Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

Health and Wellbeing Board

The meeting will be held at **2.00 pm** on **13 November 2014**

Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL.

Membership:

Councillors Barbara Rice (Chair), John Kent, Tunde Ojetola and Joycelyn Redsell

Mandy Ansell, (Chief Operating Officer, Thurrock NHS Clinical Commissioning Group)
Dr Andrea Atherton, (Director of Public Health, Southend and Thurrock Councils)
Barbara Brownlee, (Director of Housing, Thurrock Council)
Dr Anand Deshpande, (Chair, Thurrock NHS Clinical Commissioning Group)
Len Green, (Lay member, Clinical Commissioning Group)
Roger Harris, (Director of Adults, Health and Commissioning, Thurrock Council)
Kim James, (Chief Operating Officer, Healthwatch Thurrock)
Carmel Littleton, (Director of Children's Services, Thurrock Council)
Lucy Magill, (Chair of Thurrock Community Safety Partnership)
Andrew Pike, (Director, Essex Area Team of NHS England)
Ian Stidston, (Director of Primary Care & Partnership Commissioning Essex Area Team of NHS England)

Agenda

Open to Public and Press

		Page
1	**Apologies for Absence**	
2	**Minutes**	**5 - 14**
	To approve as a correct record the minutes of the Health and Wellbeing Board meeting held on 11 September 2014.	
3	**Urgent Items**	
	To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	

4	**Declaration of Interests**	
5	**Pharmaceutical Needs Assessment Report Nov 14**	**15 - 170**
6	**Child Sexual Exploitation and the Jay Report Nov 2014**	**171 - 182**
7	**EWMH - Project Update**	**183 - 190**
8	**Well Homes Project Report November 2014**	**191 - 208**
9	**Final BCF pooled fund S 75 Agreement Nov 2014**	**209 - 216**
10	**Proposed amendments to Thurrocks HWBB Membership**	**217 - 224**
11	**Market Position Statement Report**	**225 - 254**
12	**The Forward Plan**	**255 - 256**

Queries regarding this Agenda or notification of apologies:

Please contact Ceri Armstrong, Strategy Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **5 November 2014**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest *at a meeting?*

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**

↓

Does the business to be transacted at the meeting

- **relate to; or**
- **likely to affect**

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

What is a Non-Pecuniary interest? – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- **Not participate or participate further in any discussion of the matter at a meeting;**
- **Not participate in any vote or further vote taken at the meeting; and**
- **leave the room while the item is being considered/voted upon**

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature

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You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

To achieve our vision, we have identified five strategic priorities:

1. Create a great place for learning and opportunity

- Ensure that every place of learning is rated "Good" or better
- Raise levels of aspirations and attainment so that local residents can take advantage of job opportunities in the local area
- Support families to give children the best possible start in life

2. Encourage and promote job creation and economic prosperity

- Provide the infrastructure to promote and sustain growth and prosperity
- Support local businesses and develop the skilled workforce they will require
- Work with communities to regenerate Thurrock's physical environment

3. Build pride, responsibility and respect to create safer communities

- Create safer welcoming communities who value diversity and respect cultural heritage
- Involve communities in shaping where they live and their quality of life
- Reduce crime, anti-social behaviour and safeguard the vulnerable

4. Improve health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being
- Empower communities to take responsibility for their own health and wellbeing

5. Protect and promote our clean and green environment

- Enhance access to Thurrock's river frontage, cultural assets and leisure opportunities
- Promote Thurrock's natural environment and biodiversity
- Ensure Thurrock's streets and parks and open spaces are clean and well maintained

MINUTES of the meeting of Thurrock Health and Wellbeing Board held on 11th September 2014 at 14.00pm

Present:

Board Member	Position	Organisation
Councillor Barbara Rice (BR)	Chair and Portfolio Holder for Adult Social Care and Health	Thurrock Council
Councillor Joy Redsell (JR)	Opposition Group Representative	
Roger Harris (RH)	Director of Adults, Health and Commissioning	
Carmel Littleton (CL)	Director of Children's Services	
Mandy Ansell (MA)	Acting Interim Accountable Officer	Thurrock Clinical Commissioning Group
Len Green (LG)	Lay Member Patient and Public Participation	
Kim James (KJ)	Chief Operating Officer	Thurrock Healthwatch
Barbara Brownlee (BB)	Director of Housing	Thurrock Council
Andrea Atherton (AA)	Director of Public Health	
Lucy Magill (LM)	Chair	Thurrock Community Safety Partnership

Apologies:

Board Member	Position	Organisation
Councillor John Kent (JK)	Leader of the Council	Thurrock Council
Dr Anand Deshpande (AD)	Chair	Thurrock Clinical Commissioning Group
Ian Stidston (IS)	Director of Commissioning	NHS England Essex Area Team
Andrew Pike (AP)	Director	
Councillor Tunde Ojetola (TO)	Opposition Group Representative	Thurrock Council

In attendance:

Name	Position	Organisation
Alan Cotgrove (AC)	Children's Partnership and LSCB Business Manager	Thurrock Council
Christopher Smith (CS)	Community Wellbeing Project Manager	
Sharon Grimmond (SG)	HWBB Business Manager	
Chelsey Robinson (CR)	Executive Support Assistant	
Ade Olarinde (AO)	Chief Finance Officer	Thurrock Clinical Commissioning Group
Dawn Scrafield (DS)	Director of Finance	NHS England Essex Area Team
Mark Tebbs (MT)	Head of mental health and learning disabilities commissioning	NHS Central Commissioning Support Unit.

Item	Key points and actions	Owner and deadline
1. Apologies for absence	Apologies as noted. Councillor Tunde Ojetola will be the Opposition Representative replacing Councillor Shane Hebb.	
2. Minutes 17th July 2014	The minutes were agreed. The following comments and updates were received: Item 5: PREVENT: Thurrock's response to extremism CL asked for confirmation on whether the PREVENT referral process had been circulated. In response, LM stated that training for members on the referral process including online was being arranged. RH confirmed he is liaising with Michelle Cunningham (Community Safety Partnership Manager) on the commissioning providers and is taking this up with her separately outside of this meeting. Item 6: Engaging with Users and Carers of Services and the Public Throughout the Commissioning process LG wanted to clarify that the expectation was for commissioners to present their engagement plans to the Engagement Group who would provide advice and guidance on how engagement should be conducted to have the greatest impact. The Engagement Plan will be circulated to all Board members. Item 7: Healthy Weight and Tobacco Strategies AA had reported at the last Health and Wellbeing Board meeting that year 6 obesity levels had risen by 5% and the Board had asked AA to confirm the reason for this. AA stated that the reasons were currently unclear. Item 8: Health and Wellbeing Strategy A Development Workshop to take place in the Autumn. One of the areas to be covered will be the Health and Wellbeing Strategy. Item 12: Community Resilience CL stated that she would bring back a separate report on the work being developed in Children's services to the November Board.	LG CA / SG CL
3. Additional items to be considered as a matter of urgency	None	
4. Declaration of interests	No interests declared	

5. Care Act Implementation	RH provided an explanation of how Adult Social Care is funded with regards to residential care. Under current legislation people in residential care with assets of over £23,000 were required to pay all of their care home charges. This often meant that people were required to sell their home to pay for their care home fees. RH spoke about the Dilnot review which had been carried out in 2011 which looked at how social care should be funded, and how much the individual should contribute. This formed the basis of the funding reforms contained with the Care Act 2014. RH stated that under the Care Act, local authorities were required to offer everyone eligible for adult social care services a personal budget. The majority of the legislative changes embodied by the Care Act would 'go live' on 1st April 2015, but the funding reforms would be delivered from 1st April 2016. This would include the cap on care costs of £72,000 which related to the **care cost elements only** and not the residential, board or lodging costs (hotel costs). Developing the market to offer choice was a key part of the Care Act, and RH told the Board that Thurrock's final Market Position Statement will be brought to a future meeting for signed off. BR commented that the reforms will have the biggest impact on the Adult Social Care for over 40 years and that this comes at a time when the Council's budgets are being reduced. She stressed we need to think about the important roles that Local Area Coordinators play in the community. BB provided assurance to the Board that Housing are working closely with the Adult Social Care Department and that they may be able to support some packages, and step in to fund various areas. Housing is working as broadly as it can within its remit. Councillor Redsell commented that many older people did not use computers, and that there was a high number of elderly people in her ward. Councillor Redsell also raised concerns that people with dementia and who are on their own may find it difficult to manage a personal budget. Councillor Redsell asked if there was any time limit on the deferred payments scheme whereby people do not have to see their home as soon as they move into residential care, and RH confirmed that there was no time limit. In response to a question raised by CL, RH stated that he would get the chair of the Safeguarding Board Graham Carey to confirm whether there was a National Board regarding adult safeguarding reviews.	RH

	LG commented that the Thurrock Coalition is a member of the Care Act Implementation Project Group. LG stated that the Engagement Group was worried and concerned about the consultation process and that the approach to carrying out consultations should not be 'one size fits'. RH stated that there are discreet areas of the consultation e.g. around carers assessments and around the advice and information offer. RH will speak to LG and KJ separately. Recommendations agreed.	RH
6. Development of Better Care Fund Section 75 Agreement and 9. Better Care Fund Revised Plan	These two reports were taken together. CS presented the Better Care Fund Pooled Fund Section 75 Agreement timetable and the process being undertaken to finalise the agreement. Crucial elements included how the money within the Pooled Fund is to be used and also the governance arrangements. The Section 75 Agreement would be brought to the Health and Wellbeing Board for endorsement in November prior to being agreed by Cabinet in December. The point was made that we need to focus and not lose sight of what the Better Care Fund Plan aims to achieve – i.e. to create integrated care at a local level and deliver a better service,. The deadline for the Better Care Fund Plan revised submission is 19th September. MA stated that she would like to praise the team (CS, CA and Ade Olarinde) for their commitment and hard work on the BCF Plan. Councillor Rice asked if the 3.5% unplanned admissions reduction just applied to Basildon and Thurrock University Hospital Foundation Trust (BTUH) or does it also affect the Mental Health Trust. RH responded that it covered all non-elective activity from acute providers. CS encouraged the Board to consider the risk sharing arrangements and the integration agenda to ensure this is transparent. BB asked the Board not refer to the BCF as just a Health and Social Care funding stream as Housing was also a contributor through the Disabled Facilities Grant (DFG). BB confirmed that Housing had been involved at the early stage but needed to be more involved as plans developed. MA updated the Board on the integration of the mental health commissioning between the Council and the Clinical Commissioning Group (CCG). The development of an integrated approach to commissioning between the Council and CCG is ongoing and there is currently one joint appointment in place.	CS

	LG said that Voluntary and Community groups are concerned about the short timescales required to deliver the work as it does not allow time to process or complete the work effectively and he felt the issue should be escalated. CL stated that this view was not uncommon in other areas too and could the Health and Wellbeing Board highlight the issue to Government or through the local media. Councillor Rice stated she would discuss the issue after the meeting to review with RH regarding how it could be taken forward. All recommendations were agreed.	BR/RH
7. Mental Health Crisis Care Concordat	Mark Tebbs presented the Mental Health Crisis Care Concordat MT mentioned that there was an Essex-wide steering group including the Police and Ambulance Trust and that local work needed to be carried out in the local Thurrock area. The Essex-wide steering group would be drafting a declaration for the Health and Wellbeing Board to sign. MT explained that the purpose of his report was to raise awareness of the Concordat. Furthermore, he stated that 22 national bodies were current signatories. BR felt the Board could not comment at this stage as not much was known about the Concordat. As such she felt that a declaration could not yet be signed. CL pointed out that children were mentioned on the presentation slides but could not see this anywhere within the Concordat. CL was concerned that is the Concordat had an adult focus but with children added as an afterthought. MT commented that he was requesting the Board to agree to a commitment to work together with partners to improve the response to mental health crisis locally. The Board felt it was not the right time to sign a local declaration. CL was concerned that nationally adolescent mental health was not given the appropriate focus and that this was not reflected in the Concordat. MT agreed that more work was required. MA commented that the most critical part was the action plan. She also commented that the CCG was active in the Child and Adolescent Mental Health Services (CAMHS) procurement and	

	that this framework required partners to work together. MA explained that the Concordat's focus was on Thurrock Mental Health Services – i.e. a Thurrock-centric approach, and needs to meet the needs of the Thurrock community. All comments are welcomed. BB stated that Housing must be involved, as mental health is one of Housing's most difficult interfaces, she also asked how much was spent on mental health services and physical health services. JR said that the Police should be more involved. She added that she would like to see more training for the Police on dealing with people with a mental health condition. BR concluded that the Board needed to have a further discussion and MT was asked to bring the report back to the Board after the discussions had taken place. It was agreed that further work would take place prior to the Concordat being brought back for sign off: • Mapping out of the resources • Refreshing the strategy • Joint Commissioning arrangements / Linking to health services • Overview report state of mental health in Thurrock The recommendation was agreed subject to further work being carried out as detailed above and the Concordat being brought back to a future Board meeting for sign off.	MT/CW MT
8. Health and Wellbeing Strategy Annual Report 13/14 and Delivery Plan 14/15 (Children and Young People)	Alan Cotgrove presented the Health and Wellbeing Strategy's Annual Report 13/14 and Delivery Plan 14/15 (Part 2 - Children and Young People) AC informed the Board of the 12 priorities and the auditing processes that ensured the objectives were managed and actioned. AC also updated the Board that there had been changes relating to the Ofsted Inspection regime. It was requested that the Board acknowledged the work that had been done so far and agree the plans proposed for this year. Progress would be reported on at a later date. **Attainment in Schools** CL provided an update on the performance of the Borough's schools. GCSE results are above national average and primary	

	schools have progressed highly e.g. they used to be in the bottom three and have now progressed up fifty places in the league table: was 32% and now 78% today. AC discussed the MASH – Multi Agency Safeguarding Hub and that it is up and running, with the formal launch being hosted in September. Partnership working – CL commended BTUH and the Police coming together to work and share resources as part of the MASH. In relation to the child protection the threshold document was being refreshed, along with ensuring there was sufficient scrutiny in place. BR praised CL and her team, on the work carried out and the educational attainment of the schools and their positive progression. BR stated that the Leader of the Council had played a pivotal role in this achievement. BR suggested that the Board should have a session at the Culver Centre to showcase the Children's and Adults' Strategy and take stock of where we are going in the future. JR commented that she would like to see the attainment statistics for Maths and English and early indications on the grades A to C. The Board noted the progress made and outcomes achieved for 2013/14. The Board noted the Delivery Plan for 2014/15.	CA/ SG CL
10. Forward Plan	The forward plan is to be revised and circulated.	SG

Health and Wellbeing Board Action Log September 2014

11th September 2014				
Item No:	**Actions**	**Person**	**Date Due**	**Comments/Updates**
Item 5. Care Act Implementation Roger Harris	In response to a question raised by Carmel, Roger stated that he would get the chair of the Safeguarding Board Graham Carey to confirm whether there was a National Board regarding adult safeguarding reviews. RH stated that there are discreet areas of the consultation e.g. around carers assessments and around the advice and information offer. RH will speak to LG and KJ separately.	RH CA	13/11/14 13/11/14	Roger will provide a verbal update to the HWBB Thurrock Coalition have been asked to lead on the communication strategy with service users. A communications plan is being developed and a national toolkit will be made available end November
Item 9. Development of Better Care Fund and the 6. Section 75 Agreement Christopher Smith / Roger Harris	The Section 75 Agreement would be brought to the Health and Wellbeing Board for endorsement in November prior to being agreed by Cabinet in December. Councillor Rice stated she would discuss the issue (teams faced with inadequate timescales to deliver/ develop work effectively) after the meeting to review with RH regarding how it could be taken forward.	CS BR/RH	13/11/14 13/11/14	Christopher Smith to present to the November Board Roger will provide a verbal update to the HWBB
Item 7. Mental Health Crisis Care Concordat Mark Tebbs	BB stated that Housing must be involved, as mental health is one of Housing's most difficult interfaces, she also	MT CW MA	13/11/14	A breakdown on costs to be circulated to the Board.

(progress update required)	asked how much was spent on mental health services and physical health services. It was agreed that further work would take place prior to the Concordat being brought back for sign off: • Mapping out of the resources • Refreshing the strategy • Joint Commissioning arrangements / Linking to health services • Overview report state of mental health in Thurrock	MT	15/01/15	Mark Tebbs to present at the January Board.
Item 8. Health and Wellbeing Strategy Annual Report 13/14 and Delivery Plan 14/15 (Children and Young People) Carmel Littleton	JR commented that she would like to see the attainment statistics for Maths and English and early indications on the grades A to C. CL stated that she would bring back a separate report on the work being developed in Children's services to the November Board BR suggested that the Board should have a session at the Culver Centre to showcase the Children's and Adults' Strategy and take stock of where we are going in the future.	CL CL CA/SG	13/11/14 13/11/14 Autumn 2014	Camel will circulate a briefing to HWBB in November on the work being developed in children's services. We are looking to organise a stakeholder's event (mid year 2015) and this might be the best opportunity to showcase what we have done.

Initial Key

RH	Roger Harris
BB	Barbara Brownlee
CS	Christopher Smith
IS	Ian Stidston
MT	Mark Tebbs
AO	Ade Olarinde
MA	Mandy Ansell
CL	Carmel Littleton
AA	Andrea Atherton
LM	Lucy Magill
LG	Len Green
DS	Dawn Scrafield
CA	Ceri Armstrong
BR	Cllr Barbara Rice
SG	Sharon Grimmond
JR	Cllr Joy Redsell
CW	Christine Wilson (to follow up on item 7)
KJ	Kim James

Thursday 13th November 2014	ITEM: 5
Thurrock Health and Wellbeing Board	
Pharmaceutical Needs Assessment	
Report of: Debbie Maynard, Head of Public Health	
Accountable Director: Roger Harris, Director of Adults, Health and Commissioning	
This report is: Public	
Purpose of Report: The purpose of this report is to inform the Health and Wellbeing Board of its responsibility for the Pharmaceutical Needs and approve the final document	

EXECUTIVE SUMMARY

From 1st April 2013, Health and Wellbeing Boards have assumed the responsibility for the development and publication of local pharmaceutical needs assessments (PNAs), formerly published by primary care trusts.

The PNA provides a full, ongoing assessment of the local need for pharmaceutical services, which is different to identifying general health need.

NHS England will use the PNA when deciding if new pharmacies or dispensing appliance contractor premises are needed, and to also make decisions on which NHS funded services need to be provided by local community pharmacies. Local authorities and Clinical Commissioning Groups will also use the PNA to inform their commissioning decisions.

The legislation states that the PNA must be published by **1st April 2015,** and fully revised every three years to ensure it remains accurate.

1. RECOMMENDATION:

1.1 **The Health and Wellbeing Board is asked to approve the Final Thurrock Pharmaceutical Needs Assessment.**

2. Purpose of the Report

2.1 To report on the progress of the development of the Thurrock Pharmaceutical Needs Assessment (PNA). This has now been through a full consultation exercise, to produce this final document.

3. Background

3.1 The Health and Social Care Act 2012 transferred the statutory responsibility for the development and updating of Pharmaceutical Needs Assessment's (PNAs) from Primary Care Trusts to Health and Wellbeing Boards, with effect from 1st April 2013. The PNA is a document that provides a full and on-going assessment of the need for pharmaceutical services within a specific area. The PNA tells us what pharmaceutical services are currently available and where we are likely to need changes in the future because of demographic or other factors. If someone wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list and must prove they are able to meet a pharmaceutical need.

3.2 NHS England (the national body responsible for commissioning pharmaceutical services) relies on PNAs to inform decision making, specifically regarding whether existing pharmaceutical services meet local need. The PNA is also used by NHS England to assess applications from applicants who want to deliver pharmaceutical services within the borough.

3.3 The Thurrock Health and Wellbeing Board is required (under the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013) to:

- Produce a PNA by 1st April 2015
- Publish a revised PNA within three years of publication of their first assessment
- Publish a revised PNA as soon as is reasonably practical, if any significant changes to the availability of pharmaceutical services are identified, unless the Health and Wellbeing Board is satisfied that making a revised assessment would be a disproportionate response

3.4 The Thurrock Health and Wellbeing Board delegated executive authority to the Director of Public Health (DPH), to oversee the development of a new PNA for Thurrock. The DPH ensured a steering group with appropriate terms of reference and governance arrangements was established. The steering group comprised representation from all key representative organisations as required by the regulations.

4. Update on the process of the development of the Thurrock PNA

4.1 The Council undertook a public consultation exercise with citizens during the months of May and June 2014. This exercise enabled the needs of local people (in terms of pharmaceutical services) to be identified. Following the public consultation the draft PNA was reviewed by the PNA steering group and amended.

4.2 The PNA was issued to stakeholders on the 23 July 2014 for a 60 day consultation period (as required by regulations). This statutory consultation period ended on the 22 September 2014. All responses have been assessed and pertinent issues relating to local pharmaceutical services noted and amended within the final version of the PNA.

The PNA to be presented to the Thurrock Health and Wellbeing Board on the 14th November 2014 for final sign-off.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 Contribution to Council's Vision and Corporate Priorities
Pharmacies are an important part of the healthcare system and play a further role in meeting the health needs of the population by improving public health in a number of areas such as smoking, cardiovascular disease, sexual health and substance misuse.

7. IMPLICATIONS

7.1 **Financial**

Implications verified by: Mike Jones
Telephone and email: Email mx.jones@thurrock.gov.uk

The cost of the development of the Thurrock PNA has been met from the public health budget. Any future amendments or revisions of the PNA will also be met by the public health ring-fenced grant and included in future commissioning intentions

There are no financial decisions that relate to this report. Decisions arising from recommendations by the Director of Public Health that may have a future financial impact for the Council would be subject to the full consideration of the Cabinet before implementation.

7.2 **Legal**

Implications verified Dawn Pelle
Telephone and email: Email: dawn.pelle@BDTLegal.org.uk
Phone: 01375 652925

There is potential for legal challenges associated with the PNA. These include Direct challenge to the Council for failure to meet duties by those consulted on a draft of the PNA, or contractors who believe they are affected by what the PNA does or does not say.
In any event the report and timescales comply with the statutory provisions laid down in s.128A National Health Service Act 2006 and the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

7.3 **Diversity and Equality**

Implications verified by: Natalie Warren
Telephone and email: Email n.warren@thurrock.gov.uk

Equality and diversity issues have been reviewed following the public consultation and will be taken account of in the publication of the final PNA.

7.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

Failure to deliver a pharmaceutical needs assessment by 1st April 2015 would put the Council in breach of Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

Department of Health: Pharmaceutical Needs Assessments. Information Pack for Health and Wellbeing Boards

APPENDICES TO THIS REPORT:
Final PNA

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Thurrock Council

Pharmaceutical Needs Assessment

November 2014

Acknowledgements

Steering Group Members:

Ayisha Jessa – Public Health Specialist, Thurrock Council
Debbie Maynard – Head of Public Health, Thurrock Council
Gail Clayton – Performance and Development Officer, Thurrock Council
Jonathan Andrews – Pharmacy Manager, NHS CSU
Karen Samuel Smith - Business Development & Contractor Support Manager, Essex LPC
Maria Payne – Needs Assessment Manager, Thurrock Council
Michelle Taylor – Tele care Specialist Practitioner, Thurrock Council
Richard Parkin – Head of Housing, Thurrock Council
Tracy Manzi – Contracts Manager, NHS England

Other Contributions:

Thurrock Council GIS team
Beth Capps – Senior Public Health Manager, Thurrock Council
Kevin Malone – Public Health Manager, Thurrock Council
Sue Matthews – Public Health Registrar, Thurrock Council
Maria Payne – Needs Assessment Manager, Thurrock Council
Tracey Finn – Health Improvement Officer, Thurrock Council
Natasha Harmsworth-Blyth - Acting Commissioning Support Officer, Thurrock Council

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Andrea Atherton - Director of Public Health, Thurrock Council

The Thurrock Health and Wellbeing Board would like to acknowledge the contributions made by the PNA Steering Group, the local Pharmaceutical Committee, Community Pharmacies, Dispensing Practices, Stakeholders and residents of the borough for their input in the development and consultation of this Pharmaceutical Needs Assessment.

Contents

EXECUTIVE SUMMARY **4**
KEY FINDINGS & RECOMMENDATIONS *4*
1. INTRODUCTION **7**
1.1 LEGISLATIVE BACKGROUND *7*
1.1.1 Duty of the Health and Wellbeing Board *7*
1.1.2 Minimum Requirements of inclusion for the PNA *8*
1.1.3 Consultation Requirements *8*
1.1.4 Matters for Consideration when making Assessments *9*
2. SCOPE **10**
2.1 PROCESS FOLLOWED FOR DEVELOPING THE PNA *10*
2.1.1 Other Commissioned Services *12*
2.1.2 Services commissioned by other NHS organisations *12*
2.1.3 Services that currently affect the need for Pharmaceutical services *13*
2.2 WHAT IS EXCLUDED FROM THIS SCOPE *13*
2.2.1 Non NHS Services provided by Community Pharmacy *13*
2.2.2 Pharmacy services within NHS Trusts *14*
2.2.3 Medicines Management *14*
2.2.4 Methodology *14*
3. CONTEXT FOR THE THURROCK PNA **16**
3.1 OVERVIEW OF THURROCK *16*
3.2 DEMOGRAPHY *17*
3.2.1 Population *17*
3.2.2 Age *17*
3.2.3 Gender *20*
3.2.4 Population Projection *20*
3.2.5 Ethnicity *22*
3.2.6 Deprivation and Health Inequalities *23*
3.3 HEALTH NEEDS *24*
3.3.1 Smoking *24*
3.3.2 Alcohol and Substance Misuse *25*
3.3.2.1 Alcohol 25
3.3.2.2 Illegal Drugs 26
3.3.3. Sexual and Reproductive Health *28*
3.3.4 Obesity *29*
3.3.4.1 Adult Obesity 29
3.3.4.2. Childhood Obesity 29
3.3.5 Mental Health *30*
3.3.5.1 Children and Young People 30
3.3.5.2 Mid Adult Years 31
3.3.5.3 Older People 31
3.3.6 Cancer, Cardio Vascular Disease and Respiratory Disease *32*
3.3.6.1 Cancer 32
3.3.6.2 Respiratory Disease 32
3.3.6.3 Cardiovascular Diseases 32
3.3.7 Diabetes *33*
3.3.8. Older people *34*
3.4 NATIONAL AND LOCAL CONTEXT *35*
3.4.1 National Strategy *35*

3.4.2 NHS England "A Call to Action" 36
3.4.3 Joint Health and Wellbeing Strategy 36
3.4.4 Clinical Commissioning Group 37
3.4.5 Transforming Primary Care in Essex – the heart of patient care 37
4. THE ASSESSMENT **38**
4.1 Overview of Pharmacy and Other Providers of Pharmaceutical services 39
4.2 Distribution of Community Pharmacies 39
4.2.1 National and local Distribution 39
4.3 Access 44
4.3.1 Opening times 44
4.3.2 Access for those with a Disability 48
4.3.3 Travel times to Pharmacies 49
4.4 Essential Services 53
4.4.1 Dispensing Services 53
4.4.1.1 Dispensing in Community Pharmacy 53
4.4.1.2 Dispensing Doctors 55
4.4.1.3 Out of Hours Dispensing 55
4.4.2 Repeat Dispensing 55
4.4.3 Electronic Prescription Service 56
4.4.4 Other Essential Services 56
4.5 Advanced Services 58
4.5.1 Medicines Use Review (MURs) and Prescription Intervention Service 58
4.5.2 New Medicine Service 61
4.5.3 Stoma Appliance Customisation Service 64
4.6 Enhanced Services 66
4.6.1 Seasonal Influenza Vaccinations 67
5. LOCALLY COMMISSIONED SERVICES **70**
5.1 Public Health Services 70
5.2 Substance Misuse Service 71
5.2.1 Needle and Syringe Exchange Service 73
5.2.2 Supervised Consumption service 74
5.3 Sexual Health Services 76
5.4 Services Commissioned by Other NHS Trusts 80
5.4.1 Smoking Service 80
5.4.2 Healthy Living Pharmacies 84
6. FUTURE NEEDS **85**
6.1 Areas of Regeneration and New Housing 85
6.2 Different Needs of Different Populations 89
6.2.1 The Young People Population 89
6.2.2 Those aged 65 years and over 89
6.2.3 Disability 89
6.2.4 Gender 90
6.2.5 Race 90
6.2.6 Religion and Belief 90
6.2.7 Sexual Orientation 90
6.2.8 Gender reassignment 90
6.2.9 Pregnancy and maternity 90
6.2.10 Marriage and Civil partnership 91
7. CONCLUSION AND RECOMMENDATIONS **91**
8. GLOSSARY **93**

9. APPENDICES **95**
10. REFERENCES **149**

Executive Summary

As from 1st April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services in its area otherwise referred to as a pharmaceutical needs assessment (PNA).
The PNA is a key document that will be utilised in the development and improvement of pharmaceutical services in Thurrock. NHS England who are responsible for commissioning pharmaceutical services are also expected to make reference to the PNA when making decisions about market entry for new service providers as well as in commissioning advanced and enhanced services. It is essential that PNAs are of high standard and robust enough to withstand legal challenges that could occur due to the PNA's relevance to decisions about commissioning services and new entries on the Pharmaceutical List. Reference to the PNA will also be made to matters concerning pharmacy relocations and changes to opening hours.

Process

The main aim of the Thurrock PNA is to describe the current pharmaceutical services in Thurrock, systematically identify any gaps/unmet needs and in consultation with stakeholders make recommendations on future development.

To oversee the process, a PNA Steering Group was formed in December 2013 membership of the group is included in the acknowledgment section above. The Head of Public Health with the Needs Assessment Manager in Thurrock council secured a project manager to complete this document.

A sixty day public consultation of the PNA document was undertaken between 23 July 2014 and 22 September 2014 where views from the public and other stakeholders were considered by the PNA Steering Group and incorporated into the PNA where appropriate. These comments are summarised in the appendix and were utilised when completing the final document to be published once approved by the Health and Wellbeing Board in November 2014.
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Key findings & recommendations

Thurrock is located in the south of Essex and lies to the east of London on the north bank of the River Thames with an area of 165 square kilometres. It has a diverse and growing population with a population density of 976 persons per square kilometre. The borough is comprised of 20 wards, with areas in the central and eastern parts that are most affluent and have the healthiest residents in the borough.

The population of Thurrock as of June 2013 was 160,859 this is an increase of 1,316 people since the previous year, representing a percentage rise of 0.8%. This increase is consistent with recent trends and is mainly due to the difference between births and deaths. There were 2,352 births and 1,139 deaths. A total of 6,426 residents moved into the borough from other parts of England and Wales and 6,464 moved out. A total of 713 people moved into the borough from areas outside England and Wales and 588 moved out. The most significant increases are in the 5-9 year age band at 5.7%; the 65-69 year age group at 6.8%; and the over 90s age group at 5.2%.

Thurrock has 35 community pharmacists and has more pharmacies per 100,000 than similar boroughs, East of England and England. As such it is well resourced with regards to pharmaceutical services. Distribution of pharmacies within Thurrock vary between localities, the Western locality has the most pharmacies (12/35), followed by the Central locality (10/35 pharmacies), the Southern locality (7/35 pharmacies) and the Eastern locality (6/35 pharmacies). There is a good correlation between deprivation and the number of pharmacies by locality; there is a good spread of pharmacies that span over the two mile boundary in most of Thurrock that residents have a good choice of pharmacies to access. Apart from the eastern locality residents from Corringham and Fobbing ward and the central and northern part of Orsett may need to travel more than two miles to access their nearest pharmacy within Thurrock.

The PNA noted that with regards to North Orsett, there is lower demand of pharmaceutical services, as the land is green belt and therefore has a low population density. In the eastern part of the borough, there is a higher density of people aged over 75yrs and 85yrs who are more likely to have mobility problems and therefore find accessing pharmacies more challenging than the general population. It is likely; however, that these residents are able to access pharmacies in their neighbouring boroughs within this distance, and particularly in south Benfleet and Canvey Island This is an area for further work.

There are no contractual obligations for pharmacies to open during Bank/other holidays but many do so, based on a business decision. NHS England commission Bank holiday rota hours when these are considered necessary.

Not all pharmacies are accessible to wheelchair users. Pharmacies are required, where possible to make reasonable adjustments to ensure patients and customers with a disability are able to access services. More information needs to be collected to determine the provisions in place within each pharmacy that enables those who are disabled to access pharmaceutical services.

We need to ensure that pharmacies are able to effectively communicate with all Black Asian and Ethnic Minority (BAME) groups as we know that there is a correlation between health inequalities and diversity within the population. With our growing BAME populations we need to work with pharmacies to agree how to engage wider with these groups.

Pharmaceutical service providers have the potential to play a greater role in identifying and helping to address health issues as they are based at the heart of communities including rural and deprived areas and have daily interactions with local populations. Evidence from the Healthy Living Pharmacy initiative, implemented in 2010, shows that community pharmacies can make a significant impact in improving the health and wellbeing of local communities.

We would like to see a larger number of accredited pharmacies in Thurrock actively providing enhanced services to serve the local population.

There is currently scope and capacity within the existing pharmacy and primary care networks to target additional patients who would benefit from Medicine Use Reviews and Prescription Interventions.

Thurrock currently has 35 community pharmacies, including two distance selling pharmacies and five pharmacies that are required to open for 100 hours per week. There are currently no dispensing appliance contractor's in Thurrock, but these services can be accessed outside the borough. There are two doctors providing dispensing services in Thurrock and currently no Local Pharmaceutical Service contracts in place in Thurrock. The HWB will need to consider whether residents have reasonable access and choice with regards to dispensing appliances by pharmacies this includes pharmacies that are required to open for 100 hours per week. There are currently no dispensing appliance contractor's in Thurrock. There are two doctors providing dispensing services in Thurrock and currently no Local Pharmaceutical Service contracts in place in Thurrock. The HWB will need to consider whether residents have reasonable access and choice with regards to dispensing appliances by pharmacies and dispensing contractors (that can be accessed outside of Thurrock).

We hope that our Pharmaceutical service providers will play a greater role in providing a range of clinical and public health services that will deliver improved health and be of consistently high quality to include the management of long term conditions, new approaches to urgent and emergency care, providing services that will contribute more to out of hospital care and supporting the delivery of improved efficiencies across a range of services.

1. Introduction

From April 2013, every Health and Wellbeing Board (HWB) in England has the statutory responsibility[1] to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).

The Provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing contractor (DAC) or dispensing doctor (rural areas only) who wishes to provide pharmaceutical service must apply to be on the Pharmaceutical List. It is the responsibility of NHS England for considering applications and maintaining the Pharmaceutical List.

The PNA will contribute to commissioning pharmaceutical services with regards to the context of local priorities. It will therefore be used by NHS England to make market entry decisions regarding the Pharmaceutical List as well as commissioning services from local community pharmacies. It is important that HWBs develop robust PNAs as this could lead to legal challenges based on the PNA's relevance around decisions about commissioned services and new pharmacies opening.

A PNA is a comprehensive assessment to identify unmet service needs within a population. The information is an effective tool for commissioners, Local Authority, the Clinical Commissioning Group (CCG), Public Health England and NHS England to identify current and future commissioning of services from pharmaceutical service providers. The Department of Health (DH) has published an information pack to support local authorities and HWBs to interpret and implement PNAs.[2]

This PNA has been produced by Thurrock Council's Health and Wellbeing Board (HWB), in accordance with the National Health Service (Pharmaceutical Services and Local Services) Regulations 2013 (SI 2013 No. 349). This document supersedes the NHS South West Essex PNA, January 2011.

1.1 Legislative background

1.1.1 Duty of the Health and Wellbeing Board

- **Publish and maintain the PNA**
  HWBs must have published a PNA by 1st April 2015. The PNA will have a maximum lifetime of three years.

- **Maintain and keep the PNA up to date**
  In response to changes in the availability of pharmaceutical services, HWBs are required to determine whether there is a need to revise the PNA or, where this is considered to be a disproportionate response, to issue and keep up to date supplementary statements describing the changes in pharmaceutical services.

- **Respond to a consultation by a neighbouring HWB**
  HWB have a further responsibility to respond to a draft PNA when consulted by a neighbouring HWB. The HWB must consult with the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) for the area (unless the LPC and LMC service both areas) before making its own response to the consultation.

1.1.2 Minimum Requirements of inclusion for the PNA

Schedule 1 of the Regulations sets out the minimum information that must be included in the PNA, these are:

- Necessary services that meet the need for pharmaceutical services in its area. This should include current provision (within the HWB area and outside the area) as well as any current or future gaps in provision.
- Relevant services that are not necessary to meet the need for services in its area, nevertheless have secured improvements, or better access to pharmaceutical services. This should include current provision (within the HWB area and outside the area) as well as any current or future gaps in provision.
- Other NHS Services provided or arranged by the Local Authority, HWB, Public Health England, NHS England, a CCG, an NHS Trust or Foundation Trust that affects the current or future needs for pharmaceutical services, or would secure improvement, or better access to current of future pharmaceutical services within its area or that have unforeseen benefits.
- A map identifying the premises at which pharmaceutical series are provide in the area of the HWB. The regulations specify the keeping up to date of this map, in so far as is practicable.
- An explanation of how the assessment is carried out including:
  - How localities were determined.
  - How different needs of different localities have been taken into account.
  - How the needs of different groups who are a similar protected characteristic (defined in the Equality Act 2010) has been considered.
- A report on the consultation undertaken.

1.1.3 Consultation Requirements

HWB are required to undertake a consultation for a minimum period of 60 days. The regulation sets out that the following bodies within each HWB must be consulted at least once:

- Any Local Pharmaceutical Committee.
- Any Local Medical Committee.
- Any persons on the pharmaceutical lists and any dispensing doctors list.
- Any LPS chemist with whom the NHS England has made arrangements for the provision of any local pharmaceutical services.
- Any local Healthwatch organisation and other patient, consumer or community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services.
- Any NHS trust or NHS foundation trust.

- The NHS England and
- Any neighbouring HWB.

1.1.4 Matters for Consideration when making Assessments

Regulation 9 sets out the following matters HWBs must have regards to when developing their PNAs as far as practicable to do so:

- The demography of its area, as set out in the Joint Strategic Needs Assessment (JSNA).
- Whether there is sufficient choice with regards to obtaining pharmaceutical services
- Any differing needs of different localities in its area.
- The pharmaceutical services provided in neighbouring HWB which affect the need for pharmaceutical services in its area, or whether further provision of pharmaceutical services would secure improvements, or better access to pharmaceutical services within the area.
- Other NHS services provided in or outside the area that affect the need for pharmaceutical services, or whether further provision of pharmaceutical services would secure improvements, or better access to pharmaceutical services within the area; and
- Likely future pharmaceutical needs.

2. Scope

2.1 Process followed for developing the PNA

This PNA was developed using the following regulations:

- National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2013.
- Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards.

A PNA is defined in the regulations as:
"The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a "pharmaceutical needs assessment".

The pharmaceutical service to which each pharmaceutical needs assessment must relate are *"all the pharmaceutical services that maybe provided under arrangements made by the NHS England"* and encompasses pharmacies that are included on the Pharmaceutical List.

Table 1 below summarises what is meant by pharmaceutical services, provided by each type of contractor that has been considered within the scope of this PNA. Whether a service falls within this scope is dependent on who the service provider is and what service is provided.

Table 1

Contractor Type	Pharmaceutical Services
Pharmacy Contractors **A person or body who provides services under the national contractual framework. All community pharmacies providing NHS pharmaceutical services are required to provide essential services.** **Advanced services and enhanced services are those services defined in the Pharmaceutical Services (Advanced and Enhanced services) (England) Direction 2013.** **A contractor may choose to provide advanced services. They would need to meet specific requirements in relation to premises, training and notification to NHS England.** **Enhanced Services are those services commissioned by NHS England in response to a local need. The range of services that may be commissioned are defined within the Regulations.**	Essential services • Dispensing and actions associated with dispensing including repeatable dispensing • Disposal of unwanted medicines • Promotion of healthy lifestyles, including public health campaigns • Prescription-linked interventions • Signposting • Support for self-care Advanced services • Medicine Use Reviews and Prescription Interventions (MURS). • New Medicines Services (NMS). • Appliance Use Reviews (AUR) – No services provided in Thurrock, but services can be accessed outside the borough and via the internet. • Stoma Appliance Customisation Services (SAC) Enhanced services • Seasonal Influenza – national programme
Dispensing Appliance Contractors **(appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc). They cannot supply medicines.**	• None in Thurrock, but services can be accessed outside the borough
Local Pharmaceutical Service Contractors **Pharmacies that provide "local pharmaceutical' services based on need. They are commissioned by NHS England under a locally defined contract**	• None in Thurrock
Dispensing Doctors **Medical practitioners that are authorised to provide drugs and appliances in designated rural areas known as 'controlled localities'**	No other NHS services may be provided under arrangements made by NHS England

2.1.1 Other Commissioned Services

The regulations state that when making an assessment, the HWB are required to consider how other services affect the need for pharmaceutical services. These are NHS services commissioned or arranged by other bodies/organisations i.e. Local Authorities, CCGs and NHS Trusts. For this section we have considered and assessed services that have been directly commissioned by other NHS bodies and how other NHS services may impact upon the need for pharmaceutical services.

2.1.2 Services commissioned by other NHS organisations

Table 2 below summarises the services that are commissioned from community pharmacy by other NHS organisations.

Table 2

Commissioner	**Services though primary care**

Thurrock Local Authority	Public Health
	• Substance misuse
	  ○ Needle Exchange
	  ○ Supervised Consumption
	• Sexual Health
	  ○ Chlamydia testing and treatment
	  ○ Emergency hormonal contraception
	  ○ Condom distribution (C-card) scheme
	• Stop Smoking services

Clinical Commissioning Group	No services currently commissioned from pharmacy
North East London Foundation Trust	No services currently commissioned from pharmacy.

2.1.3 Services that currently affect the need for Pharmaceutical services

Table 3

Locality	Ward	Service	Opening hours
Rapid response Assessment service + Emergency Duty Team	Basildon	Crises support in health, mental health, social care and voluntary services	08:45 – 19:00 19:00 - 08:45
Walk in Centre Grays	Grays	Minor illnesses and injuries that do not need a visit to A&E	08:00 – 20:00
Out of Hours GP service	Basildon	Telephone triage, with telephone management/consultation and home visits	18:30 – 08:00
Basildon and Thurrock Hospital	Basildon	A&E, Urgent care	24 hours
Minor injuries unit	Orsett	Minor illnesses and injuries that do not need a visit to A&E	10:00 – 19:30

2.2 What is excluded from this Scope

The PNA has a regulatory purpose of those services that will affect market entry decisions. This is what has set out the scope of the assessment. However pharmaceutical services and pharmacists are involved in other areas of work in which the local health partners have an interest but have not been included.

2.2.1 Non NHS Services provided by Community Pharmacy

Community pharmacy contractors can provide a range of non-NHS services that are not commissioned by NHS England, Local Authority, CCG or other NHS services. Below is a list of some of these services:

- Home delivery to housebound patients
- Weight management and healthy eating advice/support
- Blood pressure monitoring
- Cholesterol and blood glucose measurements
- Travel medicine i.e. vaccine and advice
- Provision of aids for daily living
- Over the counter medicines to treat minor ailments

2.2.2 Pharmacy services within NHS Trusts

Thurrock CCG commission care from a range of NHS Trusts and Foundation Trusts which provide community Health Care services, mental health service and hospital services. Those pharmaceutical services that have been highlighted in 2.2.1 may be commissioned through these Trusts but have not been assessed in this PNA.

2.2.3 Medicines Management

NHS Central Eastern Commission Support Unit provides support on prescribing the safe and effective prescribing and use of medicines to Thurrock CCG.

2.2.4 Methodology

This PNA was developed using a range of methods including consultation with stakeholders and local pharmaceutical service providers. The steps below summarises the main activities and provide the information about the main sources used.

Step 1

- A paper setting out the approach and governance arrangements was prepared and approved by the HWB.
- A PNA steering group was established in December 2013 to oversee the completion of the PNA and to ensure that all minimum requirements for the PNA are met.
- A project manager was appointed to coordinate this report with the public health team.

Step 2

- Data requests were made to the following:
  - Commissioners and managers within Thurrock Council
  - NHS Thurrock CCG
  - NHS Central Eastern CSU
  - NHS England

- The Steering group approved the pre-consultation pharmacy survey that was then issued to all Pharmacies to complete. Also during this stage a public survey was approved and distributed including advertisement on the Local Authority website, and on posters in GPs/pharmacies and traveller sites.
- Data from the community pharmacy survey was analysed and triangulated with data supplied by sources above. Any anomalies were identified and addressed.
- Data from the public server was used to inform local experience as well as future aspirations.

Step 3

The PNA will inform commissioning decisions by the Local Authority (public health services from pharmacy contractors), NHS England and CCGs. A review of the following documents and strategies was undertaken to prepare this PNA, this was to ensure the priorities were identified correctly:

- JSNA
- Thurrock APHR 2013
- Primary Care transformation document
- Community Regeneration Strategy
- NHS England Everyone counts: Planning for patients 2014/15 – 2018/19
- NHS England Call to Action

The review included meeting with managers, commissioners and other key leads to inform current and future priorities.

Step 4

- A pharmacy services profile was developed and validated using information supplied in Step 2
- Emerging themes were drawn together and presented to the PNA steering group. The group made appropriate comments and recommendations for the PNA.

Step 5

- A formal consultation was undertaken between 23 July 2014 and 22 September 2014 in accordance with the Regulations.
- Comments were collated and presented to the PNA Steering Group for discussion.
- The draft PNA was updated upon comments from the PNA Steering Group and a final version produced for approval by the HWB on 13 November 2014.
- A Consultation report of the final PNA was developed and is attached at the end of this document.

3. Context for the Thurrock PNA

This chapter sets out the local context, with regards to the demography and health needs within Thurrock's population. For a full review of the local context, please refer to Thurrock's Joint Strategic Needs Assessment https://www.thurrock.gov.uk/healthy-living/joint-strategic-needs-assessment

The chapter also provides an overview of the strategic priorities. A summary of the implications and relevance of each section is provided.

3.1 Overview of Thurrock

Thurrock is located in the south of Essex and lies to the east of London on the north bank of the River Thames with an area of 165 square kilometres (km²). It has a diverse and growing population with a population density of 976 persons per km².

The borough comprises of 20 wards, with areas in the central and eastern parts that are most affluent and have the healthiest residents in the borough.

The Regulations state that the HWB define the localities by which it will assess the pharmaceutical needs of its population. It was agreed that we would maintain the current system of Thurrock ward boundaries as it aligned well to demographic and healthcare data, and provided an even spread of the population served around each pharmacy. In addition wards are well understood within the general public as they are used during general parliamentary elections.

Table 4 below provides an overview of wards that sit within the four localities

Table 4

Localities

Western	Central	Southern	Eastern
Ockendon	Stifford Clays	Chadwell St. Marys	Orsett
Belhus	Chafford and North Stifford	Tilbury St. Chads	The Homesteads
Aveley and Uplands	South Chafford	Tilbury Riverside and Thurrock Park	Stanford East and Corringham Town
West Thurrock and South Stifford	Grays Thurrock	East Tilbury	Corringham and Fobbing
	Grays Riverside		Stanford-le-Hope West
	Little Thurrock Blackshots		
	Little Thurrock Rectory		

Thurrock shares its border with the following neighbouring HWB areas:

- Essex CC
- Havering
- Medway
- Dartford
- Gravesend

The Office of National Statistics (ONS) classifies areas that share similar demographic characteristics. including health needs. The ONS list of similar boroughs for new and growing towns is as follows

- Milton Keyes
- West Essex
- Bexley
- Havering
- Medway
- Swindon
- South West Essex
- Peterborough

3.2 Demography

3.2.1 Population

In June 2014 ONS published new mid-year estimates which show the population of Thurrock (as of June 2013) has risen to 160,859, an increase of 1,316 people since the previous year, representing a percentage rise of 0.8%. This increase is consistent with recent trends and is mainly due to the difference between births and deaths. There were 2,352 births and 1,139 deaths. A total of 6,426 residents moved into the borough from other parts of England and Wales and 6,464 moved out. A total of 713 people moved into the borough from areas outside England and Wales and 588 moved out. The most significant increases from the previous year, are in the 5-9 year age band at 5.7%; the 65-69 year age group at 6.8%; and the over 90s age group at 5.2%

The population density and distribution in Thurrock varies considerably from low density in the more rural areas to high density in the urban areas. At the time of the 2001 Census, population density in Thurrock was measured at 8.8 persons per hectare (approximately 0.088 persons per km^2) compared to 9.7 persons per hectare (approximately 0.097 per km^2) in the 2011 Census demonstrating the recent increase in population.

3.2.2 Age

Figure 1 shows a population pyramid of age structure of Thurrock in 2012 compared to that of England. It is clear that Thurrock has a relatively young population with almost all the age groups under 50 years forming a greater proportion of the total population than England; this is inversely true of population aged 50+ years plus, where Thurrock has a lower proportion in the total population compared to England.

Figure 1: All Persons Population Structure (percentage of the population) by Quinary Age-Group in Thurrock and England

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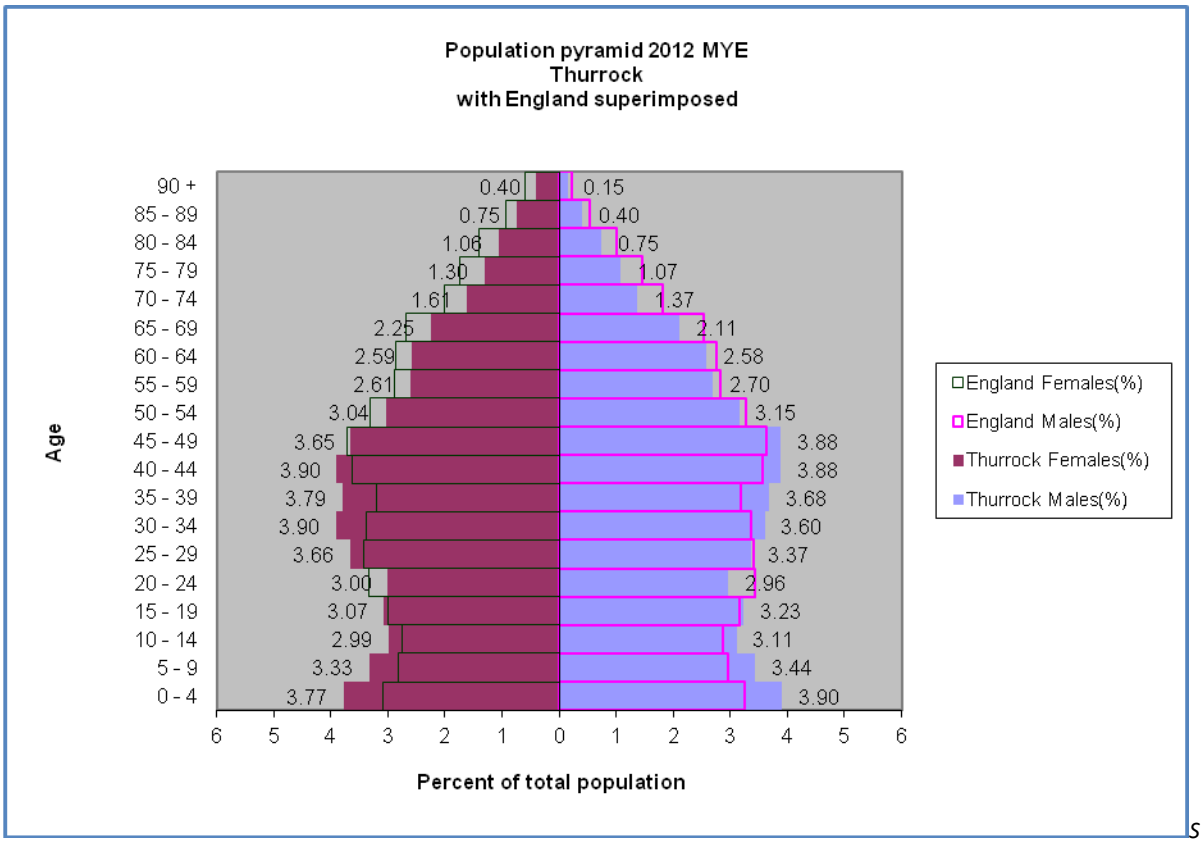


Source: Mid-2012 ONS Population Estimate

Changes in Age structure between 2001 and 2011

- There has been almost a 20% rise in 0-4 year olds between 2001 and 2011. This age group makes up 7.6% of Thurrock's population which is greater than the England average.
- The borough's 60+ age group population has increased by 16.5% since 2001. However, the percentages of people in each of the 60+ age groups are less than the England and East of England averages.
- There has been a 47.5% increase in the 85+ population.

Age distribution at locality level

Age distribution within the four localities vary when compared to the Thurrock averages. Local Ward profile data shows the proportion of three age bands; 0-14 years, 15 – 64 years and those aged 65+ years that make up the total population by ward.

Figures 2 – 5 illustrate that the areas with the highest density of under 15s in Thurrock reside in the Southern and Central localities including the wards of Tilbury St Chads, Tilbury Riverside and Thurrock Park, Chafford and North Stifford, and South Chafford.

The figures also show that there is a higher proportion of those aged 15-64 years in the Central and Western localities.

People aged 65+ and over are clustered in the Eastern locality in the areas of Orsett, Corringham and Fobbing and in the wards of Stifford Clays, Little Thurrock and Blackshots, in the Central locality.

Figure 2: Age distribution in the Western Locality

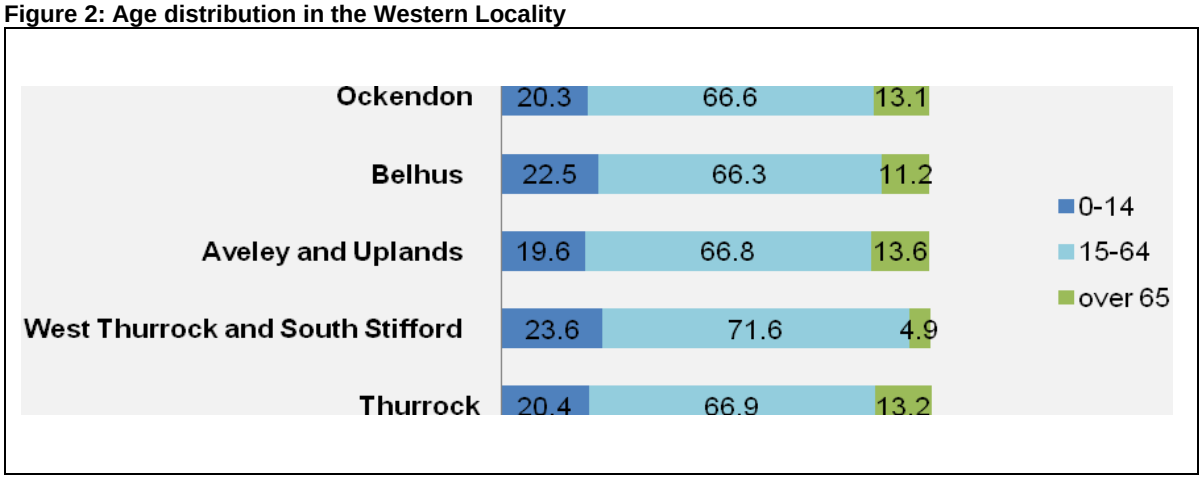


Figure 3: Age distribution in the Central Locality

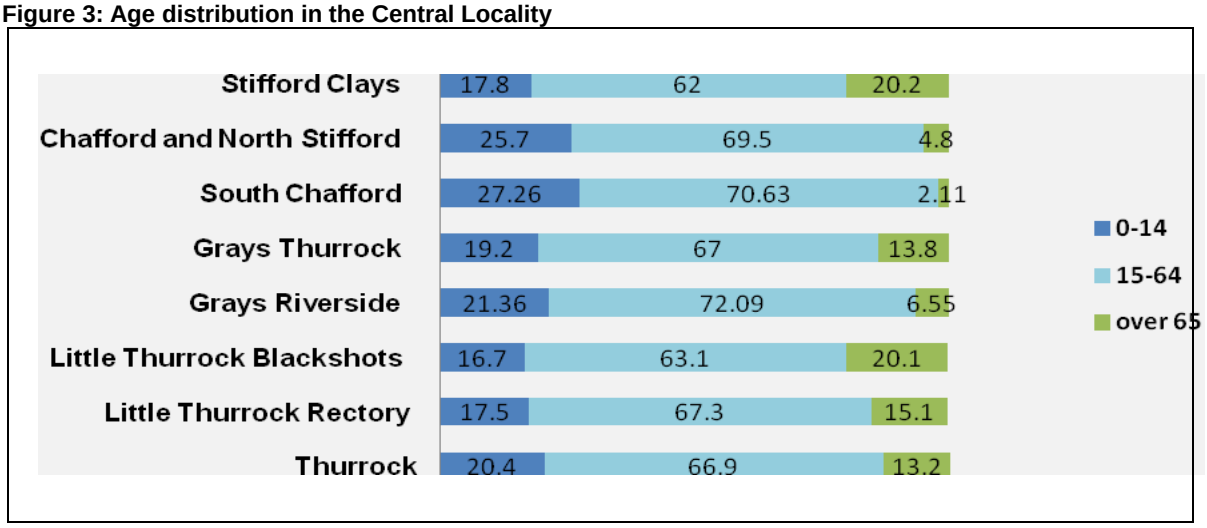


Figure 4: Age distribution in the Southern Locality

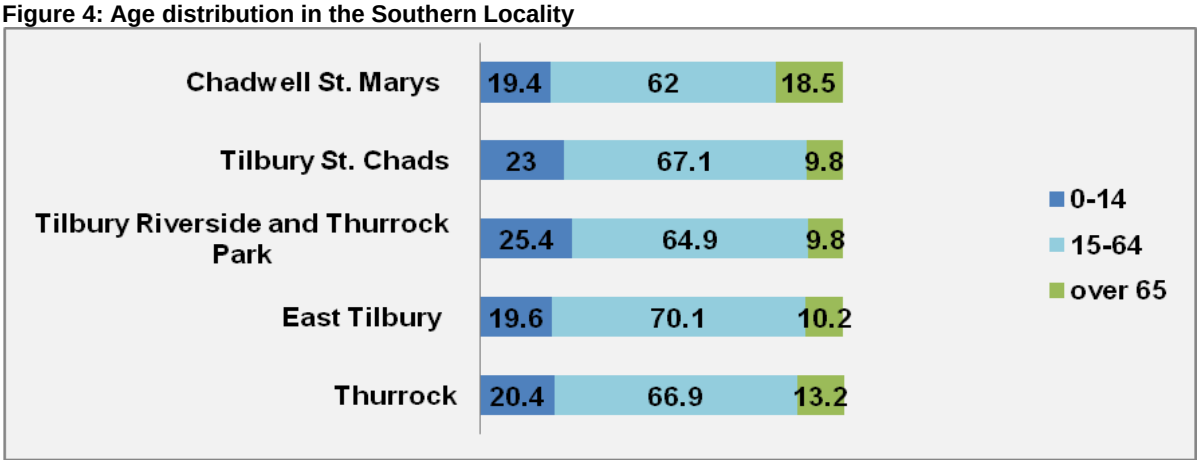
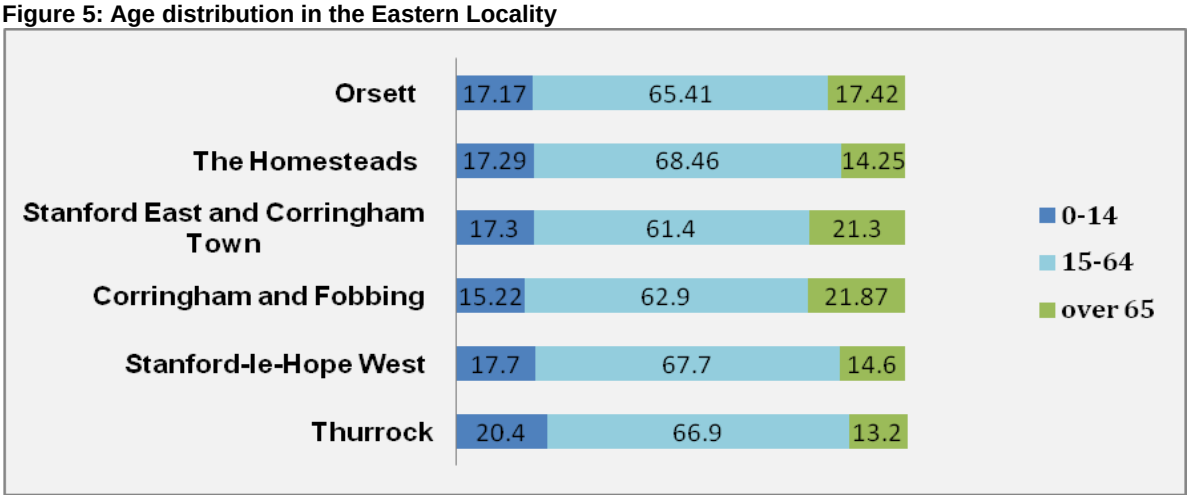


Figure 5: Age distribution in the Eastern Locality



3.2.3 Gender

In 2011 there was almost a 50/50 split between males (49%) and females (50.7%). Since 2001 the male population has grown by 11.7%. Overall proportion of males is slightly higher compared to the East of England (48.4%) and England (48.7%).

Table 5: Gender Structure in Thurrock, 2001 - 2011

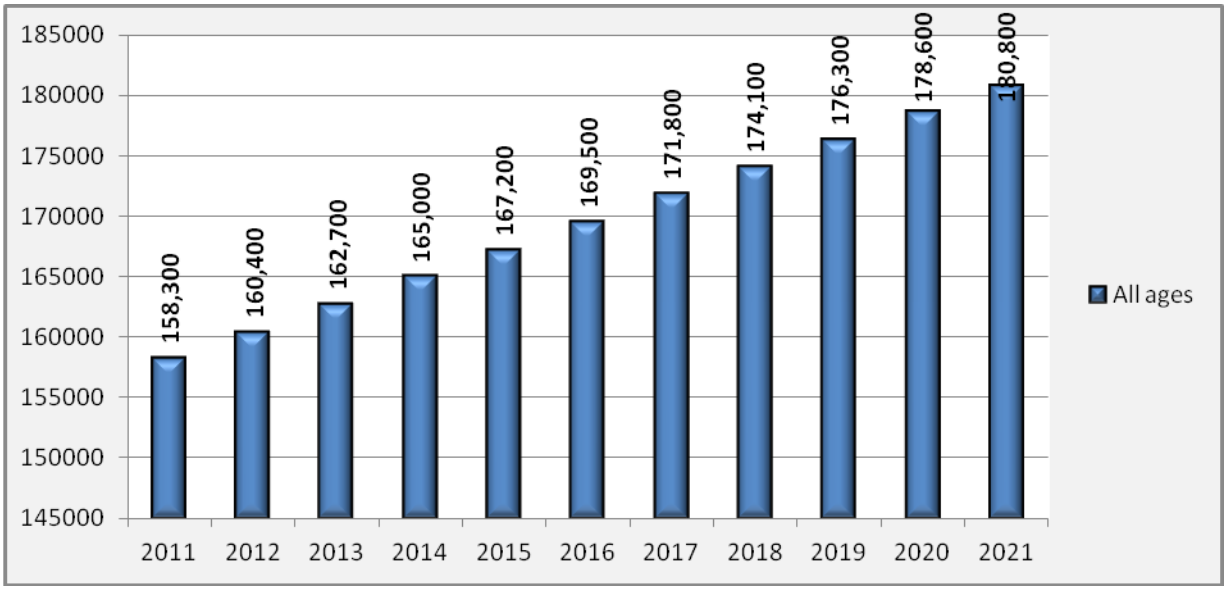
	Thurrock (Number)		Number Increase / Decrease	% Increase / Decrease in number	Thurrock (%)		East of England (2011)	England (2011)
	2011	2001			2011	2001		
Total	157,705	143,128	14,577	10.2%				
Male	77,823	69,669	8,154	11.7%	49.3%	48.7%	48.4%	48.7%
Female	79,882	73,459	6,423	8.7%	50.7%	51.3%	51.6%	51.3%

Source: Census 2011 and 2001

3.2.4 Population Projection

Figure 6 shows population projections from 2011 to 2021 using the 2011 Census population as a base year. The population of Thurrock is projected to grow to 180,800 by 2021. This equates to an increase of 14% or about 22,500 people over the 10 years (Figure 6).

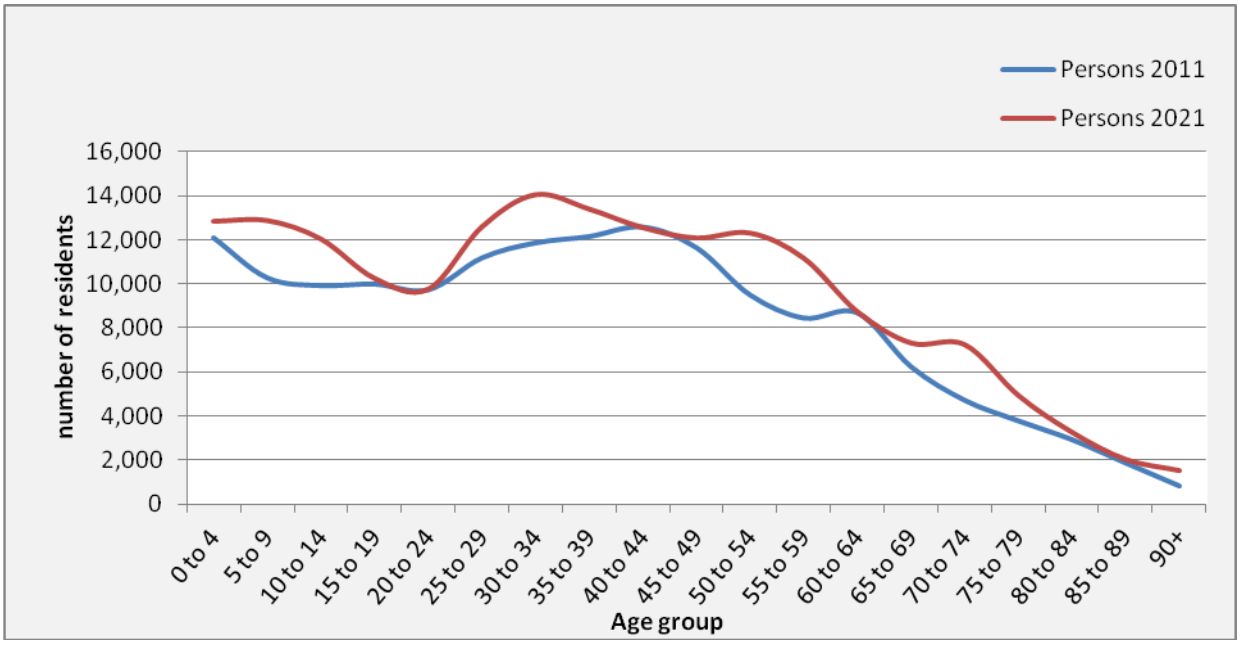
Figure 6: Change in Population 2011 to 2021



Source: Sub National (Interim) Population projections; ONS; 2011

Figure 7 shows the projected change in age structure between 2011 to 2021. Clearly there is a rise in absolute numbers in almost all age groups. The most significant rises can be seen in the age groups of 0-14 years, 50 – 59 years and those aged 70+ years. As a proportion of the total population, the largest increase in percentage from 2011 to 2021 is predicted to occur in the 5 to 9, 50 to 54 and 70 to 74 year age groups.

Figure 7: Population projection by Age, 2011 to 2021



Source: Sub National (Interim) Population projections; ONS; 2011

3.2.5 Ethnicity

Table 6 shows that the proportions of the main ethnic groups in 2011. Despite an overall increase in population, there has been a decline in the White British and Irish groups from 2001. All main groups have increased both in number and proportion, particularly within the Black groups and White other groups.

Table 6: Ethnic Groups in Thurrock, 2001- 2011

Main Ethnic group	2011		2001		2001 to 2011
	number of residents	% of total population	number of residents	% of total population	absolute change
White:British and White:Irish	128,695	81.6%	134,348	93.9%	-5,653
White: Other	6,734	4.3%	2,051	1.4%	4,683
Mixed	3,099	2.0%	1,319	0.9%	1,780
Asian	5,927	3.8%	3,405	2.4%	2,522
Black	12,323	7.8%	1,659	1.2%	10,664
Other	927	0.6%	346	0.2%	581
TOTAL	157,705	100.0%	143,128	100.0%	14,577

Table 7 below shows the main languages that are spoken by the ethnically diverse population in Thurrock. In total 6% of the local population use a language other than English as their main language, the largest proportion of this are polish speakers.

Table 7: Main spoken languages in Thurrock

Main Language	Proportion of total Population	Number of Pharmacies with staff who speak the language
English (English or Welsh if in Wales)	94	0
Other European Language (EU): Polish	1.4	0
Other European Language (EU): Lithuanian	0.4	0
South Asian Language: Nepalese	0.3	0
Other European Language (EU): Slovak	0.3	0
South Asian Language: Panjabi	0.3	8
South Asian Language: Bengali (with Sylheti and Chatgaya)	0.2	2
African Language: Yoruba	0.2	3
Portuguese	0.2	0
Other European Language (non EU):	0.2	0
Other European Language (EU): Romanian	0.2	0
East Asian Language: All other Chinese	0.1	0
South Asian Language: Urdu	0.1	4*

Source: Office of National Statistics, 2011

*4 pharmacies reported having Hindi speaking staff, which is similar to the Urdu language.

Implications of Population on the PNA

Research shows that the most frequent users of pharmacy services are women (including for access to contraception), older people and those with a long term conditions or disability. Conversely, those working full time and young men use pharmacies least.[3]

Taking this into account, it is important that pharmacies:

- Are located in areas where there is a high population of young people, in particular the Western and Central localities, maximising on every contact with young people and delivering health promotion advice and interventions. It will be particularly important to target young people that are less likely to access pharmacy and who are projected to increase in population size. This is to ensure that we are empowering young people to make positive health choices and preventing the early onset of disease.
- Pharmaceutical services will also need to ensure that they are meeting the needs of older people aged 65+ years. This is of particular importance in the Eastern locality and a few specific wards in the Central locality, where the proportion of older people is higher.
- Black, Asian and Minority Ethnic (BAME) communities often experience health challenges including low birth weight babies and infant mortality through higher incidences of long term conditions such as diabetes.
- The diversity of languages spoken potentially presents challenges for the effective communication of medical related issues, health promotion and lifestyle advice. Currently there is quite limited correlation between the main languages spoken by the local population and the languages spoken within pharmacies. Ensuring that pharmacies are able to effectively communicate with this population is key to ensuring the safe and most effective management of medicine by patients as well as proving equal opportunities of receiving health promotion and lifestyle advice.
- In the future, the above will need to be considered across all pharmacies as the population is projected to increase, particularly in groups such as BAME communities, the very young and older age groups. In addition community pharmacies must continue to develop to meet the evolving needs of Thurrock's population.

3.2.6 Deprivation and Health Inequalities

There is a strong positive correlation between deprivation and higher rates of illness and poor health outcomes. Deprivation is a major factor of health inequalities, as a result of the unequal distribution of power, money and resources.[4]

Indices of Multiple Deprivation (IMD) are weighted summary measures of seven domains with the income and employment domains taking up the strongest weight. The higher the IMD score, the more deprived the area. Thurrock is ranked 217 out of 349 in the IMD (2007) overall score for local authorities in England. Overall, changes in deprivation between 2007 and 2010 in Thurrock is very small and Thurrock have become less disadvantaged although some ranked positions have changed relative to other local authorities.

The areas listed below are the most deprived wards in Thurrock; they fall within the following localities:

Western: West Thurrock, Ockendon, Belhus, Aveley and Uplands.
Southern: Chadwell St. Mary, Tilbury St. Chads, Tilbury Riverside and Thurrock Park.

The difference in life expectancy in Thurrock between those that live in 10% of the most deprived and 10% of the most affluent areas vary significantly. In males there is a life expectancy gap of 8.3 years and a 7.7 year gap between females.

The conditions that have contributed to the gap in life expectancy between the most and least affluent areas in Thurrock are circulatory disease, particularly coronary heart disease, CHD lung (and other) cancers and chronic obstructive pulmonary disease (COPD).

Implications of Deprivation and Health Inequalities on the PNA

The correlation between deprivation and higher incidences of early onset of disease, long term conditions and lifestyle related health outcomes will all contribute to the health inequalities in Thurrock.

- Access to community pharmacies in areas of deprivation is important in supporting the population to meet their health needs.

- Pharmacies should ensure that they are maximising on health promotion advice, dispensing medication that have been prescribed, target patients who would benefit from medication reviews and participate in locally commissioned services that tackle lifestyle choices i.e. smoking, sexual health, health checks etc. Access to community pharmacy services in areas of deprivation will be taken into account in this PNA.

3.3 Health Needs

3.3.1 Smoking

Smoking continues to be the leading preventable cause of death in England. It is estimated that a fifth (20.7%) of adults aged 18+ smoke in Thurrock. This smoking prevalence is similar to the national average (19.5%).

Smoking prevalence in routine and manual occupational groups is higher than the overall smoking prevalence average for Thurrock. It is estimated that nearly one third (27.3%) of adults aged 18+ within these groups smoke, which is just under the regional and national average (29.8%, 29.7% respectively).

The mortality rate attributed to smoking in Thurrock is 235.76 per 100,000 population (2012/13). Reducing the smoking prevalence is one of four priorities identified in the Thurrock Health and Wellbeing Strategy for 2013 – 2016; to improve the physical health and wellbeing of the people of Thurrock, with initial focus on reducing the prevalence of smoking. This will be accomplished by:

- Identifying and implementing actions and initiatives to prevent young people from starting smoking.
- Ensuring a range of options to motivate and encourage current smokers to stop smoking.
- Protecting families and communities from the harm caused by smoking.
- Developing approaches that use prevention, treatment and enforcement – particularly in restricting the supply of tobacco products to minors.

It is encouraging to see that the smoking status at time of delivery indicator (2012/13) for Thurrock (11.4%) remains below the East of England (12.4%) and England (12.7%) averages.

Implications of Smoking on the PNA

Community pharmacies are very well positioned to deliver stop smoking services and there is ample evidence to support this:

'All the reviews indicated that community pharmacy based stop smoking services provided by trained pharmacy staff were effective and cost effective in helping smokers quit smoking'.

'community pharmacists, providing a support programme of counselling and record keeping for their customers, has a positive effect on smoking cessation rates'

Many pharmacies in Thurrock already provide smoking session services. The service offers;

- Nicotine replacement therapy at the point of consultation. The provision is unique in that residents can access these services during extended hours and on the weekends.
- There are two Healthy Living Pharmacists (HLPs) that are able to offer Varenicline as a first line treatment under a Patient Group Directive (PGD). Other Pharmacies are able to refer into specialist smoking cessation services or GPs for this treatment choice.
- In addition community pharmacies are able to refer those that require medication for specialist care i.e. those with long term conditions, into smoking cessation services.

3.3.2 Alcohol and Substance Misuse

3.3.2.1 Alcohol

Alcohol is the third largest risk factor of disease and disability. Alcohol is a cause of two hundred diseases; include liver and kidney disease, acute and chronic pancreatitis, depression, hypertension and cardiovascular disease.

There are a higher percentage of deaths among men than among women from alcohol related causes - 7.6% of men's death and 4% in women.

The three main classifications of drinking above the daily recommended allowance are:

1. ***Binge drinking*** – Drinking twice the daily recognized sensible levels in any one day (8 or more units a day for men and 6 or more units a day for women.

2. ***Harmful drinking*** – Drinking above the recognized sensible levels and experiencing harm, such as an alcohol-related accident, acute alcohol poisoning, hypertension, cirrhosis (measured by consumption of 50+ units per week for males and 35+ unit per week for females).

3. ***Dependent drinking*** – Drinking above recognised sensible levels and experiencing harm and symptoms of dependence.

During 2012/13, hospital stays for alcohol-related harm in Thurrock were 461 per 100,000 population, which was lower than both the East of England (552) and England (637) averages. Young people in Thurrock had a rate of 22.5 hospital admissions per 100,000 population (2008/09-2010/11) due to alcohol and 14.9 due to drugs (2006/07-2008/09) compared with regional rates of 30.9 and 15.3 respectively.

Ward level data from 2008/09 - 2012/13 shows that hospital stays for alcohol related harm is highest in the following localities: Western: Ockendon and Belhus, Southern: Tilbury Riverside and Thurrock Park, Tilbury St. Chads and Chadwell St Mary.

Modelled estimates of the percentage of those aged 16+ years that binge drink is highest in the wards of East Tilbury, Aveley and Uplands, West Thurrock and South Stifford and Grays Riverside. Prevalence of binge drinking is notably higher than the national average.

3.3.2.2 Illegal Drugs

The health harms arising from illicit substances are both wide in range and severity and very much depend on the pattern and context they are used in. Drug misuse has a major impact on physical, psychological and social health and wellbeing of an individual and their families. Substance misuse also impacts on society, from crime to families forced apart due to dependency. The National Drug Strategy for England (2010) balanced three key themes; reducing the demand of drugs, restricting the supply of drugs and promoting the recovery of those misusing drugs.

The 2013 updated Annual Review: Delivering within a New Landscape makes clear the Government priorities for future work. With regards to reducing demand there is a key focus on working in partnership to deliver early interventions for young people. There is strong encouragement for communities and schools to work together to provide support and education in developing young people to make healthy choices as well as improving resilience. The number of heroin and crack cocaine users nationally has fallen from 332,090 in 2005/06 to 298,752 in 2010/11. The number of people injecting drugs has also fallen significantly from 129,977 in 2005/2006 to 93,401 in 2010/11. The most recent data shows that the estimated rate of opiate and/or crack cocaine users aged 15 – 64 in Thurrock was 3.7 per 1000 population, which is significantly lower than the regional average of 6.3 per 1,000.

It is also encouraging to see that in 2012 Thurrock's rate (11.1%) of completion for drug treatment (opiate users) is higher than the East of England (7.8%) and England (8.2%) averages.

The primary drug used by young people in Thurrock accessing treatment for substance misuse is cannabis with alcohol being second. Data from 2012/13 shows that 73.4% of young people stated cannabis as their primary drug, which is similar to the regional average of 71.2%. Alcohol use in young people is also a consideration with 20.3% of young people stating alcohol as their primary drug which is similar to the regional average of 20.3%.

Implications of Alcohol and Substance Misuse for the PNA

Recommendations from the JSNA are to increase the impact of change and widen the screening and early intervention to people with illnesses, due to alcohol misuse, that are resulting in admissions to hospitals; this includes training to provide screening and brief intervention programmes.

Community pharmacies are well positioned to provide the above. In addition to this they have the potential to deliver the following:[5]
Delivering healthy lifestyle advice aimed at raising awareness of the harmful effects of excess alcohol.

- Brief interventions (such as screening, assessment, NHS Life Checks).
- Prescribing or PGDs to enable the supply of medicines related to reducing alcohol intake.
- Blood tests to detect levels of alcohol consumption and early risks of complications developing.
- Supervised monitoring of medicines to treat alcohol withdrawal.

Programmes like needle exchange schemes and supervised consumption strive to address the consequences of substance misuse. There is growing evidence of the effectiveness of supervised consumption through community pharmacy, including improving outcomes and reducing medicine diversion.

Accessing services through community pharmacy is acceptable to service users and recent evidence shows that it has improved testing and subsequent uptake of hepatitis B vaccinations within this cohort.

In addition descriptive studies of needle exchange programmes, through community pharmacy have shown to achieve high rates of returned injecting equipment and are cost effective.

Thurrock Council currently commissions both supervised consumption and needle exchange programmes through pharmacies.

In addition two pharmacies currently provide non NHS alcohol screening services in Thurrock.

3.3.3. Sexual and Reproductive Health

Sexual health is influenced by a number of factors, including sexual behaviour and attitudes. The consequences of poor sexual health can be serious, leading to unintended pregnancies and sexually transmitted infections.

Sexual health inequalities are faced by specific population groups, with the highest burden of sexual ill health being borne by men who have sex with men (MSM), teenagers, young adults and some minority ethnic groups.

Latest data from the Public Health Outcomes Framework shows that Thurrock has a teenage pregnancy rate of 30.5 per 1000 females aged 15-17 years which is similar to the national average (27.7), though significantly worse than the regional average (23.2). The rate of conception in those under 16 in Thurrock (6.3 per 1000 females aged 13-15 years) is similar to the regional (4.4/1000) and national rates (5.6/1000). Since 1998 Thurrock has more than halved its teenage pregnancy rate of 62.5/1000 by 51.2% and achieved a downward trend in trajectories for under-18 and under-16 teenage conceptions.

Pooled data from 2009 – 2011, shows that teenage conception rates are higher in wards that also have higher levels of deprivation. Yet deprivation alone is by no means a cause of teenage pregnancy and other risky behaviours and lifestyle choices need to be taken into account such as unprotected sexual intercourse, drug and alcohol misuse, duration in education and personal aspirations.

In 2013, Chlamydia diagnosis amongst young people in Thurrock was 1529 per 100,000 aged 15-24 years; this is significantly lower than the England rate of 2016 per 100,000 aged 15-24 years. Reasons to explain this and which are being addressed include not screening enough of the population or screening the wrong target groups, since the National Chlamydia Screening Programme (NCSP) target is 2,300 per 100,000 population based on prevalence estimates.

Pooled data from 2010-2012, shows 63.2% of people in Thurrock present with HIV at a late stage of infection. This is higher than the East of England (51.9%) and England (51.3%) averages.

Implications of Sexual Health on the PNA

Pharmacies have provided sexual health care for a number of years now and there is growing evidence for their role in Chlamydia screening and treatment, and condom distribution. They are also a primary source of emergency hormonal contraception (EHC).

A number of community pharmacies within Thurrock provide a range of sexual health services, including those mentioned above. As part of the Public Health prevention agenda, all community pharmacies should:

- Maximise every contact to ensure that they are raising awareness of HIV, Chlamydia and other sexually transmitted infections.
- Involving themselves in national and local intervention programmes and campaigns.
- Refer people on to key providers of local sexual health services.

3.3.4 Obesity

Obesity is caused by an imbalance of energy i.e. more energy in than out. There is overwhelming evidence that obesity is a risk factor for a range of health problems, this includes the link to CHD, hypertension, type 2 diabetes and osteoarthritis. Obesity also has negative effect on mental health, sleep apnoea and respiratory problems. There is a serious impact of obesity on physical health, wider economic factors and social costs.

There are a number of risk factors associated with developing obesity; these include ethnicity, people living on low income, behaviour i.e. sedentary lifestyles, those who have stopped smoking, older people and those with a mental or physical disability.[6]

Similar to adults, children in the UK have diets high in energy dense foods, saturated fat and non-milk extrinsic sugars, but low in fibre, fruits and vegetables, and this is even more evident in children from lower income and one-parent families.[7]

For children the social environment also has a profound impact. The role of the parent or carer is vitally important. A child that has at least one obese parent, is around three times more likely to be obese than a child with no obese parents.[8]

In children and adolescents the associated morbidities include hypertension, hyperinsulinaemia, dyslipidaemia, type 2 diabetes, psychosocial dysfunction, and exacerbation of existing conditions such as asthma. Excess weight also has a significant impact on psychological wellbeing, with many children developing negative self-image and low self-esteem.[9]

3.3.4.1 Adult Obesity

The most recent data shows that the prevalence of excess weight (overweight and obese) in adults in Thurrock is 70.8%; this is higher than East of England (65.1%) and England (63.8%).

Local Quality Outcome Framework (QOF) data shows that the following localities have the highest obesity prevalence (ages 16 year and older) of GP registered patients:

Western: Belhus (30.2%)
Southern: Tilbury Riverside and Thurrock Park (29.9%), Tilbury St Chads (29.9%)
Eastern: Stanford Le Hope (29.7%), Stanford East and Corringham (29.7%) The Homesteads (29.7%)

It should be noted though, QOF data is dependent on the presentation i.e. only those patients that present to their GP, and the quality of recording by the surgery. Empirical data does show that some GPs do find it difficult to bring up topics such as excess weight and obesity.

3.3.4.2. Childhood Obesity

Childhood obesity is measured through the National Childhood Measurement Programme, during Reception and Year 6.

The 2012/13 data shows Thurrock to have an obesity prevalence in Reception-aged children of 9.6%, which is significantly higher than the East of England average (8.1%), and above the England average of 9.3%.

The 2012/13 data shows Thurrock to have an obesity prevalence in Year 6-aged children of 19.8%, which is more than double the local prevalence at Reception Year. Thurrock's prevalence is significantly higher than the East of England average (17.0%), and is above the England average of 18.9%.

Implications of Obesity on the PNA

As part of the essential services, community pharmacies provide health promotion advice. They are ideally placed to provide support to local campaigns for healthy lifestyle and healthy eating messages.

In line with the Pharmaceutical Regulations, we would also like all NHS pharmacists to make referrals and sign-post residents into local weight management services.

3.3.5 Mental Health

Mental health is 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 their community.[10]

The Mental Health Illness Needs Index 2000 (MINI 2K) scores the wards of Thurrock. The mean score is 0.91, which is below the national average of 1.00. However there is clear variation in the distribution of mental illness needs within Thurrock, with the areas of deprivation having higher MINI 2K scores.

Incapacity Benefit claimants make up the largest group of economically inactive people of working age in Britain and almost 40% are on Incapacity Benefit because of mental illness. Locally the areas of higher deprivation have higher claim rates.

3.3.5.1 Children and Young People

Extrapolating local data from national prevalence shows that there are approximately 3600 children and young people aged 0-19 years that may experience a mental illness, in Thurrock.

Four areas were identified as the major issues for children and young people presenting to services, these were domestic violence being witnessed at home, family break-up, bereavement and parent drug and alcohol abuse. The main reasons for referral, as a result of this, are: anger, depression, anxiety and self-harm.

3.3.5.2 Mid Adult Years

The prevalence of common mental disorder in people aged 18 years and older is 16.2% nationally. This would equate to around 19,488 people in Thurrock. The most common mental illnesses are depression and anxiety.

Local prevalence estimates suggest that neurotic disorders, depression, panic disorder and general anxiety disorder are highest in the following localities:[11]

- **Western:** Ockendon and Belhus
- **Southern:** Chadwell St Mary
- **Central:** Grays Riverside

3.3.5.3 Older People

Risk factors for mental health problems in older people include loneliness, social isolation, fear of crime, loss of independence, lack of transport, poverty and debt, (including anxiety over meeting winter fuel bills).

Dementia is usually a long term, progressive condition and whilst not necessarily part of ageing, the incidence of dementia increases with age.

The Health Needs Assessment for the over 75 year old Thurrock population highlights that around 13% (1280) of those over 75 are predicted to have dementia and that the older the person with dementia the more the demand on adult social care services.

Implications of Mental Health on the PNA

A vast array of medication is available to treat various mental health disorders, including anxiety, depression, schizophrenia and other psychotic disorders. It is critical that medicine optimisation with this cohort of patients is delivered, to ensure higher levels of concordance and manage to help identify any adverse effects associated with medication.

Community pharmacies in Thurrock provide a range of services to support the strategic delivery of mental health services, including:

- Provide health promotion advice as an essential service. Medication records can be used to target patients who are taking various medications for mental health.
- A number of pharmacies deliver support in identifying adverse effects of medication as well as adherence issues that can contribute to improving outcomes for patients with serious mental health issues.

3.3.6 Cancer, Cardio Vascular Disease and Respiratory Disease

3.3.6.1 Cancer

Cancer is one of the largest causes of mortality in England, accounting for a quarter of deaths. More than 1 in 3 people will develop cancer at some point in their life. In January 2011, the Government published Improving Outcomes – a Strategy for Cancer. This document sets out plans to improve cancer outcomes, including improving survival rates through tackling late diagnosis of cancer.

Diagnosis at an early stage can dramatically improve chances of survival. In Thurrock, the proportion of newly diagnosed invasive malignancies at stage 1 or 2 was 51.2%, compared to the regional average of 54.2% but higher than the national average of 41.6%.

The percentage of eligible women in Thurrock screened for Breast Cancer in the last three years (at 31st March 2014), was 71.6%, [12] this was worse than both the regional (77.4%) and England (76.3%) averages.

Age standardised mortality from all cancers in people aged 75 and under shows that Thurrock had a rate of 157.8 per 100,000 population, this was higher than the East of England rate of 136.3/100,000 and England rate of 146.5/100,000. The mortality rate from all cancers is higher in men (101 per 100,000 population) than women (86.3 per 100,000).

3.3.6.2 Respiratory Disease

Respiratory diseases is one of the top causes of death in England in those aged under 75 years and smoking is a major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases.

The mortality rate from respiratory diseases in those aged 75 years and under per 100,000 population in Thurrock is 33.7, which is higher than the regional (26.6/100,000) average but similar to the national (33.5/100,000) average. Overall men have a higher mortality rate (39.0, per 100,000) due to respiratory illness than women (29.2/100,000).

3.3.6.3 Cardiovascular Diseases

Cardiovascular disease (CVD) is the most common cause of death in the UK, with approximately 30% of deaths classified as premature[13] (i.e. under 75 years)

Locally CHD is the main contributor to the gap in life expectancy. Life expectancy is 8.2 years lower for men and 7.7 years lower for women in the most deprived areas of Thurrock that in the least deprived.

Thurrock's under 75 year's mortality rate from cardiovascular diseases, is 90.4 per 100,000. This is higher than the East of England (72.6) and England (81.1) rate. The rate of mortality from cardiovascular disease in men (128.9 per 100,000 population) is significantly higher than the rate of mortality from cardiovascular disease in females (54.0 per 100,000 population).

Implications of Cancer, Cardiovascular and Respiratory Disease for the PNA

Community pharmacies in Thurrock provide a range of services to support the prevention and management of cancers, CHD and respiratory diseases.

Health promotion advice is delivered as part of the essential services.

In addition pharmacies are well placed to identify those who are at 'high risk', through medication records for more targeted health promotion.

Targeted MURs and NMSs reviews can promote adherence and ensure that adverse effects to medication are mitigated, hence improving the overall outcome for people with these conditions.

Some community pharmacies provide a range of screening testing, such as cholesterol testing and blood pressure as non-NHS/Thurrock services.

A number of community pharmacies currently provide smoking cessation services, smoking is a risk factor for all three diseases.

Health checks have been commissioned through pharmacy in some areas. The use of pharmacies to deliver this service can improve access, choice of provider and improve uptake of this mandatory service. This service is not currently provided by pharmacies in Thurrock.

3.3.7 Diabetes

Diabetes is associated with long term complications such as heart disease, stroke, blindness, amputation and chronic kidney disease. It is therefore a significant long term condition within Thurrock.

There are two types of diabetes:

- Type I is when the body produces no insulin and therefore glucose levels increase in the blood. This occurs in 10% of all cases.
- Type II is when the body does not produce enough insulin or the body does not react to insulin. This occurs in 90% of all adult cases.

Risk factors for Type II Diabetes include;

- Obesity, lack of exercise and sedentary way of life
- Diet high in processed foods
- High blood pressure
- Gestational diabetes
- Familial history
- Age (if over 40 or 25 if South Asian)

People from Asian and Black ethnic groups are more likely to develop diabetes and are likely to develop diabetes at a younger age. Diabetes also affects those people living in the 20% most deprived neighbourhoods in England and are 56% more likely to have diabetes than those living in the least deprived areas.[14]

During 2012/13, the prevalence of diagnosed diabetes in those aged 17 years and older in Thurrock was 6.1%, this is higher than comparator areas (5.9%). Local data shows that People with diabetes in NHS Thurrock CCG were 51.6% more likely to have a myocardial infarction, 33.1% more likely to have a stroke, 86.4% more likely to have a hospital admission related to heart failure and 38.7% more likely to die than the general population in the same area.[15]

Spending on prescriptions for items to treat diabetes in 2012/13 cost £323.12 per adult with diabetes in NHS Thurrock CCG compared to £281.52 across England.[16]

Implications of Diabetes for the PNA

Community pharmacies in Thurrock provide a range of services that can support the prevention and management of diabetes and its associated risk factors. They provide health promotion advice as an essential service and can get involved in delivering local campaigns. Targeted MURs and NMSs also support this agenda by promoting adherence to medication and ensuring patients are receiving the maximum benefits. They also provide smoking cessation services.

While two pharmacies currently provide non NHS/Thurrock screening services for diabetes, 69% of community pharmacies in Thurrock would be interested in providing this service.

3.3.8. Older people

The 2011 Census estimated that there are 20,021 people aged 65+ years living in Thurrock. This equates to 12.7% of the total Thurrock population. Population projections predict an increase in the 70 plus age groups between 2011 and 2021.

With respect to health and wellbeing, older people are more vulnerable to depression, dementia, CHD and diabetes, falls, sensory disability and winter deaths.

In addition local activity attributed 12% of A&E admissions and 30% of emergency admissions in those aged 75 years and older. The most common reasons for emergency admission for this age group were respiratory disease circulatory disease and injury relating to falls.

Implications of Older People for the PNA

All pharmacies receive a contribution towards providing auxiliary aids to support eligible people with taking their medication under the Equality Act 2010.

MURs and NMSs are additional services that pharmacies can choose to provide. Targeting these services to older people can decrease the risk of medicine related harm, improve adherence and ensure that this cohort is receiving the maximum benefits from their medication.

As part of the essential services, community pharmacies provide health promotion advice. They are ideally placed to provide support to local campaigns that are targeted to improve the health and wellbeing outcomes for older people.

3.4 National and Local Context

This section provides an overview of the national and local strategies and priorities that provide the basis of where resources should be focused.

3.4.1 National Strategy

The Health and Social Care Act influences both the need and delivery of pharmaceutical services. A range of health and care organisations work in partnership to deliver under this Act.

- *Local Authority* - The local authority has responsibility for Public Health and social care.
- *Clinical Commissioning Group* - CCGs have a role to commission most NHS services. CCGs are responsible to secure improvements in service, involve patients, reduce health inequalities and promote research and development.
- *Health and Wellbeing Board* - Each upper tier Local Authority has established a Health and Wellbeing Board (HWB) that brings together a range of leaders from health and care organisations to improve the health and wellbeing of their local population and reduce health inequalities. Each HWB will develop a HWB strategy that will provide the local framework for commissioning, integration and coordination of services in order to meet local need.
- *NHS England* - NHS England is a national body that has the responsibility for commissioning primary care core contracts, offender health, military health and specialised commissioned services.
- *Public Health England* - Public Health England (PHE) is a national body that has the responsibility to protect the health of the nation and address inequalities. The main focus of PHE work is around delivery and informing health improvement, health protection, commissioning and research and development.

3.4.2 NHS England “A Call to Action”

NHS England “A Call to Action” was a national consultation on Everyone Counts: Planning for Patients 2014/15 – 2018/19, that sets out a five year strategic plan to deliver high quality care within the NHS. The document will deliver key changes within pharmacy, these include:

- Delivering a wider range of services from primary care in order to improve access and support for patients with mental health or physical long term conditions
- Providing more integrated community services that focus on health outcomes, currently there are a few areas that have gained support.
    - New models of primary care that provide holistic support especially to the more vulnerable i.e. frail and elderly and those with a long term condition.
    - More focus on prevention of disease.
    - Supporting patients to manage their own health.
    - Establishing urgent and emergency care networks in order to provide accessible and cost effective services.
    - Providing a responsive seven day a week service.

NHS England “Pharmacy Call to Action” recognises the effective alternative provision of healthcare and advice that pharmacy can provide to a currently oversubscribed primary care service. The aims for community pharmacy are:

- Develop the role of the pharmacy team to provide personalised care.
- Play an even stronger role at the heart of more integrated out-of-hospital services.
- Provide a greater role in healthy living advice, improving health and reducing health inequalities.
- Deliver excellent patient experience which helps people to get the most from their medicines.

3.4.3 Joint Health and Wellbeing Strategy

The Health and Wellbeing Strategy 2013-16[17] has been jointly developed by Thurrock Council and Thurrock NHS Clinical Commissioning Group. It is a two part strategy to specifically focus on adult and children’s needs, separately. There are four priority areas for each part:

For adults, these are -

- Improve the quality of health and social care.
- Strengthen the mental health and emotional well-being of people in Thurrock
- Improve our response to frail elderly people and people with dementia.
- Improve the physical health and well-being of people in Thurrock.

For children and young people, these are -

- Outstanding universal services and outcomes.
- Parental, family, and community resilience.
- Everyone succeeding.
- Protection when needed.

Within the 2013 – 2016 Strategy, there are two Public Health priorities for the population, these are:

- Reduce the prevalence of smoking in Thurrock.
- Reduce the prevalence of obesity in Thurrock.

3.4.4 Clinical Commissioning Group

Thurrock CCG has identified five strategic priority areas as part of their two year operational plan 2014 - 16:

- Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing.
- Health and care solutions that can be accessed close to home.
- High quality services tailored around the outcomes the individual wishes to achieve.
- A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible.
- Systems and structures that enable and deliver a co-ordinated and seamless response.

The CCG also has a further commitment to reduce the inequality of outcomes for patients with mental health problems. Over the next two years they will be working with various primary, community and secondary care providers in order to fulfill this commitment.

3.4.5 Transforming Primary Care in Essex – the heart of patient care

The Essex primary care strategy has ambitious plans to develop integrated primary care 'hubs' around communities of 20,000 people. Commitment towards ensuring new and more effective ways of working, particularly with vulnerable groups is a priority. Along with the establishment of local primary care networks, the strategy will work with pharmacies in developing the following:

- Play a role as regular source of healthcare advice.
- Empower people to self-treat simple conditions without having to see their GP.
- Provide services through pharmacy in order to expand choice for patients.
- Triage, treat, refer or signpost patients.
- Develop the role of pharmacy prescribers further.

4. The Assessment

The following section describes the current provision of pharmaceutical and locally commissioned services in Thurrock, provides the assessment and forms conclusions for the PNA.

a) Data Sources

The Assessment section has been informed by a range of data from different sources, these include:

- National and local health and wellbeing strategies
- Thurrock Annual Public Health Report 2013
- Joint Strategic Needs Assessment
- Benchmarking data 2012/13 from the Health and Social Care Information Centre.
- Information and data collected/held by Thurrock Council, Thurrock CCG, NHS Central Eastern Commission Support Unit.
- Findings from the Contractor's questionnaire sent to all Community Pharmacies between February and March 2014. A response rate of 100% was achieved.
- Resident's questionnaire sent to various public, private, voluntary and independent services between February and May 2014.

b) Necessary and Relevant Services

The Regulations set out that services are defined in terms of necessity and relevance. For this PNA the following principles have been considered in order to do this:

- Service provider - A service that can only be delivered by a provider on the pharmaceutical list i.e. dispensing of medicines, is likely to be a **necessary** service.
- Health need and benefits – A service that clearly supports and improves a local health need, is likely to be a **necessary** service.
- Published evidence – A service that is supported by strong evidence to show improved outcomes for local need, is more likely to be a **necessary** service.
- Performance - A service that is provided by a range of providers, where pharmacy activity is higher than that of the other providers, it is more likely to be a **necessary** service.
- Accessibility – A service that is provided by a range of providers, where pharmacy provides more accessibility i.e. extended opening hours, wheelchair provision etc. is more likely to be a **necessary** service.

c) Choice

Choice provides an environment of competition with regards to the quality of delivery and cost effective solutions to healthcare. The following has been considered in order to determine adequate choice in services:

- The current level of access to pharmaceutical provision in Thurrock.
- The current offer of existing services and to what extent of improvement by providing additional services or facilities.
- The extent that current provision responds to the changing needs of their local community.

- The need for additional or specialised services to improve access for specific populations such as those that are vulnerable or who have a protected characteristic.

d) Other Considerations

In addition to the above, this section has also considered the following:

- Services provided outside Thurrock that affect the local pharmaceutical services.
- NHS services provided by other providers that affect the need for local pharmaceutical services.
- Local plans and developments that will affect the future need for pharmaceutical services.

4.1 Overview of Pharmacy and Other Providers of Pharmaceutical services

- *Community Pharmacies*
  Thurrock currently has 35 community pharmacies, including five pharmacies that are required to open for 100 hours per week, and two distance selling pharmacies.

- *Dispensing Appliance Contractors*
  There are currently no dispensing appliance contractor's in Thurrock.

- *Dispensing Doctors*
  There are currently two doctors providing dispensing urban services in Thurrock.

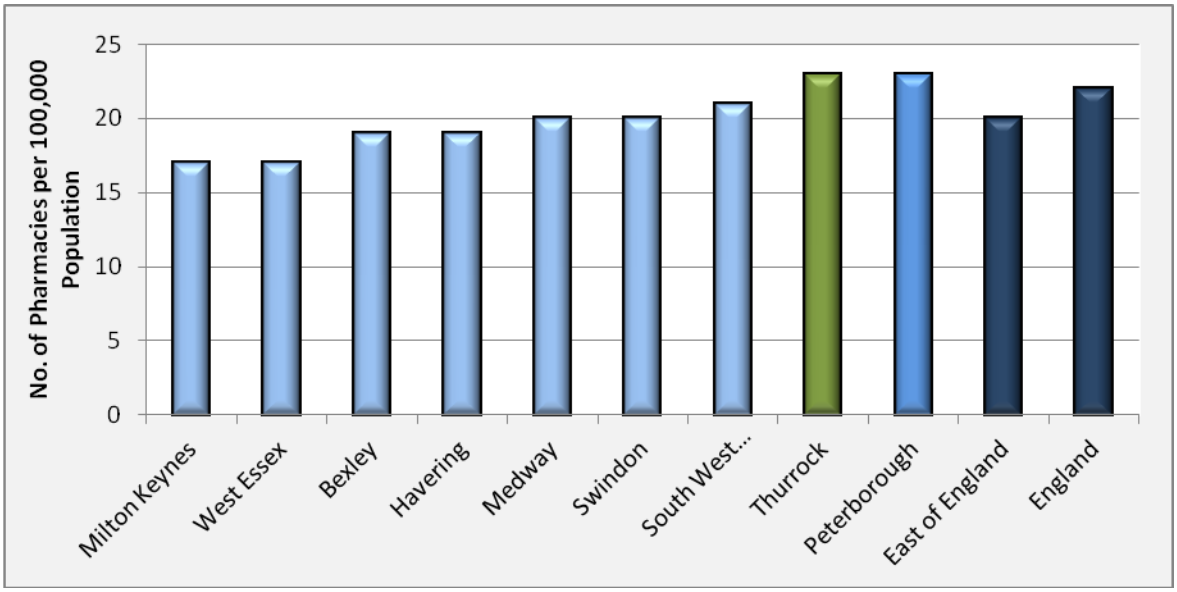
- *Local Pharmaceutical Service Contractors*
  There are currently no Local Pharmaceutical Service contracts in place in Thurrock.

4.2 Distribution of Community Pharmacies

4.2.1 National and local Distribution

Data shows that in England there are 22 pharmacies per 100,000 populations. This is slightly higher than the East of England average of 20 pharmacies per 100,000. Locally, Thurrock has a higher average than both the national and regional average at 23 pharmacies per 100,000 populations. Comparing Thurrock's rate (23/100,000) to the similar borough's rate (19.5/100,000) also shows that Thurrock has a significantly higher rate of pharmacies serving its population, *see figure 8.*

Figure 8: Number of Community Pharmacies per 100,000 populations in Thurrock compared to Similar Borough, East of England and England.

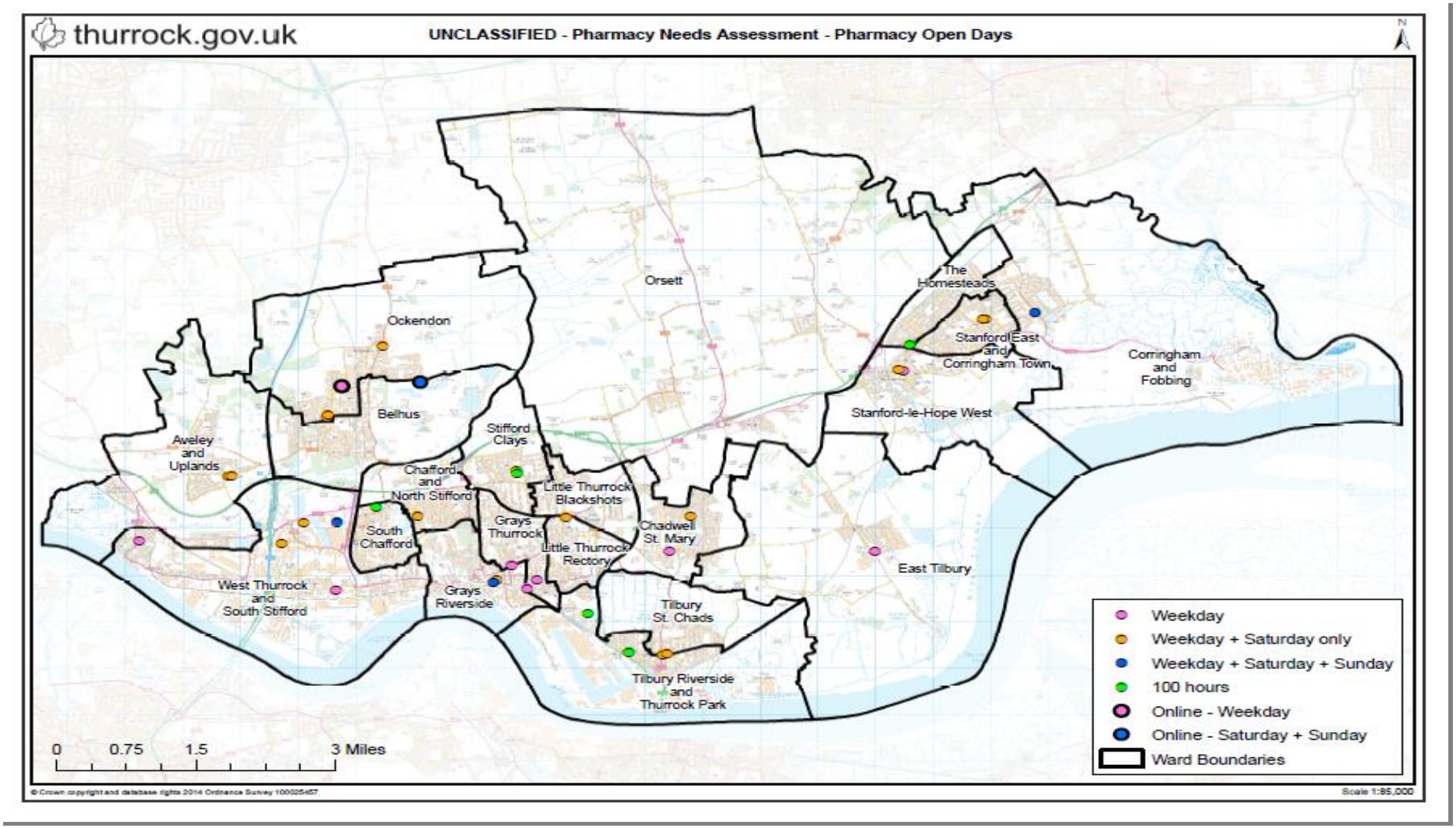


Source: HSCIC General Pharmaceutical Services in England 2012/13

When comparing the distribution of pharmacies within Thurrock localities, the Western locality has the most pharmacies (12/35), followed by the Central locality (10/35 pharmacies), the Southern locality (7/35 pharmacies) and the Eastern locality (6/35 pharmacies).

Map 1 shows the geographical spread and opening hours of Thurrock's community pharmacies.

Map 1: Community pharmacies in Thurrock



When considering rate of the community pharmacy per 100,000 populations in each locality, it is evident that there is an unequal distribution. While the Western locality has 31 pharmacies per 100,000, the Eastern locality has 17 pharmacies per 100,000 population, which is notably below the similar borough (19.5/100,000), East of England (20/100,000) and England (22/100,000) pharmacy rate per 100,000 populations.

Ward level analysis show that there is also some correlation between Thurrock's areas of deprivation and the number of pharmacies. Table 8 shows that the wards of Tilbury St. Chads, Tilbury Riverside and Thurrock Park, West Thurrock and South Stifford are well served and that the number of pharmacies per 100,000 is above the Similar Boroughs, regional and national averages. The ward of Belhus, the third most deprived in the borough, does not have any pharmacies but residents are able to access pharmacies in neighbouring wards.

Table 8: Distribution of Pharmacies in Thurrock

Locality	Ward (IMD rank)	No. of Pharmacies	Ward Population	Pharmacies/ 100000 population	No. of Pharmacies by locality	Locality pharmacy per 100,000
Western	Ockendon (6)	5*	9680	41.3	12	31
	Belhus (3)	0	9780	0		
	Aveley and Uplands (7)	2	8912	22.4		
	West Thurrock and South Stifford (4)	5	10478	47.7		
Central	Stifford Clays (11)	2	6460	30.9	10	18
	Chafford and North Stifford (19)	1	8071	12.3		
	South Chafford (20)	1	7384	13.4		
	Grays Thurrock (9)	3	9150	10.9		
	Grays Riverside (8)	2	11695	17.1		
	Little Thurrock Blackshots (13)	0	5770	0		
	Little Thurrock Rectory (16)	1	5955	16.7		
Southern	Chadwell St. Mary (5)	2	9865	20.2	7	24
	Tilbury St. Chads (1)	2	6177	32.3		
	Tilbury Riverside and Thurrock Park (2)	2	6878	29		
	East Tilbury (12)	1	6364	15.7		
	Orsett (17)	0	6115	0	6	17
Eastern	The Homesteads (18)	0	8507	0		
	Stanford East and Corringham Town (10)	2	8607	11.6		
	Corringham and Fobbing (15)	1	5478	18.2		
	Stanford-le-Hope West (14)	3	6379	47.0		

The data shows that there is some choice of pharmacy in just over half the wards, with the exception of Belhus, Little Thurrock, Blackshots, Orsett and The Homesteads that have no pharmacies, and Chafford and North Stifford, South Chafford, Little Thurrock Rectory, East Tilbury and Corringham and Fobbing that have one pharmacy each. Nevertheless, residents in all wards are able to access one or more pharmacies located close to or on the boarder of an adjacent ward.

4.3 Access

4.3.1 Opening times

Pharmacies are contracted to provide a minimum of 40 hours as part of their core offer (under some circumstances applications may be approved by NHS England for a pharmacy to provide more or less core hours), unless they were commissioned to provide 100 hour service under the 2005 regulations,[18] of which there are currently four in Thurrock.

Applications under the new market entry system can be required to open additional hours if this is to meet a defined need, and many pharmacies do provide additional hours. These are known as supplementary hours, in addition to the 40 hours core offer.

Amendments to the core opening times offer may only be done with consent of NHS England; supplementary hours can be amended by the pharmacy subject to giving 90 days' notice to NHS England, who will make the final decision.

Weekdays

With the exception of two pharmacies (1 online) all pharmacies in Thurrock are open between the hours of 9.00am to 5:30pm. There are currently seven pharmacies that are closed for 30 minutes to an hour over the lunch period, *See Table 9.*

Table 9 Community pharmacy opening hours – weekdays, 2014/15

Locality	Ward	8am or earlier	9am - 5:30pm	6pm or later	9pm or later	Other opening times	Closed for lunch
Western	Ockendon	0	3	3	0	1 (9:30 – 16:30) 1 (9:00 – 17:00)	1
	Belhus	n/a	n/a	n/a	n/a	n/a	n/a
	Aveley and Uplands	0	2	2	0	0	1
	West Thurrock and South Stifford	1	5	5	1	0	1
Central	Stifford Clays	1	2	2	1	0	0
	Chafford and North Stifford	0	1	1	0	0	1
	South Chafford	1	1	1	1	0	0
	Grays Thurrock	0	3	2	0	0	1
	Grays Riverside	1	2	1	0	0	0
	Little Thurrock Blackshots	n/a	n/a	n/a	n/a	n/a	n/a
	Little Thurrock Rectory	0	1	1	0	0	0
Southern	Chadwell St. Marys	0	2	2	0	0	2
	Tilbury St. Chads	0	2	2	0	0	0
	Tilbury Riverside and Thurrock Park	1	2	2	2	0	0
	East Tilbury	0	1	1	0	0	0
Eastern	Orsett	n/a	n/a	n/a	n/a	n/a	n/a
	The Homesteads	n/a	n/a	n/a	n/a	n/a	n/a
	Stanford East and Corringham Town	0	2	2	0	0	0
	Corringham and Fobbing	0	1	1	0	0	0
	Stanford-le-Hope West	1	3	2	2	0	0

The following summarises 'extended hours' with regards to community pharmacy's opening/closing times:

- In all four localities, there is at least one pharmacy open at 8.00am or before and at least one pharmacy open until 9pm or after.
- Limited choice is available for pharmacies that are open at 8.00am or before in the Southern and Eastern localities.

- Limited choice is available for pharmacies open until 9pm or after in the Western and Central localities.

Saturday

There are 25 community pharmacies open on Saturdays, 24 of which open between 9am – 12pm and eight that are open until 6pm or after. Table 10 provides opening and closing times for these community pharmacies in Thurrock.

Table 10: Community pharmacy opening hours – Saturday, 2014/15

Locality	Ward	8am or earlier	9am – 12:00pm	6pm onwards	9pm onwards	Other opening times	Closed for lunch
Western	Ockendon	0	3	0	0	1 (13:00 – 17:00)	0
	Belhus	n/a	n/a	n/a	n/a	n/a	n/a
	Aveley and Uplands	0	2	0	0	0	0
	West Thurrock and South Stifford	1	3	2	0	0	0
Central	Stifford Clays	1	2	1	1	0	0
	Chafford and North Stifford	0	1	0	0	0	0
	South Chafford	1	1	1	1	0	0
	Grays Thurrock	0	0	0	0	0	0
	Grays Riverside	1	2	1	0	0	0
	Little Thurrock Blackshots	n/a	n/a	n/a	n/a	n/a	n/a
	Little Thurrock Rectory	0	1	0	0	0	0
Southern	Chadwell St. Marys	0	1	0	0	0	0
	Tilbury St. Chads	0	2	0	0	0	0
	Tilbury Riverside and Thurrock Park	1	2	2	2	0	0
	East Tilbury	0	0	0	0	0	0
Eastern	Orsett	n/a	n/a	n/a	n/a	n/a	n/a
	The Homesteads	n/a	n/a	n/a	n/a	n/a	n/a
	Stanford East and Corringham Town	0	2	0	0	0	0
	Corringham and Fobbing	0	1	0	0	0	0
	Stanford-le-Hope West	1	2	1	1	0	0

The extended closing times on a Saturday are summarised below:

- Those pharmacies that provide extended opening hours between 7am – 8am on weekdays are open at the same time on Saturdays.

- There is good choice in the number of pharmacies that are open at 6.00pm or after, on a Saturdays in the Western, Central and Southern localities.
- The Cantal, Southern and Eastern localities each have at least two pharmacies that are open between 11am – 4pm, *see Table 11*.

Sunday

There are currently 13 pharmacies open on a Sunday. All localities are serviced by at least two pharmacies that are open between 11am – 4pm, *see table 11.*

Table 11: Community pharmacy opening hours – Sunday, 2014/15

Locality	Ward	8am or earlier	11am – 12:30pm	4pm or onwards	6pm or onwards	9pm onwards	Other opening times
Western	Ockendon	0	1	1	0	0	0
	Belhus	n/a	n/a	n/a	n/a	n/a	n/a
	Aveley and Uplands	0	0	0	0	0	0
	West Thurrock and South Stifford	0	3	3	0	0	0
Central	Stifford Clays	0	1	1	1	0	0
	Chafford and North Stifford	0	0	0	0	0	0
	South Chafford	0	1	1	0	0	0
	Grays Thurrock	0	0	0	0	0	0
	Grays Riverside	1	2	2	1	0	0
	Little Thurrock Blackshots	n/a	n/a	n/a	n/a	n/a	n/a
	Little Thurrock Rectory	0	0	0	0	0	0
Southern	Chadwell St. Mary	0	0	0	0	0	0
	Tilbury St. Chads	0	0	0	0	0	0
	Tilbury Riverside and Thurrock Park	0	2	2	1	0	0
	East Tilbury	0	0	0	0	0	0
Eastern	Orsett	n/a	n/a	n/a	n/a	n/a	n/a
	The Homesteads (18)	n/a	n/a	n/a	n/a	n/a	n/a
	Stanford East and Corringham Town	0	1	1	0	0	0
	Corringham and Fobbing	0	1	1	0	0	0
	Stanford-le-Hope West	0	1	1	1	1	0

Below is a summary of the extended opening and closing times for these pharmacies:

- There is only one pharmacy in the borough that is open on a Sunday at 8am or before, this is located in the Central locality.
- Three localities; Central, Southern and Eastern each have at least one pharmacy that is open at 6pm or after.
- The Southern and Eastern localities have one pharmacy each that is open at 9pm or after.

Bank Holidays

Pharmacies that open on a Bank holiday and other holiday periods, do so based on a business decision. NHS England have not currently commissioned additional hours under a rota-system in Thurrock.

4.3.2 Access for those with a Disability

A key consideration with regards to access is to what extent a pharmacy has been adjusted to meet the needs of those with a disability. In the Contractors questionnaire, pharmacies were asked whether the premises had access for wheelchairs to the consultation area. It has been assumed that those pharmacies that have wheelchair access to their consultation room would also be wheelchair accessible on the general pharmacy floor. Table 12 summarises the responses and shows that 24/35 (60%) of Thurrock pharmacies have premises that are accessible to wheelchair users.

Table 12: Community Pharmacy that are wheelchair accessible, 2014/15

Locality	Ward	Wheelchair access within pharmacy consultation rooms
Western	Ockendon	3
	Belhus	n/a
	Aveley and Uplands	0
	West Thurrock and South Stifford	4
Central	Stifford Clays	2
	Chafford and North Stifford	1
	South Chafford	1
	Grays Thurrock	2
	Grays Riverside	2
	Little Thurrock Blackshots	n/a
	Little Thurrock Rectory	0
Southern	Chadwell St. Marys	1
	Tilbury St. Chads	2
	Tilbury Riverside and Thurrock Park	2
	East Tilbury	0
Eastern	Orsett	n/a
	The Homesteads	n/a
	Stanford East and Corringham Town	2
	Corringham and Fobbing	1
	Stanford-le-Hope West	1

4.3.3 Travel times to Pharmacies

Another important consideration with regards to access is how long it takes to travel to a pharmacy.

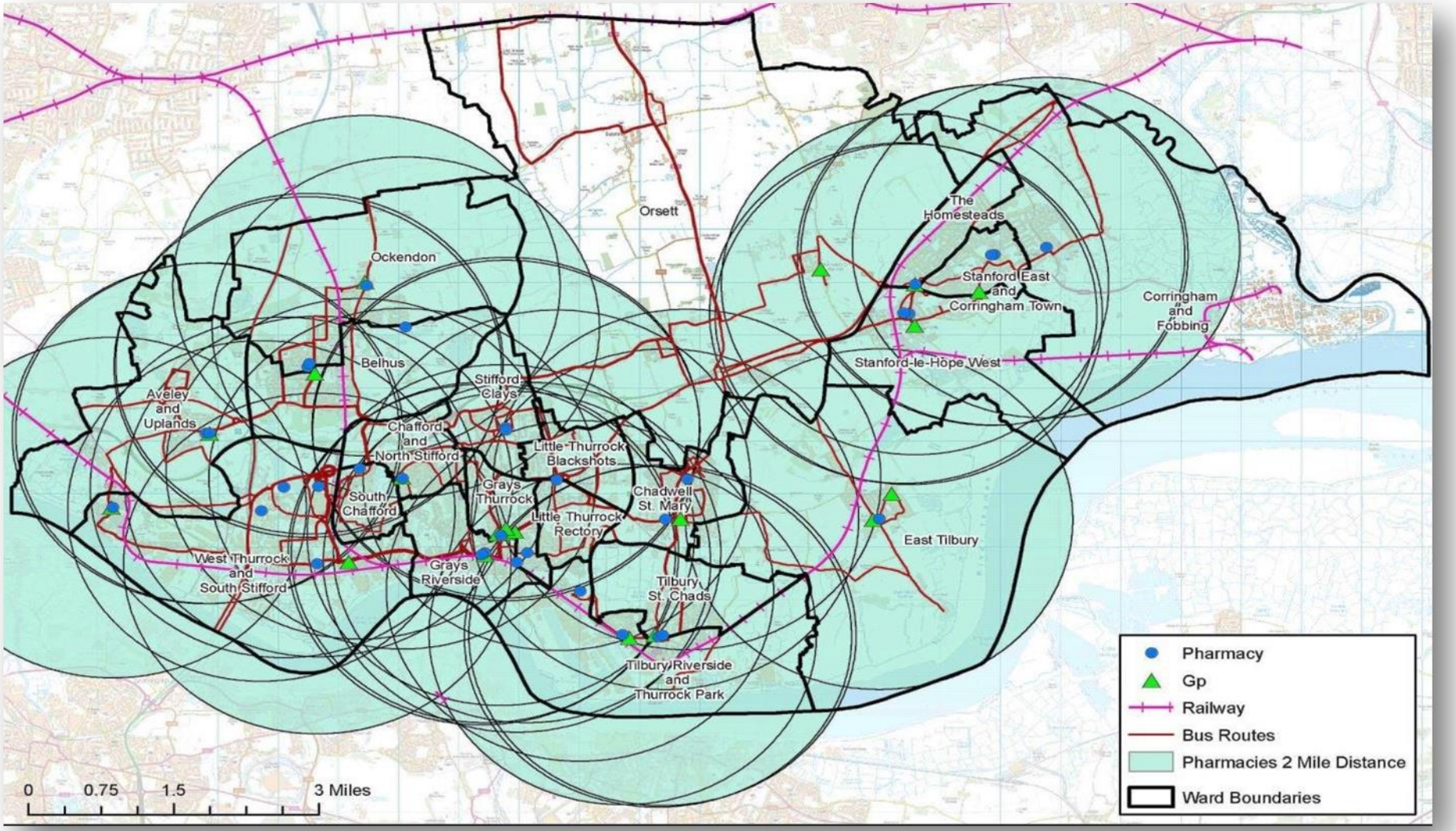
Two Mile Boundary

The latest information shows that 99% of the population in England, including those living in deprived areas can access a pharmacy within 20 minutes by car and 96% can do so by walking or using public transport.[19]

Data analysis shows that 100% of Thurrock residents are able to access pharmacies within 20 minutes by car. It is generally assumed that a person can walk at least one mile to reach their nearest pharmacy. For this PNA, we have considered the extensive public transport that extends a resident's ability to travel further and therefore increase the choice of accessible pharmacies to them.

The distribution of pharmacies with regards to travel time for this PNA was therefore developed using a two mile boundary.

Map 2: Two mile Boundary around community pharmacies



Map 2 shows that there is a good spread of pharmacies that span over the two mile boundary, in most of Thurrock and those residents have a good choice of pharmacies to access.

It appears that residents on the eastern most part of the Corringham and Fobbing ward and the central and northern part of Orsett may need to travel more than two miles to access their nearest pharmacy within Thurrock.

The PNA noted that with regards to North Orsett, there is lower demand of pharmaceutical services, as the land is green belt and therefore has a low population density.

In the eastern part of the borough, there is a higher density of people aged 75+ years and 85+ years who are more likely to have mobility problems and therefore find accessing pharmacies more challenging than the general population. It is likely, however, that these residents are able to access pharmacies in their neighbouring borough within this distance, particularly in south Benfleet and Canvey Island.

Summary of key comments made about access from the Public Survey

50% of respondents stated that they used a car to access their pharmacy, 40% either walked or took public transport. 40% strongly agreed with the statement 'I find it easy to find a pharmacy near where I live', under 0.5% either strongly disagreed or disagreed with this statement.

Around 15% of residents would like to access their pharmacy after 6pm
40% strongly agreed or agreed with the statement ' I can usually find a pharmacy open when needed'.

62% agreed or strongly agreed with the statement "there is some privacy when I want to speak to someone" (in the pharmacy).

70% of respondents would prefer to visit a pharmacy next to their home.

10% stated they would like to access a pharmacy next to their GP surgery.

Implications of Pharmacy Distribution and Access for the PNA

- Thurrock has more pharmacies per 100,000 population than the similar boroughs, East of England and England. As such it is well resourced with regards to pharmaceutical services.
- At locality level, there is unequal distribution of pharmacies, with the Western locality served by 31/100,000 population and the Eastern locality served by 17/100,000 population.
- The general correlation of pharmacies and areas of deprivation at ward level seems to be good with the majority of those areas that are more deprived benefiting from higher numbers of pharmacies per 100,000 population than the comparator areas.

This however is not the case for Belhus, which ranks as the third most deprived ward in Thurrock which has no pharmacy. However residents are able to access pharmacies in adjacent wards.

- On weekdays between the hours of 9am and 5:30pm there is good access and choice of pharmacy in all wards, except Belhus, Little Thurrock, Blackshots, Orsett, and The Homesteads that have no pharmacies. Residents in Chafford and North Stifford, South Chafford, Little Thurrock Rectory, East Tilbury and Corringham and Fobbing only have access to one pharmacy each. However it is recognised that residents are able to extend their choice by accessing pharmacies in adjacent wards.
- There is good access and choice of pharmacies that are open on Saturdays and at least two pharmacies that can be accessed within each locality on a Sunday between 11:30am and 4pm.
- Extended hours play a key role on ensuring that those residents who may need to access services either very early in the morning or late in the evening area are able to, this is particularly true of Thurrock's working population.
- During the week and on Saturdays all localities have at least one pharmacy that is open before 8am and close after 9pm.
- On Sundays access is limited, with only one pharmacy open before 8am in the whole borough. By 6pm there are 3 pharmacies that are open, one in the Central and two in the Eastern localities. By 9pm there are only two pharmacies open on Sundays, located in the Eastern and Southern localities.
- In some areas it is recognised that there is limited or no access to pharmaceutical services on a Saturday and Sunday during extended hours. This becomes particularly important in areas where there are high levels of deprivation as the limited access of pharmaceutical services may further contribute towards health inequalities.
- It is noted that currently there are no pharmacies providing additional commissioned hours during Bank Holidays, including Christmas, NHS England base this decision on a systematic approach that accounts for perceived needs of the population for pharmaceutical services on these days. The majority of community pharmacies are wheelchair accessible and wheelchair users in every locality have a choice of more than five pharmacies to access. However all pharmacies should take strides and make significant progress towards meeting and exceeding the minimum legislative standards for access to those with a disability where appropriate. The time travelled as a measurement of accessibility, shows that all residents would have a wide choice of pharmacies within 20 minutes, if travelling by car. The virtual two mile boundary around each pharmacy was created to show the minimum area of the borough that residents can access, should they use a combination of walking and public transport.
- There are two parts of the borough that sit outside of this minimum area; North Orsett, Corringham and Fobbing. Further analysis shows that residence of these areas are accessing pharmacies in Basildon, as they are closer than community pharmacies in Thurrock. In addition population density of North Orsett is low due to the area being green belt and therefore the demand of pharmaceutical need will be lower than other areas in the borough.
- Limited data of density of older people (aged 75+ years and 85+ years) within these areas were considered. The analysis shows that although the ward of Corringham

and Fobbing has a higher density of older people it is likely that these residents are also accessing pharmacies in neighbouring boroughs.
- Insights to access in the public survey shows that residents were generally satisfied with the proximity and opening hours of pharmacies. The majority of those that took part in the survey preferred to visit a pharmacy close to their home.

4.4 Essential Services

All community Pharmacy contractors are required to provide a full range of essential services, as set out in the 2013 NHS Regulations. The fact that all pharmacy premises must provide these services means that they can be used across the borough to focus on the reduction of health inequalities. Essential services include:

- Dispensing and actions associated with dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles, including Public Health Campaigns
- Prescription-linked interventions
- Signposting
- Support for self-care

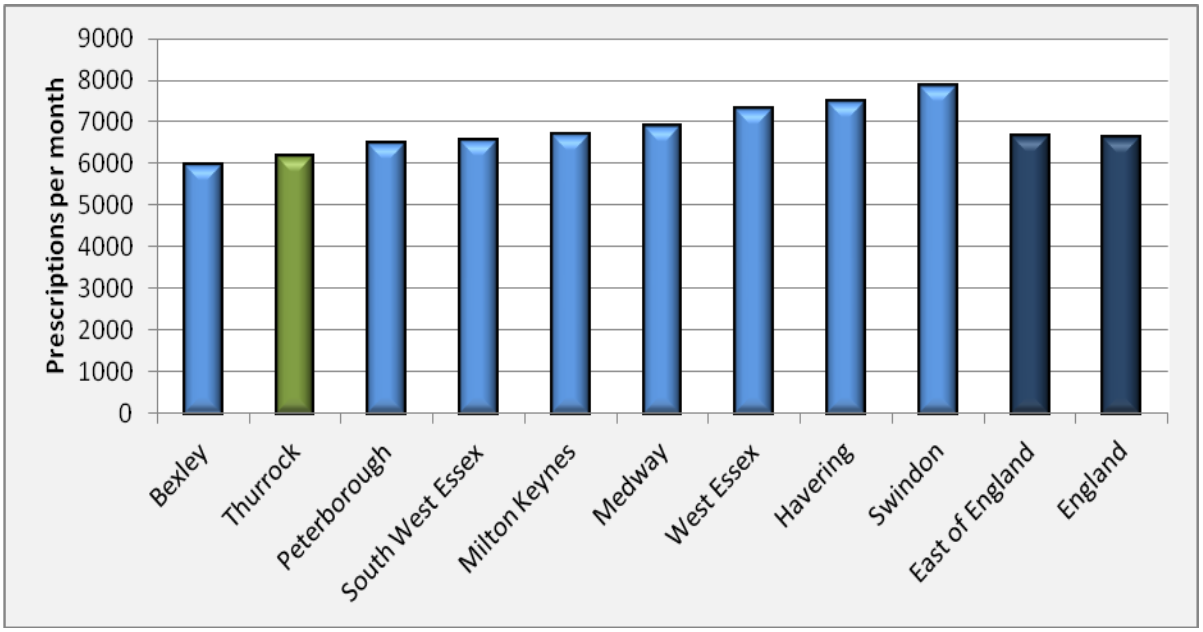
The assessment of essential services has been undertaken in context with the distribution and access services, as outlined in the above sections, against the local context, needs and strategic priorities of Thurrock's population.

4.4.1 Dispensing Services

4.4.1.1 Dispensing in Community Pharmacy

During 2012/13, an average of 6,174 items per month were dispensed by all pharmacies within Thurrock. This dispensing rate is lower than the Similar Boroughs (6,900), East of England (6,641) and England (6,628).

Figure 9: Number of items dispensed per month by community pharmacy.



Source: HSCIC General Pharmaceutical Services in England 2012/13

A total of 2,798,773 items were dispensed against all prescriptions issued by Thurrock GPs during 2012/13. Of these, 2,593,262 (92.7%) items prescribed were dispensed by Thurrock community pharmacies. Table 13 provides a breakdown by locality.

Table 13: Items dispensed in Thurrock localities, 2012/13

Locality	Number of Pharmacies	Total items dispensed	% of total items (%)	Annual items per pharmacy	Items per month
Western	12	900,514	34	75,042	6,254
Central	10	660,950	26	73,439	6,120
Southern	7	504,342	20	72,049	6,004
Eastern	6	527,456	20	58,606	4,883

The data above shows that the average volume of dispensing by pharmacy in all four localities is also below the Similar Boroughs, East of England and England averages. This suggests that there are currently no capacity issues with regards to dispensing in any locality.

In total, 101,739 (3.6%) items were dispensed by pharmacies outside of Thurrock or considered as 'personally administered items' by GP surgeries. These were dispensed or personally administered, in the case of GP surgeries, by 1,828 organisations, (this excludes dispensing doctor activity which is described further down).

The table below provides an overview of pharmacies in neighbouring boroughs that have dispensed at least 100 items in one year, to Thurrock residents.

Table 14: Out of area pharmacy dispensing, 2012/13

	Pharmacy Name	Postcode	% of all out of area items dispensed
Basildon	TESCO STORES LIMITED	SS13 3JU	3.9
	BOOTS UK LIMITED	SS14 1BA	3.1
	ASDA STORES LTD	SS14 1JH	1.3
	ALLCURES PLC	SS16 5DF	0.95
	ASDA STORES LTD	SS14 3AF	0.93
	L ROWLAND & CO (RETAIL) LTD	SS142HB	0.82
	SAINSBURY'S SUPERMARKETS LTD	SS13 1SA	0.74
	NATIONAL CO-OPERATIVE CHEMISTS LIMITED	SS16 5SA	0.614
	NATIONAL CO-OP CHEMISTS LTD	SS15 5TQ	0.58
	ALLCURES PLC	SS16 4QW	0.53

Cross-border dispensing serves to improve access to pharmaceutical services, particularly for residents who live close to borders of neighboring boroughs or for those residents who use dispensing services close to their place of work.

4.4.1.2 Dispensing Doctors

Thurrock has two GP practices with dispensing doctors, located in the Western and Eastern localities. During 2012/13 these dispensing doctors dispensed 103,772 items. Together the dispensing doctors contributed to 3.7% of the total items dispensed against all Thurrock GP prescriptions. It also contributed to 50% of the total dispensing activity that was not undertaken by Thurrock pharmacies against a prescription dispensed by Thurrock GPs.

4.4.1.3 Out of Hours Dispensing

The GP 'out of hours' service, the Rapid Response Assessment Service, led by the district nursing team work and the A&E department at Basildon and Thurrock University Hospital Trust (BTUH) are open 24 hours a day, 7 days a week. Whilst these providers stock their own medication, should there be a need, there is an on-call service at BTUHT for other urgent requirements.

4.4.2 Repeat Dispensing

Repeat dispensing allows patients who have been issued a repeatable prescription to collect their repeat medication from a pharmacy without having to request a repeat prescription from their GP.
The service can provide the following benefits:

- Reduction in GP workload which could free time for more clinical activities.
- Allow for more predictability in pharmacy workload, which could facilitate delivery of wider pharmaceutical services.
- Reduce waste, as pharmacies will be dispensing required medications.
- Increased convenience for patients.

For the year 2013/14, approximately 178,000 prescriptions were issued in Thurrock by repeat dispensing/batch prescribing, representing about 6.1% of all items issued on prescription during this period.

4.4.3 Electronic Prescription Service

The electronic prescription (EPS) service enables GPs and practice nurses to electronically send a prescription to a patient's chosen pharmacy for dispensing. The system makes the prescribing and dispensing process more efficient and convenient for patients and staff. In addition, EPS can help to reduce wastage of medicines by allowing pharmacy more opportunities to help patients use their medicines more effectively as well as reduces risks of disruption to the supply of medicines to patients.

NHS England and Thurrock CCG are currently rolling out Electronic Prescription Service Release 2 (EPS2) to practices and pharmacies. EPS2 is currently underway in one Thurrock practice, located in the Eastern locality with plans for further sites to go live in the next few months.

4.4.4 Other Essential Services

NHS England are currently planning to run a number of health promotion campaigns through community pharmacy. Local Authority may want to consider dove-tailing or extending these campaigns based on local needs and priorities. This involves providing opportunistic advice, information and signposting around lifestyle and public health issues. NHSE are considering the following draft campaigns for 2014/15:

Campaign	**Date**	**Links to:**
Sun Awareness	End July	Holidays
Sexual Health	Early September	Students returning Fresher's Week
Mental Health/Keeping Fit & Healthy	October	World MH Day 10th October
Antibiotic Awareness/Keeping Warm in Winter	November	Winter Flu
Falls & Frailty/Alcohol Awareness	January	Dry January
Smoking Cessation	March	Stop Smoking Day 12th March 2015

In addition to the medicine dispensing activity that community pharmacies deliver, they are also highly skilled in providing:

- Opportunistic health promotion advice, self-care support and targeted prescription linked interventions.

- A valuable service to safely dispose waste medicines in order to reduce harm through inadvertent use of unwanted or expired medicines and serve to protect the environment. (check with A here)?

Summary of comments made about essential services from the Public Survey

66% of residents have their prescriptions dispensed at a pharmacy.
Over 10% of residents use pharmacy to 'get advice'.
Over 80% of residents were satisfied with the information about side effects given to them in the pharmacy.

Essential Services Conclusion

Dispensing is a fundamental service commissioned nationally by the NHS and ensures that patients have access to prescribed medication in a safe and dependable environment. Pharmacies are invaluably positioned to support health campaigns by proactively delivering health promotion and signposting advice. Community pharmacies therefore are key in addressing the health needs and contributing to tackling inequalities within Thurrock.

Taking this into consideration, we have concluded that the essential services are **necessary** to meet the pharmaceutical needs of our population.

- Benchmarking data used to compare dispensing activity in Thurrock to other similar boroughs, East of England and England. The analysis demonstrates that Thurrock community pharmacies have significant capacity to meet current and future dispensing requirements.
- The assessment has demonstrated that on weekdays and on Saturdays between the hours of 9am and 5:30pm there is good access to essential services within community pharmacies.
- Residents also have good choice of pharmacy, either within their ward or adjacent wards.
- There is also reasonable access to essential services on a Sunday in most localities.
- A key consideration to dispensing is the need for aligning pharmacy and other primary and secondary care providers opening hours i.e. GP practice, out of hour's services, A&E etc. The current system for clinicians to obtain out of hours emergency medication satisfies the current demand on these services.

Future needs of Pharmacy:

- Out of hours provision will be of particular importance for the future delivery of a seven day primary care service through the Hub model in Thurrock. The current pattern of pharmacy opening hours may not be sufficient and the current open hour's service is only available to prescribers.
- These changes may require NHS England to consider seeking additional hours, although pharmacies may recognise the need and adjust core hours proactively.
-

- Engagement with Public Health England to ensure local priorities are considered in planning national health promotion campaigns.
- Promotional material should be in a number of languages and culturally appropriate. Campaigns should be evaluated with regards to impact.

4.5 Advanced Services

Advanced services are defined in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Direction 2013. Any contractor may choose to provide Advanced Services if the requirements, relating to premises, training or notification to the NHS England area team, are met.

The Advanced services include:

- Medicines Use Review (MURs)
- New Medicines Service (NMS)
- Appliance Use Reviews (AUR) - not currently provided by pharmacies in Thurrock
- Stoma Appliance Customisation Service (SAC)

4.5.1 Medicines Use Review (MURs) and Prescription Intervention Service

The MUR service is a structured review of a patient's use of their medication, which aims to improve the patient's knowledge, understanding and use of their medicines. It supports patients to gain the maximum benefit from the prescribed medication as well as reduce wastage.

The majority of MURs take place with patients taking more than one medication, that pharmacists/pharmacy staff have identified will potentially benefit the patient. Patients identified must have been receiving pharmaceutical services from the pharmacy for no less than three months in order to be eligible.

An MUR can also take place when a problem with the patient's adherence to their medication is identified during the dispensing process – this is known as a prescription intervention MUR and does not require the patient to have a history of receiving pharmaceutical services from the pharmacy.

A pharmacy can undertake up to 400 MURs per annum. At least 50% of these must be directed at the national target groups that include:

- Patients taking high risk medicines as specified in the directions
- Patients recently discharged from hospital that has had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge; and
- Patients with respiratory disease.

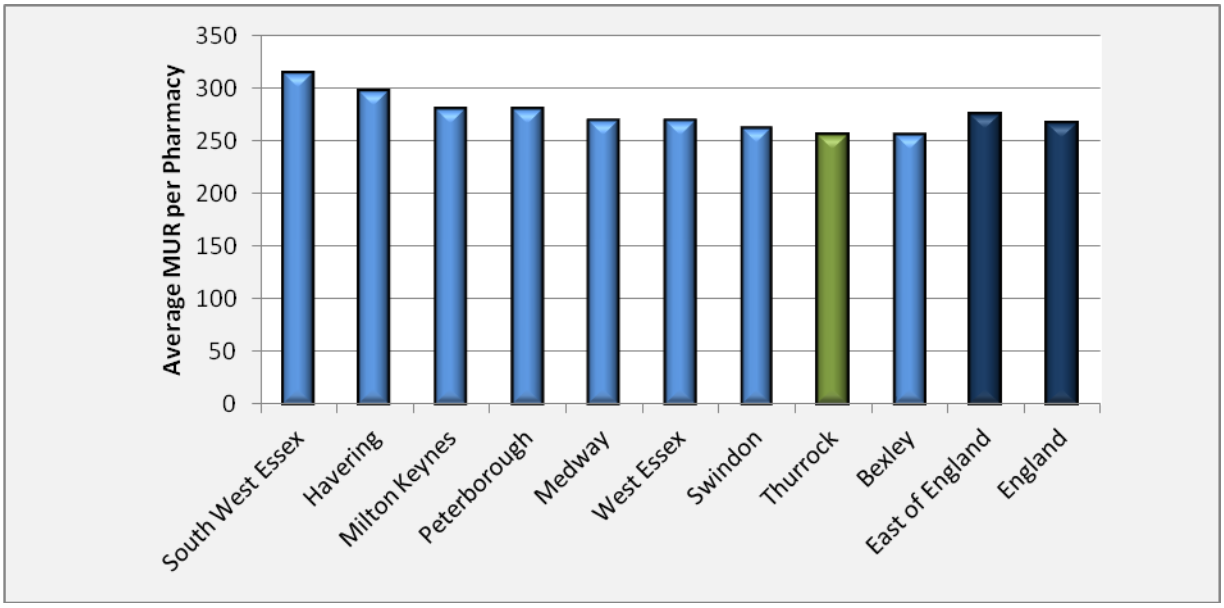
There is growing evidence of the effectiveness that MURs have in improving adherence and outcomes for patients, as well as reducing medicine related risk such as adverse effects:

- 49% of patients reported receiving recommendations to change how they take their medicines and of these 90% were likely to make the changes.
- 77% of patients noted an improvement in knowledge of their medication due to an MUR.
- 85% of patients scored the MUR a 4 or 5 on a scale of usefulness, where 1 is not useful and 5 is very useful.

Approximately 8,201[20] MURs were undertaken by 32/35 (91%) of Thurrock pharmacies in one year. Benchmarking data from 2012/13 suggest that the percentage of pharmacies providing this service in Thurrock is similar to that of the Similar Boroughs (93%), East of England (93%) and England (92%) averages.

Thurrock pharmacies performed an average of 256 MURs per year. This performance activity is lower than the Similar Boroughs (n276), the East of England (n276) and England (n267) averages *see figure 10.*

Figure 10: Average MURs per pharmacy, 2012/13 in Thurrock compared to Similar Boroughs, East of England and England



Source: HSCIC

This suggests there is currently scope and capacity within the existing pharmacy and primary care networks to target additional patients who would benefit from MURs.

Table 15 shows the number of MURs services accessible on different days of the week. It suggests that there is very good access to MUR service provision in all three localities between the hours of 9am – 5:30pm pm on weekdays, on Saturday between 9am- 5pm and on Sundays between 9am- 4pm.

Table 15: MUR services available in Thurrock, 2013/14

Locality	Ward	No. of	No. of	No. of

		pharmacies delivering MURs on a weekday	Pharmacies providing MURs on a Saturday	Pharmacies providing MURs on a Sunday
Western	Ockendon	4	4	1
	Belhus	n/a	n/a	n/a
	Aveley and Uplands	2	2	0
	West Thurrock and South Stifford	5	3	3
Central	Stifford Clays	2	2	1
	Chafford and North Stifford	1	1	0
	South Chafford	1	1	1
	Grays Thurrock	3	0	0
	Grays Riverside	2	2	2
	Little Thurrock Blackshots	n/a	n/a	n/a
	Little Thurrock Rectory	1	1	0
Southern	Chadwell St. Marys	2	1	0
	Tilbury St. Chads	2	2	0
	Tilbury Riverside and Thurrock Park	2	2	2
	East Tilbury	1	0	0
Eastern	Orsett	n/a	n/a	n/a
	The Homesteads	n/a	n/a	n/a
	Stanford East and Corringham Town	2	1	0
	Corringham and Fobbing	1	1	1
	Stanford-le-Hope West	3	2	1

Due to the high pharmacy participation level, residents are able to access MURs during pharmacy 'extended hours' that run to at least 8.00pm Monday to Sunday in the Central, Southern and Eastern locality. In the Western locality residents can access MURs until 5pm on Sundays. However this is not seen as a gap as there is enough provision of this service throughout the day and week, should residents want to access these services.

Conclusion of MURS

Evidence suggests that targeted MURs improve patient outcomes increasing adherence and reducing medicine related risks. It can contribute to for instance an estimated 20% of hospital admissions that are medicines-related and arise as a result of unintended consequences i.e. side effects of taking inadequate dosage, or failure of using a prescribed medication.

MURs support the delivery of the following strategic aims of Thurrock Council and Thurrock CCG:

- Reducing avoidable hospital admissions for older people.
- A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible.
- Ensure that those people with long term conditions are supported to achieve the maximum benefits of their medication.
- Empower citizens to make healthy choices and take personal responsibility for their health and wellbeing.

Given the alignment of this service in supporting the local strategic priorities, we have concluded that this service is **necessary** to meet the pharmaceutical needs in Thurrock.

The following have been noted as future opportunities:

- Two pharmacies, located in Central and Eastern locality, undertook no MURS in 2013/14.

- The average number of MURs per pharmacy is significantly below the maximum number of MURS that may be undertaken in a year. We would therefore encourage all pharmacies to proactively target MURs to those patients who would benefit most from this service. (n400). We would therefore encourage all pharmacies to proactively target MURs to those patients who would benefit most from the service.

Future projections in the local population show an increase in those aged 70+ years; with this in mind, there is an anticipated need for more MURs. We conclude that there is sufficient capacity in the current delivery system to absorb future needs of the population which will be explored locally. Considering this, we have not identified any future needs or gaps with regards to this service.

4.5.2 New Medicine Service

The New Medicine Service (NMS) is the latest advanced service to be introduced in the NHS community pharmacy contract and was introduced on 1 October 2011. The NMS aims to support medicinal adherence in patients with long term conditions, who are taking a newly prescribed medicine. The NMS is focused on the following patient groups and conditions:

- Asthma and COPD
- Type 2 Diabetes
- Antiplatelet/anticoagulant therapy
- Hypertension

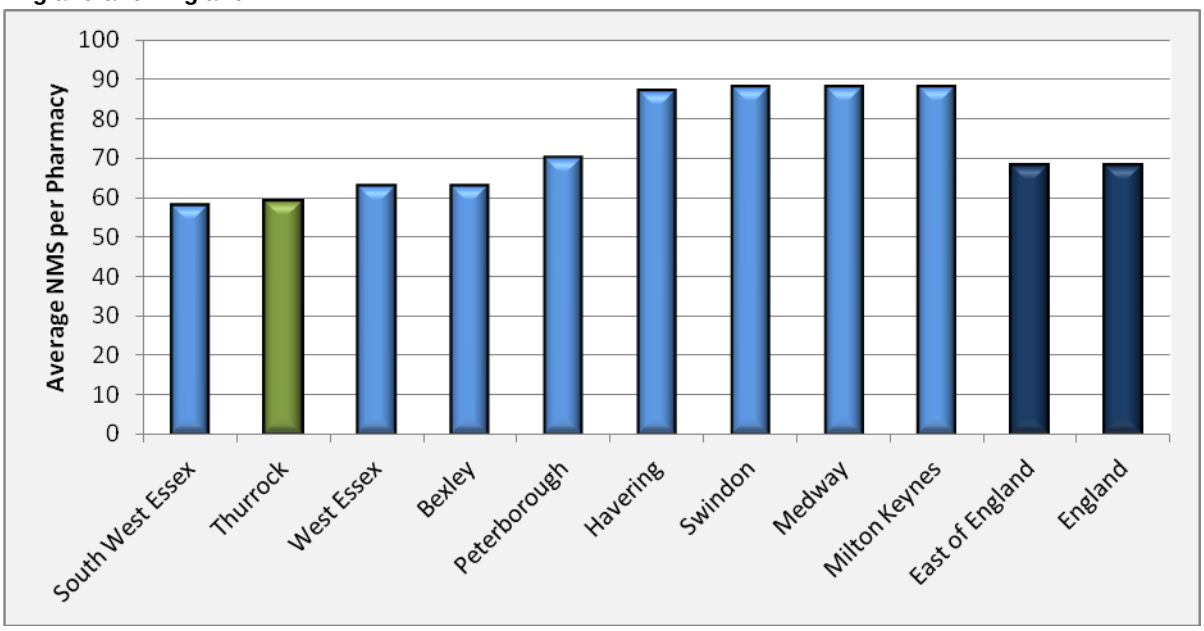
For each condition/therapy area, a list of medicines has been agreed. If a patient is newly prescribed one of these medicines, they will be eligible to receive the service, subject to the pharmacist being able to determine that the medicine is being used to treat one of the above conditions (or in circumstances where a medicine can be used to treat more than one condition).

The NMS is a time-limited service that was originally commissioned until March 2013, at which point an academic review to demonstrate the value of the service was undertaken. In August 2014, NHS England announced that they would continue to commission the service in 2014/15.

During 2012/13, approximately 2,050 NMSs were undertaken by 28/35 (80%) pharmacies in Thurrock. The percentage of pharmacies providing this service in Thurrock is below the similar boroughs (85%), East of England (86%) and England (83%) averages.

Thurrock pharmacies performed an average of 59 NMSs per year. This performance activity is lower than the similar boroughs (n76), the East of England (n68) and England (n68) averages *see figure 11*.

Figure 11: Average NMS per pharmacy, 2012/13 in Thurrock compared to similar Boroughs, East of England and England.



Source: HSCIC (there was no source is this HSCIC ok or do we need to elaborate)?

Table 15 provides a breakdown of NMS services on different days of the week. There is good access to NMS in all four localities, on weekdays between 9am – 6pm, on Saturdays between 9am – 5pm and on a Sunday between 9am – 4pm.

Table 15: NMS services available in Thurrock, 2013/14

Locality	Ward	No. of Pharmacies delivering NMSs on a weekday	No. of Pharmacies providing NMSs on a Saturday	No. of Pharmacies providing NMSs on a Sunday
Western	Ockendon	3	3	1
	Belhus	n/a	n/a	n/a
	Aveley and Uplands	2	2	0
	West Thurrock and South Stifford	5	3	3
Central	Stifford Clays	2	2	1
	Chafford and North Stifford	1	1	0
	South Chafford	1	1	1
	Grays Thurrock	2	0	0
	Grays Riverside	1	1	1
	Little Thurrock Blackshots	n/a	n/a	n/a
	Little Thurrock Rectory	1	1	0
Southern	Chadwell St. Marys	2	1	0
	Tilbury St. Chads	2	2	0
	Tilbury Riverside and Thurrock Park	1	2	2
	East Tilbury	1	0	0
Eastern	Orsett	n/a	n/a	n/a
	The Homesteads	n/a	n/a	n/a
	Stanford East and Corringham Town	1	1	1
	Corringham and Fobbing	1	1	1
	Stanford-le-Hope West	2	1	0

Although provision of this service is not within all ward as there is no three month regulation, patients can be referred to another pharmacy, provided that the alternative pharmacy dispenses against the patients prescription.

Conclusion of NMSs

Targeted NMSs can improve a patient's adherence to newly prescribed medication, help manage medicine-related risks and improve patient outcomes. A recent RCT has demonstrated the benefits of NMSs in community pharmacies:

- The NMS increased adherence by around 10% and increased identification in the number of medicine related problems and solutions.
- Economic modelling showed that the NMS intervention could increase the length and quality of life for patients, whilst costing the NHS less than those in the comparator group.

The NMS support the delivery of the strategic aims of Thurrock Council and Thurrock CCG, particularly with respect to:

- Reducing avoidable hospital admissions for older people.
- A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible.
- Ensure that those people with long term conditions are supported to achieve the maximum benefits of their medication.
- Empower citizens to make healthy choices and take personal responsibility for their health and wellbeing.

While the service aligns well to our local strategic priorities, and that there is evidence of the benefits of this intervention, the future of this service, beyond March 2015 is uncertain. Considering this, we have concluded that currently NMSs are a relevant service that improve access to medicine reviews, clinical support and have the potential to improve patient outcome.

The following has been identified with regards to service provision:

- 7 pharmacies did not undertake any NMSs

It is not clear why these pharmacies did not undertake any NMSs. However, residents are able to be referred to an alternative pharmacy if they wish to access this service.

Systems need to be in place to ensure that providers know which pharmacies are currently delivering this service. This is to ensure that referrals are both appropriate and delivered in a timely manner.

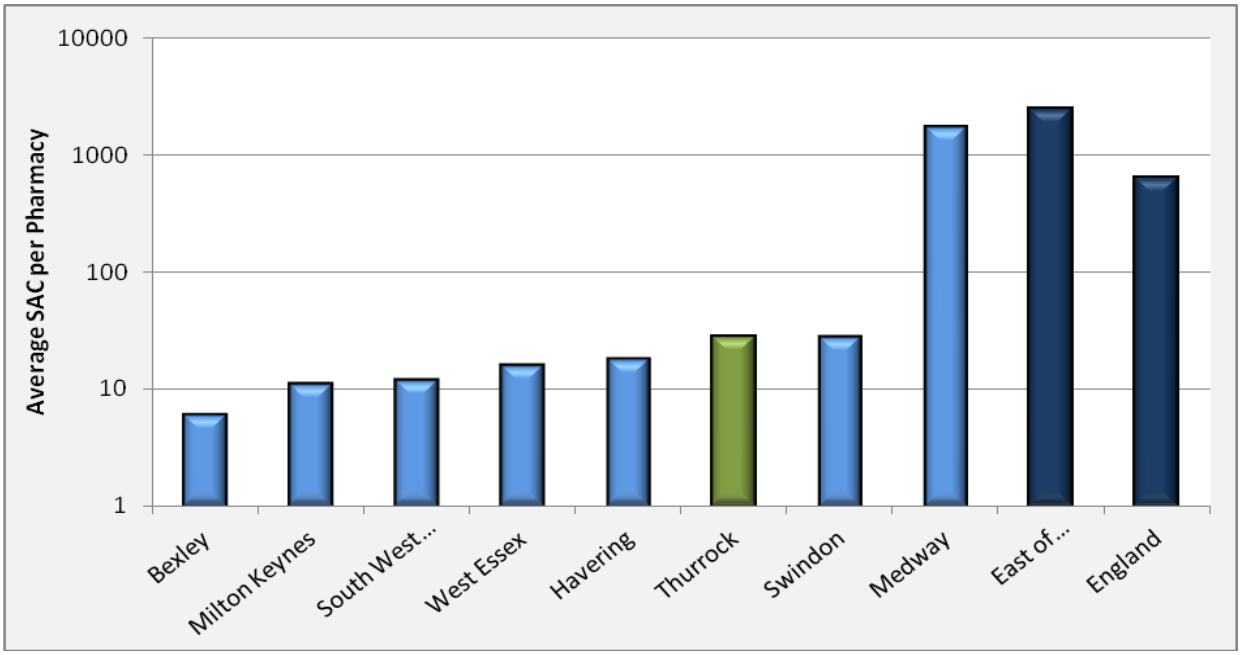
4.5.3 Stoma Appliance Customisation Service

Stoma Appliance Customisation (SAC) is an advanced service that a community pharmacy or appliance contractor can choose to provide so long as they fulfil certain criteria. The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. There are no limits to the number of SACs that may be undertaken.

During 2012/13, approximately 28 SACs were undertaken by 7/35 (20%) pharmacies in Thurrock. The percentage of pharmacies providing this service in Thurrock is higher than the similar boroughs (13.3%), East of England (12%) and England (15%) averages.

Local performance activity is similar to other Similar Boroughs. Thurrock's performance (n28) is significantly lower than the East of England (n2513) and England (n635) averages *see figure 12*.

Figure 12: Number of Stoma Appliance Customisations, 2012/13



The pattern of access is similar across England. A reason for this is that this is a specialist area with patients receiving support from either the hospital or the clinic responsible for their ongoing care or from a dispensing appliance contractor.

Table 16: SACs services available in Thurrock, 2013/14

Locality	Ward	No. of Pharmacies delivering SACs on a weekday	No. of Pharmacies providing SACs on a Saturday	No. of Pharmacies providing SACs on a Sunday
Western	Ockendon	2	2	1
	Belhus	n/a	n/a	n/a
	Aveley and Uplands	0	0	0
	West Thurrock and South Stifford	1	1	1
Central	Stifford Clays	1	1	0
	Chafford and North Stifford	1	1	0
	South Chafford	0	0	0
	Grays Thurrock	0	0	0
	Grays Riverside	1	1	1
	Little Thurrock Blackshots	n/a	n/a	n/a
	Little Thurrock Rectory	1	1	0
Southern	Chadwell St. Marys	0	0	0
	Tilbury St. Chads	0	0	0
	Tilbury Riverside and Thurrock Park	0	0	0
	East Tilbury	0	0	0
Eastern	Orsett	n/a	n/a	n/a
	The Homesteads	n/a	n/a	n/a
	Stanford East and Corringham Town	0	0	0
	Corringham and Fobbing	0	0	0
	Stanford-le-Hope West	0	0	0

Conclusion of SACs

There is very low activity with regards to SAC services in Thurrock.

Residents may be using an alternative provider including the hospital or clinic lead for their ongoing health care.

We are concluding that this service may secure improvements for our residents and is therefore a relevant service.

4.6 Enhanced Services

Enhanced services are defined in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Direction 2013. NHS is responsible for the commissioning of enhanced services from community services.

Pharmaceutical service providers are an important part of primary care. As well as dispensing prescriptions they provide information about medicines, self-care, general health care and other sources of advice. They complement services provided by general practice.

These services can only be referred to as Enhanced Services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as locally commissioned services. Locally commissioned services are discussed in the context of local needs in the next section of the PNA. The following is a list of enhanced services that can be commissioned by NHS England, as an enhanced service:

- Anticoagulation monitoring
- 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
- Minor ailment service
- On demand availability of specialist drugs
- Out of hours service
- Palliative care
- Patient group direction service (not related to public health services)
- Prescriber support service
- Schools service
- Supplementary prescribing service.

4.6.1 Seasonal Influenza Vaccinations

Influenza or the 'flu' is a respiratory illness associated with infection by influenza virus. Influenza occurs most often in winter and usually peaks between December and March in the northern hemisphere.

In line with the World Health Organization targets,[21] NHS had been asked to achieve aspiration uptake targets for vaccine coverage, during 2012/13; to reach or exceed 75% uptake for people aged 65+ years, to reach or exceed 75% uptake for people under the aged 65 years with clinical conditions which put them more at risk of the effects of flu and 70% uptake in pregnant women. Aspirations towards increasing coverage to reach or exceed 75% in 2013/14 has been forecast nationally.

Between September 2014 and January 2014 the coverage achieved in General Practice for those in the 65+ years group was 69.2% in Thurrock. Within the '6 month to under 65 years' at risk group, Thurrock achieved a 45.2% average. Vaccine uptake amongst pregnant women in Thurrock was 35.6%.

As the national targets were not being met, a Seasonal Influenza vaccination programme was commissioned from community pharmacies between 2013/14. The aim of this service was to provide a wide choice of provision to patients, other than their GP. The following at risks groups were invited to take up the service:

- Those aged 65 years and over.
- Children (aged 13-17 years) and adults classified within 'at risk' groups including those with chronic respiratory disease, chronic heart disease, chronic liver disease, chronic liver disease, chronic neurological disease, diabetes mellitus and those that are immune-comprised.
- Pregnant women.
- Main carer(s) of older people/those with disability.
- Those living in long term residential/nursing homes.
- Front-line health and social care workers.

Pharmacies need to have met the following accreditation in order to provide this service:

- A designated consultation room/area that is spacious enough for the safe administration of vaccines as well as provide privacy to patients.
- Appropriate refrigeration to maintain the cold chain and safe disposal of sharps and clinical waste.
- The Pharmacist must have:
    - Regularly worked in the pharmacy.
    - Competences in all aspects of immunisation, including completing specified training courses.
    - Undertaken basic life support training within the last three years and ensure continuous updating every twelve months.

- Be prepared to work under the patient group direction for the administration of influenza vaccine.
- Access to equipment to treat anaphylaxis (including epinephrine) and a telephone in case of emergency.

During the 2013/14 flu season, NHS England Essex Area Team ran a Community Pharmacy Seasonal Influenza Vaccination Pilot. The aim of the pilot was to test the effectiveness and feasibility of pharmacies improving vaccination accessibility for patients and increasing uptake rates in the under 65 clinical at risk groups. It was designed with the intention of supporting patient choice and a total of 48 pharmacies vaccinated more than 1,100 patients across Essex.

The pilot community pharmacies were invited to participate based on their proximity to practices which had consistently struggled to achieve the national target (75%) in the under 65 years clinical at risk groups over the previous three years. Pharmacies were only commissioned to vaccinate patients aged 4 – 65 years in an at risk group and pregnant women.

In total, seven pharmacies accepted the invitation to deliver this service and vaccinated 70 patients, during 2013/14. Table 16 provides a breakdown of where these pharmacies are located.

Table 16: Seasonal Influenza services available in Thurrock, 2013/14

Locality	Ward	No. of Pharmacies delivering seasonal influenza on a weekday	No. of Pharmacies providing seasonal influenza on a Saturday	No. of Pharmacies providing seasonal influenza on a Sunday
Western	Ockendon	1	1	0
	Belhus	n/a	n/a	n/a
	Aveley and Uplands	0	0	0
	West Thurrock and South Stifford	1	1	1
Central	Stifford Clays	0	0	0
	Chafford and North Stifford	1	1	0
	South Chafford	0	0	0
	Grays Thurrock	0	0	0
	Grays Riverside	0	0	0
	Little Thurrock Blackshots	n/a	n/a	n/a
	Little Thurrock Rectory	0	0	0
Southern	Chadwell St. Marys	1	1	1
	Tilbury St. Chads	1	1	0
	Tilbury Riverside and Thurrock Park	0	0	0
	East Tilbury	0	0	0
Eastern	Orsett	n/a	n/a	n/a
	The Homesteads	n/a	n/a	n/a
	Stanford East and Corringham Town	2	2	1
	Corringham and Fobbing	0	0	0
	Stanford-le-Hope West	0	0	0

The pilot has been extended for 2014/15 flu season, all Essex pharmacies have been invited to participate. The target population are those aged 18 - 65 years (due to the national pilot for childhood flu being extended this year) in clinically at-risk groups and pregnant women.

Conclusion of Seasonal Influenza Vaccination Service

We have concluded that the Seasonal Influenza Vaccination service is a **relevant** service, due to it improving access and providing at risk patients with a choice of provider, other than their GP.

- There is at least one pharmacy open in all four localities during the week as well as on Saturdays.
- However with regards to extended hours, services are quite limited, with no provision after 6pm in the Central, Southern and Eastern localities during the week.
- There is one pharmacy, located in the Western locality that is open until 8pm on weekdays. On Saturdays, the Central locality only has provision of this service until 1pm.
- There is no provision of service in the Central locality on Sundays.

We would like to see a larger number of pharmacies actively delivering this service, particularly those that are in areas with higher proportions of the target population, i.e. pharmacies in the Central and Eastern localities that have this higher numbers of older people.

In addition Pharmacies should be invited to support achieving all WHO targets, which are not currently being met.

5. Locally Commissioned Services

From 1 April 2013 those public health enhanced services previously commissioned by PCTs transferred to local authorities and are now termed as locally commissioned services.

Community pharmacy contractors can also provide services commissioned by another NHS organisations.

Applications to the Pharmaceutical List can only be made on the basis of Pharmaceutical Services identified in the regulations; they cannot be submitted on the basis of gaps identified in provision of locally commissioned services.

5.1 Public Health Services

A number of public health services are currently commissioned by Thurrock Council.

The public health services commissioned in 2014/15 are:

- Sexual health services.
- 5 – 19 (school nursing) service.
- Drug and alcohol service.
- Adult weight management.
- Children's weight management.
- NHS health checks.
- Smoking and tobacco control services.

These services above are currently commissioned from North East London Foundation Trust (NELFT). There is also a range of smaller services commissioned with Southend Hospital University Foundation (SHUFT) Trust, Basildon Trust University Hospital (BTUH), and South Essex Partnership Trust (SEPT).

Within the NELFT contract the provider subcontracts primary care to deliver local enhanced services for Sexual Health, Smoking Cessation and Health Checks in Thurrock.

The public health team in Thurrock reviewed some of these services in 2014 and it agreed that notice would be served to the current providers for all commissioned services. Notice was served on 30 September 2014.

Tender processes will be undertaken in 2014/15 in preparation for new provision from 1 April 2015 for;

- Adult Weight Management including Health Checks,
- Children's Weight Management
- School Nursing (5 – 19 years) service.

The remainder of the commissioned services will be reviewed by March 2015.

5.2 Substance Misuse Service

Funding for this service is through the public health grant. From June 2014 the public health team took responsibility for the commissioning responsibilities for all drugs and alcohol services. A new service was awarded to new providers on 1 April 2014. This year the team will be reviewing performance and monitoring outcomes.

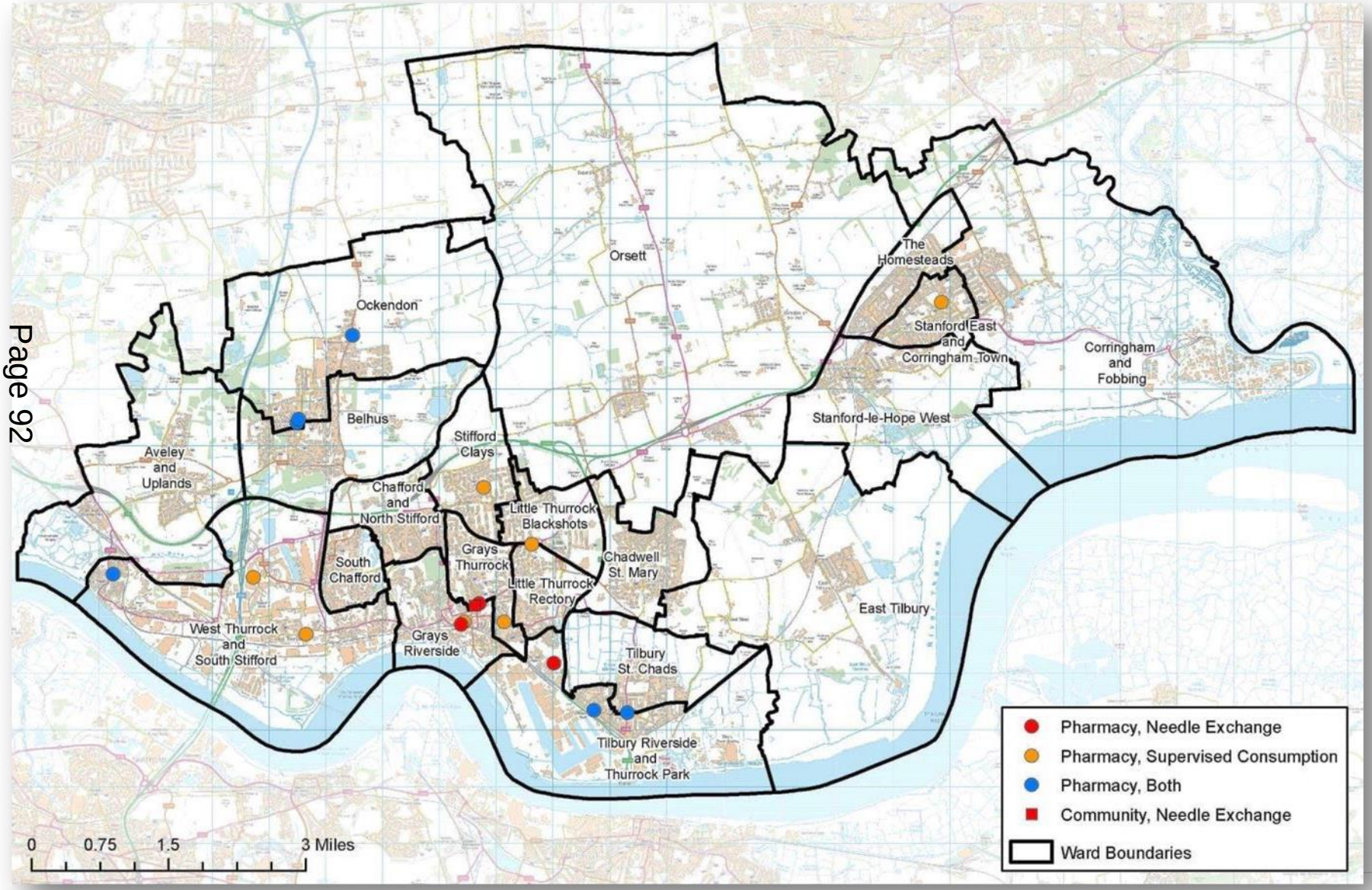
Training will be made available to all staff engaged in the provision of the needle and syringe programme through the Thurrock DAAT. It is recommended that any staff participating in the Needle Syringe programme be vaccinated against hepatitis B, as a precautionary measure. The following measures need to be in place for pharmacies to provide this service:

- Provide safe storage conditions for the supply of methadone and have appropriate standard operating procedures for the safer management of controlled drugs and other drugs.

- Ensure pharmacy support staff are fully briefed by the pharmacist about the service to be provided and their role; fully understand the SOPs supporting the service, and that they must seek advice from the pharmacist where necessary. It is necessary for counter staff to be trained in good practice procedures.

Map 3 provides a visual representation of where current service provision is available within the borough.

Map 3: Needle and syringe Exchange, and Supervised Consumption services, 2013/14



5.2.1 Needle and Syringe Exchange Service

Needle exchange is a harm reduction programme designed to assist the service users to remain healthy and stop the spread of disease through the sharing of needles, until the user is ready and willing to cease injecting and adopt a drug-free lifestyle.

The pharmacy provides access to sterile needles and syringes, and 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 drug treatment service users is provided. Advice on harm reduction is also offered as well as timely referrals to health and social services, where appropriate.
9/35 (20%) of Thurrock pharmacies have been commissioned to provide needle and syringe exchange services. Table 17 below and Map 3 show an overview of the distribution of pharmacies that provides this service

The data indicates the following:

- In the Western, Central and Southern locality there is at least one pharmacy that provides this service from 9am – 6pm every weekday and on Saturdays.
- There is no service in the Eastern locality on any given day of the week
- In the Central and Southern locality the residents are able to access this service from at 8am – 8pm every on any given day of the week.
- There is currently no service on Sundays in the Western locality.

Table 17: Needle Exchange services, 2013/14

Locality	Ward	No. of Pharmacies delivering Needle and syringe services on a weekday	No. of Pharmacies providing Needle and syringe services on a Saturday	No. of Pharmacies providing Needle and syringe services on a Sunday
Western	Ockendon	3	3	0
	Belhus	n/a	n/a	n/a
	Aveley and Uplands	0	0	0
	West Thurrock and South Stifford	1	0	0
Central	Stifford Clays	0	0	0
	Chafford and North Stifford	0	0	0
	South Chafford	0	0	0
	Grays Thurrock	1	0	0
	Grays Riverside	1	1	1
	Little Thurrock Blackshots	n/a	n/a	n/a
	Little Thurrock Rectory	0	0	0
Southern	Chadwell St. Marys	0	0	0
	Tilbury St. Chads	1	1	0
	Tilbury Riverside and Thurrock Park	2	2	2
	East Tilbury	0	0	0
Eastern	Orsett	n/a	n/a	n/a
	The Homesteads	n/a	n/a	n/a
	Stanford East and Corringham Town	0	0	0
	Corringham and Fobbing	0	0	0
	Stanford-le-Hope West	0	0	0

5.2.2 Supervised Consumption service

The principle aim of supervised consumption in the clinical context is to provide a comprehensive service to drug users that will reduce drug-related harm and the potential for death.

This service is based upon the partnership between GPs, drug treatment service provider staff, Community Pharmacists, other local treatment and specialist housing providers and the patient.

The service requires the pharmacist to supervise the consumption for methadone, naltrexone, suboxone or buprenorphine prescribed for substance misuse at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. The pharmacist will also provide harm reduction advice, information and support for the users of this service. 13/25 (30%) of Thurrock pharmacies have been commissioned to provide supervised consumption services. Table 18 and Map 3 provide an overview of the distribution and geographical spread of this service.

The data indicates the following:

- Residents are able to access this service from 9am – 5pm on weekdays and Saturday in all four localities.
- There is only one service open after 8pm on a weekday; it is located in the Southern locality.
- There are no services in Central and Eastern locality after 5:30pm on Saturdays.
- There is one pharmacy in each locality that provides this service on Sundays; however only in the Southern locality are services open past 5pm. In the Central and Eastern localities services close at 4pm.

Table 18: Supervised Consumption services, 2013/14

Locality	Ward	No. of Pharmacies delivering Supervised Consumption services on a weekday	No. of Pharmacies providing Supervised Consumption services on a Saturday	No. of Pharmacies providing Supervised Consumption services on a Sunday
Western	Ockendon	3	2	0
	Belhus	n/a	n/a	n/a
	Aveley and Uplands	0	0	0
	West Thurrock and South Stifford	3	1	1
Central	Stifford Clays	1	1	0
	Chafford and North Stifford	0	0	0
	South Chafford	0	0	0
	Grays Thurrock	1	0	0
	Grays Riverside	1	1	1
	Little Thurrock Blackshots	n/a	n/a	n/a
	Little Thurrock Rectory	1	1	0
Southern	Chadwell St. Marys	0	0	0
	Tilbury St. Chads	1	1	0
	Tilbury Riverside and Thurrock Park	1	1	1
	East Tilbury	0	0	0
Eastern	Orsett	n/a	n/a	n/a
	The Homesteads	n/a	n/a	n/a
	Stanford East and Corringham Town	1	1	1
	Corringham and Fobbing	0	0	0
	Stanford-le-Hope West	0	0	0

Conclusions for Substance Misuse Services

A range of substance misuse services are commissioned from community pharmacies within Thurrock:

- The needle and syringe exchange programme is an important public health service that reduces risks and harm to injecting and the general public. The services are commissioned by pharmacy and non-pharmacy providers.
- The supervised consumption service provides drug users with the support to reduce harm and manage their treatment programme. The programme aims to improve the service user's outcomes as well as divert these opiates from surfacing on streets.

Thurrock's JSNA sets out the health and wellbeing consequences associated with substance misuse in Thurrock. Overall there seems to be a reduction in the number of adults misusing opiates and/or crack cocaine. Thurrock has also reported a higher planned treatment exit rate (67% in 2011) than nationally (43% in 2011).

However the percentage of residents (39.3%) who think using or dealing drugs is a problem, locally, is higher than the regional average (25.9%).

The needle exchange service and the supervised consumption service play a vital role in address the consequences of substance misuse, reducing the spread of blood borne viruses and engaging with service users to provide harm reducing and health promotion activities.

For these reasons we conclude that these services are **necessary** to meet the pharmaceutical need of the population.

We have identified the following potential gaps that may limit access and/or choice of serivce:

Needle and syringe exchange services

- There is no service on any given day past 8pm in Central locality.
- No services in Central and Eastern locality after 5.30pm on Saturdays.
- No service on Sundays in the Western locality.
- No service in the Eastern locality on any given day of the week.

Supervised Consumption services:

- Only one service open after 8pm on a weekday, it is located in the Southern locality.
- No service in Central and Eastern locality after 5.30pm on Saturdays.
- Only one pharmacy open past 5pm on Sundays; it is located in the Southern locality.

Service users need to register in order to receive supervised consumption services. The limited hours of service during the week and on weekends present a challenge as service users are not able to access these services in an alternative pharmacy, should their usual pharmacy be closed at a time convenient for them. Further work will need to be undertaken to understand the extent to which these affect the pharmaceutical needs of our population.

It is important that pharmacies make progress towards the Making Every Contract Count agenda, by providing general health promotion and substance misuse advice to young people in the borough who have been identified with higher levels of cannabis smoking activity.

5.3 Sexual Health Services

Thurrock residents may access a range of sexual health services that include the provision of advice and services on contraception, relationships, sexually transmitted infections (STIs) and abortions. Historically services have been commissioned from a wide range of service providers, including general practice, community services, acute hospitals, pharmacies, the voluntary and independent sector.

In April 2014, pharmacies were commissioned to support the delivery of a portfolio of sexual health services, alongside the community provider, NELFT. The following services are included within this portfolio:

- Chlamydia screening and treatment for the target population of under 25 year olds (and sexual partners regardless of age), as defined by the National Chlamydia Screening Programme.
- The supply of progesterone only emergency contraception for all women under 25 requesting free emergency contraception (including offer of a Chlamydia screening kit); and
- The supply of condoms as per the local condom distribution C-card scheme.

The aim of this service is to improve the sexual health of residents and seek reductions in sexual health inequalities through delivering the pharmacy sexual health service, especially in high risk areas and to groups at risk of unwanted conceptions and STIs. The service currently supports the following key local outcomes:

- Prioritising prevention and continuing to tackle stigma and discrimination.
- Reducing under 18 conceptions.
- Increasing Chlamydia diagnoses and treatment in young people.
- Reducing rates of sexually transmitted infections.
- Increasing partner assessment, notification and partner treatment.

Map 4: Sexual Health Services provided in Thurrock, 2013/14

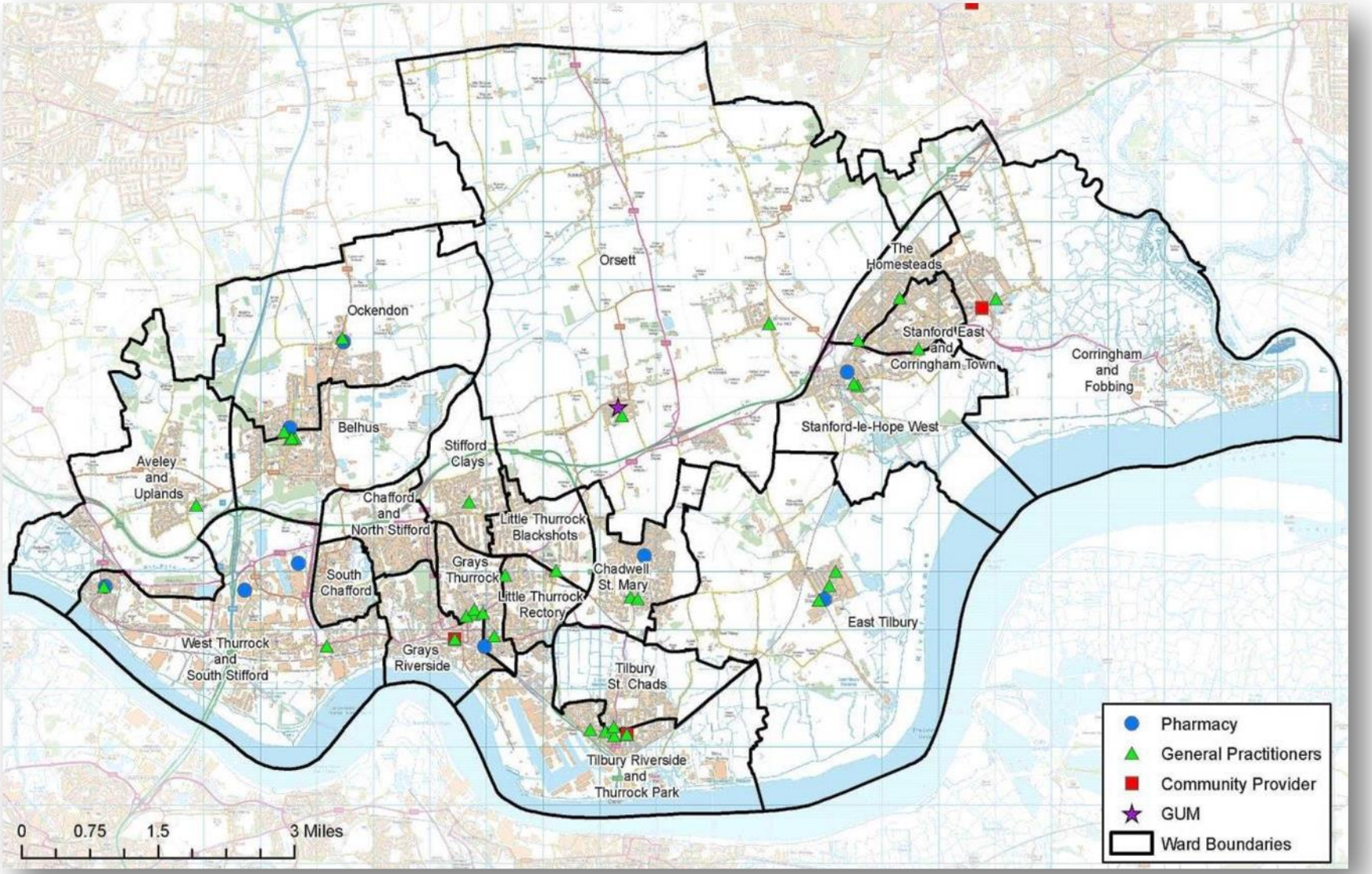


Table 19: Sexual Health services delivered in pharmacy, 2013/1

Locality	Ward	No. of Pharmacies delivering sexual health services on a weekday	No. of Pharmacies providing sexual health services on a Saturday	No. of Pharmacies providing sexual health services on a Sunday
Western	Ockendon	2	2	0
	Belhus	0	0	0
	Aveley and Uplands	0	0	0
	West Thurrock and South Stifford	3	3	2
Central	Stifford Clays	0	0	0
	Chafford and North Stifford	0	0	0
	South Chafford	0	0	0
	Grays Thurrock	1	0	0
	Grays Riverside	2	0	0
	Little Thurrock Blackshots	0	0	0
	Little Thurrock Rectory	0	0	0
Southern	Chadwell St. Marys	1	1	0
	Tilbury St. Chads	0	0	0
	Tilbury Riverside and Thurrock Park	0	0	0
	East Tilbury	1	0	0
Eastern	Orsett	0	0	0
	The Homesteads (18)	0	0	0
	Stanford East and Corringham Town	2	1	0
	Corringham and Fobbing	1	1	0
	Stanford-le-Hope West	1	1	0

In addition to the pharmacy sites, NELFT also provide three additional weekday sexual health services, located in the Central, Southern and Eastern localities, each. Residents may also access a local health clinic in Basildon, on weekdays.

There are currently 38 general practices that have signed up to delivering Chlamydia screening, however data suggests that there are only 20 practices that are currently active.

A further provision to support the delivery of these services is offered at a local GUM clinic, in Orsett, with later appointments on Tuesday and Thursdays until 6:30pm.

Conclusions of Sexual Health Services

The Sexual Health Service is pivotal in addressing specific sexual health needs within Thurrock.

- Pharmacies are commissioned to provide a portfolio of services that include:
- Chlamydia screening and testing
- Emergency contraception
- C-card scheme

We have therefore concluded that this service is **necessary** to meet the pharmaceutical needs of our population.

The following gaps have been identified:

- 12 pharmacies that provide the sexual health portfolio on a weekday.
- 8 pharmacies that provide the sexual health portfolio on Saturdays. There are no other providers of these services, i.e. Community services and GUM, open on Saturdays.
- No service opens on Saturdays in the Central locality.
- Only 2 services open on Sundays, both are in the Western locality.

The above could be quite significant with regards to access of sexual health services for young people, particularly in areas of the Central locality, where the population of 15-24 year olds is highest. This should also be addressed with regards to provision of EHC, due to the higher demand on this service on weekends.

A solution to improving the current access could be to approach pharmacies that provide extended hours, including 100 hour pharmacies to co-ordinate a rota system for weekend provision opening times during the weekend.

In the future public health will need to address the limited provision on weekends, particularly in the Central area, where there is planned growth of young people and in particular onsite student accommodation.

This will be factored in when completing the sexual health service review by March 2015.

5.4 Services Commissioned by Other NHS Trusts

5.4.1 Smoking Service

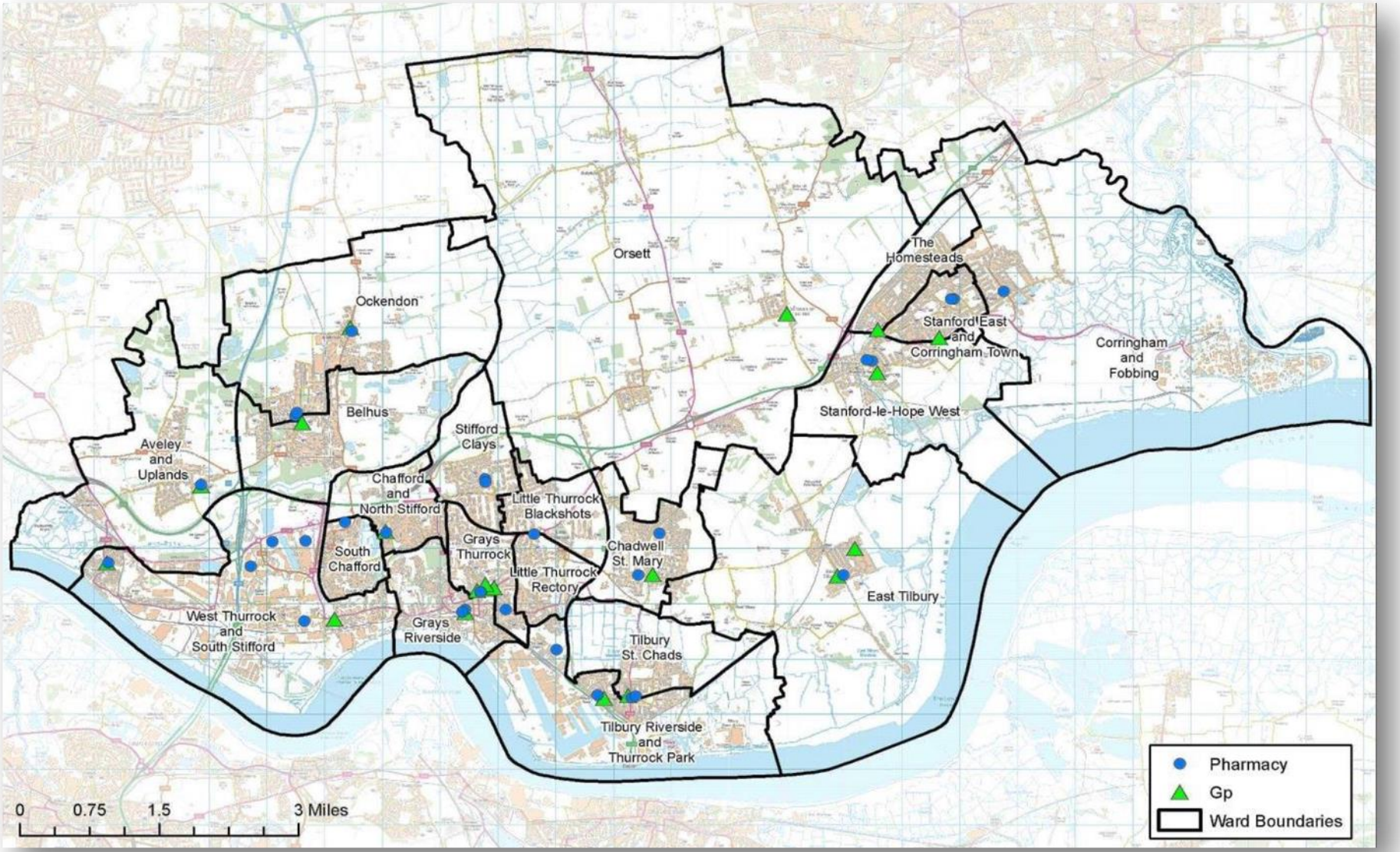
North East London Foundation Trust (NELFT) holds the contract to manage all aspects of the smoking cessation service, which it delivers via its provider arm Vitality. Thurrock community pharmacies and GPs are currently sub contracted to deliver this service. Pharmacies provide behavioural therapy as well as pharmacotherapy intervention (Nicotine Replacement Therapy NRT) to support people to stop smoking. Zyben/Varenicline can be obtained from a GP on a prescription basis.

From April 2014 to March 2015, NELFT are expected to achieve the following 4 week quitter targets – pharmacies are expected to contribute to these: (Below data and maps taken at face value).

- **441** Quits: Routine and Manual Workers
- **29** Quits: Pregnant Mothers
- **20** Quits: Children & Young People under the age of 19 (As per Essex County Council Service Specification).
- **67** Quits: Black and Ethnic Minority Groups.
- **467** quits from the deprived MSOA areas.

Map 5 and Table 20 provide an overview of what areas these services are available and on which days of the week.

Map 5: Smoking services, 2013/14



Currently 30/35 (80%) of community pharmacies are commissioned to provide the service. In addition to this there are 21(60%) Thurrock GPs that deliver this service as well.

Table 20: Smoking services delivered in pharmacy, 2012/13

Locality	Ward	No. of Pharmacies delivering smoking services	No. of Pharmacies providing smoking services on a Saturday	No. of Pharmacies providing smoking services on a Sunday
Western	Ockendon	3	3	0
	Belhus	n/a	n/a	n/a
	Aveley and Uplands	1	1	0
	West Thurrock and South Stifford	5	3	3
Central	Stifford Clays	2	2	1
	Chafford and North Stifford	1	1	0
	South Chafford	1	1	1
	Grays Thurrock	2	0	0
	Grays Riverside	2	2	2
	Little Thurrock Blackshots	n/a	n/a	n/a
	Little Thurrock Rectory	1	1	0
Southern	Chadwell St. Marys	2	1	0
	Tilbury St. Chads	2	2	0
	Tilbury Riverside and Thurrock Park	2	2	2
	East Tilbury	1	1	0
Eastern	Orsett	n/a	n/a	n/a
	The Homesteads	n/a	n/a	n/a
	Stanford East and Corringham Town	2	2	1
	Corringham and Fobbing	1	1	1
	Stanford-le-Hope West	2	1	0

There is generally very good access and choice of pharmacy in all localities on weekdays between 9am – 6pm and on Saturdays between 9am - 5pm. On Sundays there are at least two pharmacies in each locality that are open between 10am – 5pm.

Access to community pharmacy stop smoking service during 'extended hours' is more limited, however within every locality there is at least one pharmacy that provides the service at 8am and at least two that are open until 8pm, on weekdays and on Saturday. Aside from the Western locality, all other localities have 'extended hour' provision of this service until 8pm on Sundays.

Conclusions of Stop Smoking Services

Stop smoking services are key in reducing the health consequences and inequalities associated with smoking. There are a significant number of studies to demonstrate the cost benefits and effectiveness of stop smoking interventions in community pharmacies.

In general there is very good distribution of provision within the deprived localities. What needs to be better understood is the contribution with regards to successful quits these pharmacies are contributing towards the public health agenda.
Community pharmacies are one of a number of sub-contractors by North East London Foundation Trust to provide stop smoking services. We have therefore concluded that the community pharmacy stop smoking service is a **relevant** service because it facilitates choice of provider and has secured improvements in access.

We have not identified any gaps in service; however there is opportunity to provide a more uniform service with regards to:

- Access, particularly in opening on Sundays in the Western locality.
- Pharmacology options available to potential quitters.

In addition it would be beneficial to develop provision through pharmacy to target higher risk groups i.e. routine and manual occupational workers as well as use medication reports to develop opportunistic intervention.

5.4.2 Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) is a tiered commissioning framework that encourages community pharmacies to provide a consistent range of high quality services that meet local need, improve the health and wellbeing of residents and reduce health inequalities.

The HLP concept provides a structure for commissioning public health services through three levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next. **Appendix A** provides an overview of the criteria community pharmacies participating in the Essex Healthy Living Pharmacy Pathfinder had to fulfill.

Early evaluations from HLP programmes have shown the following benefits[22] including a greater number of people receiving health and wellbeing advice, increased smoking quit rates and pharmacy as first point of healthcare intervention instead of GPs. The high percentage of those who would recommend this service also suggests high satisfaction amongst those who have used the service.

The Healthy Living Pharmacies is a concept that builds upon the role of community pharmacies and attempts to establish them as a key element of public health services. It aspires to do this through the delivery of high quality services, advice and intervention as well as health promotion activities. Locally there are two pharmacies that have achieved this standard of delivery.

There is opportunity to improve access to the Healthy Living Pharmacies, in order to secure further health outcomes for our population. We would therefore like to work towards supporting all pharmacies to achieve this standard.

6. Future Needs

Populations in deprived localities are characterised by poor health and lifestyle related outcomes, lower life expectancy, higher burden of ill health, low uptake of health protection services such screening and vaccination. Often they seek medical attention late as evidenced by high A&E attendance and emergency admission rates.

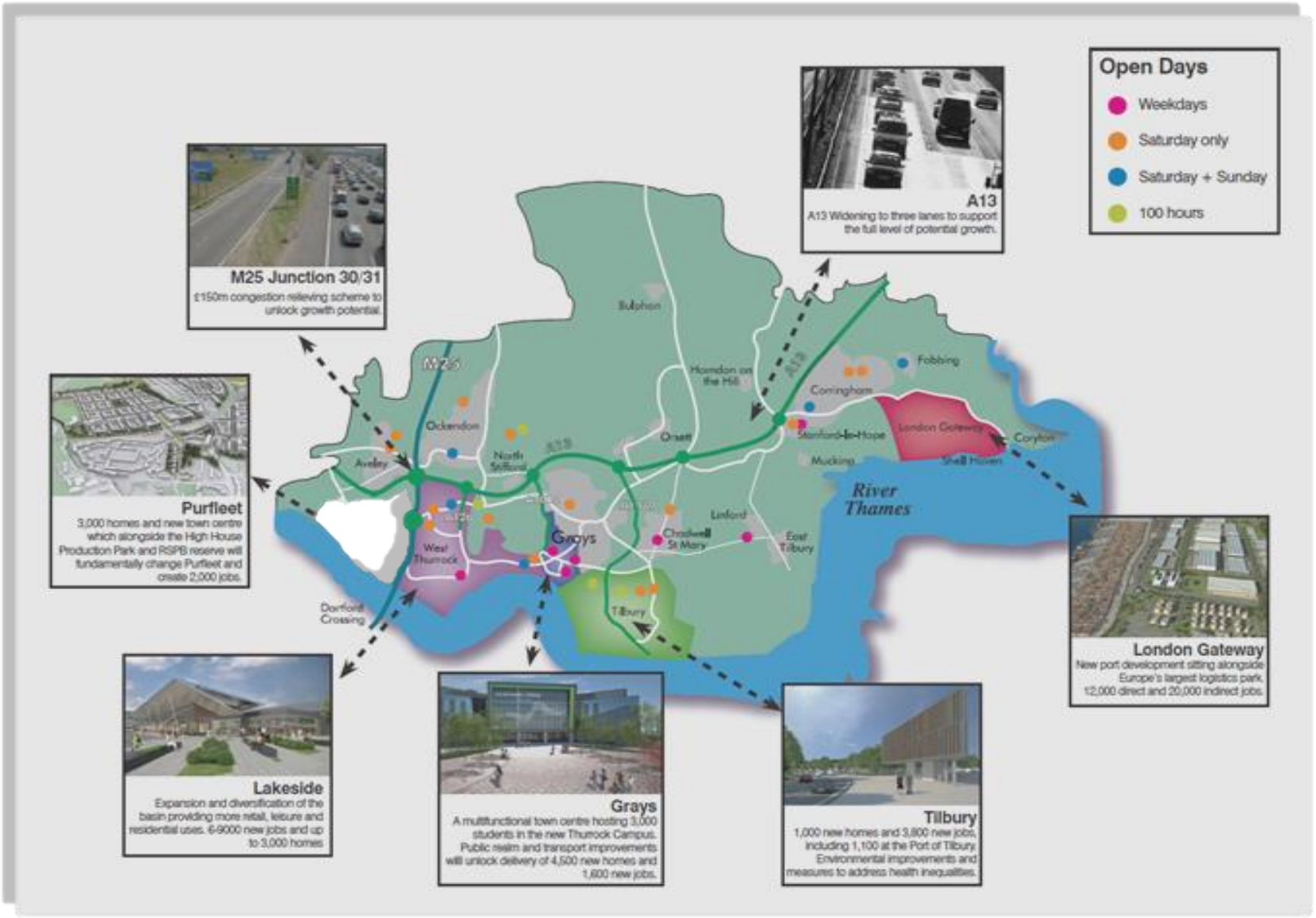
This document identifies a number of potential future pharmaceutical needs for the local population and opportunities to secure improvements in services.

This section addresses other areas and factors that have not been mentioned elsewhere in this document and sets out future plans for pharmaceutical services. In taking these plans forward, it must be recognised that health and social care partners will need to work together to ensure that community pharmacy services are integrated, delivered to a high standard and target those residents and patients that will benefit from services the most.

6.1 Areas of Regeneration and New Housing

This section will focus only on those pharmaceutical needs that will need to be considered over the next three years, in line with the lifespan of this PNA. However there will be some mention of plans beyond this time frame, in order to put context to changes and developments, locally.

Thurrock has an ambitious regeneration programme over the next decade. Thurrock's adopted development plan, the "Core Strategy and Policies for Management of Development" (Core Strategy) proposes the delivery of 18,500 new homes and the creation of 26,000 new jobs over the period 2001 to 2021 and a further 4,750 homes by 2026. Between 2001 and 2013 there were 5,980 dwellings built, leaving a residual of 17,270 to be built by 2026. This growth is focussed on five major hubs at London Gateway, Grays, Tilbury, Lakeside Basin and Purfleet, Map 6 shows how the current pharmacies line up with these new developments.



Map 6: Growth Hubs in Thurrock by 2021

The current regeneration programme will once again change the landscape of Thurrock, with the transformation of Lakeside into a town centre, the creation of the biggest container port in Europe, the Royal Opera House Production Park and performing arts, and the Junction 30 congestion relieving schemes. All of these will bring new jobs and fresh opportunities for the future. Below is a general list of opportunities and pharmaceutical needs that should be considered:

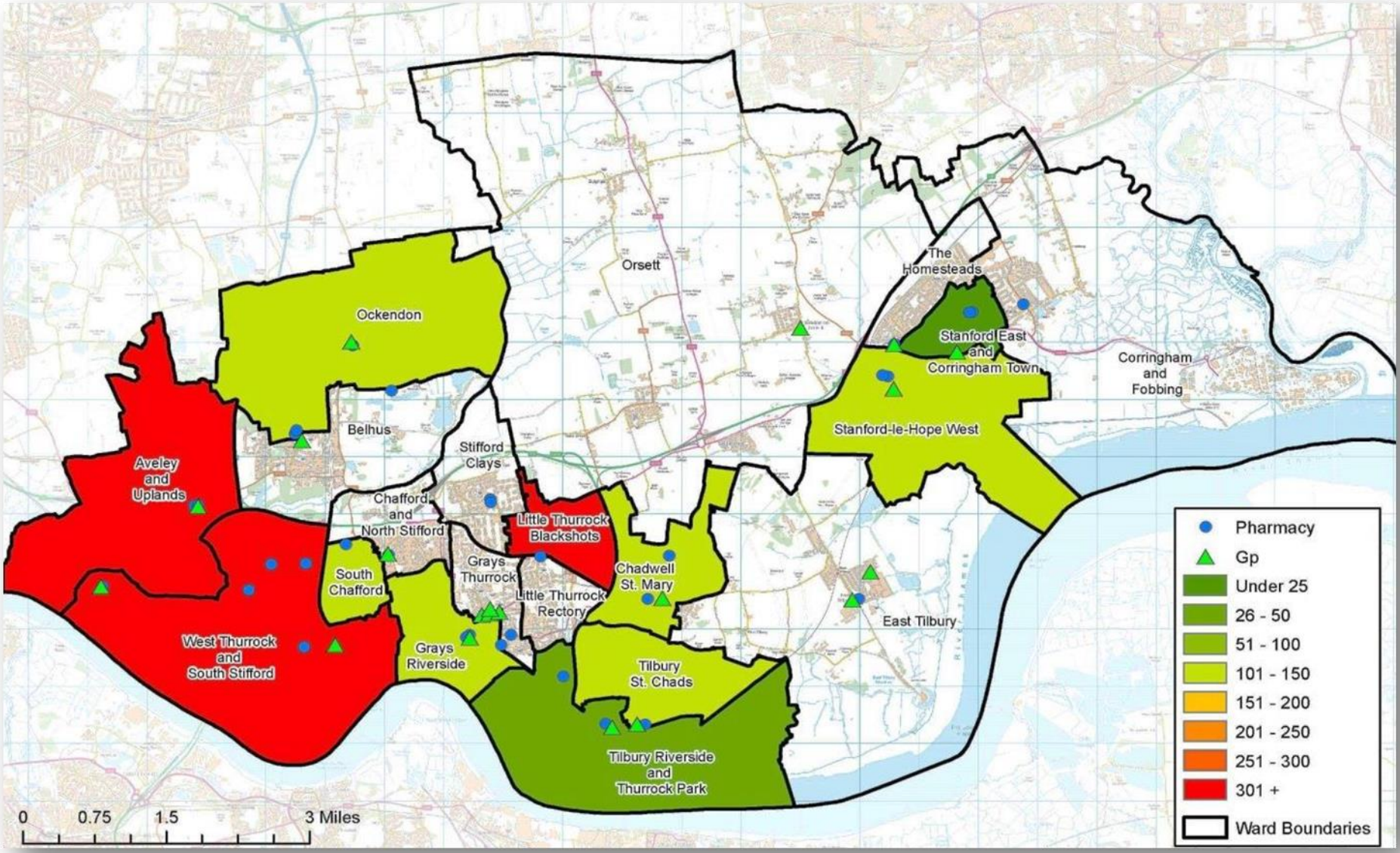
- Stock of medications to cure foreign ailments/travel medicines.
- Foreign Language services.
- Services that target health promotion and public health interventions for the new young 'student' population.
- Health needs of transient populations using the M25 including commuters and truckers.
- Services that target health promotion and public health interventions for manual and labour occupational populations that will be working on developing these sites i.e. smoking cessation services.

Over the next few years, a significant number of the new affordable homes in the borough will be delivered on a range of sites across the borough on land identified in the Core Strategy at Purfleet, West Thurrock, Lakeside town centre, Tilbury and South Stifford/West Grays.

Although references have been made to Thurrock's long term Regeneration and Housing priorities, only those developments which will come forward during the lifespan of this PNA have been considered.

Over the next three years, Thurrock will develop 1,924 houses in various parts of the borough. Grays and South Stifford will see the most amount of housing developments with 510 and 354 new units of housing, respectively. Map 7 shows the distribution of housing developments over the next three years.

Map 7: Housing developments in Thurrock over the next three years



The above plans include a range of housing options for older people. Over the next three years there will be 60 units of accommodation developed, in the Tilbury and South Ockendon areas, as part of the Housing our Ageing Population: Panel for Innovation Scheme. In addition to this, there are also plans to provide 65 units of extra care homes that will meet the needs of older people, (and exceptionally, younger people who receive the higher rate of Disability Living Allowance) who wish to live independently.

Our review of essential services concluded that the current network of pharmacies has sufficient capacity to meet needs of the future population growth and we do not anticipate any future gaps with regards to these new housing developments within the next three years.

6.2 Different Needs of Different Populations

The Regulation require that the HWB considers the needs of people who share a protected characteristic as defined in the Equality Act 2010 The section below summarises how we have made such considerations to address any specific needs within this PNA.

For those protected characteristics where no specific needs were identified, no reference has been made beyond those considered for the general public.

6.2.1 The Young People Population

We have highlighted that research indicates that young men access pharmacies least. It is therefore important that pharmacies in areas that have higher populations of young people, i.e. the Western and Central localities, ensure that they maximise on Making Every Contact Count with young people by delivering health promotion advice and intervention. Such measures will empower young people to make positive decisions about their health and prevent the early onset of disease.

6.2.2 Those aged 65 years and over

There are a number of risk factors associated with ill health in older people. Pharmacies in areas such as the Eastern and Central localities that have a higher density of these populations, need to ensure sufficient access to a range of support services is available like MURs, NMSs and seasonal influenza services.

The provision of auxiliary aids, large prints and dosage systems is helpful for older people to access and adhere to prescribed medication.

6.2.3 Disability

Pharmacies are to comply with provisions of the Equality Act 2010. This ensures that those people that are either disabled or face a disability due to illness are able to access pharmacies.
We have identified that there is choice of pharmacies for wheelchairs users in the four localities. We are encouraging all pharmacies to take strides meeting the needs of those with a disability, where this is possible.
It has also been recognised that more information needs to be gathered to better understand how pharmacies support those with a disability to overcome challenges in accessing services.

6.2.4 Gender

The PNA has made considerations towards the gender distribution of Thurrock's population. Provisions specifically for women are currently delivered through pharmacy i.e. emergency hormonal contraception, in order to meet the need of this population.
We have identified and addressed that men need to be further engaged to access community pharmacies, in order to maximise on health promotion and interventions.

6.2.5 Race

Thurrock has a diverse population with nearly a fifth of the population from Black, Asian and Minority Ethnic groups. This is reflected by the diversity of languages in Thurrock.

This PNA recognises the correlation between health inequalities and BAME groups. These communities face a number of health challenges including, accessing health care services, low birth weight, higher incidences of long term conditions i.e. diabetes and cardio vascular disease, etc.

The following reflects the specific health needs of BAME communities, as well as the general population:

- Health promotion advice and provision to promote healthy lifestyles and behaviours in order to delay the onset of disease.
- To improve overall maternal and infant health, by providing advice and onward perinatal referrals for those who are pregnant, those are planning on becoming pregnant and those who have new babies.
- In addition, this PNA recognises that 6% of the population uses a language other than English as their main language. We have demonstrated limited correlation between the diversity of the population and pharmacy staff who speak languages other than English to address communication barriers within BAME communities who access pharmaceutical services.

6.2.6 Religion and Belief

Pharmacies are able to provide medicine related advice to particular groups such as medicines that have animal derivatives or taking medication during the month of Ramadhan

6.2.7 Sexual Orientation

Men who have sex with men (MSM) are at higher risk of poor sexual health.

6.2.8 Gender reassignment

Pharmacies are usually involved with the care pathway of those individuals who are undergoing gender reassignment. Their role predominantly consists of ensuring that medication for the treatment component of this procedure is available to dispense.

6.2.9 Pregnancy and maternity

Pharmacies are ideally placed to provide health promotion advice and peri-natal referrals to women. They are also able to provide point of sale of pregnancy tests.

For those women who are pregnant or breastfeeding, pharmacies are able to deliver interventions to ensure that medication that may cause adverse effects, to the foetus or baby are avoided.

6.2.10 Marriage and Civil partnership

No specific needs have been identified for this protected characteristic

7. Conclusion and Recommendations

Community pharmacies are ideally placed to improve access, capacity and effectiveness of services and make an important contribution to improving health and wellbeing. We recognise the vital role pharmaceutical service providers can play in preventing ill health and that community pharmacies are valued and trusted community resources. They are based at the heart of communities including rural and deprived areas and have daily interactions with local populations.

Based on the findings of this pharmaceutical needs assessment the key recommendations Are to work with our pharmaceutical service providers to play a greater role in the community:

- Providing a range of clinical and public health services that will deliver improved health and be of consistently high quality.
- Supporting the management of long term conditions.
- Supporting individuals by delivering healthy lifestyle advice and support for self-care.
- Acting as a first point of call thus reducing the demand on other providers, general practice and unscheduled care providers.
- Providing services that will continue to contribute to out of hospital care.
- Supporting the delivery of improved efficiencies across a range of services.
- Helping individuals and care homes to understand correct use and educate them on the management of medicines.

Based on a systematic assessment of local pharmaceutical need, NHS England do not currently commission additional hours from pharmacies to open during bank holidays and other holiday periods based on a business decision. However some pharmacies do open based on a business decision. This will need to be reviewed locally in the future.

We will work with local commissioners to identify areas where there are populations within the Thurrock area who have specific health needs where pharmacists can play a role.

There is currently scope and capacity within the existing pharmacy and primary care networks to target additional patients who would benefit from MURs. We will work with NHS England to review this at a local level.

We would like to see a larger number of accredited pharmacies in Thurrock actively providing locally commissioned services to serve local populations. This is particularly true of AURs, where pharmacists are currently able to deliver services.

Not all pharmacies are wheelchair friendly, plans need to be agreed that where appropriate each pharmacy has wheelchair friendly facilities. More information needs to be collected to determine provisions are in place within pharmacy that enables other disability groups to have equal access.

We need to ensure that pharmacies are able to effectively communicate with all BAME groups, as well as with those whose main language in not English. With our growing BAME populations we need to work with pharmacies to agree how to engage wider with these groups.

The choice of service provider should be dependent on a number of factors such as cost effectiveness of the service, ease of access for patients and appropriate skills of the providers. Some services may be commissioned across more than one type of health care provider. When collating the list of available providers, community pharmacies should be considered as they generally have a good skill mix and patient accessibility, both in terms of hours of opening and location. Attributes such as these would form a basis for many services, particularly as commissioners move more provision for healthcare into the community. There is early evidence locally of some pharmacists linking in with the new Local Area Coordinators and Hubs.

Thurrock has more pharmacists per 100,000 than similar boroughs, East of England and England. As such it is well resourced with regards to pharmaceutical services. Distribution of pharmacies within Thurrock localities vary; the Western locality has the most pharmacies (12/35), followed by the Central locality (10/35 pharmacies), the Southern locality (7/35 pharmacies) and the Eastern locality (6/35 pharmacies). There is a good correlation between deprivation and the number of pharmacies by locality; there is a good spread of pharmacies that span over the two mile boundary, in most of Thurrock and that residents have a good choice of pharmacies to access. In the eastern part of the borough, there is a higher density of people aged 75+ years and 85+ years who are more likely to have mobility problems and therefore find accessing pharmacies more challenging than the general population. It is likely, however, that these residents are able to access pharmacies in their neighboring borough within this distance, and particularly in south Benfleet and Canvey Island through good public transport links.

8. Glossary

A&E	Accident & Emergency
APHO	Association of Public Health Observatories
AUR	Appliance Use Reviews
BTUHT	Basildon and Thurrock University Hospital Trust
BAME	Black, Asian and Minority Ethnic Communities
CC	County Council
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CSU	Commissioning Support Unit
CVD	Cardiovascular Disease- a term used for a family of diseases that can affect the heart and circulatory system (e.g. coronary heart disease, stroke, heart failure, chronic kidney disease)
DAAT	Drug and Alcohol Action Team
DAC	Dispensing Area Contractor / Doctor
DH	Department of Health
EHC	Emergency Hormonal Contraception
EoE	East of England
EPS	Electronic Prescription Service
EU	European Union
GP	General Practitioner (Doctor)
GUM	Genitourinary Medicine
HIV	Human Immunodeficiency Virus
HLP	Healthy Living Pharmacists
HSCIC	Health & Social Care Information Centre

HWB	Health and Wellbeing
Incidence	Incidence is the number of newly diagnosed cases of a disease or conditions in a population at risk
Intervention	Action to help someone improve their health action e.g. be more physically active or to eat a more healthy diet
IMD 2010	Indices of Multiple Deprivation: a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for individual neighborhoods
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
MECC	Making Every Contact Count: is about using every opportunity to talk to individuals about improving their health and well being
MSOA	Medium Super Output Area
MSM	Men who have Sex with Men
MUR	Medicines Use Review
NELFT	North East London Foundation Trust
NMS	New Medicine Service
NHS	National Health Service
ONS	Office for National Statistics
PCT	Primary Care Trust
PGD	Patient Group Directive
PHE	Public Health England
PSNC	Pharmaceutical Services Negotiation Committee
PNA	Pharmacy Needs Assessment
QOF	Quality Outcomes Framework
Prevalence	The number of cases of cases of a disease or condition existing in a population

Risk factor	Aspect of a person's lifestyle, environment or pre-existing health condition that may increase their risk of developing a specific disease or condition
SAC	Stoma Appliance Customisation Service
SEPT	South Essex Partnership Trust
SHUFT	Southend Hospital University Foundation Trust
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infection

9. Appendices

Appendix A – Healthy Living Pharmacy Quality Mark Criteria …….. . 96

Appendix B – Consultation report feedback …… 97

Appendix A - Healthy Living Pharmacy Level 1 Quality Mark Criteria

Health Champion	At least one non-pharmacist member of the pharmacy staff has achieved Royal Society for Public Health Understanding Health Improvement Level 2 (UHI2) award. Where this has been achieved as part of a distance learning package the Health Champion will also need to attend an appropriate face-to-face workshop in order to demonstrate the skills in a practical setting outside of the normal workplace.
Leadership training	At least one member of the pharmacy management team has completed a specific Healthy Living Pharmacy leadership training programme. Currently these training programmes are arranged through Essex LPC and partner organisations; however managers that have undertaken leadership training in other pathfinder sites should be included.
Premises Criteria	Must reflect professional image and promote healthy living. • Posters/health promotional literature are current and where appropriate, seasonal. Health Champions are familiar with any relevant promotional literature and campaigns. • Health-related promotion materials, products and services are clearly differentiated from other activities. • Premises are welcoming. Doors open easily, there is clear, positive signage, adequate lighting and temperature control, floor coverings are clean and in good repair, windows are clean. • Consultation rooms include space for a chaperone to be present if requested. There is a computer available in the consultation room.
Service provision	• The pharmacy completed the initial 6 NMS consultations and triggered set-up payment prior to March 2012 OR the pharmacy has achieved at least 20% target for five of the last six months. • Pharmacy completed ≥ 200 MURs in 2011/12. Pharmacy has completed 30 asthma OR 30 Diabetes MURs in the last 6 months and can supply anonymised details of follow up. • Pharmacy has recorded ≥ 10 4-week stop smoking quits in the last 2 quarters OR pharmacy has recruited ≥ 10 smokers and has a 4-week quit rate ≥ 50% in the last 2 quarters if the pharmacy offers the North Essex PCT cluster stop smoking LES. **OR** • Pharmacy has a minimum ratio of 1 recorded Chlamydia screen per 5 recorded Emergency Hormonal Contraception consultations for five of the last six months.
Engagement event	• Pharmacy participates in a public engagement or outreach event other than on pharmacy premises. This may be evidenced by an independent report, photographs etc. Examples include a presentation to a community group, vascular checks outreach, school assembly, participation in “SOS bus” promotion.

Appendix B - Consultation Feedback

Consultation Report

This document was developed by the Thurrock Health and Wellbeing Board in response to the Consultation feedback from the Thurrock Pharmaceutical Needs Assessment (PNA).

A formal consultation was undertaken from 23rd July to 22nd 2014 to September 2014 in accordance with the National Health Service (Pharmaceutical Services and Local Services) Regulations 2013 (SI 2013 No. 349). The consultation and was advertised to the public through key stakeholder organisations as well as online and in pharmacies and General Practice.

The draft document was sent out to all key stakeholders of pharmaceutical services in accordance with the national PNA guidance, including neighbouring Health and Wellbeing Boards.

During Cycle one of the consultation, people were asked to complete a structured template reflecting their views on the accuracy of the various sections of the PNA; the responses of which can be found in the tables below. In addition to this, a number of comments were sent separately by stakeholders, as part of this consultation process. These have also been included at the end of this report.

To ensure all commenter's were satisfied that the final draft had been correctly amended to address any comments and inaccuracies; a second cycle was undertaken. We received five additional comments, which have been included in the final PNA document.

The Thurrock Health and Wellbeing Board would like to thank all those who responded to the public consultation and the pharmacy questionnaire, as well as those that supported the development of this PNA.

Thurrock Council
Consultation Feedback

Detailed Comments relating to different sections of the PNA

Name/ Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
1. **Has the purpose of the PNA been explained sufficiently with section 2?** Yes = 83.3% No = 0.0% Not sure = 16.7% Not answered / Feedback Form Not Used = 0.0%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO	Yes		
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1YS	Yes		
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	Yes		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
2. **Does section 3 of the PNA clearly set out the scope of the PNA?** Yes = 83.3% No =0. 0% Not sure = 16.7% Not answered / Feedback Form Not Used = 0.0%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO	Yes		
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1YS	Yes		
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	Yes		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
3. **Does Section 4 clearly set out the local context and the implications for the PNA?** Yes = 66.7% No = 16.7% Not sure = 16.7% Not answered / Feedback Form Not Used = 0.0%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO	Yes		
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1 YS	Yes		
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	No		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
4. **Does the information in Sections 5 and 6 provide a reasonable description of the services which were provided by pharmacies and DACs in Thurrock?** Yes = 50.0% No = 16.7% Not sure = 33.3% Not answered / Feedback Form Not Used = 0.0%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO	Yes		
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1 YS	Not sure		
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	No		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
5. **Are you aware of any pharmaceutical services currently provided which have not been included in the PNA?** Yes = 16.7% No = 50.0% Not sure = 16.7% Not answered / Feedback Form Not Used = 16.7%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO	No		
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane			
Pharmacy/ Appliance Contractor		Not sure		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	No		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1 YS	No		
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	Yes		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
6. **Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?** Yes = 50.0% No = 0.0% Not sure = 50.0% Not answered / Feedback Form Not Used = 0%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO	Yes		
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1 YS	Not sure		
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	Not sure		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
7. **Do you agree with the conclusions for Essential Services?** Yes = 66.6 No = 0.0% Not sure = 16.7% Not answered / Feedback Form Not Used = 16.7%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO			
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1 YS	Yes		
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	Yes		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
8. Do you agree with the conclusions for MURs? Yes = 33.4% No = 16.7% Not sure = 33.4% Not answered / Feedback Form Not Used = 16.7%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO			
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1 YS	Not sure		
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	No		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
9. Do you agree with the conclusions for NMS? Yes = 50.0% No =16.7% Not sure = 16.7% Not answered / Feedback Form Not Used = 16.7%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO			
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1 YS	Yes		
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	No		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
10. Do you agree with the conclusions for Seasonal Influenza? Yes = 66.7% No = 0.0% Not sure = 16.7% Not answered / Feedback Form Not Used = 16.7%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO			
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1 YS	Yes		
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	Yes		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
11 Do you agree with the conclusions for Substance Misuse? Yes = 50.0% No =0.0% Not sure =33.4% Not answered / Feedback Form Not Used = 16.7%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO			
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1YS	Yes		
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	Not sure		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
12. Do you agree with the conclusions for Integrated Sexual Health Service? Yes = 50.0% No =0.0% Not sure = 33.4% Not answered / Feedback Form Not Used = 16.7%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO			
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1 YS	Yes		
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	Not sure		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
13. Do you agree with the conclusions for Stop Smoking Services? Yes = 50.0% No = 0.0% Not sure = 33.4% Not answered / Feedback Form Not Used = 16.7%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO			
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1 YS	Yes		
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	Not sure		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
14. If you have disagreed with one or more conclusion, please explain? Yes = 0.0% No =0.0% Not sure = 16.7% Not answered / Feedback Form Not Used = 83.3%				

Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	Not sure Conclusions go beyond scope of commissioned service. Definition of Appliance Use Reviews incorrect. See further comments section 12 below.	This has been amended to show that there are no pharmacies actively undertaking AURs but that it is possible to access services outside the borough and via internet.	

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
15. Do you agree with the assessment of future pharmaceutical services as set out in section 7? Yes = 33.4% No = 16.7% Not sure = 50.0% Not answered / Feedback Form Not Used = 0.0%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO	No, Very little focus on pharmacy prescribing as an enhanced service. Also more focus on phlebotomy services needed.	▪ We will forward this comment to NHSE to further advise	
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1 YS	Not sure		
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	Not sure		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
16. Is there any additional information which should be included in the PNA?				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO	Pharmacy prescribing services and the need for a NHS budget for pharmacy prescribing.	▪ We will forward this comment to NHSE to further advise	

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
17. Has the PNA provided adequate information to inform market entry decisions (NHS England only) or how you will commission services from pharmacy (all service commissioners)? Yes = 33.4% No =0.0% Not sure = 50.0% Not answered / Feedback Form Not Used = 16.7%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO	Not sure		
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes		
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1 YS			
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	Not sure		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
18. Does the PNA give enough information to help with your own future service provision? Yes = 33.4% No = 16.7% Not sure = 33.4% Not answered / Feedback Form Not Used = 16.7%				
Dr Reg Rehal Allcures Pharmacy	16 Kings parade, SLH, SS17 0HO	No		
Sarah Stickings Rapid Response Assessment Team	Thurrock Community Hospital, Long Lane	Not sure		
Pharmacy/ Appliance Contractor		Yes, it would be great to provide weight management and alcohol services which were highlighted but it really depends if theses services will be commissioned in the future		

Organisation	Address	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
Claire Smithies The Co-op Pharmacy	Department 10306, 13th Floor, 1 Angel Square, Manchester, M60 0AG	Yes		
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1 YS			
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	Not sure		

Organisation	Address	Detailed Comment
19. If you have any further comments, please enter them in the box?		
Pharmacy/ Appliance Contractor		I think more services will be provided by pharmacies as long as there is adequate funding with support and good prior consultation. A good PNA overall
Dipti Patel Essex County Council	County Hall, Chelmsford, Essex CM1 1YS	(Commenter has provided additional accuracy comments, above)
Karen Samuel-Smith Essex Local Pharmaceutical Committee	17 Clematis Tye, Springfield, CM1 6GL	(Commentator has provided additional accuracy comments, above)

Additional Comments on the accuracy of the PNA				
Organisation	**Address**	**Suggested Inaccuracy**	**Notes to PNA TFG**	**Amend PNA?**
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 1.3:Only 2 dispensing practices in Thurrock and not 3.	▪ Amended to 2.	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 1.3 Despite there being no dispensing appliance contractor located in Thurrock, this service is available nationally and it is not vital to be situated within Thurrock itself.	▪ Amended to: *None in Thurrock, but these services can be accessed outside the borough*	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 2: NHS England are not the only commissioners of services from Pharmacies, they can also be commissioned by Local Authorities and Public Health England etc.	▪ This has been explained in paragraph 4. Amendments have been made to include Local Authority and Public Health England.	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 2.1: Other NHS services are also provided by Public Health England and the local authority and these too affect the need for Pharmaceutical services, or would secure improvement, or improve access to pharmaceutical services within its	▪ Amended to include Local Authority and Public Health England	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		area.		
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 3.1 Appliance use reviews (AUR'S) may be provided elsewhere as patients may access this service from other providers outside of Thurrock	▪ Amended to *no services provided in Thurrock but services can be accessed outside the borough and via the internet*	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 3.1: In terms of Dispensing appliance contractors, please see link below and extract from it https://www.gov.uk/government uploads /system /uploads/attachment data /file /197634/Pharmaceutical_ Needs _Assessment_Information_Pack.pdf	▪ Suggested DAC definition has been used	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 3.1.1:The local authority is not an NHS body.	▪ Amended to state NHS services that are commissioned or arranged by other bodies/organisations	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 3.1.3: Out of hours GP service is 18.30 – 8.00.	▪ Amended to 18:30 – 8:00	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 3.2.1: Care home dispensing of medicines is an NHS service as a	▪ This has been deleted	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		Pharmacist would dispense against an NHS prescription.		
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 4.1: Basildon and Brentwood are part of Essex CC and not separate HWB areas.	▪ This has been deleted	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 4.3.2.2: Although Community Pharmacies may be well positioned to provide prescribing and phlebotomy, this is not part of their contract.	▪ This section provides evidence to support what they can provide. Not necessarily what they do provide. Amendment made to read *that they have the potential to provide* the services listed in the section	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 4.3.3:Sexual Health – Not all pharmacies are signed up to the sexual health enhanced service and is not part of their core contract.	▪ This has been amended to say *A number of pharmacies provide this service and that as part of the prevention agenda, all community pharmacies should provide*: (listed sexual health service)	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 4.3.4.2: If Pharmacies are unable to make referrals then all should sign post as this is a contractual obligation.	▪ Amended to *read referrals and sign-post*	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 4.3.5.3: Not all Pharmacies provide MUR's and NMS reviews as this is an advanced service.	▪ Amended to read *a number of pharmacies provide support in identifying adverse effects of mediation as well as adherence issues that can contribute to improving outcomes for patients with serious mental health*	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
			issues	
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 4.3.6.3: Smoking cessation is a commissioned service that some Pharmacists are signed up to but not all.	▪ Amended to *A number of community pharmacies currently provide smoking cessation services*	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 4.3.6.3: Health checks are not mandatory and are commissioned by Thurrock Council from NELFT who provide them within GP practices and Outreach clinics and not Pharmacies.	▪ Amended to *This service is not currently provided by pharmacies in Thurrock*	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 4.3.6.3: Not all Pharmacies provide smoking cessation services.	▪ Amended to *A number of community pharmacies provide smoking cessation services*	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 5.1: The statement 'NHS services provided by other NHS Trusts' should read 'NHS services provided by other providers', as in the future not all NHS services will be provided by NHS trusts.	▪ Amended to *NHS services provided by other providers*	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 5.2: The map on page 42 is not clear and I don't understand why those marked in orange are Saturday only. I was not aware of any of our Community Pharmacies only being	▪ Revised map to show opening hours, weekdays + Saturday, weekdays + Saturday + Sunday	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		open on a Saturday.		
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 5.2: There are currently five 100 hour Pharmacies, 2 in Tilbury, 1 in Chafford Hundred, 1 in Stifford Clays and 1 in Stanford Le Hope.	▪ Revised map to five pharmacies	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 5.2: No Column for those open between 1-5pm	▪ Table needs to be include 'other times' column: 1 pharmacy that closes at 5pm	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 5.4: Although 'Dispensing of drugs and appliances' is an essential service, Electronic prescription services is not an Essential service as it is not mandatory.	▪ Electronic prescription service has been deleted	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 5.4.3:Both the CCG and NHS England are rolling out the Electronic prescription service.	▪ NHS England has been added to this.	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 5.4.4: 'There is a need to address the limited or no access to essential services over the weekend during extended hours.' What evidence is there to support this	▪ This has been deleted	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		statement as there doesn't appear to be a need from the information provided within the document.		
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 5.5.1: 'Two pharmacies, located in Central and Eastern locality, undertook no MURS in 2013/14 review with two pharmacists how they may offer MURS in future.' I don't understand this statement and unsure if correct.	▪ This has been amended to *Two pharmacies, located in Central and Eastern locality, undertook no MURS in 2013/14*	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 5.6: List of enhanced services should include Palliative care.	▪ Amended to included Palliative care	▪ Yes
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	I would suggest that the explanation of essential services and advanced services is provided near the start of the document to avoid any confusion.	▪ This has been explained on page 10	▪ No
NHS England	Swift House, Colchester rd, Chelmsford SM2 5PF	Section 8: Where the PNA refers to AUR's, it must be made clear that although AUR's are not currently provided in Thurrock, this may change as Community Pharmacists are able to	▪ We have included the following in the conclusions '…this is particularly true of AURs, where pharmacists are currently able to deliver services'	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		deliver this service		
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 1.1: Sentence should refer to decisions about commissioning services and entries on the Pharmaceutical List rather than new pharmacy openings. Matters such as relocations and changes to opening hours will also need to refer to the PNA.	▪ Amended to *decisions about commissioning services and new entries on the pharmaceutical list* ▪ Amended to Reference will also be made to *matters concerning pharmacy relocations and change in opening hours*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 1.3: Some of the statistical data does not make sense, for example The most significant increases are in the 5-9 year age band at 5.7%- does not make it clear 5.7% of what, or from what or to what.	▪ Amended to include *from the previous year*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 1.3: Stating that pharmacies open on a voluntary basis during Bank Holidays may be misleading. There is no contractual obligation for them to open, but many do based on a business decision rather than a voluntary basis. NHS England do commission Bank Holiday rota hours when these are considered necessary, for example if it would not make good	▪ Amended to *there are no contractual obligations for pharmacies to open during Bank/other holidays but many do based on a business decision. NHS England commission Bank Holiday rota hours when these are considered necessary.*	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		business sense for a pharmacy to open otherwise.		
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 1.3: It is not always possible for pharmacy premises to be wheelchair accessible, for example planning or other restrictions may apply. Pharmacies are required to make reasonable adjustments to ensure patients and customers with a disability are able to access services, this may be achieved through a number of other means	▪ Amended to *not all pharmacies are accessible to wheelchair users. Pharmacies are required where possible to make reasonable adjustments to ensure patients and customers with a disability are able to access services. More information needs to be collected to determine the provisions in place within each pharmacy that enables those with a disability to access pharmaceutical services.*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 1.3: It is not clear what is meant by the term accredited pharmacies	▪ Amended to *we would like to see a larger number of pharmacies in Thurrock providing enhanced services to serve the local population.*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 1.3: Dispensing doctors provide dispensing service to Rural, not Urban localities.	▪ Amended: the word urban has been deleted.	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 1.3: The HWB will need to Consider whether residents have reasonable access and choice with regard to the dispensing of appliances, whether by pharmacies or dispensing	▪ Amended to *The HWB will need to consider whether residents have reasonable access and choice with regard to the dispensing of appliances, whether by pharmacies or dispensing appliance contractors (outside of Thurrock)*	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		appliance contractors. The statement that we will need to consider if Thurrock has the need for a dispensing appliance contractor in the near future is not accurate.		
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 3.1: Process followed for developing the PNA National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations were passed in 2013, not 2010, and are regulations not guidance.	▪ Amended: *the following regulations were used* ▪ Amended to *Regulations 2013*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 3.1: Essential Services Electronic prescription services are not a separate Essential Service to Dispensing and Actions Associated with Dispensing, or to Repeatable dispensing.	▪ Amended: EPS has been deleted from the list and repeatable dispensing has been included in the dispensing bullet point	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 3.1: Prescription-Linked interventions and Public Health Campaigns are not separate Essential Services, rather they are the two elements that comprise the Promotion of Healthy Lifestyles Essential Service	▪ Amended: Public Health campaigns have been included under the Promotion of healthy lifestyles bullet point	▪ Yes
Karen Samuel Smith	17 Clematis Tye,	Section 3.1: Advanced Services It is	▪ Amended to: *AURs – no services provided in Thurrock* but that they can be accessed	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
	Springfield, CM1 6GL	inaccurate to state that Appliance Use Reviews (AURs) are not applicable in Thurrock. The Appliance Use Review service may be delivered by community pharmacists who supply appliances as part of their regular business (and many do).	outside of the borough and via the internet.	
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 3.1.2: Stop Smoking Services are commissioned from primary care by Thurrock Council, even if management arrangements are through North East London Foundation Trust.	▪ Amended to show that Thurrock Local Authority are the commissioners. ▪ Amended to North East London Foundation Trust – No services commissioned	▪
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 3.2.3:Medicines Management Provide support on prescribing safe and effective use of medicines - is ungrammatical. Change to Provide support on safe and effective prescribing and use of medicines	▪ Amended to *Provide support on safe and effective prescribing and use of medicines*	▪ yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 4.1: Neither Basildon nor Brentwood are HWB areas, they are part of Essex HWB area. Medway, Dartford and Gravesend are separated from Thurrock by the river Thames,	▪ Brentwood and Basildon have been omitted from the list	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		and may not be relevant.		
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 4.2.1: Population Some of the statistical data does not make sense, for example, The most significant increases are in the 5-9 year age band at 5.7% - does not make it clear 5.7% of what, or from what or to what	▪ Amended to *from the previous year*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 2.6.5: Implications of population on the PNA Women may be the most frequent users of pharmacy services, but not just for contraception, this needs clarification.	▪ Amended to *women (including for access to contraception)*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 2.6.5 The PNA needs to differentiate between BME communities and non-English speakers.	▪ Amended to show difference in BAME and diversity of languages. We have stated that pharmacies should be able to effectively communicate with BAME groups as well as those whose main language is not English.	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 4.3.1 Smoking Prevalence in routine and manual groups should state Prevalence in routine and manual occupational groups	▪ Amended to *routine and manual occupational groups*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 4.3.1: The mortality rate attributed to smoking should presumably state The annual mortality	▪ Amended to include 2012/13	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		rate. This is particularly important as a three-year strategy is referred to later in the sub-paragraph.		
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 4.3.1: It is encouraging to see that the smoking status at time of delivery indicator should state It is encouraging to see that the smoking status of pregnant women at time of delivery indicator	▪ Amended to it is encouraging to see that smoking at the time of delivery	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 4.3.1: Implications of smoking for the PNA Third bullet point Arrangements for Varenicline PGD are currently under review and this may need to be revised prior to final draft.	▪ This will be changed when necessary	▪ No
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 4.3.5.3: Implications of Mental Health for the PNA Second bullet point Target medicine/patient groups for targeted MURs and NMS reviews are included within the service specifications and these do not currently include Mental Health.	▪ Amended to *A number of pharmacies deliver support in identifying adverse effects of medication as well as adherence issues that can contribute to improving outcomes for patients with serious mental health issues*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 4.3.7: Detailed descriptions of diabetes are not relevant to the PNA	▪ No change. We have decided to include this as background information for the understanding of this Long term condition	▪ No

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 4.3.8: Implications of older people for the PNA First paragraph leave out -these aids include large print labels and monitored dosage systems i.e. dosette boxes. By including a very limited list of possible auxiliary aids there is a risk of raising expectations is incorrect in this sentence as a number of monitored dosage systems are available, and Dosette is a trade name.	▪ Amended to not include examples of auxiliary aids	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 4.4.1: National Strategy The Health and Social Care Act was implemented in 2013. An act does not involve a range of health and care organisations, these organisations work to the Act.	▪ Amended to read *The Health and Social Care Act influences both the need and delivery of pharmaceutical services. A range of health and care organisations work in partnership to deliver under this Act.*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 4.4.2: NHS England A Call to Action The entire section needs to be revised as the consultation is already completed and the strategy may well be available by the time of the final draft. There are further grammatical errors, but these are irrelevant	▪ This will be updated when appropriate information is released	▪ No

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		presuming the entire section is redrafted.		
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5: Other considerations, first bullet point that affect the local pharmaceutical services Should be that affect the local provision of pharmaceutical services	▪ Amended to 'local provision of pharmaceutical services'	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.1: Specify that the 35 pharmacies include four that are required to open for 100hours per week	▪ Amended to *35 community pharmacies, including five pharmacies that are required to open for 100 hours per week*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	5.2.1: The information is not necessarily relevant as it looks at total pharmacy numbers only, and does not consider the opening hours or the number of pharmacists working at the pharmacy.	▪ National benchmarking data compares pharmacy provision. It would therefore be difficult to conclude whether local pharmacist capacity/provision was satisfactory.	▪ No
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.2.1: GP data is based on average number of patients per GP, not per practice, and is therefore a less crude measure- there is a risk that this difference will not be recognised by some using the PNA.	▪ Noted. National benchmarking data compares pharmacy provision.	▪ No

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.3.1: Needs to specify that pharmacies are required to open 40 or 100 hours per week.	▪ This has not been amended as the first paragraph states this but it a different way to the one suggested in the comment	▪ No
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.3.1: Market entry is controlled by regulations, rather than a system.	▪ Amended to *regulations*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.3.1: If additional hours are provided to meet a defined need within the PNA, and this was a condition of the pharmacy's admission to the Pharmaceutical List, then these will form core hours (this is one of the circumstances where NHS England may direct a pharmacy to provide more than 40 core hours.) If an existing pharmacy chooses to open additional hours to meet a need, whether defined or otherwise, these may constitute supplementary hours which may be changed on giving 3 months notice to NHS England.	▪ Amended to *supplementary hours can be amended by the pharmacy subject to giving 90 days notice to NHS England, who will make the final decision*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.3.1: Saturday- The way the text is written is misleading, as a number of pharmacies are open	▪ Amended to *There are 26 community pharmacies open on a Saturday, 25 of which open between 9.am – 12pm and*	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		beyond 5pm on Saturdays, and the following page states that there is good choice in the number of pharmacies that are open at 6pm or after on a Saturday however the way this section is written implies that there is only one pharmacy open on Saturday afternoons.	*eight that are open until 6pm or after.*	
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.3.1: Bank Holidays Stating that pharmacies open on a voluntary basis during Bank Holidays may be misleading. There is no contractual obligation for them to open, but many do based on a business decision rather than a voluntary basis. NHS England do commission Bank Holiday rota hours when these are considered necessary, for example if it would not make good business sense for a pharmacy to open otherwise.	▪ Amended *pharmacies that open on a bank holiday and other holiday periods, do so based on a business decision. NHS England have not currently commissioned additional hours under a rota-system, in Thurrock*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.3.2: Access for those with a disability. This should refer to the extent that a pharmacy meets the needs of those with a disability, not the extent to which the pharmacy has been adjusted, for example no	▪ Amended to *a key consideration with regards to access is the extent to which pharmacies meet the needs of those with a disability*	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		adjustment may have been necessary.		
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.3.3: There is a systematic approach taken by NHS England to bank holidays including Christmas, which takes into account pharmacies providing non-commissioned opening hours and the perceived needs of the population for pharmaceutical services on those days.	▪ Amended to *It is noted that currently there are no pharmacies providing additional commissioned hours during bank holidays, including Christmas. This decision is based on the systematic approach taken by NHS England, which takes into account perceived needs of the population for pharmaceutical services on those days*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.3.3: The legislative standards regarding accessibility for those with a disability refer to provision of services more than premises, and in some cases premises cannot be adjusted, for example where planning restrictions apply. The expression pharmacies should take strides is meaningless.	▪ Amended to include, *where appropriate*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.3.3: North Orsett should be described as rural, rather than green belt. The demand for pharmaceutical services, rather than for pharmaceutical need, may therefore be lower.	▪ It is not classified as rural, locally. Green Belt has been the agreed term with the planning/development team to describe the area.	▪ No
Karen Samuel Smith	17 Clematis Tye,	Section 5.4: Essential Services	▪ This has been deleted	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
	Springfield, CM1 6GL	Electronic prescription services are not a separate Essential Service to Dispensing and Actions Associated with Dispensing, or to Repeatable dispensing. Prescription-Linked interventions and Public Health Campaigns are not separate Essential Services, rather they are the two elements that comprise the Promotion of Healthy Lifestyles Essential Service.		
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.4.3:.Electronic prescription service This will need to be rewritten as the EPS roll-out will substantially be underway at the time the final is published. As Electronic Prescription Service is not an Essential Service as such, but rather an adjunct to Dispensing and Repeat Dispensing services, it may not be relevant to the PNA at all.	▪ We have included an update of the number of providers that are currently using the system.	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.4.4: Other Essential Services NHS England may require pharmacies to participate in up to six public health campaigns annually. If the Local Authority wishes to extend these based on local needs and priorities	▪ Amended to *If the Local Authority wishes to extend these based on local needs and priorities then this would need to be additionally commissioned*	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		then this would need to be commissioned. The table of proposed campaigns for 2014/5 will be obsolete at the time the final PNA is published, and so the table describing them is probably irrelevant.		
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.4.4:The other aspect of the promotion of healthy lifestyles**/** essential service is the targeted prescription-linked interventions, no reference is made to this in this section however there are clear links to JSNA priorities.	▪ Amended to *providing opportunist health promotion advice and targeted prescription-linked intervention*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.4.4: No reference is made to signposting or support for self-care services, these have clear links to JSNA priorities and both NHSE and CCG strategies.	▪ Amended to include health promotion and *signposting to other services including self-care support*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.4.4:Future Needs of Pharmacy- current open hours service is only limited to prescribers should state current out of hours service is only available to prescribers should state current out of hours service is	▪ Amended to read *available* rather than 'limited'	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		only available to prescribers		
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.4.4:These changes may require NHS England to consider seeking additional hours, although pharmacies themselves may recognise the need and adjust core hours proactively.	▪ Amended to *These changes may require NHS England to consider seeking additional hours, although pharmacies themselves may recognise the need and adjust core hours proactively*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.4.4: This should refer to engagement with Public Health England, not engagement with the public.	▪ Amended to *Public Health England*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.5: Advanced Services New Medicines Service is currently extended to April 2015. As the evaluation has recently been published it is likely that the future of the service will be decided before the final PNA is published.	▪ Amended to *NMS decision has been deleted*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.5: Appliance Use Reviews are a contractual Advanced Service, and therefore commissioned nationally. The Appliance Use Review service may be provided to patients by community pharmacists who supply appliances as	▪ *AURs are not currently provided by pharmacies in Thurrock but may be accessed outside the borough and via the internet*	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		part of their regular business.		
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.5.1: Medicines Use Reviews First bullet point The high risk medicines for targeted MUR are specified in Directions. Last paragraph Describing MURs and presenting some evaluation data, is not relevant to the PNA.	▪ Amended to *patients taking high risk medicines as specified in the Directions;* The last paragraph has been left in to show effectiveness of intervention	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.5.1: Conclusion of MURs The term wealth of evidence is too subjective	▪ Amended to *Evidence suggests that targeted MURs improve patient outcomes by increasing adherence and recuing medicines related risks, for instance it is estimated that up to 20% of hospital admissions are medicine-related and arise as a result of unintended consequences i.e. side effects or taking inadequate dosage*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.5.1: …review with two pharmacists how they may offer MURs in future is not part of the PNA, this sentence appears to have been included in error and may have been transcribed from an action plan.	▪ This has been deleted	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.5.2: New Medicines Service Final paragraph is meaningless without further context, a link may be provided	▪ Amended to *that while the services align well to our local strategic priorities, and that there is evidence of the benefits of this intervention, the future of this*	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		to the published evaluation.	*service, beyond 2015 is uncertain. Considering this, we have concluded NMSs are a relevant service that improves access to medicine review, clinical support and have the potential to improve patient outcomes*	
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.5.2: As the service evaluation has recently been published it is likely that the future of the service will be decided before the final PNA is published. This section should be rewritten to reflect this prior to final publication.	▪ Amended to include the extension of the programme through 2014/15	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.5.2: The sentence between the tables does not make sense. It is true that patients do not have to have been receiving pharmaceutical services for three months in order to receive the NMS, however a patient can only receive the service at the pharmacy that dispensed their prescription- any referral would also necessitate the dispensing of the prescription at the alternative pharmacy.	▪ Amended to *Although not all wards have this service within their area, as there is no three month regulation, patients can be referred to another pharmacy provided that the alternative pharmacy dispenses against the patient's prescription.*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.5.2: Conclusion of NMS Leave out	▪ Amended to include the new evidence *The NMS increased adherence by around 10% and increased identification in the*	▪ Yes

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			numbers of medicine related problems and solutions. *Economic modeling showed that the NMS could increase the length and quality of life for patients, while costing the NHS less than the those in the comparator group.*	
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.5.2: Specific drug/patient groups are identified in the service specifications (unlike MUR services which state 50% must be in a specific group but 50% are based on the pharmacists judgement)	▪ Noted	▪ No
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 5.5.2: NMS table As the service evaluation has recently been published it is likely that the future of the service will be decided before the final PNA is published. This section should be rewritten to reflect this prior to final publication.	▪ Amended to include the recent evidence	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	The chapter on Advanced Services should include information on	▪ We have been informed by NHSE that no pharmacy in Thurrock currently actively provide this service and we have	▪ No

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		Appliance Use Reviews.	therefore taken the decision not to include this as there is no local data/provision to show service	
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	5.6.1 Seasonal Influenza Vaccinations Most of the detail is not relevant to the PNA. This section needs to be rewritten to reflect current commissioning, information about current providers can be obtained from NHSE.	▪ This is the most up to date information provided by NHSE. We have requested further information	▪ No
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 6: locally commissioned services First three sentences are complicated and duplicate or misrepresent information. They should read From 1st April 2013 public health services previously commissioned by PCTs transferred to local authorities and are now termed Locally Commissioned Services. Community Pharmacy Contractors may also provide services commissioned by other organisations. Applications to the Pharmaceutical List can only be made on the basis of Pharmaceutical Services identified in Regulations, they cannot be submitted on the basis of gaps identified in provision of locally	▪ Amended as suggested in comment	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		commissioned services.		
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 6.1: Public Health Services Paragraph below list of services Specify what is meant by same services but smaller numbers, different services etc.	▪ We wish to use the same language.	▪ No
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 6.1: Information on current year service review and notice is probably not relevant. Details of new provision from April 2015 should be written into final draft/PNA.	▪ We will update when details are available	▪ No
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 6.2.2: Supervised consumption service paragraph three Remove the list of medicines and replace with The service requires the pharmacist to supervise the consumption of prescribed medicines for substance misuse to allow future flexibility	▪ We wish to show the medicines offered under the current service level agreement	▪ No
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 6.2.1 Table Needle and Syringe Exchange Services The potential gap appears to be assumed based on current provision, has a needs assessment been conducted with current service users?	▪ Amended to *the potential gaps may limit access and/or choice of service and that further work will need to be undertaken to understand the extent to which these affect the pharmaceutical needs of our population*	▪ Yes

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Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 6.2.2: Supervised Consumption services Service users will be aware of opening hours of their pharmacy, and it is usual for collection times to be agreed as part of service provision.	▪ Amended to *service users are not able to access these services in an alternative pharmacy, should their usual pharmacy be closed at a time convenient for them*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 6.2.2: The last paragraph in the table is not relevant to the PNA.	▪ Amended to *It is important that pharmacies make progress towards the Making Every Contact Count agenda, by providing general health promotion and substance misuse advice to young people in the borough who have been identified with higher levels of cannabis smoking activity*. ▪	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 6.3: Reduce first sentence to Pharmacies are commissioned to deliver a portfolio of sexual health services, including:□ Sentence between bullet point lists The aim of this service is to improve the sexual health of residents and seek reductions in sexual health inequalities, especially in high risk areas. The service currently supports the following key local outcomes:	▪ We wish to keep the sentence as it is	▪ No
Karen Samuel Smith	17 Clematis Tye,	Section 6.3: Conclusions of sexual health service Sentence below second	▪ This has been amended to *24 year olds*	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
	Springfield, CM1 6GL	bullet point list should read population of 15-24 year olds, community pharmacy sexual health services are not available to 25-64 year olds.		
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 6.3: Following sentence A solution to improving the current access could be to approach pharmacies that provide extended hours to co-ordinate opening times rather than specifically 100 hour pharmacies.	▪ Amend to *approach pharmacies that provide extended hours, including 100 hour pharmacies to coordinate a rota-system for weekend provision*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 6.3: Final sentence in table will need to be reviewed and rewritten prior to publication of final PNA.	▪ A supplementary statement will be published in the future	▪ No
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 6.4.1: The two bullet point lists describe targets that Thurrock Council have agreed with NELFT, and are not relevant to the PNA.	▪ Amended to describe pharmacies' function i.e. provision of behavioural therapy and pharmacotherapy intervention.	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 6.4.2: Healthy Living Pharmacies Second paragraph. Accreditation is not delivered by Royal Society of Public Health, they accredit the Understanding Health Improvement Level 2 award which is	▪ RSPH provide accreditation has been deleted. ▪ *Appendix A provides an overview of the criteria community pharmacies participating in the Essex Healthy Living Pharmacy Pathfinder had to fulfil' has*	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		one of the qualifying criteria. Appendix A provides an overview of the criteria community pharmacies participating in the Essex Healthy Living Pharmacy Pathfinder had to fulfil.	*been inserted*	
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 6.4.2: The way the early evaluations are presented is misleading as evaluation data from HLP overall is presented with data from specific services delivered through HLP, and these are not differentiated.	▪ Amended to *Early evaluations from HLP programmes have shown benefits, including a greater number of people receiving health and wellbeing advice, increased smoking quit rates and pharmacy as first point of healthcare intervention instead of GPs. The high percentage of those who would recommend this service also suggest high satisfaction amongst those who have used the service*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 7: There should be an explicit statement that possible future needs could be met by existing providers.	▪ This has been addressed further down *Our review of essential services concluded that the current network of pharmacies has sufficient capacity to meet needs of the future population growth and we do not anticipate any future gaps with regards to these new housing developments within the next three years*	▪ No
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 7.1: First bullet point needs clarification, presume this is a reference to travel medicine.	▪ Amended to *foreign ailments/travel medicines*	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 7.2.1: We have identified that young men don't access pharmacies needs reference for evidence.	▪ Amended to *we have highlighted that research indicates that young men access pharmacies least (reference 3)*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 7.2.2: The provision of auxiliary aids should sit under 7.2.3, don't include specific aids.	▪ This is a need that we wish to highlight for older people's services	▪ No
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 7.2.3: Disability It may be better to start with the recognition that more information is needed to understand how pharmacies support patients with disabilities, as this may alter the rest of this section. This ensures that those people who are either disabled are able to access pharmaceutical services. The expression pharmacies to take strides is meaningless.	▪ We wish to keep this statement. As a HWB we would like to see local pharmacies ensuring, where possible to meet the needs, with regards to access, of those who are disabled. We have included, *where possible,* as we understand that for some pharmacies making appropriate adjustments may not be possible.	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 7.2.8: Gender Reassignment Much prescribing for gender reassignment is through specialist centres and shared care arrangements, MURs may not therefore be	▪ Amended to *Pharmacies who may be involved with the care pathway of those who are undergoing gender reassignment*	▪ Yes

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		appropriate.		
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 7.2.9: Pregnancy and Maternity Change peri-natal referral to antenatal referrals	▪ We wish to highlight pharmacy role in antenatal and post delivery support i.e. identification & signposting of postnatal depression	▪ No
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 7.2.9: Interventions that ensure medication that may cause adverse effects are avoided is a key element of the core dispensing process, not a medicines use review.	▪ Amended to *pharmacies are able to deliver interventions to ensure that medication that may cause adverse effects to foetus or babies are avoided*	▪ Yes
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 8: See earlier comments regarding bank holidays. Change we would like to see a larger number of accredited pharmacies in Thurrock providing more enhanced services to serve local populations to we would like to see a larger number of pharmacies in Thurrock delivering more locally commissioned services to our population	▪ We wish to present the this information. Amended to *Pharmacies open during bank holidays and others holiday periods, based on a business decision. Based on a systematic approach to local need, NHSE do not to currently commission additional hours under a rota-system in Thurrock. This will need to be reviewed locally in the future* ▪ This has been amended to locally commissioned services.	▪ Yes ▪ No
Karen Samuel Smith	17 Clematis Tye, Springfield, CM1 6GL	Section 8: See earlier regarding provision of services to disabled residents. There needs to be a differentiation between BME groups and patients who do not have English	▪ Amended to include *where possible, each pharmacy has wheelchair friendly facilities.* ▪ *We have stated that language is a possible barrier for BAME groups, we*	▪ Yes ▪ No

Organisation	Address	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		language skills.	*wish to see pharmacies play a bigger role in engaging these groups*	
Dipti Patel (on behalf of Essex County Council)	County Hall, Chelmsford, Essex CM1 1 YS	Section 8: All services are agreed as necessary then contradicted further in the document. Dispensing doctors section states 50% of prescriptions are dispensed outside Thurrock, not agreeing with the table above. Appliance contractor need not accurate. Wheelchair access- confirm GPhC requirements for premises. Disagree that women use pharmacies (for contraception)	▪ We have stated the principals of what we regard as a necessary service. Some services will fall out of these and will therefore be regarded as a relevant service, which secure benefits or improve access. ▪ The dispensing list is for the top five out of area pharmacies, that dispense the most items ▪ Appliance Contractors – this has been changed to show that residents can access DACs from outside of Thurrock ▪ Wheelchair access – this has been amended to show where it is appropriate and possible for a pharmacy to be more accessible to those with a disability, it should. ▪ This has been amended to show that women use pharmacies for other services *including* contraception	▪ Yes

10. References

[1] Section 128a of NHS Act 2006, as amended by the Health Act 2009 and Health and Social Care Act 2012

[2] Department of Health 2013. 'Pharmaceutical needs assessments: Information Pack for local authorities and Health and Wellbeing Boards. https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

[3] Community Pharmacy Use Market Research Report http://www.dispensingdoctor.org/content.php?id=427

[4] World Health Organization (2014) Global Status Report on Alcohol and Health http://www.who.int/substance_abuse/en/
http://www.nhs.uk/conditions/alcohol-misuse/Pages/Introduction.aspx
Public Health England (2010)
http://www.localhealth.org.uk/#z=542429,189306,48675,15885;v=map4;i=t3.alc_harm;l=en
Public Health England (2010)
http://www.localhealth.org.uk/#z=542429,189306,48675,15885;v=map4;i=t2.bingedrinking;l=en

[5] DoH (2008) Pharmacy in England: Building strengths – delivering the future NHS MUSE Profile data
http://www.erpho.org.uk/Download/Public/22106/1/Young%20People%20drug%20and%20al cohol%20profile%20Thurrock%202011.pdf

[6] DH (2008) Pharmacy in England: Building strengths – delivering the future
National Obesity Observatory http://www.noo.org.uk/NOO_pub/ Hughes et al., 2000
Scientific Advisory Committee on Nutrition, 2011. The influence of maternal, foetal, and child nutrition on the development of chronic disease in later life.
McCormick, B. Stone, I. and Corporate Analytical Team. 2007. "Economic costs of obesity and the case for government intervention". Obesity reviews 8 (Suppl.1), 161-164

[7] Drug strategy 2010
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/265392/Drug_Strategy_AR_v0.6.pdf
Annual Review: Delivering within a New Landscape (2013)
https://www.gov.uk/government/publications/drug-strategy-2010--2
http://fingertips.phe.org.uk/substancemisuse#gid/1000031/pat/6/ati/102/page/3/par/E12000006/are/E06000034
Public Health England http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/3/par/E12000006/are/E1000002
NHS MUSE Profile data
http://www.erpho.org.uk/Download/Public/22106/1/Young%20People%20drug%20and%20al cohol%20profile%20Thurrock%202011.pdf

[8] McCormack, B Stone, I. and Corporate analytical team. 2007 "Economic costs of obesity and the case for government intervention" Obesity reviews 8 (Suppl.1.) 161-164

[9] Strauss R., Childhood obesity and self-esteem, Paediatrics 2000; 105; e15

[10] WHO (2011) Mental health; strengthening our responses

[11] NEPHO Psychiatric Morbidity Survey 2000

[12] The numerator is those women aged 53 -70 years; however the programme extends its coverage to 47 – 73 age range.
National Collaboration Centre of Primary Care (NCCPC) Lipid modification: Cardiovascular risk assessment and modification of blood lipids for primary and

secondary prevention of cardiovascular disease. Clinical Guidance 67. London. NICE (2008).

[13] National Collaboration Centre of Primary Care (NCCPC) Lipid modification: Cardiovascular risk assessment and modification of blood lipids for primary and secondary prevention of cardiovascular disease. Clinical Guidance 67. London. NICE (2008)

[14]http://www.yhpho.org.uk/diabetescommunityhealthprofiles/CCGprofiles13/07G_Diabetes%20Profile %202013.pdf

[15] National Cardiovascular Intelligence Network (NCVIN) *www.diabetes-ndis.org*

[16] National Cardiovascular Intelligence Network (NCVIN) *www.diabetes-ndis.org*

[17] Thurrock Health and Wellbeing Strategy 2013-2016 https://www.thurrock.gov.uk/health-and-wellbeing-board/our-strategy

[18] There were four exemptions to the 2005 control of entry regulations, these were:

- Pharmacies based in approved retail areas (Areas of 15,000 square feet or more)
- Pharmacies that intended to open for at least 100 hours per week
- Consortia establishing new one stop primary care centres
- Wholly mail order or internet-based (distance selling) pharmacy services.

Under the 2012 regulations there is only one remaining exemption category 'mail or and internet-based based (distance selling) pharmacy services. Existing pharmacies opened under the 2005 exemption categories are still expected to meet conditions of the category their application was granted under.

[19] Pharmacy in England: Building on strengths – delivering the future (2008) https://www.gov.uk/government/uploads/system/uploads/attachment data/file/228858/7341.pdf

[20] Data could only be obtained from March 2012 – February 2013. https://www.thurrock.gov.uk/health- and-wellbeing-board/our-strategy

[21]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207134/Influenza vaccine uptake amongst GP patient groups in England for winter season 2012 - 2013.pdf)

[22] http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies.

13th November 2014	ITEM: 6
Health and Wellbeing Board	
Child Sexual Exploitation and the Jay Report – implications for Thurrock	
Wards and communities affected: All	**Key Decision:** Not applicable
Report of: Nicky Pace Interim Head of Care & Targeted Outcomes	
Accountable Head of Service: Andrew Carter – Head of Care & Targeted Outcomes	
Accountable Director: Carmel Littleton – Director of Children's Services	
This report is Public	
Date of notice given of exempt or confidential report: NA	

Executive Summary

This report outlines the findings of Professor Jay enquiry into child sexual exploitation (CSE) in Rotherham. Her report highlighted serious failings in the council and other agencies, especially the police, over a number of years with regard to the safeguarding of children, and also serious failings of corporate governance, leadership, culture and the operation of the overview and scrutiny function.

This report reflects an early review of the service delivery in Thurrock in relation to CSE and the actions being taken to address any identified gaps.

1. Recommendation(s)

1.1 For the Health and Wellbeing Board to note the contents of this report.

2. Introduction and Background

2.1 There has been a growing awareness of the involvement and targeting of children and young people in society. With the increased use of the internet 'stranger danger' is no longer the stereotypical person waiting at the school gates in a white van, it is now a sophisticated international issue and often linked with organised crime. Paedophiles hunt children on the web and now an image of a child can be spread to thousands of users without the child knowing. The Jay report into Rotherham is one of many that have highlighted the risks posed to young people through sexual exploitation. The report into

paedophile rings in Derby city, Oxfordshire and Rochdale to name but a few and the recent report from the Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups have all highlighted the issues.

2.2 Sexual exploitation and grooming

2.2.1 What is child sexual exploitation? In 2008 the national working group network developed the following definition, which is commonly used in government guidance and policy:

2.2.2 'The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (eg food, accommodation, drugs, alcohol cigarettes, affection, gifts, money) as a result of performing, and /or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition, for example by persuading them to post sexual images on the internet/ mobile phone without any immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and /or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social / economic and /or emotional vulnerability. '

2.2.3 The process of 'grooming' by paedophiles has been well documented in national reports and research. Many of the children are already vulnerable when grooming began. The perpetrators often targets children's residential units and residential services for care leavers. It was not unusual for children in residential services and schools to introduce other children to the perpetrators.

2.2.4 Many of the children have troubled family backgrounds, with a history of domestic violence, parental addiction, and in some cases serious mental health problems. A significant number of the victims in Rotherham had a history of child neglect and/or sexual abuse when they were younger. Some had a desperate need for attention and affection. In Rotherham schools raised the alert over the years about children as young as 11, 12 and 13 being picked up outside schools by cars and taxis, given presents and mobile phones and taken to meet large numbers of unknown males in Rotherham, other local towns and cities, and further afield. Typically, children were courted by a young man whom they believed to be their boyfriend. Over a period of time, the child would be introduced to older men who cultivated them and supplied them with gifts, free alcohol and sometimes drugs. Children were initially flattered by the attention paid to them, and impressed by the apparent wealth and sophistication of those grooming them.

2.2.5 Many young people are convinced that they were special in the affections of a perpetrator, despite all the evidence that many other children were being groomed and abused by the same person. Some victims are never able to accept that they had been groomed and abused by one or more sexual predators. A key objective of the perpetrators was to isolate victims from family and friends as part of the grooming process. Over time, methods of grooming have changed as mobile technology has advanced. Mobile phones, social networking sites and mobile apps have become common ways of identifying and targeting vulnerable children and young people and we know that much younger children are being targeted in this way. Unguarded use of text and video messaging and social networking sites, can mean that children can unwittingly place themselves in a position where they could be targeted, sometimes in a matter of days or hours, by sexual predators from all over the world. In a small number of cases, this can lead to direct physical contact, rape and sexual abuse with one or more perpetrators. Grooming can move from online to personal contact very quickly indeed. One of the most worrying features is the ease with which young children aged from about 8-10 years can be targeted and exploited in this way without their families being aware of the dangers associated with internet use.

2.3 <u>The Jay report</u>

The Jay report into child sexual exploitation (CSE) in Rotherham has received considerable media attention and makes chilling reading. This Independent Inquiry was commissioned by Rotherham Metropolitan Borough Council in October 2013. Its remit, covered the period 1997- 2013 and it believed that during this period 1400 children and young people had been sexual exploited. This abuse is not confined to the past but continues to this day. In just over a third of cases, children affected by sexual exploitation were previously known to services because of child protection and neglect. These children and young people suffered the most appalling abuse. They were raped by multiple perpetrators, trafficked to other towns and cities in the north of England, abducted, beaten, and intimidated. There were examples of children who had been doused in petrol and threatened with being set alight, threatened with guns, made to witness brutally violent rapes and threatened they would be next if they told anyone; girls as young as 11 were raped by large numbers of male perpetrators.

2.3.1 The collective failures of political and officer leadership were clearly laid out in the report. From as early as 1997 there was growing evidence that child sexual exploitation was a serious problem in Rotherham. It would appear that within social care, the scale and seriousness of the problem was underplayed by senior managers. At an operational level, the Police gave no priority to CSE, treating many child victims with contempt and failing to act on their abuse as a crime. Further stark evidence came in 2002, 2003 and 2006 with three reports known to the Police and the Council, which could not have been clearer in their description of the situation in Rotherham. The first of these reports was effectively suppressed because some senior officers disbelieved the data it contained. The other two reports set out the links between child

sexual exploitation and drugs, guns and criminality in the Borough. These reports were ignored and no action was taken to deal with the issues that were identified in them.

2.3.2 It would appear that senior officers in the Police and children's social care continued to think the extent of the problem, as described by those working with the young people (predominantly women) was exaggerated. At an operational level, staff appeared to be overwhelmed by the numbers involved. The report suggests that there were improvements in the response of management from about 2007 onwards but by 2009, the children's social care service was acutely understaffed and over stretched, struggling to cope with demand. Seminars for elected members and senior officers in 2004-05 presented the abuse in the most explicit terms. After these events, nobody could say 'we didn't know'. In 2005, the Council Leader chaired a group to take forward the issues, but there is no record of its meetings or conclusions, apart from one minute. This led Professor Jay to conclude that there was a closed, often macho culture which led to accusations of a 'cover up'. She also reported totally inappropriate use of language by some elected members and officers, which appeared to have gone unchallenged.

2.3.3 By far the majority of perpetrators were described as 'Asian' by victims, yet throughout the entire period, councillors did not engage directly with the Pakistani-heritage community to discuss how best they could jointly address the issue. Some councillors seemed to think it was a one-off problem, which they hoped would go away. Several staff described their nervousness about identifying the ethnic origins of perpetrators for fear of being thought racist; others remembered clear direction from their managers not to do so. The issue of race, 'Asian men, white girls' which was reported in the media was over simplistic, as it did not account for the abuse of Asian women and girls in their own communities who for many reasons may not have come forward. There is growing evidence of Somalian and Eastern European gangs who are involved in organised crime, gun running, drugs as well as sexual exploitation. However, one of the key features in Rotherham was a resistance to acknowledging the ethnic makeup of the perpetrators and the failure to engage with the communities.

2.3.4 In December 2009, the Minister of State for Children and Families put the Council's children's safeguarding services into intervention, following an extremely critical Ofsted report. The Council was removed from intervention thirteen months later.

2.3.5 The Rotherham Local Safeguarding Children Board (LSCB) and its predecessor oversaw the development of good inter-agency policies and procedures applicable to CSE. The weakness in their approach was that members of the Safeguarding Board rarely checked whether these were being implemented or whether they were working. The challenge and scrutiny function of the Safeguarding Board and of the Council itself was lacking over several years at a time when it was most required.

2.3.6 The Jay report highlighted many improvements in the last four years by both the Council and the Police in Rotherham, but it was recognises the growing demands and financial constraints of both police and social care to respond continues to be challenging.

2.3.7 The Jay report made 15 recommendations to improve the response to victims of CSE in Rotherham. One of the key areas was the lack of ongoing treatment and therapeutic support for the victims.

2.3.8 As a direct response to the issues raised in this response, the Government have commissioned Louise Casey with a team to review the response to CSE in Rotherham. Alongside this, OFSTED have undertaken an in-depth CSE inspection (including a further ten of these across the country) as well as an inspection of safeguarding. Teresa May has also asked all police forces to review their current and past response to CSE (see below).

2.4 Thurrock response

The sexual exploitation of children and young people is completely un-acceptable, regardless of race and culture. It is the collective responsibility of all agencies to identify those children at risk of CSE and ensure that swift and appropriate actions are taken to prevent them from becoming sexually exploited and to safeguard them from further risk of harm. A recent Children's' Commissioner Report sets out recommendations and minimum standards that we need to ensure are in place to support tackling CSE. I am pleased to report that the majority of those recommendations are already in place in Thurrock. Our approach and response to CSE takes into account the Children's commissioner report and also Working Together 2013 and its previous editions, the supplementary guidance published in 2009 and the legislation framework of the Criminal Justice System. It is an integral part of our current LSCB Business Plan and Childrens' and Young Peoples Plan (CYPP) and is one of the elements of the Violence Against Women and Girls Strategy (VAWG) adopted across the Borough. The LSCB is committed to combating the sexual exploitation of children through effective and coordinated multi agency and partnership working. The Children's Safeguarding Board are working closely with the Children and Young People's Partnership Board (CYPP) and adult safeguarding to ensure that children and young people who have been subjected to child sexual exploitation will receive seamless support as they progress from childhood to adulthood.

2.4.2 We have worked in partnership with our colleagues in Southend and Essex to develop a strategy and approach to meet the emerging needs across Essex as well as in Thurrock. The Southend, Essex and Thurrock CSE Strategic Group was established in 2012 and is chaired by the public protection lead for Essex Police. The Strategic Group, which includes representatives from agencies across the three authorities, is coordinating the multi-agency response to cases of CSE in Southend, Essex and Thurrock. There is also a local multiagency 'missing 'panel which meets monthly that looks at all children and young people who have been reported missing from home, care

or education and identifies any risk factors which may indicate that the child is being sexually exploited. Thurrock has had a Missing protocol in place from 21012. Cases are regularly reviewed by this forum. The work of this panel led to an investigation known as Operation Steelband.

2.4.3 We also have a multi-agency work stream that focuses on exploitation of children on line, which includes feedback from a young person's group. We have successfully rolled out through the LSCB a 'walking on line' roadshow which has targeted years 5,6 and 7 and reached in the region of 5,500 children. The focus has been warning them of the dangers of the internet and the 'dark web' but more importantly teaching them how to keep themselves safe. A number of roadshows are also being held for parents across Thurrock to raise awareness and help parents keep their children safer.

2.4.4 We have rolled out a multi agency e-learning basic awareness course on across agencies from the LSCB, to ensure that all staff coming into contact with children and young people are aware of the signs and Champion training – symptoms and what they need to do in the event of any concerns. The LSCB through the interagency training group have made initial provision for 1,500 on-line licences to be available for this training. CSE Champion training is being provided to enable additional knowledge and awareness to be available to support front line staff. A champion will be an individual such as the safeguarding lead at a school, team leader or GP practice. In addition to completing the e-learning course they will attend a day session explaining the Thurrock approach to CSE in more detail including a risk assessment toolkit and intelligence pathway. This training is being implemented from March 2014 following the initial completion of on line training. All partners represented on the LSCB will nominate a lead professional for CSE, who will act as the single point of contact for all matters relating to child sexual exploitation for their individual agency. They will complete the on line course and attend a half day lead champion session.

2.4.5 To aid front line practitioners and managers in determining the best response to a child or young person who may be at risk of CSE, the Strategic Group has agreed a common risk assessment toolkit to aid identification of the risk a young person or child may face. The newly established MASH carries out a risk assessment of every referral for CSE, since its implementation in July three young people have been identified as at risk of sexual exploitation.

2.4.6 A close relationship has been developed with licensing, specifically of taxis and budget hotels in the borough. This raised awareness across the service has led to one taxi driver having his licence revoked following concerns.

2.4.7 Essex Police have agreed to be the lead agency in collating CSE intelligence. There is no specific offence of CSE and its pathways are very varied so all intelligence received associated with CSE will be tagged "Operation Care". This will enable analytical work to be conducted and produced to aid identification of linked offences or intelligence that will support a better understanding of the scale of the problem.

2.4.8 As a direct response to the Jay report, Thurrock's LSCB, children's services, alongside the police and health are reviewing all cases where there has been any concerns about CSE and reviewing any recent operations and cases, as well as looking at historic cases from the last 5 years.

2.4.9 We believe that our response and approach is sufficiently flexible to respond to and learn from the experience of other areas, reviews and future guidance. We recognise there is more to be done and this is highlighted in future actions at the end of this report to ensure that we are confident that we have a robust response to CSE in the local area. We are not complacent about addressing this difficult issue.

3. Issues, Options and Analysis of Options

3.1 In appendix 1 the areas for future work and gaps in our response in Thurrock are outlined. However, this is an initial analysis and it will need to be developed further following the review of historic cases.

4. Reasons for Recommendation

4.1 For the Health and Wellbeing Board to note the contents of this report.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 In consultation with other agencies including the Local Safeguarding Children's Board and Licensing.

6. Impact on corporate policies, priorities, performance and community impact

6.1 The Jay report highlights a number of implications for corporate ownership and governance. It highlights the importance of a robust scrutiny role where challenge of the organisational culture is an open one.

7. Implication

7.1 Financial

Implications verified by: Kay Goodacre

Finance Manager – Children's Services

Increasing awareness raising may lead to increasing demand for services to investigate and support children and young people subject to CSE, which may put additional pressure on the children's social care budget. Any major operations that need ring fenced resource may not be able to be met from existing resources.

7.2 **Legal**

Implications verified by: Lindsey Marks
Principal Solicitor for Children's Safeguarding

There may be a necessity to take protective action of any children and young people who may have been subjected to CSE.

7.3 **Diversity and Equality**

Implications verified by: Natalie Warren
Community Development and Equalities Manager

This report highlights the necessity to develop strong links with developing communities, to understand the issues faced and address any developing areas of concern directly.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

This report highlights that CSE is not just an issue for Children's social care but wider issues such as licensing, public health (including sexual health) need to be aware of and addressing issues of CSE.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Professor Jay report into CSE in Metropolitan Borough of Rotherham

9. Appendices to the report

- Appendix 1 – Action plan

Report Author:

Nicky Pace - Interim Head of CATO
Children's Services

Appendix 1

Action plan for Child Sexual Exploitation

Objective /outcome	Action	When	Who
Ensure robust systems in place to report on missing children and those identified as children at risk of sexual exploitation	➢ **Staff reminded of process of recording missing & returned on LCS** ➢ **MASH to record all children & young people missing** ➢ **Produce weekly report of missing LAC** ➢ **Additional mandatory questions to be added to LCS in C&F assessment & outcomes of CP & LAC reviews** ➢ **Adopt CSE 'workspace recording system**	**Completed – 15.10.14** **Completed – July 2014** **Nov 2014** **Nov 2014** **March 2015** **March 2015**	**NP** **MASH** **Bob Mills/Leslie Tabrett** **Leslie Tabrett** **Leslie Tabrett** **Leslie Tabrett**
A risk assessment to be undertaken on all children & young people over 120 subject to CP plans or LAC with specific focus on LAC placed at a distance from the borough	➢ **Staff required to undertake risk assessment tool on all cases over 10, subject to CP plan or LAC** ➢ **IROs /CP chairs to ensure completed as part of process**	**End of December 2014** **January 2015**	**SMT** **Neale Laurie**
All children missing have an appropriate & independent	➢ **Commission Vol**	**In place by end of 2014**	**NP/ Mark Livermore**

interview following being missing	**organisation to undertake return interviews** ➢ **Variation of contract to Open Door being considered** ➢ **Analyse return interviews**	**December 2014** **March 2015**	**Mark Livermore**
Policy /procedure are up to date & reflect CSE	➢ **JSNA has section on CSE** ➢ **Section of Commissioning strategy on CSE** ➢ **Community safety partnership relates to CSE** ➢ **CSE protocol with YOS** ➢ **CSE protocol with Health inc CAMHS**	**In place by end of 2014** **March 2015** **March 2015** **March 2015** **March 2015**	**Deborah Maynard** **Mark Livermore** **Michele Cunningham** **James Read** **Paula McCullough**
The LSCB has an overview and strategic leadership of the multi-agency response to CSE	➢ **CSE performance management data** ➢ **Audit of CSE activity** ➢ **Multi agency audit of CSE cases**	**December 2014** **January 2015** **December 2014**	**Alan Cotgrove** **Alan Cotgrove** **Alan Cotgrove**
That children & young people, parents and professionals have information on CSE	➢ **Produce leaflets for all groups**	**September 2014**	**LSCB**
Engagement of faith communities to raise awareness and address risk of CSE (& other abuse issues ie FGM)	➢ **Engage with faith communities in raising awareness**		**LSCB**

Raise awareness and appropriate reporting of CSE with licensing / taxis and local hoteliers	➢ **Operation Care implemented across Essex – need to roll out to hotels** ➢ **Awareness raising sessions** ➢	**March 2015** **March 2015**	**LSCB** **LSCB**
Review all cases where children and young people are thought to have been at risk of CSE • **Current cases** • **during the past 5 years**	➢ **identify cases through current casework/managers/ SMT** ➢ **methodology to be agreed & implemented**	**November 2014** **January 2015**	**Neale Laurie** **Neale Laurie**
Ensure there is appropriate preventative support available to prevent C&YP escalating behaviour	➢ **Review EoH provision to ensure services available for C&YP who may be at risk of CSE**	**March 2015**	**Mark Livermore**
Ensure sufficient therapeutic services available for young people who have been subjected to CSE	➢ **working with CAMHS and health review current provision** ➢ **Develop bespoke services when necessary**	**By 2015** **March 2015**	**CAMHS /Paula McCullough** **CAMHS /Paula McCullough**
Review effectiveness of intervention /diversion /treatment of C&YP subjected to CSE	➢ **Clarify champion role in CSC** ➢ **Merge missing panel to incorporate children identified as CSE** ➢ **Review mechanism for cases where CSE identified , separate from stat processes**	**Andrew Carter** **Neale Laurie** **Neale Laurie**	**October 2014** **By December 2014** **By December 2014**
Review corporate whistle blowing policy	➢ **Ensure that staff are**	**December 2014**	**Corporate strategy team**

	aware of whistle blowing policy and expected relationships/ behaviour.		

13th November 2014	ITEM: 7
Health and Wellbeing Board	
Emotional Wellbeing and Mental Health Services – Project Update	
Wards and communities affected: All	**Key Decision:** Not applicable
Report of: Paula McCullough – Commissioning Officer – Emotional Health and Wellbeing	
Accountable Head of Service: Andrew Carter – Care and Targeted Outcomes	
Accountable Director: Carmel Littleton – Children's Services	
This report is Public	

Executive Summary

Since 2013, lead commissioners from Essex County Council, Thurrock Council, Southend Council and all seven Essex NHS Clinical Commissioning Groups; have been working in partnership (C&YP EWMH Partnership) to develop a redesigned and comprehensive service model that integrates Tier 2 and Tier 3 children and adolescent mental health services.

The vision is to improve the emotional wellbeing and mental health of children and young people, aged 0-25, with these needs. The aim of the redesigned service (previously known as CAMHS) is to improve children and young people's educational and social life chances by ensuring swift easy access and the provision of high quality services that use evidence-based effective interventions.

Many young people and emotional wellbeing and mental health professionals have already been involved in helping us shape and design this new service by telling us what their concerns are with the current service and their ambitions for the future.

1. Recommendation(s)

1.1 The Board note the further work that has been undertaken to commence the procurement of the redesigned service and its progress to date.

2. Introduction and Background

2.1 This report has been requested by The director of Children's services to update the Board on progress since the last report on the 13 March 2014.

2.2 Currently all seven NHS Clinical Commissioning Groups in Essex, Essex County Council, Southend Council and Thurrock Council are responsible for commissioning mental health and wellbeing services for children and young people who suffer from mental health problems. Currently these are delivered by a range of different organisations operating under multiple contracts. Feedback from a wide range of stakeholders, including children, young people, teachers and clinicians is that services need to modernise to offer more services in schools and in the community (in order to improve accessibility and ensure children are picked up by services when they need them), with better signposting of provision, advice and support to professionals working with children and young people and placing greater emphasis on capacity building to support a greater range of children and young people in family and group settings. In addition to which it was identified that support to children and young people in crisis also needed to be strengthened.

2.3 It is intended that these changes will support universal services and organisations to maximise the support they can provide children and young people. The ultimate goal of the proposed service changes is that children and young people will get the right access to services, at an earlier stage than they are just now, with early intervention leading to reduced complexity for children and young people later, delaying or avoiding the need for more costly, specialist interventions as they grow older, reducing demand for adult mental health services. As part of the new service model, the new service will be expected to ensure that the need for intensive services is prevented wherever possible, but that there is an effective pathway to tier 4 services (specialist paediatric psychiatric services which are commissioned separately by NHS England) when required and that transition between service tiers is managed effectively.

2.3 The aim of the service re-design is to deliver improved outcomes for children and young people by developing and procuring a new, unified model of service provision. This will create a single, comprehensive, integrated service which will focus on the needs of children, young people and their families by offering better access and early intervention in the community where possible. This is the first time the NHS and local authorities across the county have worked together at such a scale, to design one equal, integrated service.

3. Issues and risk analysis

3.1 See appendix one;

4. Impact on priorities, performance and community impact

4.1 The new service model will aim to deliver an increase on the percentage of current demand being met and to improve emotional wellbeing, resilience and self-esteem for children, young people, their families and carers in Thurrock. It will do this by:

- commissioning a joint approach across, Thurrock and Essex Southend local authorities and the seven Essex NHS CCGs with one provider, which will result in a reduction in provider management costs and estate costs - releasing more money for front line service delivery
- increasing the number of children and young people who receive a service by using evidence based interventions which are traditionally shorter, but more effective. This will enable practitioners to work with more children and young people annually
- providing easier access to services with quick responses and improved consultation, advice, support, training and guidance
- improving joint working with adult mental health services with a smoother transition into adult services for those 14-25 year olds who require it
- consistent admission criteria across Essex, Thurrock and Southend to meet needs in each area
- establishing consistent pathways across Essex, Thurrock and Southend, regardless of where people live
- more delivery at home and in local schools, health and community venues because early and convenient access can change people's lives
- Assessment prioritisation for vulnerable children (e.g. looked after children, children on child protection plan, or those with learning disabilities).

4.2 All seven Essex NHS Clinical Commissioning Groups, Thurrock Council Essex County Council and Southend Council are trail blazing a long term collaborative approach to planning and delivering better quality emotional wellbeing and mental health support in an empowering way to children and young people in Essex.

5 Stakeholder engagement:

5.1 Stakeholder engagement between 2011 – 2014, before and after the publication of the Joint Strategic Needs Assessment has influenced the procurement model.

5.2 Stakeholders included children, young people and families, clinicians and other professionals such as teachers as well as those working in the voluntary and community sector. The specification of the new service genuinely reflects what service users and professionals told us was important to them

7. Implications

7.1 Financial

Implications verified by: **Kay Goodacre - Consultant - Finance**

Telephone and email: **01375 652466 - kgoodacre@thurrock.gov.uk**

There are no direct financial implications at this time.

7.2 Legal

Implications verified by: Lindsey Marks
Telephone and email: 01375 652054
lindsey.marks@BDTLegal.org.uk

There are no direct legal implications for this report

7.3 Diversity and Equality

Implications verified by: Rebecca Price, Community Development Officer
Telephone and email: 01375 652930 - reprice@thurrock.gov.uk

The implementation of a high quality Emotional Wellbeing and Mental Health service is key to ensuring equality of opportunity for the children and young people of Thurrock and the Diversity Team would want to ensure that access to Emotional Wellbeing and Mental Health services is available to those who require that support.

9. Appendices to the report

Children and Young People Emotional Wellbeing and Mental Health redesign Project Update.

Report Author:

Paula McCullough

Commissioning Officer – Emotional Wellbeing and Mental Health

Children's Services

CY&P Emotional Wellbeing and Mental Health Redesign Project

Key Milestones (next quarter):

Highlights – The Invitation to submit Outline Solution (ISOS) has now been issued to the bidders and is due to come back on the 10th November.

PQQ feedback sessions were held with each bidder on the 23rd October to give PQQ feedback and allow initial questions and dialogue on their Outline Solutions.

Clarifications have been received by the bidders and the Project Team are in the process of producing responses The deadline for final Clarifications has now passed (24th Oct) and the final responses will be issued on the 30th Oct.

Deliverable	Progress	Due	RAG
Collaboration Agreement	Collaboration Agreement Part 2 has been produced and agreed by the Project Board and all Commissioning Organisations. The agreement will be signed by all Commissioners by the 3rd October.	29th Sep	**Complete**
Contract	The C&YP EWMH Service draft Contract has been produced and issued with the ISOS to the bidders.	26th Sept	**Draft Complete**
ISOS Documentation (Including Property, TUPE, IS/IG, Technical Questions & Case Studies)	The ISOS Documentation has been produced, signed off by the Project Board and Issued to the bidders on the 2nd October.	2nd Oct	**Complete**
Communication Strategy	Comms strategy was approved at the project board on the 6th Aug and a detail Comms and Engagement Plan has been produced and circulated to the Project Board for comments.	10th Oct	**Complete**

CY&P Emotional Wellbeing and Mental Health Redesign Project

Risk	Impact	Mitigation
Organisational Risk - One or more of the bidders pulling out during the procurement process.	This would make the process uncompetitive and change how we proceed with the procurement process. Also depend on how many pull out.	The Procurement process needs to be as seamless as possible, clear project plan and timescales, incl dialogue sessions. Make sure the process is as easy and cost effective for the bidders as possible. Close down dialogue as soon as possible. Clear Communications and being open and transparent as possible.
Procurement Risk – The quality of the new service is not affordable within the set financial envelope	The new service does not deliver the required change/improvement and meet the activity levels required.	The cost and activity model has been built on factual information and good informed assumption. This will be tested during dialogue with the bidders and improved where needed. We will also need to manage expectations of Clinician and Stakeholders, making sure we are clear on what is negotiable in the new service and what is not. Clear communications and feedback to the stakeholders and bidders.
Procurement Risk - Unsuccessful bidders legally challenge the procurement process.	Delay in awarding contract.	Work closely with commercial and legal to ensure procurement process is carried out correctly. Communications process produced and a log will be keep to document all communications with current and potential providers. The evaluation criteria will be published with the PQQ and Tender and the bidder with the highest score will be awarded the contract. If People are part of the bidding process and the current contract management then they must be clear that the procurement process and bids cannot be discussed in contract management meetings.

CY&P Emotional Wellbeing and Mental Health Redesign Project

Issues	Impact	Mitigation
Resource Turnover is causing delays in deliverables and tasks	A high level of resource turn over in the project is resulting in delays in key deliverables and duplication of work as discussions and engagement has to be completed for a second time with new project team members.	Project Group governance will be tightened up and a clear communication strategy and plan will be produced. It is accepted that if new members join the team they will need engagement and to be brought up to speed on the project to avoid issue further down the line.
CSU Closed in September	Current team members from the CSU are uncertain about their futures and therefore can not commit to future events and work production	SML/VM & CM to look into who are the at risk members and put a plan in place going forward.

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13th November 2014	ITEM: 8
Health and Wellbeing Board	
Well Homes Project	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Louisa Moss, Housing Enforcement Manager	
Accountable Head of Service: Richard Parkin, Head of Housing	
Accountable Director: Barbara Brownlee, Director of Housing	
This report is Public	

Executive Summary

Housing is now explicitly referenced as part of the local authorities' new duty under the Care Act and for the first time the suitability of someone's living accommodation is listed as part of the definition of well-being. Recognition of the inherent relationship between health, wellbeing and housing is a positive step forward and has underpinned the housing directorate's work for the preceding 12 months. Services are being reviewed, to ensure that the best use possible, is being made of all available resources in this area of work and the Well Homes Project is an example of how this can be done.

Well Homes is a new approach to delivering housing services in the private sector and looks at a more holistic response to the full range of home based hazards. Through targeted partnership working to the most vulnerable residents, it tackles health inequalities caused by poor quality housing conditions and improves access to a wider variety of services, including local health services. Housing quality and suitability is a major determinant of health and wellbeing and hence impacts on demand for NHS services. The principle lead services are the Private Housing Service and Public Health.

Recommendation(s)

1.1 The Health and Wellbeing Board note the progress made by the Well Homes project and the outcomes for residents.

.

1.2 The Health and Wellbeing Board agree to endorse the continued funding of the Well Homes project in 2015-16.

2. Introduction and Background

2.1 The Well Homes project is focused on Thurrock's largest housing sector i.e. the private sector, with includes both owner occupation and private rented housing.

2.2 The project grew out of a Health Impact Assessment carried out on Thurrock's private housing stock in 2012 by the Building Research Establishment (BRE). The assessment provided information about housing risk, hazards, harm and costs and it is this information which focused the work of the Well Homes project: The key findings included:

- 8,500 Total category 1 housing hazards, the most common were:
  - 3,000 Fall hazards
  - 2,000 Excess cold hazards

2.3 The Health Impact Assessment also calculated the real cost of poor private housing in Thurrock, for the most vulnerable residents, using the BRE's Housing Health calculator. This calculator measures the quantitative health impact of housing hazards, identified under the Housing Health and Safety Rating system, which is a process used by Private Housing Officers in their inspection work. The assessment found that if no work was carried out to reduce the total number of category 1 housing hazards in the private stock, the estimated annual cost to the NHS, for treating accidents and ill health caused by these hazards, would be £953,000.

2.3 With reference to the BRE's findings, a 'Thurrock Well Homes' index and mapping tool was developed, so that Lower Super Output Areas with the most housing-related need were identified.

The Well Homes index

2.4 Thurrock's Well Homes index mapped the local data from the BRE assessment and from other government and health statistics, to include:

- Income
- Health Deprivation and Disability
- Barriers to Housing and Services
- Living Environment
- % Housing Benefit
- % Households in Fuel Poverty
- Years of Potential Life Lost
- % Non decent private sector homes
- % Category 1 hazards- All and Falls
- % overcrowding
- Rate of Burglary

2.5 The index subsequently identified a range of 'hotspot' areas and in the first year of the project, 2014-15, this would cover a total of 1800 households covering the wards:

- Tilbury and Grays Riverside/Thurrock Park/West Thurrock/South Stifford.

2.6 The project commenced June 2014 in Tilbury Riverside.

2. 7 Well Homes letters are sent in stages to each household, followed by door to door visits, by a Well Homes Advisor (WHA). The Well Homes target for 2014-15 is to achieve 400, one to one assessment visits. **Appendix A:** details the progress made up until September, including the range and number of referrals made.

2.8 The single Well Homes assessment covers a range of home and health questions to determine whether specialist help should be sought from a wider range of partner agencies. Services available include energy efficiency checks, gardening, handyperson, adaptations, health checks, as well as a full housing inspection where serious hazards are identified. These are all existing agencies that the Well Homes project has brought together and made more accessible to residents who previously may not have accessed them.

2.9 A new range of Well Homes financial offers have also been developed, to reduce all identified home hazards e.g. electrics, boilers (excess cold), balustrading /steps/clearance (falls). Housing renewal capital monies are used to fund these incentives.

2.10 The WHA has been trained by the project's partners, to maximise the outcomes for residents. The training programme included:

- Monetary advice and maximising income
- Independent living knowledge and referral networks
- Housing Health & Safety Rating System
- Community Safety, Crime prevention, Neighbourhood Watch
- Trading Standards - Bogus callers, loan sharks
- Fire Safety and prevention with Essex Fire Service.
- Making Every Contact Count (MECC)
- Hate Crime Ambassador Accreditation.

2.11 100% of residents who have used the Well Homes service, thought that the WHA's knowledge was either very good or good. **Appendix B**: Survey findings.

The Well Homes Partners

2.12 The Well Home project has developed a referral network of individuals and agencies all experienced in working with vulnerable groups.

Not only have they supported the training of the advisor, but these partners continue to provide a range of specialist support. Examples of these local partners include:

- Public Health, Private Housing, Social Care
- Home Improvement Agency – Papworth Trust
- Community Safety Partnership – through it strengthening communities work.
- Essex Fire service
- Local energy providers, contractors, electricians, builders
- Thurrock Lifestyle Solutions – gardening/handyperson services

Well Homes 'the detail'

2.13 Processes/procedures/reporting/evaluation outcome/letters/client packs/surveys/financial offers/discounts are all in place, which allows a consistent and clearly understood approach to the various work streams.

2.14 The data collected links into the JSNA and the analysis can then be compared with national statistics.

3. Issues, Options and Analysis of Options

Funding

3.2 The Well Homes project 2014-15, is funded by Public Health, totalling £45,000. The funding has been used to commission a Well Homes Advisor and some limited administration support. Further support is provided by the Private Housing Service, who take the project lead.

3.3 In addition to this revenue funding, Housing Renewal capital monies, which are ring-fenced to improve private homes, have been carried forward, to support the Well Homes project. The capital monies are critical to the scheme, so as to enable the continuation of the new Well Homes financial offers, discounts and incentives, for the most vulnerable residents.

3.4 The Well Homes funding is currently at risk, because the revenue funding is not a recurrent budget and the capital monies are cash limited.

3.5 External funding will continue to be explored for specific work, but will only maintain the project in the short –medium term. The Office of the Police Crime Commissioner has already supported the Well Homes project through its National Initiatives Fund and provided £6,000 for the purchase and installation of security measures.

3.6 The long term success of the Well Homes project will be dependent on the need to continually raise awareness of the project outcomes, And to prove the link between reduced hospital / GP spend and the project.

3.7 The Well Homes work over the last 3 months, has reduced over 100 housing hazards. The majority of these identified hazards are small e.g. lack of handrails to staircase (fall hazard), but the cost of reducing the hazard with the help of a Well Homes offer is small. The harm is quickly reduced and the savings i.e. pay back period for the NHS is quick. Using the BRE housing health calculator, as detailed in section 2.3, it has been estimated that the project has begun to reduce the costs to the NHS and has so far, saved the NHS and Society, £82,000. This 3 month cost evaluation provides a value for money outcome, when compared with the annual funding costs of the WHA (£45,000).

Options to expand Well Homes

3.8 The Well Homes project team are already exploring ways in which the scheme could be expanded and are beginning to pilot the following ideas:

- To extend the Well Homes process to all general private housing requests. It is anticipated this will enable a further 100 assessments to be completed for both private tenants and landlords

- To work with the Housing Domestic Abuse officer to offer all residents who use the Housing Sanctuary Scheme, a Well Homes assessment. This will enable our most vulnerable residents to gain further support and advice, on how to keep safe and well at home.

- To work more closely with Adult Social Care to improving the availability of generic information and advice across the community, and linking more to the Local Area Co-ordinators/Community Hubs/ABCD initiatives. To consider carrying out some focused work for older residents, with the option of using an 'well homes advocate, such as a registered provider, who may have residential or supported housing within the borough.

- To work with Essex Fire and Rescue Service and using the skills of their community safety advocates

- To work with GP surgeries and encourage them to become hubs for accessing housing help, offering the Well Homes project as an easy referral route for patients to be prescribed housing support quickly.

4. Reasons for Recommendation

4.1 The Well Homes project offers a prevention programme at a local level, where 69% residents who have used the service said it has improved their health and well-being (Appendix B).

It deals not only with health and housing hazards in the home, but saves money and reduces the burden on the NHS and other public services.

4.2 The project has been operational for less than 6 months, but is already gathering momentum with 98% residents, who have used the service, telling us it is a good idea and 94% believing it will make a difference (Appendix B). A further one year's funding will increase the scale and coverage of the project and will support the new prevention duties of the Care Act.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 The project communicates with residents in the identified hotspot areas via letters and door to door visits. To date over 2,000 letters and visits have been made.

5.2 Wider consultation has and continues to focus, on raising awareness. Examples of local activity to date include:

- Web pages/Press releases/tweets
- GP newsletters
- Presentations/visits/information cards left locally include at:
- Thurrock management teams/CAB/Family Mosaic/Thurrock Mind
- Pharmacies and G.P.'s Surgeries.
- Local schools
- Library
- Children Centres
- Thurrock Asian Association/ Eastern European retail outlets

6. Impact on corporate policies, priorities, performance and community impact

6.1 The Well Homes project compliments the Council's corporate priority 'improve health and wellbeing'. The Care Act implementation is a key priority for the Council and its prevention duties are a critical element of the Health and Social Care Implementation Programme.

7. Implications

7.1 Financial

Implications verified by: **Michael Jones**

Management Accountant, Corporate Finance

Members are aware of the financial pressures that the Council is under at this time. As such, any project work must be kept within existing budget parameters and every effort to maximise third party contributions should be made.

7.2 **Legal**

Implications verified by: **David Lawson**

Deputy Head of Legal & Governance

There could be future legal implications, with the need to take enforcement action against rogue landlords. The Landlord's repairing obligations should be emphasised. Data protection issues should be considered and applied.

The Care Act, Guidance and Regulations contain statutory requirements that the Council will need to comply with and housing should continue to work with its partners and legal to assess the full implications of the Act.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**

Community Development and Equalities Manager

Information gathered through the Well Homes project will be used to carry out a Community and Equalities Impact Assessment, which will help to ensure the project is accessible to all residents and is having a positive impact on communities. It should try to capture strands of diversity to better understand if there are implications in the Private Rented Sector which may be particularly disadvantaging certain groups within Thurrock.

Housing will continue to work with the Care Act Project and Engagement Groups to identify equality and diversity implications arising from the implementation of the Act in Thurrock.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- J:\THURROCK\EXCHANGE\Well Homes: BRE Private Sector Stock Profile and Health Impact Reports

9. Appendices to the report

- Appendix A: Well Homes Activity
- Appendix B: Well Homes survey outcomes.

Report Author:
Louisa Moss, Housing Enforcement Manager, Housing

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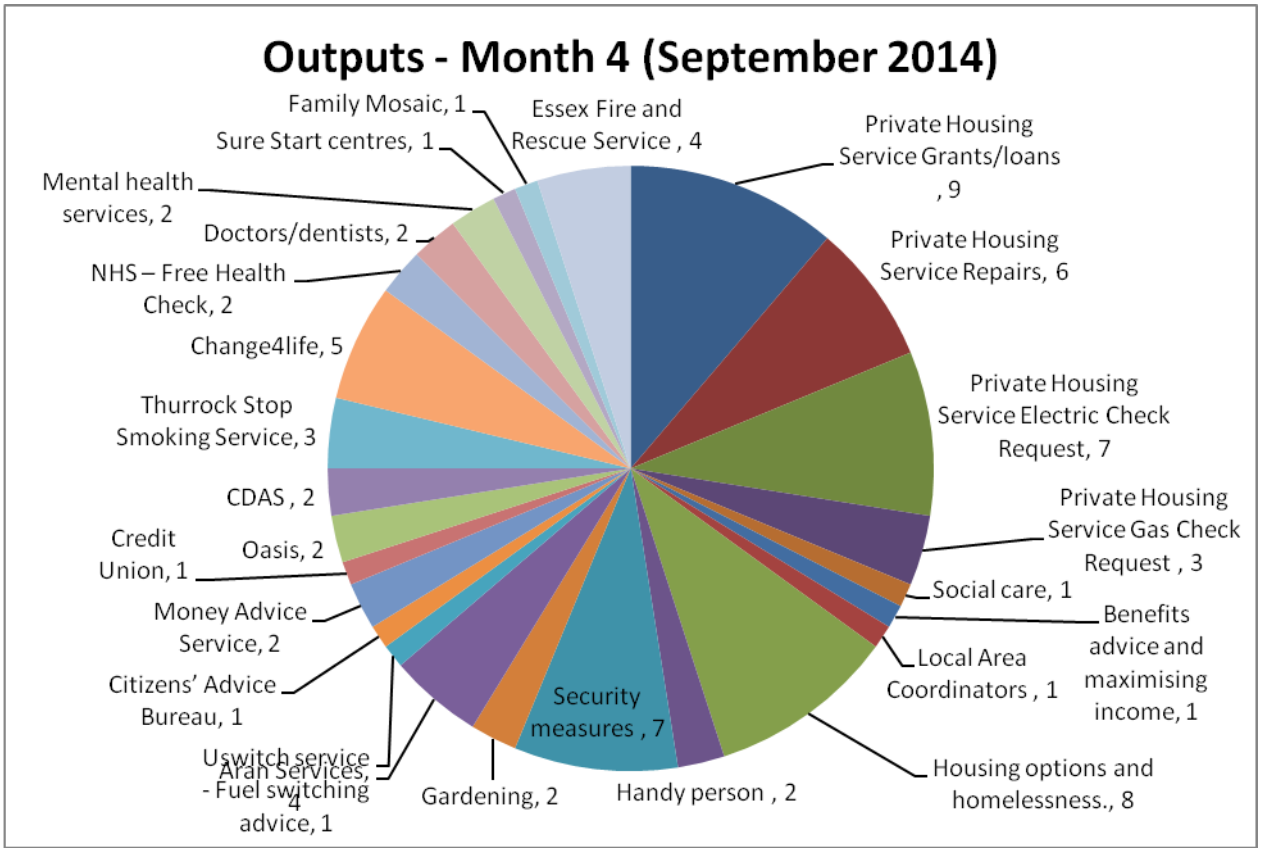
APPENDIX A

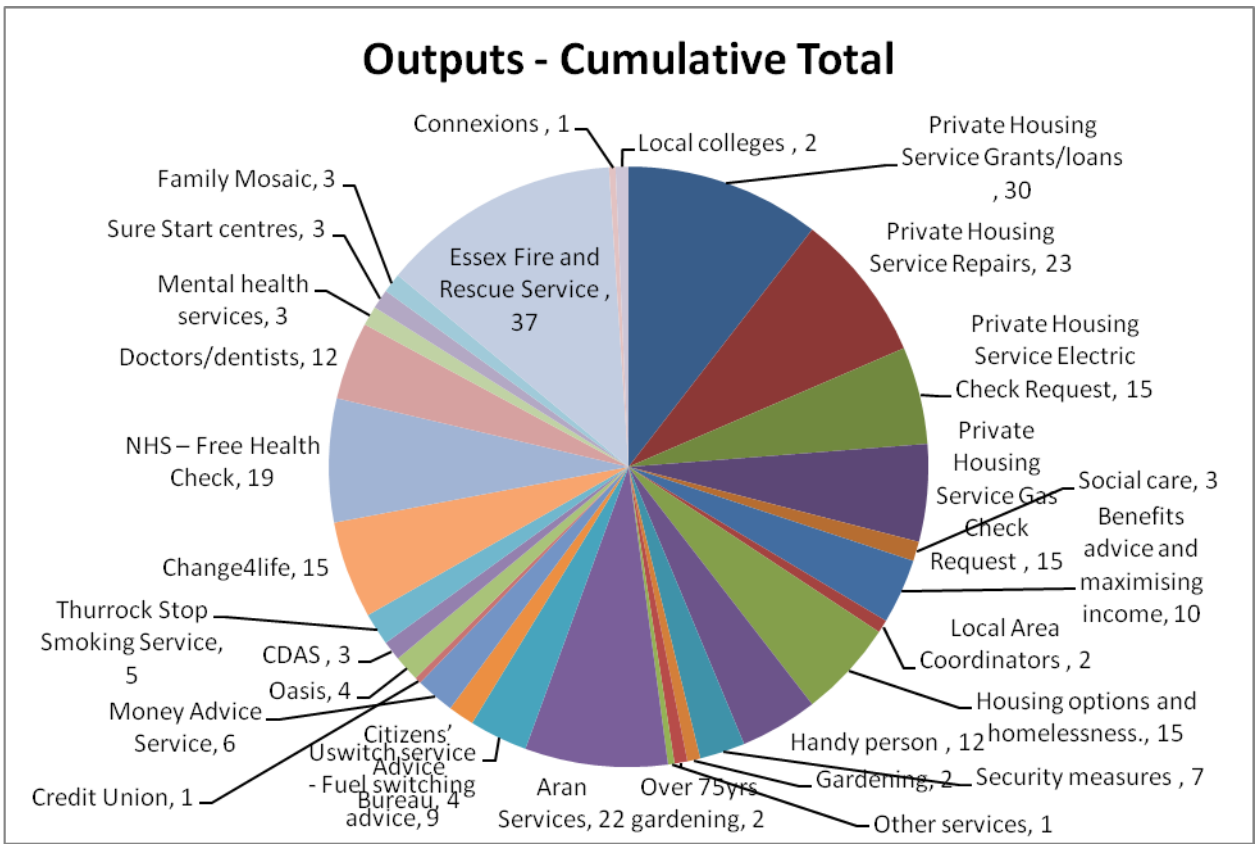
Thurrock Well Homes Project

MONTHLY PROGRESS REPORT

Well Homes Activity	SEP 2014	TOTAL
Total Number of visits / door knocks made	766	2432
Total Number of Well Homes Surveys Completed	32	128
Total Number of people reached	106	368
Total Number of long term vacant properties identified for future action	2	11
Total Number of referrals	85	275
• Referrals to Thurrock Council Services	36	113
• Referrals to Thurrock Lifestyle Solutions	11	24
• Referrals to Private Housing service – Service Requests	6	23
• Referrals to Private Housing service –Grants & Loans/ Offers	9	30
• Referrals to Papworth Trust Services	0	3
• Referrals to Energy advice services	5	31
• Referrals to Income/debt services	4	11
• Referrals to Health and Lifestyle services	20	67
• Referrals to Essex Fire and Rescue Service	4	37
• Referrals to Education and Employment Services	0	3
Private Housing Service Well Homes Activity		
Total Number of private homes where security improved	2	2
Total Number of HHSRS inspections of privately rented properties	4	11
Total Number of Category 1 Hazards identified in privately rented properties	3	14
Total Number of Category 1 Hazards removed from privately rented properties	3	3
Total Number of privately rented properties improved	1	2
Total Number of HHSRS inspections of owner occupied properties	3	8
Total Number of Category 1 Hazards identified in owner occupied properties	6	19
Total Number of Category 1 Hazards removed from owner occupied properties	0	0
Total Number of owner occupied properties improved	2	2
Total Number and value of Well Homes Financial Assistance committed	2	5
Savings to NHS and society for well homes works completed and planned calculated using HHCC, for works completed.	£3,811	£82,000
Total Number of HMOs identified for future action	0	2

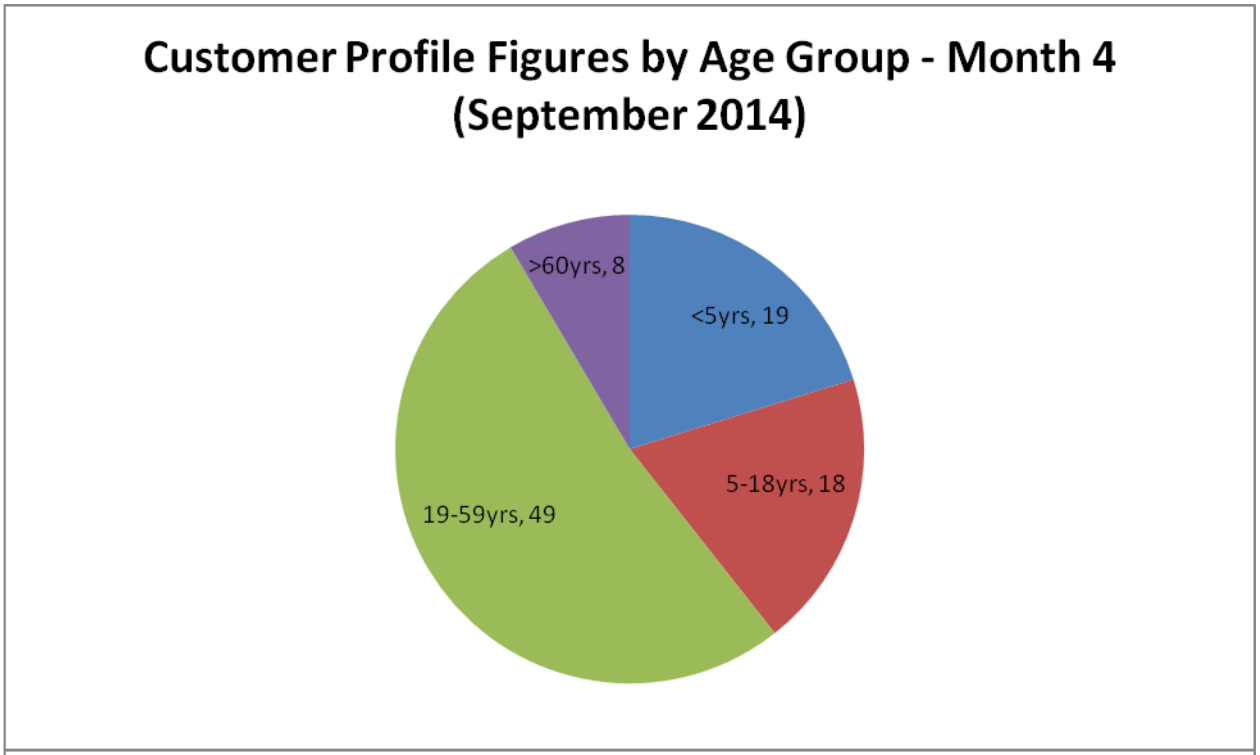
Referral Breakdown

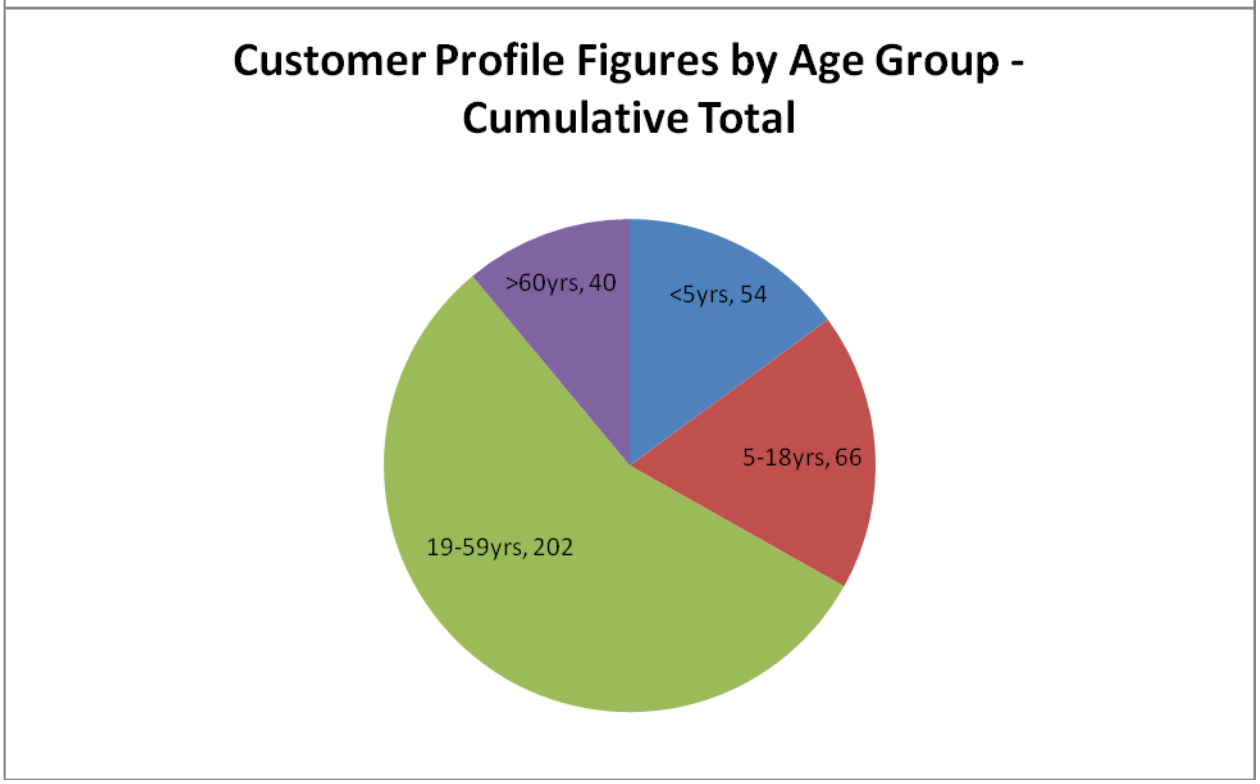


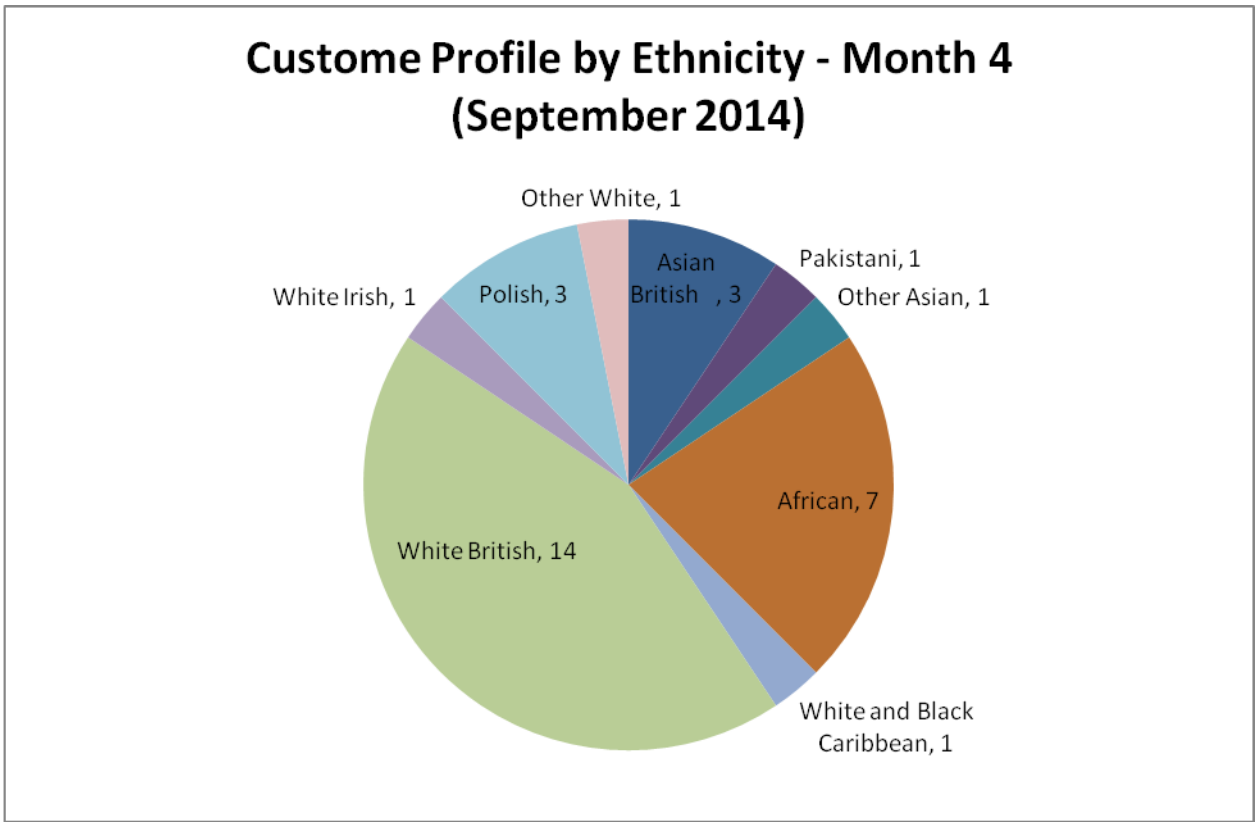


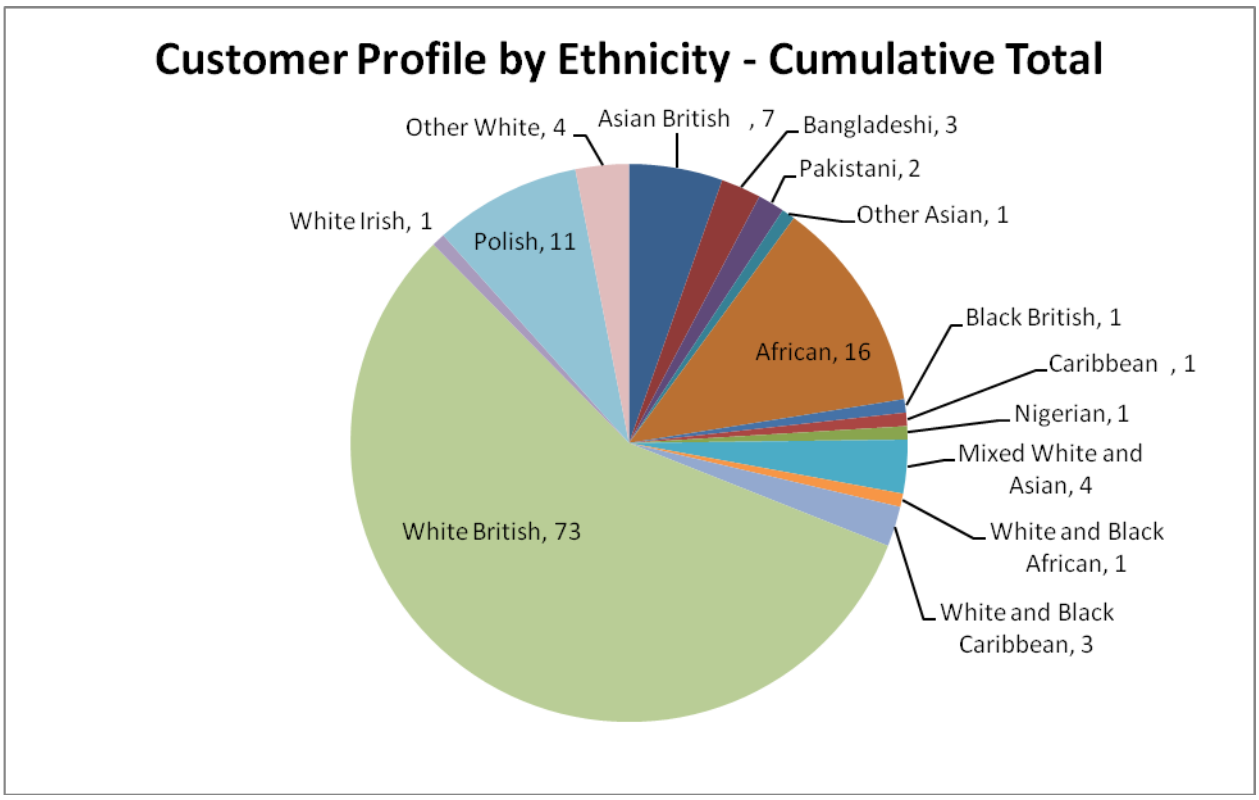
Customer Profile

In Month 4 (September 2014) 32 surveys were completed at properties occupied by 94 residents. Of these 7 considered themselves to be disabled.

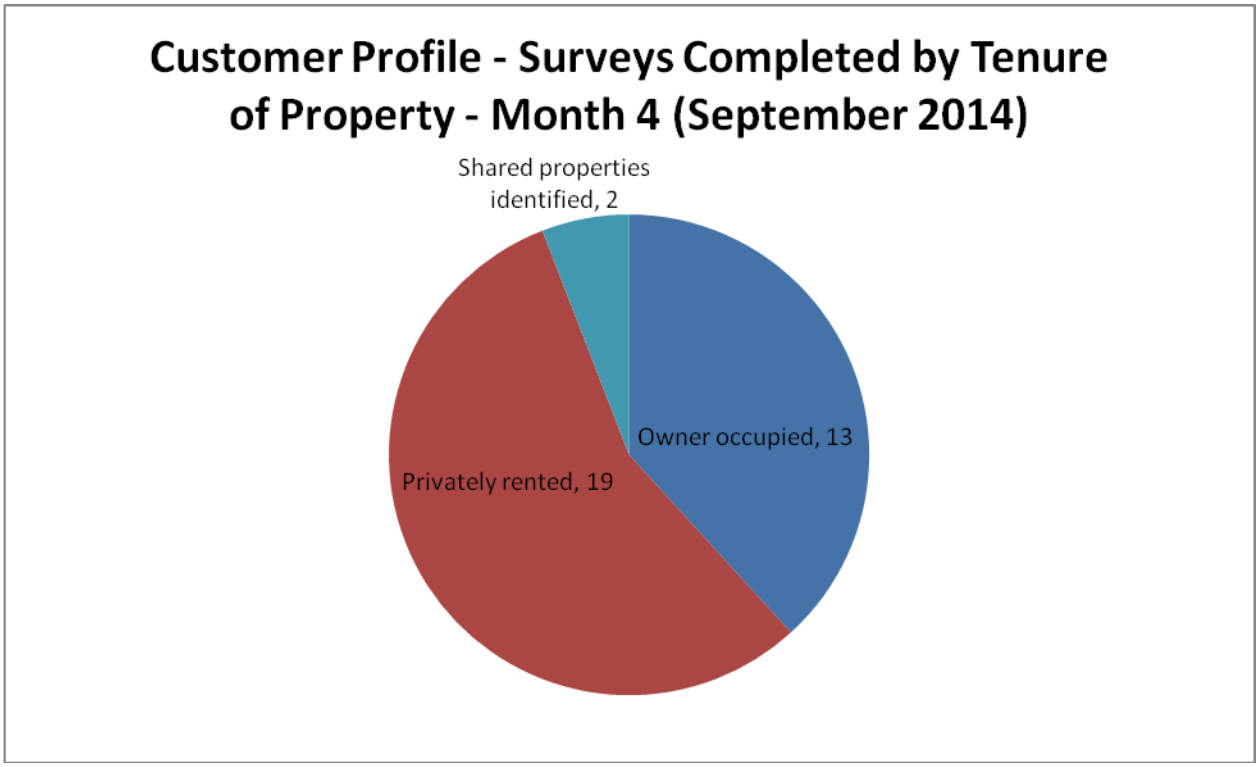


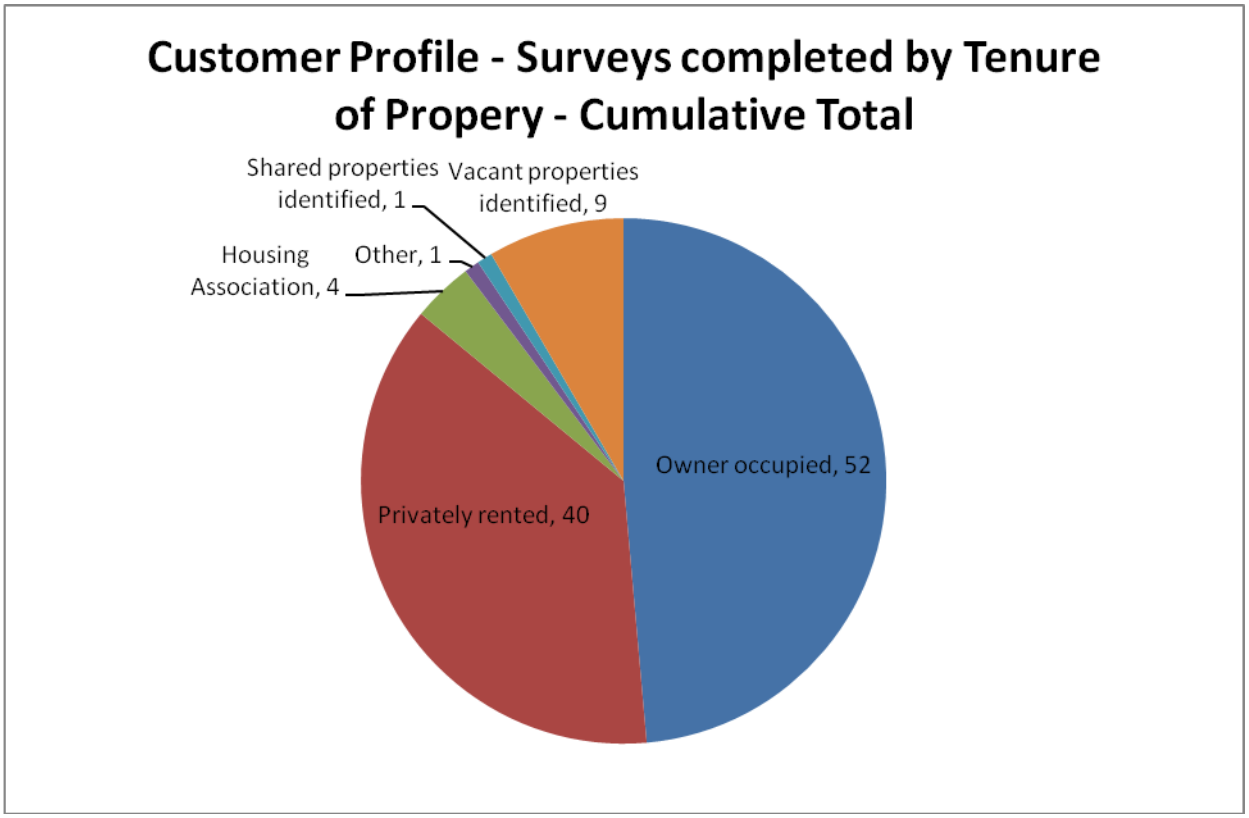



Custome Profile by Ethnicity - Month 4 (September 2014)
Other White, 1
Asian British , 3
Pakistani, 1
Other Asian, 1
White Irish, 1
Polish, 3
African, 7
White British, 14
White and Black Caribbean, 1


Customer Profile by Ethnicity - Cumulative Total
Other White, 4
Asian British , 7
Bangladeshi, 3
Pakistani, 2
Other Asian, 1
White Irish, 1
Polish, 11
African, 16
Black British, 1
Caribbean , 1
Nigerian, 1
Mixed White and Asian, 4
White British, 73
White and Black African, 1
White and Black Caribbean, 3

Tenure Details





Case Study

Owner occupiers, 80yrs, benefited from the following outcomes following a Well Homes Assessment:

We feel more secure	Re-instatement of a missing section of rear fencing.
We feel safer at home	The old defective wooden front door was replaced with a new uPVC door. This security measure was funded using the monies award by the Office of the Police and Crime Commissioner
Help with falls and care	Grab rails were installed at the steps to the front door and in the bathroom. A referral has made to Community Solutions for a full home assessment, to assess risks when using the stairs and bathing.
Help financially	A referral to age concern for assistance to apply for Attendance Allowance and the couple now receive £54 /wk

APPENDIX B

Thurrock Well Homes Project

Well Homes Survey Analysis

Section 1: Rate the Well Homes Project

1. Do you think the Well Homes Project is a good idea?

98% yes

2. Do you think the project can make a difference to you and your community?

94% yes

6 % not sure

3. Do you feel better informed about the services available to you from the Council and other agencies in your local area as a result of Well Homes?

91% yes

3% No

6% Not sure

Section 2: Impact of project on Health & Lifestyle

4. Do you feel the Well Homes project will help you to take steps to improve your health or life style?

69% Yes

6 % No

25% Not sure

5. Have you given up or tried to give up smoking?

9% Yes

41% No

50% Not applicable

6. Are you taking more exercise?

49 % Yes

30 % No

21 % Already exercising

7. Are you eating more healthily?

56% Yes

28% No

16% Already eating healthy

8. Have you sought help from drug and/or alcohol advice services?

0% Yes

10% No

90% Not Applicable

9. Have you had a free NHS health check?

42% Yes

29% No

26% Visit my doctor regularly

3% Not applicable (not in age 40 -74yrs)

Section 3: Referrals

10. Have the agencies you have been referred to made contact with you?

81 % Yes

19% No

11. Have the agencies who have made contact with you helped as expected?

83 % Yes

17% No

Section 4: Rating the Well Homes Advisors performance

12. Rate Well Homes Adviser's appearance

96% Very good

6% Good

13. Rate Well Homes Adviser's politeness & helpfulness

100 % Very good

14. Rate Well Homes Adviser's knowledge of the scheme and explanation of procedures

96% Very good

6% Good

"Client outcomes"…….

- *A great idea - Hope it moves on to become a bigger scheme.*
- *The Well Homes advisor was a very good listener.*
- *An excellent idea even though I don't need any help. I have told lots of people about the scheme.*
- *I don't need help but I got some information and telephone numbers from advisor and passed to friends.*
- *It is the first time anyone has called to offer help.*
- *It helped to sort problems out with my landlord.*
- *Very pleased that I had a visit, Advisor was very knowledgeable and easy to talk to.*
- *I was not aware that there was so much help available and was grateful for all the advice.*
- *Worthwhile scheme, good to see home owners being offered help. Advisor very knowledgeable.*
- *Great idea. After my visit I feel more confident in asking questions about what is going on in the area in the future.*
- *I was very pleased that the gas check was available. Felt it was excellent value for money and it has helped me feel safe.*

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13th November 2014	ITEM: 9
Thurrock Health and Wellbeing Board	
Finalising the development of the Better Care Fund pooled fund Section 75 Agreement	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Mandy Ansell, (Acting) Interim Accountable Officer, NHS Thurrock CCG and Roger Harris, Director of Adults, Health and Commissioning, Thurrock Council	
Accountable Head of Service: Not applicable	
Accountable Directors: As above	
This report is public	

Executive Summary

This is a status report on the establishment of the Better Care Fund pooled fund to promote integrated care and support services. The pooled fund will be operated in line with the conditions set out in a Section 75 agreement to be signed by the Board of NHS Thurrock CCG and the Cabinet of Thurrock Council.

Progress has been made on the administrative arrangements which must be addressed in establishing and operating a pooled fund, including the treatment of over spends, the payment for performance element and VAT. However, the recent decision of the Department of Health to approve Thurrock's Better Care Fund Plan as "Subject to Conditions" means that a number of areas need to be re-examined. At the time of writing this report the reasons for their decision are being clarified and the HWB Board will be verbally updated. Any adjustments required will be made before the end of the year.

The purpose of the exercise is to drive through significant changes to our health and social care systems so that care is more effective, efficient and economic, and so that users, patients and carers experience better co-ordinated care and improved outcomes. This remains Thurrock's vision for integrated health and social care.

1. Recommendation(s)

1.1 The Health and Wellbeing Board is asked to approve the Heads of Terms of the Better Care Fund Section 75 Agreement between NHS Thurrock CCG and Thurrock Council.

2. Introduction and Background

2.1 As reported to the Board on 11 September 2014, Central Government is placing £3.8 billion of existing health and social care funding into a single pooled budget, to enable health and social care services to work more closely together. Locally, a pooled fund will need to be established by April 2015 and administered in line with a Section 75 agreement between the CCG and the Council.

2.2 This report sets out the Heads of Terms for that agreement for the approval of the Health and Wellbeing Board.

2.3 On 29 October 2014 the CCG and the Chair of the Health and Wellbeing Board received a letter which stated that the Department of Health had determined that Thurrock's Better Care Fund Plan was "Approved Subject to Conditions". The Department of Health's conditions relate to certain narrative and financial aspects of the plan approved by the Board on 11 September and submitted to the Department on 19 September 2014. However, at this point the reasons for their decision, and what changes they may require (if any), are unclear. A verbal update on these matters, following a meeting with a Department of Health official scheduled for 7 November, will be given at the Board meeting.

2.4 In the meantime the Department of Health has advised that the 48 "Areas 'approved subject to conditions' should proceed with their preparations for implementation". This is in contrast to those 5 areas which were "not approved" which "are strongly recommended not to proceed". Accordingly, and subject to any changes it transpires are required by the Department of Health, Thurrock is continuing with its preparation for implementation although the Agreement itself will not be entered into until approval has been obtained.

3. Issues, Options and Analysis of Options

3.1 The establishment of a BCF pooled fund is mandatory, as is the requirement to establish a fund of a minimum size. However, the actual size of the fund beyond that minimum mandated value, and the purposes to which the fund is applied are matters to be determined locally. The Better Care Fund Plan for Thurrock will establish a pooled fund of £18,019,336 made up of a £14,766,142 contribution from the CCG and a £3,253,194 contribution from the Council. The Heads of Terms for the Section 75 Agreement are set out below.

<u>The Better Care Fund for Thurrock</u>

3.2 The initial focus for Thurrock's Better Care Fund is on individuals aged 65 and over who are most at risk of admission to a hospital or residential care home. Accordingly the services commissioned from the pooled fund in Thurrock, and so the value of the Better Care Fund itself in 2015/16, have been arrived at by identifying those services which are most relevant to preventing or reducing admissions of those aged 65 and over.

The National Conditions to be met

3.3 As noted in the report on 17 July, the Better Care Fund is to be established, and a reduction in total emergency admissions achieved, within existing Council and NHS funding – there is no new money. In addition to the challenge of driving through significant change in our health and social care system there are a set of national "must dos", including 7 day working, better data sharing, an accountable professional for people over 75, and protection for adult social care services.

The costs of implementing the Care Act 2014

3.4 Further, it was announced as part of the Spending Round that the Better Care Fund would include £135m of revenue funding for costs to councils resulting from Care Act implementation in 2015/16. Again this is not new money but £522,000 has been set aside in the local pooled fund for this purpose.

Payment for Performance

3.5 While the initial focus of the Better Care Fund when it was launched in August 2013 was on integration, the revised guidance places a specific requirement for a minimum target reduction in total emergency admissions. The guidance makes it clear this should be 3.5% for all Health and Wellbeing Board areas, unless an area can make a credible case as to why it should be lower. Thurrock has accepted this challenging target (amounting to some £722,000 locally). In order to manage the risk of under-performance, the Council and CCG propose that funds related to the performance element will only be paid by the CCG into the pooled fund in relation to the performance achieved. Commitments related to the performance element will likewise only be made following conformation of performance against the target.

Overspends/ Underspends in the Better Care Fund

3.6. The issue of treatment of overspends has been examined and, with a view to limiting the risk to the CCG and Council, expenditure in each scheme within the pooled fund will be monitored closely, and any virement between schemes will be subject to approval by both parties. Further, it is proposed that any expenditure over and above the value of the fund should fall to the Council or the CGG depending on whether the expenditure is incurred on social care functions or health related functions. The arrangements for monitoring expenditure and managing any overspend in an individual scheme will be set out in detail in the Section 75 Agreement. Any underspends at the year end will stay within the Pooled Fund as a restricted reserve – unless otherwise agreed by both parties.

Governance arrangements

3.7 The management of the pooled fund will require regular oversight by both parties and accordingly it is proposed that an Integrated Commissioning Executive comprising officers of the CCG and Council is established – this Executive will report directly into the Health and Well-Being Board. A Pooled Fund Manager will also be appointed to provide regular reports, (including an Annual Review) to the Executive which will provide strategic direction on the

individual schemes and manage risks. The Pooled Fund Manager will also prepare reports for the Health and Wellbeing Board.

Administrative arrangements and milestones

3.8 In addition further work is required for the Council to host the pooled fund, and to make payments to third party providers from the fund from April 2015. In view of the timescales involved waiver requests and contract award requests for these contracts will need to be approved no later than February 2015. Activities ranging from the placement of purchase orders to performance management will also need to be undertaken in good time.

Management or risks

3.9 A Risk Register for the Better Care Fund has been established and a Project Group comprising senior officers from the CCG and the Council is meeting monthly to oversee the development work and to actively manage the risks identified. The Project Group reports to the Health and Social Care Transformation Board so that linkages with the implementation of the Care Act, and QIPP and corporate efficiency initiatives are also actively managed.

Contractual arrangements

3.10 The matter of the most effective contractual arrangements has been discussed between officers from the CCG and the Council. It is felt that for the first year initially the Council should become an associate commissioner alongside the CCG for those contracts where the CCG already has an existing arrangement e.g. North East London NHS Foundation Trust (NELFT). This will allow for more effective integrated commissioning and establish a single, joint contract management framework. It is proposed that the standard NHS contract is used for this with the Council becoming an equal commissioning partner with the CCG.

Revised Milestones

3.11 In view of the “Approved Subject to Conditions” status of the Better Care Fund Plan, and the fact that approval is not now expected before the end of 2014, the timetable for implementing the arrangements must be delayed. The revised milestones are as follows:

Health and Wellbeing Board agreement to Section 75 agreement	13 November 2014
NHS Thurrock CCG Board approval of Section 75 agreement	26 November 2014
Cabinet of Thurrock Council approval of Section 75 agreement	14 January 2015
Waiver requests and contract awards	From January 2015
Purchase to pay arrangement	From January 2015
Contract and Performance management	From January 2015
Payments of providers from the BCF pooled fund	From April 2015

4. Reasons for Recommendation

4.1 The Heads of Terms set out Section 3 are considered to be prudent, while acknowledging that further work, and indeed possibly a change to the Plan in response to further guidance from Central Government, may be required.

4.2 In view of the "Approved subject to Conditions" status of the Better care Fund Plan, and the implications this may have for the establishment and operation of the pooled fund and the Section 75 agreement, a further report will be brought to the Health and Wellbeing Board in January 2015.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 As noted in the previous report, the process of community engagement in the redesign of health and social care services in Thurrock is being planned in conjunction with Thurrock Healthwatch, Thurrock Coalition, Thurrock CVS and the Thurrock Commissioning Reference Group.

5.2 A specific consultation on the establishment of the pooled fund to drive through the integration of health and social care services is required under the terms of the Health and Social Care Act 2012. This is being undertaken through the Thurrock consultation portal as well as the CCG website.

6. Impact on corporate policies, priorities, performance and community impact

6.1 The planned reduction in emergency admissions, which brings with it the potential to invest in services closer to home, will help prevent, reduce or delay the need for health and social care services. This will help deliver the Community Strategy priority to improve health and wellbeing.

6.2 Achieving closer integration and improved outcomes for patients, service users and carers is also seen to being a significant way of managing demand for health and social care services, and so manage financial pressures on both the CCG and the Council.

7. Implications

7.1 Financial

Implications verified by: **Sean Clark**
Head of Corporate Finance
Thurrock Council

Femi Otukoya
Head of Finance
NHS Thurrock CCG

The above report contains the current known position of the Better Care Fund, guidance on which is still being received. As noted in the previous report, while reasonable progress has been made in understanding the detail of how the pooled fund will operate and the timescales for the project, the complexity of the health and social care system itself presents a major challenge.

The report sets out the funding to be placed into the Pool for 2015/16 and it should be noted that this is from existing budgets that should lead to financial efficiencies.

7.2 **Legal**

Implications verified by: **Daniel Toohey**
Principal Solicitor - Contracts & Procurement
Thurrock Council

Andrew Stride
Head of Corporate Governance
NHS Thurrock CCG

The above report contains the current know position of the Better Care Fund, guidance on which is still being received. Further, the CCG and Council are seeking clarification from Central Government on a number of points. As noted previously the governance arrangements for the Better Care Fund need to be agreed by the Health and Wellbeing Board, and approval from the Cabinet of Thurrock Council and the Board of NHS Thurrock CCG to the Section 75 Agreement will be required before the pooled fund can be established.

7.3 **Diversity and Equality**

Implications verified by: **Teresa Evans**
Equalities and Cohesion officer
Thurrock Council

Andrew Stride
Head of Corporate Governance
NHS Thurrock CCG

The vision of the Better Care Fund is improved outcomes for patients, service users and carers through the provision of better co-ordinated health and social care services. The commissioning plans developed to realise this vision will need to be developed with due regard to equality and diversity considerations. This will include adherence to the relevant 'Equality' Codes of Practice on Procurement. These require consideration of the equality arrangements of all such providers, such as relevant policies on equal opportunities and the ability to demonstrate a commitment to equality and

diversity. These arrangements will also be subject to a full review as part of the contract management of the services to be provided.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None identified at this time.

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Better Care Fund: Contractual and procurement documentation guidance for plans 'not approved' or 'approved subject to conditions' 29 Oct. 2014

9. Appendices to the report

- None

Report Author: Christopher Smith
Programme Manager, Adults, Health and Commissioning

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13th November 2014	ITEM: 10

Thurrock Health and Wellbeing Board

PROPOSED AMENDMENTS TO THURROCK'S HEALTH AND WELLBEING BOARD MEMBERSHIP

Report of: Roger Harris, Director of Adults, Health and Commissioning

Accountable Director: N/A

This report is Public

Purpose of Report: To propose changes to the Board's membership to strengthen the links between the Board and Thurrock's Adult and Children's Safeguarding Boards.

EXECUTIVE SUMMARY

Recent Ofsted Inspections of Children's services across the country have highlighted the importance of the close working relationship between the Health and Wellbeing Boards and Children's Safeguarding Boards. Inspections have raised concerns in areas where Health and Wellbeing Boards have not had the Chair of the Children's Local Safeguarding Board as one of its members. In addition Adults Safeguarding Boards will become statutory Boards as part of the Care Act 2014 from April 2015. As such this report is recommending that the Health and Wellbeing Board's membership is expanded to include:

- Portfolio Holder for Children's Social Care
- Chair of Local Safeguarding Children Board
- Chair of Safeguarding Adults Partnership Board

1. RECOMMENDATIONS:

1.1 That the Board endorse the recommendation that the Chairs of the Adults and Children's Safeguarding Boards and the Children's Social Care Portfolio Holder become full Board members of the Health and Wellbeing Board - subject to agreement by Council on the 28th January 2015. (Paragraph 2.4).

2. CHANGES TO BOARD MEMBERSHIP

2.1 The Health and Social Care Act 2012 states that at any time after a Health and Wellbeing Board is established, the Council must, before appointing another member of the Board, consult the Health and Wellbeing Board.

2.2 If the member of the Board to be appointed is a councillor, the nomination must be made by the executive leader of the Council.

2.3 Additional Board members can be appointed in agreement with Full Council. As of April 2013, Health and Wellbeing Boards (HWBB) became Statutory Partnership Boards. The Health and Social Care Act 2012 stated that 'a Health and Wellbeing Board is a committee of the council which established it and for the purposes of any enactment is to be treated as if appointed under Section 102 of the Local Government Act 1972'.

2.4 Recent Ofsted inspections across the country have raised concerns about the lack of involvement of Chairs of Children's Safeguarding Boards on the Health and Wellbeing Board. It is a core expectation of Ofsted that the Chair of the LSCB is a member of the HWBB in order to strengthen the coordination, focus and impact of the LSC Board's work with the Health and Wellbeing Board.

2.5 The Care Act 2014 makes Adult Safeguarding Boards statutory Boards to give them equal status to Children's Safeguarding Boards. This new requirement will come in to effect as of 1st April 2015.

2.6 This reports asks the Board to endorse the following the following positions as full members of the Board:

- Portfolio Holder for Children's Social Care
- Chair of Local Safeguarding Children Board (LSCB)
- Chair of Safeguarding Adults Partnership Board

2.7 The Council will be asked to agree these changes on 28th January after which the Board's Terms of Reference will be amended.

3. REASONS FOR RECOMMENDATION:

3.1 To ensure robust relationship between the Safeguarding Boards and Health and the Wellbeing Board.

3.2 This report recommends that the Board endorse the proposed changes to its Membership. Should the Board choose not to endorse the recommendations set out within this paper (paragraph 1.1) there are possible risks relating to the HWBB safeguarding children governance responsibilities. This risk is evidenced in recent Ofsted inspections of Local Safeguarding Boards across the country where Boards are being graded as requires improvement due to this process not being in place within a Local Authority area. It is a core expectation of Ofsted that the Chair of the LSCB is a member of the HWBB in order to strengthen the coordination, focus and impact of the LSC Board's work with the Health and Wellbeing Board (reference section 136 and 144 Ofsted inspection of Barking and Dagenham LSCB report 7 July 2014 graded - requires improvement).

4 CONSULTATION (including Overview and Scrutiny, if applicable)

4.1 N/A

5. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

5.1 As a Committee of the Council, the Health and Wellbeing Board's Terms of Reference has been incorporated within the Council's Constitution. This is to be agreed at Full Council on the 28th January 2015.

5.2. IMPLICATIONS

5.3. Financial

Implications verified by: **Mike Jones**
Telephone and email: **01375 652772**
No implications identified. **mxjones@thurrock.gov.uk**

No implications identified.

5 .4 Legal

Implications verified by: **Dawn Pelle**
Telephone and email: **dawn.pelle@bdtlegal.org.uk**

There are no legal implications especially as the statutory basis of the Safeguarding Board (from the 1st April 2015 due to the Care Act 2014) has been recognised and the claim is being invited to be a member of the Health and Wellbeing Board.

5.5 Diversity and Equality

Implications verified by: **Theresa Evans**
Telephone and email: **Teresa.Evans@lbbd.gov.uk**

No implications identified.

5.6 Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental

N/A

APPENDICES TO THIS REPORT:

- **Appendix 1:** Health and Wellbeing Board Terms of Reference

Report Author Contact Details:

Name: Sharon Grimmond
Telephone: 01375 652762
E-mail: sgrimmond@thurrock.gov.uk

Appendix 1:

Thurrock Health and Wellbeing Board
Draft Terms of Reference

Key Strategic Aims of Thurrock Health and Wellbeing Board

Resourceful and resilient people in resourceful and resilient communities where:

- Every child has the best possible start in life;
- People make better lifestyle choices and take more responsibility for their health and wellbeing;
- People stay healthier longer, adding years to life and life to years; and
- The health and wellbeing of communities in Thurrock are more equal.

Purpose

- To improve health and reduce inequalities;
- To develop and facilitate the delivery of transitional arrangements to meet statutory requirements within the emerging health agenda; and
- To determine the health improvement priorities in Thurrock

Functions

- Identify and join up areas of commissioning across the NHS, social care, public health, and other services directly related to health and wellbeing and reducing health inequalities;
- Encourage and develop integrated working – for the purpose of advancing the health and wellbeing of and reducing health inequalities amongst Thurrock people;
- Oversee the on-going development and refresh of the Joint Strategic Needs Assessment (JSNA);
- Oversee the on-going development, refresh, and implementation of Thurrock's Joint Health and Wellbeing Strategy (JHWS) – ensuring that it provides an overarching framework for commissioning plans related to Health and Wellbeing and Health Inequalities;
- Sign-off key commissioning plans, strategy, and policy related to Health and Wellbeing;
- Oversee the development of the pharmaceutical needs assessment; and
- Performance manage the achievement of and progress against key outcomes identified within the JHWS and against key commissioning plans.

Membership

- Leader of the Council
- Portfolio Holder for Adult Social Care and Health
- Opposition Group Representative x 2
- Clinical Representative: Thurrock NHS Clinical Commissioning Group
- Chair of Thurrock NHS Clinical Commissioning Group
- Chief Operating Officer of Thurrock NHS Clinical Commissioning Group
- Portfolio Holder for Children's Social Care
- Chair of Local Safeguarding Children Board
- Chair of Safeguarding Adults Partnership Board

- Lay Member for Patient Participation: Thurrock NHS Clinical Commissioning Group
- Director of Adults, Health and Commissioning
- Director of Housing
- Director of Children's Services
- Director NHS England Essex Area Team
- Director of Commissioning NHS England Essex Area Team
- Director of Public Health
- Chief Operating Officer Healthwatch Thurrock
- Chair Thurrock Community Safety Partnership Board

In accordance with the Health and Social Care Act 2012:

- Elected members will be nominated by the Leader of the Council
- The Local Authority may nominate additional Board members in consultation with the Health and Wellbeing Board
- The Board may appoint additional members as it thinks appropriate

Chair arrangements

- Portfolio Holder for Adult Social Care and Health

Meeting Frequency

- The Board will meet a minimum of six times a year

Governance and Approach

- The Board will function at a strategic level, with priorities being delivered and key issues taken forward through existing partnership arrangements – which may at times include the establishment of task and finish groups
- Only a small number of permanent sub-groups will exist to support the work of the Board: Health and Wellbeing Executive Committee; and Joint Commissioning Board
- Decisions taken and work progressed will be subject to scrutiny by the Health and Wellbeing Overview and Scrutiny Committee – and other Overview and Scrutiny Committees as appropriate (nb Healthwatch has a scrutiny function)

Wider Engagement

- The Board will ensure that the decisions it makes and the priorities it sets take account of the needs of all of Thurrock's communities and groups – particularly those most in need
- The Board will ensure that stakeholders including providers are engaged, with a Health and Wellbeing Stakeholder Network established to assist with this purpose
- The Health and Wellbeing Board will host at least one Stakeholder Forum per year

The development of the Health and Wellbeing Board and its agenda is a dynamic process. As a result, the Board's Terms of Reference will be reviewed at least annually and altered to reflect changes as appropriate

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- The health and wellbeing of communities in Thurrock are more equal.

Purpose

- To improve health and reduce inequalities;
- To develop and facilitate the delivery of transitional arrangements to meet statutory requirements within the emerging health agenda; and
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Functions

- Identify and join up areas of commissioning across the NHS, social care, public health, and other services directly related to health and wellbeing and reducing health inequalities;
- Encourage and develop integrated working – for the purpose of advancing the health and wellbeing of and reducing health inequalities amongst Thurrock people;
- Oversee the on-going development and refresh of the Joint Strategic Needs Assessment (JSNA);
- Oversee the on-going development, refresh, and implementation of Thurrock's Joint Health and Wellbeing Strategy (JHWS) – ensuring that it provides an overarching framework for commissioning plans related to Health and Wellbeing and Health Inequalities;
- Sign-off key commissioning plans, strategy, and policy related to Health and Wellbeing;
- Oversee the development of the pharmaceutical needs assessment; and
- Performance manage the achievement of and progress against key outcomes identified within the JHWS and against key commissioning plans.

Membership

- Leader of the Council
- Portfolio Holder for Adult Social Care and Health
- Opposition Group Representative x 2
- Clinical Representative: Thurrock NHS Clinical Commissioning Group
- Chair of Thurrock NHS Clinical Commissioning Group
- Chief Operating Officer of Thurrock NHS Clinical Commissioning Group
- Portfolio Holder for Children's Social Care
- Chair of Local Safeguarding Children Board
- Chair of Safeguarding Adults Partnership Board

- Lay Member for Patient Participation: Thurrock NHS Clinical Commissioning Group
- Director of Adults, Health and Commissioning
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- Director NHS England Essex Area Team
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- Director of Public Health
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- Elected members will be nominated by the Leader of the Council
- The Local Authority may nominate additional Board members in consultation with the Health and Wellbeing Board
- The Board may appoint additional members as it thinks appropriate

Chair arrangements

- Portfolio Holder for Adult Social Care and Health

Meeting Frequency

- The Board will meet a minimum of six times a year

Governance and Approach

- The Board will function at a strategic level, with priorities being delivered and key issues taken forward through existing partnership arrangements – which may at times include the establishment of task and finish groups
- Only a small number of permanent sub-groups will exist to support the work of the Board: Health and Wellbeing Executive Committee; and Joint Commissioning Board
- Decisions taken and work progressed will be subject to scrutiny by the Health and Wellbeing Overview and Scrutiny Committee – and other Overview and Scrutiny Committees as appropriate (nb Healthwatch has a scrutiny function)

Wider Engagement

- The Board will ensure that the decisions it makes and the priorities it sets take account of the needs of all of Thurrock's communities and groups – particularly those most in need
- The Board will ensure that stakeholders including providers are engaged, with a Health and Wellbeing Stakeholder Network established to assist with this purpose
- The Health and Wellbeing Board will host at least one Stakeholder Forum per year

The development of the Health and Wellbeing Board and its agenda is a dynamic process. As a result, the Board's Terms of Reference will be reviewed at least annually and altered to reflect changes as appropriate

13th November 2014	ITEM: 11
Health and Wellbeing Board	
Market Position Statement	
Wards and communities affected: All	**Key Decision:** Non-key
Report of: Sarah Turner – Older People and Dementia Commissioner	
Accountable Head of Service: N/A	
Accountable Director: Roger Harris – Director of Adults, Health and Commissioning	
This report is Public	

Executive Summary

It is a requirement that Adult Social Care publishes a Market Position Statement (MPS). This document sets out how we see the social care market developing over the coming years.

The document sets out current and predicted need; the strategic context we are operating in; what we spend and changing trends and implications for providers.

We will use this document as a basis of discussion with current and potential providers to ensure that the market changes to meet our vision of where we want to be.

1. Recommendation(s)

1.1 For the Board to approve the contents of the Market Position Statement prior to consultation.

2. Introduction and Background

2.1 It is a requirement that Adult Social Care produces and publishes a Market Position Statement (MPS).

2.2 The MPS describes the current and potential future demand and supply for adult social care services and outlines the model of care the Council wishes to secure for the population in the future.

2.3 It also details what in the market needs to be encouraged and what does not. This includes size and shape of the market, funding and resources and what needs to change and how the Council will purchase in the future.

2.4 Equally, the MPS should make current and potential providers think about their future plans and investment e.g. what service they may want to set up, whether they should they disinvest in a certain model etc.

2.5 The MPS also ensures that providers are aware of major changes such as the introduction of the Care Act and the Better Care Fund. It details how these changes will impact on providers.

3. Issues, Options and Analysis of Options

3.1 Due to tight timeframes, the Board are asked to approve the content (not design) of the MPS. The document will go to the design team before public consultation so that it consistent with other Council published documents.

4. Reasons for Recommendation

4.1 It is a requirement that Adult Social Care produces and publishes a Market Position Statement and that the Board has oversight of this document prior to public consultation.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 If approval is gained from the Board, a 12 week consultation will be undertaken. A full communications plan is in development (and available to view by contacting the author) but will include an engagement event with providers and digital engagement.

6. Impact on corporate policies, priorities, performance and community impact

6.1 This should have a positive impact on the corporate priority 'Improve health and well-being' by creating a diverse market offer and ensuring choice and control for service users.

7. Implications

7.1 Financial

Implications verified by: **Michael Jones**

Management Accountant

There are no financial implications.

7.2 **Legal**

Implications verified by: **Roger Harris**

Director of Adults, Health and Commissioning.

There are no legal implications in this document. Each procurement decision going forward will be subject to separate procurement and legal advice.

7.3 **Diversity and Equality**

Implications verified by: **Teresa Evans**

Equalities and Cohesion Officer

There are no adverse diversity and equality implications contained in this report, however any future actions taken could potentially impact on the local community/providers including the voluntary and community sector. Any significant change in provision requires a separate Communities and Equality Impact Assessment prior to implementation to assess the impact of decisions on protected characteristics and the local community.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

9. Appendices to the report

- Market Position Statement:

Adult Social Care in partnership with Health and Housing 2015 - 2018

Report Author:

Sarah Turner

Older People and Dementia Commissioner

Adult Social Care – Commissioning Department

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Thurrock Council

Market Position Statement:
Adult Social Care in partnership with Health and Housing

2015 - 2018

Transforming social and health care in Thurrock: Building Positive Futures

The Council and the NHS are facing unprecedented demand for health and social care services. The Council also faces a severe reduction in the means by which it can meet those demands. For example, the Council has to save £32 million pounds in the next 3 years. This equates to 25% of our current budget.

We believe that it is important to be open with providers, not just about the limitations of Council and Health budgets, but also about what in the future we can expect citizens and communities to do for themselves, with their own resources.

We recognise that we need to change the way we commission services, and the way we work with service users, carers and providers. Although our budgets may be limited, we believe the market as a whole still presents considerable growth opportunities for providers as we jointly commission more integrated health and social care services, invest more in preventative and out of hospital care, and as the number of people funding their own care also increases.

Roger Harris,
Director Adults, Health and Commissioning
Thurrock Council

Executive Summary

This Market Position Statement details the current and potential future demand for adult social care services and our vision for a re-modelled care and support service.

The document describes how we think those services might change as people exercise more control over their lives including a greater use of direct payments.

Where health and social care services are required we are committed to stimulating a diverse market where innovation is encouraged and rewarded, and where poor practice is actively discouraged. This is a key part of shaping Thurrock – it directly relates to our **strategic priorities to**:

- **Create** a great place for learning and opportunity
- **Encourage** and promote job creation and economic prosperity
- **Build** pride, responsibility and respect to create safer communities
- **Improve** health and well-being
- **Protect** and promote our clean and green environment

We hope established ***providers of health and social care services*** will learn about the Council and the Clinical Commissioning Group's (CCG) intentions as commissioners of services, including integrated commissioning arrangements and also the Council's new responsibility for Public Health.

We will support ***voluntary organisations and community groups*** to build on their knowledge of local needs and find the resources to develop new initiatives to strengthen their communities.

We are keen to engage with those who are interested in developing ***new businesses and social and micro-enterprises*** to promote health and well-being in Thurrock so that we can better understand what we need to do to foster improvement and innovation in services.

We hope providers will understand the main drivers for change (including the new Care Act and Better Care Fund) and the market opportunities this may present.

The document is structured in 4 sections;

1. Need and Strengths – Population demands/changes and strengths
2. The Strategic Context – National and Local Drivers for change
3. Provider Data – Details the resources available and a 2013/14 snapshot of spend and future trends.
4. Commissioning for the future – This section details the market opportunities for providers looking ahead.

We have highlighted key points for consideration by providers in text boxes at the side of each page.

Key Point 1

Thurrock's population is growing.

There is considerable growth in the number of those aged 70 and over.

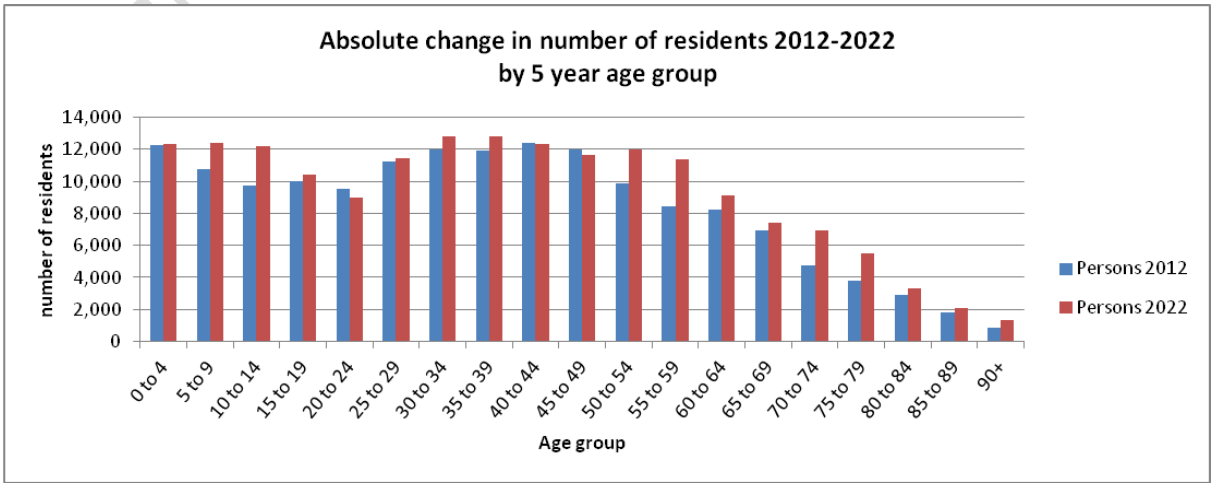
Section 1 – Need and Strengths

Thurrock is situated on the River Thames immediately to the east of London. The borough is host to one of the biggest growth and regeneration programmes in the UK which will create 26,000 jobs and 18,000 new homes in the coming years. It encompasses the urban the areas of Grays, Tilbury, Stanford-le-Hope and Corringham together with swathes of Green Belt and 18 miles of Thames riverfront. Thurrock has national significance with its key location and significant port capacity for the import and export of goods and services for the UK. The population is currently served by Thurrock Council – a unitary local authority and NHS Thurrock CCG

The latest population estimates for mid-2013 estimate the population of Thurrock at 160,800, of which 79,330 (49.3%) were male and 81,520 (50.7%) female.
The borough's population aged 60 years and above has increased by 16.5% since 2001. However, the proportions of people in each of the 60+ age groups are lower than the England and East of England averages.

There has been a 47.5% increase in the over 85 population, equating to 846 more residents in this age group since 2001.

It is expected that until 2018 the population will continue to grow across all age bands, with significant growth in those aged 70 and over. The 65+ population, which are already major users of health and social care services, is estimated to grow by 17%. But this trend does not automatically translate to an equivalent growth in demand for social care and health care services.

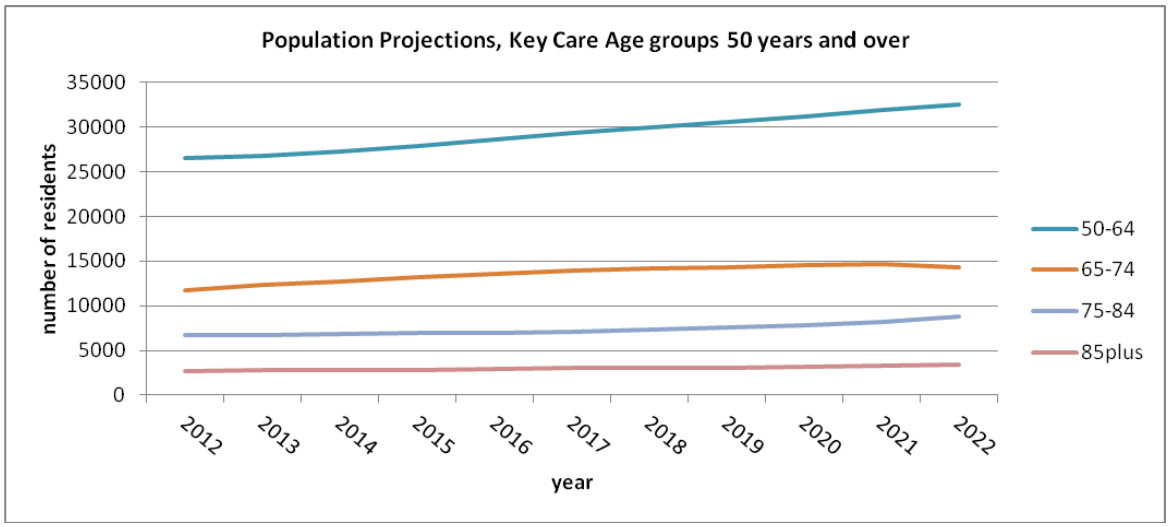


Thurrock will see a significant ageing of its population among the key older care groups – 50-64, 65-74, 75–84 and 85+, all of which will increase in absolute terms and as a proportion of the population.

By 2022, the population group aged 50-64 is projected to increase by 5,900, which is an 18% increase, and the population group aged 75-84 is projected to increase by 2,139 (26%).

Key Point 2

Due to our investment into preventative services, this growth in population is unlikely to result in an equivalent growth in demand for traditional services.



This is because the health characteristics of the current older population is not the same as younger age groups, and also because we expect increasing numbers of older residents to take responsibility for their care. Many have access to greater resources than the generation that went before them. A number of conditions can be prevented or at least managed to lessen the chances of deterioration. Our communities need to be mobilised to provide support and mutual assistance so that many more can take an active part in community life and continue to make a contribution.

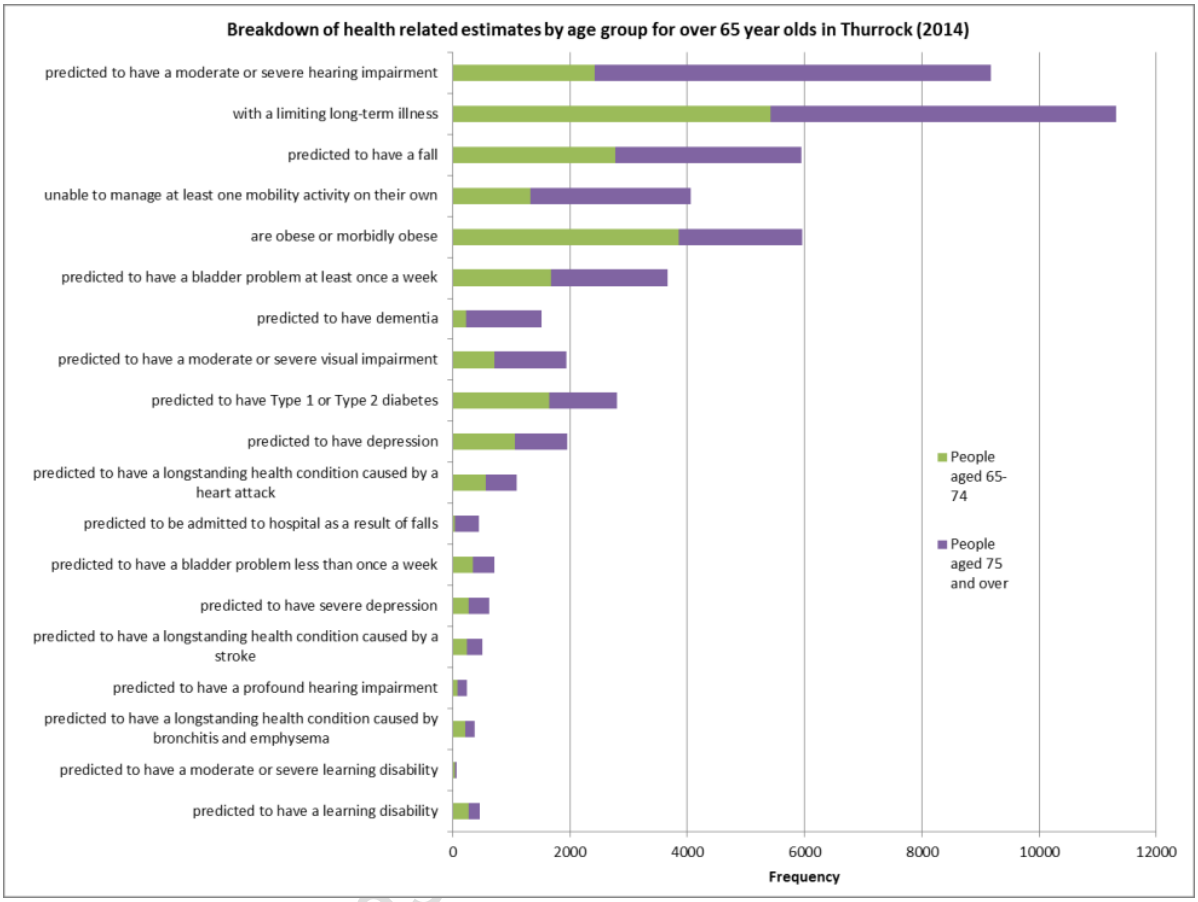
1.1.1 The needs of an ageing population

However a growing older population will see the numbers of people with acquired sensory impairments, mobility problems and physical frailty, often related to the ageing process. Most will live with a number of co-morbidities. These individuals may well need adaptations to their home, as well as equipment or assistance to live independently.

Key Point 3

There is a significant increase in the number of people predicted to have dementia.

This is a potential area of growth for high quality and specialist providers.

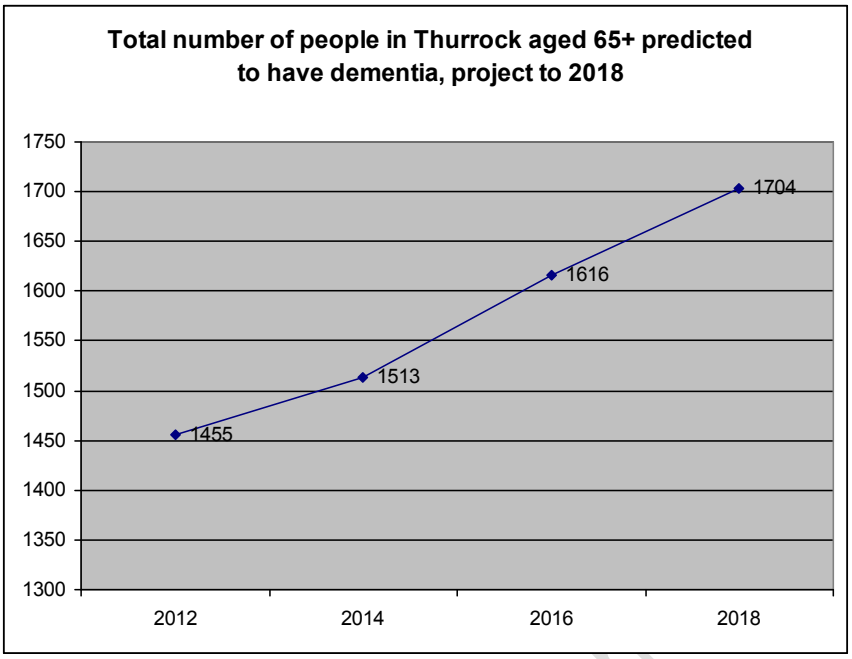


A range of estimates for health related indicators for people aged 65 and over in Thurrock are summarised in the chart above. The most common health problems (predicted) for those aged over 75 years are summarised below:

One area of which requires specific attention is the growth in those aged over 65 predicted to have dementia. If the incidence grows at or near the nationally projected rate, the numbers will increase by over 17% in the next 5 years. To address this issue we will require not just new forms of service but a positive response from the whole community and significant changes in the awareness of, and the attitudes to, people with dementia. As part of its response to this need the Council is encouraging all its staff to become dementia friends, and it has recently been invited to participate in the recognition process for dementia friendly communities. This year community wellbeing programmes are being developed by public health specifically for those individuals diagnosed with dementia

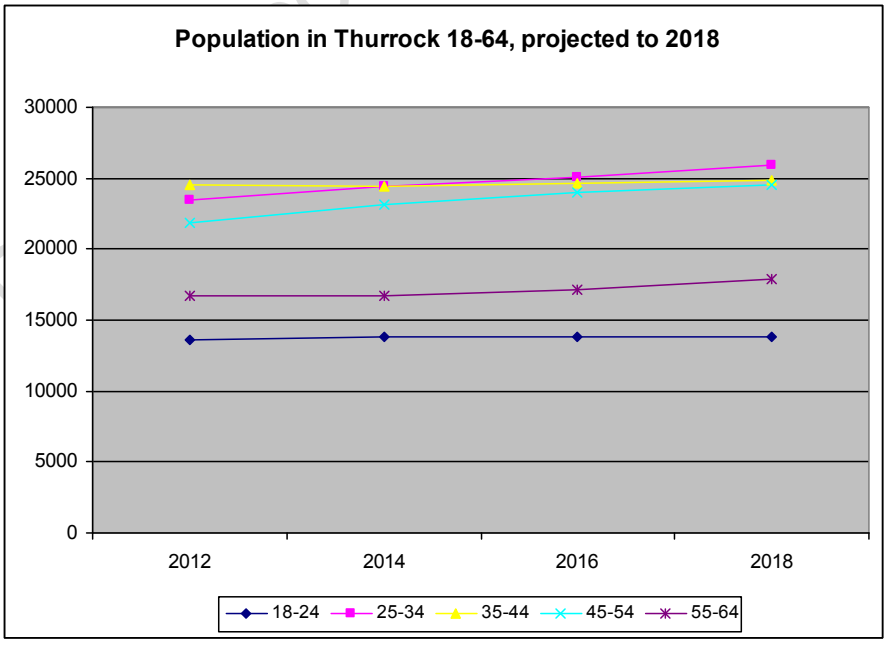
Key Point 4

There is a modest predicted increase in those aged 18 – 64.



1.1.2 The needs of people of working age

The under 65 adult population is expected to grow at a more modest but significant 9%.



The numbers of adults with mental health needs may grow proportionately. However, the numbers of people with a physical or sensory disability is expected to rise in excess of population growth because a greater number of babies with genetic conditions are expected to survive into childhood and adulthood as a result of medical advances. People with learning disabilities are expected to have

Key Point 5

Due to the location of an in-borough school for young people with learning disabilities with a specialist autism unit we are expecting a significant increase in the number of people with autism in Thurrock over the next 5 to 10 years.

Thurrock's Adults Autism Strategy will be published in January 2015 for formal consultation. This document will contain detailed needs data to assist providers.

At this time we believe that this will be a potential growth area for provides (but please check strategy for further information).

increased longevity, in part as a result of advances in medical treatments, which may mean that more may need assistance later in life with needs related to the ageing process, including dementia.

Due to the location of an in-borough school for young people with learning disabilities with a specialist autism unit we are expecting a significant increase in the number of people with autism in Thurrock over the next 5 to 10 years

A detailed assessment of current and future need is currently being undertaken as part of our new Autism Strategy and providers should refer to this document for further information. The consultation version of this document will be published in January 2015. Please see the consultation portal on Thurrock's website at this date https://consult.thurrock.gov.uk/portal

Key Point 6

We are changing the profile of adult social care services.

We are focussing on prevention and short term reablement services to enable people to live in their own homes in their community.

Section 2 - The Strategic Context

There are a number of national and local strategic drivers that have an impact on the future provision of care and support in Thurrock. These include;

- Health and Wellbeing Board
- Building Positive Futures
- The Care Act
- Integration of health and social care
- Local Population Demands and Projected Change

2.1 Thurrock Health & Wellbeing Board

Health and wellbeing boards are statutory bodies introduced in England under the Health and Social Care Act 2012

Our vision for Health and Wellbeing in Thurrock is "Resourceful and resilient people in resourceful and resilient communities"

We have four priorities to strengthen the health and well-being of adults in Thurrock:

- Improve the quality of health and social care.
- Strengthen the mental health and emotional well-being of people in Thurrock.
- Improve our response to frail elderly people and people with dementia.
- Improve the physical health and well-being of people in Thurrock (initial focus on reducing the prevalence of smoking and obesity).

2.2 Building Positive Futures

Building Positive Futures is our programme to deliver the aims of Thurrock's Health and Wellbeing Board and has three main workstreams:

- **Better health and wellbeing:** helping people stay healthy and independent
- **Improved housing and neighbourhoods:** to give people more - and better - choice over how and where they live as they grow older
- **Stronger local networks:** to create more hospitable, age-friendly communities

Our vision is for a re-modelled care and support system – moving away from crisis responses that too often result in avoidable admissions to hospital and care homes, to wellbeing

services that enable people to live healthy, fulfilling and independent lives in their own homes.

Key Point 7

As the ABCD and LAC initiatives gain momentum there will be an impact on the amount of commissioned services.

Traditional service solutions will only be used when all other avenues have been explored.

This may result in the traditional services share of the market shrinking. However, there should be growth in preventative and low level community based services.

This will mean shifting resources across the housing, health and adult social care system to provide people with a single point of access to personalised services. Over time, this will reduce demand for acute health care services and change the profile of adult social care services. In future, there will be more intensive, short-term re-ablement services, and more low cost preventative services. This will enable disabled people, people with long term conditions and older adults to remain independent, in homes and neighbourhoods more suited to their needs. The local authority now has the responsibility for public health so preventative care is now embedded throughout the Council.

As part of Building Positive Futures an initiative called Asset Based Community Development (ABCD) has been introduced. ABCD strengthens the connections between people and informal associations around common interests and concerns. Through those connections, the ideas of local people can be harnessed to develop initiatives that match their needs. Thurrock is also committed to becoming a dementia-friendly community.

Our emphasis on strength based approaches including ABCD will require service providers and funding agencies to shift their focus from the needs and deficiencies of neighbourhoods, towns and villages to the 'community assets'.

These community assets are the key building blocks of sustainable urban and rural community building efforts and include:

- the skills and connections of the local residents
- the power of local associations (clubs, groups, informal social networks)
- the resources of public, private and non-profit institutions
- the physical and economic resources of local places.
- the heritage, culture and stories of the local community

To complement this we are also investing in Local Area Coordination, a unique and innovative approach to supporting people who are vulnerable through age, frailty, disability or mental health issues to identify and pursue their vision for a 'good life', to strengthen the capacity of communities to welcome and include people and to make services more personal, flexible and accountable. Rather than waiting for people to fall into crisis, assessing needs and then responding with services or money (if eligible). Local Area Coordinators build relationships at the individual, family and community levels, aiming to support people to stay strong, build personal, local and community solutions and nurture more welcoming, inclusive and mutually supportive communities.

2.3 The Care Act

The Care Act 2014 represents the largest reforms to adult social care for over forty years. The Act focuses on:

- Promoting people's wellbeing;
- Enabling people to prevent and postpone the need for care and support; and
- Putting people in control of their lives so they can pursue opportunities to release their potential.

Key Point 8

The Care Act 2014 represents the largest reform to adult social care for over forty years.

The act introduces

- a national eligibility criteria
- puts the rights of carers on an equal footing
- a legal entitlement to a personal budget.

This act will result in a number of changes to the existing market and may provide some new opportunities for innovative providers (see section 3).

The act introduced a national eligibility criteria to ensure that everyone across England is eligible for the same level of social care wherever they live. It also puts the rights of carers on an equal legal footing to those they care for.

In addition, the Act requires local authorities to ensure the availability of information and advice services for the whole population. Information and advice is a vital part of our strategy to prevent or delay the need for care and support. We also see this as a core part of our commitment to ensure carers and families exercise choice and control.

For the first time, the Act provides people with a legal entitlement to a personal budget. This adds to a person's right to ask for a direct payment to meet some or all of their needs. It also gives a duty to integrate care and support with health. Housing is now explicitly referenced as part of local authorities' new duty to promote the integration of health and care.

The Market plays a critical role in helping to achieve this vision and the Act's guidance includes a chapter specific to Market shaping and commissioning. The emphasis of the Market shaping and commissioning chapter is:

- Commissioning focused on outcomes and promoting wellbeing;
- Promoting choice to drive quality and sustainability; and the
- Importance of workforce development and pay.

2.4 Integration and Partnership Working

2.4.1 Integration of funds

The Comprehensive Spending Review announced the Better Care Fund (BCF) in June 2013 as part of the Spending Round. The Fund is a pooled pot of money between local authorities and Clinical Commissioning Groups for the purpose of transforming local services so that people are provided with better integrated care and support. In particular, the BCF Plan focuses on how unplanned admissions to hospital or residential care will be reduced. Each local area has a BCF Plan to detail how the Fund will be spent, and more importantly how outcomes will be improved.

Thurrock's BCF Plan is part of a broader Health and Social Care Transformation Programme. The Plan is underpinned by five principles jointly agreed by the CCG and Council:

- Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing;
- Health and care solutions that can be accessed close to home;
- High quality services tailored around the outcomes the individual wishes to achieve;
- A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible; and
- Systems and structures that enable and deliver a co-ordinated and seamless response.

We are clear that we need to make a difference to patients and service users. In particular, the outcomes we want the Better Care Fund to help deliver are:

- Users of services having an improved experience through multi-disciplinary teams and services that operate around the 'whole person';
- Individuals being able to achieve the outcomes they want through personal health budgets and personal care budgets;
- Risk-based approaches to target those most at risk to enable individuals to remain out of hospital and residential care;
- Proactive approaches to 'ageing well' that enable people to remain healthy, independent and in control for longer; and
- Federations of GP practices aligned with community health, mental health, and social care services that ensure whole person approaches; and
- Carers feeling supported and sustained in their caring role.

Our Whole System Redesign Project Group will drive the change across the health and social care system to achieving these outcomes.

Key Point 9

The Council and Clinical Commissioning Group are committed to providing integrated services. Whether this is through pooled resources or by delivering co-ordinated or integrated services.

This presents a real opportunity to those providers who can assist with this ambition and provide integrated services.

There may be additional opportunities for providers as social care starts to develop integrated commission approaches with health (including public health) and housing colleagues

2.4.2 Integration of services

The Council and the CCG are committed to providing integrated services in line with the Department of Health's ambition to make joined-up and coordinated health and care the norm by 2016.

Current examples of how health and social care are working to provide integrated services are:

- The **Rapid Response and Assessment Service**, (a partnership between Thurrock Council and North East London NHS Foundation Trust – our community health provider) is an integrated team of social care and health professionals that undertakes urgent assessments at home and then provides direct access to a range of services. These include re-ablement programmes,

telecare and telehealth services, as well as short stays in specially equipped Short Term Assessment and Reablement Flats or interim care beds in residential homes, to stabilise conditions and to build confidence.

- The **Joint Reablement Team** is an integrated team consisting of social care staff, nurses and a physiotherapist. The service provides short-term support designed to help keep vulnerable people safe and as independent as possible. The Reablement Team works with service users to help then learn or re-learn important tasks needed for everyday life. In 2013/14 over 500 people completed a period of six week reablement.

Key Point 10

Public Health is now a responsibility of the Council.

From November 2014 there is an opportunity to apply for a Public Health grant programme.

Public Health are already working closely with internal partners on jointly delivering and commissioning initiatives.

The main focus of the CCG and Council funded initiatives and services is to support health and well-being and to ensure service users and carers get the help they need in a timely way, including rebuilding skills and confidence to live independently. This will reduce dependence on services and prevent unplanned admissions to hospital and care homes where appropriate. For example in 2013-14, 89% of people discharged from hospital into reablement or rehabilitation services were still living independently after 90 days.
The Council and CCG funds a range of external community and residential services for service users who have critical and substantial needs for care and support, as well as help for carers.

2.4.3 Public Health

In 2013 Public Health responsibility was brought into the Council. The role of Public Health is to protect and improve the health and wellbeing, and reduce health inequalities of local residents. The importance of Public Health is now expressed in the Council's top 5 priorities – Improving the health and wellbeing of local residents.

The public health team have undertaken a robust review of all the services they commission for Thurrock using evidence based practice, a full benchmarking review with comparator sites and a community engagement programme to include questionnaires, attending community groups and holding two community workshops. The finding of this review has now resulted in a new re-modelling of the public health service. Public Health grants being awarded from November 2014 to support wellbeing programmes in local communities.

The public health team have quickly become an integral part of the council and are already working very closely with social care, LAC's, and the Building Positive Futures programme. Public Health is also working on an exciting project with the housing department on a Well Homes Project.

2.4.4 Housing

As stated in section 2.2, improved housing options for vulnerable people is a key priority of the Building Positive Futures programme.

Key Point 11

The housing department is a key partner in the future delivery of social care.

We will work together to utilise existing stock or where necessary through purpose built schemes to meet the needs of vulnerable people.

Housing for older people should be built to HAPPI standards.

We will first look to utilise our housing assets for supported living. This is to ensure that people have real choice in their care and support provider and so that their becomes a separation of landlord and care/support functions.

Housing (for the first time in adult social care legislation) is also explicitly reference. It is a duty for adult social care to promote integration.

Housing is a key partner – we have and are continuing to work with housing colleagues to provide and develop suitable accommodation to support older adults as they age. Early successes include a 'HAPPI' standard (Housing our Ageing Population Panel for Innovation) specialised housing scheme in Derry Avenue, South Ockendon, where 25 flats for older people are being developed. We have also just received approval for Government funding for another HAPPI scheme of 35 flats in Calcutta Road Tilbury. In general, we are supporting the development of generic housing being built to these standards rather than specific schemes for older and vulnerable people.
We do not plan to just restrict this partnership to Older People. Thurrock retains its own stock and is building more council houses. The council itself has the ability to build through its own company Gloriana Thurrock Ltd. We will wherever possible utilise existing stock (possibly with adaptations or new build if necessary) for supported living services for people with learning disabilities and mental ill health. This is part of our commitment to ensure that people in these services have a separation of care/support and landlord function, thereby ensuring real choice.

These strong links between housing, adult social care and health (including public health – please see reference above to Public Health and Housing's Well Homes Project) are reflected in the South Essex Strategic Housing Market Assessment Review[1]. This document also includes chapters on projected housing need.

[1] The Strategic Housing Market Assesessment Review can be downloaded at: https://www.thurrock.gov.uk/sites/default/files/assets/documents/tgse_fundamental_review_strategic_housing_market.pdf

Key Point 12

The Council is experiencing unprecedented cuts of nearly 25% (32 million) of our entire council budget over the next 3 years.

The Council spent £43.7 million (gross) on adult social care services in 2013/14 compared to £47.9 million in 2010/11

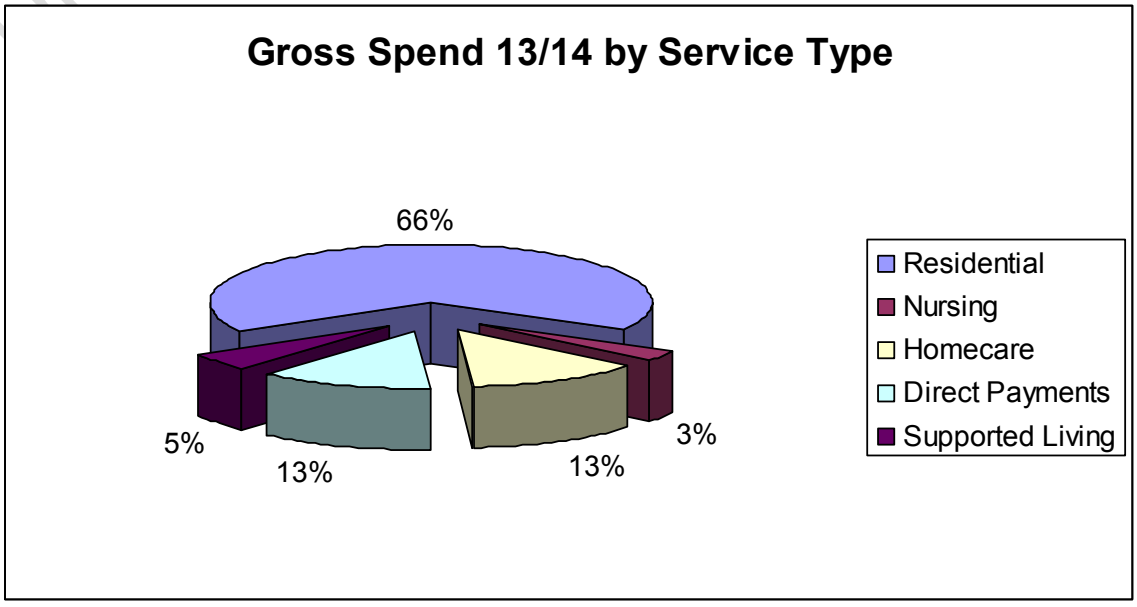
Spend per head on adult social care has already fallen 24.7% since 2010/11

Section 3 – Provider Data

The Council spent £43.7 million (gross) on social care services in 2013/14. This includes £12.6 million on its own internal services including assessment and care management, reablement, day care, respite and care home services.

3000+ new contacts dealt with every year	£43m spent on adult social care in 2013/14	Population aged 65+ will grow by some 17% by 2018. Those over 90 will grow by 55%
Commissioned on average 5100 hours of homecare weekly	1 in 5 service users have a direct payment. 71% with a personal budget	Completed nearly 2000 reviews in 2013/14
Net spend per head of pop. aged 18+ was £272 in 2012/13 – lower than the average of £359.	Over 500 people completed a period of six week reablement in 2013/14	Supported some 500+ people in residential or nursing care as at end of March 2014
There are around 14,500 unpaid carers in Thurrock - 9% of the population.	Assessed or reviewed around 1000 carers in 2013/14	RRAS Service deals with 200+ referrals every month

Adult Social Care spent £32 million during this year on external services including funding home care, care homes and grants to voluntary organisations.



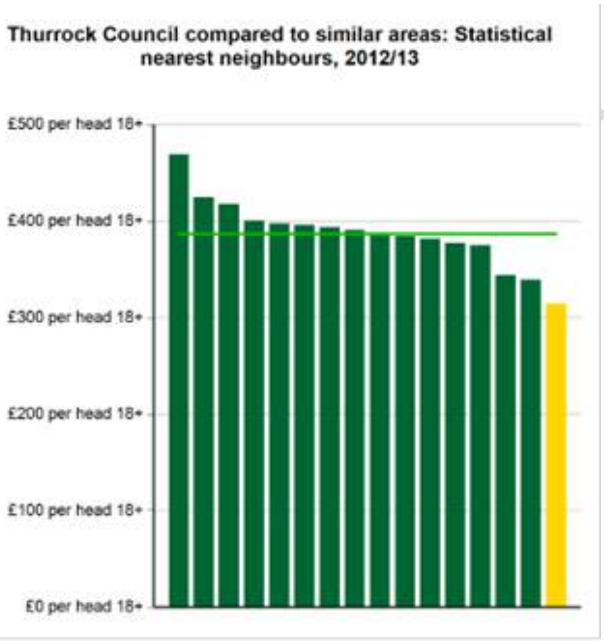
Key Point 13

Thurrock is a low spending authority on adult social care (bottom 5% of councils nationally).

Although residential care is still our greatest area of spend, the number of users of these services and as such spend continues to reduce.

2.1 Snapshot of spend

- Provisional national expenditure data for 2013/14 shows that Thurrock spends £3240 per 10,000 people aged 18+ on adult social care. This compares to the national average spend of £4070; the average spend across our CIPFA comparator councils of £3858 and the Eastern Region average of £4180 (It should be noted that this data may be subject to change upon release of final and validated national data later in 2014).
- Thurrock is the lowest spend council among our comparator group (see chart below) and firmly within the lowest 5% councils nationally. Spend per head of population on adult social care in Thurrock has fallen by 24.7% since 2010-11 (£417.68).



- Thurrock spends £901.94 per head of population aged 65+ compared to the average spend nationally of £1,101.08 and £965.97 among our comparator council group. Spending on this age group has fallen in Thurrock by 33% since 2010-11 (£1,349.40).

2.2 Residential Care

- The greatest area of spend is residential care although the number of service users, and so the spend, has been reducing in recent years. A reduction is also seen in nursing care.
- Thurrock has historically placed more people in residential and nursing care as a proportion of the population than the national average. This pattern is particularly acute for people aged 65+. In 2013/14, the rate of admissions into residential or nursing care of people aged 65+ was 644.9 per 100,000 population aged 65+. This compares to the national average of 668.4.
- As at the end of March 2014, Thurrock was supporting some 500+ people in residential and nursing care placements.

Key Point 14

Over 40% of our current learning disability residential care placements are as a result of historical closure of a local long stay hospital. When this cohort of people no longer requires care we will have sufficient (possibly excessive) provision locally. We do not view this as a growth area.

Client Group	Number of Homes	Number of Beds
Older People and Dementia (Including Nursing)	13	593
Working Age Adults – Residential and Nursing Care (Learning Disability, Mental Health and Autism)	23	147

Table depicts the number of in-borough residential care homes in the private, voluntary and independent sector.

- The Council operates one care home for older people which has 45 single bedrooms. Up to 15 rooms in this scheme are used to provide interim care for service users who are unable to return home for a period of time and respite care for users who are supported by unpaid carers. Use of interim care beds enabled 67% of people to return to the community.
- We have recently undertaken a review of all adult residential placements. Over 40% of our current learning disability residential care placements are as a result of a historical closure of a local long stay hospital. When this cohort of people no longer requires care we will have sufficient (possibly excessive) provision locally.
- A detailed assessment of current and future need (including spend) is currently being undertaken as part of our new Autism Strategy. Providers should refer to this document for further information. The consultation version of this document will be published in January 2015. Please see the consultation portal on Thurrock's website at this date https://consult.thurrock.gov.uk/portal
- Thurrock Council has also undertaken a recent review of all mental health accommodation based placements. Although 50% of service users were accommodated out of borough this was found to be appropriate (e.g. as a result of their treatment order or personal preference). It was felt that we do not need to increase our residential provision for people with mental ill health; however we will be developing a step up/step down assessment centre in the near future

Key Point 15

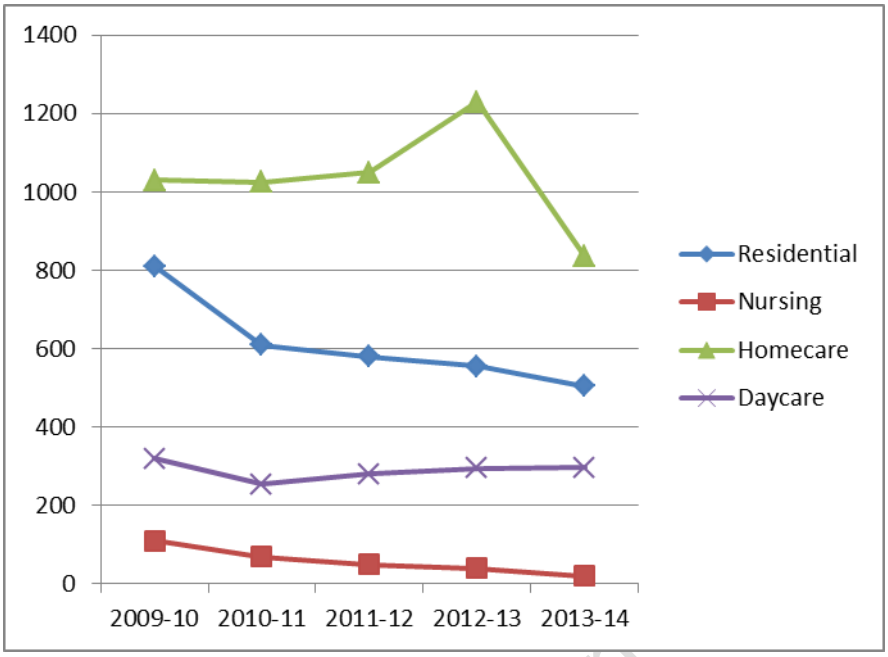
The amount of spend on community services is increasing.

Home Care is our largest funded service. This reflects our strategy to support people to live independently in their community.

We currently commission 3 providers to deliver home care. However, there are over 10 registered home care providers active in Thurrock.

We have recently seen a decrease in the amount of commissioned home care. This has been mirrored by an increase in direct payments.

Meeting the needs of people utilising a direct payment or their own funds is a potential growth area for providers.



2.3 Home Care

- Conversely, expenditure on community services, especially Home Care is increasing (although there has been a reduction in commissioned hours and an increase in the use of direct payments to purchase this service).
- These trends are in line with our strategy and commissioning intentions which are to enable service users to live in their own homes wherever possible.
- Home Care is currently the largest Council funded service. In 2013/14 we externally commissioned 5400 homecare hours per week. Most of the people receiving home care are aged 65 or over.
- The Council currently commissions three providers that work across the whole of the borough. At the end of March 2014, there were 91 adults (18-64) and 411 older people (65+) receiving homecare. These providers may also be commissioned by the CCG for Continuing Health Care. There are over 10 registered home care providers active in the Borough offering support to residents who receive Direct Payments or who fund their own care.

2.4 Direct Payments

- The Council is also committed to delivering greater choice and control to service users. In 2013/14 one in 4 service users (26%) were supported with a direct payment, which is a marked increase in take up compared to previous years.
- From April 2015, the new Care Act introduces the requirement for all service users to have a personal budget. This will mean that all service users will have a clear understanding about the financial resources available to them. In future, Thurrock Council expects most people (or an authorised person on their

Key Point 16

Direct payments are increasing.

The Care Act introduces a requirement for all service users to have a personal budget.

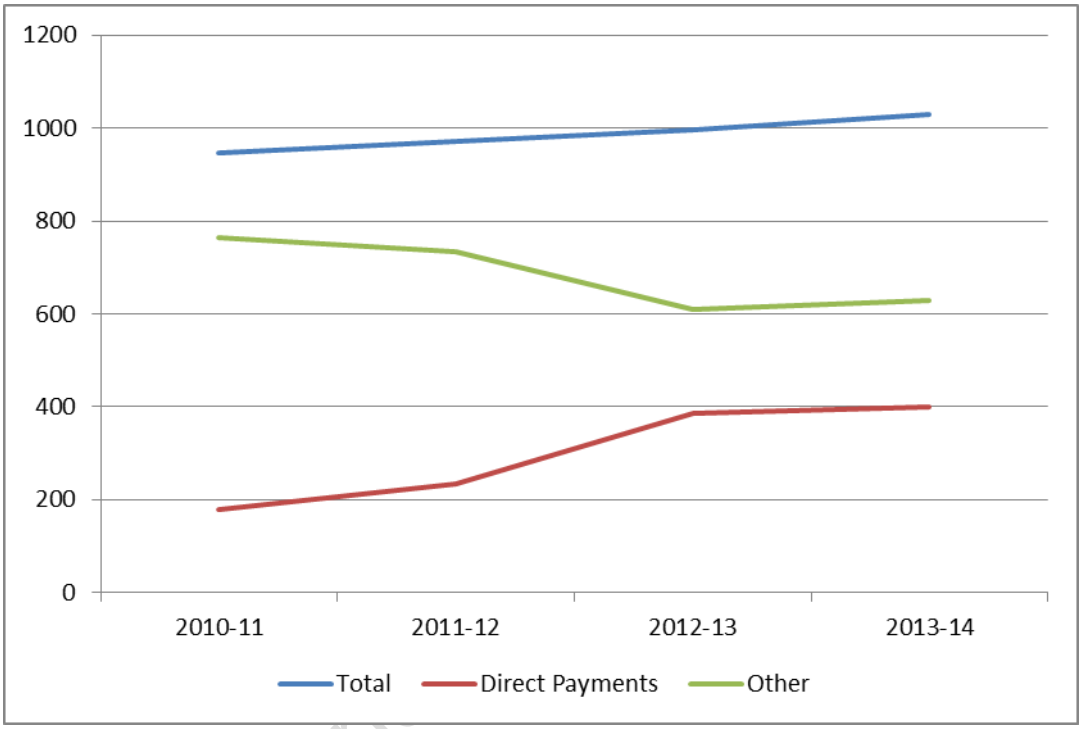
We expect most people in the future to utilise a direct payment.

This will be a significant change for providers as the commissioning moves from the Council to the individual.

Providers will need to be able to respond as service users may wish to purchase something different to the Council.

Meeting the needs of people utilising a direct payment or their own funds is a potential growth area for providers.

behalf) to take this personal budget as a direct payment (i.e. they will have the money) and make their own arrangements for care.



2.5 Supported Accommodation

- The Council provides 1,304 units of sheltered housing in 37 separate schemes which all have support from Sheltered Housing Officers and a community alarm service providing an emergency response.
- There are four sheltered housing schemes operated by Registered Social Landlords providing 113 one and two bedroom homes for rent and three private sector retirement schemes for leasehold ownership, providing 91 one and two bedroomed homes.
- The Council owns 2 two extra care housing sites with a total of 73 units, and demand for these units is high. Also we have in partnership with Hanover developed a new purpose built extra care scheme which provides 18 one bedroom and 47 two bedroom extra care flats for rent and sale.
- As the development of extra care is relatively recent, the Council is still evaluating the impact of this service and as to whether we will role this out wider. We will make providers aware of this evaluation in 2015.
- As part of this evaluation we are considering the development of a small extra care scheme for people with learning disabilities (utilising council stock) and possibly supporting the development in the west of the borough (as we currently have no provision) a small extra care housing development for older people and people with dementia.

Key Point 17

The Care Act 2014 will give carers the same rights to assessment and support as the people they care for.

Due to this change in legislation we are expecting to identify and support a greater number of carers.

We will be addressing the lack of diversity within this sector of the market so that carers have a greater choice of services. A direct payment provided, either for the carer or the person they are supporting, may then be used to purchase services which help with their caring role or their life outside of caring.

As such, this offers a real opportunity for growth for high quality providers.

- There are 46 units of purpose built (individual flats) supported accommodation for people with learning disabilities and mental ill health. These are mainly run by Registered social landlords.
- In addition we are currently running a pilot to help people with learning disabilities transition to independent living. This pilot has 8 places available and currently utilises Council owned stock (ex-warden homes on sheltered housing sites). This pilot has proven to be very effective and has resulted in a number people moving on to their own homes in the community.
- In addition we currently have 29 units of supported living run by the private sector (and 10 units run by a social enterprise) available in-borough for people with learning disabilities and mental ill health. The accommodation and care/support is currently linked. We plan to move away from this model and will be looking for a distinct separation of accommodation and support over time. People with learning disabilities and mental ill health should have the right to choose how they live, where they live, who they live with and who supports them along with every other member of society.
- Current and potential providers of supported living services should familiarise themselves with the REACH standards[2] and ensure that their services meet the core principles.

2.6 Carers Services

- The 2011 Census reported that there were 14,606 unpaid carers in Thurrock, which represents around 9% of the population.
- The Council is one of the largest providers of carers services locally. As part of the Care Act we will ensure that there is a diversity of quality provision.
- In the future, we expect carers needs to be largely met through a direct payment.
- The identification of carers early on in their caring role is key to reducing the risk of carer breakdown and crisis situations at a later stage. In order to improve our identification of carers, Thurrock appointed Cariads, to identify and provide support, information and advice to carers. Cariads is a collaboration of three local voluntary sector organisations each with their own area of expertise and a strong track record of supporting carers in the local community.
- In addition to our carer support in the community, the Thurrock Carers Centre acts as a hub for carers providing drop-in support and advice and hosting support groups, training and therapeutic activities. The Carers Centre also hosts regular short break services at the hub and arranges outreach respite services from here.

[2] Paradigm, REACH: Standards in Supported Living, 2003

Section 4 - Implications for Providers

Our vision is for a re-modelled care and support system – moving away from crisis responses that too often result in avoidable admissions to hospital and care homes, to wellbeing services that enable people to live healthy, fulfilling and independent lives in their own homes

This section sums up the main drivers for change over the next few years and implications for providers.

No.	Driver for Change	What this may mean for Providers
1.	**Communities become more resilient and self supporting, and improvements to the homes and built environment enable more people to stay well**.	• Commissioned Services will no longer be our first response but our last. We will work with people to find the solution in their own community • As the LAC and ABCD initiatives gain momentum there will be an impact on the amount of commissioned services. Traditional service solutions will only be used when all other avenues have been explored • We will support voluntary and community groups with initiatives that strengthen the community
2.	**The Council and the CCG are committed to integrated commissioning.** The Council and CCG commissioning functions will be integrated removing duplication and improving outcomes for people. In addition, the Council will be hosting the Better Care Fund (BCF).	• Single commissioning team across the Council and CCG • Single set of commissioning intentions and commissioning strategy • As the host organisation, the Council will be responsible for contract managing the elements of NHS contracts that sit as part of the Better Care Polled Fund
3.	**The new Care Act 2014 introduces the requirement for all service users to have a personal budget**. This will mean that all service users will have a clear understanding about the financial resources available to them	• Thurrock Council expects most people in the future (or an authorised person on their behalf) will take this personal budget as a direct payment • In the future the Council may not be the main commissioner of services. Both the money and power will shift from the Local Authority to individuals needing support and their carers. • Individual purchasers may be looking for something different to

		services available via a local authority • As more people utilise a direct payment to purchase P.A. support, an agency able to offer this service may become a need.
4.	**The new Care Act 2014 places a duty on the local authority to 'Promote Diversity and Quality in Provision of Services'**	• This means that Thurrock Council needs to ensure that services users have a variety of providers and a range of high quality of services to choose from • We will actively work with potential providers including micro and small/medium enterprises to ensure that service users (and carers) are offered real choice and foster innovation locally. • We will actively support the development of micro and social enterprises • Existing providers may find that their market share shrinks as the offer is increased • As a provider, Adult Social Care will also look to diversify its offer. As the number of people taking a direct payment and choice of providers increases, we expect our internally run services to adapt to reflect this.
5.	**The new Care Act 2014 places a duty on the local authority to assess whether a carer has needs for support and to provide or arrange for the provision of services, facilities or resources which contribute towards preventing or delaying the development by carers of needs for support**	• The provision of information and advice is a core component of the Act. We see this provision as not only the responsibility of the Council but of every providers • If eligible, carers will also be given a personal budget • We expect that in the future most carers will utilise a direct payment to arrange support. • This could be a growth area for existing and prospective providers • A review of the market has shown little diversity of provider in the Carers support service sector. Thurrock Council is encouraging increased diversity in the provider profile. As the number of people taking a direct payment and choice of providers grows, we expect our internally run services may adapt to reflect this.

		• We will actively support the development of a shared lives scheme locally as an alternative to residential respite.
6.	**There is an increase in Thurrock's population, especially those aged over 70 and people with dementia.**	• Innovative and high quality community based provision aimed at older people and people with dementia is an area of potential growth. • We are working closely with housing developers and our own housing, planning and regeneration departments to support the building of homes to HAPPI standards for older and vulnerable people. This is part of our strategy to enable older and vulnerable people to live independently in their community.
7.	**The number of service users in residential care is decreasing and as a result so is spend.**	• We may support the development of a high quality small dementia with challenging behaviour nursing home or unit. • We will not support the development of additional learning disability residential care schemes in Thurrock • However, we will actively support the development of a shared lives scheme locally as an alternative to residential care. • Although we anticipate a growth in people with autism and as such may require additional specialist services in borough, this detail will be contained within the Autism Strategy – the final version will be published on the Council's website in April 2015. Current and potential providers should refer to this document to understand our desired service profile before investing in local autism services. • We will not support the development of additional mental health or learning disability residential care schemes in Thurrock • We will be developing a step up/step down service provision for mental health
8.	**The number of service users being supported in the community is increasing and as a result so is spend.**	• As the development of extra care is relatively recent, the Council is still evaluating the impact of this service and as to whether we wish to roll this out on a wider scale. We will report in 2015. • Due to the success of Elizabeth Gardens we will consider (as

		part of the evaluation) supporting a small extra care housing development for older people and people with dementia in the west of the borough (as we currently have no provision here). • Also, subject to this evaluation we will consider the development of a small extra care scheme for people with learning disabilities • Unlike many areas we have the opportunity to utilise RSL and Council owned accommodation for supported living. As such, we will wherever possible utilise this resource and encourage the separation of landlord and support functions for long term provision. We will commission any support separately or service users can utilise a direct payment to arrange their own. • We will actively work towards a 100% of our long term supported living provision meeting REACH standards. • A recent review of the market has shown little diversity of provider in learning disability day services. Thurrock Council will be encouraging increased diversity in the provider profile. This will most likely be by the use of a framework type agreement. • We are anticipating a growth in service users with autism. This will form part of the framework type agreement (detailed above). This information will be contained within the Autism Strategy to be published in April 2015. Current and potential providers should refer to this document to understand our desired service profile before investing in local autism services.
9.	**The number of direct payments is increasing.**	• We expect direct payments to become the primary way care and support is purchased • In the future provides will have a relationship directly with service users – not the Council • Although the Council currently commissions home care under existing contracts with three providers, direct payments are increasing. This offers a real opportunity for the increase of organisations (large and small) who want to provide care to

		people either receiving a direct payment or self funding
10.	**Our assessment and Care Management Services are becoming much more closely embedded into the communities they serve and ensuring that strengths and outcomes are more important as needs and outputs in there practice.**	• Programme of culture transformation is underway that will require providers to engage with fieldwork to find creative solutions based on strength and choice. • Locality will become a crucial factor in solution finding. The challenge for providers will be to add value to the communities in which they provide. • A genuine partnership with the citizen will be a feature of the relationship between them, their support planner and provider; paternalistic models of support will be a thing of the past
11.	**Our transition service is committed to providing flexible and appropriate support for young people with disabilities moving through transition to adulthood that maximises their independence and promotes community inclusion.**	• Residential models of accommodation will become the service solution of last resort for disabled young people. • Community based solutions to lifestyle and respite support will be an area of potential growth. • Shared Lives approaches will also be encouraged for this group.

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Health and Wellbeing Board Forward Plan

Date	Agenda	Lead
13/11/14	• Pharmaceutical Needs Assessment – Final Document • Child Sexual Exploitation and the Jay Report • Well Homes Report • Finalising the development of the Better Care Fund pooled fund Section 75 Agreement Emotional Wellbeing and Mental Health Services (formerly CAMHS) Project Update • Proposed amendments to Thurrock's Health and Wellbeing Board Membership • Market Position Statement	Debbie Nicky Pace Louisa Christopher Paula Roger Sarah
15/01/15	• Mental Health Crisis Care Concordat • Public Health Commissioning Intentions - Service Specification • Annual Adult Safeguarding Partnership Board Report • Children's JSNA • Annual Public Health Report • Adult Autism Strategy Action Plan – Refresh and Update • Healthwatch Annual Report • Better Care Fund Update	Mark Debbie Jill Debbie Andrea Catherine Kim Ceri
12/03/15	• Care Act Update • Board Management Performance Update • Board Development Session Update • Health and Wellbeing Strategy Refresh • Joint Health and Social Care Self Assessment (Learning Disabilities) • Annual Stakeholder Event	Ceri Sharon Sharon Sharon/Ceri Kelly Sharon

Health and Wellbeing Board Forward Plan

- JSNA Refresh – January
- Children and Young People – key items to be identified
- Use part of meeting as workshop or for a ‘key note’ speaker to be invited?
- Housing and Planning Advisory Group –briefing note – to be provided Nov Board
- MIND (Lynne Evans) and SEPT (Carla Fourie) will be attending the Board in January 2015
- Annual Adult Safeguarding Partnership Board Report – To be signed -January
- Does CCG want to update the HWBB on anything?
- Where is the Primary Care Strategy? What is the status on this?
- Transformation Programme