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3 Context for the pharmaceutical needs assessment

Key messages:

The pharmaceutical needs assessment (PNA) for Blackpool, Blackburn with Darwen and Lancashire, is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described on the joint strategic needs assessment (JSNA) pages on the [Blackpool JSNA](#), Blackburn with Darwen [Integrated Needs assessment](#) and Lancashire County Council [Lancashire Insight](#) website. This PNA does not duplicate these detailed descriptions of health needs and should be read in conjunction with the JSNA pages.

The pan-Lancashire area consists of urban and rural areas. The health of people across pan-Lancashire is varied compared with the England average. Deprivation is higher than average and about 80,000 children live in poverty. Life expectancy for both men and women is lower than the England average. In pan-Lancashire, across the 14 localities, the difference in life expectancy is 7.2 years for men and 4.1 years for women.

3.1 Joint strategic needs assessments

The Blackpool, Blackburn with Darwen and Lancashire JSNAs provide an online platform for intelligence to inform priority setting and commissioning for health and wellbeing, which include intelligence about indicators of health, wellbeing and social care, and the determinants of health such as employment, the environment, community safety and social capital. Joint working arrangements between health and wellbeing board (HWB) partners are in place to maintain and develop the content of the web pages.

The JSNA teams undertake analyses to identify strategic health needs to inform commissioning decisions. JSNAs are viewed as a process rather than a document so that the most up to date information is available as widely as possible to inform decision making.

The Blackpool, Blackburn with Darwen and Lancashire County Council websites publish all the local JSNA reports and supporting documentation, including an annual JSNA summary and specific topic area reports for the local areas.

<http://www.blackpooljsna.org.uk/Home.aspx>

<http://www.blackburn.gov.uk/Pages/Integrated-strategic-needs-assessment.aspx>

<http://www.lancashire.gov.uk/lancashire-insight/jsna-publications.aspx>

3.2 Health and wellbeing boards

The Health and Social Care Act 2012 states that all upper-tier local authorities must establish a health and wellbeing board for their area. A HWB must consist of

- subject to subsection (4), at least one councillor of the local authority, nominated in accordance with subsection (3)
- the director of adult social services for the local authority
- the director of children's services for the local authority

- the director of public health for the local authority
- a representative of the local Healthwatch organisation for the area of the local authority
- a representative of each relevant clinical commissioning group
- such other persons, or representatives of such other persons, as the local authority thinks appropriate

Health and wellbeing boards are a forum for key leaders, from the health and care system, to work together to improve the health and wellbeing of the local population and reduce health inequalities.

Across the pan-Lancashire region there are three health and wellbeing boards that cover the local authority areas of Blackburn with Darwen, Blackpool and Lancashire.

Board members work together to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and their local council in the future.

It is the responsibility of the three health and wellbeing boards to

- to identify the priority health and wellbeing needs in our area (using the JSNAs)
- to set priorities based on information gathered from across their area
- to promote integrated commissioning and provision of services by encouraging partnership working

The work of each health and wellbeing board is guided by their local health and wellbeing strategy that focuses on key priorities. The priorities for each health and wellbeing board can be found below.

<https://www.blackburn.gov.uk/New%20local%20plan%202/4.09%20BwD%20Health%20and%20Wellbeing%20Strategy.pdf>

<https://www.blackpool.gov.uk/Residents/Health-and-social-care/Health-and-Wellbeing-Board/Our-vision-and-priorities.aspx>

<http://www3.lancashire.gov.uk/corporate/web/?siteid=6715&pageid=40274&e=e>

3.3 Lancashire clinical commissioning groups

Across pan-Lancashire there are eight clinical commissioning groups (CCGs): NHS Blackburn with Darwen, NHS Blackpool, NHS Chorley & South Ribble, NHS East Lancashire, NHS Fylde & Wyre, NHS Greater Preston, NHS Morecambe Bay (partly also covered by Cumbria County Council) and NHS West Lancashire. Figure 3.1 outlines their priorities and Figure 3.2 shows the location of all the pan-Lancashire CCGs.

Figure 3.1: Strategic priorities of the pan-Lancashire CCGs

| CCG | CCG strategic priorities |
|--|--|
| Blackburn with Darwen CCG | <ul style="list-style-type: none"> • Preventing people from dying prematurely. • Enhancing the quality of life for people with long-term conditions. • Helping people to recover from episodes of ill-health or following injury. • Ensuring people have a positive experience of care. • Treating and caring for people in a safe environment and protecting them from avoidable harm. |
| Blackpool CCG | <p>Improve the health of the people of Blackpool and reduce health inequalities through strong, clinically led commissioning of high-quality healthcare services that are modern, truly patient-centred and in the most appropriate setting.</p> <p>Commission for better outcomes</p> <ul style="list-style-type: none"> • Enhance quality of life for long-term conditions. • Reduce demand for planned/unplanned care. • Improve local mental health services. • Improve paediatric services. <p>Reduce health inequalities</p> <ul style="list-style-type: none"> • Increase smoking quitters. • Reduce alcohol-related admissions. • Reduce obesity. <p>Prevent people from dying prematurely</p> <ul style="list-style-type: none"> • Decrease <75 cardiovascular disease mortality. • Decrease <75 respiratory disease mortality. • Decrease <75 cancer mortality. <p>New models of care</p> |
| Chorley South Ribble/Greater Preston CCG | <ul style="list-style-type: none"> • Improve quality through more effective, safer services, which deliver a better patient experience • Commission care so that it is integrated and ensures an appropriate balance of in-hospital and out-of-hospital provision • Be an integral part of a financially sustainable health economy • Ensure the patients are at the centre of the planning and management of their own care and their voices are heard • Be seen as a well-run clinical commissioning group and the system leader |
| East Lancashire CCG | <p>Our ambition is that by 2018 the local health services we commission will characteristically demonstrate</p> <ul style="list-style-type: none"> • excellent patient experience is the norm • patients, the public (and clinicians) are able to access the information they need, know what services are available, and where and when and how to use them • patients and communities are even more engaged in local health systems, and are better able to play a role as co-producers of their health and wellbeing • less variation in service across East Lancashire • more primary and community-care based services, supported by a phased shift in resources from secondary to primary and community care • more integrated and better coordinated working between all services – primary, secondary, housing, community, social and voluntary care • as a CCG we are a committed participant in a multi-agency approach to tackling health issues and health seeking behaviours <p>We have identified priority areas where we will focus our commissioning activities to bring about real change in meeting this ambition and in improving services for local people.</p> |
| Fylde and Wyre CCG | <p>Commission high quality, safe and cost-effective services that reduce health inequalities and improve access to healthcare.</p> <p>Effectively involve patients and the public in decision making.</p> <p>Develop excellent partnerships that lead to improved health outcomes.</p> <p>Make the best use of resources.</p> <p>Develop and maintain an effective organisation.</p> |

| | |
|----------------------------|--|
| | <p>Cancer – ensuring patients receive a faster diagnosis and better treatment.</p> <p>Children and maternity – to ensure high-quality, accessible, user-friendly services are available for children, young people and pregnant women. To support children, young people and pregnant women to be aware of their own health and wellbeing and to be engaged in maintaining good health.</p> <p>End of life – to ensure that high quality services are available in hospitals, care homes and community settings for all patients and carers, regardless of diagnosis, that offer dignity, choice and support in the last year of life.</p> <p>Learning disability – ordinary and specific learning disability services will work together to bring the appropriate expertise and skills to meet a patient’s needs. People with learning disabilities and their carers will have the information and support they need to understand their condition and feel confident to manage their own health and wellbeing.</p> <p>Long-term conditions – community-based services, particularly general practice, will play a central role in proactively supporting patients with long-term conditions through high-quality, integrated and personalised care. People will have the information and support they require to understand their condition and feel confident to manage their own health and wellbeing.</p> <p>Mental health and dementia – the support of good mental health and wellbeing will be central to all healthcare. Support for mental and physical health will be delivered through coordinated community-based services. People will have the information and support they need to understand their condition and feel confident to manage their own health and wellbeing.</p> <p>Planned care – our vision is to make sure that patients are seen by the right person, in the right place, at the right time, by high quality, coordinated services that fit around their needs.</p> <p>Urgent care – people who need urgent care will receive consistently high quality services in the right place, at the right time. Wherever possible, services will be joined-up between health and social care and provided seven days a week in a person’s home or local community.</p> <p>Progress the integration and service redesign via the multispecialty community provider.</p> |
| <p>Morecambe Bay CCG</p> | <p>The CCG has identified six major strategic priorities.</p> <ul style="list-style-type: none"> ● To improve the health of our population and reduce inequalities in health. ● To reduce premature deaths from a range of long-term conditions — with a specific focus on cancer and cardiovascular disease. ● To develop care services closer to home. ● To commission safe, sustainable and high-quality hospital care. ● To commission safe, sustainable and high-quality mental health care. ● To improve the capacity and capability of our primary care services to respond to the changing health needs of our population. |
| <p>West Lancashire CCG</p> | <p>We aim to focus on delivering new models of care</p> <ul style="list-style-type: none"> ● Improving non-elective care – addressing avoidable hospital admission. ● Improving long-term condition management, with a focus on frailty – shifting from crisis management to prediction, prevention, and self-management. ● Improving elective care – reducing clinically unnecessary attendances and outpatient follow-ups. <p>Our goal of developing integrated community services is to</p> <ul style="list-style-type: none"> ● reduce duplication and ensure joined up care ● improve coordination and communication across care settings ● structure services so they are person centred, timely and responsive to need ● improve outcomes and the patient experience ● enable and promote early intervention self-care and prevention ● support people to live and age well, addressing the needs of the frail elderly <p>Our strategic priorities, to effect the necessary change to deliver this integrated model of care, means we will work with the whole health economy to</p> <ul style="list-style-type: none"> ● coordinate care for individual service users and carers ● support more integrated working with primary care by organising community services around GP practices and population ● work jointly with social care ● transform communication between GPs and specialists and generic services ● collaborate with other local healthcare and social care providers ● measure outcomes and costs and making this information widely available |

| | |
|--|---|
| | <ul style="list-style-type: none"> • provide comprehensive disease management and preventive services to our population including the promotion of self-care • develop, promote and utilise the VCFS and community assets to best effect <p>Our commissioning objectives are to</p> <ul style="list-style-type: none"> • provide high-quality services for the defined population based on best practice • work with our partners to develop people to have the knowledge, skills and competencies to do their job and support patients/carers to self-care • seek the views and involvement of those in receipt of care about how we deliver our services • deliver services closer to home, offering viable and safe alternatives to hospital care • manage our finances and business safely and responsibly • improve performance by acting on good information <p>Our strategic ambitions for integrated care are to</p> <ul style="list-style-type: none"> • add value for the defined population (defined as quality outcome per £ spent) • support GPs as providers and commissioners • improve population health • reduce avoidable non-elective admissions • reduce elective referrals in a primary care setting • proactively manage frailty and long term conditions |
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| http://www.eastlancsccg.nhs.uk |
| http://www.chorleysouthtribbleccg.nhs.uk/ |
| http://www.greaterprestonccg.nhs.uk/ |
| http://www.fyldeandwyreccg.nhs.uk |
| http://www.lancashirenorthccg.nhs.uk/about-us/priorities/ |
| http://www.westlancashireccg.nhs.uk/what-we-do/our-priorities/ |

Figure 3.2: Pan-Lancashire CCGs



3.4 Sustainability transformation partnerships

In 2015, NHS England worked with other national organisations to produce the Five Year Forward View, which is a national plan to improve health and care services. This national plan states that services need to get better at preventing ill health, improve overall quality and safety and become more efficient.

In 2016, NHS England asked 44 regions, including Lancashire and South Cumbria, to bring together NHS organisations, local authorities and voluntary and community groups to produce a sustainability and transformation plan (STP) to meet the three aims described above.

Healthier Lancashire and South Cumbria Partnership (STP) is a partnership of organisations working together to improve health and care across our region made up of five local areas:

The five areas of the STP are

Bay Health & Care Partners

Lancaster and Morecambe

Pennine Lancashire

Burnley, Pendle, Rossendale, Hyndburn, Ribble Valley and Blackburn with Darwen

Central Lancashire

Preston, Chorley and South Ribble

West Lancashire

Ormskirk and Skelmersdale

Fylde Coast

Blackpool, Fylde and Wyre

In November 2016 a draft plan was published for Lancashire and South Cumbria, which included a high-level plan to transform primary care services including pharmaceutical services.

The Next Steps on the Five Year Forward View, published in March 2017, describes the ambition to encourage practices to work together in hubs or networks with a combined patient population of at least 30,000 to 50,000. This population size will allow practices to share community nursing, mental health and clinical pharmacy teams, expand diagnostic facilities and pool responsibility for urgent care and extended access. They also involve working more closely with community pharmacists, to make fuller use of the contribution they make.

The STP ambition is to have 75% of primary care networks established by March 2018 and 100% by October 2018.

The primary care networks

Primary care networks bring together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for local communities.

This model is a complete 'placed-based care community', consisting of GP surgeries, pharmacists, community mental health and acute trusts, social care and the voluntary sector to focus on local population needs and provide care closer to the patient's home.

Pharmacy colleagues are working with GP federations and primary care networks across Lancashire and South Cumbria to enhance the contribution to managing patients with long-term conditions, improving public health outcomes and reducing health inequalities. The Community Pharmacy Forward View sets out the sector's ambitions to radically enhance and expand personalised care in addition to supporting wellbeing services that community pharmacies provide.

Community pharmacy will support the STP primary care, prevention and workforce agendas, ensuring pharmacy teams are fully integrated with other local health care professionals and services. This will focus on

- quality
- access for patients
- increased NHS efficiency for better health outcomes
- reduce unwarranted variation in clinical pharmacy services
- embed principles of medicines optimisation into routine practice
- improve clinical productivity and patient safety through increased deployment of pharmacy staff in patient facing roles
- improve sub-optimal use of medicines

Healthy living pharmacies can be further developed locally to coordinate additional services provided by community pharmacies as an umbrella framework to focus on STP priorities. The community pharmacy sector will make a significant contribution to the challenges faced to develop a more integrated, efficient and effective health care system.

3.5 Outcomes frameworks

In addition to local priorities there are national priority areas for improvement in health and wellbeing. The Department of Health has published outcomes frameworks for the NHS, CCGs, social care and public health which offer a way of measuring progress towards achieving these aims. The Public Health Outcomes Framework (PHOF) for England, 2016-2019 sets out desired outcomes for public health, focussing on two high-level outcomes of

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities

To support these outcomes a set of public health indicators has been developed to monitor progress year-on-year. These indicators have been split into four domains

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

3.6 Locations across pan-Lancashire

Across pan-Lancashire there are 12 district councils and two unitary authorities. Figure 3.4 shows the 12 districts and the two unitary authorities.

The health of people across pan-Lancashire is varied compared with the England average. Deprivation is higher than average and large numbers of children live in poverty (Figure 3.3).

Figure 3.3: Percentage of children in poverty, Oct-Dec 2015

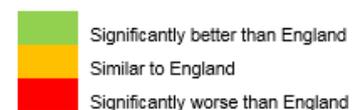
| | Before housing costs | After housing costs |
|-----------------------|----------------------|---------------------|
| Blackburn with Darwen | 20.7% | 32.6% |
| Blackpool | 22.4% | 35.5% |
| Burnley | 20.1% | 31.9% |
| Chorley | 11.4% | 18.6% |
| Fylde | 12.6% | 20.1% |
| Hyndburn | 18.7% | 29.5% |
| Lancaster | 15.2% | 24.5% |
| Pendle | 18.3% | 28.9% |
| Preston | 17.2% | 27.5% |
| Ribble Valley | 6.9% | 11.3% |
| Rosendale | 16.8% | 26.7% |
| South Ribble | 11.6% | 18.8% |
| West Lancashire | 13.1% | 21.4% |
| Wyre | 15.6% | 24.9% |

Source: <http://www.endchildpoverty.org.uk/poverty-in-your-area-2016/>

Figure 3.4 shows male and female life expectancy (LE) at birth compared to the national average. Life expectancy for both men and women is lower than the England average.

Figure 3.4: Life expectancy at birth by local authority (2013-2015)

| Local authority | Male | Female |
|-----------------------|------|--------|
| Blackburn with Darwen | 76.5 | 80.8 |
| Blackpool | 74.3 | 79.4 |
| Lancashire | 78.5 | 82.1 |
| Burnley | 76.3 | 80.0 |
| Chorley | 78.9 | 82.3 |
| Fylde | 79.4 | 82.5 |
| Hyndburn | 76.8 | 81.1 |
| Lancaster | 78.6 | 81.9 |
| Pendle | 77.8 | 81.5 |
| Preston | 77.3 | 81.6 |
| Ribble Valley | 81.5 | 83.3 |
| Rosendale | 77.4 | 82.1 |
| South Ribble | 79.9 | 83.5 |
| West Lancashire | 79.5 | 82.6 |
| Wyre | 79.2 | 82.4 |
| England | 79.5 | 83.1 |



Source: PHE, PHOF

There are differences in health care across pan-Lancashire and, as one example, Figure 3.6 shows the proportion of the population in different parts of pan-Lancashire who reported good or very good health in 2011 Census.

Of the 14 localities in pan-Lancashire male life expectancy is the lowest in Blackpool (74.3 years) and highest in Ribble Valley (81.5 years) with a difference of 7.2 years. Of the 14 localities in pan-Lancashire female life expectancy is the lowest in Blackpool (79.4 years) and highest in South Ribble (83.5 years) with a difference of 4.1 yearsⁱ.

Figure 3.5: Pan-Lancashire districts and unitary authorities

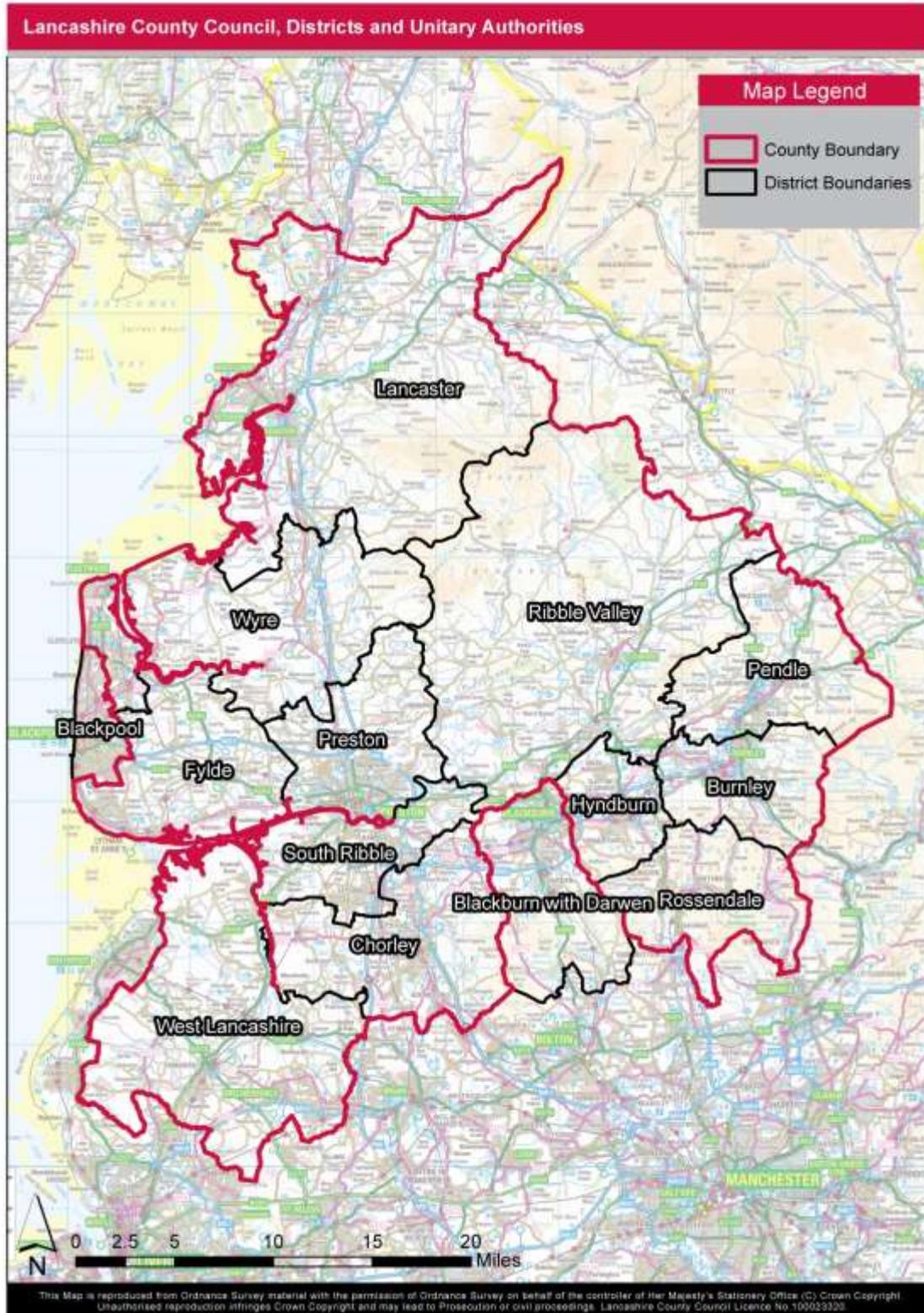
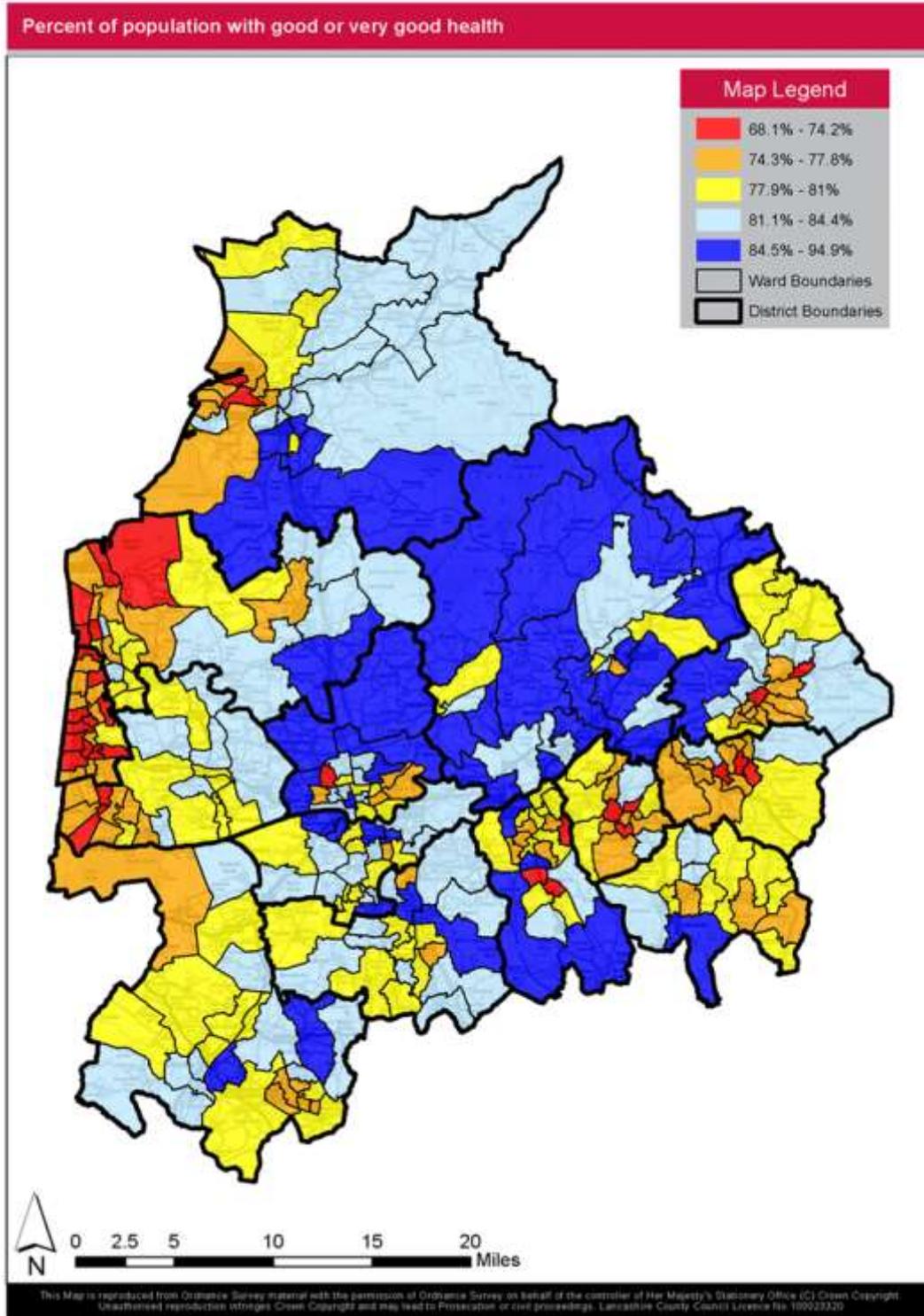


Figure 3.6: Percentage of population reporting good or very good health, by ward, 2011 Census – pan-Lancashire



Source: [2011 Census](#)

3.7 Characteristics of the population across pan-Lancashire

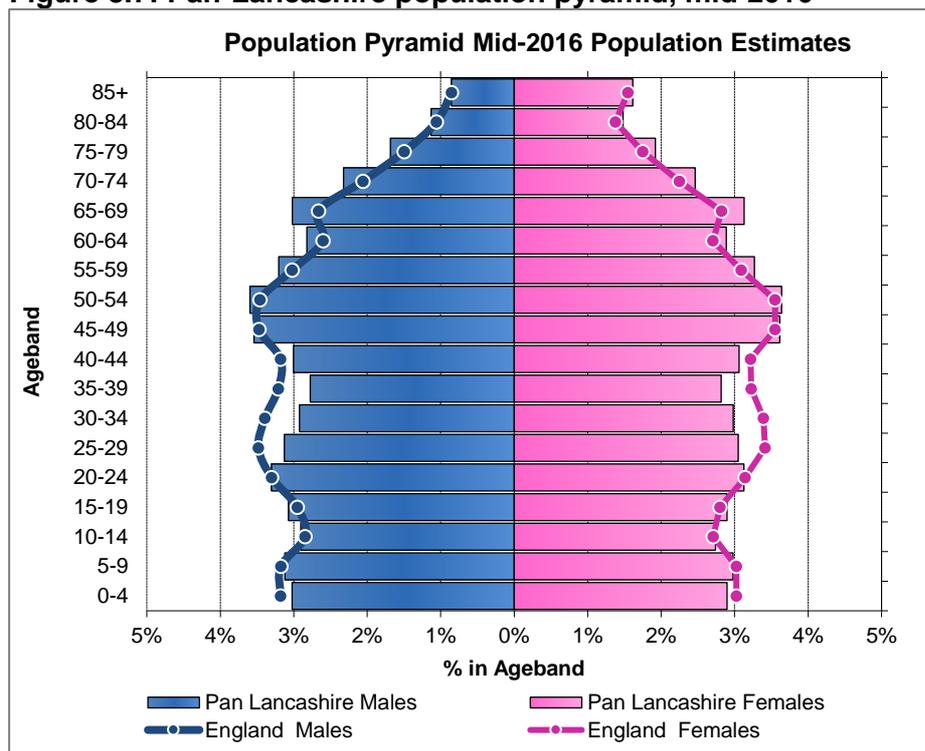
3.7.1 Demography

The mid-2016 population estimate of the pan-Lancashire area was approximately 1,478,000 peopleⁱⁱ, Figure 3.7 shows the age and gender profile of this population. The age composition of the population varies by locality, for example Wyre has more people aged 65 or older compared to other localities (Figure 3.10).

The population is not forecast to increase substantially in the coming years, with a projected increase of approximately 2% in the pan-Lancashire population over the next ten years.ⁱⁱⁱ The biggest increases are seen in the age group 65+ years, with a projection of a 16% increase over the next ten years and 36% increase over the next 20 years. Figure 3.8 shows the population projection in various age groups.

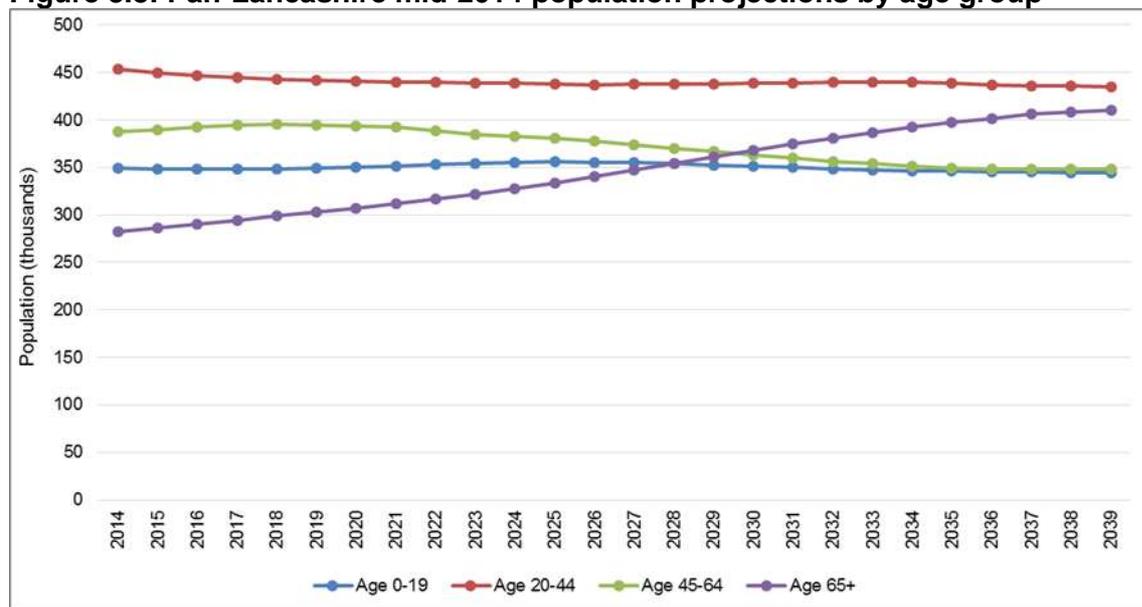
There are also several major housing developments underway across Lancashire as part of the Preston, South Ribble and Lancashire City Deal. The impact of this population growth on pharmaceutical needs is discussed in Chapter 6 of the PNA. Current pan-Lancashire population density can be found at: <http://www.lancashire.gov.uk/lancashire-insight/population-and-households/population.aspx>

Figure 3.7: Pan-Lancashire population pyramid, mid-2016



Source: [ONS Mid 2016 population estimates](#)

Figure 3.8: Pan-Lancashire mid-2014 population projections by age group

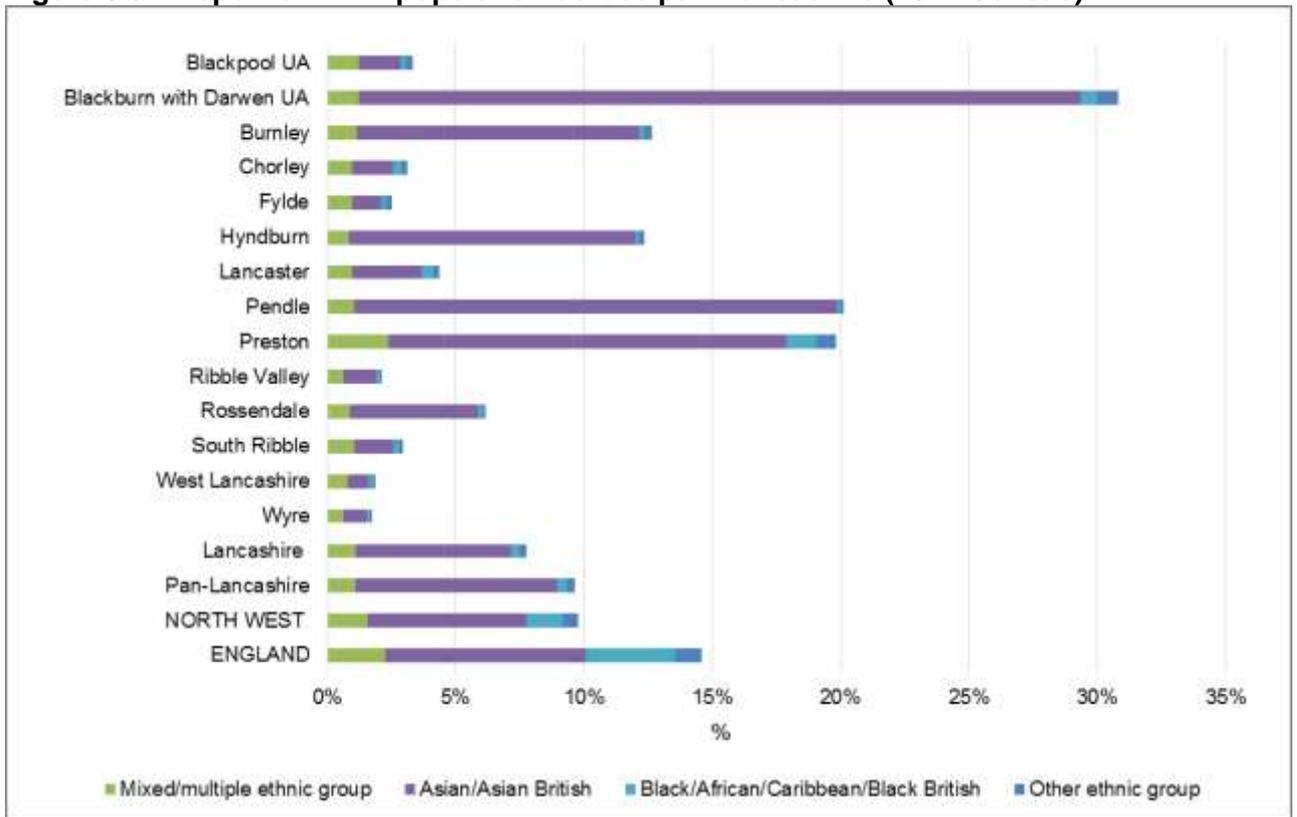


Source: [ONS Population Projections](#)

3.7.2 Ethnicity

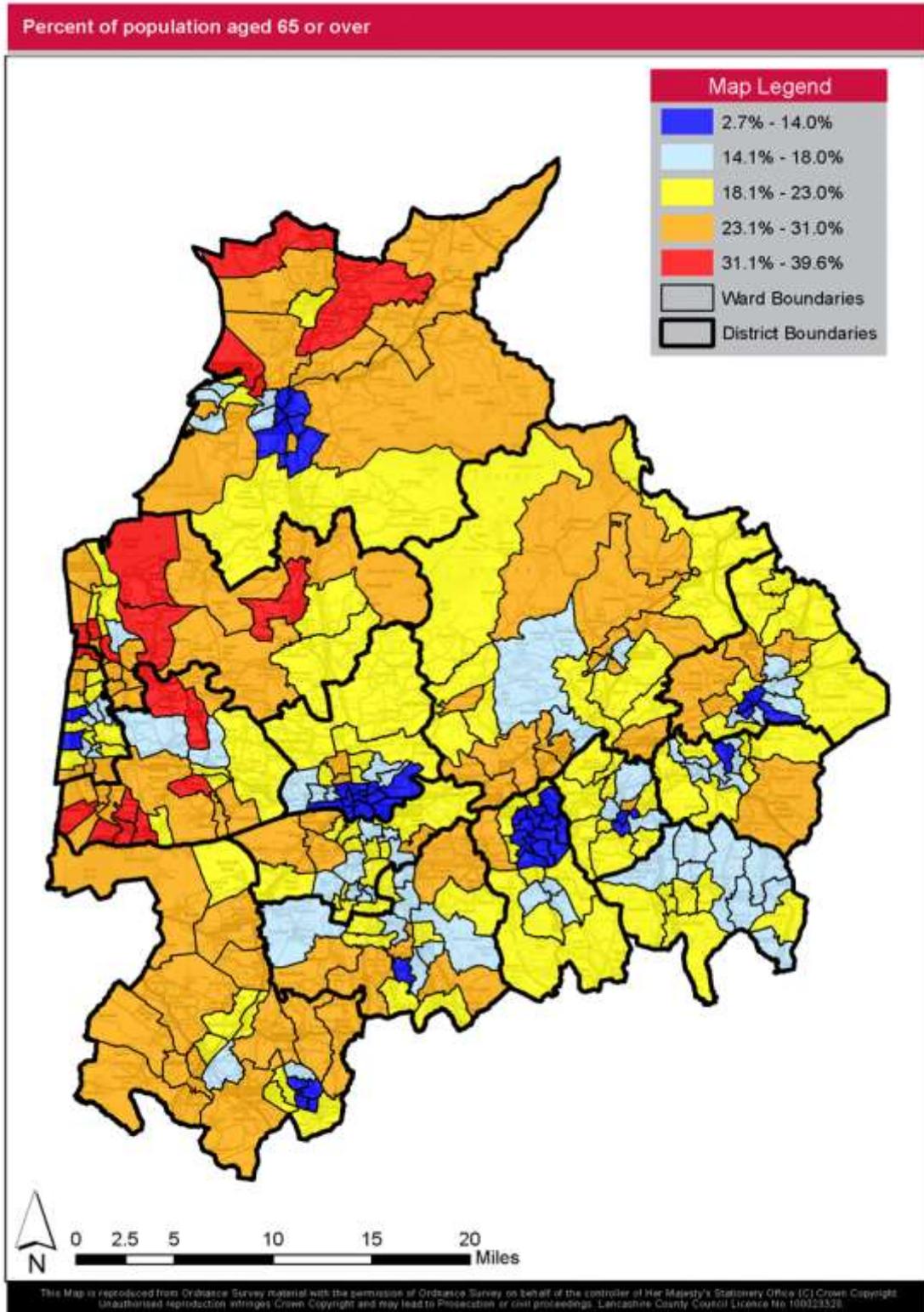
Information about the ethnicity of the population is collected every ten years in the UK Census, the last being conducted in 2011. The largest ethnic group (Figure 3.4 across the pan-Lancashire footprint is white (90.4%). 9.6% of the population are black, Asian or minority ethnic (BME), the majority of this group are Asian/Asian British. There are approximately 141,000 BME people living across the pan-Lancashire footprint. In 2001 the BME population across the pan-Lancashire footprint was just over 6.6% of the population. Since then, the number of BME residents has increased by almost 47,500, a growth rate of around 51%. Blackburn with Darwen has the highest proportion of BME residents at 30.8% of the population, followed by Pendle and Preston at approximately 20% of the population.^{iv}

Figure 3.9: Proportion BME population across pan-Lancashire (2011 Census)



Source: 2011 [Census](#)

Figure 3.10: Percentage of population aged 65 or above, by ward, 2015 mid-year estimate – pan-Lancashire

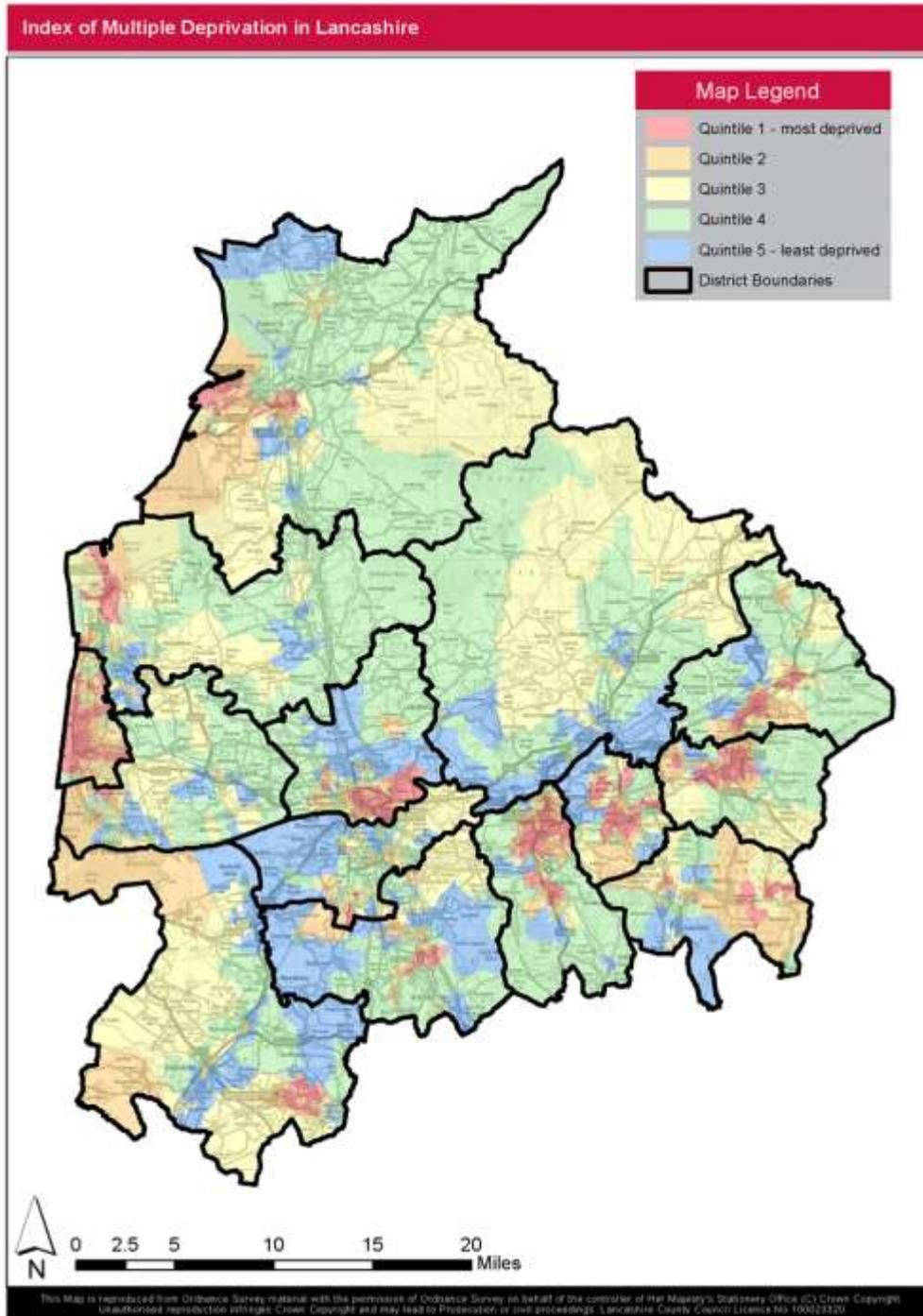


Source: [ONS](#)

3.7.3 Deprivation

Pockets of deprivation are found in all localities apart from Ribble Valley. Figure 3.11 shows pan-Lancashire's lower-layer super output areas shaded according to their national quintile of index of multiple deprivation 2015.

Figure 3.11: Deprivation in the pan-Lancashire area, Index of Deprivation 2015



Source: [Department for Communities and Local Government](#)

3.7.4 Health

Public Health England’s annual Health Profiles give a snapshot of the overall health of each local authority and district in England. The profiles present a set of important health indicators that show how each area compares to the national average in order to highlight potential problem areas. The 2016 health profiles highlight a number of pan-Lancashire areas which are significantly worse than the national average, including premature mortality, smoking related deaths and alcohol related hospital admissions. The profiles also highlight the differing health priorities across pan-Lancashire localities and an interactive tool shows comparisons across the 14 local authorities and by health topic (<http://fingertips.phe.org.uk/profile/health-profiles>).



The key demographic and health data is presented on the websites of the three Pan-Lancashire local authorities at the links below:

Blackburn with Darwen

<https://www.blackburn.gov.uk/Pages/Integrated-strategic-needs-assessment.aspx>

Blackpool

<http://www.blackpooljsna.org.uk/Home.aspx>

Lancashire County Council

<http://www.lancashire.gov.uk/lancashire-insight.aspx>

References

ⁱ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyanddisabilityfreelifeexpectancydeathbirthbysexformiddlelayersuperoutputareamssoasinengland>

ⁱⁱ ONS. Mid-2015 Population Estimates.

ⁱⁱⁱ 2014-based Subnational Population Projections for Local Authorities in England.

^{iv} Available at: <http://www.lancashire.gov.uk/lancashire-insight/population-and-households/population-and-households-2011-census/population-by-ethnicity>