication of identified alcohol risk between some key parts of the system
- Case management in Emergency Departments of High Volume Service Users (HVSU*)*

For further detail on each theme, please see Appendix H**.**

7.3 Individuals with long term conditions as a result of substance misuse

There is an increasing population of individuals who are suffering from health complications as a result of their substance misuse. Clinical Commissioning Groups commission the healthcare support and substance misuse services contribute where the individual is substance misuse-treatment seeking.

Key Points:

The new national Drug Strategy 'From Harm to Hope' 2021 brings with it new investment and requirements to assist local areas in tackling substance misuse. Local work and plans are underway to meet these requirements. (See Recommendations 1, 2, 3, 4 & 5)

Addressing alcohol is a local priority and work continues with implementing the local Action Plan via the Nottingham City and Nottinghamshire Alcohol Harm Reduction Group. (See Recommendations 8, 9 & 10)

What does this tell us?

8. Unmet needs and service gaps

The prevalence of substance misuse in Nottinghamshire remains difficult to establish, although synthetic modelling indicates that there is still substantial unmet need in terms of individuals who would benefit from a substance misuse intervention.

There needs to be a stronger focus and a more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk-taking behaviour. This is focused on in the new Drug Strategy.

More needs to be done by local partners across Nottinghamshire to reduce the supply of substances in communities, such as influencing the Licensing process by using district level alcohol profiles to identify any cumulative impact arising from a high concentration of licensed premises in a defined geographical area.

Post-Covid, work is taking place to ensure pathways for certain cohorts of substance misusers are fit for purpose, particularly for those with mental health issues and those coming through the criminal justice system. Nottinghamshire also aims to build on the excellent co-ordinated partnership work that took place during Covid to support those individuals who suffer multiple disadvantages (including substance misuse, homelessness, mental health and domestic abuse).

Substance misuse services have had restrictions lifted from the Covid-19 pandemic. Most have returned to pre-pandemic guideline-compliant practice. Some changes to the practice were and can still be beneficial to service users and Nottinghamshire intends to continue to utilise these where appropriate and in line with clinical guidance.

9. Knowledge gaps

Reliable Nottinghamshire substance misuse prevalence data is still difficult to establish. Little is known of substance misusers who come into contact with other services, such as hospital Emergency Departments, primary care, maternity services, mental health services, pharmacy services, fire and rescue services, criminal justice services, social security services, social care services, ambulatory services, homeless and housing services and community and voluntary sector services. More needs to be known about substance misusers who come into contact with these services, particularly for groups identified as higher risk in section 1.3 above.

There is no current systematic process for sharing existing data between partner agencies to provide an overview and basis for action to tackle substance misuse strategically (see Recommendations 15 & 16).

The effects of the Covid-19 pandemic are still not over and there may be long-standing effects that remain. Data will need to be monitored and assessed for this. Changes to services that were implemented during the pandemic may remain if deemed effective and appropriate, but this will need to be assessed over time.

What should we do next?

10. Recommendations for consideration by the local system partners

These recommendations should be considered by local partners in the context of having a stronger focus and more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk-taking behaviour.

Responsibility for the delivery of the recommendations will be established within the new local substance misuse governance arrangements in line with the requirements of the new national Drug Strategy 'From Harm to Hope' (2021). It is anticipated that overall responsibility will sit with the new local Nottinghamshire Combating Substance Misuse Partnership Board, with alcohol specific actions sitting with the Nottinghamshire and Nottingham City Alcohol Harm Reduction Group.

Governance	
1	Establish a Nottinghamshire Combating Substance Misuse Partnership Board that will deliver the ambitions of the new national Drug Strategy 'From Harm to Hope' and will be led by the relevant partner organisations. This should be co-ordinated and make use of the best available up-to-date evidence. The Board will ensure that local views and the views of those with lived experience are incorporated into its work.
2	Implement locally the new national Drug Strategy, in particular the development of commissioning plans, implementation of commissioning standards, health needs assessments for drugs and alcohol and ensuring capacity in the system for both commissioning and delivery of services.
Commissioning and Service Delivery	
3	Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) in order to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.
4	Commissioners and providers of mental health and substance misuse services should continue to implement and build upon the new Mental Health/Substance Misuse Pathway, including a process for reviewing the effectiveness of the pathway.
5	The new substance misuse criminal justice pathway should be formally evaluated to monitor the impact on treatment outcomes for this cohort.
6	Evidence based trauma programmes and interventions should continue to be implemented across the system to ensure trauma informed local services, including formal evaluation of these programmes and interventions (e.g., Route Enquiry into Adverse Childhood Programme (REACh)).
7	Those who have been in substance misuse treatment for 4 years or more should continue to receive targeted support to move them through the system and exit successfully. For those who are unlikely to leave treatment, improvements made whilst in treatment should be monitored.
Alcohol	
8	In line with the ICS Health Inequalities Strategy priorities, implement targeted interventions to address the significant impacts of alcohol and liver disease, such as

	systematically offering Identification and Brief Advice (IBA) to individuals who are drinking at increasing risk or high-risk levels and improving alcohol interventions in both primary care and secondary care (including hospital Emergency Departments). Where possible, this work should be aligned with the Making Every Contact Count (MECC) workstream.
9	Through the Nottinghamshire and Nottingham City Alcohol Harm Reduction Group, explore why Nottinghamshire and some of its districts are still doing significantly worse than England for certain types of alcohol-related hospital admissions and develop partnership plans to address this. This will require system mapping of the impact of the Covid pandemic on alcohol consumption at the local level, the need (post-Covid pandemic) and existing services available to inform future commissioning.
10	In line with the local Alcohol Plan, District/Borough Councils should consider data presented in their local alcohol profile to inform future alcohol licensing policy and decision making.
Prevention and Early Intervention	
11	Resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance misuse issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.
12	Stakeholders and services should continue to engage in national campaigns and initiatives aimed at addressing substance misuse and promoting healthier lifestyles, such as Dry January, Sober in October and Stoptober.
13	Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance misuse problem, seek help and successfully address it.
14	Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance misuse in the Risk Assessments they complete, and referrals should be made as appropriate, especially regarding parental substance misuse and the impact of that on the child(ren)/family unit.
Data	
15	Explore the barriers and challenges to collecting and sharing data across public sector services regarding substance misusers that come into contact with those services (including hospital Emergency Departments, primary care, maternity services, Police and criminal justice services (including prisons, probation and community rehabilitation companies)) and identify any opportunities.
16	Along with improved data collection and sharing, identify the most effective governance structure to enable a more complete picture and strategic overview of substance misusers who come into contact with public sector services, to enable strategic and targeted action.

Key contacts

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Appendices

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Appendix B	Populations at risk of Substance Misuse
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APPENDIX A
Substance Misuse Risk and Protective Factors across the Life Course

Preconception/Prenatal Stage:

Domain of influence	Risk Factors	Protective factors
Individual	Genetic disposition Prenatal substance exposure	No prenatal substance exposure
Family	N/A	N/A
School, Peers, Community	N/A	N/A

Infancy/Early Childhood Stage:

Persons	Risk Factors	Protective factors
Individual	Difficult temperament	Self-regulation Secure attachment Mastery of communication and language skills Ability to make friends and get along with others
Family	Cold and unresponsive mother behaviour Parental modelling of substance use/misuse	Reliable support and discipline from caregivers Responsiveness Protection from harm and fear Opportunities to resolve conflict Adequate socioeconomic resources for the family
School, Peers, Community	N/A	Support for early learning Access to high quality support services such as feeding, and screening for vision and hearing Stable, secure attachment to childcare provider Low ratio of caregivers to children

Middle School Stage:

Persons	Risk Factors	Protective factors
Individual	Poor impulse control Low harm avoidance Sensation seeking Lack of behavioural self-control/regulation Aggressiveness Anxiety Depression Hyperactivity/ADHD Antisocial behaviour Early persistent problem behaviours Early substance use	Mastery of academic skills (math, reading, writing) Following rules for behaviour at home, at school, and in public places Ability to make friends Good peer relationships
Family	Permissive parenting Parent–child conflict Inadequate supervision and monitoring Low parental warmth Lack of or inconsistent discipline Parental hostility Harsh discipline Low parental aspirations for child Child abuse/maltreatment Substance use/misuse among parents or siblings Parental favourable attitudes toward alcohol and/or drugs	Consistent discipline Language-based, rather than physical, discipline Extended family support
School, Peers, Community	School failure Low commitment to school Accessibility/ availability Peer rejection Laws and norms favourable toward use Deviant peer group Peer attitudes toward substances Interpersonal alienation Extreme poverty for those children antisocial in childhood	Healthy peer groups School engagement Positive teacher expectations Effective classroom management Positive partnering between school and family School policies and practices to reduce bullying High academic standards

Adolescent Stage:

Persons	Risk Factors	Protective factors
Individual	Behavioural disengagement coping Negative emotionality Conduct disorder Favourable attitudes toward substances Rebelliousness Early substance use Antisocial behaviour	Positive physical development Emotional self-regulation High self-esteem Good coping and problem-solving skills and techniques Engagement and connections/participation in two or more of the following contexts: at school, with peers, in sports/leisure(extra-curricular activity), employment, religion, culture
Family	Substance use/misuse among parents Lack of adult supervision Poor attachment with parents	Family provides structure, limits, rules, monitoring, and predictability Supportive relationships with family members Clear expectations for behaviour and values
School, Peers, Community	School failure Low commitment to school Associating with substance-using peers Not college bound Aggression toward peers Norms (e.g., advertising) favourable toward alcohol use Accessibility/ availability	Presence of mentors and support for development of skills and interests Opportunities for engagement within school and community Positive norms Clear expectations for behaviour Physical and psychological safety

Young Adulthood Stage:

Persons	Risk Factors	Protective factors
Individual	Lack of commitment to conventional adult roles Antisocial behaviour	Identity exploration in love, work, and world view Subjective sense of adult status Subjective sense of self-sufficiency, making independent decisions, becoming financially independent Future orientation Achievement motivation
Family	Leaving home	Balance of autonomy and relatedness to family Behavioural and emotional autonomy
School, Peers, Community	Not attending college Substance-using peers	Opportunities for exploration in work and school Connectedness to adults outside of family

http://youth.gov/youth-topics/substance-abuse/risk-and-protective-factors-substance-use-abuse-and-dependence
All tables adapted from O'Connell, M. E., Boat, T., & Warner, K. E. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: The National Academies Press and U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration (2009). *Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle*. Retrieved from http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf

APPENDIX B

The evidence relating to certain populations most at risk of substance misuse

The existence of risk factors does not necessarily lead to substance misuse for most people. However, certain populations have been identified as having increased risk factors, ordered below by the strength of the evidence.

1. Young people: are more likely to participate in substance taking than older people[1]. Illicit drug use is most common in the 20-24 age group. Factors such as enjoyment, curiosity, rebellion, cost and coping with problems have been cited as reasons for using substances. There is a growing body of evidence demonstrating that experiences during childhood can affect health throughout the life course (Adverse Childhood Experiences (ACEs))[2]. Children who experience stressful and poor quality childhoods are more likely to adopt health-harming behaviours such as substance misuse during adolescence and adulthood and the more ACEs a child is exposed to, the more likely they are to develop problems[3]. In addition, individuals who experience ACEs as children often end up trying to raise their own children in households where ACEs are more common.

The following specific vulnerable young groups have been identified as more at risk of substance misuse[4]:

- Children of substance misusing parents or where siblings or other family members misuse substances
- Young people who are or have been homeless, in care and/or who move home frequently
- Excluded pupils or frequent non-attenders or where there is low parental expectation regarding educational attainment
- Young people from marginalised and disadvantaged communities, including some black and minority ethnic groups
- Sexually exploited young people including those involved in commercial sex work
- Young offenders(Galahad SMS Ltd, 2009)
- Young people with mental health issues (e.g. low self-esteem, depression). This is perceived to be an increasing national concern
- Young people who have experienced forms of childhood trauma
- Young people experiencing other health, education or social problems at home, school and elsewhere
- New and emerging at-risk groups are young people who self-harm, have eating disorders, engage in limited physical activity and/or have a dependence on new technologies

Troubled family history: It is known that substance misuse follows families and generations. A genetic component to the risk of substance dependence has been demonstrated. There are increased health and developmental risks to a foetus when the mother uses substances during pregnancy. Substance misuse risks are increased in troubled households where neglect, drug misuse and/or physical and emotional abuse has taken place. Poor parental discipline, a lack of family cohesion and traumatic family experiences have been identified as significant risk factors[5]. Throughout life, individuals can also learn from families and peer groups and copy patterns of substance use/misuse beliefs and behaviours.

3. Individuals living in deprived areas (environmental, cultural and socio-economic factors): There is a social gradient to substance misuse. Whilst it can affect all socio-economic groups, deprivation and social exclusion are likely to have an impact on the initiation and maintenance of substance misuse. People living in more deprived areas are more likely to have entrenched and complex needs and to be frequent substance users, as

well as potentially lack access to resources and opportunities to help improve their personal and social capital[6 7].

People who live in urban surroundings have higher self-reported levels of drug taking compared to those living in rural areas. This may be a reflection of greater availability and accessibility of drugs in urban areas. A range of environmental and cultural factors predisposing toward the development of alcohol disorders have been reported, including the affordability and availability of alcohol, high consumption rates in the general population, occupational risk factors (such as working in the alcohol or hospitality industries), social pressure to drink, and religious and culturally attitudes related to alcohol. Unusually, although groups of lower deprivation report lower levels of alcohol consumption, increased deprivation is associated with increased alcohol-related mortality.

4. Individuals with mental health issues: Co-existing mental health and substance use problems may affect 30-70% of those presenting to health and social care settings. A range of mental health issues such as attention deficit disorder, depression, anxiety, self-harm, schizophrenia and suicide are all commonly associated with substance misuse. However, although there are clear associations between mental health and substance misuse, causality is not always clear[8 9 10 11].

5. Offenders: Offenders and ex-offenders generally experience greater health inequalities, social exclusion and risk of substance misuse. Prisoners report higher levels of substance misuse: 44% report drug misuse and 31% report alcohol misuse, compared to 8.6% and 22% respectively in the general population. As the number of people who come into contact with the criminal justice sector increases, there will be an increasing number of ex-offenders in communities[12].

***6. Individuals in substance misuse recovery*:** While successful completion of treatment is an important outcome for individuals who have accessed substance misuse services, relapse is often a threat. Individuals in recovery post-treatment are at risk of relapse and other associated risks such as substance-related death[13].

***7. Domestic violence*:** As well as links to the perpetration of domestic violence, substance misuse can be a response to domestic violence and can increase vulnerability to violence, for example where substances are used as a coping mechanism for people in violent relationships[14]. Abused women are 15 times more likely to use alcohol and 9 times more likely to use drugs than non-abused women[15]. Alcohol misuse is associated with a fourfold risk of violence from a partner and is commonly present where sexual violence has occurred [16].

8. Men: are more likely than women to use substances and to die from using substances[17]. For example, approximately 62% of increasing and higher risk drinkers are male. In 2013/14, 76% of frequent drug users were male (Home Office, 2014). It has been suggested that men appear less likely to consider the risks associated with substance misuse. Amongst prisoners, males report more alcohol misuse than females (63% of males) [18], but more females are serving drug-related offences (24% of females compared to 15% of men) [19].

9. Older people: Over 75% of increasing and higher risk drinkers are over 35, with the highest rates in the 45-64 age group. Alcohol is the substance most likely to affect individuals across their life course. Consumption amongst older people has increased over the last 20 years and many do exceed recommended levels. Older people have reduced tolerance, lower body weight, may take medications that interact with alcohol and are at greater risk of accidents e.g., falls.

10. Ethnicity: Adults from a mixed background are more likely to have participated in illicit substance taking in the last year compared to other ethnic groups. The ethnic group with the lowest level of drug taking is Asian or Asian British[20]. People from white backgrounds have lower rates of abstinence and higher levels of drinking compared to most black and minority ethnic groups.

11. Sexual orientation: Lesbian, Gay, Bisexual and Transgender (LGBT) individuals have significantly higher rates of substance misuse than their heterosexual counterparts, with the highest rates amongst males. The higher levels of substance use is only partially explained by the younger age profile of those identifying themselves as being in this group[21 22 23.] It is estimated that binge drinking is twice as common in LGBT communities compared to the general population and have proven less likely to participate in health programmes.

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APPENDIX C

The impact of substance misuse on health and wellbeing

The harms arising from substance misuse are wide-ranging and vary depending on the substance used and the pattern and context of use, but it is well established that substance misuse represents a major public health burden. Substance misuse is linked to the development of a number of acute and chronic conditions, ranging from cancer to road traffic accidents.

Substance misuse is known to have an impact in the following domains:

The impact on:	The impact throughout life – key facts:
Physical health	Maternal substance misuse places a child's development at risk. Drug misuse can lead to low birth weight, premature delivery, sudden infant death syndrome and perinatal mortality. Structural damage is most likely between 4-12 weeks. Alcohol misuse increases the risk of miscarriage, the risk of foetal alcohol syndrome and foetal alcohol spectrum disorder and increases the risk of learning difficulties. The use of substances at an early age can have a significant impact on cognitive development. During adolescence the brain is still developing and the consumption of substances can have significant long-term effects including memory loss, decision-making capacity loss and reduced concentration levels. Using substances at an early age also increases the likelihood of sustained use, and therefore greater health harms, in later life. Substance misuse can be a contributing factor to many health conditions. Long-term substance use can lead to conditions of the vascular system (strokes and heart disease) and liver damage. Long term substance misusers can suffer from a poor nutritional state, which can exacerbate acute conditions such as wound infections and chest infections. There is no clear causal relationship between alcohol consumption and obesity but it has been identified that alcohol consumption can lead to an increase in food intake, many people are not aware of the calories contained in alcoholic drinks and the effects of alcohol on body weight may be more pronounced in overweight or obese people (National Obesity Observatory 2012). Most Hepatitis B viruses within the UK are acquired through adult risk taking behaviour associated with sexual practice and drug use. Hepatitis C is most commonly associated with past or current injecting drug users and is a major cause of the UKs rise in mortality from liver disease. There has been a recent outbreak of Hepatitis A amongst injecting drug users in the UK. Alcohol is the substance most likely to affect individuals across their life course. Patterns of drinking change with age and form over time. Younger people are more likely to drink larger amounts of alcohol on one or more occasions during a week. Older people are more likely to drink within recommended levels but more frequently within one week,

	although consumption amongst older people has increased over the last 20 years and many do exceed recommended levels. Older people have reduced tolerance, lower body weight, may take medications that interact with alcohol and are at greater risk of accidents e.g. falls.
Mortality	Substance misuse is a major cause of mortality. High rates of alcohol-specific mortality and mortality from chronic liver disease indicate a significant population who have been drinking heavily and persistently over the past 10 – 30 years, with deaths being the highest among men aged 60-64 and women aged 55-59. Drug-specific mortality rates are much lower but do not take into account other deaths that are related to illicit drug use such as those from blood borne infections, violent assaults and suicides, so figures are likely to be under-reported.
Mental health	Individuals who have previously had no mental health problems may develop symptoms as a direct result of the substances they have used. Heavy substance misuse often gives rise to increased anxiety levels and a range of other risky behaviours. Evidence suggests that prolonged substance misuse can lead to health concerns including psychotic symptoms, depression, anxiety, suicide and behavioural concerns. In serious cases, substance use may trigger serious conditions such as schizophrenia or long-term depression. Substances may also cause symptoms that are similar to those that lead to a psychiatric diagnosis. Some people who have a diagnosed mental health problem may take substances to help them cope with their symptoms or with the side effects of prescribed medication although, on balance, this is likely to make their problems worse. Substance misusers are more likely to commit suicide compared to the general population.
Sexual health	Substance use can lead to risky behaviours such as early sexual activity. Early use of substances is related to unprotected sex and teenage pregnancy. Injecting drug users have low rates of consistent contraception use, are more likely to frequently report multiple sexual partners and to face barriers in accessing STI and HIV testing and treatment. An estimated 2,200 injecting drug users were living with HIV in the UK in 2012, 300 of whom were unaware of their infection.
Relationships and families	Substance misuse is commonly associated with domestic violence, amongst both victims and perpetrators. It can be a response to domestic violence and increase vulnerability to violence. Substance misuse can reduce the capacity to parent effectively and children of parents or carers who are dependent on substances are at more risk of behavioural problems, low educational attainment and substance misuse problems themselves.

	Problematic substance use affects many people besides the person using the substance. For example, family members and close friends can experience significant stress and health problems as a result of being close to and concerned about the person with the substance misuse problem. The impact can also spread more widely, for example affecting family members' employment, their social lives and relationships, and the family finances. It is estimated that 1.4 million adults in the UK are affected by a relatives' drug misuse.
Crime and anti-social behaviour	There is a relationship between alcohol and drug use and crime rates and anti-social behaviour, with alcohol in particular being a driver of violent crime and anti-social behaviour. Higher levels of alcohol-related recorded crimes and violent crimes are likely to be significantly linked to binge drinking and the night-time economy. Alcohol is a common feature in sexual assault. Over a third of sexual assault offenders and a quarter of victims of serious sexual assaults are thought to have consumed alcohol prior to the incident It is widely reported that half of all serious acquisitive crimes is drug-related and around three quarters of heroin and crack cocaine users commit crime to fund their habit. The relationship between problematic drug use and crime is complex. As a direct consequence of the crime they commit, these substance misusers are highly likely to end up in the criminal justice system at some point and serve community or prison sentences. Prisoners report higher levels of substance misuse: 44% report drug misuse and 31% report alcohol misuse, compared to 8.6% and 22% respectively in the general population. As the number of people who come into contact with the criminal justice sector increases, there will be an increasing number of ex-offenders in communities.

APPENDIX D

Substance misusers who come into contact with other services other than treatment services

Below is a summary of what is known in Nottinghamshire about substance misusers who access services other than substance misuse treatment services. (Some data has been updated. However, due to no new data available, some data remains the same as in the 2018 JSNA Chapter).

1. Criminal justice services

In 2021, 3.2% of all police recorded crimes in the county (1,802 of 55,585) were drug offences, marking a 0.4% point decrease on the previous year (which was 1,959 of 54,013). The number of police recorded drug offences reduced by 8% compared with the previous year. This equated to 157 fewer drug offences.

It should be noted that police recorded drug offences are primarily affected by positive proactive policing activity as opposed to providing an indication of underlying prevalence of these crimes. Coronavirus restrictions imposed in March 2020 have also artificially impacted trends during this period with reductions in opportunities to commit traditional crimes resulting in greater police capacity to undertake proactive policing operations. Investment in the force's neighbourhood-based Operation Reacher Programme has led to a marked increase in proactive policing activity in response to local issues of drug use and dealing since 2019.

Drug supply offences decreased by 14.8% (73 fewer offences). Drug possession offences decreased by 5.7% (84 fewer offences). Overall, the positive outcomes rate (proportion of crimes resulting in a charge, summons, caution, penalty notice, cannabis warning or community resolution) increased by 1.8% points overall which comprised of a 3.8% point increase in positive outcomes for supply offences and a 0.7% point increase in positive outcomes for possession offences.

It should be noted that police recorded positive outcome measures current comprise of crimes resulting in a charge, summons, caution, penalty notice, cannabis warning, community resolution or being 'taken into consideration' as part of another recorded crime. Among the crime outcomes recorded by police, a number of additional outcomes may be viewed as positive or go on to result in a positive outcome (e.g. passed to another agency, diversionary, educational or intervention activity).

Table 1: Possession of drugs offences and positive outcomes by county and by CSP

	2021			2020			Positive Outcomes	
	Crimes	Positive Outcomes	Rate	Crimes	Positive Outcomes	Rate	Volume Change	% point change
County	**1,383**	**1,019**	**73.7%**	**1,467**	**1,071**	**73.0%**	-52	0.7%
Mansfield & Ashfield	667	498	74.7%	683	494	72.3%	4	2.3%
Bassetlaw, Newark & Sherwood	341	235	68.9%	333	224	67.3%	11	1.6%
Broxtowe, Rushcliffe & Gedling	375	286	76.3%	451	353	78.3%	-67	-2.0%

Table 2: Supply of drugs offences and positive outcomes by county and by CSP
(Source: Nottinghamshire Police)

	2021			2020			Positive Outcomes	
	Crimes	Positive Outcomes	Rate	Crimes	Positive Outcomes	Rate	Volume Change	% point change
County	**419**	**223**	**53.2%**	**492**	**243**	**49.4%**	-20	3.8%
Mansfield & Ashfield	209	111	53.1%	245	122	49.8%	-11	3.3%
Bassetlaw, Newark & Sherwood	88	47	53.4%	97	58	59.8%	-11	-6.4%
Broxtowe, Rushcliffe & Gedling	122	65	53.3%	150	64	42.7%	1	10.6%

- Between May and Oct 2016, 1515 individuals detained in custody suites stated they had consumed alcohol, 486 required medical assistance for alcohol consumption and 823 stated they were dependent on drugs and/or alcohol.

- 8% of all recorded crime is thought to be alcohol-related (equating to 2,951 offences). Anti-social behaviour is thought to account for 13.6% of all crime (2,744 offences). The proportion of alcohol-related violent crime is 19% (1,779 offences – this is less than half the estimated national levels. 730 alcohol-related crimes have been associated with the night-time economy (63.9% of all night-time economy offences) http://www.nottinghamshire.pcc.police.uk/Document-Library/Public-Information/Performance/2016/Performance-and-Insight-Report-to-September-2016.pdf

- There are 3 adult male prisons in Nottinghamshire with a total prisoner population of approx. 2820 prisoners. Around 4000 people pass through these prisons each year. An analysis of 1,102 prisoners indicated that 44% had a drug misuse problem and 31% reported misusing alcohol. A further survey (n=593) indicated that 43% used cannabis, 12% used heroin and 36% reported misusing alcohol. HMP Ranby has the highest percentage of drug misusers (57%) and HMP Whatton the lowest (21.5%). In HMP Lowdham Grange, 30% had drug misuse needs, 3% had alcohol needs and 3.2% had a significant problem with binge drinking. 9.6% offenders were linked to alcohol-related violent behaviour.

- High rates of dependence are found amongst youth offenders. 11% demonstrate an alcohol problem and 20% a drug problem. 80% of 16-20 year old young offenders showed more than one mental disorder alongside substance misuse. Alcohol, cannabis and tobacco are most commonly used by this cohort. Although levels are significantly lower, increased use of cocaine, steroids and tranquilizers is evident.

- 60% of young people in custody were found to have regularly used illegal drugs to relieve anxiety, stress and depression or for other reasons linked to their emotional state suggesting a link between mental health needs and substance misuse.

2. Alcohol-related Road Traffic Accidents

- Alcohol-related Road Traffic Accidents in 2014-16 were significantly worse in Nottinghamshire when compared to England or comparator areas at a rate of 31.8 per

100,000 of the population. Rushcliffe has the highest rate (table 3). In 2015 there were 23 road traffic accidents that resulted in a death locally. Nationally it is estimated that 13% of road deaths are likely to be attributable to alcohol. This would mean approximately 3 deaths attributed to alcohol locally.

Table 3: Alcohol-related Road Traffic Accidents by district 2014-16

District	Rate per 100,000 (no. of incidents)
England	26.4 (10,078)
Nottinghamshire	34.7 (187)
Mansfield	50.0 (38)
Ashfield	41.3 (32)
Rushcliffe	36.2 (27)
Bassetlaw	27.5 (22)
Newark & Sherwood	25.4 (24)
Gedling	33.1 (21)
Broxtowe	31.2 (22)

http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132848/pat/6/par/E12000004/ati/102/are/E10000024.

3. Benefits claimants

- 610 people in 2016 were claiming benefits due to alcoholism (125.6 per 100,000) which is better than comparator areas and the England average of 132.8, with Rushcliffe, Bassetlaw and Broxtowe having the lowest rates (table 4). These rates and numbers are broadly consistent with the previous year.

Table 4: Benefits Claimants due to Alcoholism by district 2016

District	Rate per 100,000 (no. of individuals)
England	132.8
Mansfield	152.7 (100)
Ashfield	146.2 (110)
Newark & Sherwood	128.4 (90)
Bassetlaw	116.9 (80)
Gedling	129.2 (90)
Broxtowe	117.0 (80)
Rushcliffe	87.9 (60)
TOTAL	**610 individuals**

http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132848/pat/6/par/E12000004/ati/102/are/E10000024.

In 2018, there were 60 claimants of Disability Living Allowance for drug or alcohol addiction, a reduction from 80 in May 2017 (table 5). There has been no further data since late 2018.

Table 5: Claimants of DLA for substance addiction 2016-2018

	Total claim-ants	Claimants for DLA for substance addiction	Aged 25-49	Aged 50-64	Aged 65 and over
Nov 2016	37,930	110	20	50	30
Nov 2017	34,070	80	10	50	20
Nov 2018	28,760	60	10	30	20

(https://www.nomisweb.co.uk)

5. Young People and families

- It is estimated that 4266 children and young people in Nottinghamshire are affected by parental illicit drug use and between 13,271 and 21,565 affected by parental problematic alcohol use. The majority of these children will be under 10 years.
- The proportion of drug and alcohol related permanent exclusions was 9% in 2018/19 and 10% in 2019/20. In the previous JSNA chapter it was around 12.5%. This statistic has slightly decreased but the report acknowledges caution compared to previous years due to the covid-19 pandemic and schools being closed.

  Permanent exclusions and suspensions in England, Academic Year 2019/20 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

6. Health services

- The completion rate of the Audit C alcohol screening tool by Primary Care as part of the NHS Health Check Programme is approximately 33% across the county, with wide variation between GP practices. It is not currently known whether this is a performance issue or a data recording issue.
- Individuals accessing Pharmacy Needle Programmes (clean injecting equipment) across the County are now captured by the adult treatment services data (6527 individuals during Jun 2019 - May 2021).
- It is estimated that up to 70% of those accessing substance misuse services also have a mental health issue and 40% of those accessing mental health services have substance misuse issues. There is no local data on the prevalence of substance misuse issues within IAPT (Improving Access to Psychological Therapies) services.

7. Fire and rescue services

- A recent study in Nottinghamshire regarding deaths identified that drugs and alcohol were very common in the profile of people who died or were injured in fires. This is similar to the national picture. However, no local data is currently routinely collected.

8. Other services

- Little is known about substance misusers who come into contact with community and voluntary sector services, including domestic violence services.

APPENDIX E

Hospital Admissions Data

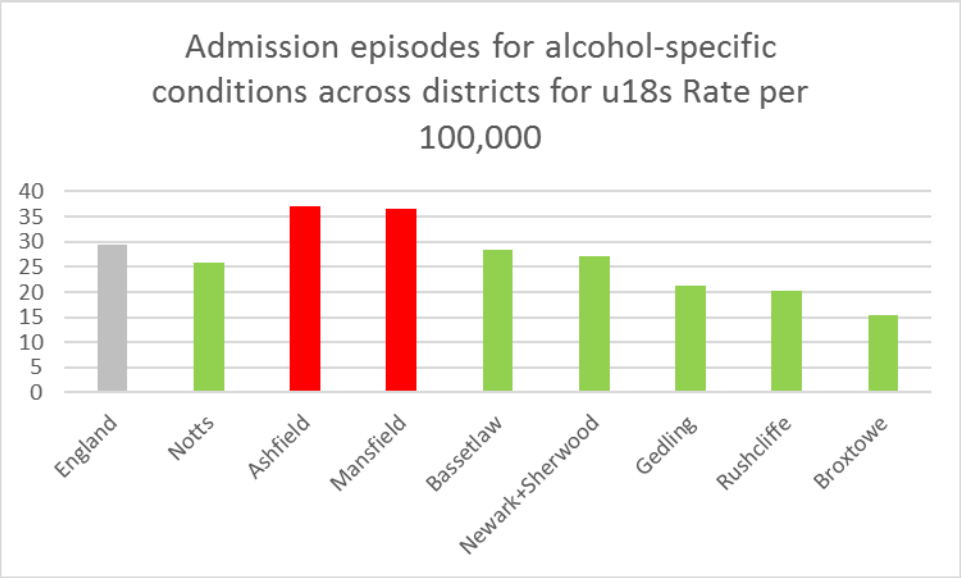
The following data is from Local Alcohol Profiles for England and can be found at: http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0/gid/1938132833/pat/6/par/E12000004/ati/102/are/E10000024/iid/91384/age/1/sex/4

The latest data suggests that there has been a reduction in the rate of alcohol specific admissions in under 18s both nationally and locally between 2017-2021 (Table 1). It has been decreasing across England since 2006. Nottinghamshire's average rate is below England's average. The rate in Mansfield and Ashfield is significantly higher than the England average (Figure 1). Gender differences are not routinely reported nationally or locally.

Table 1: Alcohol specific hospital admissions – Under 18s: national and local 2017-2021

	2017/18-2019/20 rate per 100,000	2018/19-2020/21 rate per 100,000
England	30.6	29.3
Nottinghamshire	28.0	25.9

Figure 1:

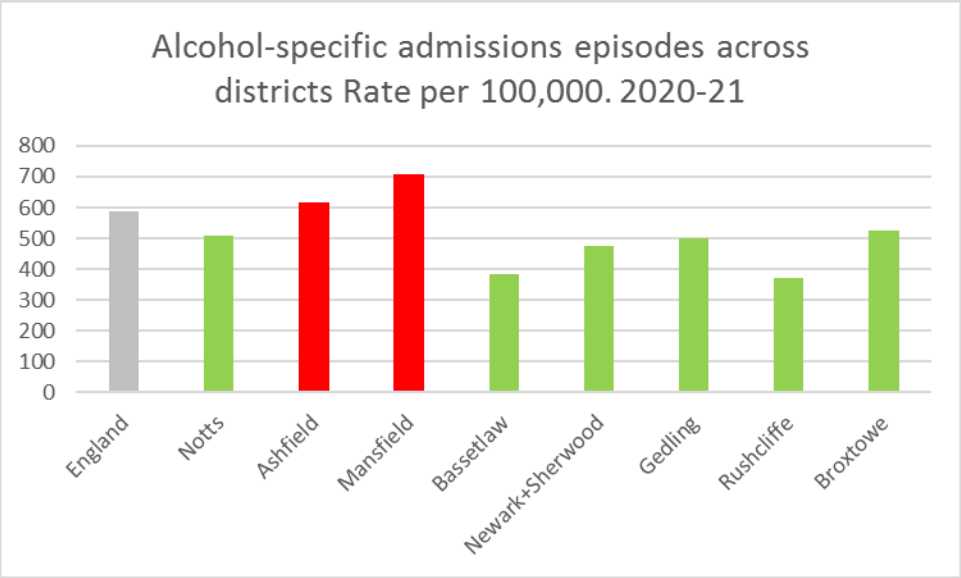


For adults, there has been a steady increase in the rate of alcohol-specific admissions since 2008 both nationally and locally. The results for 2020/21 decreased nationally and locally compared to 2019/20. 2018/19 was the highest recorded results for England and Nottinghamshire. The Nottinghamshire rate and trend has fewer average admissions than England per 100,000 (Table 2). Mansfield and Ashfield have more alcohol-specific admissions per 100,000 on average than Nottinghamshire and England as a whole.

Table 2: Alcohol specific hospital admissions – Adults: national and local 2006-15

	2019-20 rate per 100,000 (no. of individuals)	2020-21 rate per 100,000 (no. of individuals)
England	644	587
Nottinghamshire	543 (2145)	509 (4245)

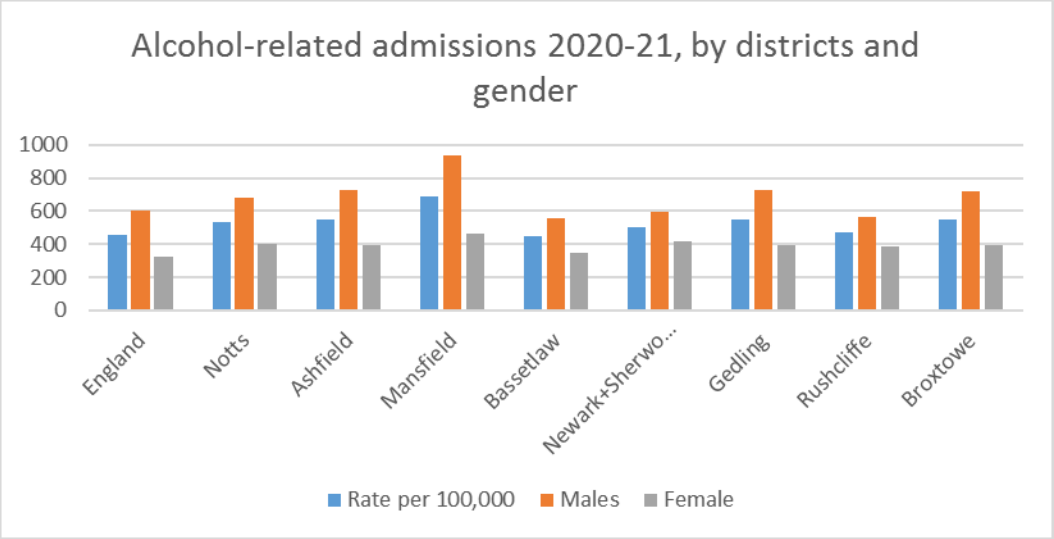
Figure 2:



There have been 4,525 adult hospital admissions for alcohol-related conditions in 2020/21. This represents episodes 535 per 100,000 residents. At county level, this is higher than the England average and when analysed in more detail:

- Admission episodes in all districts except Bassetlaw are higher than the England average.
- For males, Nottinghamshire as a whole has higher admission rates per 100,000 than England. The only districts where admission rates are lower are Newark and Sherwood, Bassetlaw and Rushcliffe.
- Admission episodes for females are higher than the England average across Nottinghamshire and in all districts. They are highest in Mansfield and Newark and Sherwood (Figure 3).

Figure 3:



An age analysis identifies some groups as having higher rates of alcohol-related hospital admissions episodes than the national average (Table 3). Nottinghamshire's alcohol-related hospital admission episodes are higher than the England average across all age groups and genders. Most of the district level results are also higher. There are more admission episodes overall in 40-64. The most female admission episodes are ages 40-64 and males over 65.

Table 3: Alcohol-related hospital admission episodes – Adults 2019/21: by age group

Age Group	County rate per 100,000	National rate per 100,000	Local issue and rate per 100,000 (no. episodes)
Under 40s	194.8 (all)	170.6 (all)	Higher in all districts except Bassetlaw and Rushcliffe
	213.4 (male)	197.1 (male)	Higher in all districts except Bassetlaw and Rushcliffe
	177.6 (female)	144.2 (female)	Higher in all districts except Rushcliffe
Ages 40-64	844 (all)	719 (all)	Higher in all districts except Bassetlaw
	989 (male)	888 (male)	Higher in all districts except Newark and Sherwood, Bassetlaw and Rushcliffe
	704 (female)	554 (female)	Higher in all districts
Over 65s	823 (all)	692 (all)	Higher in all districts except Bassetlaw
	1294 (male)	1093 (male)	Higher in all districts except Bassetlaw
	409 (female)	352 (female)	Higher in all districts except Bassetlaw

The above measure is based upon admission episodes (of which there were 4,525 in 2019/20) – not number of individuals. The results have stayed similar between 2017 and 2021 both nationally and locally in this measure (Table 4). The

Nottinghamshire rate and trend remain higher than the England and other comparator areas.

Table 4: Admissions to hospital for alcohol-related conditions – Adults: national and local 2008-15

	2019-20 rate per 100,000 (no. of individuals)	2020-21 rate per 100,000 (no. of individuals)
England	519	456
Nottinghamshire	562 (4729)	535 (4525)

Unintentional injuries:

Nottinghamshire has higher rates than the England average for alcohol-related hospital admissions due to unintentional injuries, which include road or pedestrian traffic accidents, alcohol poisoning and fall and fire injurie. Rates are significantly worse for both males and females and in all districts except Rushcliffe and Bassetlaw (Figures 4 & 5).

Figure 4: Alcohol-related hospital admissions due to unintentional injuries 2014/15 by district

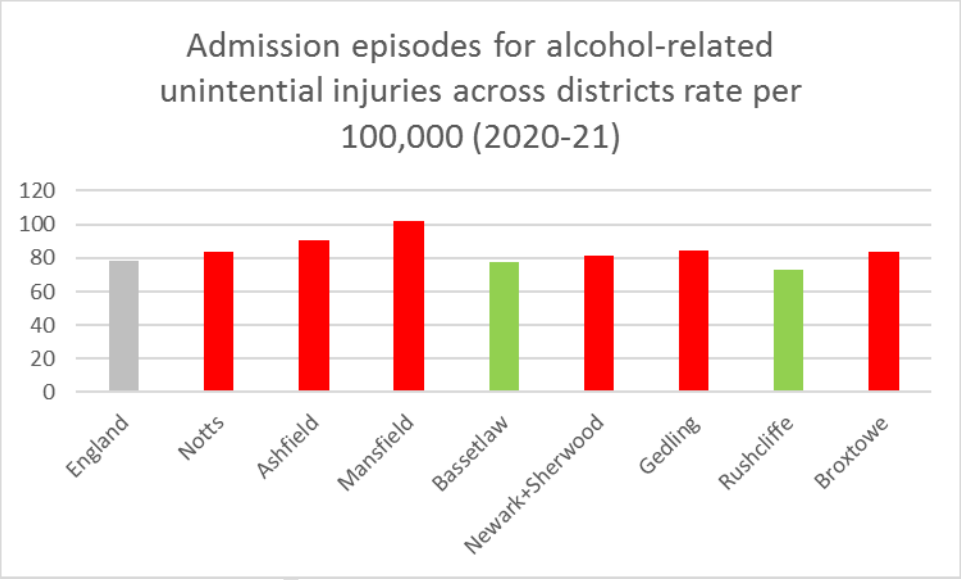
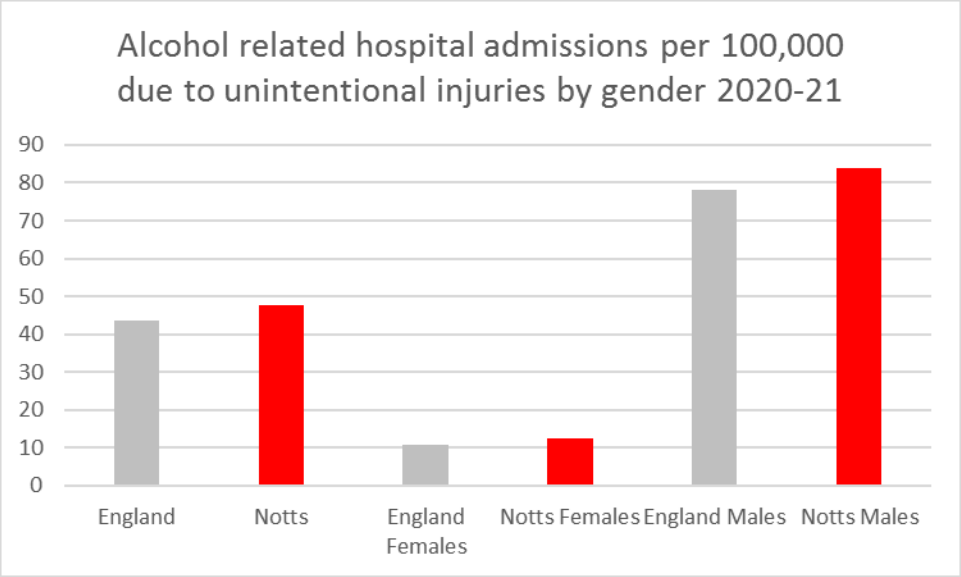


Figure 5: Alcohol-related hospital admissions due to unintentional injuries 2014/15 by gender



Mortality and substance misuse

Alcohol

The rate of alcohol-specific mortality has remained quite static nationally andlocally across Nottinghamshire at approximately 11.0 deaths per 100,000 of the population. It is very similar to England's rate at 10.9. Mansfield's alcohol-specific mortality was significantly higher at 18.3 deaths per 100,000. The districts that were lower than the England average where Bassetlaw, Broxtowe, Newark and Sherwood and Rushcliffe.

Alcohol-related mortality however has increased, particularly for liver disease which has seen a 400% increase since 1970, and this trend is in stark contrast to much of Western Europe. https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review.
In recent years, alcohol-related mortality in England and Nottinghamshire has remained relatively high notwithstanding a minor reduction in rate in 2006-08, with an increase seen between 2012 and 2014. A further minor increase was seen in England's levels 2016-2020, with a slight reduction in Nottinghamshire. Bassetlaw however is higher than the England average. There are no significant differences between gender. The method in calculating alcohol-related mortality had changed and uses a new set of attributable fractions, so differ from former results published.

Table 5: Alcohol-related deaths (all ages) – national and local 2020

Area	Count	Value (per 100,000)
England	20,468	37.8
Nottinghamshire	292	33.5
Bassetlaw	49	39.8
Ashfield	47	37.0
Broxtowe	43	35.8
Mansfield	37	33.8
Gedling	42	33.2
Newark and Sherwood	41	31.3

Rushcliffe	32	25.3

The rate of mortality in people aged under 75 from liver disease and liver disease that was considered preventable has risen by almost 14% (Public Health England, 2014c). Alcohol-related liver disease deaths in under 75s are currently below national averages. Nottinghamshire decreased between 2019 and 2020 whereas England increased (Table 6).

Table 6: Alcohol-related liver disease deaths (under 75s) – national and local 2016-2020 per 100,000

	2016	2017	2018	2019	2020
England	18.8	19.0	18.5	18.9	20.6
Notts	20.3 (155)	22.3 (172)	15.2 (120)	21.1 (164)	18.6 (147)

Drugs

Hospital admissions due to substance misuse in 15-24 year olds have gradually risen across England and Nottinghamshire since 2008. For 2018/19-2020/21 there were 215 admissions across Nottinghamshire, with 83.9 per 100,000 on average, compared to England's 81.2. Regarding deaths from drug misuse, Nottinghamshire is below the national average, but Mansfield is higher. There are no gender differences.

Table 7: Deaths from Drug Misuse in 2020 Nottinghamshire compared to England

Nottinghamshire	England
All- 2.8 per 100,000 (65)	All- 5.0 per 100,000 (8,185)
Male- 4.0 per 100,000 (46)	Male- 7.3 per 100,000 (5,912)
Female- 1.6 per 100,000 (19)	Female 2.8 per 100,000 (2,273)

Table 8: Deaths due to Drug Misuse in England and Nottinghamshire

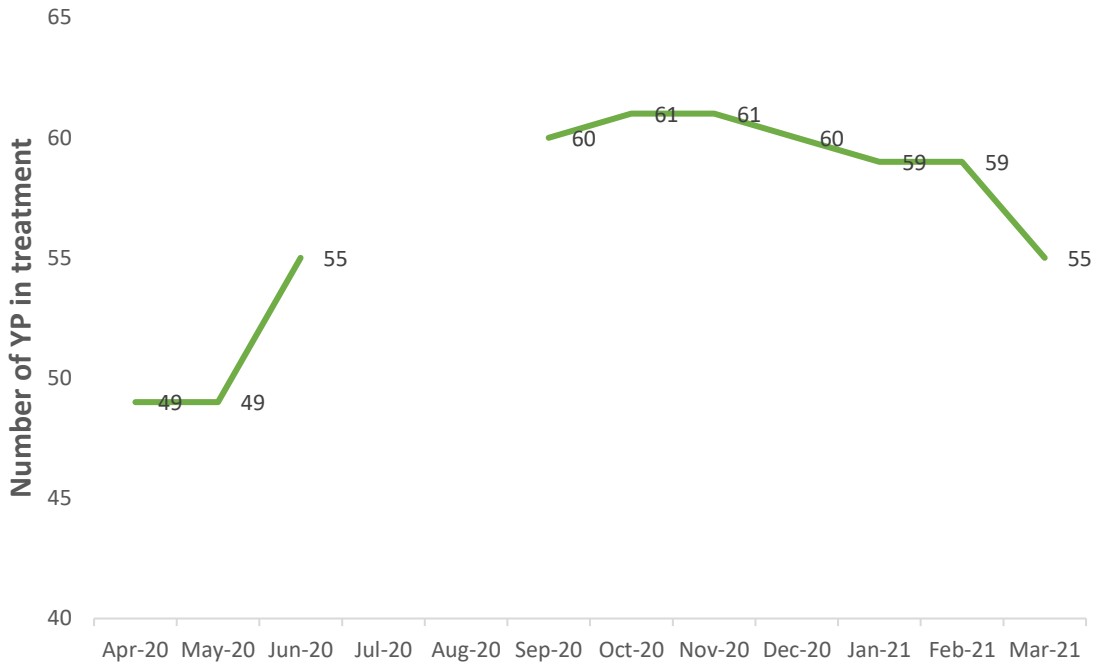
Area	Count	Value (per 100,000)
England	8,185	5.0
Nottinghamshire	65	2.8
Mansfield	16	5.3
Bassetlaw	13	4.0
Newark and Sherwood	11	3.3
Ashfield	9	-
Broxtowe	3	-
Gedling	4	-
Rushcliffe	9	-

Substance Misuse Treatment Services - Young People

The following data is from the National Drug Treatment Monitoring System (NDTMS). Note there is a gap in data between July and August. This is due to annual July down time within NDTMS.

As at March 2021 there were 55 young people in treatment for substance misuse in Nottinghamshire. The number of young people accessing treatment for substance misuse has broadly increased throughout 2020-21 (Figure 1). This is in line with national trends. There is no district level breakdown.

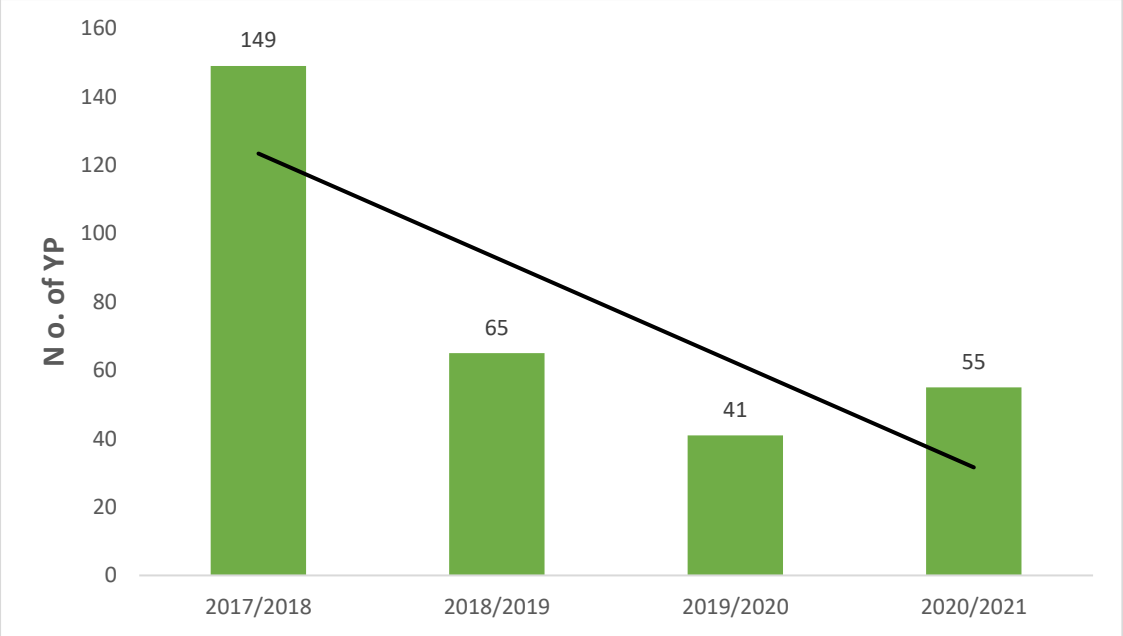
Figure 1: Number of young people in treatment 2020-21 (rolling 12 months)



*Source: National Drug Treatment Monitoring Service (NDTMS)

Compared to 2019/2020 there has been a 34% increase (14 people) in treatment, 41 to 55 (Figure 2).

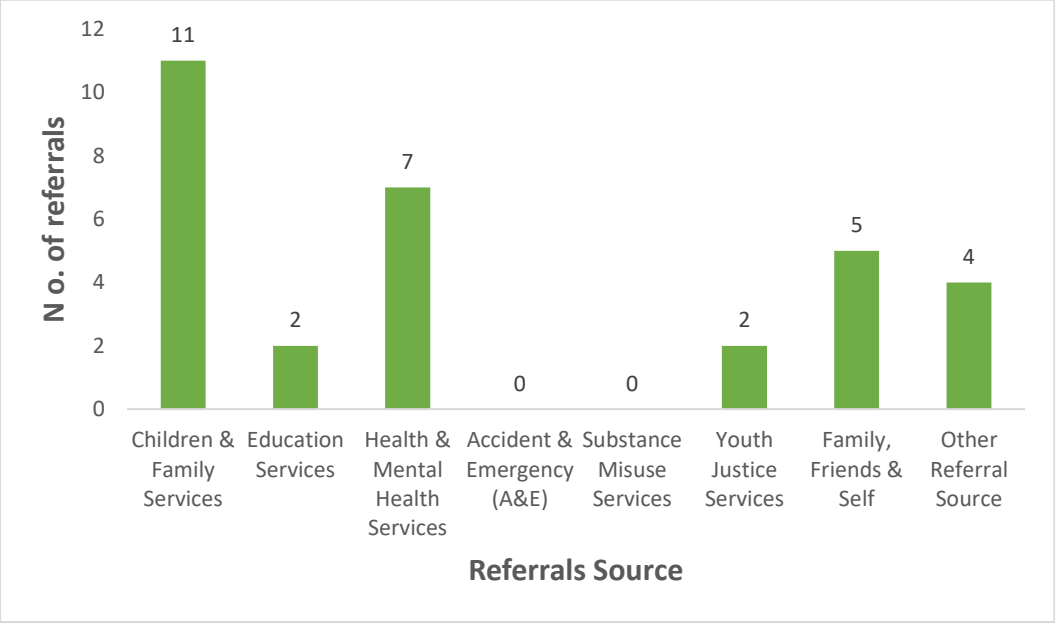
Figure 2: Number of young people in treatment 2017-21



*Source: National Drug Treatment Monitoring Service (NDTMS)

Within Children and Families services, 68% of referrals are from Targeted Support. This has decreased from 91% in the 2018 JSNA, suggesting referrals are coming from other sources including self. Referrals are made using the Early Help Assessment Form which requires consent from a parent and/or carer. This is then processed by the Early Help service that enacts the appropriate referral process (Figure 3).

Figure 3: Number and source of referrals for young peoples' substance misuse services 2020/21



*Source: National Drug Treatment Monitoring Service (NDTMS)

The majority of young people accessing treatment are age16-17 (Figure 4). The main substances of choice are cannabis and alcohol (Figure 5) This is similar to the JSNA in 2018. There are more males than females using substances.

Figure 4: Percentage of young people in services by age 2020-21

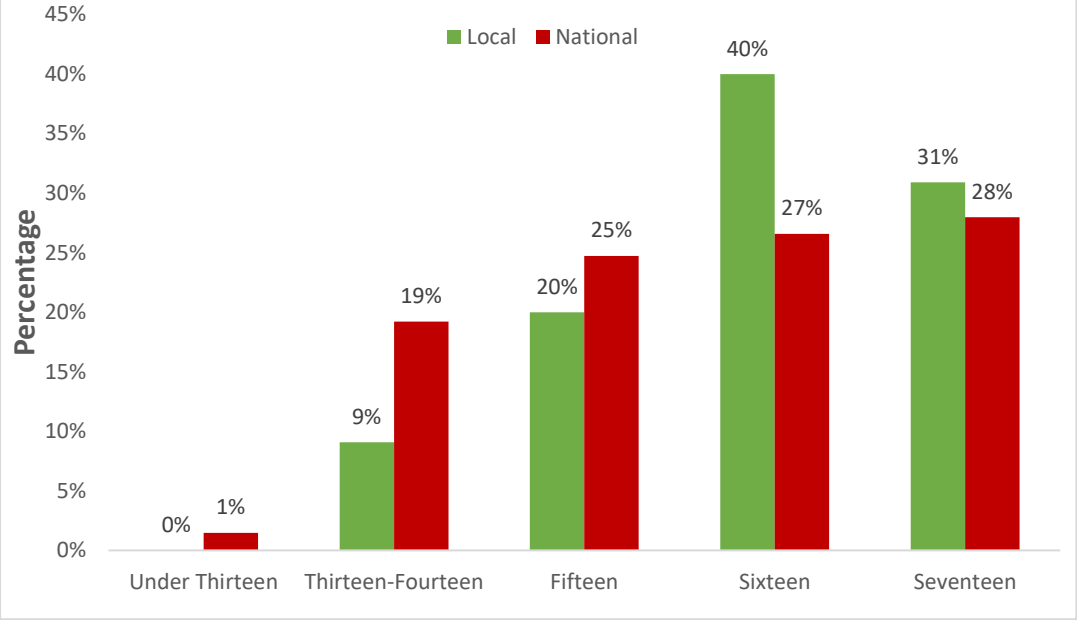
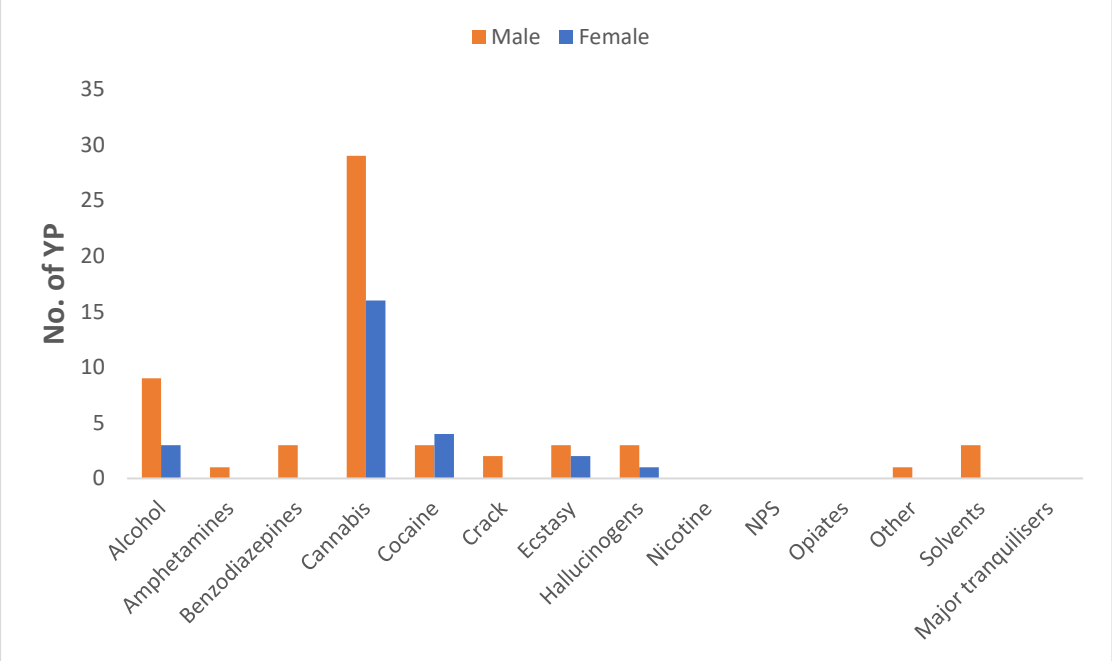


Figure 5: Substance of choice by gender for those in treatment

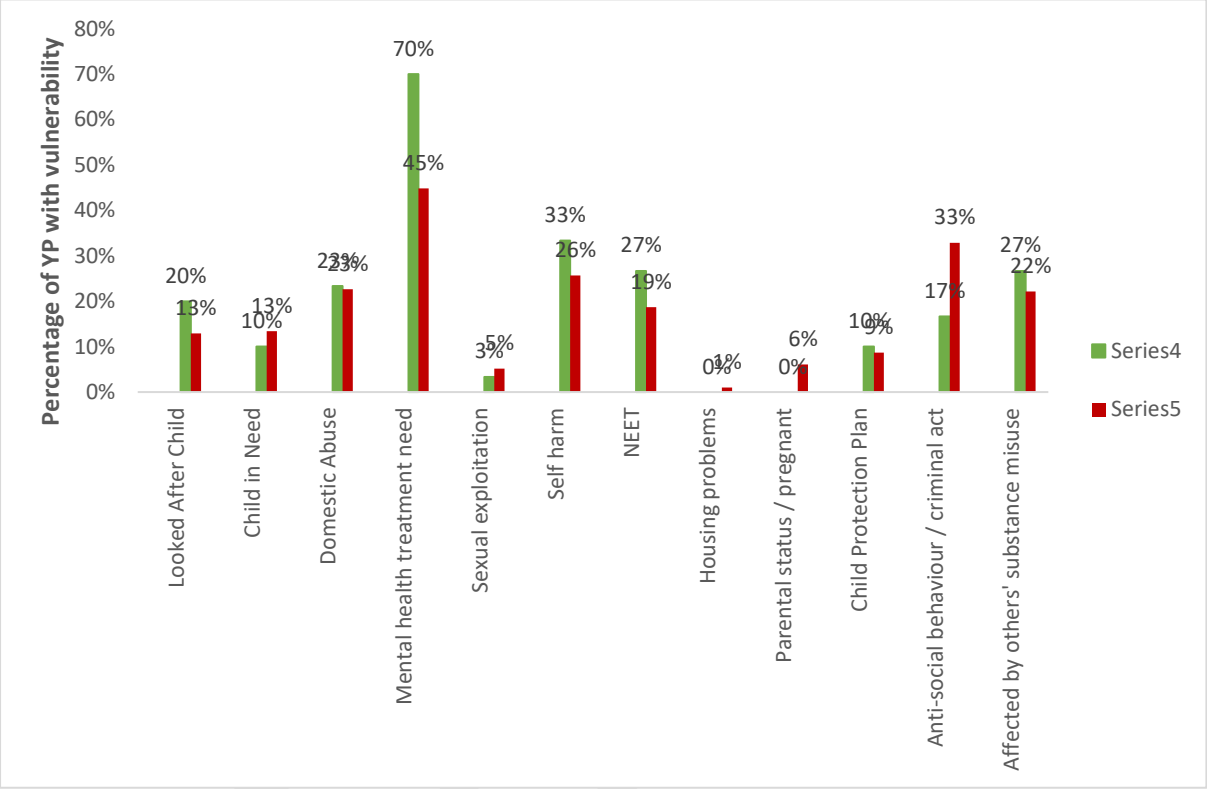


*Source: National Drug Treatment Monitoring Service (NDTMS)

Substance misuse is often associated with a range of other risky behaviours. These include sexual exploitation, self-harm, housing problems, relationship breakdowns and a lack of engagement with education, training and employment opportunities. In Nottinghamshire, a large proportion of young people receiving treatment are not in education, employment or training (NEET) (Figures 6 & 7). This is particularly significant given that Nottinghamshire

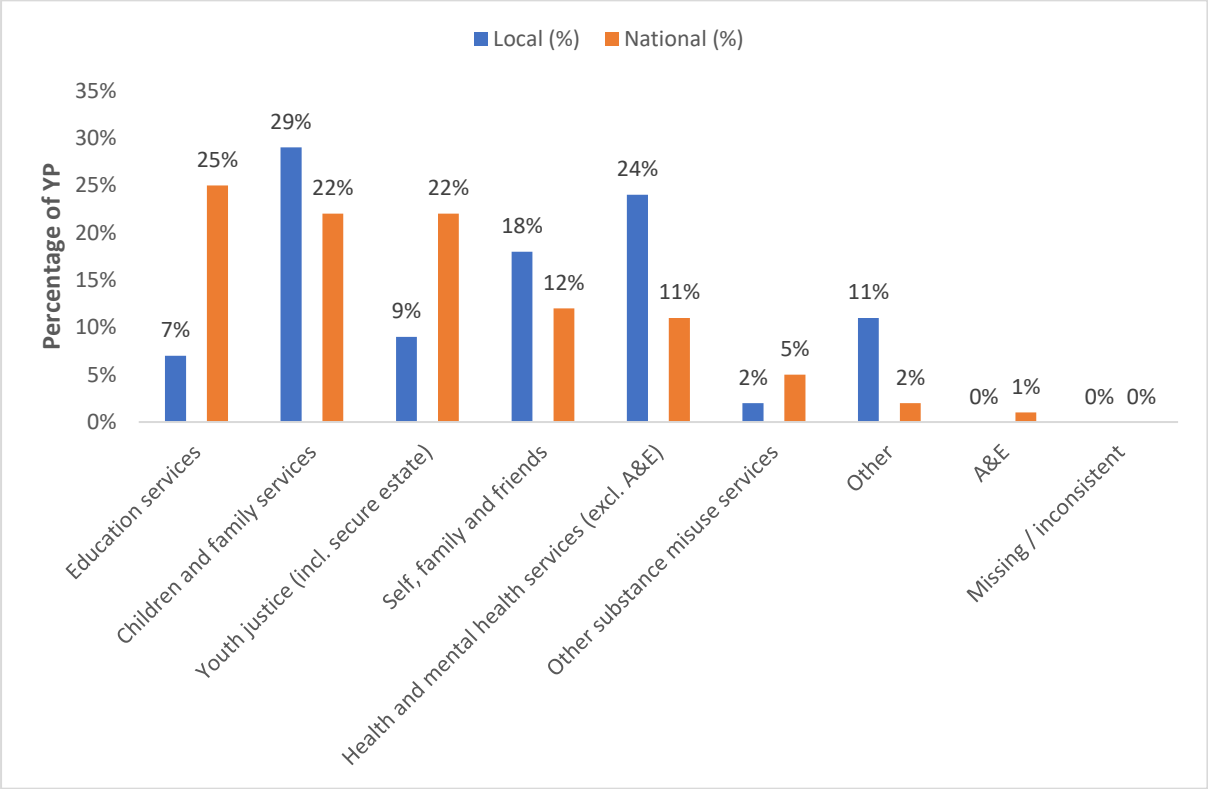
has an extremely higher proportion of young people that are NEET in comparison with national trends and the county's statistical neighbours (Table 1). Nottinghamshire's average is more than double that of England and the East Midlands.

Figure 6: Wider vulnerabilities of young people in treatment 2020-21 Nottinghamshire (green) compared to England (red)



*Source: National Drug Treatment Monitoring Service (NDTMS)

Figure 7: Education, employment and training status of young people in treatment 2020/21



*Source: National Drug Treatment Monitoring Service (NDTMS)

Table 1: NEET Population in Nottinghamshire (2020) compared to East Midlands and England

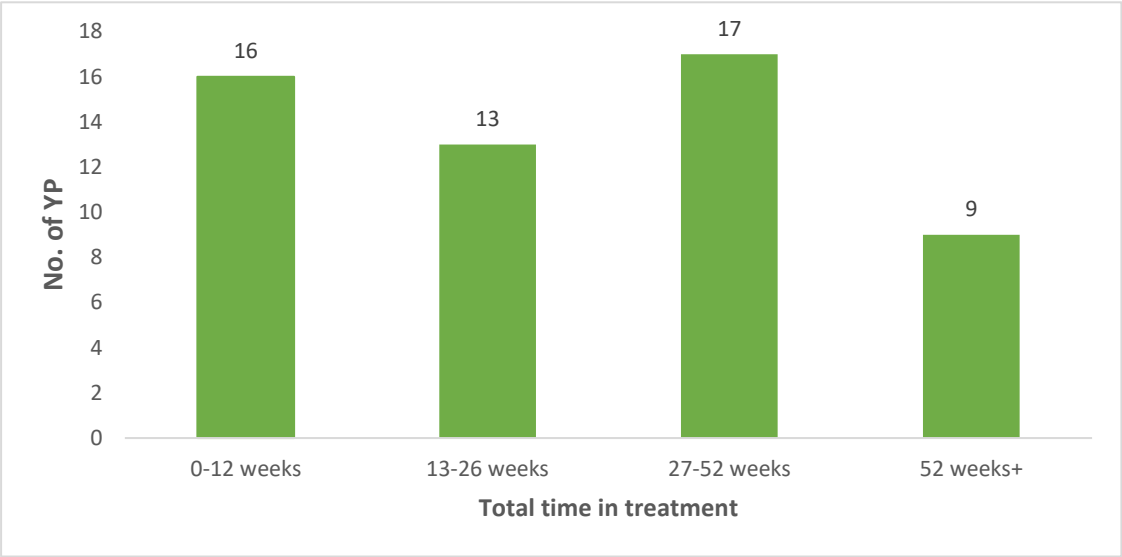
	16-17 yrs (per 100,000)
England Average	5.5
East Midlands Average	6.2
Nottinghamshire	13.8

Source: NEET data by local authority. GOV.UK

No young people are waiting more than three weeks for initial or subsequent assessments (the national standard for access to services).

The majority of treatment lasts between 27-52 weeks (31%). 9 young people (16%) remain in treatment for more than 1 year. Since the JSNA in 2018, it seems more young people are staying in treatment for longer. In 2018, the majority of treatment lasted 0-14 weeks (45%), in this cohort only 29% were in treatment for that long. This is at least in part due to the pandemic and retaining young people in treatment for safety. The primary interventions undertaken with young people include harm reduction and psychosocial. These can take place on an individual basis or as part of group sessions (Figure 8).

Figure 8: Total time in treatment 2020-21



*Source: National Drug Treatment Monitoring Service (NDTMS)

Appendix G

Substance Misuse Treatment and Recovery Services - Adults

The following data is from CGL's own monitoring system. The data relates to the time-period June 2020 - May 2021 unless otherwise stated. It includes data from those in brief treatment and structured treatment and looks at those also in the criminal justice system. The data is compared to the last JSNA in 2018 and in some parts CGL data from June 2019-May 2020.

In 2022, the way CGL collect their data has changed. It is now collated into 2 broad categories (which are not defined by substance(s) of choice):

- **Brief Assessments**: Low level advice and support, including in-house needle exchange
- **Structured Treatment**: A comprehensive package of concurrent or sequential specialist drug and alcohol focused interventions

Brief Assessments: June 2020-May 2021

There were 587 individuals receiving brief assessments, most of them in the Mansfield and Ashfield districts. In addition, there were 21 of no fixed abode, 70 not matched to a district of residence and 103 out of area. Numbers by district are detailed in Figure 1. There were fewer individuals in treatment in June 2019-May 2020 (853).

11.4% of individuals self-referred to the service. This is a large decline compared to the last JSNA- with 64% self-referring at this time. The most common referral source for brief assessments was Hetty's (34.2%) - a registered charity supporting over 200 families per month across the districts of Nottinghamshire. Hospital referrals were the next most common referral source at 33.22%, which has risen from 18.4%. In just a few years the referral sources have changed dramatically.

When comparing results from June 2019-May 2020, hospital referrals were the most common at 23.9% and Hetty's at 19.7%. This suggests during the covid-19 lockdown periods fewer individuals were referred from the hospital. This could be due to the general decrease in admissions not related to covid. Self-referrals also decreased in this period (18.2% in 2019-2020).

54% were White British (table 2). 40.9% had ethnicity unstated.

Overall, for brief assessments, more males were supported. In terms of age groups, there were more men supported in the up-to-44-years categories. In age groups older than this, more females were supported.

Between 2019-2020 and 2020-2021 there was a reduction in the numbers and proportion of 18-24 year olds receiving brief assessments.

The most common substance for treatment in brief assessments was alcohol at 32.4%. This was an increase from 27.9% in 2019/20, indicating a potential increase in alcohol usage during the pandemic, as seen nationally. (No substance category however was allocated for 51.6%. This is because this information is not collected at entry point for clients and often it is not taken until an individual moves into the Recovery Assessment stage).

Figure 1: Number of adults in substance misuse services (Brief Assessments) by district

Areas

In Area
587

NFA
21

Not matched to a district of residence
70

Out of Area
103

Local Authority	Clients
Ashfield	139
Bassetlaw	79
Broxtowe	40
Gedling	42
Mansfield	167
Newark and Sherwood	86
Rushcliffe	34
Total	**587**

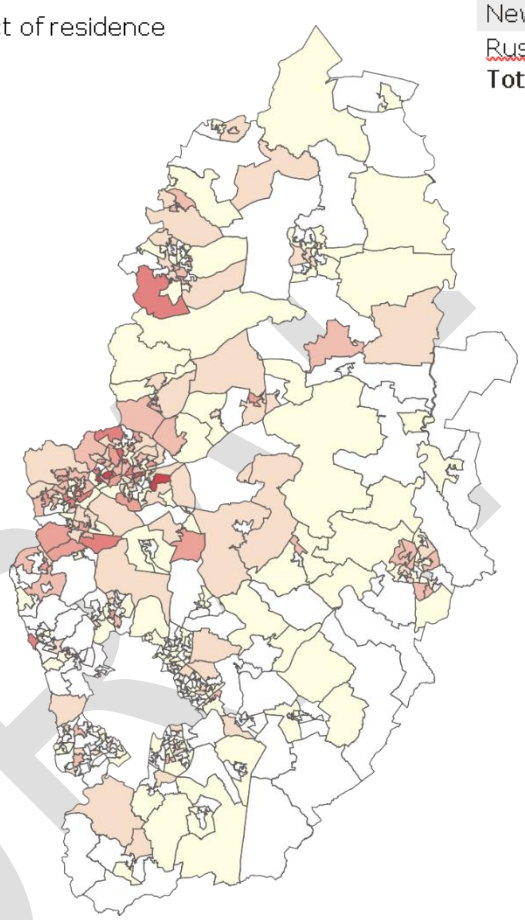


Table 1: Referral Sources for Brief Assessments

Referral Source (Brief Assessment) Name (groups)	Clients	%
Hetty's	208	34.21%
Hospital	202	33.22%
Needle Exchange	83	13.65%
Self	69	11.35%
DALT	9	1.48%
Social Services	7	1.15%
GP	6	0.99%
CGL	5	0.82%
ABL (Wellbeing Service)	4	0.66%
Housing Provider	3	0.49%

Probation	3	0.49%
Arrest Referral	2	0.33%
Crisis Team	1	0.16%
Educational Provider	1	0.16%
Family Member	1	0.16%
Liver Clinic	1	0.16%
Outreach	1	0.16%
ROB	1	0.16%
Treatment Agency - out of area	1	0.16%
Total	**608**	**100.00%**

Figure 2: Referral Sources for Brief Assessments

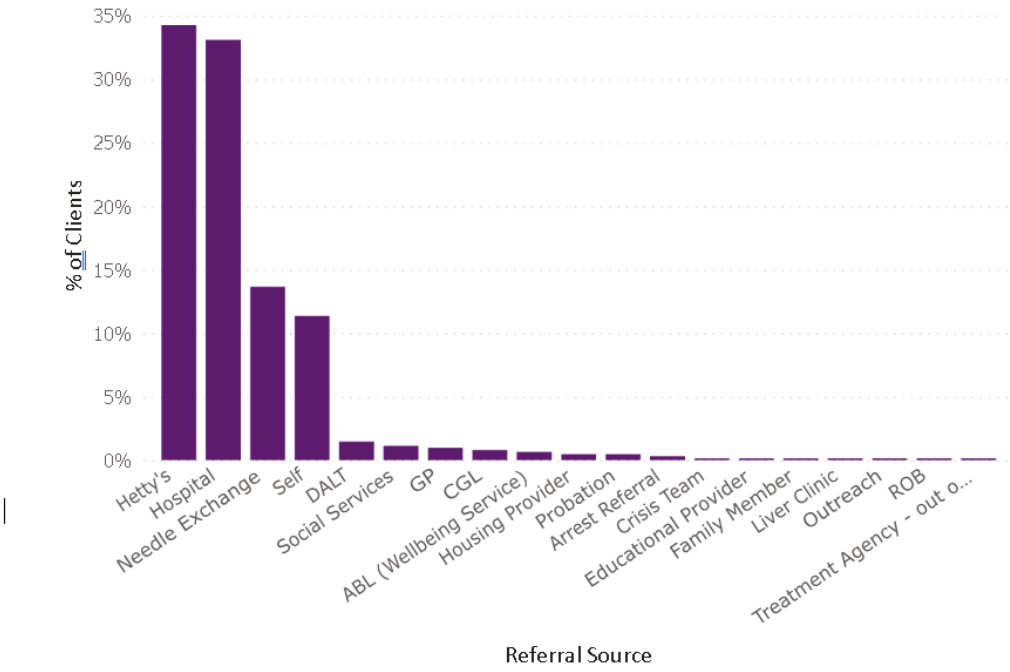


Table 2: Adults in Brief Assessments by Ethnicity

Ethnicity	Clients	%
White - White British	332	54.61%
Not Stated	244	40.13%
White - Other White	19	3.13%
Asian/ Asian British - Other Asian	4	0.66%
White - White Irish	3	0.49%
Black/ Black British - Caribbean	2	0.33%
Asian/ Asian British - Indian	1	0.16%
Black/ Black British - African	1	0.16%
Black/ Black British - Other Black	1	0.16%
Other	1	0.16%
Total	**608**	**100.00%**

Table 3: Adults in Brief Assessments by Age and Gender

Age Range	Female	Male	Other	Total
18-24	20	17	1	**38**
25-34	31	73	1	**105**
35-44	47	69		**116**
45-54	64	62		**126**
55-64	58	59	3	**120**
65 and over	56	47		**103**
Total	**276**	**327**	**5**	**608**

Figure 3: Brief Assessments by Age and Gender

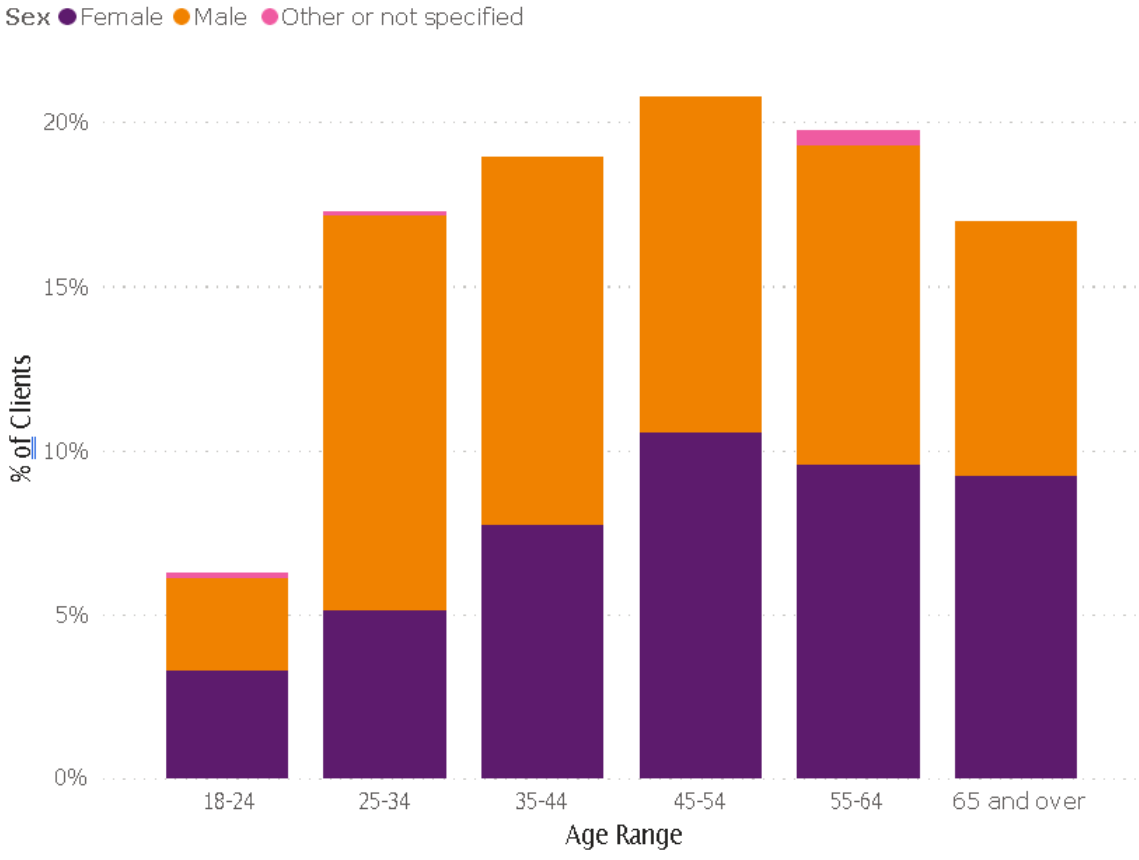
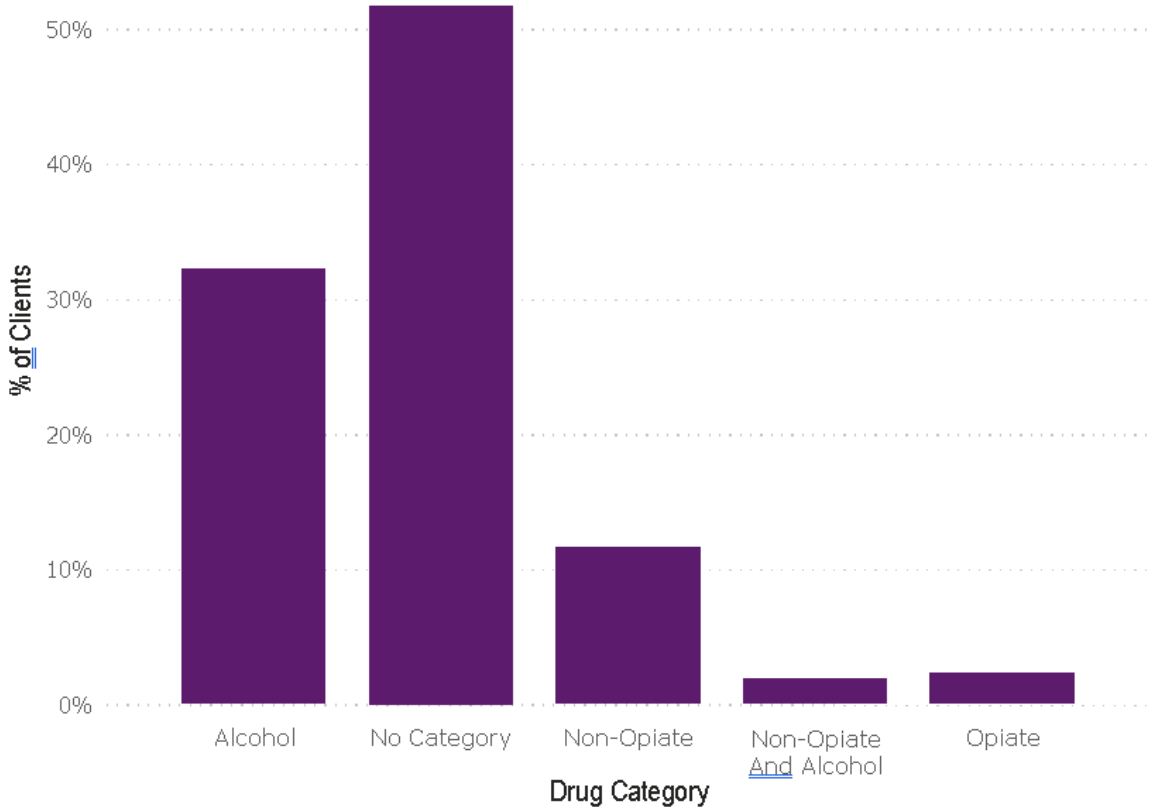


Table 4: Drug Category for Brief Assessments

Drug Category	Clients	%
Alcohol	197	32.40%
No Category	314	51.64%
Non-Opiate	71	11.68%
Non-Opiate And Alcohol	12	1.97%
Opiate	14	2.30%
Total	**608**	**100.00%**

Figure 4: Drug Category for Brief Assessments



Structured Treatment

During June 2020 and May 2021 there were 4171 in Structured Treatment. 60 had no fixed abode, 3 were not matched to an area of residence and 68 were out of area. Mansfield, Ashfield and Bassetlaw have the highest numbers in treatment.

There were slightly more individuals in structured treatment than in 2019-2020 (3916). This is in contrast to brief assessments where the number of individuals decreased. This suggests that there were more complex individuals that required treatment during the pandemic. This was also reflected in national reports where heavier drinking has been occurring.

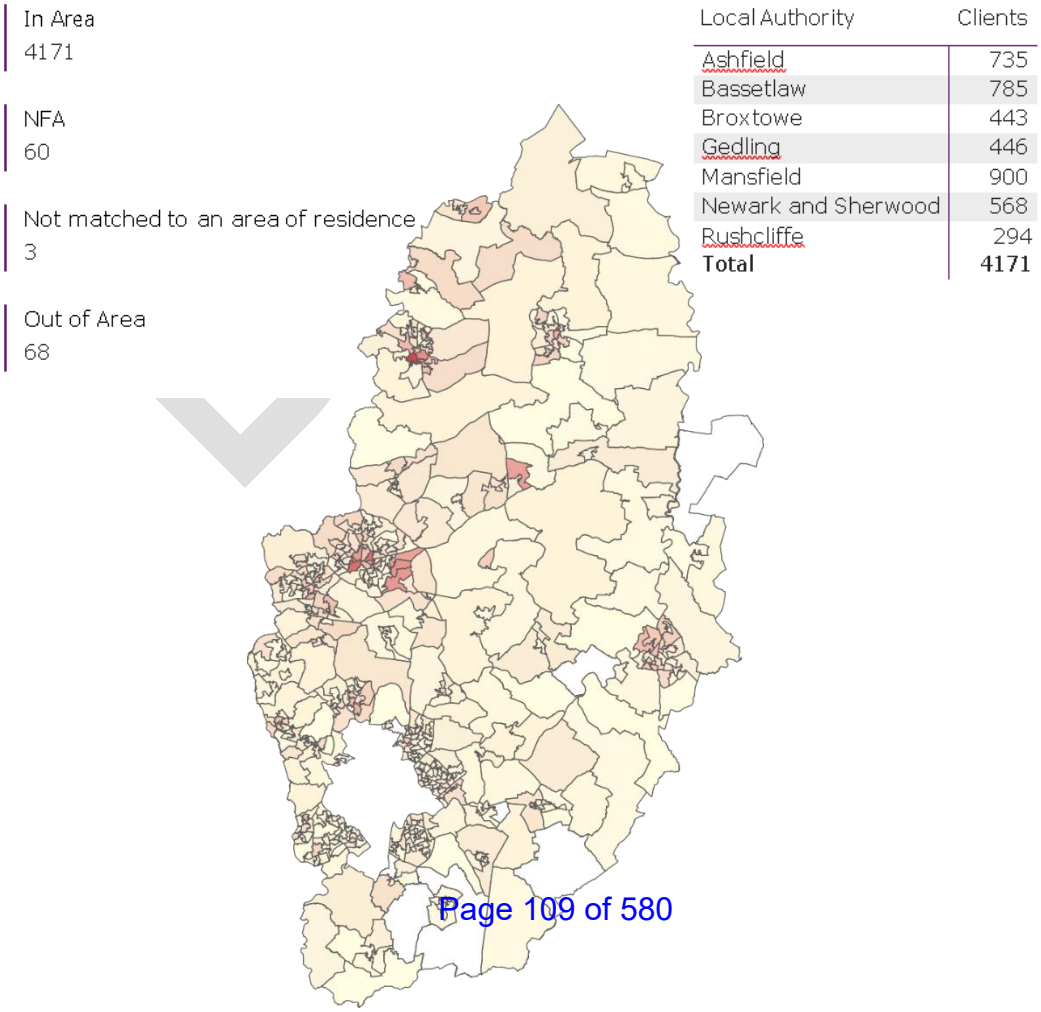
67.5% self-referred, a decrease from 79% in 2018. The next area of referral was drug service statutory at 6.9%, prisons 5.7% and GP at 3.1%. When comparing 2019-2020 and 2020-2021, referral sources and percentages were similar.

There were more males in treatment than females. Most service users (male and female) were in the 25-44 age groups. Data regarding age and gender was similar to 2019-2020.

25.2% (936 service users) were living with all or some of their children, increasing from 20.9% in 2019-2020, most likely reflecting the lockdown period and people staying at home. 38.4% (1427 service users) had none of the children living with them. 36.2% (1346 service users were not a parent).

The most common drug category was opiates (48.7%), followed by alcohol (34.3%). in 2019-2020 opiates was 51.2% and alcohol 32.8%, showing minor changes.

Figure 5: Number of Adults in Structured Treatment by District



Local Authority	Clients
Ashfield	735
Bassetlaw	785
Broxtowe	443
Gedling	446
Mansfield	900
Newark and Sherwood	568
Rushcliffe	294
Total	**4171**

Table 5: Referral Sources for Structured Treatment

Referral Source	Clients	%
Self	2853	67.51%
Drug Service Statutory	290	6.86%
Prison	240	5.68%
GP	129	3.05%
Hospital	95	2.25%
Drug Service Non-Statutory	84	1.99%
Social Services	67	1.59%
Self-referred via health professional	51	1.21%
DRR	45	1.06%
Criminal Justice - other	43	1.02%
National Probation Service	42	0.99%
Other	40	0.95%
Adult treatment provider	36	0.85%
Community Rehabilitation Company (CRC)	32	0.76%
Arrest referral	23	0.54%
ATR	20	0.47%
Probation	20	0.47%
Hospital alcohol care team/liaison nurse	17	0.40%
Housing/homelessness service	16	0.38%
Outreach	16	0.38%
Psychiatry services	16	0.38%
Adult mental health services	8	0.19%
Relative	8	0.19%
Arrest Referral / DIP (do not use)	7	0.17%
Psychological Services	5	0.12%
Domestic abuse	3	0.07%
Employment Service	3	0.07%
Sex worker project	3	0.07%
A&E	2	0.05%
Children's Social Services	2	0.05%
Community Alcohol team	2	0.05%
Employment/education service	2	0.05%
Relative/peer/ concerned other	2	0.05%
Community care assessment	1	0.02%
Concerned other	1	0.02%
Education service	1	0.02%
Young people's structured treatment provider	1	0.02%
Total	**4226**	**100.00%**

Table 6: Age and Gender for Adults in Structured Treatment

Age Range	Female	Male	Other	Total
18-24	86	129		**215**
25-34	378	798		**1176**
35-44	470	1092	4	**1566**
45-54	272	570	3	**845**
55-64	146	200		**346**
65 and over	33	32		**65**
Not Recorded	7	6		**13**
Total	**1392**	**2827**	**7**	**4226**

Figure 6: Adults in Structured Treatment by Age and Gender

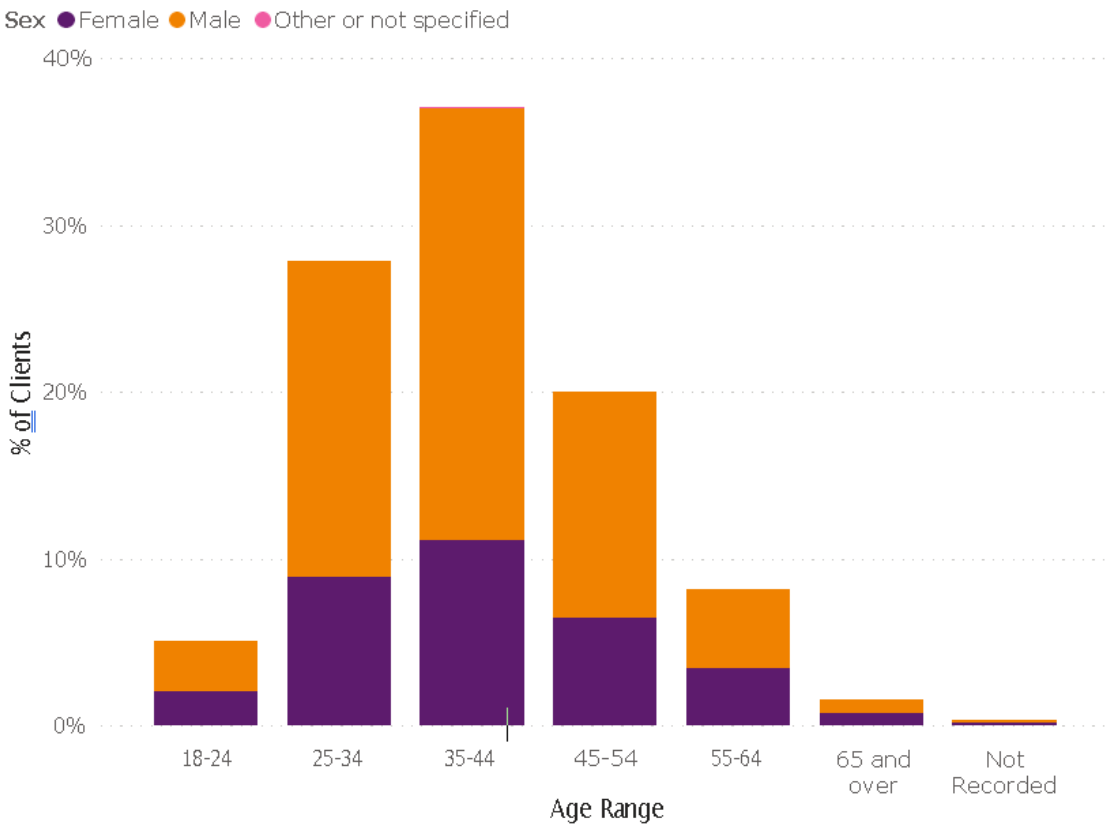


Table 7: Parental Status of Adults in Structured Treatment

Parental Status	Clients	%
All the children live with client	783	21.05%
Client declined to answer	10	0.27%
None of the children live with client	1427	38.37%
Not a parent	1346	36.19%
Some of the children live with client	153	4.11%
Total	**3719**	**100.00%**

Figure 7: Parental Status of Those in Structured Treatment

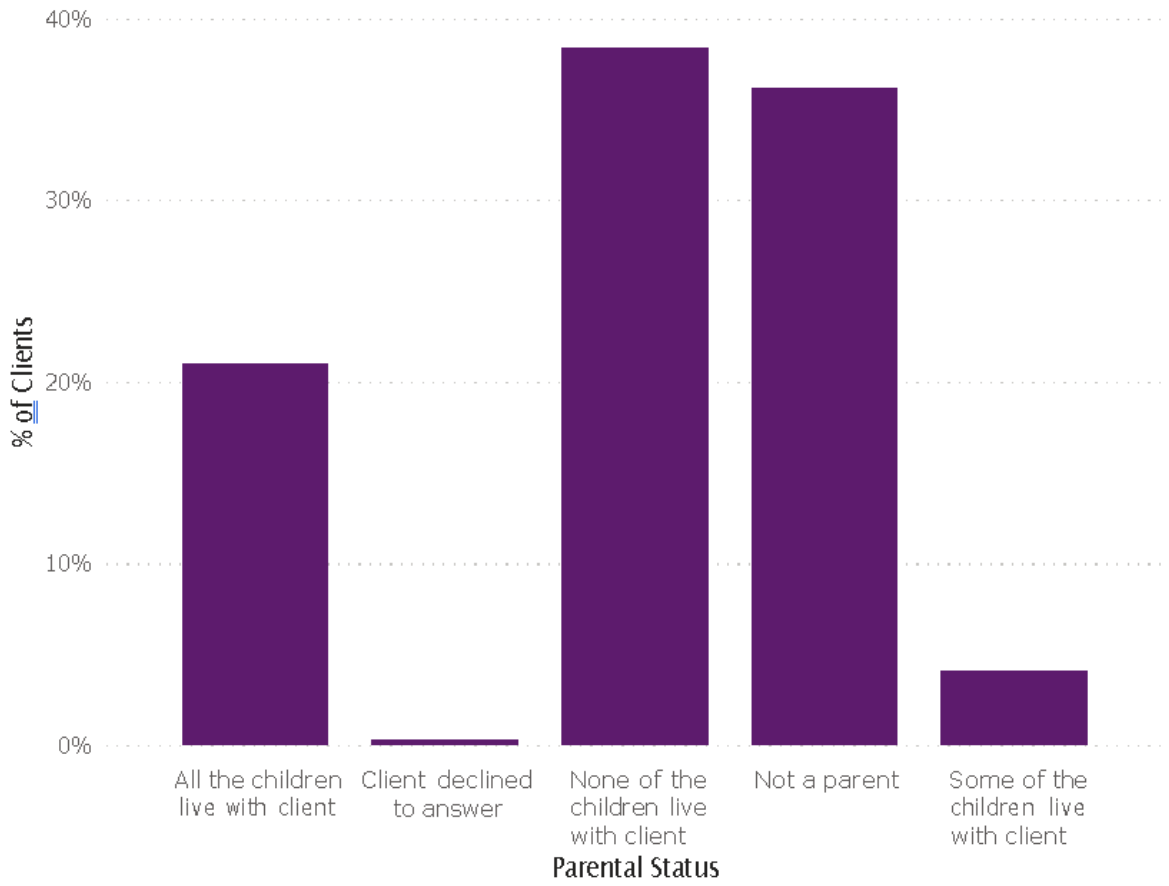
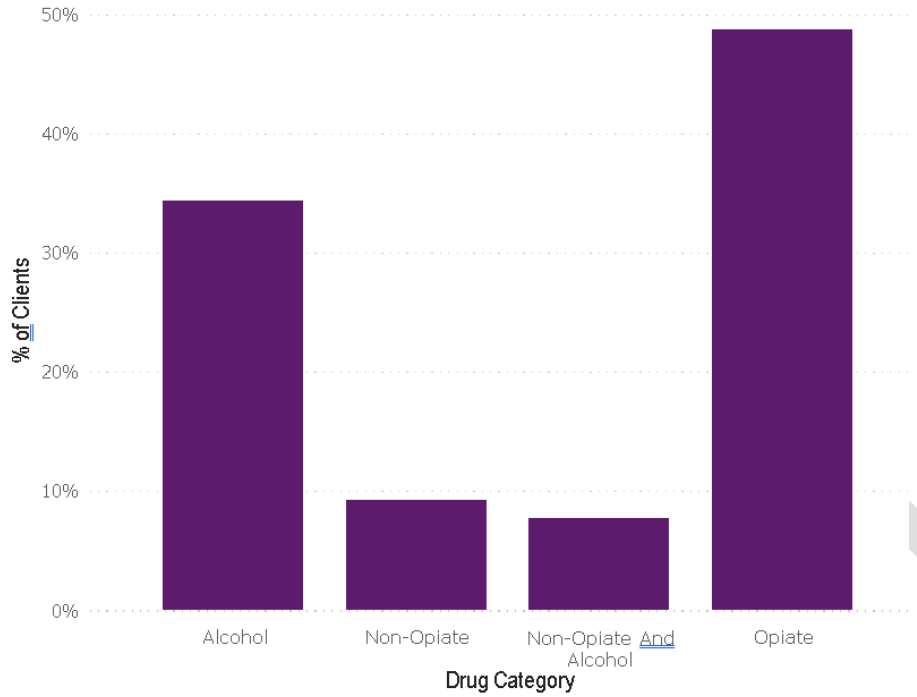


Table 8: Drug Category in Structured Treatment

Drug Category	Clients	%
Alcohol	1452	34.32%
Non-Opiate	391	9.24%
Non-Opiate And Alcohol	329	7.78%
Opiate	2059	48.66%
Total	**4231**	**100.00%**

Figure 8: Drug Category in Structured Treatment



In the period 1st April 2020 to 31st March 2021, 87.9% of all those in structured treatment were White British (3448/3922), with a further 5.1% Other White and a further 3.1% Not Stated

Of those starting new structured treatment journeys between 1st April 2020 and 31st March 2021:

- 82.5% were Heterosexual (1362/1651), with a further 6.5% Not Stated and 6.7% Missing Data. Gay/Lesbian accounted for 2.5% of the treatment population (40/1651) and Bi-Sexual for 1.4% (23/1651)
- 59.8% disclosed No Religion (988/1651), 18.3% as Christian and 17.9% as Patient Religion Unknown
- 44.3% disclosed behavioural/emotional conditions (732/1651) and 11.9% disclosed progressive conditions and physical health conditions (197/1651). 5% disclosed learning disabilities (82/1651). 43% disclosed No Disability (723/1651)
- 1.2% were pregnant (7/586)

It is difficult to know whether groups with Protected Characteristics are under-represented in treatment without an in-depth local understanding of the population and treatment need for these groups. Local intelligence suggests that women may require a gender-specific service and CGL are working on a tailored offer specific to women, linking in with Womens Aid. Mental health continues to be prominent within referrals and joint work between mental health and substance misuse services is taking place. The pregnancy pathway is embedded well. CGL aim to provide a personalised and tailored package of support to any particular individual and will adapt individual Recovery Plans accordingly.

Individuals in substance misuse treatment who were also in the criminal justice system

During June 2020 – May 2021, 7% of the in-service treatment are also in the criminal justice system (280 Nottinghamshire residents out of 4231), with most being in Mansfield and Ashfield. This decreased from 2019-2020 from 13% and 478 individuals. The reduction in numbers over the 2 years suggests the covid lockdowns, reduced police activity and less opportunity for criminal activity had an impact.

There were 246 clients in substance misuse treatment that were also in the criminal justice system. 34 had no fixed abode, 13 were not matched to a district of residence and 19 were out of area.

Prisons and Probation referrals accounted for almost all referrals. In 2020-2021 there were no referrals from arrests, whereas in 2019-2020 there were 60 (23.7%). Courts also made fewer referrals through being closed during covid lockdowns.

Most service users were male. There was a reduction in the proportion of 18-24 year olds and a slight increase in the over 65s when comparing 2019-2020 and 2020-2021.

Most service users (54% / 129 individuals) were not a parent. 38% (91 individuals) were parents but the children did not live with them.

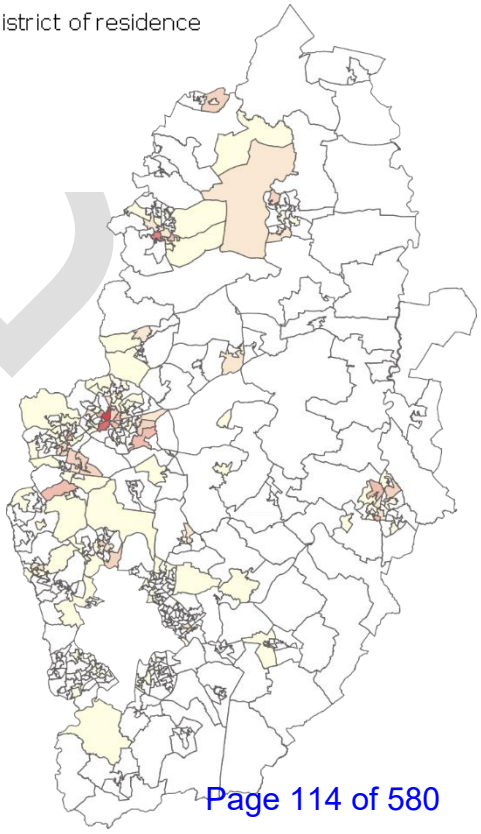
Figure 9: Number of adults in substance misuse services who were also in the criminal justice system by district

In Area
246

NFA
34

Not matched to a district of residence
13

Out of Area
19



Local Authority	Clients
Ashfield	64
Bassetlaw	39
Broxtowe	15
Gedling	17
Mansfield	74
Newark and Sherwood	30
Rushcliffe	7
Total	**246**

Table 9: Referral sources for clients who are in substance misuse services and the criminal justice system

Referral Source	Clients	%
CARAT / Prison	60	52.63%
Probation	50	43.86%
Court	1	0.88%
Integrated Offender Management	1	0.88%
PPO Licence Condition	1	0.88%
Self / Voluntary	1	0.88%
Total	**114**	**100.00%**

Figure 10: Referral Sources for clients who are in substance misuse services and the criminal justice system

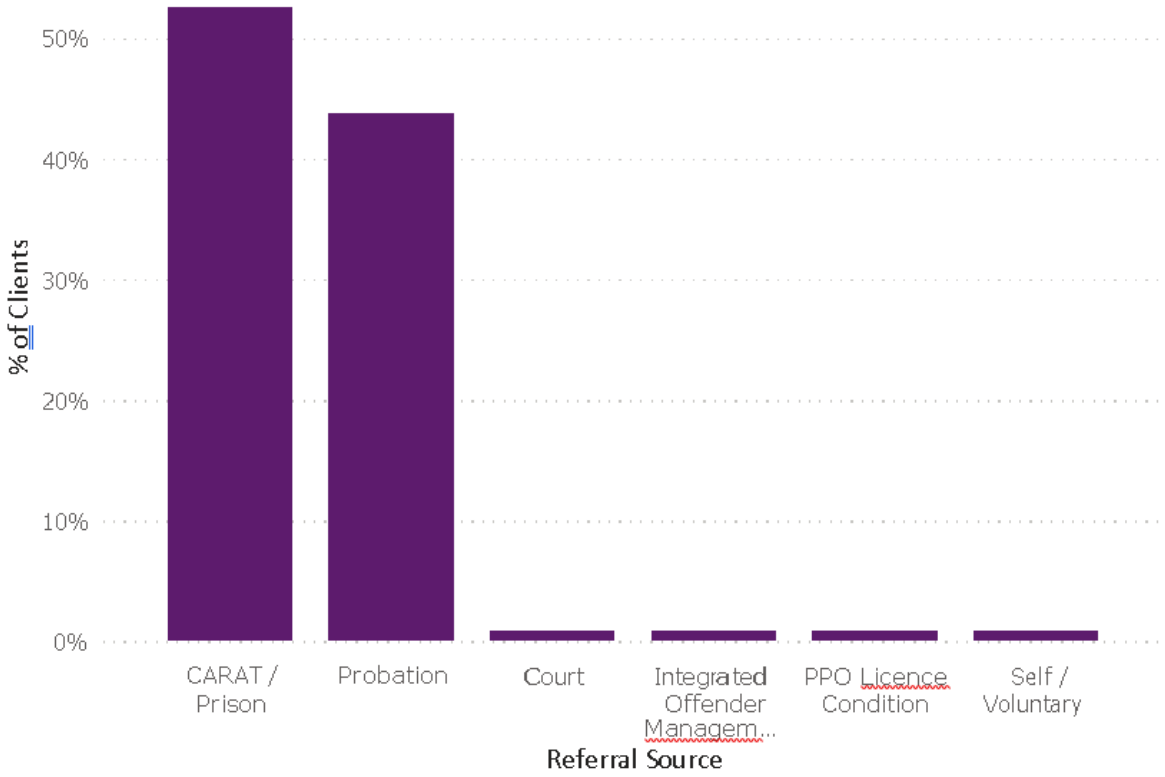


Table 10: Age and gender of clients who are in substance misuse services and the criminal justice system

Age Range	Female	Male	Other or Not Specified	**Total**
18-24	2	8		**10**
25-34	14	76		**90**
35-44	31	94		**125**
45-54	9	36		**45**
55-64	1	8	1	**10**
Total	**57**	**222**	**1**	**280**

Figure 11: Age and gender of clients who are in substance misuse services and the criminal justice system

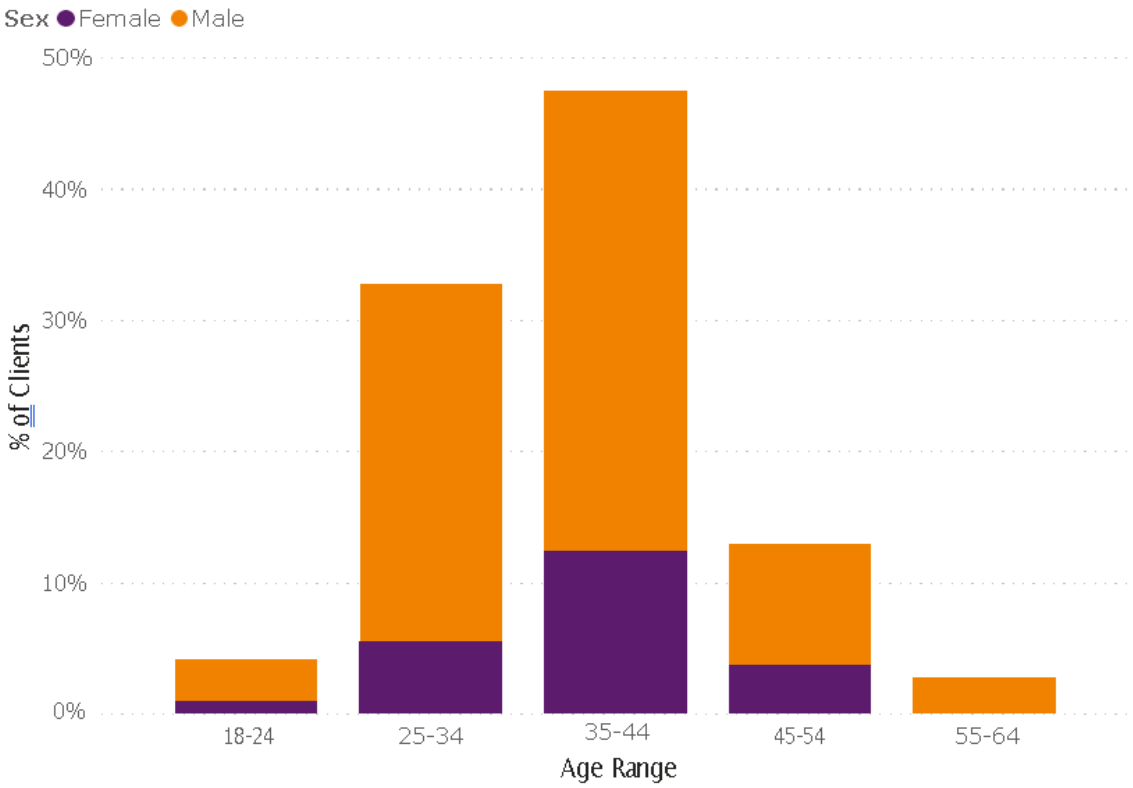
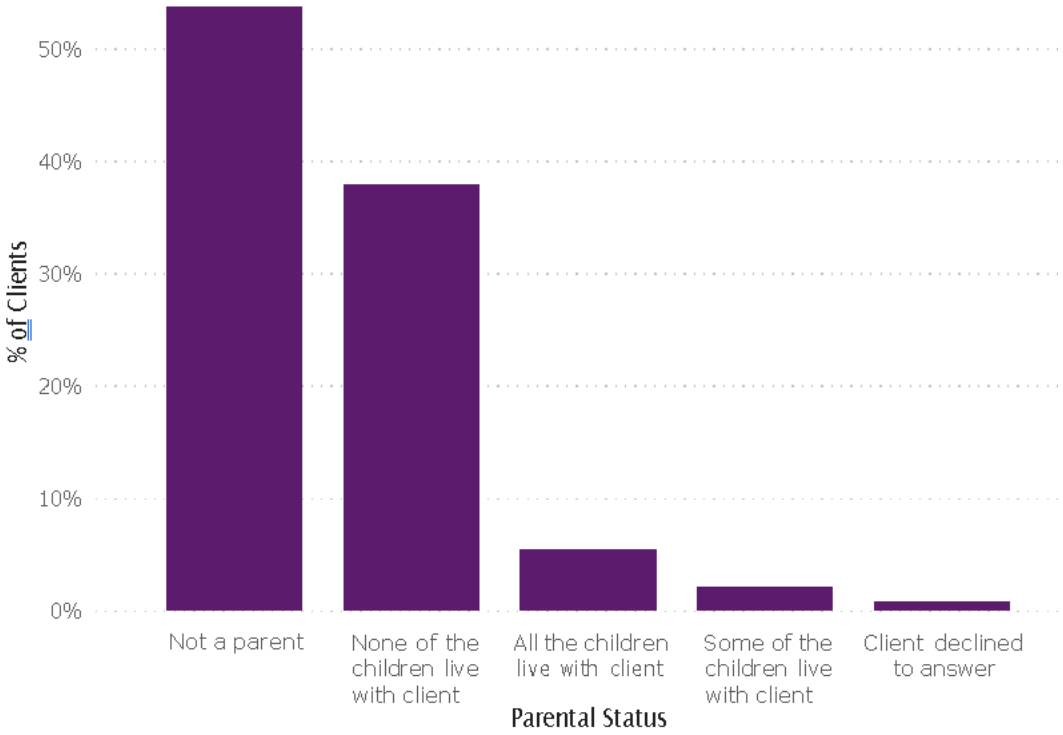


Table 11: Parental status of clients who are in substance misuse services and the criminal justice system

Parental Status	Clients	%
Not a parent	129	53.75%
None of the children live with client	91	37.92%
All the children live with client	13	5.42%
Some of the children live with client	5	2.08%
Client declined to answer	2	0.83%
Total	**240**	**100.00%**

Figure 12: Parental status of clients who are in substance misuse services and the criminal justice system



APPENDIX H

REDUCING ALCOHOL HARM: THEME 1: INCREASING POPULATION UNDERSTANDING OF RISK

THEME	SPECIFIC ACTIONS
Increase population level understanding of risk and harm	**EMPLOYERS** Develop population understanding through alcohol champions work with employers *(theme 4 and theme 5)* Agree the communication of alcohol as a priority with local employers *(theme 5)*
	COMMUNICATION Appropriate and systematic dissemination of PHE One you campaign material related to alcohol
	IBA Raise awareness of the risks and harms of alcohol misuse through systematic implementation of alcohol identification and brief advice (theme 3).
	ALCOHOL IN ALL POLICIES Inclusion of alcohol as a priority in all system level organisation policies and strategies.

REDUCING ALCOHOL HARM: THEME 2: PREVENTING ALCOHOL HARM THROUGH WIDER RELATED LOCAL/NATIONAL POLICY

THEME	SPECIFIC ACTIONS
Preventing alcohol harm through wider related local/national policy	**NATIONAL POLICY** Influence national strategy development, linking with the Faculty of Public Health and Public Health England. Make links with and influence key politicians and organisations to bring about upstream change. Influence key areas in relation to alcohol, including pricing, licencing, advertising and treatment.
	LICENSING Public Health in both Nottinghamshire CC and Nottingham CC work with licensing committees locally to influence Statements of Licensing Policy. Nottinghamshire CC and Nottingham CC develop plans for how public health can influence local activity and representations from other Responsible Authorities.

	Understand data available for licensing from police, EMAS and others that can be used to inform licensing statements and/or cumulative impact zones (CIZ)
	OTHER LOCAL POLICY Review and consider introducing and/or amending alcohol declarations for Nottinghamshire CC and Nottingham CC to align with champion roles (theme 4), with audit/reporting cycles built in through the HWBB /ICS board.

THEME 3: A SYSTEMATIC APPROACH TO ALCOHOL IDENTIFICATION AND BRIEF ADVICE (IBA)

THEME	SPECIFIC ACTIONS
A systematic approach to Alcohol Identification and Brief Advice (IBA)	**OVERARCHING** Source and secure funding to enable NRN and CGL to increase IBA training capacity, allowing for the training offer to be expanded and tailored to different audiences as appropriate. Consider offer in line with PHE guidance on targeting IBA in ED, PC, probation and others. Ensure links made to ICS workforce workstream. Alcohol champions to promote training at high level within organisations (theme 4) and determine best approaches within their organisation, including target staff groups, frequency, duration and delivery methods. Model the potential impacts on substance misuse services of increased IBA activity and referrals (and costs) and understand the current variations in referrals to community alcohol services.
	PRIMARY CARE Identify models of IBA with PC – using LMC as a network Look into possible incentive scheme, considering links with national funding possibilities. Develop practice/locality champions (links to theme 4) to develop MECC approach in practice and raise awareness within practice staff
	ED Develop new ways of working to identify and case manage high volume service users (HVSU) at ED across the ICS patch with NUH and Sherwood Forest, including providing IBA staff training and acting as a focal point for staff and services (Links to theme 8). A consistent approach to alcohol IBA and referral is embedded in ED, using lessons learnt from the inpatient CQUIN

	SECONDARY CARE Understand current referrals to NRN/CGL from inpatients and develop mechanisms to increase appropriate referrals generated by the CQUIN at NUH, SFH and NHCFT Inclusion of alcohol IBA training and offer in Mental Health, Community and Secondary care Trust prevention strategies and plans.
	WIDER SETTINGS Enable IBA training for the wider workforce, balancing capacity and demand and considering the following wider areas: Police, DWP, IAPT, Fire service, pharmacy, dentistry, housing sector, ASC Consider the IBA training offer and implementation and monitoring by Nottingham City and Nottinghamshire County Council staff, including housing, adult social care, community protection and the County integrated health and wellbeing hub.

THEME 4: IDENTIFICATION OF 'ALCOHOL CHAMPIONS' IN KEY ORGANISATIONS ACROSS THE SYSTEM

THEME	SPECIFIC ACTIONS
Identification of 'alcohol champions' in key organisations across the system	Organisations are mapped and individuals identified as alcohol champions. Develop a role description, including key actions and responsibilities for champions. Alcohol champions are invited to join the Nottinghamshire alcohol pathways group and are the main contact for all actions and activity relating to this plan. Alcohol champions agree priorities for their organisation and are responsible for updating on progress and feeding back areas of challenge or good practice.

THEME 5: INCLUDING ALCOHOL AS A PRIORITY FOR EMPLOYEE HEALTH AND WELLBEING

THEME	SPECIFIC ACTIONS
Including alcohol as a priority for employee health and wellbeing	**REVIEW** Review the current workforce/employee need and offer around alcohol, including the extent of inclusion of MECC approaches within public and private organisations, including SMEs.
	AGREE APPROACH

	Agreement to and awareness of the adoption of an appropriate approach for employees, considering the use of the PHE toolkit to ensure a consistent offer or to learn from/adopt local best practice, supported by the alcohol champions (links to theme 3).
	IMPLEMENTATION Champions to lead the design and implementation of approach best suited to employing organisation, working with current schemes and programmes as appropriate (e.g. Nottinghamshire County wellbeing at work scheme, Nottingham City every college matters). Champions to provide regular updates on progress within workforce and feedback areas of challenge or good practice (links to theme 3).

THEME 6: AGREEING AND EMBEDDING PATHWAYS FOR SERVICE USERS WITH CO-EXISTING MENTAL HEALTH AND SUBSTANCE MISUSE ISSUES

THEME	SPECIFIC ACTIONS
Agreeing and embedding pathways for service users with co-existing mental health and substance misuse issues	**WORKING GROUP** Work with the mental health work stream to convene a multi-agency working group to agree the pathway for service users with co-existing mental health and substance misuse issues, including removing the barriers within the pathway and improving transparency and accountability (*Note this should be responsibility of ICS MH work stream).* The working group reports to the Nottingham and Nottinghamshire alcohol pathways group on progress toward achieving this.

THEME 7: BETTER COMMUNICATION OF IDENTIFIED ALCOHOL RISK BETWEEN SOME KEY PARTS OF THE SYSTEM

THEME	SPECIFIC ACTIONS
Better communication of identified alcohol risk between some key parts of the system	**AGREE CONSISTENT APPROACH** Agree a consistent approach to sharing information related to alcohol risk and attendance between ED, urgent care and primary care across both NUH and SFH – building on the work done by NUH. Agree a consistent approach to sharing information related to alcohol risk and admission between inpatient settings across NUH, SFHT and NHCFT with primary care, including information on alcohol screening as collected in the CQUIN and clearer inclusion in discharge letters generated.

	Agree a consistent approach to sharing information related to alcohol risk, attendance and admission with community substance misuse services and ED and urgent care, so they are notified when service users are attending and care management can be reviewed appropriately.
	INFORMATION SHARING Work with Connected Nottinghamshire to raise alcohol information sharing as a priority, including working with the GPRCC – clinical reference group.

THEME 8: CASE MANAGEMENT IN ED OF HIGH VOLUME SERVICE USERS (HVSU)

THEME	SPECIFIC ACTIONS
Case management in ED of High Volume Service Users (HVSU)	**DEVELOP HVSU SERVICE** Identify possible funding streams for HVSU service in ED at NUH and SFHT. Develop a business case for HVSU service/post that can be used for NUH and SFHT, with key links to community services and the ICMS and in hospital staff and services Explore options for reshaping current service redesign at SFHT and NUH Agree HVSU job specification with ED and organisations involved. Monitoring and evaluation of impact of HVSU service to be fed back via reporting to the Alcohol pathways group.

APPENDIX I

Key documents regarding 'what works' for substance misuse

There is a large body of evidence and research relating to 'what works' for substance misuse treatment. National policy outlines the strategy and direction of substance misuse treatment focus and delivery, such as Drug Strategy 2010 - Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life (HM Government, 2010) and The Government's Alcohol Strategy (HM Government, 2012). Key documents are outlined below.

Young People:

- A public health approach to promoting young people's resilience 2016 (Association for Young People's Health 2016)
- International Standards on Drug Use Prevention (United Nations Office on Drugs and Crime 2015)
- YoureWelcome_RefreshedsStandards.pdf (youngpeopleshealth.org.uk) Specific guidance in relation to ensuring services are designed to be young people friendly, welcoming and accessible. Refreshed 2017.
- Practice standards for young people with substance misuse problems (CCQI, 2012): These standards bring together guidance based on the available evidence and emphasise the need for a sensitive, non-judgemental and collaborative approach to identifying risk, assessing all needs, and offering help and support.
- There is a strong evidence base for safeguarding and child protection, placing great emphasis on the importance of multi-agency working and information sharing and building upon existing individual and family strengths to increase resilience and protective factors. The below are key national safeguarding and child protection documents:
    - The Munro Review of Child Protection: A child-centred system (DfE, 2011)
    - Hidden harm report on children of drug users (ACMD, 2011)
    - Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children (HM Government, 2013)
    - Signs of Safety in England - An NSPCC commissioned report on the Signs of Safety model in child protection (NSPCC, 2013)
- Evidence-based approaches to working with children and young people include:
    - Issues in Earlier Intervention - identifying and supporting children with additional needs (Department for children, schools and families, 2010)
    - Every child matters (HM Government Green Paper, 2003)
    - Five Ways to Wellbeing (the new economics foundation, 2008)
- College Centre for Quality Improvement – Practice Standards for Young People with Substance Misuse Problems (2012)
- Institute of Alcohol Studies – Children, adolescents and underage drinking factsheet (2013)

- National Treatment Agency for Substance Misuse – Moves to provide greater protection to children living with drug addicts (2009)
- National Treatment Agency for Substance Misuse – The Role of CAMHS and Addiction Psychiatry in Adolescent Substance Misuse Services
- NICE – Alcohol-use disorders: preventing harmful drinking (2010)
- NICE – Drug Use Disorders (2012)
- NICE – Interventions to reduce substance misuse amongst vulnerable young people (2007)
- NICE - Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings CG120 (2020)
- NICE - Coexisting severe mental illness (psychosis) and substance misuse: community health and social care services NG58 (2020)
- NICE – Reducing Substance Misuse among Vulnerable Children and Young People Overview (2014)
- NICE – School based interventions on alcohol (2007)
- NICE – Tackling Drug Use (2014)
- NICE- Drug misuse prevention: targeted interventions NG64 (2017)
- Public Health England – Specialist Substance Misuse Treatment for Young People in England 2013-14 (2015)
- Public Health England – The International Evidence on the Prevention of Drug and Alcohol Use; summary and examples of implementation in England (2015)
- Public Health England – Young People's Hospital Alcohol Pathways; support pack for A&E departments (2014)
- Young People's Health Partnership – Young People and Substance Misuse (2015)

Alcohol

There is a body of evidence around effectiveness in alcohol interventions including new guidance published by the National Institute for Health and Clinical Excellence:

- NICE public health guidance 24 (2010): Alcohol-use disorders: preventing the development of hazardous and harmful drinking. This guidance covers the prevention and early identification of alcohol-use disorders among adults and adolescents. Its recommendations cover:
    - licensing practices
    - supporting children and young people aged 10-15
    - appropriate screening and treatment for 16-17 year olds
    - appropriate screening and treatment for adults

- NICE clinical guideline 100 (2010): Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications. This guidance covers key areas in the investigation and management of the following alcohol-related conditions in adults and young people (aged 10 years and older):
    - Acute alcohol withdrawal, including seizures and delirium tremens;
    - Wernicke's encephalopathy;
    - Liver disease;
    - Acute and chronic pancreatitis.

- NICE clinical guideline 115 (2011): Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. This guidance covers principles of care, identification and assessment and interventions for alcohol misuse.
- NICE Quality Standard for Alcohol (2011): The alcohol dependence and harmful alcohol use quality standard defines clinical best practice within this area. It covers the care of children (aged 10-15 years), young people (aged 16-17 years) and adults (aged 18 years and over) drinking in a harmful way and those with alcohol dependence in all NHS-funded settings. It also includes opportunistic screening and brief interventions for hazardous and harmful drinkers.
- Review of the effectiveness of treatment for alcohol problems *Raistrick et al 2006*: This outlines the evidence base for screening, brief interventions, less-intensive alcohol treatments, specialist treatment, detoxification and self-help.
- NICE guidance PH7 for alcohol: This guidance on school based interventions on alcohol describes the role of schools in education and brief advice to prevent alcohol misuse. It is currently being reviewed and is due to be published in August 2019.

Other key guidance documents include:

- Models of Care for Alcohol Misusers (DH 2006): This provides best practice guidance for health organisations in delivering an integrated local treatment system and sets out a tiered approach for alcohol interventions
- Signs for improvement: Commissioning interventions to reduce alcohol-related harm (DH 2009): This publication describes how organisations should be commissioning interventions to reduce alcohol-related harm. It includes some evidence base for the 7 high impact changes
- Alcohol Public Health Burden Evidence Review (Public Health England, 2016)

Drug Use (Adults)

- Commissioning for recovery: drug treatment, reintegration and recovery in the community and prisons (NTA, 2010)
- Department of Health guidance *Drug Misuse and Dependence: UK Guidelines on Clinical Management* (Department of Health, 2007)
- Building Recovery in Communities: Public Health England 2012

- A Summary of the Health Harms of Drugs, (Department of Health, 2011)
- Hepatitis C: guidance, data and analysis (PHE 2013)
- Improving Access to Mutual Aid: Public Health England 2014
- A Guide to Community-centred Approaches for Health and Wellbeing: Public Health England 2015
- Five Ways to Wellbeing (the new economics foundation, 2008)

NICE clinical guidelines such as:

- Drug Misuse: Psychosocial Interventions
- Drug Misuse: Opioid Detoxification
- Drug Misuse: methadone and Buprenorphine
- Public Health Guidance on Needle and Syringe Programmes *http://www.nice.org.uk/guidance/cg/published/index.jsp?p=off*

National policy and frameworks set the context within which substance misuse is tackled in Nottinghamshire. There is a focus on early intervention for young people and on achieving and sustaining recovery from substances for adults, with a strong focus locally on safeguarding and child protection. NICE guidelines are embedded within commissioned services and contracts.

APPENDIX J

Substance misuse services and their contribution to other PHOF outcomes:

There are many factors that influence public health over the course of a lifetime. They all need to be understood and acted upon. Integrating public health into local government is allowing that to happen – services will be planned and delivered in the context of the broader social determinants of health, like poverty, education, housing, employment, crime and pollution (ref). The framework focuses on two high-level outcomes which span across the whole public health system and beyond. These are:

- Outcome 1: increased healthy life expectancy;
- Outcome 2: reduced differences in life expectancy and healthy life expectancy between communities.

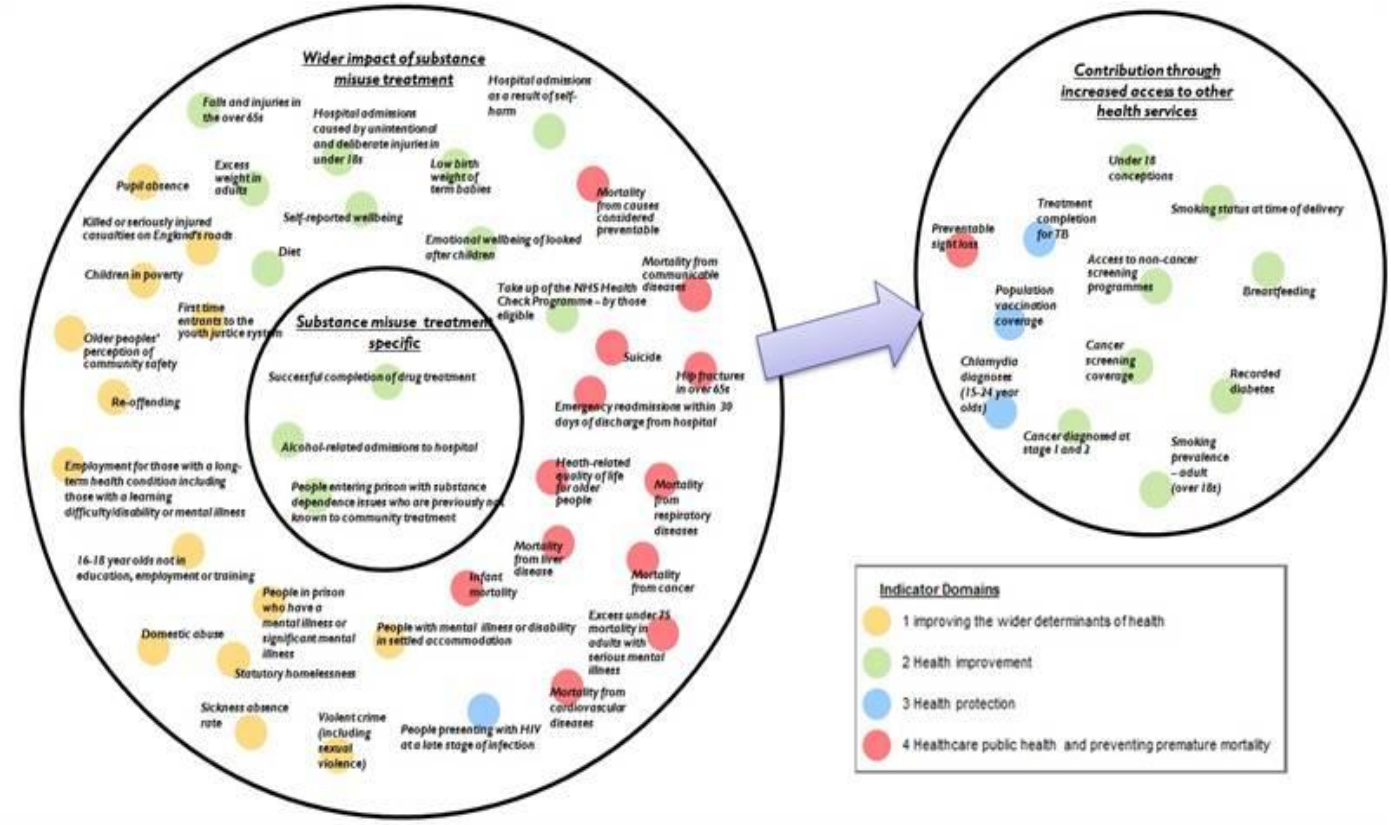
In addition, the PHOF comprises a set of supporting indicators to cover the full spectrum of what Public Health represents and work towards. These indicators are grouped into four domains:

- improving the wider determinants of health;
- health improvement;
- health protection;
- healthcare public health and preventing premature mortality.

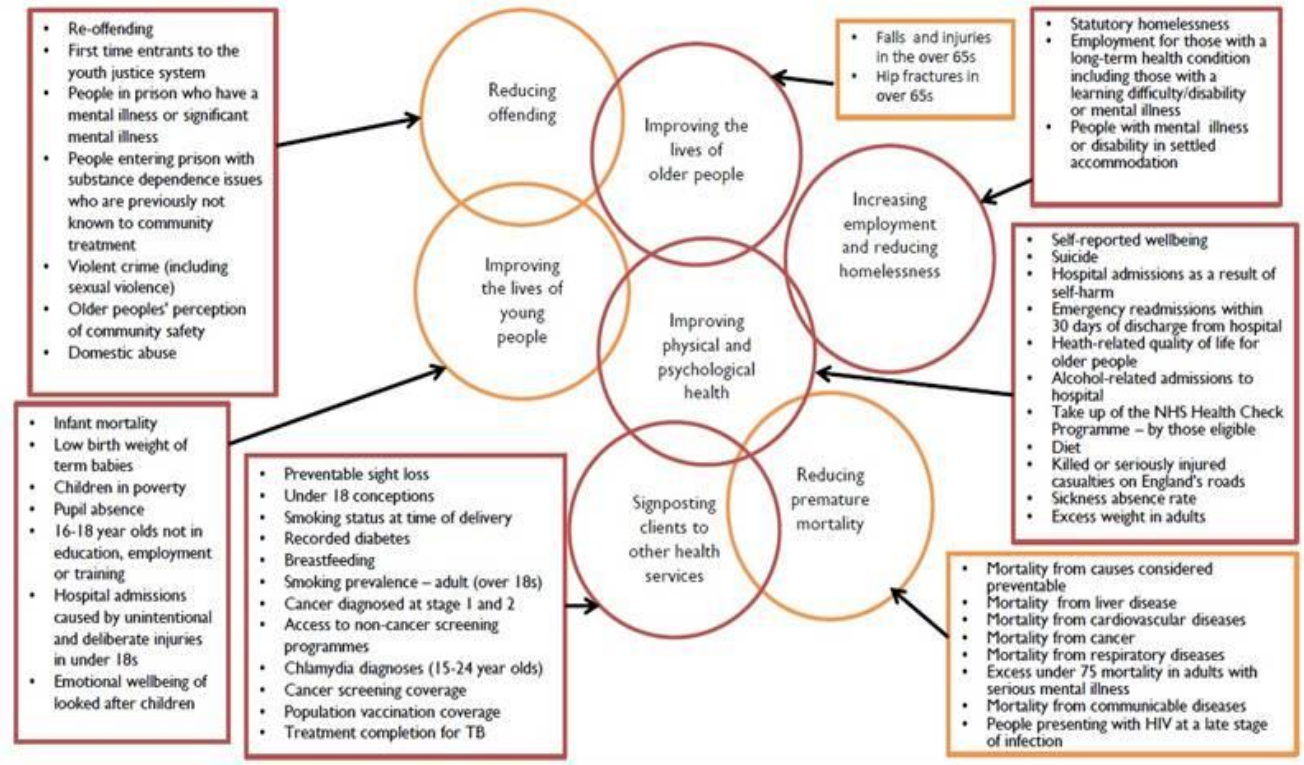
In this context, timely access to substance misuse treatment is one way of reducing health inequalities across many of Public Health indicators because it:

- Supports Public Health Outcomes Framework (PHOF) vision:
    - To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.
- Impacts directly on both of the PHOF outcomes:
    - Increased life expectancy
    - Reduced differences in life expectancy and healthy life expectancy between communities.
- Contributes to many of the outcome indicators:
    - Substance misuse treatment contributes to over half of the PHOF outcome indicators (ref).

In addition to the 3 substance misuse-specific PHOF indicators, effective substance misuse services contribute to the following non-substance misuse-specific PHOF indicators:



The indicators to which substance misuse services contribute naturally cluster into 7 overlapping themes:



This demonstrates that commissioning effective substance misuse services contributes towards many positive health and wellbeing outcomes in the local community.

Evidence of how substance misuse impacts on other public health outcomes is detailed below:

1 Improving the wider determinants of health

Objective

Improvements against wider factors that affect health and wellbeing and health inequalities

Indicators	Evidence
1.5 16-18 year olds not in education, employment or training	16-18 year olds not in education, training and employment (NEET) are more likely to engage in drug abuse and have physical and mental health problems. Of those entering services in 2011-12, 20% were not in education or employment.[8] Data indicates that specialist interventions could potentially reduce the proportion of young people that are NEET by 6.5%. Using estimates of the lifetime cost of being NEET, a 6.5% reduction in the proportion that are NEET leads to a total lifetime benefit for young people of the equivalent to £6,590 per person. [9,10] For instance 13% of 16 to 18 year old non-participants in education and employment are dependent on alcohol compared with 5% of participants[11] and 77% of under 18s treated for substance misuse dependence in 2011-12 completed treatment and overcame their dependence.[12]
1.6 People with mental illness or disability in settled accommodation	A significant association between mental illness and drug addiction is well evidenced.[13] Many people come into drug treatment with no fixed abode , but the housing situation of those who receive drug treatment improves (see 1.15). [14,15,16]
1.7 People in prison who have a mental illness or a significant mental illness	A strong association between mental illness and drug addiction is well evidenced. [17] Treating someone's drug addiction and mental illness which can reduce the people's offending[18] which is a associated with their mental illness and/or drug use and therefore their likelihood of going to prison.
1.8 Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness	A significant association between mental illness and drug addiction is well evidenced. [19] Drug treatment is associated with an increase in the number of days worked. [20]
1.9 Sickness absence rate	Lost productivity due to alcohol is estimated to be £7.3bn a year.[21] The International Labour Organisation estimates that, globally, 3-5% of the average workforce are alcohol dependent, and up to 25% drink heavily enough to be at risk of Dependence.[22] Up to 17m working days are lost annually due to alcohol-related absence.[23] Effective alcohol treatment is known to reduce alcohol dependence which could then have a knock on effect on sickness absence.

Indicators	Evidence
1.10 Killed or serious injured casualties on England's roads	There are 430 deaths and 1600 serious injuries every year which are attributable to drink driving [24] and in 2010, impairment by drugs (both illicit and medicinal) was reported as a contributory factor in 1,094 casualties, including 51 deaths. [25] Alcohol Related Road Traffic Mortality is part of the Local Alcohol Profiles for England.
1.11 Domestic abuse	There is a strong association between domestic violence and drug and alcohol abuse.[26,27] 92% of domestic abuse assailants reported use of alcohol or other drugs on the day of the assault, according to a recent JAMA report.[28] Some studies also suggest that people are more likely to be victims of domestic abuse if they use alcohol[29] and that victims of domestic abuse are more likely to misuse substances.[30] It makes sense therefore that substance misuse treatment can be one of the factors that help to reduce the incidents of domestic violence.
1.12 Violent crime (including sexual violence)	Violence connected to the drug market is significant, including gang related violence and robbery.[31,32] A minimum of 1 in 5 people arrested by police for violent crime test positive for alcohol.[33] An All Party Group of MPs investigating alcohol and crime[34] was advised by the British Medical Association that alcohol is a factor in: 60-70% of homicides; 75% of stabbings; 70% of beatings; and 50% of fights and domestic assaults . Treatment reduces offending behaviour and sustains this change.[35,36,37]
1.13 Re-offending	Drug and alcohol related crime is estimated to cost £25bn a year. [38,39] Structured treatment reduces offending behaviour and sustains this change. [40,41,42] Drug treatment prevented an estimated 4.9m crimes in 2010-11.[43,44]
1.15 Statutory homelessness	Between $^1/_3$ and $^2/_3$ of homeless people have a drug addiction.[45] Outcomes research has suggested that 64% of those entering drug treatment as NFA are housed during treatment.[46]
1.19 Older people's perception of community safety	Drug related acquisitive crime is a significant problem (see 1.13) which can potentially impact on older people's perception of community safety. Reductions in violence, burglary, robbery and other crimes as a result of drug treatment may improve older people's sense of security within their communities. As could the reduction in visible drugs markets, e.g. drug dealing and prostitution and alcohol related crime and anti social behaviour.

2 Health Improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators	Evidence
2.1 Low birth weight of term babies	Drug and alcohol use may be associated with risk factors for low birth weight of term babies.[47, 48] 10% of children of alcohol-dependent mothers suffer from foetal alcohol effects.[49] Effective alcohol treatment is known to reduce alcohol dependence which could in turn could prevent low birth weight of term babies.
2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s	There were 24,673 alcohol related admissions for under 18 years olds in 2010-11.[50] Treating young people can potentially reduce hospital admissions for under 18s. Of the 130 serious case reviews relating to children (some of which would involve injuries) under one in England and Wales (Jan 2008 – Sept 2011), substance misuse was a factor in at least 46 cases.[51] Treating parents can have an impact on family wellbeing which may reduce the likelihood of child abuse and accidents in children.
2.8 Emotional wellbeing of looked-after children	7% of all young people who are receiving young peoples' specialist substance misuse interventions are looked after children.[52] A CAMHS review suggested that parental substance misuse and criminality are a risk factor for looked-after children developing diagnosable mental health problems.[53] We know from the Treatment Outcomes Profile (TOP) that the mean psychological health score for young people increased by 22% during treatment.[54] From Oct 2013 changes in young peoples' emotional wellbeing will be collected on National Drug Treatment Monitoring System (NDTMS).
2.10 Hospital admissions as a result of self-harm	A significant proportion of self harm is associated with drug use[55] and alcohol use. Drug treatment improves wellbeing and reduces incidents of self harm.[56] RCPSYCH state that the risk of suicide is higher if people are depressed, or have a serious mental illness and use drugs or alcohol when they are upset. Intentional self harming is recorded as an alcohol related hospital admission - please see indicator 2.18.
2.15 Successful completion of drug treatment	The number of people successfully completing treatment is increasing year on year. [60,61]

Indicators	Evidence
2.11 Diet	When people are regularly misusing drugs it can effect their diet. People may eat less often and eat more unhealthy food. Treatment can help people to recover from their dependency[57] and when they do so their interest in eating more frequently and healthily can increase. [58]
2.12 Excess weight in adults	Body Mass Index (BMI) of individuals who drink alcohol may be related to how much, and how often, they drink, according to a new study by researchers at the National Institutes of Health's National Institute on Alcohol Abuse and Alcoholism (NIAAA).[59] This can contribute to excess weight in adults. Alcohol treatment could therefore be associated with a reduction in excess weight in adults.
2.16 People entering prison with substance dependence issues who are previously not known to community treatment	Improved access to drug treatment ensures that an increased number of offenders entering prison and the secure estate are previously known to community treatment.
2.18 Alcohol related admissions to hospital	The evidence suggests that a dependent drinker costs the NHS twice as much other drinkers and that the largest and most immediate reduction in alcohol-related admissions can be delivered by intervening with this group through the provision of specialist treatment.[62,63]
2.22 Take up of the NHS Health Check programme - by those eligible	The Alcohol Strategy (2012) states: *The Department of Health will include alcohol identification and any subsequent brief advice needed within the NHS Health Check for adults from age 40 to 75 for the first time from April 2013.* This is direct identification of alcohol harm and provision of alcohol brief advice and onward referral where necessary.[64]

Indicators	Evidence
2.23 Self-reported wellbeing	Structured substance misuse treatment programmes and subsequent abstinence improves psychological wellbeing and reduces symptoms in those with psychiatric disorders.[65, 66] Accessing drug & alcohol treatment improves access to and effectiveness of mainstream mental health and psychological therapy services.[67]
2.24 Falls and injuries in the over 65s	RCPSYCH notes: balance gets worse with age - even a small amount of alcohol can make you more unsteady and more likely to fall. Alcohol and substance misuse appears to be on the increase in older adults and this may be a contributing factor to falls and injuries in this age group.[68] Effective alcohol treatment is known to reduce alcohol dependence which could then have a knock on effect in reducing falls and injuries in the over 65s.

3 Health protection

Objective

The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators	Evidence
3.4 People presenting with HIV at a late stage of infection	Substance misuse carries a risk of HIV infection.[69,70] This has been significantly reduced in the last 20 years due to harm reduction methods used during substance misuse treatment programmes, including needle and syringe provision and opioid substitution treatment.[71,72] HIV-positive injecting drug users who are aware of their status are known to report less risky behaviours than those untested or not infected. [73,74]

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

Indicators	Evidence
4.1 Infant mortality	Among term infants, intake of at least 4 drinks of alcohol per week or binging on 3 or more occasions during pregnancy are associated with an increased risk of infant mortality, especially during the post neonatal period. Reducing alcohol consumption in pregnancy can reduce infant mortality.[75] Effective alcohol treatment is known to reduce alcohol dependence which could in turn reduce infant mortality.[76]
4.3 Mortality from causes considered preventable.	The majority of preventable causes of death (as considered by WHO) are associated with substance misuse.[77] Problematic alcohol use associated with many preventable chronic health problems (therefore treatment potentially lessens this) e.g. liver disease, cardio vascular illnesses, diabetes, gastric disorders. *Systematic reviews estimate annual death rates from opioid misuse of about 1%, which is more than 10 times that of the general population and contributes more than 10% of adult mortality.* Substance misuse treatment can reduce mortality risk. [78] For instance over 300 deaths were estimated to be prevented by drug treatment in 2010-11 with a value of life of over £500m.[79]
4.4 Mortality from all cardiovascular diseases (including heart disease and stroke)	Prolonged misuse of alcohol and other substances is thought to be a predictive factor associated with cardiovascular diseases. [80,81] Treatment may reduce this. Hypertension is recorded as an alcohol related hospital admission - please see indicator 2.18.
4.5 Mortality from cancer	Substance misuse, in particular alcohol, has been implicated as a causal factor associated with several types of cancer.[82] This figure may reduce with treatment. Certain cancers are recorded as an alcohol related hospital admission - please see indicator 2.18.
4.6 Mortality from liver disease	*Liver disease causes approximately 2% of all deaths in England. While other major causes of death are falling, the number of people who die from liver disease is rising and younger age groups are disproportionately affected.*[83] 37% liver disease deaths are alcohol induced and this is increasing in the UK,[84-89] 3% viral hepatitis.[90,91] Heroin, inhalants and steroids can also cause liver damage.[92] Substance misuse treatment can improve the health of patients and save the NHS money.[93] Alcoholic liver disease is recorded as an alcohol related hospital admission - please see indicator 2.18. Increasing treatment of hepatitis C positive current or ex-injectors is clinically effective and cost-effective[94,95], and so would be likely to impact on rates of end-stage liver disease related to hepatitis C, which are increasing.[96]

Indicators	Evidence
4.7 Mortality from respiratory diseases	Substance misuse can lead to a number of respiratory diseases and complications. [97,98] Treatment of drug addiction may reduce the effects on the respiratory system.
4.8 Mortality from communicable diseases.	Infectious diseases such as HIV, hepatitis B and C, and tuberculosis are associated with drug use. Blood-borne viruses are one of the primary causes of mortality in injectors. [99] Treatment services have well developed BBV screening which should mean more timely detection and treatment of HIV and Hep infections. Improved self-care and harm reduction education is likely to have an impact on the frequency of communicable diseases and the subsequent improved health may reduce mortality. [100]
4.9 Excess under 75 mortality in adults with serious mental illness	A significant association between mental illness and drug addiction is well evidenced. [101] Substance misuse treatment can reduce mortality risk. [102]
4.10 Suicide	41% of suicides are associated with alcohol misuse,[103] 7% with drug use.[104] RCPSYCH state that the risk of suicide is higher if a young person: is depressed, or has a serious mental illness is using drugs or alcohol when they are upset.[105] Accessing drug & alcohol treatment improves access to and effectiveness of mainstream mental health and psychological therapy services[106] and can therefore potentially reduce suicide.
4.11 Emergency readmissions within 30 days of discharge from hospital	Alcohol treatment, especially hospital based services should help reduce rates of readmissions for patients with alcohol related hospital admissions.[107] DH estimates that homeless people are often discharged too early and use 4 x more acute and 8 x more inpatient health services than the general population.[108,109] There is a strong association between homelessness and substance misuse. This may be reduced with substance misuse treatment.

Indicators	Evidence
4.13 Health related quality of life for older people	Structured substance misuse treatment programmes improve health and subsequent abstinence improves psychological wellbeing . It was estimated that the NHS saved £230m in 2010-11 due to substance misuse treatment.[110] The Drug Treatment Outcomes Research Study (DTORS) found clients' quality of life rating improved when they were in treatment. [111] If people's dependence on drugs and alcohol is addressed when they are younger, they will have better health related quality of life when they are older.
4.14 Hip fractures in over 65s	RCPSYCH notes: balance gets worse with age - even a small amount of alcohol can make you more unsteady and more likely to fall. Alcohol and substance misuse appears to be on the increase in older adults and this may be a contributing factor to falls and injuries in this age group.[112] Effective alcohol treatment is known to reduce alcohol dependence which could then have a knock on effect in reducing falls and injuries in the over 65s.

Nottinghamshire County Council

Report to the Health and Wellbeing Board

7 September 2022

Agenda Item: 7

REPORT OF NHS NOTTINGHAM AND NOTTINGHAMSHIRE INTERGRATED CARE BOARD

TARGETED LUNG HEALTH CHECK PROGRAMME

Purpose of the Report

1. To update the Nottinghamshire Health and Wellbeing Board on the progress of the Targeted Lung Health Checks Programme.

Information

Background

2. The Targeted Lung Health Checks (TLHC) programme is a new programme of work in England which will contribute to the ambition of the NHS Long Term Plan to improve early diagnosis and survival for those diagnosed with cancer.

3. The main objectives of the programme are;

    - To increase the number of lung cancers diagnosed at an early stage, thereby improving survival rates
    - To increase smoking quit rates.

4. The programme is aimed at people who are aged between 55 and 74 with a history of smoking.

Progress

5. The programme went live in Mansfield & Ashfield in March 2021 and has invited over 22,000 people to participate. Over 10,000 lung health telephone assessments have taken place and over 4,500 CT scans have been performed.

6. CT scans have been carried out in a mobile CT scanner in community locations such as supermarkets and leisure centres, to make the service as accessible as possible and encourage people to attend. This service model has been successful, with the project having one of the highest uptake rates in the country at approximately 70%.

7. Over 300 current smokers have been referred to the local smoking cessation service. As of 19th July 2022, 26 cancers have been diagnosed (23 cases of lung cancer, 2 urology cancer and 1 lower gastrointestinal cancer). Of these, 50% were diagnosed at either stages 1 or 2. This is in comparison to 20% diagnosed at an early stage before the programme launched.

Next Steps

8. NHS England has awarded additional funding for TLHCs to be expanded and to invite eligible patients registered with a GP practice in Nottingham City. The Nottingham City project is in mobilisation stage and the first invites are due to be sent as of October 2022. This will be a soft start with 1 or 2 GP practices in the Clifton and Meadows area.

Other Options Considered

9. None.

Reason/s for Recommendation/s

10. To provide information on the progress of the Targeted Lung Health Check programme in Mansfield and Ashfield and update on the expansion into Nottingham City.

Statutory and Policy Implications

11. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

12. There are no direct financial implications arising from this report.

RECOMMENDATION/S

The Health and Wellbeing Board is asked:

1) To consider its role in promoting the Targeted Lung Health Check programme locally and whether there are any actions required by the Health & Wellbeing Board in relation to the various issues outlined in the report.

Simon Castle
Head of Cancer and End of Life Commissioning
Nottingham and Nottinghamshire Integrated Care Board

For any enquiries about this report please contact:

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Constitutional Comments (GMG 15/08/22)

13. This is a report for noting which falls within the remit of the Health and Wellbeing Board to consider.

Financial Comments (DG 15/08/22)

14. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- 'None'

Electoral Division(s) and Member(s) Affected

- 'All'

Nottinghamshire County Council

Report to the Health and Wellbeing Board

7 September 2022

Agenda Item: 8

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

APPROVAL OF THE PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2022-2025

Purpose of the Report

1. The purpose of this report is to seek Nottinghamshire Health and Wellbeing Board's approval of the Pharmaceutical Needs Assessment (PNA) for 2022-2025 and authorise its publication for the regulatory date of 1 October 2022.

Information

Background

2. The Health and Wellbeing board (HWB) has a statutory duty to assess needs for pharmaceutical services in its area and publish a statement of its assessment, as mandated by the National Health Service Act 2006 (NHS Act 2006). The last Pharmaceutical Needs Assessment (PNA) for Nottinghamshire covered the years 2018 – 2021, with this report seeking approval for an updated assessment of pharmaceutical need for 2022 – 2025.

3. The PNA looks at the demographics and health needs of the population of Nottinghamshire and how they will change within its three-year lifetime. The current provision of pharmaceutical services by pharmacies, dispensing appliance contractors and dispensing doctors both within and outside of Nottinghamshire has been analysed and mapped so that any current gaps in provision can be identified. In addition the PNA considers whether any gaps will arise in the time period 1 October 2022 to 30 September 2025. These gaps are then articulated either as a need for a particular pharmaceutical service, or range of pharmaceutical services, or as improvements or better access to an existing pharmaceutical service or range of pharmaceutical services.

4. "Pharmaceutical services" are defined as the essential and advanced services provided by pharmacies and dispensing appliance contractors, any enhanced services commissioned from pharmacies by NHS England and the dispensing service provided by some GP practices.

5. All pharmacies are required to provide the seven services that fall within the definition of "essential services". The dispensing service is the most commonly known of these services. The dispensing appliance contractors provide a smaller range of core services, with dispensing again being the most commonly known.

6. Pharmacies and dispensing appliance contractors may choose to provide one of the advanced services, and if they do so must be fully compliant with the essential services requirements and the national system of clinical governance, as well as meeting the specific requirements of the advanced service or services they provide.

7. NHS England may choose to commission a range of enhanced services from pharmacies based on local needs.

8. Whilst Nottinghamshire County Council and NHS Nottingham and Nottinghamshire Integrated Care Board commission services from pharmacies, they do not fall within the legal definition of "pharmaceutical services" but have been included within the assessment of the population's needs and how these can be met.

Pharmaceutical Needs Assessment (PNA) for 2022-2025

9. The majority of the prescriptions written by a prescriber in Nottinghamshire are dispensed within the county. The PNA has, however, also identified where prescriptions are dispensed outside of the county and by whom.

10. The PNA has identified the housing developments that will generate new housing within its lifetime, as well as the general increase in the population due to the birth rate and aging population.

11. A steering group was established to oversee the development of the PNA with representatives invited from the two clinical commissioning groups (Bassetlaw & Nottingham and Nottinghamshire), NHS England, Nottinghamshire Local Pharmaceutical Committee and Nottinghamshire Local Medical Committee. Views on the provision of services by pharmacies were sought from the public to help inform the PNA's conclusions.

12. A formal 60-day consultation on a draft of the PNA was conducted and all the organisations required to be consulted with were emailed and provided with a link to the document. The Health and Wellbeing Board will be pleased to note that the response to the consultation was very positive. No concerns were raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision have been missed and the conclusions are agreed with.

13. As of July 2022, there are 163 pharmacies of which 22 are open for 100 hours per week[1] and seven are "distance selling premises[2]", and six dispensing appliance contractors[3] within Nottinghamshire. 12 GP practices dispense to eligible patients.

Conclusion

14. The main conclusion of the PNA is that there are currently no gaps in the provision of pharmaceutical services. When taking into account the predicted growth in population it is anticipated that the current spread of pharmacies, dispensing appliance contractors and

[1] These can be known as "100 hour pharmacies".
[2] These are better known as internet pharmacies; these pharmacies provide the essential services remotely to people who live anywhere in England.
[3] Dispensing appliance contractors may only dispense valid NHS prescriptions for appliances such as catheters and stoma bags. They also tend to provide pharmaceutical services remotely, delivering dispensed items to people's homes.

dispensing practices both within the county and in neighbouring areas will be able to meet the increase in demand.

15. The PNA also looked at access to pharmacies outside the normal opening hours of 09.00 to 17.00 Monday to Friday. It has noted that the vast majority of the population lives within a 20-minute drive of one of the 100 hour pharmacies. However, as one such pharmacy closed during the drafting of the PNA, the steering group looked at whether access would worsen if any other 100 hour pharmacy closed. As a result the PNA has identified one future need for the provision of essential services and the community pharmacist consultation service on Sundays in Retford between the hours of 10.00 and 16.00 should there be a total and permanent loss of pharmacy core opening hours on Sundays in Retford.

16. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 set certain minimum requirements for the PNA. These include information that must be included and matters that the Health and Wellbeing Board is to have regard to when drafting the assessment;

- a map showing where pharmaceutical services are provided.
- the requirement to undertake a consultation on a draft of the document for a minimum of 60 days.
- a series of statements regarding the current provision of services, and gaps in provision.

17. The PNA has been assessed against these requirements and the Health and Wellbeing Board can be assured that it meets them. The PNA is included in **Appendix 1**, which includes an additional appendix providing the pharmacy and dispensing appliance contractor opening hours (**Appendix 1a)**.

Other Options Considered

18. As the Nottinghamshire Health and Wellbeing Board is under a statutory duty to publish a new PNA by 1 October 2022 no other options were considered.

Reasons for Recommendation

19. The Health and Wellbeing Board is under a statutory duty to publish its next PNA by 1 October 2022.

20. The draft 2022 PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

21. An extensive list of organisations have been consulted on a draft of this PNA and no concerns or issues were identified.

22. Members of the public have been invited to submit their views on the provision of pharmaceutical services and these have been taken into account in the drafting of the PNA.

Statutory and Policy Implications

23. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human

rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

24. There are no direct financial implications arising from this report.

RECOMMENDATION

The Nottinghamshire Health and Wellbeing Board is asked:

1) To approve this Pharmaceutical Needs Assessment (PNA) for 2022-2025 and authorise its publication by 1 October 2022.

Jonathan Gribbin
Director of Public Health
Nottinghamshire County Council

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Constitutional Comments (CEH 15/08/22)

24. The Health and Wellbeing Board has responsibility for preparing, publishing and maintaining a Pharmaceutical Needs Assessment.

Financial Comments (DG 15/08/22)

25. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013
  Available at: https://www.legislation.gov.uk/uksi/2013/349/contents

- The Nottinghamshire Pharmaceutical Needs Assessment 2018 – 2021
  Available at: https://nottinghamshireinsight.org.uk/research-areas/jsna/summaries-and-overviews/pharmaceutical-needs-assessment/

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire Health and Wellbeing Board
Pharmaceutical Needs Assessment 2022

July 2022

Draft – post consultation version

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Executive summary

Since 1 April 2013, every health and wellbeing board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment'. This is the third pharmaceutical needs assessment for Nottinghamshire.

The pharmaceutical needs assessment will be used by NHS England when considering whether or not to grant applications to join the pharmaceutical list for the area of Nottinghamshire Health and Wellbeing Board under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. It may be used to inform other commissioners of the current provision of pharmaceutical services and where locally commissioned services could help meet local health priorities.

Chapter 1 sets out the regulatory framework for the provision of pharmaceutical services which, for the purpose of this document, include those services commissioned by NHS England from pharmacies and dispensing appliance contractors and the dispensing service provided by some GP practices to eligible patients. It also contains the views of residents in Nottinghamshire on their use of pharmacies and information provided by contractors which is not already in the public domain.

Following an overview of the demographic characteristics of the residents of Nottinghamshire in chapter 2, chapter 3 focusses on their health needs as identified predominantly from the following sources:

- 2011 Census,
- The Nottinghamshire Joint Strategic Needs Assessment and related documents,
- GP quality and outcomes framework data,
- Office for Health & Disparities health profiles, and
- NHS Digital publications.

Nottinghamshire County Council, NHS England and the two clinical commissioning groups also provided information.

In order to ensure that those sharing a protected characteristic and other patient groups are able to access pharmaceutical services chapter 4 identifies the specific groups that are present in Nottinghamshire and their likely health needs.

Chapter 5 focusses on the provision of pharmaceutical services in Nottinghamshire and those providers who are located outside of the area but who provide services to residents of Nottinghamshire. Services which affect the need for pharmaceutical services either by increasing or reducing demand are identified in chapter 6. Such services include the hospital pharmacy departments, the GP out of hours service and the public health services commissioned from pharmacies by Nottinghamshire Council.

Having considered the general health needs of the population, chapter 7 focusses on those that can be met by pharmacies and dispensing appliance contractors.

The health and wellbeing board has divided Nottinghamshire into seven localities for the purpose of this document, based upon the boundaries of the district and borough councils. This is consistent with the previous pharmaceutical needs assessment and allows data to be easily collated. Each locality has a dedicated chapter which looks at the needs of the population, considers the current provision of pharmaceutical services to residents and identifies whether current pharmaceutical service provision meets the needs of those residents. Each chapter also considers whether there are any gaps in service delivery that may arise during the lifetime of the pharmaceutical needs assessment.

As of July 2022, there are 163 pharmacies (one distance selling premises was found to have closed without giving notice on 22 April 2022) of which 22 are open for 100 hours per week and seven are distance selling premises, and six dispensing appliance contractors in Nottinghamshire all providing the full range of essential services. In 2020/21 87.3% of all prescriptions written by prescribers were dispensed by the pharmacies in Nottinghamshire (87.2% in the first six months of 2021/22). Some pharmacies provide advanced and enhanced services as commissioned by NHS England, and some provide services commissioned by Nottinghamshire County Council. In addition, 12 GP practices dispense to eligible patients and in 2020/21 dispensed or personally administered 7.1% of all prescriptions (6.6% in the first six months of 2021/22).

As well as accessing services from pharmacies, dispensing appliance contractors and dispensing practices in Nottinghamshire, residents also choose to access contractors in other parts of England. In 2020/21 5.4% of prescriptions were dispensed outside of the area. This rose to 6.1% in the first six months of 2021/22 due to an increase in the proportion of prescriptions being dispensed by distance selling premises (also known as internet pharmacies). Whilst many were dispensed by contractors just over the border, some were dispensed much further afield and reflect the fact that some residents prefer to use a distance selling premises, a specific dispensing appliance contractor or a specialist provider, with some prescriptions being dispensed whilst the person is on holiday or near to their place of work.

Access to pharmaceutical services for the residents of Nottinghamshire is good. All of the county, with the exception of three areas, is within a 20-minute drive of a pharmacy during and outside of the rush hour times. It has been noted that there appears to be no resident population in those areas that are more than 20 minutes from a pharmacy. In 2020/21, residents chose to use a total of 3,460 different pharmacies and dispensing appliance contractor premises outside of the health and wellbeing board’s area. The majority of these were based in Nottingham City, Leeds, Leicestershire, Derbyshire and Ealing.

The pharmaceutical needs assessment has considered the provision of the advanced services that pharmacies and dispensing appliance contractors may choose to provide. It is noted that the majority of pharmacies provide, or have signed up to provide, the new medicine service, community pharmacist consultation service and flu vaccination advanced services and there is therefore good coverage of these services across the county.

The number of pharmacies and dispensing appliance contractors providing the two appliance advanced services is lower, however it is noted that a proportion of the prescriptions that are dispensed out of county are dispensed by a dispensing appliance contractor. In addition other organisations will provide the same or similar services for example the Nottinghamshire appliance management service. Whilst only one pharmacy has signed up to provide the community pharmacy Hepatitis C antibody testing service, it is noted that this is a niche service that will not be relevant to many residents. In addition, take-up of the service nationally has been very low.

The number of pharmacies signing up to provide the two new advanced services (hypertension case-finding and smoking cessation launched in October 2021 and March 2022 respectively) continued to increase whilst the pharmaceutical needs assessment was being drafted, and this is expected to continue.

NHS England currently commissions five enhanced services from pharmacies (other than those in the Bassetlaw locality) and has recently launched a maternity smoking cessation pilot. The five enhanced services are currently being reviewed ahead of the introduction of the integrated care board.

The main conclusion of this pharmaceutical needs assessment is that there are currently no gaps in the provision of pharmaceutical services.

The pharmaceutical needs assessment also looks at changes which are anticipated within the lifetime of the document, for example the predicted population growth. Given the current population demographics, housing projections and the distribution of service providers across the health and wellbeing board's area and in neighbouring health and wellbeing board areas, the document concludes that current provision will be sufficient to meet the future needs of the residents during the three-year lifetime of this pharmaceutical needs assessment.

The pharmaceutical needs assessment has considered the provision of pharmaceutical services outside of normal opening hours in the future. It has noted the location of the 100 hour pharmacies across the locality and has noted that currently all residents live within a 30-minute drive of a 100 hour pharmacy, with the vast majority living within a 20-minute drive. It has, however, been identified that should there be a total and permanent loss of core opening hours on Sundays in Retford there will be a future need for the provision of essential services and the community pharmacist consultation service on Sundays, between the hours of 10.00 and 16.00.

The health and wellbeing board has not identified any services that would secure improvements, or better access, to the provision of pharmaceutical services either now or within the lifetime of the pharmaceutical needs assessment.

A draft of the pharmaceutical needs assessment was consulted upon between 24 May and 23 July 2022, and the statutory consultees were invited to answer a series of questions and provide any additional comments. A report on the consultation can be found at appendix K, but in summary no concerns were raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision has been missed and the main conclusions were agreed with.

1 Introduction

1.1 Purpose of a pharmaceutical needs assessment

The purpose of the pharmaceutical needs assessment is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of Nottinghamshire Health and Wellbeing Board's area for a period of up to three years, linking closely to documents in the joint strategic needs assessment. Whilst reports in the joint strategic needs assessment will focus on the general health needs of the population of Nottinghamshire County, the pharmaceutical needs assessment looks at how those health needs can be met by pharmaceutical services commissioned by NHS England and in the future by Nottingham and Nottinghamshire Integrated Care Board.

At the point of drafting (July 2022), NHS England is responsible for the commissioning of pharmaceutical services, however, from 1 April 2023 NHS England will delegate this function to Nottingham and Nottinghamshire Integrated Care Board. As NHS England will legally retain responsibility for the commissioning of pharmaceutical services this document will continue to refer to NHS England as the commissioner.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the health and wellbeing board's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the health and wellbeing board's pharmaceutical needs assessment, or to secure improvements or better access similarly identified in the pharmaceutical needs assessment. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the pharmaceutical needs assessment was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the pharmaceutical needs assessment will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the three-year lifetime of the pharmaceutical needs assessment.

Whilst the pharmaceutical needs assessment is primarily a document for NHS England to use to make commissioning decisions, it may also be used by local authorities. A robust pharmaceutical needs assessment will ensure those who commission services from pharmacies and dispensing appliance contractors target services to areas of health need and reduce the risk of overprovision in areas of less need.

1.2 Health and wellbeing board duties in respect of the pharmaceutical needs assessment

Further information on the health and wellbeing board's specific duties in relation to pharmaceutical needs assessments and the policy background to pharmaceutical needs

assessments can be found in appendix A. However following publication of its first pharmaceutical needs assessment the health and wellbeing board must, in summary:

- Publish revised statements (subsequent pharmaceutical needs assessments), on a three-yearly basis, which comply with the regulatory requirements,
- Publish a subsequent pharmaceutical needs assessment sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes, and
- Produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances

1.3 Pharmaceutical services

The services that a pharmaceutical needs assessment must include are defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the health and wellbeing board,
- A pharmacy contractor who is included in the local pharmaceutical services list for the area of the health and wellbeing board
- A dispensing appliance contractor who is included in the pharmaceutical list held for the area of the health and wellbeing board, and
- A doctor or GP practice that is included in the dispensing doctor list held for the area of the health and wellbeing board.

NHS England is responsible for preparing, maintaining and publishing these lists. In Nottinghamshire County there are 163 pharmacies, six dispensing appliance contractors and 11 dispensing practices (July 2022).

Pharmacy contractors may operate as either a sole trader, partnership or a body corporate and The Medicines Act 1968 governs who can be a pharmacy contractor.

1.3.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with the majority of pharmacy contractors. Instead, they provide services under a contractual framework, sometimes referred to as the community pharmacy contractual framework, details of which (the terms of service) are set out in schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework. They are:

- **Essential services** – all pharmacies must provide these services.
    - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
    - Dispensing of repeatable prescriptions
    - Disposal of unwanted drugs
    - Promotion of healthy lifestyles
    - Signposting
    - Support for self-care
    - Home delivery service (during a declared pandemic only)
    - The discharge medicines service.

- **Advanced services** – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance and promotion of healthy living requirements.
    - New medicine service
    - Stoma appliance customisation
    - Appliance use review
    - Seasonal influenza adult vaccination service
    - Community pharmacist consultation service
    - Hepatitis C antibody testing service (currently time limited until 31 March 2023)
    - Community pharmacy Covid-19 lateral flow device distribution service
    - Community pharmacy hypertension case-finding service
    - Smoking cessation referral from secondary care into community pharmacy service.

- **Enhanced services** – service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs.
    - Anticoagulation monitoring
    - Antiviral collection service
    - Care home service
    - Disease specific medicines management service
    - Gluten free food supply service
    - Independent prescribing service
    - Home delivery service
    - Language access service
    - Medication review service
    - Medicines assessment and compliance support service
    - Minor ailment scheme
    - Needle and syringe exchange*
    - On demand availability of specialist drugs service
    - Out of hours service
    - Patient group direction service
    - Prescriber support service
    - Schools service

- Screening service
- Stop smoking service*
- Supervised administration service*
- Supplementary prescribing service
- Emergency supply service.

It should be noted that those enhanced services marked with an asterisk are currently commissioned by Nottinghamshire County Council and are referred to as locally commissioned services.

Further information on the essential, advanced and enhanced services requirements can be found in appendices B, C and D respectively.

Underpinning the provision of all of these services is the requirement on each pharmacy contractor to participate in a system of clinical governance and promotion of healthy living. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and includes:

- A patient and public involvement programme,
- An audit programme,
- A risk management programme,
- A clinical effectiveness programme,
- A staffing and staff management programme,
- An information governance programme, and
- A premises standards programme.

Pharmacies are required to open for 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 core hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). It continues to be a condition that these 100 hour pharmacies remain open for 100 core hours per week and they may open for longer hours. Since August 2012 some pharmacy contractors may have successfully applied to open a pharmacy with a different number of core opening hours in order to meet a need, improvements or better access identified in a pharmaceutical needs assessment.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens, then these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours and NHS England will assess the application against the needs of the population of the health and wellbeing board area as set out in the pharmaceutical needs assessment to determine whether to agree to the change in core opening hours or not. If a pharmacy contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months' notice.

Whilst the majority of pharmacies provide services on a face-to-face basis e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, as distance selling premises (sometimes called mail order or internet pharmacies).

Distance selling premises are required to provide essential services and participate in the system of clinical governance and promotion of healthy living in the same way as other pharmacies; however, they must provide these services remotely. For example, a patient asks for their prescription to be sent to a distance selling premises via the Electronic Prescription Service and the contractor dispenses the item and then delivers it to the patient's preferred address. Distance selling premises therefore interact with their customers via the telephone, email or a website. Such pharmacies are required to provide services to people who request them wherever they may live in England and delivery of dispensed items is free of charge.

1.3.2 Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, NHS England does not hold contracts with dispensing appliance contractors. Their terms of service are set out in schedule 5 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Dispensing appliance contractors provide the following services for appliances (not drugs) for example catheters and colostomy bags, which fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription,
- Dispensing of repeatable prescriptions,
- Home delivery service for some items,
- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags),
- Provision of expert clinical advice regarding the appliances, and
- Signposting.

They may also choose to provide advanced services. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. The two advanced services that they may provide are:

- Stoma appliance customisation, and
- Appliance use review.

As with pharmacies, dispensing appliance contractors are required to participate in a system of clinical governance. This system is set out within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and includes:

- A patient and public involvement programme,
- A clinical audit programme,
- A risk management programme,
- A clinical effectiveness programme,
- A staffing and staff programme, and
- An information governance programme.

Further information on the requirements for these services can be found in appendix E.

Dispensing appliance contractors are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these additional hours are referred to as supplementary opening hours.

The proposed opening hours for each dispensing appliance contractor are set out in the initial application, and if the application is granted and the dispensing appliance contractor subsequently opens then these form the dispensing appliance contractor's contracted opening hours. The contractor can subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the health and wellbeing board area as set out in the pharmaceutical needs assessment to determine whether to agree to the change in core opening hours or not. If a dispensing appliance contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months' notice.

1.3.3 Pharmaceutical services provided by doctors

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended allow doctors to dispense to eligible patients in certain circumstances. The regulations are complicated on this matter but in summary:

- Patients must live in a 'controlled locality' (an area which has been determined by NHS England or a preceding or successor organisation as rural in character), more than 1.6km (measured in a straight line) from a pharmacy (excluding distance selling premises), and
- Their practice must have premises approval and consent to dispense to that area.

There are some exceptions to this, for example patients who have satisfied NHS England that they would have serious difficulty in accessing a pharmacy by reason of distance or inadequacy of means of communication.

1.3.4 Local pharmaceutical services

Local pharmaceutical services contracts allow NHS England to commission services, from a pharmacy, which are tailored to specific local requirements. Local pharmaceutical services complement the national contractual arrangements described above but is an important local commissioning tool in its own right. Local pharmaceutical services provide flexibility to include within a contract a broader or narrower range of services (including services not traditionally associated with pharmacies) than is possible under the national contractual arrangements. For the purposes of the pharmaceutical needs assessment the definition of pharmaceutical services includes local pharmaceutical services. There are, however, no local pharmaceutical services contracts within the health and wellbeing board's area and NHS England does not currently have any plans to commission such contracts within the lifetime of this pharmaceutical needs assessment.

1.4 Locally commissioned services

Nottinghamshire County Council and, from 1 July 2022, the integrated care board may also commission services from pharmacies and dispensing appliance contractors, however these services fall outside the definition of pharmaceutical services. For the purposes of this document, they are referred to as locally commissioned services and at the time of drafting only an emergency hormonal contraceptive service is commissioned from pharmacies by the council.

The council commissions a needle exchange and supervised consumption service from the charity Change Grow Live who in turn sub-contracts elements of the service to pharmacies.

Prior to being replaced by the integrated care board, the clinical commissioning groups didn't commission services from pharmacies.

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

1.5 Other NHS services

Other services which are commissioned or provided by NHS England, Nottinghamshire County Council, Nottingham and Nottinghamshire Integrated Care Board, Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust and Sherwood Forest Hospitals NHS Foundation Trust which affect the need for pharmaceutical services are also included within the pharmaceutical needs assessment. Examples include the hospital pharmacies, community nurse prescribers, palliative and end of life services, and pharmacy services to the prisons.

1.6 How the assessment was undertaken

1.6.1 Pharmaceutical needs assessment steering group

The health and wellbeing board has overall responsibility for the development and publication of the pharmaceutical needs assessment. The health and wellbeing board has established a pharmaceutical needs assessment steering group whose purpose is to ensure that the health and wellbeing board develops a robust pharmaceutical needs assessment that complies with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and meets the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and can be found in appendix F.

1.6.2 Pharmaceutical needs assessment localities

The health and wellbeing board has divided its area into localities using the borders of the district and borough councils. This is consistent with the previous pharmaceutical needs assessment and no evidence has been presented to suggest that this is no longer an appropriate basis for this pharmaceutical needs assessment.

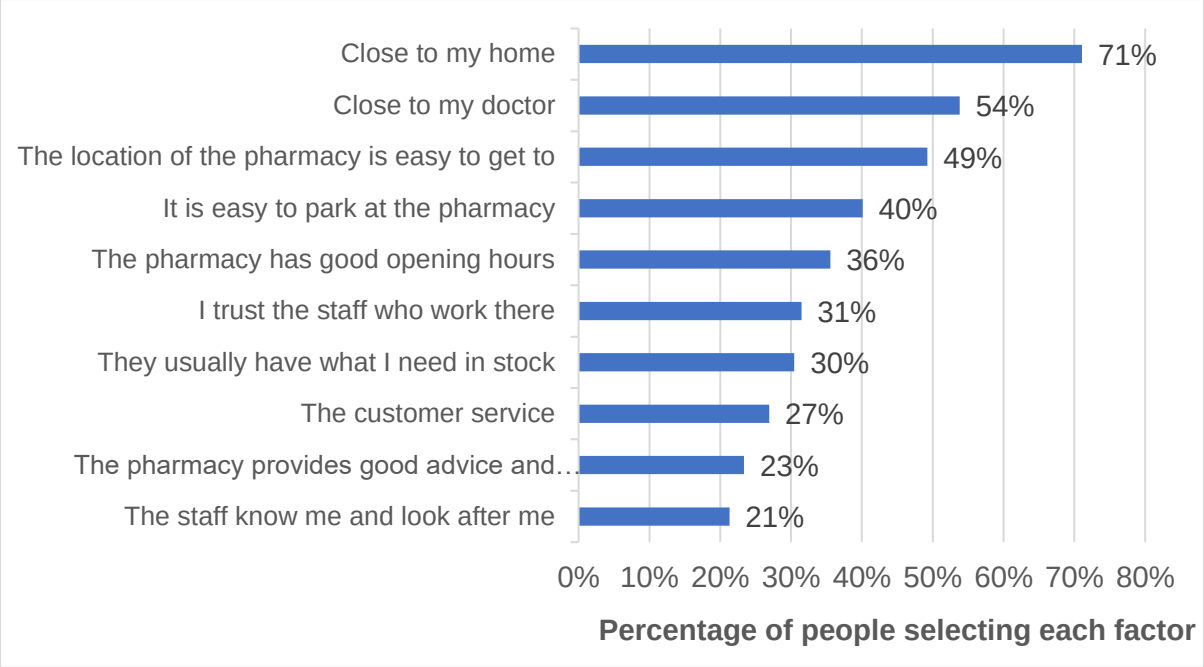
1.6.3 Patient and public engagement

In order to gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and was available online from 7 December 2021 to 16 January 2022 and promoted by the council and clinical commissioning groups. As well as being available online, an easy read version was available in either an electronic or paper format. A copy, which shows the questions asked, can be found in appendix G. The full results can be found in appendix H.

197 people responded to the questionnaire, predominantly white females within the 45-54 and 55-64 age ranges. Below is a summary of the responses.

- 54.8% of respondents always use the same pharmacy, with 33.0% using different pharmacies but preferring to visit one most often.
- The graph below shows the top ten factors that influenced the respondents choice of pharmacy. Close to a person’s home was the most popular factor, followed by close to the person’s doctor.

Figure 1 – what influences your choice of pharmacy?



- 29.4% said that there is a more convenient and/or close pharmacy that they don't use. The most common reasons for not using that pharmacy were it isn't easy to park there, service is too slow, it isn't open when the person needs it to be, and having a bad experience in the past.
- Collecting their dispensed medicines is the most common reason to visit a pharmacy, followed by buying medicines for their own use, and collecting dispensed medicines for someone else.
- 57.9% visit a pharmacy monthly/every four weeks with 15.7% visiting every three months.
- 42.1% said they do not have a preferred time to visit a pharmacy, 19.8% said 9am to 12noon, 12.7% said 3pm to 6pm and 12.2% said 6 to 9pm.
- 57.9% said they don't have a preference for which day of the week they use a pharmacy, 20.4% said weekdays in general, and 11.2% said weekends in general.
- The most common ways to travel to a pharmacy were by car (58.9%) and on foot (34.0%).
- With regard to the length of time it takes to travel to a pharmacy, 58.4% said between five and 15 minutes, and 31.0% said less than five minutes.
- The top four ways of finding out information about a pharmacy were searching on the internet (76.1%), calling the pharmacy (28.4%), popping in and asking (21.3%) and looking in the window (18.8%). It should be noted that more than one option could be selected for this question.
- 62.4% of people said they felt able to discuss something private with a pharmacist, with 23.4% saying that they had never needed to, and only 10.7% saying no.

When asked if there was anything else that respondents wished to say about local pharmacy services there was a range of responses. Some were very satisfied with the service that they receive (for example "The service I receive from my Pharmacy is first class they are excellent and their knowledge of my health issues and which medications I have to avoid. I

can call them anytime for advice. The staff are knowledgeable and helpful and I feel safe in their hands") whereas others weren't (for example "I find the pharmacist to be very rude. I have seen him lose his temper with his staff and heard him swear on occasion. He has also been quite nasty when I questioned a missing item from my prescription. I only continue to go because it is convenient for prescriptions. I never go for any other reason").

Comments were made regarding a lack of weekend/bank holiday and evening opening, whereas others acknowledged longer opening hours and better opening hours than GP practices. Others commented on pharmacies seeming to be over worked/stretched and errors being made as a result, and having to queue.

Improving awareness of opening hours and the services that are offered was mentioned. Mention was made of the wider range of services that is offered and had been used by respondents, for example Covid and flu vaccinations, lateral flow tests, provision of advice on medication and minor ailments. However one person said, "stop trying to pretend a pharmacy is a place for primary health care advice" and another commented that the pharmacy had not been helpful when seeking advice on over the counter medicine for their child.

When asked if there are any services that they would use if they were provided by pharmacies, three said no and 45 respondents gave examples which included the following.

- Treatment of minor ailments/illnesses, including prescribing medication
- Routine tests (for example blood pressure, cholesterol levels, diabetes, sight tests and hearing tests), and health checks
- Medication reviews
- Vaccinations
- Healthy lifestyle advice

1.6.4 Contractor engagement

An online questionnaire for pharmacies and dispensing appliance contractors was undertaken, and the approach was taken to only ask contractors for information that could not be sourced elsewhere. The contractor questionnaire did however provide an opportunity to validate the information provided by NHS England in respect of core and supplementary opening hours. Where opening hours were reported as different contractors were advised to raise this with NHS England for resolution.

A copy of the questionnaire can be found in appendix I.

The questionnaire was open from 4 to 25 February 2022 and the results are summarised below. 68 of the 164 pharmacies responded, a response rate of 41.2% and two of the six dispensing appliance contractors responded, a response rate of 33.3%. The health and wellbeing board is grateful for the support of Nottinghamshire Local Pharmaceutical Committee in encouraging contractors to complete the questionnaire.

For the purposes of this document the pharmacy opening hours relied upon are those provided by NHS England as these are the contractual hours that are included in the pharmaceutical list for the area of Nottinghamshire Health and Wellbeing Board. 64 respondents confirmed that the opening hours were correct and three didn't respond to the question.

84.3% of respondents (59) confirmed that prescriptions for all types of appliances are dispensed at the premises. The remaining responses were as follows:

- Two pharmacies dispense all types of appliances other than stoma appliances,
- One pharmacy dispenses all types of appliances other than stoma and incontinence appliances,
- Seven pharmacies only dispense dressings, and
- One doesn't dispense any appliances.

When asked whether they collect prescriptions from GP practices, 66 respondents said that they did and four said they do not. However, the requirement for contractors or patients to deal with paper copies of prescriptions will continue to reduce. The electronic prescription service allows prescribers to send prescriptions electronically to the pharmacy or dispensing appliance contractor of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for residents and staff. In December 2021, electronic prescriptions accounted for 96.1% of items dispensed by the pharmacies and dispensing appliance contractors.

Only one pharmacy said they didn't provide a delivery service (either free or for a fee). 60 respondents provide a delivery service free of charge of which:

- 28 said the service is available to everyone, and
- 32 said it is limited to certain groups of people, for example those who are housebound or disabled, the elderly, and those with Covid-19.

22 pharmacies said they provide a delivery service for a fee (some pharmacies reported providing both a free and paid for service), with 18 saying it is available to all, and three restricting it to the elderly, housebound and care home residents.

It should be noted that these collection and delivery services are provided privately. Only during a pandemic may a delivery service be commissioned by NHS England.

19 pharmacies reported that the following languages are spoken each day, in addition to English:

- Cantonese
- French
- Dutch
- Farsi
- Greek
- Gujarati
- Hebrew
- Hindi
- A variety of Indian languages
- Indian Dialect
- Italian
- Latvian
- Lithuanian
- Mandarin
- Polish
- Portuguese
- Punjabi
- Romanian
- Russian
- Urdu

The most commonly spoken language other than English is Polish (five respondents).

There are currently a number of housing and other developments taking place across Nottinghamshire with more planned and pharmacies and dispensing appliance contractors were asked about their ability to meet the needs of those moving into the new houses. The responses were as follows:

- Have sufficient capacity within existing premises to manage the increase in demand – 61 respondents (85.7%)
- Have sufficient capacity within staffing levels to manage the increase in demand – 52 respondents (74.3%)
- Don't have sufficient premises at present but could make adjustments to manage the increase in demand – five respondents (7.1%)
- Don't have sufficient staffing capacity at present but could make adjustments to manage the increase in demand – 15 respondents (21.4%)
- Don't have sufficient premises at present and would have difficulty in managing an increase in demand – one respondent (1.4%)
- Don't have sufficient staffing capacity at present and would have difficulty in managing an increase in demand – three respondents (4.3%)

Four pharmacies didn't provide information on whether they have sufficient capacity within the premises.

An online questionnaire for dispensing practices was also undertaken and was at the same time. A copy of the questionnaire can be found in appendix J. The results are summarised below.

Four of the 12 dispensing practices responded to the questionnaire, a response rate of 33.3%.

One practice dispenses appliances other than stoma appliances, another dispenses appliances other than stoma and incontinence appliances, and two only dispense dressings.

Three practices provide a free of charge delivery service to certain people, for example the housebound, those with limited mobility and vulnerable people.

English is the predominant language spoken although Romanian is spoken at one practice every day.

The practices were also asked about whether they are able to meet the needs of those moving into the new houses in respect of their dispensing service only. The responses were as follows.

- Two practices said they have sufficient capacity within their premises and staffing levels but one said that it is seeking to expand its premises with the support of the clinical commissioning group.
- Two practices said that they don't have sufficient capacity at present but could make adjustments to manage an increase, with one expressing interest in increasing the number of people it can dispense to.

1.6.5 Other sources of information

Information was gathered from NHS England, Nottingham and Nottinghamshire Clinical Commissioning Group, Bassetlaw Clinical Commissioning Group and Nottinghamshire County Council regarding:

- Services provided to residents of the health and wellbeing board's area, whether provided from within or outside of the health and wellbeing board's area,
- Changes to current service provision,
- Future commissioning intentions,
- Known housing developments within the lifetime of the pharmaceutical needs assessment, and
- Any other developments which may affect the need for pharmaceutical services.

A variety of documents and websites were also used throughout the document and have been referenced accordingly.

1.6.6 Consultation

A report of the consultation including any changes to the pharmaceutical needs assessment can be found in appendix K.

2 The people of Nottinghamshire

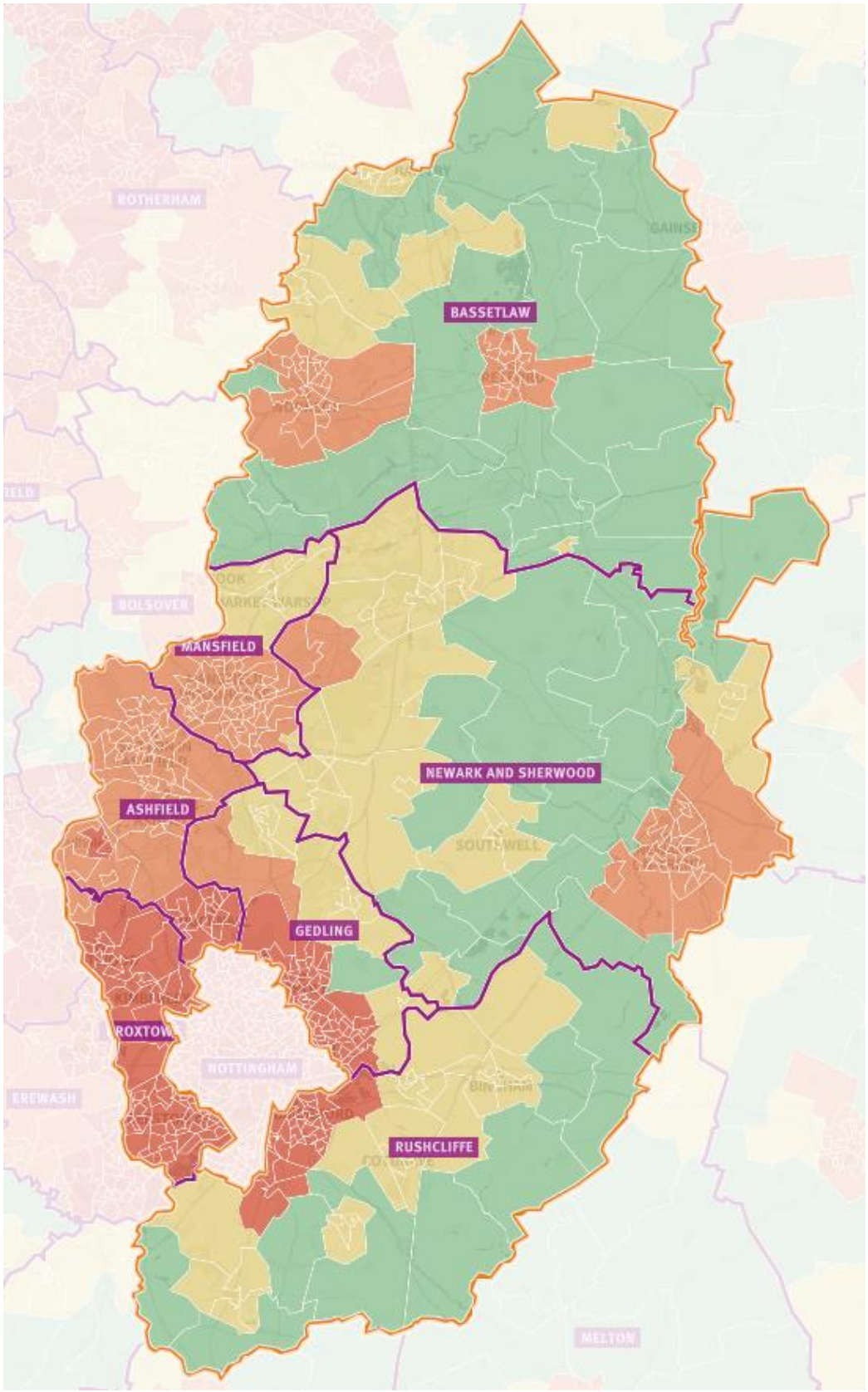
2.1 Introduction

The county of Nottinghamshire is landlocked, bordered by South Yorkshire, Lincolnshire, Leicestershire and Derbyshire, and covers an area of 2,084.7 square kilometres (excludes Nottingham itself). It sits on extensive coal measures, mostly in the north of the county, which have shaped the history of the area. During the Industrial Revolution, the need to move coal and iron ore to other areas led initially to the first experimental waggonways in the world and then canals and railways. The invention of the knitting frame led to the county, and in particular Nottingham, becoming synonymous with the lace industry. The county is also home to Sherwood Forest, which draws many visitors to the area due to its association with the legend of Robin Hood.

It is well connected with the M1 and A1 running north to south through the county, and train lines link Nottingham to major cities such as London, Sheffield, Leeds and Newcastle upon Tyne. Train lines through Newark and Retford link the county to London and Scotland. East Midlands Airport sits just over the border in Leicestershire, while Doncaster Sheffield Airport lies within the historic boundaries of the county.

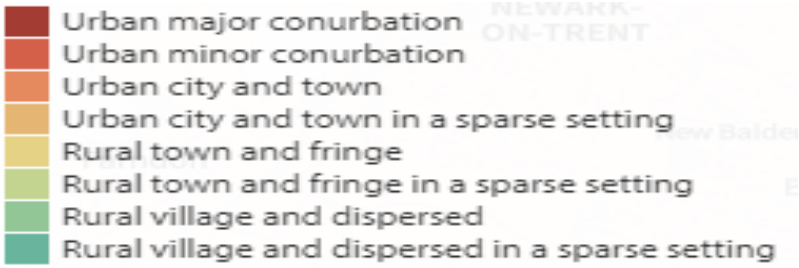
The map below shows that the urban/rural classification of the county. As can be seen the districts of Ashfield and Broxtowe are described as urban minor conurbations or urban city and town, with Mansfield and Gedling less so. Bassetlaw, Rushcliffe and Newark and Sherwood are predominantly rural in comparison although do have some urban areas.

Map 1 – Nottinghamshire lower super output areas by urban/rural classification[1]



[1] Public Health England's Strategic Health Asset Planning and Evaluation application. Based on Office for National Statistics 2011 rural/urban classification

Key



When broad sociological, demographic and health and wellbeing characteristics of Nottinghamshire County's population are compared to national figures, the population can appear somewhat average. However, more detailed information reveals that the population is diverse and has wide ranging health and wellbeing needs.

2.2 Population

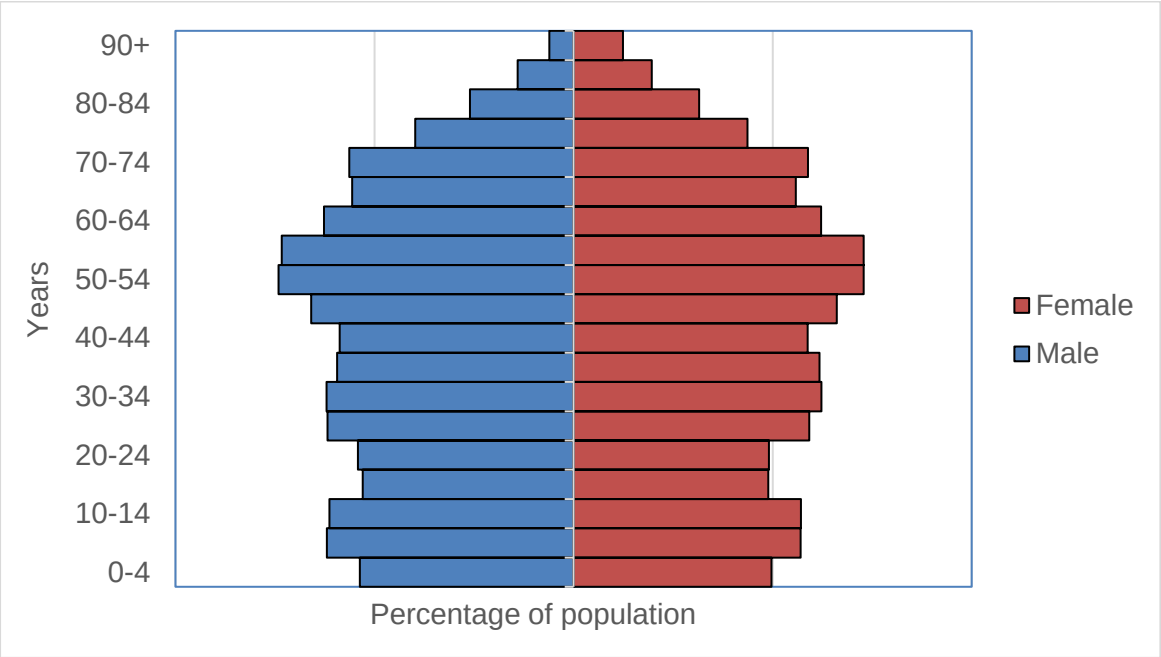
The county had a total population of 785,800 at the 2011 Census, an increase of 5% from the previous census. This increase was lower than for the East Midlands region (8.7%) and England (7.9%). Newark and Sherwood District had the highest increase at 8.0% compared with Gedling Borough which had the lowest increase at 1.6%[2]. The latest mid-year estimate (June 2020) for the county's resident population is 833,400[3]. It should be noted that this estimate only provides an indication of the size and age structure of the population if recent demographic trends in future fertility, mortality and migration continue. Mid-year estimates are not forecasts and do not attempt to predict the impact that future government policies, changing economic circumstances or other factors might have on demographic behaviour.

The main reasons for the population increase from 2019 to 2020 are primarily an increase in net migration of people from both other areas of the UK (internal migration – additional 4,400 persons) and abroad (international migration – additional 1,600 persons), and an increase in life expectancy due to natural change (births minus deaths – additional 391 persons) in the population.

The 2020 mid-year estimates[4] split the population of the county as 49.2% male and 50.8% female which corresponds with the gender split of England, and as can be seen from the figure below, both follow a similar pattern through the five-year age groups.

[2] Office for National Statistics, 2012
[3] Office for National Statistics mid-year estimate 2020, released 25 June 2021
[4] Office for National Statistics mid-year population estimates June 2020

Figure 2 - age and gender of the population in five-year age groups, 2020 mid-year estimates



Projections suggest the population of the districts in the county will grow steadily over the lifetime of this pharmaceutical needs assessment, with increases of between 4.0% (Mansfield) and 7.6% (Rushcliffe) according to the 2018-based subnational principal population projections[5].

Figure 3 - population projections (2018-based)

Area	2018 mid-year estimate	2022 population projection	Change 2018-2022	2025 population projection	Change 2018-2025
England	55,977,178	57,282,105	2.3%	58,060,235	3.7%
East Midlands	4,804,149	4,951,585	3.1%	5,048,384	5.1%
Nottinghamshire	823,126	849,779	3.2%	866,881	5.3%
Ashfield	127,151	132,317	4.1%	135,627	6.7%
Bassetlaw	116,839	120,387	3.0%	122,678	5.0%
Broxtowe	113,272	116,467	2.8%	118,322	4.5%
Gedling	117,786	120,684	2.5%	122,580	4.1%
Mansfield	108,841	111,516	2.5%	113,211	4.0%
Newark and Sherwood	121,566	125,362	3.1%	127,850	5.2%
Rushcliffe	117,671	123,047	4.6%	126,612	7.6%

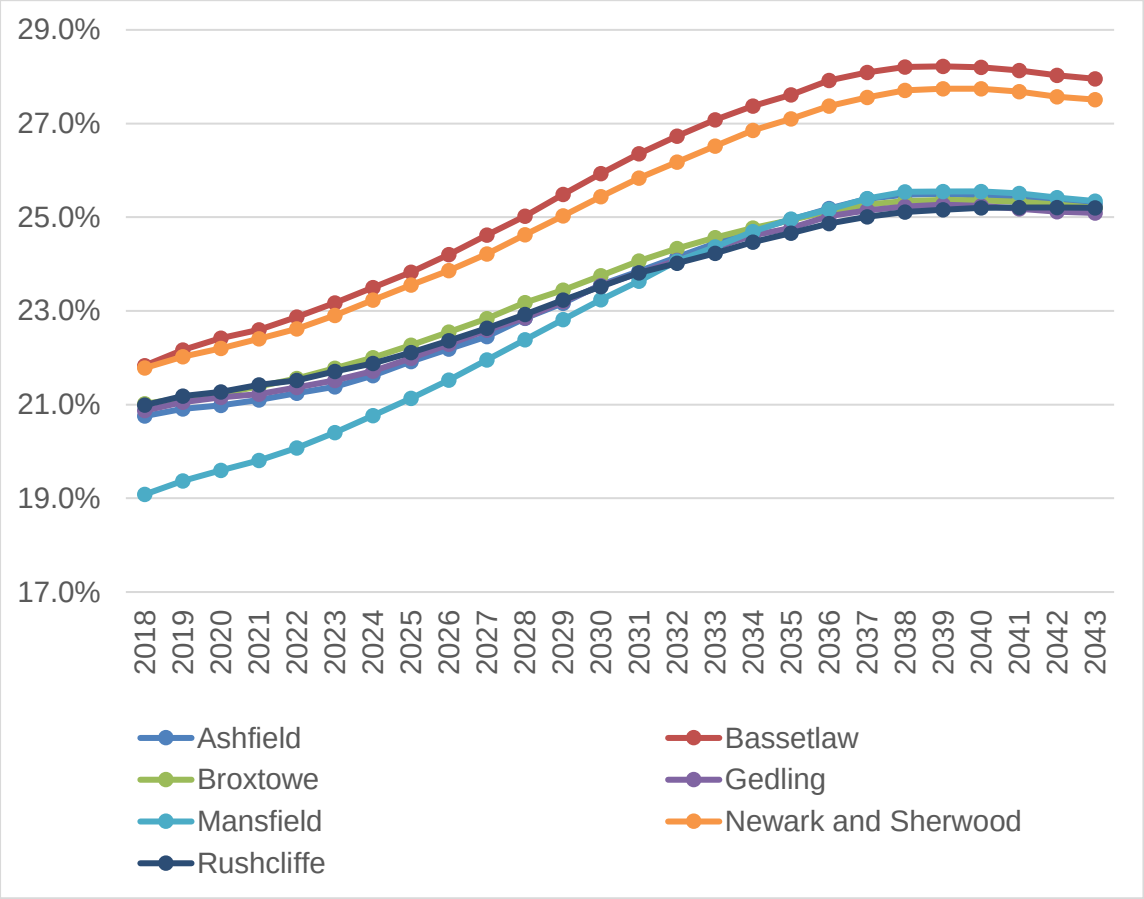
The population structure of the county is slightly older than England with a slightly lower than average proportion of children and young people and a slightly higher proportion of older people. However, it is the older population that is expected to increase at a higher rate over the next 10 years

[5] Office for National Statistics 2018-based Subnational Population Projections

The population is predicted to continue to age over the period 2021 to 2026, with the population aged over 65 expected to increase from 176,100 in 2021 to 196,100 in 2026 (an 11% increase). Similarly the population aged over 85 in the county is expected to increase from 22,500 in 2021 to 25,200 in 2026 (a 12% increase).

Bassetlaw is projected to continue to have the highest proportion of residents aged 65 and over (increasing from 20.8% in 2018 to a high of 28.2% in 2040), followed by Newark and Sherwood (increasing from 21.8% to 27.7%) as can be seen from the figure below. Whilst Mansfield currently has the lowest proportion (19.1%) it is expected to catch up with the remaining four districts by the early 2030s.

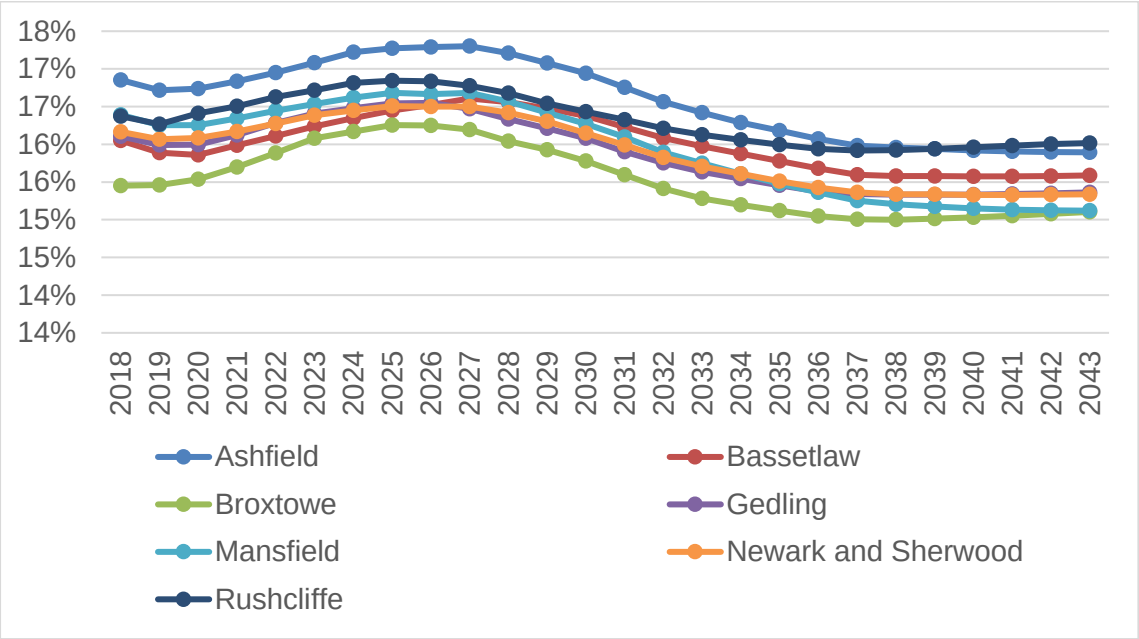
Figure 4 - number of older people (65 and over) projected to live in Nottinghamshire Districts between 2018 and 2043[6]



The number of residents aged 0 to 19 is projected to peak in the mid-2020s at approximately 16 to 17% across all districts before falling as can be seen in the figure below. Ashfield is projected to have the largest proportion of residents in this age group, with Broxtowe having the lowest.

[6] Office for National Statistics 2018-based Subnational Population Projections

Figure 5 - number of children and young people projected to live in Nottinghamshire Districts between 2018 and 2043[7]



There is a number of large developments in Nottinghamshire which will contribute to the growth of the population.

Fairham, to the south of Clifton South Tram Park and Ride, will be the East Midland's most significant mixed-use development. A new community and neighbourhood will be created which will lead to:

- 3,000 new homes,
- More than 2,000 new jobs,
- 1 million square feet of commercial employment space,
- 27,000 square feet of shops, cafes, bars and restaurants,
- Three form entry primary school, health centre and community centre,
- £100 million of new infrastructure, and
- Extensive green and leisure facilities.

150 new homes will be built as part of phase 1 of the development, and planning permission was granted for 93 of these at the end of 2021.

The emerging Ashfield Local Plan 2020-2038[8] proposes two new settlements:

- a new mixed-use settlement identified at Whyburn Farm, Hucknall to deliver 2,000 new dwellings, 1,600 of which are expected to be delivered within the plan period, along with approximately 13 hectares of employment land, and

[7] Office for National Statistics 2018-based Subnational Population Projections
[8] Local Plan, Ashfield District Council

- a new settlement at Cauldwell Road, Sutton in Ashfield to deliver 1,000 new dwellings although only 315 of which are expected to be delivered within the plan period.

The draft Bassetlaw Local Plan 2020-2037[9] identifies two large urban extensions:

- Peaks Hill Farm on the norther edge of Worksop – 1,000 dwellings. Expected to commence from 2025-26.
- Ordsall South, Retford – 800 dwellings. Expected to commence from 2026-27.

The plan also identifies Bassetlaw Garden Village as a new settlement. It will start to be delivered from 2032 and will continue for the next 20 years or so with 500 homes to be built to 2037 with 3,500 thereafter.

The number of dwellings required per locality is summarised in the figure below.

Figure 6 - housing need per locality

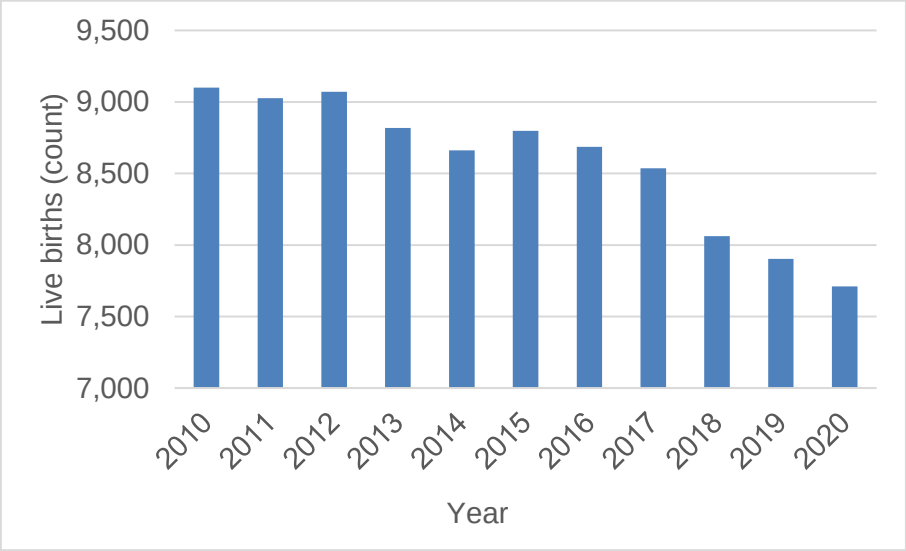
Locality	Number per year	Total for the lifetime of the pharmaceutical needs assessment
Ashfield	457	1,371
Bassetlaw	295	885
Broxtowe	368	1,104
Gedling	556	1,668
Mansfield	325	975
Newark and Sherwood	454	1,362
Rushcliffe	604	1,812
Total	3,059	9,177

2.3 Births[10]

The number of live births in Nottinghamshire has fallen since 2010 by 15.3%, most noticeably since 2018 as can be seen from the figure below. This follows the pattern seen at national level where the birth rate has fallen by 14.8% over the period 2010 to 2020.

[9] The Draft Bassetlaw Local Plan, Bassetlaw District Council
[10] Office for National Statistics, Birth Summary Tables (2020)

Figure 7 - number of live births in Nottinghamshire 2010-2020



As can be seen from the figure below, at district level the greatest decline between 2010 and 2020 has been in Broxtowe (21.1%) with the smallest decrease seen in Newark and Sherwood (8.2%).

Figure 8 - number of live births in Nottinghamshire 2010-2020

						Percentage change			
District	**2010**	**2015**	**2017**	**2019**	**2020**	**One year 2019-2020**	**Three years 2017-2020**	**Five years 2015-2020**	**10 years 2010-2020**
Ashfield	1,561	1,488	1,477	1,361	1,238	-9.0%	-16.2%	-16.8%	-20.7%
Bassetlaw	1,277	1,231	1,197	1,126	1,080	-4.1%	-9.8%	-12.3%	-15.4%
Broxtowe	1,224	1,196	1,073	1,034	966	-6.6%	-10.0%	-19.2%	-21.1%
Gedling	1,278	1,305	1,193	1,098	1,123	2.3%	-5.9%	-13.9%	-12.1%
Mansfield	1,382	1,284	1,309	1,182	1,140	-3.6%	-12.9%	-11.2%	-17.5%
Newark and Sherwood	1,258	1,225	1,197	1,078	1,155	7.1%	-3.5%	-5.7%	-8.2%
Rushcliffe	1,121	1,069	1,090	1,024	1,009	-1.5%	-7.4%	-5.6%	-10.0%

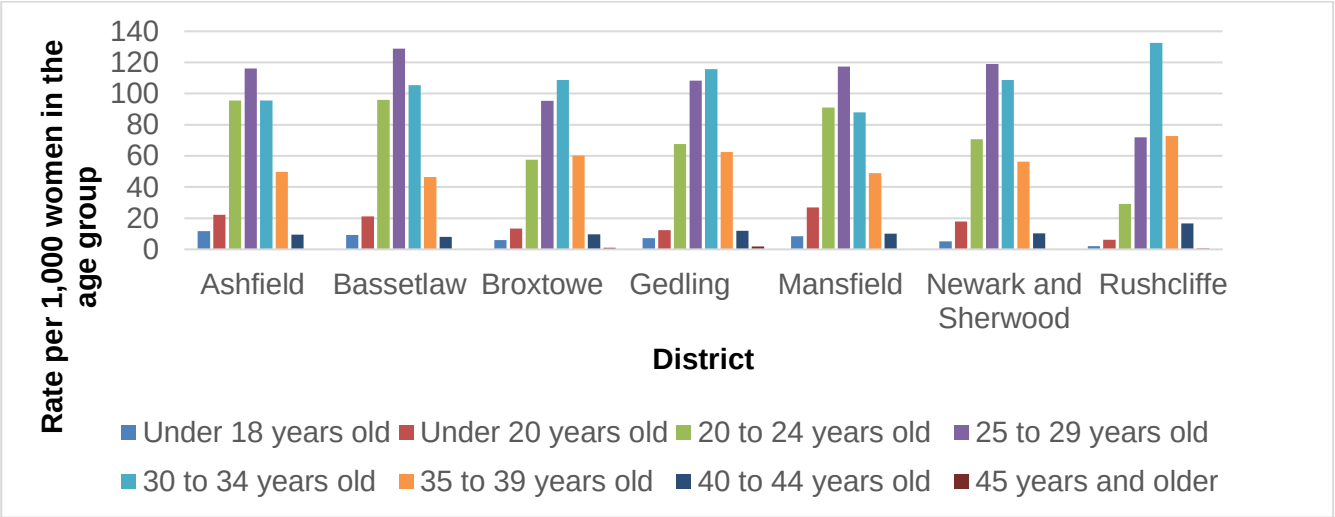
Over half of live births (55.0%) in Nottinghamshire in 2015 took place outside marriage or civil partnership, above the national average of 47.2% and the East Midlands average of 52.4%. The proportions were highest in Ashfield and Mansfield (63.6% and 62.6% respectively) and lowest in Rushcliffe (35.0%). The highest proportion of sole registrations

(where the father's details are not recorded) as a percentage of all registrations outside marriage was also in Ashfield (11%)[11].

The average age of mothers nationally was 30.4 years in 2016. The age at which women give birth has been increasing since 1973[12], with more women choosing to delay childbearing. This may be due to a number of factors such as increased participation in higher education and the labour force, the increasing importance of a career, the rising costs of childbearing, labour market uncertainty, housing factors and instability of partnerships.

The age distribution of mothers in Nottinghamshire in 2015 can be seen in the figure below. Although average rates are highest across the county in the 25-29 age group (the purple bar), there is variation across districts. Birth rates for older women are higher in the more affluent areas of the county, such as Broxtowe, Gedling and Rushcliffe, whereas in the more deprived districts women tend to have children at a younger age.

Figure 9 - age of mother at birth by district (rate per 1,000 women in the age group) (2015)



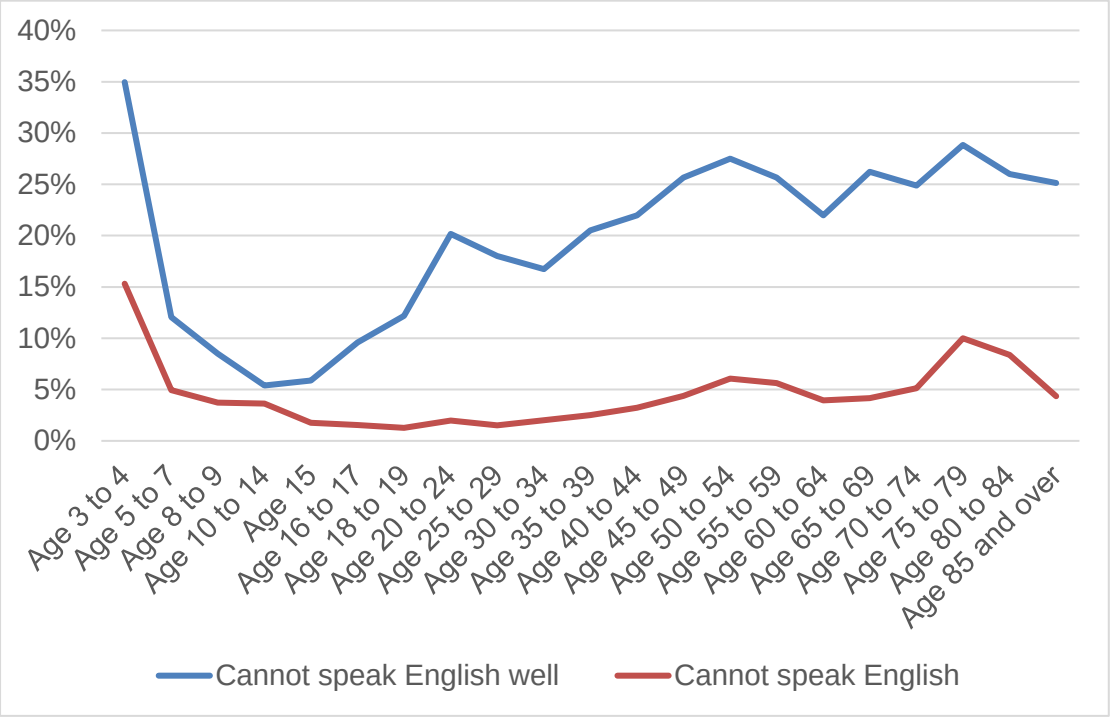
2.4 Household language

The number of residents in Nottinghamshire aged three and over for whom English is not their main language was 20,614 at the 2011 Census, with 4,102 or 19.9% not able to speak English well and 701 or 3.4% not able to speak English at all[13]. At district level, Broxtowe had the highest proportion of residents for whom English is not their main language (4.8%) and Ashfield had the lowest (1.5%).

As can be seen from the figure below the ability to speak English is greatest in children of school age and lower in the older age groups.

[11] Office for National Statistics, Births by mothers' usual area of residence in the UK 2016 edition
[12] Office for National Statistics, Live births in England and Wales by characteristics of Mother 1:2013
[13] Office for National Statistics, 2011 Census DC2105EW

Figure 10 – proficiency in English by age



According to the 2011 Census, English was the main language of 97.3% of Nottinghamshire residents (adults and children aged three years of age and older)[14]. The range at district level was 96.3% in Newark and Sherwood to 97.8% in Gedling. Polish was the main language of 0.9% of the population, and the remainder of the main languages was:

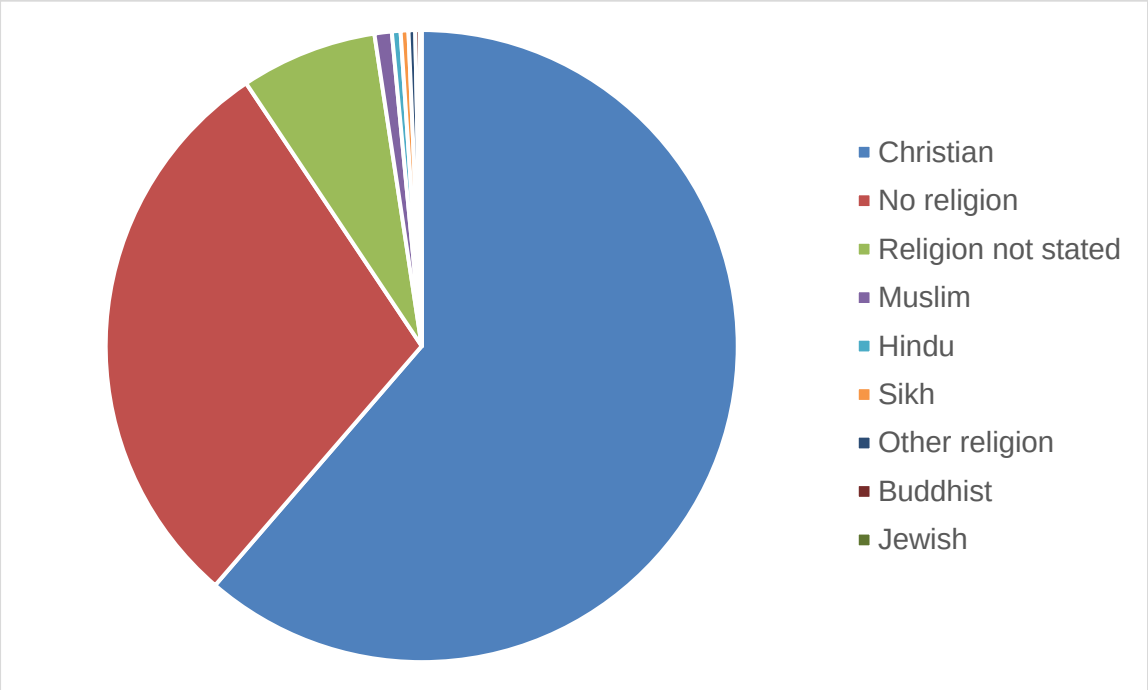
- Panjabi
- Lithuanian
- Latvian
- Urdu
- Arabic
- French
- German
- Russian
- Spanish
- Cantonese Chinese
- Italian
- Hungarian.

2.5 Religion and belief

For the 2011 Census, the question relating to a person's religion was a voluntary question. In the county over a third (36.3%) of the usual resident population either had no religion or did not give a response. Of those residents who did state a religion, 96.2% were Christian, and at district level, these figures ranged from 98.2% in Newark and Sherwood, down to 93.2% in Rushcliffe. In comparison, 89.6% were Christian in the East Midlands and 87.2% in England. Of the 18,800 residents that stated any other religion than Christian, 37% were Muslim, 18.5% were Hindu, 16.6% were Sikh, 9.9% were Buddhist and 3.8% were Jewish, leaving 14.3% having some other religion.

[14] ONS Census – QS204EW main language

Figure 11 - religion at county level, 2011[15]



2.6 Deprivation[16]

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The indices of deprivation are based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on whereas deprivation refers to a general lack of resources and opportunities.

The English indices of deprivation 2019 were released by the Ministry of Housing, Communities & Local Government on 26 September 2019 and updates the previous version released in 2015. It is important to note that these statistics are a measure of relative deprivation, not affluence, and to recognise that not every person in a highly deprived area will themselves be deprived. Likewise, there will be some deprived people living in the least deprived areas.

The indices of deprivation 2019 are based on 39 separate indicators, organised across seven distinct domains of deprivation which are combined, using appropriate weights, to calculate the index of multiple deprivation 2019. The domains (and weights) are:

- Income deprivation (22.5%)
- Employment deprivation (22.5%)
- Health deprivation and disability (13.5%)
- Education, skills and training deprivation (13.5%)
- Crime (9.3%)
- Barriers to housing and services (9.3%)

[15] Office for National Statistics, 2011 Census
[16] Information in this section is taken from the English indices of deprivation 2019 as produced by the Ministry of Housing, Communities & Local Government.

- Living environment deprivation (9.3%)

The index of multiple deprivation is an overall measure of multiple deprivation experienced by people living in an area and is calculated for each of the 32,844 lower-layer super output areas, or neighbourhoods, in England. Every such neighbourhood in England is ranked according to its level of deprivation relative to that of other areas.

Lower-layer super output areas are designed to be of a similar population size with an average of 1,500 residents each and are a standard way of dividing up the country.
It is common to describe how relatively deprived a small area is by saying whether it falls among the most deprived 10%, 20% or 30% of small areas in England (although there is no definitive cut-off at which an area is described as 'deprived'). The indices measure deprivation on a relative scale, rather than an absolute scale. This means that a neighbourhood ranked 100th is more deprived than a neighbourhood ranked 200th, but it does not mean that it is twice as deprived.

The index of multiple deprivation is designed primarily to be a small-area measure of deprivation. But the indices are commonly used to describe deprivation for higher-level geographies including local authority districts. A range of summary measures is available allowing you to see where, for example, a local authority district is ranked between 1 (the most deprived district in England) and 326 (the least deprived district in England).

In 2019 there were 151 upper tier local authorities in England and Nottinghamshire County Council was ranked 101 on a scale where 1 is the most deprived and 151 the least deprived. The table below shows Nottinghamshire's rank on the index of multiple deprivation in 2015 and 2019 and the individual domains.

Figure 12 - index of multiple deprivation 2015 and 2019 rank for Nottinghamshire

Year	Index of multiple deprivation	Income	Employment	Education, skills and training	Health and disability	Crime	Barriers to housing and services	Living environment
2019	101	99	71	67	79	113	115	124
2015	103	101	73	73	85	100	127	108

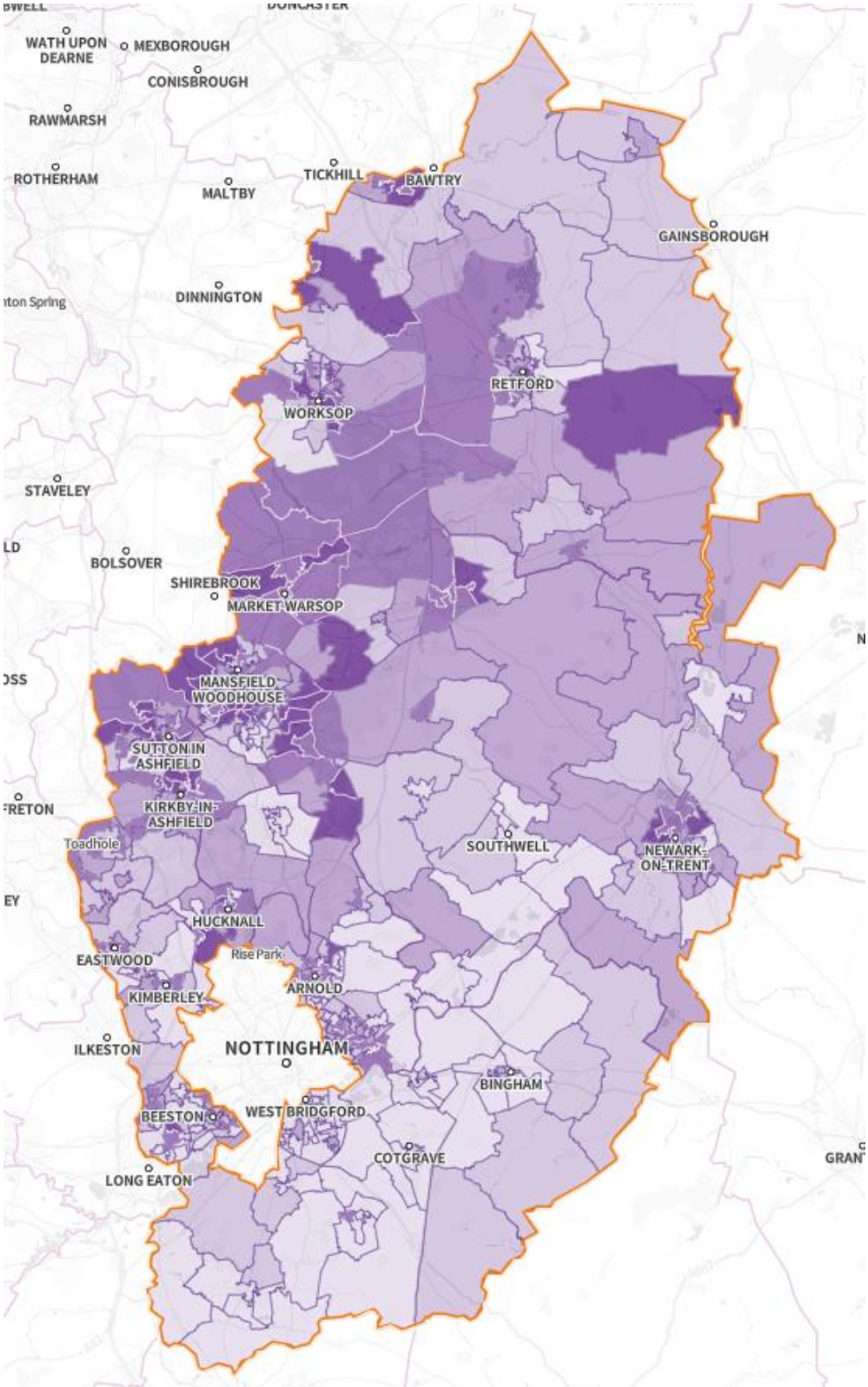
At district level, Mansfield and Ashfield ranked highest on the index at 56 and 63 respectively putting them in the top 20% most deprived districts in the country. Rushcliffe ranked lowest at 314 putting it in the top 1% least deprived districts in the country. The figure below shows each district's overall rank and rank for each domain in 2019.

Figure 13 - index of multiple deprivation 2019 rank for Nottinghamshire districts

Locality	Index of multiple deprivation	Income	Employment	Education, skills and training	Health and disability	Crime	Barriers to housing and services	Living environment
Ashfield	63	60	37	13	54	87	257	276
Bassetlaw	108	123	72	84	68	129	187	224
Broxtowe	223	194	167	209	184	193	309	185
Gedling	207	172	123	165	180	218	281	251
Mansfield	56	72	31	18	28	90	239	260
Newark and Sherwood	148	169	116	119	144	199	190	198
Rushcliffe	314	294	280	315	299	300	277	273

There were 497 lower-layer super output area in the county and ranked in the index of multiple deprivation 2019. The map below collates the rank of each lower-layer super output area in relation to the index of multiple deprivation 2019, where the darker the colour the higher the rank.

Map 2 - index of multiple deprivation rank at lower-layer super output area[17]



[17] Office for Health Improvement and Disparities, Strategic Health Asset Planning and Evaluation

The figure below shows the number of lower-layer super output areas within each district that fall into the 10% most deprived areas in England, and the 11 to 20% most deprived.

Figure 14 - number of lower-layer super output areas that fall within the most deprived 10% and 20% in England by district in 2010, 2015 and 2019

	10% most deprived			11 to 20% most deprived			Total number of lower-layer super output areas
District	**2010**	**2015**	**2019**	**2010**	**2015**	**2019**	
Ashfield	10	9	12	14	10	9	74
Bassetlaw	6	6	5	18	6	10	70
Broxtowe	0	0	0	5	4	4	71
Gedling	0	1	1	5	2	1	77
Mansfield	12	6	10	20	18	17	67
Newark and Sherwood	3	3	3	11	7	7	70
Rushcliffe	0	0	0	0	0	0	68

All of the indices of deprivation measure relative deprivation at small area level as accurately as possible, but they are not designed to provide ‘backwards’ comparability with previous versions of the indices (2015, 2010, 2007, 2004 and 2000). However, because there is a broadly consistent methodology between the indices of deprivation 2019 and previous versions, comparisons can be made between the rankings as determined at the relevant time point by each of the versions.

When looking at changes in deprivation between the indices of deprivation 2019 and previous versions, changes can only be described in relative terms, for example, the extent to which an area has changed rank or decile of deprivation.

For example, an area can be said to have become more deprived relative to other areas if it was within the most deprived 20% of areas nationally according to the 2015 index of multiple deprivation but within the most deprived 10% according to the 2019 index. However, it would not necessarily be correct to state that the level of deprivation in the area has increased on some absolute scale, as it may be the case that all areas had improved, but that this area had improved more slowly than other areas and so been ‘overtaken’ by those areas. With this in mind the following table shows the index of multiple deprivation rankings in 2004, 2007, 2010, 2015 and 2019.

Figure 15 - change in relative deprivation for Nottinghamshire's districts: index of multiple deprivation rank between 2004 and 2019

	2004	2007	2010	2015	2019
Ashfield	52	72	54	70	63
Bassetlaw	77	101	86	115	108
Broxtowe	197	219	219	219	223
Gedling	183	205	196	202	207
Mansfield	32	34	36	59	56
Newark and Sherwood	143	175	147	158	148
Rushcliffe	309	330	318	318	314

2.7 Ethnicity

At the time of the 2011 Census, 92.6% of the county's population classed themselves as white British, with 2.9% being other white and the remainder, 4.5%, belonging to all other ethnic groups combined. In comparison, the East Midlands and England had significantly lower rates of the white populations, with 89.3% and 85.4% respectively, and consequently higher rates of all other ethnic groups combined (11.0% and 15.2% respectively).

Figure 16 - broad ethnicity groups, 2011[18]

	Resident population	White	Mixed/multiple ethnic groups	Asian/Asian British	Black African & Caribbean /Black British	Other ethnic group
Ashfield	119,497	97.7%	0.89%	0.92%	0.40%	0.11%
Bassetlaw	112,863	97.4%	0.88%	1.11%	0.47%	0.18%
Broxtowe	109,487	92.7%	1.67%	4.11%	0.92%	0.63%
Gedling	113,543	93.1%	2.31%	2.94%	1.56%	0.24%
Mansfield	104,466	97.2%	1.06%	1.23%	0.39%	0.14%
Newark and Sherwood	114,817	97.5%	1.01%	0.90%	0.45%	0.14%
Rushcliffe	111,129	93.1%	1.75%	4.15%	0.61%	0.39%

Gedling had the highest Mixed and Multiple Ethnic Groups population (2.3%) as well as the highest proportion of Black African and Caribbean and Black British ethnicities (1.6%). The largest proportions of Asian and Asian British people, were resident in Rushcliffe (4.2%), closely followed by Broxtowe (4.1%).

[18] Office for National Statistics, 2011 Census

2.8 Life expectancy[19]

Life expectancy is a measure of the estimated length of life for a particular population based upon current mortality rates. Whilst it has been increasing over the past 20 years nationally and locally for both males and females, recently the rate of increase has been slowing at a national level[20].

In 2017-2019 the healthy life expectancy at birth for males in Nottinghamshire was 63.4 years, similar to the average for England (63.2 years). For females it was 61.6 years which is significantly worse than the average for England (63.5 years).

Life expectancy at birth for males in 2018-2020 was 79.6 years (England average 79.4 years) and for females 82.6 years (significantly worse than the English average of 83.1 years).

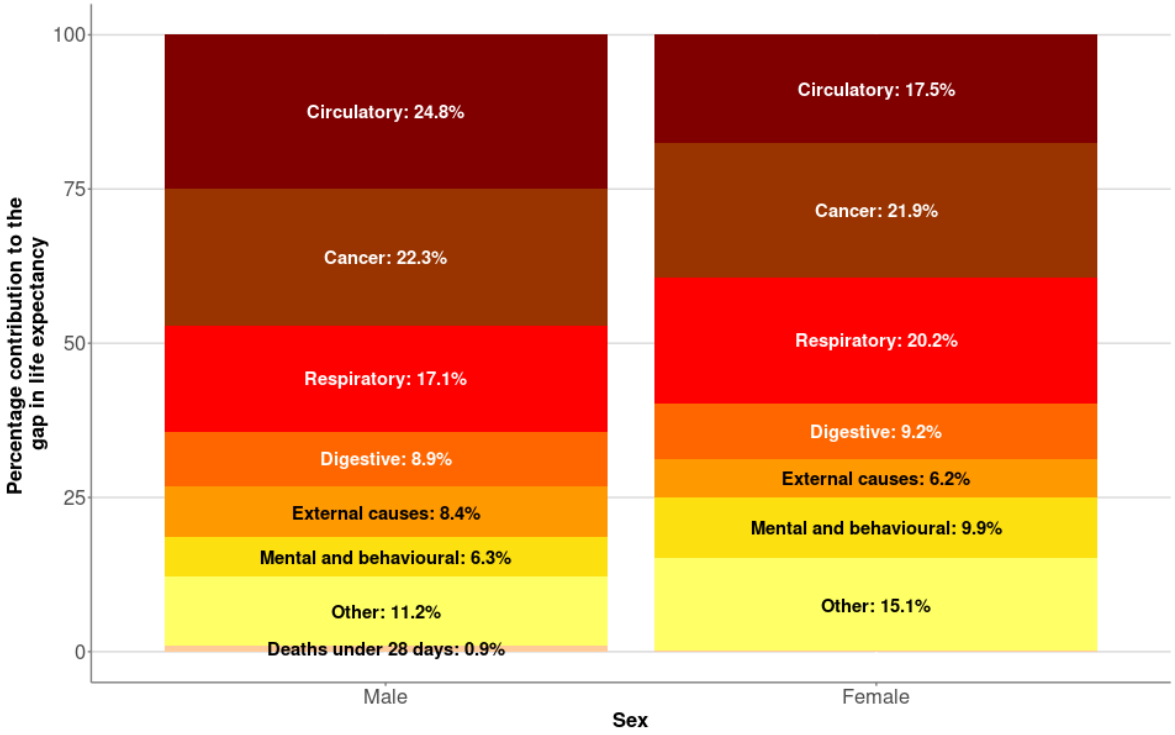
Life expectancy at birth at district level in 2018-20 varied considerably with more deprived districts having a shorter life expectancy than less deprived districts as can be seen from the figure below. Those districts with a life expectancy that is better than the English average are shown in green. Those that are similar to the English average are shown in yellow, and those that are worse are in red. Life expectancy at birth for males at district level varies from 78.0 years in Mansfield to 81.8 years in Rushcliffe, and for females from 81.5 years in Ashfield and Mansfield to 84.9 years in Rushcliffe.

Figure 17 - life expectancy at birth at district level 2018-2020

The broad causes of death which contribute to these gaps in life expectancy can be seen in the figure below. This shows that for males and females the top three causes are the same, namely circulatory (which includes coronary heart disease and stroke), cancer and respiratory, however the proportion that each of these contributes to the gap in life expectancy varies between genders.

[19] The data source for this section is Office for Health Improvement & Disparities, Public Health Outcomes Framework unless otherwise stated.
[20] Marmot Indicators 2017 - Institute of Health Equity Briefing July 2017

Figure 18 - Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Nottinghamshire, by broad cause of death, 2015-17[21]



2.9 People with disabilities

Most disabled people are not born with a disability but acquire it during their lives. The prevalence of disability is strongly related to age: around one in 20 children are disabled compared with one in five working adults and one in two older people. The majority of impairments are not visible. Disabled people are:

- more likely to have no qualifications,
- less likely to be in employment or training,
- more likely to be on lower incomes,
- more likely to live in poor housing, and
- more likely to experience poorer health and well-being than non-disabled people[22].

Children's disabilities are difficult to estimate as they are collected by several different agencies and are not routinely shared and there is no comprehensive register of disabilities. The information on children largely comes from special education needs assessments and the 2011 census. This ranges from limiting long term illness in the census to special education needs such as learning and behavioural difficulties, sensory impairments and other physical disabilities.

[21] Public Health England Segment Tool
[22] Disability in the United Kingdom: Facts and figures, 2012/13. Papworth Trust.

2.9.1 Physical disability

The figure below shows that the projected number of residents aged 18 to 64 years old with a moderate personal care disability is due to increase by 7.5% during the lifetime of this pharmaceutical needs assessment, as is the number of residents with a serious personal care disability.
The figure is based on the prevalence data on adults with physical disabilities requiring personal care by age and sex in the Health Survey for England, 2001. These include:

- getting in and out of bed,
- getting in and out of a chair,
- dressing,
- washing,
- feeding,
- and use of the toilet.

A moderate personal care disability means the task can be performed with some difficulty; a severe personal care disability means that the task requires someone else to help.

Figure 19 - residents aged 18 to 64 who are predicted to have a moderate or serious personal care disability, by age, projected to 2025[23]

Personal care disability	Age	2020	2025	Percentage change
Moderate personal care disability	18 to 24	346	343	-0.9%
Moderate personal care disability	25 to 34	1,443	1,463	1.4%
Moderate personal care disability	35 to 44	2,906	3,178	9.4%
Moderate personal care disability	45 to 54	5,718	5,238	-8.4%
Moderate personal care disability	55 to 64	9,962	10,710	7.5%
Total		**20,375**	**20,932**	**2.7%**
Serious personal care disability	18 to 24	230	228	-0.9%
Serious personal care disability	25 to 34	412	418	1.5%
Serious personal care disability	35 to 44	601	658	9.5%
Serious personal care disability	45 to 54	1,284	1,176	-8.4%
Serious personal care disability	55 to 64	1,924	2,069	7.5%
Total		**4,452**	**4,549**	**2.2%**

2.9.2 Learning disability

The numbers of people aged 18+ who are predicted to have a moderate or severe learning disability and therefore likely to be in receipt of services is expected to increase slightly from 3,145 in 2017 to 3,326 in 2035[24].

[23] PANSI March 2020, national prevalence rates applied to ONS population projections
[24] POPPI and PANSI Apr 2017, national prevalence model applied to ONS population projections

2.9.3 Sensory impairment: hearing impairment

The numbers of people aged 18+ who are predicted to have a moderate or severe hearing impairment is expected to increase by 48% from 93,667 in 2017 to 138,553 in 2035. Moderate or severe hearing impairment is most common in older people; 75% of people with moderate or severe hearing impairment are expected to be aged 65+[25].

2.9.4 Sensory impairment: visual impairment

The numbers of people aged 65+ who are predicted to have a moderate or severe visual impairment is expected to increase by 51% from 14,446 in 2017 to 21,810 in 2035[26].

2.9.5 Disability in children and young people

Census 2011 data relating to children and young people's disability shows the number with limiting long term illness in Nottinghamshire, has dropped in the under 10s by about 13% and increased in the 10+ ages particularly in the 15-19-year age group by 23%[27].

2.10 Households

The total number of households in Nottinghamshire at the time of the 2011 Census was 334,303 of which:

- 71.6% were owned (highest in Rushcliffe at 76.7% and lowest in Mansfield at 66.6%),
- 13.5% were socially rented (highest in Mansfield at 18.2% and lowest in Rushcliffe at 8.4%),
- 13.2% were privately rented (highest in Broxtowe at 14.1% and lowest in Bassetlaw at 12.5%), and
- 1.3% were living rent free i.e. living in a property owned by another party without paying rent (highest in Bassetlaw at 1.4% and lowest in Rushcliffe at 0.9%)[28].

Of these 334,303 households:

- 66.5% are occupied by a family,
- 28.3% were occupied by one person (on average 45.1% of these households were occupied by one person aged 65 and over), and
- 5.1% were 'other households'[29].

[25] POPPI and PANSI Apr 2017, national prevalence model applied to ONS population projections
[26] POPPI and PANSI Apr 2017, national prevalence model applied to ONS population projections
[27] Office for National Statistics, 2001 and 2011 Census
[28] Nomis KS402EW Tenure
[29] Nomis KS105EW Household composition

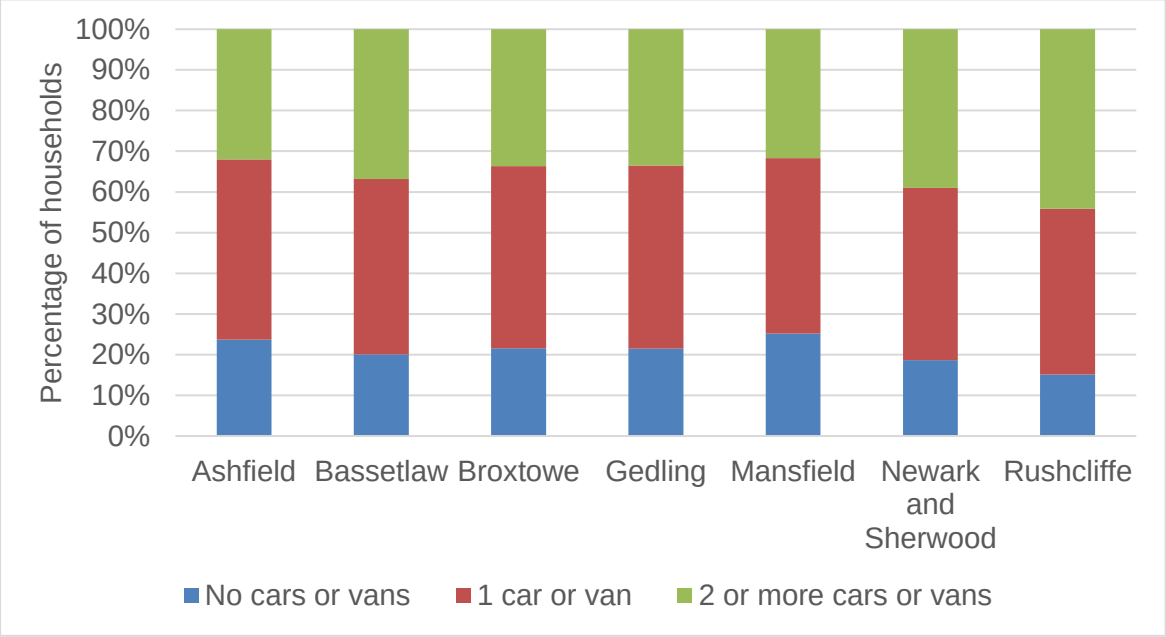
2.11 Car ownership[30]

There has been an increasing trend over the past few years towards activities taking place further away from the traditional city centres towards outlying areas. This can be seen in the relocation of retail activities to large out-of-town shopping centres, the move of firms and businesses to peripheral industrial estates, and the relocation of health facilities such as GP surgeries, NHS walk-in centres and hospitals to new purpose-built out-of-town sites. Many of these peripheral sites can be difficult to serve commercially by public transport, meaning that having access to a car is seen as necessary to reach these facilities. Pharmacies, however, still tend to be in areas of greater population density and/or co-located with retail outlets.

There are some vulnerable groups of the population who do not own a car. Similarly there may be members of households who do not have access to the household car for certain periods during the day as it may be required for other purposes such as the commute to work.

As can be seen from the figure below, car ownership levels are lowest in urban districts where there are higher levels of deprivation, such as Mansfield and Ashfield. Rural areas of Nottinghamshire such as Newark and Sherwood and Bassetlaw have some of the highest levels of car ownership, however residents in these areas without a car may experience difficulties in accessing services by public transport as this is poorest in these areas.

Figure 20 - car ownership by district, 2011 Census



According to the 2011 Census, 20.8% of households in the county had no car, however car ownership was higher in rural villages and areas defined as 'rural hamlet and isolated dwelling' where only 7.9% and 6.4% respectively of households had no car.

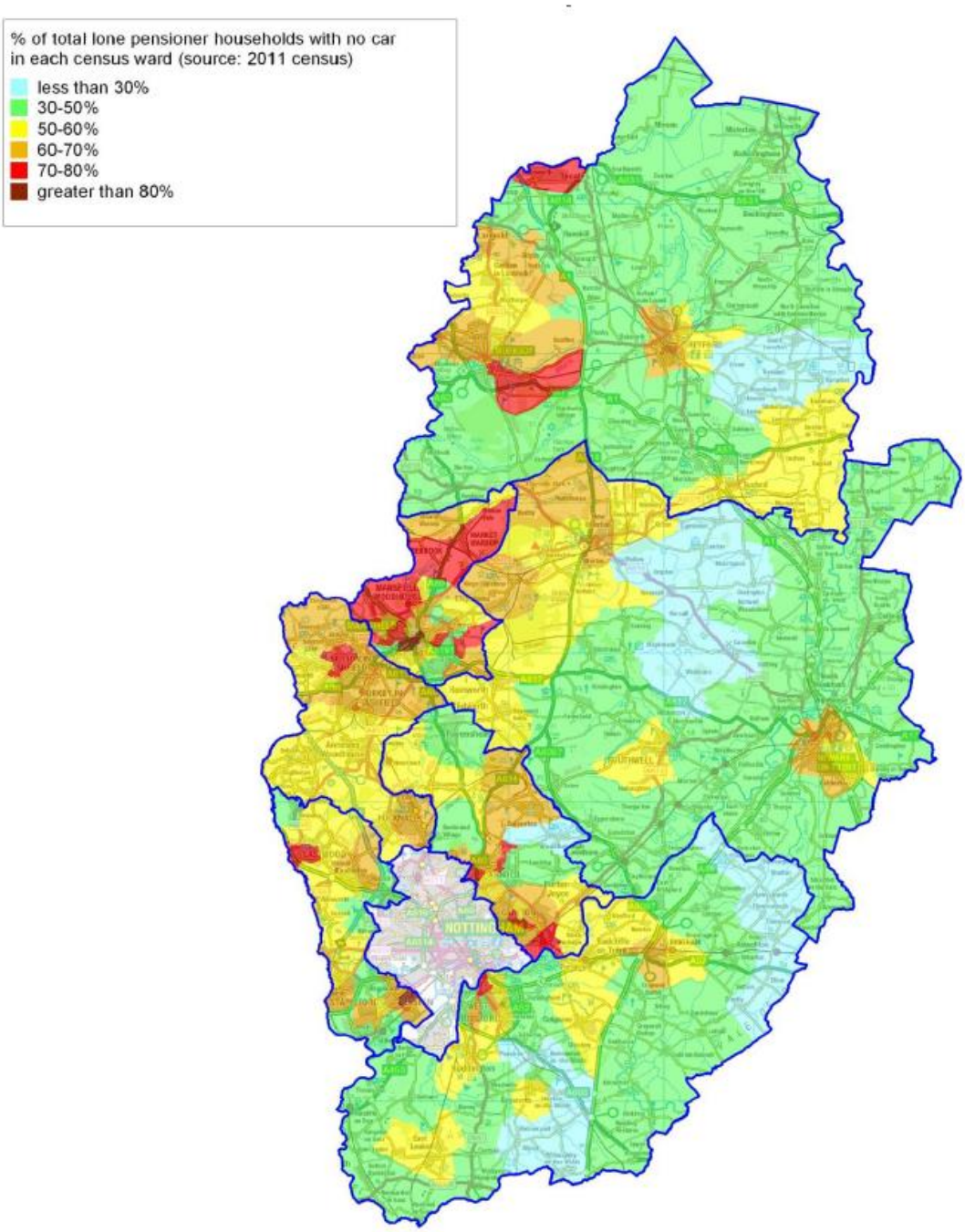
[30] Nomis QS416EW and DC1401EW

Looking at those households which reported no car or van, 35.8% were people aged 65 and over living on their own, 24.8% were single person households aged under 65, and 15.2% were lone parent families.

The figure below shows the percentage of lone pensioner households (one person over 65) with no car in each census ward. There are some areas in the county where just over 80% of lone pensioner households have no car, particularly Portland ward (Mansfield), and Beeston Central ward (Broxtowe). There are a number of wards in both Mansfield and Gedling Districts which have between 75% and 80% of lone pensioner households which have no car. A number of free-standing large settlements have high percentages of lone pensioner households with no car, particularly former mining communities such as Langold ward in Bassetlaw (63%), Calverton ward in Gedling (61%), Clipston and Ollerton wards in Newark and Sherwood (66% and 68% respectively) and Market Warsop and Meden wards in Mansfield (72% and 71% respectively). In the rural areas, Tuxford ward in Bassetlaw has 54% of lone pensioner households with no car.

The high proportions of lone pensioner households with no car have implications for future planning and delivery of healthcare particularly as the population over 65 in the county is expected to grow by 14% over the next seven years. It is anticipated that there will be a large proportion of lone pensioner households who may not have access to a car and would therefore be reliant on public transport to access facilities.

Figure 21 - lone pensioner households with no car in Nottinghamshire wards



Contains Ordnance Survey data. © Crown Copyright and database rights 2014. Produced by J. Hall, 24 January 2014. Scale 1cm:3330,000cm

2.12 Economic activity[31]

The Annual Population Survey is a continuous household survey covering the UK which provides information on important social and socio-economic variables at a local level.

[31] Nomis, Annual Population Survey

For the period October 2020 to September 2021 it shows the following.

- 64.9% of residents aged 16 to 64 years old were employees (lowest in Newark and Sherwood at 56.8% and highest in Ashfield at 72.9%), with 7.9% self-employed (lowest in Mansfield at 4.0% and highest in Newark and Sherwood at 10.5%).
- The unemployment rate for those aged 16 to 64 years old was 4.6% (lowest in Mansfield at 3.1% and highest in Newark and Sherwood at 9.1%).
- 23.4% of residents aged 16 to 64 years old were economically inactive (lowest in Ashfield at 17.2% and highest in Mansfield at 32.7%).

With regard to the number of hours worked:

- 3.4% worked under ten hours per week (with a range of 1.1% in Broxtowe to 5.6% in Rushcliffe).
- 23.8% worked ten to 34 hours per week (with a range of 18.5% in Bassetlaw to 27.7% in Newark and Sherwood).
- 50.6% worked 35 to 44 hours per week (with a range of 39.1% in Newark and Sherwood to 57.1% in Broxtowe), and
- 22.2% worked 45 hours or more per week (with a range of 16.9% in Ashfield to 29.7 in Mansfield).

2.13 Gender identity

Broadly speaking, transgender (trans) people are individuals whose gender expression and/or gender identity differs from conventional expectations based on the physical sex they were born into. The word transgender is an umbrella term that is often used to describe a wide range of identities and experiences, including: transsexuals, cross-dressers, transvestites and many more.

To date, no major Government or administrative surveys collect data by including a question where transgender people can choose to identify themselves. However the 2021 Census included the voluntary question “Is the gender you identify with the same as your sex registered at birth” so some data will be available in the future. The Gender Identity Research and Education Society estimates that around 1% of the population is ‘gender variant’ to some degree, although not all will seek medical treatment. The number of people seeking treatment is increasing by around 11% each year[32].

2.14 Carers

Over 5.8 million people provide unpaid care in England and Wales. For some, caring for loved ones can mean around-the-clock care, for others it may be a few hours a week; in the same home or at a distance. Carers make an enormous contribution to society and save the economy billions of pounds.

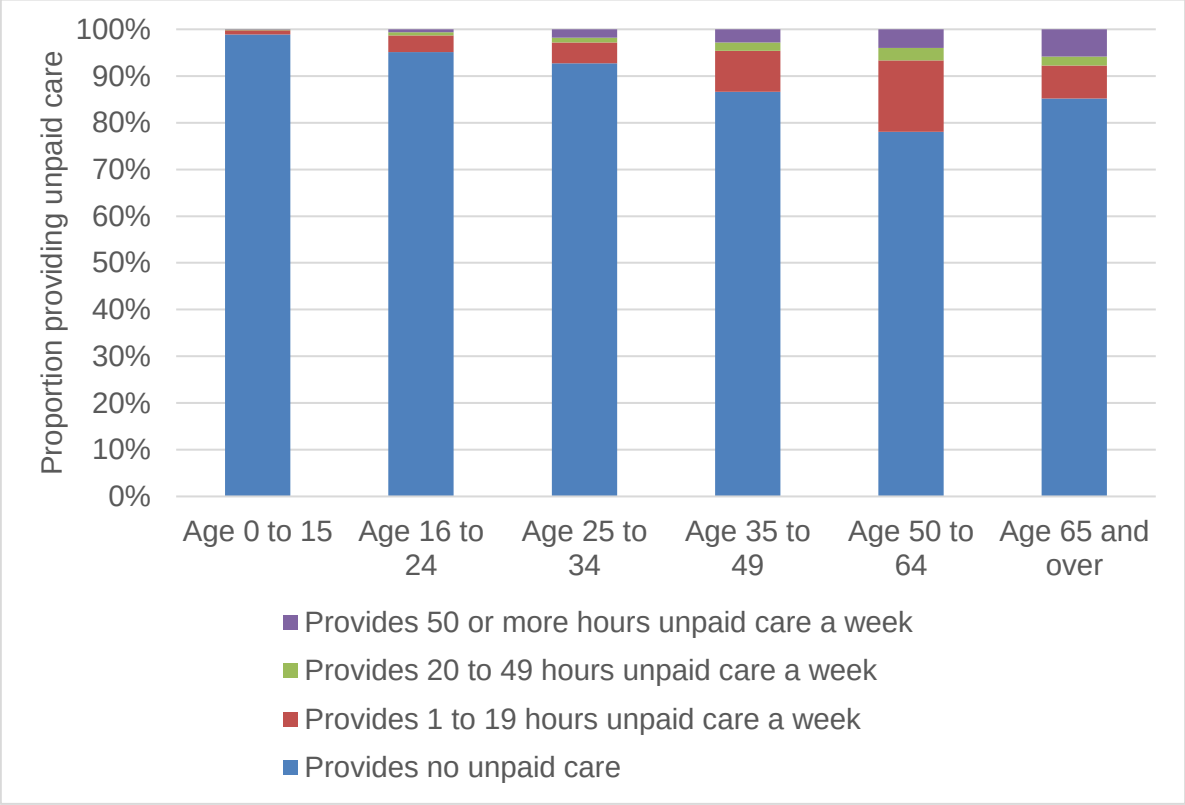
[32] Gender Identity Research and Education Society, The number of gender variant people in the IK – update 2011

Caring for someone is hard, and can have health and wellbeing consequences for those people providing care. Many people who care for others do not identify themselves as carers and do not access the support and information that is available to them[33].

The 2011 Census identified an increase in the number of carers in the previous decade by 7,517 across the county. At that point in time there were an estimated 57,426 carers providing between 1-19 hours of care per week, and the number of carers providing over 50 hours of care per week had reached 21,680.

The 2011 Census also revealed that over 54% of the caring population in Nottinghamshire is in employment. Of those carers providing 50+ hours of caring per week, 27% are in employment. In line with the national average, about 60% of carers are women and 40% are men. The figure below shows a pattern of older carers caring at the extreme end of caring i.e. more than 50+ hours per week. This is predictable in one respect as older carers may be looking after their older partners.

Figure 22 - comparison of carers and hours spent caring per week by age



2011 Census data also revealed that older carers who are caring for longer hours per week are also more likely to experience poorer health than other younger carers who are caring for fewer hours.

Young carers are very much hidden (i.e. unknown to service providers) and often take on short-term caring responsibilities. Two thirds of young carers receive no formal or informal

[33] Nottinghamshire County Joint Strategic Needs Assessment, Carers chapter 2014

support. The 2011 Census evidenced that 1.1% of the 0-15 population in Nottinghamshire was carrying out caring responsibilities for another person. Across the UK, 4% of children with caring responsibilities are aged 5-7, while around a third (31%) are aged 12-14 and another third (35%) are 16-17 years old. Young carers often find caring very rewarding but it can also affect their physical and mental health and well-being and their ability to participate in education[34].

2.15 Gypsy and Traveller community

The Gypsy and Traveller community both nationally and in Nottinghamshire is a small group. Census data for 2011 suggest that it made up 0.1% of the county's population. At district level, the community was predominantly located in Newark and Sherwood (55%) with smaller groups in Ashfield and Gedling.

There were 242 Gypsy/Roma and 53 Traveller of Irish heritage pupils registered on roll with schools in the academic year 2020/21. The table below shows that the number of Gypsy/Roma children peaked in the academic year 2018/19 and has fallen since then. The number of Traveller of Irish heritage children has increased since 2016/17.

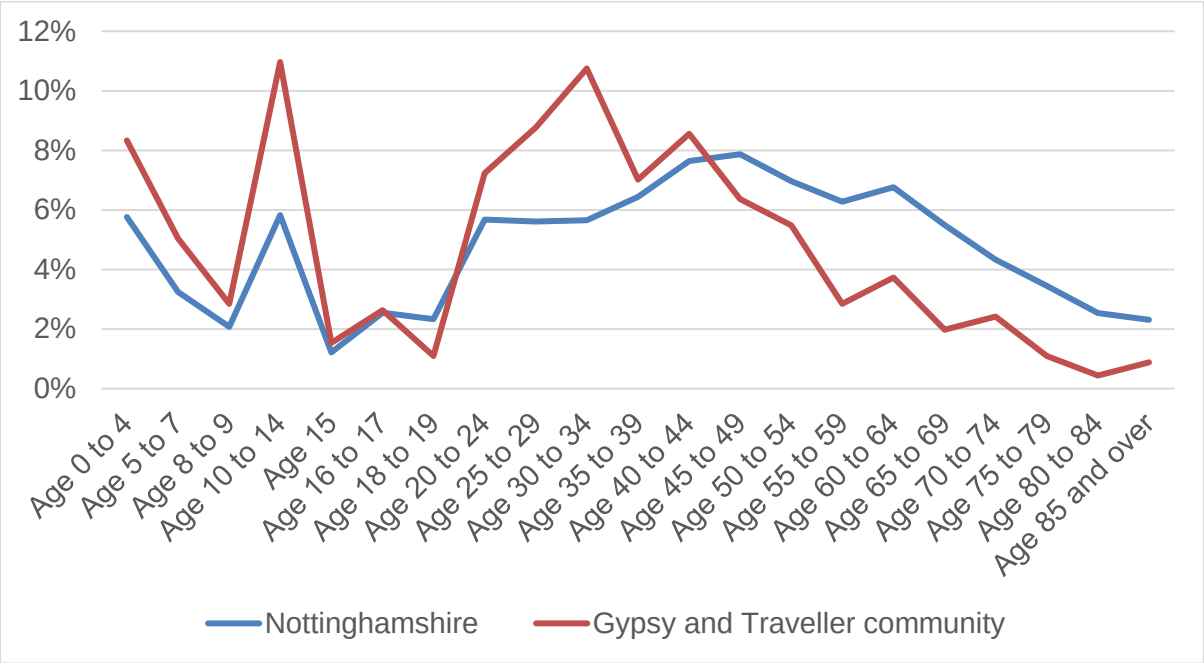
Figure 23 - number of Gypsy, Roma and Traveller children registered in Nottinghamshire schools academic years 2015/16 to 2020/21[35]

Academic year	Number of White - Gypsy/Roma children	Number of White – Traveller of Irish heritage children
2015/16	168	46
2016/17	191	37
2017/18	216	40
2018/19	270	45
2019/20	248	45
2020/21	242	53

The age profile of the community in Nottinghamshire illustrates the extent of the life expectancy issue for travellers. In comparison to the general profile, the age structure is heavily concentrated at the lower age bands, running consistently above proportional figures for the Nottinghamshire population as a whole until the mid-40s other than a drop at ages 18 to 19 as can be seen from the figure below[36].

[34] Cheesbrough, S. et al. The lives of young carers in England. 2017. Department for Education.
[35] Schools, pupils and their characteristics, Academic Year 2020/21, Department for Education
[36] Nomis, DC2101EW ethnic group by sex by age

Figure 24 - age profile for the Nottinghamshire population and Gypsy and Traveller community 2011



2.16 Offenders

The population of those who are designated as offenders covers two specific groups.

The first is the population of the three prisons in Nottinghamshire.

- HMP Lowdham Grange – Category B men's training prison with a capacity of 920.
- HMP Ranby – Category C men's prison with a capacity of 1,050.
- HMP Whatton – Category C men's prison with a capacity of 800.

The second group of offenders are those no longer serving prison terms; this may include those serving suspended sentences, those on probation, and those living in secure accommodation. At the time of writing there are no figures available for this cohort of the population.

2.17 Homeless and rough sleepers

In the financial year 2020/21, 1,492 initial homelessness assessments were undertaken across the county (figures do not include Newark and Sherwood). For 1,431 (95.9%) of these a prevention or relief duty was owed, with 756 applicants accepted as homeless with a relief duty owed (50.7% of total number of assessments). Those accepted as homeless were predominantly single males (45.5%), single female parent with dependent children (21.4%) or single females (20.1%)[37].

[37] Ministry of Housing, Communities & Local Government and Department for Levelling Up, Housing and Communities, Live tables on homelessness

In the quarter April to June 2021, 427 initial assessments were undertaken with 229 accepted as homeless with a relief duty owed (53.6% of all assessments).

The rough sleeping snapshot in 2020 coincided with a national lockdown throughout November and the tier restrictions in October. This is likely to have impacted people's risk of rough sleeping and should be noted when comparing the figures to previous years. Nationally, there was a reduction of 37% between 2019 and 2020, and down 43% from the peak in 2017, although up by 52% in 2010.

The figure below shows the snapshot figures for each district in 2019 and 2020. As can be seen, there was a 42.2% reduction between the years (but note the comment above regarding the potential effect of the national lockdown and tier restrictions) Mansfield had the highest estimate in both years (22 and 7 respectively), and Gedling the lowest at 0 in both years. Nationally the number of people estimate to be sleeping rough on a single night in autumn has fallen for the fourth year in a row, most borough/district councils in Nottinghamshire saw an increase between 2020 and 2021, in particular Bassetlaw.

Figure 25 - rough sleeping snapshot 2021 by district/borough council[38]

District/borough	Single night estimate 2019	Single night estimate 2020	Single night estimate 2021
Ashfield	5	4	6
Bassetlaw	13	4	17
Broxtowe	1	2	1-4
Gedling	0	0	0
Mansfield	22	7	10
Newark and Sherwood	2	6	7
Rushcliffe	2	3	1-4
Total	**45**	**26**	**42-48**

[38] Ministry of Housing, Communities & Local Government, Rough sleeping snapshot in England: autumn 2019, 2020 and 2021

3 General health needs of Nottinghamshire County

The joint strategic needs assessment is a local assessment of current and future health and social care needs. It aims to improve the health and wellbeing of the local community and reduce inequalities for all ages through ensuring commissioned services reflect need. It is used to help to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing. The evidence within the joint strategic needs assessment is used to inform the priorities within the Health and Wellbeing Strategy for Nottinghamshire.

Nottinghamshire County's joint strategic needs assessment[39] contains 46 chapters which fall under one of the following four areas:

- Cross-cutting themes,
- Children and young people,
- Adults and vulnerable adults, and
- Older people.

Each chapter is split into three sections:

- What do we know?
- What does this tell us?
- What should we do next?

Information in this section is taken from the joint strategic needs assessment unless otherwise stated. GP Quality and Outcomes Framework data is taken from NHS Digital's website[40].

3.1 Cancer

Cancer is a disease caused by normal cells changing so that they grow in an uncontrolled way. There are more than 200 different types of cancer and it is a complex disease. Cancer is one of the biggest health challenges in the UK with one in three people expected to develop some form of cancer in their lifetime.

According to Cancer Research UK[41] using cancer incidence data for 2016-2018:

- There are around 375,000 new cancer cases in the UK every year.
- In females there are more than 182,000 new cancer cases every year, and in males there are around 193,000 new cases every year.
- Breast, prostate, lung and bowel cancers together accounted for over half (53%) of all new cancer cases in the UK.
- Incidence rates for all cancers combined in the UK are highest in people aged 85 to 89.

[39] Nottinghamshire County Joint Strategic Needs Assessment, Nottinghamshire County Council
[40] Quality and Outcomes Framework, 2020-21, NHS Digital
[41] Cancer Statistics for the UK, Cancer Research UK

- Each year 36% of all cancer cases in the UK are diagnosed in people aged 75 and over.
- Incidence rates for all cancers combined are lower in the Asian and Black ethnic groups, and in people of mixed or multiple ethnicity, compared with the White ethnic group, in England. However, incidence rates are higher compared with the White ethnic group in males in the Black ethnic group (2013-2017).

Medical developments along with an ageing population overall in the UK is resulting in an increasing number of cancer diagnoses.

GP Quality and Outcomes Framework data for 2020/21 reports a total of 30,782 people are included in their GP practice's cancer register, and increase of 1,703 people from the previous year.

Turning to cancer mortality, Cancer Research UK reports:

- There are more than 166,000 cancer deaths in the UK every year (2016-2018).
- In females in the UK, there were around 77,800 cancer deaths in 2018.
- In males in the UK, there were around 89,000 cancer deaths in 2018.
- Every four minutes someone in the UK dies from cancer.
- Lung, bowel, breast and prostate cancers together accounted for almost half (45%) of all cancer deaths in the UK in 2018.
- Around a fifth of all cancer deaths are from lung cancer.
- Mortality rates for all cancers combined in the UK are highest in people aged 90+ (2016-2018).
- Each year more than half (54%) of all cancer deaths in the UK are in people aged 75 and over (2016-2018).

This is a disease that is largely related to ageing. Nearly two thirds (65%) of cancer diagnoses occur in the over 65s and one third in people aged 75 and over. Over half of all cancer deaths occur in people aged 75 and over. When a cancer is identified in someone under the age of 75 year it is considered 'premature' in the context of the nation's health overall. Premature death from cancer is an important marker of health inequality within and between communities.

Along with age, an individual's risk of developing cancer is linked with exposure to a breadth of factors including lifestyle, socio-economic status, occupation and genetic make-up. An estimate is that four in every ten cancers can be prevented by lifestyle.

- Smoking is the most important lifestyle risk factor for cancer in England. Exposure to tobacco smoke is responsible for over a quarter of cancer deaths, being the top risk factor for lung cancer, a tumour group which has one of the lowest one-year survival rates.
- There is consensus that diet has an important role to limit or exacerbate an individual's risk of cancer. Certainty over which aspects of a diet can be protective is not fully understood, but the elements of fruit and vegetables and fibre are considered to have a protective influence, whilst processed and red meats, and salt have been identified as increasing the risk of a cancer. Maintaining a healthy body weight has also been found to be important to reduce the risks of many cancers.

- Alcohol consumption is the fourth most important lifestyle related cause of cancer in the UK (overall 4% of cancers in the UK are considered to be attributed to alcohol, especially colorectal and breast cancer) and the risk of cancer increases with increasing alcohol consumption.
- Being physically inactive is a risk factor for cancer.
- A risk from UV radiation can come from high levels of sun exposure to the skin, and the use of sun beds. UV exposure is linked to malignant melanoma, which is increasing in incidence and is now the fifth most common cancer type in England.

Other vulnerabilities which people have no ability, or limited abilities, to address through lifestyle changes include exposure to certain infections, life course patterns and occupational exposure. Sex, genetics and geographic place of residence also all bring differences in risk exposure. Place differences are related to socio-economic status and experiences of poverty and culture. Ethnicity can impact on an individual's risk of a diagnosis.

The standardised incidence ratio is used to determine whether the number of observed cancer cases is higher or lower than expected in an area, given its population and age distribution. The incidence rates for all cancers, breast, colorectal, lung and prostate cancer in Nottinghamshire is similar to the national average.

In 2017 to 2019, the age-standardised rate of mortality from all cancers in persons less than 75 years per 100,000 population, was similar in Nottinghamshire at 132.5 compared to the average for England at 128.2. Rates were higher amongst men than women (143.3 and 116.1 respectively), although the rate for women was worse than the equivalent rate in England (116.1)[42].

Early detection is vital in optimising health and survivor outcomes. Nationally recognised initiatives for improving early diagnosis include public awareness raising of key signs and symptoms, facilitating access to GP surgeries and encouraging attendance for the NHS national cancer screening services. Screening uptake for breast, cervical and bowel cancer in Nottinghamshire are above average[43]:

- 2021 cancer screening coverage – breast cancer – 71.0% compared to 64.1% for England (although the trend is decreasing and getting worse).
- 2021 cancer screening coverage – bowel cancer – 67.0% compared to 65.2% for England (the trend is increasing and getting better).
- 2021 cancer screening coverage – cervical cancer (aged 25 to 49 years old) – 76.9% compared to 68.0% for England (no significant change)
- 2021 cancer screening coverage – cervical cancer (aged 50 to 64 years old) – 79.4% compared to 74.7% for England (decreasing and getting worse).

3.2 Cardiovascular disease

Cardiovascular disease is a general term for conditions affecting the heart or blood vessels and includes coronary heart disease, stroke and peripheral arterial disease. These conditions are frequently brought about by the development of atheroma and thrombosis

[42] Public health profiles, Office for Health Improvement & Disparities
[43] Public health profiles, Office for Health Improvement & Disparities

(blockages in the arteries). It has been identified by the NHS Long Term Plan as the single biggest condition where lives can be saved by the NHS over the next 10 years. There are around 6.4 million people living with cardiovascular disease in England. This places a financial burden on the NHS of approximately £7.4 billion per year.

Key non-modifiable risk factors account for about 14% of the risk factors for cardiovascular disease and include:

- getting older,
- being male, and
- having a family history of cardiovascular disease.

National data shows that people born in South Asia, the Caribbean or East Africa are more likely to die from cardiovascular disease than the general England population (coronary heart disease for South Asians, stroke for people of African Caribbean ethnicity). Crucially, modifiable risk factors account for 86% of the risk of cardiovascular disease. Therefore tackling premature cardiovascular disease death is so important in addressing health inequalities and increasing quality of life and life expectancy.

Modifiable risk factors include:

- Lifestyle factors - smoking, lack of physical activity, poor diet and nutrition, and higher levels of alcohol consumption.
- Physiological/metabolic risk factors - high blood pressure (hypertension), high blood sugar (diabetes), and high blood fats (hyperlipidaemia).
- Poor access to quality primary care, in particular to cholesterol and blood pressure-lowering treatments and smoking cessation services.
- Wider determinants include poverty, poor housing and education.

Hypertension is the biggest risk factor for cardiovascular disease and is one of the top five risk factors for all premature death and disability in England. At least half of all heart attacks and strokes are caused by high blood pressure. It increases the risk of chronic kidney disease, heart failure and vascular dementia. It is estimated that in England, hypertension affects more than one in four adults. Residents of the most deprived areas in are 30% more likely to have high blood pressure compared to those in the least deprived areas.

Hypertension generally has no symptoms, but early diagnosis and effective management can prevent progression to cardiovascular disease[44]. Research has shown that a 10mmHg reduction in systolic blood pressure reduces the risk of major cardiovascular disease events by 20%, coronary heart disease by 17%, stroke by 27%, heart failure by 28%, and all-cause mortality by 13%[45].

[44] Public Heath England (January 2017): Guidance Health matters: combating high blood pressure Health matters: combating high blood pressure - GOV.UK (www.gov.uk)
[45] Ettehad D. Emdin, CA, Kiran, A et al.; Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis; Lancet; 2016; 387(10022): 957-67Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis (thelancet.com)

Public Health England's 'Hypertension prevalence estimates in England, 2017' estimates that the prevalence of hypertension in Nottinghamshire is 28.4% - an estimated 190,430 people. This contrasts to the prevalence reported via the GP Quality and Outcomes Framework in 2020/21 – 15.0% (125,439 people), a reduction from 15.2% (122,664 people) in 2019/20. However, the report explains the difference may be due to two factors:

- The hypertension prevalence estimates only include adults aged 16 years and older, whilst quality and outcomes framework registers include adults and children.
- Quality and outcomes framework data is for patients registered with a practice within a clinical commissioning group's area, whilst the hypertension prevalence estimates are based on the number of people living in a clinical commissioning group's area. In some instances, these two populations are very different.

Coronary heart disease prevalence has remained at 3.6% between 2019/20 and 2020/21 according to the GP Quality and Outcomes Framework (29,492 people were included in their GP practice's register in 2019/20 compared to 29,701 in 2020/21). The prevalence of stroke and transient ischaemic attack has remained at 2.1% between 2019/20 and 2020/21 (17,019 people included in their GP practice's register in 2019/20 compared to 17,539 in 2020/21).

Cardiovascular disease is responsible for one in four premature deaths in the UK and accounts for the largest gap in health life expectancy. Those in the most deprived 10% of the population are almost twice as likely to die as a result of cardiovascular disease than those in the least deprived 10% of the population. People with severe and enduring mental disorders are more at risk of having and dying from cardiovascular disease than the general population due to increased cardiovascular risk factors, poorer access to healthcare and the effect of antipsychotic medication on their metabolism.

In 2017 to 2019, the age-standardised rate of mortality from all cardiovascular diseases in persons less than 75 years per 100,000 population, was similar in Nottinghamshire at 69.0 compared to the average for England at 70.4. Rates were higher amongst men than women (95.0 and 44.0 respectively)[46].

3.3 Dementia

Dementia is a term used to describe a range of brain disorders that have in common a loss of brain function that is usually progressive and eventually severe. The most common types of dementia are Alzheimer's disease, vascular dementia and dementia with Lewy bodies. Some people have both vascular dementia and Alzheimer's disease. Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages. According to the NHS website, research shows there are more than 850,000 people in the UK who have dementia. One in 14 people over the age of 65 has dementia, and the condition affects one in six people over the age of 80. It is estimated that by 2025 the number of people with dementia in the UK will be more than one million.

Dementia prevalence is associated with a number of factors, such as:

[46] Public health profiles, Office for Health Improvement & Disparities

- age,
- gender,
- social class and educational achievement,
- learning disabilities, and
- ethnicity.

The prevalence of dementia increases with age and is higher in women than in men (as there are more older women than older men). Women also have a slightly higher risk of developing Alzheimer's disease, but have a lower risk than men of vascular dementia. The number of people with dementia in Nottinghamshire is therefore estimated to be greatest in those aged over 75 years, especially women, since their life expectancy is greater.

The rate of cognitive problems has been found to be higher in people of lower social class and lower educational achievement. People with learning disabilities are at higher risk of developing dementia at younger ages. For those with Down's syndrome, dementia may develop between 30-40 years of age. It is also noteworthy that 6.1% of all people with dementia among Black and Minority Ethnic groups are early onset compared with 2.2% for the UK population overall, reflecting the younger age profile of Black and Minority Ethnic communities.

The onset of dementia is gradual and many people are not formally diagnosed, yet they may live with dementia for seven to 12 years. Early symptoms include loss of memory, confusion and problems with speech and understanding. However, over time dementia significantly affects people's ability to live independently, as a result of:

- Decline in memory, reasoning and communication skills,
- Inability to carry out activities of daily living,
- Behavioural problems such as aggression, wandering and restlessness,
- Continence problems, and
- Problems with eating and swallowing.

Dementia places a particular burden on carers and family members. Timely diagnosis and intervention is helpful, as it enables the person with dementia and their carer/s to come to terms with the disease and make plans for the future. Many of those with severe dementia, especially those over 85, have a combination of mental and physical problems.

Many of the carers of older people with dementia are themselves elderly - up to 60 per cent are husbands or wives. Carers of people with dementia generally experience greater stress than carers of people with other kinds of need; nearly half having some kind of mental health problem themselves. However carer support and education can enable more people to live at home for longer and prevent carer breakdown, which is a major cause of people needing to move into long-term care.

According to the GP Quality and Outcomes Framework there were 8,052 people included in their GP practice's dementia register in 2019/20 falling to 7,582 in 2020/21 (reflecting the position for England). This equates to a prevalence rate of 1.0% and 0.9% respectively, both higher than the average for England (0.8% and 0.7%).

3.4 Diabetes

Diabetes mellitus is a group of disorders that results from the body's inability to control blood glucose levels. The raised blood glucose levels over time lead to damage to blood vessels and organs. There are two main types of diabetes: type 1 diabetes is an autoimmune disease which develops when the body is unable to produce any insulin. Type 2 diabetes develops when the body is unable to produce enough insulin or the body's cells don't react to insulin. It is estimated that approximately 90% of diabetes is type 2. It is usually diagnosed in people over 40; however, as the symptoms often appear gradually, it can go unnoticed, and diagnosis can be delayed.

Diabetes UK[47] predicts that around 5.5 million people will have diabetes in the UK by 2030 if nothing changes. Early diagnosis is vital as complications can begin five to six years before some people actually find out they have type 2 diabetes. Complications include:

- Leg, toe or foot amputations – there are almost 9,600 amputations per year;
- Sight loss – diabetes is one of the leading causes of preventable sight loss in the UK. More than 1,700 people have their sight seriously affected by their diabetes every year in the UK;
- Premature death – more than 700 people with diabetes die prematurely every week;
- Hospital admissions – one in six people in a hospital bed has diabetes, and people with diabetes are twice as likely to be admitted to hospital; and
- Depression – people with diabetes are twice as likely to suffer from depression and are more likely to be depressed for longer and more frequently.

In England in 2020/2021, there were an estimated 3.5 million people aged 17 and over with diabetes mellitus recorded on practice disease registers as part of the GP Quality and Outcomes Framework. This is a prevalence rate of 7.1%. In Nottinghamshire there were 50,852 people included in their GP practice's register, a prevalence rate of 7.5%.

However, this prevalence rate is considered to be an underestimate. Modelling undertaken by the National Cardiovascular Intelligence Network[48] in 2015 estimated that the total number of people in Nottinghamshire with diabetes (diagnosed and undiagnosed) in 2020 would be 60,397, a prevalence rate of 8.9%. By 2025, it was estimated that there would be 64,682 people with diagnosis or 9.3%.

The main modifiable risk factors for type 2 diabetes are obesity, low physical activity levels, poor diet and nutrition. These risk factors are all associated with deprivation. Behavioural interventions such as supporting people to maintain a healthy weight, follow dietary recommendations and be more active, can significantly reduce the risk of developing type 2 diabetes and slow its progression.

Type 2 diabetes is a major cause of premature mortality, with around 22,000 people with diabetes dying early each year in England. It is often not type 2 diabetes itself that causes death, but complications of the disease. Recent research has shown that those with diabetes mellitus have an increased risk of dying from COVID-19.

[47] Diabetes statistics, Diabetes UK
[48] Diabetes prevalence estimates for local populations, National Cardiovascular Intelligence Network

3.5 Excess weight

The terms overweight and obesity (together referred to as excess weight) refers to when weight gain, in the form of fat, has reached a point which affects a person's health. Excess weight is a major risk factor for non-communicable diseases and is the third largest contributor to disability-adjusted life years the number of "healthy years" lost due to ill health, disability or early death in England. Being obese can reduce life expectancy by 10 years.

Income and deprivation are important social factors in the likelihood of excess weight. As well as the impact on the health and wellbeing of individuals, excess weight places a national financial burden in term of health and social care costs, on employers through lost productivity and on families because of the increasing burden on long-term chronic disability.

The Health Survey for England[49] monitors trends in the nation's health and care, providing information about adults aged 16 and over and children aged 0 to 15 living in private households in England. In 2019 it revealed:

- Among adults aged 16 and over, 68% of men and 60% of women were overweight or obese. Obesity increased across age groups up to 75 years old.
- Among children, 18% of boys and 13% of girls were obese. Children with an obese parent were more likely to be obese.

The burden of obesity is uneven across our communities, with certain groups being more at risk e.g. lower socio-economic and socially disadvantaged groups, particularly women, children and young people. Prevalence of obesity is generally higher in older age groups for both men and women. Across ethnic minority groups, there are also clear variations in prevalence of obesity: women of Black Caribbean origin are more likely to be obese than the general population, along with women of Black African and Pakistani origin. Men of Irish origin are also more likely than the general population to be obese.

Other groups of people at risk include adults and children with physical disabilities (particularly in terms of mobility which makes exercise difficult), people with learning disabilities, and people diagnosed with a severe and enduring mental illness, particularly schizophrenia or bipolar disease. The prevalence of obesity has been reported to be as high as 55% in those with severe mental illness; physical inactivity, unhealthy diets and weight gain from psychotropic medication are all factors that contribute to this.

There are also key life stages when people are more likely to put on weight and include:

- Men in their late 30s,
- Women entering long-term relationships,
- Women during and after pregnancy,
- Women at menopause,
- People giving up smoking,
- People who retire, and

[49] Health Survey for England 2019, NHS Digital

- People suffering psychological problems such as stress and depression.

The consequences of excess weight include:

- Children – being overweight or obese can have an impact on both short and long-term physical and mental health. Children who are overweight or obese are more likely to become obese adults and are therefore at higher risk of adult obesity health related risks. Compared with children of healthy weight, children with obesity are at increased risk of diseases including type 2 diabetes, asthma, obstructive sleep apnoea, musculoskeletal problems and cardiovascular disease. The emotional and psychological effects of being overweight are often seen as the most immediate and most serious by parents and children themselves. Severe obesity in children has also been associated with absenteeism and poorer school performance.
- Maternal obesity - obesity in pregnancy is associated with an increased risk of a number of serious adverse outcomes to both mother and infant. These include miscarriage, foetal congenital anomaly, thromboembolism, gestational diabetes, pre-eclampsia, postpartum haemorrhage, wound infections, stillbirth and neonatal death. It also increases the likelihood of childhood obesity.
- Adults - excess weight can reduce overall quality of life and lead to premature death and the third largest biggest contributor to disability-adjusted life years the number of "healthy years" lost due to ill health, disability or early death in England. A raised body mass index is a major risk factor for non-communicable diseases such as type 2 diabetes, hypertension, and hyperlipidaemia which are major risk factors for cardiovascular disease and related mortality.

Weight loss can improve physical, psychological and social health. Even small changes can have a positive impact on the overall health and wellbeing of individuals by increasing mobility, energy and confidence.

According to the GP Quality and Outcomes Framework 2020/21, there were 54,563 people aged 18 and over in Nottinghamshire included in their GP practice's obesity register, a prevalence of 8.2%. However, it is estimated that the number of obese people aged 18 and over is much higher than those on GP practice registers as not all people will be measured, and there may be some obese people who have not recently visited their GP.

According to the National Child Measurement Programme[50] (2017 to 2018 and 2019 to 2020), in Nottinghamshire:

- reception children - overweight (including obesity) prevalence is 22.3% (similar to the English average of 22.6%),
- reception children – obesity (including severely obese) prevalence is 9.3% (better than the English average of 9.7%),
- year 6 children - overweight (including obesity) prevalence is 32.8% (better than the English average of 34.6%), and
- year 6 children – obesity (including severely obese) prevalence is 19.0% (better than the English average of 20.4%).

[50] National Child Measurement Programme, NHS Digital

3.6 Mental health

Mental health is defined by the World Health Organisation (WHO) as a *"*state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.". Mental health is fundamental to our physical health, our relationships, our education and our work. There is no health without mental health.

One in four adults nationally will experience mental health problems. Mental health and physical health are interlinked, with people with mental illness experiencing higher rates of morbidity and a lower life expectancy, and people with chronic physical health problems more likely to experience mental health problems. Giving equal value to mental and physical health is a key national and local priority and is described as 'Parity of Esteem'.

Mental health problems impact on individuals, families, communities and society as a whole, with immense associated social and financial costs and is a contributing factor to the perpetuating cycles of inequality through generations. Mental illness is an important cause and consequence of social inequality. Mental health problems contribute a higher percentage of total disability adjusted life years in the UK than any other chronic illness.

The causes and influences of mental health problems are wide ranging and interacting. They are often associated with adverse events in our lives and other circumstances, such as poverty, unemployment, levels of supportive networks, levels of education and the broader social environment. These factors interact and affect how resilient we are in coping with these challenges.

Often mental health problems result in stigma and discrimination that makes it harder for those with mental health problems to live a normal life.

Mental health problems are classified as either common mental disorders or serious mental illness. The majority of common mental disorders are either anxiety or depression.

Serious mental illness disrupts a person's perception of reality, their thoughts and judgement and affects their ability to think clearly. People affected may see, hear, smell or feel things that nobody else can. It is sometimes referred to as a psychosis and includes conditions such as schizophrenia and bipolar disorder (formerly known as manic depression), paranoia and hallucinations

There are many aspects that contribute to positive mental health and wellbeing including positive early life experiences, good employment, good housing, safe environments, green space, arts and creativity, learning, volunteering and participating in physical activity.

According to the GP Quality and Outcomes Framework there were 78,328 people aged 18 and over registered with a GP practice in Nottinghamshire with a diagnosis of depression in 2020/21, a prevalence rate of 11.7% (72,946 and 11.2% in 2019/20). The prevalence rate for England in 2019/20 was 11.6% and in 2020/21 it was 12.3%. The number of people included in their GP practice's mental health register increased between 2019/20 and

2020/21 from 5,766 to 6,068, although the prevalence rate remained the same at 0.7% (which was also the prevalence rate for England).

Mental health and physical health are inextricably linked. The mortality rate among people with a severe mental illness aged 18-74 is three times higher than that of the general population and on average die 15-20 years earlier than the general population with physical health problems tending to be the main attributor. On average, men with mental health problems die 20 years earlier, and women die 15 years earlier, than the general population. While this shortened life expectancy reflects higher rates of suicide, as well as accidental and violent fatalities, the majority of deaths in this group arise from preventable causes and could have been avoided by timely medical intervention.

Not only do people with mental illness suffer from higher rates of morbidity and premature life expectancy, but people with long-term physical health conditions are at increased risk of experiencing mental health problems which has implications on poorer clinical outcomes and quality of life. For example:

- Depression is two to three times more common in a range of cardiovascular diseases including cardiac disease, coronary artery disease, stroke, angina, congestive heart failure, or following a heart attack. Prevalence estimates vary between around 20 per cent and 50 per cent. Anxiety problems are also common in cardiovascular disease.
- People living with diabetes are two to three times more likely to have depression than the general population
- Mental health problems are around three times more prevalent among people with chronic obstructive pulmonary disease than in the general population. Anxiety disorders are particularly common; for example panic disorder is up to 10 times more prevalent than in the general population.
- Depression is common in people with chronic musculoskeletal disorders. Up to 33 per cent of women and more than 20 per cent of men with all types of arthritis may have comorbid depression.

Loneliness, social isolation and vulnerability have a strong impact on mental health. The coronavirus (COVID-19) pandemic, through its management strategies of lockdown and social distancing, will have increased susceptibility to these experiences in many.

3.7 Respiratory disease

The most common chronic respiratory diseases are asthma, chronic obstructive pulmonary disease, pneumonia and lung cancer. Respiratory disease continues to be a major cause of disability and premature mortality in the United Kingdom. It affects one in five people and was the third leading cause of death in England, prior to the Coronavirus (COVID-19) pandemic, after cancer and cardiovascular disease).

Hospital admissions for lung disease have risen over the past seven years at three times the rate of all admissions generally, and respiratory diseases are a major factor in winter pressures faced by the NHS. Most respiratory admissions are non-elective and during the winter period these double in number. The annual economic burden of asthma and chronic obstructive pulmonary disease on the NHS in the UK is estimated as £3 billion and £1.9

billion respectively. In total, lung conditions (including lung cancer) directly cost the NHS in the UK £11 billion each year[51].

Risk factors for respiratory disease include smoking, diet, physical activity, age, sex, genetic factors, education, the environment people live in and work, culture and peer group influences. Smoking is the largest single modifiable risk factor for respiratory disease.

- 38% of all deaths from respiratory disease were estimated to be attributable to smoking.
- 21% of hospital admissions due to respiratory disease (excluding cancer) were estimated to be attributable to smoking[52].

Given the high proportion of these deaths that are due to smoking, a reduction in the prevalence of smoking would reduce the incidence of chronic obstructive pulmonary disease and lung cancer and extend the life of those with these illnesses. The need to tackle risk factors such as smoking, the promotion of early and accurate diagnosis, availability of pulmonary rehabilitation and correct use of inhaled asthma medications are highlighted as areas of importance in the NHS long term plan.

Respiratory disease can impair quality of life through symptoms such as breathlessness (especially during physical exercise), cough, fatigue, pain, and through the psychological impact of the disease and/or symptoms leading to anxiety and depression.

There are some specific groups in society who have poorer respiratory health generally or are at greater risk of specific respiratory conditions such as those with serious mental illness, the homeless, offenders, those with substance misuse disorders, those with learning or physical disabilities.

Incidence and mortality rates from respiratory disease are higher in disadvantaged groups and areas of social deprivation, with the gap widening and leading to worse health outcomes. The most deprived communities have a higher incidence of smoking rates, exposure to higher levels of air pollution, poor housing conditions and exposure to occupational hazards.

The GP Quality and Outcomes Framework 2020/21 shows that the prevalence of asthma is the same in Nottinghamshire compared to England, however the prevalence of chronic obstructive pulmonary disease is higher in Nottinghamshire compared to England (asthma prevalence 6.4% and 6.4% respectively, and chronic obstructive pulmonary disease prevalence 1.9% and 2.2% respectively).

Data in the following paragraphs is from the public health profiles[53]. Between 2017 to 2019, the age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population in Nottinghamshire was 33.8, which remains similar to the average for England of 33.6. The preventable respiratory disease rate in persons less than 75 years per 100,000 population was 20.2 for 2017-2019, the same as the average for England.

[51] Respiratory disease, NHS England
[52] Statistics on Smoking, NHS Digital
[53] Public health profiles, Office for Health Improvement & Disparities

Research has shown that an excess risk of premature mortality from respiratory disease is evident in communities living in areas of greater socio-economic deprivation.

Prior to the pandemic, chronic obstructive pulmonary disease was the fifth biggest killer in the UK, accounting for 5% of all deaths each year. Between 2017 to 2019, 1,315 people died from chronic obstructive pulmonary disease in Nottinghamshire, a mortality rate per 100,000 population of 50.9. This remained similar to the average for England at 52.8.

Lung cancer is the most common cause of cancer death in the UK. Mortality rates for lung cancer are highest in people aged 85 to 89, with around a half of all lung cancer deaths in people aged 75 and over. In 2017 to 2019, the directly standardised rate of deaths from lung cancer per 100,000 in Nottinghamshire was 55.8 (similar to the English average of 53.0). The age-standardised rate of mortality from lung cancer in persons of all ages per 100,000 population in Nottinghamshire was 55.8, which remains similar to the average for England at 53.0. The mortality rate is higher in males (66.2) than females (47.5) for lung cancer.

3.8 Sexual health

Sexual health is defined by the World Health Organisation as:

“a state of physical, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”.

Good sexual health is an important aspect of health and wellbeing, and it is vital that people have the information, the confidence and the means to make choices that are right for them, regardless of their age, gender, ethnicity, sexual orientation, religion, belief or disability. It helps people to develop positive relationships and enables them to protect themselves and their partners from infections and unintended pregnancy.

Sexually transmitted infections are infections that are transferred from person to person predominantly by sexual contact but also through non-sexual means such as via blood or blood products and from mother to child during pregnancy and childbirth. Examples include chlamydia, gonorrhoea, primarily hepatitis B, HIV, and syphilis. However, sexual health is a broader topic and includes areas such as contraception, abortion, sexual assault, healthy relationships and the wider reproductive health of men and women. Promoting good sexual and reproductive health, exploring healthy relationships, encouraging self-management and having the correct sexual health interventions can all have a positive effect on population health and wellbeing.

Some groups within the population are at higher risk of poor sexual health. The highest burden of sexually related ill-health is borne by groups who often experience other inequalities in health, including men who have sex with men, young people, black and minority ethnic groups, and people living in socio-economically deprived areas. They often

experience additional stigma, discrimination and obstacles in accessing services which can further impact their sexual health.

The public health profiles for Nottinghamshire [54] show the following for 2020.

- The rate of new sexually transmitted infections (excluding chlamydia diagnoses for those aged under 25) per 100,000 was 401 (better than the English average of 619).
- The sexually transmitted infections testing rate (excluding chlamydia diagnoses for those aged under 25) per 100,000 was 1,0900.8 (worse than the English average of 4,549.3).
- The sexually transmitted infections positivity percentage (excluding chlamydia diagnoses for those aged under 25) was 9.1% (higher than the English average of 7.3%).
- The chlamydia diagnostic rate per 100,000 was 559 (higher than the English rate of 286 and increasing).
- The HIV diagnosed prevalence rate per 1,000 aged 15 to 59 was 0.86 (better than the English rate of 2.31).
- New HIV diagnosis rate per 100,000 aged 15 years and over was 2.6 (better than the English rate of 5.7). However the HIV testing coverage percentage in 2020 was 28.8% (worse than the English percentage of 46.0%).

The following are indicators of unmet need and inequalities in access to comprehensive contraception and sexual health advice:

- total abortion rate per 1,000 (16.6 in 2020, better than the English rate of 18.9, but increasing and getting worse).
- under 25 years repeat abortion rate (26.7% in 2020 compared to 29.2% for England, no significant change)
- under 25 years abortions after a birth (31.1% in 2020 compared to 27.1% for England, no significant change)
- over 25 years abortion rate per 1,000 (14.8 in 2020 compared to 17.6 for England, however increasing and getting worse).

Teenage pregnancy can be both a cause and a consequence of social exclusion and is more common in areas of deprivation. The poorer outcomes associated with teenage parenthood, including, increased risk of post-natal depression, and smoking in pregnancy, also means the effects of deprivation and social exclusion are passed from one generation to the next.

Evidence clearly shows that having children at a young age can damage young women's health and emotional well-being. It can severely limit their education and career prospects, resulting in increased levels of poverty and social exclusion. Research shows that children born to teenagers are more likely to experience a range of negative outcomes in later life, including increased risk of obesity and lower educational attainment, and are up to three times more likely to become a teenage parent themselves. Most young parents do not regret having their children but wish they had waited until they were older.

[54] Public health profiles, Office for Health Improvement & Disparities

The under 18s conception rate per 1,000 in 2019 was 16.1, similar to the English rate of 15.7 (and showing no significant change), whilst the rate for under 16s was 2.3, also similar to the English rate of 2.5 (and also showing no significant change).

Human papilloma virus vaccination coverage is better for one dose in 2019/20 than national coverage levels:

- 12- to 13-year-old males – 65.4% compared to England's 54.4%, and
- 12- to 13-year-old females – 73.6% compared to England's 59.2%.

However coverage for two doses in females is worse than for England (60.8% and 64.7% respectively).

3.9 Smoking

Tobacco use remains a significant public health challenge. The main method of tobacco consumption is through smoking which is still the leading cause of preventable illness and premature death in England. In 2016, around 78,000 premature deaths were attributable to smoking in the UK, representing 16% of all deaths. Around half of all life-long smokers will die prematurely, each losing on average ten years of life.

Smoking causes harm to the:

- heart - doubles the risk of a heart attack,
- lungs - causes 84% of lung cancer and 83% of chronic obstructive pulmonary disease deaths,
- circulation – increases blood pressure and heart rate,
- fertility – can cause impotence in men and make it harder for women to conceive,
- bones – can cause bones to become weak and brittle and increases the risk of osteoporosis in women,
- brain - increases the risk of stroke by at least 50,
- mouth and throat – increases the risk of cancer in lips, tongue, throat, voice box and oesophagus,
- stomach – increases the chance of getting stomach cancer or ulcers, and
- skin – prematurely ages the skin by between ten and 20 years.

Smoking also has a significant financial impact, costing the country approximately £12.5bn per year which can be broken down further into:

- £883.5m annually from social care,
- £2.5bn annually on the NHS, and
- £8.9bn annually from lost productivity (including smoke-breaks and smoke-related sickness absence).

It is estimated that around 100,000 people die in the UK every year because of smoking related diseases. Smoking causes more deaths each year than obesity, alcohol, road traffic accidents, illegal drugs and HIV combined. For every death caused by smoking, there are approximately 20 people living with a smoking related illness.

The Office for Health Improvement & Disparities Local Tobacco Control Profiles report that 11.4% of adults aged 18 and over smoked in Nottinghamshire in 2020, a level that is similar to England (12.1%). However, there is variation within the county with the lowest rate in Rushcliffe (5.3%) and the highest in Mansfield (21.4%).

Smoking prevalence is higher amongst certain groups, such as routine and manual workers, people with serve mental illness and contributes to social inequalities. In 2020, smoking prevalence among adults aged 18 to 64 in Nottinghamshire in routine and manual occupations was 27.2% compared to the English average of 21.4%. However, there was considerable variation within the county with the lowest rate in Ashfield at 16.1% and the highest in Mansfield at 54.7%.

Nottinghamshire also continues to have a higher rate of smoking during pregnancy than the England average in 2020/21 (13.8% vs 9.6%). There was less variation within the county, with each district having a rate of either 13.1%, 13.8% or 13.9%.

The directly standardised rate for smoking attributable mortality for 2017-2019 was 218.7 per 100,000 people in Nottinghamshire, which was worse than the English average of 202.2 per 100,000. Similarly the directly standardised rate for smoking attributable hospital admissions for 2019/20 was higher at 1,609 per 100,000 compared to the English average of 1,398. In addition, the trend for this indicator is increasing and getting worse. There were 8,453 smoking attributable hospital admissions in 2019/20 compared to 7,715 in 2017-18.

3.10 Substance misuse

Substance misuse is defined within the joint strategic needs assessment as:

"'intoxication by, or regular excessive consumption of and/or dependence on, psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs".

Psychoactive substances are those that change brain function and result in alterations in perception, mood, consciousness, cognition or behaviour.

Drugs and alcohol are combined within the joint strategic needs assessment because the use of different substances share similar root causes and can have similar overall effects on the lives of individuals, families and on communities. Also, poly-substance use is very common.

Substance misuse is associated with a wide range of health and social issues and has enormous health and social care financial costs. The harms arising from substance misuse are wide-ranging and vary depending on the substance used and the pattern and context of use, but it is well established that substance misuse represents a major public health burden. Substance misuse is linked to the development of a number of acute and chronic conditions, ranging from cancer to road traffic accidents. Substance misuse is known to have an impact on:

- Physical and mental health,
- Sexual health,
- Mortality rates,
- Relationships and families, and
- Crime and anti-social behaviour.

The conditions most strongly related to health inequalities, such as cancer and cardiovascular disease, are associated with alcohol and drug use. Resilience is an important personal factor and deprivation is an important social factor in the likelihood of substance misuse issues occurring. Effectively addressing a community's substance misuse issues means addressing the wider determinants of health and considering substance misuse in the context of the causes of broader health and risk-taking behaviour.

According to Alcohol Change UK[55]:

- Alcohol alone contributes to more than 60 diseases including mouth, throat, stomach, liver and breast cancers; high blood pressure, cirrhosis of the liver; and depression.
- In England in 2019/20, there were 976,425 hospital admissions related to alcohol consumption, a rate 12% higher than in 2016/17.
- In 2020, the alcohol-specific death rate in England was 13.0 per 100,000 population, the lowest rate in the UK. The rate for males in the UK was higher than for females in 2020 (19 and 9.2 per 100,000 respectively).
- In the UK in 2019, 77% of alcohol-specific deaths were caused by alcoholic liver disease.
- In England in 2018, there were over 314,000 potential years of life lost related to alcohol consumption, the highest level since 2011.
- The rate of hospital admissions due to alcoholic liver disease in England increased by 18% from 2016/17 to 2019/20.
- The rate of older people over the age of 65 admitted to hospitals in England for alcohol-related conditions rose by 7% from 2016/17 to 2019/20.
- In England there are an estimated 602,391 dependent drinkers, only 18% of whom are receiving treatment.
- Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15- to 49-year-olds in the UK, and the fifth biggest risk factor across all ages.
- From 2009 to 2019, the price of alcohol decreased by 5% relative to retail prices and became 13% more affordable than in 2008. Alcohol is 74% more affordable than it was in 1987.

Addressing substance misuse is a priority within the Nottinghamshire Health and Wellbeing Strategy and the Nottinghamshire Substance Misuse Framework for Action 2017-22 brings together a strategic partnership approach to tackling the harms caused by all substances.

The prevalence of substance misuse in Nottinghamshire is difficult to establish, although synthetic modelling indicates that there is still substantial unmet need out there in terms of individuals who would benefit from a substance misuse intervention. Little is known of substance misusers who come into contact with other services, such as hospital emergency departments, primary care, maternity services, mental health services, pharmacy services, fire and rescue services, criminal justice services, social security services, social care

[55] Alcohol statistics, Alcohol Change UK

services, ambulatory services, homeless and housing services and community and voluntary sector services. Substance misuse data is not consistently or reliably collected due to historical reasons or recent infrastructure changes. An analysis of the sources of referrals to treatment may indicate that substance misusing individuals are not being identified and referred on as levels of self–referral are high.

What is known is that there is no such thing as a 'typical' substance user as people experiment with or use substances at different points in their life for many different reasons. Everyone has the potential to misuse substances.

The best available estimates indicate that in relation to drugs:

- In Nottinghamshire 9,867 individuals use drugs frequently.
- There is a cohort of 4,436 who use opiates and/or crack problematically.
- It is estimated that 52% of the opiate/crack population is in treatment at some point in the year.
- It is also estimated that 665 10- to 17-year-olds misuse substances.

In relation to alcohol:

- In Nottinghamshire 131,011 adults drink at levels that pose a risk to their health and 21,632 are dependent on alcohol.
- It is estimated that around 19,310 of those drinking at levels that may harm their health are 60+ years old.
- It is also estimated that there are 5,114 young people (10- to 17-year-olds) who are drinking at increasing and higher risk levels.

These figures suggest that there could be in the region of at least 172,725 individuals in Nottinghamshire who use substances frequently and could benefit from a substance misuse intervention, with 26,068 dependent on substances (21% of the population of Nottinghamshire). Alcohol represents the greatest need (noting that a significant proportion of the drug using population are also likely to be drinking). However, the joint strategic needs assessment notes that these figures are likely to be under-estimates due to the hidden nature of some substance misuse.

Public health profiles produced by the Office for Health Improvement & Disparities show that:

- The directly standardised rate of hospital admissions due to substance misuse for 15- to 24-year-olds for the period 2018/19 to 2020/21 in Nottinghamshire was similar to the average for England (83.9 and 81.2 per 100,000 respectively).
- The under 75 mortality rate from alcohol liver diseases for all persons in 2020 was similar to England's, although the hospital admission rate for alcoholic liver disease in 2020/21 was worse than the average for England, and also increasing and getting worse.
- Alcohol-specific mortality for all persons in 2020 showed no significant change, but is better than the average for England.

Certain populations are most at risk of substance misuse.

- Young people and troubled family history.
- Individuals living in deprived areas.
- Individuals with mental health issues.
- Offenders and ex-offenders.
- Individuals in substance misuse recovery.
- Those living with domestic violence.
- Men.
- Older people.
- Those from a mixed ethnic background.
- Lesbian, Gay, Bisexual and Transgender individuals.

4 Identified patient groups – particular health issues

The following patient groups have been identified as living within, or visiting, Nottinghamshire.

- Those sharing one or more of the following Equality Act 2010 protected characteristics
  - Age
  - Disability which is defined as a physical or mental impairment, that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities
  - Pregnancy and maternity
  - Race which includes colour, nationality, ethnic or national origins
  - Religion (including a lack of religion) or belief (any religious or philosophical belief)
  - Sex
  - Sexual orientation
  - Gender re-assignment
  - Marriage and civil partnership
- Students in higher education
- Offenders and ex-offenders
- Homeless and rough sleepers
- Traveller and gypsy communities
- Refugees and asylum seekers
- Members of the Armed Forces and veterans
- Visitors to the area for business or to visit friends and family or the sporting and leisure facilities in the county – for example Sherwood Forest, Newstead Abbey, and Southwell racecourse.

Whilst some of these groups are referred to in other parts of the pharmaceutical needs assessment, this section focusses on their particular health issues.

4.1 Age

Health issues tend to be greater amongst the very young and the very old. However, whilst it is clear that the number and proportion of people aged 65 and over is set to rise and the prevalence of nearly all chronic and long-term conditions increases with age, it is important to recognise that the older population is very diverse in nature with many people remaining fit and active. While it is indeed the case that a growing older population will lead to an increasing number of people living with complex health and care needs, there will also be growing numbers across all older age groups living without any significant needs for support.

Furthermore, acquiring a health condition or disability does not necessarily equate to high levels of demand for health and care services. Many people aged 75 and over will have one or more health conditions but may not consider that their health condition has, or conditions have, a significant impact on their life.

In addition older people also provide a significant amount of their time and energy caring for others.

Many of the issues regarding lifestyle and its impact on health and wellbeing are the same for older people as they are for all adults. However some key messages relating specifically to older people are outlined below[56].

- Nationally the pattern of drinking alcohol changes as people get older. Younger people are more likely to drink larger amounts of alcohol on one or more occasions during a week. Older people are more likely to drink within recommended levels but more frequently within one week.
- Nationally the percentage of people smoking (14.4%) decreases with age – adults in the 18-24 and 25-34 age groups are most likely to smoke (17% and 19% respectively), with those aged over 65 least likely to be smokers (8%) in 2019[57].
- Eating well and regularly is important to maintain health. Many older people find it challenging to eat regular healthy meals due to decreased appetite, lack of transport to shops and living alone.
- Depression is the most common mental health problem in older people and often co-exists with physical conditions.
- The proportion of people affected by depression is higher in older people than any other age group as they are more likely to experience events that trigger depression: retirement, bereavement, low levels of physical activity, poor diet and nutrition, social isolation, physical ill health and caring responsibilities.
- 10-15% of people aged 65+ are estimated to have depression and 3-5% severe depression.
- The number of people with depression is expected to increase by 50% between 2011 and 2030, with the highest numbers in Newark and Sherwood.
- The prevalence of dementia increases with age and is therefore higher in women than men.
- Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages. Dementia can affect people of any age but is most common in older people, particularly those aged over 65 years.
- Falls are a significant health issue for older people both nationally and locally. They are a major cause of disability, impairment and loss of function. For older people the main cause of death from injury is due to a fall.

4.2 Disability

According to The Missing Billion report[58] one billion people around the world live with disabilities, and they are being left behind in the global community's work on health. Disability includes long-term physical, mental, intellectual, developmental, or sensory impairments. With an ageing population, the prevalence of disabilities will increase.

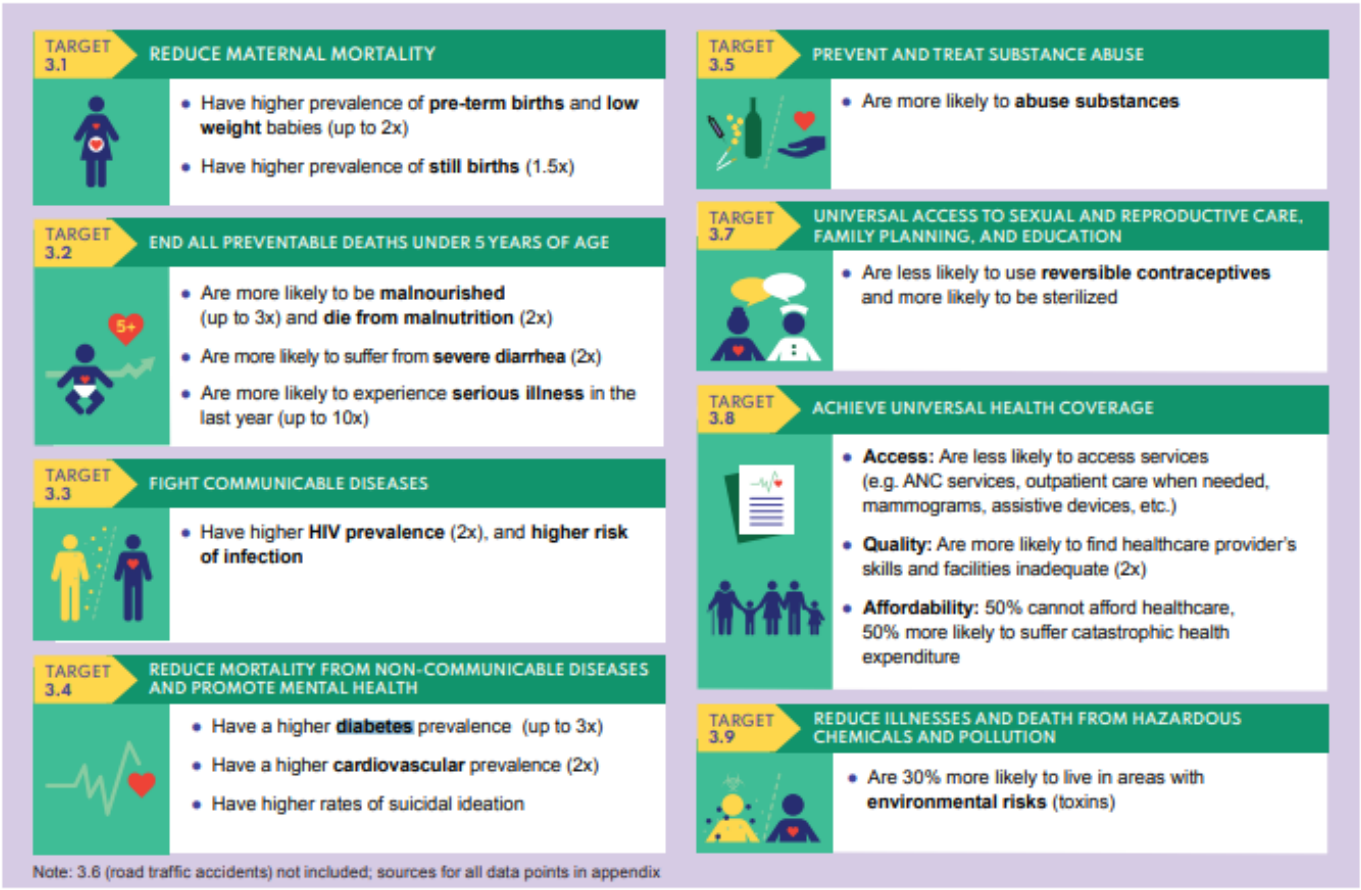
The report notes that there are three important points with respect to the need for healthcare for people with disabilities.

[56] Nottinghamshire joint strategic needs assessment refresh 2012. Older People: key messages
[57] Nottinghamshire joint strategic needs assessment: Tobacco Control, 2020
[58] The Missing Billion Report, Missing Billion

1. On average, people with disabilities are more likely to experience poor health. This is due to a variety of factors, for example the existence of an underlying health condition/impairment, higher levels of poverty, stigma, discrimination, and barriers faced in accessing services.
2. People with disabilities have the same need for healthcare services such as promotion, prevention, diagnosis and treatment as the general population. However, because they are more likely to experience poor health, they will have an even greater need.
3. Certain impairments may also require specialised medical treatment or rehabilitation services.

The table below summarises the report's review of the existing literature in relation to health and health outcomes in the context of the United Nation's Sustainable Development Goal 3, "to ensure healthy lives and promote well-being for all at all ages".

Figure 26 – health and health outcomes for people with disabilities from a literature review



People with disabilities are not a homogeneous group. They include people of different ages, genders and ethnicity which will influence their healthcare needs and access. For example, the report notes that children need early identification and additional support in their early years to allow them to maximise their development and functioning. Older adults are particularly likely to experience multiple impairments which makes seeking healthcare more difficult.

A 2010 study by the Improving Health and Lives Learning Disabilities Observatory[59] noted that people with learning disabilities have poorer health than their non-disabled peers, differences in health status that are, to an extent, avoidable. It also noted that health inequalities faced by people with a learning disability began in childhood and that they were often caused as a result of lack of access to timely, appropriate and effective healthcare.

The outcomes for adults with disabilities compared to the wider population are poorer in almost every manner. People with learning disabilities have a shorter life expectancy and increased risk of early death when compared to the general population.

However people with learning disabilities are living longer than in the past and as a result, the number of older people with a learning disability is increasing. This is despite the fact that people with learning disabilities are 58 times more likely to die before the age of 50 than the rest of the population. Older people with a learning disability need more support to age well, to remain active and healthy for as long as possible. Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

- Approximately 1.5 million people in the UK have a learning disability. Over 1 million adults aged over 20, and over 410,000 children aged up to 19 years old have a learning disability.
- 29,000 adults with a learning disability live with parents aged 70 or over, many of whom are too old or frail to continue in their caring role. In only 25% of these cases have a Local Authority planned alternative housing.
- Less than 20% of people with a learning disability work, but at least 65% of people with a learning disability want to work. Of those people with a learning disability that do work, most work part time and are low paid.
- People with a learning disability are 58 times more likely to die aged under 50 than other people. And four times as many people with a learning disability die of preventable causes compared to people in the general population.
- People with a learning disability are ten times more likely to have serious sight problems and six out of ten people with a learning disability need to wear glasses.

4.3 Pregnancy and maternity[60]

Pregnancy is a critical period during which the physical and mental wellbeing of the mother can have lifelong impacts on the child. Maternal stress, diet and alcohol or drug misuse can place a child's future development at risk.

4.3.1 Mental health

Depressive symptoms are more prevalent during the weeks after childbirth than at any other point in women's lives. Up to 20% of women will experience a mental health problem during pregnancy or within the first year after having a baby, however at least half of all mental health problems occurring in this time remain unrecognised or untreated. This is partly due

[59] The Learning Disabilities Public Health Observatory, Improving Health and Lives 2010
[60] Nottinghamshire joint strategic needs assessment: 1001 days: Conception to age 2, 2019

to a lack of recognition and awareness of mental ill health and its signs and symptoms, particularly amongst some black and ethnic minority groups. Across all cultures, some women are reluctant to disclose how they're feeling due to the stigma associated with mental health problems and fears that they may be judged to be an unfit mother.

Mental health problems can impact on a mother and her partner's ability to bond with their baby, to be sensitive and attuned to their emotions and needs and can lead to less nurturing and less engaged parenting. Fathers can find the transition to parenthood challenging and may also need support for their mental health.

Some women are at a higher risk of experiencing perinatal mental health problems, problems that occur within pregnancy or in the first year following the birth of a child. Risk factors include:

- history of abuse in childhood,
- previous history of mental illness,
- being a teenage mother,
- having a traumatic birth,
- history of stillbirth or miscarriage,
- relationship difficulties, and
- social isolation.

4.3.2 Smoking

Smoking is associated with a range of serious infant health problems, including lower birth weight and perinatal mortality (the loss of a baby between 24 weeks gestation and seven days after birth).

Smoking is a huge cause of inequality in the health outcomes of mothers and children and is the biggest modifiable risk factor for poor outcomes at birth. Smoking in pregnancy can cause premature births and miscarriage. It also increases the risk of developing respiratory conditions, of still birth, of giving birth to a child with a congenital abnormality, gastrointestinal issues, some learning disabilities, and obesity.

Exposure to second-hand smoke during infancy is associated with a range of poor health outcomes for children, including sudden infant death syndrome, increased respiratory tract infections, and asthma.

4.3.3 Substance and alcohol use

Maternal misuse of drugs during pregnancy increases the risk of low birth weight, premature delivery, perinatal mortality and sudden unexpected death in infancy (sometimes known as cot death).

A number of risks are associated with drinking alcohol during pregnancy, including:

- Increased risk of miscarriage,

- Risk of Foetal Alcohol Syndrome, which can include poor growth for height and weight, a pattern of facial features and physical characteristics, and problems with the central nervous system,
- Risk of Foetal Alcohol Spectrum Disorders, which develop at lower levels of drinking and have some characteristics of Foetal Alcohol Syndrome, and
- Increased risk of learning disability.

Parental drug dependence is generally associated with some degree of child neglect or emotional abuse as parents will have difficulty in organising their own or their children's lives, they may have difficulty meeting children's needs for safety and basic care and may be emotionally unavailable.

4.3.4 Healthy weight and nutrition

Obesity in pregnancy can compromise health in the following ways.

- For the mother: decreased fertility, increased risk of miscarriage, gestational diabetes and perinatal complications.
- For the developing baby: increased risk of stillbirth, metabolic abnormalities and developmental abnormalities.
- For the child: increased risk of obesity, diabetes and hypertension (high blood pressure).

4.3.5 General health needs

There are many common health problems that are associated with pregnancy. Some of the more common ones are:

- Urinating a lot,
- Pelvic pain,
- Piles (haemorrhoids),
- Skin and hair changes,
- Sleeplessness,
- Stretch marks,
- Swollen ankles, feet and fingers,
- Swollen and sore gums, which may bleed,
- Tiredness,
- Vaginal discharge,
- Vaginal bleeding, and
- Varicose veins.

4.4 Race

Although ethnic minority groups broadly experience the same range of illnesses and diseases as others, there is a tendency of some within ethnic minority groups to report worse health than the general population and evidence of increased prevalence of some specific life-threatening illnesses.

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, Human Immunodeficiency Virus, tuberculosis and diabetes.
- An increase in the number of older black and minority ethnic people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- Black and minority ethnic populations may face discrimination and harassment and may be possible targets for hate crime.

4.5 Religion or belief

It should never be assumed that an individual belonging to a specific religious group will necessarily be compliant with or completely observant of all the views and practices of that group. Individual patients' reactions to a particular clinical situation can be influenced by a number of factors, including what branch of a particular religion or belief they belong to, and how strong their religious beliefs are (for example, orthodox or reformed, moderate or fundamentalist). For this reason, each person should be treated as an individual.

- Possible link with 'honour-based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals
- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is an illegal practice that raises serious health related concerns
- There is a possibility of hate crime related to religion and belief.

4.6 Sex

- Average male life expectancy in Nottinghamshire (2018-2020) ranges from 78.0 to 81.8 years. For females the figure ranges from 81.5 to 84.9 years
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health and Social Care[61] into the use of pharmacies in 2009 showed men aged 16 to 55 to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet.
- The mortality rate for coronary heart disease is much higher in men, and men are more likely to die from coronary heart disease prematurely. Men are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- The proportion of men and women who are obese is roughly the same, although men are markedly more likely to be overweight than women, and present trends suggest that weight-related health problems will increase among men in particular. Women are more likely than men to become morbidly obese.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse.

[61] Pharmacy consumer research. Pharmacy usage and communications mapping – Executive summary. June 2009

- Alcohol disorders are twice as common in men, although binge drinking is increasing at a faster rate among young women. Among older people, the gap between men and women is less marked.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex specific. At the same time, cancer morbidity and mortality rates are reducing more quickly for men than women[62].

4.7 Sexual orientation

A survey of lesbian health[63] shows that:

- 66% of lesbian and bisexual women have smoked compared to 50% of women in general. Just over a quarter currently smoke
- 90% of lesbian and bisexual women drink and 40% drink three times a week compared to a quarter of women in general
- Lesbian and bisexual women are five times more likely to have taken drugs. Over 10% have taken cocaine, compared to 3% of women in general
- Less than 50% of lesbian and bisexual women have ever been screened for sexually transmitted infections
- 50% of those who have been screened had a sexually transmitted infection and 25% of those with sexually transmitted infections have only had sex with women in the last five years
- 15% of lesbian and bisexual women over the age of 25 have never had a cervical smear test, compared to 7% of women in general. 20% who have not had a test have been told they are not at risk. 2% have been refused a test
- 8% of lesbian and bisexual women aged between 50 and 79 have been diagnosed with breast cancer, compared to one in twenty women in general
- 20% of lesbian and bisexual women have deliberately harmed themselves in the last year, compared to 0.4% of the general population. 50% of women under the age of 20 have self-harmed compared to 6.7% of teenagers generally
- 5% have attempted to take their life in the last year and 16% of women under the age of 20 have attempted to take their life. ChildLine estimates that 0.12% of people under 18 have attempted suicide
- 20% say they have an eating disorder, compared to 5% of the general population
- 25% of lesbian and bisexual women have experienced domestic violence, the same as women in general. In 66% of cases, the perpetrator was another woman. 80% have not reported incidents of domestic violence to the police and of those that did only 50% were happy with their response

A survey of gay and bisexual men's health needs[64] revealed:

- 66% of gay and bisexual men have smoked at some time in their life compared to half of men in general. 25% of gay and bisexual men currently smoke compared to 22% of men in general
- 42% of gay and bisexual men drink alcohol on three or more days a week compared to 35% of men in general

[62] Department of Health and Social Care "The Gender and Access to Health Services Study" 2008
[63] Stonewall "Prescription for change 2008"
[64] Stonewall "Gay and Bisexual Men's Health Survey (2013)"

- 50% of gay and bisexual men have taken drugs in the last year compared to just 12.5% of men in general
- Over 50% of gay and bisexual men have a normal body mass index compared to fewer than 33% of men in general. Just 44% of gay and bisexual men are overweight or obese compared to 70% of men in general
- In the previous year, 3% of gay men and 5% of bisexual men have attempted to take their own life. Just 0.4% of men in general attempted to take their own life in the same period
- 6% gay and bisexual men aged 16 to 24 have attempted to take their own life in the last year. Less than 1% of men in general aged 16 to 24 have attempted to take their own life in the same period
- 7% of gay and bisexual men deliberately harmed themselves in the last year compared to just 3% men in general who have ever harmed themselves
- 15% of gay and bisexual men aged 16 to 24 have harmed themselves in the last year compared to 7% of men in general aged 16 to 24 who have ever deliberately harmed themselves
- 50% of gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 compared to 17% of men in general. More than 33% of gay and bisexual men have experienced at least one incident of domestic abuse in a relationship with a man
- Almost 25% of gay and bisexual men have experienced domestic abuse from a family member, for example mother or father, since the age of 16. 80% of gay and bisexual men who have experienced domestic abuse have never reported incidents to the police. Of those who did report, more 50% were not happy with how the police dealt with the situation
- 25% of gay and bisexual men have never been tested for any sexually transmitted infection. 30% of gay and bisexual men have never had a human immunodeficiency virus test in spite of early diagnosis now being a public health priority

4.8 Gender re-assignment[65]

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication
- Transgender people face a number of barriers that can prevent them from engaging in regular exercise. Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity
- Gender dysphoria is the medical term used to describe this discomfort. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such

[65] Gender Identity Research and Education Society Trans Health Factsheets

prejudice and discrimination, which can be real or imagined, can cause significant psychological distress

4.9 Students in higher education

There are two colleges in the county, North Nottinghamshire College (with campuses in Worksop and Retford) and Vision West Nottinghamshire College (providing education to people in Mansfield and Ashfield). Whilst there is a common view that students are a relatively healthy population, there are characteristics of student life in particular that may have a hidden impact on long-term health outcomes if not managed appropriately.

Their health needs include the following.

- Screening for, and treatment of, sexually transmitted diseases.
- Smoking cessation.
- Meningitis vaccination.
- Contraception, including emergency hormonal contraception, provision.
- Mental health problems are increasing within the student population. 94% of universities in the UK have experienced a sharp increase in the number of people trying to access support services, with some institutions noticing a threefold increase.
- According to Unite Students Insight report 2019[66], the percentage of students who consider that they have a mental health condition has risen, and now stands at 17%. This has risen from 12% in 2016 when the question was first asked. As in previous years, anxiety and depression – often both – were the most commonly reported conditions.
- The number of students dropping out of university with mental health problems has more than trebled in recent years.

4.10 Offenders and ex-offenders

NHS England's 'Strategic direction for health services in the justice system: 2016-2020[67] reveals that people who are in contact with the criminal justice system have higher rates of the following than the general population:

- Hepatitis B and C,
- HIV,
- musculoskeletal complaints, and
- respiratory conditions.

They are also more likely to smoke, have learning disabilities and difficulties, and have poor mental health. Levels of drug dependence and hazardous drinking are also higher than in the general population.

Drug related deaths (rates per 100,00 population) are higher in released prisoners than in the general population, and the accidental, suicide and all deaths standardised mortality ratios area also higher in offenders supervised by probation in the community.

[66] Unite Students Insight Report 2019
[67] NHS England Strategic direction for health services in the justice system: 2016-2020, October 2016

The Health of Young Offenders chapter of the joint strategic needs assessment[68] states that young people aged ten to 17 who find themselves in contact with the Youth Justice Service and accessing Youth Offending Services are known to experience poorer health and consequent increased complex health needs than young people in the general population. With far more unmet needs, often compounded by a range of entrenched difficulties including school exclusion, social exclusion and unstable living conditions, offenders and reoffenders are at greater risk of not achieving good health outcomes and future economic stability. Poor self-reported health, low body mass index, and mental health disorder co-morbidities are much more common amongst this cohort, and medical interventions are vital to mitigate against worsening health outcomes.

Common physical health problems include:

- a high prevalence of smoking, leading to respiratory problems,
- a high proportion are not up to date with their vaccinations,
- high rates of sexually transmitted infections and early pregnancy amongst offending females,
- high rates of drug and alcohol dependence.

Common physical health issues therefore include those related to a lack of exercise, poor diet, drug and alcohol use, smoking and sexual health, whilst there are also high levels of accident and emergency admissions, as individuals in the cohort often experience little previous interaction with universal services, therefore failing to manage their own health and presenting when in crisis.

The incidence of mental ill health amongst young offenders is common, and they are identified as a key group at risk of developing mental health difficulties in adulthood.

4.11 Homeless and rough sleepers[69]

The health and homelessness chapter of the joint strategic needs assessment reveals the following information in relation to the homeless population.

- Homeless people are more likely to die young, with an average death of 47 years old, compared to 77 years for the general population.
- Standardised mortality rations for excluded groups, including homeless people, are around ten times that of the general population.
- Homeless people aged 16-24 years are at least twice as likely to die as their housed contemporaries; for 25–34-year-olds the ratio increases to four to five times, and at ages 35-44, to five to six times. Even though the ratio falls back as the population reaches middle age, homeless 45–54-year-olds are still three to four times more likely to die than the general population, and 55–64-year-olds one and a half to nearly three times.
- Drug and alcohol abuse are common causes of death amongst the homeless population, accounting for just over a third of all deaths. Homeless people have

[68] Nottinghamshire Joint Strategic Needs Assessment: Health of Young Offenders 2014
[69] Nottinghamshire Joint Strategic Needs Assessment: Health and Homelessness 2019

seven to nine times the chance of dying from alcohol-related diseases and 20 times the chance of dying from drugs compared to the general population. When homeless people die, they do not commonly die as a result of exposure or other direct effects of homelessness they die of treatable and or often preventable diseases.

- Homeless Link reported in 2014[70] that almost all long-term physical health problems are more prevalent in the homeless population than in the general population. 41% of the homeless population experiences long-term physical health problems compared to 28% of the general population. 45% have been diagnosed with a mental health problem (25% in the general population) and 36% have taken drugs in the past six months (5% in the general population).
- The prevalence of serious mental illness (including major depression, schizophrenia and bipolar disorder) is reported as 25–30% in the street homeless population and those living in direct-access hostels. Homelessness is also associated with higher rates of personality disorder, self-harm and attempted suicide.
- A high prevalence of communicable diseases such as tuberculosis, hepatitis and bacterial infections such as streptococcal and staphylococcal infections can be found among those living on the streets or in hostels.
- Cancer prevalence, risks and uptake of cancer screening remains understudied in the homeless population. However, access to screening can be largely dependent on a person being registered with a GP and population groups without a postal address may also face challenges in accessing health services, including screening, as they have no address to which information about appointments can be sent.
- Groundswell's study Healthy Mouths[71] reveals that homeless people suffer extremely poor oral health compared to the general population.
    - 90% have had issues with their mouth since becoming homeless. Particularly common were bleeding gums (56%), holes in teeth (46%) and dental abscesses (26%).
    - Many participants had experienced considerable dental pain. 60% had experienced pain from their mouths since they had been homeless. 30% were currently experiencing dental pain.
    - 70% reported having lost teeth since they had been homeless and 7% had no teeth at all. 35% had teeth removed by a medical professional, 17% lost teeth following acts of violence and 15% of participants pulled out their own teeth.
- The report identified some key factors underlying poor oral health in homeless people.
    - High levels of sugar consumption.
    - High rates of drug and alcohol misuse and smoking tobacco
    - Rates of cleaning teeth were significantly lower than the advised minimum levels.
    - Rates of attendance and "sign up" at dentists were far lower than in the general population.
- Alcohol and drugs were commonly used in an attempt to manage oral health issues. 27% of participants have used alcohol to help them deal with dental pain and 28% have used drugs.
- National and local research indicates high prevalence of usage of illegal and prescribed drugs, and of tobacco and alcohol.

[70] Homeless Link, The unhealthy state of homelessness 2014
[71] Groundswell, Healthy Mouths

- A review of research studies of street homeless people's diet found a recurrent theme of high levels of saturated fat, low fruit and vegetable intake and numerous micronutrient deficiencies, thus highlighting the presence of malnutrition.

According to a report by Centrepoint[72], homeless young people are amongst the most socially disadvantaged in society. Previous research has shown that many have complex problems including substance misuse, mental and physical health problems, and have suffered abuse or experienced traumatic events. 42% of homeless young people have a diagnosed mental health problem or report symptoms of poor mental health, 18% have attempted suicide, 31% have a physical health problem (such as problems with their breathing, joints and muscles, or frequent headaches), 21% have a history of self-harm, 52% report problems with their sleep, 55% smoke, and 50% use illegal substances.

4.12 Traveller and gypsy communities

Gypsies and Travellers have significantly poorer health outcomes compared with the general population and are frequently subject to racial abuse and discrimination[73]. They have the lowest life expectancy of any ethnic group in the UK and experience:

- high infant mortality rates,
- high maternal mortality rates,
- low child immunisation levels, and
- high rates of mental health issues including suicide, substance misuse and diabetes, as well as high rates of heart disease and premature morbidity and mortality.

Gypsies and Travellers have high levels of unmet dental need, low rates of registration with a dentist and very little use of preventative services.

Despite experiencing worse health and having significant health needs, travellers are less likely to receive effective, continuous healthcare. Identified barriers to healthcare access[74] include:

- inequalities in registration with GPs (due to discrimination, mismatch in expectations, the perception that they will be “expensive patients”, and the reluctance of GPs to visit sites),
- poor literacy, and
- lack of “cultural awareness/competence” amongst service providers.

The same barriers exist when it comes to accessing dental services.

Factors that contribute to the high rate of premature mortality include missed opportunities for preventative healthcare, particularly among Gypsy and Traveller men, and effective treatment for pre-existing conditions.

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[72] Toxic Mix: The health needs of homeless young people, Centrepoint 2014
[73] Matthews Z. The health of Gypsies and Travellers in the UK. Better Health Briefing Paper 12. Race Equality Foundation. 2008.
[74] Cemlyn S et al. Inequalities experienced by Gypsy and Traveller communities: A review. Equality and Human Rights Commission. 2009

4.13 Refugees and asylum seekers[75]

Asylum seekers are one of the most vulnerable groups within society, with often complex health and social care needs. Within this group are individuals more vulnerable still, including pregnant women, unaccompanied children and people with significant mental ill-health. Whilst many asylum seekers arrive in relatively good physical health some asylum seekers can have increased health needs relative to other migrants due to the situation they have left behind them, their journey to the UK and the impact of arriving in a new country without a support network.

The most common physical health problems affecting asylum seekers include:

- Communicable diseases – immunisation coverage level may be poor or non-existent for asylum seekers from countries where healthcare facilities are lacking
- Sexual health needs – UK surveillance programmes of sexually transmitted diseases (except Human Immunodeficiency Virus) do not routinely collect data on country of origin. Uptake of family planning services is low, which may reflect some of the barriers to accessing these services by women
- Chronic diseases such as diabetes or hypertension, which may not have been diagnosed in the country of origin, perhaps due to a lack of healthcare services
- Dental disorders – dental problems are commonly reported amongst refugees and asylum seeker and
- Consequences of injury and torture

With regards to women's health:

- Poor antenatal care and pregnancy outcomes
- Asylum seeking, pregnant women are seven times more likely to develop complications during childbirth and three times more likely to die than the general population
- Uptake rates for cervical and breast cancer screening are typically very poor
- Other concerns include female genital mutilation and domestic violence, although there is a lack of prevalence data

Irregular or undocumented migrants such as those who have failed to leave the UK once their asylum claim has been refused, or those who have been illegally trafficked, also have significant health needs and are largely hidden from health services.

Some asylum seekers will have been subjected to torture, as well as witnessing the consequences of societal breakdown of their home country – with consequences for their mental health. Culturally, mental illness may not be expressed or may manifest as physical complaints. Stigma may also be attached to mental ill-health. Furthermore, Western psychological concepts are not universally applicable to asylum seekers. Mental health problems such as depression and anxiety are common, but post-traumatic stress disorder is greatly underestimated and underdiagnosed and may be contested by healthcare professionals. Children are particularly neglected in this area.

[75] The health needs of asylum seekers - Faculty of Public Health. May 2008

4.14 Members of the Armed Forces and veterans[76]

'Meeting the public health needs of the Armed Forces[77]' states that in general, the health of the military population is good compared with the general population, due to the expected physical fitness required to join the Armed Forces, social support networks available, and access to health care and employment. Many service personnel are very fit and active and tend to be younger than the general population, with the majority aged between 20 and 40 years old and male. The higher levels of occupational physical activity for Armed Forces personnel though point to a higher prevalence of musculoskeletal injury.

It goes on to note that although overall tobacco smoking rates are decreasing in the serving Armed Forces population, figures are still higher than for the general population. Whilst research is limited, evidence has shown that alcohol consumption within the Armed Forces is greater than in a comparable general population.

There is no single agreed definition of 'veteran', however the Ministry of Defence (MoD) defines a veteran as "anyone who has served in HM Armed Forces at any time, irrespective of length of service (including National Servicemen and Reservists)".

Guidance for GPs on the treatment of veterans provides a more extensive definition of "anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces"[78].

The terminology presents an issue since such a large proportion of so-called veterans would not describe themselves as such. The term veteran is perceived by many as someone who served in World War Two. Younger members of the military cohort would be more likely to identify themselves as 'ex-military' or 'ex-service'. This is important for service planning, since younger men are likely to be a key target audience.

There is a great deal of variation in estimates of how many ex-Armed Forces personnel there are both nationally and in Nottinghamshire. The absence of reliable up to date national and local data means establishing the size of the veteran community is difficult. However, in 2007 the Royal British Legion estimated that there were 3.9 million veterans in England. This equates to approximately 8% of the UK population aged 16 years or over. Using these estimates there are approximately 50,000 military veterans in Nottinghamshire. For the first time, the 2021 Census included a question asking whether someone has served in HM Armed Forces and data will therefore be available in the future.

[76] Information in this section is taken from the Military Veterans Health Needs Overview Report produced by Public Health, Nottinghamshire County Council, October 2013, unless otherwise stated
[77] 'Meeting the public health needs of the Armed Forces. A resource for local authorities and health professionals'. Local Government Association, Ministry of Defence and Public Health England May 2017
[78] Meeting the healthcare needs of Veterans, a guide for general practitioners. Royal College of General Practitioners, the Royal British Legion and Combat Stress

87% of ex-service personnel are men and 13% women. There is a lack of data relating to ethnic background of the veteran community, but the Royal British Legion estimate that 99% of veterans are white and less than 1% are from ethnic minority groups.

The military presence in Nottinghamshire is based at Chetwynd Army Barracks, Chilwell and RAF Syerston, Newark. There are however over 20 active Armed Forces sites based in the East Midlands. Each year 22,000 personnel leave the Armed Forces and it is estimated that 2,500 former soldiers settle in the region every year. Nottinghamshire is considered to have a significant veteran population.

Most service personnel leave the Armed Forces in good physical and mental health and make a successful transition into civilian life. There is however evidence of health needs and wider determinants of health that may disproportionately affect veterans including:

Physical health	**Key points**
In vitro fertilisation treatment	There is no data available on the prevalence of serious genital injuries among military veterans. Veterans who have sustained serious genital injuries are to be guaranteed three cycles of in vitro fertilisation.
Mental health	**Key points**
Prosthetics	Since 2006, around 250 UK service personnel have had amputations, and amputees surviving recent conflicts increasingly have more complex injuries and multiple amputations. Veterans who have lost limbs due to military service are entitled to replacement prosthetics of at least an equivalent technological standard to the original limb provided by the Ministry of Defence, where clinically necessary.
Post-traumatic stress disorder, anxiety and depression	The most common mental health conditions among veterans are depression and anxiety, as they are for the general population. A Royal British Legion survey found that the prevalence of mental health disorders among younger veterans (aged 16-44 years) was three times that of the UK population of the same age. Reservists are more likely to experience mental health problems. The Reserves Mental Health Programme is a dedicated service for reservists, including veteran reservists, which runs from Chetwynd Barrack, Chilwell, Nottinghamshire.
Alcohol misuse	Alcohol misuse is a problem in the Armed Forces, particularly amongst those who have been to combat zones such as Iraq and Afghanistan and research has shown that alcohol misuse is more frequent in military personnel and veterans than among age and gender matched samples in the UK population.
Self-harm and Suicide	Ex-service personnel may be at increased risk of self-harm and young male veterans, particularly those with shorter lengths of service, are at increased risk of suicide.

Homelessness	The Royal British Legion found limited research has taken place outside of London. Local figures are unknown
Criminal justice system	A study by The Lancet in 2013 found that younger members of the Armed Forces returning from duty were more likely to commit violent offences than the rest of the populations (20% of service personnel compared with 6.7% of civilians). 3.5% of the prison population are estimated to be military veterans and this is believed to be an under-estimate.

4.15 Visitors to sporting and leisure facilities in the county[79]

There were 323,060 visits to Nottinghamshire in 2019, an increase of 8.75% on 2018. Visits were spread fairly evenly throughout the year, although as may be expected July to September (29.3% of visits) was more popular than January to March (19.9%). The average length of stay was 6.2 nights.

Reasons for visits were:

- Visiting friends and relatives – 44.4%
- Business – 27.7%
- Holiday – 23.3%
- Miscellaneous – 4.6%

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of Nottinghamshire. As they are only in the county for a short while their health needs are likely to be:

- Treatment of an acute condition which requires the dispensing of a prescription,
- The need for repeat medication,
- Support for self-care, or
- Signposting to other health services such as a GP or dentist.

[79] Visit Britain inbound nation, region and county data

5 Provision of pharmaceutical services

All data in this chapter is from the NHS Business Services Authority's website[80] unless otherwise stated.

Pharmaceutical services are provided by three types of contractor in the health and wellbeing board's area.

- Pharmacies. The Medicines Act 1968 sets out who can run a pharmacy (sole trader pharmacists, a partnership of pharmacists, or a body corporate with a superintendent who is a pharmacist) and the General Pharmaceutical Council is responsible for maintaining a register of pharmacists, and of pharmacy premises. Pharmacies are required to dispense valid NHS prescriptions for drugs but may choose which appliances they dispense as part of their business. A pharmacist must always be present at the pharmacy during the opening hours agreed with NHS England.
- Dispensing appliance contractors. This type of contractor does not dispense NHS prescriptions for drugs, only appliances. Like pharmacies, they choose which appliances they will dispense as part of their business. As they are not dispensing drugs, they are not required to have a pharmacist at the premises (although some may), and their premises are not registered with the General Pharmaceutical Council.
- Dispensing doctors. Doctors may apply to NHS England to dispense to their eligible patients. This means that instead of providing a prescription that is taken or sent to a pharmacy, the doctor dispenses the required drug. In practice it is members of the practice staff who do the dispensing under the direction of the doctor. As the dispensary is not a pharmacy there is no requirement to have a pharmacist, although some GP practices do, and that part of the premises that is occupied by the dispensary does not have to be registered with the General Pharmaceutical Council.

5.1 Necessary services: current provision within the health and wellbeing board's area

Necessary services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, as those services that are provided:

- Within the health and wellbeing board's area and which are necessary to meet the need for pharmaceutical services in its area, and
- Outside the health and wellbeing board's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area

For the purposes of this pharmaceutical needs assessment, the health and wellbeing board has agreed that necessary services are:

- Essential services provided at all premises included in the pharmaceutical lists,
- The advanced services of new medicine service, community pharmacist consultation service and flu vaccination, and
- The dispensing service provided by some GP practices.

[80] Dispensing contractor's data, Information Services, NHS Business Services Authority website

There were 163 pharmacies included in the pharmaceutical list for the area of the health and wellbeing board as of July 2022, operated by 65 different contractors. Of these 163 pharmacies, 22 provide services for 100 hours per and seven are distance selling premises (one such pharmacy was found to have closed on 22 April 2022). There are no pharmacies providing local pharmaceutical services.

As of July 2022, three applications for inclusion in the pharmaceutical list were being processed.

- One offering current needs by a dispensing appliance contractor – received 9 September 2021 and yet to be determined by NHS England.
- One for distance selling premises in Bircotes – granted by NHS England on 6 April 2022 but this decision was appealed to NHS Resolution. NHS Resolution granted the application on 21 July 2022 and the applicant now has 12 months within which to submit their valid notice of commencement.
- One for distance selling premises in Mansfield Woodhouse – granted by NHS England on 25 July 2022. Appeals against the decision can be made within a period of 30 days starting on that date.

Two applications to relocate existing premises are also being processed.

- Relocation of Home Pharmacy, distance selling premises, from 21 Cirrus Drive, Watnall, NG16 1FS to Unit 12, Vision Business Park, Firth Way, Nottingham NG6 8GF (in the area of Nottingham City Health and Wellbeing Board). This was granted on 26 May 2022 and the applicant has 12 months within which to relocate.
- Relocation of Meds2U Pharm Ltd's distance selling premises from Unit 11 to Unit 6, Carlton Business Centre, Station Road, Carlton, Nottingham NG4 3AA. This was received 27 April 2022 and NHS England has until 12 September 2022 to determine it

A consolidation application for the Rowlands pharmacies at 36 High Street, Mansfield Woodhouse, Mansfield NG19 8AN (remaining site) and 112 Chesterfield Road North, Mansfield NG19 7HZ (closing site) was granted on 24 June 2022 and the 30-day appeal period ended on 24 July 2022. If no successful appeals are made the applicant will have until 24 December 2022 to complete the consolidation.

A change of ownership application for the pharmacy at 77 Eton Avenue, Newark was granted on 7 December 2021 and the applicant has 12 months within which to commence service provision. Two change of ownership applications were submitted, one in May and the other in July and are yet to be determined.

There are six dispensing appliance contractor premises providing services within the health and wellbeing board's area, operated by four different contractors.

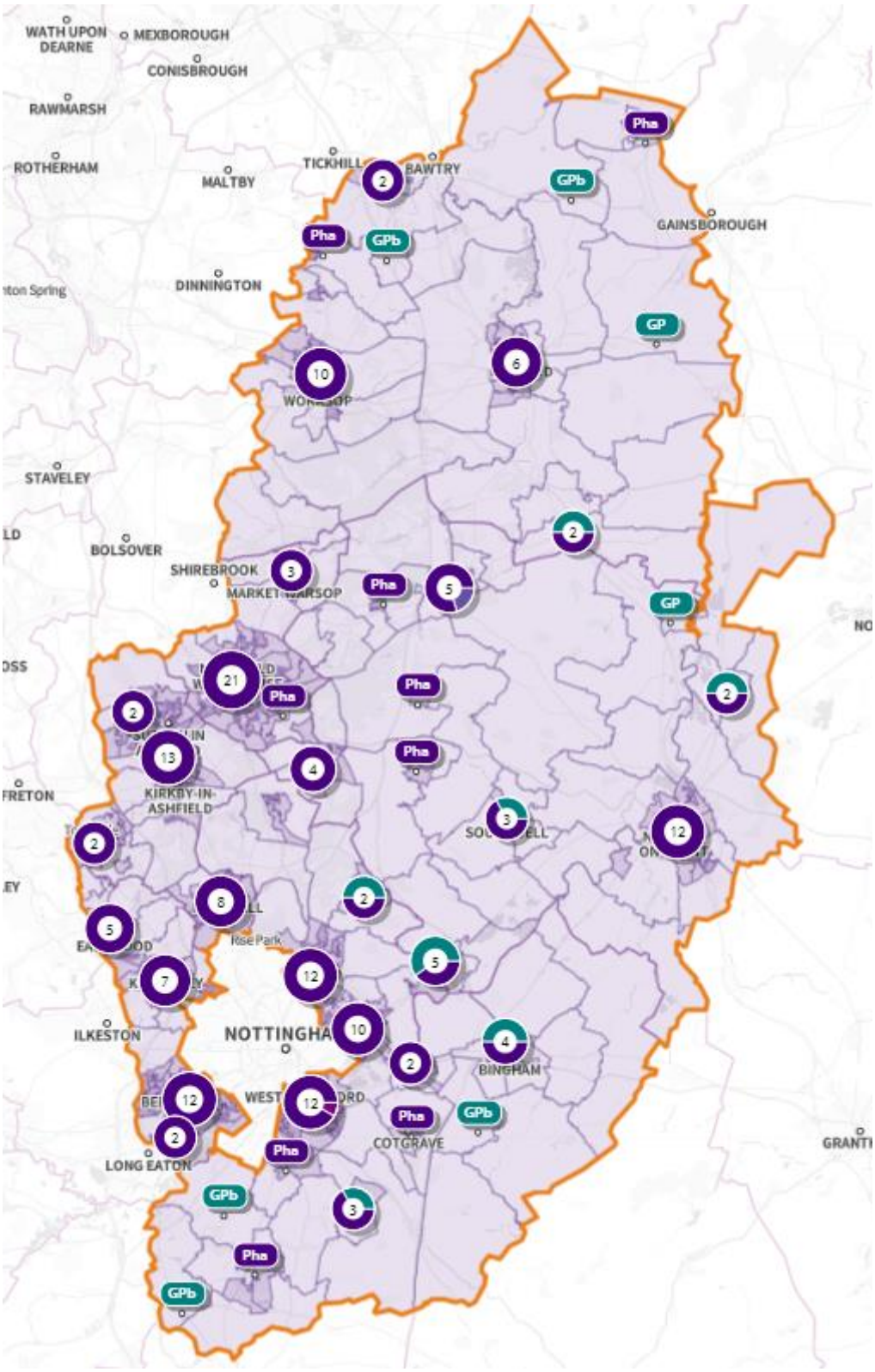
Of the 87 GP practices in the health and wellbeing board's area, 12 dispense to eligible patients from 17 sites within the health and wellbeing board's area. In addition two practices that are outside of Nottinghamshire each have a dispensing branch surgery within the county. As of November 2021, the GP practices dispensed to 45,300 of their registered

patients (30.0% of the total list size of all the practices). The percentage of dispensing patients at practice level varied between 5.2 and 99.0% of registered patients.

The map below shows the location of the pharmacy, dispensing appliance contractor and dispensing practice premises within the health and wellbeing board's area compared to the population density (the darker the colour the greater the density). Due to the size of the health and wellbeing board's area many of the premises are not shown individually, however more detailed maps can be found in the locality chapters.

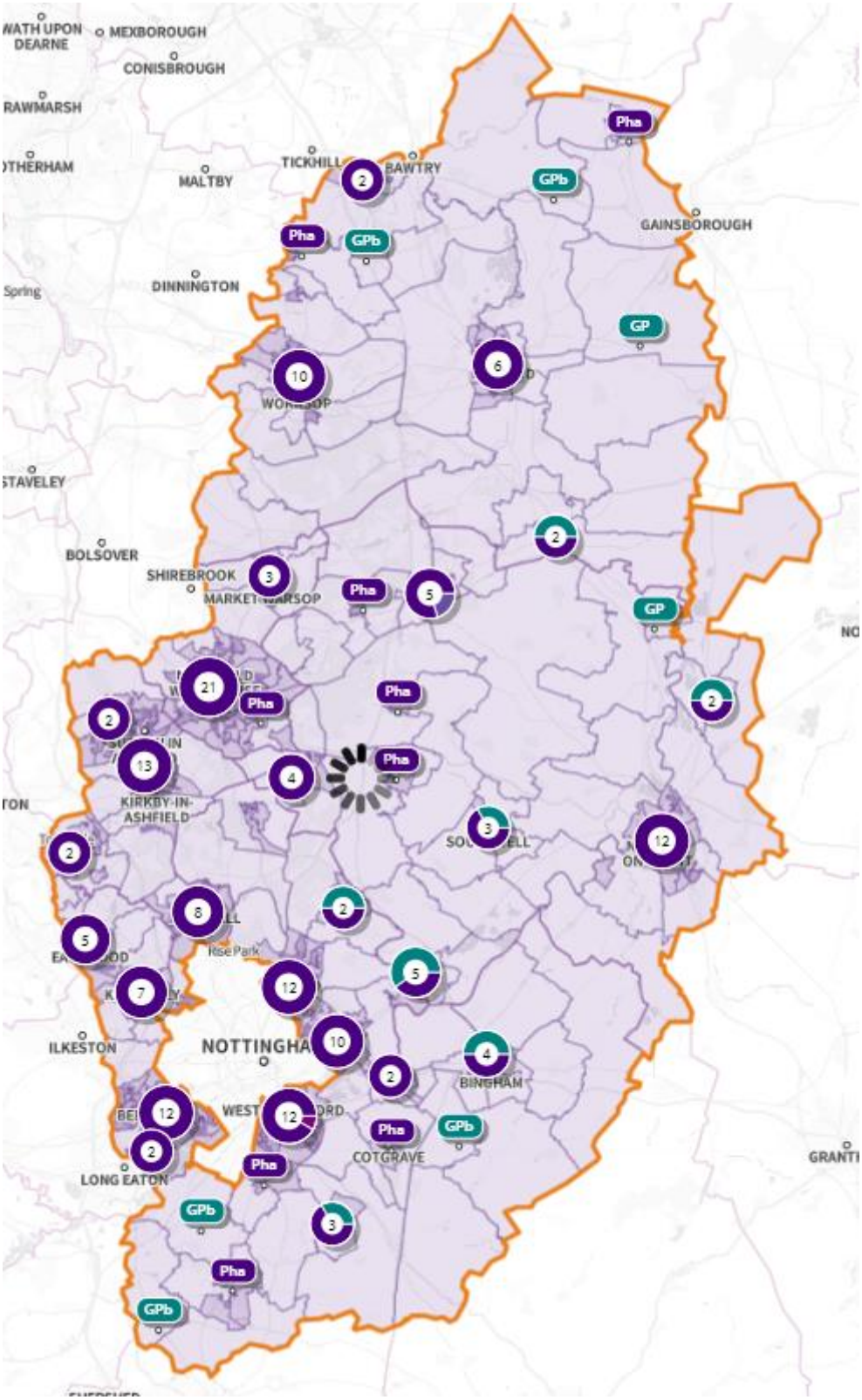
In general the premises, in particular pharmacies, are located in areas of greater population density.

Map 3 – location of pharmacies, dispensing appliance contractors and dispensing practice premises compared to population density



There is less correlation when looking at the location of pharmacies and dispensing practice premises compared to levels of deprivation as can be seen from the map below. In this map the darker the shading the greater the level of deprivation.

Map 4 – location of pharmacies, dispensing appliance contractor and dispensing practice premises compared to levels of deprivation



In 2020/21 87.3% of items prescribed by GP practices in Nottinghamshire were dispensed by pharmacies within the area (87.2% in the period between April and September 2021) and 7.1% were dispensed or personally administered by the GP practices (6.6% in the period between April and September 2021).

5.1.1 Access to premises

Nationally, standards for access to a pharmacy are quoted as 99% of the population, even those living in the most deprived areas, can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport[81]. In September 2016 the Department of Health and Social Care undertook a mapping exercise which confirmed that 88% of the population was within a 20-minute walk of a pharmacy. This data also demonstrated that 40% of all community pharmacies were within a ten-minute walk of two or more other community pharmacies[82].

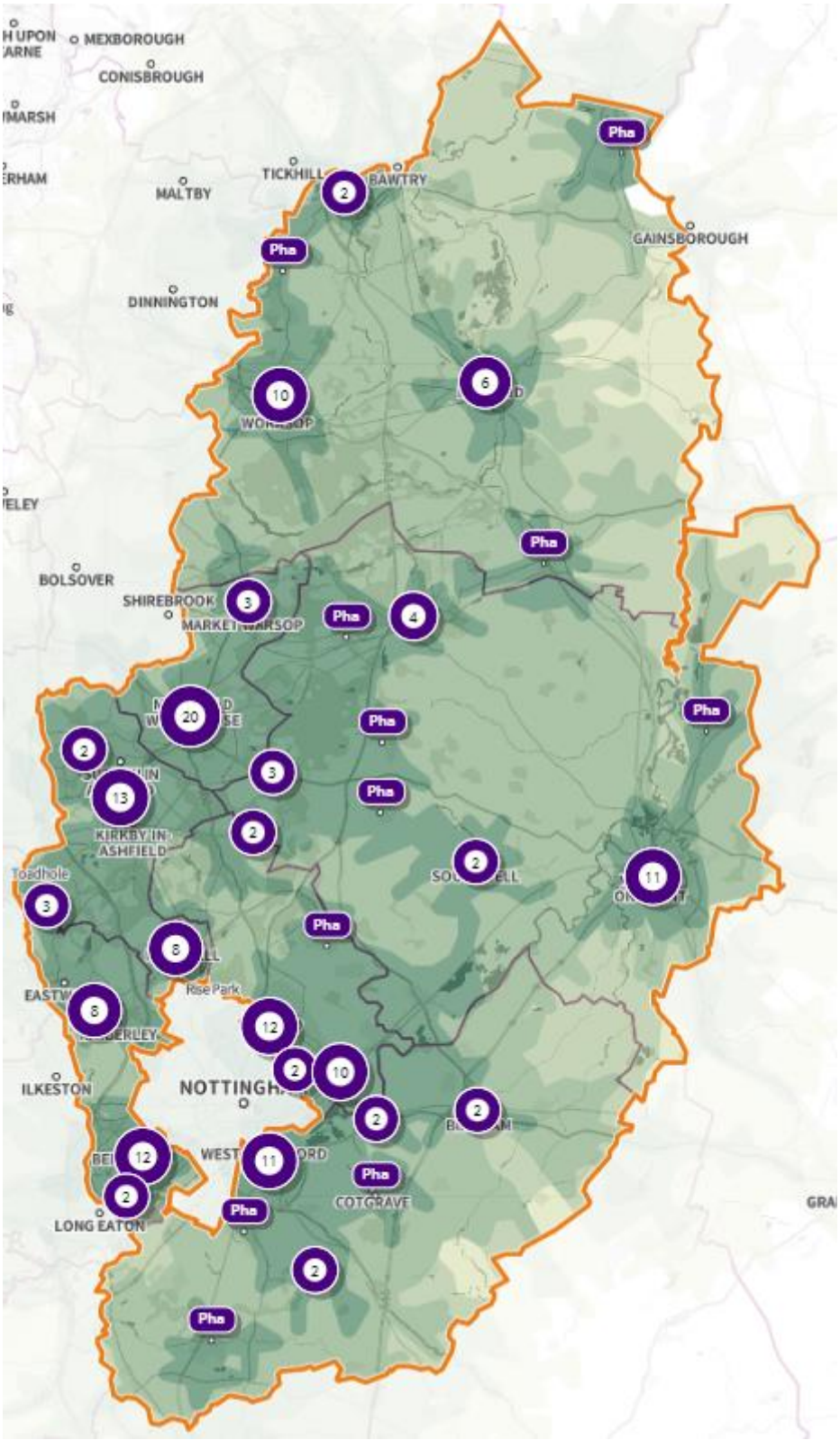
In line with the national access standards, and taking into account the urban-rural split of the county, the health and wellbeing board has chosen 20 minutes by car as a reasonable time for residents to take to access a pharmacy.

In order to assess whether residents are able to access a pharmacy in line with this travel standard travel times were analysed using the Office for Health Improvement and Disparities' Strategic Health Asset Planning and Evaluation tool.

The map below shows that the vast majority of residents are able to access a pharmacy within the health and wellbeing board's area within a 20-minute drive outside of rush hour times.

[81] Pharmacy in England. Building on strengths – delivering the future. Department of Health April 2008.
[82] Post-implementation report on the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Department of Health and Social Care March 2018

Map 5 – Time taken to access a pharmacy, by car, outside of rush hour times



Travel times in minutes

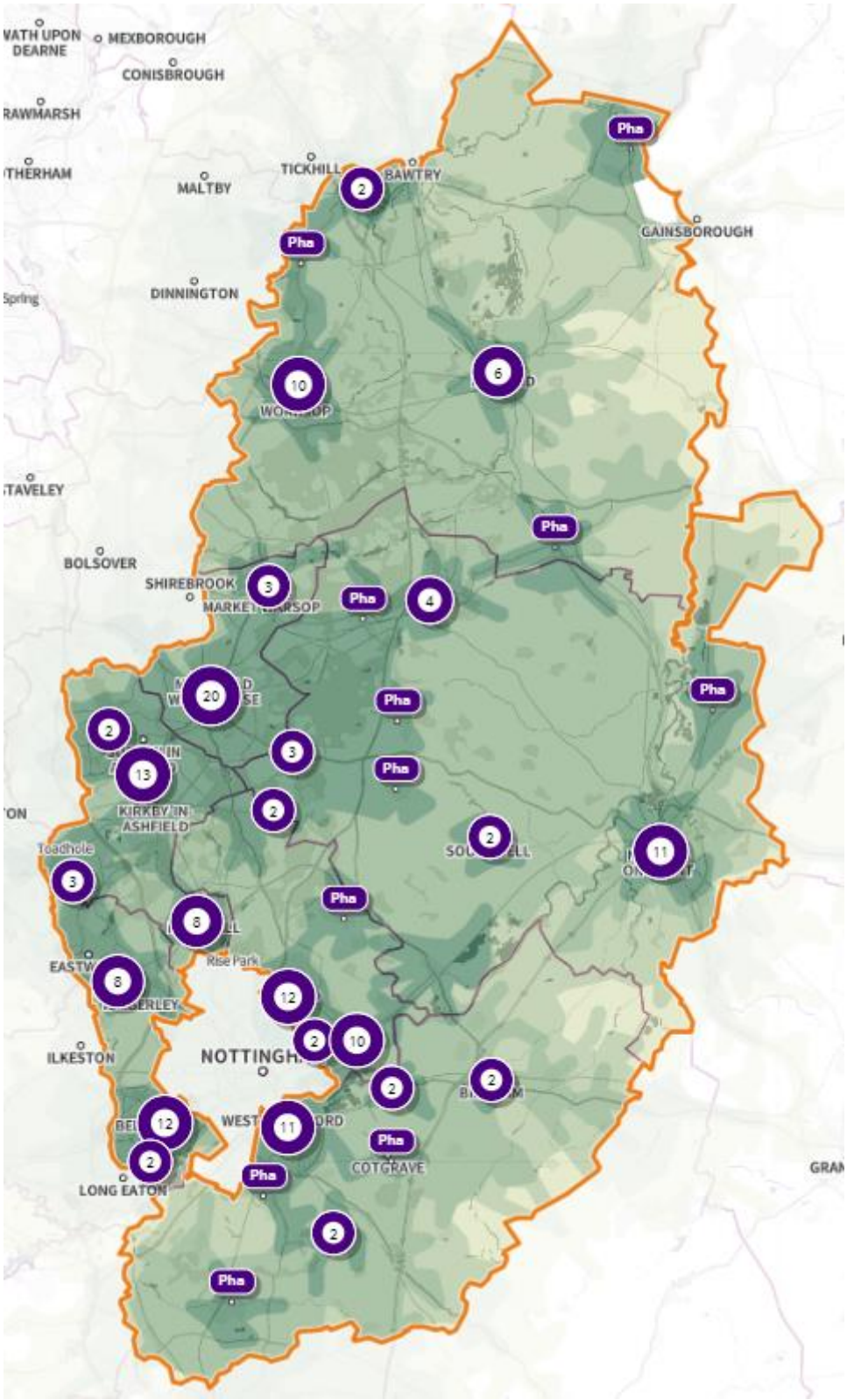
There are just three areas that are not within a 20-minute drive time of a pharmacy within the health and wellbeing board's area, all within the north of Bassetlaw.

- To the north of Misson and the B1396, and northeast of Doncaster Sheffield Airport – Google maps reveals an area of fields with no resident population.
- To the southeast of Misterton, bordered by the River Trent in the east - Google maps reveals an area of fields with no resident population.
- To the east and northeast of Beckingham, bordered by the River Trent in the east - Google maps reveals an area of fields with no resident population.

The picture remains the same when considering travel times during the rush hour.

The health and wellbeing board is therefore satisfied that all residents can access a pharmacy within 20 minutes by private transport.

Map 6 – Time taken to access a pharmacy, by car, peak times

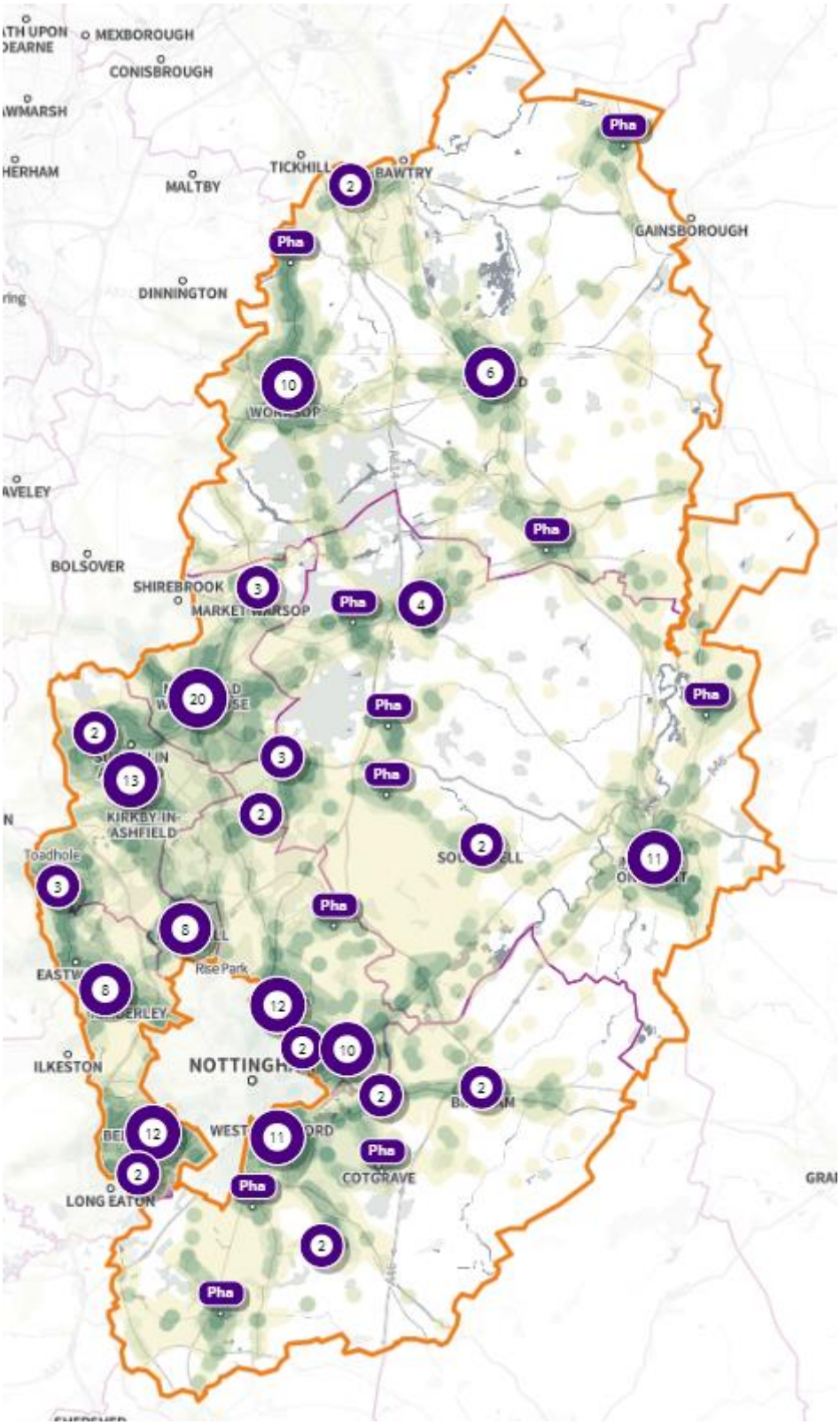


Travel times in minutes

As noted from the patient and public engagement questionnaire people also choose to walk to a pharmacy or use public transport. However, as may be expected for those living in the rural areas and villages public transport is not a realistic option for those wishing to access a pharmacy. The map below shows those areas that are within 30 minutes of a pharmacy by public transport.

Car ownership is higher in those localities with rural areas and in addition residents of those areas are likely to be dispensed to by their practice and therefore do not need to access a pharmacy for the dispensing service. If their practice dispenses prescriptions for appliances they will not access the appliance use review and stoma appliance customisation service. However, it is possible that their practice or the stoma nurses will provide similar services or support.

Map 7 – Time taken to access a pharmacy, by public transport



Travel times in minutes

Responses to the public and patient questionnaire provide the following insights into accessing pharmacies:

- 54.8% use the same pharmacy while 33.0% use different premises but visit one most often.
- The top five reasons for using a particular pharmacy are because it is close to home, close to the GP practice, the location is easy to get to, it's easy to park there, and the pharmacy has good opening hours.
- 58.9% of people drive to a pharmacy and 34% walk
- 96.5% of respondents said they could get to a pharmacy within 20 minutes (31.0% said it is less than five minutes, 58.4% said between five and 15 minutes, and 7.1% said more than 15 minutes but less than 20)
- The most convenient times to visit a pharmacy are 09.00 to 12.00 (19.8%), then 15.00 to 18.00 (12.7%) and 18.00 to 21.00 (12.2%), however 42.1% of respondents said they didn't have a preferred time

Based on the information available to it the health and wellbeing board is satisfied that across its patch there is good access to premises, however this may not be the case at locality level.

5.1.2 Access to essential services and dispensing appliance contractor equivalent services

Whilst the majority of people will visit a pharmacy during the 08.30 to 18.00 period, Monday to Friday, following a visit to their GP or another healthcare professional, there will be times when people will need or choose to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the out of hours GP service, or to collect dispensed items on their way to or from work or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day. The residents' questionnaire showed that for those with a preference the period 09.00 to 12.00 is the most convenient time to visit a pharmacy followed by 15.00 to 1800 and 18.00 to 21.00.

Appendix L provides information on the pharmacies and dispensing appliance contractor opening hours as of July 2021 and at that point in time there were:

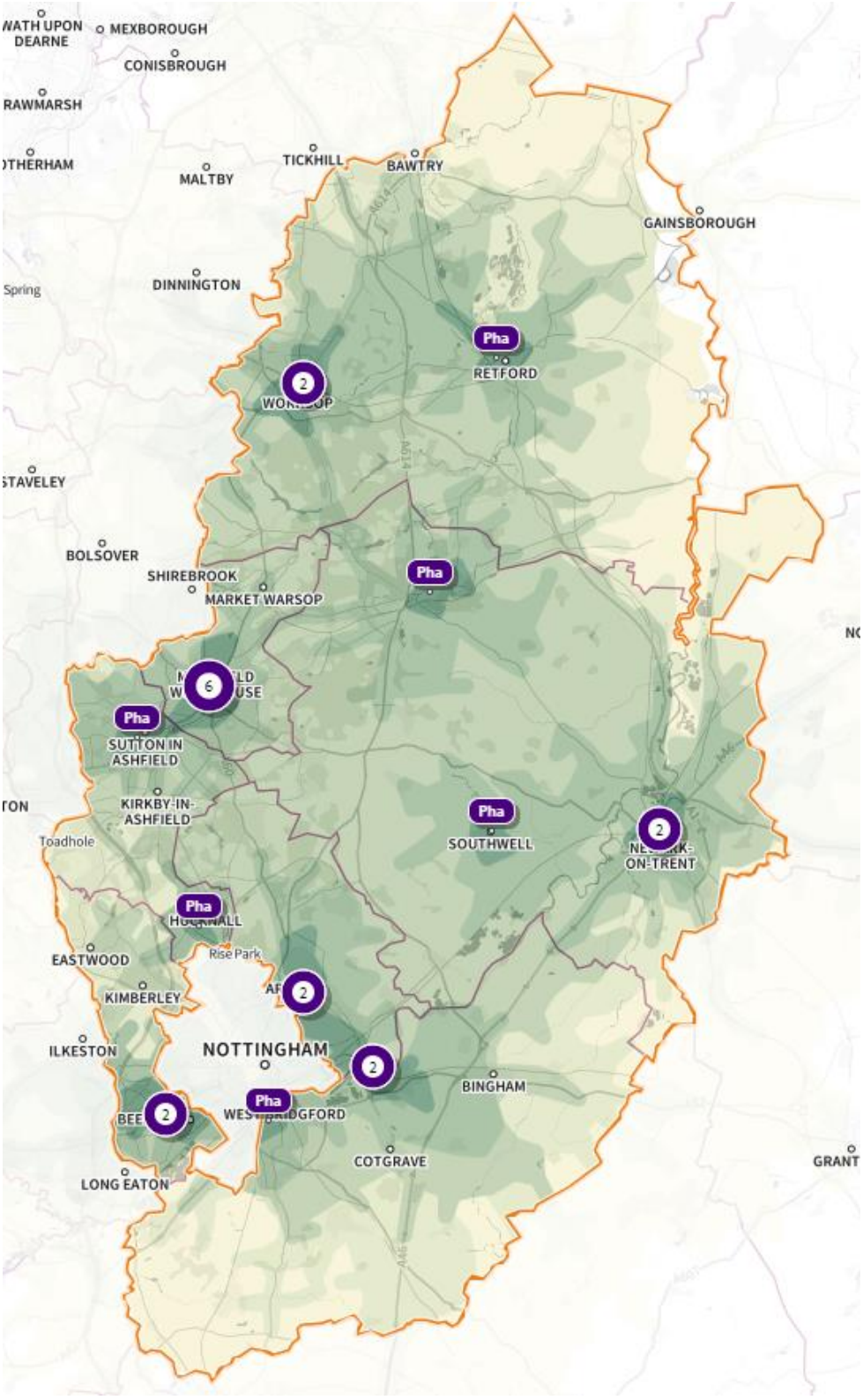
- 35 pharmacies open seven days a week (includes the 22 100 hour pharmacies),
- 22 pharmacies open Monday to Saturday,
- 45 pharmacies open Monday to Friday, and Saturday until lunchtime, and
- 61 pharmacies that open Monday to Friday.

The six dispensing appliance contractor premises open Monday to Friday, generally between the hours of 09.00 and 17.00 although one stays open until 17.30.

The map below shows that the majority of the county is within a 30-minute drive of a 100 hour pharmacy. The exceptions are some rural areas in the northeast, along the edge of the river Trent to the west and northwest of Gainsborough. Google maps reveals that there is no

resident population in this area, however there are two power stations – Cottam Development Centre and West Burton A Power Station.

Map 8 – Time taken to access a 100 hour pharmacy, by car



Travel times in minutes

GP practices are contracted to provide services between 08.00 and 18.30, Monday to Friday, excluding bank and public holidays. There are also urgent primary care services operating across the health and wellbeing board's area which offer appointments outside of these times. Information on these can be found in chapter 6.

There are currently no confirmed plans for GP practice mergers or relocations that may affect access to, or the need for, pharmaceutical services during the lifetime of this pharmaceutical needs assessment.

Based on the information available to it the health and wellbeing board is satisfied that across its patch there is good access to premises, however this may not be the case at locality level. However, this assumes that residents are able to access premises at which pharmaceutical service are provided which may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.3 Access to the new medicine service

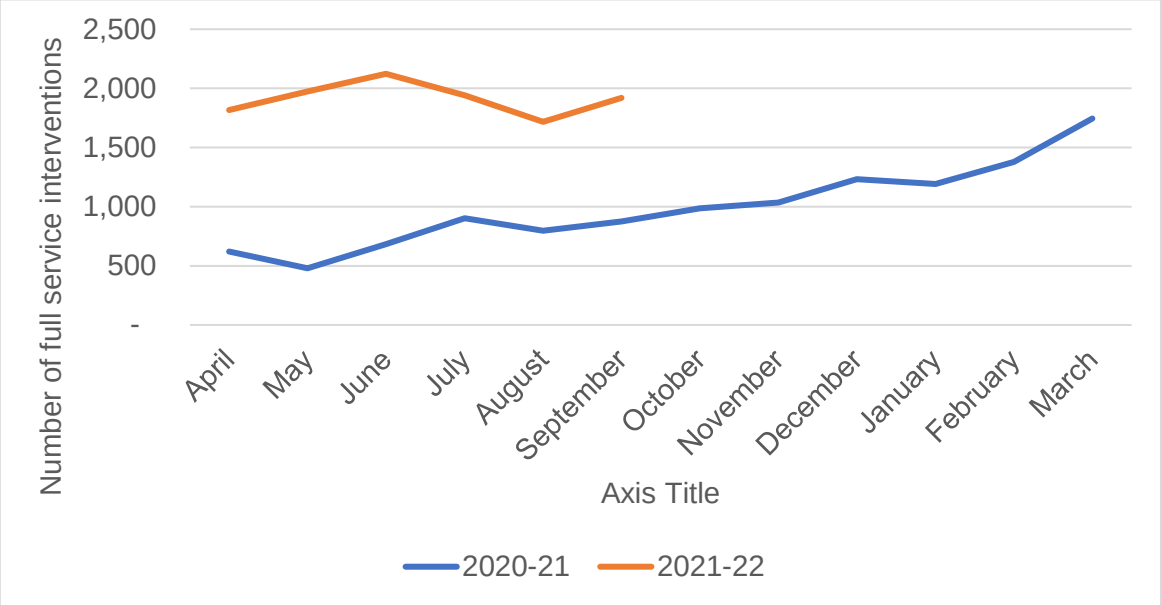
The number of full service interventions claimed has generally increased year on year since April 2018, although the total number fell slightly in 2019-20 presumably due to the effect of the Covid-19 pandemic.

The number of pharmacies providing the service in the last two years is as follows.

- 2020-21 – 136 pharmacies (one pharmacy has subsequently closed)
- April to September 2021 – 145 pharmacies (one pharmacy has subsequently closed)

The figure below shows the pattern of claiming each month for the financial year 2020-21 and the first six months of 2021-22 by those pharmacies providing the service. As can be seen the Covid-19 pandemic affected provision of the service in the first half of 2020-21.

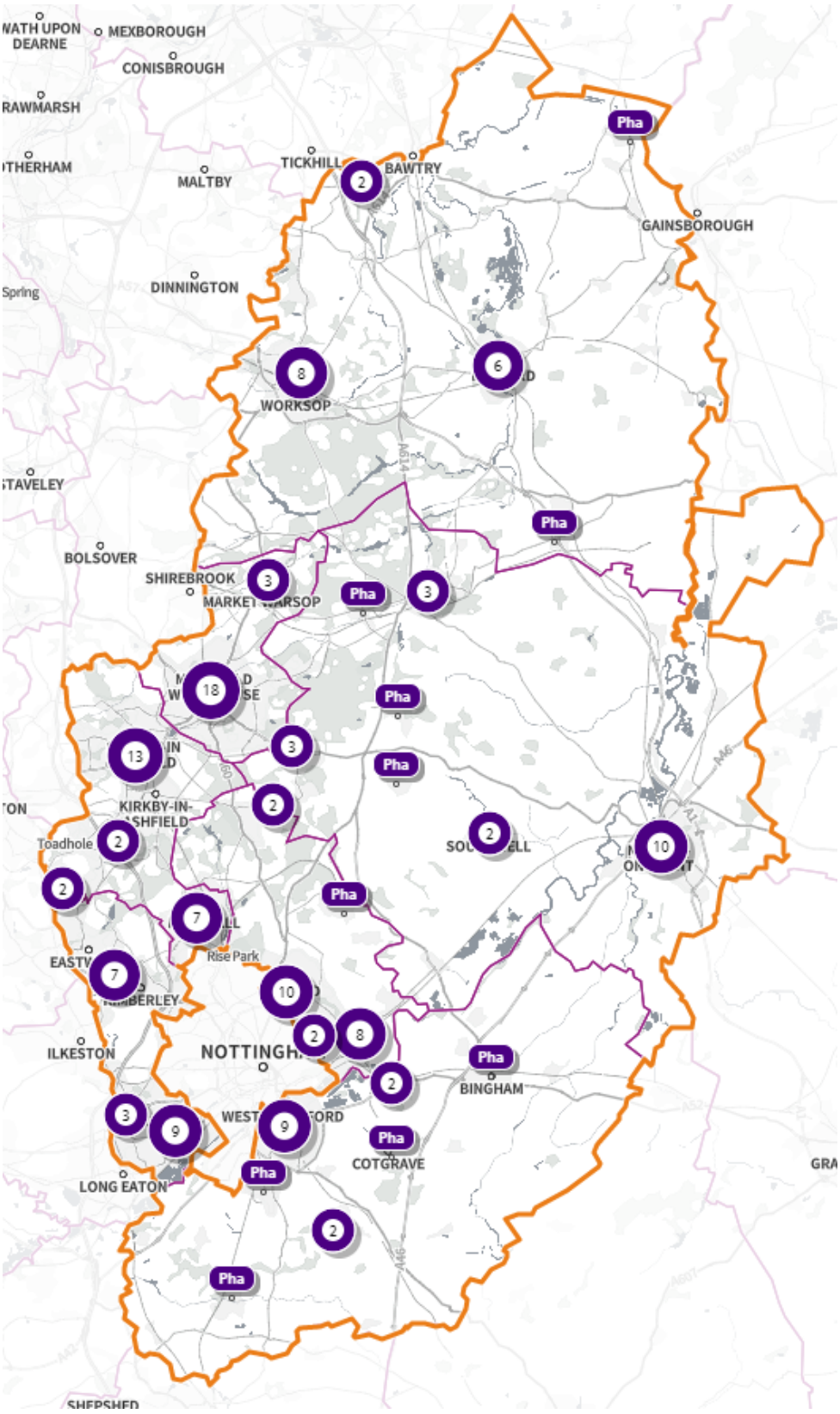
Figure 27 – number of full service interventions claimed by the pharmacies April 2020 to September 2021



In the first six months of 2021-22 145 pharmacies provided this service (including the pharmacy that closed in April 2022), and the map below shows the location of these pharmacies (excluding the pharmacy that closed in April 2022). Of the 20 pharmacies that had not provided the service, five are distance selling premises and four are 100 hour pharmacies.

There is no nationally set maximum number of new medicine service interventions that may be provided in a year. However the service is limited to a specific range of drugs and can only be provided in certain circumstances and this therefore limits the total number of eligible patients.

Map 9 – location of the pharmacies that have provided the new medicine service between April and September 2021

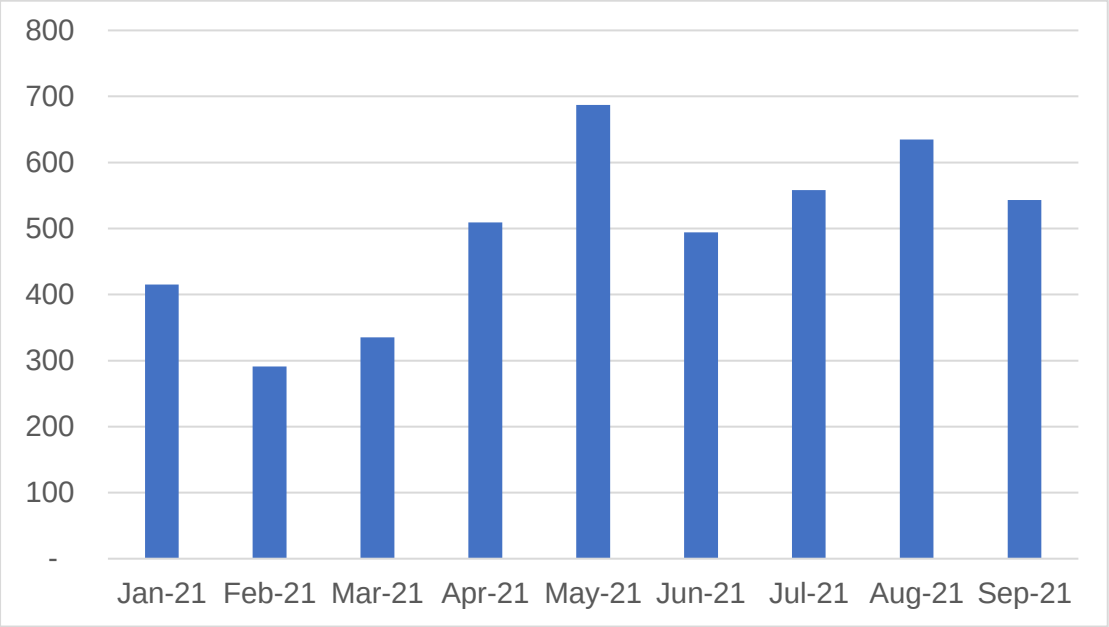


The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area. However, this assumes that residents are able to access the pharmacies providing this service which may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.4 Access to the NHS community pharmacist consultation service

This service commenced in January 2021. In the final three months of 2020/21, 104 of the pharmacies completed a total of 1,041 referrals under this service. Between April and September 2021, 121 pharmacies completed a total of 3,426 referrals. The graph below shows the number of referrals completed between January and September 2021.

Figure 28 – number of referrals completed January to September 2021

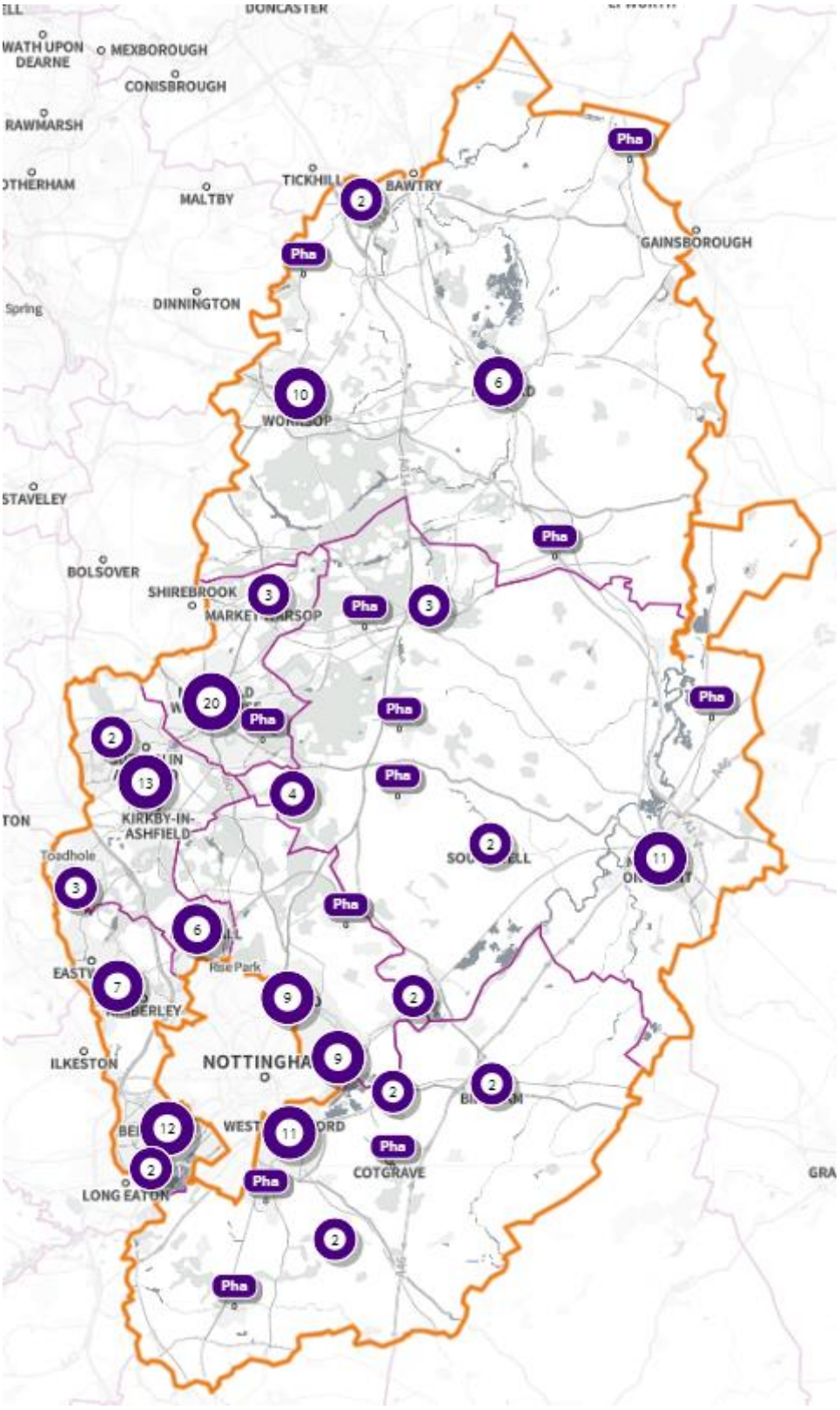


Whilst 121 pharmacies provided the service in the first six months of 2021/22 (this includes the 100 hour pharmacy that closed in April 2022) a total of 155 have signed up to provide the service i.e. 34 pharmacies had not received a referral between April and September 2021. The percentage of pharmacies at locality level which have signed up as of 24 July 2022 is as follows:

- Ashfield – 92%
- Bassetlaw – 100%
- Broxtowe – 96%
- Gedling – 84%
- Mansfield – 100%
- Newark and Sherwood – 96%
- Rushcliffe – 100%.

The map below shows the location of these 155 pharmacies.

Map 10 – location of the pharmacies that have signed up to provide the community pharmacist consultation service, 24 July 2022



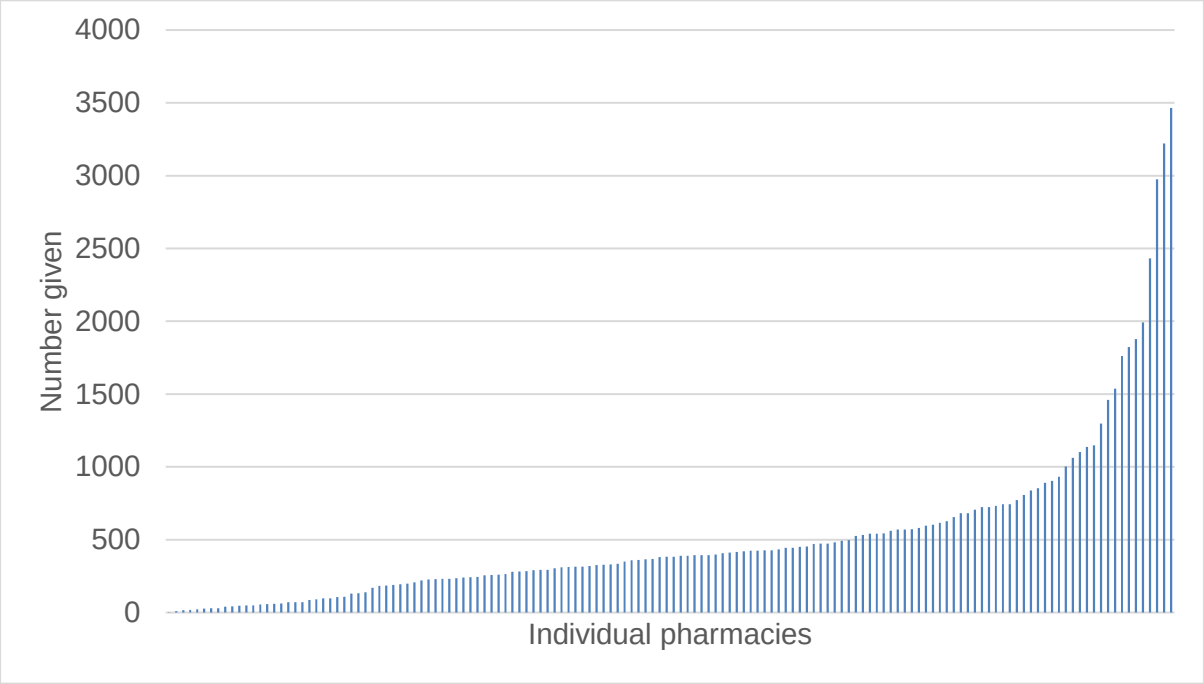
The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area. However, this assumes that residents are able to access the pharmacies providing this service which may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.5 Access to the national influenza adult vaccination service[83]

During the 2020/21 flu season 143 pharmacies provided a total of 42,977 vaccinations. The number given at pharmacy level varied from one vaccination to 1,879.

144 of the pharmacies provided a total of 74,637 flu vaccinations in October to December 2021. At pharmacy level there was a range from one vaccination being given up to 3,464 as can be seen from the graph below.

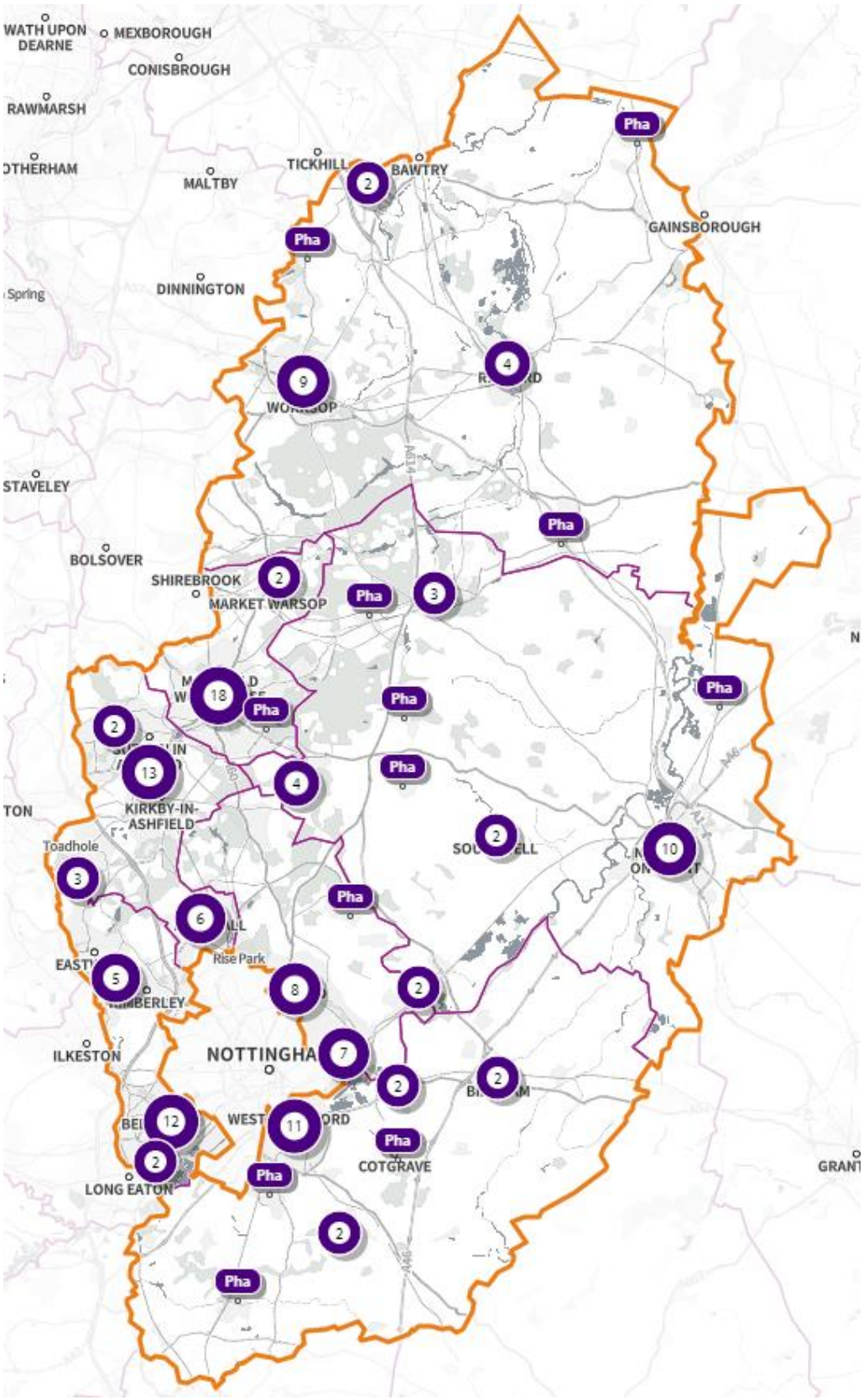
Figure 29 – number of flu vaccinations given by individual pharmacies, October to December 2021



The map below shows the location of the pharmacies that provided flu vaccinations in 2021/22.

[83] Advanced service flu report, NHS Business Services Authority public insight portal Catalyst

Map 11 – location of the pharmacies that provided flu vaccinations between September and December 2021



The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area. However, this assumes that residents are able to access the pharmacies providing this service which may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.6 Dispensing service provided by some GP practices

Dispensing GP practices will provide the dispensing service during their core hours which are 8.00am to 6.30pm from Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practices.

As of November 2021, 45,300 people were registered as a dispensing patient with their practice[84].

5.1.7 Access to pharmaceutical services on public and bank holidays and Easter Sunday

NHS England has a duty to ensure that residents of the health and wellbeing board's area are able to access pharmaceutical services every day. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so.

Pharmacy contractors are required to advise NHS England of their opening hours on these days, and where necessary it will direct a contractor or contractors to open for all or part of these days to ensure adequate access. The health and wellbeing board is therefore satisfied that there is a process in place to ensure patients are able to access pharmaceutical services on these days.

5.2 Necessary services: current provision outside the health and wellbeing board's area

5.2.1 Access to essential services and dispensing appliance contractor equivalent services

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of Nottinghamshire are dispensed within the area although as noted in the previous section, the vast majority of items are.

[84] Practice list size and GP count for each GP practice report, NHS Business Services Authority public insight portal Catalyst

The table below shows where prescriptions written in 2020/21 and between April and September 2021 were dispensed, and the number of contractors that dispensed the prescriptions.

Figure 30 – location of where prescriptions were dispensed in 2020/21 and between April and September 2021

Type of contractor	Number of items		Percentage of items		Number of contractors	
	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22
In area - pharmacy	14,940,326	7,627,744	87.3%	87.2%		
In area - GP practice	1,216,042	575,275	7.1%	6.6%		
In area - dispensing appliance contractor	17,913	8,001	0.1%	0.1%		
Out of area - pharmacy	569,964	300,422	3.3%	3.4%	3,332	2,643
Out of area - distance selling premises	291,357	189,956	1.7%	2.2%	58	61
Out of area - dispensing appliance contractor	74,648	43,181	0.4%	0.5%	61	49
Out of area - GP practice	94	436	0.0%	0.0%	9	3
Totals	**17,110,344**	**8,745,015**			**3,460**	**2,756**

For those prescriptions which are dispensed by a pharmacy or dispensing appliance contractor that is outside of Nottinghamshire, the majority are located in the following health and wellbeing board areas:

- Nottingham City,
- Leeds (predominantly by one distance selling premises),
- Leicestershire (predominantly by the pharmacy in Kegworth),
- Derbyshire, and
- Ealing (predominantly by one distance selling premises).

Ten contractors accounted for just under 50% of the items dispensed out of area so far in 2021/22. Of these:

- Three are distance selling premises,
- Two are dispensing appliance contractors, and
- Five are pharmacies.

The same pattern was seen in relation to items dispensed in 2020/21.

However, prescriptions were dispensed by pharmacies as far away as Bristol, Yorkshire, Norfolk, Cornwall, Kent, Somerset, London, Isle of Wight and Isles of Scilly, suggesting that people are taking their prescriptions with them when they go on holiday or to work.

5.2.2 Access to new medicine service, NHS community pharmacist consultation service and flu vaccination

Information on the type of advanced services provided by pharmacies outside the health and wellbeing board's area to residents of Nottinghamshire is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription. However even with this service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that residents of the health and wellbeing board's area will access these services from contractors outside of Nottinghamshire.

5.2.3 Dispensing service provided by some GP practices

Some residents of the health and wellbeing board's area will choose to register with a GP practice outside of the county and will access the dispensing service offered by their practice. For example residents may register with Long Bennington Medical Centre in Lincolnshire, and Long Clawson Medical Practice in Leicestershire.

5.3 Other relevant services

'Other relevant services' are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as services that are provided in and/or outside the health and wellbeing board's area which are not necessary to meet the need for pharmaceutical services, but have secured improvements or better access to pharmaceutical services in its area.

For the purposes of this pharmaceutical needs assessment, the health and wellbeing board has agreed that other relevant services are:

- Appliance use reviews,
- Stoma appliance customisations,
- Community pharmacy Hepatitis C antibody testing service,
- Covid-19 lateral flow device distribution service,
- Community pharmacy hypertension case-finding service,
- Community pharmacy smoking cessation service,
- Emergency supply enhanced service,
- Pharmacy First enhanced service,
- Palliative care enhanced service,
- Extended care service tiers 1 and 2, and
- Maternity smoking cessation pilot (running until 31 March 2023).

5.3.1 Other relevant services within the health and wellbeing board's area

5.3.1.1 Access to appliance use reviews

One pharmacy in the health and wellbeing board's area has provided this service between April 2020 and September 2021, providing a total of seven reviews at their premises in June 2020.

However, according to the responses to the pharmacy contractor questionnaire:

- 57 pharmacies said they dispense prescriptions for all appliances at their premises,
- Two said that they don't dispense prescriptions for stoma appliances, and
- One said they don't dispense prescriptions for stoma and incontinence appliances.

The service is provided by between one and three of the dispensing appliance contractors. The total number of reviews undertaken peaked in 2019-2020 (2,020 reviews undertaken in the user's home, and 770 at the contractor's premises) but has fallen since then, quite considerably in the first six months of 2021/22 as can be seen from the graphs below. It is believed that this is due to the Covid-19 pandemic.

Figure 31 - number of appliance use reviews provided by the dispensing appliance contractors, by month and year, in the user's home

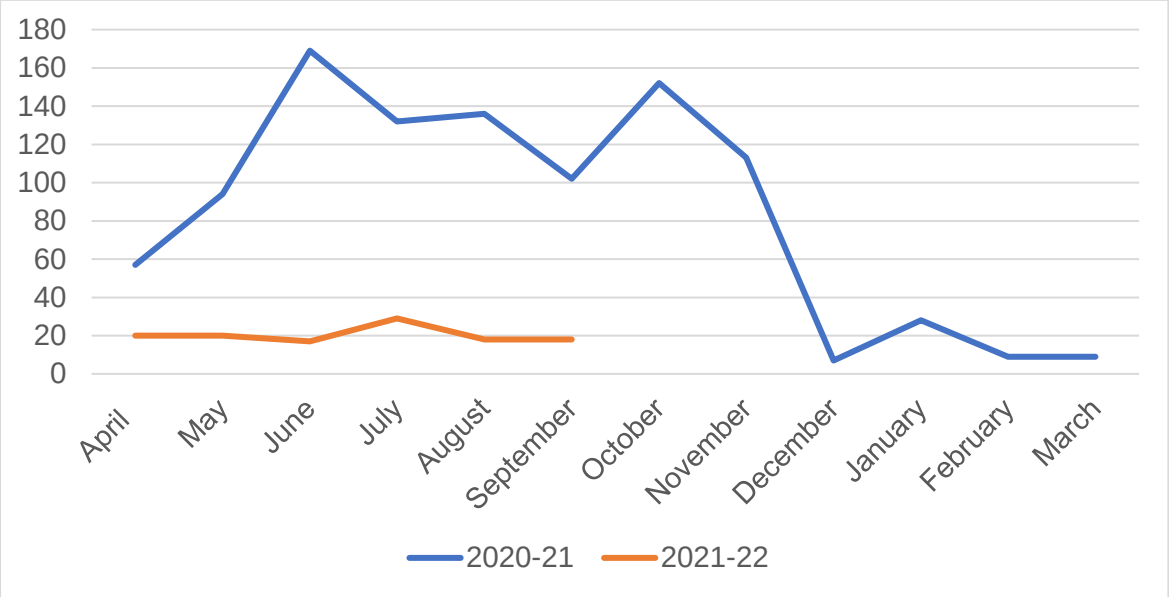
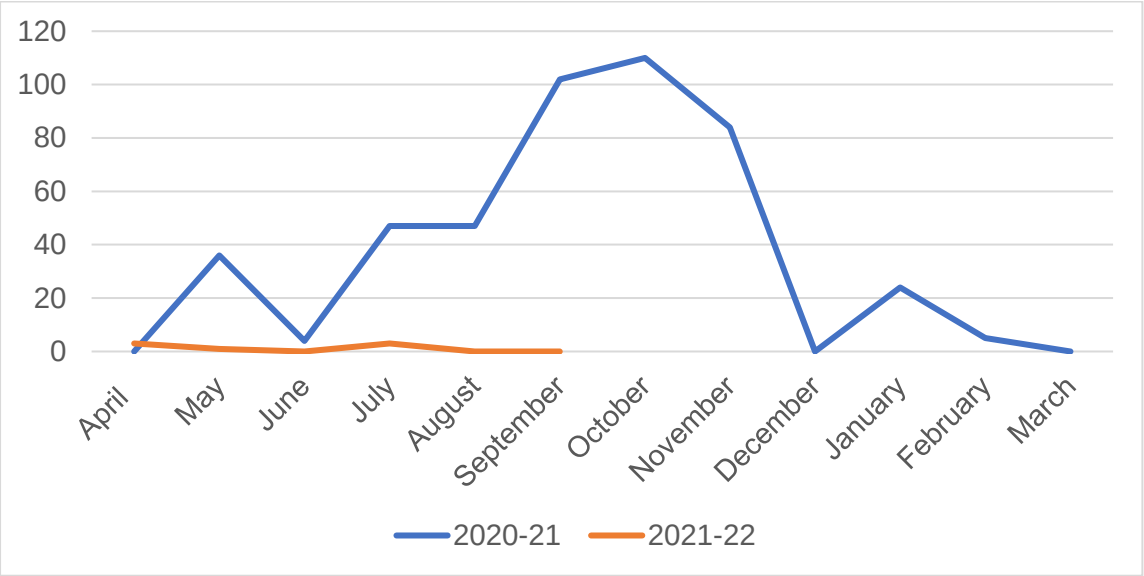


Figure 32 - number of appliance use reviews provided by the dispensing appliance contractors, by month and year, at the contractors' premises



The health and wellbeing board has noted that the community-based Nottinghamshire appliance management service offers an annual review with a stoma nurse as part of its service. The review covers all of the information that's included within the appliance use review offered by pharmacies and dispensing appliance contractors, in addition to a clinical review. Access to specialist advice and support is also available as required.

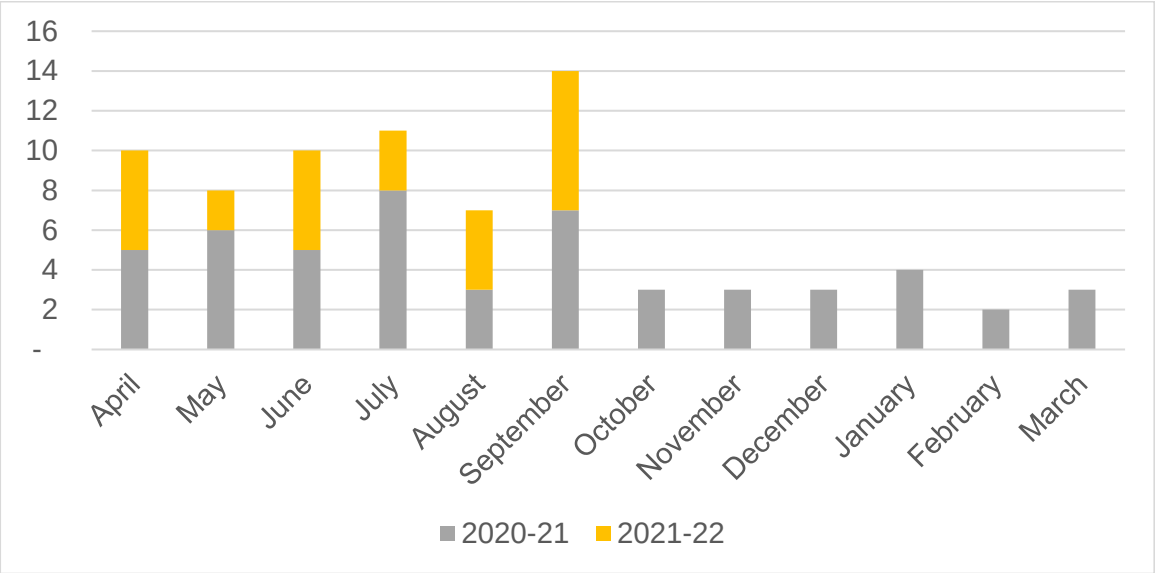
The health and wellbeing board is therefore satisfied that residents are able to access this service, and there are no gaps in its provision.

5.3.1.2 Access to stoma appliance customisations

The number of pharmacies in the health and wellbeing board's area providing this service fell from nine in 2020-21 to four in the first six months of 2021/22. The number of customisations undertaken has fluctuated, as can be seen from the graph below.

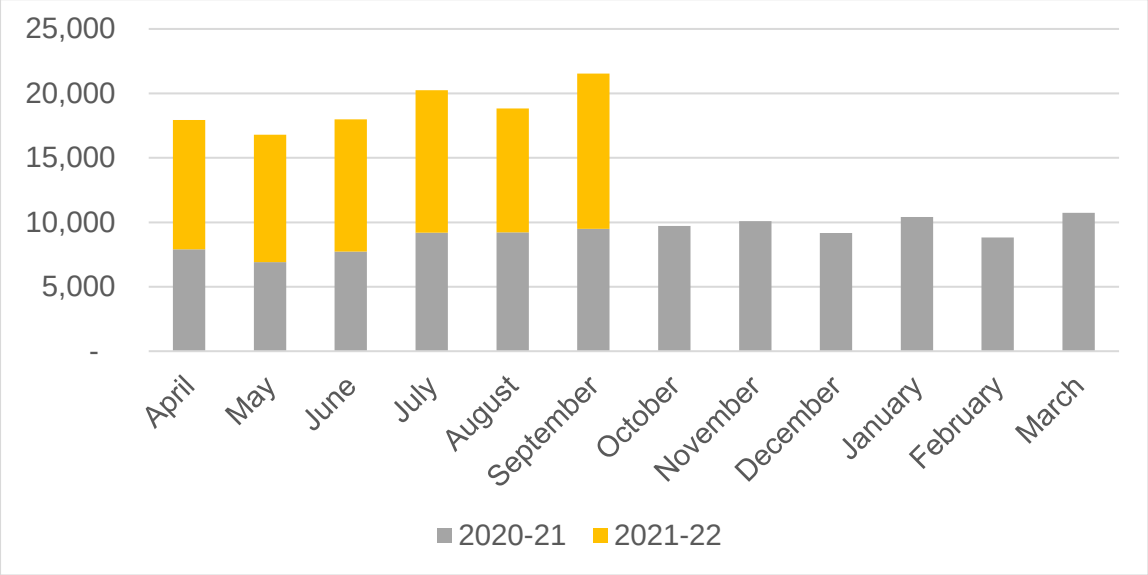
However, according to the responses to the pharmacy contractor questionnaire 57 pharmacies said they dispense prescriptions for all appliances at their premises.

Figure 33 - number of stoma appliance customisations provided by pharmacies, by month and year



Considerably more stoma appliance customisations are undertaken by five of the dispensing appliance contractors as can be seen from the figure below. The majority, however, are undertaken at one set of premises.

Figure 34 - number of stoma appliance customisations provided by dispensing appliance contractors, by month and year



The health and wellbeing board has noted that not all stoma appliances require customisation, and that more prescriptions for appliances are dispensed outside of its area that within it. It is therefore satisfied that residents are able to access this service, and there are no gaps in its provision.

5.3.1.3 Access to the community pharmacy Hepatitis C antibody testing service

As of February 2022, one pharmacy in Newark has signed up to provide this time limited service which is currently due to end on 31 March 2023. In the 13 months since the launch of this service (1 September 2020), no tests have been claimed for. Nationally, only 37 tests have been provided between April and September 2021.

Whilst only one pharmacy has signed up to provide the service there appears to be little demand nationally for the service. It is recognised that this is a niche service that will not be relevant to many residents. The health and wellbeing board is therefore satisfied that there are no gaps in the provision of this service.

5.3.1.4 Access to the Covid-19 lateral flow device distribution service

156 of the pharmacies provided this service in the first six months of 2021/22. Those pharmacies that don't provide it are predominantly distance selling premises. The service can be provided by any member of the pharmacy team and the rate at which it can be provided is only limited by the supply of test kits to the pharmacy.

The lateral flow device distribution advanced service is not currently commissioned by NHS England following the announcement that free testing ended on 1 April 2022 in England. However if it was to be recommissioned it is anticipated that those pharmacies that previously provided the service would do so again. The health and wellbeing board is therefore satisfied that there is sufficient capacity within existing contractors in relation to this service and there are no geographical gaps in its provision.

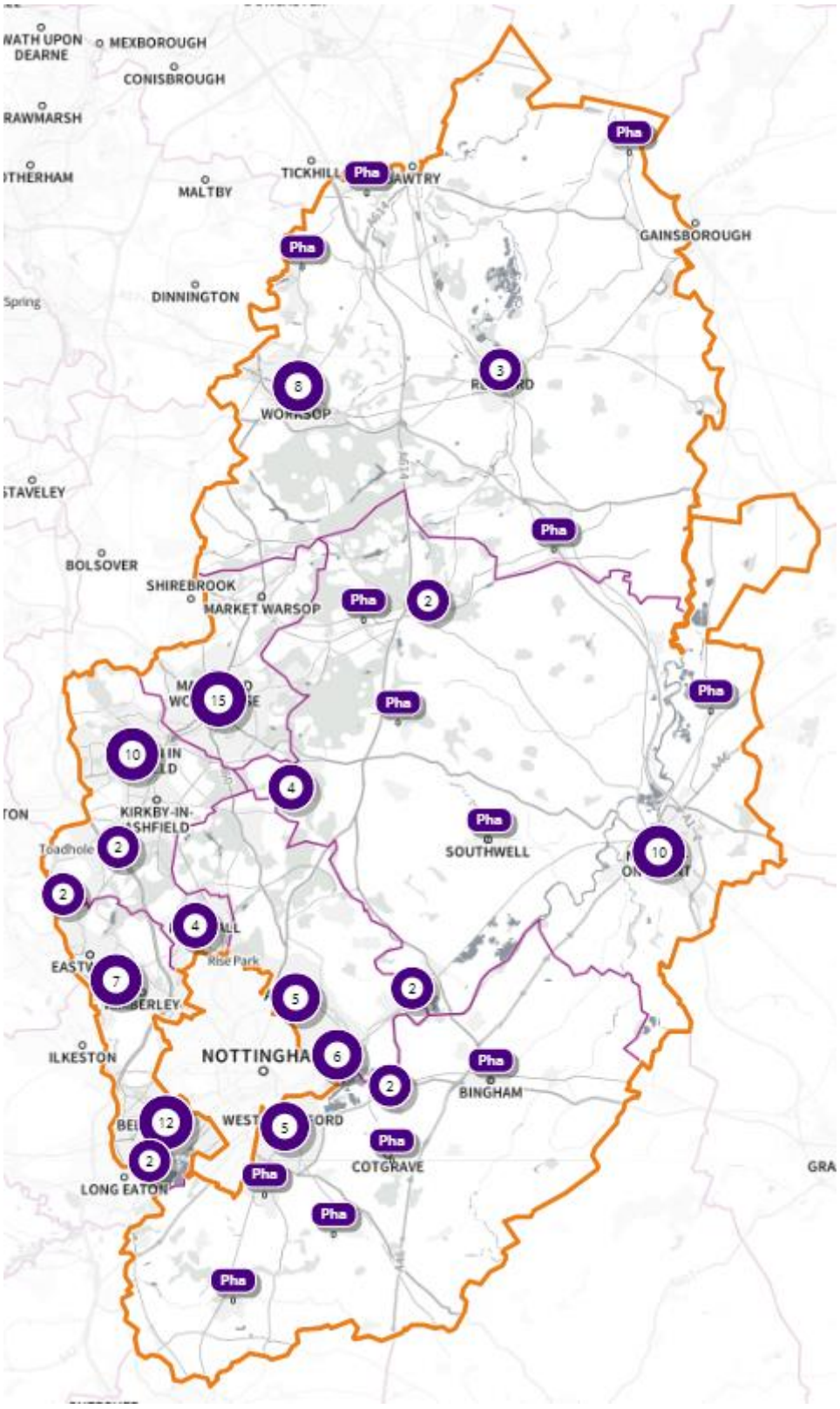
5.3.1.5 Access to the community pharmacy hypertension case-finding service

This service commenced in October 2021 and therefore at the point of drafting no activity is available. However, 114 pharmacies had signed up to provide the service as of 22 July 2022.

- 13 pharmacies signed up in September 2021,
- 49 signed up in October,
- One signed up in November,
- Three signed up in December,
- Ten signed up in January 2022,
- Eight signed up in February,
- 11 signed up in March,
- Five signed up in April,
- Four signed up in May,
- Nine signed up in June, and
- One signed up in the first three weeks of July.

The map below shows the location of these pharmacies.

Map 12 – location of the pharmacies that have signed up to provide the hypertension case-finding advanced service as at 22 July 2022



Between October 2021 and March 2022 a total of 2,220 people had their blood pressure checked in one of the pharmacies, and 145 ambulatory blood pressure checks were undertaken.

The health and wellbeing board is satisfied that there is a good spread of providers of this service across its area and has noted the continued increase in the number of pharmacies signed up to provide the service. However, this assumes that residents are able to access the pharmacies providing this service which may not be the case at locality level and further analysis is undertaken within the locality chapters.

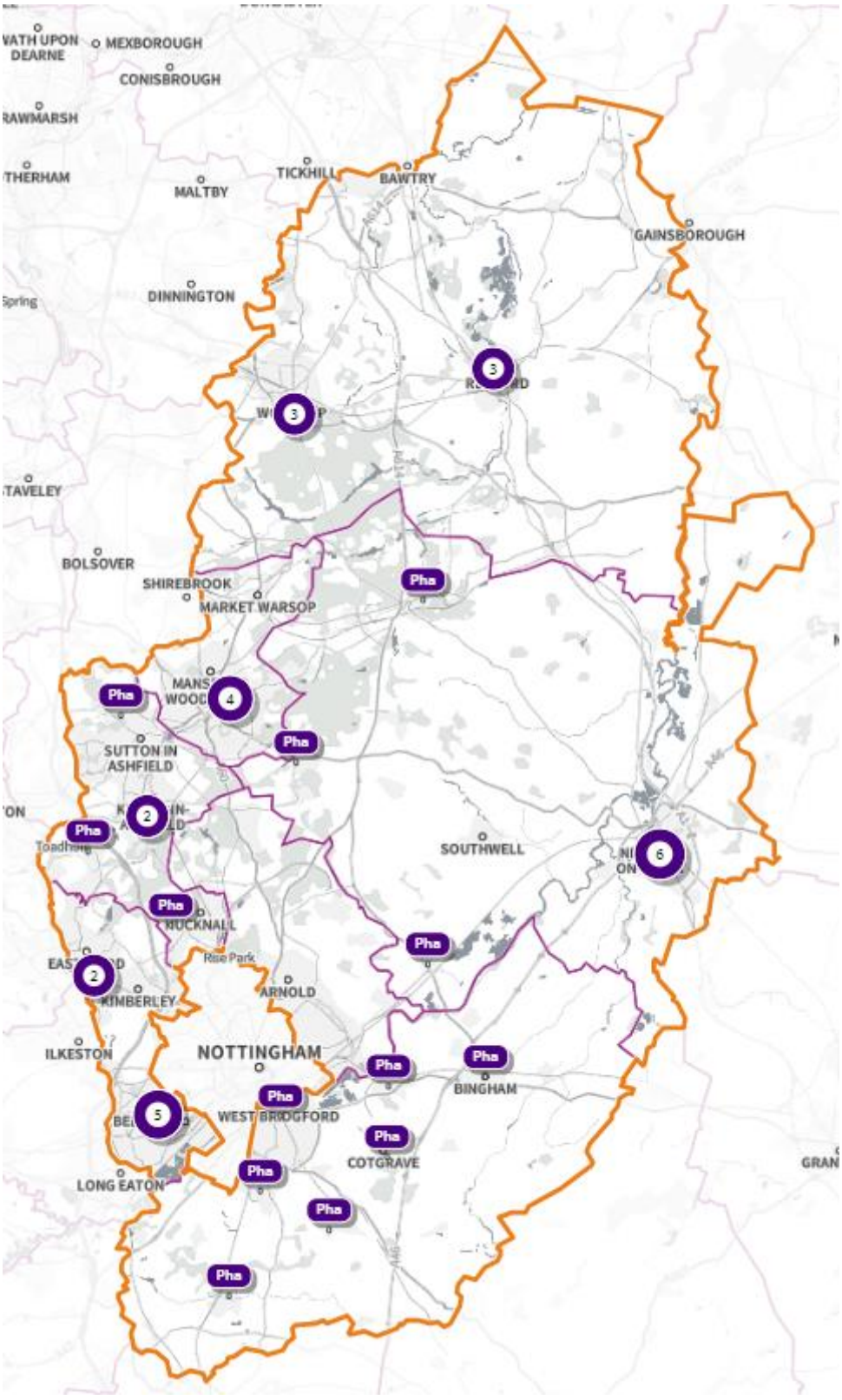
5.3.1.6 Community pharmacy smoking cessation service

NHS England began to commission this service in March 2022 and by 18 July 2022 38 pharmacies had signed up to provide it.

- 14 pharmacies signed up in March,
- two in April,
- 21 in May, and
- one in July.

The map below shows the location of these pharmacies. The health and wellbeing board has noted that this is a new service and it therefore expects that the number of pharmacies that sign up to provide it will continue to increase in the coming months, as happened with the hypertension case-finding advanced service. It has therefore not identified any gaps in the provision of this service.

Map 13 – location of the pharmacies that had signed up to provide the smoking cessation advanced service as at 18 July 2022



5.3.1.7 Access to emergency supply enhanced service

This service is commissioned by NHS England from pharmacies in the health and wellbeing board's area, other than from those in Bassetlaw. The purpose of the service is to ensure that people can access an urgent supply of their regular prescription medicines where they are unable to obtain a prescription before they need to take their next dose. The service can only be provided during the GP out of hours period (ie from 18.30 to 08.00 Monday to Thursday, and 18.30 Friday to 08.00 Monday, and on public and bank holidays).

Unlike the community pharmacist consultation service, people do not need to be referred to a pharmacy by NHS 111 to receive this service. It therefore complements the provision of the community pharmacist consultation service.

In 2021/22, 94 of the 143 pharmacies are commissioned to provide the service, of which 14 are 100 hour pharmacies and therefore open at times when the service is to be provided. Due to the fact that it can only be provided during the GP out of hours period it cannot be provided by those pharmacies that close at or before 18.30 Monday to Friday and do not open at the weekend.

The future of this service is currently being reviewed by NHS England and NHS Nottingham and Nottinghamshire Clinical Commissioning Group and this document will be updated if the outcome of the review is known prior to publication.

5.3.1.8 Access to Pharmacy First enhanced service

This service is commissioned by NHS England from pharmacies in the health and wellbeing board's area, other than from those in Bassetlaw. It is available to persons registered with a GP practice within the NHS Nottingham and Nottinghamshire Clinical Commissioning Group area, who are exempt from paying prescription charges.

In 2021/22, 73 of the 143 pharmacies are commissioned to provide the service. The future of this service is currently being reviewed by NHS England and NHS Nottingham and Nottinghamshire Clinical Commissioning Group and this document will be updated if the outcome of the review is known prior to publication. Should the service continue following NHS England's review it is not expected that there will be a reduction in the number of pharmacies providing the service. In fact it is likely that the number will increase.

5.3.1.9 Access to palliative care enhanced service

This service is commissioned by NHS England from pharmacies in the health and wellbeing board's area, other than from those in Bassetlaw.

In 2021/22, 20 of the pharmacies are commissioned to provide the service, eight of which are 100 hour pharmacies. The future of this service is currently being reviewed by NHS England and NHS Nottingham and Nottinghamshire Clinical Commissioning Group and this document will be updated if the outcome of the review is known prior to publication. Should the service continue following NHS England's review it is not expected that there will be a

reduction in the number of pharmacies providing the service. In fact it is likely that the number will increase.

5.3.1.10 Access to extended care enhanced service – tier 1

This service is commissioned by NHS England from pharmacies in the health and wellbeing board's area, other than from those in Bassetlaw.

In 2021/22:

- 69 pharmacies are commissioned to provide the conjunctivitis service, and
- 78 pharmacies are commissioned to provide the urinary tract infection service.

The future of this service is currently being reviewed by NHS England and NHS Nottingham and Nottinghamshire Clinical Commissioning Group and this document will be updated if the outcome of the review is known prior to publication. Should the service continue following NHS England's review it is not expected that there will be a reduction in the number of pharmacies providing the service. In fact it is likely that the number will increase.

5.3.1.11 Access to extended care enhanced service – tier 2

This service is commissioned by NHS England from pharmacies in the health and wellbeing board's area, other than from those in Bassetlaw.

In 2021/22, 45 pharmacies are commissioned to provide the service. The future of this service is currently being reviewed by NHS England and NHS Nottingham and Nottinghamshire Clinical Commissioning Group and this document will be updated if the outcome of the review is known prior to publication. Should the service continue following NHS England's review it is not expected that there will be a reduction in the number of pharmacies providing the service. In fact it is likely that the number will increase.

5.3.1.12 Maternity smoking cessation pilot

This service is commissioned by NHS England from pharmacies who are within the pilot area and have been invited to provide it. Under this pilot, the maternity service at Nottingham University Hospitals NHS Trust will determine the smoking status of pregnant women and household members and refer those who smoke to a pharmacy of their choice so that they can receive ongoing treatment, advice and support with their attempt to quit smoking.

Those referred under the pilot will be offered consultations at their choice of pharmacy (from the list of participating pharmacies) for a 12-week period. The consultations will include the provision of behavioural support and supply of nicotine replacement therapy by an appropriately trained smoking cessation practitioner.

As of 11 April 2022, five pharmacies had signed up to provide the service. Two are in the Broxtowe locality, one in the Newark and Sherwood, and two in the Rushcliffe locality. The pilot was launched on 17 March 2022 and will run until 31 March 2023. It is expected that the number of pharmacies providing the service may increase as the pilot progresses.

5.3.2 Other relevant services provided outside the health and wellbeing board's area

Information on the appliance use review and stoma appliance customisation services provided by pharmacies and dispensing appliance contractors outside the health and wellbeing board's area to residents of Nottinghamshire is not available due to the way contractors claim. It can be assumed however that residents of the health and wellbeing board's area will access these two services from pharmacies and dispensing appliance contractors outside of Nottinghamshire.

It is also possible that residents will have accessed enhanced services from pharmacies outside of the health and wellbeing board's area, but again this information is not available.

5.4 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 5.1 and 5.2, the residents of the health and wellbeing board's area currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within the health and wellbeing board's area they have a choice of 165 pharmacies, operated by 66 different contractors, and six dispensing appliance contractor premises operated by four different contractors. Outside of the health and wellbeing board's area residents chose to access a further 3,451 contractors in 2020/21 and 2,753 between April and September 2021, although many were not used on a regular basis.

When asked what influences their choice of pharmacy the top seven responses in the residents' questionnaire were:

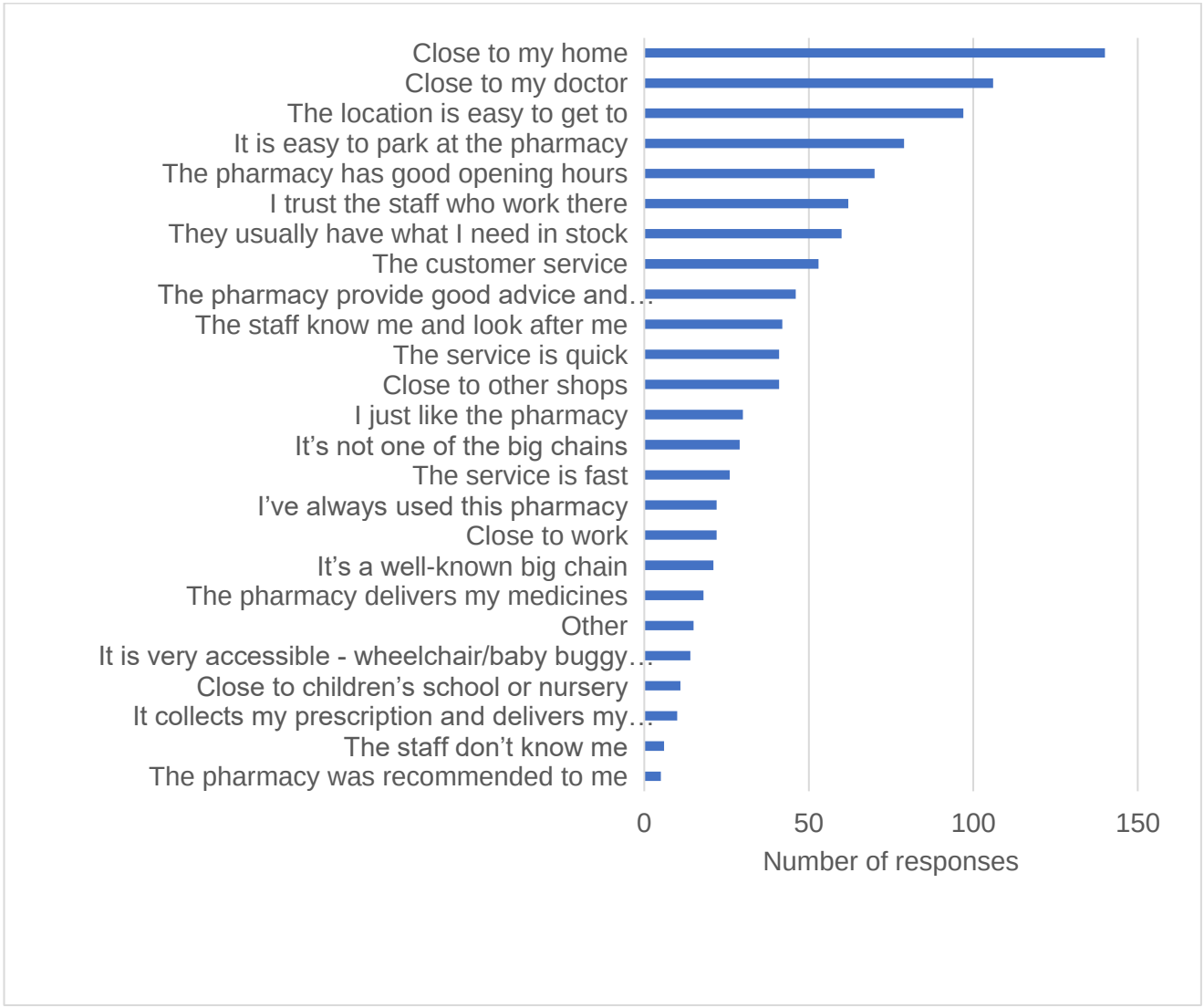
- 'close to my home',
- 'close to my doctor',
- 'the location is easy to get to',
- 'it is easy to park at the pharmacy',
- 'the pharmacy has good opening hours',
- 'I trust the staff who work there', and
- 'they usually have what I need in stock'.

The themes for comments made in response to this question included:

- The range of products that are available to buy,
- Prescriptions being sent to, or collected by, the pharmacy thereby saving a trip,
- Ensuring items are in or ordering them in promptly, and
- Excellent service provided.

Two people stated that they had no choice of where their prescriptions are sent as the GP practice decides that for them. This should not be happening as people always have a choice as to which pharmacy dispenses their prescription.

Figure 35 - We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy?



When asked if there is a more convenient and/or closer pharmacy that respondents choose not to use 67.5% replied no, 29.4% replied yes, and 3.0% said they didn't know. The figure below shows the responses as to why that more convenient and/or closer pharmacy is not used.

Figure 36 - Please could you tell us why you do not use that pharmacy?

The most common themes from those respondents who close 'other' in response to this question were:

- Poor service,
- Prefer to use the one nearer to the GP surgery,
- More convenient to use the other one, e.g. in a supermarket, and
- Loyalty to the pharmacy used.

6 Other NHS services

The following NHS services are deemed, by the health and wellbeing board, to affect the need for pharmaceutical services within its area.

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in hospitals are dispensed by the hospital pharmacy service. However, some may be dispensed by pharmacies and therefore they increase demand for the dispensing essential service.
- Personal administration of items by GPs – similar to hospital pharmacies this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
- GP out of hours service – whether a patient is given a full or part course of treatment after being seen by the out of hours service will depend on the nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing.
- Nottinghamshire appliance management service - generates prescriptions which affects the need for the dispensing essential service.
- Continence prescription services - generates prescriptions which affects the need for the dispensing essential service.
- Community nurse prescribers - generates prescriptions which affects the need for the dispensing essential service.
- Notspar - generates prescriptions which affects the need for the dispensing essential service.
- Urgent primary care services - generates prescriptions which affects the need for the dispensing essential service.
- Rushcliffe weekend GP service for urgent care - generates prescriptions which affects the need for the dispensing essential service.
- Primary care-based dermatology services - generate prescriptions which affects the need for the dispensing essential service.
- Primary Integrated Community Services - generate prescriptions which affects the need for the dispensing essential service.
- Acute home visiting service - generate prescriptions which affects the need for the dispensing essential service.
- Palliative and end of life services - generate prescriptions which affects the need for the dispensing essential service.
- Specialist rehabilitation services - generate prescriptions which affects the need for the dispensing essential service.
- Bassetlaw Health Partnership services - generate prescriptions which affects the need for the dispensing essential service.
- The Leger Clinic - generates prescriptions which affects the need for the dispensing essential service.
- Prison pharmacy services – these reduce the demand for the dispensing essential service as prescriptions written in prisons will not be dispensed by pharmacies or dispensing appliance contractors.
- Public health services commissioned by Nottinghamshire County Council (drug and alcohol services, smoking cessation and sexual health) - all of these services remove

the need for them to be commissioned as enhanced services by NHS England from pharmacies.
- Primary dental services – dentists will issue prescriptions which affect the need for the dispensing essential service.

6.1 Hospital pharmacies

There are a number of hospitals in the health and wellbeing board's area.

- Bassetlaw Hospital is an acute hospital with over 170 beds, a 24-hour emergency department and a full range of hospital services. Medicines are supplied to the in-patient areas of the hospital by the pharmacy department. Pharmacy staff, trained in patient counselling skills, can provide patients with any information or advice they need about medicines they are taking home. They will explain what the medicines are for, how much to take and how often, possible side effects to expect and how to obtain further supplies. A medicines helpline is open between 14.00 and 16.00, Monday to Friday for patients who have questions about their medicines after they have left hospital. Prescriptions written following an outpatient appointment are dispensed as part of pharmaceutical services.
- King's Mill Hospital is home to a busy emergency department, as well as maternity services, inpatient facilities, clinics and therapy services and many other services. Medicines are supplied by the pharmacy department and a medicines helpline is available Monday to Friday (09.00 to 17.30) and weekends (09.00-13.00) for patients with queries about their medicines after they have left hospital.
- Newark Hospital provides a range of outpatient clinics, therapy services, surgical and medical day case procedures, inpatient services and rehab, as well as the Newark Urgent Treatment Centre.
- Rampton Hospital is one of three high security hospitals in England and Wales providing services to approximately 340 patients. Of the five clinical services provided, three are provided nationally (high secure care for women, deaf men, and men with a learning disability). Nottinghamshire Healthcare NHS Foundation Trust Forensic Pharmacy Services provides a range of supply and clinical services within the hospital.

Between January and December 2021, a total of 118,065 items prescribed within a hospital were dispensed in primary care. They were dispensed as follows.

- 62.1% was dispensed by 155 contractors within Nottinghamshire.
- 26.5% by 73 contractors in Doncaster.
- 4.5% by 111 contractors in Derbyshire.
- 1.9% by 59 contractors in Rotherham.
- 1.4% by 91 contractors in Lincolnshire.

The remaining 3.5% was dispensed by 552 contractors in 96 different health and wellbeing board areas.

6.2 Personal administration of items by GPs

Under their primary medical services contract with NHS England there will be occasion where a GP or other healthcare profession at the practice personally administers an item to a patient.

Generally, when a patient requires a medicine or appliance their GP will give them a prescription which is dispensed by their preferred pharmacy or dispensing appliance contractor. In some instances however the GP or other healthcare professional will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or the nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered. Instead, the practice will retain the prescription and submit it for reimbursement to the NHS Business Services Authority at the end of the month.

It is not possible to quantify the number of items that were personally administered by GP practices in the county as the published figures include items which have been either personally administered or dispensed by dispensing practices.

6.3 GP out of hours service

The GP out of hours service provide services on weekday evenings and overnight from 18.30 to 08.00 and 24 hours a day at weekends and on public and bank holidays.

6.3.1 NEMS GP out of hours service

This service provides urgent medical care and advice for people who live in Nottingham City and the south of Nottinghamshire. Most people access the service via the NHS 111 telephone service and may be seen by a clinician, or receive a telephone consultation or a home visit, depending on their needs. Patients may also be referred from the hospital accident and emergency department. The out-of-hours service is provided at Station Street, Nottingham, NG2 3AJ.

The service prescribed 8,806 items in 2020/21 which were dispensed by 289 different pharmacies/dispensing appliance contractors as follows.

- Nottingham City – 66 contractors dispensed 48.5% of the items
- Nottinghamshire – 136 contractors dispensed 48.5%
- Derbyshire – 38 contractor dispensed 2.1%

The remaining 1.0% was dispensed by 49 other contractors in 19 different health and wellbeing board areas.

6.3.2 Bassetlaw GP out of hours service

This service provides urgent primary care for people who are registered with a GP in Bassetlaw and is based at the Primary Care Centre in Bassetlaw General Hospital.

It provides telephone consultations, face-to-face assessments and home visits to people who have phoned NHS 111 during the GP out of hours period.

The service prescribed 7,067 items in 2020/21 which were dispensed by 112 different pharmacies/dispensing appliance contractors as follows.

- Nottinghamshire – 36 contractors dispensed 92.9% of the items
- Rotherham – 17 contractors dispensed 2.4%
- Derbyshire – 14 contractor dispensed 1.5%
- Doncaster – 15 contractors dispensed 1.4%

The remaining 1.7% was dispensed by 30 other contractors in 11 different health and wellbeing board areas.

6.4 Nottinghamshire appliance management service

This service is provided across Nottingham City and Nottinghamshire County. It does not currently cover the Bassetlaw locality however this will change in 2022/23. It is a confidential, discreet service, supported by a team of prescription coordinators and specialist stoma nurses. The service ensures that prescriptions are issued in a timely manner to the patient's dispenser of choice (pharmacy, dispensing appliance contractor or dispensing doctor) and that the prescribed products are appropriate for the patient's needs.

In 2020/21, a total of 54,858 items were prescribed which were dispensed by 115 different pharmacies/dispensing appliance contractors as follows.

- Peterborough – two contractors dispensed 39.5% of the items
- Nottinghamshire – 51 contractors dispensed 26.4%
- Derbyshire – one contractor dispensed 18.3%
- Nottingham City – 23 contractors dispensed 7.5%
- Buckinghamshire – one contractor dispensed 2.2%

The remaining 6.3% was dispensed by 37 other contractors in 28 different health and wellbeing board areas.

6.5 Continence prescription service

People registered with a South Nottinghamshire GP practice who need prescriptions for continence appliances are enrolled in this service which is responsible for issuing repeat prescriptions. It covers items such as catheters, drainage bags and external sheath drainage systems. The service reviews and monitors patients regularly and prescribes continence products accordingly, ensuring that service users receive a timely, efficient, and tailored prescribing service according to their needs.

In 2020/21, a total of 26,301 items were prescribed which were dispensed by 118 different pharmacies/dispensing appliance contractors.

- Nottinghamshire – 74 contractors dispensed 33.4% of the items
- Peterborough – one contractor dispensed 33.0%
- Nottingham City – ten contractors dispensed 10.5%
- Salford – one contractor dispensed 8.5%
- Stoke on Trent – one contractor dispensed 3.2%
- Liverpool – one contractor dispensed 2.2%
- West Sussex – two contractors dispensed 1.8%

The remaining 7.5% was dispensed by 28 other contractors in 19 different health and wellbeing board areas.

6.6 Community nurse prescribers

Community nurses, for example district nurses, may prescribe items required by the patients under their care.

In 2020/21, 9,441 items were prescribed which were dispensed by 158 different pharmacies/dispensing appliance contractors.

- Nottinghamshire – 119 contractors dispensed 87.3% of the items
- Stoke on Trent – one contractor dispensed 6.1%
- Salford – one contractor dispensed 3.6%

The remaining 2.9% was dispensed by 37 other contractors in 13 different health and wellbeing board areas.

6.7 Notspar

This service provides primary medical services to people who have been removed from their GP practice's patient list in certain circumstances.

In 2020/21, 5,115 items were prescribed which were dispensed by 32 different pharmacies/dispensing appliance contractors.

- Nottingham City – 22 contractors dispensed 96.9% of the items
- Nottinghamshire – six contractors dispensed 1.8%
- Luton – one contractor dispensed 1.2%

The remaining 0.1% was dispensed by three other contractors in two different health and wellbeing board areas (Cambridgeshire and Luton).

6.8 Urgent primary care services

6.8.1 Mansfield and Newark

This service provides treatment for urgent, but not life threatening, issues such as:

- Sprains,
- Fractures,
- Minor burns, and
- Skin infections.

It is based at King's Mill and Newark Hospitals and in 2020/21 prescribed 24,424 items which were dispensed by 336 different pharmacies/dispensing appliance contractors.

- Nottinghamshire – 142 contractors dispensed 64.1% of the items
- Nottingham City – 66 contractors dispensed 32.0%
- Derbyshire – 52 contractor dispensed 3.0%

The remaining 0.9% was dispensed by 76 other contractors in 27 different health and wellbeing board areas.

6.8.2 Nottingham, Mansfield and Newark

This service is an urgent care centre based next to the Kings Mill Hospital emergency department that provides medical care for people who do not need emergency department care. It is a nurse-led service and is supported by GPs in the out of hours period (weekday evenings and overnight from 18.30 to 08.00 and 24 hours a day at weekends and on public and bank holidays). It is accessed via the NHS 111 telephone service.

5,500 items were prescribed in 2020/21 which were dispensed by 176 different pharmacies/dispensing appliance contractors.

- Nottinghamshire – 92 contractors dispensed 89.3% of the items
- Derbyshire – 42 contractor dispensed 9.2%
- Nottingham City – 14 contractors dispensed 0.8%

The remaining 0.7% was dispensed by 29 other contractors in 14 different health and wellbeing board areas.

6.9 Rushcliffe weekend GP service for urgent care

This service is for patients registered with one of the GP practices in Rushcliffe who need to see a GP for urgent health care at the weekend. Operating out of Gamston Medical Centre it is staffed by GPs, nurses and receptionists and is accessed via the NHS 111 telephone service. If, after speaking to a health care professional, the patient needs to see a GP that same day they will be given an appointment at the centre.

The service operates on Saturdays and Sundays, between 08.30 and 12.30.

1,542 items were prescribed in 2020/21 which were dispensed by 62 pharmacies/dispensing appliance contractors.

- Nottinghamshire – 31 contractors dispensed 89.7% of the items
- Leicestershire – nine contractors dispensed 5.0%
- Nottingham City – 14 contractors dispensed 4.3%

The remaining 1.0% was dispensed by eight other contractors in four different health and wellbeing board areas (Derbyshire, Stoke-on-Trent, Derby City and Lincolnshire).

6.10 Primary care-based dermatology services

There are two dermatology services based in primary care. One serves residents in the Newark and Sherwood area, and the latter those who live in Rushcliffe.

6.10.1 Newark and Sherwood

This service prescribed a total 1,847 items in 2020/21 which were dispensed by 95 pharmacies/dispensing appliance contractors.

- Nottinghamshire – 74 contractors dispensed 98.2% of the items
- Derbyshire – seven contractors dispensed 0.7%
- Nottingham City – seven contractors dispensed 0.5%

The remaining 0.6% was dispensed by ten other contractors in nine different health and wellbeing board areas.

6.10.2 Rushcliffe

This service prescribed a total 861 items in 2020/21 which were dispensed by 41 pharmacies/dispensing appliance contractors.

- Nottinghamshire – 23 contractors dispensed 92.0% of the items
- Leicestershire – six contractors dispensed 3.8%
- Nottingham City – seven contractors dispensed 3.0%

The remaining 1.2% was dispensed by five other contractors in five different health and wellbeing board areas.

6.11 Primary Integrated Community Services

A range of community and out of hospital services are provided by Primary Integrated Community Services Ltd to residents across Nottinghamshire. 608 items were prescribed by these services in 2020/21 (predominantly in the last two months of the year) which were dispensed by 94 pharmacies/dispensing appliance contractors.

- Nottinghamshire – 82 contractors dispensed 94.1% of the items

- Nottingham City – three contractors dispensed 3.0%
- Derbyshire – three contractors dispensed 0.8%
- Ealing – one contractor dispensed 0.8%

The remaining 1.3% was dispensed by five other contractors in four different health and wellbeing board areas.

6.12 Acute home visiting service

A highly skilled and dedicated team of advanced nurse practitioners and emergency care practitioners provide acute visits to patients in their own homes or care. The service is for patients who need to be seen in their own home/care home. When patients contact their GP requesting a same day home visit for an acute need, the GP can choose to refer on to the acute home visiting service. The aim of the service is to reduce inappropriate hospital admissions and enable patients to be cared for at home when it is clinically safe to do so. It operates across the Mansfield and Ashfield area.

2,857 items were prescribed by the service in 2020/21 which were dispensed by 87 pharmacies/dispensing appliance contractors.

- Nottinghamshire – 72 contractors dispensed 97.3% of the items
- Nottingham City – one contractor dispensed 1.1%
- Derbyshire – seven contractors dispensed 0.7%

The remaining 0.9% was dispensed by seven other contractors in five different health and wellbeing board areas.

6.13 Palliative and end of life services

Palliative and end of life services are provided to mid Nottinghamshire patients by John Eastwood Hospice, and 441 items were prescribed in 2020/21 which were dispensed by 54 pharmacies/dispensing appliance contractors in Nottinghamshire.

6.14 Specialist rehabilitation services

Pathfinders provides specialist care to people living in mid Nottinghamshire (amongst other areas) with complex rehabilitation care needs, specialising in assisting people with long term conditions and co-morbidities, progressive conditions, end of life care, trauma, re-enablement and rehabilitation.

327 items were prescribed in 2020/21 which were dispensed by nine pharmacies/dispensing appliance contractors.

- Nottinghamshire – five contractors 50.2% of the items
- Derby City – one contractor dispensed 32.1%
- Wakefield – one contractor dispensed 13.1%
- Peterborough – one contractor dispensed 3.4%
- Worcestershire – one contractor dispensed 1.2%

6.15 Bassetlaw Health Partnership services

A range of community-based services is commissioned from Bassetlaw Health Partnership, part of Nottinghamshire Healthcare NHS Trust, to be provided to the residents of Bassetlaw. Staff working within those services (for example advanced nurse practitioners and community matrons) prescribed a total of 8,148 items in 2020/21 which were dispensed by 82 pharmacies/dispensing appliance contractors.

- Nottinghamshire – 52 contractors dispensed 72.7% of the items
- Stoke on Trent – one contractor dispensed 20.8%
- Salford – one contractor dispensed 2.4%
- Doncaster – six contractors dispensed 2.3%
- Nottingham City – one contractor dispensed 1.1%
- Derbyshire – seven contractors dispensed 0.7%

The remaining 1.8% was dispensed by 22 other contractors in ten different health and wellbeing board areas.

6.16 The Leger Clinic

The clinic provides a range of male and female sexual dysfunction services to residents in Bassetlaw. 253 items were prescribed in 2021 which were dispensed by44 pharmacies/dispensing appliance contractors.

- Nottinghamshire – 22 contractors dispensed 87.0% of the items
- Doncaster – 12 contractors dispensed 7.5%
- Rotherham – four contractors dispensed 1.6%
- Wakefield – one contractor dispensed 1.6%
- Lincolnshire – two contractors dispensed 1.2%

The remaining 1.2% was dispensed by three other contractors in three different health and wellbeing board areas.

6.17 Prisons

There are three prisons within the health and wellbeing board's area.

- HMP Lowdham Grange, Lowdham, is a Category B men's private prison, operated by Serco. It houses approximately 900 men.
- HMP Ranby, Ranby, is a Category C men's prison, housing approximately 1,050 men.
- HMP Whatton, near Bingham, is a Category C men's prison, housing approximately 850 men.

Healthcare services are provided by the prison healthcare team at NHS Nottinghamshire Healthcare NHS Foundation Trust. A contract is in place between the Trust and a pharmacy contractor for the provision of pharmacy services to those housed in the three prisons.

6.18 Council commissioned public health services

6.18.1 Substance misuse services

The council commissions substance misuse services from Change Grow Live who in turn sub-contract provision of needle exchange, dispensing of opiate substitute therapy and supervised consumption services from pharmacies.

- Needle exchange – the provision of access to sterile needles and syringes and to sharps containers for return of used equipment. Where agreed locally, associated materials, for example condoms, citric acid and swabs, to promote safe injecting practice and reduce transmission of infections by substance misusers will be provided. Used equipment is normally returned by the service user for safe disposal.
- Supervised consumption - this service requires the pharmacist to supervise the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient.

In addition, Change Grow Live asks pharmacies to provide brief harm reduction information to users of these services, including information on, for example:

- Safe injecting techniques,
- Sexual health advice,
- Transmission of blood-borne viruses,
- Wound site management,
- Nutrition,
- Safe storage and disposal of injecting equipment and substances (e.g. to avoid risk of injury to children),
- Taking measures to reduce harm and prevent drug-related deaths, and
- Alcohol misuse.

6.18.2 Emergency hormonal contraception

The council commissions some pharmacies to provide emergency hormonal contraception. Emergency contraception has the potential to reduce unintended pregnancy rates, thereby reducing the number of terminations. Equitable provision of and easier access to emergency hormonal contraception via pharmacies has the potential to improve the effectiveness of this contraceptive method by reducing the time interval between unprotected intercourse and initiation of treatment.

Pharmacists commissioned to provide the service will supply emergency hormonal contraception when appropriate to clients aged 14 years to 24 years free of charge. The pharmacy will provide support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to services that provide long-term contraceptive methods and diagnosis and management of sexually transmitted infections.

6.18.3 C Card scheme

The C-Card Scheme is a condom distribution scheme for young people aged 13 to 24 which offers access to free condoms in a wide range of places and aims to reduce both unintended conceptions and the number of sexually transmitted infections and HIV. Young people aged under 13 years are not eligible for the scheme. Some pharmacies are commissioned to register clients and provide condoms, others for pick-up only.

6.18.4 Treating tobacco dependency

Tobacco dependency services are commissioned by the council from ABL Health as part of an integrated wellbeing service called Your Health Your Way. Your Health Your Way directly supplies nicotine replacement therapy to anyone over the age of 12 as part of evidence based behavioural support and an agreed treatment plan. Smokers who are eligible to use the prescription only medicine such as Varenicline do so as part of a patient group direction.

At the time of writing CHAMPIX (varenicline tartrate), is currently unavailable. Pfizer UK has recalled all Champix from pharmacies across England, Scotland, Wales and Ireland as a precautionary measure. While Pfizer seeks to address the disruption as quickly as possible, it is not known when the situation will be resolved.

6.19 Primary dental services

Unlike GP practices, prescriptions written by dentists are not aligned to the dentist's practice. It is therefore not possible to identify how many items were prescribed by the dental practices in Nottinghamshire. However, it is possible to identify the number of dental prescriptions dispensed by the pharmacies and dispensing doctors in Nottinghamshire.

In 2020/21, a total of 53,111 items were dispensed in Nottinghamshire, predominantly by the pharmacies (55,088 or 99.9%).

Between April and December 2021, a total of 40,379 items were dispensed in Nottinghamshire, predominantly by the pharmacies (40,354 or 99.9%).

7 Health needs that can be met by pharmaceutical services

In England there are an estimated 1.2 million health related issue visits to a pharmacy every day[85] and these provide a valuable opportunity to support behaviour change through making every one of these contacts count. Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services and services commissioned by the council and, currently, the clinical commissioning groups.

As can be seen from this section, it is important that NHS England, the clinical commissioning groups and the public health team at Nottinghamshire County Council work together to maximise the local impact of health communications, messages and opportunities.

Promotion of the services that pharmacies provide is undertaken in a number of ways including pharmacies ensuring that their NHS website[86] profile is up-to-date, which is now a contractual requirement.

7.1 Need for drugs and appliances

Everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in section four. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long-term condition. This health need can only be met within primary care by the provision of pharmaceutical services be that by pharmacies, dispensing appliance contractors or dispensing doctors.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both NHS England and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal.

Distance selling premises will receive prescriptions remotely (either via the electronic prescription service, or post) and are required to deliver all dispensed items. This will clearly be of benefit to people who are unable to access a pharmacy. In addition dispensing appliance contractors deliver the majority, if not all, of the items they dispense.

NHS England commissions an emergency supply enhanced service from pharmacies during the GP practice out of hours period (Monday to Thursday 18.30 to 08.00, 18.30 Friday to 08.00 Monday, and all day on public and bank holidays). The purpose of this service is to ensure that people can, where the pharmacist deems it appropriate, access an urgent supply

[85] Public Health England, Royal Society of Public Health (2016) Building Capacity: Realising the potential of community pharmacy assets for improving the public's health
[86] https://www.nhs.uk/

of their regular prescription medicines where they are unable to obtain a prescription before they need to take their next dose. The service may be needed because the person has run out of a medicine, or because they have lost or damaged their medicines, or because they have left home without them. This service complements the national community pharmacist consultation service.

NHS England commissions a palliative care drugs service from pharmacies to provide easy access to such drugs by ensuring that there is on-demand supply available from a network of pharmacies. Under the service the pharmacist will provide advice to health care professionals regarding the prescribing or dosage of palliative care drugs that should be administered to a patient, and information and advice relating to the use of palliative care drugs to patients and their carers.

7.2 Alcohol and drug use

As needle exchange and the supervised consumption of substance misuse medicines are commissioned by the council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for either service to be commissioned as part of pharmaceutical services.

However, there are elements of essential service provision which will help address this health need.

- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include drug and alcohol abuse. Health campaigns could include raising awareness about the risks of alcohol consumption through discussing the risks of alcohol consumption over the recommended amounts, displaying posters and distributing leaflets, scratch cards and other relevant materials.
- Where the pharmacy does not provide the locally commissioned services of needle exchange and the supervised consumption of substance misuse medicines, signposting people using the pharmacy to other providers of the services.
- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers.
- Using the opportunity presented when people attend the pharmacy to discuss the risks of alcohol consumption and in particular, during health campaigns or in discussion with customers requesting particular over the counter medicines, to raise awareness of the risks of alcohol misuse.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

The Hepatitis C antibody testing advanced service aims to increase the level of testing for Hepatitis C amongst people who inject drugs (for example steroids or heroin) but who haven’t yet moved to the point of accepting treatment for their substance use. National data demonstrates that this group of individuals accounts for 90% of all new Hepatitis C infections and therefore provision of this advanced service, or signposting people to pharmacies that do provide it, will help contribute to:

- An increase in the number of diagnoses,
- Permit effective interactions to lessen the burden of illness to the individual,
- Decrease long-term costs of treatment, and
- Decrease onward transmission of Hepatitis C.

7.3 Long-term conditions

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to long-term conditions as part of the essential services they provide.

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Disposal of unwanted drugs, including controlled drugs.
- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include long-term conditions.
- Signposting people using the pharmacy to other providers of services or support, for example providers of smoking cessation services.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

Provision of the discharge medicine service, community pharmacist consultation service, appliance use review, stoma appliance customisation, new medicine service, flu vaccination and hypertension case-finding advanced services will also assist people to manage their long-term conditions in order to maximise their quality of life.

As smoking cessation services is commissioned by the council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services, other than as the new advanced service.

NHS England commissions a palliative care drugs service from pharmacies to provide easy access to such drugs by ensuring that there is on-demand supply available from a network of pharmacies. Under the service the pharmacist will provide advice to health care professionals regarding the prescribing or dosage of palliative care drugs that should be administered to a patient, and information and advice relating to the use of palliative care drugs to patients and their carers.

7.4 Obesity

Four elements of the essential services will address this health need.

- Where a person presents a prescription, and they are overweight, the pharmacy is required to give appropriate advice with the aim of increasing the person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include obesity.
- Signposting people using the pharmacy to other providers of services or support. This may include referring people to the NHS Digital Weight Management programme[87].
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.5 Sexual health

As chlamydia screening and emergency hormonal contraception services are commissioned by the council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services. The council will be recommissioning the sexual health services and consideration is likely to be given to the wider role pharmacies could play in supporting delivery of them.

However there are elements of essential service provision which will help address this health need.

- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include sexually transmitted infections and human immunodeficiency virus.
- Where the pharmacy does not provide the locally commissioned service for chlamydia screening, signposting people using the pharmacy to other providers of this service.
- Where the pharmacy does not provide the locally commissioned service of emergency hormonal contraception provision, signposting people using the pharmacy to other providers of the service.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.6 Teenage pregnancy

As emergency hormonal contraception provision is commissioned by the council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services.

However, there are elements of essential service provision which will help address this health need.

[87] The NHS Digital Weight Management Programme

- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include teenage pregnancy.
- Where the pharmacy does not provide the locally commissioned service of emergency hormonal contraception provision, signposting people using the pharmacy to other providers of the service.

7.7 Smoking

As smoking cessation is commissioned by the council, it is not envisaged that within the lifetime of this pharmaceutical needs assessment there is or will be a need for it to be commissioned as part of pharmaceutical services.

The only exception to this is the new advanced service that started in March 2022 and which enables NHS trusts to refer patients discharge from hospital to a pharmacy of their choice to continue their smoking cessation care pathway. This may include providing medication and behavioural support as required.

However, there are elements of essential service provision which will help address this health need.

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include smoking.
- Where the pharmacy does not provide the locally commissioned service of smoking cessation, signposting people using the pharmacy to other providers of the service.
- Routinely discussing stopping smoking when selling relevant over the counter medicines.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.

7.8 Healthy living

Following agreement between the Department of Health and Social Care, NHS England and the Pharmaceutical Services Negotiating Committee all pharmacies, as part of essential services, are required to promote healthy living by being healthy living pharmacies. The aim of this is to maximise the role of the pharmacy in prevention of ill health, reduction of disease burden, reduction of health inequalities and in support of health and wellbeing. The healthy living pharmacy concept is designed to develop (in respect of health and wellbeing services):

- The community pharmacy workforce,

- Community pharmacy engagement with the general public (including “Making Every Contact Count”),
- Community pharmacy engagement with local stakeholders such as local authorities, voluntary organisations and other health and social care professionals, and
- The environment in which health and wellbeing services are delivered.

First piloted in Portsmouth in 2009, the objective of healthy living pharmacies is to create teams that are aware of local health issues and are consistently demonstrating they are promoting healthy lifestyles by tackling the health problems their populations face head on.

As part of the acceptable system of clinical governance and promotion of healthy living that all pharmacies are required to participate in, pharmacies will undertake an approved community engagement exercise at least once a year in relation to the promotion of healthy living. As part of these exercises pharmacies must:

- actively work in collaboration with other organisations to deliver pharmacy outreach and any locally commissioned services, and
- take prevention and health promotion services beyond the pharmacy premises. Pharmacy outreach may be face-to-face or virtual and take services to people where they live or spend time.

7.9 Minor ailments

NHS England commissions a minor ailments service (also known as Pharmacy First) and extended care services from pharmacies. These services aim to ensure that patients can easily access self-care advice for the treatment of a range of common conditions, and, where appropriate, can be supplied with antibiotics or other prescription only medicines to treat certain specific conditions.

In addition the community pharmacist consultation service people can be referred to a pharmacy for advice on the treatment/management of minor ailments.

Where a pharmacy doesn’t provide one or all of these services there are elements of the essential services that will help address this health need.

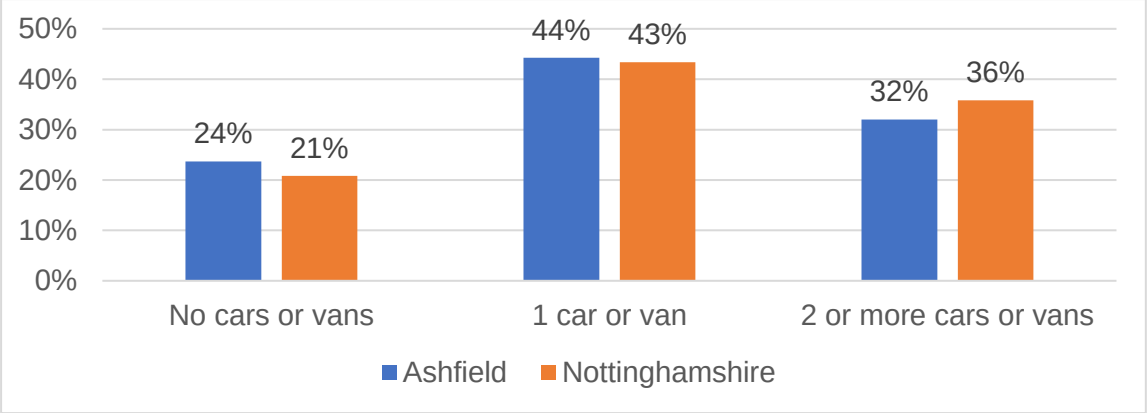
- Signposting people using the pharmacy to other providers of the service.
- Providing healthy living advice during consultations and engagement with people attending the pharmacy.
- Provide appropriate advice to help with self-management of limiting conditions where appropriate, including advice on the selection and use of any appropriate medicines.

8 Ashfield locality

8.1 Key facts

- Described as minor urban conurbation or urban city and town.
- Second highest projected population growth between 2018 and 2025 in the county at 6.7%.
- Projected to have the largest proportion of residents aged 0 to 19 in Nottinghamshire.
- Second greatest decline in live births between 2010 to 2020 at -20.7%.
- Lowest rate of people for whom English is not their main language in Nottinghamshire (1.5%)
- Highest percentage of White residents at 97.7% in Nottinghamshire.
- The main languages spoken in Ashfield households at the 2011 Census were:
    - English – 98.5%
    - Polish – 0.6%
    - Latvian, Tamil and all other Chinese – 0.1% each
- The life expectancy for both men and women is worse than the English average (78.0 and 81.5 years respectively). Life expectancy is 13.2 years lower for men and 10.6 years lower for women in the most deprived areas of Ashfield than in the least deprived areas.
- The figure below compares car ownership levels in the locality to Nottinghamshire and shows that there are slightly more households with no car or van.

Figure 37 – car ownership in Ashfield compared to Nottinghamshire[88]

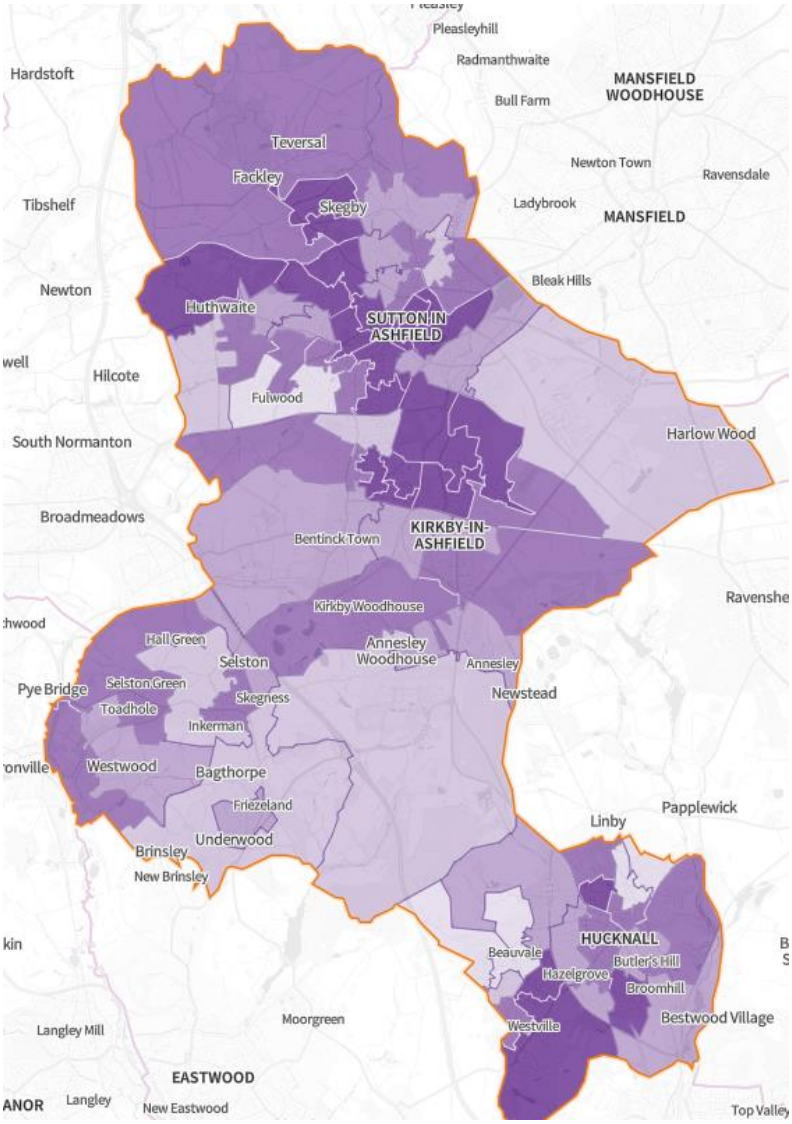


- For the period October 2020 to September 2021, Ashfield had the highest percentage of residents aged 16 to 64 who were employees (72.9%), and the lowest percentage who were economically inactive.
- Lowest rate of house ownership (69.2%), and the second highest rate of social rented housing (16.2%)
- Within national rankings, Ashfield is 63rd out of 319 local authorities with regard to the English Indices of Deprivation 2019 (where a ranking of one is the most deprived[89]). This puts it in the top 20% most deprived districts in England. 12 of the lower-layer super output areas fall within the 10% most deprived, with nine in the 11 to 20% most

[88] Nomis KS404EW - Car or van availability
[89] Ministry of Housing, Communities & Local Government, The English Indices of Deprivation 2019

deprived. The map below shows the spread of deprivation across the locality, where the darker the colour the greater the level of deprivation.

Map 14 – Spread of deprivation[90]



- Higher percentage of people reporting they have a limiting long term illness at the 2011 Census compared to Nottinghamshire (22.5% and 20.3% respectively).
- Lowest rate of smoking in routine and manual occupations (16.1%).
- Under 75 mortality rate from all causes worse than the English average 2018-2020 (401.6 and 336.5 per 100,000 respectively).
- Under 75 mortality rate from all cardiovascular diseases worse than the English average 2017-2019 (87.7 and 70.4 per 100,000 respectively).
- Under 75 mortality rate from cancer is worse than the English average 2017-19 (146.2 and 129.2 per 100,000 respectively).

[90] Public Health England's Strategic Health Asset Planning and Evaluation tool

- Suicide rate similar to the English average 2018-2020 (7.1 and 10.4 per 100,000 respectively).

According to the Office for Health Improvement & Disparities Ashfield health profile 2019[91]:

- In Year 6, 23.1% of children are classified as obese, worse than the average for England.
- Levels of GCSE attainment, breastfeeding and smoking in pregnancy are worse than the England average.
- The rate for alcohol-related harm hospital admissions is 775 per 100,000, worse than the average for England. This represents 970 admissions per year.
- The rate for self-harm hospital admissions is 221 per 100,000, worse than the average for England. This represents 275 admissions per year.
- Estimated levels of excess weight in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average.
- The rates of new sexually transmitted infections, killed and seriously injured on roads and new cases of tuberculosis are better than the England average.
- The rate of statutory homelessness is better than the England average.

Ashfield District Council's Housing land monitoring report 2021[92] states that the local housing need for this locality is 457 dwellings per annum, giving a total of 1,371 for the lifetime of this pharmaceutical needs assessment. Working on an average occupancy rate of 2.4 persons, this gives a total of approximately 3,290 people.

The report anticipates that the number of completions during the lifetime of the pharmaceutical needs assessment will be:

- 2022/23 – 209,
- 2023/24 – 376,
- 2024/25 – 274, and
- 2025/26 – 175.

Taking into account the pharmaceutical needs assessment will span half of 2022/23 and 2025/26, and assuming an even completion rate throughout the year, this gives an anticipated total of 842, some way short of the identified need. This would equate to approximately 2,021 people.

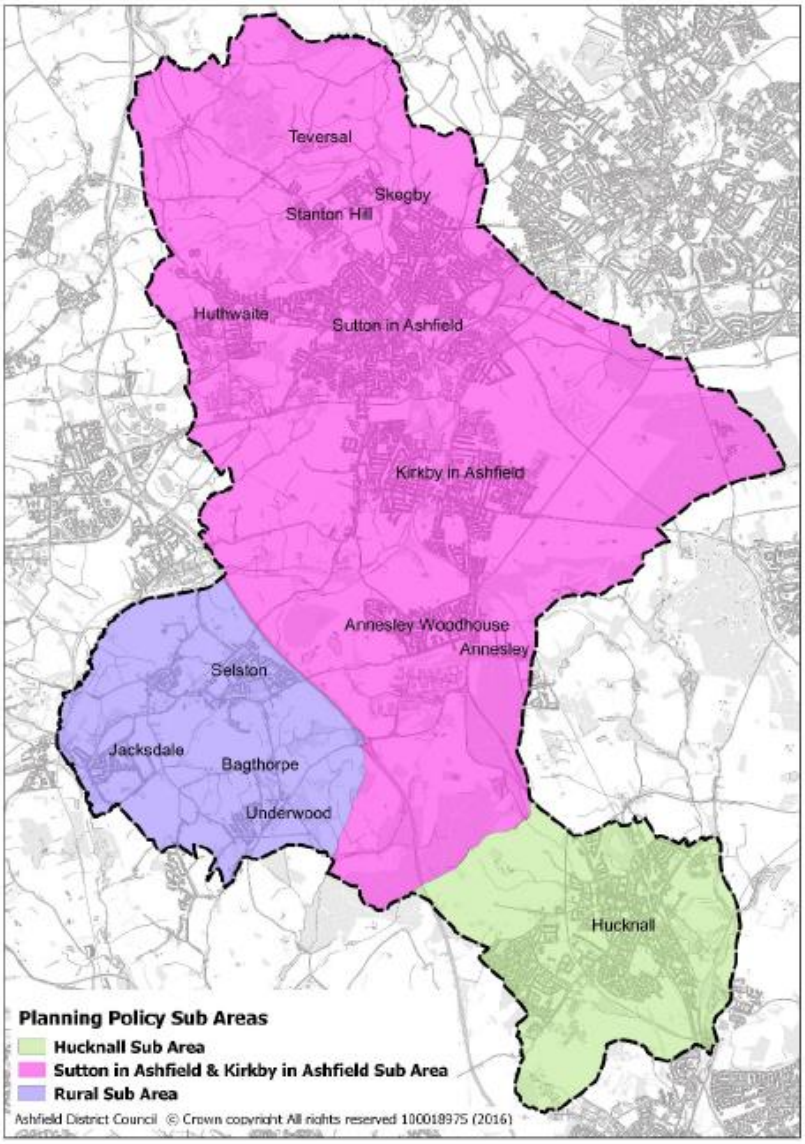
For planning policy purposes, the locality is split into three sub-areas:

- Hucknall,
- Kirkby and Sutton areas, and
- The Rural area.

The map below, taking from the report, shows the location of these three sub-areas.

[91] Local authority health profiles, Office for Health Improvement & Disparities
[92] Housing land monitoring report 2021, Ashfield District Council

Map 15 – Ashfield District planning policy sub-areas



The figure provides a summary of the large sites, defined as those with ten or more dwellings.

Figure 38 – large sites with planning permission summary as at 1 April 2021

	Greenfield sites			Previously developed land		
Area	**Total dwellings**	**Dwellings completed**	**Dwellings remaining**	**Total dwellings**	**Dwellings completed**	**Dwellings remaining**
Hucknall	273	0	273	1,068	523	545
Kirkby-Sutton	867	40	827	155	28	127
Total	**1,140**	**40**	**1,100**	**1,223**	**551**	**672**

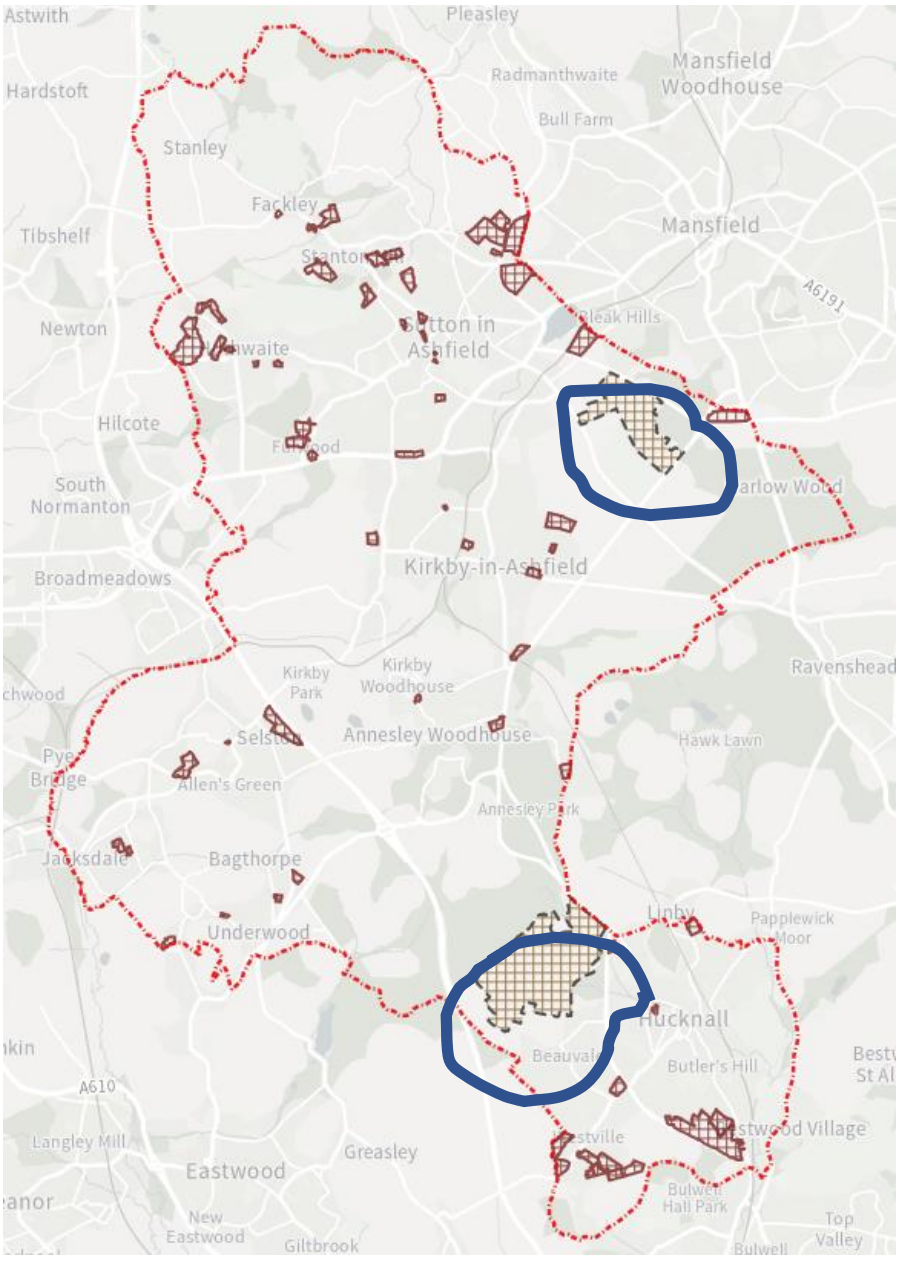
There are no large sites in the rural sub-area.

The emerging Local Plan 2020-2038[93] proposes two new settlements:

- a new mixed-use settlement identified at Whyburn Farm, Hucknall to deliver 2,000 new dwellings, 1,600 of which are expected to be delivered within the plan period, along with approximately 13 hectares of employment land, and
- a new settlement at Cauldwell Road, Sutton in Ashfield to deliver 1,000 new dwellings although only 315 of which are expected to be delivered within the plan period.

The map below, taken from the emerging Local Plan, shows the location of these two new settlements outlined in blue.

Map 16 – location of new settlements in Ashfield District Council

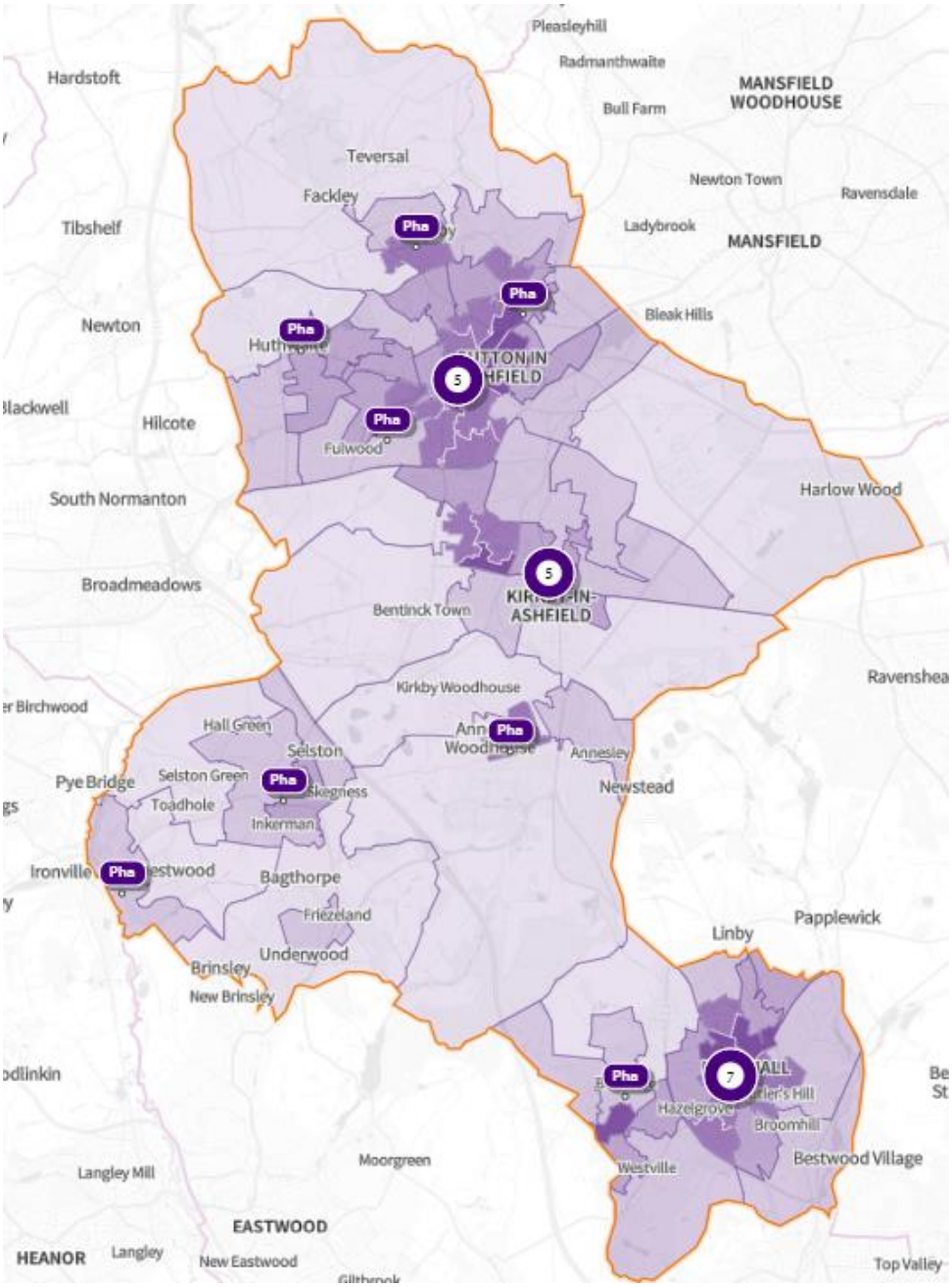


[93] Local Plan, Ashfield District Council

8.2 Necessary services: current provision within the locality's area

There are 25 pharmacies in the locality operated by 17 different contractors, one of which is a distance selling premises. Previously there were two distance selling premises in the locality, but one was found to have closed without advising NHS England or giving the required notice period in April 2022. As can be seen from the map below the pharmacies are located within areas of greater population density (the darker the shading the greater the population density).

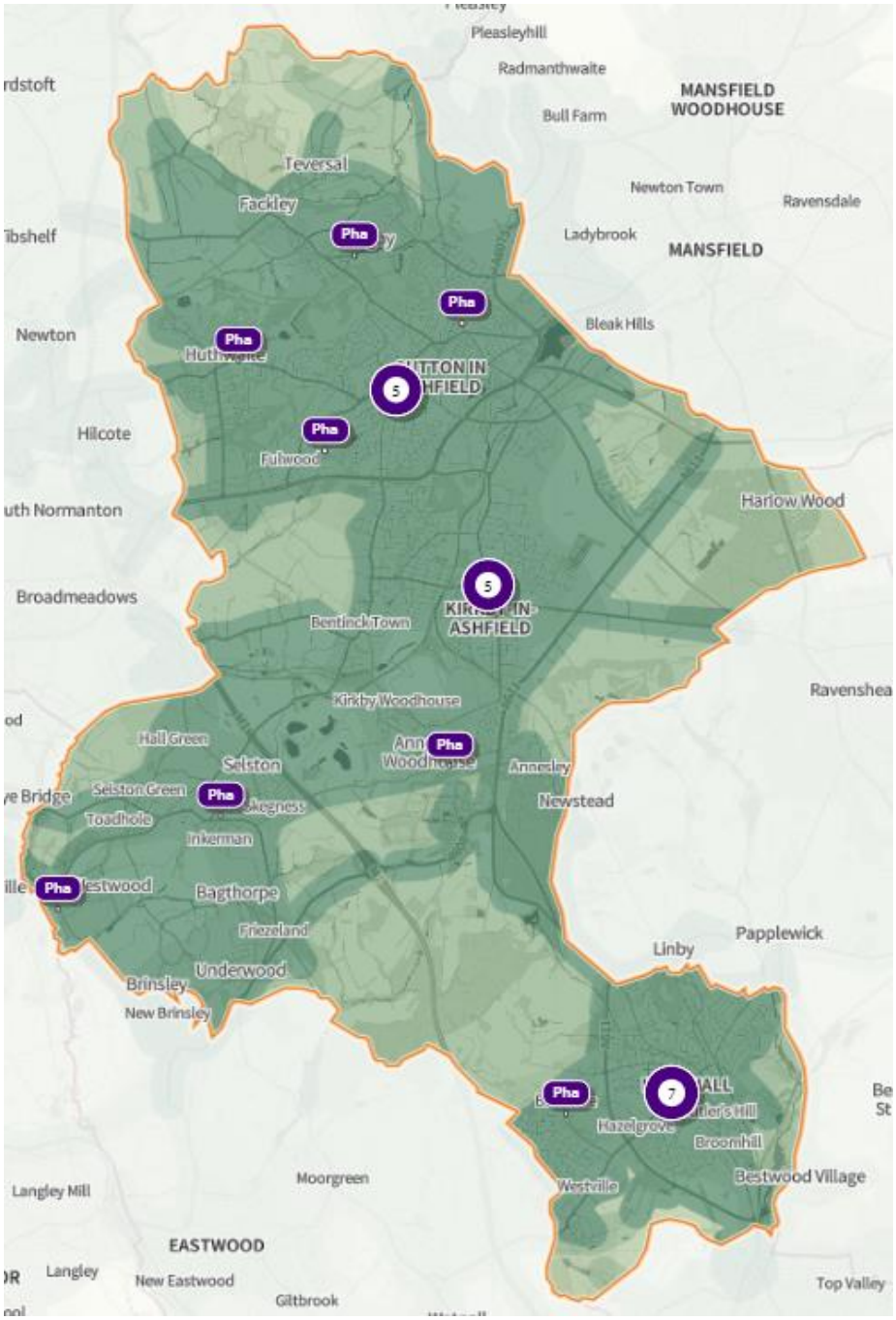
Map 17 – location of pharmacies compared to population density



In 2020/21, 90.0% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies.

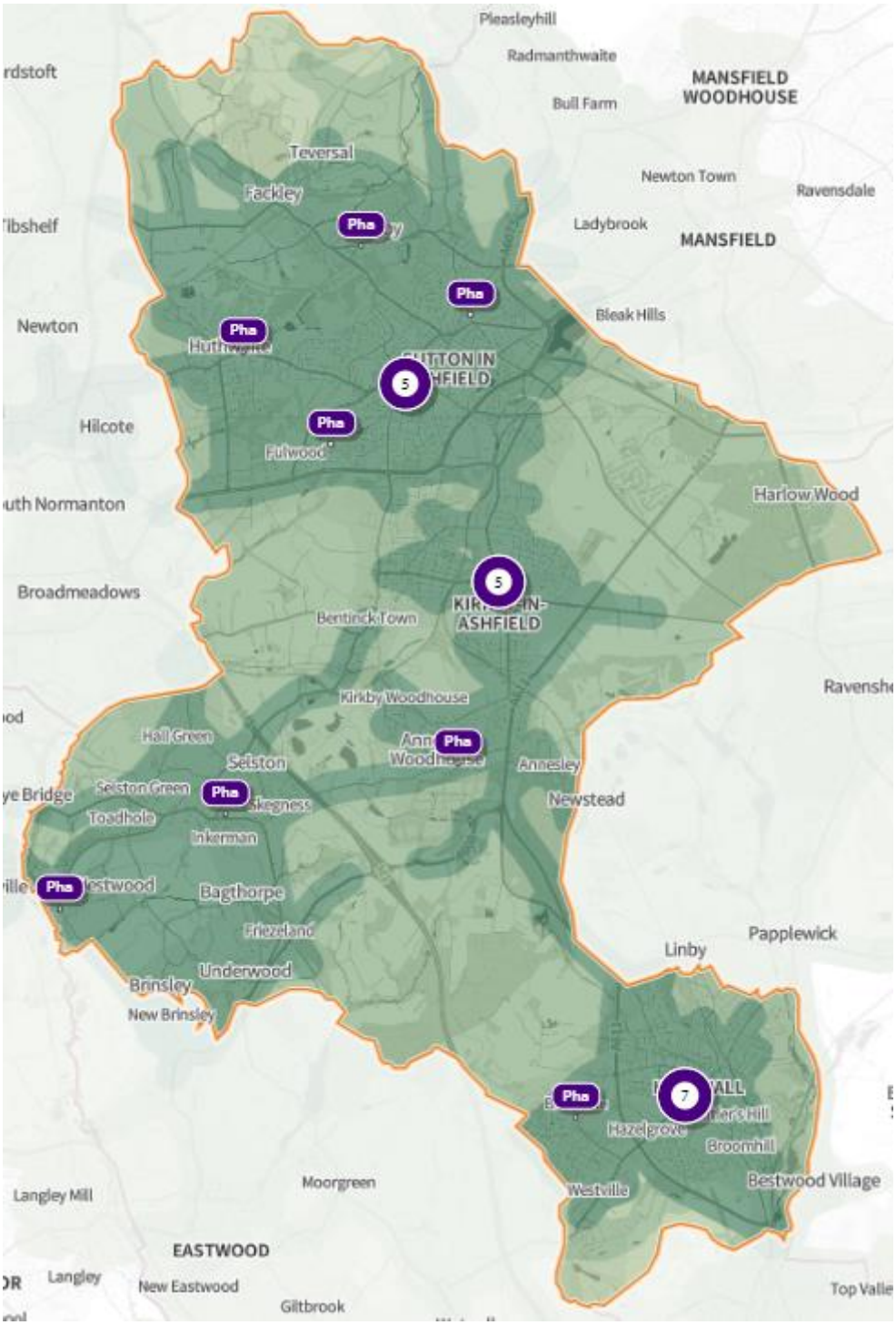
As can be seen from the maps below, all residents of the locality can access one of the 26 pharmacies by car within 15 minutes, both during and outside the rush hour periods, with the majority able to access within 10 minutes by car.

Map 18 – access to pharmacies in Ashfield outside of rush hour times



5 10 15 Travel times in minutes

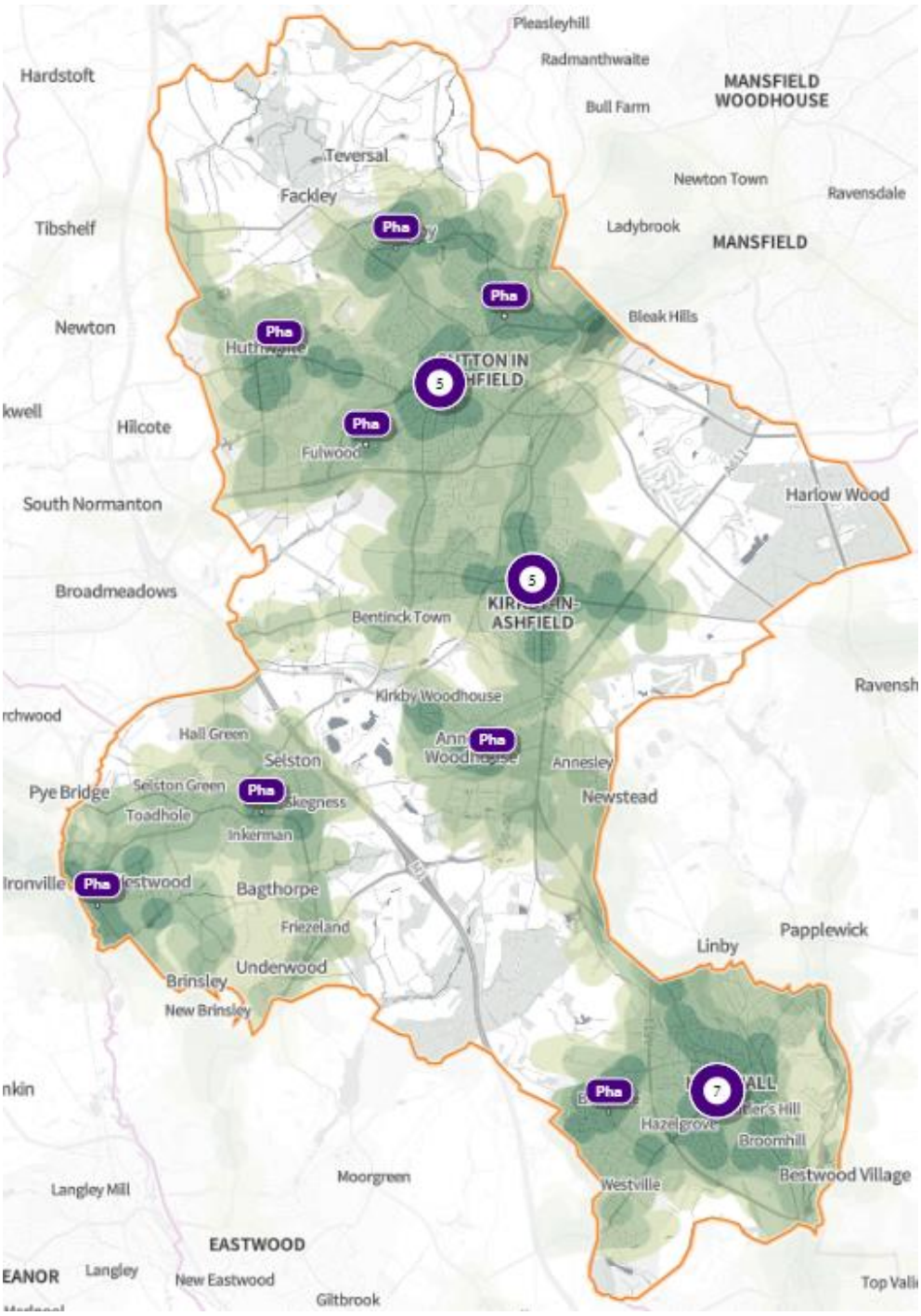
Map 19 – access to pharmacies during rush hour times



Travel times in minutes

Much of the area is also within a 20-minute travel time by public transport as can be seen from the map below.

Map 20 – access to pharmacies by public transport



Travel times in minutes

There are two 100 hour pharmacies in the locality (Sutton in Ashfield and Hucknall) which are open seven days a week and between them cover the hours:

- 08.00 to 23.00 Monday,
- 06.30 to 23.00 Tuesday to Friday,
- 06.30 to 22.00 Saturday, and
- 10.00 to 16.00 Sunday.

With regard to the remaining 23 pharmacies:

- 12 open Monday to Friday,
- Seven are open Monday to Friday and Saturday morning, and
- Four are open Monday to Saturday.

With regard to the times at which these 23 pharmacies are open between Monday and Friday:

- One opens at 08.00, seven at 08.30, two at 08.45, and 13 at 09.00
- Two are open until 17.00, four until 17.30 (although one closes at 12.00 on Wednesdays), 11 until 18.00 (although one closes at 17.30 on Wednesdays and another on Fridays), one until 18.15, four until 18.30, and one until 18.45.

On Saturdays one pharmacy opens at 08.30 and ten at 09.00. Three pharmacies close at 12.00, four at 13.00, one at 17.00 and three at 17.30.

Of the 11 pharmacies who responded to the contractor questionnaire, nine dispense all appliances listed in Part IX of the Drug Tariff, one doesn't dispense stoma appliances, and the other just dispenses dressings.

23 pharmacies have provided the new medicine service since April 2020 with the total number of full service interventions claimed as follows:

- Financial year 2020/21 – 1,762 (lower than in previous years due to the Covid-19 pandemic). The range at pharmacy level was one to 295.
- April to September 2021 – 1,881. The range at pharmacy level was one to 371.

Of the two pharmacies that haven't provided the service one is distance selling premises and the other is in Kirkby in Ashfield, however it is noted that the latter did provide the service in the second half of 2021/22.

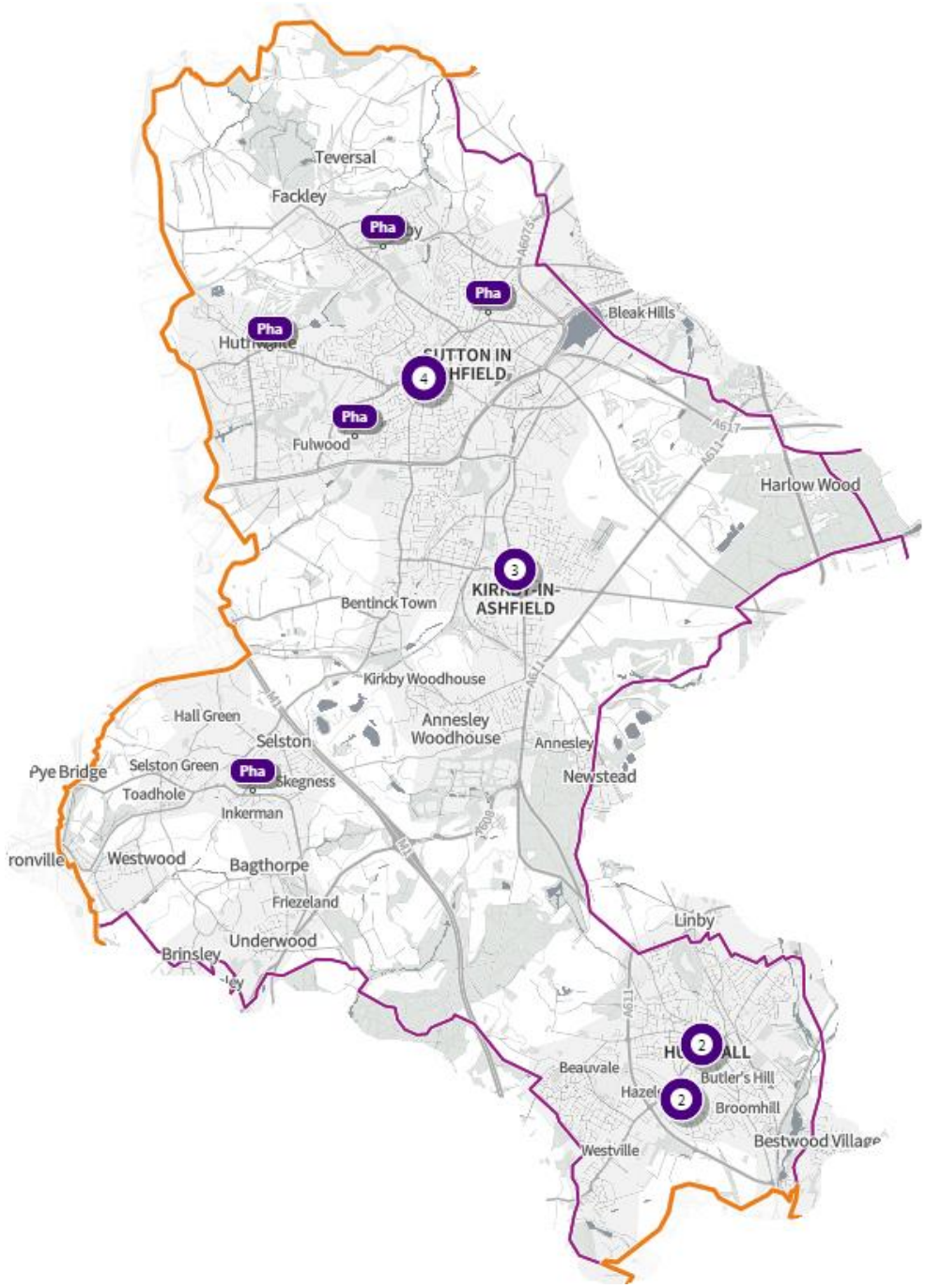
22 of the pharmacies provided flu vaccinations under the advanced service in 2020/21 vaccinating a total of 5,773 people with a range at pharmacy level of one to 1,879. Between September and December 2021 23 pharmacies provided the service, giving a total of 10,426

vaccinations, a range at pharmacy level of one and 3,464. One of the pharmacies that hasn't provided the service is a distance selling premises and the other two are in Hucknall.

In 2021/22, 16 pharmacies have provided the community pharmacist consultation service between April and September, completing a total of 486 referrals. However, 24 of the pharmacies are signed up to provide the service. Of the two that aren't, one is a distance selling premises and the other is in Hucknall.

The map below shows the location of the pharmacies that have provided the service.

Map 21 – pharmacies that have provided the community pharmacist consultation service April to September 2021



8.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices that were not dispensed by a pharmacy in the locality:

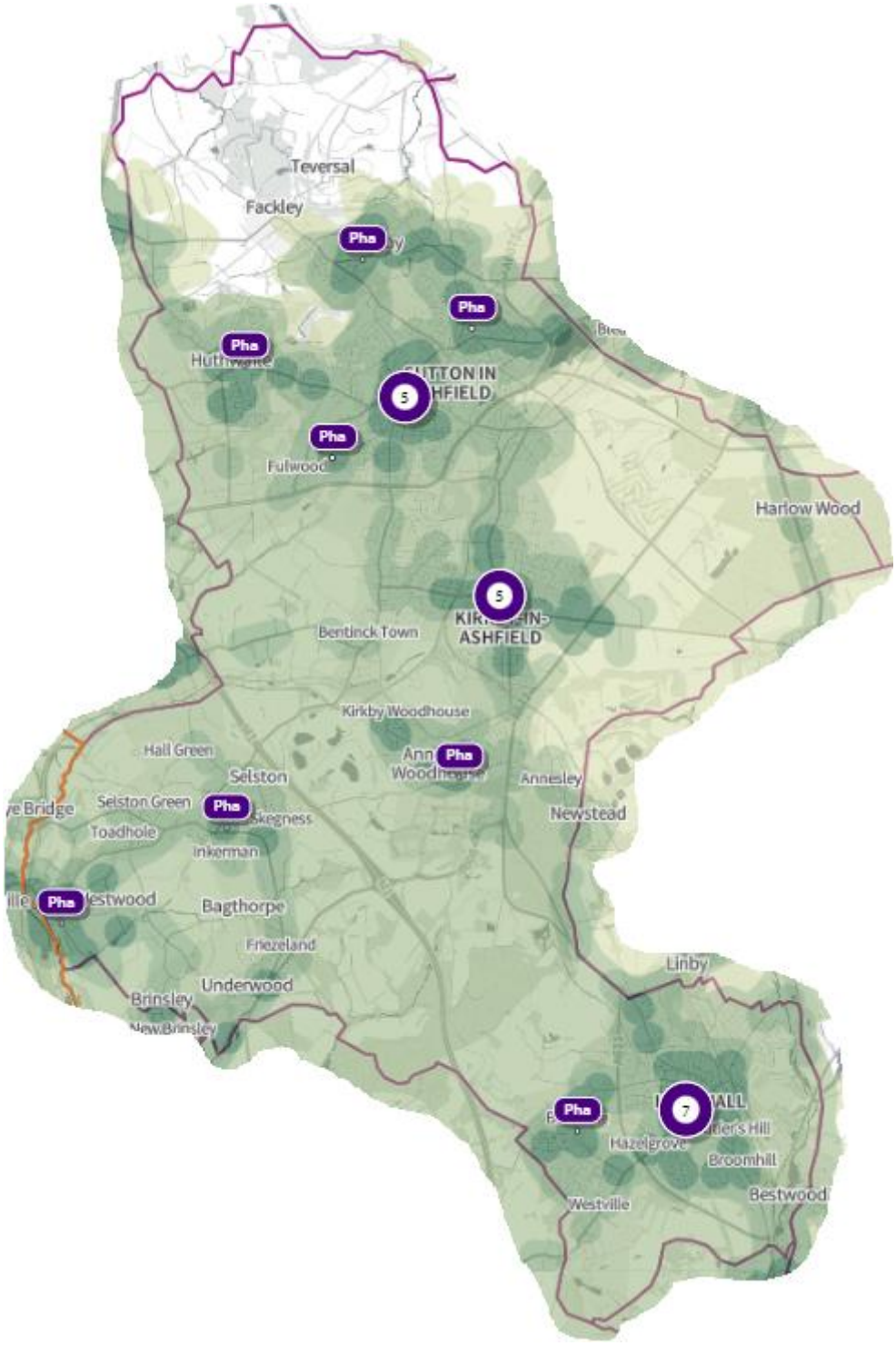
- 4.0% was dispensed elsewhere in Nottinghamshire,
- 1.3% by 61 contractors in Nottingham City,
- 1.1% by 11 contractors in Leeds,
- 0.6% by 89 contractors in Derbyshire.

The remaining 1.3% was dispensed by 509 contractors in 114 different health and wellbeing board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 1.8% was dispensed by 24 distance selling premises. 0.3% were dispensed by 29 dispensing appliance contractor premises.

Even without taking into account the provision of necessary services outside of the locality, all residents can access a pharmacy by car within 15 minutes, both during and outside the rush hour periods, and the majority can access a pharmacy by car within 10 minutes. When provision in neighbouring localities and health and wellbeing boards is taken into account, the majority of the locality is within 20 minutes of a pharmacy by public transport as can be seen from the map below.

Map 22 – travel times to pharmacies in Ashfield and neighbouring localities and health and wellbeing board areas by public transport



5 10 15 20 Travel times in minutes

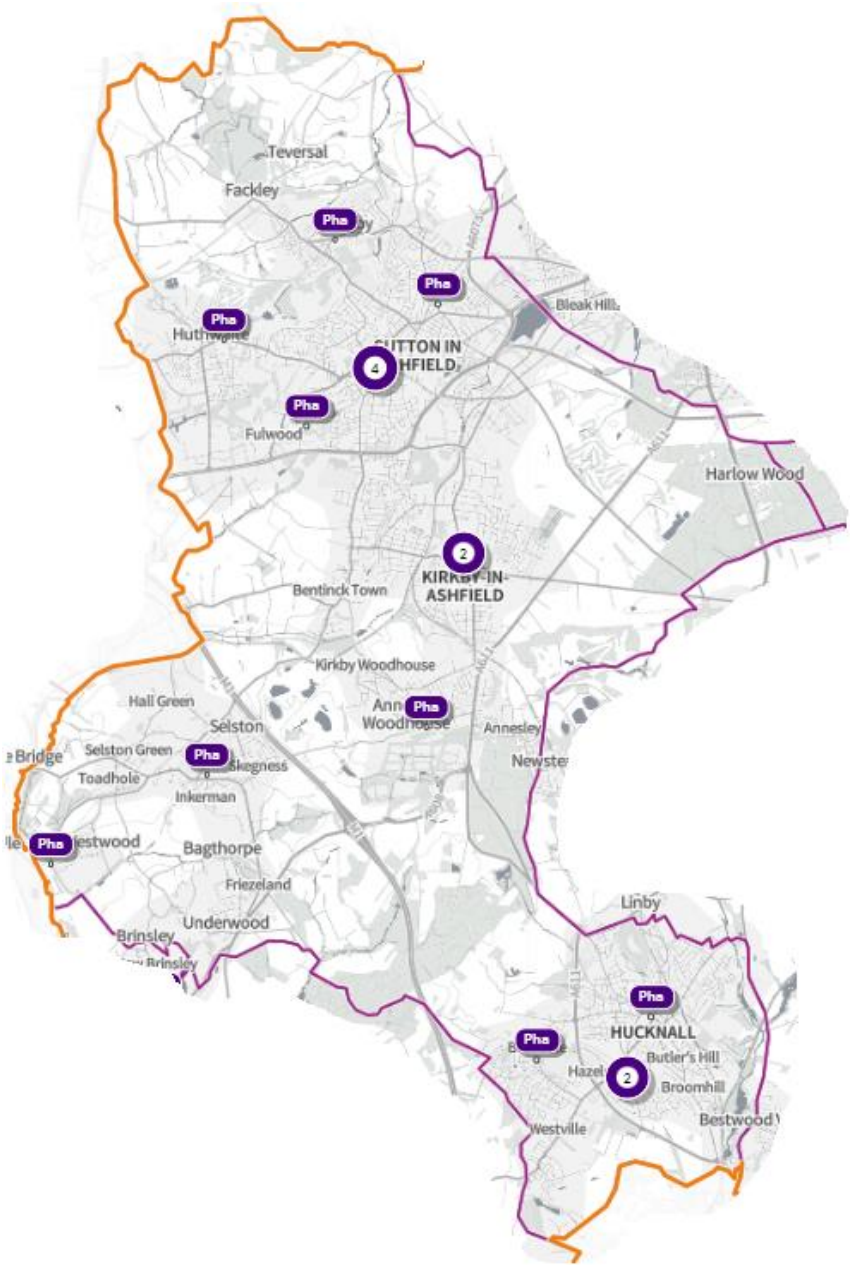
8.4 Other relevant services: current provision

No pharmacy provided appliance use reviews or the stoma appliance customisation service between April and September 2021 despite at least nine pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023.

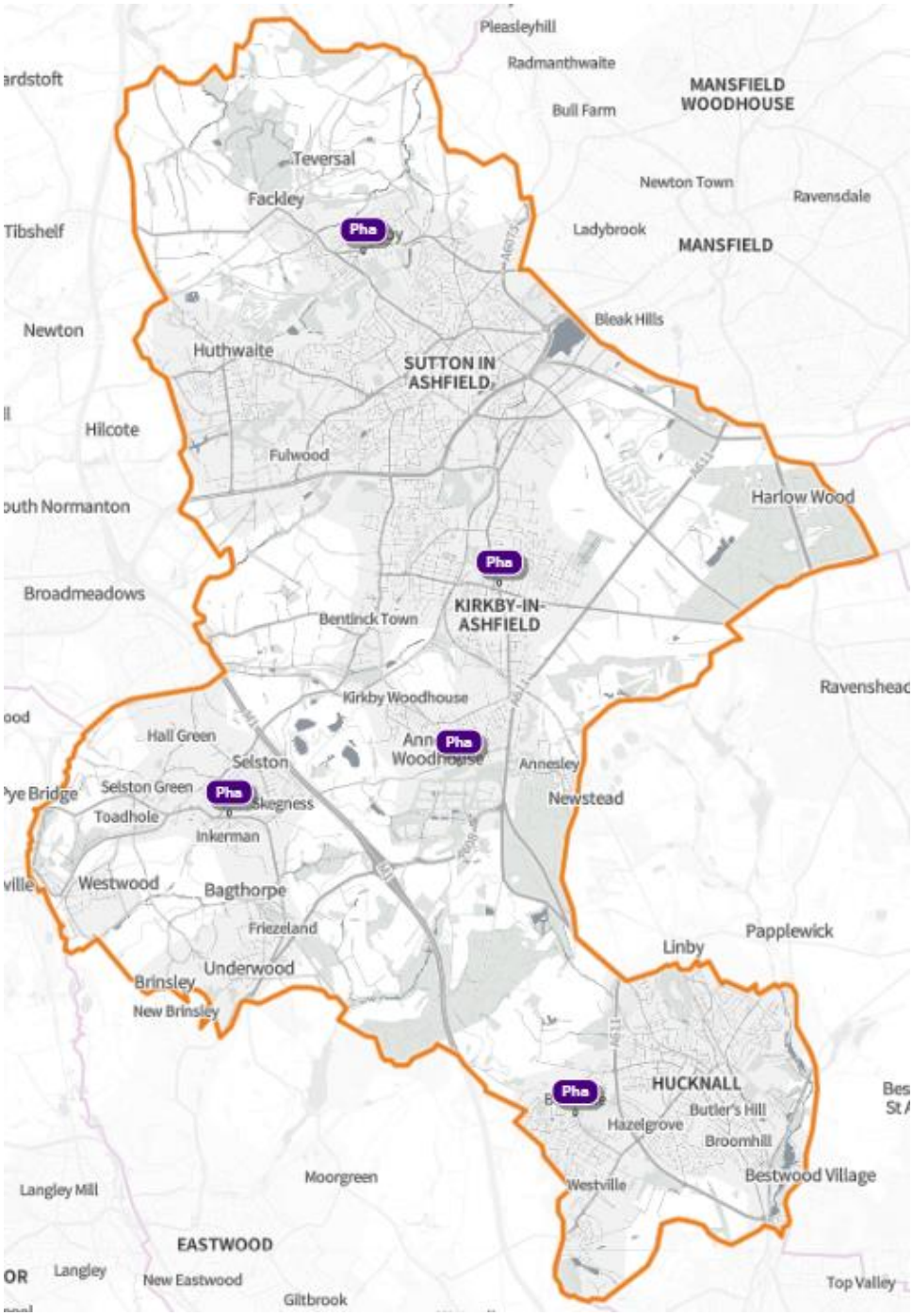
As of 22 July 2022 17 of the pharmacies had signed up to provide the hypertension case finding advanced service. The map below shows where they are located.

Map 23 – location of the pharmacies that have signed up to provide the hypertension case finding advanced service



As of 18 July 2022 five of the pharmacies had signed up to provide the smoking cessation advanced service. The map below shows where they are located.

Map 24 – location of the pharmacies that had signed up to provide the smoking cessation advanced service as of 18 July 2022



As of September 2021, 24 of the pharmacies had provided 26,016 test kits under the Covid-19 lateral flow device distribution service.

In relation to the extended care service, in 2021/22:

- Ten pharmacies provide tier 1 – conjunctivitis,
- 13 provide tier 1 – urinary tract infections,
- Five provide tier 2a – impetigo,
- Five provide tier 2a – insect bites, and
- Five provide tier 2a – eczema.

In 2021/22:

- 19 pharmacies provide the emergency supply service,
- 16 provide the Pharmacy first service, and
- Three provide the palliative care service.

8.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks, and
- Advice and treatment for common ailments.

In 2020/21, 1.7% of items prescribed by the GP practices were personally administered by the practices.

Residents will access other NHS services located in this locality or elsewhere in the health and wellbeing board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- The Nottinghamshire appliance management service,
- Continence prescription services,
- Community nursing services,
- Evening and weekend GP appointments,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

8.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 8.2 and 8.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2020/21, a total of 3,504 contractors dispensed items written by one of the GP practices, of which 3,243 were outside of Nottinghamshire. Some were quite a distance from the county, for example Bristol, Norfolk, Cornwall, Kent, Isle of Wight, Northumberland and Newcastle.

8.7 Necessary services: gaps in provision

Ten of the 11 pharmacies that replied to the pharmacy contractor questionnaire confirmed that they have sufficient capacity within their existing premises to manage the increase in demand in the area (the eleventh didn't answer the question). Ten also said they had sufficient capacity within their staffing levels whilst the eleventh said that it but could make adjustments to manage an increase in demand.

Whilst not NHS services:

- The 11 pharmacies collect prescriptions from GP practices.
- Nine provide a free of charge delivery service, of whom three offer the service to everyone, whereas the other six restrict the service to certain categories of people for example the elderly, disabled people, housebound, or people with bulky, heavy items.
- Two provide a delivery service, for a fee, to everyone.

One pharmacy confirmed that Farsi is spoken by staff every day. Another said that it uses an online translation service to communicate with anyone who cannot communicate effectively in English.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that the population can access a pharmacy within 15 minutes by car, with the majority within 10 minutes by car. In addition much of the area is within 20 minutes of a pharmacy by public transport. When pharmacies in neighbouring localities and health and wellbeing board areas are taken in account, most of the locality is within 20 minutes of a pharmacy by public transport.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,

- Be able to use public transport, or
- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide to a reasonable extent.

The health and wellbeing board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality, particularly noting that there are two 100 hour pharmacies in the locality and the spread of pharmacies across the locality.

The health and wellbeing board has noted that an application to consolidate two pharmacies on the High Street in Hucknall was granted and took effect on 29 April 2019. The application was granted on the basis that the closure of one of the pharmacies would not create a gap that could be met by a 'routine application' offering to:

- Meet a current or future need for pharmaceutical services, or
- Secure improvements, or better access, to pharmaceutical services.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

The health and wellbeing board has noted the projected number of houses to be built. It is of the opinion that there is sufficient capacity within the existing providers of pharmaceutical services to meet the demand generated by these new houses. With regard to the two new settlements proposed in the emerging Local Plan for 2020 to 2038, the health and wellbeing board is of the opinion that neither will create demand for pharmaceutical services during the lifetime of this pharmaceutical needs assessment as the plan needs to be finalised and published, planning applications submitted and considered, and building work to start. It is noted that the Ashfield New Settlements Study published in March 2021[94] concludes that whilst both sites have the potential to deliver new homes, each has significant constraints that will require further detailed investigations and mitigation. The study goes on to conclude that neither site would be capable of delivering significant housing numbers in the early phases of the plan period (2020 to 2038) and so should be principally considered for their potential to deliver homes in the latter part of the plan period unless, for instance, external funding is secured to expedite their delivery.

[94] Ashfield New Settlements Study Final Report, March 2021, AECOM Limited

The health and wellbeing board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

The health and wellbeing board is also satisfied that, based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Community pharmacist consultation service, and
- Flu vaccination.

8.8 Improvements or better access: gaps in provision

Whilst none of the pharmacies provide the appliance use review and stoma appliance customisation services despite at least nine dispensing prescriptions for appliances, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services.

The community-based Nottinghamshire appliance management service offers an annual review with a stoma nurse as part of its service. The review covers all of the information that's included within the appliance use review offered by pharmacies and dispensing appliance contractors, in addition to a clinical review. Access to specialist advice and support is also available as required. In addition, not all stoma appliances need to be customised. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to the appliance use review and stoma appliance customisation services.

No pharmacies have signed up to provide the Hepatitis C antibody testing service, which is due to end on 31 March 2023. It is recognised that this is a niche service that will not be relevant to many residents. It is noted that nationally, not many pharmacies have signed up to provide the service, and those that have done so have completed very few tests. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The lateral flow device distribution advanced service is not currently commissioned by NHS England following the announcement that free testing ended on 1 April 2022 in England. However if it was to be recommissioned it is anticipated that those pharmacies that previously provided the service would do so again, and therefore no current or future improvements or better access have been identified in relation to this service.

The health and wellbeing board has noted that 17 of the pharmacies had signed up to provide the hypertension case-finding advanced service as of 22 July 2022. It is noted that the number of pharmacies that have signed up to provide this service has increased whilst

the pharmaceutical needs assessment has been written and it is expected that the number of pharmacies signed up to provide the service will continue. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The health and wellbeing board has noted that five of the pharmacies had signed up to provide the smoking cessation advanced service as of 18 July 2022. It is noted that the number of pharmacies that have signed up to provide this service has increased whilst the pharmaceutical needs assessment has been written but that roll-out of the service has been delayed whilst the systems are put in place by the hospitals. It is expected that the number of pharmacies signed up to provide the service will continue. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

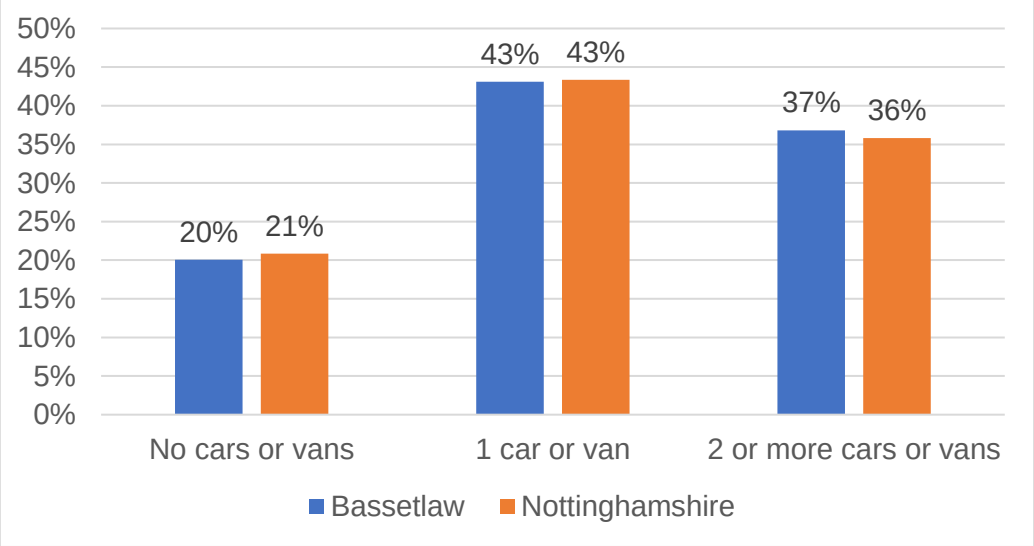
In relation to the four enhanced services that are currently commissioned by NHS England, the health and wellbeing board has noted that these services are currently being reviewed. Training to provide these services has been delayed due to the Covid-19 pandemic and this will have affected sign-up. Should the services continue following NHS England's review it is not expected that there will be a reduction in the number of pharmacies providing the service. In fact it is likely that the number will increase. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to these services.

9 Bassetlaw locality

9.1 Key facts

- Described as predominantly rural, although there are some urban areas.
- Projected population growth between 2018 and 2025 is 5.0%.
- Projected to continue to have the largest proportion of residents aged 65 and over in Nottinghamshire.
- Fourth greatest decline in live births between 2010 to 2020 at -15.4%.
- Third highest rate of people for whom English is not their main language in Nottinghamshire (2.6%).
- Second highest percentage of White residents at 97.4% in Nottinghamshire.
- The main languages spoken in Bassetlaw households at the 2011 Census were:
    - English – 97.4%
    - Polish – 1.5%
    - Malayalam, Turkish and all other Chinese – 0.1% each
- The life expectancy for women is worse than the English average (82.0 and 83.1 years respectively). Life expectancy for men is similar to the English average (78.9 and 79.4 years respectively). Life expectancy is 8.7 years lower for men and 6.9 years lower for women in the most deprived areas of Bassetlaw than in the least deprived areas.
- The figure below compares car ownership levels in the locality compared to Nottinghamshire and shows that there are slightly fewer households with no car or van, and slightly more households with two or more cars or vans. Langold ward has the highest percentage of lone pensioner households with no car (63%), with 54% in Tuxford ward.

Figure 39 – car ownership in Bassetlaw compared to Nottinghamshire[95]

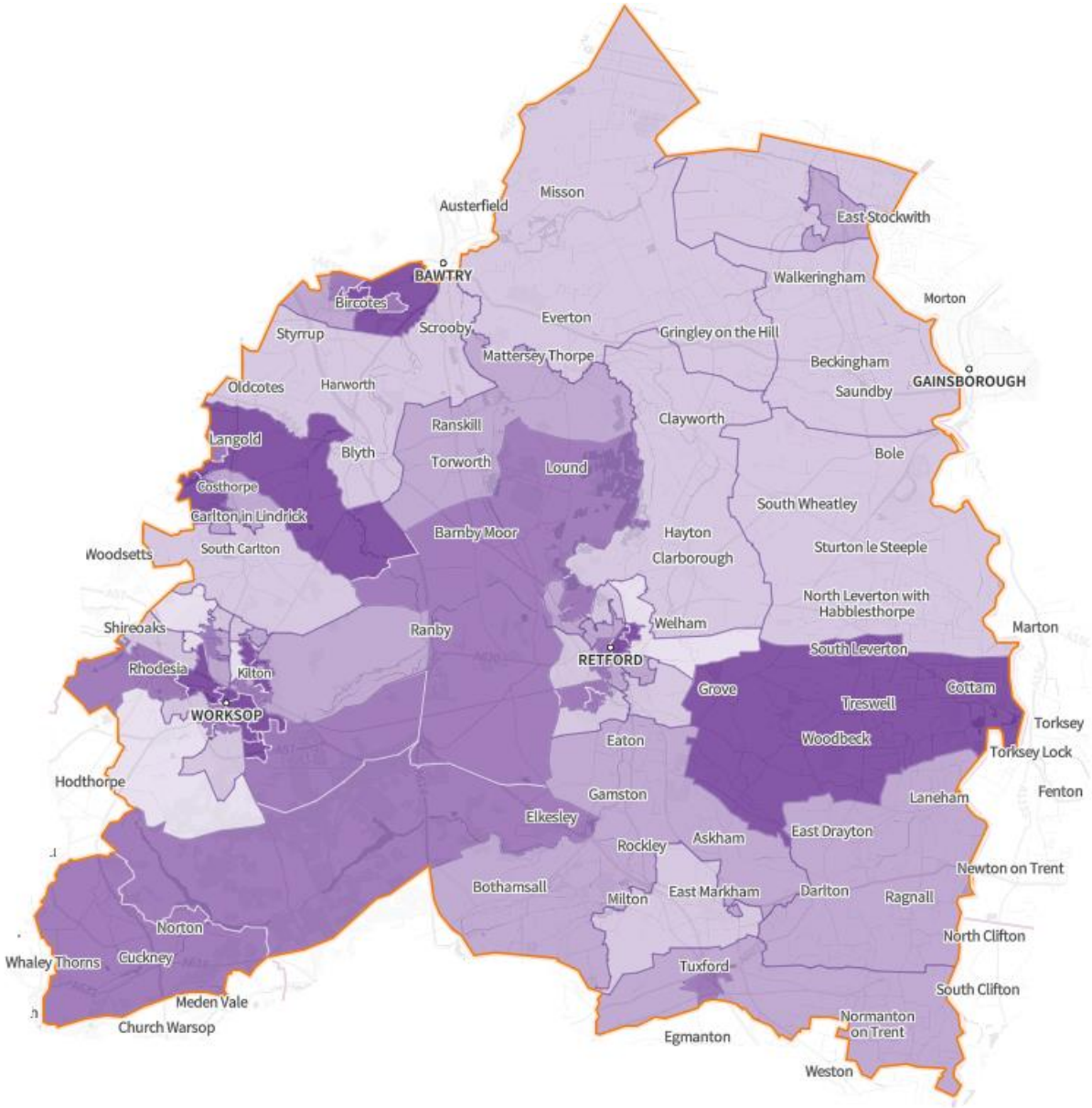


- Lowest rate of privately rented houses (12.5%), and the highest rate of people who were living rent free (1.4%).

[95] Nomis KS404EW - Car or van availability

- Within national rankings, Bassetlaw is 108th out of 319 local authorities with regard to the English Indices of Deprivation 2019 (where a ranking of one is the most deprived[96]). Five of the lower-layer super output areas fall within the 10% most deprived, with ten in the 11 to 20% most deprived. The map below shows the spread of deprivation across the locality, where the darker the colour the greater the level of deprivation.

Map 25 – Spread of deprivation[97]



[96] Ministry of Housing, Communities & Local Government, The English Indices of Deprivation 2019

[97] Public Health England's Strategic Health Asset Planning and Evaluation tool

- Higher percentage of people reporting they have a limiting long term illness at the 2011 Census compared to Nottinghamshire (21.8% and 20.3% respectively).
- Under 75 mortality rate from all causes worse than the English average 2018-2020 (359.6 and 336.5 per 100,000 respectively).
- Under 75 mortality rate from all cardiovascular diseases is similar to the English average 2017-2019 (76.8 and 70.4 per 100,000 respectively).
- Under 75 mortality rate from cancer is similar to the English average 2017-19 (138.8 and 129.2 per 100,000 respectively).
- Suicide rate is worse than the English average 2018-2020 (14.6 and 10.4 per 100,000 respectively).

According to the Office for Health Improvement & Disparities Bassetlaw health profile 2019[98]:

- In Year 6, 21.0% of children are classified as obese.
- The rate for alcohol-specific hospital admissions among those aged under 18 is 22 per 100,000. This represents 5 admissions per year.
- Levels of breastfeeding and smoking in pregnancy are worse than the England average.
- The rate for alcohol-related harm hospital admissions is 721 per 100,000, worse than the average for England. This represents 861 admissions per year.
- The rate for self-harm hospital admissions is 211 per 100,000. This represents 230 admissions per year.
- Estimated levels of excess weight in adults (aged 18+) are worse than the England average.
- The rates of new sexually transmitted infections and new cases of tuberculosis are better than the England average.
- The rate of killed and seriously injured on roads is worse than the England average.
- The rate of statutory homelessness is better than the England average

Bassetlaw District Council's Housing land supply statement 2021 to 2026[99] states that the local housing need for this locality is 281 dwellings per annum plus a 5% buffer (295 dwellings per annum), giving a total of 885 for the lifetime of this pharmaceutical needs assessment.

Whilst the Covid-19 pandemic lockdowns had an initial impact on reducing housing delivery, since the end of lockdown, rates have increased to pre-lockdown rates with 775 dwellings delivered in 2020/21 significantly higher than in 2019/20 (694). The figure below, taken from the housing land supply statement, summarises the deliverable supply of houses for the financial years covered by this pharmaceutical needs assessment.

[98] Local authority health profiles, Office for Health Improvement & Disparities
[99] Housing land supply statement 2021 to 2026, Bassetlaw District Council

Figure 40 – Bassetlaw five-year housing supply by category

Site category	2022-2023	2023-2024	2024-2025	2025-2026	Total
Major sites (ten dwellings or more) with full planning consent	644	605	348	298	1,895
Major sites with outline planning consent	30	30	149	270	479
Minor sites (nine dwellings or fewer)	144	144	144	143	575
Minimum five-year supply (net)	**818**	**779**	**641**	**711**	**2,949**

Assuming an even delivery of housing per year, the total for the three-year timespan of the pharmaceutical needs assessment is 1,753. Working on an average occupancy rate of 2.4 persons, this gives a total of approximately 4,207 people.

Since 2005, Retford has had the largest number of completions overall (1,779 for the period April 2005 to March 2021). However, in recent years housing completions in Workshop have increased (1,653 since 2005) and maintained a consistent delivery level, exceeding that for Retford and Harworth and Bircotes (881 since 2005). Completions in the local service centres of Carlton, Langold, Tuxford and Misterton have been significantly lower over the same time period (128, 131, 68, and 106 respectively). With regard to the rural service centres, the highest number of completions for 2020/21 were in Beckingham and East Markham (44 and 20 respectively), and overall completions for April 2005 to March 2021 were 834[100].

The draft Bassetlaw Local Plan 2020-2037[101] identifies two large urban extensions:

- Peaks Hill Farm on the norther edge of Worksop – 1,000 dwellings. Expected to commence from 2025-26.
- Ordsall South, Retford – 800 dwellings. Expected to commence from 2026-27.

The plan also identifies Bassetlaw Garden Village as a new settlement. It will start to be delivered from 2032 and will continue for the next 20 years or so with 500 homes to be built to 2037 with 3,500 thereafter. This new settlement therefore falls outside of the lifetime of this pharmaceutical needs assessment.

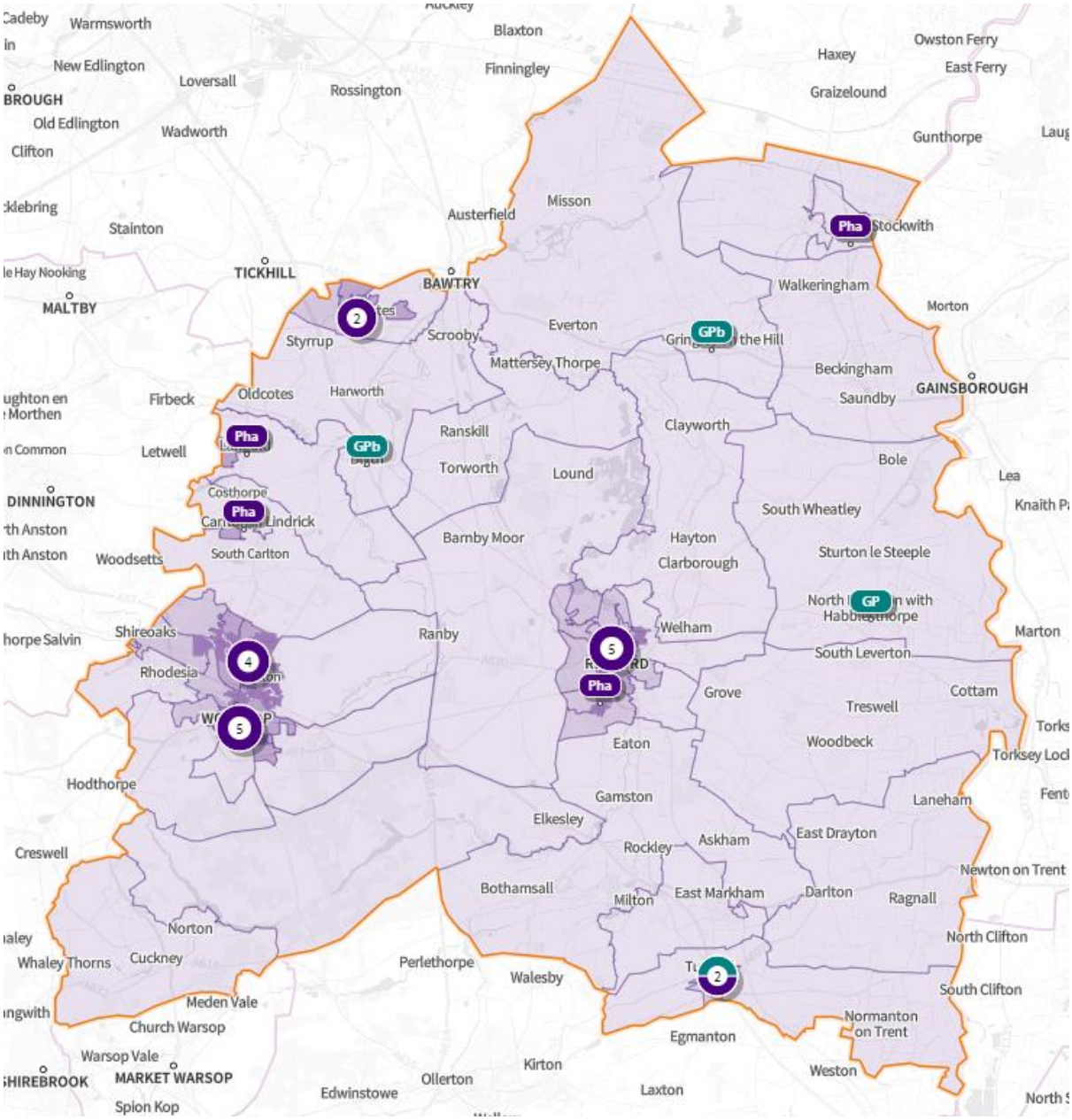
9.2 Necessary services: current provision within the locality's area

There are 21 pharmacies in the locality operated by 12 different contractors. A 100 hour pharmacy closed in April 2022. Three of the GP practices dispense to eligible patients from three premises, and a GP practice in a neighbouring health and wellbeing board's area dispenses from its branch surgery in the locality. The level of dispensing ranges from 12.9% to 98.8% of the practices' registered populations.

[100] Bassetlaw Authority Monitoring Report 2020/21, Bassetlaw District Council
[101] The Draft Bassetlaw Local Plan, Bassetlaw District Council

As can be seen from the map below the pharmacies are located within areas of greater population density whereas the GP practice premises which dispense are generally in areas of lower population density (the darker the shading the greater the population density).

Map 26 – location of pharmacies and dispensing practice premises compared to population density

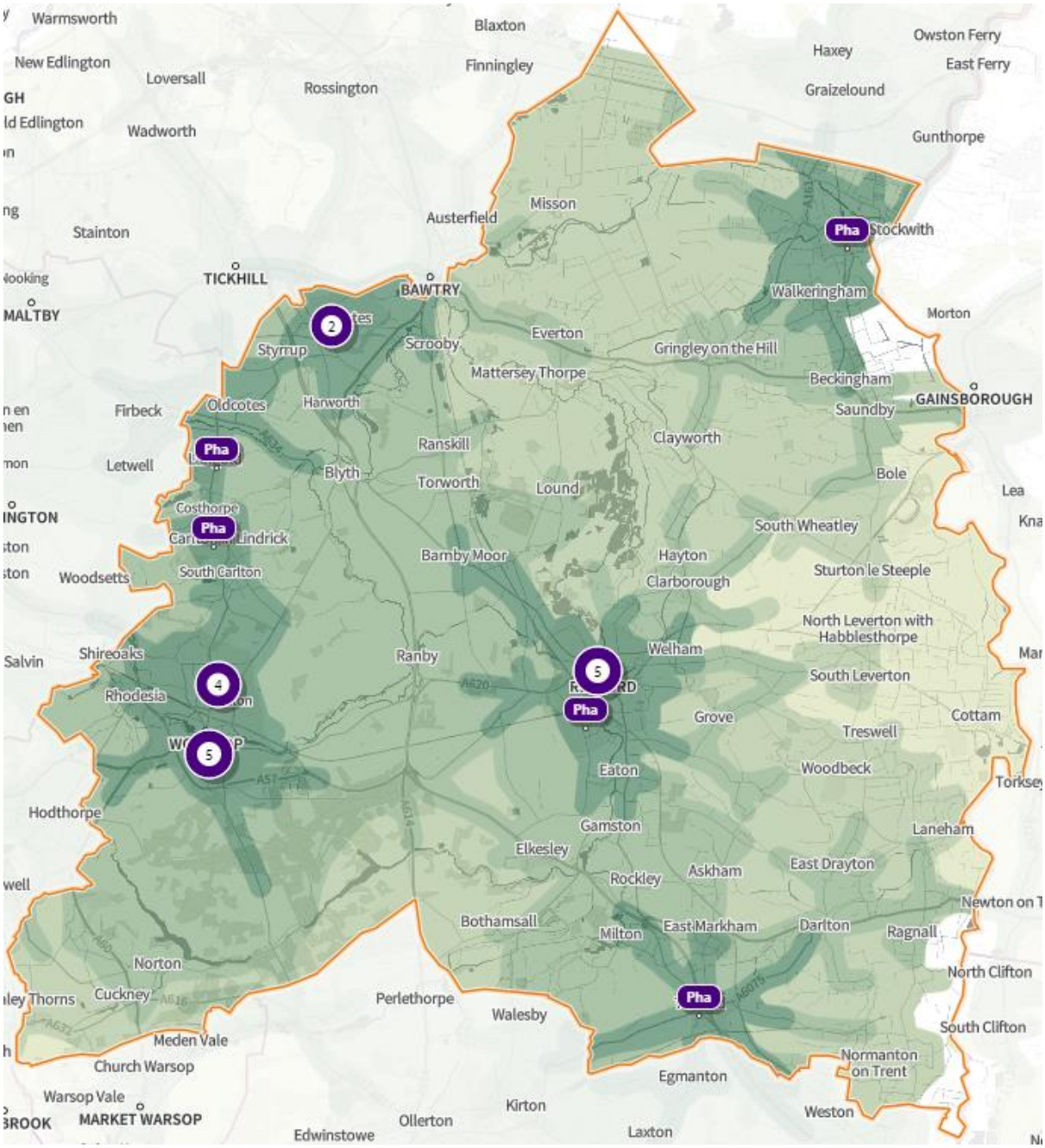


An application to open distance selling premises in Bircotes was submitted in October 2021 and granted by NHS England on 6 April 2022. The decision was appealed to NHS Resolution who granted the application on 21 July 2022. The applicant now has 12 months within which to submit their valid notice of commencement.

In 2020/21, 87.5% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies and 7.7% the dispensing practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed).

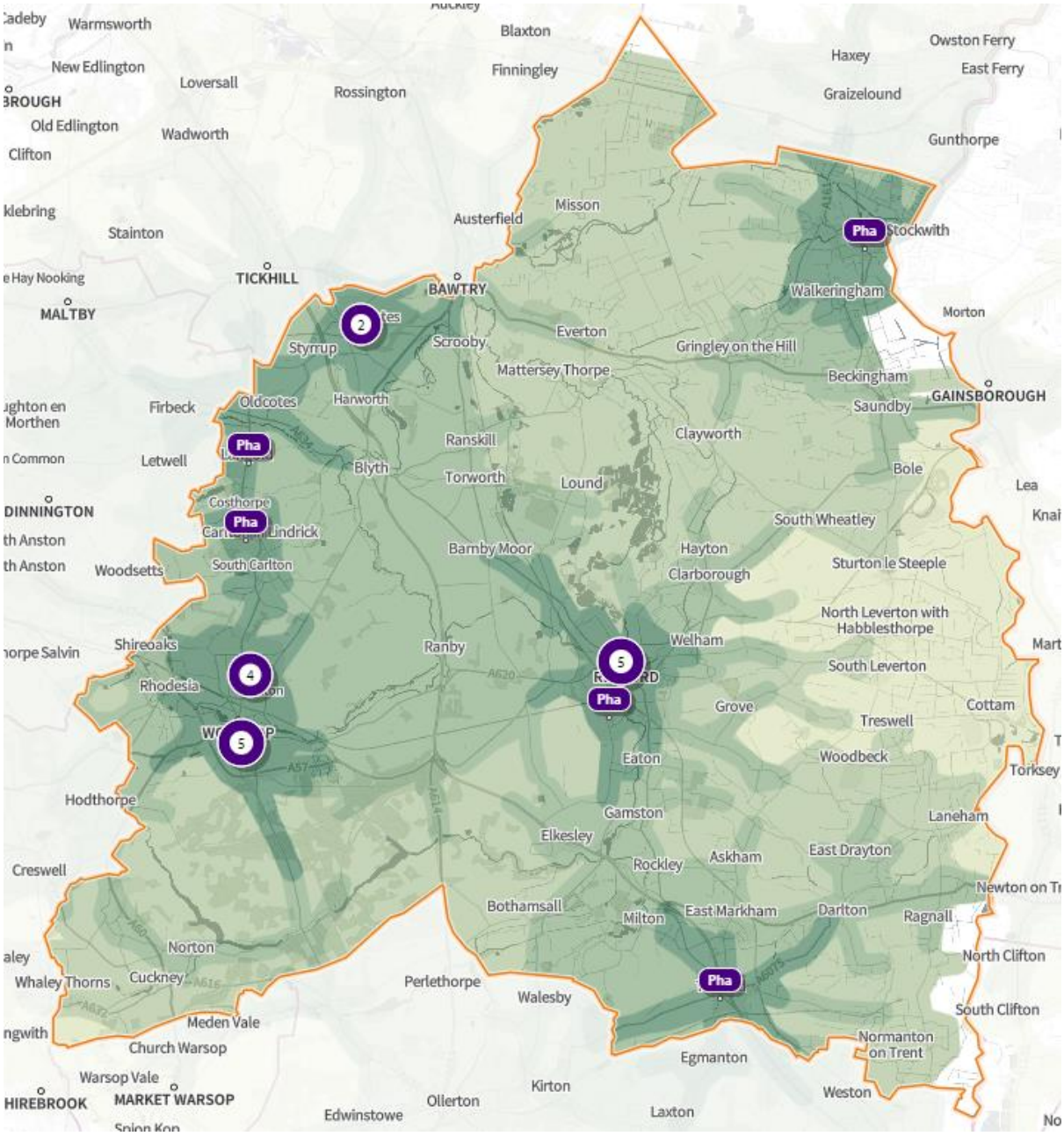
As can be seen from the maps below, most of the locality is within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods. According to the Office for Health Improvement and Disparities' Strategic Health Asset Planning and Evaluation tool there is no resident population in the areas that are not within 20 minutes, and this is confirmed using Google Maps.

Map 27 – access to pharmacies in Bassetlaw outside of rush hour times



5 10 15 20 Travel times in minutes

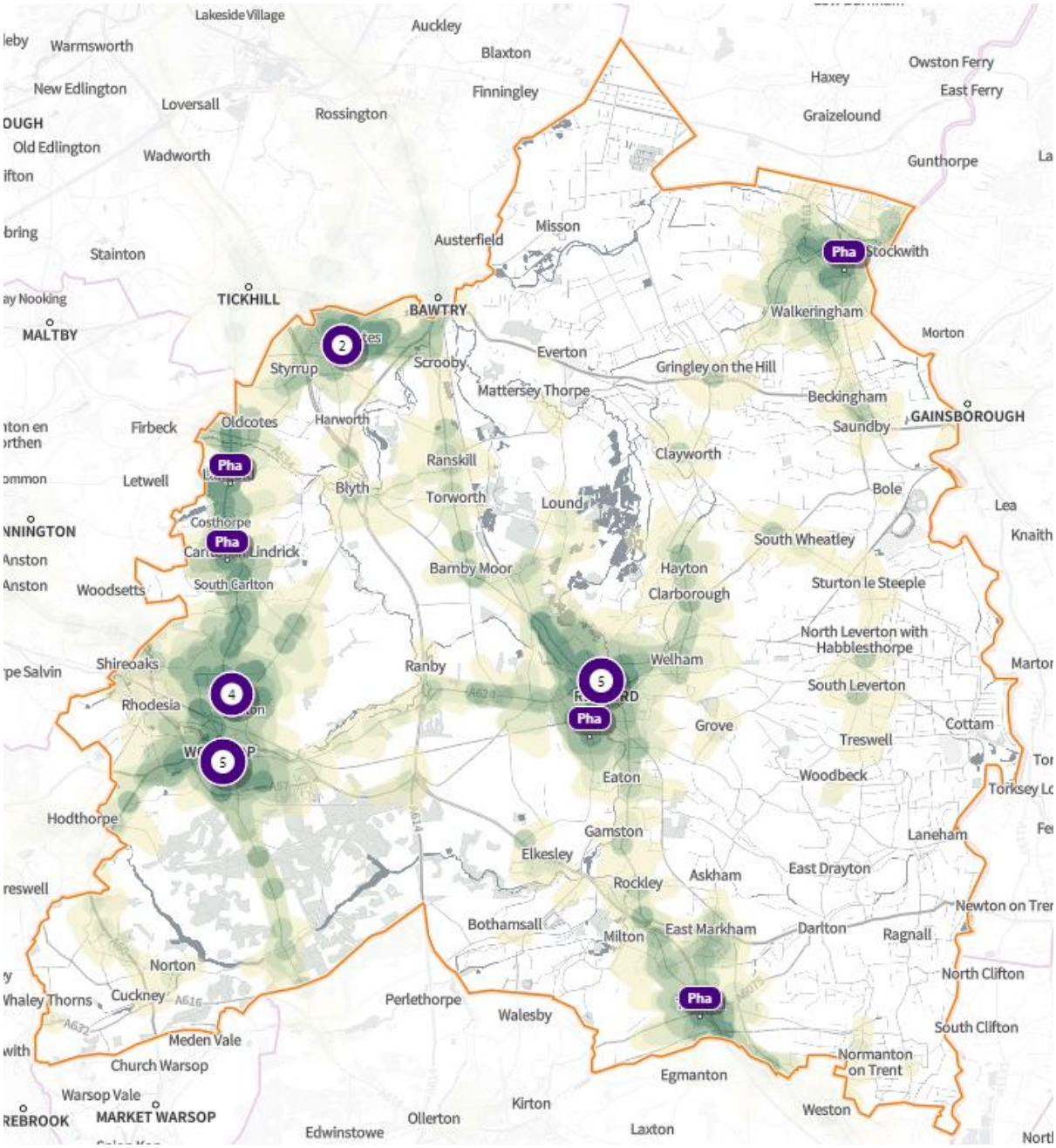
Map 28 – access to pharmacies during rush hour times



5 10 15 20 Travel times in minutes

Being a more rural area access to the pharmacies using public transport is not as good outside of the towns, although as the majority of the population lives within the towns they are still able to access pharmacy within 20 minutes by public transport. The Office for Health Improvement and Disparities' Strategic Health Asset Planning and Evaluation tool states that just over 14,000 people are not within 20 minutes of one of the pharmacies by public transport.

Map 29 – access to pharmacies by public transport



Travel times in minutes

There are currently three 100 hour pharmacies in the locality (two in Worksop and one in Retford). These pharmacies are open seven days a week and between them cover the hours:

- 07.30 to 00.00 Monday to Friday,
- 08.00 to 23.00 Saturday, and
- 10.00 to 21.00 Sunday.

With regard to the remaining 18 pharmacies:

- Six open Monday to Friday,
- Six open Monday to Friday and Saturday morning,
- Five open Monday to Saturday, and
- One opens Monday to Sunday.

With regard to the times at which these 18 pharmacies are open between Monday and Friday:

- Three open at 08.00, three at 08.30, three at 08.45, and nine at 09.00.
- Three are open until 17.30, seven until 18.00, two until 18.15 (although one closes at 13.00 on Thursday), four until 18.30, one until 19.00, and two until 20.00.

On Saturdays of the 12 pharmacies that open, two open at 08.00, two at 08.30, one at 08.45, and seven at 09.00. One pharmacy closes at 12.30, five at 13.00, one at 16.00, one at 17.00, three at 17.30 and one at 20.00.

The pharmacy that opens on Sundays does so between 10.00 and 16.00, closing for lunch between 13.00 and 14.00.

The dispensaries within dispensing practices will generally open in line with the opening hours for the premises, usually 08.00 to 18.30 Monday to Friday.

Of the eight pharmacies who responded to the contractor questionnaire, five dispense all appliances listed in Part IX of the Drug Tariff, one doesn't dispense stoma appliances, and two just dispense dressings. One of the dispensing practices responded to the dispensing practice questionnaire and confirmed that it dispenses all appliances apart from stoma appliances.

19 of the pharmacies provided the new medicine service in 2020/21 completing a total of 1,789 full service interventions. The range at pharmacy level was two to 592. Between April and September 2021, 19 of the pharmacies provided a total of 1,545 full service interventions. The range at pharmacy level was three to 384. Of the two pharmacies not providing the service one is in Worksop and the other is in Langold. However, it is noted that both provided the service in the second half of 2021/22.

20 of the pharmacies provided flu vaccinations under the advanced service in 2020/21 vaccinating a total of 7,832 people with a range at pharmacy level of 84 to 1,775. Between September and December 2021 18 pharmacies provided the service, giving a total of 13,205 vaccinations, a range at pharmacy level of nine and 3,221. Of the three pharmacies not providing the service one is in Worksop, one in Ordsall and the other in Retford.

In 2021/22, 20 pharmacies have provided the community pharmacist consultation service between April and September, completing a total of 593 referrals, however all the pharmacies have signed up to provide the service.

9.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices that were not dispensed by a pharmacy or dispensing practice in the locality:

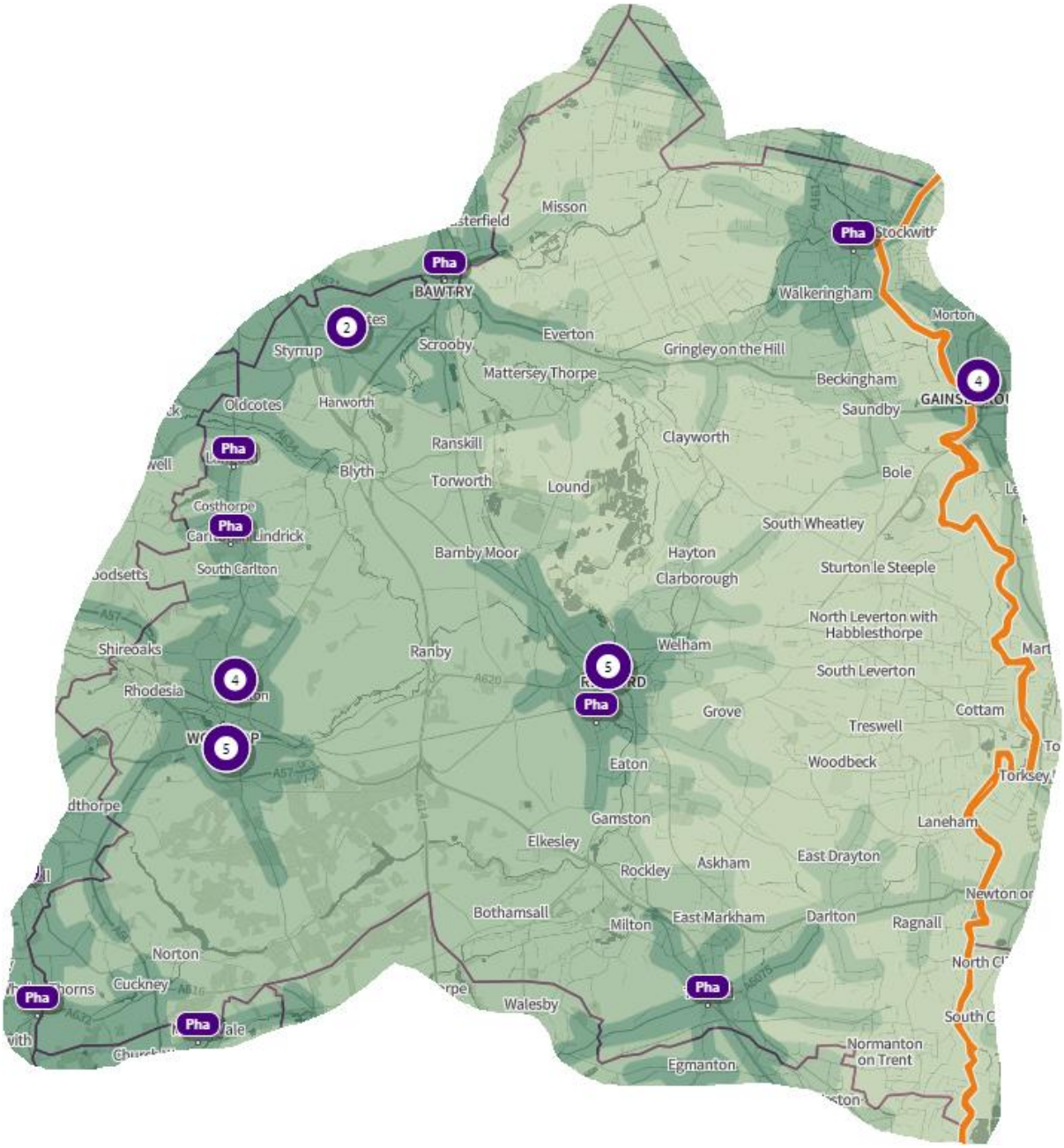
- 0.6% was dispensed by 23 contractors in Leeds,
- 0.5% by 71 contractors elsewhere in Nottinghamshire,
- 0.4% by 65 contractors in Doncaster,
- 0.4% by five contractors in Stoke-on-Trent, and
- 0.3% by 59 contractors in Lincolnshire.

The remaining 1.7% was dispensed by 722 contractors in 122 different health and wellbeing board areas.

While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 1.2% was dispensed by 28 distance selling premises. 0.9% were dispensed by 40 dispensing appliance contractor premises.

When taking into account the provision of necessary services outside of the locality, the whole locality is within 15 minutes of a pharmacy, both during and outside the rush hour periods.

Map 30 – travel times to pharmacies in Bassetlaw and neighbouring localities and health and wellbeing board areas by car



5 10 15 20 Travel times in minutes

Access to a pharmacy by public transport doesn't change significantly when pharmacies in neighbouring localities and health and wellbeing board areas are taken into account as can be seen from the map below.

Map 31 – travel times to pharmacies in Bassetlaw and neighbouring localities and health and wellbeing board areas public transport

5 10 15 20 Travel times in minutes

Dispensing practices in neighbouring health and wellbeing board areas will provide a dispensary service to residents of the locality for example The Mayflower Medical Practice in Bawtry.

9.4 Other relevant services: current provision

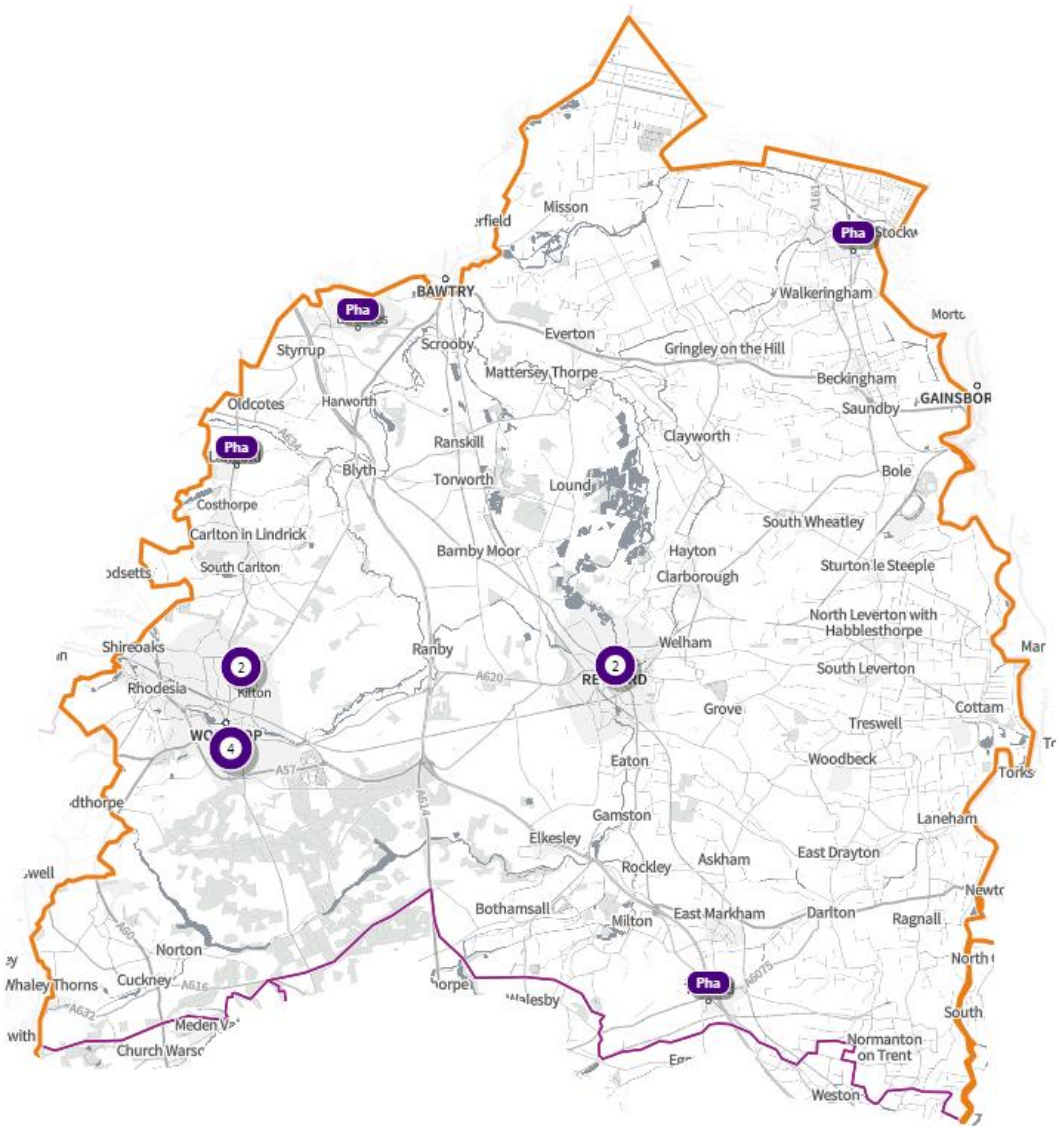
No pharmacy provided appliance use reviews between April 2020 and September 2021 despite at least five pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

Three pharmacies customised a total of 13 stoma appliances in 2020/21 and one pharmacy has customised three stoma appliances between April and September 2021. This is despite at least five pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023.

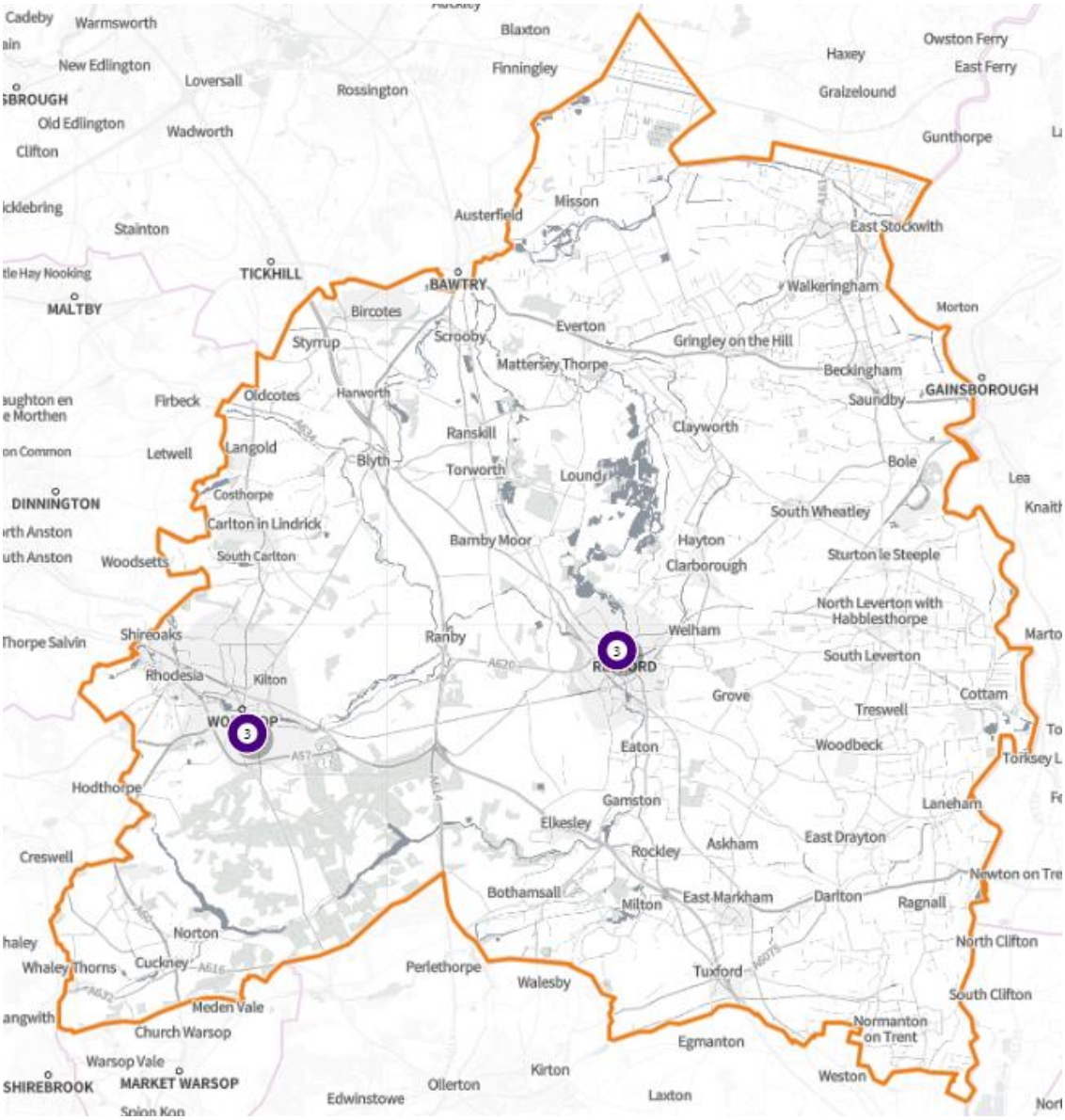
As of 22 July 2022 15 of the pharmacies had signed up to provide the hypertension case finding advanced service. The map below shows where they are located.

Map 32 – location of the pharmacies that have signed up to provide the hypertension case finding advanced service



As of 18 July 2022 six of the pharmacies had signed up to provide the smoking cessation advanced service. The map below shows where they are located.

Map 33 – location of the pharmacies that had signed up to provide the smoking cessation advanced service as at 18 July 2022



As of September 2021, all of the pharmacies had provided the Covid-19 lateral flow device distribution service, handing out 25,623 test kits.

No enhanced services are commissioned from the pharmacies.

9.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks, and
- Advice and treatment for common ailments.

In 2020/21, 1.0% of items prescribed by the GP practices were personally administered by the practices. The figure is likely to be higher as it's not possible to identify the number of items personally administered by the dispensing practices.

Residents will access other NHS services located in this locality or elsewhere in the health and wellbeing board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- The Nottinghamshire appliance management service,
- Continence prescription services,
- Community nursing services,
- Evening and weekend GP appointments,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

9.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 9.2 and 9.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2020/21, a total of 982 contractors dispensed items written by one of the GP practices, of which 875 were outside of Nottinghamshire. Some were quite a distance from the county, for example Bristol, Suffolk, Camden, Bournemouth & Poole, Oxfordshire, Northumberland and Newcastle.

9.7 Necessary services: gaps in provision

Seven of the eight pharmacies that replied to the pharmacy contractor questionnaire confirmed that they have sufficient capacity within their existing premises to manage the increase in demand in the area (the eleventh didn't answer the question). Six also said they had sufficient capacity within their staffing levels whilst one said that it but could make adjustments to manage an increase in demand. One pharmacy said that it doesn't have sufficient capacity and would have difficulty in managing an increase in demand.

The dispensing practice that responded confirmed that it doesn't have sufficient capacity at present but could make adjustments to manage an increase in demand.

Whilst not NHS services:

- The eight pharmacies collect prescriptions from GP practices.
- Seven provide a free of charge delivery service, of whom five offer the service to everyone, whereas the other two restrict the service to certain categories (items that are owed, antibiotics and painkillers; vulnerable patients at the pharmacy's discretion).
- One provides a delivery service, for a fee, to everyone.

The dispensing practice confirmed that it provides a free of charge delivery service to its housebound patients.

Three pharmacies reported that languages other than English are spoken at the pharmacy every day:

- Romanian
- Polish
- Punjabi, Urdu and Polish.

The dispensing practice confirmed that Romanian is spoken by staff.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that most of the locality is within 20 minutes by car of a pharmacy located in the locality both during and outside the rush hour periods. In addition just over 14,000 people are not within 20 minutes of one of the pharmacies by public transport. When pharmacies in neighbouring localities and health and wellbeing board areas are taken in account the whole locality is within 15 minutes of a pharmacy, both during and outside the rush hour periods.

The health and wellbeing board has noted the dispensing service provided by some of the GP practices to their eligible patients, and that for these residents there is no need to access a pharmacy for the dispensing service.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or
- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide to a reasonable extent.

The health and wellbeing board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality, particularly noting that there are three 100 hour pharmacies in the locality and the spread of pharmacies across the locality. It has also noted that there was a fourth 100 hour pharmacy in the locality which closed with effect from 24 April 2022. It is understood that the closure was due to reduced demand for services during the extended opening hours.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality, or the dispensing service provided by dispensing practices.

The health and wellbeing board has noted the projected number of houses to be built. It is of the opinion that there is sufficient capacity within the existing providers of pharmaceutical services to meet the demand generated by the new houses.

With regard the two urban extensions and Bassetlaw Garden Village that are proposed within the draft Bassetlaw Local Plan 2020-2037, the health and wellbeing board has noted that all three are expected to commence after the lifetime of this pharmaceutical needs assessment.

The health and wellbeing board has noted the location of the 100 hour pharmacies across the locality and has identified that should there be a total and permanent loss of core opening hours on Sundays in Retford there will be a future need for the provision of essential services and the community pharmacist consultation service on Sundays, between the hours of 10.00 and 16.00.

The health and wellbeing board is satisfied that, based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current needs in relation to the provision of the advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Community pharmacist consultation service, and

- Flu vaccination.

In addition, the health and wellbeing board is satisfied that there are no future needs in relation to the provision of the new medicine service and flu vaccination advanced services.

9.8 Improvements or better access: gaps in provision

None of the pharmacies provide the appliance use review despite at least five dispensing prescriptions for all appliances. Three pharmacies have provided the stoma appliance customisation service despite at least five pharmacies dispensing all appliances listed in Part IX of the Drug Tariff. However, it is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services.

The community-based Nottinghamshire appliance management service offers an annual review with a stoma nurse as part of its service. The review covers all of the information that's included within the appliance use review offered by pharmacies and dispensing appliance contractors, in addition to a clinical review. Access to specialist advice and support is also available as required. In addition, not all stoma appliances need to be customised. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to the appliance use review and stoma appliance customisation services.

No pharmacies have signed up to provide the Hepatitis C antibody testing service, which is due to end on 31 March 2023. It is recognised that this is a niche service that will not be relevant to many residents. It is noted that nationally, not many pharmacies have signed up to provide the service, and those that have done so have completed very few tests. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The lateral flow device distribution advanced service is not currently commissioned by NHS England following the announcement that free testing ended on 1 April 2022 in England. However if it was to be recommissioned it is anticipated that those pharmacies that previously provided the service would do so again, and therefore no current or future improvements or better access have been identified in relation to this service.

The health and wellbeing board has noted that 15 of the pharmacies had signed up to provide the hypertension case-finding advanced service as of 22 July 2022. It is noted that the number of pharmacies that have signed up to provide this service has increased whilst the pharmaceutical needs assessment has been written and it is expected that the number of pharmacies signed up to provide the service will continue. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

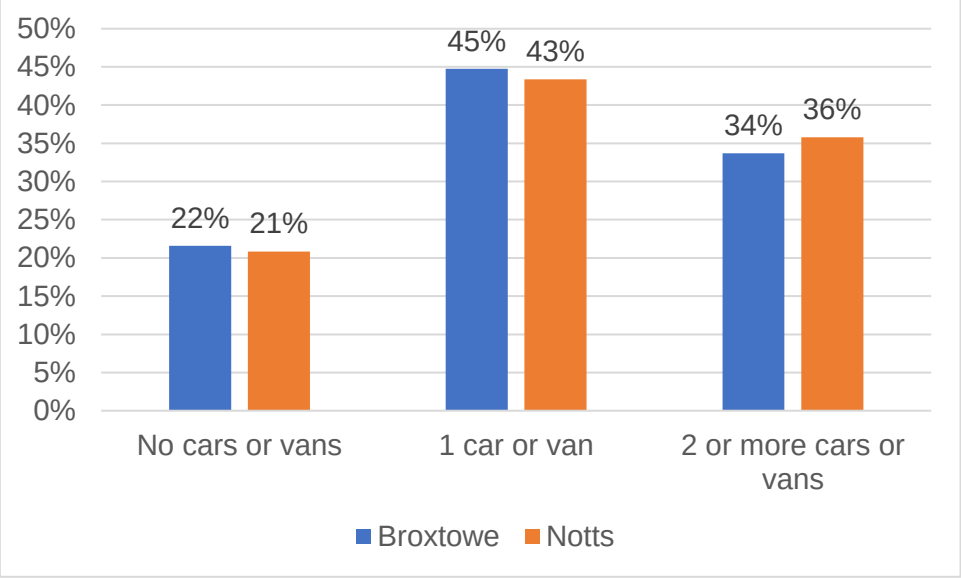
The health and wellbeing board has noted that six of the pharmacies had signed up to provide the smoking cessation advanced service as of 18 July 2022. It is noted that the number of pharmacies that have signed up to provide this service has increased whilst the pharmaceutical needs assessment has been written but that roll-out of the service has been delayed whilst the systems are put in place by the hospitals. It is expected that the number of pharmacies signed up to provide the service will continue. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

10 Broxtowe locality

10.1 Key facts

- Described as minor urban conurbation or urban city and town.
- Projected to have the lowest proportion of residents aged 0 to 19 in Nottinghamshire.
- Greatest decline in live births between 2010 to 2020 at -21.1%.
- Highest rate of people for whom English is not their main language in Nottinghamshire (4.8%)
- Lowest percentage of White residents at 92.7% in Nottinghamshire. Highest proportion of Asian and Asian British people at 4.1%.
- The main languages spoken in Broxtowe households at the 2011 Census were:
    - English – 95.9%
    - All other Chinese – 0.5%
    - Polish – 0.4%
    - Arabic and Panjabi – 0.3% each
    - Hungarian and Urdu – 0.2% each
    - French, Spanish, Italian, German, Slovak, Lithuanian, Bulgarian, Greek, Russian, Turkish, Persian/Farsi, Gujarati, Mandarin Chinese, Cantonese Chinese and Thai – 0.1% each.
- The figure below compares car ownership levels in the locality to Nottinghamshire and shows that there are slightly more households with no or one car or van. Just over 80% of lone pensioner households in the Beeston Central ward do not have a car.

Figure 41 – car ownership in Broxtowe compared to Nottinghamshire[102]

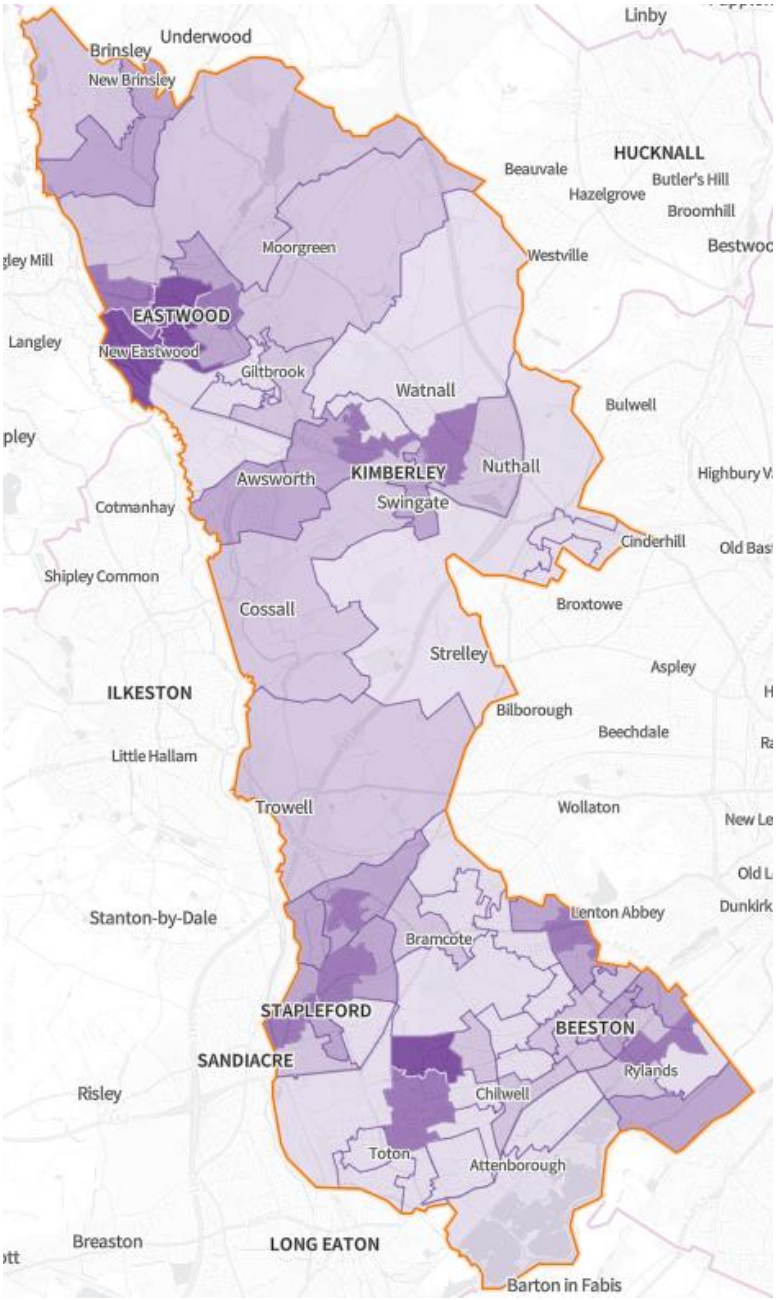


- Highest rate of privately rented households at 14.1%.
- Within national rankings, Broxtowe is 223rd out of 319 local authorities with regard to the English Indices of Deprivation 2019 (where a ranking of one is the most

[102] Nomis KS404EW - Car or van availability

deprived[103]). Only Rushcliffe has a lower ranking. There are no lower-layer super output areas in the 10% most deprived in England, and only four in the 11 to 20th most deprived. The map below shows the spread of deprivation across the locality, where the darker the colour the greater the level of deprivation.

Map 34 – Spread of deprivation[104]



[103] Ministry of Housing, Communities & Local Government, The English Indices of Deprivation 2019

[104] Public Health England's Strategic Health Asset Planning and Evaluation tool

- The life expectancy for men is better than the English average (80.1 and 79.4 years respectively), and similar for women (82.6 and 83.1 years respectively). Life expectancy is 6.6 years lower for men and 5.5 years lower for women in the most deprived areas of Broxtowe than in the least deprived areas.
- Lower percentage of people reporting they have a limiting long term illness at the 2011 Census compared to Nottinghamshire (18.8% and 20.3% respectively).
- Under 75 mortality rate from all causes similar to the English average 2018-2020 (323.2 and 336.5 per 100,000 respectively).
- Under 75 mortality rate from all cardiovascular diseases similar to the English average 2017-2019 (69.2 and 70.4 per 100,000 respectively).
- Under 75 mortality rate from cancer is similar to the English average 2017-19 (132.9 and 129.2 per 100,000 respectively).
- Suicide rate similar to the English average 2018-2020 (7.8 and 10.4 per 100,000 respectively).

According to the Office for Health Improvement & Disparities Broxtowe health profile 2019[105]:

- In Year 6, 17.2% of children are classified as obese, better than the average for England.
- Levels of teenage pregnancy, GCSE attainment and breastfeeding are better than the England average.
- The rate for alcohol-related harm hospital admissions is 719 per 100,000, worse than the average for England. This represents 852 admissions per year.
- The rate for self-harm hospital admissions is 174 per 100,000. This represents 190 admissions per year.
- Estimated levels of physically active adults (aged 19+) are better than the England average.
- The rates of new sexually transmitted infections, killed and seriously injured on roads and new cases of tuberculosis are better than the England average.
- The rate of hip fractures in older people (aged 65+) is worse than the England average.
- The rate of statutory homelessness is better than the England average.

Broxtowe Borough Council's Strategic housing land availability assessment 2019/20[106] states that the local housing need for this locality is 368 dwellings per annum, giving a total of 1,104 for the lifetime of this pharmaceutical needs assessment. Working on an average occupancy rate of 2.4 persons, this gives a total of approximately 2,650 people.

The majority of Broxtowe's housing provision is to be provided within or adjoining the main built-up area of Nottingham. Whilst it will include new housing in the north of Broxtowe it will focus delivery in or adjacent to the main built-up areas in the south of the locality.

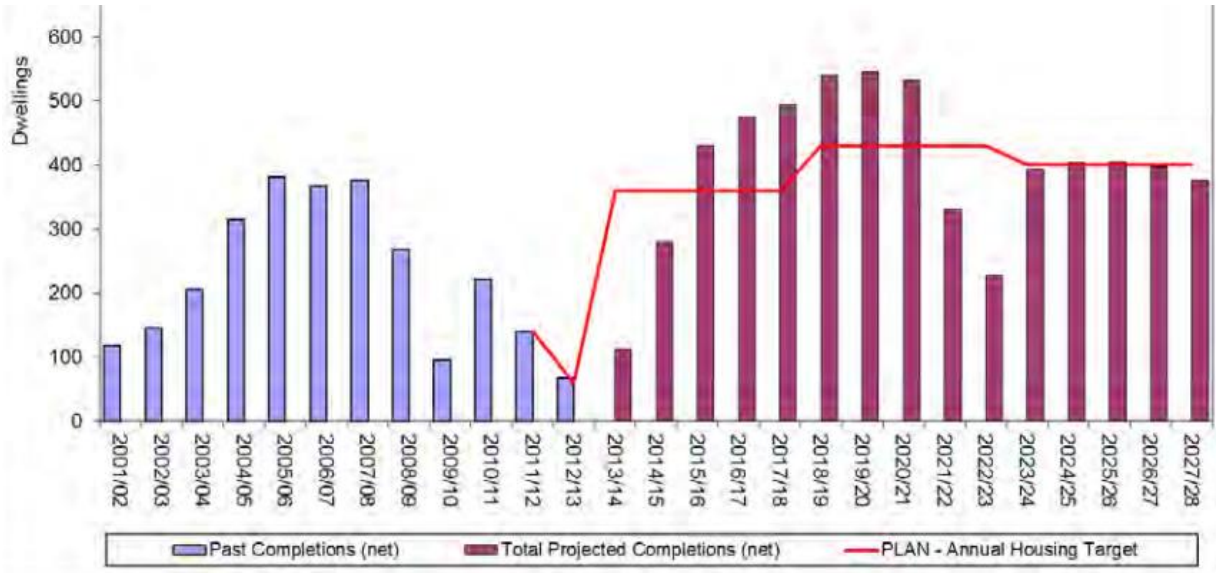
There are a number of strategic sites identified in Broxtowe Borough Council's Local Plan[107] and the number of completions is taken from the council's Monitoring report 2020-21.

[105] Local authority health profiles, Office for Health Improvement & Disparities
[106] Strategic housing land availability assessment 2019/20, Broxtowe Borough Council
[107] Local Plan, Broxtowe Borough Council

1. Boots and Severn Trent Land. This strategic location straddles the boundary of Nottingham City and Broxtowe Borough Councils. Delivery is expected to be towards the end of the local plan period (2011 to 2028). This is a brownfield site with high infrastructure costs associated with contamination, flood risk, listed buildings and access. It is expected to deliver up to 550 housing units along with approximately 200,000m² of business and commercial space.
2. Field Farm, North of Stapleford. This is a green field site close to the existing urban area, Stapleford Town Centre and transport networks, that is expected to deliver 450 housing units, with education, health and green infrastructure. Initial planning consent was given by the council in November 2014 and some of the houses in Phase 1 have been completed. A planning application for Phase 2 was submitted by the new developer of the site and was deferred by the council in January 2022 to be considered at a future meeting. Approximately 60 houses have been built to-date.
3. Land in the vicinity of the proposed HS2 station at Toton. This strategic location is a green field site close to the existing urban area with existing links to Stapleford Town Centre and potential excellent future transport links to Nottingham City Centre and the rest of the UK/Europe. It is expected to deliver a minimum of 500 housing units and a minimum of 18,000 m² of B class employment space.
4. Awsworth. Up to 350 housing units to be built on an area of former landfill to the southwest of Awsworth. 34 built between 2011 and 2021.
5. Brinsley - up to 150 housing units. 15 built between 2011 and 2021.
6. Eastwood – up to 1,250 housing units. 550 built between 2011 and 2021.
7. Kimberley, including parts of Nuthall and Watnall – up to 600 housing units. 185 built between 2011 and 2021.

The figure below is taken from the Local Plan and shows the trajectory of housing completions in the council's area.

Figure 42 – Broxtowe housing trajectory



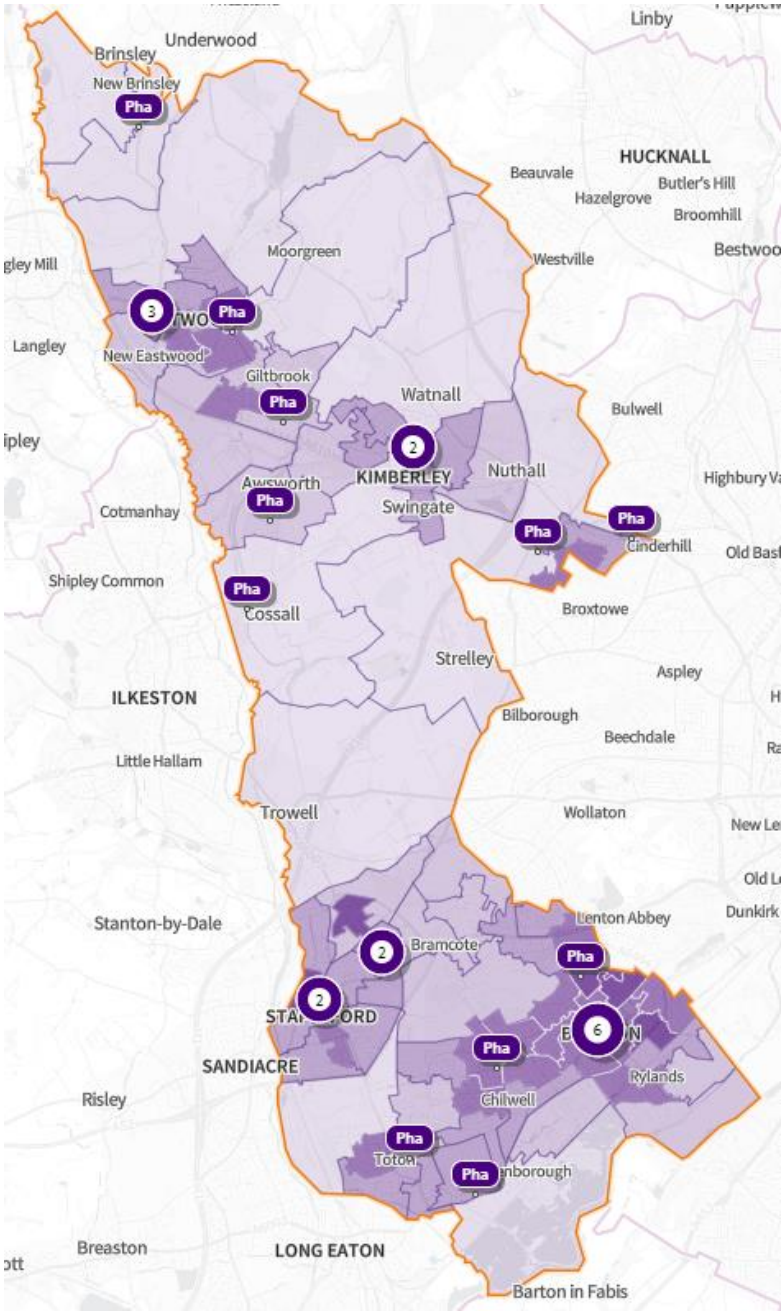
10.2 Necessary services: current provision within the locality's area

There are 23 pharmacies in the locality operated by 18 different contractors and three dispensing appliance contractors. Two pharmacies are distance selling premises. As at

February 2022, the distance selling premises at 21 Cirrus Drive, Watnall has applied to relocate to the area of Nottingham City Health and Wellbeing Board.

As can be seen from the map below the premises are located within areas of greater population density (the darker the shading the greater the population density).

Map 35 – location of pharmacies and dispensing appliance contractors compared to population density



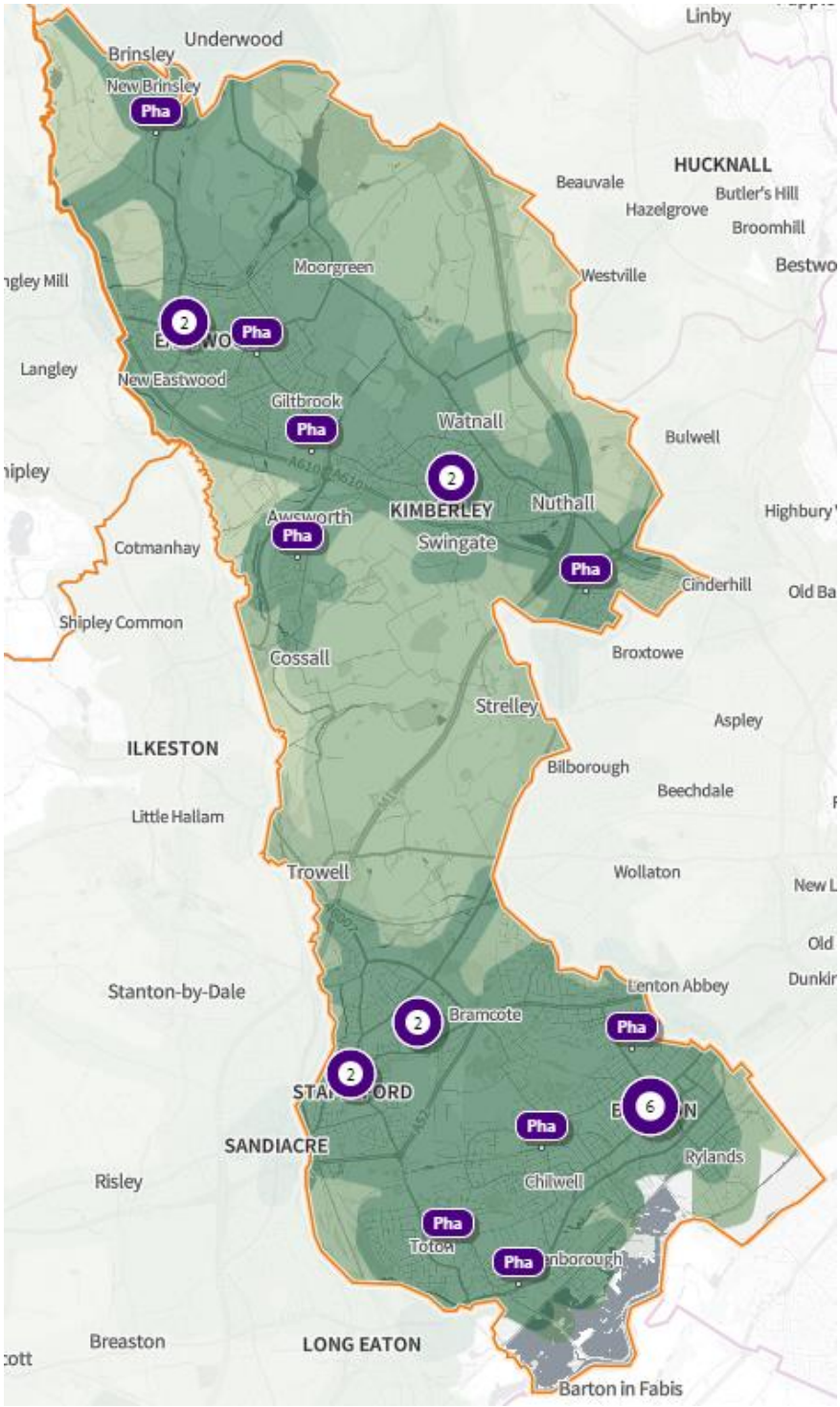
In 2020/21, 85.5% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies. The dispensing appliance contractors dispensed 23 items prescribed by the GP practices.

As can be seen from the maps below, all but one part of the locality is within one of the pharmacies by car within 15 minutes, both during and outside the rush hour periods, with the majority of the locality also within 10 minutes by car. The area that is not within a 15-minute is in the south of the locality and Google Maps reveals that there is no resident population. The area that is more than a 15-minute drive contains the Toton water treatment plant, Attenborough nature reserve, Chilwell Manor golf course, Beeston Business Centre and allotments. The dispensing appliance contractor premises have not been included in these maps as people will rarely, if ever, visit them.

Map 36 – access to pharmacies in Broxtowe outside of rush hour times

5 10 15 Travel times in minutes

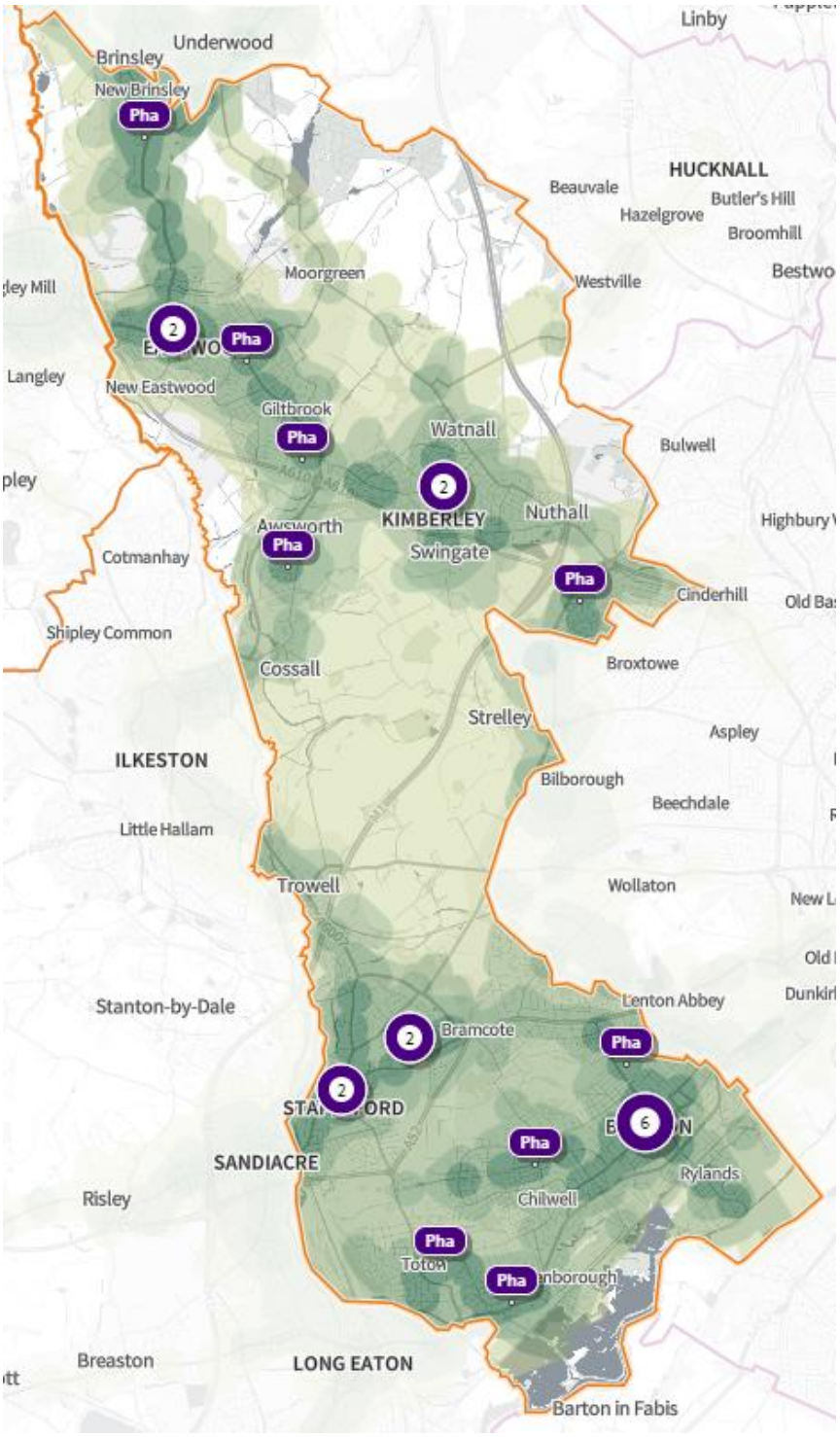
Map 37 – access to pharmacies during rush hour times



5 10 15 Travel times in minutes

Much of the area is also within a 20-minute travel time by public transport as can be seen from the map below.

Map 38 – access to pharmacies by public transport



5 10 15 20 Travel times in minutes

There are two 100 hour pharmacies in the locality (Beeston and Stapleford) which are open seven days a week and between them cover the hours:

- 07.00 to 23.00 Monday,
- 06.30 to 23.00 Tuesday to Friday,
- 06.30 to 22.00 Saturday, and
- 10.00 to 17.00 Sunday.

With regard to the remaining 21 pharmacies:

- 11 open Monday to Friday,
- Four are open Monday to Friday and Saturday morning,
- Four are open Monday to Saturday, and
- Two are open Monday to Sunday.

With regard to the times at which these 21 pharmacies are open between Monday and Friday:

- One opens at 08.00, four at 08.30, one at 08.45, and 14 at 09.00.
- Two are open until 17.00, three until 17.30, eight until 18.00 (although one closes at 14.00 on Thursday and another at 19.00 on Friday), six until 18.30 (although one closes at 14.00 on Wednesday, another at 13.00 on Thursday and one at 18.00 that day), and three until 20.00.

On Saturdays one pharmacy opens at 08.00 and nine at 09.00. Four pharmacies close between 12.00 and 13.00, one at 14.00, one at 15.00, one at 17.00, one at 17.30, one at 18.00, and one at 20.00.

The three dispensing appliance contractors all open 09.00 to 17.00 Monday to Friday and are closed at the weekend.

Of the ten pharmacies who responded to the contractor questionnaire, nine dispense all appliances listed in Part IX of the Drug Tariff, and the other just dispenses dressings.

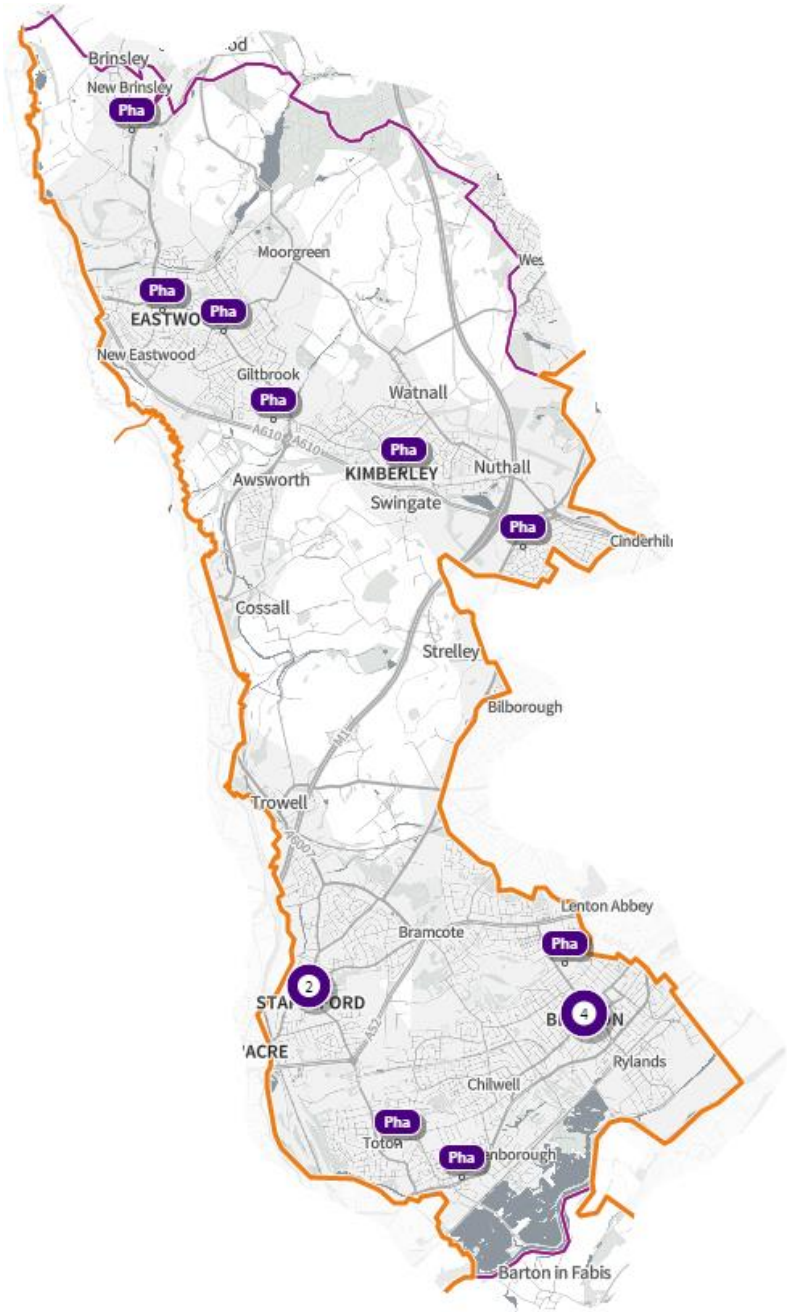
19 of the pharmacies provided the new medicine service in 2020/21 completing a total of 1,904 full service interventions. The range at pharmacy level was three to 475. Between April and September 2021, 20 of the pharmacies provided a total of 1,776 full service interventions. The range at pharmacy level was three to 293. Of the three pharmacies that do not provide the service, one is a distance selling premises, one is a pharmacy in Beeston and the other is in Stapleford. However, it is noted that the pharmacies in Beeston and Stapleford did provide the service in the second half of 2021/22.

19 of the pharmacies provided flu vaccinations under the advanced service in 2020/21 vaccinating a total of 3,980 people with a range at pharmacy level of 12 to 448. Between September and December 2021 20 pharmacies provided the service, giving a total of 8,357 vaccinations, a range at pharmacy level of 18 and 2,431. Of the three pharmacies that did not provide the service, two are distance selling premises and the other is a pharmacy in Nuthall.

In 2021/22, 15 pharmacies have provided the community pharmacist consultation service between April and September, completing a total of 310 referrals. However, 22 of the pharmacies are signed-up to provide the service. The one that hasn't signed up is a distance selling premises.

The map below shows the location of the pharmacies that have provided the service.

Map 39 – pharmacies that have provided the community pharmacist consultation service April to September 2021



10.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices that were not dispensed by a pharmacy or dispensing appliance contractor in the locality:

- 4.1% was dispensed by 61 contractors in Nottingham City,
- 2.8% by 84 contractors in Derbyshire,
- 2.3% elsewhere in Nottinghamshire, and
- 1.0% by 13 contractors in Leeds.

The remaining 1.9% was dispensed by 636 contractors in 122 different health and wellbeing board areas.

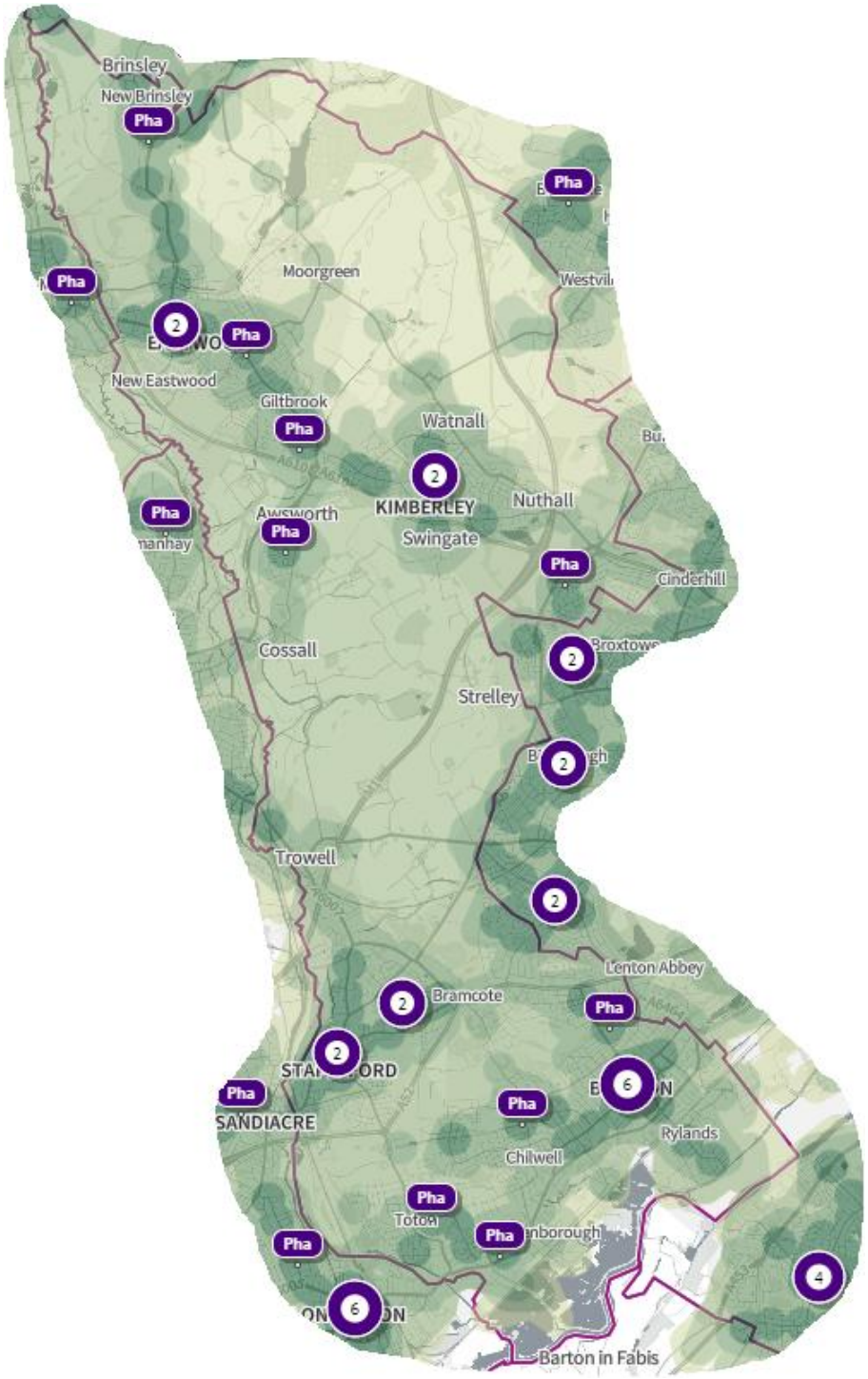
While the majority of items were dispensed by a 'bricks and mortar' pharmacy, 2.2% was dispensed by 26 distance selling premises. 0.4% were dispensed by 18 dispensing appliance contractor premises.

When provision in neighbouring localities and health and wellbeing board areas is taken into account, all of the locality is within a 10-minute drive of a pharmacy, and, other than Attenborough nature reserve, is within 20 minutes of a pharmacy by public transport.

Map 40 – travel times to pharmacies in Broxtowe and neighbouring localities and health and wellbeing board areas by car

5 10 Travel times in minutes

Map 41 – travel times to pharmacies in Broxtowe and neighbouring localities and health and wellbeing board areas by public transport



5 10 15 20 Travel times in minutes

10.4 Other relevant services: current provision

No pharmacy provided the appliance use review or stoma appliance customisation services between April 2020 and September 2021 despite at least ten pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

One dispensing appliance contractor provided 971 reviews in people's homes in 2020/21 and 420 at their premises. None of the dispensing appliance contractors provided the service between April and September 2021.

No pharmacies have provided the stoma appliance customisation service in 2020/21 or 2021/22 despite at least ten pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

Two dispensing appliance contractors have provided the service in 2020/21 (103,225 customisations) and between April and September 2021 (60,129 customisations). However, due to the very low number of items prescribed by the GP practices in the locality that were dispensed by the dispensing appliance contractors very little of this activity will relate to residents of the locality.

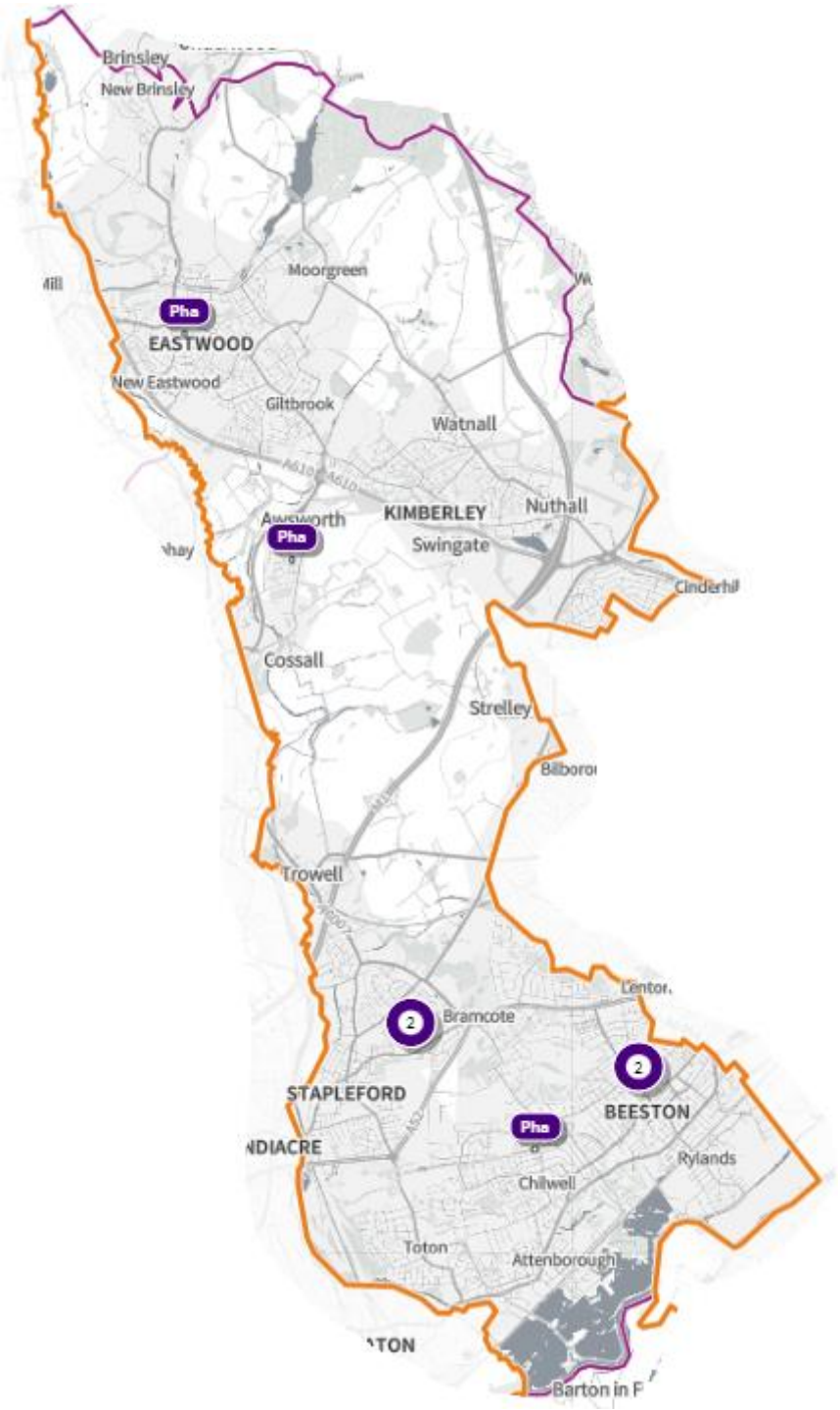
At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023.

As of 22 July 2022 22 of the pharmacies had signed up to provide the hypertension case finding advanced service. The map below shows where they are located.

Map 42 – location of the pharmacies that have signed up to provide the hypertension case finding advanced service as at 18 July 2022

As of 18 July 2022 seven of the pharmacies had signed up to provide the smoking cessation advanced service. The map below shows where they are located. No activity data is available at the time of writing.

Map 43 – location of the pharmacies that had signed up to provide the smoking cessation advanced service as at 18 July 2022



As of September 2021, 22 of the pharmacies had provided 25,348 test kits under the Covid-19 lateral flow device distribution service.

In relation to the extended care service, in 2021/22:

- Seven pharmacies provide tier 1 – conjunctivitis,
- Nine provide tier 1 – urinary tract infections,
- Five provide tier 2a – impetigo,
- Five provide tier 2a – insect bites, and
- Five provide tier 2a – eczema.

In 2021/22:

- 15 pharmacies provide the emergency supply service,
- 13 provide the Pharmacy first service, and
- Two provide the palliative care service.

10.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks, and
- Advice and treatment for common ailments.

In 2020/21, 2.4% of items prescribed by the GP practices were personally administered by the practices.

Residents will access other NHS services located in this locality or elsewhere in the health and wellbeing board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- The Nottinghamshire appliance management service,
- Continence prescription services,
- Community nursing services,
- Evening and weekend GP appointments,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

10.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 10.2 and 10.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a

neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2020/21, a total of 952 contractors dispensed items written by one of the GP practices, of which 801 were outside of Nottinghamshire. Some were quite a distance from the county, for example Ealing, Bristol, Cornwall, Devon, Oldham, Norfolk, and Tower Hamlets.

10.7 Necessary services: gaps in provision

Seven of the ten pharmacies that replied to the pharmacy contractor questionnaire confirmed that they have sufficient capacity within their existing premises to manage the increase in demand in the area. Two said they didn't but could make adjustments. Six also said they had sufficient capacity within their staffing levels whilst three said they could make adjustments to manage an increase in demand. One pharmacy chose not to answer the question.

One of the dispensing appliance contractors responded confirming that they have sufficient capacity in both their premises and staffing levels to manage an increase in demand.

Whilst not NHS services:

- The ten pharmacies collect prescriptions from GP practices. The dispensing appliance contractor does not.
- Six pharmacies and the dispensing appliance contractor provide a free of charge delivery service, of whom four offer the service to everyone, whereas the other four restrict the service to certain categories of people for example the elderly, disabled people, housebound, or people with bulky, heavy items.
- Four provide a delivery service, for a fee, to everyone, although two do provide a free service in exceptional circumstances.

One pharmacy confirmed that Polish, Lithuanian, Portuguese and Romanian are spoken by staff every day. Two others said that Cantonese is spoken by their staff, with one also having staff who can speak Greek.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that the population can access a pharmacy within 15 minutes by car, with the majority within 10 minutes by car. In addition much of the area is within 20 minutes of a pharmacy by public transport. When provision in neighbouring localities and health and wellbeing board areas is taken into account, all of the locality is within a 10-minute drive of a pharmacy, and, other than Attenborough nature reserve, is within 20 minutes of a pharmacy by public transport.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or

- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide to a reasonable extent.

The health and wellbeing board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality, particularly noting that there are two 100 hour pharmacies in the locality and the spread of pharmacies across the locality.

The health and wellbeing board has noted that an application to consolidate the following pharmacies was granted and took effect on 29 April 2019:

- Grewal Pharmacy, 38-40 Chilwell Road, Beeston, Nottingham NG9 1EJ, and
- Worsley Pharmacy, 435 High Road, Chilwell, Nottinghamshire NG9 5EA (the closing pharmacy).

The application was granted on the basis that the closure of one of the pharmacies would not create a gap that could be met by a ‘routine application’ offering to:

- Meet a current or future need for pharmaceutical services, or
- Secure improvements, or better access, to pharmaceutical services.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

The health and wellbeing board has noted the projected number of houses to be built. It is of the opinion that there is sufficient capacity within the existing providers of pharmaceutical services to meet the demand generated by the new houses.

The health and wellbeing board is also satisfied that, based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Community pharmacist consultation service, and
- Flu vaccination.

10.8 Improvements or better access: gaps in provision

None of the pharmacies provide the appliance use review service despite at least ten dispensing prescriptions for appliances, and only one of the dispensing appliance contractors has provided this service (although not in 2021/22).

One pharmacy has provided the stoma appliance customisation service but not in the last two years. Two of the dispensing appliance contractors provide the service, however as noted they dispensed very few of the prescriptions written by the GP practices in the locality.

It is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services.

The community-based Nottinghamshire appliance management service offers an annual review with a stoma nurse as part of its service. The review covers all of the information that's included within the appliance use review offered by pharmacies and dispensing appliance contractors, in addition to a clinical review. Access to specialist advice and support is also available as required. In addition, not all stoma appliances need to be customised. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to the appliance use review and stoma appliance customisation services.

No pharmacies have signed up to provide the Hepatitis C antibody testing service, which is due to end on 31 March 2023. It is recognised that this is a niche service that will not be relevant to many residents. It is noted that nationally, not many pharmacies have signed up to provide the service, and those that have done so have completed very few tests. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The lateral flow device distribution advanced service is not currently commissioned by NHS England following the announcement that free testing ended on 1 April 2022 in England. However if it was to be recommissioned it is anticipated that those pharmacies that previously provided the service would do so again, and therefore no current or future improvements or better access have been identified in relation to this service.

The health and wellbeing board has noted that 22 of the pharmacies had signed up to provide the hypertension case-finding advanced service as of 22 July 2022. It is noted that the number of pharmacies that have signed up to provide this service has increased whilst the pharmaceutical needs assessment has been written and it is expected that the number of pharmacies signed up to provide the service will continue. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The health and wellbeing board has noted that seven of the pharmacies had signed up to provide the smoking cessation advanced service as of 18 July 2022. It is noted that the

number of pharmacies that have signed up to provide this service has increased whilst the pharmaceutical needs assessment has been written but that roll-out of the service has been delayed whilst the systems are put in place by the hospitals. It is expected that the number of pharmacies signed up to provide the service will continue. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

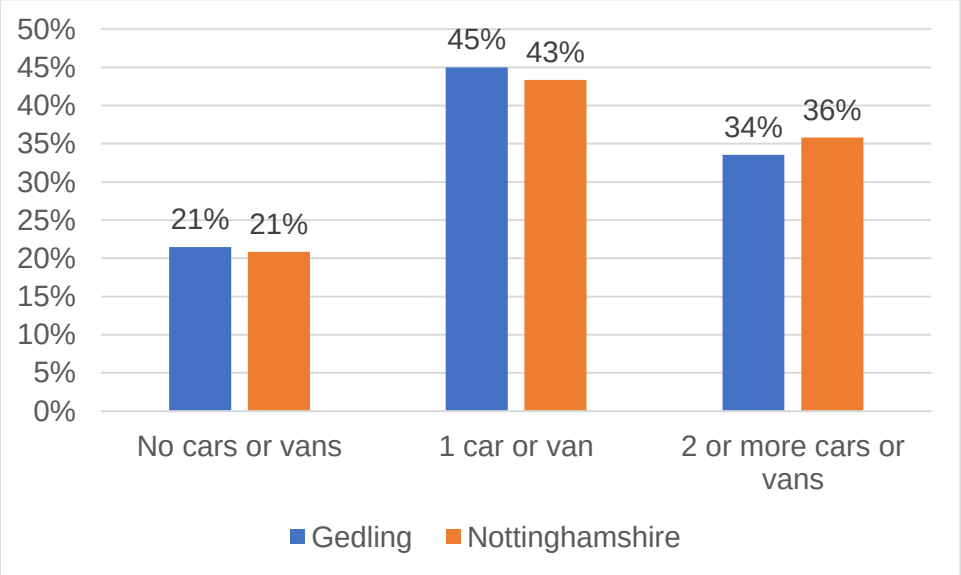
In relation to the four enhanced services that are currently commissioned by NHS England, the health and wellbeing board has noted that these services are currently being reviewed. Training to provide these services has been delayed due to the Covid-19 pandemic and this will have affected sign-up. Should the services continue following NHS England's review it is not expected that there will be a reduction in the number of pharmacies providing the service. In fact it is likely that the number will increase. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to these services.

11 Gedling locality

11.1 Key facts

- Clear split in the rural/urban classification of the locality with the west described as urban minor conurbation or urban city and town, and the east as rural town and fringe or rural village and dispersed.
- Lowest increase in population between the 2001 and 2011 Census at 1.6%.
- Projected to have the third lowest population increase of all the localities between 2018 and 2025 at 4.1%.
- Second lowest percentage of White residents at 93.0% in Nottinghamshire. Highest proportion of Mixed/multiple ethnic group residents (2.3%), and second highest proportions of Asian/Asian British residents (2.9%) and Black African & Caribbean/Black British (1.6%).
- The main languages spoken in Gedling households at the 2011 Census were:
  - English – 97.8%
  - Polish – 0.5%
  - Panjabi – 0.2%
  - French, Spanish, Italian, Arabic, Urdu, Cantonese Chinese and all other Chinese – 0.1% each.
- The figure below compares car ownership levels in the locality to Nottinghamshire and shows that there are more households with one car or van but fewer with two or more. There is a number of free-standing large settlements that have high percentages of lone pensioner households with no car, particularly former mining communities such as Calverton ward in Gedling (61%).

Figure 43 – car ownership in Gedling compared to Nottinghamshire[108]

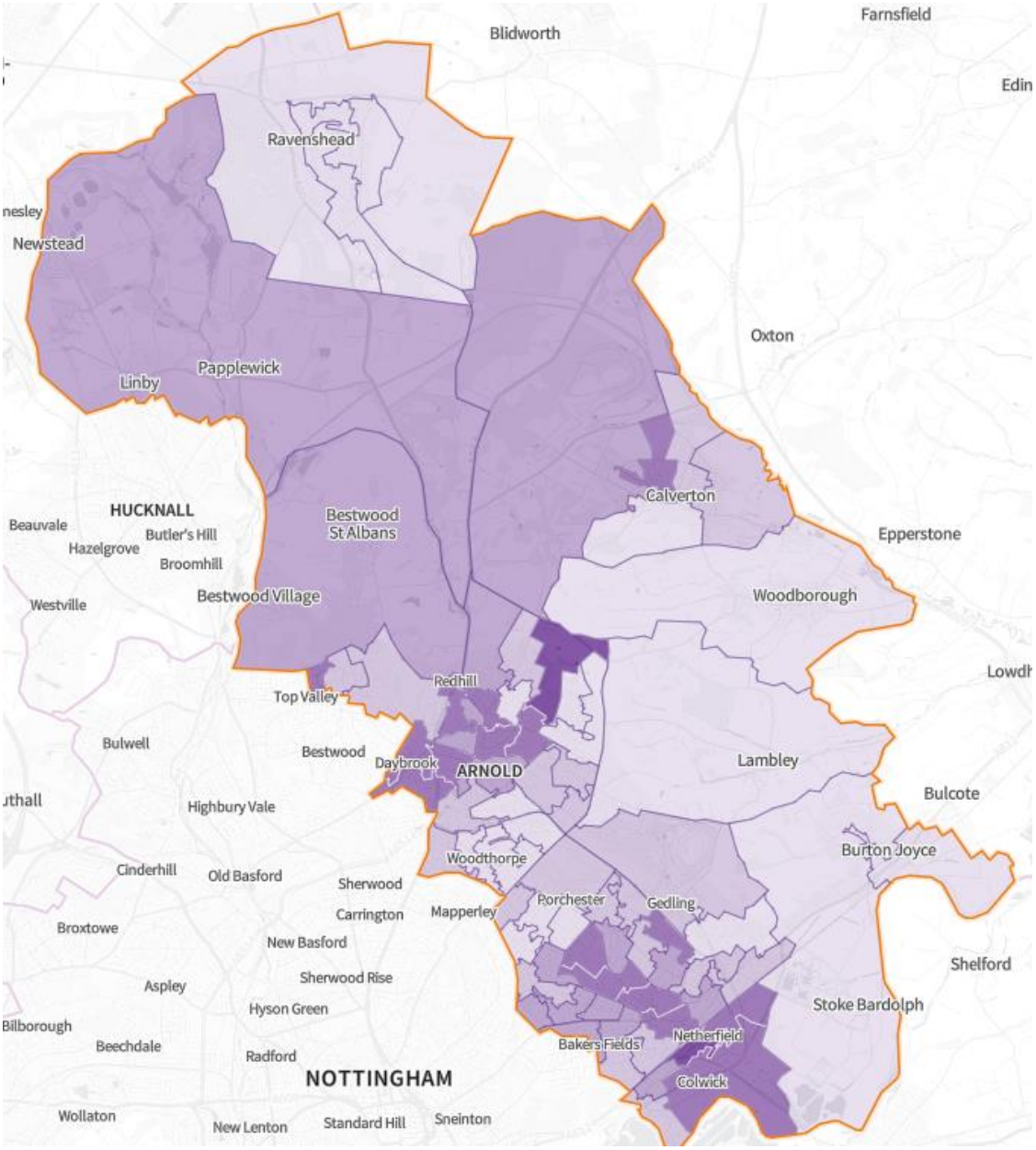


- Within national rankings, Gedling is 207th out of 319 local authorities with regard to the English Indices of Deprivation 2019 (where a ranking of one is the most

[108] Nomis KS404EW - Car or van availability

deprived[109]). There is only one lower-layer super output areas in the 10% most deprived in England, and only one in the 11 to 20th most deprived. The map below shows the spread of deprivation across the locality, where the darker the colour the greater the level of deprivation.

Map 44 – Spread of deprivation[110]



- The life expectancy for men is better than the English average (80.1 and 79.4 years respectively), and the same for women (83.1 years). Life expectancy is 7.6 years

[109] Ministry of Housing, Communities & Local Government, The English Indices of Deprivation 2019

[110] Public Health England's Strategic Health Asset Planning and Evaluation tool

lower for men and 7.5 years lower for women in the most deprived areas of Gedling than in the least deprived areas.

- Lower percentage of people reporting they have a limiting long term illness at the 2011 Census compared to Nottinghamshire (19.3% and 20.3% respectively).
- Under 75 mortality rate from all causes is better than the English average 2018-2020 (294.1 and 336.5 per 100,000 respectively).
- Under 75 mortality rate from all cardiovascular diseases similar to the English average 2017-2019 (63.1 and 70.4 per 100,000 respectively).
- Under 75 mortality rate from cancer is similar to the English average 2017-19 (121.1 and 129.2 per 100,000 respectively).
- Suicide rate is better than the English average 2018-2020 (6.6 and 10.4 per 100,000 respectively).

According to the Office for Health Improvement & Disparities Gedling health profile 2019[111]:

- In Year 6, 18.0% of children are classified as obese.
- Levels of GCSE attainment are better than the England average.
- The rate for alcohol-related harm hospital admissions is 684 per 100,000. This represents 820 admissions per year.
- The rate for self-harm hospital admissions is 150 per 100,000, better than the average for England. This represents 170 admissions per year.
- The rates of new sexually transmitted infections, killed and seriously injured on roads and new cases of tuberculosis are better than the England average.
- The rate of under 75 mortality rate from cancer is better than the English average.

The Gedling Five year housing land supply assessment 2021[112] confirms that the local housing need is 556 homes per annum, or 1,668 for the lifetime of this pharmaceutical needs assessment. The following table summarises the larger sites and the number of houses that are projected to be completed between October 2022 and September 2025.

[111] Local authority health profiles, Office for Health Improvement & Disparities
[112] Five year housing land supply assessment 2021, Gedling Borough Council

Figure 44 – larger housing sites and the number of projection completions

Site and current position	Number of housing units projected to be built October 2022 to September 2025 [113]	Projected number of people [114]
Gedling Colliery/Chase Farm, Carlton. The site is allocated for 1,050 homes. 506 homes are included in phase 1 which is currently under construction with 250 dwellings having been built as at 31 March Reserved matters application for phase 2 and final housing phase of 430 dwellings was submitted in November 2021 and is pending consideration as of March 2022.	257	617
Top Wighay Farm, Hucknall. The site is allocated for 845 homes and part of the site for 38 homes is built. Resolution to grant outline planning application for mixed-use development comprising 805 homes in March 2021 subject to the signing of the Section 106 agreement.	250	600
Park Road, Calverton. The is located within the area known as the North West Quadrant Urban Extension in the Calverton Neighbourhood Plan. Site is allocated for 390 homes with 351 currently under construction. Full planning permission for 20 bungalows on the remainder of the site (the car park at North Green) was granted in August 2021.	225	540
Teal Close, Carlton. Outline planning permission for residential development, employment and other uses. As at 31 March 2021, 167 of the 199 homes in phase 1 had been completed with the remaining 32 expected to be completed by 31 March 2022. Phase 2 will deliver 353 houses, and construction of these has commenced.	211	506
Rolleston Drive, Arnold. This site is allocated for 140 dwellings, of which full planning permission has been given for 131 (August 2021).	131	314
Hayden Lane, Hucknall. The site is allocated for 120 homes. The site has been marketed and the landowners/agents are now in the process of selecting a housing developer with a planning application to then be submitted.	100	240

[113] Assumes an even completion rate throughout the year.
[114] Based on an average of 2.4 people per unit.

Site and current position	Number of housing units projected to be built October 2022 to September 2025[115]	Projected number of people[116]
West of A60 B, Arnold. The site is allocated for 150 homes. A full planning application for 157 dwellings was submitted in January 2021 and is pending consideration as of March 2022.	100	240
Linden Grove, Carlton. The site is allocated for 115 homes and reserved matters permission for 120 homes was granted in October 2021.	90	216
Howbeck Road/ Mapperley Plains, Arnold. The site is allocated for 205 homes in the and 164 homes are currently under construction. No planning application has been received for the remainder of the site.	89	214
Westhouse Farm, Bestwood Village. The site is allocated for 210 homes and 101 are currently under construction. No planning application for phase 2 has been received.	75	180

11.2 Necessary services: current provision within the locality's area

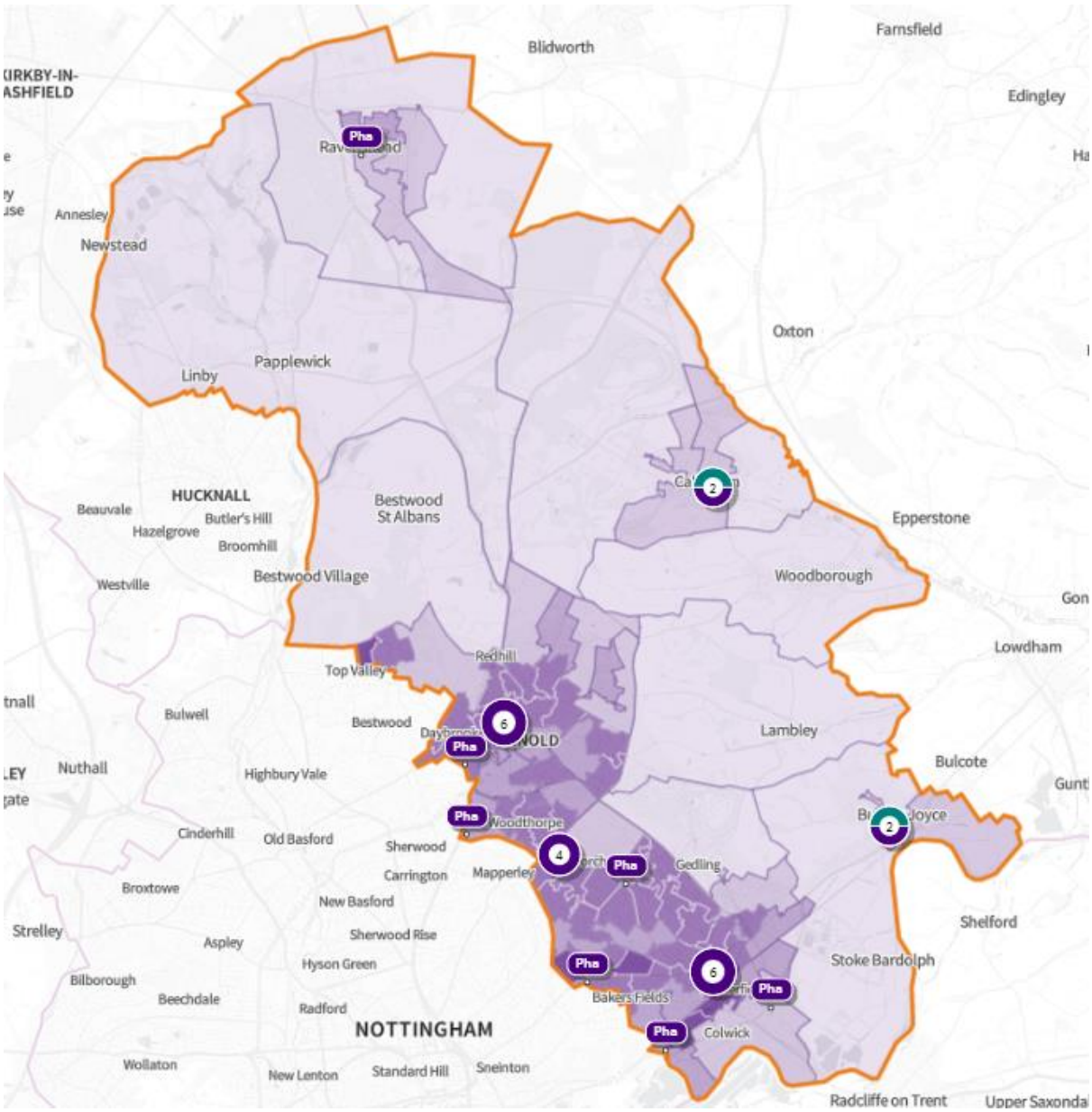
There are 25 pharmacies (of which two are distance selling premises) in the locality operated by 15 different. There used to be a dispensing appliance contractor with premises in the locality, however it relocated to the Rushcliffe locality on 11 July 2022.

One of the GP practices dispenses to eligible patients from its premises, and a GP practice in a neighbouring locality dispenses from its branch surgery in this locality. The level of dispensing ranges from 15.4% to 22.7% of the practices' registered populations.

As can be seen from the map below the pharmacies are mainly clustered in the south-west of the locality, which is more densely population, and the dispensing practices are in the less densely population areas in the east (the darker the shading the greater the population density).

[115] Assumes an even completion rate throughout the year.
[116] Based on an average of 2.4 people per unit.

Map 45 – location of pharmacies and dispensing practice premises compared to population density

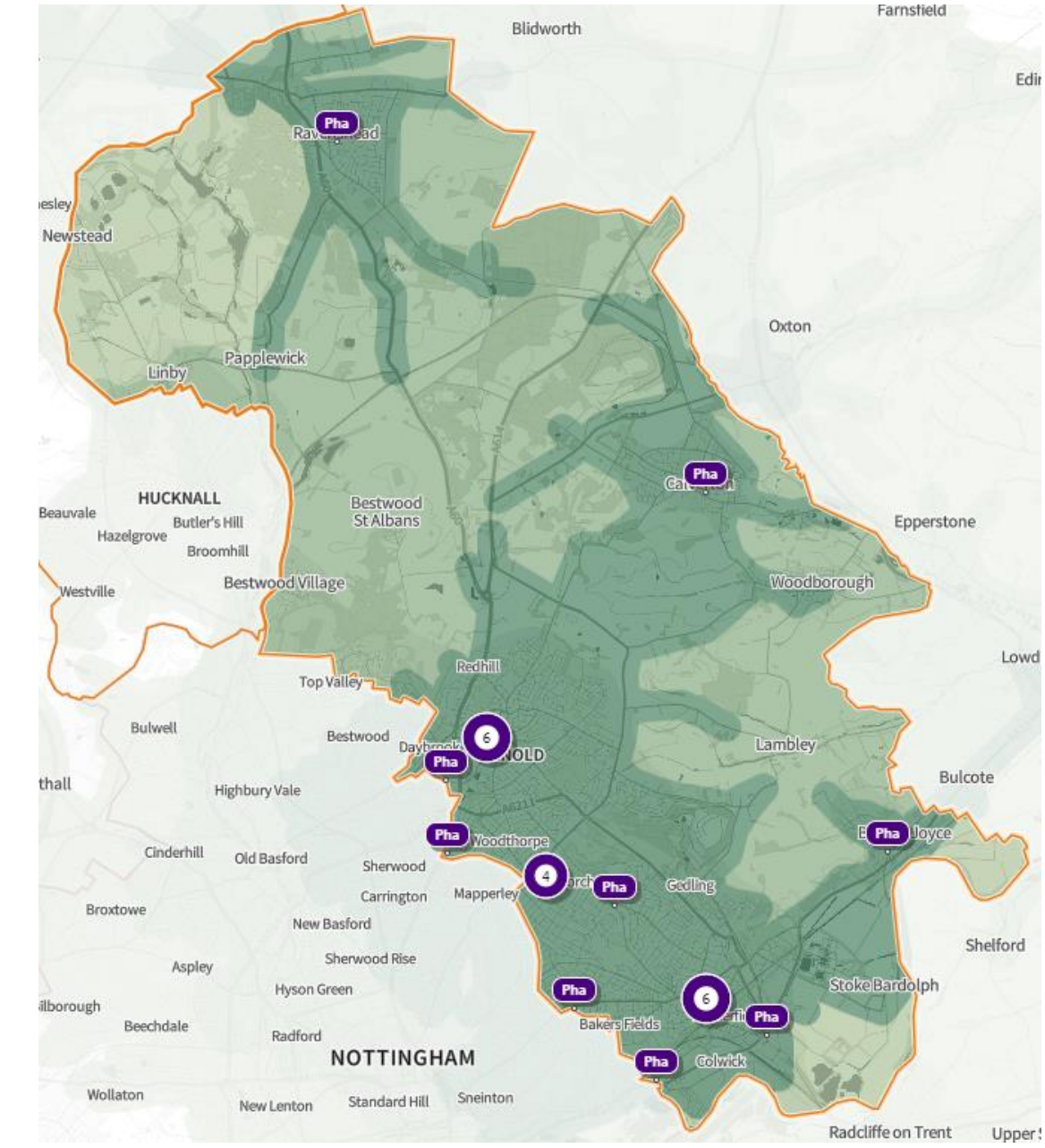


In 2020/21, 84.9% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies and 4.7% by the dispensing practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed). The dispensing appliance contractor, that has since relocated, dispensed 71 items prescribed by the GP practices.

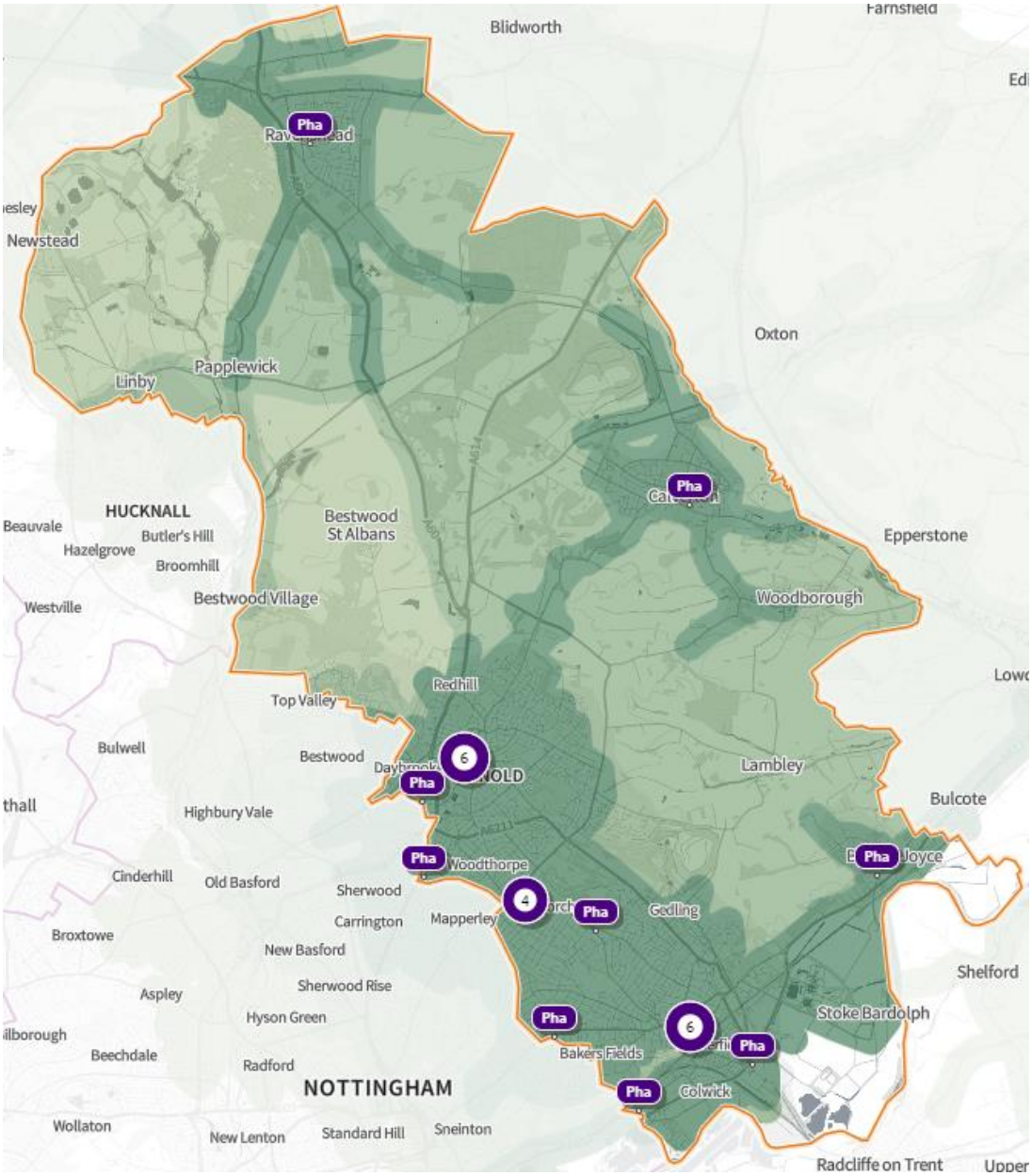
As can be seen from the maps below, all of the locality is within one of the pharmacies by car within 15 minutes outside the rush hour periods, with the majority of the locality also within 15 minutes by car during the rush hour periods. The two areas that are not within a

15-minute drive are in the south and south-east of the locality and Google Maps reveals that there is no resident population. The area in the south includes the Netherfield Lagoons, arable fields and a National Grid substation. The area in the south-east contains arable fields.

Map 46 – access to pharmacies in Gedling outside of rush hour times



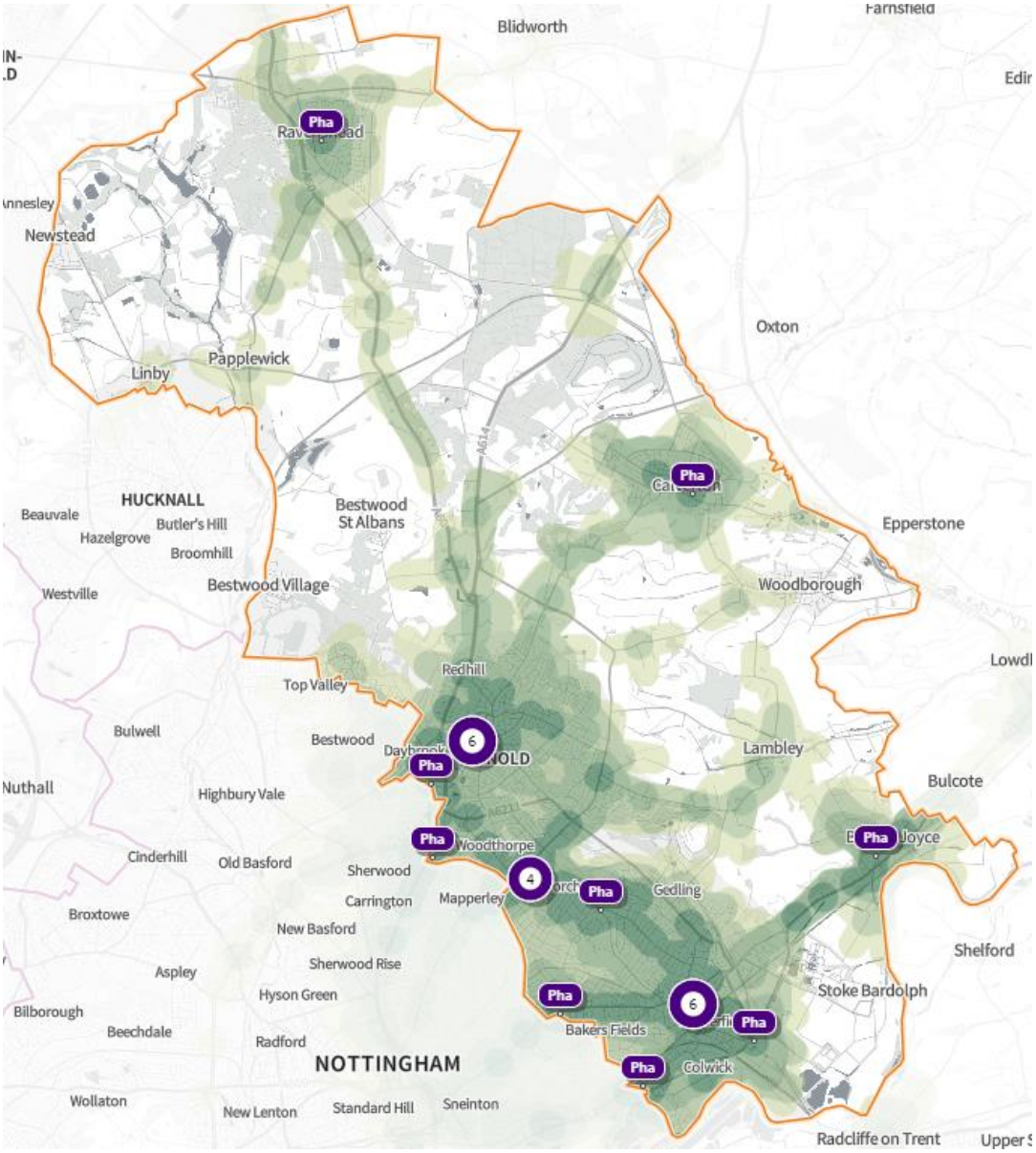
Map 47 – access to pharmacies during rush hour times



5 10 15 Travel times in minutes

The map below shows those parts of the locality that are within a 20-minute travel time by public transport of a pharmacy. Public Health England's Strategic Health Asset Planning and Evaluation tool confirms that approximately 7,400 people live outside of this travel time.

Map 48 – access to pharmacies by public transport



5 10 15 20 Travel times in minutes

There are three 100 hour pharmacies in the locality (Arnold, Mapperley and Netherfield) which are open seven days a week and between them cover the hours:

- 07.00 to 23.30 Monday to Friday,
- 07.00 to 23.00 Saturday, and
- 10.00 to 20.00 Sunday.

With regard to the remaining 22 pharmacies:

- Ten open Monday to Friday,
- Five are open Monday to Friday and Saturday morning,
- Four are open Monday to Saturday, and
- Three are open Monday to Sunday.

With regard to the times at which these 22 pharmacies are open between Monday and Friday:

- Two open at 08.00, four at 08.30, two at 08.45, and 14 at 09.00.
- One is open until 16.30, one until 17.00, four until 17.30 (although one closes at 12.45 on Wednesday), 12 until 18.00, three until 18.30 (although one closes at 12.00 on Thursday and another at 17.30), and one until 20.00.

On Saturdays, one pharmacy opens at 08.00, two at 08.30 and nine at 09.00. Two pharmacies close at 12.00, three at 13.00, one at 15.00, one at 16.00, two at 17.00, two at 17.30, and one at 20.00.

On Sundays, two pharmacies open at 10.00 and the third at 10.30. Two close at 16.00 and the third at 14.30.

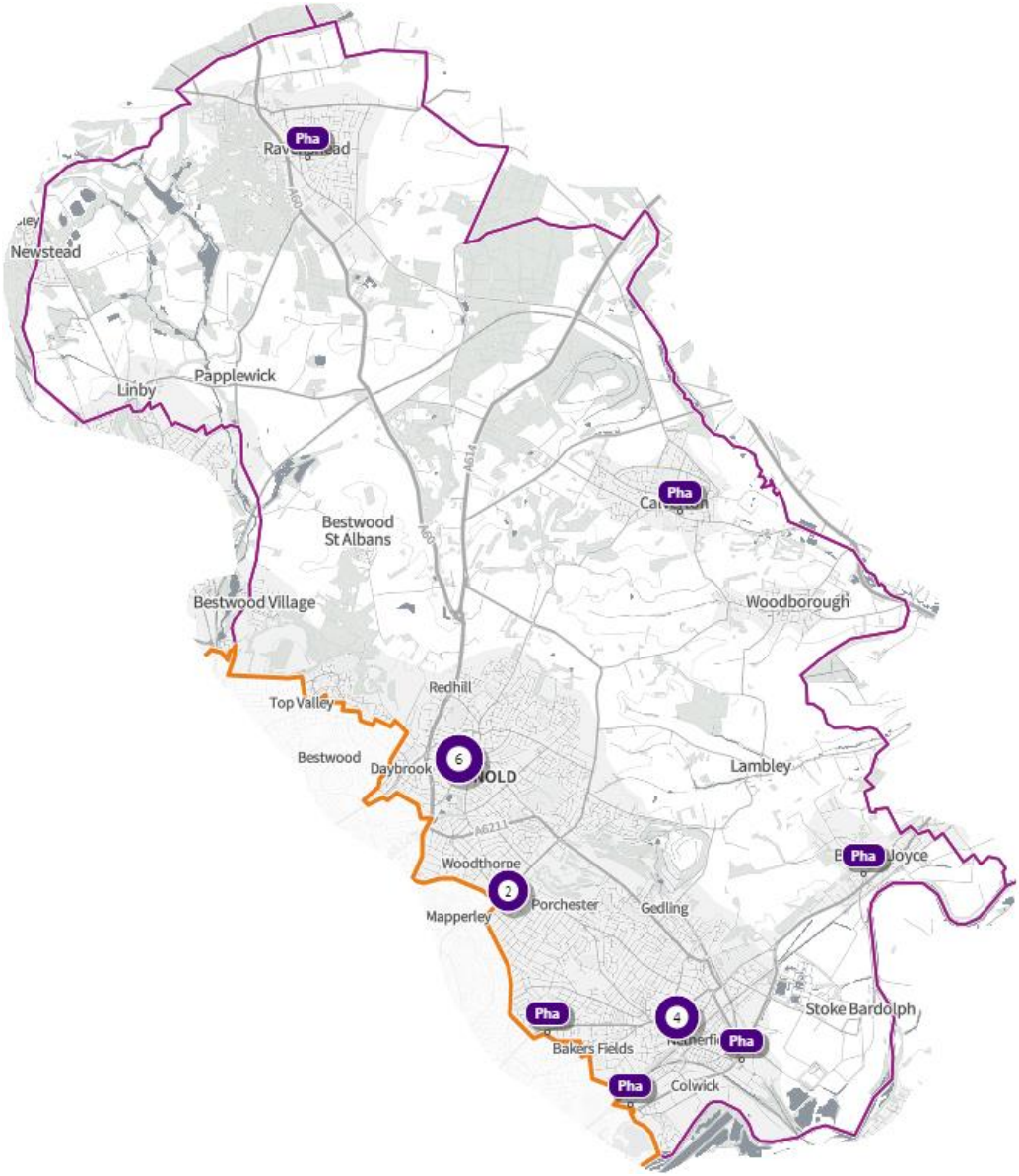
The dispensaries within dispensing practices will generally open in line with the opening hours for the premises, usually 08.00 to 18.30 Monday to Friday.

Of the ten pharmacies who responded to the contractor questionnaire, eight dispense all appliances listed in Part IX of the Drug Tariff, and the other two just dispense dressings. The two dispensing practices did not respond to the questionnaire.

18 pharmacies provided the new medicine service in 2020/21, completing a total of 1,151 full service interventions. At pharmacy level the range was four to 224. 21 pharmacies provided the service between April and September 2021, completing a total of 1,296 full service interventions. The range at pharmacy level was four to 153. Of the four pharmacies not providing the service, one is a distance selling premises that opened in October 2021, and the others are pharmacies in Arnold, Mapperley and Netherfield, two of which are 100 hour pharmacies. However, it is noted that the pharmacies in Arnold and Netherfield did provide the service in the second half of 2021/22.

18 of the pharmacies provided flu vaccinations under the advanced service in 2020/21 vaccinating a total of 4,845 people with a range at pharmacy level of 20 to 631. Between September and December 2021 18 pharmacies provided the service, giving a total of 7,470 people with a range at pharmacy level of 48 to 904. The map below shows the location of these pharmacies.

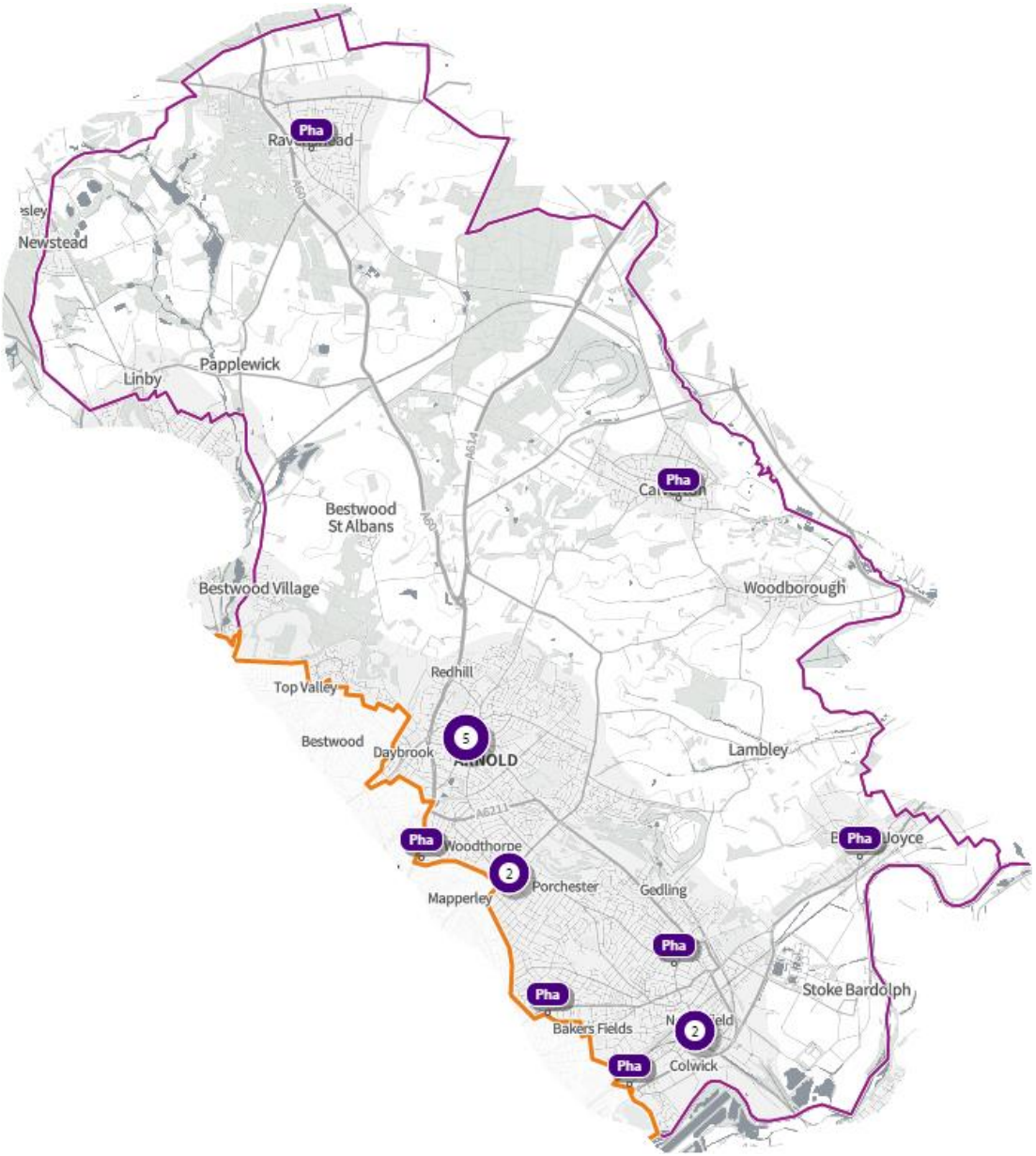
Map 49 – location of the pharmacies providing flu vaccinations 2021/22



In 2021/22, 16 pharmacies have provided the community pharmacist consultation service between April and September, completing a total of 404 referrals. However, 21 of the pharmacies are signed-up to provide the service as of 24 July 2022. Of the four that haven't signed up as of 24 July 2022, two are distance selling premises and two are based in Mapperley.

The map below shows the location of the pharmacies that have provided the service.

Map 50 – pharmacies that have provided the community pharmacist consultation service April to September 2021



11.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices that were not dispensed by a pharmacy or dispensing practice in the locality:

- 4.4% was dispensed by 67 contractors in Nottingham City,
- 2.6% elsewhere in Nottinghamshire,
- 0.9% by seven contractors in Leeds, and
- 0.4% by four contractors in Ealing.

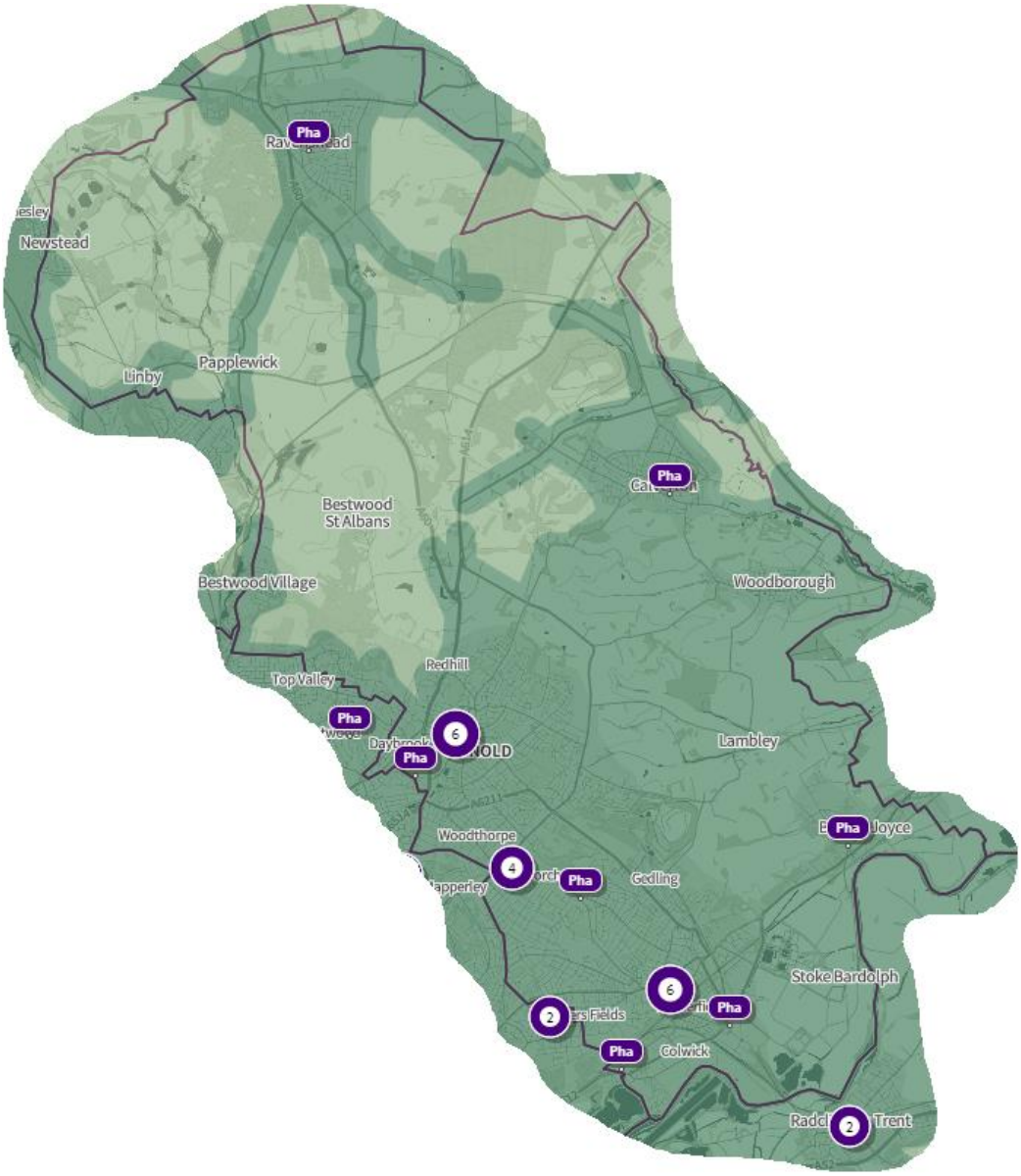
The remaining 0.7% was dispensed by 547 contractors in 114 different health and wellbeing board areas.

While the majority of items were dispensed by a ‘bricks and mortar’ pharmacy, 1.5% was dispensed by 23 distance selling premises. 0.2% were dispensed by 20 dispensing appliance contractor premises.

When provision in neighbouring localities and health and wellbeing board areas is taken into account, all of the locality is within a 10-minute drive of a pharmacy (both during and outside of the rush hours), as can be seen from the map below.

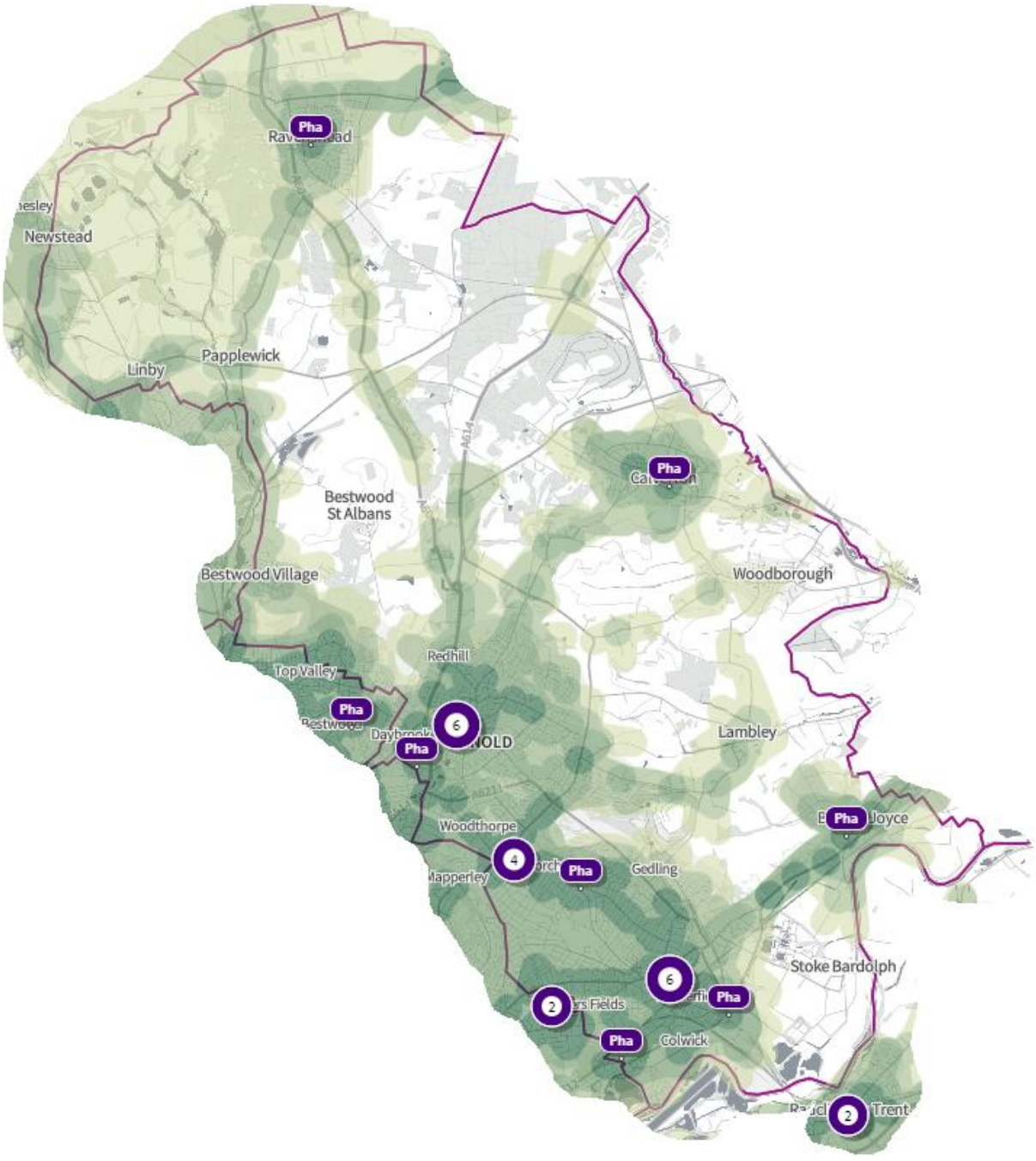
In addition, more of the locality is within 20 minutes of a pharmacy by public transport, particularly the area in the north and north-west.

Map 51 – travel times to pharmacies in Gedling and neighbouring localities and health and wellbeing board areas by car



5 10 Travel times in minutes

Map 52 – travel times to pharmacies in Gedling and neighbouring localities and health and wellbeing board areas by public transport



5 10 15 20 Travel times in minutes

Dispensing practices in neighbouring health and wellbeing board areas may provide a dispensary service to residents of the locality

11.4 Other relevant services: current provision

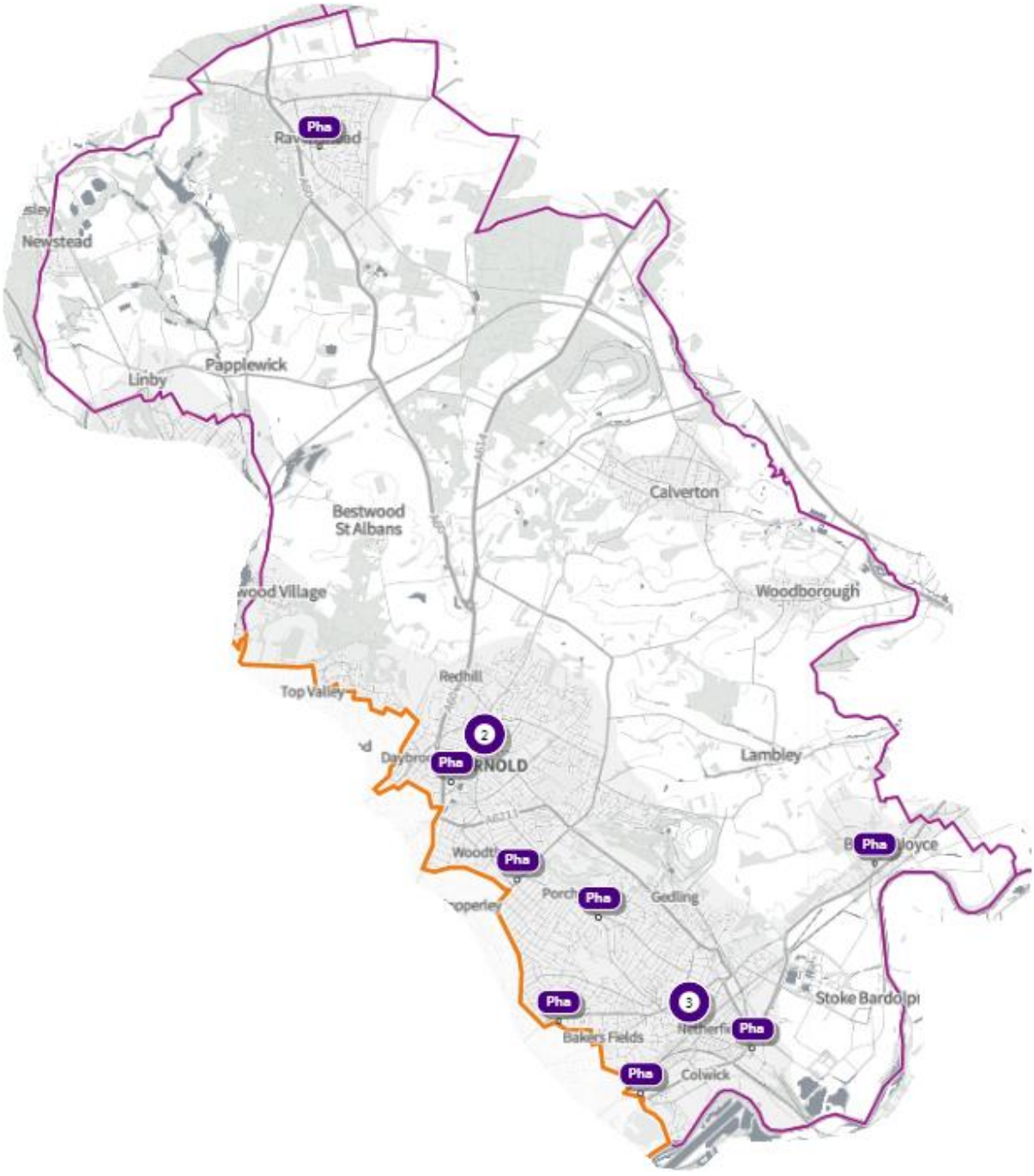
No pharmacy provided appliance use reviews between April 2020 and September 2021 despite at least eight pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

One pharmacy provided two stoma appliance customisations in 2020/21 and between April and September 2021. This is despite at least eight pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023.

As at 22 July 2022 13 of the pharmacies had signed up to provide the hypertension case finding advanced service. The map below shows where they are located.

Map 53 – location of the pharmacies that have signed up to provide the hypertension case finding advanced service as at 22 July 2022



As of 18 July 2022 none of the pharmacies had signed up to provide the smoking cessation advanced service.

As of September 2021, 23 of the pharmacies had provided 27,246 test kits under the Covid-19 lateral flow device distribution service.

In relation to the extended care service, in 2021/22:

- 14 pharmacies provide tier 1 – conjunctivitis,
- 13 provide tier 1 – urinary tract infections,
- Eight provide tier 2a – impetigo,
- Eight provide tier 2a – insect bites, and
- Eight provide tier 2a – eczema.

In 2021/22:

- 11 pharmacies provide the emergency supply service,
- 11 provide the Pharmacy first service, and
- Two provide the palliative care service.

11.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks, and
- Advice and treatment for common ailments.

In 2020/21, 1.5% of items prescribed by the GP practices were personally administered by the practices. The figure is likely to be higher as it's not possible to identify the number of items personally administered by the dispensing practices.

Residents will access other NHS services located in this locality or elsewhere in the health and wellbeing board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- The Nottinghamshire appliance management service,
- Continence prescription services,
- Community nursing services,
- Evening and weekend GP appointments,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

11.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 11.2 and 11.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the

locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2020/21, a total of 769 contractors dispensed items written by one of the GP practices, of which 627 were outside of Nottinghamshire. Some were quite a distance from the county, for example Bristol, Lancashire, Liverpool, Norfolk and Cornwall.

11.7 Necessary services: gaps in provision

Ten of the 11 pharmacies that replied to the pharmacy contractor questionnaire confirmed that they have sufficient capacity within their existing premises to manage the increase in demand in the area. The other said it didn't but could make adjustments. Seven also said they had sufficient capacity within their staffing levels whilst three said they could make adjustments to manage an increase in demand. The eleventh pharmacy said it did not have sufficient capacity within its staffing levels and would have difficulty in managing an increase in demand.

Whilst not NHS services:

- Ten of the pharmacies collect prescriptions from GP practices.
- Ten pharmacies provide a free of charge delivery service, of whom one offers the service to everyone, whereas the other nine restrict the service to certain categories of people for example the elderly, disabled people, housebound, vulnerable, or people with bulky, heavy items.
- Two provide a delivery service, for a fee, to everyone, although one does provide a free service in exceptional circumstances.

One pharmacy confirmed that Polish is spoken by staff every day. Another said that Gujarati and Hindi are spoken.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that the population can access a pharmacy within 15 minutes by car. In addition much of the population is within 20 minutes of a pharmacy by public transport. When provision in neighbouring localities and health and wellbeing board areas is taken into account, all of the locality is within a 10-minute drive of a pharmacy, and more of it is within 20 minutes of a pharmacy by public transport.

The health and wellbeing board has noted the dispensing service provided by some of the GP practices to their eligible patients, and that for these residents there is no need to access a pharmacy for the dispensing service.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,

- Be able to use public transport, or
- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide to a reasonable extent.

The health and wellbeing board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality, particularly noting that there are three 100 hour pharmacies in the locality and the spread of pharmacies across the locality.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality or the dispensing service provided by dispensing practices.

The health and wellbeing board has noted the projected number of houses to be built. It is of the opinion that there is sufficient capacity within the existing providers of pharmaceutical services to meet the demand generated by the new houses.

The health and wellbeing board is also satisfied that, based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Community pharmacist consultation service, and
- Flu vaccination.

11.8 Improvements or better access: gaps in provision

None of the pharmacies provide the appliance use review service despite at least eight dispensing prescriptions for appliances. One pharmacy has provided the stoma appliance customisation service.

It is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services.

The community-based Nottinghamshire appliance management service offers an annual review with a stoma nurse as part of its service. The review covers all of the information that's included within the appliance use review offered by pharmacies and dispensing appliance contractors, in addition to a clinical review. Access to specialist advice and support is also available as required. In addition, not all stoma appliances need to be customised. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to the appliance use review and stoma appliance customisation services.

No pharmacies have signed up to provide the Hepatitis C antibody testing service, which is due to end on 31 March 2023. It is recognised that this is a niche service that will not be relevant to many residents. It is noted that nationally, not many pharmacies have signed up to provide the service, and those that have done so have completed very few tests. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The lateral flow device distribution advanced service is not currently commissioned by NHS England following the announcement that free testing ended on 1 April 2022 in England. However if it was to be recommissioned it is anticipated that those pharmacies that previously provided the service would do so again, and therefore no current or future improvements or better access have been identified in relation to this service.

The health and wellbeing board has noted that 13 of the pharmacies had signed up to provide the hypertension case-finding advanced service as of 22 July 2022. It is noted that the number of pharmacies that have signed up to provide this service has increased whilst the pharmaceutical needs assessment has been written and it is expected that the number of pharmacies signed up to provide the service will continue. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

As at 18 July 2022 none of the pharmacies had signed up to provide the smoking cessation advanced services that went live on 10 March 2022. It is noted that roll-out of the service has been delayed whilst the systems are put in place by the hospitals. It is expected that the pharmacies will begin to sign-up to provide the service. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

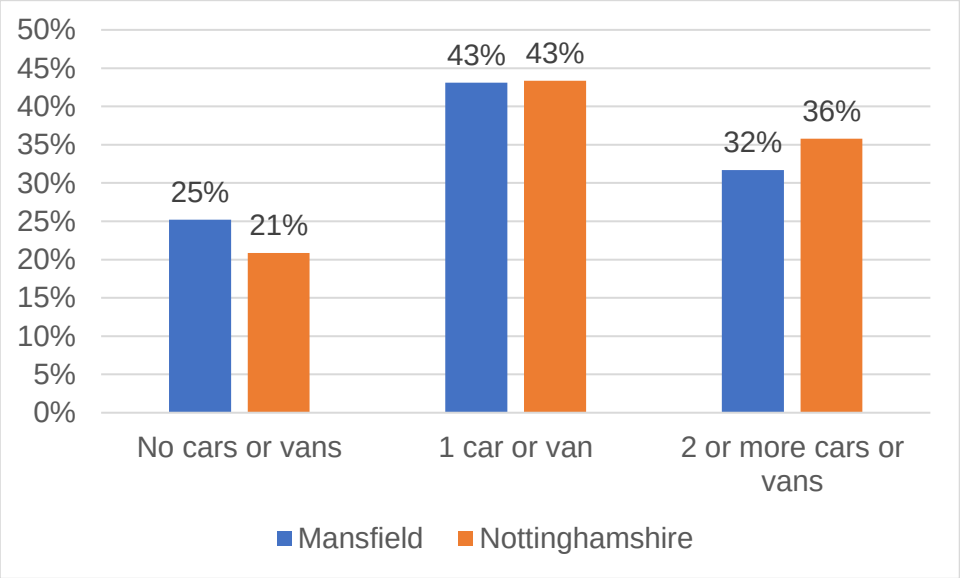
In relation to the four enhanced services that are currently commissioned by NHS England, the health and wellbeing board has noted that these services are currently being reviewed. Training to provide these services has been delayed due to the Covid-19 pandemic and this will have affected sign-up. Should the services continue following NHS England’s review it is not expected that there will be a reduction in the number of pharmacies providing the service. In fact it is likely that the number will increase. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to these services.

12 Mansfield locality

12.1 Key facts

- There is clear divide across the locality with the south described as urban city and town in a sparse setting (with the exception of an area to the north and west of Rainworth), and the north as rural town and fringe.
- Projected to have the lowest population increase between 2018 and 2025 at 4.0%.
- Currently has the lowest proportion of residents aged 65 and over (19.1%), however it is expected to catch up with the rest of the county by the early 2030s.
- Had the lowest unemployment rate for those aged 16 to 64 years old at 3.1%, and the highest proportion of residents aged 16 to 64 who were economically inactive.
- The main languages spoken in Mansfield households at the 2011 Census were:
    - English – 96.3%
    - Polish – 2.0%
    - Latvian – 0.5%
    - Slovak, Lithuanian, Russian, Turkish, Panjabi, Bengali (with Sylheti and Chatgaya), Cantonese Chinese– 0.1% each.
- The figure below compares car ownership levels in the locality to Nottinghamshire and shows that there are more households with no car or van. 71% of lone pensioner households in Mansfield in general have no car and a number of wards have between 75% and 80% of lone pensioner households with no car.

Figure 45 – car ownership in Mansfield compared to Nottinghamshire[117]

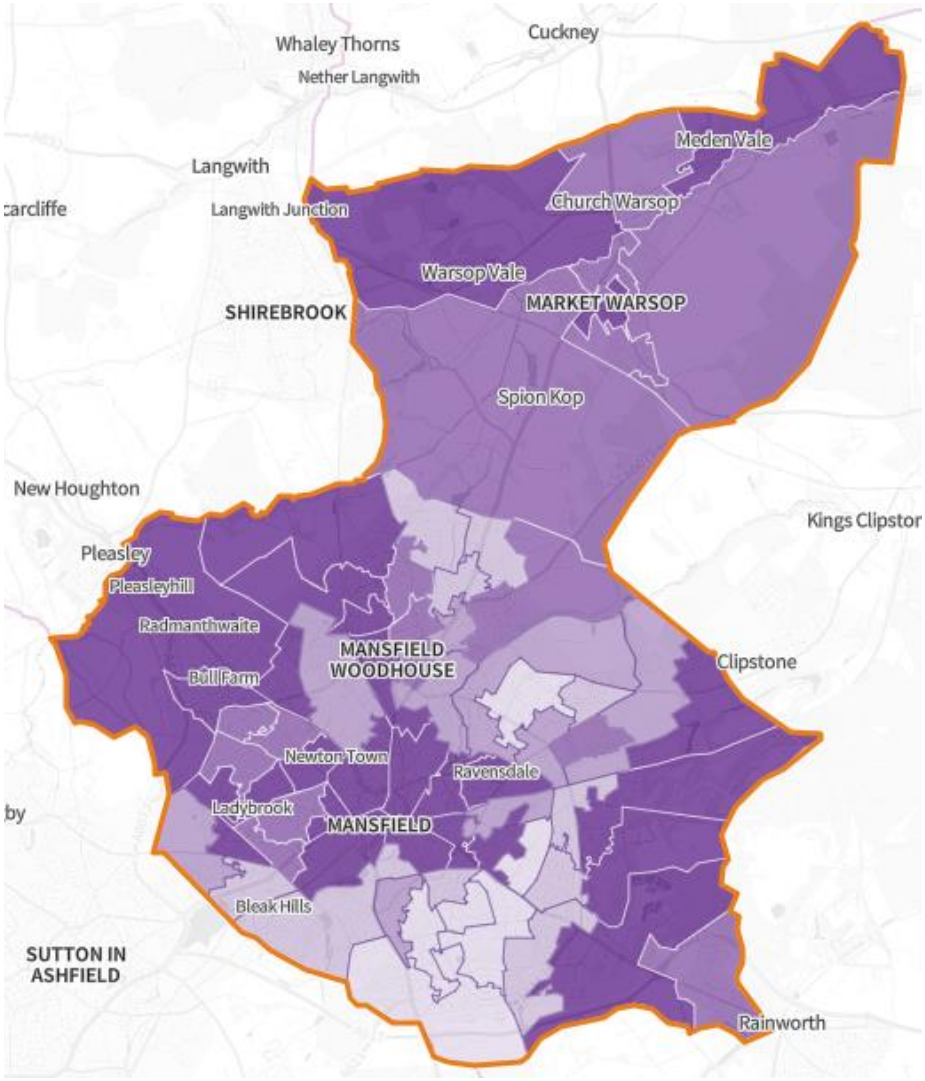


- Lowest level of households owning their house at 66.6%, and the highest proportion living in socially rented housing (18.2%).
- Highest count of rough sleepers in 2019 and 2020.
- Within national rankings, Mansfield is 56th out of 319 local authorities with regard to the English Indices of Deprivation 2019 (where a ranking of one is the most

[117] Nomis KS404EW - Car or van availability

deprived[118]). Ten lower-layer super output areas are in the 10% most deprived in England, and 17 in the 11 to 20th most deprived. The map below shows the spread of deprivation across the locality, where the darker the colour the greater the level of deprivation.

Map 54 – Spread of deprivation[119]



- Highest rate of adults aged 18 and over who smoke (21.4%). Also highest rate of routine and manual workers who smoke (54.7%).
- The life expectancy for men is worse than the English average (78.0 and 79.4 years respectively), and also for women (81.5 and 83.1 years respectively). Life expectancy is 9.0 years lower for men and 6.8 years lower for women in the most deprived areas of Mansfield than in the least deprived areas.

[118] Ministry of Housing, Communities & Local Government, The English Indices of Deprivation 2019

[119] Public Health England's Strategic Health Asset Planning and Evaluation tool

- Higher percentage of people reporting they have a limiting long term illness at the 2011 Census compared to Nottinghamshire (23.7% and 20.3% respectively).
- Under 75 mortality rate from all causes is worse than the English average 2018-2020 (391.2 and 336.5 per 100,000 respectively).
- Under 75 mortality rate from all cardiovascular diseases is similar to the English average 2017-2019 (77.1 and 70.4 per 100,000 respectively).
- Under 75 mortality rate from cancer is worse than the English average 2017-19 (151.7 and 129.2 per 100,000 respectively).
- Suicide rate is better than the English average 2018-2020 (6.1 and 10.4 per 100,000 respectively).

According to the Office for Health Improvement & Disparities Mansfield health profile 2019[120]:

- The health of people in Mansfield is generally worse than the England average.
- Mansfield is one of the 20% most deprived districts/unitary authorities in England.
- In Year 6, 22.9% of children are classified as obese, worse than the average for England.
- The rate for alcohol-specific hospital admissions among those under 18 is 37 per 100,000. This represents 8 admissions per year.
- Levels of GCSE attainment, breastfeeding and smoking in pregnancy are worse than the England average.
- The rate for alcohol-related harm hospital admissions is 875 per 100,000, worse than the average for England. This represents 945 admissions per year.
- The rate for self-harm hospital admissions is 294 per 100,000, worse than the average for England. This represents 305 admissions per year.
- Estimated levels of excess weight in adults (aged 18+) and smoking prevalence in adults (aged 18+) are worse than the England average.
- The rates of killed and seriously injured on roads and new cases of tuberculosis are better than the England average.
- The rate of hip fractures in older people (aged 65+) is worse than the England average.
- The rate of statutory homelessness is better than the England average.
- The rates of violent crime (hospital admissions for violence) and under 75 mortality rate from cancer are worse than the England average.

The Mansfield District Local Plan 2013-2033[121] states that the local housing need for this locality is 325 dwellings per annum, giving a total of 975 for the lifetime of this pharmaceutical needs assessment. Working on an average occupancy rate of 2.4 persons, this gives a total of approximately 2,340 people.

The plan identifies the following sites for housing development.

[120] Local authority health profiles, Office for Health Improvement & Disparities
[121] Mansfield District Local Plan 2013-2033, Mansfield District Council

Figure 46 – sites identified for housing development

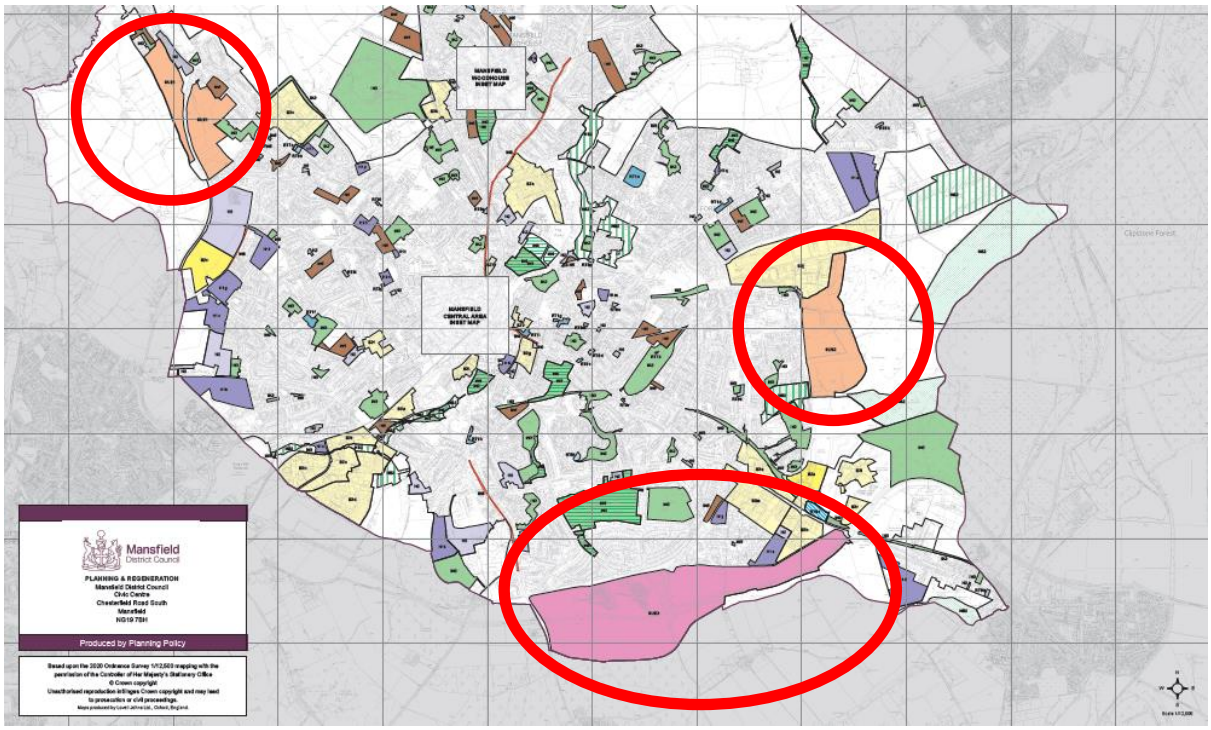
Site reference	Name	Approximate number of new homes
H1a	Clipstone Road East	511
H1b	Land off Skegby Lane	215
H1c	Fields Farm, Abbott Road	200
H1d	Three Thorn Hollows Farm	200
H1e	Land at Redruth Drive	178
H1f	Former Rosebrook Primary School	134
H1g	Abbott Road	102
H1h	Centenary Road	95
H1i	Former Mansfield Brewery	70
H1j	Bellamy Road	40
H1k	High Oakham Farm (east)	40
H1l	Land off Balmoral Drive	35
H1m	Sherwood Close	33
H1n	Ladybrook Lane/Tuckers Land	33
H1o	Hermitage Mill	32
H1p	South of Debdale Lane	32
H1q	Land off Holly Road	16
H1r	Land at Cox's Lane	14
H1s	Land off Ley Lane	14
H1t	Land off Rosemary Street	10
H1u	Stonebridge Lane/Sookholme Lane, Market Warsop	400
H1v	Sherwood Street/Oakfield Lane, Market Warsop	36
H1w	Former Warsop Vale School, Warsop Vale	10
Total		**2,450**

In addition it identifies three strategic urban extensions.

- Berry Hill is located to the south of the locality, straddling the A617 from the junction with the A60 in the west and the A6191 and B6020 in the east. Planning permission was granted in April 2018 for 1,700 homes, up to 18.8 hectares of employment land and a new local centre. The development started in June 2017 and 500 houses are to be built as part of phase 1.
- Land off Jubilee Way to the east of Mansfield – 800 homes, 1.6 hectares of employment land and retail. It will involve the development of the spoil tip of the former Mansfield colliery and improvements to Mansfield Rugby Club and Sherwood Golf Club. This area includes a number of Sites of Special Scientific Interest, Local Wildlife Sites and other areas of ecological importance. No planning application has been received for this site as of March 2022.
- Pleasley Hill Farm to the north-west of the Mansfield urban area, close to the settlement of Pleasley – 925 homes and 1.7 hectares of employment land and a new local centre. An application for this site was received on 31 March 2020 but as at March 2022 remains undetermined.

The map below, taken from the Local Plan, shows the location of these three strategic urban extensions.

Map 55 – location of the Mansfield strategic urban extensions



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

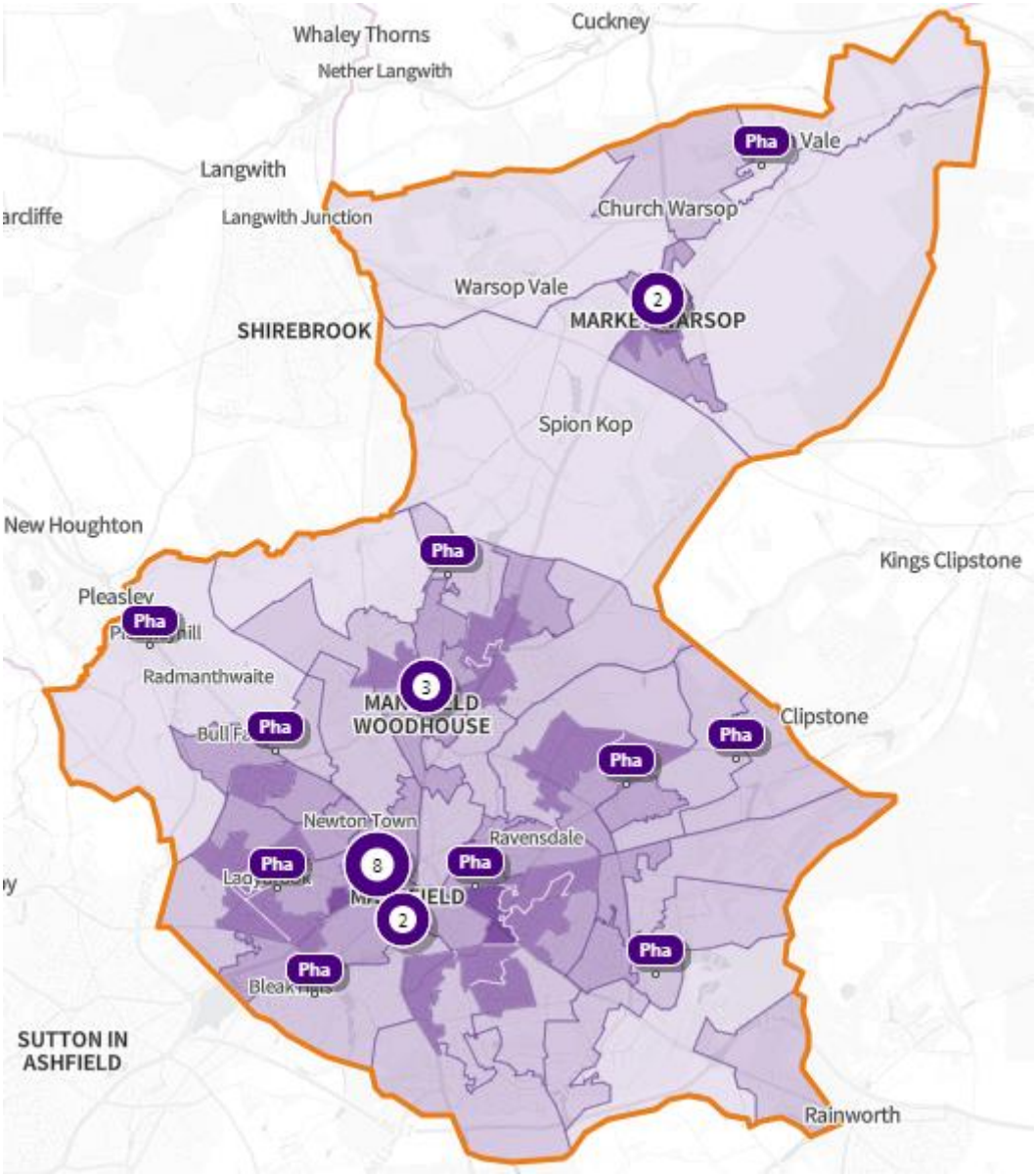
There are 24 pharmacies in the locality operated by 13 different contractors and one dispensing appliance contractor.

A consolidation application for the Rowlands pharmacies at 36 High Street, Mansfield Woodhouse, Mansfield NG19 8AN (remaining site) and 112 Chesterfield Road North, Mansfield NG19 7HZ (closing site) was granted on 24 June 2022 and the 30-day appeal period ended on 24 July 2022. If no successful appeals are made the applicant will have until 24 December 2022 to complete the consolidation.

An application for distance selling premises in Mansfield Woodhouse was granted by NHS England on 25 July 2022. Appeals against the decision can be made within a period of 30 days starting on that date.

As can be seen from the map below the premises are generally located within areas of greater population density (the darker the shading the greater the population density).

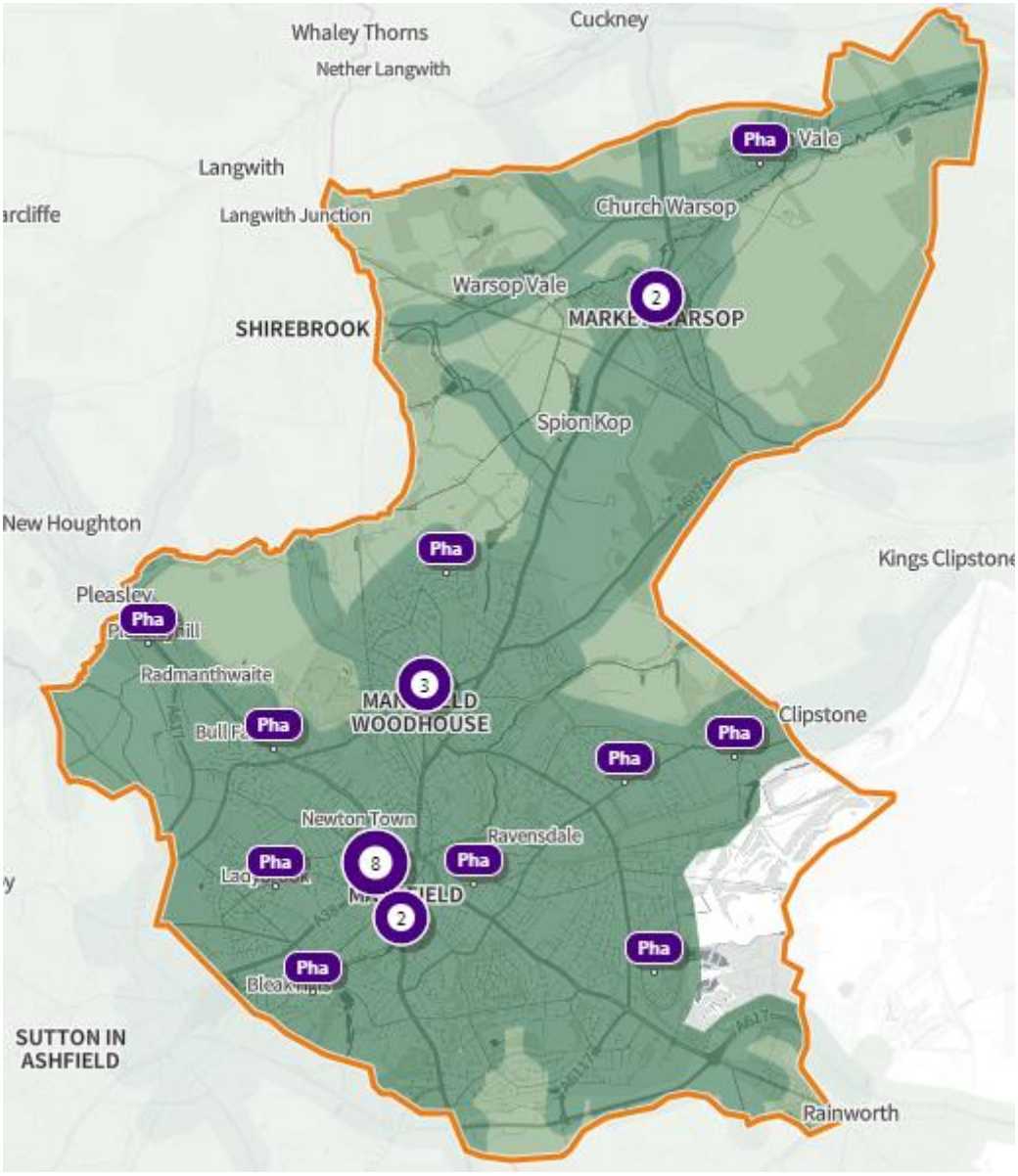
Map 56 – location of pharmacies and dispensing appliance contractor compared to population density



In 2020/21, 91.7% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies. The dispensing appliance contractor dispensed 2,908 items prescribed by the GP practices.

As can be seen from the maps below, all but one part of the locality is within one of the pharmacies by car within 10 minutes outside the rush hour periods. The area that is not within a 10-minute drive is in the south-east of the locality and Google Maps reveals that it contains Strawberry Hill Heath Nature reserve, Sherwood Forest Golf Club and Ransom Wood. The area contains no resident population. However, all of the locality is within a 15-minute drive of one of the pharmacies.

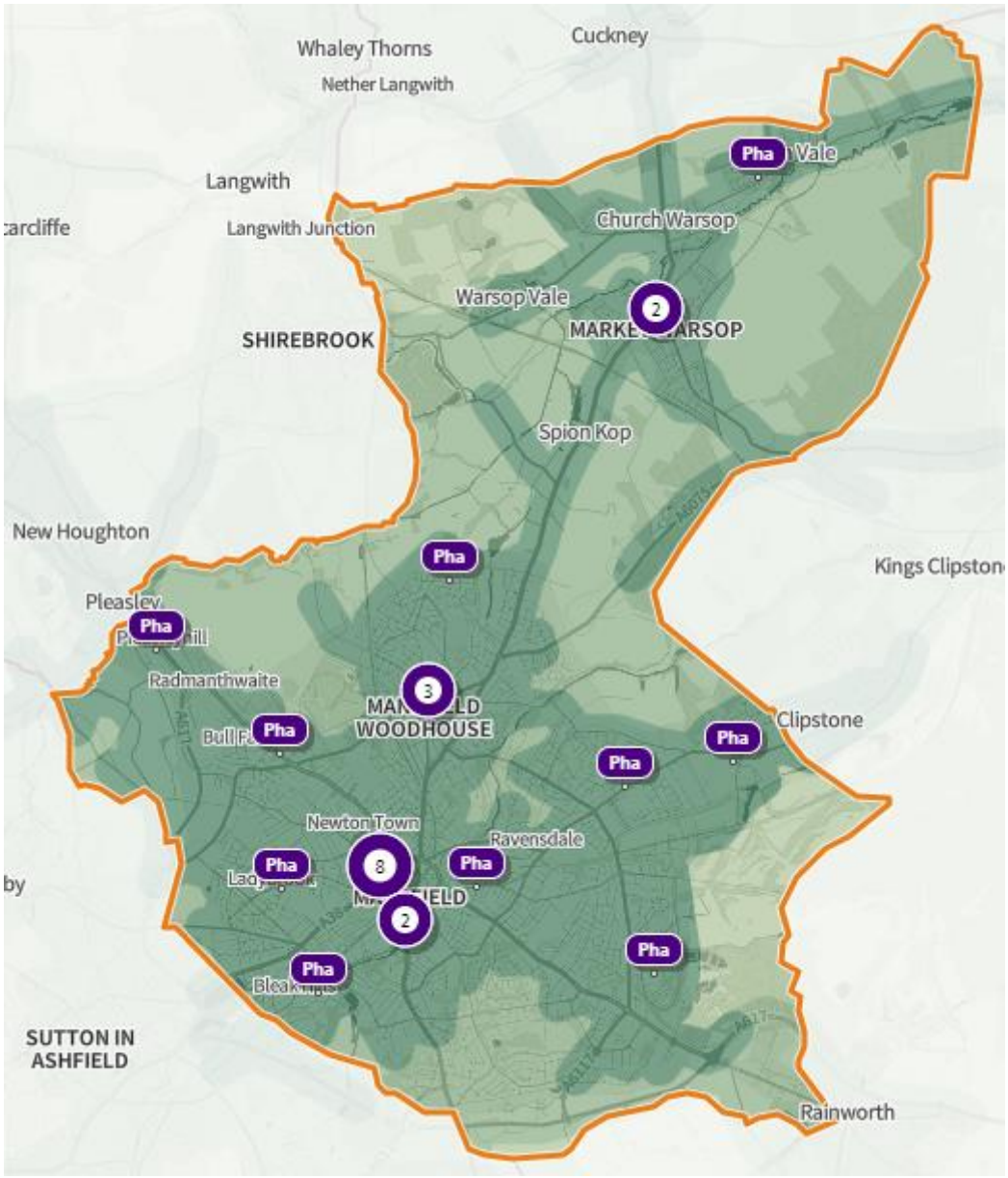
Map 57 – access to pharmacies in Mansfield outside of rush hour times



5 10 Travel times in minutes

The picture changes slightly during the rush hour times with an area to the north of Warsop Vale that is no longer within a 10-minute drive of a pharmacy in the locality. However, all of the locality is within 15 minutes of a pharmacy by car during the rush hour periods.

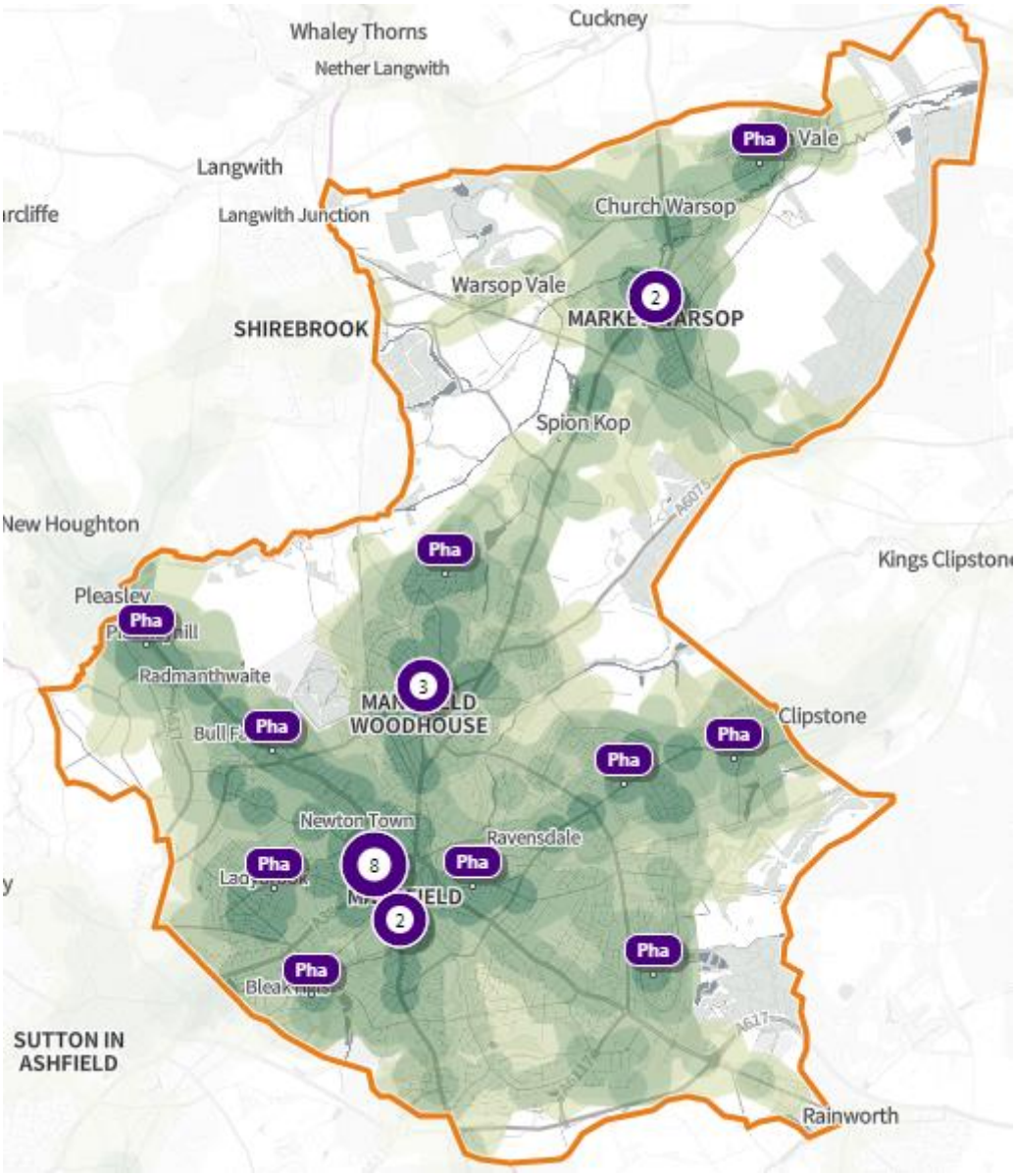
Map 58 – access to pharmacies during rush hour times



5 10 15 Travel times in minutes

Much of the area is also within a 20-minute travel time by public transport as can be seen from the map below.

Map 59 – access to pharmacies by public transport



5 10 15 20 Travel times in minutes

There are six 100 hour pharmacies in the locality (all located in Mansfield) which are open seven days a week and between them cover the hours:

- 07.00 to 00.00 Monday,
- 06.30 to 00.00 Tuesday to Friday,
- 06.30 to 00.00 Saturday, and
- 08.30 to 22.00 Sunday.

With regard to the remaining 18 pharmacies:

- Six open Monday to Friday,
- Eight are open Monday to Friday and Saturday morning,
- One is open Monday to Saturday, and
- Three are open Monday to Sunday.

With regard to the times at which these 18 pharmacies are open between Monday and Friday:

- Two open at 08.00, five at 08.30, and 11 at 09.00.
- Seven until 17.30 (although one closes at 17.00 on Friday), seven until 18.00, two until 18.30, one until 20.00, and one until 22.00.

On Saturdays two pharmacies open at 08.00, one at 08.30, seven at 09.00 and two at 11.30. Four pharmacies close at 12.00, four at 13.00, two at 17.30, one at 20.00, and one at 22.00.

On Sundays, three pharmacies open 10.00 to 16.00.

The dispensing appliance contractor opens 09.00 to 17.00 Monday to Friday and is closed at the weekend.

Of the 13 pharmacies who responded to the contractor questionnaire, 12 dispense all appliances listed in Part IX of the Drug Tariff, and one dispenses all appliances other than stoma and incontinence appliances. The dispensing appliance contractor dispenses all appliances.

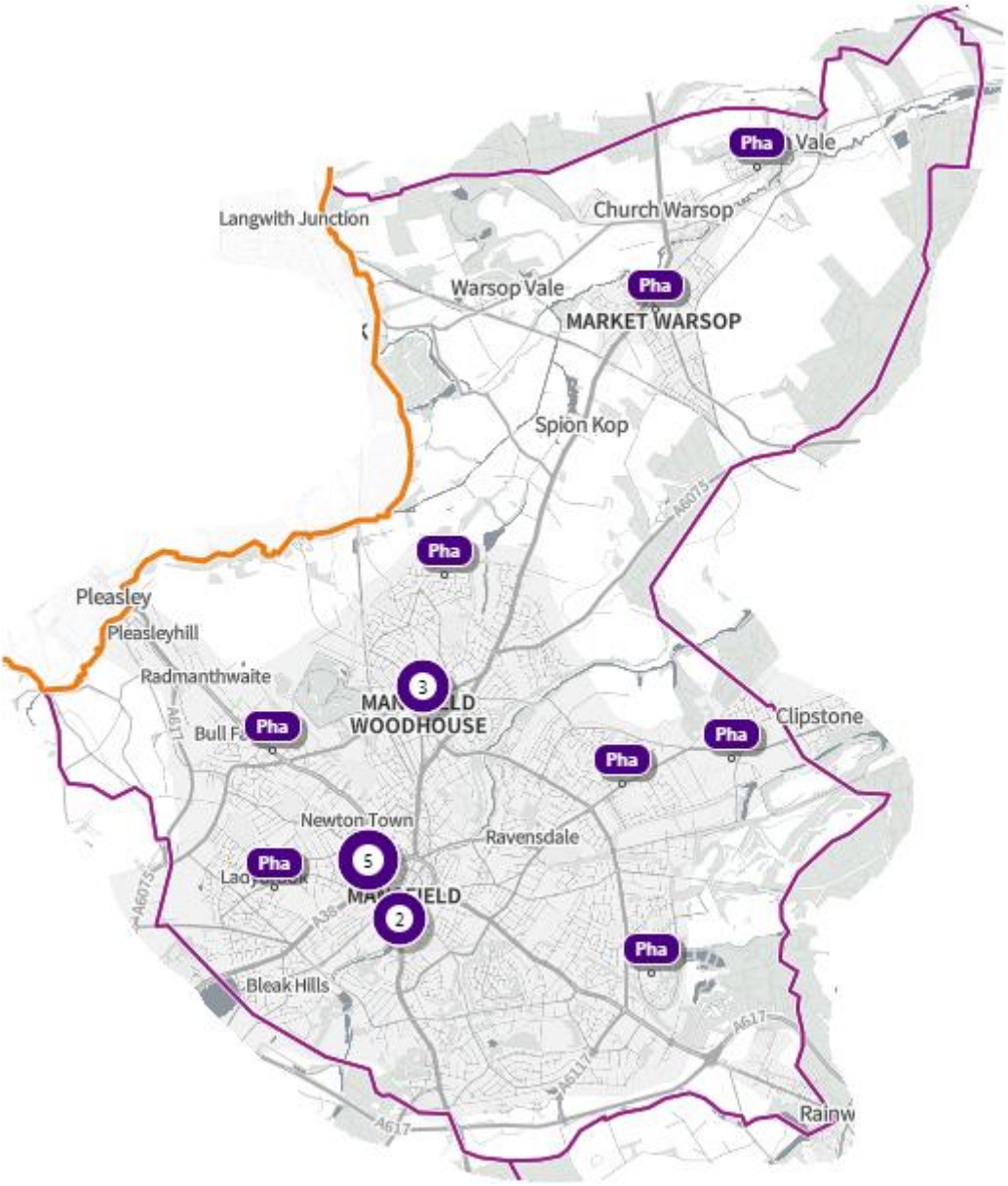
20 pharmacies provided the new medicine service in 2020/21, completing a total of 2,575 full service interventions. The range at pharmacy level was two to 984. 22 pharmacies have provided it between April and September 2021, completing a total of 2,390 full service interventions. The range at pharmacy level was seven to 750. Of the two pharmacies that haven’t provided the service, one is in Mansfield and the other is in Mansfield Woodhouse.

21 of the pharmacies provided flu vaccinations under the advanced service in 2020/21 vaccinating a total of 6,796 people with a range at pharmacy level of 47 to 1,879. Between September and December 2021 21 pharmacies provided the service, giving a total of 11,387 vaccinations, a range at pharmacy level of 22 and 3,464. Of the three pharmacies that didn’t provide the service, two are in Mansfield and one is in Mansfield Woodhouse. However, it is noted that one of the pharmacies in Mansfield did provide the service in the second half of 2021/22.

In 2021/22, 18 pharmacies have provided the community pharmacist consultation service between April and September, completing a total of 733 referrals. However, all 24 pharmacies are signed-up to provide the service.

The map below shows the location of the pharmacies that have provided the service.

Map 60 – pharmacies that have provided the community pharmacist consultation service April to September 2021



12.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices that were not dispensed by a pharmacy or dispensing appliance contractor in the locality:

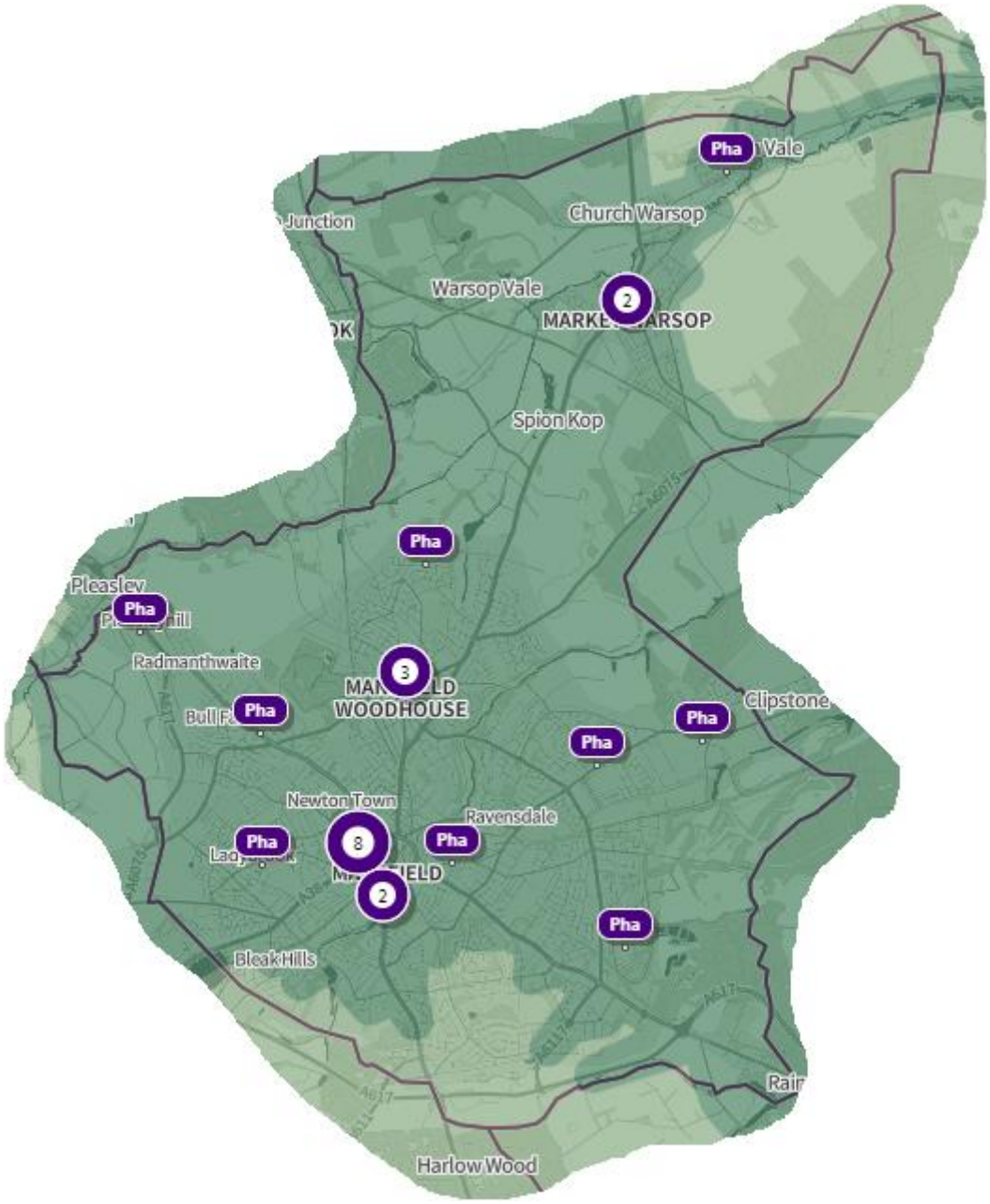
- 4.4% was dispensed elsewhere in Nottinghamshire,
- 0.9% by 11 contractors in Leeds,
- 0.5% by three contractors in Ealing,
- 0.3% by 73 contractors in Derbyshire, and
- 0.2% by three contractors in Stoke-on-Trent.

The remaining 0.74% was dispensed by 552 contractors in 126 different health and wellbeing board areas.

While the majority of items were dispensed by a ‘bricks and mortar’ pharmacy, 1.7% was dispensed by 21 distance selling premises. 0.3% were dispensed by 30 dispensing appliance contractor premises.

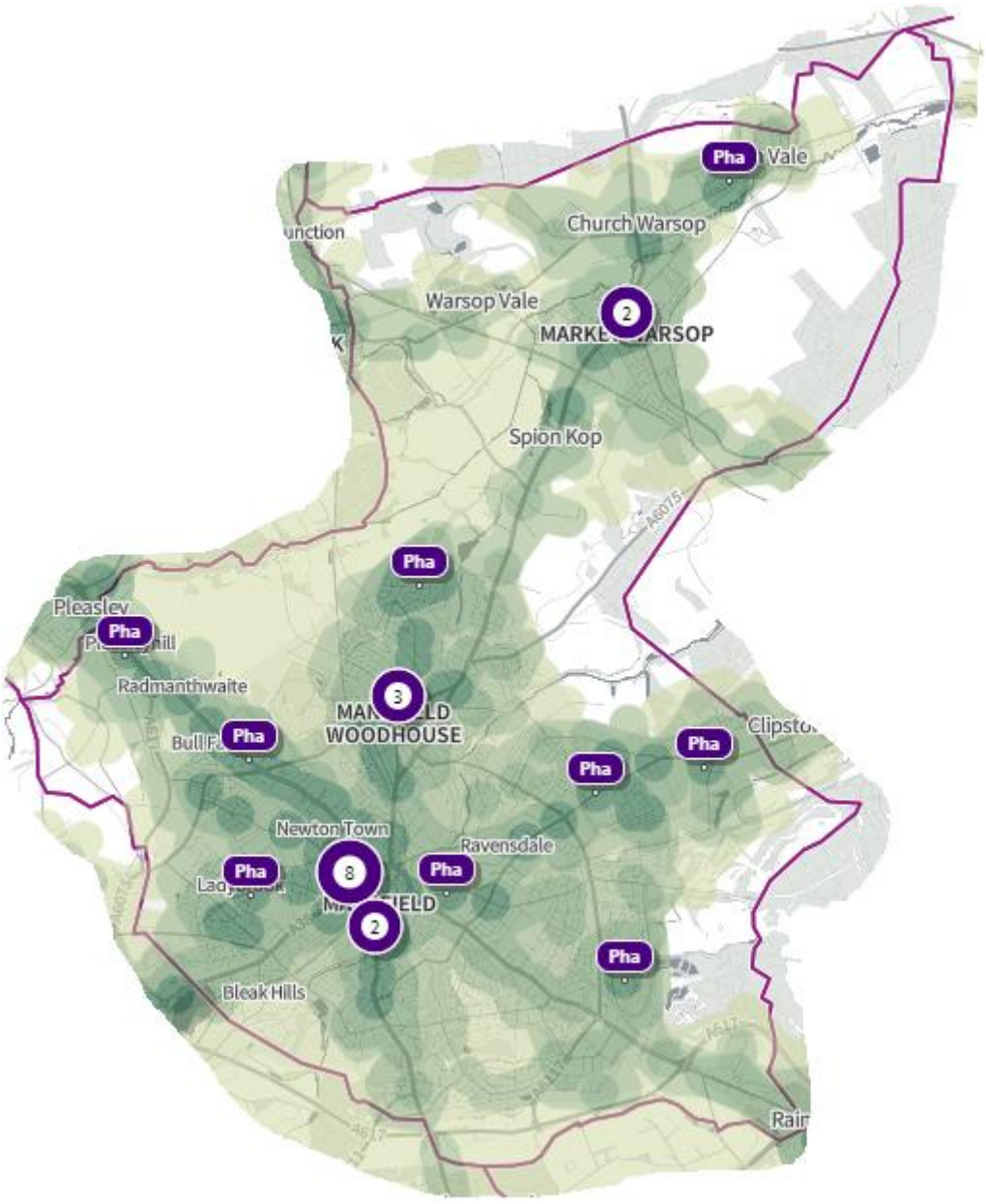
When provision in neighbouring localities and health and wellbeing board areas is taken into account, all of the locality is within a 10-minute drive of a pharmacy inside and outside of the rush hour times, with most of it within a five-minute drive. In addition, most of the locality is also within 20 minutes of a pharmacy by public transport.

Map 61 – travel times to pharmacies in Mansfield and neighbouring localities and health and wellbeing board areas by car



5 10 Travel times in minutes

Map 62 – travel times to pharmacies in Mansfield and neighbouring localities and health and wellbeing board areas by public transport



5 10 15 20 Travel times in minutes

12.4 Other relevant services: current provision

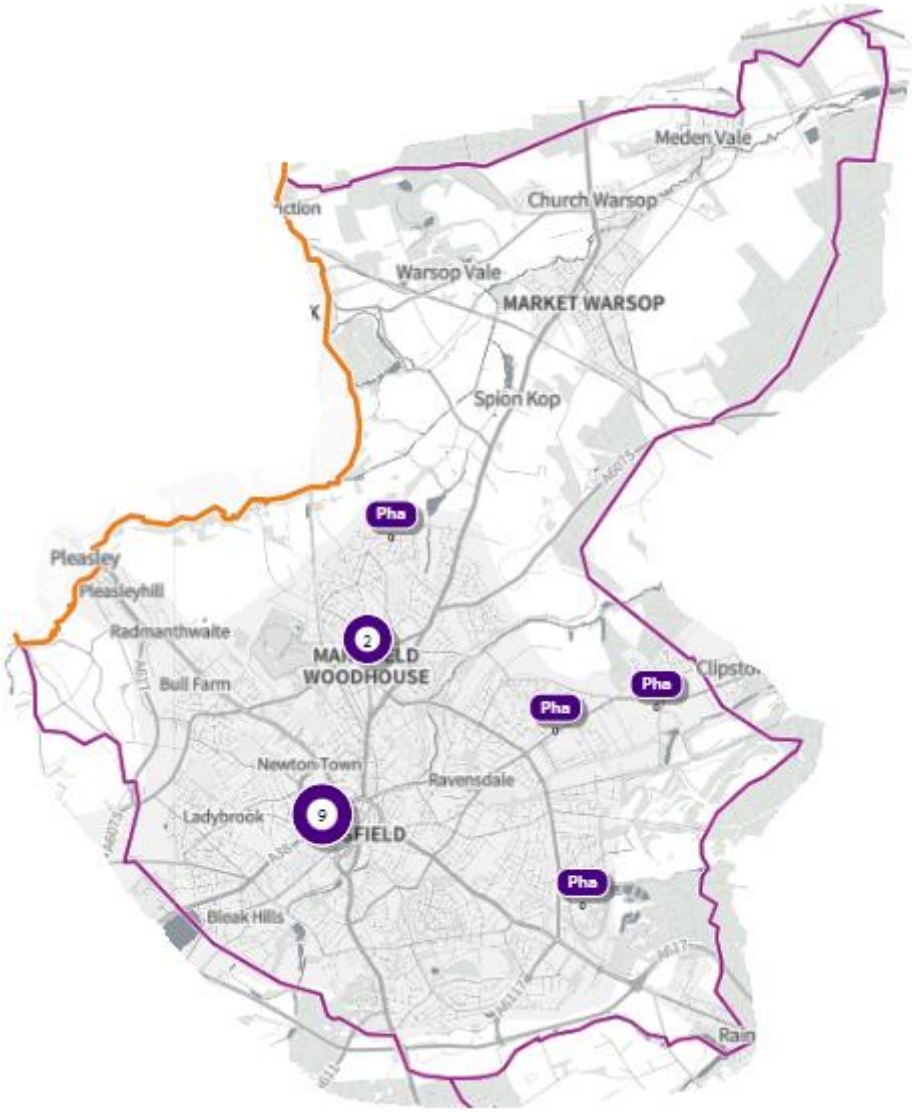
One pharmacy provided seven appliance use reviews at its premises in 2020/21. None were provided between April and September 2021. The dispensing appliance contractor has not provided the service. This is despite 11 pharmacies and the dispensing appliance contractor saying they dispense prescriptions for all appliances at their premises.

Three pharmacies customised a total of 20 stoma appliances in 2020/21, and one has customised eight between April and September 2021. This is despite 11 pharmacies saying they dispense prescriptions for all appliances at their premises. The dispensing appliance contractor customised 6,202 stoma appliances in 2020/21 and 2,702 between April and September 2021.

At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023.

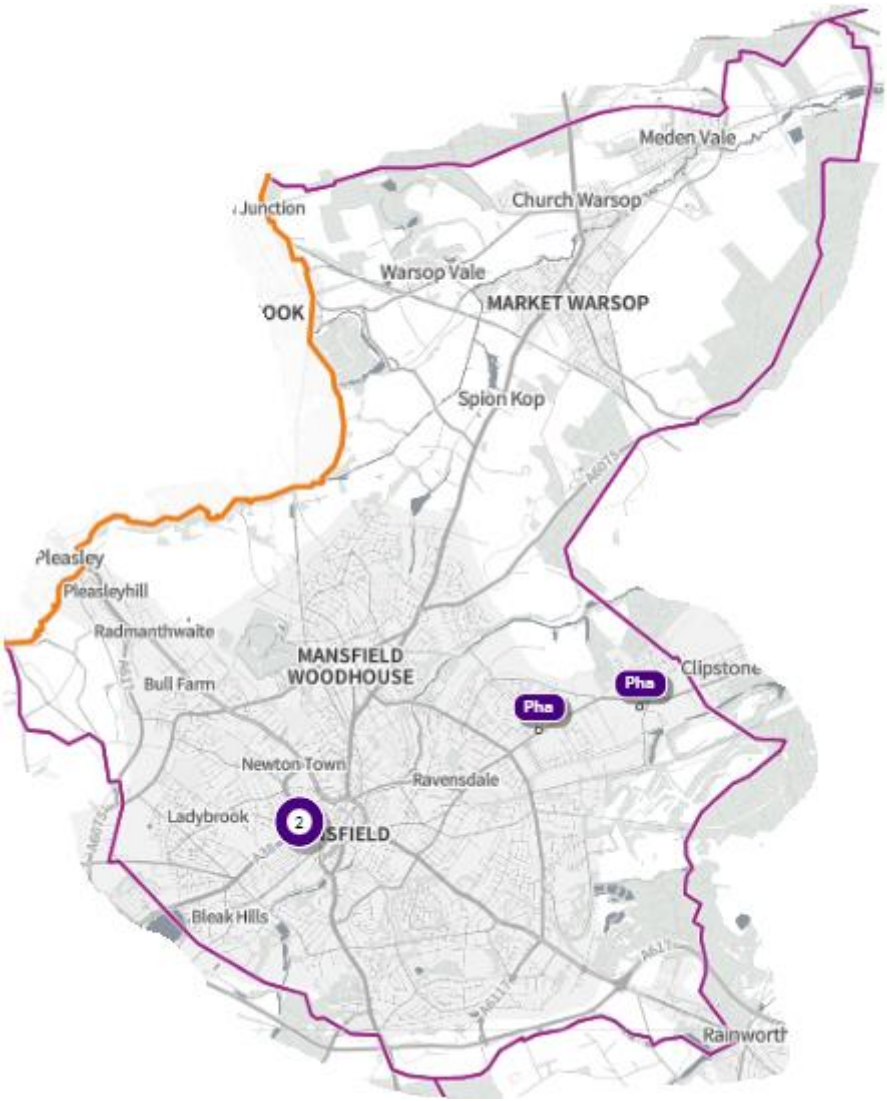
As of 22 July 2022 15 of the pharmacies have signed up to provide the hypertension case finding advanced service. The map below shows where they are located.

Map 63 – location of the pharmacies that have signed up to provide the hypertension case finding advanced service as of 22 July 2022



As of 18 July 2022 four pharmacies had signed up to provide the smoking cessation advanced service. The map below shows where they are located.

Map 64 – location of the pharmacies that had signed up to provide the smoking cessation advanced service as at 18 July 2022



As of September 2021, 23 of the pharmacies had provided 33,524 test kits under the Covid-19 lateral flow device distribution service.

In relation to the extended care service, in 2021/22:

- 16 pharmacies provide tier 1 – conjunctivitis,
- 17 provide tier 1 – urinary tract infections,
- 11 provide tier 2a – impetigo,
- 11 provide tier 2a – insect bites, and

- 11 provide tier 2a – eczema.

In 2021/22:

- 20 pharmacies provide the emergency supply service,
- 11 provide the Pharmacy first service, and
- Two provide the palliative care service.

12.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks, and
- Advice and treatment for common ailments.

In 2020/21, 1.3% of items prescribed by the GP practices were personally administered by the practices.

Residents will access other NHS services located in this locality or elsewhere in the health and wellbeing board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- The Nottinghamshire appliance management service,
- Continence prescription services,
- Community nursing services,
- Evening and weekend GP appointments,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

12.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 12.2 and 12.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2020/21, a total of 794 contractors dispensed items written by one of the GP practices, of which 643 were outside of Nottinghamshire. Some were quite a distance from the county, for example Salford, Bristol, West Sussex, Essex, Norfolk, and Wakefield.

12.7 Necessary services: gaps in provision

12 of the contractors that replied to the pharmacy contractor questionnaire confirmed that they have sufficient capacity within their existing premises to manage the increase in demand in the area. The other two didn't answer the question.

Nine also said they had sufficient capacity within their staffing levels whilst four said they could make adjustments to manage an increase in demand. One pharmacy said they didn't have sufficient capacity and would have difficulty in managing an increase in demand.

Whilst not NHS services:

- 12 of the pharmacies said they collect prescriptions from GP practices. One doesn't and neither does the dispensing appliance contractor.
- 12 pharmacies and the dispensing appliance contractor provide a free of charge delivery service, of whom five offer the service to everyone, whereas the other eight restrict the service to certain categories of people for example the elderly, disabled people, housebound, or people with bulky, heavy items, people with Covid-19.
- Three provide a delivery service, for a fee, to everyone.

One pharmacy confirmed that Polish, French and Dutch are spoken by staff every day. Another said that staff speak French, Italian and a variety of Indian languages. One said that staff speak Urdu, Punjabi and Hindi. One said that staff speak Latvian.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that the population can access a pharmacy within 10 minutes by car. In addition much of the area is within 20 minutes of a pharmacy by public transport. When provision in neighbouring localities and health and wellbeing board areas is taken into account, all of the locality is within a 10-minute drive of a pharmacy (most is within a five-minute drive) and the majority is within 20 minutes of a pharmacy by public transport.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or
- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide to a reasonable extent.

The health and wellbeing board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality, particularly noting that there are six 100 hour pharmacies in the locality and the spread of pharmacies across the locality.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

The health and wellbeing board has noted the projected number of houses to be built. It is of the opinion that there is sufficient capacity within the existing providers of pharmaceutical services to meet the demand generated by the new houses.

With regard to the three strategic urban extensions the health and wellbeing board has noted that no planning application has been received for the site to the east of Mansfield and that although an application was received for the site at Pleasley Hill Farm on 31 March 2020, it remains undetermined. The health and wellbeing board is therefore of the opinion that no houses will be built on either site during the lifetime of this pharmaceutical needs assessment. With regard to the site at Berry Hill, the health and wellbeing board is of the opinion that the demand for pharmaceutical services created by the number of houses to be built as part of phase 1 can be met by the existing providers of such services.

The health and wellbeing board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

The health and wellbeing board is also satisfied that, based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Community pharmacist consultation service, and
- Flu vaccination.

12.8 Improvements or better access: gaps in provision

None of the pharmacies nor the dispensing appliance contractor provide the appliance use review service despite at least 12 dispensing prescriptions for appliances.

One pharmacy has provided the stoma appliance customisation service in 2021/22 as has the dispensing appliance contractor.

It is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services.

The community-based Nottinghamshire appliance management service offers an annual review with a stoma nurse as part of its service. The review covers all of the information that's included within the appliance use review offered by pharmacies and dispensing appliance contractors, in addition to a clinical review. Access to specialist advice and support is also available as required. In addition, not all stoma appliances need to be customised. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to the appliance use review and stoma appliance customisation services.

No pharmacies have signed up to provide the Hepatitis C antibody testing service, which is due to end on 31 March 2023. It is recognised that this is a niche service that will not be relevant to many residents. It is noted that nationally, not many pharmacies have signed up to provide the service, and those that have done so have completed very few tests. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The lateral flow device distribution advanced service is not currently commissioned by NHS England following the announcement that free testing ended on 1 April 2022 in England. However if it was to be recommissioned it is anticipated that those pharmacies that previously provided the service would do so again, and therefore no current or future improvements or better access have been identified in relation to this service.

The health and wellbeing board has noted that 15 of the pharmacies had signed up to provide the hypertension case-finding advanced service as of 22 July 2022. It is noted that the number of pharmacies that have signed up to provide this service has increased whilst the pharmaceutical needs assessment has been written and it is expected that the number of pharmacies signed up to provide the service will continue. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The health and wellbeing board has noted that four pharmacies had signed up to provide the smoking cessation advanced service as of 18 July 2022. It is noted that the number of pharmacies that have signed up to provide this service has increased whilst the pharmaceutical needs assessment has been written but that roll-out of the service has been delayed whilst the systems are put in place by the hospitals. It is expected that the number of pharmacies signed up to provide the service will continue. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

In relation to the four enhanced services that are currently commissioned by NHS England, the health and wellbeing board has noted that these services are currently being reviewed. Training to provide these services has been delayed due to the Covid-19 pandemic and this

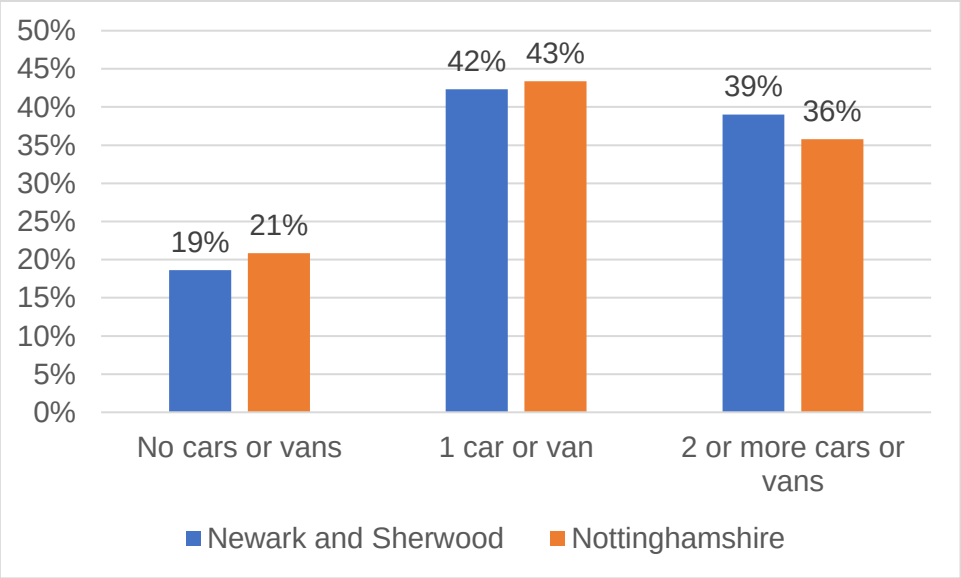
will have affected sign-up. Should the services continue following NHS England's review it is not expected that there will be a reduction in the number of pharmacies providing the service. In fact it is likely that the number will increase. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to these services.

13 Newark and Sherwood locality

13.1 Key facts

- Predominantly a rural locality, described as either rural town and fringe or rural village and dispersed. Two areas of urban city and town around Newark, and Clipstone and Kings Clipstone in the north-east.
- Largest increase in population between the 2001 and 2011 Censuses at 8.0%.
- Projected to have the second highest proportion of residents aged 65 and over after Bassetlaw (increasing from 21.8 to 27.7% between 2018 and 2043).
- Smallest decline in live births between 2010 to 2020 at -8.2%.
- Lowest rate of people for whom English is not their main language in Nottinghamshire (3.7%).
- Second highest percentage of White residents at 97.3% in Nottinghamshire. Lowest proportion of Asian/Asian British residents at 0.9%.
- The main languages spoken in Newark and Sherwood households at the 2011 Census were:
    - English – 97.5%
    - Polish – 2.0%
    - Lithuanian and Russian– 0.1% each.
- The figure below compares car ownership levels in the locality to Nottinghamshire and shows that there are fewer households with no or one car or van and more households with two or more. 66% and 68% of lone pensioner households in Clipston and Ollerton wards respectively have no car.

Figure 47 – car ownership in Newark and Sherwood compared to Nottinghamshire[122]



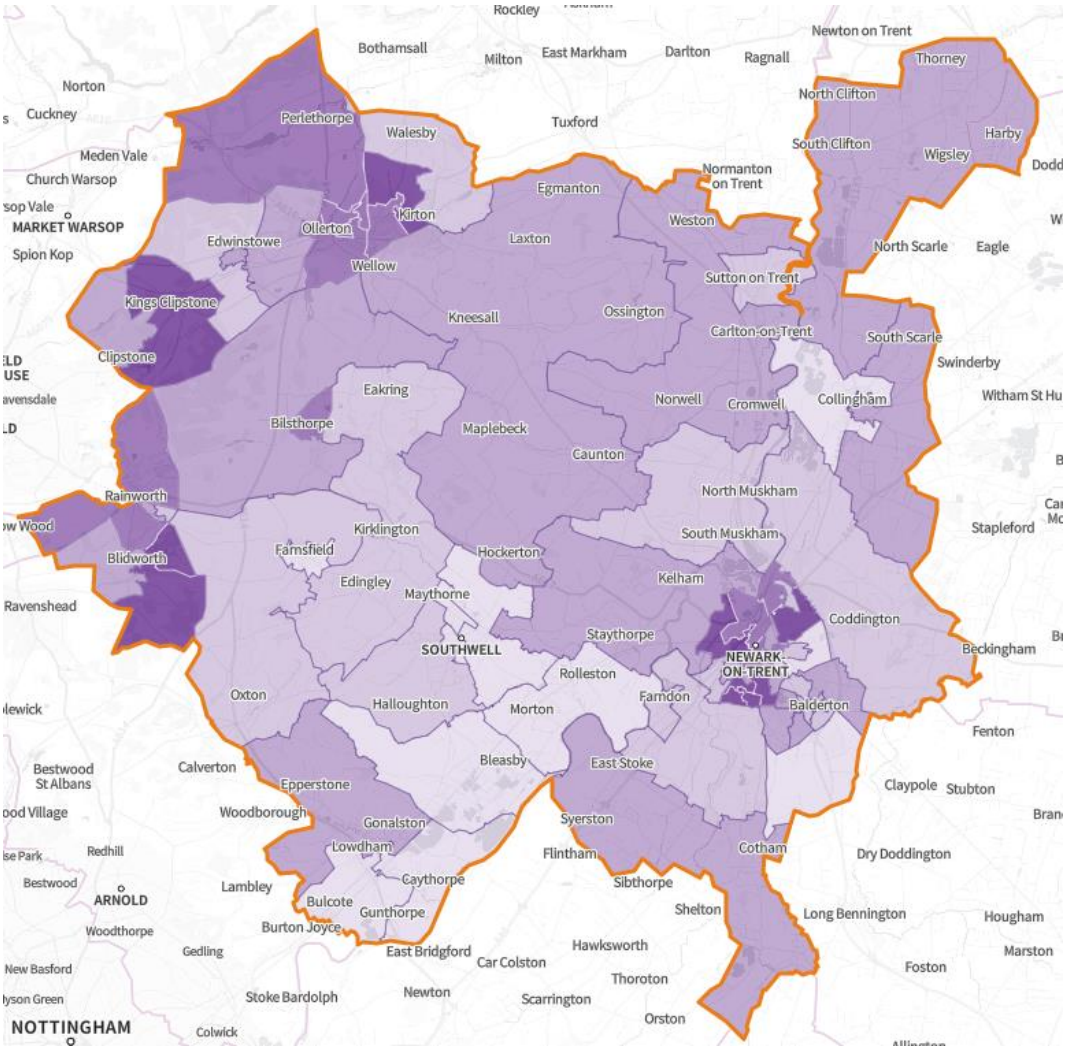
- Within national rankings, Newark and Sherwood is 148th out of 319 local authorities with regard to the English Indices of Deprivation 2019 (where a ranking of one is the most deprived[123]). There are three lower-layer super output areas in the 10% most

[122] Nomis KS404EW - Car or van availability
[123] Ministry of Housing, Communities & Local Government, The English Indices of Deprivation

deprived in England, and seven in the 11 to 20th most deprived. The map below shows the spread of deprivation across the locality, where the darker the colour the greater the level of deprivation.

- Lowest percentage of residents aged 16 to 64 years in employment (56.8%), highest percentage who are unemployed (9.1%), but highest percentage who are self-employed (10.5%).
- Had the majority of Gypsy, Roma and Traveller pupils registered on roll with schools in January 2017.
- Increase in the number of rough sleepers between the 2019 and 2020 count.

Map 65 – Spread of deprivation[124]



- The life expectancy for men is similar to the English average (79.8 and 79.4 years respectively), and for women (82.7 and 83.1 years respectively). Life expectancy is

2019

[124] Public Health England's Strategic Health Asset Planning and Evaluation tool

7.7 years lower for men and 9.1 years lower for women in the most deprived areas of Newark and Sherwood than in the least deprived areas.
- The same percentage of people reporting they have a limiting long term illness at the 2011 Census as Nottinghamshire (20.3%).
- Under 75 mortality rate from all causes is better than the English average 2018-2020 (313.3 and 336.5 per 100,000 respectively).
- Under 75 mortality rate from all cardiovascular diseases is better than the English average 2017-2019 (58.1 and 70.4 per 100,000 respectively).
- Under 75 mortality rate from cancer is similar to the English average 2017-19 (126.9 and 129.2 per 100,000 respectively).
- Suicide rate similar to the English average 2018-2020 (11.0 and 10.4 per 100,000 respectively).

According to the Office for Health Improvement & Disparities Newark and Sherwood health profile 2019[125]:

- In Year 6, 17.7% of children are classified as obese, better than the average for England.
- Levels of breastfeeding and smoking in pregnancy are worse than the England average.
- The rate for alcohol-related harm hospital admissions is 618 per 100,000, better than the average for England. This represents 771 admissions per year.
- The rate for self-harm hospital admissions is 198 per 100,000. This represents 225 admissions per year.
- Estimated levels of excess weight in adults (aged 18+) are worse than the England average.
- The rates of new sexually transmitted infections and new cases of tuberculosis are better than the England average.
- The rates of hip fractures in older people (aged 65+) and killed and seriously injured on roads are worse than the England average.

The Newark and Sherwood District Council Statement of five year housing land supply 1 April 2021[126] confirms that the housing need for the locality is 454 dwellings per annum. This equates to 1,362 dwellings during the lifetime of this pharmaceutical needs assessment, approximately 3,269 people. The document sets out the number of dwellings that are expected to come forward over a five-year period starting on 1 April 2021. Assuming an even delivery rate throughout the year it is likely that number of new dwellings during the lifetime of this pharmaceutical needs assessment will be:

- October 2022 to March 2023 – 340
- April 2023 to March 2024 – 553
- April 2024 to March 2025 – 500
- April to September 2026 - 195

This gives an overall total of 1,587 new dwellings or approximately 3,809 people.

The largest developments are as follows.

[125] Local authority health profiles, Office for Health Improvement & Disparities
[126] Statement of five year housing land supply 1 April 2021, Newark and Sherwood District Council

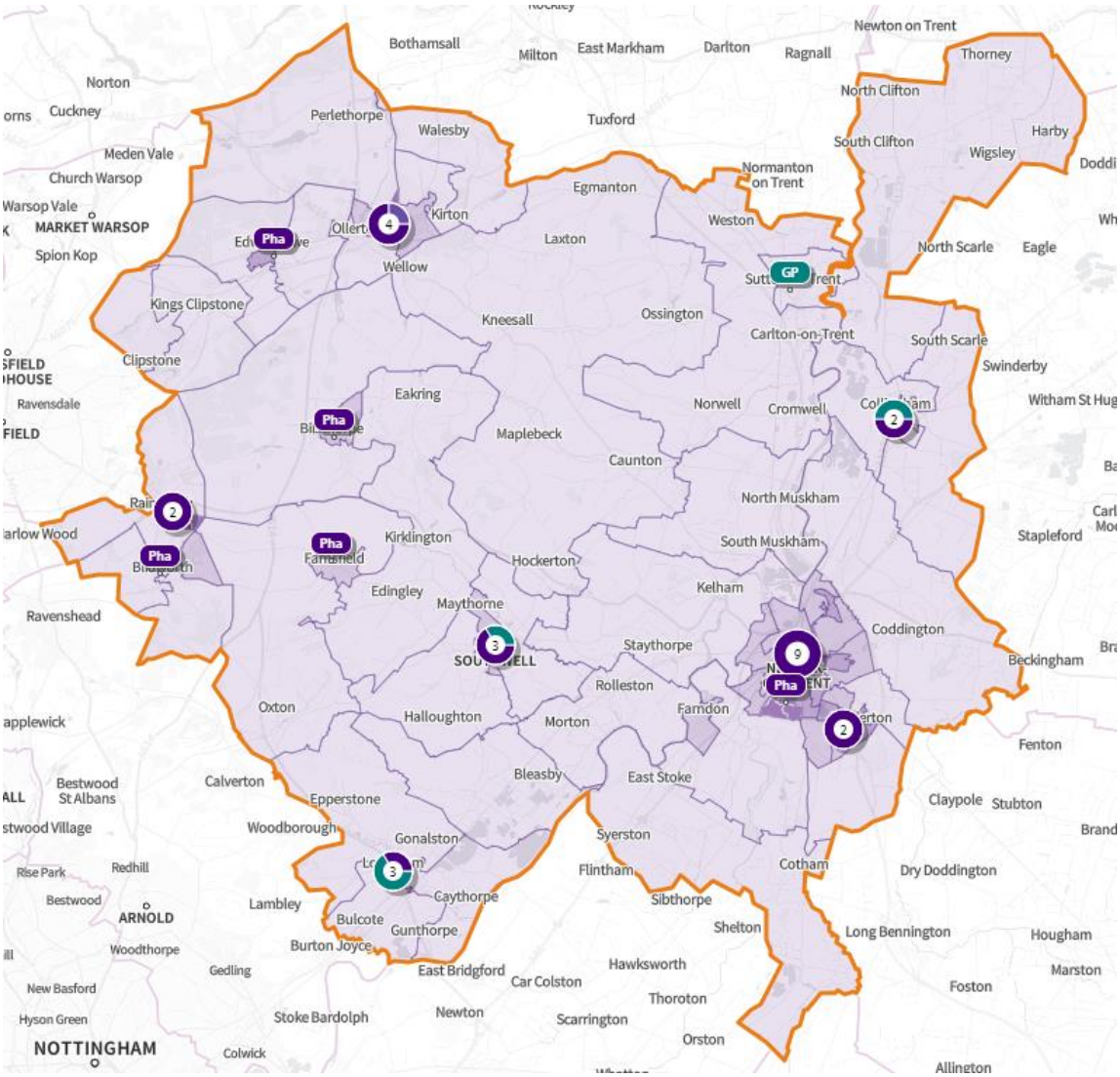
- Bowbridge Lane (Land south of Newark). Outline extant planning permission was approved on 22 January 2015 for the demolition of existing buildings and construction of up to 3,130 dwellings, two local centres including retail and commercial premises, a 60-bed care home, two primary schools, day nurseries/crèches, multi- use Newark community buildings including a medical centre; a mixed-use commercial estate of up to 50 hectares comprising employment uses and a crèche etc. Reserved Matters for phase one was granted for a total of 237 dwellings and development has commenced with 57 dwellings being completed during 2018/2019. Work on phase one of the Southern Link Road has been completed. The five-year land supply statement anticipates that 137 dwellings will be constructed during the lifetime of this pharmaceutical needs assessment.
- Land north and east of Fernwood. Reserved Matters for 1,050 dwellings is now under construction. An application for up to 350 dwellings on the southern part of this site has permission and an application for 1,800 dwellings has a Resolution to Grant Permission subject to the signing of a Section 106 Agreement. The five-year land supply statement anticipates that 270 dwellings will be constructed during the lifetime of this pharmaceutical needs assessment.
- Thoresby Colliery, Edwinstowe. Transformation of the 450-acre former colliery site will lead to 800 new homes, a retirement village, primary school, leisure facilities, a 350-acre country park, and a 25-acre business park. The development has commenced and the five-year land supply statement anticipates that 188 dwellings will be constructed during the lifetime of this pharmaceutical needs assessment.

13.2 Necessary services: current provision within the locality's area

There are 25 pharmacies in the locality operated by 14 different contractors and one dispensing appliance contractor. A distance selling premises closed in June 2021. Five GP practices dispense to eligible patients from five premises. The level of dispensing ranges from 5.2% to 99.0% of the practices' registered populations.

As can be seen from the map below the majority of the premises are located within areas of greater population density (the darker the shading the greater the population density).

Map 66 – location of pharmacies, dispensing practices and dispensing appliance contractor compared to population density

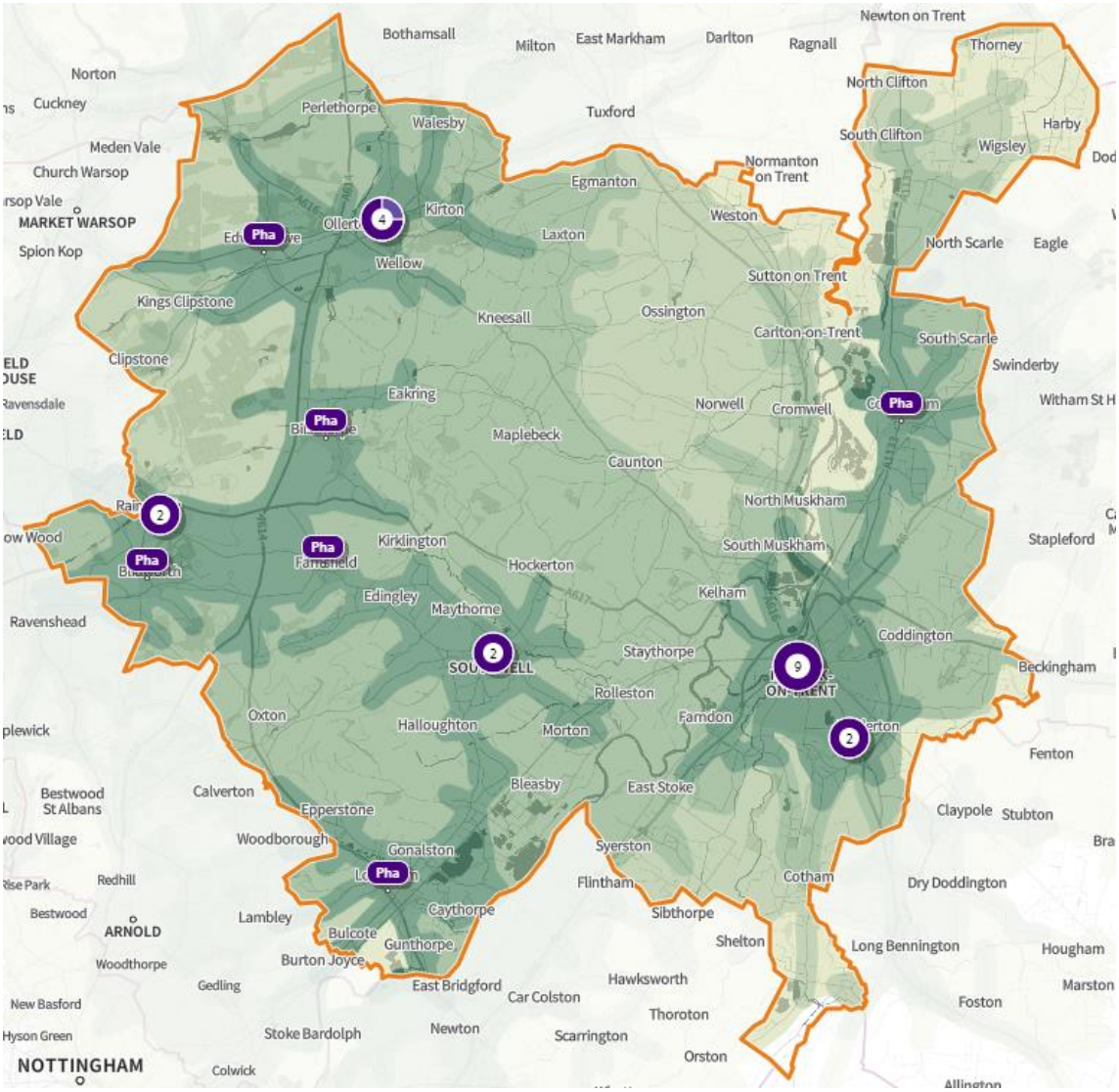


In 2020/21, 72.2% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies and 10.0% by the dispensing practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed). The dispensing appliance contractors dispensed 41 items prescribed by the GP practices.

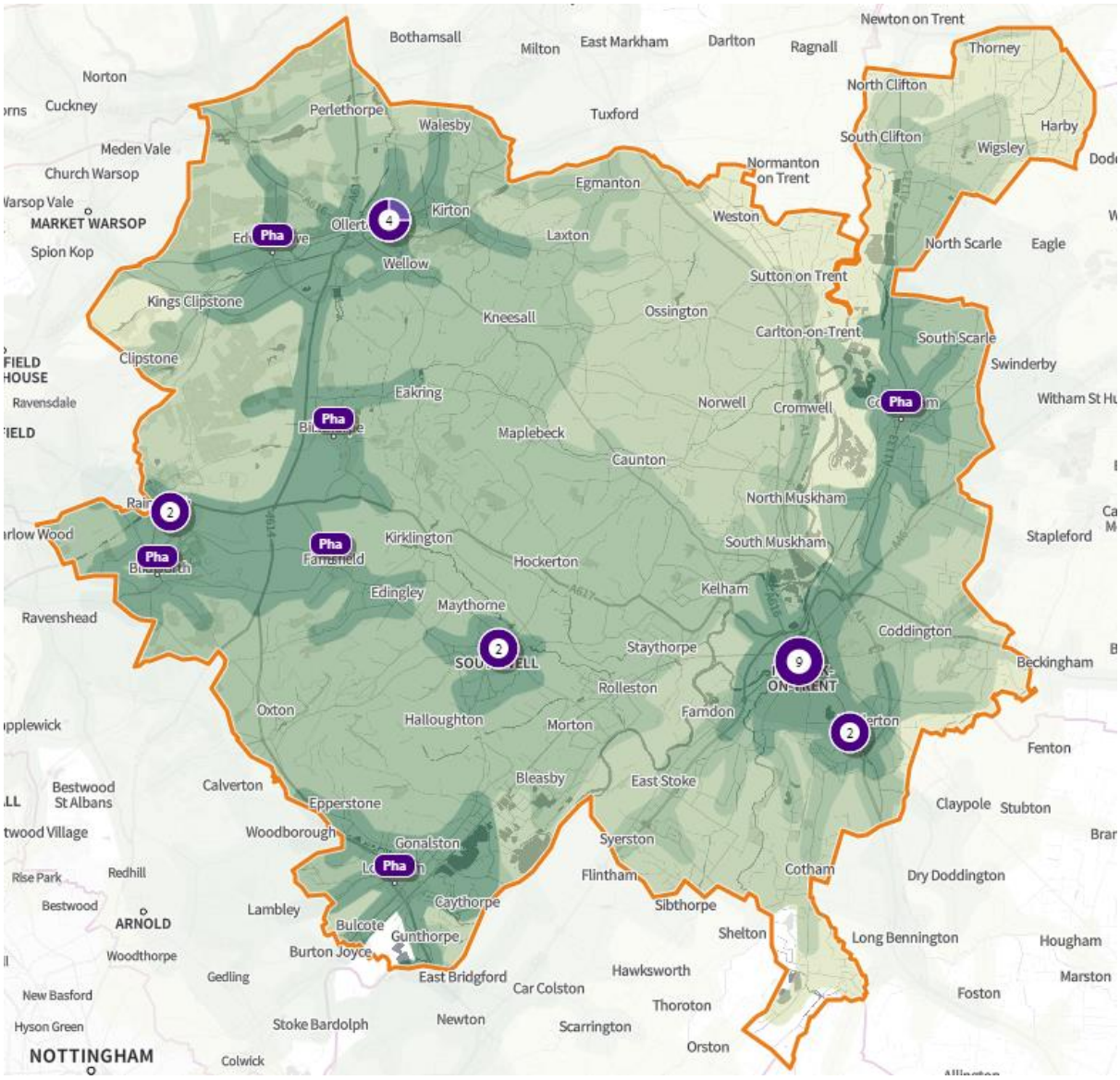
As can be seen from the maps below, all but one part of the locality is within one of the pharmacies by car within 20 minutes outside the rush hour periods, and all but two parts are within 20 minutes during the rush hour periods. The dispensing appliance contractor premises have not been included in these maps as people will rarely, if ever, visit them.

Google Maps reveals that both areas that are not within a 20-minute drive time contain arable fields, rivers and lakes. There appears to be no resident population in either area.

Map 67 – access to pharmacies in Newark and Sherwood outside of rush hour times



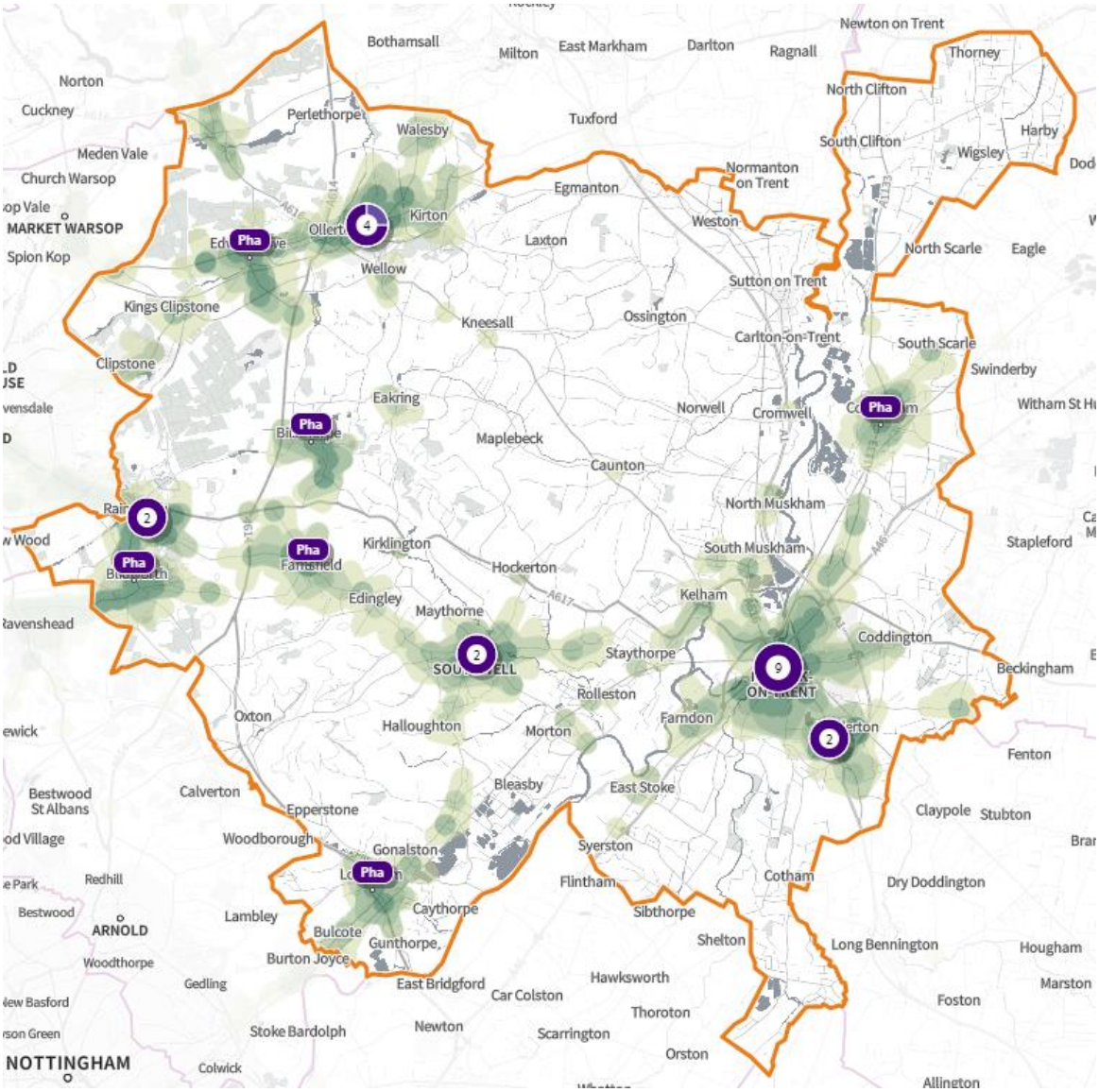
Map 68 – access to pharmacies during rush hour times



Travel times in minutes

Due to the rural nature of the locality, very little of it is within 20 minutes of one of the pharmacies by public transport as can be seen from the map below.

Map 69 – access to pharmacies by public transport



5 10 15 20 Travel times in minutes

There are four 100 hour pharmacies in the locality (one in each of New Ollerton and Southwell, and two in Newark) which are open seven days a week and between them cover the hours:

- 08.00 to 00.00 Monday,
- 06.30 to 00.00 Tuesday to Friday,
- 06.30 to 00.00 Saturday, and
- 10.00 to 17.00 Sunday.

With regard to the remaining 21 pharmacies:

- Eight open Monday to Friday,
- Ten are open Monday to Friday and Saturday morning,
- Two are open Monday to Saturday, and
- One is open Monday to Sunday.

With regard to the times at which these 21 pharmacies are open between Monday and Friday:

- One opens at 08.00, five at 08.30 (although one opens at 09.00 on Friday), one at 08.45, and 14 at 09.00.
- One closes at 17.00, four close at 17.30 and 16 at 18.00.

On Saturdays 12 pharmacies open at 09.00 and one at 10.00. One pharmacy closes at 12.00, nine at 12.30, one at 14.00, one at 17.00, and one at 17.30.

One pharmacy opens on Sunday between 10.00 and 16.00.

The dispensing appliance contractor opens 09.00 to 17.00 Monday to Friday and is closed at the weekend.

The dispensaries within dispensing practices will generally open in line with the opening hours for the premises, usually 08.00 to 18.30 Monday to Friday.

Of the nine pharmacies who responded to the contractor questionnaire, eight dispense all appliances listed in Part IX of the Drug Tariff. One does not dispense any appliances. One dispensing practice responded and confirmed it just dispenses dressings.

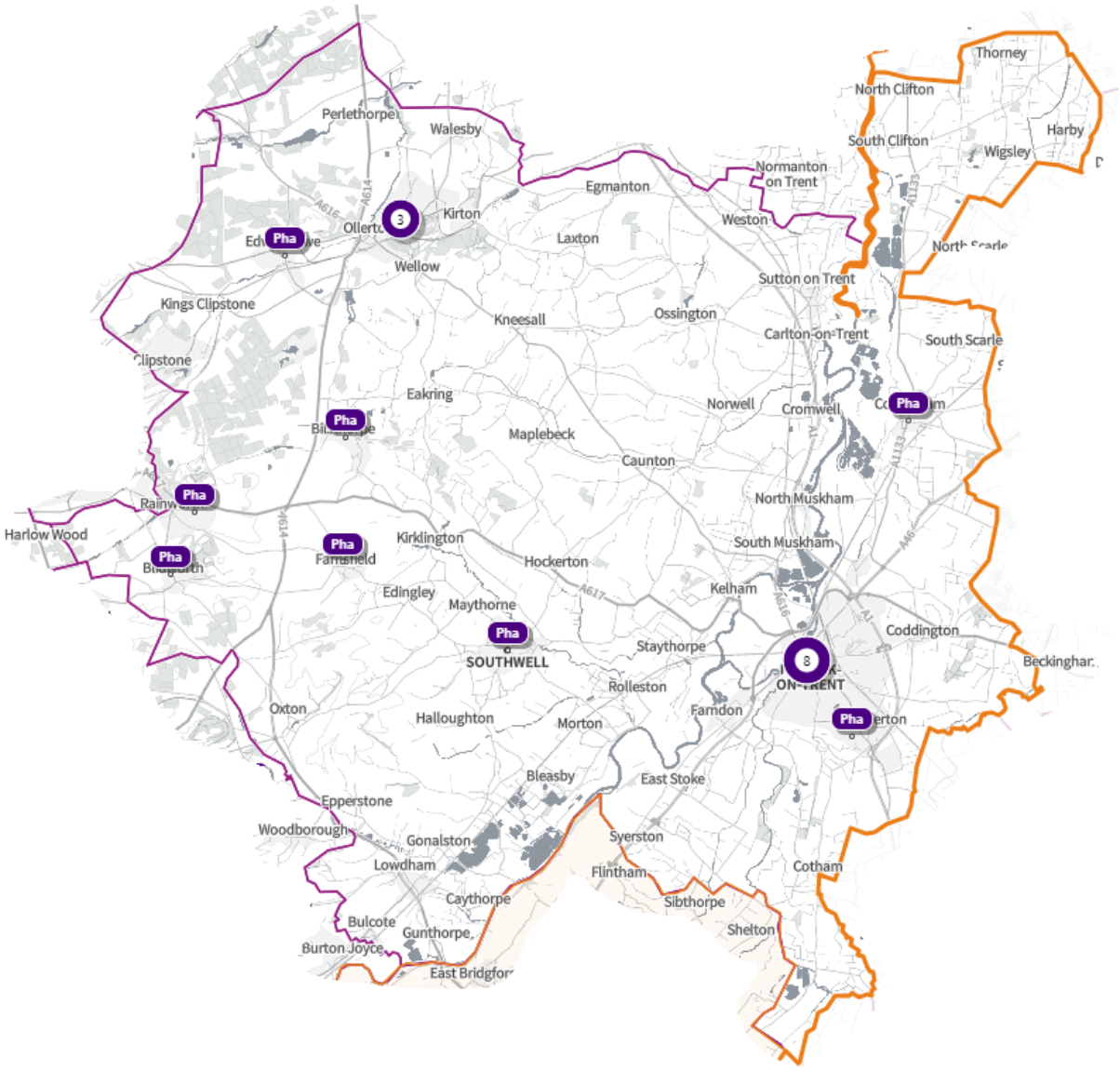
In relation to the new medicine service, 21 pharmacies provided a total of 1,410 full service interventions in 2020/21. The range at pharmacy level was eight to 206. 22 have provided 1,514 full service interventions between April and September 2021. The range at pharmacy level was seven to 236. Of the three pharmacies that haven't provided the service, one is a distance selling premises, one is in Collingham and the third is in Newark.

23 of the pharmacies provided flu vaccinations under the advanced service in 2020/21 vaccinating a total of 8,011 people with a range at pharmacy level of 122 to 1,090. Between September and December 2021 23 pharmacies provided the service, giving a total of 13,217 vaccinations, a range at pharmacy level of 16 and 2,975. Of the two pharmacies that haven't provided the service, one is in Newark and the other is in Collingham. However, it is noted that both provided the service in the second half of 2021/22.

In 2021/22, 19 pharmacies have provided the community pharmacist consultation service between April and September, completing a total of 553 referrals. However, 24 of the pharmacies are signed-up to provide the service. The one that hasn't signed up is a distance selling premises.

The map below shows the location of the pharmacies that have provided the service.

Map 70 – pharmacies that have provided the community pharmacist consultation service April to September 2021



13.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices that were not dispensed by a pharmacy, dispensing appliance contractor or dispensing practice in the locality:

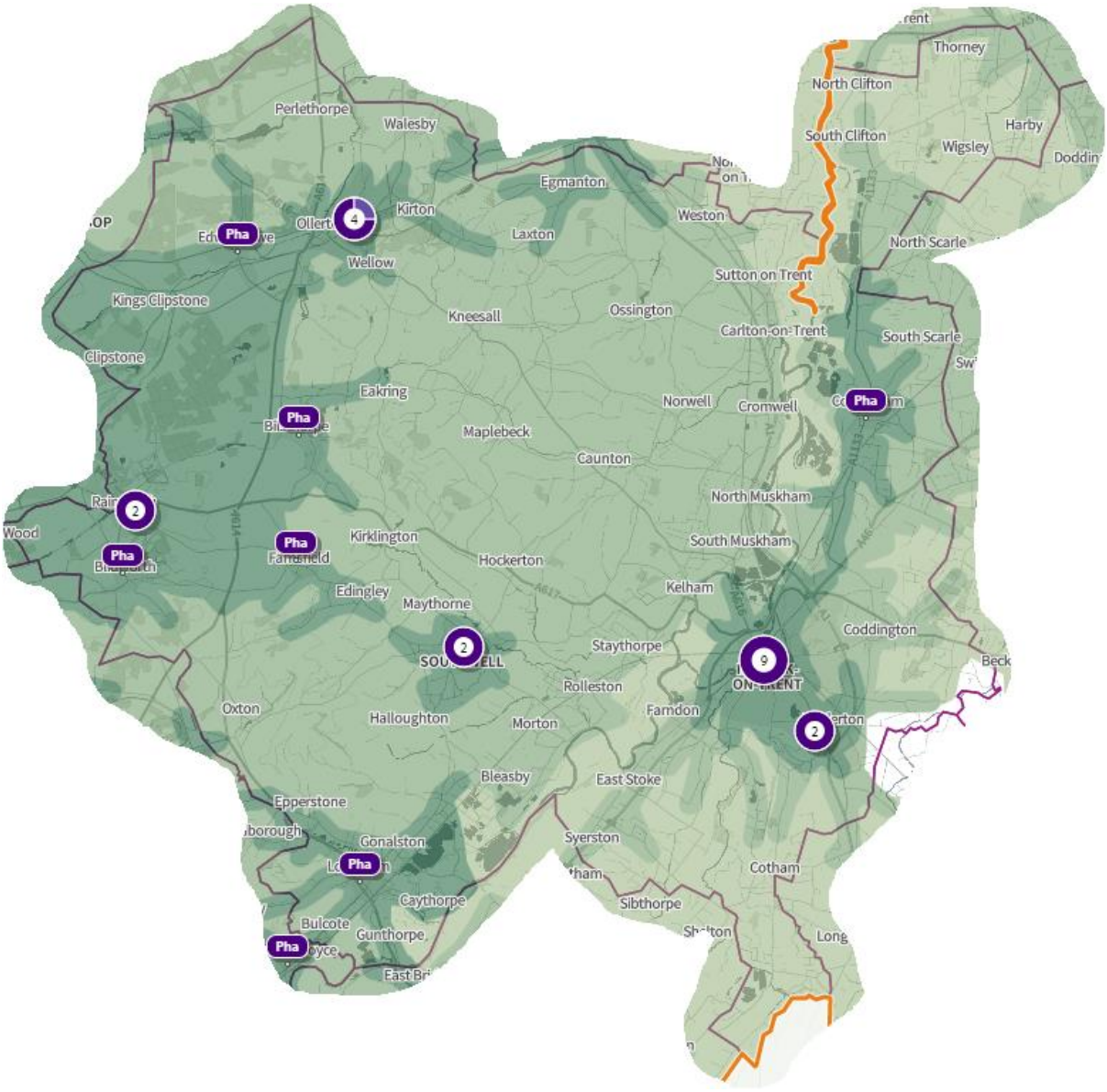
- 11.9% were dispensed elsewhere in Nottinghamshire,
- 1.4% by 18 contractors in Leeds,
- 1.2% by 71 contractors in Lincolnshire, and
- 0.5% by three contractors in Stoke-on-Trent.

The remaining 1.6% was dispensed by 744 contractors in 122 different health and wellbeing board areas.

While the majority of items were dispensed by a ‘bricks and mortar’ pharmacy, 2.3% was dispensed by 33 distance selling premises. 0.5% were dispensed by 34 dispensing appliance contractor premises.

When provision in neighbouring localities and health and wellbeing board areas is taken into account, all of the locality is within a 20-minute drive of a pharmacy (inside and outside of the rush hour periods), and most is within a 15-minute drive. The one part that isn’t is to the east and south-east of Balderton. Google Maps reveals that the area is predominantly arable fields and rivers, an equestrian centre, and a couple of farms.

Map 71 – travel times to pharmacies in Newark and Sherwood and neighbouring localities and health and wellbeing board areas by car



5 10 15 Travel times in minutes

Dispensing practices in neighbouring health and wellbeing board areas may provide a dispensary service to residents of the locality.

13.4 Other relevant services: current provision

No pharmacy provided appliance use reviews between April 2020 and September 2021 despite at least eight pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

The dispensing appliance contractor provided 11 appliance use reviews in people's homes and 19 at its premises in 2020/21. It has also provided 57 and two respectively between April and September 2021.

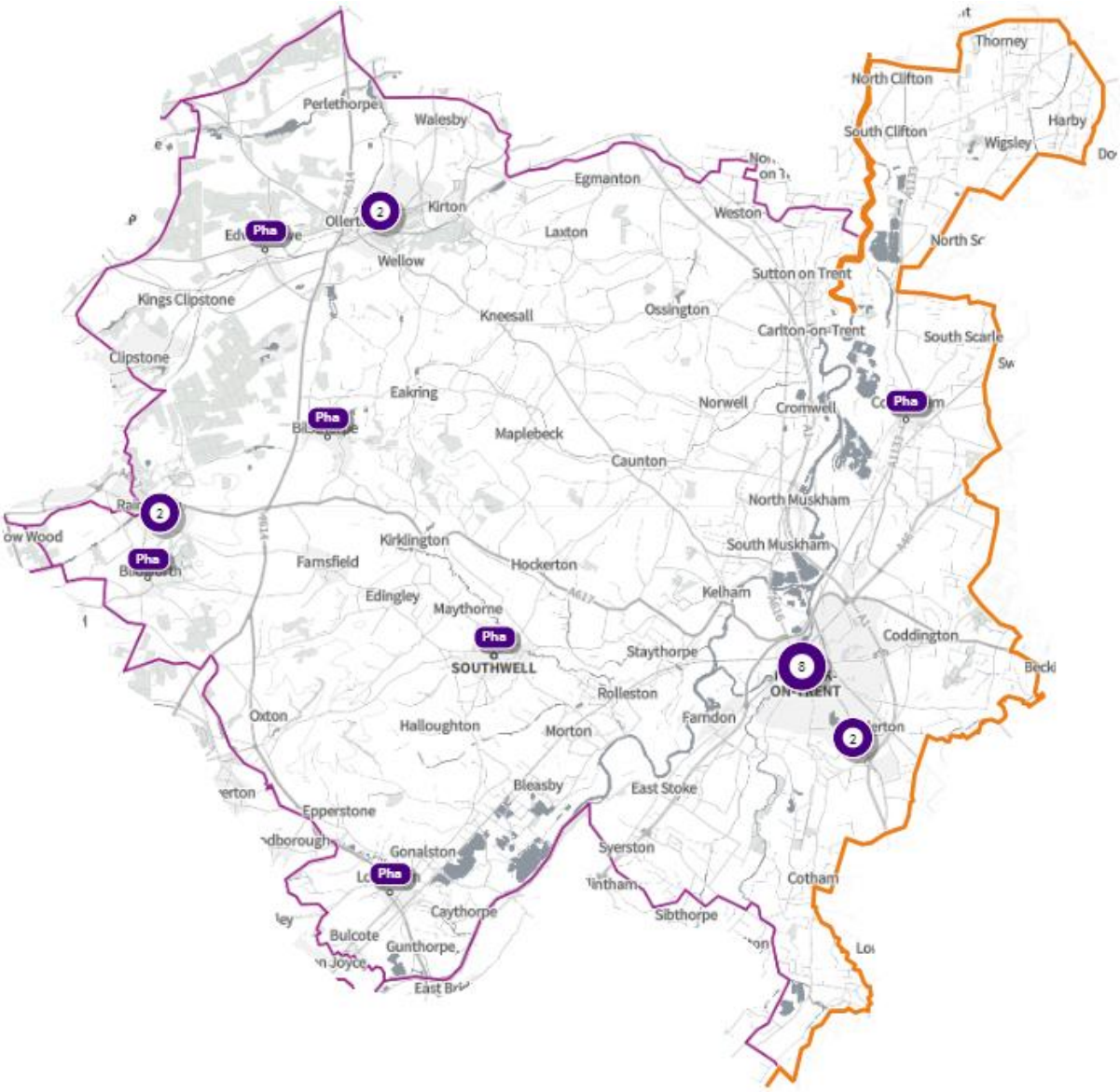
Two pharmacies provided a total of 17 stoma appliance customisations in 2020/21 and one has provided 13 between April and September 2021. This is despite at least eight pharmacies dispensing all appliances listed in Part IX of the Drug Tariff.

The dispensing appliance contractor customised two stoma appliances in 2020/21 and three between April and September 2021.

At the time of writing one pharmacy in Newark had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023 but has not been required to provide any tests.

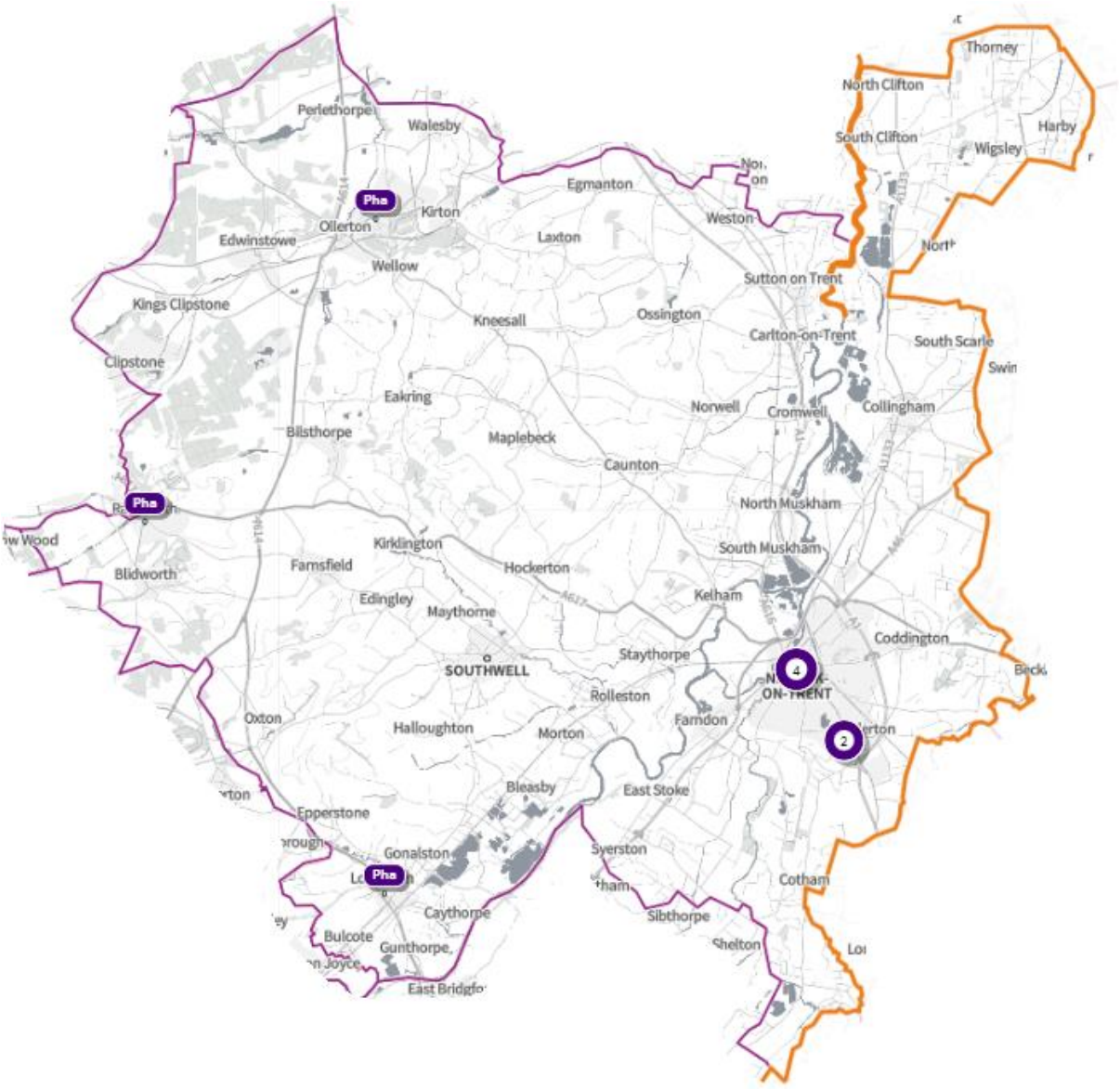
As of 22 July 2022 20 of the pharmacies have signed up to provide the hypertension case finding advanced service. The map below shows where they are located.

Map 72 – location of the pharmacies that have signed up to provide the hypertension case finding advanced service



As of 18 July 2022 nine of the pharmacies had signed up to provide the smoking cessation advanced service. The map below shows where they are located.

Map 73 – location of the pharmacies that had signed up to provide the smoking cessation advanced service as of 18 July 2022



As of September 2021, the pharmacies had provided 31,691 test kits under the Covid-19 lateral flow device distribution service.

In relation to the extended care service, in 2021/22:

- 14 pharmacies provide tier 1 – conjunctivitis,
- 18 provide tier 1 – urinary tract infections,
- Ten provide tier 2a – impetigo,
- Ten provide tier 2a – insect bites, and
- Ten provide tier 2a – eczema.

In 2021/22:

- 16 pharmacies provide the emergency supply service,
- 20 provide the Pharmacy first service, and
- Seven provide the palliative care service.

13.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks, and
- Advice and treatment for common ailments.

In 2020/21, 1.2% of items prescribed by the GP practices were personally administered by the practices. The figure is likely to be higher as it's not possible to identify the number of items personally administered by the dispensing practices.

Residents will access other NHS services located in this locality or elsewhere in the health and wellbeing board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- The Nottinghamshire appliance management service,
- Continence prescription services,
- Community nursing services,
- Evening and weekend GP appointments,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

13.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 13.2 and 13.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2020/21, a total of 1,011 contractors dispensed items written by one of the GP practices, of which 838 were outside of Nottinghamshire. Some were quite a distance from the county,

for example Ealing, Wigan, Salford, Bristol, Barnet, West Sussex, Gloucestershire and Norfolk.

13.7 Necessary services: gaps in provision

Six of the nine pharmacies that replied to the pharmacy contractor questionnaire confirmed that they have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area. Two said they didn't but could make adjustments. One pharmacy didn't respond regarding their premises but confirmed they could make adjustments within their staffing levels to manage an increase in demand. The dispensing practice that responded also confirmed that it has sufficient capacity within its existing premises and staffing levels.

Whilst not NHS services:

- Eight pharmacies collect prescriptions from GP practices.
- Six pharmacies provide a free of charge delivery service, of whom four offer the service to everyone, whereas the other two restrict the service to certain categories of people for example housebound, Covid-19 positive, and people who struggle to collect their prescriptions.
- Five provide a delivery service, for a fee. Four provide the service to everyone, one provides it to housebound people only. (It should be noted that two pharmacies offer both a free and paid for service.)

One pharmacy confirmed that Mandarin and Gujrati are spoken by staff. Another has staff who speak Hebrew and Russian.

One pharmacy confirmed that it has a regular pharmacist who is doing a clinical diploma followed by an independent prescriber course. Both are to be completed by January 2023.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that most of the locality is within a 20-minute drive of one of the pharmacies. When provision in neighbouring localities and health and wellbeing board areas is taken into account, all of the locality is within a 20-minute drive of a pharmacy, and most is within a 15-minute of a pharmacy by public transport. The one part that isn't within a 15-minute drive is to the east and south-east of Balderton. Google Maps reveals that the area is predominantly arable fields and rivers, an equestrian centre, and a couple of farms.

The health and wellbeing board has noted the dispensing service provided by some of the GP practices to their eligible patients, and that for these residents there is no need to access a pharmacy for the dispensing service.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or

- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide to a reasonable extent.

The health and wellbeing board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality, particularly noting that there are four 100 hour pharmacies in the locality and the spread of pharmacies across the locality.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality, or the dispensing service provided by dispensing practices.

The health and wellbeing board has noted the projected number of houses to be built. It is of the opinion that there is sufficient capacity within the existing providers of pharmaceutical services to meet the demand generated by the new houses. The health and wellbeing board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

The health and wellbeing board is also satisfied that, based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Community pharmacist consultation service, and
- Flu vaccination.

13.8 Improvements or better access: gaps in provision

None of the pharmacies provide the appliance use review service despite at least eight dispensing prescriptions for appliances. The dispensing appliance contractor has provided a small number of reviews since April 2020; however it is noted that it dispensed very few of the items prescribed by the GP practices in the locality and therefore the reviews may not have been provided for residents of the locality.

Two pharmacies have provided the stoma appliance customisation service, but have not customised many stoma appliances. The dispensing appliance contractor has not customised many stoma appliances.

It is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services.

The community-based Nottinghamshire appliance management service offers an annual review with a stoma nurse as part of its service. The review covers all of the information that's included within the appliance use review offered by pharmacies and dispensing appliance contractors, in addition to a clinical review. Access to specialist advice and support is also available as required. In addition, not all stoma appliances need to be customised. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to the appliance use review and stoma appliance customisation services.

No pharmacies have signed up to provide the Hepatitis C antibody testing service, which is due to end on 31 March 2023. It is recognised that this is a niche service that will not be relevant to many residents. It is noted that nationally, not many pharmacies have signed up to provide the service, and those that have done so have completed very few tests. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The lateral flow device distribution advanced service is not currently commissioned by NHS England following the announcement that free testing ended on 1 April 2022 in England. However if it was to be recommissioned it is anticipated that those pharmacies that previously provided the service would do so again, and therefore no current or future improvements or better access have been identified in relation to this service.

The health and wellbeing board has noted that 20 of the pharmacies had signed up to provide the hypertension case-finding advanced service as of 22 July 2022. It is noted that the number of pharmacies that have signed up to provide this service has increased whilst the pharmaceutical needs assessment has been written and it is expected that the number of pharmacies signed up to provide the service will continue. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The health and wellbeing board has noted that nine of the pharmacies had signed up to provide the smoking cessation advanced service as of 18 July 2022. It is noted that the number of pharmacies that have signed up to provide this service has increased whilst the pharmaceutical needs assessment has been written but that roll-out of the service has been delayed whilst the systems are put in place by the hospitals. It is expected that the number of pharmacies signed up to provide the service will continue. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

In relation to the four enhanced services that are currently commissioned by NHS England, the health and wellbeing board has noted that these services are currently being reviewed. Training to provide these services has been delayed due to the Covid-19 pandemic and this

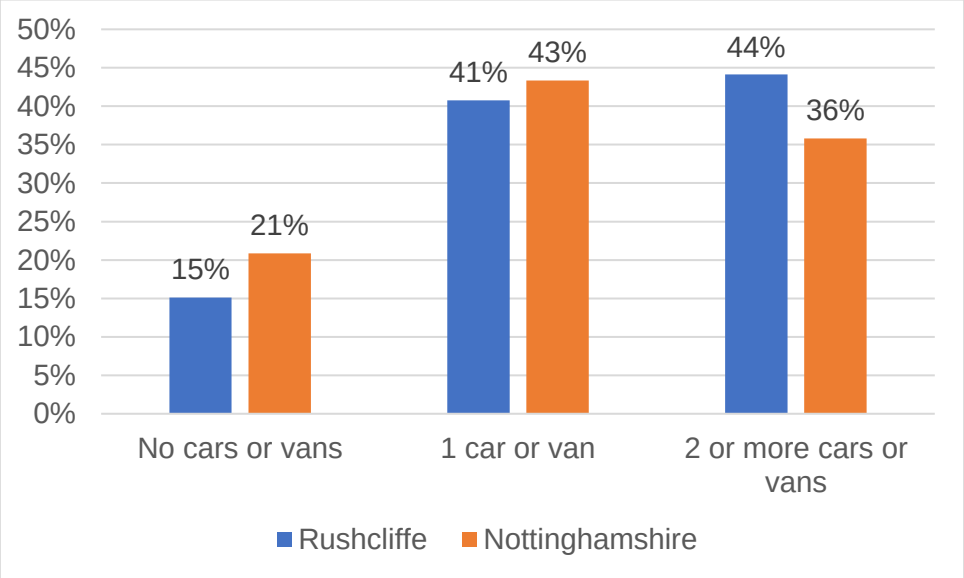
will have affected sign-up. Should the services continue following NHS England's review it is not expected that there will be a reduction in the number of pharmacies providing the service. In fact it is likely that the number will increase. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to these services.

14 Rushcliffe locality

14.1 Key facts

- Apart from one area of urban city and town around West Bridgford, the locality is predominantly rural town and fringe, or rural village and dispersed.
- Projected to have the greatest change in population size between 2018 and 2025 at 7.6%.
- Second smallest decline in live births between 2010 to 2020 at -10.0%.
- Second lowest percentage of White residents at 93.1% in Nottinghamshire. Highest proportion of Asian and Asian British people, with Broxtowe, at 4.1%.
- The main languages spoken in Rushcliffe households at the 2011 Census were:
    - English – 97.4%
    - Polish – 0.3%
    - Panjabi and Urdu – 0.2% each
    - French, Spanish, Italian, German, Greek, Dutch, Arabic, Persian/Farsi, Hindi, Gujarati, Cantonese Chinese and All other Chinese – 0.1% each.
- The figure below compares car ownership levels in the locality to Nottinghamshire and shows that there are more households with two or more cars.

Figure 48 – car ownership in Rushcliffe compared to Nottinghamshire[127]



- Highest rate of owned houses at 76.7%, lowest rate of socially rented houses at 8.4% and the lowest proportion of people living rent free at 0.9%.
- Within national rankings, Rushcliffe is 314th out of 319 local authorities with regard to the English Indices of Deprivation 2019 (where a ranking of one is the most deprived[128]), the lowest of all the localities. There are no lower-layer super output areas in the 10% most deprived in England, or the 11 to 20th most deprived. The map below shows the spread of deprivation across the locality, where the darker the colour the greater the level of deprivation.

[127] Nomis KS404EW - Car or van availability
[128] Ministry of Housing, Communities & Local Government, The English Indices of Deprivation 2019

Map 74 – Spread of deprivation[129]

- The life expectancy for both men is better than the English average (81.8 and 79.4 years respectively), and for women (84.9 and 83.1 years respectively). Life expectancy is 6.6 years lower for men and 4.3 years lower for women in the most deprived areas of Rushcliffe than in the least deprived areas. The male and female life expectancies are the longest of all the localities.
- Lower percentage of people reporting they have a limiting long term illness at the 2011 Census compared to Nottinghamshire (15.7% and 20.3% respectively).
- Under 75 mortality rate from all causes is better than the English average 2018-2020 (253.0 and 336.5 per 100,000 respectively).
- Under 75 mortality rate from all cardiovascular diseases is better than the English average 2017-2019 (51.9 and 70.4 per 100,000 respectively).
- Under 75 mortality rate from cancer is better than the English average 2017-19 (111.2 and 129.2 per 100,000 respectively).
- Suicide rate similar to the English average 2018-2020 (7.1 and 10.4 per 100,000 respectively).

[129] Public Health England's Strategic Health Asset Planning and Evaluation tool

According to the Office for Health Improvement & Disparities Rushcliffe health profile 2019[130]:

- The health of people in Rushcliffe is generally better than the England average.
- Rushcliffe is one of the 20% least deprived districts/unitary authorities in England
- In Year 6, 11.3% of children are classified as obese, better than the average for England.
- Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking in pregnancy are better than the England average.
- The rate for alcohol-related harm hospital admissions is 541 per 100,000, better than the average for England. This represents 646 admissions per year.
- The rate for self-harm hospital admissions is 125 per 100,000, better than the average for England. This represents 140 admissions per year.
- Estimated levels of smoking prevalence in adults (aged 18+) and physically active adults (aged 19+) are better than the England average.
- The rates of new sexually transmitted infections and new cases of tuberculosis are better than the England average.

Rushcliffe Borough Council's Five year housing land supply assessment 31 March 2020[131] confirms the housing requirement for the five years April 2020 to March 2025 is 3,020 or 604 per year. This equates to 1,812 during the lifetime of this pharmaceutical needs assessment, approximately 4,349 people.

The assessment identifies a number of sites that have more than 200 new homes left to deliver as at 31 March 2020.

Figure 49 – number dwellings completed and projected per housing site

Site name	Parish	Number of dwellings remaining at 31 March 2020	Number of anticipated completions between April 2020 and March 2025
Fairham (South of Clifton)	Barton in Fabis	3,000	584
Land north of Bingham	Bingham	1,050	588
Land off Rempstone Road (north)	East Leake	235	152
Land off Kirk Ley	East Leake	300	95
Land south of Debdale Lane (1)	Keyworth	221	152
Land at RAF Newton	Newton	528	206
Land off Shelford Road	Radcliffe on Trent	400	200

[130] Local authority health profiles, Office for Health Improvement & Disparities
[131] Five year housing land supply assessment 31 March 2020, Rushcliffe Borough Council

Site name	Parish	Number of dwellings remaining at 31 March 2020	Number of anticipated completions between April 2020 and March 2025
North of Grantham Road (south or railway line)	Radcliffe on Trent	240	88
Land at Melton Road	West Bridgford	1,775	673
Totals		**7,749**	**2,738**

14.2 Necessary services: current provision within the locality's area

There are 20 pharmacies in the locality operated by 14 different contractors, and one dispensing appliance contractor. Three of the GP practices dispense to eligible patients from five premises, and a GP practice in a neighbouring health and wellbeing board's area dispenses from its branch surgery in the locality. The level of dispensing ranges from 18.3% to 81.3% of the practices' registered populations.

An application offering current needs was submitted by a dispensing appliance contractor in September 2021, and at the time of drafting (July 2022) is with NHS England to be determined.

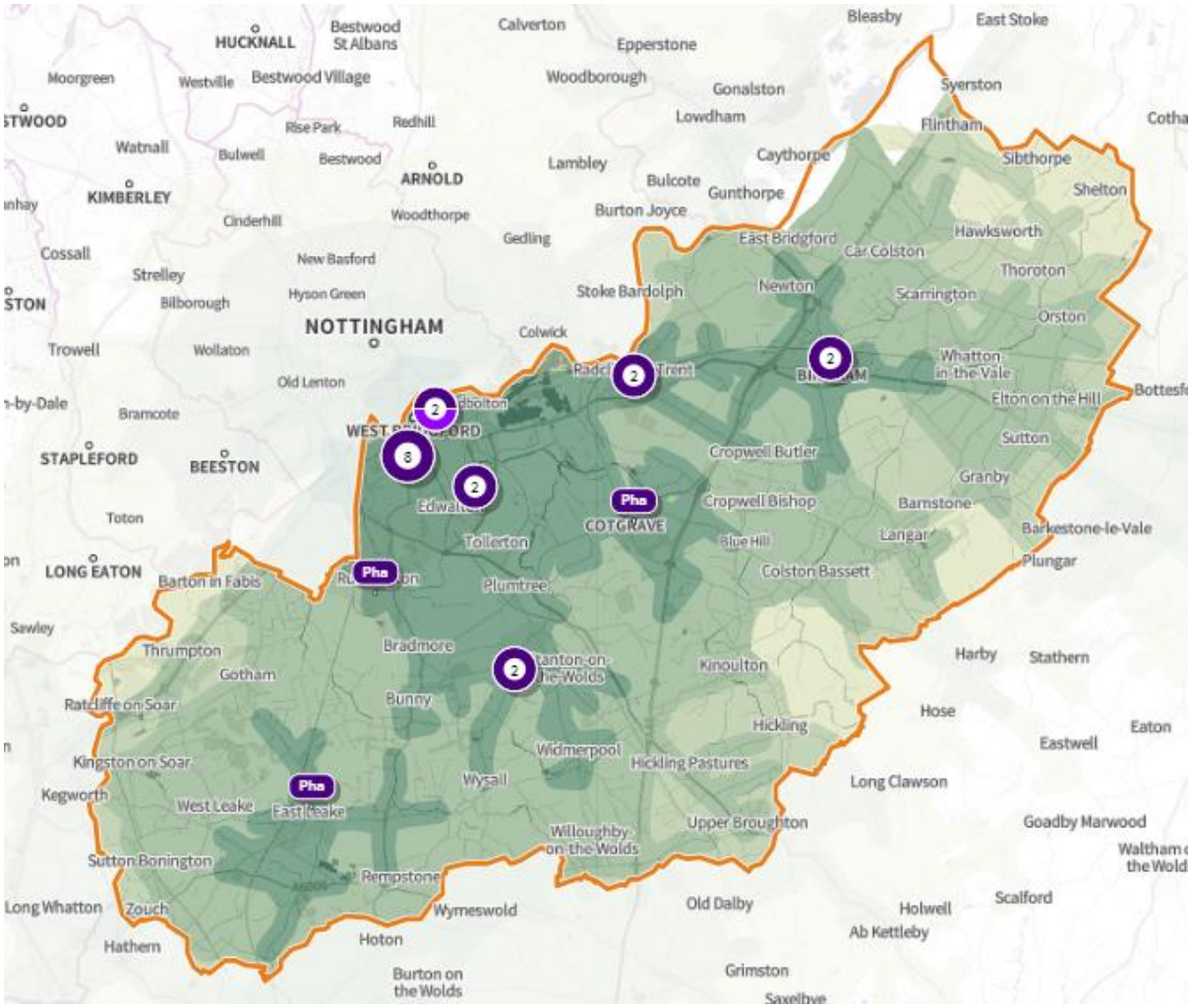
As can be seen from the map below the pharmacies and dispensing appliance contractor are located within areas of greater population density and the dispensing practices generally in areas of lower population density (the darker the shading the greater the population density).

Map 75 – location of pharmacies, dispensing appliance contractors and dispensing practices compared to population density

In 2020/21, 73.8% of prescriptions written by the GP practices in the locality were dispensed within the locality by one of the pharmacies and 17.3% by the dispensing practices (this includes items personally administered by the practices as this information cannot be separated out from the number of items dispensed).

As can be seen from the maps below, all but one part of the locality is within one of the pharmacies by car within 20 minutes outside the rush hour periods. The area that is not within 20 minutes is in the north of the locality and Google Maps reveals that there is no resident population. The area consists arable fields and RAF Syerston airfield.

Map 76 – access to pharmacies in Rushcliffe outside of rush hour times

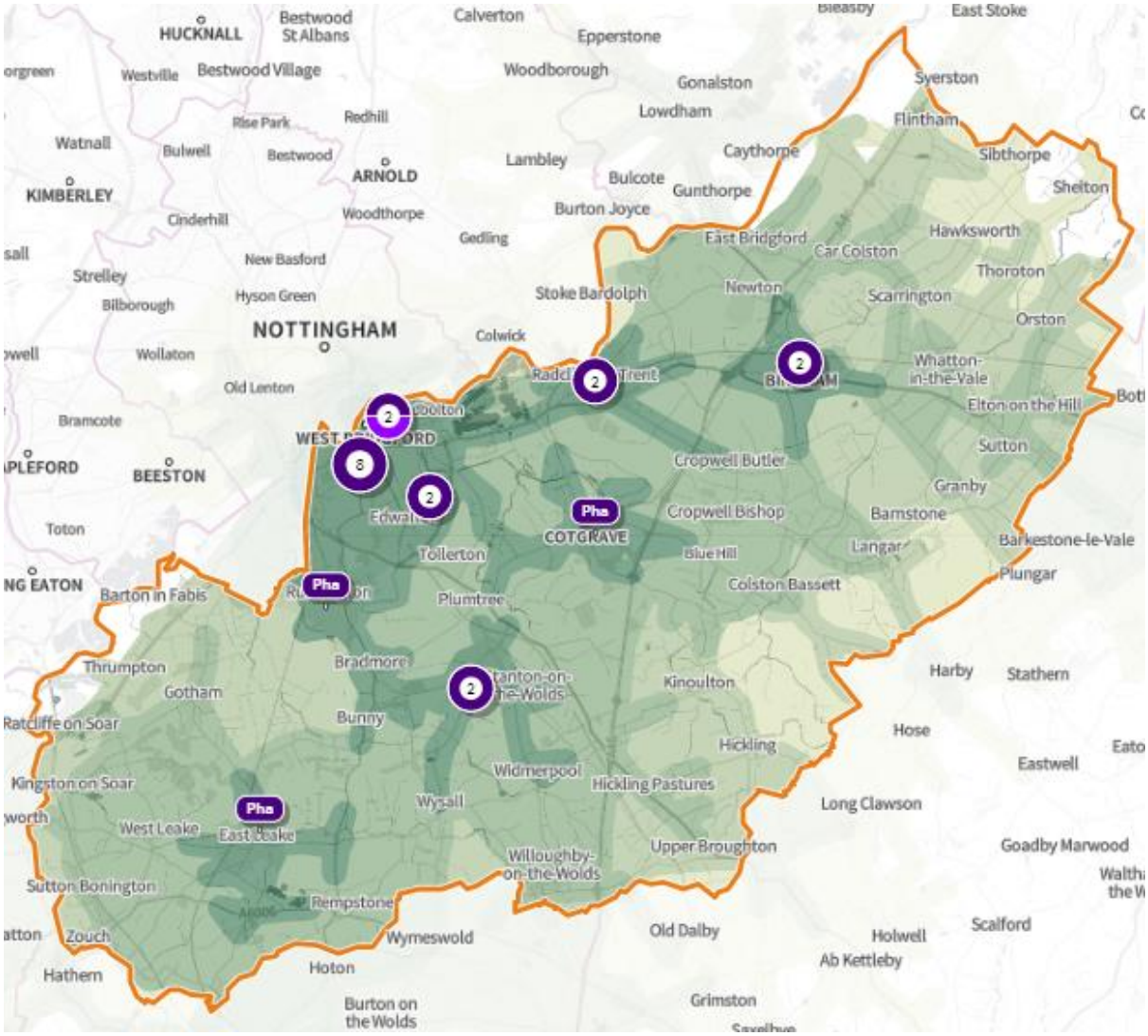


5 10 15 20 Travel times in minutes

The picture changes slightly during the rush hour times, with three more areas outside of that drive time. The first extends north-east from Ratcliffe on Soar and Google Maps reveals it contains Ratcliffe Power Station and arable fields.

The second and third areas are in the north-east of the locality, around Sibthorpe and Shelton. Google maps reveals they contain Portland Fishing Lakes and arable fields.

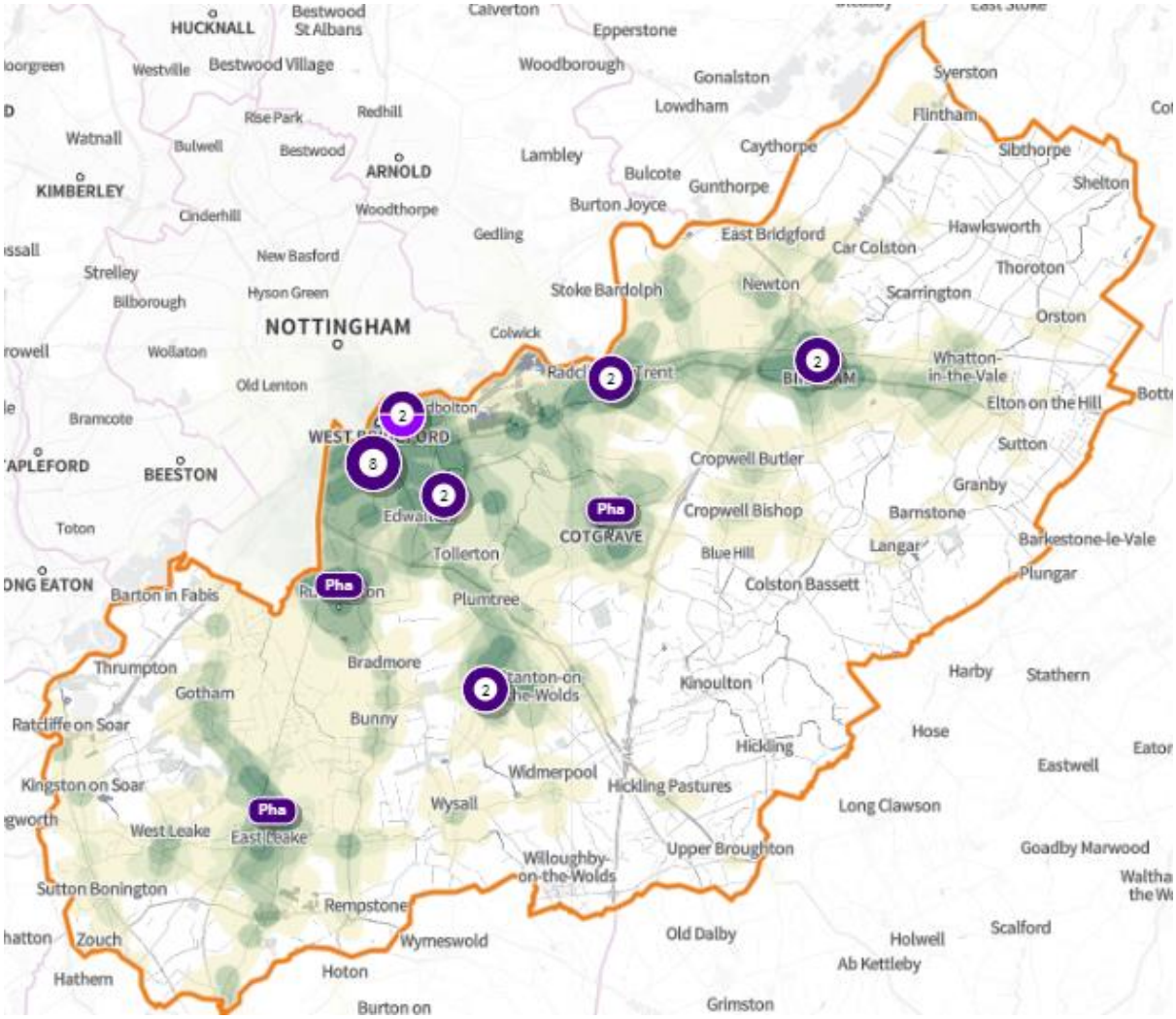
Map 77 – access to pharmacies during rush hour times



5 10 15 20 Travel times in minutes

Whilst most of the urban area is also within a 20-minute travel time by public transport the more rural areas are not as can be seen from the map below.

Map 78 – access to pharmacies by public transport



5 10 15 20 Travel times in minutes

There are two 100 hour pharmacies in the locality (Radcliffe and West Bridgford) which are open seven days a week and between them cover the hours:

- 07.00 to 23.00 Monday to Friday,
- 08.00 to 22.00 Saturday, and
- 08.00 to 21.45 Sunday.

With regard to the remaining 18 pharmacies:

- Eight open Monday to Friday,
- Five are open Monday to Friday and Saturday morning,
- Two are open Monday to Saturday, and
- Three are open Monday to Sunday.

With regard to the times at which these 18 pharmacies are open between Monday and Friday:

- One opens at 08.15, six at 08.30, ten at 09.00, and one at 09.30.
- Three are open until 17.30, nine until 18.00 (although one closes at 14.00 on Wednesday, and one at 13.00 on Thursday), four at 18.30, and two until 22.00,

On Saturdays one pharmacy opens at 08.00, one at 08.30, and eight at 09.00. Two pharmacies close at 12.00, three at 13.00, one at 14.00, one at 17.30, one at 17.30, one at 19.00, and one at 20.00.

The dispensing appliance contractor opens 09.00 to 17.30 Monday to Friday and is closed at the weekend.

The dispensaries within dispensing practices will generally open in line with the opening hours for the premises, usually 08.00 to 18.30 Monday to Friday.

Of the eight pharmacies who responded to the contractor questionnaire, seven dispense all appliances listed in Part IX of the Drug Tariff, and the other just dispenses dressings. Of the two dispensing practices that responded to the questionnaire, one just dispenses dressings and the other dispenses all appliances other than stoma and incontinence appliances.

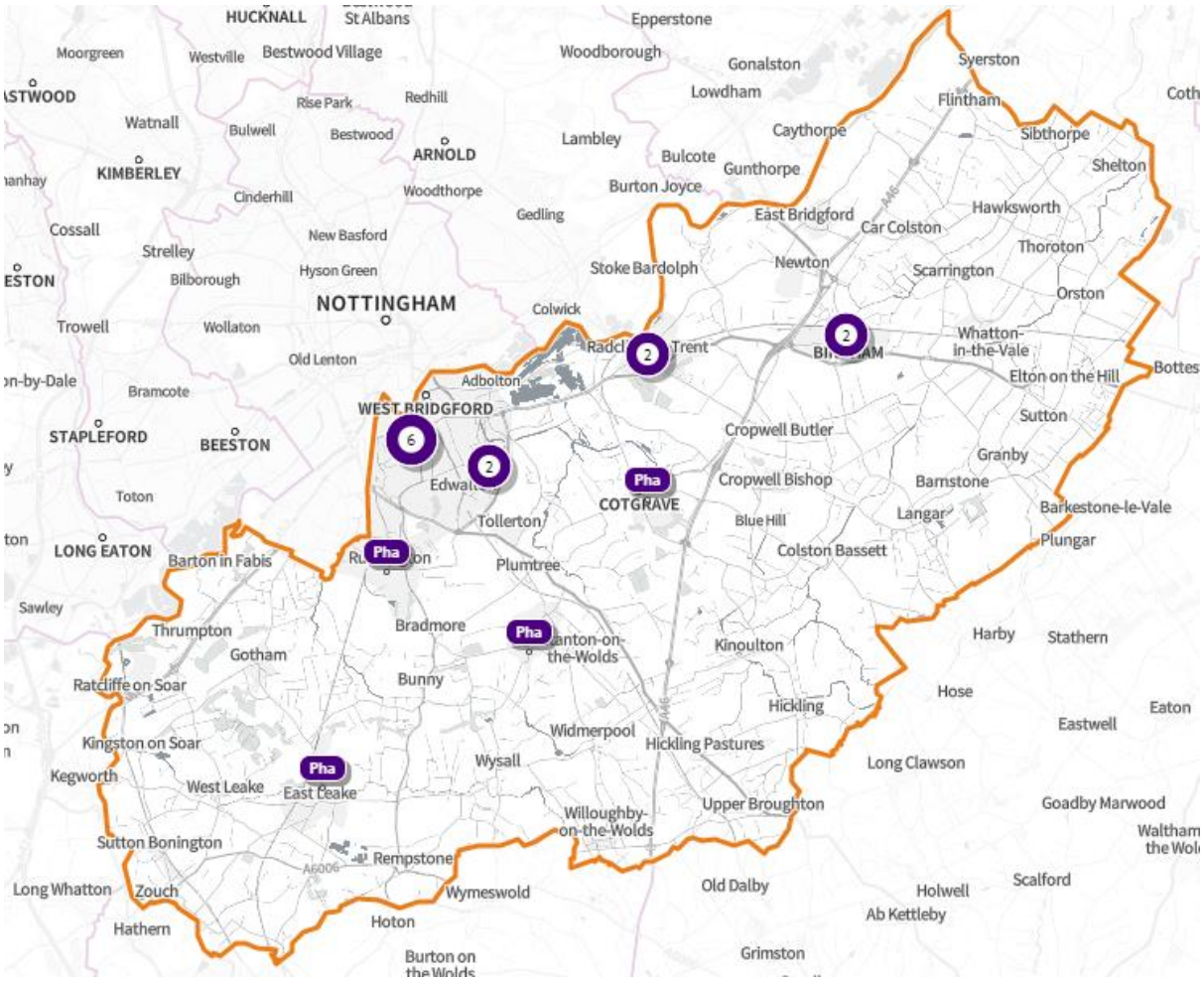
16 pharmacies provided the new medicine service in 2020/21 completing a total of 1,335 full service interventions. The range at pharmacy level was nine to 249. 17 have provided a total of 1,514 between April and September 2021. The range at pharmacy level was nine to 166. Of the three pharmacies that haven't provided the service, two are in West Bridgford and one is in Bingham, however it is noted that all three provided the service in the second half of 2021/22.

All of the pharmacies provided flu vaccinations under the advanced service in 2020/21 vaccinating a total of 10,478 people with a range at pharmacy level of one to 1,537. Between September and December 2021 all of the pharmacies provided the service, giving a total of 5,740 vaccinations, a range at pharmacy level of one and 686.

In 2021/22, 16 pharmacies have provided the community pharmacist consultation service between April and September, completing a total of 284 referrals. However, all of the pharmacies are signed-up to provide the service.

The map below shows the location of the pharmacies that have provided the service.

Map 79 – pharmacies that have provided the community pharmacist consultation service April to September 2021



14.3 Necessary services: current provision outside the locality's area

Some residents choose to access contractors outside both the locality and the health and wellbeing board's area in order to access services:

- Offered by dispensing appliance contractors,
- Offered by distance selling premises, or
- Which are located near to where they work, shop or visit for leisure or other purposes.

For those items prescribed by the GP practices that were not dispensed by a pharmacy or dispensing practice in the locality:

- 2.9% was dispensed by 59 contractors in Leicestershire,
- 2.6% by 65 contractors in Nottingham City,
- 0.8% elsewhere in Nottinghamshire, and

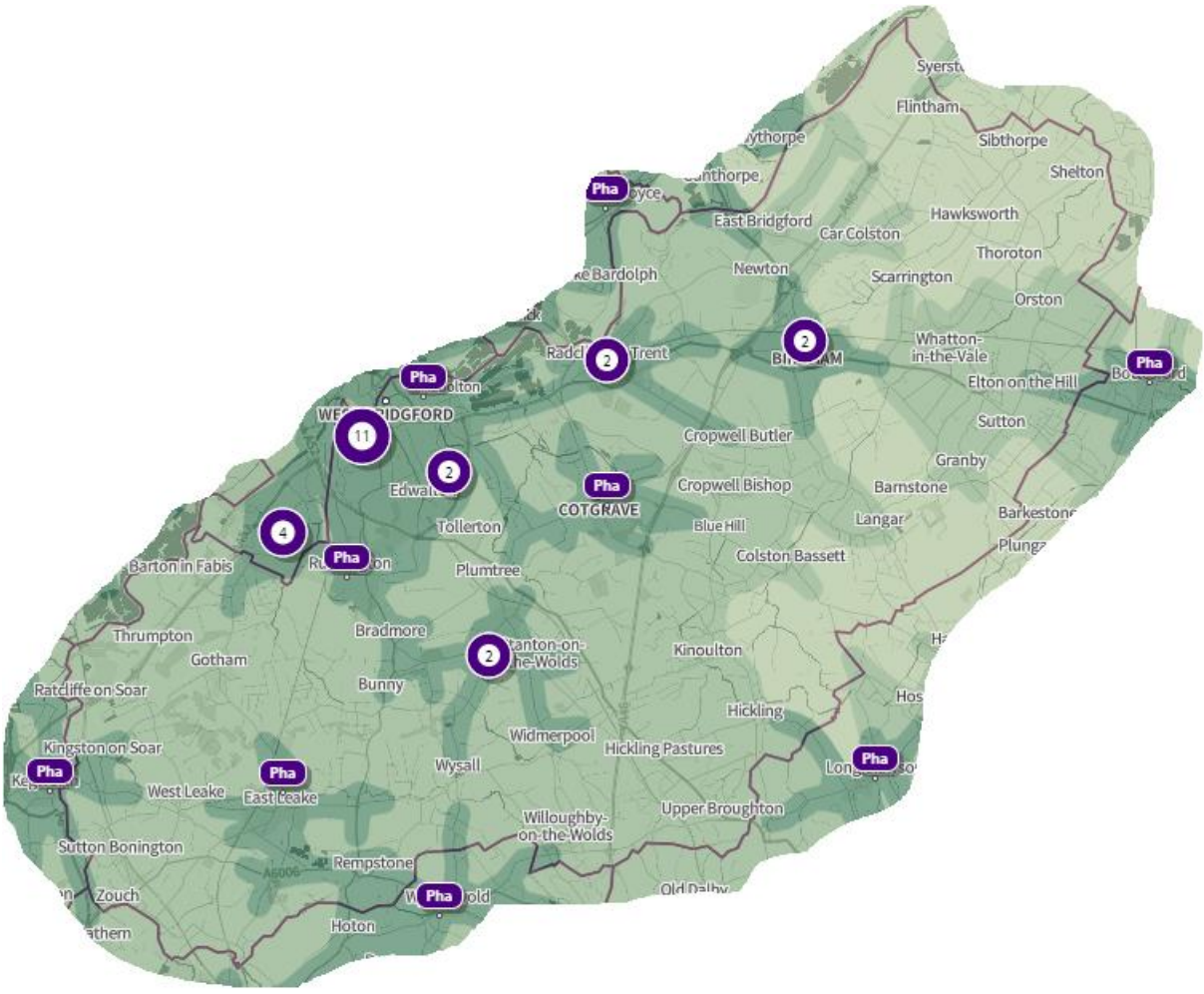
- 0.6% by 19 contractors in Leeds.

The remaining 1.0% was dispensed by 810 contractors in 139 different health and wellbeing board areas.

While the majority of items were dispensed by a ‘bricks and mortar’ pharmacy, 1.2% was dispensed by 22 distance selling premises. 0.3% were dispensed by 17 dispensing appliance contractor premises.

When provision in neighbouring localities and health and wellbeing board areas is taken into account, all of the locality is within a 15-minute drive of a pharmacy, both inside and outside of the rush hour times.

Map 80 – travel times to pharmacies in Rushcliffe and neighbouring localities and health and wellbeing board areas by car



5 10 15 Travel times in minutes

Dispensing practices in neighbouring health and wellbeing board areas may provide a dispensary service to residents of the locality.

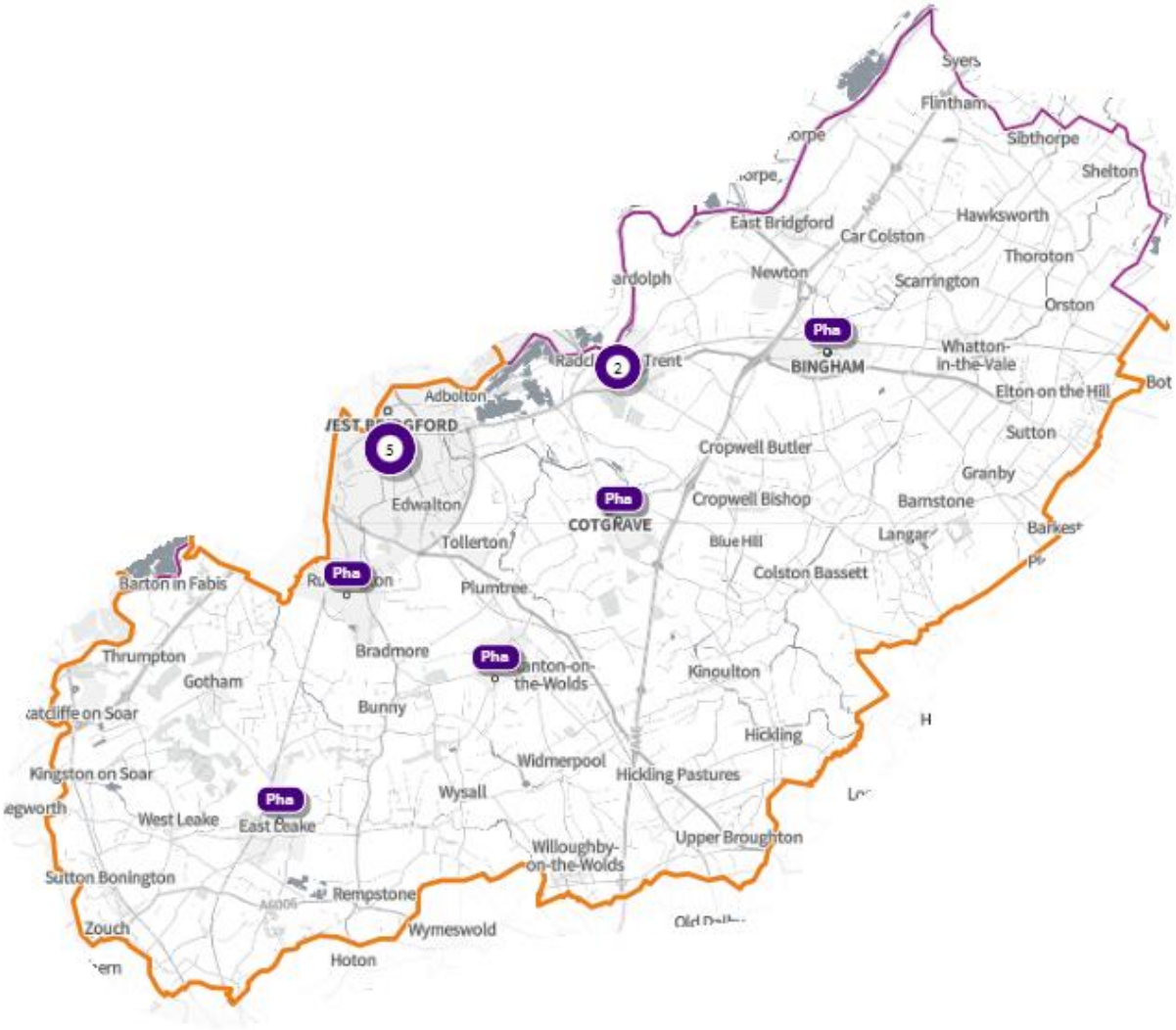
14.4 Other relevant services: current provision

No pharmacy provided appliance use reviews or the stoma appliance customisation service between April 2020 and September 2021 despite at least seven pharmacies dispensing all appliances listed in Part IX of the Drug Tariff. The dispensing appliance contractor completed 26 reviews in people's homes and 20 at its premises in 2020/21. Between April and September 2021 it completed 65 and five respectively. However, this was whilst located in the Gedling locality and therefore none of this activity will relate to residents of Rushcliffe.

At the time of writing no pharmacy had signed up to provide the Hepatitis C antibody testing service which commenced on 1 September 2020 and runs until 31 March 2023.

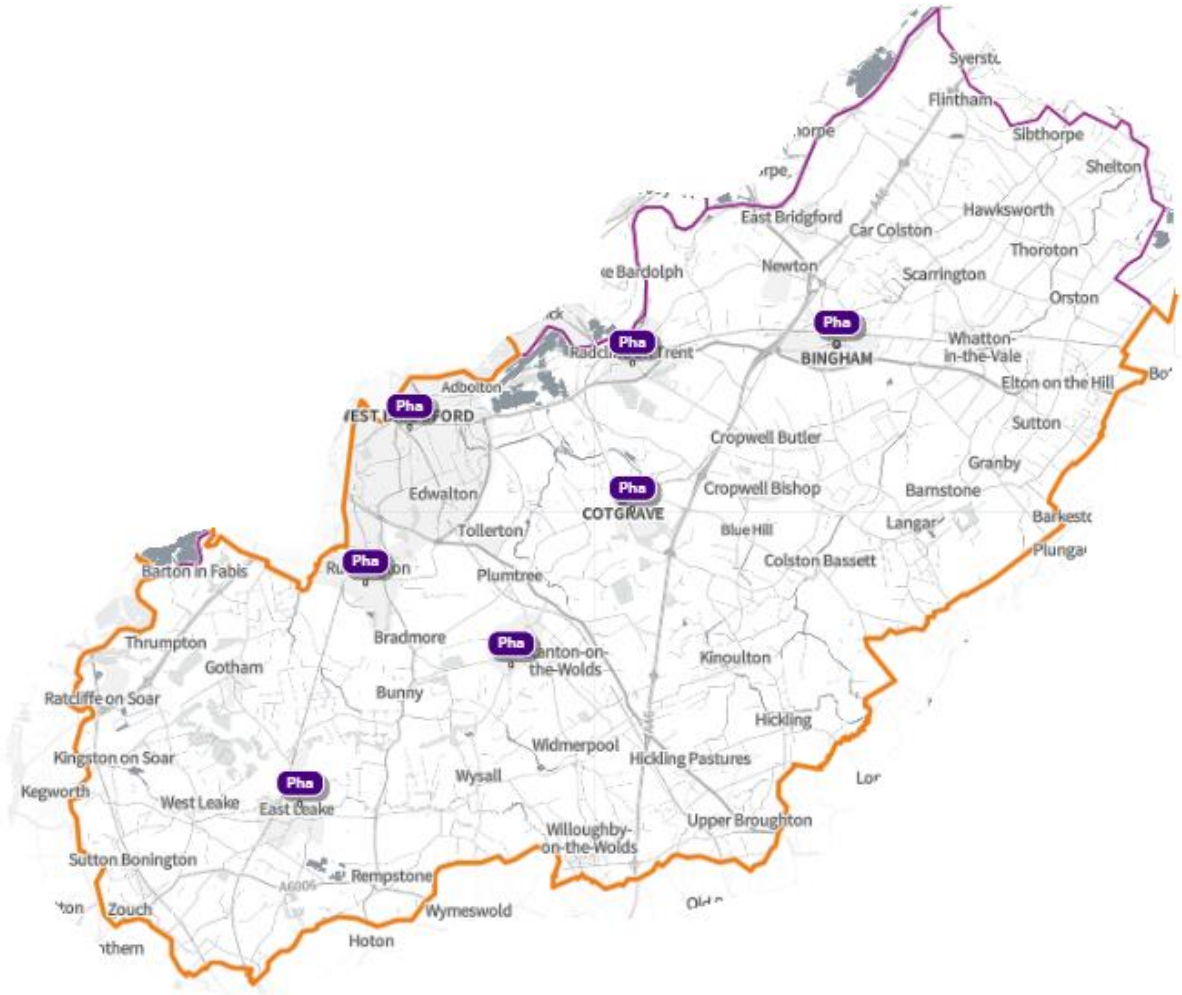
As of 22 July 2022 12 of the pharmacies have signed up to provide the hypertension case finding advanced service. The map below shows where they are located.

Map 81 – location of the pharmacies that have signed up to provide the hypertension case finding advanced service as of 22 July 2022



As of 18 July 2022 seven of the pharmacies had signed up to provide the smoking cessation advanced service. The map below shows where they are located.

Map 82 – location of the pharmacies that had signed up to provide the smoking cessation advanced service as of 18 July 2022



As of September 2021, 19 of the pharmacies had provided 26,845 test kits under the Covid-19 lateral flow device distribution service.

In relation to the extended care service, in 2021/22:

- Eight pharmacies provide tier 1 – conjunctivitis,
- Eight provide tier 1 – urinary tract infections,
- Six provide tier 2a – impetigo,
- Six provide tier 2a – insect bites, and
- Six provide tier 2a – eczema.

In 2021/22:

- 12 pharmacies provide the emergency supply service,
- Two provide the Pharmacy first service (the service was never fully offered to the pharmacies in the locality hence the low number providing it), and

- Four provide the palliative care service.

14.5 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception,
- Flu vaccinations,
- Blood pressure checks, and
- Advice and treatment for common ailments.

In 2020/21, 0.95% of items prescribed by the GP practices were personally administered by the practices. The figure is likely to be higher as it's not possible to identify the number of items personally administered by the dispensing practices.

Residents will access other NHS services located in this locality or elsewhere in the health and wellbeing board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- The Nottinghamshire appliance management service,
- Continence prescription services,
- Community nursing services,
- Evening and weekend GP appointments,
- Public health services commissioned by the council, and
- Other services provided within a community setting.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

14.6 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 14.2 and 14.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed or, if eligible, to be dispensed to by their practice. Those that look outside the locality usually do so either to access a neighbouring pharmacy or a dispensing appliance contractor or distance selling premises outside of the health and wellbeing board's area.

In 2020/21, a total of 1,087 contractors dispensed items written by one of the GP practices, of which 951 were outside of Nottinghamshire. Some were quite a distance from the county, for example Ealing, Bristol, Cornwall, Devon, East Sussex, Cumbria and Surrey.

14.7 Necessary services: gaps in provision

All of the eight pharmacies that replied to the pharmacy contractor questionnaire confirmed that they have sufficient capacity within their existing premises to manage the increase in demand in the area. Seven also said they had sufficient capacity within their staffing levels whilst one said they could make adjustments to manage an increase in demand. One of the dispensing practices said they had sufficient capacity to manage an increase in demand (noting that it is looking to increase the size of one of its premises), and the other said that it didn't but could make adjustments (noting that it is happy to take on more dispensing patients).

Whilst not NHS services:

- All eight pharmacies collect prescriptions from GP practices.
- All eight provide a free of charge delivery service, of whom six offer the service to everyone, whereas the other two restrict the service to certain categories of people for example the elderly, disabled, housebound, those who are Covid-19 positive, or people with bulky, heavy items.
- Two provide a delivery service, for a fee, to everyone.

Two dispensing practices offer a free of charge delivery service, one to those who are housebound or have limited mobility and the other to vulnerable patients and those who are housebound.

One pharmacy confirmed that Portuguese is spoken by staff every day.

The health and wellbeing board has noted the location of pharmacies across this locality, and the fact that most of the locality is within 15 minutes by car of one of those pharmacies. When provision in neighbouring localities and health and wellbeing board areas is taken into account, all of the locality is within a 15-minute drive of a pharmacy.

The health and wellbeing board has noted that there may be some residents in the locality, both now and within the lifetime of the document, who may not:

- Have access to private transport at such times when they need to access pharmaceutical services,
- Be able to use public transport, or
- Be able to walk to a pharmacy.

The health and wellbeing board has noted that the Covid-19 pandemic has substantially increased the use and acceptance of remote consultations within primary care. The health and wellbeing board is therefore of the opinion that these residents will be able to access pharmaceutical services remotely either via:

- The delivery service that all the distance selling premises in England must provide, or
- The private delivery service offered by some pharmacies, and
- Remote access (via the telephone or online) to pharmaceutical services that all pharmacies are now required to provide to a reasonable extent.

The health and wellbeing board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the locality, particularly noting that there are two 100 hour pharmacies in the locality and the spread of pharmacies across the locality.

The health and wellbeing board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality, or the dispensing service provided by dispensing practices.

The health and wellbeing board has noted the projected number of houses to be built. It is of the opinion that there is sufficient capacity within the existing providers of pharmaceutical services to meet the demand generated by the new houses. The health and wellbeing board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies or dispensing appliance contractors in the locality.

The health and wellbeing board is also satisfied that, based upon the information contained in the preceding sections and the increased use of remote consultations, there are no current or future needs in relation to the provision of those advanced services which fall within the definition of necessary services, namely:

- New medicine service,
- Community pharmacist consultation service, and
- Flu vaccination.

14.8 Improvements or better access: gaps in provision

None of the pharmacies provide the appliance use review of stoma appliance customisation services despite at least seven dispensing prescriptions for appliances. The dispensing appliance contractor provides both services.

It is noted that one of the reasons why prescriptions are dispensed outside of the locality is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these services via those contractors. In addition stoma nurses employed by dispensing appliance contractors will provide the services at the patient's home and the stoma care department at the hospitals may provide similar services.

The community-based Nottinghamshire appliance management service offers an annual review with a stoma nurse as part of its service. The review covers all of the information that's included within the appliance use review offered by pharmacies and dispensing appliance contractors, in addition to a clinical review. Access to specialist advice and support is also available as required. In addition, not all stoma appliances need to be customised. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to the appliance use review and stoma appliance customisation services.

No pharmacies have signed up to provide the Hepatitis C antibody testing service, which is due to end on 31 March 2023. It is recognised that this is a niche service that will not be relevant to many residents. It is noted that nationally, not many pharmacies have signed up

to provide the service, and those that have done so have completed very few tests. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The lateral flow device distribution advanced service is not currently commissioned by NHS England following the announcement that free testing ended on 1 April 2022 in England. However if it was to be recommissioned it is anticipated that those pharmacies that previously provided the service would do so again, and therefore no current or future improvements or better access have been identified in relation to this service.

The health and wellbeing board has noted that 12 of the pharmacies had signed up to provide the hypertension case-finding advanced service as of 22 July 2022. It is noted that the number of pharmacies that have signed up to provide this service has increased whilst the pharmaceutical needs assessment has been written and it is expected that the number of pharmacies signed up to provide the service will continue. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

The health and wellbeing board has noted that seven of the pharmacies had signed up to provide the smoking cessation advanced service as of 18 July 2022. It is noted that the number of pharmacies that have signed up to provide this service has increased whilst the pharmaceutical needs assessment has been written but that roll-out of the service has been delayed whilst the systems are put in place by the hospitals. It is expected that the number of pharmacies signed up to provide the service will continue. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to this service.

In relation to the four enhanced services that are currently commissioned by NHS England, the health and wellbeing board has noted that these services are currently being reviewed. Training to provide these services has been delayed due to the Covid-19 pandemic and this will have affected sign-up. Should the services continue following NHS England's review it is not expected that there will be a reduction in the number of pharmacies providing the service. In fact it is likely that the number will increase. The health and wellbeing board is therefore satisfied that there are no current or future improvements or better access in relation to these services.

15 Conclusions for the purpose of schedule 1 to The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across Nottinghamshire and specifically the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of Nottinghamshire and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

Nottinghamshire has 163 pharmacies, of which seven are distance selling premises, and six dispensing appliance contractor premises all providing the full range of essential services. Many provide advanced and enhanced services as commissioned by NHS England, and some provide services commissioned by Nottinghamshire County Council. There are no local pharmaceutical services contractors. 12 of the GP practices dispense to eligible patients from 17 sites across the county and two practices that are outside of Nottinghamshire each have a branch surgery within the county.

Overall, access to pharmaceutical services in Nottinghamshire is good due to the spread of premises across the area and the times at which they are open.

Redistribution of premises, for example the clustering of pharmacies around GP practices, may impact negatively on the arrangements that are currently in place which in turn may lead to access being worsened, however this will very much depend on the local situation. The health and wellbeing board notes that when considering relocation applications from pharmacies NHS England is required to have regard to, amongst other factors:

- Whether “the location of the new premises is not significantly less accessible” for the patient groups that use the existing premises and
- Whether the relocation would “result in a significant change to the arrangements that are in place for the provision of” pharmaceutical services

If NHS England is satisfied that the location of new premises is significantly less accessible, or the relocation would result in significant change, then it can refuse the application.

Nottinghamshire has a population of approximately 785,800. The projected population changes and housing developments identified may consequently impact on the type of services required and the number of people accessing pharmaceutical services within the county. This has been taken into account in this pharmaceutical needs assessment.

15.1 Necessary services – current provision

Nottinghamshire Health and Wellbeing Board has defined necessary services as:

- Essential services provided at all premises included in the pharmaceutical lists,
- The advanced services of new medicine service, community pharmacist consultation service and flu vaccination, and
- The dispensing service provided by some GP practices.

Preceding chapters of this document have set out the provision of these services in the county.

15.2 Necessary services – gaps in provision

15.2.1 Access to essential services

In order to assess the provision of essential services against the needs of the population the health and wellbeing board considered access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

15.2.1.1 Access to essential services during normal working hours

The health and wellbeing board has identified that the population of Nottinghamshire is able to access a pharmacy during normal working hours within 20 minutes by car. For the three areas where it takes more than 20 minutes by car inside and outside of the rush hours, the health and wellbeing board is satisfied that there is not a current need for a pharmacy in those areas due to the fact there is no resident population there.

The Health and Wellbeing Board is therefore satisfied that all residents can access a pharmacy within 20 minutes by private transport.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services during normal working hours have been identified in any of the localities.

15.2.1.2 Access to essential services outside normal working hours

There is good access to essential services outside normal working hours through provision by 22 100 hour pharmacies and extended evening and weekend opening hours offered by other pharmacies:

- 35 pharmacies open seven days a week (includes the 22 100 hour pharmacies),
- 22 pharmacies open Monday to Saturday,
- 45 pharmacies open Monday to Friday, and Saturday until lunchtime, and
- 61 pharmacies that open Monday to Friday.

Outside normal working hours the GP out of hours service will provide courses of treatment where appropriate. Although there may be limited access to the other pharmaceutical services, for example medicines support, signposting or self-care, the 2010 Office of Fair Trading report on the previous 'control of entry' regulations and retail pharmacy services in the UK found there was a lack of published evidence for consumer demand for extended opening hours[132]. The patient and public questionnaire showed that 42.1% of respondents did not have a preference as to the most convenient time to use a pharmacy, and of those who did have a preference only 4.1% preferred 07.00 to 09.00 and 0.5% between 21.00 and midnight.

It is not expected that any of the current pharmacies will reduce the number of core opening hours, indeed 100 hour pharmacies are unable to, and NHS England foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances as permitted within the terms of service where this based upon a change in patient need.

[132] Office of Fair Trading. Evaluating the impact of the 2003 OFT study on the Control of Entry regulations in the retail pharmacies market March 2010

The health and wellbeing board is mindful that the services offering evening and weekend appointments with GPs may vary their opening times during the lifetime of this pharmaceutical needs assessment. However it would expect that either existing pharmacy contractors will adjust their opening hours to address such changes in the future or NHS England will direct pharmacies to open to meet any differences in opening hours.

The health and wellbeing board has noted the location of the 100 hour pharmacies across the county, and the fact that the vast majority of residents are within a 20-minute drive of such a pharmacy.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services outside normal working hours have been identified in any of the localities.

15.2.2 Access to advanced services

The health and wellbeing board deemed the following advanced services to be necessary:

- New medicine service
- Community pharmacy consultation service, and
- Flu vaccination.

The health and wellbeing board noted the number and distribution of pharmacies providing these services, and activity levels since April 2020. There is good geographical coverage across the county for all three services and based on the data available the health and wellbeing board is satisfied that there is sufficient capacity to meet the demand for these advanced services.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of the new medicine service, community pharmacist consultation service and flu vaccination advanced services have been identified in any of the localities.

15.2.3 Future provision of necessary services

The health and wellbeing board has taken into account the forecasted population growth. It has not identified any necessary services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet the anticipated increased need for pharmaceutical services due to the forecasted population growth.

It has considered the impact on the provision of pharmaceutical services should any of the 100 hour pharmacies close and has identified that should there be a total and permanent loss of core opening hours on Sundays in Retford there will be a future need for the provision of essential services and the community pharmacist consultation service on Sundays in Retford, between the hours of 10.00 and 16.00.

Based on the information available at the time of developing this pharmaceutical needs assessment one gap in the need for two necessary services in specified future circumstances has been identified in the Bassetlaw locality only.

15.3 Other relevant services: current provision

Nottinghamshire Health and Wellbeing Board has identified that six advanced services (appliance use reviews, stoma appliance customisation, Hepatitis C antibody testing service,

Covid-19 lateral flow device distribution service, community pharmacy hypertension case-finding service and community pharmacy smoking cessation service), the five enhanced services (emergency supply, Pharmacy First, palliative care enhanced services and extended care service tiers 1 and 2), and the maternity smoking cessation pilot whilst not necessary to meet the need for pharmaceutical services in its area, have secured improvements or better access in its area.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in the current provision of other relevant services or in specified future circumstances have been identified in any of the localities.

15.4 Improvements and better access – gaps in provision

15.4.1 Current and future access to essential services – present and future circumstances

Nottinghamshire Health and Wellbeing Board considered the conclusion in respect of current provision as set out at in this document and has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services in any of the localities.

15.4.2 Current and future access to advanced services

From the data available not all pharmacies are providing all the advanced services. As shown in chapter 5, activity levels for the advanced services at pharmacy level vary across the health and wellbeing board's area.

Demand for the appliance advanced services will be lower than for the other advanced services due to the much smaller proportion of the population that may require these services. In addition, other services (such as the Nottinghamshire appliance management service) will provide similar services as will providers outside of the county. The Health and Wellbeing Board has noted that less than 1% of all items prescribed by the GP practices are dispensed by dispensing appliance contractors inside and outside of Nottinghamshire.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps have been identified in the provision of advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services in any of the localities.

15.4.3 Current and future access to enhanced services

The five enhanced services are commissioned by NHS England to ensure that there are sufficient numbers of pharmacies across the county, excluding Bassetlaw. It is currently not commissioning any new pharmacies to provide the service, and hasn't done since the inception of the service.

The maternity smoking cessation service is currently running as a pilot until 31 March 2023 and is only open to invited pharmacies.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of securing improvements, or better access, to the five enhanced services in specified future circumstances have been identified in any of the localities.

15.4.4 Future access to advanced and enhanced services

Nottinghamshire Health and Wellbeing Board has not identified any advanced or enhanced services that are not currently provided but that will, in specified future circumstances, need to be provided in order to secure improvements or better access to pharmaceutical services.

Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of securing improvements, or better access, to advanced or enhanced services in specified future circumstances have been identified in any of the localities.

Appendix A – policy context and background papers

Between the 1980s and 2012 the ability for a new pharmacy or dispensing appliance contractor premises to open was largely determined by the regulatory system that became known as 'control of entry'. Broadly speaking an application to open new premises was only successful if a primary care trust or a preceding organisation considered it was either necessary or expedient to grant the application in order to ensure that people could access pharmaceutical services.

The control of entry system was reviewed and amended over the years, and in 2005 exemptions to the 'necessary or expedient' test were introduced – namely 100 hour pharmacies, wholly mail order or internet pharmacies, out of town retail area pharmacies and one-stop primary care centre pharmacies.

In January 2007 a review of the system was published by the government[133], and found that although the exemptions had had an impact, this had not been even across the country. At the time access to pharmaceutical services was very good (99% of the population could access a pharmacy within 20 minutes, including in deprived areas[134]), however the system was complex to administer and was largely driven by providers who decided where they wished to open premises rather than by a robust commissioning process.

Primary care trusts believed that they did not have sufficient influence to commission pharmaceutical services that reflected the health needs of their population. This was at odds with the thrust of the then NHS reforms which aimed to give primary care trusts more responsibility to secure effective commissioning of adequate services to address local priorities.

When the government published the outcomes of this review, it also launched a review of the contractual arrangements underpinning the provision of pharmaceutical services[135]. One of the recommendations of this second review was that primary care trusts should undertake a more rigorous assessment of local pharmaceutical needs to provide an objective framework for future contractual arrangements and control of entry, setting out the requirements for all potential providers to meet, but flexible enough to allow primary care trusts to contract for a minimum service to ensure prompt access to medicines and to the supply of appliances.

The government responded to the outcomes of both reviews, as well as a report by the All-Party Pharmacy Group following an inquiry into pharmacy services, in its pharmacy White Paper "Pharmacy in England. Building on strengths – delivering the future" published in April 2008. The White Paper proposed that commissioning of pharmaceutical services should meet local needs and link to practice-based commissioning. However it was recognised that at the time there was considerable variation in the scope, depth and breadth of pharmaceutical needs assessments. Some primary care trusts had begun to revise their pharmaceutical needs assessments (first produced in 2004) in light of the 2006 re-

[133] Review of progress on reforms in England to the "Control of Entry" system for NHS pharmaceutical contractors. Department of Health 2007
[134] Pharmacy in England. Building on strengths – delivering the future. Department of Health 2008
[135] Review of NHS pharmaceutical contractual arrangements. Anne Galbraith 2007

organisations, whereas others had yet to start the process. The White Paper confirmed that the government considered that the structure of and data requirements for primary care trusts pharmaceutical needs assessments required further review and strengthening to ensure they were an effective and robust commissioning tool which supported primary care trusts decisions.

Following consultation on the proposals contained within the White Paper, the Department of Health and Social Care established an advisory group with representation from the main stakeholders. The terms of reference for the group were:

“Subject to Parliamentary approval of proposals in the Health Bill 2009, to consider and advise on, and to help the Department devise, regulations to implement a duty on NHS primary care trusts to develop and to publish pharmaceutical needs assessments and on subsequent regulations required to use such assessments as the basis for determining the provision of NHS pharmaceutical services”.

As a result of the work of this group, regulations setting out the minimum requirements for pharmaceutical needs assessments were laid in Parliament and took effect from 1 April 2010. They placed an obligation on all primary care trusts to produce their first pharmaceutical needs assessment which complied with the requirement of the regulations on or before 1 February 2011, with an ongoing requirement to produce a second pharmaceutical needs assessment no later than three years after the publication of the first pharmaceutical needs assessment. The group also drafted regulations on how pharmaceutical needs assessments would be used to determine applications for new pharmacy and dispensing appliance contractor premises (referred to as the ‘market entry’ system) and these regulations took effect from 1 September 2012.

The re-organisation of the NHS from 1 April 2013 came about as the result of the Health and Social Care Act 2012. This Act established health and wellbeing boards and transferred responsibility to develop and update pharmaceutical needs assessments from primary care trusts to health and wellbeing boards. Responsibility for using pharmaceutical needs assessments as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England from 1 April 2013.

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for health and wellbeing boards to develop and update pharmaceutical needs assessments and gives the Department of Health and Social Care powers to make regulations.

Section 128A Pharmaceutical needs assessments

(1) Each Health and Wellbeing Board must in accordance with regulations--
  (a) assess needs for pharmaceutical services in its area, and
  (b) publish a statement of its first assessment and of any revised assessment.

(2) The regulations must make provision--
  (a) as to information which must be contained in a statement;
  (b) as to the extent to which an assessment must take account of likely future needs;
  (c) specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;
  (d) as to the circumstances in which a Health and Wellbeing Board must make a new assessment.

(3) The regulations may in particular make provision--
  (a) as to the pharmaceutical services to which an assessment must relate;
  (b) requiring a Health and Wellbeing Board to consult specified persons about
  specified matters when making an assessment;
  (c) as to the manner in which an assessment is to be made;
  (d) as to matters to which a Health and Wellbeing Board must have regard when making an assessment.

The regulations referred to in the NHS Act 2006 are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013[136], as amended, in particular Part 2 and Schedule 1.

In summary the regulations set out the:

- Services that are to be covered by the pharmaceutical needs assessment,
- Information that must be included in the pharmaceutical needs assessment (it should be noted that health and wellbeing boards are free to include any other information that they feel is relevant),
- Date by which health and wellbeing boards must publish their first pharmaceutical needs assessment,
- Requirement on health and wellbeing boards to publish further pharmaceutical needs assessments on a three-yearly basis,
- Requirement to publish a revised assessment sooner than on a three-yearly basis in certain circumstances,
- Requirement to publish supplementary statements in certain circumstances,
- Requirement to consult with certain people and organisations at least once during the production of the pharmaceutical needs assessment, for at least 60 days, and
- Matters the health and wellbeing board is to have regard to when producing its pharmaceutical needs assessment.

[136] http://www.legislation.gov.uk/uksi/2013/349/contents/made

Each health and wellbeing board was under a duty to publish its first pharmaceutical needs assessment by 1 April 2015. In the meantime, the pharmaceutical needs assessment produced by the preceding primary care trust remained in existence and was used by NHS England to determine whether or not to grant applications for new pharmacy or dispensing appliance contractor premises.

Once a health and wellbeing board has published its first pharmaceutical needs assessment it is required to produce a revised pharmaceutical needs assessment within three years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the health and wellbeing board is satisfied that producing a revised pharmaceutical needs assessment would be a disproportionate response to those changes.

In addition a health and wellbeing board may publish a supplementary statement. The regulations set out three situations where the publication of a supplementary statement would be appropriate:

1. The health and wellbeing board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and it is satisfied that producing a revised assessment would be a disproportionate response to those changes,
2. The health and wellbeing board identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications for new pharmacy or dispensing appliance contractor premises, and is in the course of making a revised assessment and is satisfied that it needs to immediately modify its current pharmaceutical needs assessment in order to prevent significant detriment to the provision of pharmaceutical services in its area, and
3. Where a pharmacy is removed from a pharmaceutical list as a result of the grant of a consolidation application, if the health and wellbeing board is of the opinion that the removal does not create a gap in pharmaceutical services that could be met by a routine application offer to meet a current or future need, or secure improvements or better access to pharmaceutical services, then the health and wellbeing board must publish a supplementary statement explaining that the removal does not create such a gap.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended are subject to a post implementation review by the Department of Health and Social Care in 2017/18 the aim of which is to determine whether they have met their intended objectives. The review determined that:

- The 2013 Regulations have slowed the growth in the number of community pharmacies, in line with the original policy objective to mitigate excessive provision of NHS pharmaceutical services in areas already meeting demand,
- There is flexibility within the system where an unforeseen benefit is identified,
- Access to NHS pharmaceutical services in England is good and patients generally have reasonable choice about how and where they access services, and

- There remains a degree of ‘clustering’.

The review concluded that the regulations have largely achieved the original policy objectives which remain relevant and appropriate for the regulation of pharmaceutical services in England. It recommended that the Department of Health and Social Care consulted on a number of amendments to the regulations and that changes are made to the underpinning guidance to address several unintended consequences and realise opportunities to more effectively deliver against the policy objectives. However none of these relate to the requirements for pharmaceutical needs assessment.

With effect from 1 October 2020 the regulations were amended to delay the requirement on health and wellbeing boards to publish their third pharmaceutical needs assessment by 1 April 2021. This was extended again until 1 October 2022. The amendments were due to the impact the Covid-19 pandemic has had on all commissioners and providers of health and social care services.

Appendix B – essential services

1. Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks,
- Having safe systems of operation, in line with clinical governance requirements,
- Having systems in place to guarantee the integrity of products supplied,
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care, and
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff providing:

- information and advice to the patient or carer on the safe use of their medicine or appliance, and
- when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber.

- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient.
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

3. Disposal of unwanted drugs

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines.
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them.
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods.
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

4. Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- Have diabetes, or
- Be at risk of coronary heart disease, especially those with high blood pressure, or
- Who smoke, or
- Are overweight

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

5. Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations.
- To enable people to contact and/or access further care and support appropriate to their needs.
- To minimise inappropriate use of health and social care services.

6. Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families.
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines.
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service.
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones.
- To minimise inappropriate use of health and social care services.

7. Home delivery service while a disease is or in anticipation of a disease being imminently pandemic

Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England, with the agreement of the Secretary of State, that certain patient groups are advised to stay away from pharmacy premises:

- In a specified area,
- In specified circumstances, and
- For the duration specified in the announcement.

It is therefore not a service that pharmacies are required to provide all of the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS Volunteer Responders, where either are available.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients get their prescription delivered. This can be done in one of the following ways:

- Deliver the medicine themselves as part of the advanced service,
- Arrange for another pharmacy to deliver it on their behalf as part of the advanced service, or
- Arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of the advanced service.

Aims and intended outcomes

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

8. Discharge medicines service

Service description

Pharmacies undertake a proactive review of the medication that patients discharged from hospital are taking compared to those they were taking prior to their admission to ensure that all changes are identified and patient records are amended accordingly. In addition patients will be offered a confidential discussion with the pharmacist to check their understanding of their medication, when to take it and any other relevant advice to support the patient to get the maximum benefit from their medication.

Aims and intended outcomes

The discharge medicines service has been established to ensure better communication about changes made to a patient's medicines in hospital and the aims of the service are to:

- Optimise the use of medicines, whilst facilitating shared decision making,
- Reduce harm from medicines at transfers of care,
- Improve patients' understanding of their medicines and how to take them following discharge from hospital,
- Reduce hospital readmissions, and
- Support the development of effective team-working across hospital, community and primary care network pharmacy teams and general practice teams and provide clarity about respective roles.

Appendix C – advanced services

1. New medicine service

Service description

The new medicine service is provided to patients who have been prescribed for the first time, a medicine for a specified long-term condition, to improve adherence. The new medicine service involves three stages: recruitment into the service, an intervention about one or two weeks later, and a follow up after a two or three weeks.

Aims and intended outcomes

The underlying purpose of the service is to promote the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long-term conditions, in order—

- As regards the long-term condition—
    - To help reduce symptoms and long-term complications, and
    - In particular by intervention post dispensing, to help identification of problems with management of the condition and the need for further information or support, and

- To help the patients—
    - Make informed choices about their care,
    - Self-manage their long-term conditions,
    - Adhere to agreed treatment programmes, and
    - Make appropriate lifestyle changes.

2. Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff,
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance, and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template.

Aims and intended outcomes

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient, and

- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

3. Appliance use review

Service description

An appliance use review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by:

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

4. National influenza adult vaccination service

Service description

Pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who fall in one of the national at-risk groups. The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England patient group direction.

Aims and intended outcomes

The aims of this service are to:

- Sustain uptake of flu vaccination by building the capacity of community pharmacies as an alternative to general practice,
- Provide more opportunities and improve convenience for eligible patients to access flu vaccinations, and
- Reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

5. Home delivery services during a pandemic etc

Service description

This service was introduced in March 2020 as one of the measures put in place to deal with a disease being, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health. An announcement may be made by NHS England, with the agreement of the Secretary of State, that certain patient groups are advised to stay away from pharmacy premises:

- In a specified area,
- In specified circumstances, and
- For the duration specified in the announcement.

It is therefore not a service that pharmacies are required to provide all of the time. Distance selling premises are already required to deliver all dispensed items to patients and therefore this service does not apply to them.

When the service is to be provided pharmacies are required to encourage patients covered by the announcement to, in the first instance, arrange for their medicines to be collected from the pharmacy and then delivered by family, friends or a carer.

Where there is no family, friend, neighbour or carer, the pharmacy team must advise the patient of the potential for a local volunteer to act on their behalf who can collect the patient's prescription and deliver it to them. This must include local provision of volunteers and NHS Volunteer Responders, where either are available. This falls within the essential services home delivery service.

Where there is no volunteer available who can deliver the medicine(s) to the patient in the timescale that they are required, the pharmacy contractor must ensure that eligible patients get their prescription delivered. This can be done in one of the following ways:

- Deliver the medicine themselves as part of this advanced service,
- Arrange for another pharmacy to deliver it on their behalf as part of this advanced service, or
- Arrange for the prescription to be dispensed and delivered by another pharmacy under the terms of this advanced service.

Aims and intended outcomes

The aim of this service is to ensure that where a disease is, or in anticipation of a disease being imminently, pandemic and a serious risk, or potentially a serious risk, to human health eligible patients who do not have a family member, friend or carer who can collect their prescription on their behalf and where a volunteer is not able to collect and deliver the medicines can have their medicines delivered in a manner which keeps both them and pharmacy staff safe from the disease.

6. NHS community pharmacist consultation service

Service description

Under the NHS community pharmacist consultation service patients who urgently need medicines or who have symptoms of a minor illness and contact either NHS 111 or an integrated urgent care clinical assessment service are referred to a community pharmacist for a consultation, thereby releasing capacity in other areas of the urgent care system such as accident and emergency (A&E) and general practices and improving access for patients.

Aims and intended outcomes

The aims of this service are to:

- Support the integration of community pharmacy into the urgent care system, and to appropriate refer patients with lower acuity conditions or who require urgent prescriptions, releasing capacity in other areas of the urgent care system.
- Offer patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting on referral from an NHS 111 call advisor and via the NHS 111 online service.
- Reduce demand on integrated urgent care services, urgent treatment centres, emergency departments, walk in centres, other primary care urgent care services and GP Out of Hours services, and free up capacity for the treatment of patients with higher acuity conditions within these settings.
- Appropriately manage patient requests for urgent supply of medicines and appliances.
- Enable convenient and easy access for patients and for NHS 111 call advisor referral.
- Reduce the use of primary medical services for the referral of low acuity conditions (i.e. minor illnesses) from NHS 111 and the need to generate urgent prescriptions.
- Identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists and to recommend solutions that could prevent use of urgent and emergency care services in the future.
- Ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine or appliance requested.
- Increase patient awareness of the role of community pharmacy as the 'first port of call' for low acuity conditions and for medicines access and advice.
- Be cost effective for the NHS when supporting patients with low acuity conditions.

7. Community pharmacy hepatitis C antibody testing services

Service description

People who inject drugs who are not engaged in community drug and alcohol treatment services will be offered the opportunity to receive a Hepatitis C virus test from a community pharmacy of their choice (subject to the pharmacy being registered to provide the service).

Where the test produces a positive result, the person will be referred for appropriate further testing and treatment via the relevant operational delivery network.

Aims and intended outcomes

The aim of this service is to increase levels of testing for Hepatitis C virus amongst people who inject drugs who are not engaged in community drug and alcohol treatment services to:

- Increase the number of diagnoses of Hepatitis C virus infection,
- Permit effective interventions to lessen the burden of illness to the individual,
- Decrease long-term costs of treatment, and
- Decrease onward transmission of Hepatitis C virus.

8. Community pharmacy COVID-19 lateral flow device distribution service

Service description

Covid-19 lateral flow antigen tests allow the detection of people with high levels of the Covid-19 virus, making them effective in identifying individuals who are most likely to transmit the virus, including those not showing symptoms. With up to a third of infected individuals not displaying symptoms, broadening asymptomatic testing is essential. Increased use of lateral flow devices can help identify more people who are highly likely to spread the virus, and therefore break the chain of transmission. This service allows people to collect lateral flow devices from a pharmacy.

Aims and intended outcomes

The purpose of the service is to improve access to testing by making lateral flow device test kits readily available at pharmacies for asymptomatic people, to identify positive cases in the community and break the chain of transmission. The service will work alongside existing NHS Test and Trace Covid-19 testing routes.

Tests will be administered away from the pharmacy. The pharmacy will not be involved in the generation or communication of results. Pharmacy teams will not be required to support the communication of results or next steps to the person taking the test.

9. Community pharmacy hypertension case-finding service

Service description

Cardiovascular disease is one of the leading causes of premature death in England and accounts for 1.6 million disability adjusted life years. Hypertension is the biggest risk factor for the disease and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.

Early detection of hypertension is vital and there is evidence that community pharmacy has a key role in detection and subsequent treatment of hypertension and cardiovascular disease, improving outcomes and reducing the burden on GPs.

Under this service, potential patients who meet the inclusion criteria will be proactively identified and offered the service. Where the patient accepts, the pharmacist will then conduct a face-to-face consultation in the pharmacy consultation room (or other suitable location if the service is provided outside of the pharmacy) and will take blood pressure measurements following best practice as described in NICE guidance (NG136) Hypertension in adults: diagnosis and management.

The pharmacist will discuss the results with the patient and complete the appropriate next steps as set out in the service specification which includes (as appropriate):

- sending the test results to the patient's GP,
- providing advice on maintaining healthy behaviours, or promoting health behaviours,
- offering ambulatory blood pressure monitoring,
- urgent referral to their GP, and
- repeating the test.

Aims and intended outcomes

The aims and objectives of this service are to:

- Identify people aged 40 years or older, or at the discretion of the pharmacist people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements; and
- Promote healthy behaviours to patients.

10. Community pharmacy smoking cessation service

Service description

The NHS Long Term Plan has adopted the Ottawa Model for Smoking Cessation. The Ottawa Model establishes the smoking status of all patients admitted to hospital followed by brief advice, personalised bedside counselling, timely nicotine replacement therapy or pharmacotherapy, and follow-up after discharge. All people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.

This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

Aims and intended outcomes

- The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.
- The objective of the service is to ensure that any patients referred by NHS trusts to community pharmacy for the service receive a consistent and effective offer, in line with National Institute for Health and Care Excellence guidelines and the Ottawa Model for Smoking Cessation.

Appendix D – enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.

2. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (exemption for supply in the event or in anticipation of pandemic disease), to patients for treatment or prophylaxis.

3. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to -

    - The proper and effective ordering of drugs and appliances for the benefit of residents in the care home,
    - The clinical and cost-effective use of drugs,
    - The proper and effective administration of drugs and appliances in the care home,
    - The safe and appropriate storage and handling of drugs and appliances, and
    - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.

4. A disease specific medicines management service, the underlying purpose of which is for a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.

5. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.

6. An independent prescribing service, the underlying purpose of which is to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with NHS England.

7. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to the patient's home drugs, and appliances other than specified appliances.

8. A language access service, the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to -

    - Drugs which they are using,
    - Their health, and
    - General health matters relevant to them, and where appropriate referral to another health care professional.

9. A medication review service, the underlying purpose of which is for a registered pharmacist -

    - To conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
    - To advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
    - Where appropriate, to refer the patient to another health care professional.

10. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor -

    - To assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs, and
    - To offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens.

11. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.

12. A needle and syringe exchange service, the underlying purpose of which is for a registered pharmacist -

    - To provide sterile needles, syringes and associated materials to drug misusers,
    - To receive from drug misusers used needles, syringes and associated materials, and
    - To offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre.

13. An on-demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.

14. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

15. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.

16. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on -

    - The clinical and cost-effective use of drugs,
    - Prescribing policies and guidelines, and
    - Repeat prescribing.

17. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to -

    - The clinical and cost-effective use of drugs in the school,
    - The proper and effective administration and use of drugs and appliances in the school,
    - The safe and appropriate storage and handling of drugs and appliances, and
    - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.

18. A screening service, the underlying purpose of which is for a registered pharmacist -

    - To identify patients at risk of developing a specified disease or condition,
    - To offer advice regarding testing for a specified disease or condition,
    - To carry out such a test with the patient's consent, and
    - To offer advice following a test and refer to another health care professional as appropriate.

19. A stop smoking service, the underlying purpose of which is for the pharmacy contractor -

    - To advise and support patients wishing to give up smoking, and
    - Where appropriate, to supply appropriate drugs and aids.

20. A supervised administration service, the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor's premises.

21. A supplementary prescribing service, the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber and, with a doctor or a dentist is party to a clinical management plan, to implement that plan with the patient's agreement.

22. An emergency supply service, the underlying purpose of which is to ensure that, in cases of urgency or whilst a disease is, or in anticipation of a disease being imminently pandemic and a serious risk to human health, patients, at their request, have prompt access to drugs or appliances -

    - Which have previously been prescribed for them in an NHS prescription but for which they do not have an NHS prescription, and

- Where, in the case of prescription only medicines, the requirements of regulation 225 or 226 of the Human Medicines Regulations 2012 (which relate to emergency sale etc. by pharmacist either at patient's request or while a disease is or in anticipation of a disease being imminently pandemic and a serious risk of potentially a serious risk to human health).

Appendix E – terms of service for dispensing appliance contractors

1. Dispensing of prescriptions

Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet.

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber

- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient
- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions

3. Home delivery service

Service description

The delivery of certain appliances to the patient's home.

Aims and intended outcomes

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agreed with the patient,
- In a package that displays no writing or other markings which could indicate its content, and
- In such a way that it is not possible to identify the type of appliance that is being delivered.

4. Supply of appropriate supplementary items

Service description

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

Aims and intended outcomes

To ensure that patients have a sufficient supply of wipes for use with their appliance, and are able to dispose of them in a safe and hygienic way.

5. Provide expert clinical advice regarding the appliances

Service description

The provision of expert clinical advice from a suitably trained person who has relevant experience in respect of certain appliances.

Aims and intended outcomes

To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to other providers who can provide advice

Service description

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not callers must be given a telephone number or website contact details for other providers of NHS services who may be consulted for advice.

Aims and intended outcomes

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

7. Signposting

Service description

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- With the consent of the patient, passed to another provider of appliances, or
- If the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it.

Aims and intended outcomes

To ensure that patients are able to have their prescription dispensed.

Appendix F – steering group membership

Name	Post	Organisation
Amanda Fletcher	Consultant in public health	Nottinghamshire County Council
Andrew Beardsall	Associate director primary care and quality	Bassetlaw CCG
Beth Carney	Senior medicines optimisation pharmacist	Nottingham and Nottinghamshire CCG
Coral Osborn	Associate chief pharmacist	Nottingham and Nottinghamshire CCG
Charlotte Goodson	Adviser	PCC CIC
Claire Novak	Insight specialist - public health	Nottingham City Council
David Gilding	Public health intelligence	Nottinghamshire County Council
David Johns	Consultant in public health	Nottingham City Council
David Millington	Public health analyst	Nottingham City Council
David Murray	Consultant in public health	Nottingham City Council
Eka Famodile	Public health analyst	Nottingham City Council
Fiona McGonigle	Associate	PCC CIC
Jen Moss-Langfield	Treasurer/director	Nottinghamshire LMC
Lee Eddell	Programme director	Bassetlaw CCG
Lucia Calland	Senior pharmacist	Nottingham and Nottinghamshire CCG
Lucy Hawkin	Public health and commissioning manager	Nottinghamshire County Council
Luke Clarkson	Contract manager	NHS England
Mina Fatemi	Public health and commissioning manager	Nottinghamshire County Council
Mindy Bassi	Head of medicines management	Nottingham and Nottinghamshire CCG
Nick Hunter	Chief officer	Nottinghamshire LPC
Rob Wise	Head of medicines management	Bassetlaw CCG
Sam Banks	Senior public health intelligence analyst	Nottinghamshire County Council
Sue Foley	Public health consultant	Nottinghamshire County Council
Verena Marshall	Primary care business manager	NHS England

Appendix G – residents questionnaire

The Nottinghamshire County Council and Nottingham City Council pharmaceutical needs assessments survey 2021

We are inviting you to tell us about pharmacy services in your area. To do a good job, we need to regularly review what services we have, what our local people need, and how things might change in the future. This process is called a 'pharmaceutical needs assessment' and we are preparing one for each of Nottinghamshire County Council and Nottingham City Council with the help of a company called Primary Care Commissioning Community Interest Company.

Many people call them chemists but in this survey we use the word pharmacy. By a pharmacy, we mean a place you would use to get a prescription dispensed or buy medicines which you can only buy from a pharmacy. We don't mean the pharmacy at a hospital or the part of a pharmacy where you buy beauty products. We also don't mean other places such as convenience stores, garages and shops where you can buy medicines such as paracetamol.

Your views are important to us so please spare a few minutes to complete this questionnaire. There are 14 questions in total in relation to your experience of pharmacies, and also some questions about you. We anticipate that it will take you around five to ten minutes to complete, depending on how much additional information you would like to give us. When responding to the questions please think about your experience over the last 12 months.

The questionnaire is anonymous; you aren't asked for your name and address just the council area that you live in.

Your responses will be held by Primary Care Commissioning Community Interest Company in accordance with the Data Protection Act 2018 and the UK General Data Protection Regulation.

The results of this questionnaire will be published in the draft pharmaceutical needs assessments for Nottinghamshire County Council and Nottingham City Council which the councils will consult on in late spring/early summer 2022.

If you would like more information about the questionnaire or an Easy Read version of it, please email PNAsurveys@pcc-cic.org.uk with a subject of "Nottingham City Council and Nottinghamshire County Council pharmacy public questionnaire".

Please select the council in whose area you live

- Nottingham City Council
- Nottinghamshire County Council

How you use your pharmacy - either in person or by having someone else go there for you

1. **Please could you tell us whether you:**

- Always use the same pharmacy
- Use different pharmacies but I prefer to visit one most often
- Always use different pharmacies
- Rarely use a pharmacy
- Never use a pharmacy

2. **We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.**

- Close to my home
- Close to work
- Close to my doctor
- Close to children's school or nursery
- Close to other shops
- The pharmacy delivers my medicines
- The location of the pharmacy is easy to get to
- It is easy to park at the pharmacy
- I just like the pharmacy
- I trust the staff who work there
- The staff know me and look after me
- The staff don't know me
- I've always used this pharmacy
- The service is quick
- They usually have what I need in stock
- The pharmacy has good opening hours
- The pharmacy collects my prescription and delivers my medicines
- The pharmacy was recommended to me
- The pharmacy provide good advice and information
- The customer service
- The service is fast
- It is very accessible ie wheelchair/baby buggy friendly
- It's a well-known big chain
- It's not one of the big chains
- Other [text box]

3. **Is there a more convenient and/or closer pharmacy that you don't use?**

- Yes
- No
- Don't know

4. **...and if you have answered yes to question 3, please could you tell us why you do not use that pharmacy?**

- It is not easy to park at the pharmacy
- I have had a bad experience in the past
- The service is too slow
- The staff are always changing
- The staff don't know me
- They don't have what I need in stock
- The pharmacy doesn't deliver medicines
- There is not enough privacy
- It's not open when I need it
- It's not wheelchair/baby buggy friendly
- Other [text box]

5. **Why do you usually visit a pharmacy? Please tick any or all that apply.**

- To get a prescription for myself
- To get a prescription for someone else
- Someone else gets my prescription for me
- To buy medicines for myself
- To buy medicines for someone else
- Someone else buys medicines for me
- To get advice for myself
- To get advice for someone else
- Someone else gets advice for me
- I don't as my medicines are delivered to me at home
- Other [text box]

6. **How often do you use a pharmacy?**

- Daily
- Weekly
- Fortnightly
- Monthly/every four weeks
- Quarterly
- I don't use a pharmacy
- Other [text box]

7. **What time is the most convenient for you to use a pharmacy?**

- Before 7 am
- 7am to 9am
- 9am to 12 noon
- 12 noon to 3pm
- 3pm to 6pm
- 6pm to 9pm
- 9pm to midnight
- I don't have a preference

8. **What day is the most convenient for you to use a pharmacy?**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Weekdays in general
- Weekends in general
- I don't have a preference

Travelling to a pharmacy

9. **If you go to the pharmacy by yourself or with someone, how do you usually get there?**

- On foot
- By bus
- By car
- By bike
- By taxi
- Other [insert text box]

10. **...and how long does it usually take to get there?**

- Less than 5 minutes
- Between 5 and 15 minutes
- More than 15 minutes but less than 20 minutes
- More than 20 minutes

Pharmacy services in general

11. **We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick any or all that apply.**

- I would call them
- I would call 111
- I would use the NHS.uk website
- I would search the internet
- I would ask a friend
- I would just pop in and ask them
- Look in the window
- I would find out from reading the local newspaper
- Other [text box]

12. Do you feel able to discuss something private with a pharmacist?

- Yes
  No
- Never needed to
- Don't know

13. Is there anything else you would like to tell us about local pharmacy services?

[Text box]

14. Are there any services that you would use if they were provided by pharmacies?

[Text box]

Equality questions

The Council and partners are committed to ensuring that all of its services are delivered fairly and in compliance with its public sector duties within the Equality Act 2010. The questions in this section are voluntary but the more information you provide, then the more we can learn about customers' views of local pharmacy services.

What is your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Prefer not to say

What is your gender?

- Male
- Female

- Prefer not to say
- Prefer to self-describe (please specify) [text box]

What is your ethnic origin?

- White - English/Welsh/Scottish/Northern Irish/British
- White – Irish
- White - Gypsy or Traveller
- White - any other background (please state) [text box]
- Mixed - Black Caribbean & White
- Mixed - Black African & White
- Mixed - Asian & White
- Mixed - any other mixed background (please state) [text box]
- Asian/Asian British – Indian
- Asian/Asian British – Pakistani
- Asian/Asian British – Bangladeshi
- Asian/Asian British – Chinese
- Asian/Asian British - Any other Asian background (please state) [text box]
- Black/Black British
- Black/Black British – African
- Black/Black British – Caribbean
- Black/Black British - Any other Black, background (please state) [text box]
- Arab
- Any other ethnic group (please state) [text box]
- Prefer not to say

Do you have a long-term health need or disability?

- Yes
- No
- Prefer not to say

Please specify what access needs you have

- Mobility
- Vision
- Mental Health
- Hearing
- Learning
- Communication
- Other (specify) [text box]
- Prefer not to say

What is your current employment status?

- Employed in full-time job (30 hours plus per week)
- Employed in part-time job (under 30 hours per week)
- Self-employed - full-time
- Self-employed - part-time
- Employed on an apprenticeship
- Full-time education or training (not working)
- Unemployed and not currently seeking work

- Unemployed and seeking work
- Unemployed and unable to work
- Long-term sick or disabled
- Wholly retired from work
- Looking after family/home (e.g. homemaker, carer)
- Not working - other
- Prefer not to say

Appendix H – full results of the residents questionnaire

All comments are verbatim, however where a pharmacy has been identified the comment has been anonymised.

Q1. Please could you tell us whether you:

Answer options	Number of responses
Always use the same pharmacy	108
Use different pharmacies but I prefer to visit one most often	65
Always use different pharmacies	8
Rarely use a pharmacy	16
Never use a pharmacy	0
Total	**197**

Q2. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.

Answer options	Number of responses
Close to my home	140
Close to work	22
Close to my doctor	106
Close to children's school or nursery	11
Close to other shops	41
The pharmacy delivers my medicines	18
The location of the pharmacy is easy to get to	97
It is easy to park at the pharmacy	79
I just like the pharmacy	30
I trust the staff who work there	62
The staff know me and look after me	42
The staff don't know me	6
I've always used this pharmacy	22
The service is quick	41
They usually have what I need in stock	60
The pharmacy has good opening hours	70
The pharmacy collects my prescription and delivers my medicines	10
The pharmacy was recommended to me	5
The pharmacy provide good advice and information	46
The customer service	53
The service is fast	26
It is very accessible ie wheelchair/baby buggy friendly	14
It's a well-known big chain	21
It's not one of the big chains	29
Other	15

Comments made in relation to a response of 'Other' were as follows.

We a Have used [name of pharmacy] for many years prior to me being in post as manager of our home
I can buy other products at the same time
I have my prescriptions sent there and they text me when they are ready
Where I live the doctors surgery sends prescriptions directly to the adjacent pharmacy, so I have no choice but to use it.
They make sure my sons epilepsy meds are always in as the GP service never gets it correct and I would run out before they renew prescription.
I use an online pharmacy who deliver
Pharmacy collects but I pick up.
If they don't have an item they will order it and it arrives the next day
My surgery sends the prescriptions to this pharmacy. I didn't have a choice.
I can pick up my prescription while I am doing my shopping
Links with surgery means prescription is sent directly and medicine ready to pick up
A great pharmacy we are very lucky
I live in a village so the choice is a bit restricted but we're lucky to have an excellent pharmacy here.
I particularly like my preferred pharmacy because they have a regular pharmacist and staff who provide consistently excellent service and care. They also stock a very good range of medicines and other healthcare products which are reasonably priced. I don't use other local pharmacies (including a supermarket pharmacy) because they don't offer any of these things, and I wonder if that is partly because their longer opening hours make it less appealing for people to work there. I value what my pharmacy offers much more than long opening hours.
It looks fresh (there is one local that just looks a little run down)

Q3. Is there a more convenient and/or closer pharmacy that you don't use?

Answer options	Number of responses
Yes	58
No	133
Don't know	6

Q4. ...and if you have answered yes to question 3, please could you tell us why you do not use that pharmacy?

Answer options	Number of responses
It is not easy to park at the pharmacy	17
I have had a bad experience in the past	16
The service is too slow	17
The staff are always changing	6
The staff don't know me	12
They don't have what I need in stock	9
The pharmacy doesn't deliver medicines	4
There is not enough privacy	8
It's not open when I need it	17
It's not wheelchair/baby buggy friendly	2
Other	16

Comments made in relation to a response of 'Other' were as follows.

I have used two pharmacies within the last 5 years - one beside my doctor's surgery and one at my usual supermarket. The pharmacy nearest me would be a special journey and I simply have never been tempted to use it, although I have nothing against it.
The pharmacy nearer to my doctors is more convenient for me
Easy free parking
Never used it
My prescription was never right and the young members of staff were not trained. Twice they didn't order my prescription for insulin and when I said I needed it they asked of I could wait 2 to 3 days for it!
The pharmacist goes awol, even the staff don't know where he has gone leaving me to wait over an hour before as they can't dispense without him
Service is rubbish and staff not particularly friendly
The pharmacy is not next to my doctors
The pharmacy I use is near my GP
My prescription is sent from GP surgery to [pharmacy], I haven't changed it
Queues all the time, very slow and never any indication of trying to improve. Staff disinterested.
This is the pharmacy for my doctor which is just over the road if there is a problem it is easy to sort out because they both know each other.The doctors sends the order across and I just have to pick them up with no waiting
The pharmacy delivered the wrong prescribed medicines on two occasions (in one case, someone else's).
I feel loyalty to the one I have gone to for years, and they have always been good.
The closer pharmacy is in a large supermarket and is further from my GP
Have always used the current pharmacy.

Q5. Why do you usually visit a pharmacy? Please tick any or all that apply.

Answer options	Number of responses
To get a prescription for myself	164
To get a prescription for someone else	101
Someone else gets my prescription for me	8
To buy medicines for myself	104
To buy medicines for someone else	58
Someone else buys medicines for me	3
To get advice for myself	73
To get advice for someone else	39
Someone else gets advice for me	1
I don’t as my medicines are delivered to me at home	7
Other	11

Comments made in relation to a response of ‘Other’ were as follows.

To collect the prescriptions that are sent that they can't deliver early enough for I stance we collect anything g that is not being delivered as quickly as we need them
flu vacination's
I had my flu jab at a supermarket pharmacy as the booking process was much more convenient than the one organised by my doctor.
pet medicines such as worming tablets
Fly jab

Flu jab
It's also a Post Office, which is really useful
I am a carer for my elderly mother and uncle and my pharmacy gives advice for me about my relatives (written consent) and for me to help maintain my own health and wellbeing.
Flu jab
I have visited once following a late night emergency GP appointment; the pharmacist was very helpful and competent. Since then, I have always used this pharmacy.
Ti buy toiletries etc

Q6. How often do you use a pharmacy?

Answer options	Number of responses
Daily	0
Weekly	14
Fortnightly	14
Monthly/every four weeks	114
Quarterly	31
I don't use a pharmacy	1
Other	22

Comments made in relation to a response of 'Other' were as follows.

A few times a week
Every couple of months
2 or 3 times a year
A few times a week
Mainly during pregnancy
When I need to pick up a prescription because of illness, very rare.
Every two months
Infrequently - typically once per year.
once or twice per year
Every 2 months - prescription is 56 days
No specific timescale, just as and when required
As and when needed by family. Could be as often as monthly, or as little as quarterly
Rarely. Thankfully
As and when
Currently daily! Normally monthly
Whenever we need a new prescription.
Not often, only if doctor gives a prescription
When need too. Sometimes once a week, sometimes more
Bi-monthly, to order my regular prescription; occasionally at other times for advice and/or other medication, which they also deliver and I pay at the door.
Occasionally
Whenever I am prescribed something but that is not a regular occurrence.
Two-monthly, or to be precise every 56 days, the period of my prescription

Q7. What time is the most convenient for you to use a pharmacy?

Answer options	Number of responses
Before 7 am	0
7am to 9am	8
9am to 12 noon	39
12 noon to 3pm	15

3pm to 6pm	25
6pm to 9pm	24
9pm to midnight	1
I don't have a preference	83
Skipped	2

Q8. What day is the most convenient for you to use a pharmacy?

Answer options	Number of responses
Monday	3
Tuesday	2
Wednesday	3
Thursday	3
Friday	2
Saturday	5
Sunday	2
Weekdays in general	40
I don't have a preference	22
Skipped	1

Q9. If you go to the pharmacy by yourself or with someone, how do you usually get there?

Answer options	Number of responses
On foot	67
By bus	6
By car	116
By bike	2
By taxi	0
Other	6

Comments made in relation to a response of 'Other' were as follows.

Tram
Bus or tram
Also mobility scooter
On foot and also by car
and by car
Wheelchair
Mobility scooter
It depends. I have a variable disability, so usually car, bus or walking.

Q10. ...and how long does it usually take to get there?

Answer options	Number of responses
Less than 5 minutes	61
Between 5 and 15 minutes	115
More than 15 minutes but less than 20 minutes	14
More than 20 minutes	6
Skipped	1

Q11. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick any or all that apply.

Answer options	Number of responses
I would call them	56
I would call 111	1
I would use the NHS.uk website	17
I would search the internet	150
I would ask a friend	7
I would just pop in and ask them	42
Look in the window	37
I would find out from reading the local newspaper	1
Other	5

Comments made in relation to a response of 'Other' were as follows.

The staff regulary ring to see how we are doing and if medicines are correct
3
Didn't realise it would be on the NHS.uk website.
They post regular information on Facebook
I might ask in local Facebook groups or similar.

Q12. Do you feel able to discuss something private with a pharmacist?

Answer options	Number of responses
Yes	123
No	21
Never needed to	46
Don't know	7

Q13. Is there anything else you would like to tell us about local pharmacy services?

I use an online pharmacy for ordering and delivering of my repeat prescriptions. It is much more convenient and easy to do it this way and cuts out the need to travel.
The service I receive from my Pharmacy is first class they are excellent and their knowledge of my health issues and which medications I have to avoid. I can call them anytime for advice. The staff are knowledgeable and helpful and I feel safe in their hands.
They always seem busy and overworked. Need more funding to provide more services so you don't need to see a GP all the time
It would be useful if the pharmacy provided 1-1 private consultations with a pharmacist.
I use them for vaccinations as well as medication and advice.
No pharmacy services near us are open 7 days a week. Some dont open on Saturday either.
I wish I could choose which pharmacy my prescriptions are sent to. The local pharmacy is tiny, customers have to queue outside for long periods in all weathers. This has happened since the pharmacy was located in the same building as the doctors surgery. I think this is a mistake.
They do a better job of sorting my sons prescription than the GP does
The day and time I use the pharmacy is dependent on my getting a doctor's appointment.
It should be easier to see which pharmacy is open late or on a Sunday and Bank Holiday. Maybe a list in the nhs app would help

They are very underused when it comes to advice and treatment for minor ailments. I would go to a pharmacy rather than GP as they are more knowledgeable, available and convenient. I also return any unused / unfinished medications to my local pharmacy.
Well catered for with pharmacy need more GPS and better opening hours for them
Until recently, last 6 months I only used a pharmacy, usually the one located with the GP practice when going to the doctors about once a year. Since turning 71 I now have regular medication that requires monthly prescription. I would have no problem using a pharmacy for other things if I needed to.
Staff need to realise they're offering a service
I shouldn't have to pay for delivery as I am soon to be registered disabled
It is open long hours until 11pm which is very useful
Handling of electronic prescriptions not as good as it should be
Always pleasant and helpful
The services they offer should be advertised more widely. The general public are largely not aware of everything available
Collection of prescriptions takes a long time, very busy. My husband has a repeat prescription for an underactive thyroid and often his prescription has not been sent through by surgery or produced by pharmacy. Several times we have had to argue to get an emergency prescription for a couple of days until they can dispense his prescription. If it had happened once it would be understandable but several times is frustrating and clearly the repeat process is not working
Queues to pick up prescription or pay for items are too long, not helpful when trying to social distance
There isnt always a member of female staff on duty and some advice i need is personal and sensitive.
They are a crucial part of community care and their increased role is long overdue.
They're not open Saturday- which has caused problems when trying to get my drugs over the Weekend...
Not open at weekends, which is ridiculous, so have to go elsewhere. They say this is because the doctors is closed at weekends.
stop trying to pretend a pharmacy is a place for primary health care advice.
[Name of pharmacy] jave been excellent during the pandemic. Kept customers and staff safe at all times. Extremely efficient and professional and caring even when very busy.
Weekend opening would be helpful to people working out of town
The staff are all so kind and are keen to support unpaid carers like myself (display information).
Was able to get my flu jab too.
Often seem understaffed, or actual pharmacist run off their feet.
I just use it to pick up my repeat prescription
They are amazing!!!
Over stretched staffing wise and has made mistakes as a result. Appears to be a high staff turnover as well which is a shame as not the personal touch and trust if I wanted to speak to a pharmacist myself
I have found my pharmacy very dismissive and unhelpful when I was seeking advice for OTC medication for my child. The pharmacist would not even talk to me about the problems my child was experiancing to see if there was an OTC option. They did not want to even have a conversation. Gps encourage you to use the pharmacy but the pharmacy was completely unhelpful.
Often a long queue and prescriptions can take a while to turn around. I tend to hand in my prescriptions earlier than needed to mitigate this issue

Our local pharmacy staff are excellent and are providing an invaluable service, even more so now during the covid pandemic
Good they offer flu jabs & Covid jabs. Very convenient. No need to travel to bigger centres.
Our [name of pharmacy] has been a godsend during Covid. They go out of their way to help especially with LFTs.
Using the NHS app to order repeat prescriptions has been very convenient and much quicker than the previous system involving phone calls. I have experienced long queues at large city centre pharmacies at busy times of the day, e.g. lunchtime with people buying non-pharmaceutical goods in the same queue as those using the pharmaceutical services. In this situation, I feel uncomfortable knowing I am holding up the queue by asking for medical advice. Privacy can also be an issue at busy times. I think pharmacies are a convenient place to receive vaccinations, e.g. flu or Covid. However, I feel this service needs better publicity. I would like the system for ordering emergency repeat prescription items to be improved for the times I forget to submit my request in time!
Pharmacists are superb at supporting the NHS system and give excellent, professional advice. I would be lost without my pharmacist and the fact that they are easily available to talk to
We are well served in terms of numbers of pharmacies but professional service is variable.
I access flu vaccine there
Brilliant service and the Health Centre is lucky to have it so close
Local pharmacy services are essential to support GP practices. They are essential to people with chronic health conditions who are self-managing with minimal medical intervention or review.
My local pharmacy were excellent when there was a problem with my prescription which the doctors surgery had ignored.
Timing is only important if not open the same time as the surgery for me. Since I would go in after receiving a prescription. The current pharmacy is not very private and so in a village you know the people working there (not the pharmacist but the other staff) and the other customers.
The staff are really helpful
Very good access for Flu and Covid jabs.
I find the pharmacist to be very rude. I have seen him lose his temper with his staff and heard him swear on occasion. He has also been quite nasty when I questioned a missing item from my prescription. I only continue to go because it is convenient for prescriptions. I never go for any other reason.
As someone who volunteers with refugees and asylum seekers, I am concerned that there is little or no language access (telephone interpreter) available in most High Street Chemists. We all use these community pharmacies to buy over the counter and to get advice about medication. Without language access, patients who do not speak English are at risk of taking the wrong thing in the wrong way and not knowing what to do if they have a bad reaction. It means that people who do not speak English suffer unnecessarily or increase demand on other parts of the NHS. The NHS is supposed to provide language access in pharmacies since 2018, but this does not seem to happen in many chemists here in Nottingham and Nottinghamshire. This needs to be urgently amended.

Familiarity and continuity of care is important to me. I have been using the same pharmacy for 30 years so they understand my medication and I very much appreciate that. I also feel very comfortable with discussing health matters with the staff.
I use a small independent pharmacy and receive better service there than I ever did at a large chain.
As above in Q12 please consider having interpreters available for non English speakers.

Q14. Are there any services that you would use if they were provided by pharmacies?

Minor Injuries, rashes, bites, minor illnesses, medication review. GPs are so busy that it is impossible to get an appointment Pharmacists are highly qualified and can probably advise you quicker than a GP.
Blood pressure tests Cholesterol tests Diabetes tests Weight management services
I would like to see them take over some of the minor roles currently undertaken by GPs, because they are so much more convenient.
Injection Medication reviews
If HIV self / home test kits were available to order from my local pharmacy online or in person.
If the pharmacist could prescribe for acute issues i would use them instead of GP.
Eye tests. In the opticians they have a vested interest in selling you glasses and I feel I could trust my pharmacy to be independent.
Anything that would mean I didn't have to battle to get a GP appointment/treatment
Anything, it’s far easier than getting seen at the doctors!
It would be useful to have a prescribing pharmacy for when the doctors surgery are closed to avoid a having to go to a walk in centre if needed. For example I had a bad reaction to a bite where my whole hand swelled and it would have saved a trip if I could have been prescribed antiobiotics by the pharmacy
No
No
Seeing a gp
Health check appointments where things like BP, cholesterol, blood sugar are all checked at the same time nit as separate things.
Anything to take the strain of GPS
Vaccines
Treatment for minor infections, burns, ear waxing, blood works, ECG tests, vaccinations, hearing tests
Yes lots of things that my doctor now doesn't do like freezing warts, mole examination
I am not sure what other services may be available to comment on this - some examples would be helpful...
Nutritional advice, eg re vitamin/mineral deficiencies etc
Blood pressure check, if able to send results to doctors.
Blood pressure
Annual medical assessment and/or medication review. Much easier to arrange an appointment with the pharmacist and the pharmacy is much more accessible than the doctors and the staff are welcoming. The doctors make it virtually impossible to contact them and when contact is made they want to send you elsewhere and definitely don’t want to see you in person.
cant think of anything
regular medication reviews; blood tests; vaccinations; minor procedures eg removing wax from ears.

Medication reviews that gp do to save gp time
have used flu jab before
Inhalers, well women checks, cervical screenings, family planning, standard blood tests
no. i wil! turn to my gp practice for healthcare services. Not least because they have access to medical records.
N/A
No
Yes great at helping with quick health issues that sometimes you would use a gp for.
Vaccinations - flu, covid, tetanus etc. Contraceptive vaccinations
General health check reviews e.g. simple blood pressure checks as part of medication reviews, or asthma reviews
Ear wax removal
Our pharmacy in [location] is for prescription only. Would be great if they sold calpol, paracetamol ect
tests for allergies and food intolerances skin tag and verruca removal ear syringing quick diagnosis of minor, non-urgent problems, e.g. foot pain
Definitely, regular medication reviews as pharmacists have the knowledge and are more likely to carry them out regularly; they are overlooked by some GP practices. Bloodtests Vaccinations.one so I would not use them if, for example, I had rectal bleeding; if I had done so when I did have bleeding, my cancer diagnosis would have been severely, possibly fatally, delayed.I
I would use any , and Many thanks to hard working Staff who have worked hard doing vaccinations , we are very lucky as our ‘Village is getting Too big with all the New Houses and they are coping well
Diet advice Skincare advice (dermatitis, dry skin, etc.) Exercise advice. I'd love a click & collect service for over the counter medications. It would save time hunting for medications i need.
Baby weighing facilities because all other services are now self-weigh with no healthcare professional available to ask advice, although I appreciate many pharmacies might not have space for this and some additional training might be needed.
I’m not against using additional services but cannot think of any to mention.
Vaccinations in general phlebotomy would be much more convenient from pharmacies as they are open longer hours and wouldn't necessarily need an appt like the drs
Medicine delivery.
Low level testing e.g regular blood tests Vaccinations
I cannot think of any that I would use, but I know people who would use a telephone interpreter if it was provided.
sharps collection - not all offer this - have had injections in my house for over a year (and a small child so not ideal!)
General fitness checks on top of medicine reviews

What is your age?

Answer options	Number of responses
Under 18	0
18-24	0
25-34	19
35-44	31
45-54	51
55-64	54
65-74	30
75+	11
Prefer not to say	1

What is your gender?

Answer options	Number of responses
Male	39
Female	148
Prefer not to say	6
Prefer to self-describe (please specify) • Our care home houses both male and females aged 65 + • Gender Neutral / Non Binary • sex is female. Gender is irrelevent	 1 1 1
Skipped	1

What is your ethnic origin?

Answer options	Number of responses
White - English/Welsh/Scottish/Northern Irish/British	185
White – Irish	
White - Gypsy or Traveller	
White - any other background (please state)	1
Mixed - Black Caribbean & White	
Mixed - Black African & White	
Mixed - Asian & White	
Mixed - any other mixed background (please state)	1
Asian/Asian British – Indian	1
Asian/Asian British – Pakistani	
Asian/Asian British – Bangladeshi	
Asian/Asian British – Chinese	1
Asian/Asian British - Any other Asian background (please state)	1
Black/Black British	
Black/Black British – African	
Black/Black British – Caribbean	
Black/Black British - Any other Black, background (please state)	1
Arab	
Any other ethnic group (please state) • American	 1
Prefer not to say	4
Skipped	1

Do you have a long-term health need or disability?

Answer options	Number of responses
Yes	93
No	97
Prefer not to say	6
Skipped	1

Please specify what access needs you have

Answer options	Number of responses
Mobility	29
Vision	3
Mental Health	19
Hearing	11
Learning	1
Communication	3
Prefer not to say	19
Other (specify) • Diabetes • Cancer, liver disease, diabetic • Asthma • Osteoporosis • Controlled epilepsy so none of the above • I need to access with my disabled son • Rheumatoid arthritis • Kidney failure • Easy access with a baby • Diabetes type 1 • Chronic pain means I need to be able to sit down • None of these	 1 1 2 1 1 One for each of these

What is your current employment status?

Answer options	Number of responses
Employed in full-time job (30 hours plus per week)	75
Employed in part-time job (under 30 hours per week)	40
Self-employed - full-time	8
Self-employed - part-time	4
Employed on an apprenticeship	
Full-time education or training (not working)	
Unemployed and not currently seeking work	2
Unemployed and seeking work	1
Unemployed and unable to work	2
Long-term sick or disabled	5
Wholly retired from work	43
Looking after family/home (e.g. homemaker, carer)	8
Not working - other	6
Prefer not to say	2

Appendix I – pharmacy and dispensing appliance contractor questionnaire

Pharmaceutical needs assessments in Nottingham City and Nottinghamshire County

Work has commenced on preparing the new pharmaceutical needs assessments for Nottingham City Council and Nottinghamshire County Council which we anticipate will be published by 1 October 2022. We need your help to gather/confirm important information to support the development of these documents which:

- may identify unmet needs for, or improvements or better access to, pharmaceutical services for the population of the two local authorities. This questionnaire will confirm/tell us where community pharmacies and dispensing appliance contractors are already contributing to meeting these needs and may be able to help us and other commissioners meet the needs of the population in the future, and
- will be the basis for market entry applications to open new premises and may inform relocations of existing premises, applications to change core opening hours or to provide additional pharmaceutical services. NHS England and NHS Improvement – Midlands will use the documents to make decisions regarding these matters.

We have developed a questionnaire with the support of the pharmaceutical needs assessment steering group of which Nottinghamshire Local Pharmaceutical Committee is a member. In developing the questionnaire we are only asking for information that is needed but is not routinely held or which we would like confirmation of. As you will see we have kept the questionnaire as short as possible and anticipate that it should take no more than five minutes to complete.
While available until 12 noon Friday 25 February 2022, we would encourage you to complete the questionnaire now.

For more information regarding PNAs we would recommend you go to:
http://psnc.org.uk/contract-it/market-entry-regulations/pharmaceutical-needs-assessment/

We are working with a company called Primary Care Commissioning CIC in the development of the pharmaceutical needs assessments. The responses you provide will be collected by Primary Care Commissioning CIC and will only be used for the purpose of this survey and developing the pharmaceutical needs assessments. Any data will be held in accordance with the Data Protection Act 1998 and the UK General Data Protection Regulation.

For queries relating to the information requested or the answers required please email PNAsurveys@pcc-cic.org.uk with a subject of “Nottingham City Council and Nottinghamshire County Council contractor questionnaire”.

Please insert the ODS code (also known as the F code or pharmacy code and starts with the letter F) of the pharmacy or dispensing appliance contractor premises you are completing the questionnaire on behalf of:

Please insert the address of the pharmacy/dispensing appliance contractor premises you are completing the questionnaire on behalf of:

1 Hours of opening

NHS England and NHS Improvement – Midlands has provided us with the opening hours for the pharmacies and dispensing appliance contractor premises in Nottinghamshire and a copy was attached to the email inviting you to complete this questionnaire. Please review the recorded opening hours for the premises you are completing the questionnaire on behalf of.

Are the opening hours recorded by NHS England and NHS Improvement – Midlands correct?	**YES**	**NO**

If not, please inform NHS England and NHS Improvement – Midlands directly and indicate the discrepancy/discrepancies below:

Please note that we will use the opening hours held by NHS England and NHS Improvement – Midlands for the purposes of the pharmaceutical needs assessments.

2 Appliances

Are prescriptions for appliances dispensed at the premises?

	Please tick one box
Yes, all types	
Yes, excluding stoma appliances	
Yes, excluding incontinence appliances	
Yes, excluding stoma and incontinence appliances	
Yes, just dressings	
No - appliances are not dispensed	

3 Other facilities

3.1 Please tick whether you currently provide any or all of the collection and delivery services (non-commissioned) below.

Collection and delivery:	YES	NO
Collection of prescriptions from surgeries		
Private, free of charge delivery service		
Is this service available to all patients?		
Private, chargeable delivery service		
Is the service available to all patients?		

If the delivery service is restricted please confirm the patient groups who may use the service.

3.2 Apart from English which other languages, if any, are available to patients from staff at the premises every day – please list main languages spoken

List of languages spoken:

4 Housing developments

There are currently a number of housing and other developments taking place across Nottingham City Council and Nottinghamshire County Council with more planned and the pharmaceutical needs assessments will need to identify whether the needs of those moving into new houses can be met by the existing spread of pharmacy and dispensing appliance contractor premises. With this in mind please select the options that best reflect your situation at the moment with regard to your premises and staffing levels.

	Premises	Staffing levels
We have sufficient capacity to manage the increase in demand in our area.		
We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.		
We don't have sufficient capacity and would have difficulty in managing an increase in demand.		

5 Other information

All the other information regarding the provision of pharmaceutical services that we require to write the pharmaceutical needs assessments can be sourced from either the NHS Business Services Authority website or NHS England and NHS Improvement. However if there is any information that you think is relevant please briefly outline it in the box below.

[Insert text box.]

6 Please provide us with your contact details.

Name:

Job title:

Email:

Telephone number:

Appendix J – dispensing doctor contractor questionnaire

Pharmaceutical needs assessments in Nottingham City and Nottinghamshire County

Work has commenced on preparing the new pharmaceutical needs assessments for Nottingham City Council and Nottinghamshire County Council which we anticipate will be published by 1 October 2022. We need your help to gather/confirm important information to support the development of these documents which:

- may identify unmet needs for, or improvements or better access to, pharmaceutical services for the population of the two local authorities. This questionnaire will confirm/tell us where community pharmacies and dispensing appliance contractors are already contributing to meeting these needs and may be able to help us and other commissioners meet the needs of the population in the future, and
- will be the basis for market entry applications to open new premises and may inform relocations of existing premises, applications to change core opening hours or to provide additional pharmaceutical services. NHS England and NHS Improvement – Midlands will use the documents to make decisions regarding these matters.

We have developed a questionnaire with the support of the pharmaceutical needs assessment steering group of which Nottinghamshire Local Medical Committee is a member. In developing the questionnaire we are only asking for information that is needed but is not routinely held or which we would like confirmation of. As you will see we have kept the questionnaire as short as possible and anticipate that it should take no more than five minutes to complete.

While available until 12noon on Friday 25 February 2022, we would encourage you to complete the questionnaire now.

We are working with a company called Primary Care Commissioning CIC in the development of the pharmaceutical needs assessments. The responses you provide will be collected by Primary Care Commissioning CIC and will only be used for the purpose of this survey and developing the pharmaceutical needs assessments. Any data will be held in accordance with the Data Protection Act 1998 and the UK General Data Protection Regulation.

For queries relating to the information requested or the answers required please email PNAsurveys@pcc-cic.org.uk with a subject of “Nottingham City Council and Nottinghamshire County Council contractor questionnaire”.

Please insert the practice's ODS code (also known as the C or Y code or practice code) you are completing the questionnaire on behalf of:

Please insert the name of the practice you are completing the questionnaire on behalf of:

Please insert the address or addresses of the premises for which the practice has premises approval to dispense from:

1 Are prescriptions for appliances dispensed at the premises?

	Please tick one box
Yes - All types	
Yes, excluding stoma appliances	
Yes, excluding incontinence appliances	
Yes, excluding stoma and incontinence appliances	
Yes, just dressings	
No - appliances are not dispensed	

2 Delivery of dispensed items

3 Apart from English which other languages, if any, are available to patients from staff at the premises every day – please list main languages spoken

List of languages spoken:

4 Housing developments

There are currently a number of housing and other developments taking place across Nottingham City Council and Nottinghamshire County Council with more planned and the pharmaceutical needs assessments will need to identify whether the needs of those moving into new houses can be met by the existing spread of pharmacy and dispensing appliance contractor premises. With this in mind please select the options that best reflect your situation at the moment with regard to your premises and staffing levels.

	Premises	Staffing levels
We have sufficient capacity to manage the increase in demand in our area.		
We don't have sufficient capacity at present but could make adjustments to manage the increase in demand in our area.		
We don't have sufficient capacity and would have difficulty in managing an increase in demand.		

5 Other information

All the other information regarding the provision of pharmaceutical services that we require to write the pharmaceutical needs assessments can be sourced from either the NHS Business Services Authority website or NHS England and NHS Improvement. However if there is any information that you think is relevant please briefly outline it in the box below.

[Insert text box.]

6 Please provide us with your contact details.

Name:

Job title:

Email:

Telephone number:

Appendix K – consultation report

1 Introduction

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

2 Consultation process

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

- Nottinghamshire Local Pharmaceutical Committee,
- Nottinghamshire Local Medical Committee,
- Contractors included in the pharmaceutical lists,
- GPs included in the dispensing doctor list,
- Healthwatch Nottingham and Nottinghamshire,
- Nottingham University Hospitals NHS Trust,
- Nottinghamshire Healthcare NHS Foundation Trust,
- Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust,
- Sherwood Forest Hospitals NHS Foundation Trust,
- East Midlands Ambulance Service NHS Trust,
- NHS England and NHS Improvement – Midlands,
- NHS England and NHS Improvement - North East and Yorkshire,
- Nottingham City Health and Wellbeing Board,
- Lincolnshire Health and Wellbeing Board,
- North Lincolnshire Health and Wellbeing Board,
- Doncaster Health and Wellbeing Board,
- Rotherham Health and Wellbeing Board,
- Derbyshire Health and Wellbeing Board, and
- Leicestershire Health and Wellbeing Board.

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

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

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

The consultation ran from 24 May to 23 July 2022.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question, and one person chose not to respond to any of the questions.

The consultation received eight responses, which identified as follows.

Answer options	Response percent	Response count
On behalf of an organisation	%	4
On behalf of a pharmacy/dispensing appliance contractor/dispensing practice	%	2
A personal response	%	1
Chose not to respond	%	1
Answered question		**7**

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

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

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

Figure 50 – Has the purpose of the pharmaceutical needs assessment been explained?

Answer choices			Response percentage	Response total
1	Yes		100.00%	6
2	No		0.00%	0
3	Don't know		0.00%	0
			Answered	6
			Skipped	2

Two comments were made by those who said "Yes".

- "Very comprehensive explanation backed up by the regulations/legislation"
- "The rationale and what is and is not covered was set out clearly."

The next question asked, “Do you agree that the pharmaceutical needs assessment reflects the current provision of pharmaceutical services within your area?” and the health and wellbeing board is pleased to note that three people agreed and two people strongly agreed

Figure 51 – Do you agree that the pharmaceutical needs assessment reflects the current provision of pharmaceutical services within your area?

Answer choices			Response percentage	Response total
1	Completely disagree		0.00%	0
2	Disagree		0.00%	0
3	Neutral		16.67%	1
4	Agree		50.00%	3
5	Completely agree		33.33%	2
			Answered	6
			Skipped	2

No comments were made in response to this question.

When asked “Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?” the health and wellbeing board is pleased to note that four people said “Yes” although two people said “Don’t know”.

Figure 52 – Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?

Answer choices			Response percentage	Response total
1	Yes		0.00%	0
2	No		66.67%	4
3	Don’t know		33.33%	2
			Answered	6
			Skipped	2

No comments were made in response to this question. As the two people who said “Don’t know” did not expand upon their response the health and wellbeing board is unable to consider what, if any, changes should be made. On the basis that the majority of responders

said “Yes” it is satisfied that there are no gaps in service provision that have not been identified.

No-one disagreed with the statement “Do you agree that the pharmaceutical needs assessment reflects the needs of your area’s population?”. The health and wellbeing board is pleased to note that three people agreed with the statement and two completely agreed.

Figure 53 – Do you agree that the pharmaceutical needs assessment reflects the needs of your area’s population?

Answer choices			Response percentage	Response total
1	Completely disagree		0.00%	0
2	Disagree		0.00%	0
3	Neutral		16.67%	1
4	Agree		50.00%	3
5	Completely agree		33.33%	2
			Answered	6
			Skipped	2

No comments were made in response to this question.

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

Figure 54 – Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?

Answer choices			Response percentage	Response total
1	Yes		83.33%	5
2	No		16.67%	1
3	Don’t know		0.00%	0
			Answered	6
			Skipped	2

As the person who said “No” did not expand upon their response the health and wellbeing board is unable to consider what, if any, changes should be made. On the basis that the majority of responders said “Yes” it is satisfied that no changes to the document are required.

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

Figure 55 – Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services in Nottinghamshire County may be commissioned in the future?

Answer choices			Response percentage	Response total
1	Yes		83.33%	5
2	No		0.00%	0
3	Don’t know		16.67%	1
			Answered	6
			Skipped	2

The person who said “Don’t know” expanded upon their response.

- “If the PNA is required to include information on future commissioning a summary may be beneficial”

The health and wellbeing board has considered this comment, and noted that the majority of pharmaceutical services provided within its area are those that are nationally negotiated as part of the community pharmacy contractual framework. Consequently, any new essential services must be provided by all the pharmacies, and the pharmacies may choose to provide any new advanced services. The pharmaceutical needs assessment cannot foresee what new services may be introduced nationally, or removed from the community pharmacy contractual framework as happened with the medicines use review advanced service. With regard to the enhanced services that NHS England, or in future the integrated care board, may choose to commission from pharmacies, at present there are no known plans for any new enhanced services. This may change once the commissioning of pharmaceutical services are delegated to the integrated care board and the health and wellbeing board will consider any implications that this may have on the pharmaceutical needs assessment if required.

Consultees were then asked whether the pharmaceutical needs assessment provided enough information to inform future pharmaceutical service provision and plans for pharmacies and dispensing appliance contractors. The health and wellbeing board is pleased to note that all responders to this question said “Yes”.

Figure 56 – Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

Answer choices			Response percentage	Response total
1	Yes		100.00%	6
2	No		0.00%	0
3	Don't know		0.00%	0
			Answered	6
			Skipped	2

No comments were made in response to this question.

When asked if there are any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted, the health and wellbeing board is pleased to note that five people said "No" and one person said, "Don't know".

Figure 57 – Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?

Answer choices			Response percentage	Response total
1	Yes		0.00%	0
2	No		83.33%	5
3	Don't know		16.67%	1
			Answered	6
			Skipped	2

No comments were made in response to this question. As the person who said "Don't know" did not expand upon their response the health and wellbeing board is unable to consider what, if any, changes should be made. On the basis the majority of responders said "No" it is satisfied that there are no pharmaceutical services that could be provided in the future but have not been highlighted.

The consultation then asked whether respondents agreed with the conclusions of the pharmaceutical needs assessment and the health and wellbeing board is pleased to note that of the six people who responded to this question four agreed and two completely agreed.

Figure 58 - Do you agree with the conclusions of the pharmaceutical needs assessment?

Answer choices			Response percentage	Response total
1	Completely disagree		0.00%	0
2	Disagree		0.00%	0
3	Neutral		0.00%	0
4	Agree		66.67%	4
5	Completely agree		33.33%	2
			Answered	6
			Skipped	2

No comments were made in response to this question.

Finally, those responding to the consultation were asked whether they had any further comments. Whilst two people said “Yes”, four comments were made.

1. “The Nottinghamshire PNA is a comprehensive document and does not raise any cross border concerns for the [name] Health and Wellbeing Board.”

2. "With reference to the pilot maternity smoking cessation service, the PNA states that ' it is expected that the number of pharmacies providing this service will increase' as this service is quite specific then potentially this growth might be marginal.

   It is is possible that due to the timing of production of this draft, recent changes in the opening hours of a number of [name] pharmacies may not been reflected in the draft PNA."

3. “Very comprehensive needs assessment including breakdown of each locality which as very useful.”

4. "I can confirm that at [name of pharmacy] we are carrying out the New medicine service and have been doing regularly in 2021 and before and throughout 2022.

   We also have sufficent facilities to meet any future demand in regards to premises and staffing."

The health and wellbeing board is pleased to note the first and third comments.

With regard to the second comment, the opening hours within the pharmaceutical needs assessment have been updated to reflect the position as at the end of June 2022. With regard to the comment relating to the maternity smoking cessation pilot the health and

wellbeing board has noted the fact that the service only started in May, it is only available to those accessing maternity services at Nottingham University Hospitals NHS Trust, and the number of referrals to date have been very low. As the service is a pilot, with no indication of how long it will run for, then the number of sign-ups may not increase as rapidly as they did for the community pharmacist consultation service and the hypertension case-finding advanced service. The health and wellbeing board has therefore amended the sentence accordingly.

The health and wellbeing board has noted the fourth comment. Activity data shows that this pharmacy claimed for 26 full service interventions in 2020/21 in relation to the new medicine service. Whilst the pharmacy did not claim in the first six months of 2021/22, it did claim for 66 full service interventions between October 2021 and March 2022. The relevant locality chapter has been updated accordingly.

4 Summary conclusions

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

5 Amendments

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

- Typographical errors have been corrected.
- The number of pharmacies has reduced from 164 to 163 following the discovery by NHS England that Willowbrook Delivery Chemist in Sutton in Ashfield had closed without giving notice. Maps and the Ashfield locality chapter have been updated accordingly.
- Atos Medical UK relocated from 32 Meadow Road, Netherfield to Trent Business Centre, West Bridgford on 11 July 2022. Maps have been updated accordingly, as have the Gedling and Rushcliffe locality chapters.
- Information on the applications for inclusion in the pharmaceutical list that have been submitted but not completed has been updated.
- Opening hours information has been updated to reflect the position at the end of June 2022.
- The number of pharmacies that have signed up to provide the community pharmacist consultation service, hypertension case-finding and smoking cessation advanced services has been updated to reflect the position at 24, 22 and 18 July 2022 respectively. The relevant maps have also been updated.
- Chapter 5 has been updated to reflect that 13 pharmacies provided the new medicine service in the second half of 2021/22 but not in the first half of the year.

Appendix L – opening hours

Please see separate document.

Nottinghamshire pharmacy and dispensing appliance contractor opening hours						
ODS code	**Name**	**Address**	**Address**	**Address**	**County**	**Postcode**
FN288	**Abbey Pharmacy**	63 Central Avenue	Beeston	Nottingham	Nottinghamshire	NG9 2QP
FN288	**Abbey Pharmacy**	63 Central Avenue	Beeston	Nottingham	Nottinghamshire	NG9 2QP
FL305	**Acorn Pharmacy**	10 Main Road		Jacksdale	Nottinghamshire	NG16 5JW
FL305	**Acorn Pharmacy**	10 Main Road		Jacksdale	Nottinghamshire	NG16 5JW
FM502	**Asda Pharmacy**	Asda	Priestsic Road	Sutton in Ashfield	Nottinghamshire	NG17 2AH
FM502	**Asda Pharmacy**	Asda	Priestsic Road	Sutton in Ashfield	Nottinghamshire	NG17 2AH
FKW61	**Asda Pharmacy**	Old Mill Lane	Forest Town	Mansfield	Nottinghamshire	NG19 8QT
FKW61	**Asda Pharmacy**	Old Mill Lane	Forest Town	Mansfield	Nottinghamshire	NG19 8QT
FT633	**Asda Pharmacy**	184 Loughborough Road	West Bridgford	Nottingham	Nottinghamshire	NG2 7JA
FT633	**Asda Pharmacy**	184 Loughborough Road	West Bridgford	Nottingham	Nottinghamshire	NG2 7JA
FFT75	**Asda Pharmacy**	111-127 Front Street	Arnold	Nottingham	Nottinghamshire	NG5 7ED
FFT75	**Asda Pharmacy**	111-127 Front Street	Arnold	Nottingham	Nottinghamshire	NG5 7ED
FLF28	**Asda Pharmacy**	Lombard Street		Newark	Nottinghamshire	NG24 1XG
FLF28	**Asda Pharmacy**	Lombard Street		Newark	Nottinghamshire	NG24 1XG
FFD37	**Bingham Pharmacy**	5 Eaton Place		Bingham	Nottinghamshire	NG13 8BD

FFD37	**Bingham Pharmacy**	5 Eaton Place		Bingham	Nottinghamshire	NG13 8BD
FCM46	**Blidworth Pharmacy**	57 Mansfield Road		Blidworth	Nottinghamshire	NG21 0RB
FCM46	**Blidworth Pharmacy**	57 Mansfield Road		Blidworth	Nottinghamshire	NG21 0RB
FEC61	**Boots**	Retford Primary Care Centre	North Road	Retford	Nottinghamshire	DN22 7XF
FEC61	**Boots**	Retford Primary Care Centre	North Road	Retford	Nottinghamshire	DN22 7XF
FF376	**Boots**	24-26 Bridge Street		Worksop	Nottinghamshire	S80 1JQ
FF376	**Boots**	24-26 Bridge Street		Worksop	Nottinghamshire	S80 1JQ
FM196	**Boots**	46-48 Carolgate	Retford	Retford	Nottinghamshire	DN22 6DY
FM196	**Boots**	46-48 Carolgate	Retford	Retford	Nottinghamshire	DN22 6DY
FRV23	**Boots**	Larwood Health Centre		Worksop	Nottinghamshire	S81 0HH
FRV23	**Boots**	Larwood Health Centre		Worksop	Nottinghamshire	S81 0HH
FV782	**Boots**	Harworth Primary Care Centre	Scrooby Road	Harworth	Nottinghamshire	DN11 8JT
FV782	**Boots**	Harworth Primary Care Centre	Scrooby Road	Harworth	Nottinghamshire	DN11 8JT
FRR42	**Boots**	3-5 St Wilfrids Square		Calverton	Nottinghamshire	NG14 6FP
FRR42	**Boots**	3-5 St Wilfrids Square		Calverton	Nottinghamshire	NG14 6FP
FGP78	**Boots**	52-54 High Street		Hucknall	Nottinghamshire	NG15 7AX
FGP78	**Boots**	52-54 High Street		Hucknall	Nottinghamshire	NG15 7AX

FF262	**Boots**	The Health Centre	Curtis Street	Hucknall	Nottinghamshire	NG15 7JE
FF262	**Boots**	The Health Centre	Curtis Street	Hucknall	Nottinghamshire	NG15 7JE
FJC63	**Boots**	205 Nottingham Road	Hill Top	Eastwood	Nottinghamshire	NG16 3GS
FJC63	**Boots**	205 Nottingham Road	Hill Top	Eastwood	Nottinghamshire	NG16 3GS
FM991	**Boots**	48 Lowmoor Road		Kirkby in Ashfield	Nottinghamshire	NG17 7BG
FM991	**Boots**	48 Lowmoor Road		Kirkby in Ashfield	Nottinghamshire	NG17 7BG
FCD08	**Boots**	85 Front Street	Arnold	Nottingham	Nottinghamshire	NG5 7EB
FCD08	**Boots**	85 Front Street	Arnold	Nottingham	Nottinghamshire	NG5 7EB
FXY78	**Boots**	Middle Street	Beeston	Nottingham	Nottinghamshire	NG9 1GA
FXY78	**Boots**	Middle Street	Beeston	Nottingham	Nottinghamshire	NG9 1GA
FN220	**Boots**	2 Church Street	Stapleford	Nottingham	Nottinghamshire	NG9 8GA
FN220	**Boots**	2 Church Street	Stapleford	Nottingham	Nottinghamshire	NG9 8GA
FLV10	**Boots**	14-15 Stodman Street		Newark	Nottinghamshire	NG24 1AT
FLV10	**Boots**	14-15 Stodman Street		Newark	Nottinghamshire	NG24 1AT
FP697	**Boots**	35 Idlewells Shopping Centre		Sutton in Ashfield	Nottinghamshire	NG17 1BN
FP697	**Boots**	35 Idlewells Shopping Centre		Sutton in Ashfield	Nottinghamshire	NG17 1BN
FHP20	**Boots**	16 Eaton Place		Bingham	Nottinghamshire	NG13 8BD

FHP20	**Boots**	16 Eaton Place		Bingham	Nottinghamshire	NG13 8BD
FM303	**Boots**	Giltbrook Retail Park	Ikea Way	Giltbrook	Nottinghamshire	NG16 2RP
FM303	**Boots**	Giltbrook Retail Park	Ikea Way	Giltbrook	Nottinghamshire	NG16 2RP
FAJ48	**Boots**	Unit 1	St Peters Retail Park	Mansfield	Nottinghamshire	NG18 1BE
FAJ48	**Boots**	Unit 1	St Peters Retail Park	Mansfield	Nottinghamshire	NG18 1BE
FJL98	**Boots**	39 Four Seasons Shopping Centre		Mansfield	Nottinghamshire	NG18 1SU
FJL98	**Boots**	39 Four Seasons Shopping Centre		Mansfield	Nottinghamshire	NG18 1SU
FJF20	**Boots**	24 Central Avenue	West Bridgford	Nottingham	Nottinghamshire	NG2 5GR
FJF20	**Boots**	24 Central Avenue	West Bridgford	Nottingham	Nottinghamshire	NG2 5GR
FR363	**Boots**	944 Woodborough Road	Mapperley	Nottingham	Nottinghamshire	NG3 5QS
FR363	**Boots**	944 Woodborough Road	Mapperley	Nottingham	Nottinghamshire	NG3 5QS
FVQ48	**Boots**	Victoria Retail Park	Netherfield	Nottingham	Nottinghamshire	NG4 2PE
FVQ48	**Boots**	Victoria Retail Park	Netherfield	Nottingham	Nottinghamshire	NG4 2PE
FVY64	**Boots**	19 Carlton Square	Carlton	Nottingham	Nottinghamshire	NG4 3BP
FVY64	**Boots**	19 Carlton Square	Carlton	Nottingham	Nottinghamshire	NG4 3BP
FC486	**Boots**	31 High Road	Beeston	Nottingham	Nottinghamshire	NG9 2JQ
FC486	**Boots**	31 High Road	Beeston	Nottingham	Nottinghamshire	NG9 2JQ

FG989	**Boots**	41 Forest Road		New Ollerton	Nottinghamshire	NG22 9PR
FG989	**Boots**	41 Forest Road		New Ollerton	Nottinghamshire	NG22 9PR
FLH78	**Boots**	Northgate Retail Park		Newark	Nottinghamshire	NG24 1GA
FLH78	**Boots**	Northgate Retail Park		Newark	Nottinghamshire	NG24 1GA
FR529	**Boots**	17-19 King Street		Southwell	Nottinghamshire	NG25 0EH
FR529	**Boots**	17-19 King Street		Southwell	Nottinghamshire	NG25 0EH
FDK08	**Boots**	49 Main Street		Burton Joyce	Nottinghamshire	NG14 5DX
FDK08	**Boots**	49 Main Street		Burton Joyce	Nottinghamshire	NG14 5DX
FA031	**Bridgegate Chemist**	54 Bridgegate		Retford	Nottinghamshire	DN22 7UZ
FA031	**Bridgegate Chemist**	54 Bridgegate		Retford	Nottinghamshire	DN22 7UZ
FQ603	**Brinsley Pharmacy**	1 Brynsmoor Road	Brinsley	Nottingham	Nottinghamshire	NG16 5DD
FQ603	**Brinsley Pharmacy**	1 Brynsmoor Road	Brinsley	Nottingham	Nottinghamshire	NG16 5DD
FAF29	**Brisco's Chemists**	1-3 Kingsway		Kirkby in Ashfield	Nottinghamshire	NG17 7BB
FAF29	**Brisco's Chemists**	1-3 Kingsway		Kirkby in Ashfield	Nottinghamshire	NG17 7BB
FLC61	**Carlton Hill Pharmacy**	359 Carlton Hill	Carlton	Nottingham	Nottinghamshire	NG4 1HW
FLC61	**Carlton Hill Pharmacy**	359 Carlton Hill	Carlton	Nottingham	Nottinghamshire	NG4 1HW
FV890	**Carlton Pharmacy**	Long Lane		Carlton-in-Lindrick	Nottinghamshire	S81 9AN

FV890	**Carlton Pharmacy**	Long Lane		Carlton-in-Lindrick	Nottinghamshire	S81 9AN
FED86	**Celtic Point Pharmacy**	6 Celtic Point		Worksop	Nottinghamshire	S81 7AZ
FED86	**Celtic Point Pharmacy**	6 Celtic Point		Worksop	Nottinghamshire	S81 7AZ
FRW46	**Church Walk Pharmacy**	2-6 Mansfield Road		Eastwood	Nottinghamshire	NG16 3AQ
FRW46	**Church Walk Pharmacy**	2-6 Mansfield Road		Eastwood	Nottinghamshire	NG16 3AQ
FKD28	**Collingham Pharmacy**	High Street	Collingham	Nr Newark	Nottinghamshire	NG23 7LB
FKD28	**Collingham Pharmacy**	High Street	Collingham	Nr Newark	Nottinghamshire	NG23 7LB
FWW24	**Dispensary Green**	Unit 3 Sherwood Network Centre, Sherwood Energy Village	Ollerton	Newark	Nottinghamshire	NG22 9FD
FWW24	**Dispensary Green**	Unit 3 Sherwood Network Centre, Sherwood Energy Village	Ollerton	Newark	Nottinghamshire	NG22 9FD
FQD45	**Dosette Pharmacy**	Sherbrook Business Centre, Sherbrook Road	Daybrook	Nottingham	Nottinghamshire	NG5 6AT
FQD45	**Dosette Pharmacy**	Sherbrook Business Centre, Sherbrook Road	Daybrook	Nottingham	Nottinghamshire	Ng5 6AT
FQK48	**Edwalton Pharmacy**	40 Earlswood Drive		Edwalton	Nottinghamshire	NG12 4AZ
FQK48	**Edwalton Pharmacy**	40 Earlswood Drive		Edwalton	Nottinghamshire	NG12 4AZ
FXE30	**Edwinstowe Pharmacy**	25 High Street		Edwinstowe	Nottinghamshire	NG21 9QP
FXE30	**Edwinstowe Pharmacy**	25 High Street		Edwinstowe	Nottinghamshire	NG21 9QP
FGG30	**Evans Pharmacy**	33 Kirkgate		Newark	Nottinghamshire	NG24 1AD
FGG30	**Evans Pharmacy**	33 Kirkgate		Newark	Nottinghamshire	NG24 1AD

FDE08	**Evans Pharmacy**	12-14 Gotham Lane		East Leake	Leicestershire	LE12 6JG
FDE08	**Evans Pharmacy**	12-14 Gotham Lane		East Leake	Leicestershire	LE12 6JG
FA945	**Evans Pharmacy**	11 Charles Street		Ruddington	Nottinghamshire	NG11 6EF
FA945	**Evans Pharmacy**	11 Charles Street		Ruddington	Nottinghamshire	NG11 6EF
FTC04	**Evans Pharmacy**	48a Barnby Gate		Newark	Nottinghamshire	NG24 1QD
FTC04	**Evans Pharmacy**	48a Barnby Gate		Newark	Nottinghamshire	NG24 1QD
FV368	**Farnsfield Pharmacy**	Station Lane		Farnsfield	Nottinghamshire	NG22 8LA
FV368	**Farnsfield Pharmacy**	Station Lane		Farnsfield	Nottinghamshire	NG22 8LA
FA019	**Galexa Pharmacy**	61 Annesley Road		Hucknall	Nottinghamshire	NG15 7DR
FA019	**Galexa Pharmacy**	61 Annesley Road		Hucknall	Nottinghamshire	NG15 7DR
FWC45	**Gilbody Pharmacy**	Mansfield Road		Skegby	Nottinghamshire	NG17 3EE
FWC45	**Gilbody Pharmacy**	Mansfield Road		Skegby	Nottinghamshire	NG17 3EE
FJX53	**Green Cross Pharmacy**	95 Musters Road	West Bridgford	Nottingham	Nottinghamshire	NG2 7PX
FJX53	**Green Cross Pharmacy**	95 Musters Road	West Bridgford	Nottingham	Nottinghamshire	NG2 7PX
FC184	**Grewal Chemist**	38-40 Chilwell Road	Beeston	Nottingham	Nottinghamshire	NG9 1EJ
FC184	**Grewal Chemist**	38-40 Chilwell Road	Beeston	Nottingham	Nottinghamshire	NG9 1EJ
FMQ46	**Harts Chemist**	106-110 Watnall Road		Hucknall	Nottinghamshire	NG15 7JW

FMQ46	**Harts Chemist**	106-110 Watnall Road		Hucknall	Nottinghamshire	NG15 7JW
FPT74	**Hawtonville Pharmacy**	77 Eton Avenue		Newark	Nottinghamshire	NG24 4JH
FPT74	**Hawtonville Pharmacy**	77 Eton Avenue		Newark	Nottinghamshire	NG24 4JH
FAW72	**Home Pharmacy**	21 Cirrus Drive	Watnall	Nottingham	Nottinghamshire	NG16 1FS
FAW72	**Home Pharmacy**	21 Cirrus Drive	Watnall	Nottingham	Nottinghamshire	NG16 1FS
FJT64	**Jardines**	Unit 9, Sainsburys Precinct, Stoney Street	Beeston	Nottingham	Nottinghamshire	NG9 2LA
FJT64	**Jardines**	Unit 9, Sainsburys Precinct, Stoney Street	Beeston	Nottingham	Nottinghamshire	NG9 2LA
FFL99	**Jayplex**	724 Mansfield Road	Woodthorpe	Nottingham	Nottinghamshire	NG5 3FW
FFL99	**Jayplex**	724 Mansfield Road	Woodthorpe	Nottingham	Nottinghamshire	NG5 3FW
FAK38	**Jhoots Pharmacy**	Hickings Lane Medical Centre, Ryecroft Street	Stapleford	Nottingham	Nottinghamshire	NG9 8PN
FAK38	**Jhoots Pharmacy**	Hickings Lane Medical Centre, Ryecroft Street	Stapleford	Nottingham	Nottinghamshire	NG9 8PN
FQ070	**Jhoots Pharmacy**	1 Robin Hood Walk		Newark	Nottinghamshire	NG24 1XH
FQ070	**Jhoots Pharmacy**	1 Robin Hood Walk		Newark	Nottinghamshire	NG24 1XH
FWW93	**Jhoots Pharmacy**	Riverside Health Centre		Retford	Nottinghamshire	DN22 6AA
FWW93	**Jhoots Pharmacy**	Riverside Health Centre		Retford	Nottinghamshire	DN22 6AA
FDW83	**Keyworth Pharmacy**	5 The Square		Keyworth	Nottinghamshire	NG12 6JT
FDW83	**Keyworth Pharmacy**	5 The Square		Keyworth	Nottinghamshire	NG12 6JT

FX019	**Knights Bilsthorpe Pharmacy**	46 Church Street	Bilsthorpe	Newark	Nottinghamshire	NG22 8QR
FX019	**Knights Bilsthorpe Pharmacy**	46 Church Street	Bilsthorpe	Newark	Nottinghamshire	NG22 8QR
FHG97	**Ladybay Pharmacy**	145 Trent Boulevard	West Bridgford	Nottingham	Nottinghamshire	NG2 5BX
FHG97	**Ladybay Pharmacy**	145 Trent Boulevard	West Bridgford	Nottingham	Nottinghamshire	NG2 5BX
FWJ83	**Ladybrook Pharmacy**	18 Ladybrook Place	Ladybrook Lane	Mansfield	Nottinghamshire	NG18 5JP
FWJ83	**Ladybrook Pharmacy**	18 Ladybrook Place	Ladybrook Lane	Mansfield	Nottinghamshire	NG18 5JP
FJC70	**Langold Pharmacy**	Doncaster Road		Langold	Nottinghamshire	S81 9QG
FJC70	**Langold Pharmacy**	Doncaster Road		Langold	Nottinghamshire	S81 9QG
FTN89	**Lloyds Pharmacy**	Sainsbury Store	Nottingham Road	Mansfield	Nottinghamshire	NG18 1BN
FTN89	**Lloyds Pharmacy**	Sainsbury Store	Nottingham Road	Mansfield	Nottinghamshire	NG18 1BN
FQE44	**Lloyds Pharmacy**	J Sainsbury Store, Nottingham Road	Arnold	Nottingham	Nottinghamshire	NG5 6BN
FQE44	**Lloyds Pharmacy**	J Sainsbury Store, Nottingham Road	Arnold	Nottingham	Nottinghamshire	NG5 6BN
FJH25	**Lloyds Pharmacy**	Unit 1	Farleys Lane	Hucknall	Nottinghamshire	NG15 6DY
FJH25	**Lloyds Pharmacy**	Unit 1	Farleys Lane	Hucknall	Nottinghamshire	NG15 6DY
FV300	**Lloyds Pharmacy**	12 High Street		Mansfield Woodhouse	Nottinghamshire	NG19 8AN
FV300	**Lloyds Pharmacy**	12 High Street		Mansfield Woodhouse	Nottinghamshire	NG19 8AN
FKJ41	**Lloyds Pharmacy**	4 Sherwood Parade	Kirklington Road	Rainworth	Nottinghamshire	NG21 0JP

FKJ41	**Lloyds Pharmacy**	4 Sherwood Parade	Kirklington Road	Rainworth	Nottinghamshire	NG21 0JP
FQ855	**Lloyds Pharmacy**	2-4 King Street		Southwell	Nottinghamshire	NG25 0EN
FQ855	**Lloyds Pharmacy**	2-4 King Street		Southwell	Nottinghamshire	NG25 0EN
FW058	**Lowdham Pharmacy**	47-49 Main Street		Lowdham	Nottinghamshire	NG14 7AB
FW058	**Lowdham Pharmacy**	47-49 Main Street		Lowdham	Nottinghamshire	NG14 7AB
FRF20	**Lowmoor Chemist**	Unit 5	58 Lowmoor Road	Kirkby in Ashfield	Nottinghamshire	NG17 7BG
FRF20	**Lowmoor Chemist**	Unit 5	58 Lowmoor Road	Kirkby in Ashfield	Nottinghamshire	NG17 7BG
FM387	**LP Pharmacy**	Unit 3, Shopping Centre, Compton Acres	West Bridgford	Nottingham	Nottinghamshire	NG2 7RS
FM387	**LP Pharmacy**	Unit 3, Shopping Centre, Compton Acres	West Bridgford	Nottingham	Nottinghamshire	NG2 7RS
FJY92	**Mann's Pharmacy**	852a Woodborough Road	Mapperley	Nottingham	Nottinghamshire	NG3 5QQ
FJY92	**Mann's Pharmacy**	852a Woodborough Road	Mapperley	Nottingham	Nottinghamshire	NG3 5QQ
FQX56	**Mann's Pharmacy**	271 Westdale Lane	Carlton	Nottingham	Nottinghamshire	NG4 4FG
FQX56	**Mann's Pharmacy**	271 Westdale Lane	Carlton	Nottingham	Nottinghamshire	NG4 4FG
FEL73	**Mann's Pharmacy**	13-15 Portland Road		Hucknall	Nottinghamshire	NG15 7SL
FEL73	**Mann's Pharmacy**	13-15 Portland Road		Hucknall	Nottinghamshire	NG15 7SL
FJN22	**Manor Pharmacy**	Park House, 61 Burton Road	Carlton	Nottingham	Nottinghamshire	NG4 3DR
FJN22	**Manor Pharmacy**	Park House, 61 Burton Road	Carlton	Nottingham	Nottinghamshire	NG4 3DR

FAD07	**Manor Pharmacy**	97a Melton Road	West Bridgford	Nottingham	Nottinghamshire	NG2 6EN
FAD07	**Manor Pharmacy**	97a Melton Road	West Bridgford	Nottingham	Nottinghamshire	NG2 6EN
FVR38	**Manor Pharmacy**	185 Loughborough Road	West Bridgford	Nottinghamshire	Nottinghamshire	NG2 7JR
FVR38	**Manor Pharmacy**	185 Loughborough Road	West Bridgford	Nottinghamshire	Nottinghamshire	NG2 7JR
FEL27	**Mansfield Delivery Chemist**	1 Wood Street		Mansfield	Nottinghamshire	NG18 1QB
FEL27	**Mansfield Delivery Chemist**	1 Wood Street		Mansfield	Nottinghamshire	NG18 1QB
FKG06	**Manton Pharmacy**	Richmond Road		Worksop	Nottinghamshire	S80 2TP
FKG06	**Manton Pharmacy**	Richmond Road		Worksop	Nottinghamshire	S80 2TP
FTK30	**Medina Chemist**	89 Victoria Road	Netherfield	Nottingham	Nottinghamshire	NG4 2NN
FTK30	**Medina Chemist**	89 Victoria Road	Netherfield	Nottingham	Nottinghamshire	NG4 2NN
FA117	**Meds2U**	11 Carlton Business Centre	Carlton	Nottingham	Nottinghamshire	NG4 3AA
FA117	**Meds2U**	11 Carlton Business Centre	Carlton	Nottingham	Nottinghamshire	NG4 3AA
FHK40	**Morrisons Pharmacy**	The District Centre, Lings Bar Road	Gamston	Nottingham	Nottinghamshire	NG2 6PS
FHK40	**Morrisons Pharmacy**	The District Centre, Lings Bar Road	Gamston	Nottingham	Nottinghamshire	NG2 6PS
FGM17	**My Local Chemist**	Embankment PCC 50/60 Wilford Lane	West Bridgford	Nottingham	Nottinghamshire	NG2 7RL
FGM17	**My Local Chemist**	Embankment PCC 50/60 Wilford Lane	West Bridgford	Nottingham	Nottinghamshire	NG2 7RL

FL215	**Nabbs Lane Pharmacy**	63 Nabbs Lane		Hucknall	Nottinghamshire	NG15 6NT
FL215	**Nabbs Lane Pharmacy**	63 Nabbs Lane		Hucknall	Nottinghamshire	NG15 6NT
FAR00	**Newgate Street Pharmacy**	6 Newgate Street		Worksop	Nottinghamshire	S80 2HD
FAR00	**Newgate Street Pharmacy**	6 Newgate Street		Worksop	Nottinghamshire	S80 2HD
FH469	**Nuthall Pharmacy**	Unit 1	2 Upmister Drive	Nuthall	Nottinghamshire	NG16 1PT
FH469	**Nuthall Pharmacy**	Unit 1	2 Upmister Drive	Nuthall	Nottinghamshire	NG16 1PT
FFK74	**Oakwood Pharmacy**	The Parliament Oak	14 Church Street	Mansfield Woodhouse	Nottinghamshire	NG19 8AH
FFK74	**Oakwood Pharmacy**	The Parliament Oak	14 Church Street	Mansfield Woodhouse	Nottinghamshire	NG19 8AH
FN473	**Orchard Pharmacy**	Orchard Medical Practice Stockwell Gate		Mansfield	Nottinghamshire	NG18 5GG
FN473	**Orchard Pharmacy**	Orchard Medical Practice Stockwell Gate		Mansfield	Nottinghamshire	NG4 4FG
FNH80	**Ordsall Pharmacy**	1A Welbeck Road	Ordsall	Retford	Nottinghamshire	DN22 7RP
FNH80	**Ordsall Pharmacy**	1A Welbeck Road	Ordsall	Retford	Nottinghamshire	DN22 7RP
FMG21	**Oza Pharmacy**	50 Lowmoor Road		Kirkby in Ashfield	Nottinghamshire	NG17 7BG
FMG21	**Oza Pharmacy**	50 Lowmoor Road		Kirkby in Ashfield	Nottinghamshire	NG17 7BG
FR064	**Peak Pharmacy**	Netherfield Medical Centre, Knight Street	Netherfield	Nottingham	Nottinghamshire	NG4 2FN
FR064	**Peak Pharmacy**	Netherfield Medical Centre, Knight Street	Netherfield	Notiingham	Nottinghamshire	NG4 2FN

FF951	**Peak Pharmacy**	27 Greens Lane	Kimberley	Nottingham	Nottinghamshire	NG16 2PB
FF951	**Peak Pharmacy**	27 Greens Lane	Kimberley	Nottingham	Nottinghamshire	NG16 2PB
FV678	**Peak Pharmacy**	Blue Bell Wood Way, Ashfield Park	AsWay, Ashfield Park	Sutton in Ashfield	Nottinghamshire	NG17 1JW
FV678	**Peak Pharmacy**	Blue Bell Wood Way, Ashfield Park	AsWay, Ashfield Park	Sutton in Ashfield	Nottinghamshire	NG17 1JW
FFV66	**Peak Pharmacy**	Harwood Close, Skegby Road	Skegby Road	Sutton in Ashfield	Nottinghamshire	NG17 4PD
FFV66	**Peak Pharmacy**	Harwood Close, Skegby Road	Skegby Road	Sutton in Ashfield	Nottinghamshire	NG17 4PD
FQX00	**Peak Pharmacy**	1 Milton Court		Ravenshead	Nottinghamshire	NG15 9BD
FQX00	**Peak Pharmacy**	1 Milton Court		Ravenshead	Nottinghamshire	NG15 9BD
FR232	**Peak Pharmacy**	Kings Medical Centre	King Street	Sutton in Ashfield	Nottinghamshire	NG17 1AT
FR232	**Peak Pharmacy**	Kings Medical Centre	King Street	Sutton in Ashfield	Nottinghamshire	NG17 1AT
FPH67	**Peak Pharmacy**	49 Brook Street		Sutton in Ashfield	Nottinghamshire	NG17 1ES
FPH67	**Peak Pharmacy**	49 Brook Street		Sutton in Ashfield	Nottinghamshire	NG17 1ES
FJE15	**Peak Pharmacy**	Arnold Health Centre High Street/Front Street	Arnold	Nottingham	Nottinghamshire	NG5 7BQ
FJE15	**Peak Pharmacy**	Arnold Health Centre High Street/Front Street	Arnold	Nottingham	Nottinghamshire	NG5 7BQ
FEL83	**Peak Pharmacy**	40 Rosemary Street		Mansfield	Nottinghamshire	NG18 1QL
FEL83	**Peak Pharmacy**	40 Rosemary Street		Mansfield	Nottinghamshire	NG18 1QL
FG577	**Peak Pharmacy**	35 Plains Road	Mapperley	Nottingham	Nottinghamshire	NG3 5JU

FG577	**Peak Pharmacy**	35 Plains Road	Mapperley	Nottingham	Nottinghamshire	NG3 5JU
FWQ03	**Peak Pharmacy**	18 Westdale Lane	Gedling	Nottingham	Nottinghamshire	NG4 3JA
FWQ03	**Peak Pharmacy**	18 Westdale Lane	Gedling	Nottingham	Nottinghamshire	NG4 3JA
FD664	**Peak Pharmacy**	40 Derby Road	Stapleford	Nottingham	Nottinghamshire	NG9 7AA
FD664	**Peak Pharmacy**	40 Derby Road	Stapleford	Nottingham	Nottinghamshire	NG9 7AA
FDR29	**Peak Pharmacy**	93-97 Westgate		Mansfield	Nottinghamshire	NG18 1RT
FDR29	**Peak Pharmacy**	93-97 Westgate		Mansfield	Nottinghamshire	NG18 1RT
FRL99	**Peak Pharmacy**	127 Sutton Road	Huthwaite	Sutton in Ashfield	Nottinghamshire	NG17 2NF
FRL99	**Peak Pharmacy**	127 Sutton Road	Huthwaite	Sutton in Ashfield	Nottinghamshire	NG17 2NF
FG727	**Pleasley Pharmacy**	6 Poplar Drive		Pleasley	Nottinghamshire	NG19 7TA
FG727	**Pleasley Pharmacy**	6 Poplar Drive		Pleasley	Nottinghamshire	NG19 7TA
FCX46	**Radcliffe Day & Night Pharmacy**	1 Shelford Road		Radcliffe on Trent	Nottinghamshire	NG12 2AE
FCX46	**Radcliffe Day & Night Pharmacy**	1 Shelford Road		Radcliffe on Trent	Nottinghamshire	NG12 2AE
FJ091	**Rosemary Street Pharmacy**	Rosemary Street		Mansfield	Nottinghamshire	NG19 6AB
FJ091	**Rosemary Street Pharmacy**	Rosemary Street		Mansfield	Nottinghamshire	NG19 6AB
FGD85	**Rowlands Pharmacy**	123 Newgate Lane		Mansfield	Nottinghamshire	NG18 2LG
FGD85	**Rowlands Pharmacy**	123 Newgate Lane		Mansfield	Nottinghamshire	NG18 2LG

FF678	**Rowlands Pharmacy**	112 Chesterfield Road North		Mansfield	Nottinghamshire	NG19 7HZ
FF678	**Rowlands Pharmacy**	112 Chesterfield Road North		Mansfield	Nottinghamshire	NG19 7HZ
FHJ14	**Rowlands Pharmacy**	36 High Street		Mansfield Woodhouse	Nottinghamshire	NG19 8AN
FHJ14	**Rowlands Pharmacy**	36 High Street		Mansfield Woodhouse	Nottinghamshire	NG19 8AN
FDM62	**Rowlands Pharmacy**	29a/29b Church Street		Warsop	Nottinghamshire	NG20 0AU
FDM62	**Rowlands Pharmacy**	29a/29b Church Street		Warsop	Nottinghamshire	NG20 0AU
FH057	**Rowlands Pharmacy**	6 Sherwood Street		Warsop	Nottinghamshire	NG20 0JN
FH057	**Rowlands Pharmacy**	6 Sherwood Street		Warsop	Nottinghamshire	NG20 0JN
FJQ88	**Rowlands Pharmacy**	Shop 3	Ossingon Close	Meden Vale	Nottinghamshire	NG20 9PZ
FJQ88	**Rowlands Pharmacy**	Shop 3	Ossingon Close	Meden Vale	Nottinghamshire	NG20 9PZ
FE056	**Rowlands Pharmacy**	1 Salop Street	Daybrook	Nottingham	Nottinghamshire	NG5 6HP
FE056	**Rowlands Pharmacy**	1 Salop Street	Daybrook	Nottingham	Nottinghamshire	NG5 6HP
FEN54	**Singh S**	Unit 6, Tudor Square	West Bridgford	Nottingham	Nottinghamshire	NG2 6BT
FEN54	**Singh S**	Unit 6, Tudor Square	West Bridgford	Nottingham	Nottinghamshire	NG2 6BT
FMK43	**Singhs Pharmacy**	77 High Street	Arnold	Nottingham	Nottinghamshire	NG5 7DJ
FMK43	**Singhs Pharmacy**	77 High Street	Arnold	Nottingham	Nottinghamshire	NG5 7DJ
FKL62	**Superdrug**	11-15 Carolgate		Retford	Nottinghamshire	DN22 6BZ

FKL62	**Superdrug**	11-15 Carolgate		Retford	Nottinghamshire	DN22 6BZ
FFP08	**Superdrug**	37 Central Square, Forest Mall	Idlewells Shopping Centre	Sutton in Ashfield	Nottinghamshire	NG17 1BP
FFP08	**Superdrug**	37 Central Square, Forest Mall	Idlewells Shopping Centre	Sutton in Ashfield	Nottinghamshire	NG17 1BP
FMT00	**Superdrug**	14-18 Stockwell Gate		Mansfield	Nottinghamshire	NG18 1LE
FMT00	**Superdrug**	14-18 Stockwell Gate		Mansfield	Nottinghamshire	NG18 1LE
FKH45	**Tesco Pharmacy**	Forest Road		New Ollerton	Nottinghamshire	NG22 9PL
FKH45	**Tesco Pharmacy**	Forest Road		New Ollerton	Nottinghamshire	NG22 9PL
FX727	**Tesco Pharmacy**	Ashgate Road		Hucknall	Nottinghamshire	NG15 7UQ
FX727	**Tesco Pharmacy**	Ashgate Road		Hucknall	Nottinghamshire	NG15 7UQ
FWJ86	**Tesco Pharmacy**	Oaktree Lane Shopping Centre	Jubilee Way South	Mansfield	Nottinghamshire	NG18 3RT
FWJ86	**Tesco Pharmacy**	Oaktree Lane Shopping Centre	Jubilee Way South	Mansfield	Nottinghamshire	NG18 3RT
FF391	**Tesco Pharmacy**	Chesterfield Road South		Mansfield	Nottinghamshire	NG197BQ
FF391	**Tesco Pharmacy**	Chesterfield Road South		Mansfield	Nottinghamshire	NG197BQ
FCH51	**Tesco Pharmacy**	Middle Street	Beeston	Nottingham	Nottinghamshire	NG9 2AR
FCH51	**Tesco Pharmacy**	Middle Street	Beeston	Nottingham	Nottinghamshire	NG9 2AR
FQ033	**Tesco Pharmacy**	Swiney Way	Toton	Nottingham	Nottinghamshire	NG9 6GZ
FQ033	**Tesco Pharmacy**	Swiney Way	Toton	Nottingham	Nottinghamshire	NG9 6GZ

FMX90	**Tesco Pharmacy**	Gateford Road		Worksop	Nottinghamshire	S81 7AP
FMX90	**Tesco Pharmacy**	Gateford Road		Worksop	Nottinghamshire	S81 7AP
FE204	**Tuxford Pharmacy**	5 Newcastle Street		Tuxford	Nottinghamshire	NG22 0LN
FE204	**Tuxford Pharmacy**	5 Newcastle Street		Tuxford	Nottinghamshire	NG22 0LN
FEA47	**Vantage Vale Chemist**	66 Vale Road	Colwick	Nottingham	Nottinghamshire	NG4 2EB
FEA47	**Vantage Vale Chemist**	66 Vale Road	Colwick	Nottingham	Nottinghamshire	NG4 2EB
FFG67	**Ways Pharmacy**	24 Chilwell Road	Beeston	Nottingham	Nottinghamshire	NG9 1EJ
FFG67	**Ways Pharmacy**	24 Chilwell Road	Beeston	Nottingham	Nottinghamshire	NG9 1EJ
FRQ47	**Weldricks Pharmacy**	67 Scrooby Road		Harworth	Doncaster	DN11 8JN
FRQ47	**Weldricks Pharmacy**	67 Scrooby Road		Harworth	Doncaster	DN11 8JN
FVP28	**Weldricks Pharmacy**	The Retort House	Marsh Lane	Misterton	Nottinghamshire	DN10 4DL
FVP28	**Weldricks Pharmacy**	The Retort House	Marsh Lane	Misterton	Nottinghamshire	DN10 4DL
FRT31	**Well**	The Health Centre	Newgate Street	Worksop	Nottinghamshire	S80 1HP
FRT31	**Well**	The Health Centre	Newgate Street	Worksop	Nottinghamshire	S80 1HP
FR912	**Well**	Rainworth Primary Care Centre, Warsop Lane	Warsop Lane	Rainworth	Nottinghamshire	NG21 0AD
FR912	**Well**	Rainworth Primary Care Centre	Warsop Lane	Rainworth	Nottinghamshire	NG21 0AD
FP158	**Well**	Crown Farm Medical Centre	Crown Farm Way	Forest Town	Nottinghamshire	NG19 0FW

FP158	**Well**	Crown Farm Medical Centre	Crown Farm Way	Forest Town	Nottinghamshire	NG19 0FW
FK205	**Well**	Forest Road		New Ollerton	Nottinghamshire	NG22 9PL
FK205	**Well**	Forest Road		New Ollerton	Nottinghamshire	NG22 9PL
FE666	**Well**	47 Sherwood Avenue		Newark	Nottinghamshire	NG24 1QH
FE666	**Well**	47 Sherwood Avenue		Newark	Nottinghamshire	NG24 1QH
FF338	**Well**	Primary Care Centre, Lowfield Lane	Balderton	Newark	Nottinghamshire	NG24 3HJ
FF338	**Well**	Primary Care Centre, Lowfield Lane	Balderton	Newark	Nottinghamshire	NG24 3HJ
FM537	**Well**	31 Main Street	Balderton	Newark	Nottinghamshire	NG24 3LG
FM537	**Well**	31 Main Street	Balderton	Newark	Nottinghamshire	NG24 3LG
FQ820	**Well**	22a Main Road		Radcliffe-on-Trent	Nottinghamshire	NG12 2FH
FQ820	**Well**	22a Main Road		Radcliffe-on-Trent	Nottinghamshire	NG12 2FH
FFR64	**Well**	Medical Centre, Belvoir Health Group	Candleby Lane	Cotgrave	Nottinghamshire	NG12 3JG
FFR64	**Well**	Medical Centre, Belvoir Health Group	Candleby Lane	Cotgrave	Nottinghamshire	NG12 3JG
FCQ75	**Well**	2 The Square		Keyworth	Nottinghamshire	NG12 5JT
FCQ75	**Well**	2 The Square		Keyworth	Nottinghamshire	NG12 5JT
FFR60	**Well**	23 Lawrence Avenue	Awsworth	Nottingham	Nottinghamshire	NG16 2SN
FFR60	**Well**	23 Lawrence Avenue	Awsworth	Nottingham	Nottinghamshire	NG16 2SN

FP283	**Well**	2a Church Walk	Eastwood	Nottingham	Nottinghamshire	NG16 3BG
FP283	**Well**	2a Church Walk	Eastwood	Nottingham	Nottinghamshire	NG16 3BG
FQE29	**Well**	137 Nottingham Road		Selston	Nottinghamshire	NG16 6BT
FQE29	**Well**	137 Nottingham Road		Selston	Nottinghamshire	NG16 6BT
FJ638	**Well**	48a Lowmoor Road		Kirkby in Ashfield	Nottinghamshire	NG17 7BG
FJ638	**Well**	48a Lowmoor Road		Kirkby in Ashfield	Nottinghamshire	NG17 7BG
FMQ15	**Well**	130-132 Forest Road		Annesley Woodhouse	Nottingham	NG17 9HH
FMQ15	**Well**	130-132 Forest Road		Annesley Woodhouse	Nottingham	NG17 9HH
FDN93	**Well**	113 Clipstone Road West		Forest Town	Nottinghamshire	NG19 0BT
FDN93	**Well**	113 Clipstone Road West		Forest Town	Nottinghamshire	NG19 0BT
FNP89	**Well**	81 Bramcote Lane	Chilwell	Nottingham	Nottinghamshire	NG9 4ET
FNP89	**Well**	81 Bramcote Lane	Chilwell	Nottingham	Nottinghamshire	NG9 4ET
FN669	**Well**	Stapleford Care Centre, Church Street	Stapleford	Nottingham	Nottinghamshire	NG9 8DB
FN669	**Well**	Stapleford Care Centre, Church Street	Stapleford	Nottingham	Nottinghamshire	NG9 8DB
FP250	**West Point Pharmacy**	Unit 5, West Point Shopping Centre	Ransom Road, Chilwell	Nottingham	Nottinghamshire	NG9 6DX
FP250	**West Point Pharmacy**	Unit 5, West Point Shopping Centre, Ransom Road	Ransom Road, Chilwell	Nottingham	Nottinghamshire	NG9 6DX
FQ546	**Westdale Pharmacy**	354-356 Westdale Lane	Mapperley	Nottingham	Nottinghamshire	NG3 6ET

FQ546	**Westdale Pharmacy**	354-356 Westdale Lane	Mapperley	Nottingham	Nottinghamshire	NG3 6ET
FH735	**Whistlers Pharmacy**	Beaumond Chambers	London Road	Newark	Nottinghamshire	NG24 1TN
FH735	**Whistlers Pharmacy**	Beaumond Chambers	London Road	Newark	Nottinghamshire	NG24 1TN
FQL77	**Worksop Pharmacy**	95-97 Bridge Street		Worksop	Nottinghamshire	S80 1DL
FQL77	**Worksop Pharmacy**	95-97 Bridge Street		Worksop	Nottinghamshire	S80 1DL
FDT82	**Worksop Pharmacy (Prospect)**	Unit 4	Prospect Precinct	Worksop	Nottinghamshire	S81 0RS
FDT82	**Worksop Pharmacy (Prospect)**	Unit 4	Prospect Precinct	Worksop	Nottinghamshire	S81 0RS
FF468	**Atos Care**	Newark Beacon, Beacon Hill Office Park	Cafferata Way	Newark	Nottinghamshire	NG24 2TN
FF468	**Atos Care**	Newark Beacon, Beacon Hill Office Park	Cafferata Way	Newark	Nottinghamshire	NG24 2TN
FRF82	**Atos Care**	Trent Business Centre, Thorton Road	West Bridgford	Nottingham	Nottinghamshire	NG2 5FT
FRF83	**Atos Care**	Trent Business Centre, Thorton Road	West Bridgford	Nottingham	Nottinghamshire	NG2 5FT
FXW61	**Trent Direct**	Unit 14	Eastwood Links Business Park	Eastwood	Nottinghamshire	NG16 3BF
FXW61	**Trent Direct**	Unit 14	Eastwood Links Business Park	Eastwood	Nottinghamshire	NG16 3BF
FYL81	**Fittleworth Medical Ltd**	Suite 2a	Oakham Business Park	Mansfield	Nottinghamshire	NG18 5BU
FYL81	**Fittleworth Medical Ltd**	Suite 2a	Oakham Business Park	Mansfield	Nottinghamshire	NG18 5BU
FC879	**Fittleworth Medical Ltd**	Unit 1, Phoenix Centre	Millenium Way West	Nottingham	Nottinghamshire	NG8 6AS

FC879	**Fittleworth Medical Ltd**	Unit 1, Phoenix Centre	Millenium Way West	Nottingham	Nottinghamshire	NG8 6AS
FJ708	**Daylong**	10 Cossall Industrial Estate		Ilkeston	Derbyshire	DE7 5UG
FJ708	**Daylong**	10 Cossall Industrial Estate		Ilkeston	Derbyshire	DE7 5UG

		MONDAY				TUESDAY				WEDNESDAY				
100 hour pharmacy	**Opening hours**	**FROM**	**LUNCHTIME**	**FROM**	**TO**	**FROM**	**LUNCHTIME**	**FROM**	**TO**	**FROM**	**LUNCHTIME**	**FROM**	**TO**	**FROM**
	Core opening hours	08:30	13:00	14:00	18:30	08:30	13:00	14:00	18:30	08:30	13:00	14:00	18:30	08:30
	Total opening hours	08:30	13:00	14:00	18:30	08:30	13:00	14:00	18:30	08:30	13:00	14:00	18:30	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
Yes	Core opening hours	08:00			23:00	07:00			23:00	07:00			23:00	07:00
Yes	Total opening hours	08:00			23:00	07:00			23:00	07:00			23:00	07:00
Yes	Core opening hours	08:00			23:00	07:00			23:00	07:00			23:00	07:00
Yes	Total opening hours	08:00			23:00	07:00			23:00	07:00			23:00	07:00
	Core opening hours	09:00	12:30	14:30	17:00	09:00	12:30	14:30	17:00	09:00	12:30	14:30	17:00	09:00
	Total opening hours	09:00	12:30	14:30	20:00	09:00	12:30	14:30	20:00	09:00	12:30	14:30	20:00	09:00
Yes	Core opening hours	07:00			23:00	07:00			23:00	07:00			23:00	07:00
Yes	Total opening hours	07:00			23:00	07:00			23:00	07:00			23:00	07:00
Yes	Core opening hours	08:00			23:00	07:00			23:00	07:00			23:00	07:00
Yes	Total opening hours	08:00			23:00	07:00			23:00	07:00			23:00	07:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00			14:00	09:00

	Total opening hours	09:00			18:00	09:00			18:00	09:00			14:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:30	14:00	18:00	09:00	13:30	14:00	18:00	09:00	13:30	14:00	18:00	09:00
Yes	Core opening hours	08:00			00:00	08:00			00:00	08:00			00:00	08:00
Yes	Total opening hours	08:00			00:00	08:00			00:00	08:00			00:00	08:00
	Core opening hours	09:30	13:15	14:15	17:30	09:30	13:15	14:15	17:30	09:30	13:15	14:15	17:30	09:30
	Total opening hours	09:00			17:30	09:00			17:30	09:00			17:30	09:00
	Core opening hours	09:30	13:00	14:00	17:15	09:30	13:00	14:00	17:15	09:30	13:00	14:00	17:15	09:30
	Total opening hours	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:30	12:30	13:30	17:30	09:30	12:30	13:30	17:30	09:30	12:30	13:30	17:30	09:30
	Total opening hours	09:00			17:30	09:00			17:30	09:00			17:30	09:00

	Core opening hours	08:30			16:30	08:30			16:30	08:30			16:30	08:30
	Total opening hours	08:30			18:00	08:30			18:00	08:30			18:00	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:30	09:00			18:30	09:00			18:30	09:00
	Core opening hours	09:30	13:30	14:30	17:00	09:30	13:30	14:30	17:00	09:30	13:30	14:30	17:00	09:30
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:30	12:30	13:30	17:30	09:30	12:30	13:30	17:30	09:30	12:30	13:30	17:30	09:30
	Total opening hours	08:30			17:30	08:30			17:30	08:30			17:30	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:30	13:30	14:30	17:30	09:30	13:30	14:30	17:30	09:30	13:30	14:30	17:00	09:30
	Total opening hours	09:00			17:30	09:00			17:30	09:00			17:30	09:00
	Core opening hours	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30	14:00	15:00	17:30	09:30
	Total opening hours	09:00			17:30	09:00			17:30	09:00			17:30	09:00
	Core opening hours	08:30	13:30	14:30	17:30	08:30	13:30	14:30	17:30	08:30	13:30	14:30	17:30	08:30

	Total opening hours	08:30			18:00	08:30			18:00	08:30			18:00	08:30
	Core opening hours	09:00	12:00	13:00	17:00	09:00	12:00	13:00	17:00	09:00	12:00	13:00	17:00	09:00
	Total opening hours	09:00			20:00	09:00			20:00	09:00			20:00	09:00
Yes	Core opening hours	08:00			23:59	08:00			23:59	08:30			23:59	08:30
Yes	Total opening hours	08:00			23:59	08:00			23:59	08:30			23:59	08:30
	Core opening hours	10:00	14:00	15:00	17:00	10:00	14:00	15:00	17:00	10:00	14:00	15:00	17:00	10:00
	Total opening hours	08:30	14:00	15:00	17:30	08:30	14:00	15:00	17:30	08:30	14:00	15:00	17:30	08:30
	Core opening hours	09:30	14:00	15:00	17:00	09:30	14:00	15:00	17:00	09:30	14:00	15:00	17:00	09:30
	Total opening hours	09:30			18:00	09:30			18:00	09:30			18:00	09:30
	Core opening hours	08:30	13:00	14:00	17:30	08:30	13:00	14:00	17:30	08:30	13:00	14:00	17:30	08:30
	Total opening hours	08:30			17:30	08:30			17:30	08:30			17:30	08:30
	Core opening hours	09:00	12:00	13:30	17:30	09:00	12:00	13:30	17:30	09:00	12:00	13:30	17:30	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Core opening hours	09:00	13:00	14:00	17:00	09:00	13:00	14:00	17:00	09:00	13:00	14:00	17:00	09:00
	Total opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00

	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
Yes	Core opening hours	08:30			24:00:00	08:30			24:00:00	08:30			24:00:00	08:30
Yes	Total opening hours	08:30			00:00	08:30			00:00	08:30			00:00	08:30
Yes	Core opening hours	08:00			00:00	08:00			00:00	08:00			00:00	08:00
Yes	Total opening hours	08:00			00:00	08:00			00:00	08:00			00:00	08:00
	Core opening hours	09:00	13:00	14:15	18:30	09:00	13:00	14:15	18:30	09:00	13:00	14:15	18:30	09:00
	Total opening hours	09:00			18:30	09:00			18:30	09:00			18:30	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:00			19:00	08:00			19:00	08:00			19:00	08:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00

	Total opening hours	08:45	13:00	14:00	18:30	08:45	13:00	14:00	18:30	08:45	13:00	14:00	18:30	08:45
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Core opening hours	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00
	Total opening hours	08:45	13:00	14:00	18:00	08:45	13:00	14:00	18:00	08:45	13:00	14:00	18:00	08:45
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Core opening hours	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Core opening hours	09:00	12:30	13:00	17:30	09:00	12:30	13:00	17:30	09:00	12:30	13:00	17:30	09:00
	Total opening hours	09:00			17:30	09:00			17:30	09:00			17:30	09:00

	Core opening hours	09:00	12:30	13:30	18:00	09:00	12:30	13:30	18:00	09:00	12:30	13:30	18:00	09:00
	Total opening hours	08:30			18:30	08:30			18:30	08:30			18:30	08:30
	Core opening hours	09:00	12:30	13:30	18:00	09:00	12:30	13:30	18:00	09:00	12:30	13:30	18:00	09:00
	Total opening hours	08:30			18:00	08:30			18:00	08:30			18:00	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	13:30	18:00	09:00	13:00	13:30	18:00	09:00	13:00	13:30	18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	13:00	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:00			18:30	08:00			18:30	08:00			18:30	08:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:30			18:30	08:30			18:30	08:30			18:30	08:30
	Core opening hours	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:00	09:00	13:00	14:00	17:00	09:00
	Total opening hours	08:45			18:30	08:45			18:30	08:45			18:30	08:45
	Core opening hours	09:00	12:00	13:00	17:30	09:00	12:00	13:00	17:30	09:00	12:00	13:00	17:30	09:00

	Total opening hours	09:00			18:00	09:00			18:00	09:00			17:30	09:00
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	08:30	12:30	13:00	17:00	08:30	12:30	13:00	17:00	08:30	12:30	13:00	17:00	08:30
	Total opening hours	08:30	12:30	13:00	17:00	08:30	12:30	13:00	17:00	08:30	12:30	13:00	17:00	08:30
	Core opening hours	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	14:00	18:30	09:00	13:00	14:00	18:30	09:00	13:00	14:00	18:30	09:00
	Core opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00	12:30	15:30	18:30	09:00	12:30	15:30	18:30	09:00	12:30	16:00	18:30	09:00
	Total opening hours	08:30	13:00	14:00	18:30	08:30	13:00	14:00	18:30	08:30	13:00	14:00	18:30	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00

	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:30			18:00	08:30			18:00	08:30			18:00	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Core opening hours	09:00	13:30	14:00	17:30	09:00	13:30	14:00	17:30	09:00	13:30	14:00	17:30	09:00
	Total opening hours	09:00	13:30	14:00	17:30	09:00	13:30	14:00	17:30	09:00	13:30	14:00	17:30	09:00
	Core opening hours	09:00	13:00	14:15	18:30	09:00	13:00	14:15	18:30	09:00	13:00	14:15	18:30	09:00
	Total opening hours	08:45	13:00	14:00	18:15	08:45	13:00	14:00	18:15	08:45	13:00	14:00	18:15	08:45
	Core opening hours	09:00	12:00	15:00	18:00	09:00	12:00	15:00	18:00	09:00	12:00	15:00	18:00	09:00
	Total opening hours	08:00			22:00	08:00			22:00	08:00			22:00	08:00
	Core opening hours	09:00	12:00	14:00	17:00	09:00	12:00	14:00	17:00	09:00	12:00	14:00	17:00	09:00
	Total opening hours	08:00			20:00	08:00			20:00	08:00			20:00	08:00
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	08:45			18:45	08:45			18:45	08:45			18:45	08:45
	Core opening hours	09:00	12:00	15:15	18:30	09:00	13:00	15:15	18:30	09:00	13:00	15:00	18:30	09:00
	Total opening hours	09:00			18:30	09:00			18:30	09:00			18:30	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00

	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00			16:00	09:00			16:00	09:00			16:00	09:00
	Total opening hours	09:00			17:30	09:00			17:30	09:00			17:30	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00			12:00	09:00
	Total opening hours	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00			12:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:30	13:00	13:30	18:00	08:30	13:00	13:30	18:00	08:30	13:00	13:30	18:00	08:30

	Core opening hours	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00
	Total opening hours	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00
	Core opening hours	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00
	Total opening hours	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:30			18:00	08:30			18:00	08:30			18:00	08:30
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	09:00			18:30	09:00			18:30	09:00			18:30	09:00
Yes	Core opening hours	08:00			23:00	08:00			23:00	08:00			23:00	08:00
Yes	Total opening hours	08:00			23:00	08:00			23:00	08:00			23:00	08:00
	Core opening hours	08:00	13:00	13:30	16:30	08:00	13:00	13:30	16:30	08:00	13:00	13:30	16:30	08:00
	Total opening hours	08:00	13:00	13:30	16:30	08:00	13:00	13:30	16:30	08:00	13:00	13:30	16:30	08:00
	Core opening hours	09:00	13:00	14:00	17:00	09:00	13:00	14:00	17:00	09:00	13:00	14:00	17:00	09:00
	Total opening hours	08:30	13:00	14:00	20:00	08:30	13:00	14:00	20:00	08:30	13:00	14:00	20:00	08:30
Yes	Core opening hours	08:00			22:30	08:00			22:30	08:00			22:30	08:00
Yes	Total opening hours	08:00			22:30	08:00			22:30	08:00			22:30	08:00

	Core opening hours	09:00	12:00	13:45	18:00	09:00	12:00	13:45	18:00	09:00	12:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00
	Total opening hours	08:30			18:00	08:30			18:00	08:30			18:00	08:30
	Core opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
Yes	Core opening hours	07:00			22:30	07:00			22:30	07:00			22:30	07:00
Yes	Total opening hours	07:00			22:30	07:00			22:30	07:00			22:30	07:00
Yes	Core opening hours	07:00			23:00	07:00			23:00	07:00			23:00	07:00
Yes	Total opening hours	07:00			23:00	07:00			23:00	07:00			23:00	07:00
	Core opening hours	09:00	12:15	14:00	18:00	09:00	12:15	14:00	18:00	09:00	12:15	14:00	18:00	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:30	09:00	13:00	14:00	18:00	09:00	13:00	15:00	18:30	09:00
	Total opening hours	09:00	13:00	14:00	18:30	09:00	13:00	14:00	18:30	09:00	13:00	15:00	18:30	09:00
	Core opening hours	09:00	12:30	13:30	18:00	09:00	12:30	13:30	18:00	09:00	12:30	13:30	18:00	09:00
	Total opening hours	09:00	13:00	13:30	18:00	09:00	13:00	13:30	18:00	09:00	13:00	13:30	18:00	09:00

	Core opening hours	09:00	12:30	13:30	18:00	09:00	12:30	13:30	18:00	09:00	12:30	13:30	18:00	09:00
	Total opening hours	08:30	13:00	13:30	18:00	08:30	13:00	13:30	18:00	08:30	13:00	13:30	18:00	08:30
	Core opening hours	09:00	12:30	13:30	18:00	09:00	12:30	13:30	18:00	09:00	12:30	13:30	18:00	09:00
	Total opening hours	08:30	13:00	13:30	18:00	08:30	13:00	13:30	18:00	08:30	13:00	13:30	18:00	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	13:30	18:00	09:00	13:00	13:30	18:00	09:00	13:00	13:30	18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:45	13:00	13:30	18:00	08:45	13:00	13:30	18:00	08:45	13:00	13:30	18:00	08:45
	Core opening hours	08:30	13:00	13:30	17:00	08:30	13:00	13:30	17:00	08:30	13:00	13:30	17:00	08:30
	Total opening hours	08:30			18:00	08:30			18:00	08:30			18:00	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:45			18:00	08:45			18:00	08:45			18:00	08:45
	Core opening hours	09:00	12:30	13:30	18:00	09:00	12:30	13:30	18:00	09:00	12:30	13:30	18:00	09:00
	Total opening hours	08:45	13:00	13:30	18:00	08:45	13:00	13:30	18:00	08:45	13:00	13:30	18:00	08:45
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:30	14:00	18:00	09:00	13:30	14:00	18:00	09:00	13:30	14:00	18:00	09:00
	Core opening hours	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00

	Total opening hours	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00
	Core opening hours	09:00	12:30	13:30	18:00	09:00	12:30	13:30	18:00	09:00	12:30	13:30	18:00	09:00
	Total opening hours	09:00	13:00	13:30	18:00	09:00	13:00	13:30	18:00	09:00	13:00	13:30	18:00	09:00
	Core opening hours	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00
	Total opening hours	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:30			18:00	08:30			18:00	08:30			18:00	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	13:45	18:30	09:00	13:00	13:45	18:30	09:00	13:00	13:45	18:30	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
Yes	Core opening hours	07:00			23:00	07:00			23:00	07:00			23:00	07:00
Yes	Total opening hours	07:00			23:00	07:00			23:00	07:00			23:00	07:00
Yes	Core opening hours	07:30			22:00	07:30			22:00	07:30			22:00	07:30
Yes	Total opening hours	07:30			22:00	07:30			22:00	07:30			22:00	07:30
	Core opening hours	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00
	Total opening hours	09:00	13:00	13:20	17:30	09:00	13:00	13:20	17:30	09:00	13:00	13:20	17:30	09:00

	Core opening hours	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00
	Total opening hours	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00	13:00	14:00	17:30	09:00
	Core opening hours	09:00	14:00	15:00	17:30	09:00	14:00	15:00	17:30	09:00	14:00	15:00	17:30	09:00
	Total opening hours	09:00	14:00	14:20	17:30	09:00	14:00	14:20	17:30	09:00	14:00	14:20	17:30	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Core opening hours	09:00	14:00	15:00	17:30	09:00	14:00	15:00	17:30	09:00	14:00	15:00	17:30	09:00
	Total opening hours	09:00	14:00	14:20	17:30	09:00	14:00	14:20	17:30	09:00	14:00	14:20	17:30	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	13:30	17:00	09:00
	Total opening hours	09:00	13:00	13:20	18:00	09:00	13:00	13:20	18:00	09:00	13:00	13:20	18:00	09:00
	Core opening hours	09:00	13:00	14:15	18:30	09:00	13:00	14:15	18:30	09:00	13:00	14:15	18:30	09:00
	Total opening hours	09:00	13:00	13:20	18:30	09:00	13:00	13:20	18:30	09:00	13:00	13:20	18:30	09:00
	Core opening hours	09:00	13:30	14:00	17:30	09:00	13:30	14:00	17:30	09:00	13:30	14:00	17:30	09:00
	Total opening hours	09:00	13:30	14:00	17:30	09:00	13:30	14:00	17:30	09:00	13:30	14:00	17:30	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Core opening hours	09:00	13:30	14:30	17:30	09:00	13:30	14:30	17:30	09:00	13:30	14:30	17:30	09:00

	Total opening hours	08:30			17:30	08:30			17:30	08:30			17:30	08:30
	Core opening hours	09:00	13:00	15:00	17:30	09:00	13:00	15:00	17:30	09:00	13:00	15:00	17:30	09:00
	Total opening hours	08:30			17:30	08:30			17:30	08:30			17:30	08:30
	Core opening hours	09:00	13:00	15:00	17:30	09:00	13:00	15:00	17:30	09:00	13:00	15:00	17:30	09:00
	Total opening hours	08:30			17:30	08:30			17:30	08:30			17:30	08:30
Yes	Core opening hours	08:00			22:30	06:30			22:30	06:30			22:30	06:30
Yes	Total opening hours	08:00			22:30	06:30			22:30	06:30			22:30	06:30
Yes	Core opening hours	08:00			22:30	06:30			22:30	06:30			22:30	06:30
Yes	Total opening hours	08:00			22:30	06:30			22:30	06:30			22:30	06:30
	Core opening hours	09:00	13:00	14:00	16:40	09:00	13:00	14:00	16:40	09:00	13:00	14:00	16:40	09:00
	Total opening hours	08:00			20:00	08:00			20:00	08:00			20:00	08:00
Yes	Core opening hours	08:00			22:30	06:30			22:30	06:30			22:30	06:30
Yes	Total opening hours	08:00			22:30	06:30			22:30	06:30			22:30	06:30
Yes	Core opening hours	08:00			22:30	06:30			22:30	06:30			22:30	06:30
Yes	Total opening hours	08:00			22:30	06:30			22:30	06:30			22:30	06:30
	Core opening hours	09:00	13:00	14:00	16:40	09:00	13:00	14:00	16:40	09:00	13:00	14:00	16:40	09:00
	Total opening hours	08:00			20:00	08:00			20:00	08:00			20:00	08:00

	Core opening hours	09:00	13:00	14:00	16:40	09:00	13:00	14:00	16:40	09:00	13:00	14:00	16:40	09:00
	Total opening hours	08:00	13:00	14:00	20:00	08:00	13:00	14:00	20:00	08:00	13:00	14:00	20:00	08:00
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	08:30			17:30	08:30			17:30	08:30			12:30	08:30
	Total opening hours	08:30			17:30	08:30			17:30	08:30			12:45	08:30
	Core opening hours	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00
	Total opening hours	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:45	13:00	14:00	18:15	08:45	13:00	14:00	18:15	08:45	13:00	14:00	18:15	08:45
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	08:00			18:30	08:00			18:30	08:00			18:30	08:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:30			18:00	08:30			18:00	08:30			18:00	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00

	Total opening hours	08:30			18:30	08:30			18:30	08:30			18:30	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:30			18:00	08:30			18:00	08:30			18:00	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:30			18:00	08:30			18:00	08:30			18:00	08:30
	Core opening hours	08:30	12:30	13:30	17:30	08:30	12:30	13:30	17:30	08:30	12:30	13:30	17:30	08:30
	Total opening hours	08:30			18:00	08:30			18:00	08:30			18:00	08:30
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	08:15			18:30	08:15			18:30	08:15			18:30	08:15
	Core opening hours	09:00	13:00	15:30	18:30	09:00	13:00	15:00	18:00	09:00	13:00	15:00	18:00	09:00
	Total opening hours	08:30	13:00	15:30	18:30	08:30	13:00	15:30	18:30	08:30	13:00	15:30	18:30	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	08:30	13:00	14:00	17:30	08:30	13:00	14:00	17:30	08:30	13:00	14:00	17:30	08:30
	Total opening hours	08:30	13:00	14:00	17:30	08:30	13:00	14:00	17:30	08:30	13:00	14:00	17:30	08:30

	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:30			18:30	08:30			18:30	08:30			18:30	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00			13:00	09:00
	Total opening hours	08:30			18:30	08:30			18:30	08:30			18:30	08:30
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00
	Total opening hours	08:30			18:00	08:30			18:00	08:30			18:00	08:30
	Core opening hours	09:00			18:00	09:00			18:00	09:00			13:00	09:00
	Total opening hours	08:30			18:15	08:30			18:15	08:30			18:15	08:30
	Core opening hours	09:00	13:30	14:00	17:30	09:00	13:30	14:00	17:30	09:00	13:30	14:00	17:30	09:00
	Total opening hours	09:00			18:00	09:00			18:00	09:00			18:00	09:00
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	09:00			18:30	09:00			18:30	09:00			18:30	09:00
Yes	Core opening hours	07:00			23:00	07:00			23:00	07:00			23:00	07:00
Yes	Total opening hours	07:00			23:00	07:00			23:00	07:00			23:00	07:00
	Core opening hours	09:00	13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00			13:00	09:00
	Total opening hours	09:00			18:30	09:00			18:30	09:00			14:00	09:00
Yes	Core opening hours	08:00			23:30	08:00			23:30	08:00			23:30	08:00

Yes	Total opening hours	08:00			23:30	08:00			23:30	08:00			23:30	08:00
	Core opening hours	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00	13:00	13:30	17:30	09:00
	Total opening hours	08:00			17:30	08:00			17:30	08:00			17:30	08:00
Yes	Core opening hours	07:30			22:30	07:30			22:30	07:30			22:30	07:30
Yes	Total opening hours	07:30			22:30	07:30			22:30	07:30			22:30	07:30
Yes	Core opening hours	08:00			23:00	08:00			23:00	08:00			23:00	08:00
Yes	Total opening hours	08:00			23:00	08:00			23:00	08:00			23:00	08:00
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Core opening hours	09:00			17:30	09:00			17:30	09:00			17:30	09:00
	Total opening hours	09:00			17:30	09:00			17:30	09:00			17:30	09:00
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00

	Total opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Core opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00
	Total opening hours	09:00			17:00	09:00			17:00	09:00			17:00	09:00

THURSDAY			FRIDAY				SATURDAY				SUNDAY			
LUNCHTIME	FROM	TO	FROM	LUNCHTIME	FROM	TO	FROM	LUNCHTIME	FROM	TO	FROM	LUNCHTIME	FROM	TO
		13:00	08:30	13:00	14:00	18:00	Closed			Closed	Closed			Closed
		13:00	08:30	13:00	14:00	18:30	Closed			Closed	Closed			Closed
13:00	14:00	18:00	09:00	13:00	14:00	18:00	Closed			Closed	Closed			Closed
13:00	14:00	18:00	09:00	13:00	14:00	18:00	Closed			Closed	Closed			Closed
		23:00	07:00			23:00	07:00			22:00	10:00			16:00
		23:00	07:00			23:00	07:00			22:00	10:00			16:00
		23:00	07:00			23:00	07:00			22:00	10:00			16:00
		23:00	07:00			23:00	07:00			22:00	10:00			16:00
12:30	14:30	17:00	09:00	12:30	14:30	17:00	09:00	12:30	14:30	17:00	11:00			16:00
12:30	14:30	20:00	09:00	12:30	14:30	20:00	09:00	12:30	14:30	20:00	10:00			16:00
		23:00	07:00			23:00	07:00			21:00	10:00			16:00
		23:00	07:00			23:00	07:00			21:00	10:00			16:00
		23:00	07:00			23:00	07:00			22:00	10:00			16:00
		23:00	07:00			23:00	07:00			22:00	10:00			16:00
13:00	14:00	18:00	09:00	13:00	14:00	18:00	09:00			12:00	Closed			Closed

		18:00	09:00			18:00	09:00			14:00	Closed			Closed
13:00	14:00	18:00	09:00	13:00	14:00	18:00					Closed			Closed
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Nottinghamshire County Council

Report to the Health & Wellbeing Board

7 September 2022

Agenda Item: 9

REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE & HEALTH

BETTER CARE FUND (BCF) – SUBMISSION OF YEAR END REPORTING TEMPLATE

Purpose of the Report

1. To endorse the Nottinghamshire 2021-22 Better Care Fund Year End reporting template that was submitted to NHS England on 27 May 2022.

2. To update the Nottinghamshire Health and Wellbeing Board on the development of a Collaborative Commissioning approach.

3. To approve the use of Better Care Fund reserves to progress Social Care Reform until 31st March 2023.

Information

The 2021-22 Better Care Fund Year-end reporting template

4. The 2021-22 Better Care Fund Year-end reporting template (**Appendix 1**) confirms the status of continued compliance against the requirements of the fund, including the final end of year spending position and provides information about challenges, achievements and support needs in progressing delivery.

5. **Metrics (tab 4)**: The 2021-22 Better Care Fund planning requirement included three new performance metrics and the Year-end reporting template reinstated monitoring against these. The metrics are:

   - unplanned hospitalisation for chronic ambulatory care sensitive conditions.
   - reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days.
   - improving the proportion of people discharged home using data on discharge to their usual place of residence.
   - rate of permanent admissions to residential care.
   - proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation.

6. The 2021-22 Better Care Fund Year-end reporting template requires assessment against

progress for each of these metrics and to highlight challenges, support needs and achievements. It has been reported 'on track to meet target' for each metric, except 'residential admissions' where it has been reported 'not on track to meet target'. A reference to the following has been included to address this; system having several plans in place including the Prevention Strategy and Carers Strategy to improve the ability for people to remain independent in their own homes and plans to improve the range of supported living options.

7. The following system challenges in meeting the metric targets for 2021-22 have been highlighted:

   - A slight increase in admissions relating to COVID-19 and/or conditions that deteriorated over lockdown periods.
   - COVID-19 related sickness absence impacted the ability to provide sufficient homecare provision.

8. The report noted that demand avoidance schemes such as 2 hour community response services and Same Day Emergency Care (SDEC) pathways have helped keep the admission growth to a minimum. There was also success in focused work to recruited more permanent homecare staff.

9. **Year End Feedback (tab 6):**The 2021-22 Better Care Fund Year-end template requires us to highlight success and challenges in driving the enablers of integration. Successes highlighted included establishing a senior partnership governance and oversight for plans to improve market management of home care support, recruitment and training. Also, in developing integration to sharing information for patients being discharged from hospital with additional social complexity (health, care, substance misuse and housing).

10. Challenges in the recruitment and retention across social care and health workforce was highlighted. This has been exacerbated by the ongoing impact from COVID on staffing levels (including adhering to advisory 5 day self-isolation period). Significant recruitment challenges are noted in the adult social care and home care market.

National conditions declaration and additional requirements: The 2021-22 Better Care Fund Year-end template includes the following additional tabs:

- Tab 3: National Conditions, which are:
  - Agree plan and section 75 pooled fund
  - Clinical Commissioning Group (CCG) minimum contribution to social care is in line with BCF policy
  - Agreed investment in NHS commissioned out of hospital services
  - Plan for improving outcomes for people being discharged from hospital
- Tab 5: I&E Actual – income and expenditure: confirming the BCF allocation has been invested according to the BCF planning template
- Tab 7: Adult Social Care fee rates: Detail of payment to external social care providers

11. The 2021-22 Better Care Fund Planning requirements included a narrative template, which describes the Nottingham and Nottinghamshire Integrated Care System (ICS) approach to reviewing the Better Care Fund Programme as an integral part of wider work to produce a Collaborative Commissioning and Planning Framework and to support the developing approach to integrated delivery of health and care.

Collaborative Commissioning Framework Update

12. A "Joint commissioning for Integrated Care" workstream with representatives from Nottingham City Council, Nottinghamshire County Council and Bassetlaw and Nottingham and Nottinghamshire CCGs has been providing leadership to develop the role of Collaborative Commissioning as an enabler to deliver integrated care within the Integrated Care System (ICS). A framework has been agreed which sets out the principles for collaborative commissioning, based on an assessment of current ways of working, learning from other systems in England, and reflections from key policy documents. **Appendix 2** includes the Nottingham and Nottinghamshire Collaborative Commissioning Framework.

13. The principles are now being confirmed through a number of test pieces in a "learning laboratory approach" that applies a consistent methodology to identify success factors for, and barriers to, successful collaborative commissioning. This learning will form the basis for scaling up our approach to collaborative commissioning.

14. A "Collaborative Commissioning Oversight Group" is being established to provide ongoing leadership for news ways of commissioning, this will include exploring the opportunity for BCF to drive integration. As well as providing leadership for specific areas of collaborative commissioning, the group will inform the System Development Oversight Group which is being developed to ensure all aspect of system development in the ICS are coordinated and managed.

Use of Better Care Fund Reserves

15. There are key areas of Social Care Reform such as charging reform and CQC quality assurance, that require immediate resources to progress and implement Department of Health and Social Care requirements, it is therefore proposed (pending receipt of government implementation funding) that the Better Care Fund reserves of £862,000 aligned to Protecting Social Care are used to establish new posts and extend existing posts to progress Social Care Reform. For further information around Social Care Reform, a plan on a page is provided as background information in **Appendix 3.**

16. The posts described in paragraph 15 are outlined in a report entitled "Adult Social Care Reform and Quality Assurance Resource" which is available as a background paper**.**

Conclusion

17. The report template was agreed for submission to NHSE by the following:

- Cllr John Doddy, Chair of the Nottinghamshire Health & Wellbeing Board
- Melanie Brooks, Corporate Director: Adult Social Care & Health, Nottinghamshire County Council
- Lucy Dadge, Chief Commissioning Officer, NHS Nottingham and Nottinghamshire Integrated Care Board

18. Subsequently, the Nottinghamshire Health and Wellbeing Board are asked to endorse the submission of the Nottinghamshire 2021-22 Better Care Fund End of Year reporting template as shown in full at **Appendix 1.**

Other options considered

19. None.

Reasons for Recommendation

20. To ensure the Nottinghamshire Health and Wellbeing Board has oversight of the Better Care Fund and can discharge its national obligations.

Statutory and Policy Implications

21. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

22. The 2021-22 Better Care Fund pooled budget has been agreed as £99,267,060 after inflation and is summarised in **Appendix 1.**

23. The Better Care Fund reserve has an uncommitted balance of £862,000 this is requested to fund the Social Care Reform. The anticipated cost of the posts required to March 2023 is £740,198. A breakdown of this figure is available as a background paper.

Funding Stream	Available Funding	Anticipated cost
Better Care Fund Reserve	£862,000	£740,198

Human Resources Implications

24. There are no Human Resources implications contained within the content of this report.

Legal Implications

25. The Care Act facilitates the establishment of the Better Care Fund by providing a mechanism to make the sharing of NHS funding with local authorities mandatory. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected.

RECOMMENDATION(S)

The Health and Wellbeing Board is asked:

1) To endorse the Nottinghamshire 2020-21 Better Care Fund End of Year reporting template that was submitted to NHS England on 27 May 2022.

2) To approve the use of Better Care Fund reserves to progress Social Care Reform until 31st March 2023.

Melanie Brooks
Corporate Director: Adult Social Care & Health
Nottinghamshire County Council

For any enquiries about this report please contact:

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Constitutional Comments (LW 30/08/2022)

26. The Health and Wellbeing Board is the appropriate body to consider the content of the report.

Financial Comments (OC 24/08/2022)

27. The Financial implications are detailed throughout this report and are summarized within paragraphs 22 and 23 of this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- 2018-19 Progress Update and Approval for the Use of the BCF Care Act Allocation (Recurrent and Reserve), the Improved BCF, and the Winter Pressures Grant 2019-20, Report to Health & Wellbeing Board (6 March 2019)
- 2019-20 Better Care Fund Policy Framework, Department of Health & Social Care, 10 April 2019
- Quarterly reporting from Local Authorities to the Department of Health & Social Care in relation to the Better Care Fund, Quarter 4 Return – 18 April 2019
- 2018-19 Better Care Fund Performance, Report to Health & Wellbeing Board (5 June 2019)
- Better Care Fund Planning Requirements for 2019-20, Department of Health & Social Care, Ministry of Housing, Communities & Local Government, and NHS England, 18 July 2019

- 2019-20 First Quarter Better Care Fund Performance and Programme Update, Report to Health & Wellbeing Board (4 September 2019)
- Nottinghamshire 2019-20 Better Care Fund Planning Template
- Nottinghamshire 2019-20 Q4 Better Care Fund Reporting Template
- 2020-2021 End of Year Template, Report to Health and Wellbeing Board (9 June 2021)
- Adult Social Care Reform Impact and Risks, Report to Cabinet (14 July 2022)
- Adult Social Care Reform and Quality Assurance Resource Report, Officer Delegated Decision Report (9 August 2022)

Electoral Division(s) and Member(s) Affected

- All.

Better Care Fund 2021-22 Year-end Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Hosusing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) To confirm actual income and expenditure in BCF plans at the end of the financial year
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCEx) prior to publication.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercaresupport@nhs.net
(please also copy in your respective Better Care Manager)
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2021-22/

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution
National condition 3: Agreement to invest in NHS commissioned out-of-hospital services
National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.
This section captures a confidence assessment on achieving the plans for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.
The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Long length of stay (14 and 21 days) and Dischaege to usual place of residence at a local authority level to assist systems in understanding performance at local authority level.

The metris worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:
- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Income and Expenditure

The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.
- The template will automatically pre populate the planned expenditure in 2021-22 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed intothe area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional CCG or LA contributions in 2021-22 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 20121-22.

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in you BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and expanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.

- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions
These questions are kept consistent from year to year to provide a time series.
The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree

- Strongly Disagree

The questions are:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2021-22
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges
This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:
8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22.
9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.
SCIE - Integrated care Logic Model

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

7. ASC fee rates

This section collects data on average fees paid by the local authority for social care.

Specific guidance on individual questions can be found on the relevant tab.

HM Government

NHS

Better Care Fund 2021-22 Year-end Template

2. Cover

Version 2.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

			Checklist: Complete:
Health and Wellbeing Board:	Nottinghamshire		Yes
Completed by:	Naomi Robinson		Yes
E-mail:	Naomi.Robinson2@nhs.net		Yes
Contact number:	7816407052		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off		Yes
If no, please indicate when the report is expected to be signed off:		<< Please enter using the format, DD/MM/YYYY	No

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:			No
Name:			No

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	No
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes
7. ASC fee rates	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2021-22 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board: Nottinghamshire

Confirmation of Nation Conditions			Checklist
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in 2021-22:**	Complete:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes		Yes
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes		Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes		Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes		Yes

Better Care Fund 2021-22 Year-end Template

4. Metrics

Selected Health and Wellbeing Board: Nottinghamshire

National data may like be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2021-22 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements	Checklist Complete:
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	830.0	Data not available to assess progress	Avoidable admissions were 1% higher than the pre-pandemic 19/20 baseline. This slight increase will be caused by Covid admissions and conditions that deteriorated over lockdown periods.	Demand avoidance schemes such as 2hr community response services and SDEC pathways have helped keep this growth to a minimum.	Yes
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	**14 days or more (Q3)** 9.5%; **14 days or more (Q4)** 9.0%; **21 days or more (Q3)** 4.7%; **21 days or more (Q4)** 4.5%	On track to meet target	The number of people who reside in hospital when medically fit to leave hospital remains at high numbers.	Both the Q3 and Q4 targets were met with 6.9% of in-patients waiting 14 days or more and 3.9% of patients wiating 21 days or more	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.0%	On track to meet target	Covid related sickness absences limited home care capacity which has led to discharge delays across the system. The current rate is 92.3% of people discharged to their normal place of residence	Recruitment of permanent staff for home based pathway 1 discharge services	Yes
Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)	447	Not on track to meet target	Although new admissions have exceeded target, the number of people supported in long term residential or nursing care homes is better then target.	At the end of the year there were 575 new long term admissions of adults aged 65 and over to residential or nuring care homes per 100,000 popn.	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	83.0%	On track to meet target	n/a	85.3% of people aged 65 and over were still at home 91 days after being discharged from hospital into reablement services.	Yes

* In the absense of 2021-22 population estimates (due to the devolution of North Northamptonshire and West Northamptonshire), the denominator for the Residential Admissions metric is based on 2020-21 estimates

Better Care Fund 2021-22 Year-end Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board: Nottinghamshire

Income

	2021-22
Disabled Facilities Grant	£7,886,632
Improved Better Care Fund	£30,011,229
CCG Minimum Fund	£61,369,199
Minimum Sub Total	£99,267,060

	Planned	Actual
CCG Additional Funding	£0	
LA Additional Funding	£0	
Additional Sub Total	£0	£0

Actual		
Do you wish to change your additional actual CCG funding?	No	
Do you wish to change your additional actual LA funding?	No	

	Planned 21-22	Actual 21-22
Total BCF Pooled Fund	£99,267,060	£99,267,060

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22	

Expenditure

	2021-22
Plan	£99,267,060

Do you wish to change your actual BCF expenditure?	No
Actual	

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22	

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

Better Care Fund 2021-22 Year-end Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board: Nottinghamshire

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response	Checklist Complete:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Partners continue to work closely to deliver programmes and schemes identified within the BCF plan. We are working together align our vision for collaborative commisioning and development of place with future development of the BCF programme plan.	Yes
2. Our BCF schemes were implemented as planned in 2021-22	Agree	The schemes within the BCF Plan have been delivered as planned.	Yes
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Agree	The BCF funding has been used to deliver a wide range of services and new functionality that support integrated approaches eg. integrated care teams, sharing data across organisational boundaries, integrated approaches to hospital discharge.	Yes

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.
Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes	
Success 1	2. Strong, system-wide governance and systems leadership	Senior partnership meeting to provide robust governance and oversight around the challenges and plans to improve market management of home care support, recruitment and training.	Yes
Success 2	3. Integrated electronic records and sharing across the system with service users	Progress to support increased pace of the transfer of appropriate information to support discharges requiring MDT planning, this includes specific work to support the appropriate sharing information for people who have complex health, care, substance misuse and housing related issues.	Yes

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges	
Challenge 1	6. Good quality and sustainable provider market that can meet demand	Significant recruitment challenges in the Adult Social Care, home care and care home market, inclusive of CHC placements. This is contributing to the system remaining challenges in achieving discharges same day as medically safe.	Yes
Challenge 2	Other	There are pressures on recruitment and retention across social care and health workforce. This has been exacerbated by the ongoing impact from COVID on staffing levels (including adhering to advisory 5 day self isolation period). This is contributing to challenges in delivering across a number of areas including implementation of strength based assessment and in delivering timely transfers of care.	Yes

Footnotes:
Question 4 and 5 are should be assigned to one of the following categories:
1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
Other

Better Care Fund 2021-22 Year-end Template

7. ASC fee rates

Selected Health and Wellbeing Board: Nottinghamshire

The iBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a key part of social care reform.

Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect this data in future, but have chosen to collect 2021-22 data through the iBCF for consistency with previous years.

These questions cover average fees paid by your local authority (gross of client contributions/user charges) to external care providers for your local authority's eligible clients. The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (gross of client contributions/user charges), reflecting what your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support such as the Infection Control Fund but otherwise, including additional funding to cover cost pressures related to management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This counterfactual calculation was intended to provide data on the long term costs of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactual), subject to than the exclusions set out below.

Specifically the averages SHOULD therefore:

- EXCLUDE/BE NET OF any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments.
- INCLUDE/BE GROSS OF client contributions /user charges.
- INCLUDE fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- EXCLUDE care packages which are part funded by Continuing Health Care funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:** 1. Take the number of clients receiving the service for each detailed category.

2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).

3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.

4. For each service type, sum the resultant detailed category figures from Step 3.

Checklist

	For information - your 2020-21 fee as reported in 2020-21 end of year reporting *	Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value	What was your actual average fee rate per actual user for 2021/22?	Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates	Complete:
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£18.52	£18.52	£18.77	1.3%	Yes
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£614.00	£614.00	£646.89	5.4%	Yes
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£747.00	£747.00	£799.92	7.1%	Yes
4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. Please do not use more than 250 characters.		Pleas note that the system does not allow us to capture the increased cost associated with spot purchase of which there was an increased demand during the year.			Yes

Footnotes:

* ".." in the column C lookup means that no 2020-21 fee was reported by your council in the 2020-21 EoY report

** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees.
(Occupancy guarantees should result in a higher rate per actual user.)

*** Both North Northamptonshire & West Northamptonshire will pull the same last year figures as reported by the former Northamptonshire County Council.

Integrated Care System
Nottingham & Nottinghamshire

Our Collaborative Planning and Commissioning Framework

VISION

To deliver **Integrated Health and Care** within the ICS, joining up strategic leadership and the transformation of health and care to improve outcomes for our population, ensuring decision making is led and integrated at the appropriate population level, with an emphasis on subsidiarity.

PRINCIPLES

Why we are taking this approach

- We will deliver improved outcomes and reduce health inequalities, driven by an understanding of the needs of our population
- We will optimise the use of our collective resource by reducing duplication, moving away from services commissioned and delivered in silos, making it easier for people to access the right support or care to meet their needs
- We will enable providers to work collaboratively to deliver improved quality and efficiencies

What we will do together

- We will work with our population to ensure they are involved in decision making at all stages of planning and delivery
- We will work as health and care partners, considering the opportunities for person centred integrated delivery for every decision we make
- We will focus on early intervention and prevention to support people to avoid increasing levels of support / cost
- We will use the best available evidence to support our decision making

How we will work

- Our Place Based Partnerships will drive our integrated health and care approach, bring together the planning and delivery of integrated care
- We will have transparency in our decision making, sharing financial and outcomes information to reach a collective decision
- We will hold ourselves accountable for working to these principles and for the delivery of integrated health and care, recognising the statutory responsibilities of each partner

VALUES

- We will be open and honest with each other
- We will be respectful in working together
- We will be accountable, doing what we say we will do and following through on agreed actions

Adult Social Care Reform

Programme plan on a page – **SPONSOR** Melanie Brooks **SD Lead** Grace Natoli **GM Lead** Louise Hemment Stacey Roe Iain MacMillan

13th June 2022

Adult Social Care Reform Objectives

- People have choice, control and support to live independent lives
- People can access outstanding quality and tailored care and support
- People find adult social care fair and accessible

Adult Social Care Reform Strategies

- People access the right care at the right time in the right place
- Empowering those who draw on care, unpaid carers and families
- Social Care Workforce
- Supporting local authorities to deliver social care reform

Programme Themes

People at the heart of care | Charging Reform | Fair Price for care | Build Back Better | Integration White Paper

Programme Outputs

Phase 1 Timeline – March to Sept 2022

Phase 2 Timeline – Sept 2022 onwards

DRAFT Workstreams identified within Adults Social Care Reform

Funding and Sourcing Care

DISCOVER

Business Lead: Kath Sargent
Programme Lead: Stacey Roe

Aim

- To be able to implement the new cap and floor funding arrangements
- Ensure that self-funders can access the same rates for care costs in care homes that local authorities pay
- Ensure fees for care are transparent to allow people to ~~make informed decisions~~
- **MIG/PEA Inflation Increases - completed**

Products
1. Budget implication report
2. Updated workforce capacity model
3. Care Account
4. Communication Plan
5. BAU reporting system for Cap and Floor forecasting
6. Impact Analysis for people and providers

Timeframe -By Oct 2023

Market Management & Sustainability

DISCOVER

Business Lead: Kashif Ahmed
Programme Lead: Louise Hemment

Aim

- to address the current differential in fee rates charged to self-funders
- Improve the quality outcomes for people by investing in local care markets, buildings and innovation

Products
1. Cost of care exercise
2. Provisional market sustainability plan
3. Spend report
4. Impact Analysis for people and providers

Timeframe 14th Oct 2022

CQC Assurance Framework

DESIGN

Business Lead: Grace Natoli
Programme Lead:Iain Macmillan

Aim

- To assess the effectiveness of services put in place to achieve high quality care outcomes for local populations.
- to improve outcomes for people who LA's support by assessing how local authorities are meeting individuals needs
- To have a single assessment for LA's, ICS's and providers that draws on "I" statement to reflect personalised care

Products
1. Quality Framework
2. Action Plans across 6 QF themes
3. Quality Dashboard
4. Quality & Assurance Report
5. ~~Readiness Assessment~~

Timeframe
Apr22 Data collection commences
Apr23 QA 4-year cycle commences

Information, Advice and Guidance

DISCOVER

Business Lead: Grace Natoli
Programme Lead: Louise Hemment

Aim

- Improved support , advice and guidance for unpaid carers
- Improve information for people to navigate care system

Products
1. IAG Customer Journeys
2. Gap Analysis
2. Bid submission for Govt funding

Timeframe – Aug 2022

Coproduction and Engagement

DISCOVER

Business Lead: Kashi Ahmed Programme Lead: Stacey Roe

Aim
To ensure implementation of Social Care Reforms are conducted with a high level of engagement and co produced with key stakeholders

Products
1. An E&C function for use across the department to satisfy the requirements of the Quality Framework
2. Coproduction and engagement strategy
3. Implementation Plans for coproduction and engagement to embed strategy
3. Plan and deliver 'Big Conversation' for SCR

Social Care System Improvement

NOT STARTED

Business Lead: Kashif Ahmed
Programme Lead: Louise Hemment

Key Features in the Reform

- Investment in DFG and supported housing
- Explore other innovative housing solutions
- Innovation models of care with funding streams for reablement, prevention, Outcomes based commissioning
- Social care technology blueprint

Health and Care Integration

NOT STARTED

Business Lead: Mel Brooks
Programme Lead: Louise Hemment

Key themes in the white paper
Leadership and Accountability

- A single person who is accountable for the delivery of the shared plan and outcomes for the place

Shared Outcomes Framework

- Person centred locally adopted framework to include individual health, population health and wellbeing

Social Care Workforce

NOT STARTED

Business Lead: Sue Batty
Programme Lead: Stacey Roe

Key Features in the Reform

- Knowledge and skills framework, and career structure
- Wellbeing and Occ Health offer
- A sustainable and recognised workforce
- Digital hub for workforce to support info advice and guidance

Cross-cutting enablers to support delivery

Housing– Suitability of housing for people with care needs | **Research and Data** – Having robust data sets in place | **Information, Advice and Guidance** – Accessible high quality info to make informed decisions

Employment – Support to overcome the challenges people with disabilities and autism find in gaining suitable employment | **Innovation & Technology** – Making the most of technology to support people to live independently

Interdependencies with Adult Social Care Transformation Programme

Early Help and Preventatives Interventions | Improving Residents Access | All Age Approaches | Whole family approach to Safeguarding

Strategic Commissioning

System enablers for Integration

Finance –Pooling/ Aligning of budgets | **Data and Digital** – Shared Care Record , Rapid adoption of proven technologies by social care | **Workforce** – Work to develop and test joint roles in health and social care

Nottinghamshire County Council

Report to the Health & Wellbeing Board

7 September 2022

Agenda Item: 11

REPORT OF THE SERVICE DIRECTOR: CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Health & Wellbeing Board's work programme for 2022.

Information

2. The County Council requires each committee, including the Health & Wellbeing Board, to maintain a work programme. The work programme will assist the management of the Board's agenda, the scheduling of the Board's business, and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

Other Options Considered

4. None.

Reasons for Recommendation

5. To assist the Health & Wellbeing Board in preparing its work programme.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

1) That the Health & Wellbeing Board's work programme be noted, and consideration be given to any changes which the Board wishes to make.

Marjorie Toward
Service Director: Customers, Governance and Employees

For any enquiries about this report please contact:

Briony Jones
Public Health & Commissioning Manager
Nottinghamshire County Council
E: briony.jones@nottscc.gov.uk

Constitutional Comments (HD)

7. The Board has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NS)

8. There are no direct financial implications arising from the contents of this report. Any future reports to the Board will contain relevant financial information and comments.

Background Papers

- None

Electoral Division(s) and Member(s) Affected

- All

WORK PROGRAMME: 2022-2023

Please see Nottinghamshire County Council's website for the board papers, the Healthy Nottinghamshire website for information on the Health & Wellbeing Board and its Joint Health and Wellbeing Strategy (JHWS) and Joint Strategic Needs Assessment (JSNA) chapters are available on Nottinghamshire Insight.

Report title	Purpose	Lead officer	Report author(s)	Notes
Q3 MEETING: Wednesday 7 September 2022 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
Pharmaceutical Needs Assessment	To update on the consultation undertaken and approve the new Pharmaceutical Needs Assessment for 2022 – 2025, that will be published on Nottinghamshire Insight in October 2022.	Jonathan Gribbin	Sue Foley Lucy Hawkin	
Lung Health Checks	To provide an update on the progress of the Lung Health Check Programme that was launched in Mansfield and Ashfield in March 2021.	Thilan Bartholomeuz	Simon Castle Katie Lee	
JSNA Chapter: Substance Misuse	To consider and approve the JSNA chapter on substance misuse for publication on Nottinghamshire Insight.	Jonathan Gribbin	Sarah Quilty Tris Poole	
Substance Misuse Local Partnership Board	To update the Health and Wellbeing Board on the establishment of the Substance Misuse Partnership Board.	Jonathan Gribbin	Sarah Quilty Tris Poole	
The Better Care Fund End of Year Template 2021 - 2022	To seek retrospective approval of the Nottinghamshire 2021-22 Better Care Fund Year End reporting template.	Melanie Brooks	Kash Ahmed Naomi Robinson Clare Gilbert	
Q4 MEETING: Wednesday 12 October 2022 (2pm)				

Report title	Purpose	Lead officer	Report author(s)	Notes
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
Securing a Smokefree generation for Nottinghamshire	To discuss the outcomes of the workshop and agree a set of recommendations for board members to undertake on Tobacco.	Cllr Doddy	Cath Pritchard Jane Roberts Jo Marshall	
WORKSHOP: Homelessness	A workshop to discuss and identify partnership actions to contribute to the delivery of the JHWS priority on homelessness.	Cllr Doddy	Dawn Jenkin Catherine O Byrne Eleanor Hedley	
Q4 MEETING: Wednesday 7 December 2022 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
JHWS Quarterly Report	To present a quarterly report on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Sue Foley	
Covid-19 Impact Assessment: Domestic Abuse	Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning.	Jonathan Gribbin	Sue Foley	
Domestic Abuse Local Partnership Board Quarterly Report	To provide an update on the progress of the Domestic Abuse Local Partnership Board.	Jonathan Gribbin	Rebecca Atchinson	

Report title	Purpose	Lead officer	Report author(s)	Notes
JSNA Chapter: Special Educational Needs and Disabilities	To consider and approve the JSNA chapter on special educational needs and disabilities for publication on Nottinghamshire Insight.	Cllr Doddy	Lucy Hawkin	
Approval of the 2022/23 Better Care Fund Planning Template	To approve the 2022/23 Better Care Fund Planning Template and Better Care Fund Narrative plan.	Melanie Brooks	Kash Ahmed Naomi Robinson Clare Gilbert	**To be confirmed**
Q1 MEETING: Wednesday 1 February 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
Homelessness	To discuss the outcomes of the workshop and agree a set of recommendations for board members to undertake on Homelessness.	Cllr Doddy	Dawn Jenkin	
Integrated Care Strategy	To present and discuss the Integrated Care Partnership's new Integrated Care Strategy.	Melanie Brooks		**To be confirmed**
Q1 MEETING: Wednesday 8 March 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
JHWS Quarterly Report	To present a quarterly report on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Sue Foley	

Report title	Purpose	Lead officer	Report author(s)	Notes
Covid-19 Impact Assessment: Mental Health	Assessment of the COVID-19 pandemic on key aspects of health and wellbeing with particular regard to health inequalities to help inform public health and partner's strategies, plans and commissioning.	Jonathan Gribbin	Sue Foley	
Best Start Strategy Annual Progress Report	To review progress of the delivery of the Nottinghamshire Best Start Strategy 2021 – 2025, since the Board's endorsement in January 2021.	Colin Pettigrew Jonathan Gribbin	Laurence Jones Louise Lester	
JSNA Chapter: Looked After Children and Care Leavers	To consider and approve the JSNA chapter on looked after children and care leavers for publication on Nottinghamshire Insight.	Cllr Doddy	Lucy Hawkin	
Q2 MEETING: Wednesday 19 April 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
Q2 MEETING: Wednesday 24 May 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	
JHWS Quarterly Report	To present a quarterly report on progress of the delivery of the joint health and wellbeing strategy for 2022 – 2026 as part of its monitoring framework.	Cllr Doddy	Sue Foley	
JSNA Annual Work Programme for 2023-2024	A report to present the results from the prioritisation process undertaken January – February 2023 and to seek approval of the JSNA work programme for 2023/2024.	Jonathan Gribbin	Sue Foley Lucy Hawkin	

Report title	Purpose	Lead officer	Report author(s)	Notes
JSNA Chapter: Carers	To consider and approve the JSNA chapter on carers for publication on Nottinghamshire Insight.	Cllr Doddy	Lucy Hawkin	
The Better Care Fund End of Year Template 2022 - 2023	To seek approval of the Nottinghamshire 2022-23 Better Care Fund Year End reporting template.	Melanie Brooks	Kash Ahmed Naomi Robinson Clare Gilbert	**To be confirmed**
Q3 MEETING: Wednesday 12 July 2023 (2pm)				
Chair's Report (Standing Item)	An update by the Chair on local and national issues for consideration by Health & Wellbeing Board members to determine implications for the Joint Health and Wellbeing Strategy for 2022 – 2026.	Cllr Doddy	Briony Jones	

Business Cycle 2022 / 2023

Wednesday 27 July 2022 (2pm)
Wednesday 7 September 2022 (2pm)
Wednesday 12 October 2022 (2pm)
Wednesday 7 December 2022 (2pm)
Wednesday 1 February 2023 (2pm)
Wednesday 8 March 2023 (2pm)
Wednesday 19 April 2023 (2pm)
Wednesday 24 May 2023 (2pm)
Wednesday 12 July 2023 (2pm)

Contact

For queries or requests for the Nottinghamshire Health and Wellbeing Board's work programme, please email briony.jones@nottscc.gov.uk