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To: All members of the Health & Wellbeing Board

(Agenda Sheet to all Councillors)

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8 March 2018

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NOTICE OF MEETING – HEALTH & WELLBEING BOARD – 16 MARCH 2018

A meeting of the Health & Wellbeing Board will be held on **Friday 16 March 2018 at 2.00pm in the Council Chamber, Civic Offices, Reading.** The Agenda for the meeting is set out below.

AGENDA

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10. HEALTH AND WELLBEING BOARD – CHANGES TO MEMBERSHIP 200

A report seeking approval of the following changes to the membership of the Reading Health & Wellbeing Board:

- To amend the Clinical Commissioning Group (CCG) membership of the Health and Wellbeing Board to reflect the merger of the Berkshire West CCGs from 1 April 2018;
- To co-opt a representative from Reading Voluntary Action as a non-voting additional member of the Health and Wellbeing Board.

11. DATES OF FUTURE MEETINGS – Proposed Dates for 2018/19: -

Friday 13 July 2018 at 2pm
Friday 12 October 201 at 2pm
Friday 18 January 2019 at 2pm
Friday 15 March 2019 at 2pm

READING HEALTH & WELLBEING BOARD MINUTES – 19 JANUARY 2018

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council (RBC)
Andy Ciecierski	Chair, North & West Reading Clinical Commissioning Group (CCG)
Seona Douglas	Director of Adult Care & Health Services, RBC
Councillor Eden	Lead Councillor for Adult Social Care, RBC
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Councillor Lovelock	Leader of the Council, RBC

Also in attendance:

Michael Beakhouse	Integration Programme Manager, RBC & CCGs
Teresa Bell	Chair, West of Berkshire Safeguarding Adults Partnership Board
Michelle Berry	Neighbourhood Coordinator, Wellbeing, RBC
Ramona Bridgman	Chair & Parent Carer, Reading Families Forum
Darrell Gale	Acting Strategic Director of Public Health for Berkshire
Deb Hunter	Principal Educational Psychologist
Maureen McCartney	Operations Director, North & West Reading CCG
Melissa Montague	Public Health Officer, RBC
Maura Noone	Interim Head of Adult Social Care, RBC
Kajal Patel	Clinical Lead for Cancer (Berkshire West CCGs)& GP Governing Body Member South Reading CCG
Helen Redding	SEND Improvement Adviser, RBC
Tara Robb	Parent Carer, Reading Families Forum
Janette Searle	Preventative Services Manager, RBC
Liz Siggery	Home Instead Senior Care and Dementia Action Alliance representative
Nicky Simpson	Committee Services, RBC
Mandeep Sira	Chief Executive, Healthwatch Reading
Matt Taylor	CEO of Age UK Reading and Dementia Action Alliance representative
Alex Walters	Chair, West Berkshire, Reading and Wokingham Local Safeguarding Children Boards
Suzie Watt	Programme Officer, Wellbeing Team, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

Apologies:

Ann Marie Dodds	Director of Children, Education & Early Help Services, RBC
Stan Gilmour	LPA Commander for Reading, Thames Valley Police
Eleanor Mitchell	Operations Director, South Reading CCG
Sally Murray	Head of Children's Commissioning, Berks West CCGs
David Shepherd	Chair, Healthwatch Reading
Councillor Stanford-Beale	RBC

1. MINUTES

The Minutes of the meeting held on 6 October 2017 were confirmed as a correct record and signed by the Chair.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

The following three questions were asked by Tom Lake in accordance with Standing Order 36:

a) Accountable Care System

"There is much support for the flexible, innovative, integrated working which is promised by the Accountable Care System (ACS) collaboration, but at the same time there is much concern about the possibility of the population's healthcare being traded or obscured by commercial confidentiality. There is also a pending national Judicial Review of regulations introduced to enable transition to new models of care.

It may be helpful to compare the development of the ACS to the evolution of the Foundation Trust concept.

At present the ACS has no corporate existence, which assures against it being subject to trading but affords none of the governance and responsiveness standards which other NHS organisations adhere to.

It seems strongly in the interests of patients that a way be found to take integration forward while allaying fears of a radical change to the basis on which the ACS is working, so that it continue on the present collaborative basis for an extended time.

Given an extended period of working on a collaborative basis it would seem sensible for governance to be provided on a parallel collaborative basis between the governing bodies of the institutions involved - Trust governors, councillors, patient organisations."

Does this offer a way forward for all the organisations involved to proceed?"

REPLY by the Vice-Chair of the Health & Wellbeing Board (Dr Andy Ciecierski) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

"We welcome the local support we have received for the Berkshire West ACS. You are correct that the primary purpose of the ACS is to promote closer working and collaboration between the CCG, Royal Berkshire Foundation Trust, Berkshire Healthcare Trust and GP practices and to support the ongoing integration work with Local Authorities through the Berkshire West 10 programme. By doing this we hope to offer people more integrated care which improves health outcomes and makes the best use of the NHS and LA pound locally.

As you observe ACSs have no legal form – this would require legislative change. The model is one of the statutory bodies – CCGs and Foundation Trusts – working together on a collaborative basis. The governance of the statutory bodies remains in place along with the responsibility for decision making in public boards and the duties of engagement and consultation, for example. This provides the assurance the public and partners expect in relation to governance and wider NHS standards. We agree with you that continuing this collaborative approach represents the way forward for us at this current time."

b) GP Alliances

"The Government is encouraging the formation of larger primary care providers with patient lists around 30,000-40,000.

What is the corporate form of the GP alliance in South Reading?

And of any similar organisations in North Reading? Are these public or private bodies? Are they subject to NHS standards and FoI?

Could they be the principal contract holders for primary care within the next few years?"

REPLY by the Vice-Chair of the Health & Wellbeing Board (Dr Andy Ciecierski) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

"You are correct that national policy is for primary care to work in multidisciplinary teams serving networks or neighbourhoods of 30,000 – 40,000. This does not necessarily require practices to merge to create a single practice but could be achieved by practices working together. In recognition of this the practices across Berkshire West have come together to form 4 GP Alliances. These are companies limited by share.

It is unlikely that individual practices will move off their current GMS and PMS contracts for the provision of core primary care in the short term. However, they may wish to respond as an Alliance to the opportunity to provide extended access 7 days per week. This is something that individual practices would find it hard to do. The Alliances may also wish to work together with Royal Berkshire Foundation Trust and Berkshire Healthcare Trust to redesign pathways so that patients can receive more of their care in a primary care setting. Where contracts are placed with the Alliances they will be subject to the same standards, monitoring and quality assurance as other NHS providers. Freedom of Information Act requests can be made to the CCGs about any contracts that they may place with the Alliances."

c) Approaches to Intervention in GP Practices

"Over several years we have seen quite a few GP practices in Reading show signs of difficulty, eg partnership unable to continue or CQC rating of inadequate. We have seen two approaches to intervening in these cases - either re-tendering of the contract or supportive action, possibly involving changes to the providing partnership. It now seems clear that the latter - pre-emptive and supportive - approach has been far more successful than re-tendering in present circumstances.

Isn't there now enough evidence for a supportive approach for local partnerships wherever possible?"

REPLY by the Vice-Chair of the Health & Wellbeing Board (Dr Andy Ciecierski) on behalf of the Chair of the Health and Wellbeing Board (Councillor Hoskin):

"You are correct that a number of the smaller practices in Reading have struggled to meet the standards required of modern primary care. National policy recognises this, hence the requirement for practices to work at scale to improve their resilience.

We agree that getting alongside practices and supporting them is the best approach to driving improvement and the CCG has provided support in a number of ways: Financial support; practice manager and GPs from other practices working in and alongside challenged practices; expert advice eg infection control, and access to the Royal College of General Practitioners' support package.

However, where GPs hand back their contracts the CCG is legally obliged to test the market via competitive tender, unless it is an urgent situation in which case the CCG can disperse the registered list of patients to other practices. The CCG may also determine that contractual action is required if practices fail to improve after a sustained period of support. Each situation has to be judged on its own merits. The CCG's primary duty is to ensure safe, high quality services for patients."

The following question was asked by Sarah Morland in accordance with Standing Order 36:

d) Partnership with the Voluntary Sector

"Reading Voluntary Action is asking this question on behalf of local voluntary and community organisations which deliver services and activities to support the health and wellbeing of vulnerable people in Reading.

We understand the financial challenges facing both Reading Borough Council and the Berkshire West Clinical Commissioning Groups. As a result, there have been reductions in funding to the voluntary sector from both statutory agencies. Over the past two years we have seen more than 50% cuts from Reading Borough Council and the CCG Partnership Development Fund.

A recent example is the CCG Partnership Development Fund which awarded 24 grants for 17/18 and we understand that only 8 or 9 will be awarded for 18/19 across Berkshire West.

Would the Health and Wellbeing Board outline future plans for working in partnership with the voluntary sector in the light of reduced funding and increased demands across all health and social care agencies (both statutory and voluntary)."

REPLY by the Chair and Vice-Chair of the Health & Wellbeing Board (Councillor Hoskin & Dr Andy Ciecierski):

"You are right that the Council and the CCG both face significant financial challenge but we both wish to support the voluntary sector to the extent that we can and recognise the value which third sector providers bring in how we commission services.

The CCG will move away from an annual bidding round and will seek to place two to three year contracts to give security and stability to voluntary sector organisations.

Both the CCG and the Council share an ambition to work more closely together on voluntary sector commissioning. Unfortunately due to the pressures we both face we have not been able to put this in place across our commissioning programmes for 2018/19.

However, the CCGs included local authority representatives on the appraisal panel for the Partnership Development Fund this year. The Berkshire West 10 programme is

committed to looking at the opportunities for joint commissioning of the voluntary sector across the whole of Berkshire West."

3. MAKING READING A PLACE WHERE PEOPLE CAN LIVE WELL WITH DEMENTIA: UPDATE ON PRIORITY 6 FROM THE HEALTH AND WELLBEING STRATEGY ACTION PLAN

Michelle Berry and Suzie Watt submitted a report giving an update on delivery against the Health and Wellbeing Strategy Action Plan Priority 6 – "Making Reading a place where people can live well with dementia". It included an overview of performance and progress towards achieving goals which contributed to making Reading a place where people could live well with dementia, as well as upcoming activities which supported the strategic objectives.

The report stated that local estimates suggested that around 1,500 people in Reading were living with dementia, with around 70% of these aged 80 or over, and that by 2035 this could have risen to almost 2,500 with 75% aged 80 or over. If the same proportions as in the current population were eligible for care, this might mean around 380 people receiving care, with around half of these in nursing or residential care. The report explained the impact of dementia on individuals and families, and the knock-on effects on health and social care services and the economy. It set out progress made to date on the targets within the Health and Wellbeing Strategy Action Plan in relation to Priority 6 on dementia, giving details of the many initiatives and activities being carried out, under the three headings of Raising Awareness, Diagnosis and Care, and Improving Understanding.

Matt Taylor and Liz Siggery from Reading Dementia Action Alliance (DAA) also attended and gave a presentation on the work of the alliance and explained why they and their organisations Age UK Reading and Home Instead Senior Care were involved in the Reading DAA.

The presentation explained that the DAA was a group of individuals who dedicated their time to raise awareness of dementia and to work towards creating a dementia-friendly Reading. The DAA was not: a dementia expert; a charity or an organisation; holding or raising funds; nor owned by an any organisation, but a group of activists who worked to ensure that individuals living with dementia and their carers were supported and understood while living in Reading. The membership included a range of organisations, from charities to the Oracle shopping centre, and the public and voluntary sector, and each member had a written organisation action plan on the DAA website https://www.dementiaaction.org.uk . The Reading DAA had been working to make neighbourhoods dementia-friendly and had started with Southcote, where development work continued.

People were encouraged to take small actions to help improve things for people with dementia, such as activity on social media, watching the online video, signing up their team, organisation or service to the DAA, or becoming a Dementia Friend https://www.dementiafriends.org.uk/. A Dementia Friend learned a little bit more about what it was like to live with dementia and then turned that understanding into action. There were also Dementia Friends Champions. Reading had over 30 volunteer champions, who delivered standardised one hour dementia awareness information sessions, and these had helped create 5892 new Dementia Friends in Reading.

Resolved -

(1) That the report and presentation and progress to date against Priority 6 in Reading's Health and Wellbeing Strategy Action Plan be noted;

(2) That members of the Board take back to their organisations the importance of dementia awareness and encourage them to take up the DAA training for staff and volunteers.

4. IMPROVING HEALTHY LIFESTYLES IN READING – THE PILLAR OF PREVENTION (PRIORITIES 1 & 5)

Melissa Montague submitted a report giving an update on the work of Public Health in the Local Authority, and in collaboration with the Berkshire West CCGs, to address priorities 1 and 5 in the Reading Health and Wellbeing Strategy:

1. Supporting people to make healthy lifestyle choices (improving dental care, reducing obesity, increasing physical activity, reducing smoking)
5. Reducing the amount of alcohol people drink to safe levels.

The report explained that these two priorities had a focus on helping residents to adopt healthier lifestyle behaviours in order to prevent poor health and the need to use health and social care services in the future. It stated that people were living longer, with complex health problems that were sometimes of their own making. One in five adults still smoked, a third drank too much alcohol and just under two thirds were overweight or obese.

The role of Public Health in the Local Authority was to promote wellbeing and prevent ill-health and one way of achieving this was to support and encourage residents to adopt healthier lifestyles by being more physically active, eating a healthier diet, achieving and maintaining a healthy weight, not smoking and drinking alcohol only at safe and recommended levels. If the nation failed to get serious about prevention then recent progress in healthy life expectancies would stall and health inequalities would widen.

It was recognised that many of these unhealthy behaviours were more prevalent in the more deprived populations and so by focusing on helping individuals to change to more healthy lifestyles this was also tackling the inequalities in health that existed in society.

The report set out the context for the Health and Wellbeing priorities 1 and 5 including reasons why they were priorities. There was a clear link of this work to the NHS 5 Year Forward View and the BOB STP Plans. The report used evidence from the Global Burden of Disease, the Public Health Outcomes Framework and the Reading Joint Strategic Needs Assessment to demonstrate the importance of supporting people to adopt healthy lifestyle behaviours, and gave details of the innovative, successful and comprehensive programmes of work for each of the lifestyle areas including physical inactivity, obesity, smoking and drinking excess alcohol in order to prevent conditions such as diabetes, cardiovascular disease, liver disease and cancer.

The report noted that, with regard to drinking excess alcohol, a draft Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022 had been developed and was about to go out to consultation, so the strategy would be brought back to a future meeting of the Board following the consultation.

Resolved - That the progress to date against Priorities 1 and 5 in Reading's Health and Wellbeing Strategy Action Plan be noted.

5. CANCER UPDATE

Dr Kajal Patel submitted a report and gave a presentation summarising the work under way across Berkshire West in relation to cancer detection and treatment, underpinned by the Berkshire West Framework for Cancer, including areas of key focus specifically within the Reading locality. The report had appended a copy of the Berkshire West CCGs Cancer Framework "plan on a page" and of the presentation slides. The framework aligned with, supported and contributed to the delivery of Priority 7 within the Reading Health & Wellbeing Strategy, increasing bowel screening and prevention services.

The report stated that the Cancer framework outlined the vision within Thames Valley "To create a region that secures and delivers the best possible outcomes for every patient affected by cancer by working together to maximise resources, to deliver the best possible, clinically-led and patient driven health and social care".

The report gave details of the six overarching objectives of the Berkshire West cancer framework:

- Improving early detection of cancers by increasing access to diagnostics
- Improving one year survival rates for cancer in Berkshire West through improvement in the proportion of cancers diagnosed at stage one and stage two and reducing the proportion of cancers diagnosed following an emergency presentation.
- Ensuring faster access to treatment and a shorter client journey.
- Increase prevention of cancers by significantly improving screening uptake and linking with achievement of targets for smoking cessation, alcohol and obesity
- Provision of a recovery package to support people living with and beyond cancer
- Increasing the number of people supported to die in their place of choice (linking with the Berkshire West End of Life Programme)

The report and presentation gave details of the latest Reading performance data in relation to cancer and explained the background to the need for work on cancer and the modifiable risk factors for cancer and the important role that the Wellbeing Team could play in supporting these. It explained that a multi-agency Cancer Steering Group met monthly and that this had resulted in nine key workstreams which would benefit the residents within Berkshire West. The desired outcomes were listed in the presentation.

One of these key workstreams included a specific area of focus within the South Reading communities. South Reading CCG had identified some specific areas of focus to improve their outcomes for the early detection of cancers. Work was under way with Macmillan, Cancer Research UK and the local Wellbeing team. Macmillan would provide two years of community development support to improve education with seldom heard groups and Cancer Research UK and the Wellbeing team were developing a project for teachable moments for people who had had results come back as "not cancer" following a referral for suspected cancer.

Rushmoor Healthy Living, who had been commissioned to support this work, had been running community events across Reading, specifically reaching out to the more deprived areas and minority ethnic communities. More than 30 people who represented different communities and organisations across Reading had expressed an interest in becoming a cancer ambassador.

Cathy Winfield commended the work that had been done in Berkshire West on cancer led by Dr Patel and reported that an all-party Parliamentary Group had picked out Berkshire West for their work on this.

Resolved - That the report, and progress to date against the Reading Health and Wellbeing Strategy Action Plan Priority 7 on increasing bowel screening and prevention services, be noted.

6. REFRESHED FUTURE IN MIND LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH & WELLBEING

Further to Minute 2 of the meeting held on 6 October 2017, Cathy Winfield and Deb Hunter submitted a report giving an overview and seeking approval of the refreshed Future in Mind Local Transformation Plan (LTP) for Children and Young People's Mental Health and Wellbeing for 2015-2020, which had been published in October 2017 in accordance with national Future In Mind requirements. The LTP provided an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system.

The report had appended the refreshed LTP, which covered the Berkshire West area Berkshire West CCG area with Reading, West Berkshire and Wokingham Local Authorities. It stated that a young person-friendly version was currently being co-produced with service users and this would be published in due course.

The report stated that a wide range of initiatives across the system was under way to improve emotional health and wellbeing of children and young people. Further details of the Schools Link project in Reading were given at the meeting as an example of one of the initiatives linked to the LTP. Like most other areas of the country, demand for emotional health and wellbeing services had increased and the complexity of presenting issues was increasing. The increase in demand and complexity was being seen across voluntary sector, schools and specialist services and nationally there were specialist CAMHs staff shortages.

While waiting times for specialist CAMHs had reduced since 2015, the service was now at full capacity and waiting times were likely to increase unless demand could be managed better at an earlier stage across the system and additional resources in terms of staff and finance could be secured. Waiting times for specialist CAMHs in Reading were generally better than the national average.

The report stated that, for Reading, the focus continued to be on supporting and strengthening collaborative working from developments in integrating mental health into children's social care to ensure Reading children thrived and grew up to be confident and resilient individuals. The report set out how this would be achieved and set out the outcomes that the LTP expected to be achieved over the next four years.

The report stated that a Government Green Paper Transforming Children and Young People's Mental Health Provision' had just been published. This was welcomed, and recommendations made were similar to actions already contained within the refreshed Local Transformation Plan. However, the Green Paper did not make clear how possible additional resources would flow (via health or education) or where additional staff capacity would be sourced. The report recommended that the individual agencies involved in the Health and Wellbeing Board should review and respond to the Green Paper.

The Board discussed the LTP and in the discussion the points made included:

- There were lots of examples in the LTP where young people were involved, but it would be good if they were more involved in the transformation planning itself.

- In the section on further work needed, under the 17/18 actions, it was noted that on the waiting times for Specialist ADHD CAMHs treatment it stated that this care pathway had the greatest non-attendance rate which drove up average waiting times because non-attenders remained on the list, making this an outlier on the statistics. It was queried whether any further work was planned on investigating why these children did not attend, and if it was linked to their condition. Deb Hunter responded that officers would be keen to revisit this area.

- In response to a query about how CAMHS services were marketed to avoid the stigma associated with mental health issues, it was explained that each school was encouraged to reduce this stigma by having lessons on mental health. The publication of a PHSE on Mental Health and Wellbeing was also being awaited, and schools would be encouraged to develop their own bespoke approach to this. Emotional wellbeing needed to be encouraged, not just a focus on emotional mental health, and a range of responses needed to be offered to issues so that a continuum was available.

Resolved -

(1) That the refreshed Future in Mind Local Transformation Plan be approved;

(2) That the organisations on the Health and Wellbeing Board review and respond to the Green Paper 'Transforming Children and Young People's Mental Health Provision' as individual agencies.

7. SPECIAL EDUCATIONAL NEEDS & DISABILITY (SEND) STRATEGY 2017-22

Helen Redding submitted a report setting out the Special Educational Needs & Disability (SEND) Strategy for Reading Borough which had been approved by ACE Committee in July 2017 and the progress made to date on its delivery.

The following appendices were attached to the report:

Appendix 1: SEND Strategy 2017 – 2022
Appendix 2: Terms of Reference of SEND Strategy Board
Appendix 3: Schools Forum High Needs Block report October 2017

The report stated that the SEND Strategy provided a framework for SEND improvement, and the delivery of the provision and support required across key agencies to deliver the SEND Code of Practice (2015) in a coordinated way, ensuring that children and young people's needs were met at the right time, making best use of the resources available.

It set out the framework for addressing the key areas of improvement and development that would support universal and specialist provision across a range of agencies in meeting the needs of children and young people with SEND and their families into the future.

The report stated that the SEND Strategy consisted of four strands:

- Analysis of data and information to inform future provision and joint commissioning;
- Early Identification of needs and early intervention;
- Using specialist services and identified best practice to increase local capacity;
- Transition to adulthood.

The strategy provided a framework for a coordinated approach that would support all stakeholders and partners to:

- understand the profile of children and young people's needs with special educational needs and/or disabilities (SEND) 0-25 within Reading borough and how that compared to other local authorities;
- have clarity regarding their responsibilities and their role in identifying and meeting the needs of children and young people with SEND;
- ensure that there was a continuum of provision to meet the range of needs of children and young people with SEND and their families which was flexible to the changing profile in Reading;
- understand the pathways to accessing more specialist support when required;
- have confidence that high needs spending and resources were targeted effectively and supported improved outcomes for children and young people;
- understand what needed to be commissioned, recommissioned and decommissioned to meet the changing profile of needs across Reading borough both now and into the future.

The report gave details of progress made to date on the Strategy, which included the setting up of a SEND Strategy Board with representatives from all key partners, including Reading Families Forum (Reading's Parent Carer Forum), which was monitoring the implementation of the strategy and would ensure progress was made. The terms of reference of the SEND Strategy Board were appended to the report. The report also gave details of other current work, including on: a Young People's Forum; a needs gap analysis for schools; a detailed graduated response guide; a review of the range of services and provision; a number of audits; and converting SEND statements to Education Health and Care Plans.

The report stated that there was currently a significant overspend in the High Needs Block of the Dedicated Schools Grant. A detailed report on High Needs Block spend had been presented to and discussed at Schools Forum and next steps agreed to

ensure that allocation was appropriate and based on evidenced need, was targeted where it needed to be, and was supporting improving outcomes for children and young people. The Schools Forum High Needs Block report was appended to the report.

Ramona Bridgman and Tara Robb, from Reading Families Forum, addressed the Board, explaining how the SEND Strategy was making a difference for children and young people with SEND. They welcomed the improvements in planning, information sharing and support following development of the Strategy and the benefit of sharing datasets, formats and information across agencies and authorities. They highlighted the importance of all partners working together, not just Council and NHS colleagues with parent carers, but also with Academies and Free Schools. They said that more cross-boundary working and information-sharing was also needed to ensure that children received what they needed.

Ramona Bridgman and Tara Robb noted that the new Young People's Forum "Special United" were keen to be involved in areas where young people needed to be consulted. They encouraged members of the Health and Wellbeing Board to consider any potential changes that could impact on young people with additional needs, and ensure that the agencies liaised with both the young people and parent carers from the start, to encourage co-production.

It was noted that there were often issues for those with SEND around the transition from child to adult services. It was suggested that an update on progress on the SEND strategy could be brought to the Board in six months, and that this could also include an update on progress on these transition to adulthood issues. It was suggested that, if appropriate, some young people could come to the meeting.

Resolved -

(1) That the SEND Strategy 2017-2022, and the required contributions of key agencies for its delivery, be noted;

(2) That all partners support the delivery of the SEND Strategy;

(3) That a further report back on progress on the SEND Strategy be submitted to the Board in six months' time, and that this report include details of progress on issues around transition from child to adult services.

8. READING LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT 2016/17

Alex Walters submitted a report presenting the Reading Local Safeguarding Children Board (LSCB) Annual Report for 2016/17 on the work of and achievements of the LSCB for the 2016/2017 financial year, which was appended to the report.

The report explained that the Reading LSCB was the key statutory partnership whose role was to oversee how the relevant organisations co-operated to safeguard and promote the welfare of children in Reading and to ensure the effectiveness of the arrangements, as outlined in statutory guidance Working Together to Safeguard Children 2015.

The LSCB Chair was required to publish an Annual Report on the effectiveness of child safeguarding and promoting welfare of children in Reading. The report had to be presented to the Health and Wellbeing Board in line with statutory guidance and had also been presented to the Adult Social Care, Children's Services and Education Committee in December 2017.

The report explained that the Annual Report focused on the achievements and ongoing challenges for the LSCB and partners specifically against the priorities identified for the 2016/17 year. The achievements and ongoing challenges were set out under the following headings:

- Children's Emotional Health and Wellbeing;
- Strengthening the Child's Journey and Voice;
- Child Sexual Exploitation;
- Neglect;
- Improving Cultural Confidence and Competence in our Workforce to Meet Children's Needs.

The covering report explained that the Annual Report related specifically to the 2016/17 year but the covering report gave details of a number of developments since April 2017. It also set out likely changes to national guidance for LSCBs and local proposals for the merger of the three West of Berkshire LSCBs.

Resolved - That the annual report of the Reading Local Safeguarding Children Board 2016/17 be noted.

9. WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2016-17

Teresa Bell submitted a report presenting the West of Berkshire Safeguarding Adults Board (SAB) Annual Report 2016-17, which was attached to the report, for the Health and Wellbeing Board to consider the report, to meet statutory requirements.

The report stated that the SAB had to lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. The overarching purpose of a SAB was to help and safeguard adults with care and support needs. It did this by: assuring itself that local safeguarding arrangements were in place as defined by the Care Act 2014 and statutory guidance; assuring itself that safeguarding practice was person-centred and outcome-focused; working collaboratively to prevent abuse and neglect where possible; ensuring agencies and individuals gave timely and proportionate responses when abuse or neglect had occurred; and assuring itself that safeguarding practice was continuously improving and enhancing the quality of life of adults in its area.

The Annual Report presented what the SAB aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2016-17, both as a partnership and through the work of its participating partners. It provided a picture of who was safeguarded across the area, in what circumstances and why and outlined the role and values of the SAB, its ongoing work and future priorities.

Teresa Bell highlighted some of the trends across the area in 2016-17, noting that there had been a large increase in safeguarding alerts in Reading, which she hoped

was due to increased awareness. She said that only 24% of the alerts and concerns translated into a formal Section 42 safeguarding enquiry, compared to a national conversion rate of 40%, which raised the issue of whether people were raising a safeguarding concern when the issue could be managed through other processes, and she said this issue needed further work.

She also noted that, as in previous years, the majority of enquiries in Reading, as nationally and across Berkshire West, related to over 65s, mostly women, and that individuals with a white ethnicity were more likely to be referred. She said that she wanted to investigate why this was the case and there were not more concerns from the ethnic groups within the area. She acknowledged that sometimes some community and cultural groups found it harder than others to approach statutory services for help and said that it would be good to engage further with and involve all communities in this issue.

Resolved -

(1) That the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2016-17 be noted;

(2) That the Lead Councillor for Adult Social Care, the Chair of the SAB and the Director of Adult Social Care & Health Services investigate further the safeguarding data and the issue of the under-representation of some groups, such as men, younger people and ethnic minorities, and whether there was under-reporting.

10. UPDATE ON URGENT AND EMERGENCY CARE DELIVERY PLAN

Maureen McCartney submitted a report giving an update on progress in delivery of a modernised and improved urgent and emergency care service as described in the "Urgent and Emergency Care Delivery Plan" which had been published by NHS England in April 2017.

The report listed the seven key areas of change set out in the plan and set out, where appropriate, a summary of the steps which had been taken locally to date to support the delivery of the plan. The seven areas were:

1. NHS 111 Online
2. NHS 111 – Increase the number of 111 calls receiving clinical assessment to a third by March 2018, so that only patients who genuinely needed to attend A&E, or use the ambulance service, were advised to do this
3. Expanding evening and weekend GP appointments to 50% of the public by March 2017, then 100% by March 2019
4. Roll out of around 150 standardised 'urgent treatment centres' to offer diagnostic and other services to patients who did not need to attend A&E
5. Comprehensive front-door clinical screening at every acute hospital by October 2017
6. Hospital to Home: Hospitals, primary care, community care and local authorities working together to address delayed transfers of care
7. Ambulances: Implementing the recommendations of the Ambulance Response Programme by October 2017

The report also described the winter planning process in place for Winter of 2017/18.

Maureen McCartney explained that good partnership working across the health and social care system had had positive impacts on urgent and emergency care and the Royal Berkshire Hospital had so far been maintaining its performance of 90% against the Accident & Emergency standard.

The meeting discussed the current situation with regard to flu, especially in relation to the national "Australian flu" outbreak. It was reported that there were currently 30 flu cases in the Royal Berkshire Hospital and the situation locally was well under control and there were robust plans in place. For example, prophylactic antivirals could be used in care homes where there were outbreaks of flu. Children's flu jabs were working well, and this had a knock-on effect in protecting the elderly.

It was explained that the Australian flu had created an outbreak, as it had not been predicted that that strain would come to the UK, so the current jab had not covered it, but vaccination could never cover every strain. The best advice was still for people who were in 'at risk' groups to have a flu jab.

Resolved - That the report be noted.

11. READING HEALTH & WELLBEING ACTION PLAN 2017-20: PROGRESS REPORT

Janette Searle submitted a report giving an update on progress against delivery of the Health and Wellbeing Action Plan which supported the 2017-20 Health and Wellbeing Strategy as at June 2017. Current progress against each element of the Action Plan was set out in Appendix A to the report.

The report explained that, alongside the Health and Wellbeing Dashboard (see Minute 13 below), the Health and Wellbeing Action Plan update provided the Board with an overview of performance and progress towards achieving local goals. It also gave the Board a context for determining which parts of the Action Plan it wished to review in more depth at its future meetings, in line with the Health and Wellbeing Peer Review recommendation that the Health and Wellbeing Strategy should be used to drive the agenda of the Health and Wellbeing Board.

The appendix gave details of performance in the following eight priority areas of the Strategy:

1) Healthy lifestyle choices;
2) Loneliness and isolation;
3) Mental health and wellbeing of children and young people;
4) Suicide rate;
5) Safe use of alcohol;
6) Living well with dementia;
7) Breast and bowel cancer screening;
8) Incidence of tuberculosis.

Resolved -

(1) That the progress to date against the 2017-20 Reading Health and Wellbeing Strategy Action Plan, as set out in Appendix A, be noted;

(2) That a progress report on the Reading Health and Wellbeing Action Plan 2017-20 be submitted to the Board twice a year.

12. INTEGRATION PROGRAMME UPDATE

Michael Beakhouse submitted a report giving an update on the Integration Programme and on progress made against the delivery of the national Better Care Fund (BCF) targets. The BCF Performance Dashboard issued in December 2017 was appended.

The report stated that, of the four national BCF targets, performance against two (limiting the number of new residential placements & increasing the effectiveness of reablement services) was currently on track or very nearly on track to be met.

It stated that partners were not currently reducing the number of delayed transfers of care (DTOCs) in line with targets, but based on trends shown in weekly analysis of DTOC data across November 2017 onwards, they were optimistic that performance across the remainder of Quarter 3 would see further improvement. Performance had been markedly improved over performance shown 12 months previously. Additionally, a number of workstreams within the Programme had commenced with an aim to further improving performance.

Partners were not currently reducing the number of non-elective admissions (NELs) in line with targets and this remained a focus, particularly for the Berkshire West-wide BCF schemes. In addition, the Accident & Emergency Delivery Board was to have had a focused discussion on this at its December 2017 meeting to consider what further action was required. In terms of the local versus national position on NELs, the four Berkshire West CCGs were in the top 10 out of 211 CCGs for lowest numbers of NELs.

Resolved - That the report and progress be noted.

13. HEALTH AND WELLBEING DASHBOARD – DECEMBER 2017 UPDATE

Janette Searle submitted a report giving an update on the development of the Health and Wellbeing Dashboard, which would be used to keep Board members informed of local trends in priority areas identified in the Health and Wellbeing Strategy, and which was attached at Appendix A.

The report explained that the Board had agreed in July 2017 that the dashboard would be presented on an annual basis at the end of each financial year but had revised this decision in October 2017, when it had been agreed that the dashboard would be presented at each quarterly Health and Wellbeing Board meeting. Health and Wellbeing Board Strategy Leads had been asked to identify appropriate indicators and targets in partnership with local stakeholders in order to facilitate this.

Indicators and targets had been agreed for most of the priority areas. Indicators and targets for Priority 4 (Promoting positive mental health and wellbeing for children and young people) needed to be aligned with the local Future in Mind plan, and some of the indicators for Priority 5 (Living well with dementia) were still to be finalised. The

latest version of the Dashboard was attached at Appendix A, and included the latest available published data in December 2017 for each indicator agreed for inclusion.

Members of the Board noted at the meeting that the dashboard showed that the targets in Priority 1 on healthy lifestyles choices on obesity for adults and 4-5 year olds had been met, although not for 10-11 year olds, and it was suggested that these figures needed checking for accuracy and to see if the targets were challenging enough.

Resolved -

(1) That the the progress made in developing the Health and Wellbeing Dashboard be noted;

(2) That the refreshed Dashboard be brought back to each Board meeting from March 2018 onwards;

(3) That the data on the obesity targets be investigated to check that they were accurate and if so, they be reviewed.

14. DATE OF NEXT MEETING

Resolved – That the next meeting be held at 2.00pm on Friday 16 March 2018.

(The meeting started at 2.00pm and closed at 4.41pm)

Report for the Reading Health and Wellbeing Board 16th March 2018

Impact of Funding Reductions on the Capacity of Voluntary Organisations to Contribute to the Board's Strategic Priorities

by Sarah Morland, Partnership Manager for Reading Voluntary Action

For information

The purpose of this report is to highlight:

- how recent funding awards to local voluntary organisations by Berkshire West CCGs (Partnership Development Fund) and Reading Borough Council (Narrowing the Gap II) could impact on the capacity of voluntary organisations to contribute to the Board's strategic priorities and:
- the possible impact of a reduction in preventative health and social care services delivered by Reading voluntary and community sector

1. Background

Reading's voluntary and community organisations make a significant contribution to the Health and Wellbeing Board's strategic priorities. At the January Board meeting we were pleased to hear that, although Reading Borough Council and Berkshire West Clinical Commissioning Group (CCG) both face significant financial challenge, they both wish to support the voluntary sector to the extent they can. Further, that the Council and CCG recognise the value that voluntary sector providers bring to how services are commissioned.

We welcome the opportunity to co-produce a voluntary sector strategy with health partners to clarify future ambitions for partnership working and commissioning across Berkshire West. We hope that the discussions can be extended to include local authority partners at some stage in order that the voluntary and community sector has a clear "position statement" for future relationships with our key two statutory partners.

2. Voluntary sector commissioning opportunities locally in 2018/19

Applications for the Berkshire West CCG Partnership Development Fund 18/19 were invited for six weeks closing on 23rd October 2017. At the time, communications from the CCG stated that the total PDF allocation for 2018/19 was £325,000 (the same as for 2017/18), and that applicants would be notified in early January 2018.

Through the quarterly Infrastructure Organisation (IFO) Liaison meeting with the CCG in January, we were advised that of the 59 applications to the PDF, only 8/9 grants would be awarded, including the three IFOs and 3 youth counselling services in Berkshire West. In 2017/18, 27 grants were awarded through PDF, all to local voluntary organisations delivering health and wellbeing services to support the CCGs priorities. We currently have not been advised of the final number of grants awarded from the 59 applications made to PDF or the total BW CCG funding to the voluntary sector for 18/19.

Reading Borough Council has commissioned voluntary organisations through Narrowing the Gap II, the outcome of which will be announced soon. Contracts cover a wide range of preventative services including:

- Facilitating peer support and reducing social isolation for ten different demographics e.g. frail/elderly, adults with a physical disability , deaf and hearing impaired adults
- Supporting people to resettle at home after a period of hospitalisation
- Peer support to initiate and maintain breastfeeding

There has been some overlap in the health and wellbeing outcomes of services commissioned from voluntary organisations by the Council and CCG. In Narrowing the Gap II, a number of the services will now be joint funded, including:

- Facilitating peer support and reducing social isolation for adults who have experienced mental ill-health
- Carers advice and information support
- Social prescribing

3. Possible impact of the reduction in grants awarded through the Partnership Development Fund

We wanted to understand how a reduction in the number of grants awarded through PDF could impact on voluntary organisations' continuing capacity to support vulnerable people in Berkshire West and prevent/reduce the demands on statutory services.

We sent an on-line survey to all organisations which had previously received funding through PDF, or we were aware had applied for 18/19 funding. We asked what was the likely impact of no funding from the CCGs on the organisation and the people who use their services. We also asked about "the possible impact on statutory health and social care services if your service is reduced or closed".

We received 17 responses to the survey from organisations across Berkshire West. 10 organisations gave permission for their responses to be attributed to their organisation: Reading Refugee Support Group, Age UK Reading, Reading Mencap, Berkshire Youth, Me2Club, Cruse Bereavement Care (Thames Valley Berkshire), Dingley's Promise, Newbury Family Counselling Service, Reading Lifelines and Home-Start West Berkshire. Other responses will be anonymised.

3.1 Key results:

3.1.1 Reduction in or loss of preventative services and longer waiting times

The main impact on organisations and the services they deliver is a reduction in services, resulting in longer waiting times for people seeking support, advice and information.

The three **Home-Start** organisations in Berkshire Wes, help families with young children deal with the challenges they face. They support parents as they learn to cope, improve their confidence and build better lives for their children. They all report that they will have longer waiting times. Demands for their services increase as local authority Children's Centres and

Family Workers reduce. Most referrals to Home-Start services come from health visitors, who may now see increased demands on their own workloads.

The Home-Starts report an increase in families accessing support where the mothers have post-natal depression and depression. “These families do not reach the threshold for mental health services and therefore will receive no other support that can support the family as a whole. This service is specifically designed to ensure that mothers create strong attachments to their children which we now know are affected by poor mental health and have an impact on the child’s life chances.”

Another response stated that “the families we support will not reach their thresholds until their situation is far worse, leading to longer term problems in these families and ultimately a more costly and difficult situation to resolve”

Reading Mencap reported that a grant through PDF would have enabled them to continue supporting people with a learning disability to register with their GP and get an annual health check. And to raise awareness amongst health and care agency staff about learning disabilities and how they can make reasonable adjustments to their practices. “People will continue to die early because the health service doesn’t understand LD and doesn’t work together even when they do commission services.” (Many people within the CCG were unaware that Reading Mencap has been funded to support people with LD to get an annual health check in 2017/18).

Berkshire Youth supports young people and families around healthy lifestyles and the prevention of obesity and diabetes. “Young people services have taken a hit from all sides and the lack of investment in young people and preventative services has become a serious concern for the future of young people”. Berkshire Youth’s current programme will stop delivering.

3.1.2 Loss of opportunity to develop new, innovative services aligned with CCG priorities

The Partnership Development Fund encouraged voluntary organisations to develop new ways of working to support people’s health and wellbeing, and to help statutory health services to reach out to different communities in Reading.

Reading Refugee Support Group applied for funding to provide Mental Health Support to resettled Syrian families and other refugees across Berkshire West, as there is a lack of support for this vulnerable group.

Dingley’s Promise wanted to create a Health Support Worker post to support the early identification of health issues in children under 5 years with additional needs and disabilities , ensuring they are accessing appropriate health services to prevent unmet health needs and the escalation of issues.

Other organisations wanted to expand their services into new areas of Berkshire West, reach out to minority ethnic groups and support people to use technology to access health

services such as electronic prescriptions, skype consultations and other services/information to support long-term health conditions.

3.1.3 Counselling services across Berkshire West are significantly impacted

Newbury Family Counselling Service reported that it may have to close unless it can secure other funding - “Many of our clients fall between the level of need that Talking Therapies provide and the level of need for access to NHS CMHT services. The implication of this is that the parents’ poor emotional well being will continue and that in turn will negatively impact on the lives of their children.”

Cruse Bereavement reported that they may lose their paid coordinator, resulting in around 800 people not being able to access support from specialist bereavement volunteers. In 2017, 63% of referrals to Cruse Bereavement were through GPs, hospitals and Talking Therapies. “Bereavement counselling is not provided through the NHS IAPT services, hence the large number of referrals”.

Reading Lifeline offers counselling and support for those affected by infertility or baby loss during pregnancy or soon after birth**.** Lifeline reported that they may need to reduce the service offered to those who have lost a baby and are now pregnant again. Most of the referrals to Reading Lifeline’s specialist service are from Talking Therapies (40%) and the bereavement team at the Royal Berkshire Hospital.

3.1.4 Possible impact on statutory agencies

Reading Refugee Support Group was seeking funding for provide mental health support for resettled Syrian Families and other refugees.
“There is a lack of mental health support in this area which is a ticking timebomb. It will clog up a clogged system” -

Age UK Reading was seeking funding to sustain their befriending service.
“Without our support these people will either suffer in silence until their health problems become severe at which point they will need medical help, or they will present to an already overburdened GP or social care system”

Another local befriending service said “It is well researched that the experience of loneliness amongst the elderly can lead to increased medical referrals and other health related issues. Our service has a proven record of alleviating loneliness and isolation for the service users we provide. This helps sustain positive wellbeing and consequently reduces pressure on both health and social care services.”

Cruse Bereavement Care Thames Valley said **“**If our Charity were to stop providing this service there would be an additional 800 clients per year within Thames Valley Berkshire Area requiring support. Creating a significant impact on GP surgeries, Talking therapies, IAPT Services, Social Services, hospitals and other Health Care Organisations.”

4. Voluntary sector support for prevention and self-management

We are well aware of the financial challenges faced by health and social care partners, and the increasing emphasis on how we can work in partnership to reduce demands on statutory services. Reading's Health and Wellbeing Strategy emphasises the need **to empower people to take charge of their care and support**. *"The Health and Wellbeing Board shares the view that people should feel that they are in the driving seat for all aspects of their and their family's health, wellbeing and care. This applies to people maintaining their wellbeing to prevent ill health, as well those managing a long-term condition to stay well and prevent things from getting worse."*

Many of Reading's voluntary and community organisations contribute to these ambitions by providing groups and activities, peer support, advice and information, health condition-related support and more. It is difficult to measure the impact of individual services which seek to improve wellbeing or prevent decline in health as many factors may contribute. Is it possible to demonstrate a reduction in GP appointments when a person reports they feel more confident and positive after attending a gentle exercise class?

There may be a more obvious link between bereavement counselling and deaths by suicide. In Berkshire in 2012/14, coroners' records identified that 12% deaths by suicide were associated with family bereavement. We would suggest that the specialist counselling service offered by Cruse Bereavement could help to reduce the number of deaths and prevent the significant impact that death by suicide can have on the wellbeing of family and friends.

6. Conclusion

We urge Reading Borough Council and Berkshire West CCG to continuing investing in the preventative services delivered to vulnerable people by voluntary and community organisations, whilst recognising that the financial return on their investment may be difficult to quantify. We will continue supporting voluntary organisations to have robust systems in place to gather evidence, drawing on published research where relevant to demonstrate the impact of their services. We will encourage voluntary organisations to share the stories of, and learn from the experiences of people who use their services to ensure that they receive the most effective services to meet their needs.

What do Reading people know about TB?

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Contents

What do Reading people know about TB?

A community survey led by Healthwatch Reading

Survey aim: Reading Borough Council Public Health Team asked Healthwatch Reading to undertake a survey to provide a baseline of public awareness against which to evaluate the success of current and future TB campaigns.

About the survey respondents:

Total: 326 people, 48% of whom were aged 16-34, the main target group

Ethnicity: Most (55%) described as White British, then 8% Pakistani, 6% Indian, 6% other White, 5% Black African, 3% Mixed, and 10% other (mostly Nepalese)

Birth country: Most (62%) were born in the UK, then 8% from Nepal, 5% Pakistan, 4% India and the rest from a variety of countries.

Time in the UK: 31 people had been living here for five years or less, 74 had been here for between 6 and 60-plus years; the majority had always lived here

Residence: Most respondents (56%) said they lived in the Reading RG1 and RG2 postcodes. A small number lived outside of Reading borough, including Slough, Bracknell and Maidenhead.

Survey duration: The project ran from 1 August 2017 and 31 October 2017.

Survey method: Healthwatch Reading visited 12 community groups or events to ask and/or assist people in completing the anonymous survey. The survey questions and format were decided by Public Health.

Community impact: Reading Borough Council's Public Health team and South Reading Clinical Commissioning Group have welcomed the report, saying it will help influence a forthcoming TB action plan. They have also acknowledged the need to work with communities on reducing the stigma of TB.

Main survey findings:

- 91% had heard of TB before this survey
- 80% or more people knew that persistent coughing, or coughing up blood are symptoms of TB; the least known sympton was swollen feet
- 60% correctly identified some TB risk factors e.g. living in overcrowded homes
- 51% believed (wrongly) that a person with 'sleeping TB' can pass it on
- 32% believed (wrongly) that the BCG vaccine protects you from TB for life
- 25% do not know that you can carry TB germs even if an X-ray shows you have a clear chest
- 30% believed (wrongly) that having a TB test/treatment can affect your UK immigration status if you come from another country
- 36% would be embarrassed to tell family or friends if they had TB
- 41% do not feel that TB is relevant to them or their family
- Most people learned about TB from friends/family (36%), TV or school
- 83% believe NHS staff would treat TB-infected people with respect
- 65% of people do not feel that Reading residents know enough about TB

Introduction

About Healthwatch Reading

Healthwatch Reading was launched in April 2013 as part of a new national network of organisations in every local authority area, to give the public a greater say and influence over NHS and social care services.

Healthwatch Reading has a strong track record of reaching out and listening to diverse communities including people with mental health needs, the Nepalese and Polish communities, and the wide variety of people who visit local GP surgeries and A&E. Healthwatch Reading also speaks up for people via its place on the Reading Health and Wellbeing Board (HWBB), which oversees progress on local priorities to improve health and wellbeing of the Reading population.

Background: TB in Reading[1]

Latest data shows there were 25 notified cases of TB in Reading people, in 2015, a higher than average rate compared with England and the South East of England. These cases mostly affected people who were aged on average, 41 years, and living in the Reading Borough Council wards of Park, Abbey and Whitley, according to a paper presented to the Reading HWBB in July 2017.

These high rates spurred the HWBB to set a priority to reduce TB incidence, in the Reading Health and Wellbeing Strategy 2017-2020. Other actions have included:

- The launch of a local plan in 2015, to increase primary care referrals to the hospital-based new entrant screening service to offer free testing for latent TB countries into the UK in the previous five years. Since early 2016 it has tested 85% out of 271 invited for screening and found 20% carried TB (and could be offered treatment);
- An awareness event was held in January 2016 for Reading healthcare workers, to encourage them to refer eligible people to the new service;
- A public awareness event was held on 24 March 2017 (World TB Day), Broad St Mall, Reading, covering symptoms, risk factors, testing and treatment.

Aims of the survey

Reading Borough Council Public Health Team, with funding from South Reading CCG, commissioned Healthwatch Reading to undertake a knowledge, attitude and belief survey about TB. Healthwatch Reading was selected for its expertise in public engagement.

The project aims were to:

- provide a baseline against which to evaluate the success of current and future TB campaigns;
- provide insight into the knowlegde, attitudes and behaviours of local populations around TB, with a focus on surveying population groups living in the areas of South Reading where TB is more common; and
- signpost people to further information, resources or local screening services.

[1] Report to 14 July 2017 meeting of Reading Health and Wellbeing Board http://www.reading.gov.uk/media/7436/Item12/pdf/Item12.pdf

How the survey was carried out

Healthwatch Reading staff aimed to survey at least 150 people, particularly 18-34 year-olds who might have been born in, or had lived during the previous five years, in one of 58 countries outside of the UK where TB rates are high. (See Appendix 1 for full demographics)

We approached 12 different community events, community groups or service providers which we believed offered an opportunity to reach a diverse group of people. All 12 agreed to let us visit to promote and carry out our survey.

The survey locations included:

- a 'fresher's fair' at Reading College
- a 'fresher's fair' at the University of Reading
- the Indian Community Centre
- the Pakistani Community Centre
- a South Reading GP surgery waiting room
- a local homeless hostel
- a mental health event at a South Reading community centre
- a Baptist church community group
- the Reading Older People's Working Group.

(See Appendix 2 for a full list of survey events and dates)

During the project duration we also promoted the survey on the Healthwatch Reading website, through an electronic and postal monthly newsletter, at local Patient Voice meetings and through Facebook and Twitter channels.

Local Freshers Fairs were a great venue to capture responses from a high number of young people.

Our promotional material included artwork – particularly flags of countries where TB rates are high, and text translated into other languages – which are provided freely to local areas by the national charity TB Alert.

We exceeded our target for respondents, by surveying 326 people in total, due to high responses from students at the fresher fairs.

The ethnicity of respondents was in line with Reading's official population figures set out in the Joint Strategic Needs Assessment (JSNA), including:

- White British (55% of survey respondents) - compared with 66.9% JSNA figure;
- Pakistani (8%) - compared with 4.5% JSNA;
- Indian (6%) - compared with 4.2% JSNA. (See Appendix 1 for full ethnicity breakdown).

Colourful promotional material - and a freebie! - were used to engage potential survey respondents.

Apart from seven surveys completed online, the majority of people filled in a paper copy. Healthwatch Reading knew from previous projects that survey responses can be higher if people are personally approached by a person who can:

- explain the reason why their views are important and the potential impact for local people

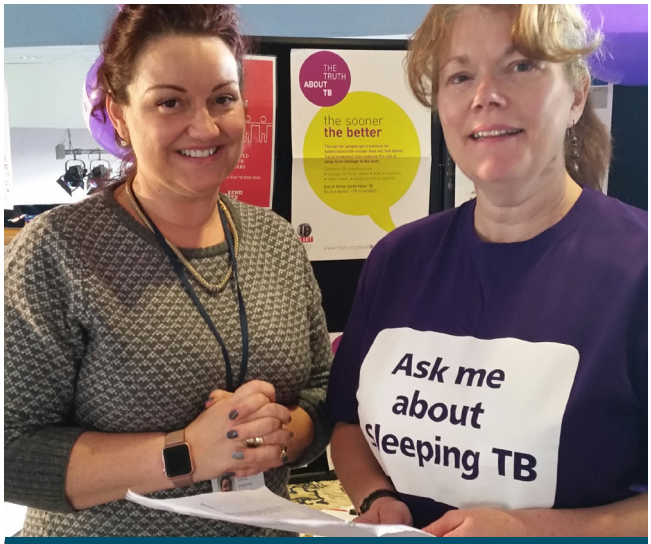
Our project work also involves liaising with other experts in community engagement - such as Cecily Mwaniki, from Berkshire Healthcare NHS Foundation Trust.

Visiting community groups in person was an important way of promoting inclusion, explaining survey questions, and showing people their views were valued.

We brought our portable info & advice stand to a variety of community events to promote the survey.

- assure people that their views are anonymous
- assist in explaining or simplifying questions that people might not understand because they do not understand English or have lower than average literacy levels
- provide information about accessing local services related to the survey topic.

The survey was designed by Public Health, based on a validated World Health Organisation survey. This type of survey is 'quantitative', which aims to generate data from answers to set questions, from enough people to be representative of the group you are interested in. This is different from 'qualitative' research, where people are given an opportunity to share their experiences and views in more depth, such as through a semi-structured interview or conversation.



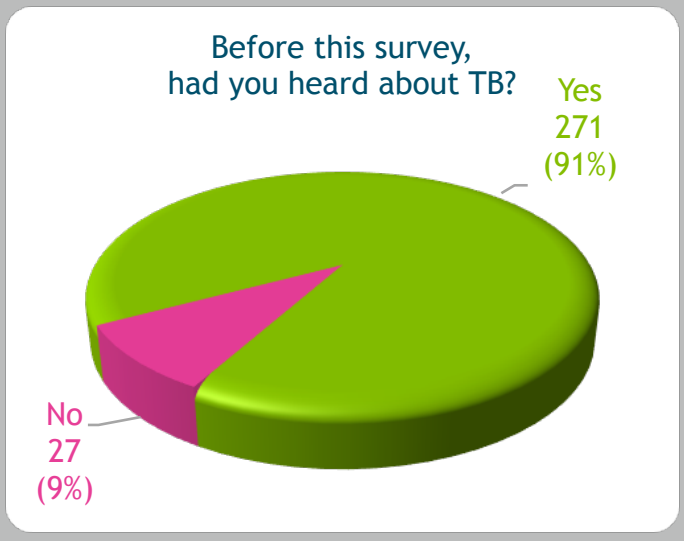
We also worked in partnership with NHS staff during the project to gather intelligence on TB, treatment, and target groups, including TB nurses Kay Perry, TB Nurse from the Royal Berkshire Hospital and Chrissy Long, Latent TB Manager from the NHS South Reading CCG.

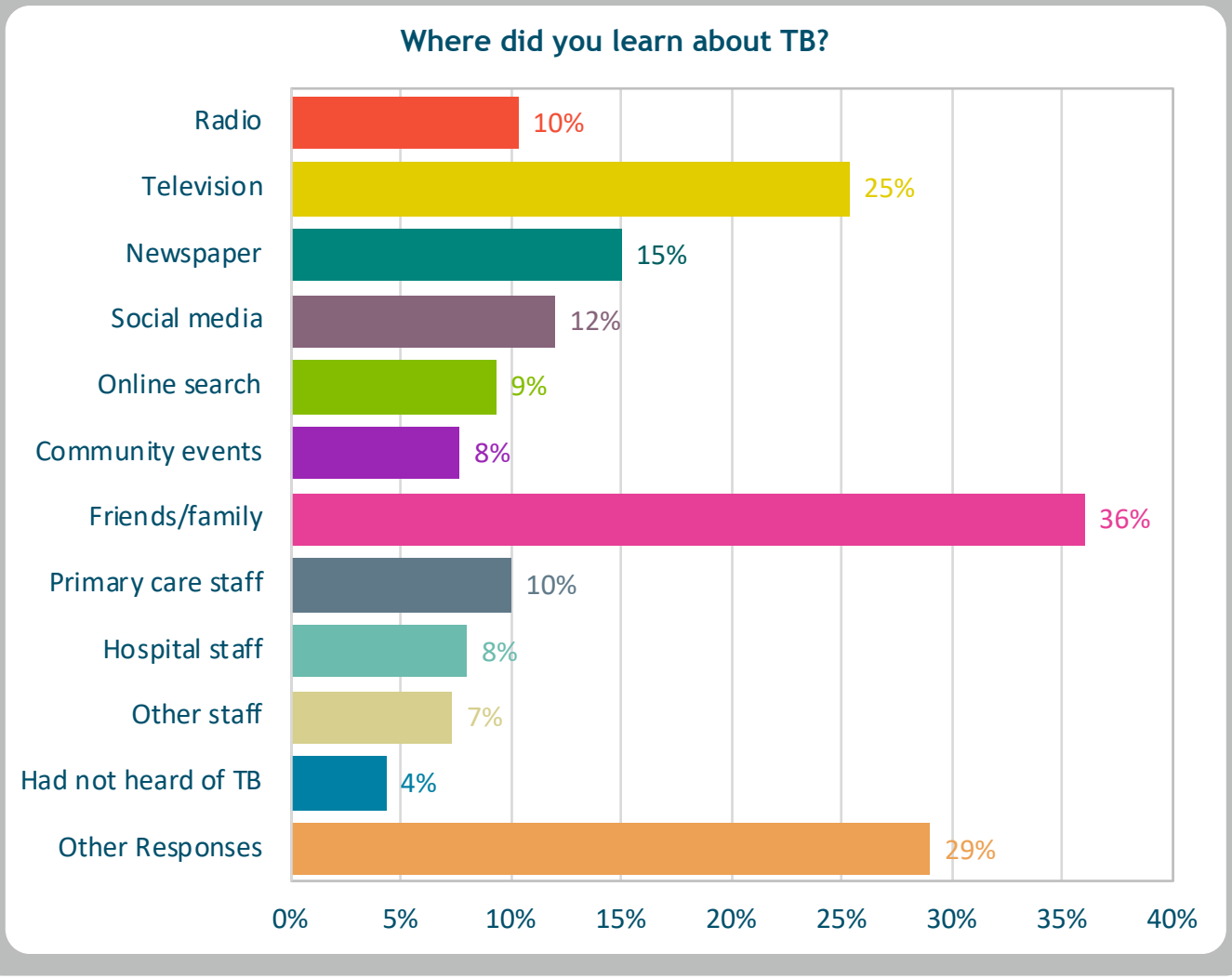
Survey Findings

General knowledge and awareness about TB

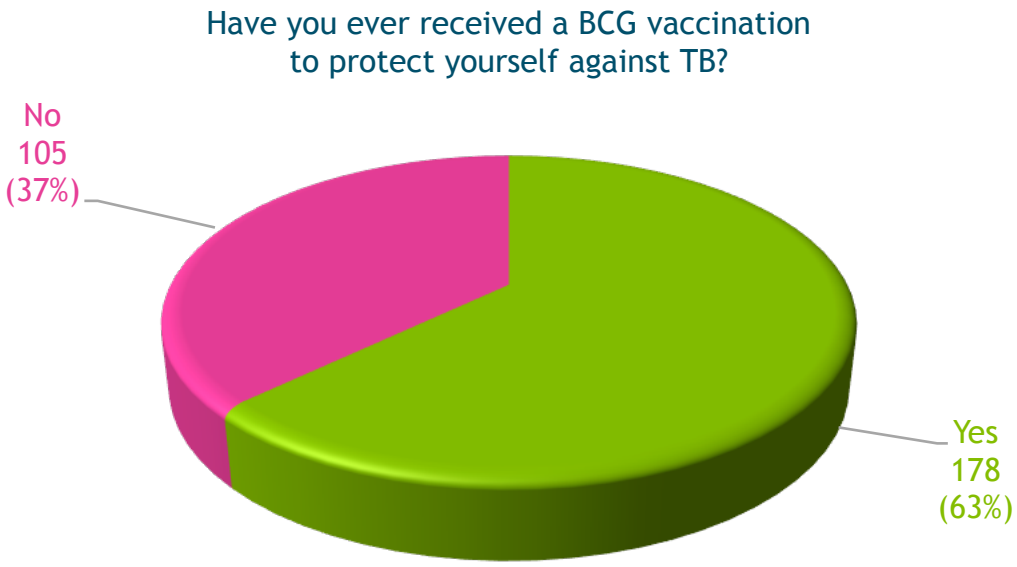
91% of people had heard about TB.

Most people learned about TB from family and friends. 'School' was the most common source of knowledge in the 'other' category.

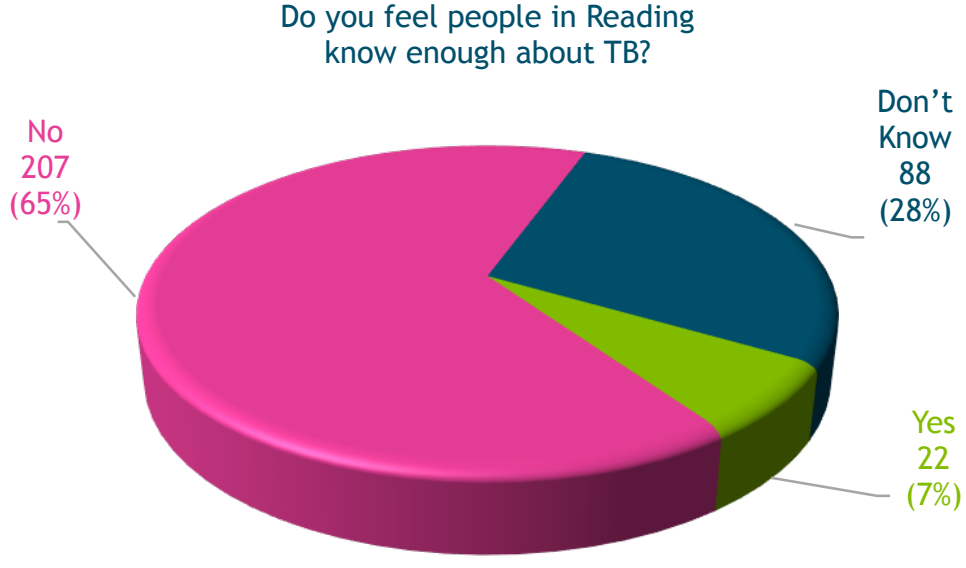




Nearly two-thirds of people (63%) had received a BCG vaccination to help protect against TB

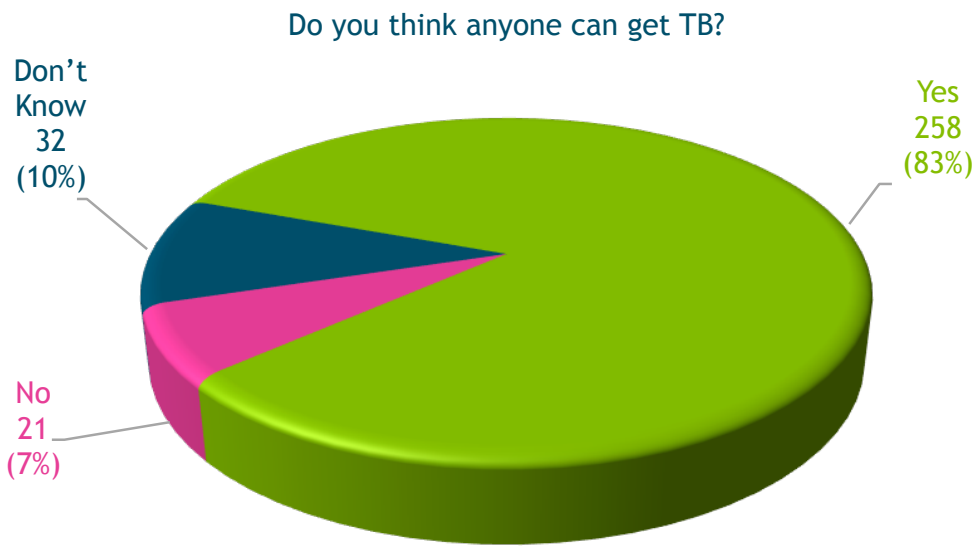


Almost two-thirds of people (63%) felt people in Reading did not know enough about TB

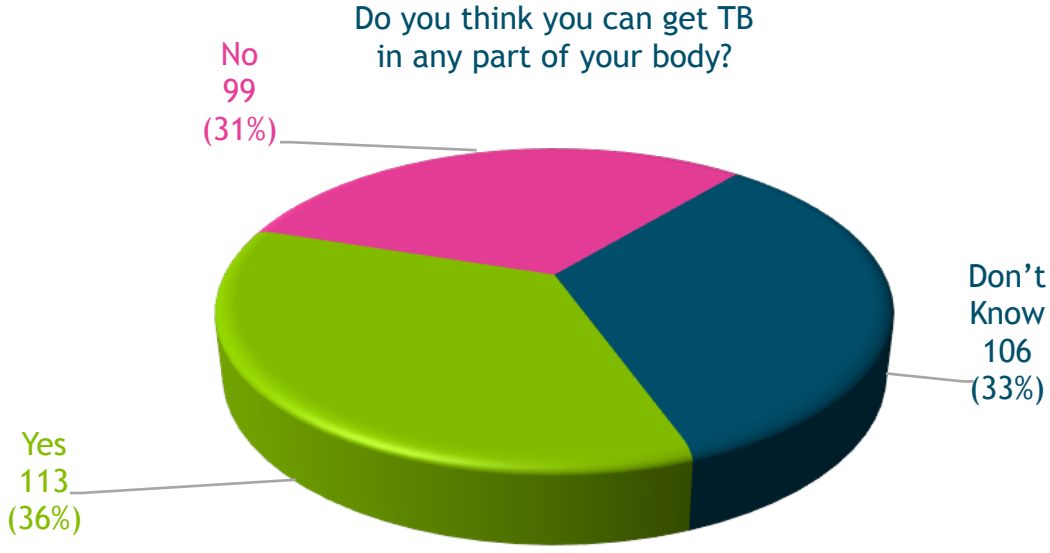


Knowledge about risk-factors, symptoms, prevention and treatment

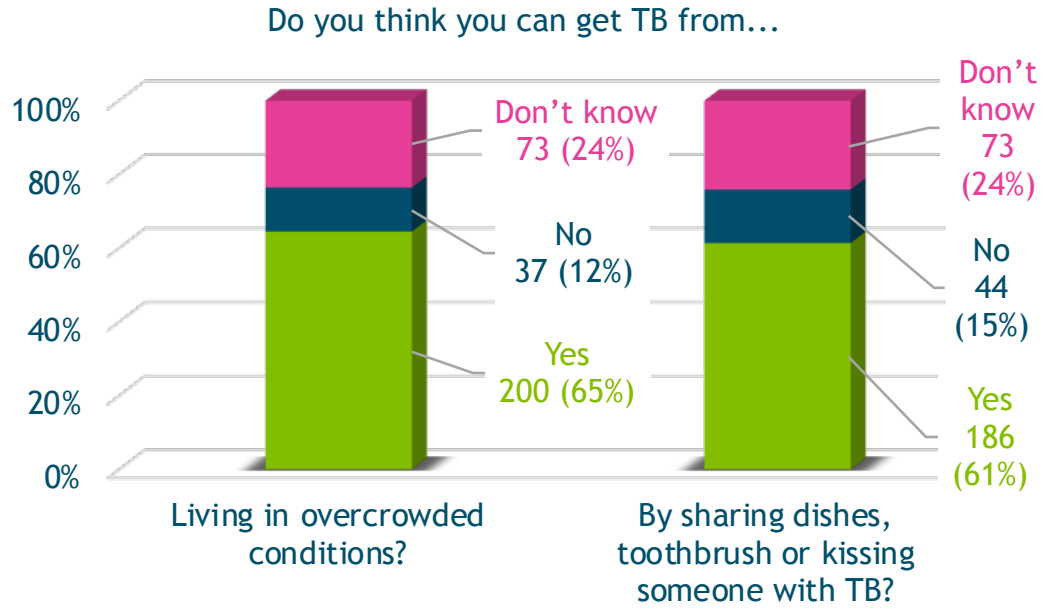
Most people (83%) knew that anyone can get TB



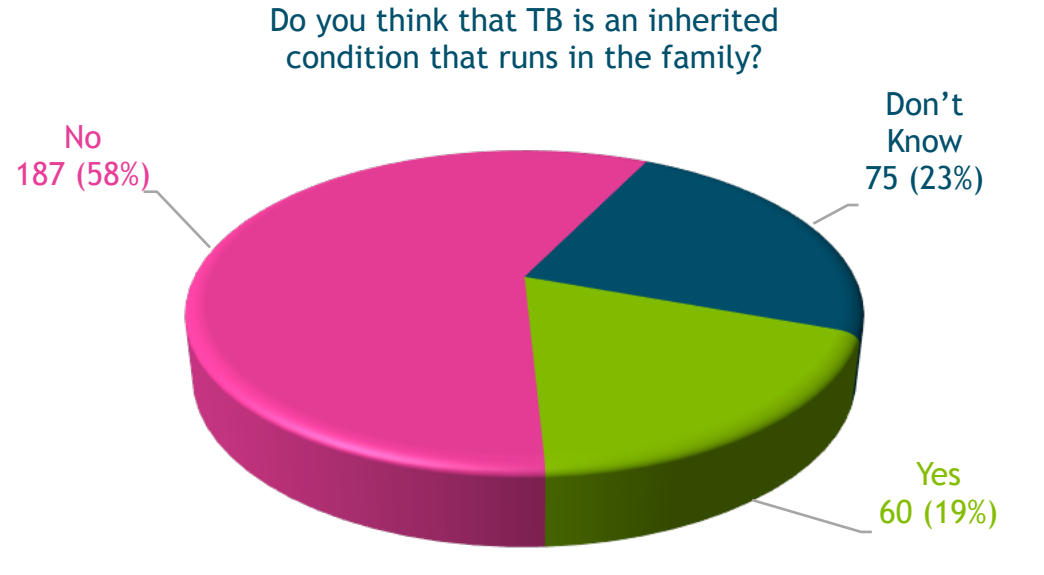
Only 35% knew that TB can affect any part of your body



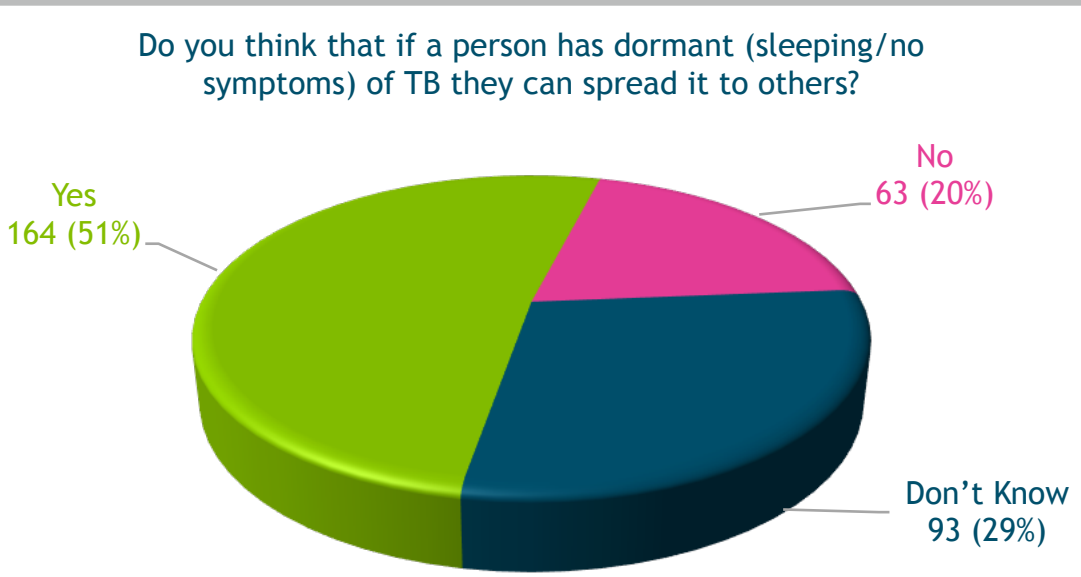
More than 60% knew rightly that living in crowded conditions is a risk factor for contracting TB. However 60% wrongly thought you could get TB by sharing toothbrushes with infected people, and nearly one-quarter were unsure.



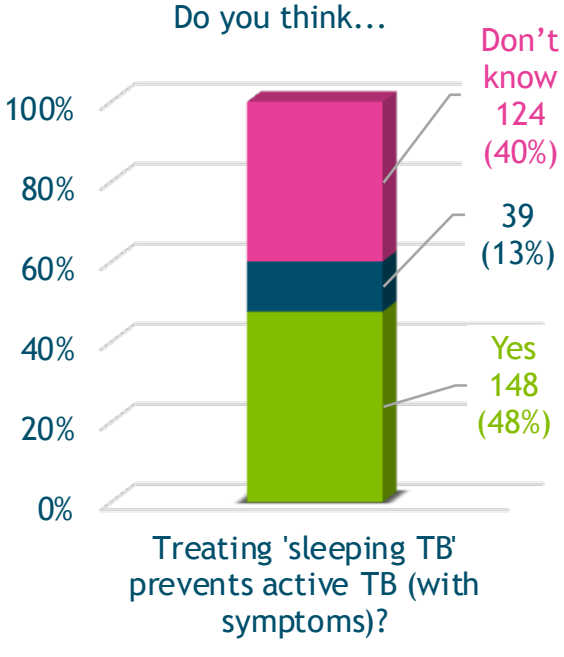
Nearly 60% knew that TB is not genetic, while 23% were unsure.



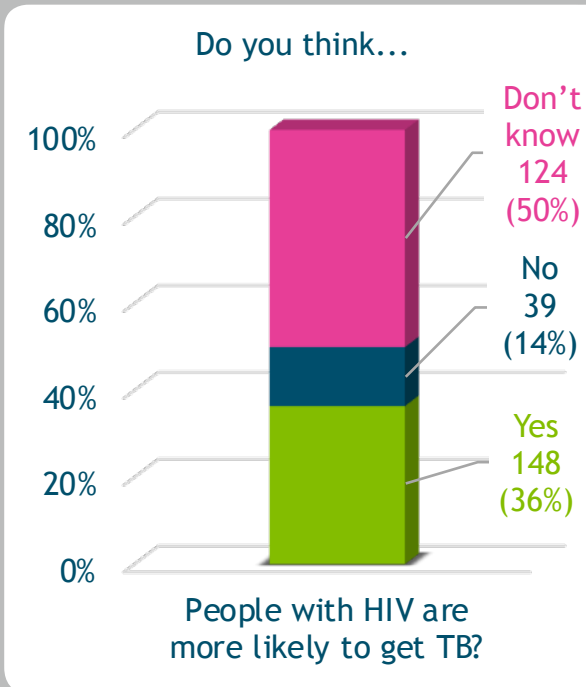
More than half (51%) mistakenly believed that people with latent (sleeping) TB could spread TB to others; 29% were unsure.



Less than half (48%) knew that treating latent TB can prevent active TB.

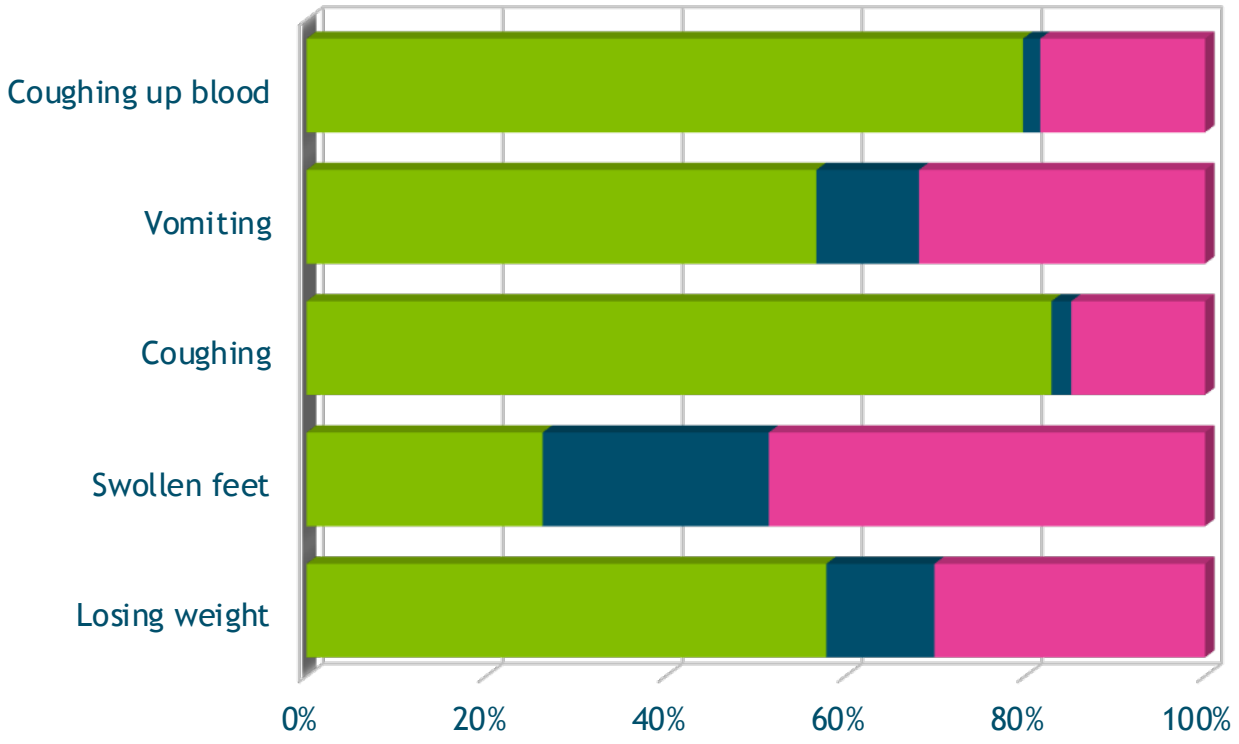


Only 36% knew that having HIV put you more at risk of TB.



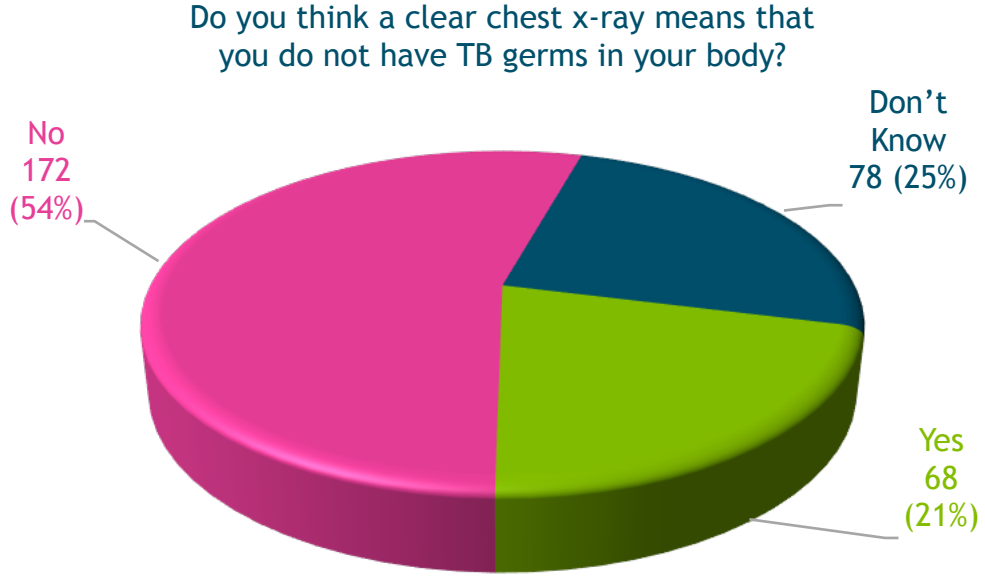
The most well-known symptoms of TB were coughing (83%), or coughing up blood (80%); the least known was swollen feet (26%)

How many of the following do you think are symptoms of TB?
Please tick as many as you think.

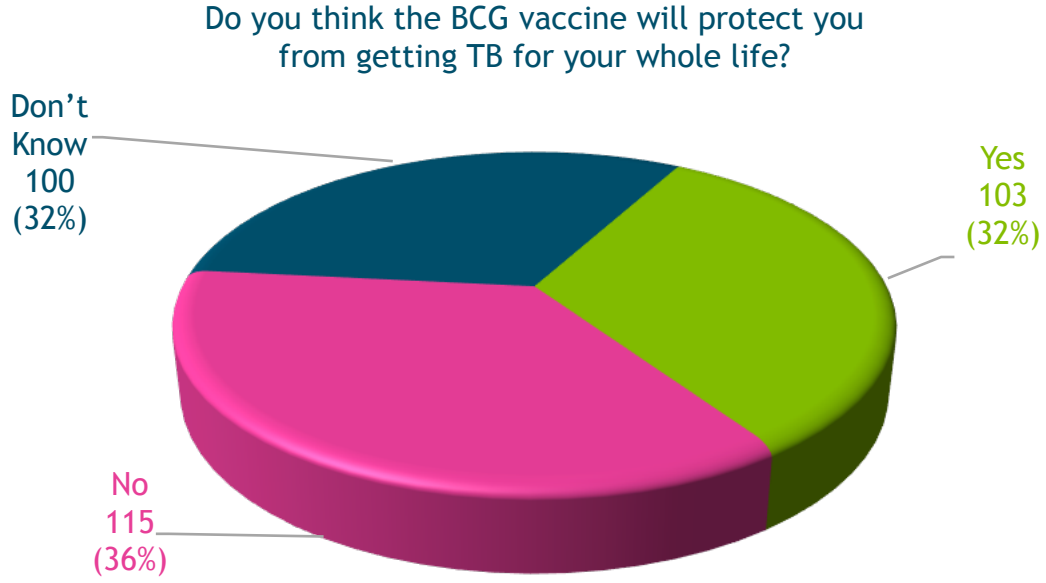


	Losing weight	Swollen feet	Coughing	Vomiting	Coughing up blood
Yes	173	72	262	164	248
No	36	69	7	33	6
Don't know	90	133	47	92	57

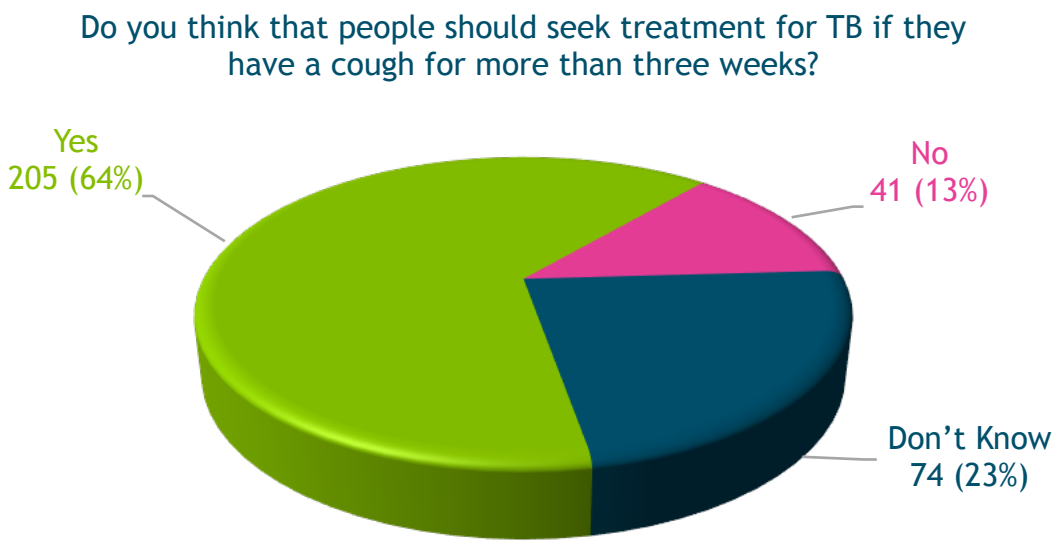
Only 54% knew that a clear chest X-ray does not mean you don't have TB germs in your body; 25% were unsure



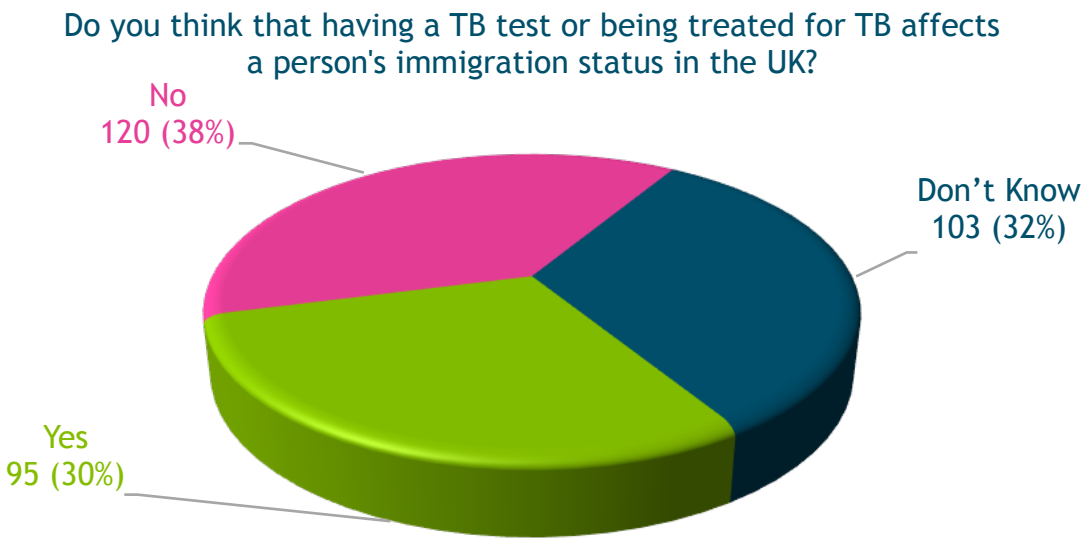
Only 36% knew that a BCG vaccine's protection may not last for life



Nearly two-thirds of people knew that people should seek treatment for TB if they have had a cough for more than three weeks



Only 37% knew that being tested or treated for TB does not affect a person's immigration status in the UK, 32% were unsure

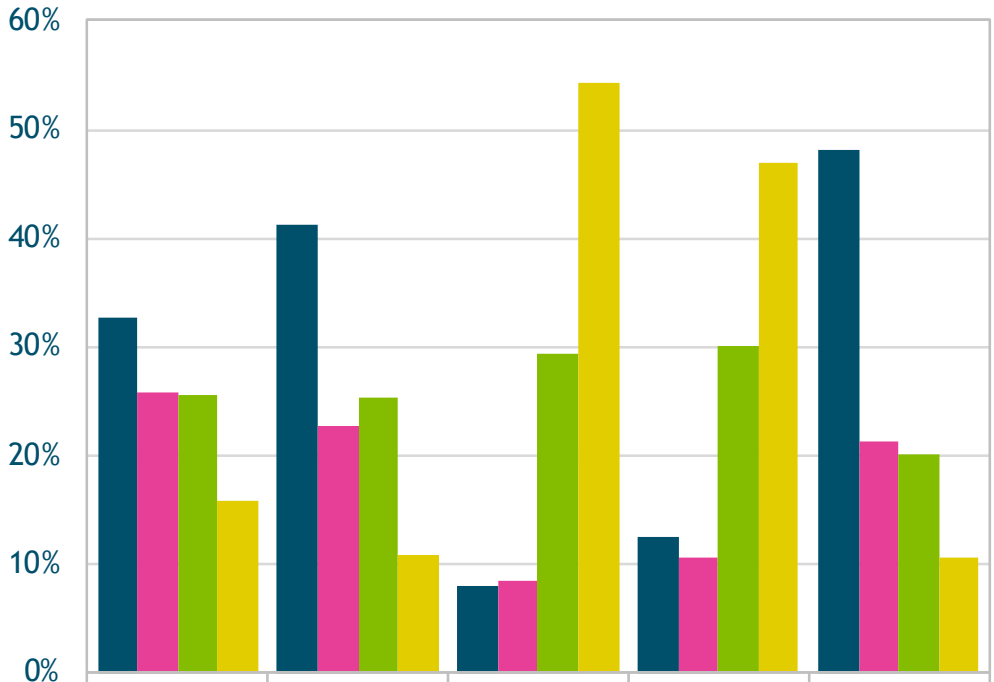


Personal attitudes about TB

- 77% would be worried about passing on TB germs if they had TB;
- 36% would be embarrassed to tell people if they had TB; and
- 30% felt friends or family would think badly of them if they had TB
- 41% believed TB was not relevant to them or their family

Respondents revealed the stigma surrounding TB but also showed confidence in NHS staff to treat them well.

Your feelings about TB. Please tick one box in the scale



	TB is not relevant to me or my family	You are or would be embarrassed to tell people you had TB?	A person with TB will be treated with respect by healthcare staff	You worry or would be worried about passing the TB germ to people you live with	Your friends/ family may think badly of you
You strongly disagree	33%	41%	8%	13%	48%
You disagree somewhat	26%	23%	8%	11%	21%
You agree somewhat	26%	25%	29%	30%	20%
You strongly agree	16%	11%	54%	47%	11%

Discussion

The survey findings suggest that most people in Reading have, at the very least, heard about TB. This could be because nearly two-thirds of respondents had previously received a BCG vaccine, which is given to offer protection from TB.

People were most knowledgeable about the facts that anyone can get TB, that symptoms can include coughing or coughing up blood.

However, people were less knowledgeable about other facts, such as symptoms also including weight loss, vomiting, or swollen feet; that having HIV can put you at greater risk of TB; or that the BCG vaccine is not a lifelong guarantee against TB.

The most worrying lack of knowledge surrounded latent, or 'sleeping' TB, with less than half of people not realising that treating latent TB can prevent people developing active TB with symptoms. More than half of people wrongly thought that people with latent TB can pass on TB germs to others, which may affect whether people agree to be tested for latent TB, due to fear or stigma. Three in 10 people felt family or friends would think badly of them if they had TB, and a greater number – 36% - would be embarrassed to tell people if they had TB. If people who have TB are afraid to be open with those closest to them, then this may affect their ability to take preventative measures to spread the infection.

The survey also revealed confusion about whether TB affects a person's immigration status, and this could be another barrier to people recently arrived in the UK from seeking testing or treatment. However, people expressed strong confidence in the NHS, with 83% believing healthcare staff would treat them with respect if they did have TB.

The survey suggests that people gain knowledge and awareness of TB mostly through family and friends, television, or education at school or university. Only 8% said they learned about TB from community events, and 18% from health professionals. In answering this question, people might have been recalling the first time ever they were made aware of TB, as the question did not specifically ask people if they recalled any locally run public awareness events in Reading.

Overall, there appears to be an appetite for further public awareness initiatives about TB, with nearly two-thirds believing that people in Reading do not know enough about TB.

The findings show that families and schools are the most common sources of current knowledge about TB, which may suggest that future awareness campaigns should involve individuals who are willing to spread correct information to their own families, and educational institutions that can build TB information into lessons, or host targeted sessions from experts.

To reach the most at-risk groups, materials or information should include translated, simple to understand text and/or photos or images. Verbal information sessions should also be supported by professional translators, as we found that some people could not take part in the survey due to language barriers.

The survey findings should inform the work of a dedicated Latent TB Programme Manager for South Reading, who has been in place since September 2017. Their role will be to work closely with TB nurses, Reading Public Health Team and community groups to reach out to less well-served communities to improve uptake of testing and encourage early presentation and timely onward referral with TB symptoms.

Discussion

Healthwatch Reading highlights a selection of other initiatives from across England that Reading services might consider trialling:

Find & Treat outreach service, University College London Hospitals NHS Foundation Trust

Find & Treat is a specialist outreach team working with more than 200 NHS and third sector, frontline services to tackle TB among homeless people, drug or alcohol users, vulnerable migrants, and people who have been in prison. The team includes former TB patients who work as peer advocates, TB nurse specialists, social and outreach workers, radiographers and expert technicians.

The service brings a mobile X-ray unit into all London boroughs to screen people for active TB. The outreach team also finds people who have stopped treatment before completing the full course, supports them to resume treatment, and provides practical assistance such as residential TB treatment for homeless people.

https://www.uclh.nhs.uk/OurServices/ServiceA-Z/HTD/Pages/MXU.aspx

Newham, east London, Latent TB screening and treatment closer to home

New patients joining GP surgeries at risk of latent TB, are offered free screening. If they test positive, they can choose to have treatment designed to prevent them from getting active TB, from one of 26 Newham pharmacies, closest to where they live. This convenience may increase the likelihood that people complete the full course of treatment. NHS officials are also working with the local housing department to ensure they take action against private landlords who allow overcrowded homes (where TB could be more likely to spread).

https://www.gov.uk/government/case-studies/pioneering-a-latent-tuberculosis-tb-programme-in-newham

Doncaster health bus reaching out to asylum seekers and refugees

Rotherham, Doncaster and South Humber NHS community trust launched a scheme in 2015 to send its brightly coloured health bus to visit the Doncaster Conversation Club every two months. The club is a regular group for asylum seekers and refugees who practise English and the visits allowed people to get on-the-spot testing for latent TB, and then treatment if they tested positive. Those who had been treated could then provide peer support and the regular bus visits allowed follow up care during treatment.

https://www.gov.uk/government/case-studies/identifying-and-treating-tuberculosis-tb-in-under-served-groups

Response

Response from South Reading Clinical Commissioning Group (CCG) and Reading Borough Council

South Reading CCG and Reading Borough Council thanks Healthwatch Reading for this comprehensive analysis of the knowledge, attitudes and behaviours of the local population relating to TB. As a locality we have higher rates of TB than neighbouring CCGs and the England average, so this is an important issue for the people of Reading and 'Reducing the Number of People with Tuberculosis' has been adopted as a priority of the Reading Health and Wellbeing Board. This survey enables us as a system to gain a better understanding of how local people think about TB during the first phase of a communication and engagement campaign focussing on sleeping (latent) TB. Together we have worked hard to widely promote the signs and symptoms to TB and latent TB at events and public engagement opportunities. We have created a set of locally tailored public information to raise the profile of TB and latent TB with the eligible community. We have worked with local GP practices to flow referrals through to secondary care for latent TB testing and this process is embedded and is starting to work well.

We acknowledge, however, that while referrals are starting to be made effectively, a substantial proportion of people invited choose not to attend their screening appointment. The results of the survey show that there is still work to tailor this campaign so that people are better informed about the reason they are being asked to attend the appointment. The survey also tells us that stigma around TB is still an issue for some communities and as a system we recognise that further work with affected communities is needed.

The results of this survey were discussed at a Berkshire wide TB workshop on 5 December 2017 with the aim of reflecting on our progress so far and setting our priorities and activities for 2018/19. The outputs from the workshop will form an action plan which will be managed and implemented by the Latent TB project manager who is part of the Berkshire TB Operational Group who will monitor the overall action plan. The latent TB programme is part of the wider Berkshire TB strategy and is overseen by the Berkshire TB Strategy Group.

Conclusion

This project exceeded its aim of surveying at least 150 people, with a total response of 326 people.

The findings show which facts about TB the public are most aware of, and where there are gaps or mistakes in knowledge. The survey also highlights personal fears or beliefs about TB that might affect uptake of screening or treatment.

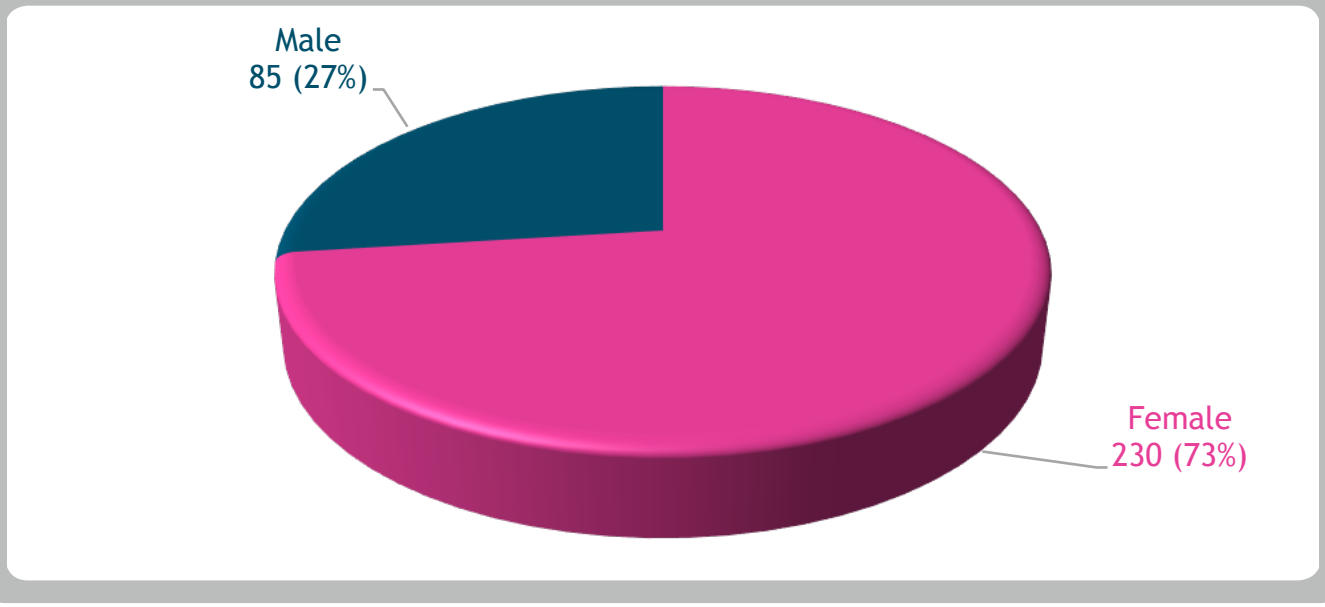
We are pleased that the findings will influence a forthcoming TB action plan and that the CCG and RBC have acknowledged the need to further work with affected communities on addressing the stigma surrounding TB.

We thank all the people in Reading who shared their views in survey responses, and the community groups and organisations that facilitated our efforts in reaching a wide range of people.

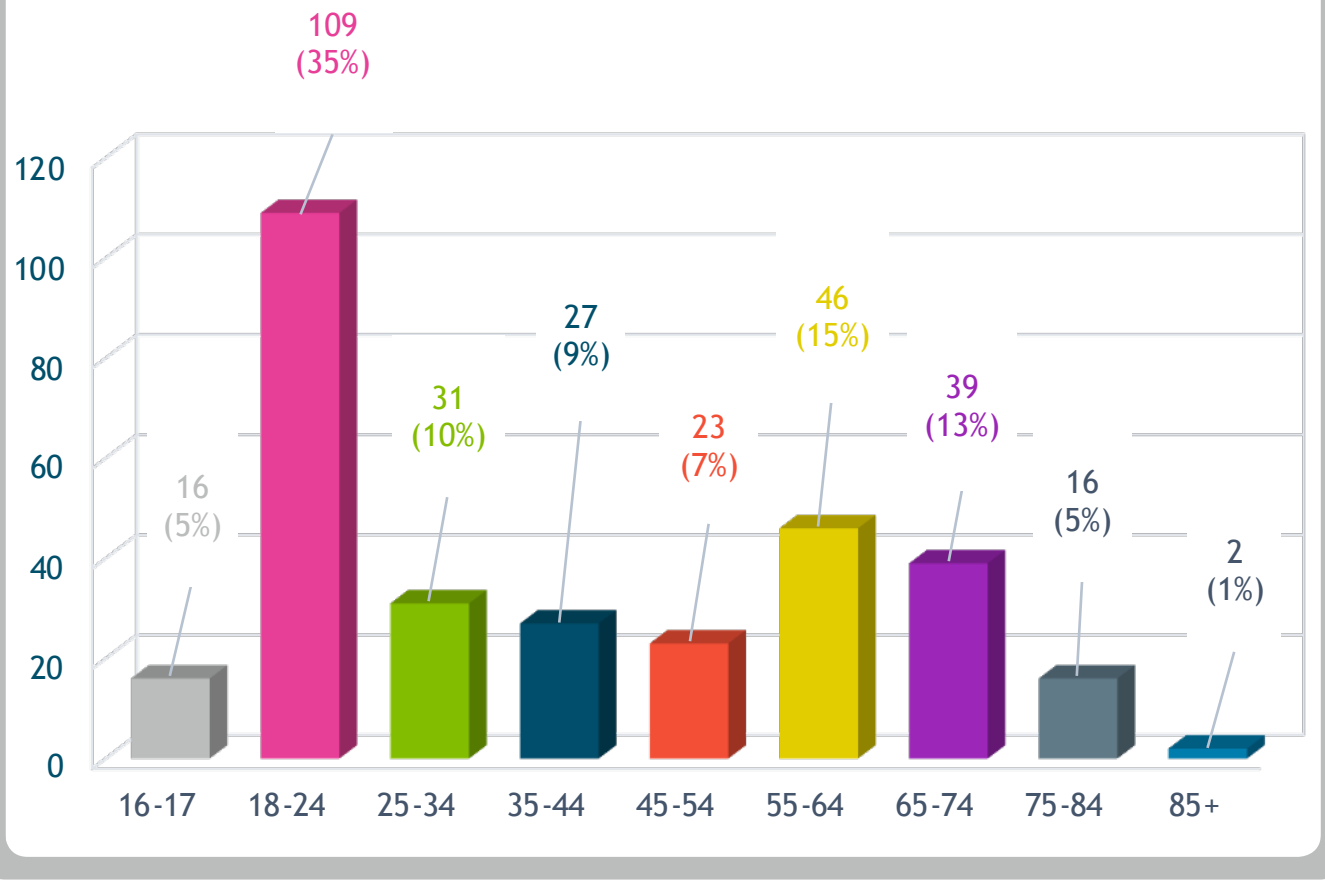
Appendix 1:

About the people who answered the survey

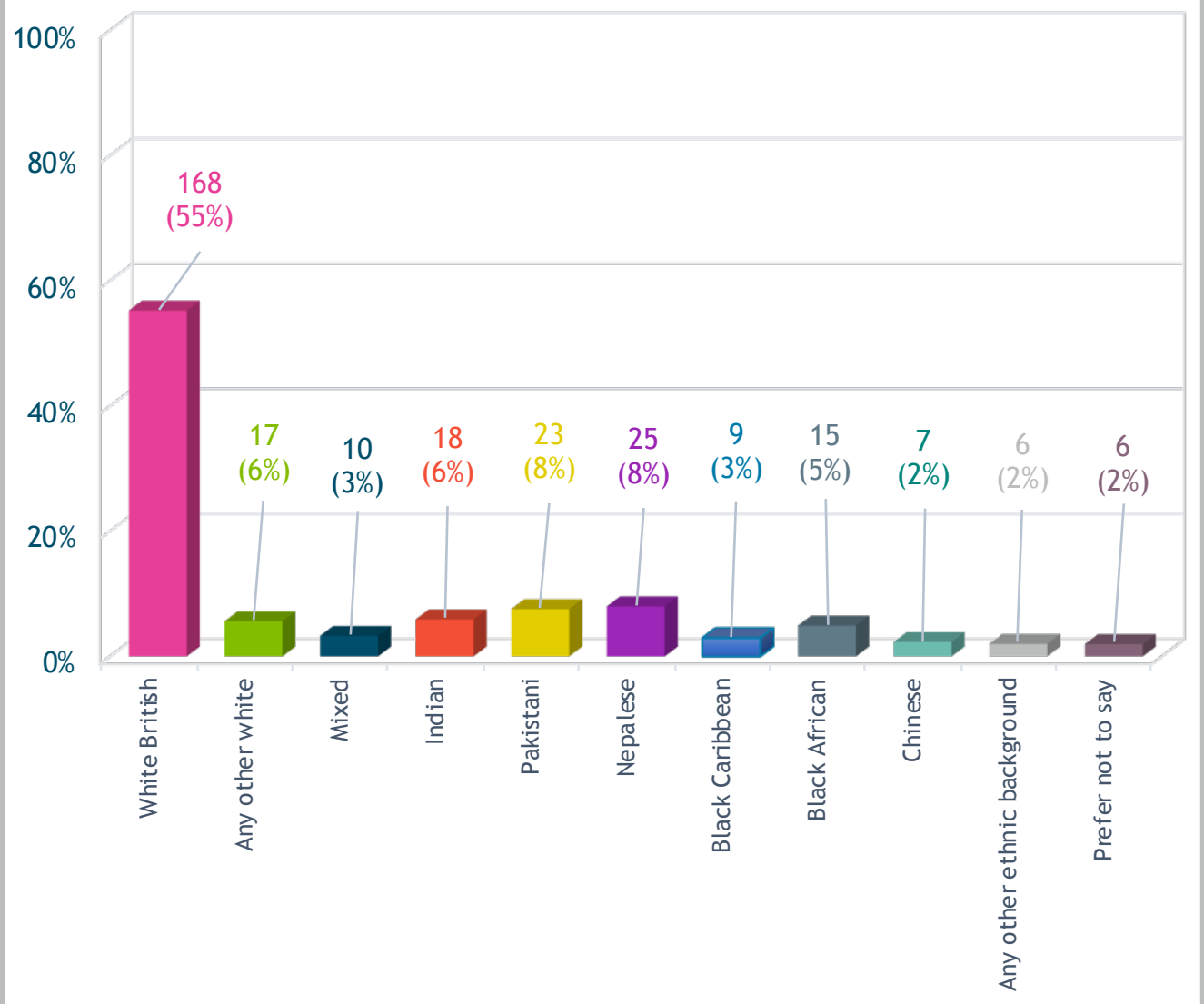
What is your gender?



How old are you?

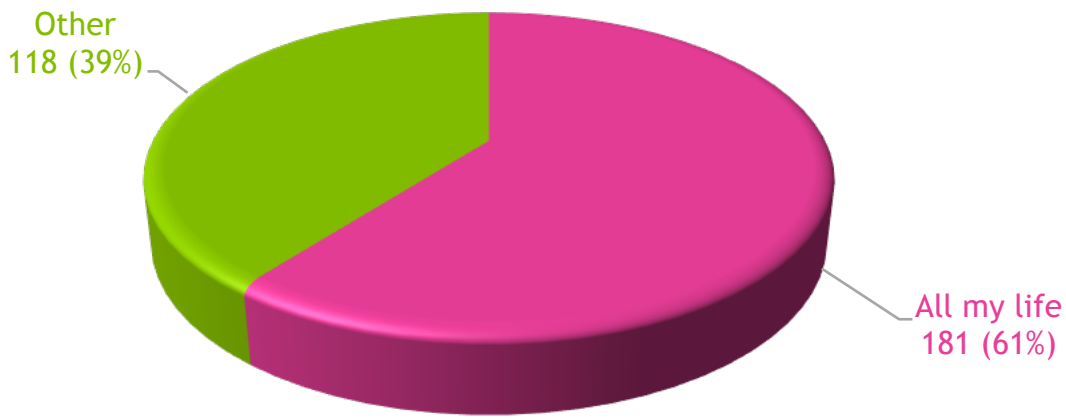


What is your ethnicity?



Appendix 1

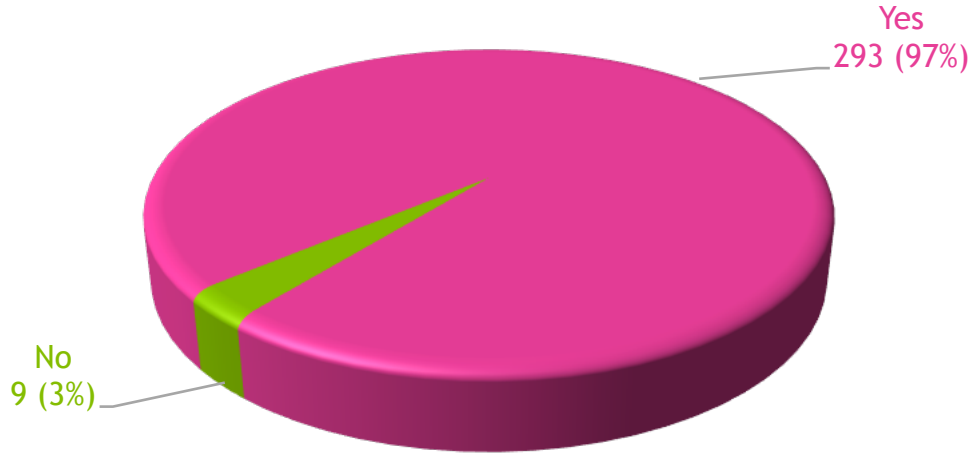
How many years have you been in the UK?



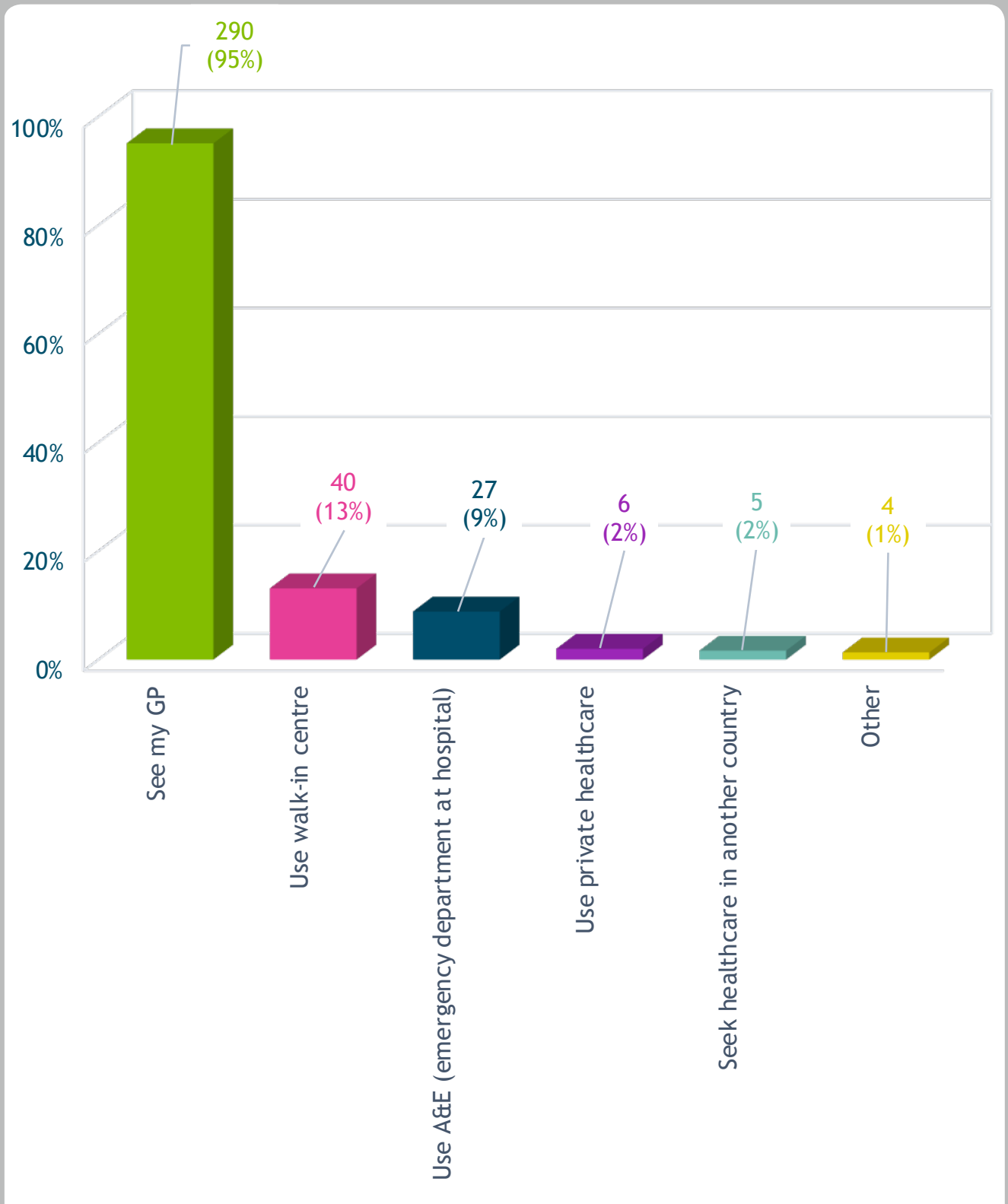
Other answers:

Up to 5 years ..... 31 people
6-10 years .....17 people
11-19 years ..... 18 people
20-29 years ..... 5 people
21-29 years..... 3 people
30-39 years..... 9 people
40-49 years..... 11 people
50-59 years..... 10 people
60 and over ..... 1 person

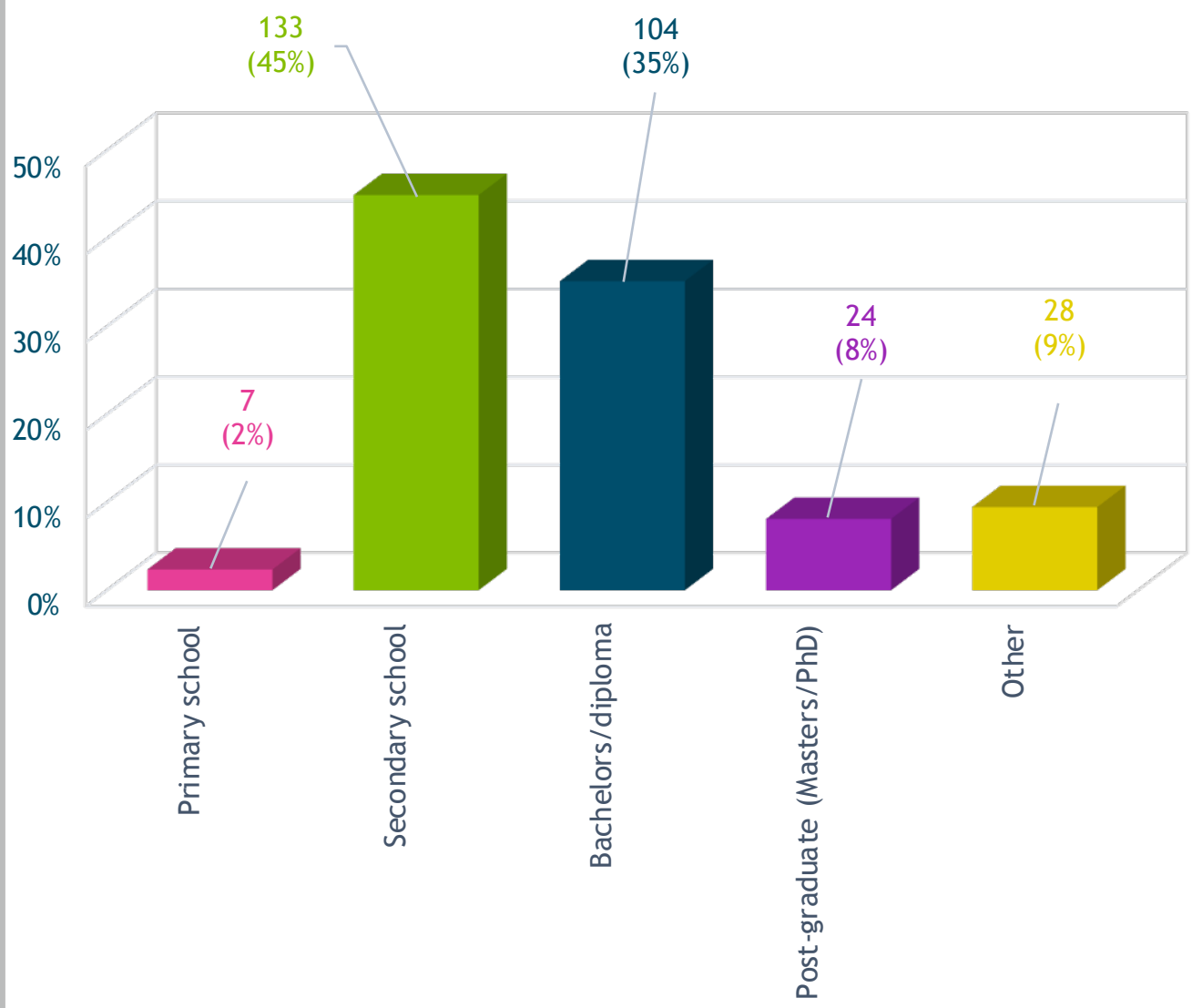
Are you registered with a GP surgery?



How do you normally access health care services?

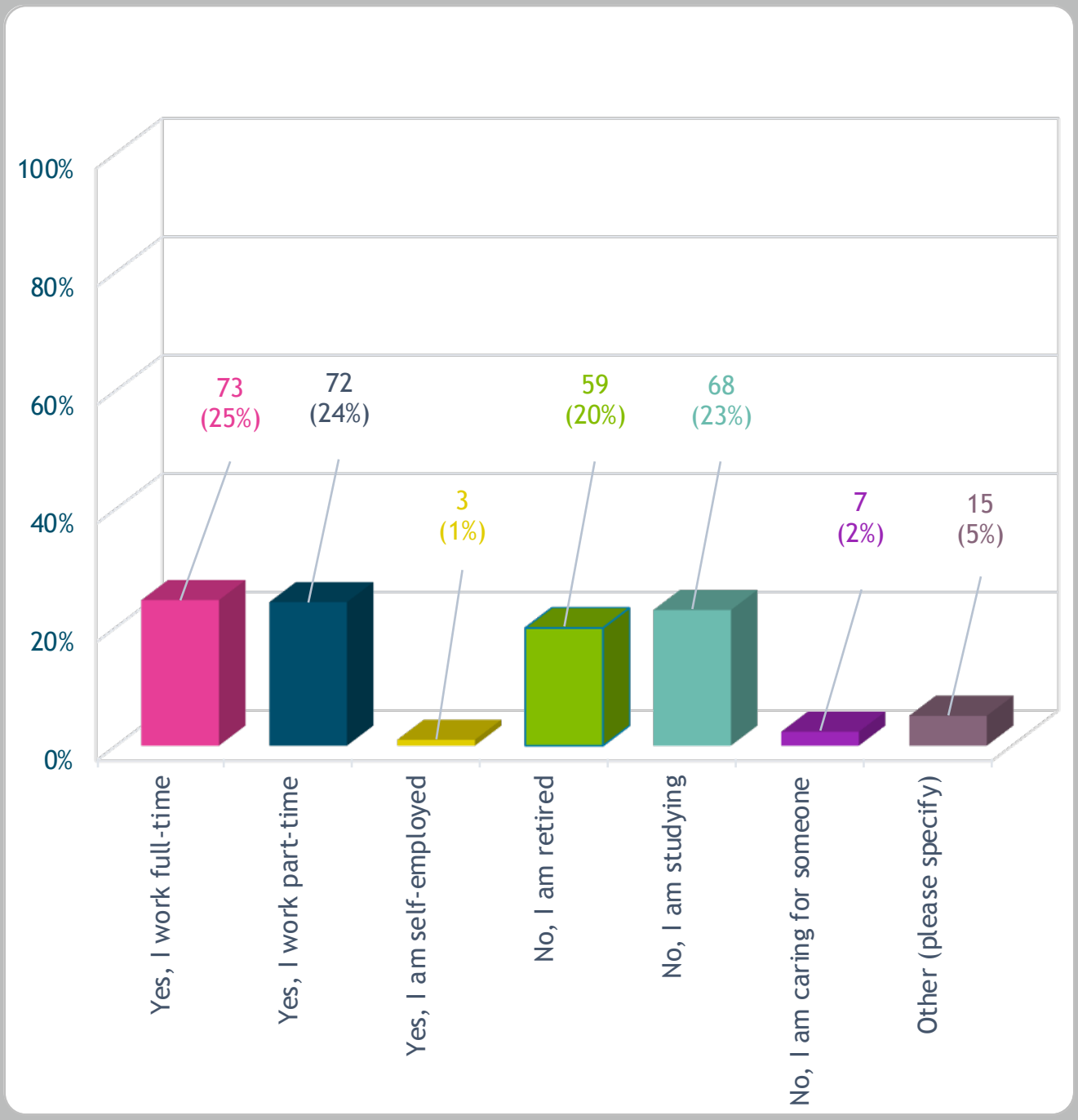


What is your highest level of education?



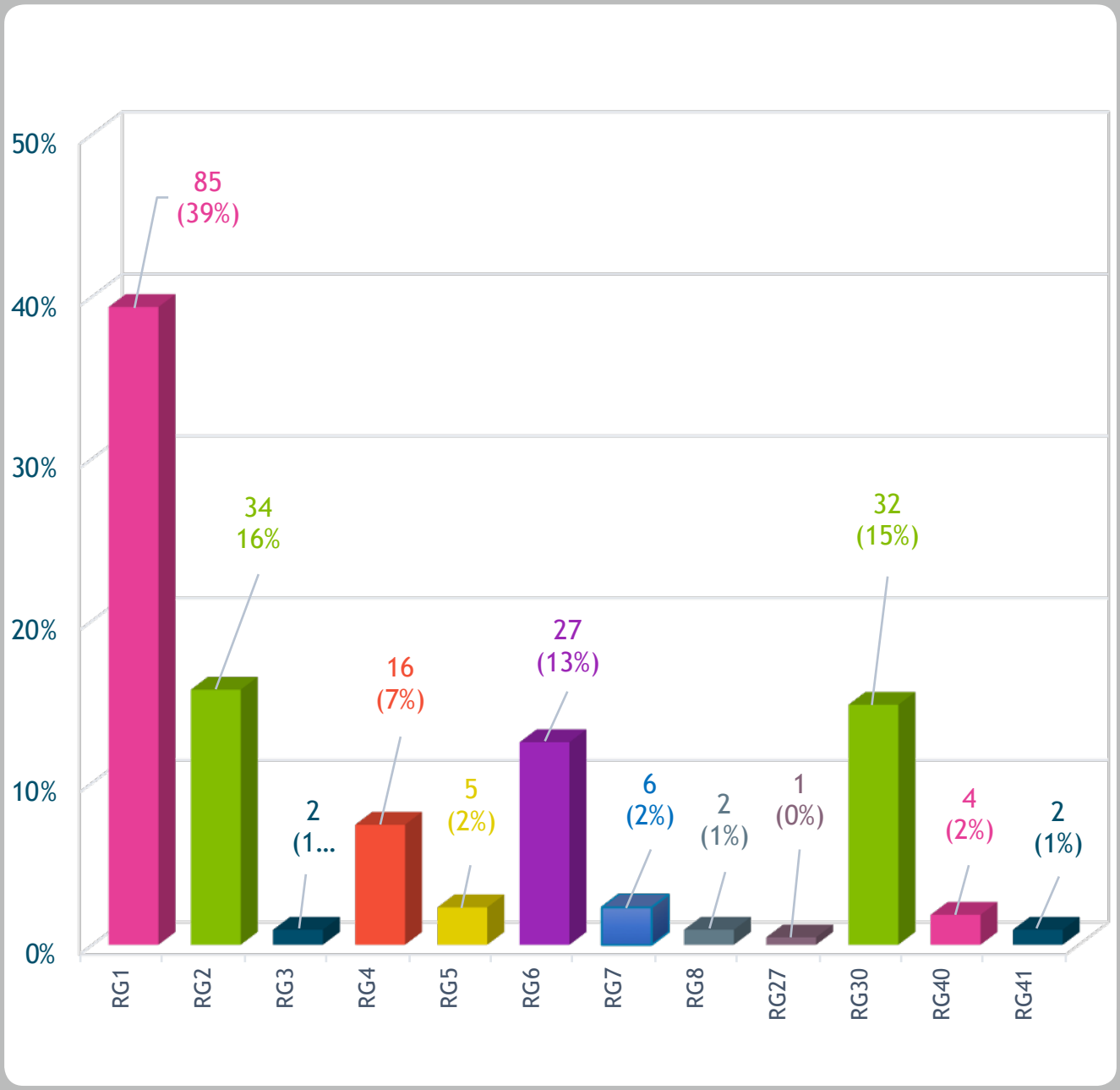
Other responses: mostly 'College'

Are you employed?



Other responses: mostly full-time mum/housewife

What is the first half of your postcode?



Other responses:

Tilehurst or Calcot Postcode ..... 9 people

Slough postcode..... 6 people

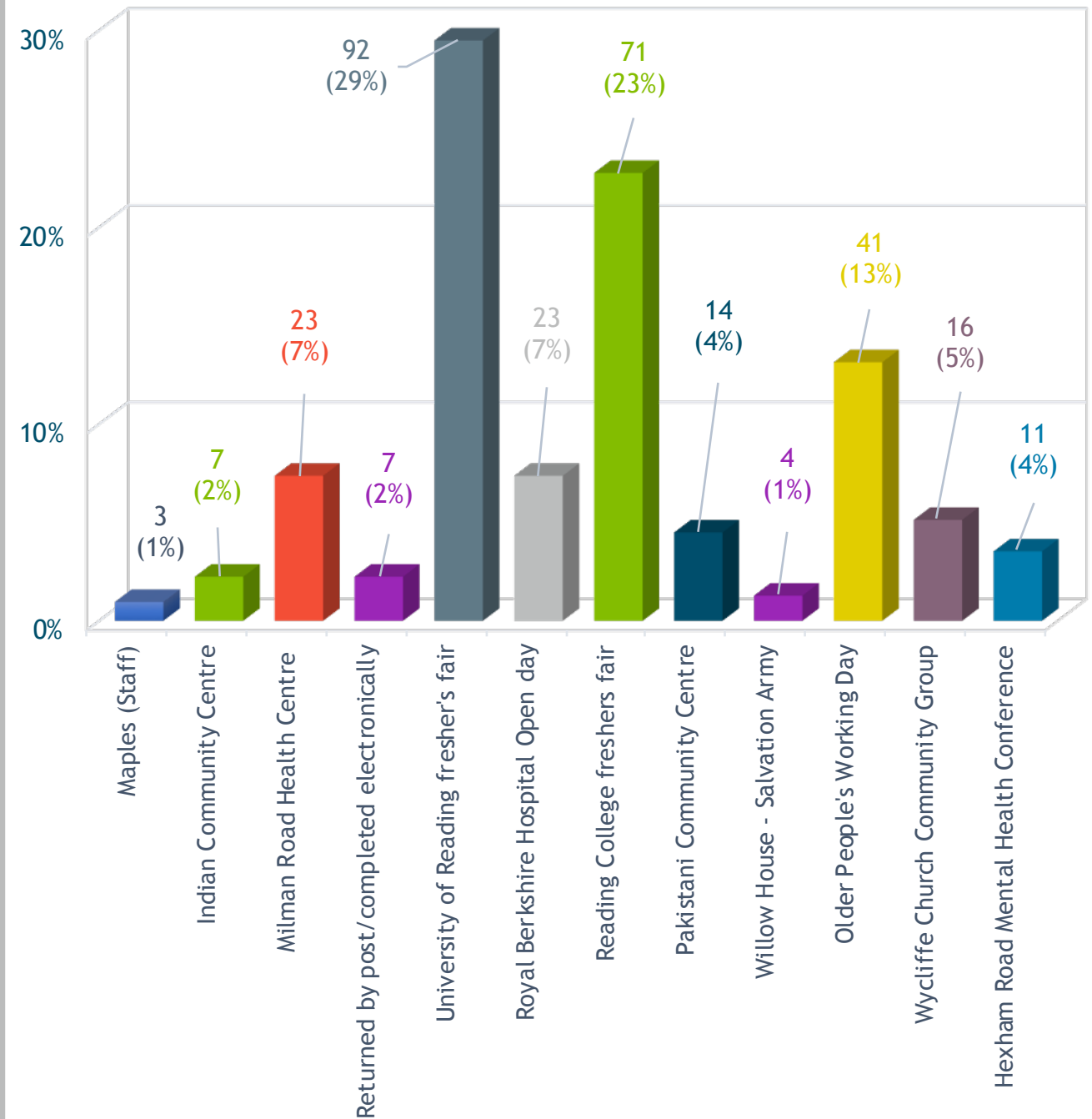
Bracknell postcode ..... 5 people

Maidenhead postcode ..... 4 people

Appendix 2:

Where and when the survey was conducted

Which Healthwatch Reading interview session?



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NHS North and West Reading Clinical Commissioning Group

Reading Borough Council Working better with you

NHS South Reading Clinical Commissioning Group

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**16 March 2018**	**AGENDA ITEM:**	**7**
REPORT TITLE:	**Health and Wellbeing Dashboard - MARCH 2018**		
REPORT AUTHOR:	**Kim McCall**	**TEL:**	**0118 9373245**
JOB TITLE:	**Health and Wellbeing Intelligence Officer**	**E-MAIL:**	**kim.mccall@reading.gov.uk**
ORGANISATION:	**Reading Borough Council**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The Health and Wellbeing Dashboard is intended to keep Board members informed of local trends in priority areas identified in the Health and Wellbeing Strategy. The broad format has previously been agreed by the Board.

1.2 Appendix A - Health and Wellbeing Dashboard – March 2018

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board notes the following updates to the indicators and targets which are included in the Health and Wellbeing dashboard:

- **Targets for smoking prevalence and smoking prevalence in those working in routine and manual professions have been finalised.**
- **Indicators for Priority 5 (Living well with dementia) have now been finalised.**

2.2 That the Health and Wellbeing Board notes the following performance updates contained in the dashboard:

- **% of 4-5 year olds and % of 10-11 year olds classified as overweight or obese have been updated since the last report (Priority 1)**
- **Rate of alcohol-related hospital admissions has been updated since the last report (Priority 3)**
- **Breast and bowel cancer screening coverage have been updated since the last report (Priority 6)**
- **No. of Dementia Friends (local indicator) (Priority 5) has been updated.**
- **Health checks indicators updated with Q2 performance**
- **Alcohol treatment completion updated with Q3 performance**

That the Health and Wellbeing Board notes the following areas where performance is worse than set target:

2.3 <u>Priority 1</u>

2.06ii - % 4-5 year olds classified as overweight/obese

A slight increase has put Reading slightly above target and above the percentage recorded last year. This follows three years of slight reductions and, statistically, may be the result of chance rather than a 'real' trend.

Overweight and obesity has fallen significantly in older primary aged children this year. Performance against both indicators will be monitored to determine whether these represent real trends.

2.14 – Smoking prevalence – all adults

Smoking prevalence in all adults is going down gradually and in 2016 15.8% of the population were current smokers, similar to the England average of 15.5%. A target has been set locally of a 1% reduction. However, this represents what would be needed annually to meet the national target set in the England Tobacco Control Plan of 12% or less by 2022. Although performance (2016) is currently rated red, the target reduction of 1% is expected by 2017.

2.14 – Smoking prevalence – all adults – routine and manual professions

Smoking amongst people working in routine and manual professions in Reading increased from 26.7% to 30.4% in the last year and is higher than the England and similar LA averages. While the relatively small population makes it difficult to detect a statistical difference from the England average, Reading has seen a slight increase year-on-year, while the England average has decreased. A 2% annual reduction is needed to eliminate the inequality in smoking prevalence between this group and the whole population.

2.22 – Health check indicators.

Reading will not meet local or national targets for proportion of the population who are eligible for a health check (aged 40-74) to be invited for a health check by the end of 2017/18**.** Low performance against this indicator has had implications for the other two health check indicators. Other pressures within local service provision have had an impact on this performance.

Priority 2

1.18 - Adult Social Care users with as much social contact as they would like AND Carers with as much social contact as they would like.

Targets for these indicators were set based on previous performance (for carers) and, where Reading's performance was below national average, previous England average (Adult Social Care (ASC) users). The proportion of ASC users in Reading reporting enough social contact has improved over the last two years, while the national average has stayed the same. The proportion in Reading is now only very slightly below national average (45.2 vs 45.4) and the local target (also 45.4). Similarly, for carers in Reading, the proportion reporting enough social contact has remained the same, while the national average has fallen. Consequently, carers in Reading are now more likely to report enough social contact than nationally. Although targets have not yet been met, performance has improved and is in line or better than the national average.

Priority 3

2.18 - Admission episodes for alcohol related conditions

Alcohol-related hospital admissions, for many years much better than average, have been increasing gradually and are now in line with national average.

Priority 8

4.10- Mortality rate from suicide and injury of undetermined intent

The rate in Reading fell from 11 per 100,000 in 2013-15 (44 people) to 9.9 per 100,000 in 2014-16 (40 people). This is in line with the England average and slightly lower than similar LAs but did not meet the local target set by stakeholders.

2.4 That the Health and Wellbeing Board notes that updates are expected to be available for the July meeting of the Board in relation to the following indicators (all dates are provisional)

- **Dementia friends (Priority 5) – local indicator updated each quarter**
- **Health checks indicators Q4 updates expected June 2018**
- **Alcohol treatment completion Q4 updates expected May 2018**
- **Indicators for Priority 4 (Promoting Positive Mental Health and Wellbeing in Children and Young People).**

3. POLICY CONTEXT

3.1 The final version of Reading's Health and Wellbeing Strategy was approved by the Health and Wellbeing Board on 27th January 2017 and an action plan based on the eight strategic priorities has been developed and sets out in detail how the priorities will be met.

3.2 In July 2016, Reading's Health and Wellbeing Board agreed to introduce a regular Health and Wellbeing Dashboard report to ensure that members of the board are kept informed about the Partnership's performance in its priority areas, compared to the national average and other similar local authority areas.

4. THE PROPOSAL

4.1 Current Position: The current Health and Wellbeing Dashboard has been developed in consultation with Health and Wellbeing Strategy Priority/Action Plan Leads. The dashboard will be presented to the board on a quarterly basis. **Board m**embers are presented with the full dashboard at each meeting in order to facilitate a review of performance against selected indicators and targets. Information about which indicators have been updated since the previous report will be included within the dashboard and highlighted in the covering report.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 This proposal supports Corporate Plan priorities by ensuring that Health and Wellbeing Board members are kept informed of performance and progress against key indicators, including those that support corporate strategies.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 A wide range of voluntary and public sector partners and members of the public were encouraged to participate in the development of the Health and Wellbeing Strategy and, as described above, a draft of the proposed Strategy was made available for consultation between 10th October and 11th December 2016. The indicators included in this report reflect those areas highlighted during the development of the strategy and included in the final version.

7. EQUALITY IMPACT ASSESSMENT

7.1 An Equality Impact Assessment is not required in relation to the specific proposal to present the dashboard in thus format. However, it is anticipated that this will be one of the tools which Board members can use to monitor the success of the Health and Wellbeing strategy as a vehicle for tackling inequalities.

8. LEGAL IMPLICATIONS

8.1 There are no legal implications.

9. FINANCIAL IMPLICATIONS

9.1 The proposal to note the report in Appendix A offers value for money by ensuring that Board members are better able to determine how effort and resources are most likely to be invested beneficially in advance of the full Health and Wellbeing Dashboard.

10. BACKGROUND PAPERS

10.1 Minutes of the Health and Wellbeing Board 27th January 2017 - http://www.reading.gov.uk/article/9641/Health-and-Wellbeing-Board-27-JAN-2017

10.2 Reading Borough Council (2017) *Reading's Health and Wellbeing Strategy*

10.3 Minutes of the Health and Wellbeing Board 15th July 2016 - http://www.reading.gov.uk/article/9585/Health-and-Wellbeing-Board-15-JUL-2016

10.4 Health and Wellbeing Board Performance Update – February 2017

10.5 Minutes of the Health and Wellbeing Baord 19th January 2018 - http://www.reading.gov.uk/article/10603/Health--Wellbeing-Board-19-JAN-2018

APPENDIX A – Health and Wellbeing dashboard March 2018

Priority	Indicator	Target Met/Not Met	Direction of Travel
1. Supporting people to make healthy lifestyle choices	**2.12 Excess weight in adults**	Met	Better
	2.13i % of adults physically active	Met	Better
	2.06i % 4-5 year olds classified as overweight/obese	Not Met	Worse
	2.06ii % 10-11 year olds classified as overweight/obese	Met	Better
	2.03 Smoking status at the time of delivery	Met	Better
	2.14 Smoking prevalence - all adults - current smokers	Not Met	Better
	2.14 Smoking prevalance - routine and manual - current smokers	Not Met	Worse
	2.22iii Cumulative % of those aged 40-74 offered a healthcheck 2013-2018	Not Met	Worse
	2.22 iv Cumulative % of those offered a healthcheck who received a healthcheck 2013-2018	Not Met	No change
	2.22 v Cumulative % of those aged 40-74 who received a healthcheck 2013-2018	Not Met	No change
2. Reducing loneliness and social isolation	**1.18i/1l % of adult social care users with as much social contact as they would like**	Not Met	Better
	1.18ii/1l % of adult carers with as much social contact as they would like	Not Met	No change
	Placeholder - Loneliness and Social Isolation	*NA*	*NA*
3.Reducing the amount of alcohol people drink to safer levels	**2.15iii Successful treatment of alcohol treatment**	Met	Worse
	2.18 Admission episodes for alcohol related conditions (DSR per 100,000)	Not met	Worse
4.Promoting positive mental health and wellbeing in children and young people			
5.Living well with dementia	**4.16/2.6i Estimated diagnosis rate for people with dementia**	Met	No change
	No. Dementia Friends (Local Indicator)	Met	Better
	Placeholder - ASCOF measure of post-diagnosis care	*NA*	*NA*
6.Increasing take up of breast and bowel screening and prevention services	**2.20iii Cancer screening coverage - bowel cancer**	Met	No change
	2.20i Cancer screening coverage - breast cancer	Met	No change
7.Reducing the number of people with tuberculosis	**3.05ii Incidence of TB (three year average)**	Met	Better
8. Reducing deaths by suicide	**4.10 Age-standardised mortality rate from suicide and injury of undetermined intent**	Not met	Better

PRIORITY 1: Supporting people to make healthy lifestyle choices

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
2.12 Excess weight in adults	Public Health Outcomes Framework	Active People Survey	Annual	Low	2015-16	55.3	63.4	Met	Better	61.3	61.7
2.13i % of adults physically active	Public Health Outcomes Framework	Active Lives Survey	Annual	High	2015-16	64.0	64	Met	Better	65.1	64.9
2.06i % 4-5 year olds classified as overweight/obese	Public Health Outcomes Framework	National Child Measurement Programme	Annual	Low	2016-17	22.9	22.0	Not Met	Worse	22.6	22.6
2.06ii % 10-11 year olds classified as overweight/obese	Public Health Outcomes Framework	National Child Measurement Programme	Annual	Low	2016-17	32.9	36	Met	Better	34.2	32.6
2.03 Smoking status at the time of delivery	Public Health Outcomes Framework	Smoking Status At Time of Delivery (SSATOD) HSCIC	Annual	Low	2016-17	6.8	8.0	Met	Better	10.7	12.0
2.14 Smoking prevalence all adults	Public Health Outcomes Framework	Annual Population Survey	Annual	Low	2016	15.8	14.8	Not Met	Better	15.5	13.8
2.14 Smoking prevalance - routine and manual - current smokers	Public Health Outcomes Framework	Annual Population Survey	Annual	Low	2016	30.4	28.9	Not Met	Worse	26.5	26.0
2.22iii Cumulative % of those aged 40-74 offered a healthcheck 2013-2018	Public Health Outcomes Framework	www.healthcheck.nhs.uk	Annual	High	2013-2018 Q3	70.3	100%	Not Met	No change	86.4	Not available
2.22 iv Cumulative % of those offered a healthcheck who received a healthcheck 2013-2018	Public Health Outcomes Framework	www.healthcheck.nhs.uk	Annual	High	2013-2018 Q3	47.1	50%	Not Met	No change	48.5	Not available
2.22 v Cumulative % of those aged 40-74 who received a healthcheck 2013-2018	Public Health Outcomes Framework	www.healthcheck.nhs.uk	Annual	High	2013-2018 Q3	33.1	50%	Not Met	No change	41.9	Not available

Back to HWB Dashboard

PRIORITY 2: Supporting people to make healthy lifestyle choices

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
1.18i/1I % of adult social care users with as much social contact as they would like	Public Health Outcomes Framework/Adult Social Care Outcomes Framework	Adult Social Care Survey - England	Annual	High	2016-17	45.2	45.4	Not Met	Better	45.4	NA
1.18ii/1I % of adult carers with as much social contact as they would like	Public Health Outcomes Framework/Adult Social Care Outcomes Framework	Carers Survey	Bi-Annual	High	2016-17	36.2	38.5	Not Met	No change	35.5	32.4
Placeholder - Loneliness and Social Isolation	NA	TBC	Annual							NA	NA

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PRIORITY 3:Reducing the amount of alcohol people drink to safer levels

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
2.15iii Successful treatment of alcohol treatment	Public Health Outcomes Framework	National Drug Treatment Monitoring System	Quarterly	High	Q3 2017/18	42.5%	38.3%	Met	Worse	38.7%	38.2%
2.18 Admission episodes for alcohol related conditions (DSR per 100,000)	Public Health Outcomes Framework	Local Alcohol Profiles for England (based on HSCIC HES)	Annual	Low	2016/17	602	599	Not met	Worse	636	602

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Priority 4: Promoting positive mental health and wellbeing in children and young people

Indicator Title	Framework	Source and frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average

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Priority 5: Living well with dementia

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
4.16/2.6i Estimated diagnosis rate for people with dementia	Public Health Outcomes Framework/NHS Outcomes Framework	NHS Digital	Annual	High	2017	68.4	67.7	Met	No change	67.9	Not available
No. of Dementia friends	NA (Local only)	Local Report	Quarterly	High	Reported locally	5800	4500	Met	Better	Not available	Not available

PLACEHOLDER - Post diagnosis care

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Priority 6: Increasing take up of breast and bowel screening and prevention services

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
2.20iii Cancer screening coverage - bowel cancer	Public Health Outcomes Framework	Health and Social Care Inform	Annual	High	2017	56.5	52%	Met	No change	58.8	60.6
2.20i Cancer screening coverage - breast cancer	Public Health Outcomes Framework	Health and Social Care Information Centre (HSCIC)	Annual	High	2017	72.9	70%	Met	No change	75.4	77.6

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Priority 7: Reducing the number of people with tuberculosis

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
3.05ii Incidence of TB (three year average)	Public Health Outcomes Framework	Public Health	Annual	Low	2014-2016	26.4	30	Met	Better	10.9	7.1

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Priority 8: Reducing deaths by suicide

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
4.10 Age-standardised mortality rate from suicide and injury of undetermined intent	Public Health Outcomes Framework	Health England (based on	Annual	Low	2014-16	9.9	8.25	Not met	Better	9.9	10.2

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Indicator number	**2.12**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Excess weight in adults**

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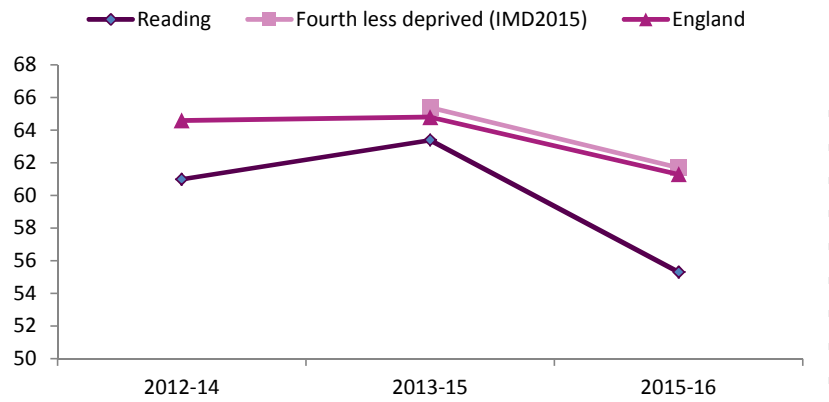
Period	Reading	Fourth less deprived (IMD2015)	England
2012-14	61		64.6
2013-15	63.4	*65.4*	64.8
2015-16	55.3	*61.7*	61.3

Data source	Active Lives Survey (previously Active People Survey) Sport England
	* Note change in methodology in 2015-16
Denominator	Number of adults with valid height and weight recorded. Active lives Survey. Historical (before 2015-16) Number of adults with valid height and weight recorded. Data are from APS year 1, quarter 2 to APS year 3, quarter 1
Numerator	Number of adults with a BMI classified as overweight (including obese), calculated from the adjusted height and weight variables. Active Lives Survey. Previously (before 2015-16) from Active People survey. Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m2.



Indicator number	**2.13**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**% Physically Active Adults**

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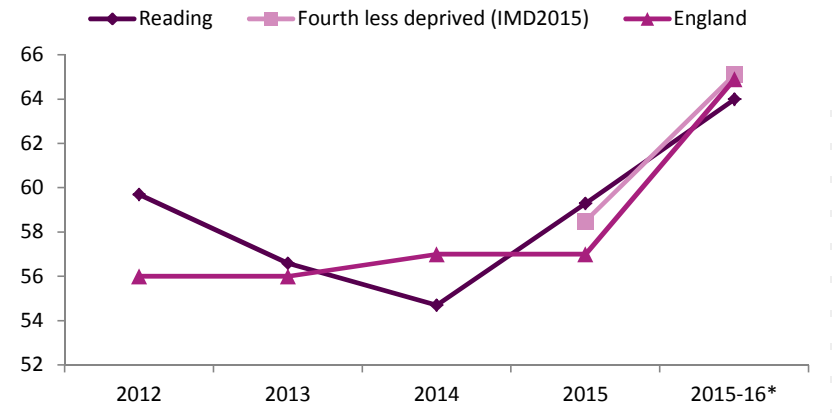
Data source	Until 2015 - Active People Survey, Sport England
	2015-16 onwards - Active Lives, Sport England
	* Note change in methodology in 2015-16
Denominator	Weighted number of respondents aged 19 and older with valid responses to questions on physical activity
Numerator	Weighted number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 MIE minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days.

Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2012	59.7	55.3	64.2		56
2013	56.6	52.3	60.8		56
2014	54.7	50.4	58.9		57
2015	59.3	55	63.6	*58.5*	57
2015-16*	64	60.9	66.9	*65.1*	64.9



Indicator number	**2.06i**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Child excess weight in 4-5 year olds**

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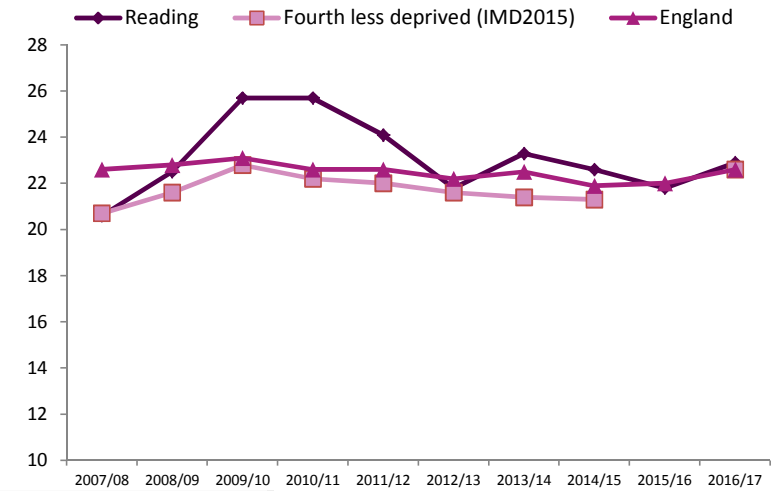
Data source	National Child Measurement Programme
Denominator	Number of children in Reception (aged 4-5 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.
Numerator	Number of children in Reception (aged 4-5 years) classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.



Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2007/08	20.6	18.5	22.9	*20.7*	22.6
2008/09	22.5	20.5	24.6	*21.6*	22.8
2009/10	25.7	23.7	27.9	*22.8*	23.1
2010/11	25.7	23.7	27.8	*22.2*	22.6
2011/12	24.1	22.1	26.1	*22*	22.6
2012/13	21.8	20	23.9	*21.6*	22.2
2013/14	23.3	21.3	25.5	*21.4*	22.5
2014/15	22.6	20.9	24.5	*21.3*	21.9
2015/16	21.8	20.1	23.6	-	22
2016/17	22.9	21.1	24.7	*22.6*	22.6

Indicator number	**2.06i**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Child excess weight in 10-11 year olds**

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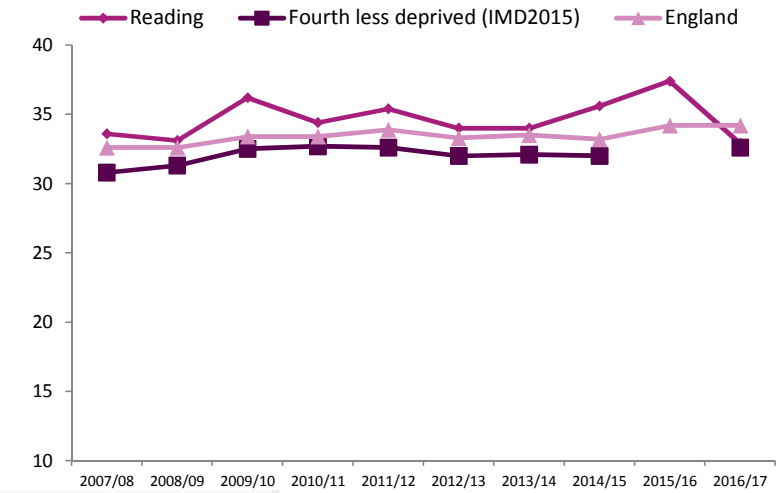
Data source	National Child Measurement Programme
Denominator	Number of children in Year 6 (aged 10-11 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.
Numerator	Number of children in Year 6 (aged 10-11 years) classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.



Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2007/08	33.6	31	36.2	*30.8*	32.6
2008/09	33.1	30	35.7	*31.3*	32.6
2009/10	36.2	33.6	38.8	*32.5*	33.4
2010/11	34.4	32	36.9	*32.7*	33.4
2011/12	35.4	32.9	37.9	*32.6*	33.9
2012/13	34	31.6	36.5	*32*	33.3
2013/14	34	32.2	37.1	*32.1*	33.5
2014/15	35.6	33.2	38	*32*	33.2
2015/16	37.4	35.1	39.7	-	34.2
2016/17	32.9	30.7	35.2	*32.6*	34.2

Indicator number	**2.14**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Smoking Prevalence in Adults - Current Smokers**

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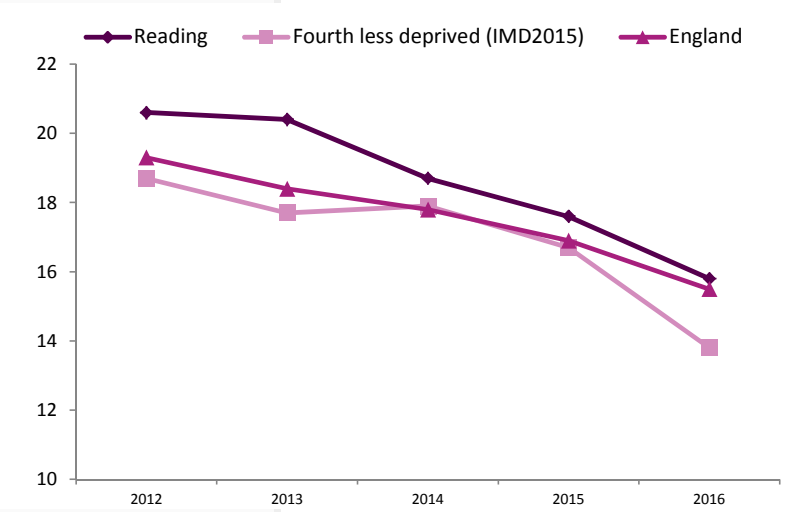
Data source	Annual Population Survey
Denominator	Total number of respondents (with valid recorded smoking status) aged 18+ from the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.
Numerator	The number of persons aged 18 + who are self-reported smokers in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.

Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2012	20.6	18.4	22.8	*18.7*	19.3
2013	20.4	18.2	22.6	*17.7*	18.4
2014	18.7	16.7	20.7	*17.9*	17.8
2015	17.6	15.5	19.8	*16.7*	16.9
2016	15.8	13.5	18.1	*13.8*	15.5



Indicator number	**2.03**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**% of women who smoke at the time of delivery**

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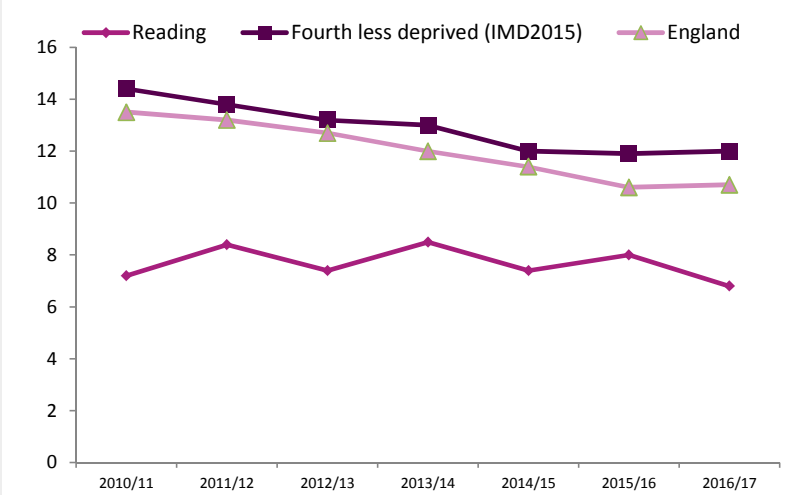
Data source	Calculated by KIT East from the Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD)
Denominator	Number of maternities (estimated based on counts for CCGs)
Numerator	Number of women known to smoke at time of delivery (estimated based on counts for CCGs)

Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2010/11	7.2	6.1	8.2	*14.4*	13.5
2011/12	8.4	7.4	9.6	*13.8*	13.2
2012/13	7.4	6.3	8.2	*13.2*	12.7
2013/14	8.5	7.4	9.6	*13*	12
2014/15	7.4	6.4	8.5	*12*	11.4
2015/16	8	7	9.1	*11.9*	10.6
2016/17	6.8	5.9	7.9	*12*	10.7



Indicator number	**NA**
Outcomes Framework	**Local Tobacco Control Profiles**
Indicator full name	**Smoking prevalence in routine and manual occupations - Current smokers**

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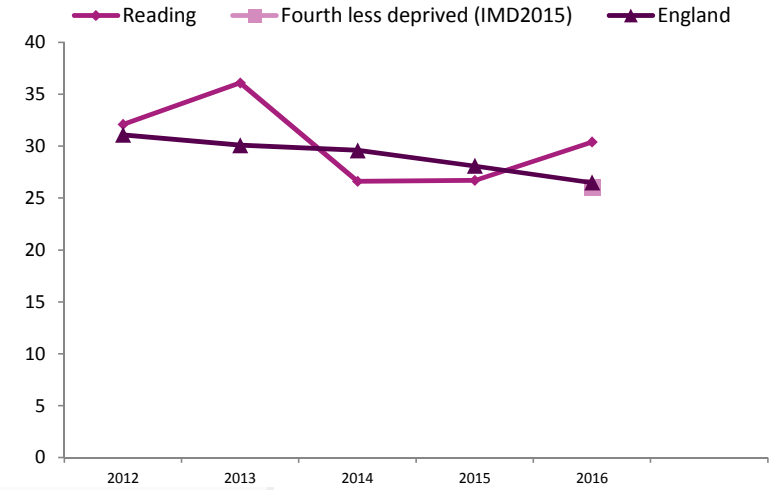
Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2012	32.1	26.4	37.8	*NO DATA*	31.1
2013	36.1	30.1	42.1	*NO DATA*	30.1
2014	26.6	21.2	32	*NO DATA*	29.6
2015	26.7	20.6	32.7	*NO DATA*	28.1
2016	30.4	23	37.9	*26*	26.5

Data source	Annual Population Survey
Denominator	Total respondents with a self-reported smoking status aged 18-64 in the R&M group. Weighted to improve representativeness.
Numerator	Respondents who are self-reported smokers in the R&M group. Weighted to improve representativeness



Indicator number	**2.22ii**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check**

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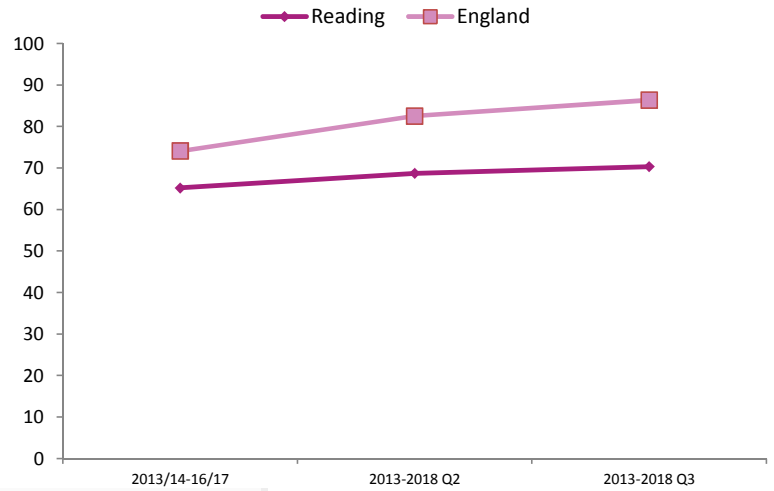
Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2013/14-16/17	65.2	64.8	65.7	75.7	74.1
2013-2018 Q2	68.72				82.54
2013-2018 Q3	70.33				86.36

Data source	Public Health England - www.healthcheck.nhs.uk
Denominator	Number of people aged 40-74 eligible for an NHS Health Check in the five year period
Numerator	Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the five year period



Indicator number	**2.22iii**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received a Health Check**

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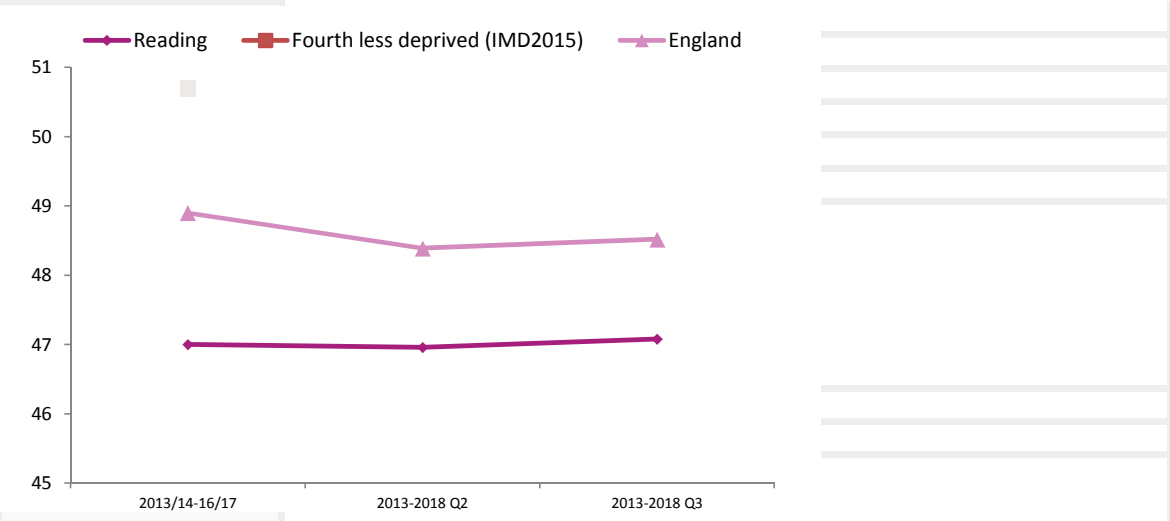
Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2013/14-16/17	47	46.1	47.8	*50.7*	48.9
2013-2018 Q2	46.96				48.39
2013-2018 Q3	47.08				48.52

Data source	Public Health England - www.healthcheck.nhs.uk
Denominator	Number of people aged 40-74 offered an NHS Health Check in the five year period
Numerator	Number of people aged 40-74 eligible for an NHS Health Check received an NHS Health Check in the five year period



Indicator number	**2.22iii**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Cumulative percentage of the eligible population aged 40-74 who received a Health Check**

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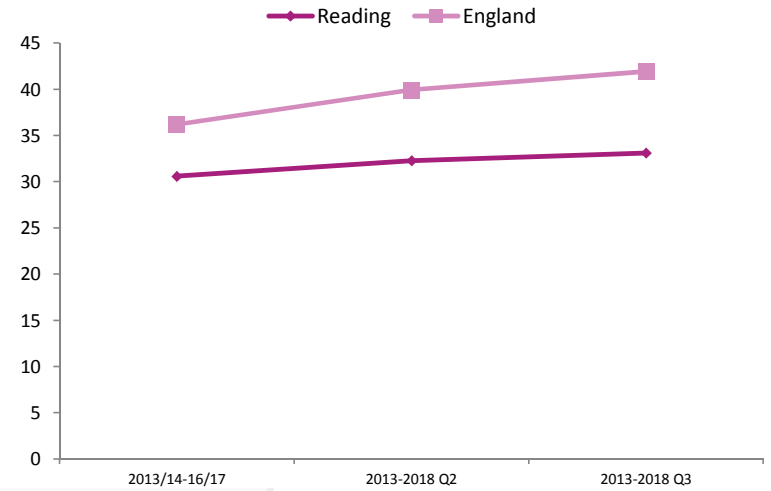
Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2013/14-16/17	30.6	30.2	31.1	*38.4*	36.2
2013-2018 Q2	32.27				39.94
2013-2018 Q3	33.11				41.91

Data source	Public Health England - www.healthcheck.nhs.uk
Denominator	Number of people aged 40-74 eligible for an NHS Health Check in the five year period
Numerator	Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check in the five year period



Indicator number	**1.18i/1l**
Outcomes Framework	**Public Health Outcomes Framework/Adult Social Care Outcome Framework**
Indicator full name	**% of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey**
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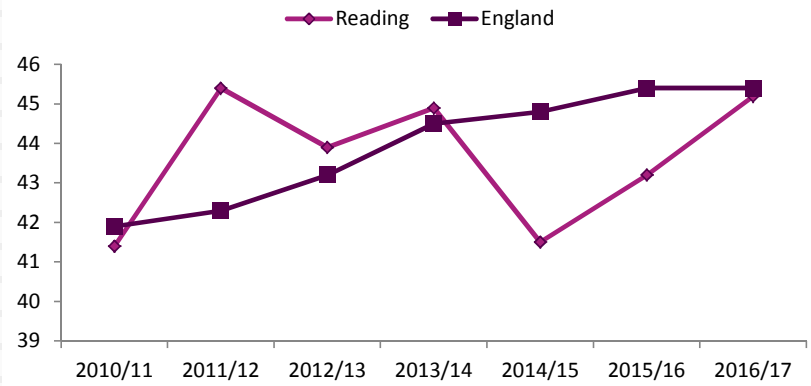
Data source	Adult Social Care Survey - England
	http://content.digital.nhs.uk/catalogue/PUB21630 - Annex Tables
Denominator	The number of people responding to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?"
Numerator	All survey respondents who responded to the question (adult social care users identified by LA) NHS Digital - Personal Social Services Adult Social Care Survey England

Period	Reading	Fourth less deprived (IMD2015)	England
2010/11	41.4	-	41.9
2011/12	45.4	-	42.3
2012/13	43.9	-	43.2
2013/14	44.9	-	44.5
2014/15	41.5	-	44.8
2015/16	43.2	-	45.4
2016/17	45.2	-	45.4



Indicator number	**1.18ii/1l**
Outcomes Framework	**Public Health Outcomes Framework/Adult Social Care Outcome Framework**
Indicator full name	**% of adult carers who have as much social contact as they would like according to the Adult Social Care Users Survey**

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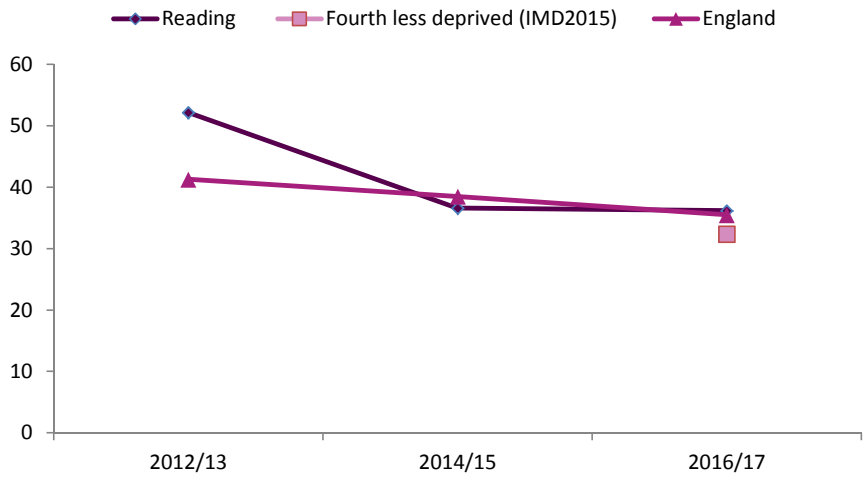
Data source	Carers Survey
Denominator	The number of people responding to the question "Thinking about how much contact you've had with people that you like, which of the following statements best describes your social situation?", with the answer "I have as much social contact as I want with people I like" divided by the total number of responses to the same question.
Numerator	All survey respondents who responded to the question (adult social care users identified by LA) NHS Digital - Personal Social Services Adult Social Care Survey England

Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2012/13	52.2	48.1	56.3		41.3
2014/15	36.6	31.8	41.4		38.5
2016/17	36.2	30.4	42.4	*32.4*	35.5



Indicator number	**2.15iii**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Successful completion of alcohol treatment**
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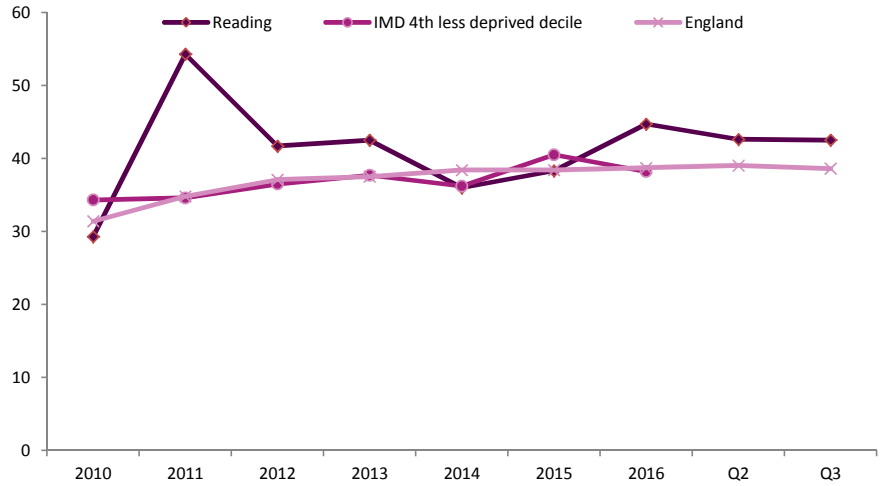
Data Source	National Drug Treatment Monitoring System
Denominator	Total number of adults in structured alcohol treatment in a one year period
Numerator	Adults that complete treatment for alcohol dependence who do not re-present to treatment within six months

Period	Reading	IMD 4th less deprived decile	England
2010	29.3	34.3	31.4
2011	54.3	34.6	34.8
2012	41.7	36.5	37.1
2013	42.5	37.7	37.5
2014	36	36.2	38.4
2015	38.3	40.5	38.4
2016	44.70	38.20	38.70
Q2	42.60		39.00
Q3	42.50		38.60



Indicator number	**2.18**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Admission episodes for alcohol-related conditions per 100,000 people**

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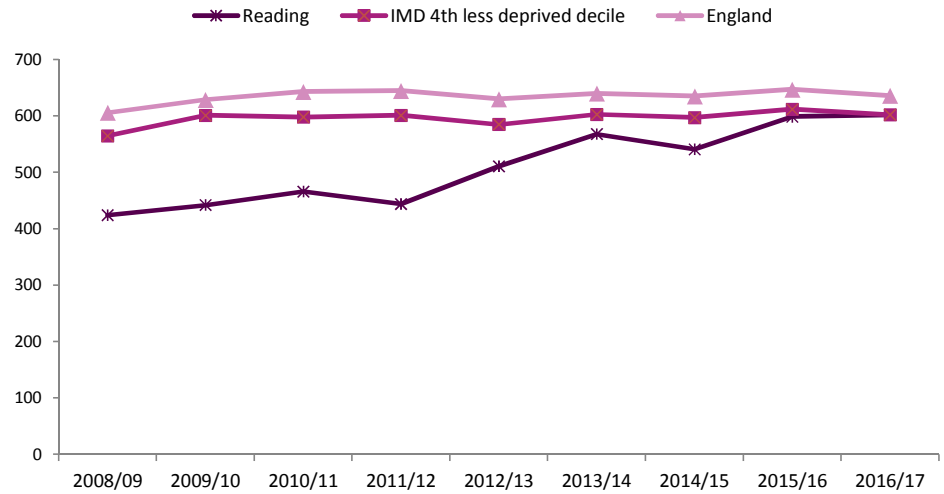
Data Source	Health and Social Care information Centre - Hospital Episode Statistics. Via Local Alcohol Profiles for England
Denominator	Mid-Year Population Estimates (ONS)
Numerator	Admissions to hospital where primary diagnosis is an alcohol-related condition or a seconday diagnosis is an alcohol-related external cause. Uses attributable fractions to estimate.

Period	Reading	IMD 4th less deprived decile	England
2008/09	424	565	606
2009/10	442	601	629
2010/11	466	598	643
2011/12	444	601	645
2012/13	511	585	630
2013/14	568	603	640
2014/15	541	597	635
2015/16	599	612	647
2016/17	602	602	636



Indicator number	**4.16 / 2.6i**
Outcomes Framework	**Public Health Outcomes Framework / NHS Outcomes Framework**
Indicator full name	**Estimated diagnosis rate for people with dementia**

Period	Reading	IMD 4th less deprived decile	England
2017	68.4		67.9

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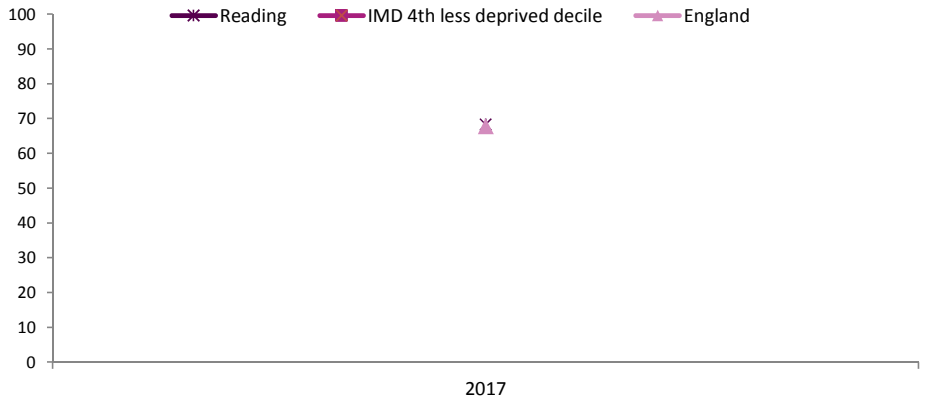
Data Source	NHS Digital
Denominator	Applying the reference rates to the registered population yields the number of people aged 65+ one would expect to have dementia within the subject population where:
Numerator	**Registered population** Patients aged 65+ registered for General Medical Services, counts by 5-year age and sex band from the National Health Application and Infrastructure Services (NHAIS / Exeter) system; extracted on the first day of each month following the reporting period end date of the numerator. **Reference rates: sampled dementia prevalence** Age 65+ age and sex-specific dementia prevalence rates. Source: MRC CFAS II.



Indicator number	**NA**
Outcomes Framework	**NA**
Indicator full name	**No. of Dementia Friends**

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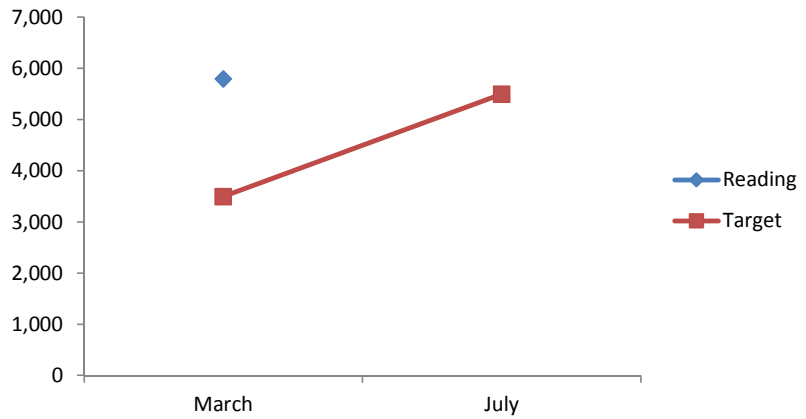
Period	Reading	Target
March	5,800	3,500
July		5,500

Data Source	Locally Recorded
Definition	No. of people who have completed a 45 minute training session and agreed to be a dementia friend



500	
Jan-18	2500
Feb-18	3000
Mar-18	3500
Apr-18	4000
May-18	4500
Jun-18	5000
Jul-18	5500
Aug-18	6000

Indicator number	**2.20iii**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Cancer screening coverage - bowel cancer**

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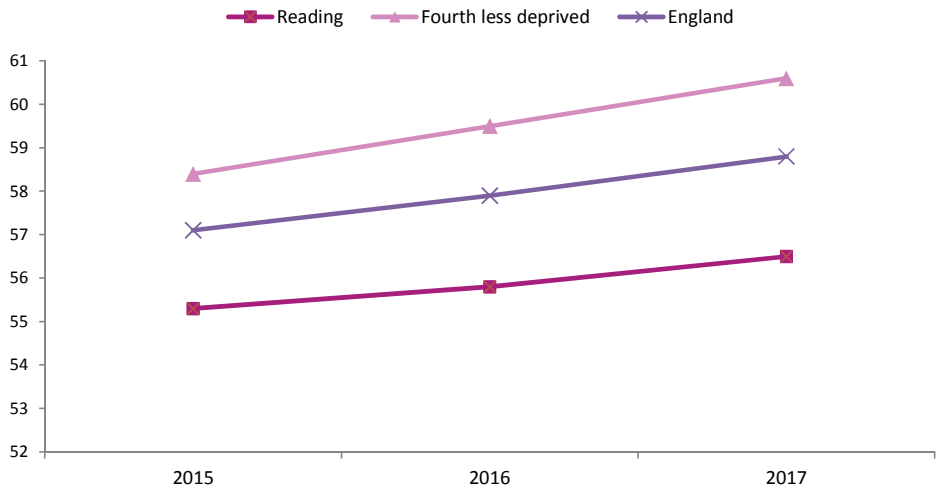
Period	Reading	Fourth less deprived	England
2015	55.3	58.4	57.1
2016	55.8	59.5	57.9
2017	56.5	*60.6*	58.8

Data Source	Health and Social Care Information Centre (Open Exeter)/Public Health England
Denominator	Number of people aged 60-74 resident in the area (determined by postcode of residence) who are eligible for bowel screening at a given point in time (excluding those with no functioning colon (e,g, after surgery) or have made an informed decision to opt out.
Numerator	Number of people aged 60-74 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous 2½ years Target is the NHS England minimum coverage standard https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-26.pdf



Indicator number	**2.20i**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Cancer screening coverage - breast cancer**

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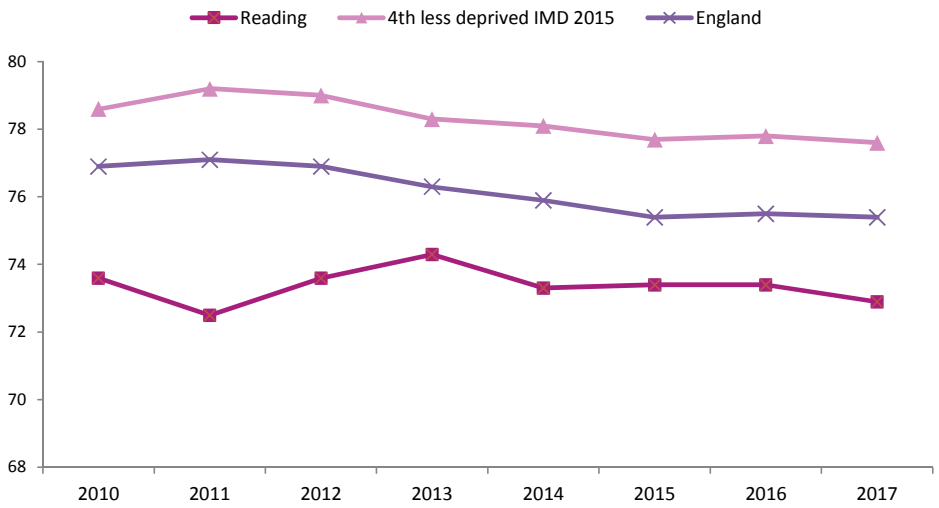
Data Source	Health and Social Care Information Centre (Open Exeter)/Public Health England
Denominator	Number of women aged 53-70 resident in the area (determined by postcode of residence) who are eligible for breast screening at a given point in time.
Numerator	Number of women aged 53-70 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous three years Target is the NHS England minimum coverage standard https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-24.pdf

Period	Reading	4th less deprived IMD 2015	England
2010	73.6	78.6	76.9
2011	72.5	79.2	77.1
2012	73.6	79	76.9
2013	74.3	78.3	76.3
2014	73.3	78.1	75.9
2015	73.4	77.7	75.4
2016	73.4	77.8	75.5
2017	72.9	77.6	75.4



Indicator number	**3.05ii**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Incidence of TB (three year average)**

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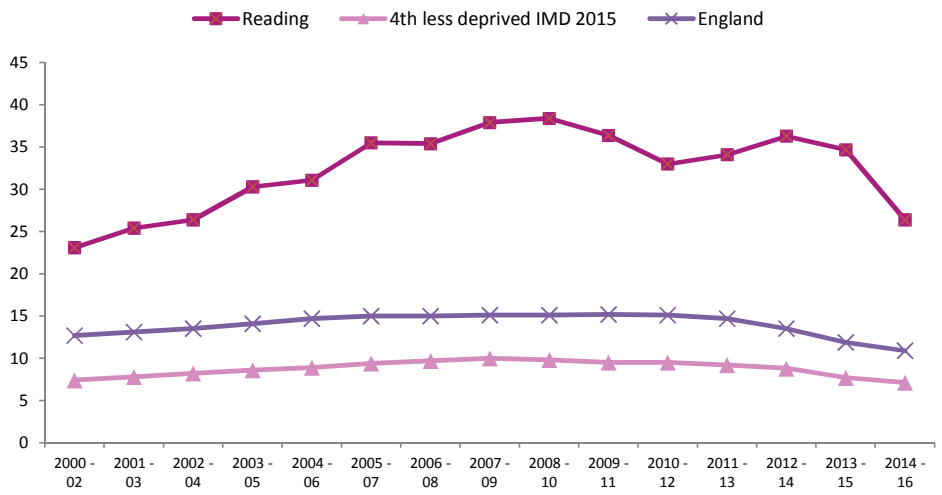
Data Source	Enhanced Tuberculosis Surveillance system (ETS) and Office for National Statistics (ONS)
Denominator	Sum of the Office for National Statistics (ONS) mid-year population estimates for each year of the three year time period
Numerator	Sum of the number of new TB cases notified to the Enhanced Tuberculosis Surveillance system (ETS) over a three year time period



Period	Reading	4th less deprived IMD 2015	England
2000 - 02	23.1	7.4	12.7
2001 - 03	25.4	7.8	13.1
2002 - 04	26.4	8.2	13.5
2003 - 05	30.3	8.6	14.1
2004 - 06	31.1	8.9	14.7
2005 - 07	35.5	9.4	15
2006 - 08	35.4	9.7	15
2007 - 09	37.9	10	15.1
2008 - 10	38.4	9.8	15.1
2009 - 11	36.4	9.5	15.2
2010 - 12	33	9.5	15.1
2011 - 13	34.1	9.2	14.7
2012 - 14	36.3	8.8	13.5
2013 - 15	34.7	7.7	11.9
2014 - 16	26.4	7.1	10.9

Indicator number	**4.10**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population**

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Data Source	Public Health England (based on ONS)
Denominator	ONS 2011 census based mid-year population estimates
Numerator	Number of deaths from suicide and injury from undetermined intent ICD10 codes X60-X84 (age 10+), Y10-34 (age 15+).

Period	Reading	4th less deprived IMD 2015	England
2001 - 03	11.5	-	10.3
2002 - 04	10.7	-	10.2
2003 - 05	10.4	-	10.1
2004 - 06	10	-	9.8
2005 - 07	9.6	-	9.4
2006 - 08	11.2	-	9.2
2007 - 09	10.9	-	9.3
2008 - 10	8.8	-	9.4
2009 - 11	7.4	-	9.5
2010 - 12	7.7	-	9.5
2011 - 13	9.3	-	9.8
2012 - 14	9.8	-	10
2013 - 15	11	10.5	10.1
2014 - 16	9.9	*10.2*	9.9

Updates to the health and wellbeing dashboard

- **Updates since last report**

  - **Indicators and targets for Priority 4 (Promoting positive mental health and wellbeing for children and young people) have now been agreed with stakeholders and are included.**
  - **Targets for smoking prevalence and smoking prevalence in those working in routine and manual professions have been finalised.**
  - **Indicators for Priority 5 (Living well with dementia) have now been finalised.**
  - **% of 4-5 year olds and % of 10-11 year olds classified as overweight or obese have been updated since the last report (Priority 1)**
  - **Rate of alcohol-related hospital admissions has been updated since the last report (Priority 3)**
  - **Breast and bowel cancer screening coverage have been updated since the last report (Priority 6)**
  - **No. of Dementia Friends (local indicator) (Priority 5) has been updated.**
  - **Health checks indicators updated with Q2 performance**
  - **Alcohol treatment completion updated with Q3 performance**

- **Updates expected before July 2018 (dates are provisional)**

  - **Update of the dementia diagnosis rate expected March 2018 (Priority 5)**
  - **Dementia friends (Priority 5) – local indicator updated each quarter**
  - **Health checks indicators Q4 updates expected June 2018**
  - **Alcohol treatment completion Q4 updates expected May 2018**

Indicator	Expected date of update	Local/Quarterly data available?
2.12 Excess weight in adults	November	No
2.13i % of adults physically active	Not clear. Last updated in September (Active Lives survey)	No
2.06i % 4-5 year olds classified as overweight/obese	January	No
2.06ii % 10-11 year olds classified as overweight/obese	January	No
2.03 Smoking status at the time of delivery	November	No
2.14 Smoking prevalence - all adults - current smokers	August	No
2.14 Smoking prevalance - routine and manual - current smokers	August	No
2.22iii Cumulative % of those aged 40-74 offered a healthcheck 2013/14 - 16/17	Quarterly	Updates are published quarterly
2.22 iv Cumulative % of those offered a healthcheck who received a healthcheck 2013/14 - 16/17	Quarterly	Updates are published quarterly
2.22 v Cumulative % of those aged 40-74 who received a healthcheck 2013/14 - 16/17	Quarterly	Updates are published quarterly
1.18i/1l % of adult social care users with as much social contact as they would like	November	Local data but collected annually
1.18ii/1l % of adult carers with as much social contact as they would like	Nov-19	Local data but collected bi-annually
Placeholder - Loneliness and Social Isolation		
2.15iii Successful treatment of alcohol treatment	Quarterly	Updates are published quarterly
2.18 Admission episodes for alcohol related conditions (DSR per 100,000)	May	No
4.16/2.6i Estimated diagnosis rate for people with dementia	Not clear. 31st March or August	No. (CCGs receive rates per practice and at CCG level, but not at LA level).
No. Dementia Friends (Local Indicator)	Quarterly	Yes
Placeholder - ASCOF measure of post-diagnosis care		
2.20iii Cancer screening coverage - bowel cancer	February	No.
2.20i Cancer screening coverage - breast cancer	February	No.
3.05ii Incidence of TB (three year average)	November	No.
4.10 Age-standardised mortality rate from suicide and injury of undetermined intent	November	No.

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**16 MARCH 2018**	**AGENDA ITEM:**	**8**
REPORT TITLE:	**INTEGRATION PROGRAMME UPDATE**		
REPORT AUTHOR:	**MICHAEL BEAKHOUSE**	**TEL:**	**01189 373170**
JOB TITLE:	**INTEGRATION PROGRAMME MANAGER**	**E-MAIL:**	**MICHAEL.BEAKHOUSE@READING.GOV.UK**
ORGANISATION:	**READING BOROUGH COUNCIL / NORTH & WEST AND SOUTH READING CCGs**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide an update on the Integration Programme – notably, progress made within the Programme itself, as well as progress made against the delivery of the national BCF targets.

1.2 Of the 4 national BCF targets:

- Performance against two (limiting the number of new residential placements & increasing the effectiveness of reablement services) is currently good, with a trajectory that appears to bring us close to realising those targets.
- We are not currently reducing the number of delayed transfers of care (DTOCs) in line with our targets, but recent DTOC rates for December 2017 are lower than they have previously been in the financial year - which represents positive progress.
- Reducing the number of non-elective admissions (NELs) in line with our targets remains a focus for the Berkshire West wide BCF schemes.

2. RECOMMENDED ACTION

2.1 The Health and Wellbeing Board are asked to note the general progress to date.

3. POLICY CONTEXT

3.1 The Better Care Fund (BCF) is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups (CCG) and Local Authorities to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation to promote / deliver on integration ambitions.

3.2 As in previous years, the BCF has a particular focus on initiatives aimed at reducing the level of avoidable hospital stays and delayed transfers of care (DTOCs) as well a number of national conditions that partners must adhere to (including reducing the number of non-elective admissions to hospital, reducing admissions to residential accommodation, and increasing the volume of individuals remaining at home 91 days after receiving reablement services).

4. BCF PERFORMANCE UPDATE

4.1 Please note the following in relation to performance against our national BCF targets:

4.2 **DTOC** = Our target for Q3 (October-December) was to have no more than 720 bed days lost. Our performance equates to 1864 bed days lost. Please note that while performance exceeds the target, there has been a decline in DTOCs per month, with 710 days lost in October, 661 in November and 493 in December. The figure of 493 also represents the lowest number of DTOCs recorded in the financial year to date, and is the lowest reported number of DTOCs since April 2016 (in which 393 were reported).

4.3 **Residential admissions** = Our target is to have no more than 116 new residential admissions. Based on our performance in the year to date (as of mid-January) which stands at 88 new residential admissions, we estimate that we will have 117 new placements across the financial year. However the drive is to consider alternatives and to also utilise the Extra Care facilities we have in Reading.

4.4 **Reablement rates** = Our target is to maintain an average of 88% of people (1195 people) remaining at home 91 days after discharge from hospital into reablement / rehabilitation services. Based on the most recent data, we believe that 853 clients are residing at home 91 days after discharge, and we predict 1137 will be remaining at home 91 days after discharge come the end of the year (based on average performance to date).

4.5 **NEL admissions** = Our target is to achieve a 0.97% reduction (expressed as 93 fewer admissions) against the number of NEL admissions seen in 2016/2017. Based on our performance in Q3 2017/2018, we have seen a 3.4% increase against the number of NEL admissions seen in Q3 2016/2017. Actions against this target are being progressed by the Berkshire West 10 Integration schemes that are designed to reduce NELs.

5. PROGRAMME UPDATE

5.2 Since January, the following items have been progressed:

- Recruitment for 1x FTE **Performance & Data Analyst** is underway, and we aim to have the post holder in place during Quarter 4. Part of their remit will be to produce a **revised BCF Dashboard** that will provide additional clarity on the impact made by the BCF-funded schemes. The role will also support our local and national reporting duties.

- **Value for Money reports** have been received in relation to several additional BCF-funded schemes. These outline the extent to which the funded services have delivered against their remits. These will be discussed at the February, March and April Reading Integration Board (RIB) meetings.

- The **Integration Project Manager appointed in January 2018** has completed his induction and is currently allocated to several key pieces of work:

    - Progressing **Integration between Adult Social Care (ASC) and North/West and South Reading GP Alliances** – we hope to present an update on the form this integration will take, and the associated deliverables/timescales, at the next Health & Wellbeing Board.

    - Identifying further strategies that may help people to explore alternatives to health services.

    - Exploring new methods of **delivering reablement** within Reading.

- Participation in an LGA **Peer Review** process across Berkshire West , which highlighted additional ideas for improving DTOC performance

- Researching what "good integration" looks like - in the first instance, we are examining Social Care Institute for Excellence (SCIE)'s "Integration Score Card" and determining how Reading compares against SCIE's key integration metrics.

6. NEXT STEPS

6.1 The planned next steps for March & April are to:

- Oversee discussion of the Value for Money at RIB meetings & any follow-on actions.

- Continue researching "integration best practice" & formulating proposals (the outcomes of which will inform later discussions regarding further opportunities for integration).

- Complete the recruitment / induction of the Performance & Data Analyst role, and oversee the planned changes to the BCF Dashboard.

- Continue progressing integration between ASC and the North/West and South GP Alliances.

- Continue exploring and rolling-out strategies that may help people to explore alternatives to health services.

- Revise Reading's "High Impact Model Action Plan" to reduce Delayed Transfers of Care to accommodate any agreed responses to the Berkshire West 10 LGA Peer Review feedback.

7. CONTRIBUTION TO STRATEGIC AIMS

7.1 While the BCF does not in itself and in its entirety directly relate to the HWB's strategic aims, Operating Guidance for the BCF published by NHS England states that: *The expectation is that HWBs will continue to oversee the strategic direction of the BCF and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners* […] *HWBs also have their own statutory duty to help commissioners provide integrated care that must be complied with*.

8. COMMUNITY & STAKEHOLDER ENGAGEMENT

8.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

8.2 In accordance with this duty, the Programme Manager has met with Healthwatch to review and refine the existing service user engagement metrics set against the CRT, Discharge to Assess and High Impact Model schemes services, to ensure that they reflect best practice. Meetings have taken place with the services to review the reporting requirements associated with the new/refined targets, and these will be reported against moving forwards.

8.3 A meeting between the Locality Manager and Healthwatch has been rescheduled to 15th March 2018 to review the mechanisms used by the services to gather service user feedback, and to ensure that they mirror Healthwatch's understanding of best practice.

9. EQUALITY IMPACT ASSESSMENT

9.1 N/A – no new proposals or decisions recommended / requested

10. LEGAL IMPLICATIONS

10.1 N/A – no new proposals or decisions recommended / requested.

11. FINANCIAL IMPLICATIONS

11.1 Based on the most recent BCF budget report submitted to the Reading Integration Board, there are some minor variations on actual to date spend compared to budget.

11.2 The year end forecast position predicts a £32k underspend. Further discussions regarding the use of this underspend would take place within the Berkshire West 10 Finance Sub-Group.

12. BACKGROUND PAPERS

12.1 N/A

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**16th March 2018**	**AGENDA ITEM:**	**9**
REPORT TITLE:	**READING'S PHARMACEUTICAL NEEDS ASSESSMENT 2018 TO 2021**		
REPORT AUTHOR:	**BECKY TAYLOR/SUZIE WATT (COVER REPORT)**	**TEL:**	
JOB TITLE:	**PUBLIC HEALTH**	**E-MAIL:**	**PH.information@bracknell-forest.gov.uk / Wellbeing.Services@reading.gov.uk**
ORGANISATION:	**PUBLIC HEALTH SERVICES FOR BERKSHIRE/ WELLBEING TEAM READING BOROUGH COUNCIL**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To share the findings and the final report *Reading's Pharmaceutical Needs Assessment (PNA) 2018 to 2021* with the Health & Wellbeing Board and to seek formal approval to publish the final PNA and appendices on the Reading Borough Council website.

1.2 *Reading Pharmaceutical Needs Assessment 2018 to 2021* is attached and is supported by the following Appendices:

Appendix A – Berkshire PNA Pharmacy Survey 2017
Appendix B – Berkshire PNS Public Survey 2017
Appendix C – Opening times for Pharmacies in Reading
Appendix D – Equalities Screen Record for Pharmaceutical Needs Assessment (Reading)
Appendix E – Consultation Report Reading Borough Council
Appendix F – Berkshire PNA Formal Consultation Survey 2017
Appendix G – Supplementary Statement – February 2018

Full maps used to support the PNA are outlined below. These are available on request and will be published with the final PNA if approved.

Map 1 – Pharmaceutical Services in Reading
Map 2 – Reading pharmacies and Index of Multiple Deprivation
Map 3 – Reading pharmacies and population density by ward level
Map 4 – Reading pharmacies and weekend opening
Map 4 – Reading pharmacies and evening opening
Map 5 – 5 and 10 Minute Walking Times Reading
Map 7 – 15 Minute Walking Times Reading
Map 8 – Pharmacies inside and within 1.6km (1 mile) of Reading

2. RECOMMENDED ACTION

2.1 Formally approve *Reading's Pharmaceutical Needs Assessment for 2018 to 2021.*

2.2 Approve publication of *Reading's Pharmaceutical Needs Assessment 2018 to 2021* which should be made accessible for the lifespan – noting that if local

pharmaceutical services change during this time, the Local Authority will publish supplementary statements to the relevant host website.

2.3 Note if significant changes occur during the lifespan the HWB will be notified.

3. POLICY CONTEXT

3.1 As outlined in the Health and Social Care Act 2012 – as of the 1st April 2013 every Health and Wellbeing Board has had statutory responsibility to publish, and keep up to date, a statement of the needs for pharmaceutical services in their area. This is referred to as the Pharmaceutical Needs Assessment (PNA). The first PNA had to be (and was) published on the 1st April 2015, and it is required to undertake a revised assessment at least every 3 years.

4. Background

A PNA is the statement of the needs of pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA also considers whether there are any gaps in the delivery of pharmaceutical services and is used by NHS England to make decisions on which NHS-funded services should be provided by local community pharmacies. The PNA can also be used to inform commissioners, such as local authorities and Clinical Commissioning Groups (CCGs), who may wish to procure additional services from pharmacies to meet local health priorities.

Reading's Health & Wellbeing Board published the last PNA in April 2015 and it has been required to approve and oversee a revised assessment to be completed by 31st March 2018. Public Health Services for Berkshire has led the development of the latest PNAs across the 6 Berkshire Local Authorities, as agreed with all the relevant Health & Wellbeing Boards. This report presents the findings of the Pharmaceutical Needs Assessment for Reading (2018 to 2021) and summarises the process undertaken to develop this.

4.1 COMMUNITY AND STAKEHOLDER ENGAGEMENT FOR THE DEVELOPMENT OF THE PNA

The process for the development of the PNA was agreed with Reading's Health & Wellbeing Board on the 14 July 2017 (Item 19). A small task and finish group was set up to oversee the development of the PNA. The membership of this group included the Strategic Director of Public Health for Berkshire, the Consultant in Public Health (Public Health Services for Berkshire), an NHS England pharmaceutical commissioner, a representative from the Local Pharmaceutical Committee (LPC) and the Public Health Intelligence Manager (Public Health Services for Berkshire).

The development of the PNA involved several key stages:

1) *Survey of community pharmacies to map current service provision*

This survey took place from June to July 2017 using an online survey accessed through PharmOutcomes. The survey collated information from local community pharmacies about the services they provided and any gaps that they identified in local pharmaceutical service provision.

2) *Survey of public to ascertain views on services*

The public survey was accessible through an online portal and was live from June to August 2017. Local authorities, CCGs and local Healthwatch were encouraged to promote the survey and gather feedback from local residents.

3) *Development of draft PNA Report*

Public Health Services for Berkshire developed the draft PNA report. This used information gathered from the two surveys, local demographics for Reading, geographical mapping information and data provided from NHS England. A full assessment was made on the provision of pharmaceutical services in the area, based on all the information available.

4) *Public consultation on the draft PNA Report*

The draft PNA Report was signed off for consultation by Reading's Director of Adult Care & Health Services, in consultation with the Chair and Vice Chair of the Health & Wellbeing Board, following the Board's meeting on the 6th October 2017 (Item 16). The full draft report and supporting appendices were published on Reading Borough Council's website for a formal 60-day consultation period from 1st November to 31st December 2017.

Responses from the consultation were collated by Public Health Services for Berkshire and the PNA Report was reviewed and amended accordingly

5) The final PNA Report has been shared with Reading's Health and Wellbeing Board chair ahead of the meeting on 16th March 2018.

4.2 Key findings and conclusion

As outlined in the Executive Summary (Page 2-4) of *Reading PNA 2018 to 2021*, the key findings of Reading's PNA are:

- There is good provision of pharmaceutical services in Reading during normal working hours, with 30 pharmacies and one distance selling pharmacy within the Borough. There are also seven pharmacies outside the borough, but within 1.6km of borders which were considered when assessing provision and access to services.

- All pharmacies are open on weekdays and there is relatively good provision on weekday and Saturday evenings for the majority of residents.

- All residents are within a 10 minute drive of a pharmacy when services in neighbouring boroughs are taken into account; however there are no pharmacies in Mapledurham or Thames ward and no services open on evenings or Sundays in Whitley or Church wards.

- Although 95% of residents are within a 15 minute walk of a pharmacy during normal working hours, residents in parts of Whitley, Mapledurham, and Thames wards and a small area of Peppard ward are not within walking distance of a pharmacy either within or outside the borough.

- Future planned developments in Whitley where there are areas of relative deprivation and a higher proportion of young families may increase need for services in this area.

- The public survey showed that across Berkshire, 95% of respondents were able to get to the pharmacy of their choice, 86% took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes. Overall, 91% were satisfied or very satisfied with the location of their pharmacy

- There is adequate but variable provision of advanced pharmaceutical services for Reading residents, with a number of pharmacies also providing locally

commissioned services (LCS) for emergency hormonal contraception, needle exchange and supervised consumption.

- Whilst not considered 'necessary', there is room to extend the range of LCS that are commissioned in Reading and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these services if commissioned to do so.

- Based on the information available at the time of developing this PNA, there may be gaps in provision of essential and advanced pharmaceutical services within walking distance for some residents in Whitley, Mapledurham and Thames wards, there may also be increased need for services in Whitley in the lifetime of this PNA if future residential development goes ahead as planned.

5. ACTIONS FOR READING'S HEALTH AND WELLBEING BOARD

The Health & Wellbeing Board are asked to formally approve *Reading's Pharmaceutical Needs Assessment for 2018 to 2021*. This needs to be signed-off by Reading's HWB by 31st March 2018.

With the HWB approval the final PNA and appendices will be published on Reading Borough Council's website and will be accessible for the lifespan of the report (until 31st March 2021). If local pharmaceutical services change during this time, such as the opening hours, address of premises or needs of the local population, Reading Borough Council will need to publish supplementary statements to the relevant website. The HWB should be aware that if other significant changes occur which impact on need for pharmaceutical services during the lifetime of the PNA this may result in the need to refresh the PNA. No such changes are expected.

7. EQUALITY IMPACT ASSESSMENT

7.1 Public Health Services for Berkshire undertook an Equality Impact Assessment (EIA) screening to assess the process used to develop and publish the PNA for Reading, as well as the impact that the conclusion may have on the people with protected characteristics. The Bracknell Forest EIA Framework was used and the completed EIA screening report is attached as Appendix D of final report.

8. LEGAL IMPLICATIONS

8.1 Failure to have a revised PNA agreed and published by the 1st April 2018 would mean Reading's Health & Wellbeing Board would be in breach of their statutory responsibility outlined in the Health and Social Care Act 2012.

9. FINANCIAL IMPLICATIONS

9.1 At this stage there are no immediate financial implications either in relation to the findings of the PNA nor the process of completing the PNA. The outcome of the PNA should be used to inform local commissioners both of the existing needs and provision of pharmaceutical services, gaps and opportunities.

Reading
Pharmaceutical Needs Assessment
2018 to 2021

Executive Summary

This is an update of the Pharmaceutical Needs Assessment (PNA) for the Reading Health and Wellbeing Board (HWB) Area. Since April 2013, every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area. The previous PNA ran from 2015 to 2018 and this update will run from April 2018 to March 2021.

The PNA describes the needs for the population of Reading and considers current provision of pharmaceutical services to assess whether they meet the identified needs of the population. The PNA considers whether there are any gaps in the delivery of pharmaceutical services.

PNAs are used by NHS England to make decisions on which NHS-funded services need to be provided by local community pharmacies. These services are part of local health care, contribute to public health and affect NHS budgets. The PNA may also be used to inform commissioners such as Clinical Commissioning Groups (CCGs) and Reading Borough Council (RBC) of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.

Public Health Services for Berkshire developed the draft PNA report for consultation, on behalf of the Reading HWB, and were supported by other members of the task and finish group.

This PNA contains information on:

- The population of Reading, describing age, gender, socio-economic status, health needs and health behaviours which may all impact on the need for pharmaceutical services
- Pharmacies in Reading and the services they provide, including dispensing medications, providing advice on health and reviewing medicines
- Relevant maps of Reading showing providers of pharmaceutical services in the area and access to these services
- Services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Reading.
- Information about other services that pharmacies in Reading provide such as sexual health and needle exchange
- Potential gaps in provision and likely future needs.

The 2005 national framework for community pharmaceutical services identifies three levels of pharmaceutical service: **essential, advanced and enhanced**. This PNA considers pharmaceutical services using these categories. This framework requires every community pharmacy to be open for a minimum of 40 hours per week and provide a minimum level of essential services.

Essential services are defined as:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances
- Repeat dispensing

- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care
- Clinical governance

Advanced services include Medicines Use Review (MUR) and prescription intervention services, New Medicines Service (NMS), Stoma Appliance Customisation Service (SAC), Appliance Use Review Services (AUR) and Influenza vaccination service.

Enhanced services are developed by NHS England and commissioned to meet specific health needs.

In addition to the above, CCGs and local authorities may commission local pharmacies to provide services such services are known as **locally commissioned services**. These services are outside the scope of the PNA, but may contribute to improvements or increasing access.

The legislation requires that the PNA:

- Describes current necessary provision of pharmaceutical services both within and outside the HWB area.
- Identifies gaps in necessary provision
- Describes current additional provision (services although not necessary to meet the pharmaceutical need of the area, have secured improvements or better access)
- Identify opportunities for improvements and / or better access to pharmaceutical services
- Describes the impact of other NHS services which affect the need for pharmaceutical services or which affect whether further provision would secure improvements or better access to pharmaceutical services.
- Explains how the assessment was undertaken

The regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of **necessary** and **relevant** services.

Necessary services are pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

Relevant services are those which have secured improvements or better access to pharmaceutical services. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

When assessing provision of services the HWB considered key characteristics of the Reading population, the number and location of pharmacies and the range of services provided. Access to services was considered by reviewing opening hours and travel times in working hours, evenings and weekends. A survey of the public's satisfaction with and current use of community pharmacies was also considered along with a survey of local pharmacy providers.

Key findings

There is good provision of pharmaceutical services in Reading during normal working hours, with 30 pharmacies and one distance[1] selling pharmacy within the Borough. There are also seven pharmacies outside the borough, but within 1.6km of borders which were considered when assessing provision and access to services.

All pharmacies are open on weekdays and there is relatively good provision on weekday and Saturday evenings for the majority of residents.

All residents are within a 10 minute drive of a pharmacy when services in neighbouring boroughs are taken into account; however there are no pharmacies in Mapledurham or Thames ward and no services open on evenings or Sundays in Whitley or Church wards.

Although 95% of residents are within a 15 minute walk of a pharmacy during normal working hours, residents in parts of Whitley, Mapledurham, and Thames wards and a small area of Peppard ward are not within walking distance of a pharmacy during normal working hours. However, it is important to note that all residents are within a 20 minute drive, which meets a key NHS standard for accessibility.

In addition to this, future planned developments in Whitley where there are a number of areas of relative deprivation and a higher proportion of young families may also increase need for services in this particular area of Reading.

The public survey showed that across Berkshire, 95% of respondents were able to get to the pharmacy of their choice, 86% took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes. Overall, 91% were satisfied or very satisfied with the location of their pharmacy.

There is adequate but variable provision of advanced pharmaceutical services for Reading residents, with a number of pharmacies also providing locally commissioned services (LCS) for emergency hormonal contraception, needle exchange and supervised consumption.

Whilst not considered ‘necessary’, there is an opportunity to extend the range of LCS that are commissioned in Reading and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these services if commissioned to do so.

Based on the information available at the time of developing this PNA, there may be gaps in provision of essential and advanced pharmaceutical services within walking distance for some residents in Whitley, Mapledurham and Thames wards, there may also be increased need for services in Whitley in the lifetime of this PNA if future residential development goes ahead as planned.

Contents

A: Introduction

1. What is a Pharmaceutical Needs Assessment (PNA)?

A PNA is the statement of the needs of pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population.

From the 1st April 2013 every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to keep an up to date statement of the PNA.

This PNA describes the needs of the population of Reading.

2. Purpose of the PNA

The PNA has several purposes:

- To provide a clear picture of community pharmacy services currently provided;
- To provide a good understanding of population needs and where pharmacy services could assist in improving health and wellbeing and reducing inequalities;
- To deliver a process of consultation with local stakeholders and the public to agree priorities;
- An assessment of existing pharmaceutical services and recommendations to address any identified gaps if appropriate and taking into account future needs;
- It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises or applications from current pharmaceutical providers to change their existing regulatory requirements;
- It will inform interested parties of the pharmaceutical needs in Reading and enable work to plan, develop and deliver pharmaceutical services for the population
- It will inform commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners, for example Clinical Commissioning Groups (CCGs).

The first PNAs were published by NHS Primary Care Trusts (PCTs) according to the requirements in the 2006 Act. NHS Berkshire West and East published their first PNA in 2011.The first Reading Borough Council (RBC) PNA was published in April 2015 and lasted for three years. This 2018 re-fresh provides an updated assessment of the pharmaceutical needs of residents and will last until 2021.

3. Background and Legislation

The provision and assessment of pharmaceutical services are included in legislation, which has developed over time.

NHS Act 2006

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also describes the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription.

The Health Act 2009

The Health Act 2009 made amendments to the National Health Service (NHS) Act 2006 stating each Primary Care Trust (PCT) must, in accordance with regulations:

- Assess needs for pharmaceutical services in its area
- Publish a statement of its first assessment and of any revised assessment

This is referred to as the Pharmaceutical Needs Assessment (PNA).

The Health and Social Care Act 2012

The Health and Social Care Act 2012 amended the NHS Act 2006. The 2012 Act established the Health and Wellbeing Boards (HWBs) and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area through the PNA. This had to take effect from April 2013.

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). Preparation and consultation on the PNA takes account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public; however development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents.

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England.

Legislation sets out the requirements for inclusion within a PNA. In summary, a PNA must:

- Describe current necessary provision – a statement of the pharmaceutical services that are provided in the area of the HWB and are necessary to meet the need for pharmaceutical services and those which are outside the HWB area but contribute to meeting the need of the population of the HWB area.
- Identify gaps in necessary provision - a statement of the pharmaceutical services not currently provided within the HWB area but which the HWB are satisfied need to be provided or will need to be provided in specific future circumstances specified in the PNA.

- Describe current additional provision – a statement of any pharmaceutical services within or outside the HWB area which although not necessary to meet the pharmaceutical need of the area, have secured improvements or better access.
- Identify opportunities for improvements and / or better access to pharmaceutical services – a statement of services which would, if they were provided within or outside the HWB area, secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area.
- Describe the impact of other services - A statement of any NHS services provided or arranged by the HWB, NHS Commissioning Board, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect the need for pharmaceutical services or which affect whether further provision would secure improvements or better access to pharmaceutical services.
- Explain how the assessment was undertaken.

NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 list those persons and organisations that the HWB must consult, including:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.
- Any local Healthwatch organisation for the HWB area and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

The consultation is required to be open publically for a minimum of 60 days (Department of Health 2013b).

4. National and Local Priorities

Pharmacy has a key role in supporting the achievement of both the *NHS Outcomes Framework* and the *Public Health Outcomes Framework,* which measure success in improving the health of the population.

Reading's local health priorities are published in Reading's Health and Wellbeing Strategy 2017 to 2020.These include a focus on:

- Supporting people to make healthy lifestyle choices (improving dental care, reducing obesity, increasing physical activity, reducing smoking)
- Reducing loneliness and social isolation
- Promoting positive mental health and wellbeing in children and young people
- Reducing deaths by suicide
- Reducing the amount of alcohol people drink to safe levels

- Making Reading a place where people can live well with dementia
- Increasing uptake of breast and bowel screening and prevention services
- Reducing the number of people with tuberculosis

5. Commissioning Context

Pharmaceutical services are commissioned by different national and local organisations.

NHS England

Since 2013, NHS England has commissioned the majority of primary care services and some nationally based functions through a single operating model that:

- Sets a legal framework for the system, including regulations for pharmacy
- Secures funding from HM Treasury
- Determines NHS reimbursement price for medicines & appliances

NHS England South (Thames Valley)

The local arm of NHS England has a strategic role across the Thames Valley region, working with partners to oversee the quality and safety of the NHS, as well as promoting patient and public engagement. The team also has specific roles in relation to the support and assurance of the ten CCGs across Buckinghamshire, Berkshire and Oxfordshire and directly commissions public health screening and immunisation programmes.

NHS England South (Thames Valley) has many roles, some of which play an important part in pharmaceutical services. These include:

- Assessing and assuring performance
- Undertaking direct commissioning of some primary care services (medical, dental, pharmacy and optometry)
- Managing and cultivating local partnerships and stakeholder relationships, including membership of local HWBs
- Emergency planning, resilience and response
- Ensuring quality and safety

Other commissioners

The National Pharmacy Contract is held and managed by the NHS England South (Thames Valley) Team and can only be used by NHS England. Local commissioners, such as Reading Borough Council, North and West Reading CCG and South Reading CCG, can commission local services to address additional needs. These services, and those provided privately, are relevant to the PNA but are not defined as ‘pharmaceutical services’ within it.

Sustainability and Transformation Partnerships

NHS and local councils have come together in 44 areas covering all of England to develop proposals to improve health and care. They have formed new partnerships – known as Sustainability and Transformation Partnerships (STPs) – to plan jointly for the next few years. These partnerships have developed from initial Sustainability and Transformation

Plans, which local areas were required to submit in 2016 to support the vision set out in the NHS Five Year Forward View.

STPs are supported by six national health and care bodies: NHS England, NHS Improvement, the Care Quality Commission (CQC), Health Education England (HEE), Public Health England (PHE) and the National Institute for Health and Care Excellence (NICE). Reading Borough Council is a partner in the Buckinghamshire, Oxfordshire and Berkshire West STP which has the following priorities:

- Improving the wellbeing of local people by helping them to stay healthy, manage their own care and identify health problems earlier
- Organising urgent and emergency care so that people are directed to the right services for treatment, such as the local pharmacy or a hospital accident and emergency department for more serious and life threatening illnesses
- Improving hospital services, for example making sure that maternity services can cope with the expected rise in births
- Enhancing the range of specialised services, such as cancer, and supporting Oxford University Hospitals NHS Foundation Trust as a centre of excellence to provide more expert services in the region
- Developing mental health services, including low and medium secure services, more specialised services for children and teenagers, and improving care for military veterans and services for mums and babies
- Integrating health and care services by bringing together health and social care staff in neighbourhoods to organise treatment and care for patients
- Working with general practice to make sure it is central to delivering and developing new ways of providing services in local areas
- Ensuring that the amount of money spent on management and administration is kept to a minimum so that more money can be invested in health and care services for local communities
- Developing our workforce, improving recruitment and increasing staff retention by developing new roles for proposed service models
- Using new technology so patients and their carers can access their medical record online and are supported to take greater responsibility for their health

Prevention forms a key part of the work of STPs and is an opportunity for the NHS to work closely with local government and other local partners including community pharmacy to build on existing local efforts and strengthen and implement preventative interventions that will close the local health and wellbeing gap and community pharmacy has a role to play in achieving these priorities.

6. Pharmacy

Pharmacists play a key role in providing quality healthcare. They are experts in medicines and will use their clinical expertise, together with their practical knowledge, to ensure the safe supply and use of medicines by the public. There are more than 1.6 million visits a day to pharmacies in Great Britain (General Pharmaceutical Council 2013).

Pharmacists are uniquely placed to contribute to the health and wellbeing of local residents in a number of ways:

- **Promoting healthy life styles** – many pharmacists and their teams have experience in promoting and supporting good sexual health, helping people to stop smoking and reducing substance misuse within communities
- **Supporting self-care and independent living** – by helping people to understand the safe use of medicines, pharmacy teams can help contribute to better health, through potential reduction in admissions to hospital and helping people remain independent for longer.
- **Making every contact count** – by using their position at the heart of communities, pharmacy teams can use every interaction as an opportunity for a health-promoting intervention. They are well placed as sign-posters, facilitators and providers of a wide range of public health and other health and wellbeing services.
- **Local business** – a community pharmacy is a core business that can help to sustain communities, provide investment, employment and training, and build social capital.

A pharmacist has to have undertaken a four year degree and have worked for at least a year under the supervision of an experienced and qualified pharmacist and be registered with the General Pharmaceutical Council (GPhC). During this time pharmacists are trained in the safe use of medicines and they are increasingly being trained to help people change to more healthy behaviours by equipping them with the appropriate behaviour change skills. Pharmacists work in a variety of settings including in a hospital or community pharmacy such as a supermarket or high street pharmacy. Latest information about local pharmacies can be found at NHS Choices.

The NHS Five Year Forward View states that there is a need to make far greater use of pharmacists: in prevention of ill health, support for healthy living, support to self-care for minor ailments and long term conditions medication review in care homes and as part of more integrated local care models. Increasing the use of community pharmacy also forms part of the future vision for urgent care set out in NHS England (2013b) Urgent and Emergency Care Review, End of Phase 1 report.

The Community Pharmacy Forward View (PSNC, Pharmacy Voice and the Royal Pharmaceutical Society, 2016) sets out an ambition for community pharmacies based on three key roles for community pharmacies – facilitator of personalised care for people with long term conditions, the first port of call for healthcare advice and as the neighbourhood health and wellbeing hub as well as calling for a strategic partnership approach between community pharmacy, government and the NHS.

Public Health England's (2017f) Pharmacy: a way forward for public health sets out a range of opportunities for pharmacy teams to play a role in protecting and improving health.

7. Pharmacy Contractual Framework

NHS England does not hold contracts with pharmacy contractors, unlike the arrangements for general practitioners (GPs), dentists and optometrists. Instead, they provide services under a contractual framework, which are detailed in schedule 4of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

According to this framework pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services. They are **essential, advanced** and **enhanced**.

Locally Commissioned Services (LCS) and Local Pharmaceutical Services (LPS) do not fall under the framework, but are within the definition of pharmaceutical services.

a) Essential Services

Essential services are those which each community pharmacy **must** provide. All community and distance selling/internet pharmacies with NHS contracts provide the full range of essential services. These are:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care
- Clinical governance

Opening hours: core and supplementary

Pharmacies are required to open for 40 hours per week. These are referred to as core opening hours, however many choose to open for longer and these additional hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). These 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens then these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not.

If a contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months‟ notice.

NHS Choices advertises “opening hours‟ to the public. Community pharmacies also produce their own information leaflets detailing opening hours, which are available from individual pharmacies.

Public Health

Pharmacies are required to deliver up to six public health campaigns throughout the year to promote healthy lifestyles.

Signposting and Referral

This is the provision of information from other health and social care providers or support organisations to people visiting the pharmacy, who require further support, advice or treatment. It provides contact information and/or how to access further care and support appropriate to their needs, which cannot be provided by the pharmacy.

Clinical governance

Pharmacies have to have appropriate safeguarding procedures for service users. Contractors are responsible for ensuring relevant staff providing pharmaceutical services to children and vulnerable adults are aware of the safeguarding guidance and the local safeguarding arrangements**.** The governance element to essential services also includes public engagement.

b) Advanced Services

Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements.

Medicines Use Review and Prescription Intervention Service (MUR)

Accredited pharmacists undertake a structured review with patients on multiple medicines, particularly those receiving medicines for long term conditions (LTCs), such as diabetes, coronary heart disease (CHD), and chronic obstructive pulmonary disease (COPD). The MUR process attempts to establish a picture of the patient's use of their medicines, both prescribed and non-prescribed. The review helps a patient understand their therapy and can identify any problems they are experiencing along with possible solutions. A report of the review is provided to the patient and to the patient’s GP where there is an issue for them to consider.

New Medicines Service (NMS)

The new medicines service (NMS) is a nationally developed service for community pharmacy. It is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed. The underlying purpose of the NMS is to promote the health and wellbeing of patients who are prescribed new medicines for LTCs in order to:

- Help reduce the symptoms and long-term complications of the LTC
- Identify problems with the management of the condition and the need for further information or support

NMS also aims to help patients to make informed choices about their care, self-manage their LTC and adhere to the agreed treatment programme.

NHS Urgent Medicine Supply Advanced Service (NUMSAS)

NUMSAS is a national pilot running from 1st December 2016 to 31st March 2018, which has been extended until at least 30th September 2018.

The service aims to:

- appropriately manage NHS 111 requests for urgent medicine supply
- reduce demand on the urgent care system
- identify problems that lead to individual patients running out of regular medicines or appliances and recommend potential solutions to prevent this happening in the future
- increase patients awareness of the electronic repeat dispending service

Pharmacies signed up to deliver the service must have a mechanism to enable referral from NHS 111 to community pharmacy to take place.

Appliance Use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs can improve the patient's knowledge and use of their appliance(s) by:

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

Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Influenza (flu) vaccination

In July 2015 NHS England agreed to allow community pharmacies in England to offer a seasonal influenza (flu) vaccination service for adult patients in at-risk groups, commissioned annually. The service aims to:

- sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice;
- provide more opportunities and improve convenience for eligible patients to access flu vaccinations
- reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework

c) Enhanced Services

Enhanced services are those services directly commissioned by NHS England. There are not currently examples of this type of service in Reading.

d) Local Pharmaceutical Services (LPS)

Local pharmaceutical services (LPS) contracts allow NHS England to commission services from a pharmacy which are tailored to specific local requirements. LPS complement the national contractual arrangements and are an important local commissioning tool in their own right. LPS contracts provide flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national contractual arrangements.

e) Locally Commissioned Services (LCS)

Pharmacy contractors may provide LCS commissioned by local authorities and CCGs. Such services can be commissioned to provide choice for residents and improve access to services. For example, local authorities may commission public health services including provision of emergency hormonal contraception, chlamydia testing and treatment, needle exchange and supervised methadone consumption.

8. Healthy Living Pharmacies (HLP)

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. HLPs aim to provide self-care advice and treatment for common ailments and healthy lifestyle interventions, in addition to providing the safe supply and use of prescribed medicines. HLPs have at least one member of staff who has qualified as a health champion.

There are three levels within the framework:

- Level 1: Promotion – Promoting health, wellbeing and self-care
- Level 2: Prevention – Providing services
- Level 3: Protection – Providing treatment

Level 1 is achieved via a provider-led self-assessment, while levels 2 and 3 are commissioner led. As of 2016, more than 2,100 pharmacies in England were accredited or on track to be accredited as HLPs (Public Health England 2016b).

9. Electronic Prescription Service

The Electronic Prescription Service (EPS) enables prescriptions to be sent electronically from the GP practice to the pharmacy and then on to the Pricing Authority for payment. This means patients do not have to collect a paper repeat prescription from their GP practice and can go straight to their nominated pharmacy or dispensing appliance contractor to pick up their medicines or medical appliances. In the future, EPS will become the default option for the prescribing, dispensing and reimbursement of prescriptions in primary care in England (NHS Choices 2016).

10. Dispensing Doctors

Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or where access is restricted. A patient may at any time request that a doctor provides them with pharmaceutical services, however the patient must meet particular criteria and they must be on the patient list of a doctor who is registered to provide pharmaceutical services. These include a number of factors, which include but are not limited to

- The patient lives in a controlled locality (a rural area determined locally in line with the regulations and after consideration of a wide range of factors) and is more than 1mile /1.6km from a pharmacy premises.
- The patient can demonstrate they would have serious difficulty in obtaining any necessary drugs or appliances from a pharmacy because of distance or inadequacy of communication. This does not incudes lack of transport.

The Dispensing Review of Use of Medicines (DRUM) is also offered to patients receiving medications in this way, and involves a face-to-face review about their prescriptions (British Medical Association 2013).

11. Dispensing Appliance Contractors (DACS)

Dispensing appliance contractors (DACs) dispensing “specified appliances” such as stoma, catheter or incontinence appliances are required to provide:

- Home delivery services.
- Reasonable supplies of supplementary items such as disposable wipes.
- Access to expert clinical advice

DACs can dispense against repeatable prescriptions, and are required to participate in systems of clinical governance. They provide services nationally and serve large geographical areas, including those where they are based. They may choose whether to offer an appliance usage review (AUR) service.

12. Distance Selling Pharmacies

Online pharmacies, internet pharmacies, or mail order pharmacies operate over the internet and send orders to customers through the mail or shipping companies. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 detail a number of conditions for distance selling. Distance Selling Pharmacies must:

- provide the full range of essential services during opening hours to all persons in England presenting prescriptions
- have a responsible pharmacist in charge of the business at the premises throughout core and supplementary opening hours; and be registered with the General Pharmaceutical Council (GPhC)

Distance Selling Pharmacies **cannot** provide essential services face to face. Patients have the right to access pharmaceutical services from any community pharmacy including those operating on-line.

B: PNA Process Summary

1. Summary of Overall Process

The process for the development of the PNA was agreed with the HWB Board. A small task and finish group was set up to oversee the development of the PNA and membership included:

- Strategic Director of Public Health for Berkshire
- Consultant in Public Health, Public Health Services for Berkshire
- NHS England pharmaceutical commissioner
- Representative from the Local Pharmaceutical Committee (LPC)
- Public Health Intelligence Manager, Public Health Services for Berkshire

Public Health Services for Berkshire developed the draft PNA report for consultation, on behalf of the Reading HWB, and were supported by other members of the task and finish group.

The key stages involved in the development of this PNA were:

- Survey of community pharmacies to map current service provision - using an online survey accessed through PharmOutcomes
- Survey of public to ascertain views on services - using an online survey promoted through local authority, CCG and local Healthwatch
- Public Consultation on the initial findings and draft PNA – using local authority consultation mechanisms and supported by Healthwatch
- Agreement of final PNA by the Reading Health and Wellbeing Board

Public Health Services for Berkshire were responsible for compiling demographic and other information from the Reading JSNA and other sources, developing the surveys and analysing survey data and undertaking mapping of services and for compiling the draft report.

The LPC enabled the pharmacy survey to be accessed through PharmOutcomes and promoted the survey to all pharmacies in Reading and provided insight into current opportunities and challenges within the sector.

Reading Borough Council Public Health Team was responsible for disseminating the electronic survey link and promoting to local residents and was supported in doing this by North and West Reading CCG, South Reading CCG and Healthwatch Reading. Reading Borough Council also provided information on planned developments in the HWB area which would be realised within the three year life of the 2018 PNA.

NHS England South supplied information on pharmacy services outside the HWB boundaries and their use by Reading residents, as well as guidance on the content of the PNA and recent guidance and policies regarding community pharmacy.

The analysed data was mapped against specific population statistics and overlaid with pharmaceutical service provision. Initially, essential pharmaceutical services provided via

community pharmacies alone were considered against highest needs (including proximity and access times). Distance to access pharmaceutical services was estimated and mapped for both driving and walking distance times. Proximity to public transport was also considered. Within this PNA, dispensing doctors are considered to be providers of pharmaceutical services

2. Stakeholder Engagement

All key stakeholders including local providers, the Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), NHS England and local CCGs integral to the development of the PNA will be key to the implementation of future pharmaceutical services. Furthermore, as part of the quality commissioning process NHS England South will also need to support the performance and quality improvement of any services provided.

During the consultation the following stakeholders were specifically invited to comment in addition to the public consultation:

- Neighbouring local authorities – Oxfordshire County Council, West Berkshire Council, Wokingham Borough Council
- Four Berkshire West Clinical Commissioning Groups (CCG) – Newbury & District CCG, North & West Reading CCG, South Reading CCG and Wokingham CCG
- The Local Pharmaceutical Committee (LPC) – Pharmacy Thames Valley
- The Local Medical Committee (LMC) – Berkshire, Buckinghamshire & Oxfordshire LMC
- Local pharmacy contractors and dispensing doctors
- Healthwatch Reading
- Local NHS Foundation Trusts – Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust

The formal consultation gave all stakeholders and members of the public further opportunity to contribute to the PNA. It lasted for a period of 60 days and commenced on 1st November 2017.

3. Pharmacy Contractor Survey

An 85 question survey was issued to all 30 community pharmacies in Reading through the PharmOutcomes online system. This ran from 30th June to 16th September 2017.

The survey collected information on core and opening hours, essential advance and enhanced services and locally commissioned services. In addition, providers were asked about their ability and willingness to provide a range of other services under various circumstances. A copy of the survey is included at Appendix A.

4. Public Survey

A 27 question survey was developed to collect information on residents' use of current pharmacy services and their satisfaction with these. Residents were also asked what services they would access in community pharmacy if they were available. The survey was

based online, using the Bracknell Forest Objectives survey software, and was open from 22nd June to 15th September 2017. The survey web-link was disseminated as widely as possible, using communication channels within Reading Borough Council, North and West Reading CCG, South Reading CCG and Healthwatch Reading. A copy of the survey is included at Appendix B.

5. Equality Impact Screening

Public Health Services for Berkshire undertook an Equality Impact Assessment (EIA) screening to assess the process used to develop and publish the PNA for Reading, as well as the impact that the conclusions of the PNA may have on people with protected characteristics. The Bracknell Forest EIA framework was used to complete this and assesses the potential impacts (positive and negative) of the PNA process on local residents, with particular regard to the protected characteristics of gender, age, race, disability, sexual orientation, gender reassignment, religion and belief, pregnancy and maternity, marriage and civil partnership and also considered areas of deprivation. The completed EIA screening report is attached at Appendix D.

6. Assessment Criteria

The regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of **necessary** and **relevant** services.

Necessary services are pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

Relevant services are those which have secured improvements or better access to pharmaceutical services. This includes current provision, both within the HWB area and the outside of the area, as well as any current or likely future gaps in provision.

For the purposes of this PNA, **necessary services** are defined as:

- Those services provided by pharmacies and DACs within the standard 40 core hours in line with their terms of service, as set out in the 2013 regulations
- advanced services

Relevant services are defined as:

- Essential services provided at times by pharmacies beyond the standard 40 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations
- Enhanced services

Information considered when assessing current need, choice, gaps and opportunities to secure improvements or better access to pharmaceutical services for people within the Reading HWB area included:

- Demography of local population (Section C1)
- Prevalence of health conditions and health behaviours (Section C3 and C4)

- Number of pharmacies and their core opening hours (Section D)
- Range and distribution of pharmacies providing advanced services
- Location of pharmacies (Map 1)
- Areas of relative deprivation (Section C2, Map 2)
- Population density (Section C2, Map 3)
- Supplementary, evening and weekend opening hours (Appendix C, Maps 4 and 5)
- Travel time during weekdays, evenings and weekends (Map 6 and 7)
- Information on the extent and distribution of provision of advance services (section D)
- Resident feed-back from the PNA public survey (section E)

In order to assess the future need for pharmaceutical services, information on the number and location of future residential developments (section C2) was considered together with information outlined above.

When considering improvements and increasing access to pharmaceutical services, feedback from residents in relation to which services they would access if provided was considered (section E), as well as information from community pharmacies about services they would be willing to provide (section D).

During the lifetime of the PNA, the HWB is required to assess the impact of additional development not already set out in the published report as well as any changes in pharmacy provision or other local services that could impact on the need for pharmaceutical services.

HWBs are required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

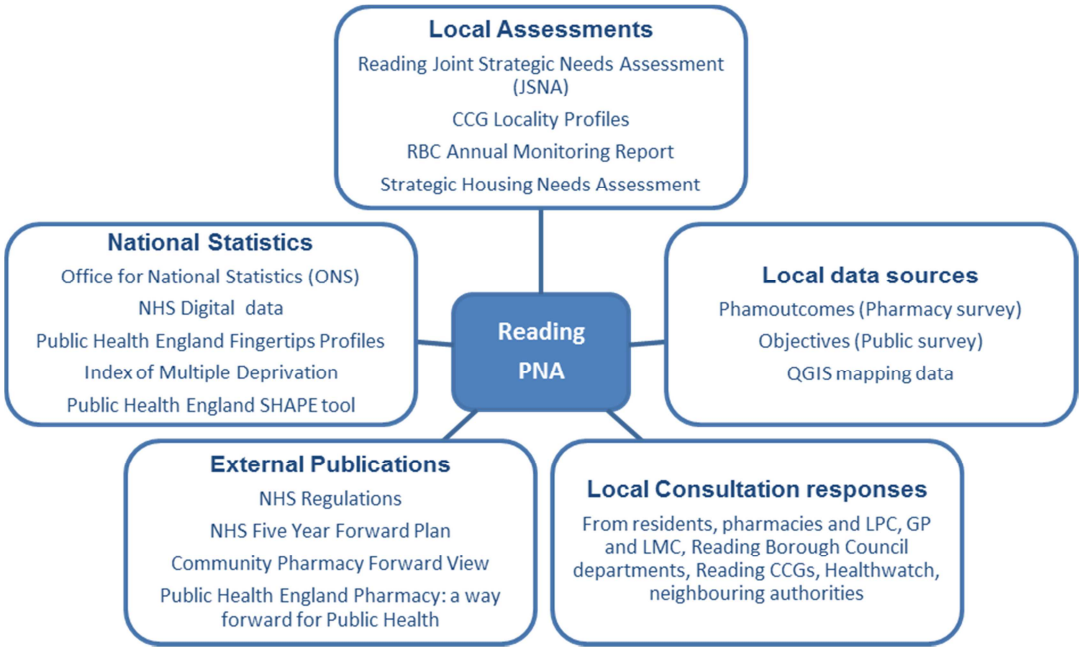
7. Data Sources Used

Reading Borough Council has conducted significant needs and health assessment work, including the JSNA and Wellbeing Strategy. The PNA draws on these and other complementary data sources, such as PHE's Health Profiles.

In addition, information was gathered from other Reading Borough Council departments, NHS England, North & West Reading CCG and South Reading CCG including:

- Services provided to residents of the HWB's area, whether provided from within or outside the HWB area
- Changes to current service provision
- Future commissioning intentions
- Known housing developments within the lifetime of the PNA
- Any other developments which may affect the need for pharmaceutical services (including but not limited to changes in transport systems, changes in the number of people employed in the HWB area, changes in demography of HWB population)

Figure 1: Main data sources used in developing the Reading PNA



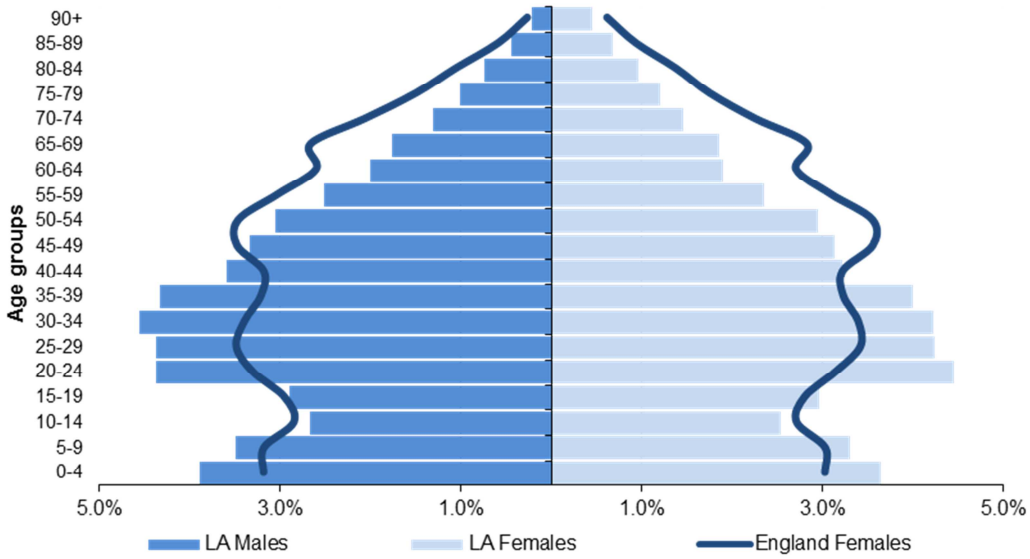
C: Reading Population

Reading Borough's residents enjoy similar levels of health and wellbeing to the rest of England, with comparable healthy life expectancies and premature mortality rates. However, it is clear that certain communities and areas of the Borough are more likely to have poorer health outcomes than others. There are some marked extremes at a neighbourhood level within Reading, which make the Borough very different from most other local authorities in the South East. While Reading was ranked as the 60th least deprived local authority in England out of all 152 upper-tier authorities, the Borough includes some neighbourhoods that are in the 20% most deprived areas in the country. This summary provides an overview of Reading Borough's health and also highlights inequalities for consideration in this PNA.

1. Population and demographics

Reading has an estimated population of 162,666 people (Office for National Statistics (ONS) 2017). The age profile for the local authority is different to the national picture, with a much higher proportion of people in their 20s and early 30s in Reading. In contrast, the proportion of people aged 45 and over in Reading is smaller than then national profile for each 5-year age band. Reading also has a higher proportion of young children aged 0 to 9.

Figure 2: Reading Population pyramid (mid-2016)



Source: Office for National Statistics (2017)

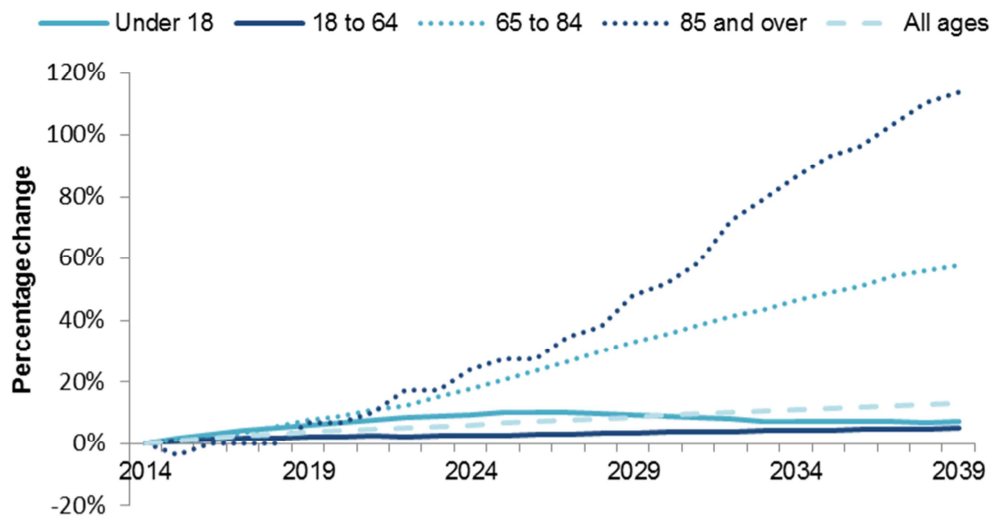
Reading's population has increased by nearly 10% in the last 10 years and is expected to reach 181,900 by 2039. This is an increase of 12% on 2016's estimated population figures (ONS 2016b). The main reason for population growth in Reading has been international migration, increase in the number of births in the Borough and the increasing life expectancy of the existing population.

Age

Reading's population is significantly younger than England's. The average age of Reading residents was 34.1 years old in 2016, compared to the national average of 39.8 years old. Reading's population has not aged significantly over the last 10 years compared to the national picture and other neighbouring local authorities. In 2006, 11.8% of the population

were aged 65 and over in Reading and this only marginally increased to 12.1% in 2016. However, this is expected to rise to 17.6% by 2039. Figure 3 shows the estimated percentage change of different age groups in Reading up to 2039. This shows a significant increase the 85% age group, which will have an impact on service demand and the support required for this older age group.

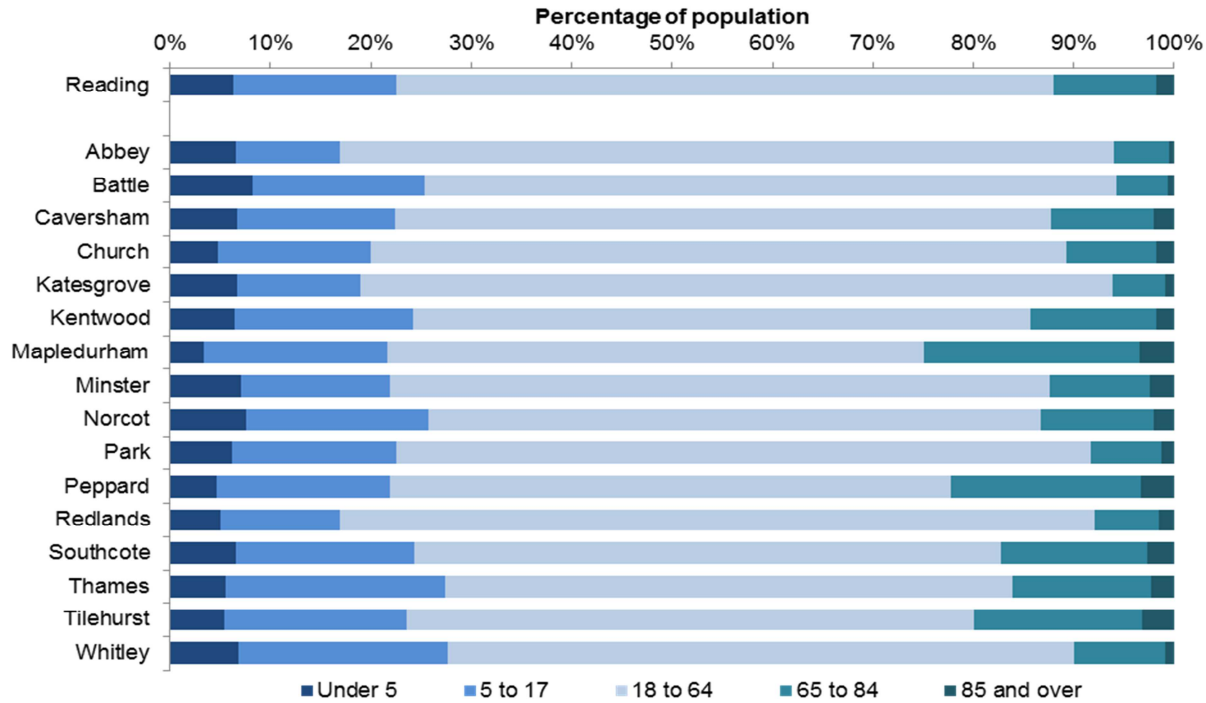
Figure 3: Percentage change in Reading's population 2014 to 2039 by age group



Source: Office for National Statistics (2016b)

The age distribution within different Reading wards varies considerably and this will impact on the service and access needs of people living in different areas of the Borough. Figure 3 shows the age profile of the wards, highlighting the youngest and oldest age groups. Almost 25% of people living in Mapledurham ward are aged 65 and over, compared to 12% in the Borough overall. In contrast, over 27% of people living in Whitley and Thames wards are aged under 18, compared to 22.5% in the Borough overall.

Figure 4: Age profile of Reading wards (mid-2015)



Source: Office for National Statistics (2016c)

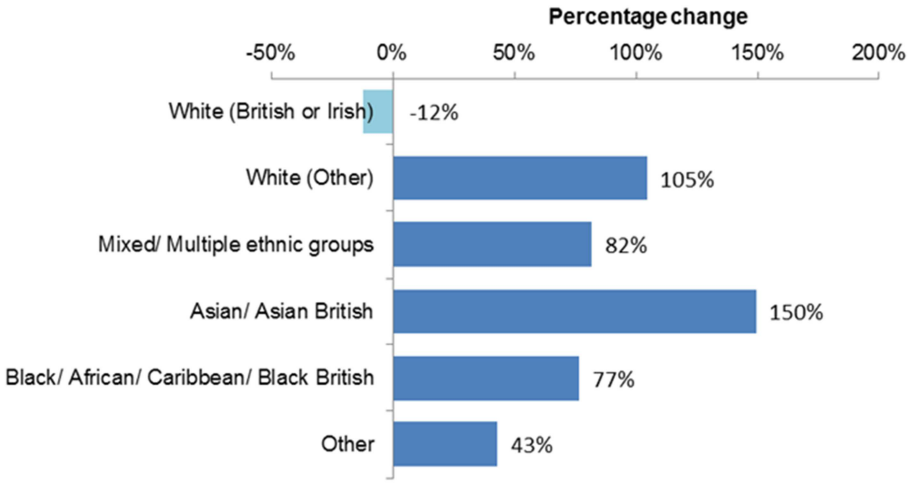
Ethnicity

25% of Reading's population were from a black or minority ethnic (BME) group in 2011. The largest BME group was people from an Asian/Asian British background at 13.6% of the total population. In addition, 8.0% of the population were from white backgrounds other than British or Irish (ONS 2013).

The ethnic profile of different areas across Reading varied significantly in 2011. 4 wards had over 45% of people from a BME or other minority ethnic group, including Abbey, Battle, Park and Katesgrove. The highest proportion of people from an Asian/Asian British background lived in Park (29.1% of the population) and Abbey (24.9%). The highest proportion of people from a white background other than British or Irish lived in Battle (15.3%) and Abbey (13.9%). The highest proportion of people from a Black/Black British background lived in Battle (12.2%) and Minster (10.1%). In contrast, Mapledurham and Thames wards had much smaller proportions of people from a BME or other minority ethnic group, at 9.8% and 13.9% respectively.

The proportion of Reading's population from minority ethnic groups has steadily increased from 2001 to 2011. While the number of people from a White British or Irish background has decreased by 12% over this time, all other ethnic groups have increased in number. The most notable is Asian/ Asian British which has increased by 150% over the 10-year period.

Figure 5: Percentage change in Reading's population by ethnic group (2001 to 2011)



Source: Office for National Statistics (2013)

The proportion of school pupils from minority ethnic groups has steadily increased in Reading from 41% in 2010 to 54% in 2017 (Department for Education 2017).

Religion

63% of Reading's population stated that they had a religion in the 2011 Census. 50% were Christian, 7.1% were Muslim and 3.6% were Hindu (ONS 2013).

People living with long-term health problems or disabilities

Over 20,000 people in Reading reported that they were limited in their daily activities by a long term health problem or disability in the 2011 Census. This equates to 13% of the population. This was higher for people aged 65 and over at 48%, and higher still for those aged 85 and over at 79% (ONS 2013).

Carers

Over 12,300 Reading residents identified themselves as a carer in the 2011 census, which was 7.9% of the population. This is an increase on the 2001 census figures of 7.7% and shows that unpaid care has increased at a faster pace than population growth over the last decade. This reflects the national picture.

The percentage of the population who are carers does vary between wards in in Reading from 4.4% in Abbey to 12.4% in Mapledurham. Unpaid carers in Reading are more likely to suffer from poorer health with 75% describing their health as "good or very good", compared to 87% of people who do not provide unpaid care. The likelihood of reporting poorer health rose with the number of hours of care provided. Carers providing 50 or more hours of unpaid care a week were nearly three times more likely to describe their health as "bad or very bad" compared to people who did not provide unpaid care (ONS 2013).

Employment and benefits

In 2016/17, 76% of people aged 16 to 64 in Reading were in employment, compared to 74% nationally. Reading's unemployment rate was also lower at 4.0%, compared to 4.7% nationally. Full-time workers in Reading have higher average earnings than workers in England, with an average weekly income of £557 per week compared to £541 nationally. However, this is lower than the average weekly income of £582 in the South East region.
In November 2016, 8.7% of Reading's working-age population were claiming benefits, compared to 11.0% nationally. 78% of claimants in Reading received an out of work benefit, such as Job Seekers, Employment Support Allowance/ Incapacity Benefit and Lone Parent Benefits.

In 2016, 7,300 households in Reading were classified as 'workless'. This means that at least one person of working age lives in the household, but no-one is economically active. This constitutes 13.2% of all working age households, compared to 11.6% in the South East and 15.1% nationally (NOMIS 2017).

Education and qualifications

The percentage of working-age people in Reading with at least a bachelor's degree was 50% in 2016, compared to 38% nationally. This figure continues to rise in line with the national increase (NOMIS 2017).

The proportion of people in Reading with A-levels or equivalent was 66% and GCSEs or equivalent was 80%. 7% of people had no qualifications in Reading, compared to 8% nationally.

The proportion of school children in Reading who achieved school readiness was similar to England's in 2015/16, with 71% of 5 years olds reaching a good level of development and 79% of Year 1 children achieving the expected level in the phonics screening check. The local authority's GCSE results are significantly worse than the national figures, with 52% of Reading's pupils achieving 5 A* to C grade, including English and Maths, in 2015/16 (PHE 2017g).

2. Place

Deprivation

Deprivation is not just associated with income or poverty, but can also be a lack of access to adequate education, skills and training, healthcare, housing and essential services. It may also mean exposure to higher rates of crime and a poor environment. These aspects of deprivation all attribute to areas experiencing significantly poorer health outcomes.

The 2015 index of multiple deprivation (IMD) ranked Reading Borough as the 60th least deprived local authority in England out of all 152 upper-tier authorities (Department for Communities and Local Government 2015). The levels of deprivation across the Borough varied significantly. The Borough is made up of 97 neighbourhoods (Lower Super Output Areas). 10 of these were in the 20% most deprived areas nationally, including parts of Whitley, Church, Norcot, Southcote, Redlands and Caversham wards. In contrast, 19 neighbourhoods were in the 20% least deprived areas nationally, including parts of Mapledurham, Thames, Peppard, Caversham, Kentwood, Southcote, Tilehurst and Redlands wards. Map 2 shows the level of deprivation across Reading at an LSOA level, based on 2015 IMD.

Population density

In 2016, Reading's population density was 4,067 people per square kilometre. This number has continued to increase since 2001, when there were 3,617 people per square kilometre. Reading's density is also significantly higher than the national average of 424 (ONS 2017).
Levels of population density vary across the Borough, although all Reading LSOAs have a higher density than the national average. A neighbourhood in Redlands has the highest density in Reading at 20,823 people per square kilometre. Other areas with significantly higher density include neighbourhoods within Battle, Park, Katesgrove and Redlands wards. Map 3 shows population density at a Reading ward level.

Housing and homelessness

The 2011 Census showed that there were 62,869 households in Reading. Nearly 55% of these houses were owned by the occupant, whether outright or with a mortgage or loan. 26% were privately rented and 16% were socially rented. The pattern of housing tenure across the Borough varied across wards, with over 80% of household owned by their occupants in Mapledurham, Thames and Peppard wards. In contract, less than 30% were owned by occupants in Abbey. Social renting was much higher in Whitley and Church wards at over 30%. Private renting was highest in Abbey, Redlands and Katesgrove wards at over 45%.

In 2011, nearly 31% of households in Reading were occupied by people living alone. This equated to 19,237 (12% of the population). 31% of these households were people aged 65 and over living alone, which made up 33% of the total population aged 65 and over. While this does not equate to loneliness, older people living alone are significantly more likely to be socially isolated and unable to access support or services easily. Abbey, Katesgrove and Caversham wards had the highest proportion of one-person households aged 65 and over.

Nearly 11% of households in Reading were occupied by lone-parent families in 2011 and this also differed across areas of the Borough. Whitley had the highest proportion of lone-parent family households at 17% (ONS 2013).

During 2015/16, 316 households in Reading were identified as statutorily homeless. This means that they are unintentionally homeless, in priority need and the local authority accepts

responsibility for securing accommodation for them. This equates to a rate of 4.9 per 1,000 households, which is significantly higher than the national rate of 2.5 per 1,000 households. On 31st March 2016, 307 households were living in temporary accommodation provided under homelessness legislation in Reading. This was a rate of 4.8 per 1,000 households and significantly higher than the national figures. Both of these indicators have increased significantly in Reading since 2012/13 (PHE 2017g).

Residential developments since the 2015 PNA

The number of households in Reading has increased since the last Pharmaceutical Needs Assessment. From April 2014 to March 2016, 1,386 new dwellings were completed, including significant developments in Kenavon Drive, Abbey (54 dwellings), Dee Park, Tilehurst (61 dwellings) and Kennet Island, Whitley (184 dwellings) (Reading Borough Council 2016).

Thames Valley Berkshire Local Enterprise Partnership and the six Berkshire local authorities commissioned a Strategic Housing Market Assessment (SHMA) at the beginning of 2015. The primary purpose of the SHMA was to provide an assessment of the future needs for housing in the area, together with the housing needs of different groups in the population. The conclusion of the SHMA was that between 2013 and 2036, 699 additional dwellings were needed per annum in Reading.

Reading Borough Council (2016) project that 4,356 new dwellings will be completed from 2017/18 to 2021/22, which is on top of the 809 dwellings projected for 2016/17. The location for these new homes includes large developments at:

- Green Park Village, Whitley (457 units)
- The Former Sorting Office at Caversham Road, Abbey (434 units)
- Station Hill, Abbey (400 units)
- Continued building at Kennet Island, Whitley (further 272 units)
- Forbury Retail Park (203 units)
- Hosier Street, Abbey (198 units)
- Napier Road Corner, Abbey (177 units)
- Worton Grange, Whitley (175 units)
- Elvian School, Southcote (118 units)
- Kings Road, Abbey (117 units)
- Berkeley Avenue, Minster (112 units)

Other developments to NHS services which may affect the need for pharmaceutical services

During the lifetime of the PNA the following changes to NHS services are planned and have potential to impact on the demand for pharmaceutical services in Reading. Generally, these changes are not expected to increase the overall need for pharmaceutical services in the Borough.

- Changes to GP practice services including 7 day working. This means that there would need to be pharmacies open at weekends to allow patients to obtain their prescriptions. As stated in Section F - Assessment of Pharmaceutical Service Provision, six pharmacies are open weekday evenings and three of these are open until at least 10pm. 27 pharmacies are open at least part of the day on Saturdays and

three of these are open until at least 10pm. Six pharmacies are also open on Sundays. There is no evening or Sunday provision in Whitley or Church wards, both of which have areas of relative deprivation. However, residents from both of these areas are able to access a pharmacy within a 20 minute drivetime, which is a key NHS standard for access. Changes to 7 day working by GP practices is therefore not expected to result in a need for additional pharmaceutical services.

- Development of GP federations/alliances and new ways of working - With the increasing numbers of GP pharmacists, there could be an increase in the number of prescription items and reviews of medication. This is not expected to impact on the MUR and NMR services currently provided by community pharmacies.

- GP practices will be working closer together to provide services - This is not expected to result in a need for additional pharmaceutical services in Reading.

- GP streaming/Urgent and Emergency treatment centres - there would need to be adequate provision to late night pharmacies near the Royal Berkshire Hospital.

- Following the national consultation on the prescribing of low value medicines and the drive for patients to self-care, an increased footfall into pharmacies is expected, however current service provision is expected to provide sufficient access to pharmaceutical services in Reading.

- NHS structural change - Berkshire West has been selected as a vanguard site for the Accountable Care System. This may result in new provisions of care, however the exact change and timeframe are not yet finalised making it difficult to assess their impact. These changes are not expected to result in the need for additional pharmaceutical services but could provide opportunities for different ways of providing services and / or changes to locally commissioned services.

- Use of the Electronic Prescribing Service is expected to increase nationally and locally within the life of this PNA. While this is not likely to impact directly on the need for community pharmaceutical services in Reading a recent Healthwatch Reading Survey has demonstrated a need to ensure local residents are more informed about the EPS and how it can be accessed. In response to this need, a multi-stakeholder group is working to develop and deliver a communications plan to raise patient awareness of the benefits of the service and how they can sign up.

At the time of writing the PNA, no other developments were identified as having an effect on the need for pharmaceutical services in Reading.

3. Health behaviours and lifestyle

Lifestyle and the personal choices that people make significantly impact on their health. Behavioural patterns contribute to approximately 40% of premature deaths in England (Global Burden of Disease 2015), which is a greater contributor than genetics (30%), social circumstances (15%) and healthcare (10%). While there are a large number of causes of death and ill-health, many of the risk factors for these are the same. Just under half of all years of life lost to ill health, disability or premature death in England are attributable to smoking, diet, high blood pressure, being overweight, alcohol and drug use.

Community pharmacy teams have a key role in delivering healthy lifestyle advice and interventions and in signposting to other services as set out in Pharmacy: a way forward for public health and The Community Pharmacy Forward View.

Smoking

Smoking is the single biggest cause of premature death and preventable morbidity in England, as well as the primary reason for the gap in healthy life expectancy between rich and poor. It is estimated that smoking is attributable for over 16% of all premature deaths in England and over 9% of years of life lost due to ill health, disability or premature death (Global Burden of Disease 2015). A wide range of diseases and conditions are caused by smoking, such as cancers, respiratory diseases and cardiovascular diseases.

16% of Reading's adult residents smoke, which is similar to the national prevalence rate. The rates differ between men and women, with approximately 19% of men smoking in Reading, compared to 12% of women. There are also noticeable differences in smoking prevalence rates between socio-economic groups both locally and nationally. While 12% of Reading residents in a managerial and professional occupation are current smokers, over 30% of people in a routine and manual occupation smoke.

Smoking prevalence rates are also monitored for pregnant woman, due to the detrimental effects for the growth and development of the baby and health of the mother. The proportion of Reading mothers who smoke has remained significantly lower than the national average. In 2015/16, 8% of Reading mothers were smokers at the point of delivery, compared to 10.6% nationally.

A total of 525 deaths in Reading were attributable to smoking in 2013-15, at a rate of 281 per 100,000 population aged 35 and over. This was similar to the national rate of 284 per 100,000 (PHE 2017d).

Alcohol

Harmful drinking is a significant public health problem in the UK and is associated with a wide range of health problems, including brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage and poor mental health. The Global Burden of Disease (2015) showed that nearly 4% of all deaths and years of life lost to ill health, disability or premature death were attributable to alcohol in England. Alcohol can also play a role in accidents, acts of violence, criminal behaviour and other social problems.

Estimates from Alcohol Concern (2016) indicate that 20% of people in Reading drink at a level which increases the risk of damaging their health, which is more than 21,000 people. Within this proportion there are over 7,800 people who drink at a very heavy level who have significantly increased the risk of damaging their health and may have already caused some harm to their health.

141 people in Reading attended treatment for alcohol misuse in 2015. 38% of these people left treatment free of alcohol dependence and did not represent again within a 6 month period. This was the same as the national treatment success rate.

In 2015/16, there were 831 alcohol-related hospital admissions for Reading residents, which equates to 599 admissions per 100,000 population. Reading's rate has remained significantly lower than the national average since 2008/09, although it has increased over this time. There are significant differences between the admission rate for men and women

in Reading, at 803 and 409 per 100,000 population respectively. This is in line with the national picture.

A total of 58 deaths in Reading were alcohol-related in 2015, at a rate of 47.7 per 100,000 population. This was similar to the national rate of 46.1 per 100,000 (PHE 2017c).

Drug use

The Crime Survey for England (2015/16) indicated that 1 in 12 adults aged 16 to 59 had taken an illicit drug in the previous year, which would equate to over 8,600 people in Reading. The prevalence of drug use in young people is higher; with approximately 1 in 5 people aged 16 to 24 having taken an illicit drug. This would equate to over 4,500 young people in Reading (NHS Digital 2017).

Men are more then twice as likely to have used cannabis in the last year as women, and more than three times as likely to have taken powder cocaine and ecstasy.

613 people in Reading attended treatment for opiate drug use in 2015. 5.7% of these people left treatment free of drug dependence and did not represent again within a 6 month period. This is similar to the national treatment success rate of 6.7%. 117 people in Reading attended treatment for non-opiate drug use in 2015. 31.6% of these people left treatment free of drug dependence and did not represent again within a 6 month period. This is also similar to the national treatment success rate of 37.3% (PHE 2017g).

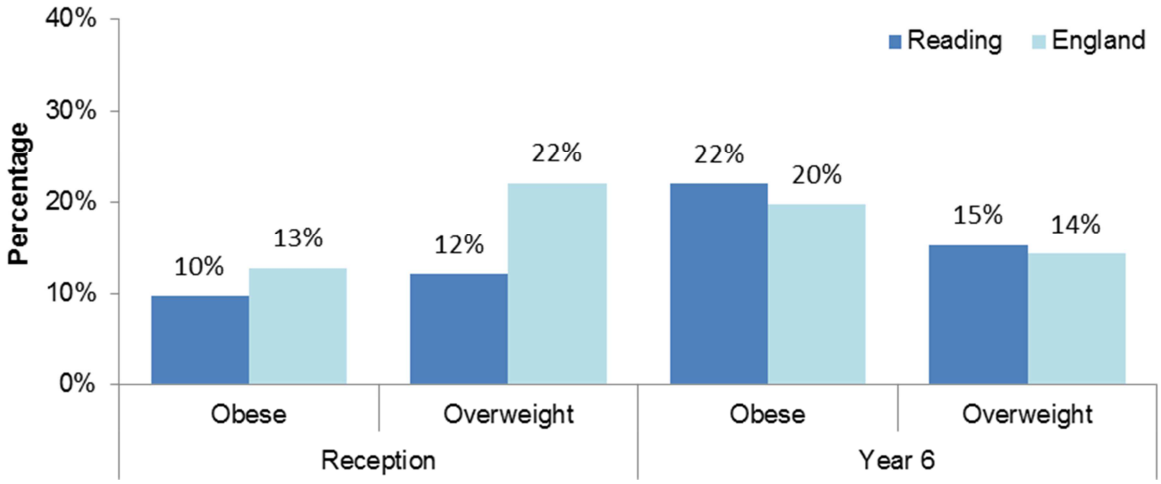
Obesity

Obesity is indicated when an individual's Body Mass Index (BMI) is over 30. It increases the risk of heart disease, diabetes, stroke, depression, bone disease and joint problems and decreases life expectancy by up to nine years. High BMI is the second biggest cause for premature death and preventable morbidity in England, attributable for 9% of all years of life lost to ill health, disability and premature mortality.

Figures collected through the Active People Survey (2013-2015) estimate that 21% of adults living in Reading are obese and a further 43% are overweight. These figures are better than the national picture, but continue to increase (PHE 2017g). GP Practices keep a register of patients who are obese and these indicate that 7.7% of North & West Reading CCG and 7.2% of South Reading CCG's registered populations aged 16 and over are obese. These are both lower than the national figure of 9.5% (NHS Digital 2016b). These are likely to be an underestimation, as not all people have their BMI recorded on their GP record.

The National Child Measurement Programme (NCMP) is delivered in schools and measures the height and weight of children in their first and last year of primary school (Reception Year and Year 6). This provides robust information about the level of childhood obesity locally and nationally. In 2015/16, 22% of Reception children in Reading were overweight or obese and 37% of Year 6 children were overweight or obese. Figure 6 shows how this compares to the national picture.

Figure 6: Percentage of children in Reception and Year 6 who are obese or overweight (2015/16)



Source: Public Health England (2017g)

Analysis of local and national NCMP data from 2011/12 to 2015/16 shows that obesity prevalence among children in both reception and year 6 increases with deprivation.

Physical Activity

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those with a sedentary lifestyle. Physical activity is also associated with improved mental health and wellbeing. In contrast, the Global Burden of Disease (2015) showed that physical inactivity is directly accountable for 5% of deaths in England and is the fourth leading risk factor for global mortality.

The Chief Medical Officer recommends that adults undertake 150 minutes of moderate activity each week. In 2015, 59% of adults in Reading were estimated to have met these recommendations, which was similar to the national figure of 57%. However, nearly 30% of adults in Reading were classified as 'inactive', achieving less than 30 minutes of moderate physical activity each week (PHE 2017g).

Sexual health

Sexual health covers the provision of advice and services around contraception, relationships, sexually transmitted infections (STIs) and abortion. While sexual relationships are essentially a private matter, good sexual health is important to individuals and to society as a whole. Public Health England (2015b) states that the success of sexual and reproductive health services "depends on the whole system working together to make these services as responsive, relevant and as easy to use as possible and ultimately to improve the public's health".

The rate of new STI diagnoses in Reading is consistently higher than the national rate. In 2016, 1,051 people were diagnosed with a new STI in Reading at a rate of 949 per 100,000 population (excluding chlamydia diagnoses for people aged under 25). Rates of gonorrhoea and syphilis diagnoses are similar than England's, as well as the HIV diagnosed prevalence rate (PHE 2017h).

Chlamydia is the most commonly diagnosed STI in England, with rates substantially higher in young adults than any other age group. In 2016, 4,702 young people (aged 15 to 24) from Reading were screened for chlamydia, which was 20% of the total population. 393 had a

positive chlamydia diagnosis at 1,646 per 100,000 population. The proportion of young people screened and the detection rate in Reading was significantly lower than the national figures.

Reading's teenage conception rates have reduced considerably over the last 10 years and are now similar to the national rate. In 2015, 55 females aged 15 to 17 and 8 females aged 13 to 15 had a pregnancy that either led to a birth or legal abortion. 56% of under 18 conceptions led to an abortion (31 in total).

The Department of Health's (2013a) Framework for Sexual Health Improvement in England includes the ambition to reduce unwanted pregnancies by increasing knowledge, awareness and access to all methods of contraception. Long Acting Reversible Contraception (LARC) methods are highly effective, as they do not rely on individuals to remember to use them. Implants, intrauterine systems (IUS) and intrauterine devices (IUD) can remain in place for up to 10 years, depending on the type of product. In 2015, Reading females aged 15 to 44 were prescribed 2,094 LARC (excluding injections) from a GP or Sexual and Reproductive Health Service. This was a rate of 55.4 per 1,000 females and was significantly higher than the England rate (PHE 2017h).

4. Focus on specific health conditions

Health conditions prevalent within a population have an impact on the need for pharmaceutical services within an area. Community pharmacy teams are well placed to support people to manage their long term conditions and this is a key area set out in The Community Pharmacy Forward View.

Cancer

Cancer incidence rates have increased by more than one-third since the mid 1970s, with approximately 910 people being diagnosed with cancer every day in the UK. Although more than 1 in 3 people will now develop some form of cancer in their lifetime, the mortality rate for cancer has actually decreased. Over half of people diagnosed with cancer in the UK will survive 10 or more years after diagnosis (Cancer Research UK 2017).

From 2010-2014, there were 3,133 new cases of cancer diagnoses in Reading. 18% of all these cases were for breast cancer, 12% for prostate cancer, 12% for colorectal cancer and 10% for lung cancer (PHE Local Health 2017). The route to a cancer diagnosis ultimately impacts on patient survival and the three national cancer screening programmes help to detect cancers at an earlier and more treatable stage. Reading's screening coverage levels are significantly worse than England's for all three screening programmes and do not meet the national targets. In March 2016, the breast screening coverage for eligible women in Reading was 73.4% and the cervical screening coverage was 67.6%. The bowel screening coverage level was 55.8%. There is variation in screening coverage levels across Reading with many GP Practices not meeting the minimum standard for coverage (PHE 2016a).

Circulatory disease

In March 2016, 3.2% of people registered with a GP Practice in England were recorded as having Coronary Heart Disease. Both North & West Reading CCG and South Reading CCG had lower prevalence levels at 2.4% and 1.6% respectively. The proportion of people recorded as having had a stroke or TIA (transient ischaemic attack) was also lower in both

Reading CCGs compared to England, with 1.4% in North & West Reading CCG and 0.9% in South Reading CCG (NHS Digital 2016b).

High blood pressure (hypertension) is one of the leading risk factors for premature death and disability, although it is often preventable. Once diagnosed, people with hypertension can receive advice and treatment from their GP to control and lower their blood pressure, reducing their future risk of cardiovascular diseases. In March 2016, 25,200 people in Reading were diagnosed with hypertension, which was 11% of the population. However, it is estimated that the actual number of people with the condition was much higher at 21%. This means that there were approximately 22,200 people in Reading with undiagnosed hypertension, who had not received treatment to control their blood pressure (PHE 2016c).

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, is invited every five years to assess their risk of developing these conditions. They are given support and advice to help them reduce or manage that risk. From 2013/14 to 15/16, 11,926 Reading residents had received an NHS Health Check, which was 31% of the eligible population. This was a significantly lower proportion that the England figure of 36% (PHE 2017g).

Diabetes

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. In the UK, diabetes affects 2.8 million people and there are estimated to be an additional 980,000 people with diabetes who are undiagnosed. The chances of developing diabetes depend on a mix of genetics, lifestyle and environmental factors. Certain groups are more likely to develop the condition than others, for example people from South Asian and Black communities are 2 to 4 times more likely to develop Type 2 diabetes than those from Caucasian backgrounds (Diabetes UK 2016). Higher levels of obesity, physical inactivity, unhealthy diet, smoking and poor blood pressure control are also inextricably linked to the risk of diabetes. Deprivation is strongly associated with all these factors, and data from the National Diabetes Audit suggests that people living in the 20% most deprived areas in England are 1.5 times more likely to have diabetes than those in the 20% least deprived areas (Diabetes UK 2016).

In March 2016, 9,034 Reading residents (aged 17 and over) were diagnosed with diabetes, which was 4.9% of that age group. This was significantly lower than the national prevalence of 6.5% (PHE 2017b). 7.3% of adults in Reading are estimated to have diabetes, which means that there are approximately 4,425 people living with the condition who are unaware of it (PHE 2017b).

The prevalence of diabetes is expected to increase over the next 20 years, due to the aging population. By 2035, 8.4% of Reading's population aged 16 and over are expected to have diabetes, which is 12,174 people (PHE 2015a).

Respiratory disease

Chronic Obstructive Pulmonary Disease (COPD) is the name for a collection of lung diseases, such as chronic bronchitis, emphysema and chronic obstructive airways disease. In March 2016, 1.9% of people registered with a GP Practice in England were diagnosed with Chronic Obstructive Pulmonary Disease (COPD). Both North & West Reading CCG and South Reading CCG had lower prevalence levels at 1.4% and 1.0% respectively (NHS Digital 2016b).

The prevalence of asthma in England is amongst the highest in the world. 6% of the population is diagnosed with asthma, although 9.1% are actually expected to have the condition. In March 2016, 7,183 people registered with North & West Reading CCG GP Practices were diagnosed with asthma at 6.6% of the total population. An additional 2,798 people in the CCG were expected to be undiagnosed and therefore not receiving necessary support or treatment from their GP. 6,669 people registered with South Reading CCG GP Practices were diagnosed with asthma at 4.8% of the total population. An additional 5,954 people in the CCG were expected to be undiagnosed and therefore not receiving necessary support or treatment from their GP (NHS Digital 2016b).

Mental health problems

Mental illness is the single largest cause of disability in the UK. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time. Common mental health problems include anxiety, depression, phobias, obsessive compulsive disorders & panic disorders. In March 2016, there were over 13,000 Reading adult residents who had an unresolved diagnosis of depression registered with their GP. This was 7.2% of the adult population and was significantly lower than the national prevalence rate of 8.3% (PHE 2017e).

Not everybody demonstrating signs of mild to moderate mental illness would describe their condition in this way and some are likely to be short term. The Annual Population Survey (2015/16) indicated that 17.2% of adults in Reading had self-reported high anxiety and 7.7% had a low happiness score. These were both similar to the national responses (PHE 2017g).

Approximately 1% of the UK population has a severe mental health problem and many will have begun to suffer from this in their teens or early twenties. In March 2016, 1,893 adults in Reading were on the GP Mental Health Register, which meant that they had an unresolved record of a schizophrenic or bipolar disorder. This was 0.83% of the adult population and significantly lower than the national prevalence rate of 0.90% (PHE 2017e).

Mental health problems also affect 1 in 10 children and young people. This can include depression, anxiety, conduct and emotional disorders, which can often be a direct response to what is happening in their lives. ONS estimates that over 2,000 young people aged 5 to 16 in Reading have a mental health disorder. This is 9.0% of the population. In 2016, 599 school children in Reading were recorded as having social, emotional and mental health needs through their school. This is 2.9% of all Reading's school children, compared to 2.3% nationally (PHE 2017a).

Dementia

In March 2016, 1,217 people in Reading were recorded as having dementia, which was 0.5% of the population. This was significantly lower than the England prevalence of 0.8% (PHE 2017e). It is estimated that half of people with dementia are undiagnosed. In recent years, there has been a political commitment to increase the number of people living with dementia who have a formal diagnosis. A timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve their health and care outcomes.

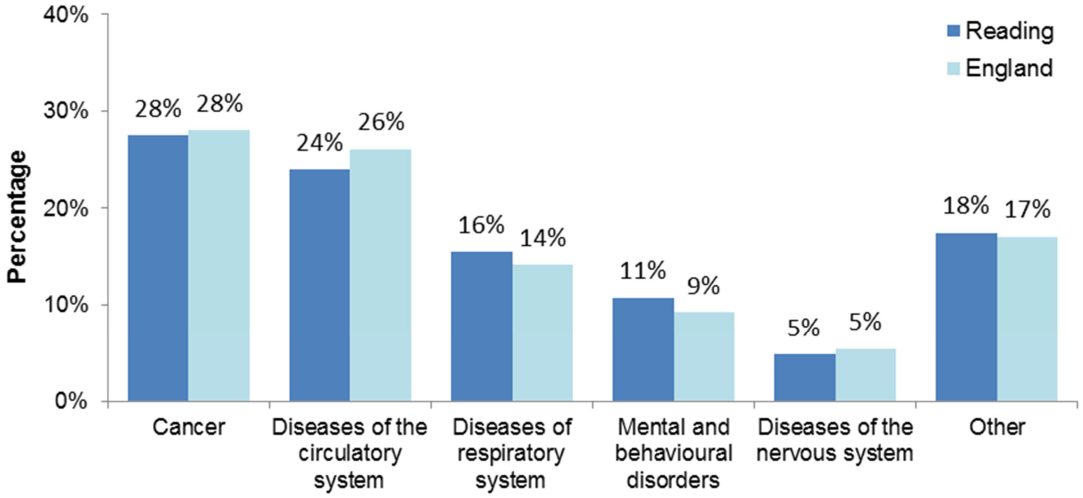
One in three people over 65 will develop dementia in their lifetime. 1,782 people aged 65 and over in Reading were estimated to have dementia in April 2017, although 31% of these were not diagnosed. As Reading's population increases and ages, the number of people living with dementia will therefore also increase (POPPI 2016).

5. Life expectancy and mortality

Boys born in 2013-2015 are expected to live to 80.5 years in Reading, which is 0.7 years less than the national average. Girls born in Reading are expected to live to 84.0 years, which is 0.1 years longer than the national average (PHE 2017g).

There are significant inequalities in life expectancy within the Borough. Men living in the most deprived areas of Reading are expected to live 7.8 years less than those living in least deprived areas. The gap for women is slightly lower at 6.5 years. The life expectancy gap between Reading's most and least deprived areas is attributable to different causes of death for men and women. In 2012-14, the main cause of the male life expectancy gap was respiratory disease at 26%, followed by digestive diseases at 22% and 'other' at 16%. For women, the main cause of the life expectancy gap was mental and behavioural conditions (including dementia) at 49%, followed by circulatory diseases at 22% and respiratory diseases as 12% (PHE 2016d).
The main causes of death in Reading are cancer and circulatory disease, as shown in Figure 7. This reflects the national picture.

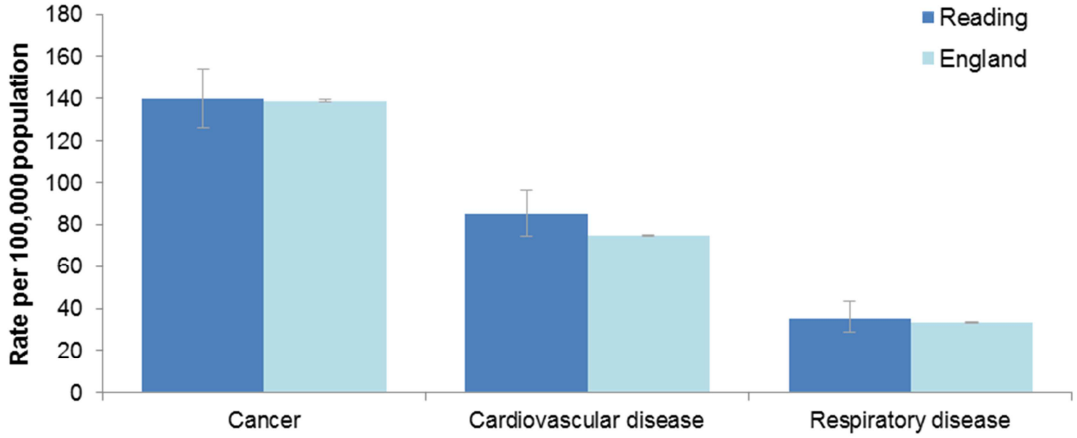
Figure 7: Percentage of all deaths by main underlying cause (2015)



Source: Office for National Statistics (2016c)

34% of all deaths in Reading are among people aged under 75 and these are termed premature deaths. Reading's premature mortality rates for cancer, cardiovascular disease and respiratory disease are all similar to than the England rates, as shown in Figure 8. However, men have significantly higher mortality rates then women for all of these causes at both a local and national level (PHE 2017g).

Figure 8: Under 75 mortality rate by underlying cause of death (2013-15)



Source: Public Health England (2017g)

Cancer is the biggest cause of premature mortality for both men and women in Reading. In 2013-15, approximately 221 premature cancer deaths were considered to be preventable in Reading, which is 55% of all premature cancer deaths. This means that the underlying cause could potentially have been avoided with public health interventions. The main risks attributed to cancer deaths and years of ill-heath in England are smoking, occupational risks, diet, high body mass index and alcohol and drug use.

67% of premature deaths from cardiovascular diseases in Reading were considered to be preventable in 2013-15, and included 164 deaths. The rate of preventable deaths from cardiovascular diseases was significantly higher in Reading, compared to the national figure. The main risks attributed to cardiovascular disease deaths and years of ill-heath in England are high blood pressure, poor diet, high cholesterol and high body-mass index.
Respiratory diseases are the third biggest cause of death for people aged under 75 in Reading. In 2013-15, 61% of premature deaths from respiratory diseases in Reading were considered to be preventable, which was 59 deaths. The main risks attributed to respiratory disease deaths and years of ill-heath in England are smoking and air pollution (PHE 2017g).

D: Pharmacy Provision in Reading

The recent PNA survey asked local pharmacies in Reading to detail the services that they currently provide, as well as those that they would be willing to provide if they were commissioned to do so. 27 of Reading's pharmacies responded to the survey and this information, along with information provided by NHS England, has been used to summarise the pharmacy provision across Reading.

1. Type of Pharmacy services within Reading

There are currently 30 community pharmacies in Reading and 1 distance selling pharmacy. This is one pharmacy less than the provision identified in the previous Pharmaceutical Needs Assessment. Community pharmacies vary from multiple store organisations to independent contractors. All pharmacies provide the mandatory essential services, as well as a range of other advanced and enhanced services. Map 1 shows the location of all pharmacies based in Reading. Appendix C gives a full list of these pharmacies and dispensaries, including addresses and opening times.

Advanced Services

Pharmacies can choose to provide advanced services, but must meet certain requirements to do so. Within Reading, 28 (93%) community pharmacies provide the Medicine Use Review (MUR) service and 24 (80%) provide the New Medicines Service (NMS).

Pharmacy and Location	Medicine Use Review	New Medicine Service
Boots Pharmacy (Reading Station), Abbey	Do not provide	Do not provide
Boots Pharmacy (Broad Street), Abbey	Currently provide	Currently provide
Boots Pharmacy (The Oracle), Abbey	Currently provide	Currently provide
Saood Pharmacy, Abbey	Currently provide	Do not provide
Superdrug Pharmacy, Abbey	Currently provide	Currently provide
Tesco Instore Pharmacy, Abbey	Currently provide	Currently provide
Lloyds Pharmacy, Battle	Currently provide	Currently provide
Oxford Road Pharmacy, Battle	Currently provide	Do not provide
Tesco Instore Pharmacy, Battle	Currently provide	Currently provide
Boots Pharmacy, Caversham	Currently provide	Currently provide
Day Lewis Rankin Pharmacy, Caversham	Currently provide	Currently provide
Rowlands Pharmacy, Caversham	Currently provide	Currently provide
Lloyds Pharmacy, Church	Currently provide	Currently provide
Basingstoke Road Pharmacy, Kategrove	Currently provide	Do not provide
Lloyds Pharmacy, Katesgrove	Currently provide	Currently provide
Lloyds Pharmacy, Kentwood	Currently provide	Currently provide
Newdays Pharmacy, Minster	Currently provide	Currently provide
Boots Pharmacy, Norcot	Currently provide	Currently provide
Grovelands Pharmacy, Norcot	Currently provide	Currently provide
Lloyds Pharmacy (London Road), Park	Currently provide	Currently provide
Lloyds Pharmacy (Wokingham Road), Park	Currently provide	Currently provide
Lloyds Pharmacy, Peppard	Currently provide	Currently provide

Pharmacy and Location	Medicine Use Review	New Medicine Service
Erleigh Road Pharmacy, Redlands	Currently provide	Currently provide
Asda Stores, Southcote	Currently provide	Do not provide
Southcote Pharmacy, Southcote	Currently provide	Currently provide
Markand Pharmacy, Thames	Do not provide	Do not provide
Tilehurst Pharmacy, Tilehurst	Currently provide	Currently provide
Triangle Pharmacy, Tilehurst	Currently provide	Currently provide
Lloyds Pharmacy, Whitley	Currently provide	Currently provide
Whitley Wood Pharmacy, Whitley	Currently provide	Currently provide

Source: NHS England (2017)

The survey of Reading's pharmacies provided additional information about the advanced services delivered in the local area. 28 pharmacies responded to this and indicated the following:

- Urgent Medicine Supply Services (NUMSAS) are currently being delivered by Day Lewis Rankin Pharmacy in Caversham, Southcote Pharmacy in Southcote and Lloyds Pharmacy in Whitley. 10 other pharmacies also stated that they hoped to provide this soon.
- Appliance User Review (AUR) services are currently being delivered by Southcote Pharmacy, Southcote. Markand Pharmacy in Thames stated that they hoped to provide this service soon.
- Stoma Appliance Customisation services are not currently being delivered by pharmacies in Reading and none stated that they intended to provide this service soon.
- Seasonal Flu vaccinations are currently being provided by 20 pharmacies in the area. This service is also provided privately in 6 of these pharmacies. Boots Pharmacy in Reading Station stated that they would be willing to provide this service if they had a facilities adjustment and Basingstoke Road Pharmacy in Katesgrove also stated that they would be willing to provide this service, but would need training to do so.

Enhanced Services

NHS England does not currently commission any enhanced services from Reading pharmacies.

Locally Commissioned Services

Reading Borough Council has offered a contract to all community pharmacies based in the Borough for the provision of emergency hormonal contraception, supervised consumption and needle exchange.

9 pharmacies have informed us that they provide emergency hormonal contraception services, 16 provide supervised consumption and 6 provide needle exchange services. The following table shows the level of provision for these locally commissioned services and pharmacies that have stated that they would be willing to provide these in the future.

Additionally North & West Reading CCG and South Reading CCG also commission Palliative Care Medicines on Demand from community pharmacies across Reading.

Pharmacy	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange
Boots Pharmacy (Reading Station), Abbey	Currently provide	Currently provide	Currently provide
Boots Pharmacy (Broad Street), Abbey	Willing to provide, but would require facilities adjustment	Currently provide	Willing to provide, but would require facilities adjustment
Boots Pharmacy (The Oracle), Abbey	Do not provide	Currently provide	Do not provide
Saood Pharmacy, Abbey	*Data not provided*	*Data not provided*	*Data not provided*
Superdrug Pharmacy, Abbey	Willing to provide, but would require facilities adjustment and training	Willing to provide, but would require facilities adjustment	Willing to provide, but would require facilities adjustment and training
Tesco Instore Pharmacy, Abbey	*Data not provided*	*Data not provided*	*Data not provided*
Lloyds Pharmacy, Battle	Currently provide	Do not provide	Currently provide
Oxford Road Pharmacy, Battle	Currently provide	Do not provide	Currently provide
Tesco Instore Pharmacy, Battle	*Data not provided*	*Data not provided*	*Data not provided*
Boots Pharmacy, Caversham	*Data not provided*	*Data not provided*	*Data not provided*
Day Lewis Rankin Pharmacy, Caversham	Willing to provide, but would need training	Currently provide	Willing to provide, but would need training
Rowlands Pharmacy, Caversham	Currently provide	Do not provide	Currently provide
Lloyds Pharmacy, Church	Do not provide	Currently provide	Do not provide
Basingstoke Road Pharmacy, Katesgrove	Willing and able to provide	Willing and able to provide	Willing and able to provide
Lloyds Pharmacy, Katesgrove	*Data not provided*	*Data not provided*	*Data not provided*
Lloyds Pharmacy, Kentwood	Do not provide	Currently provide	Do not provide
Newdays Pharmacy, Minster	Currently provide	Currently provide	Currently provide
Boots Pharmacy, Norcot	Willing and able to provide	Currently provide	Willing and able to provide
Grovelands Pharmacy, Norcot	Willing and able to provide	Currently provide	Willing and able to provide

Pharmacy	Emergency Hormonal Contraception	Supervised consumption	Needle Exchange
Lloyds Pharmacy (London Road), Park	Currently provide	Currently provide	Currently provide
Lloyds Pharmacy (Wokingham Road), Park	Do not provide	Currently provide	Do not provide
Lloyds Pharmacy, Peppard	Do not provide	Currently provide	Do not provide
Erleigh Road Pharmacy, Redlands	Currently provide	Currently provide	Currently provide
Asda Stores, Southcote	Willing to provide, but would require facilities adjustment and training	Willing to provide, but would require facilities adjustment and training	Willing to provide, but would require facilities adjustment and training
Southcote Pharmacy, Southcote	Currently provide	Currently provide	Currently provide
Markand Pharmacy, Thames	*Data not provided*	*Data not provided*	*Data not provided*
Tilehurst Pharmacy, Tilehurst	Willing and able to provide	Willing and able to provide	Willing and able to provide
Triangle Pharmacy, Tilehurst	Willing and able to provide	Currently provide	Willing and able to provide
Lloyds Pharmacy, Whitley	*Data not provided*	*Data not provided*	*Data not provided*
Whitley Wood Pharmacy, Whitley	Currently provide	Currently provide	Currently provide

Healthy Living Pharmacy

5 Reading pharmacies have confirmed that they are Healthy Living Pharmacies. These include Superdrug Pharmacy in Abbey, Day Lewis Rankin Pharmacy in Caversham, Rowlands Pharmacy in Caversham, Lloyds Pharmacy (London Road) in Park and Lloyds Pharmacy (Wokingham Road) in Park. These pharmacies have a total of 6 qualified Healthy Living Champions (full time equivalents) between them. 21 other community pharmacies in Reading are working towards the Healthy Living Pharmacy accreditation.

2. Access to pharmacy services within Reading

Accessibility to pharmacy services is affected by the opening hours of different providers across the local area, as well as both the distance and time it takes people to reach their nearest pharmacy. This could be by car, walking or other methods of transport. We asked residents about how they accessed local pharmacy services and the results from this are found in Section E.

Reading has three 100 hour pharmacies, based in Abbey, Battle and Southcote wards, and one distance selling pharmacy. 27 of the community pharmacies are open for at least part of

Saturday. 6 pharmacies are also open on a Sunday and are based in Abbey, Battle and Southcote wards. Map 4 shows weekend opening hours for Reading pharmacies.

3 Reading community pharmacies are open until at least 10pm on a weekday, and these are based in Abbey, Battle and Southcote wards. A further 3 pharmacies are open after 7pm on weekdays and these are based in Abbey and Battle wards. Map 5 shows all community pharmacies based in Reading that are open weekday evenings.

Walking time measures are based on an average walking speed of 3 miles/ 4.8 km per hour, which is a recognised standard developed by the Department for Transport. This walking time may differ for certain individuals, such as older people or those with disabilities, and the information included in the PNA is therefore a guide only. All residents of Reading are able to access a pharmacy or dispensing practice within a 10 minute drive, if neighbouring authorities' pharmacy provision is taken into account. This is illustrated in Map 6. This level of accessibility by car reduces slightly on weekday evenings (after 7pm) and on Sundays, however all residents can reach a pharmacy within a 15 minute drive at these times. 81% of the population can access a pharmacy within a 20 minute cycle.

95% of Reading residents are able to access a Reading-based pharmacy within a 15 minute walk and a further 1% can access a pharmacy outside of the borough within this time. Map 7 illustrates the population that can access any pharmacy, inside or outside of Reading, within a 15 minute walking time. It is important to note that this level of accessibility does reduce to 28% on weekday evenings (after 7pm) and to 31% on Sundays. This does not take into account opening hours of pharmacies in neighbouring authorities, which Reading Borough residents would also be able to access. Residents in parts of Whitley, Mapledurham, and Thames wards and a small area of Peppard ward are not within walking distance of a pharmacy, either within or outside the borough, in normal working hours. However, all residents are within a 20 minute drive to a pharmacy, which meets a key NHS standard for accessibility.

All of the community pharmacies who responded to the survey stated that they provided a delivery service for dispensed medicines that was free of charge. Some pharmacies only provided this service for specific patient groups, such as house bound patients, people in care homes and the elderly or infirm, while others provided this for anyone who requested the service. All community pharmacies in Reading are enabled to provide an Electronic Prescription Service.

Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or access is restricted. One of the requirements for the service is that patients live in a controlled locality (a rural area determined locally in line with the regulations and after consideration of a wide range of factors) and are more than 1mile/ 1.6km from a pharmacy premises. Map 8 shows that the majority of communities within Reading are within a 1.6km radius of a pharmacy.

Reading residents can also access pharmacies in other areas. The Borough borders with Wokingham, West Berkshire and South Oxfordshire, so the nearest pharmacy for some residents may be located within these HWB areas. There are 7 pharmacies located in other boroughs that are within 1.6km of the Reading border and some of these have extended opening hours.

The current provision of pharmacies in Reading means that there are 18 pharmacies per 100,000 population. In March 2016, there were 22 pharmacies per 100,000 population across England and 19 per 100,000 population in the South East (NHS Digital 2016a). Using population and housing projection figures, we can expect the pharmaceutical provision in Reading to reduce to 17 per 100,000 population by March 2021.

E: Public Survey

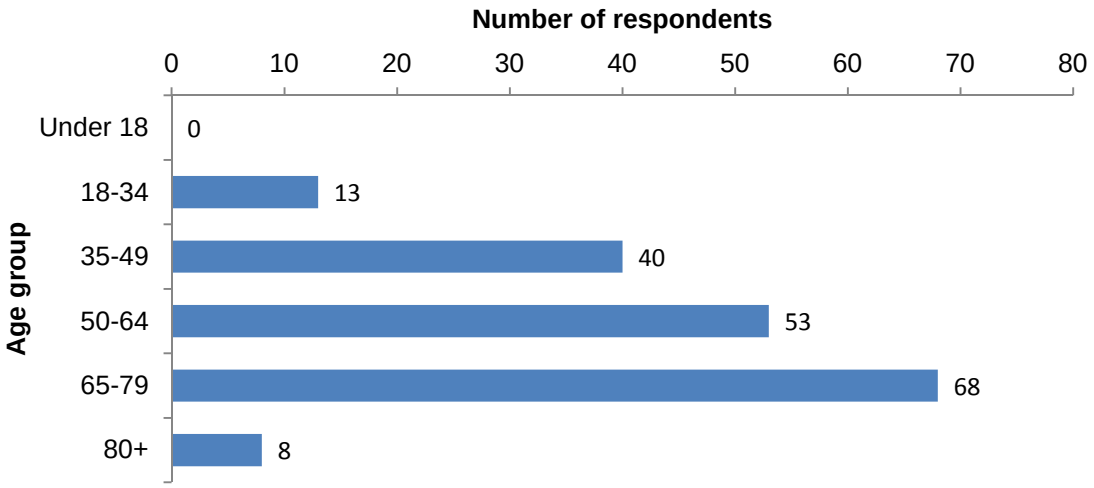
A key aspect of the pharmaceutical needs assessment is to obtain the views of residents who use our community pharmacy and dispensing doctor services. This section provides a summary of the responses that were received through the Berkshire PNA public survey, which was open from mid-June to mid-September 2017. A copy of the survey can be found at Appendix B.

184 people participated in the PNA survey. These responses included 44 Reading residents and 140 residents from other Berkshire local authorities. The results from the survey have been analysed together, due to the relatively low response rate. All the figures included below therefore represent the views of all Berkshire respondents, and not just Reading.

1. Demography of survey respondents

66% of survey respondents were female and nearly 90% classified themselves as White-British. The age of respondents spanned across all adult age groups, as shown in Figure 9, with over 70% of respondents aged over 50. 43% of respondents stated that they were retired.

Figure 9: Age of respondents to Berkshire PNA public survey (2017)



66% of respondents stated that they had a health problem or disability and 27% stated that their day to day activities were limited.

2. Use and access to local pharmacies

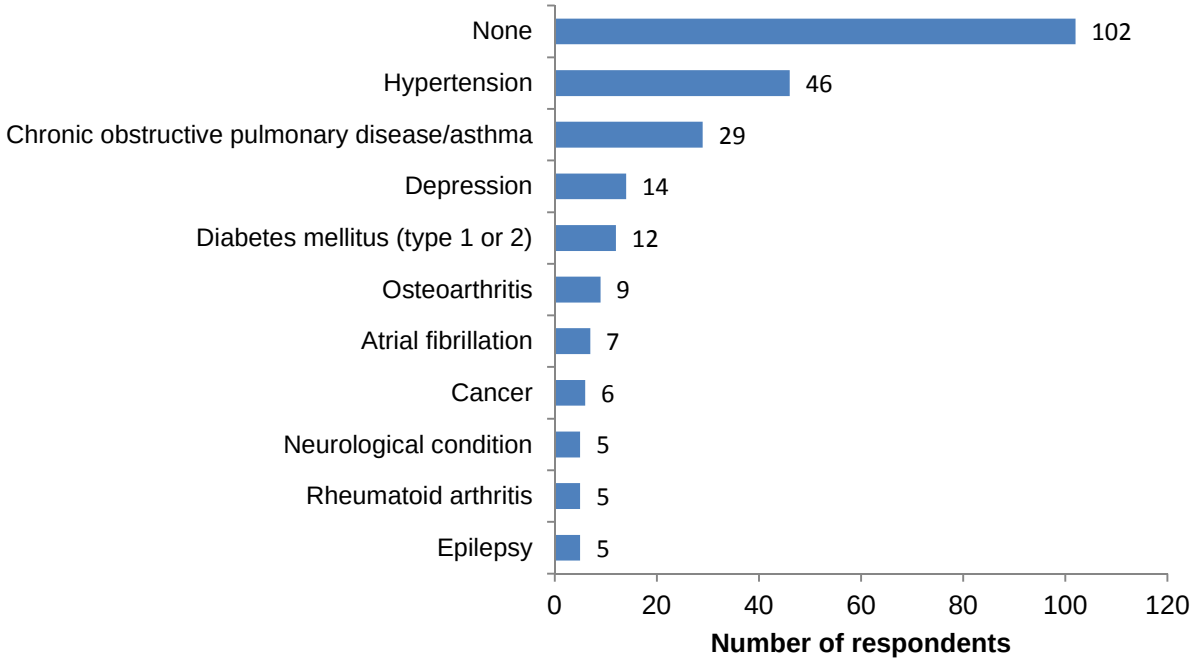
Respondents were asked about the pharmacies they used and how they accessed these. Key findings about pattern of use included:

- 93% reported using a community pharmacy. 5% used a dispensing appliance supplier and 5% used an internet pharmacy.
- 32% stated that they used a pharmacy more than once a month, with a total of 64% using a pharmacy at least once a month.
- 95% reported being able to get to the pharmacy of their choice

- Driving was the most common way that respondents accessed a pharmacy (55%) and walking was a close second (41%). 2% people stated that they cycled and 2% used public transport.
- 86% stated that it took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes.

Survey respondents were asked whether they visited their pharmacy for any particular chronic heath conditions. 45% of respondents reported that they did, with the most common conditions reported as hypertension, chronic obstructive pulmonary disease/asthma and depression. Less than five participants reported visiting the pharmacy for each of the following conditions: heart failure, stroke/transient ischaemic attack, ischaemic heart disease, Parkinson's disease, severe mental illness and chronic kidney disease. Figure 10 shows the full responses for this question.

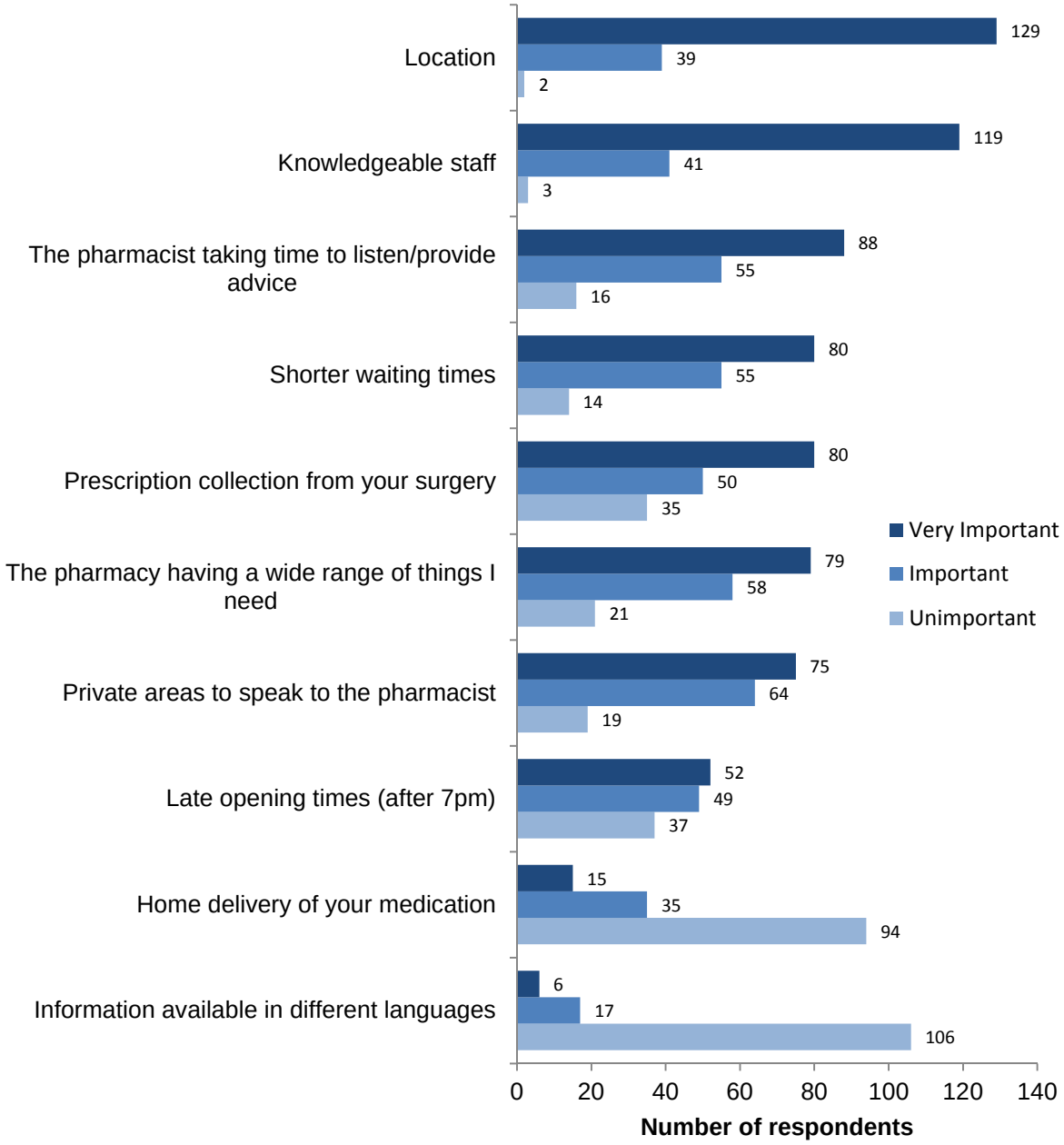
Figure 10: Summary of response to "Which of the following chronic health conditions do you visit your pharmacy for?"



3. Pharmacy characteristics and services

Respondents were asked to rank the importance of a number of specific pharmacy characteristics and services. The most important factor was considered to be location, followed by knowledgeable staff. When asked about location, 49% of respondents said that they chose to use a pharmacy near to home, 17% chose a pharmacy close to their GP Practice and 14% chose to use a pharmacy in a supermarket. The full list of responses about the importance of pharmacy services is shown at Figure 11.

Figure 11: Summary of response to "How important are the following pharmacy services?

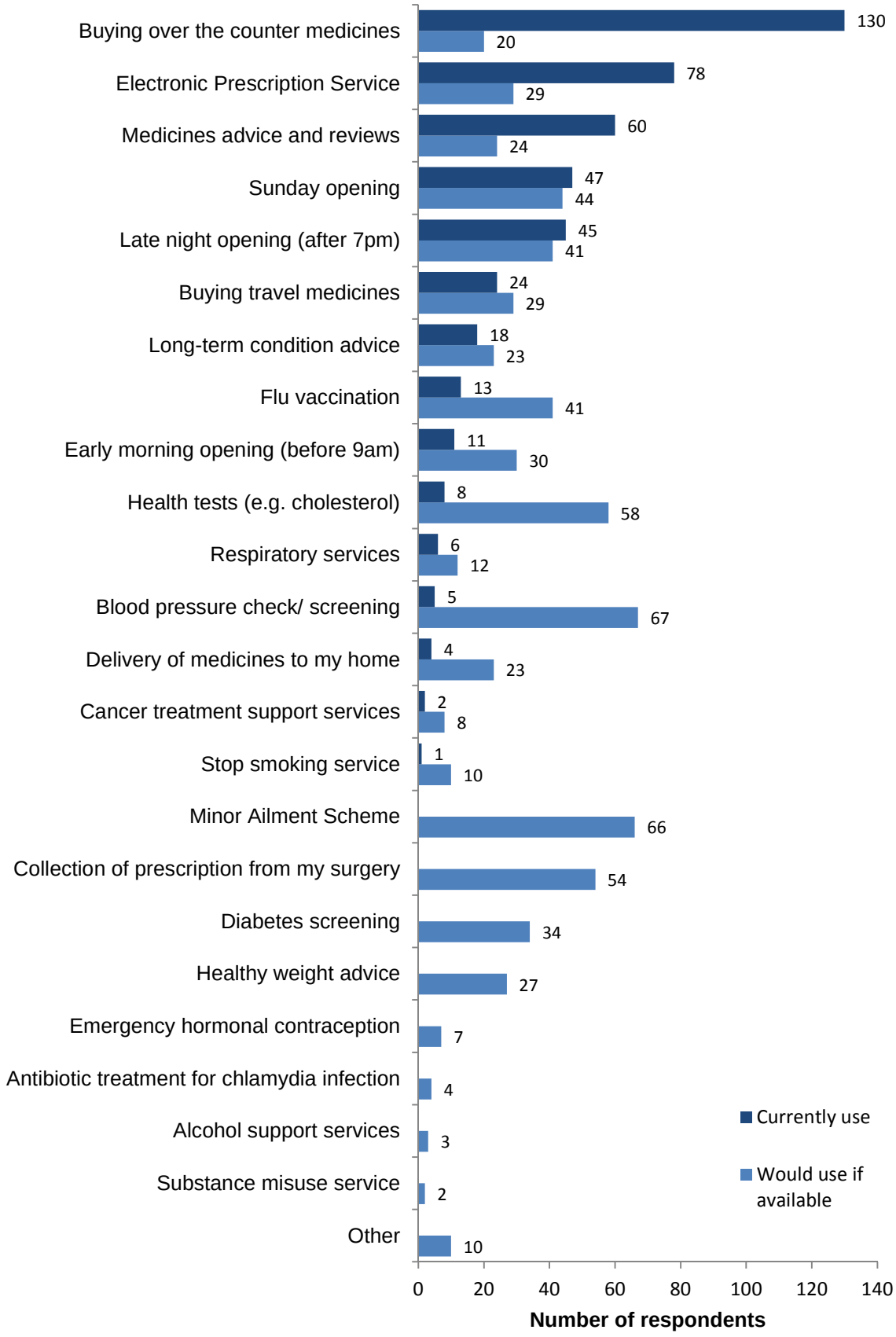


Respondents were asked about the pharmacy services they currently used, as well as services that they would use if they were available. The most commonly used services were buying over the counter medicines, the Electronic Prescription Service (EPS) and medicine advice and reviews. 36% of respondents stated that they would use a blood pressure check/ screening service if it was available and 36% also stated that they would use the Minor Ailment Scheme. Other requested services included health tests, collection of prescription from surgery and flu vaccination.

24% of respondents stated that they would use Sunday opening times, if they were available, and 22% stated that they would use late nights opening (after 7pm).

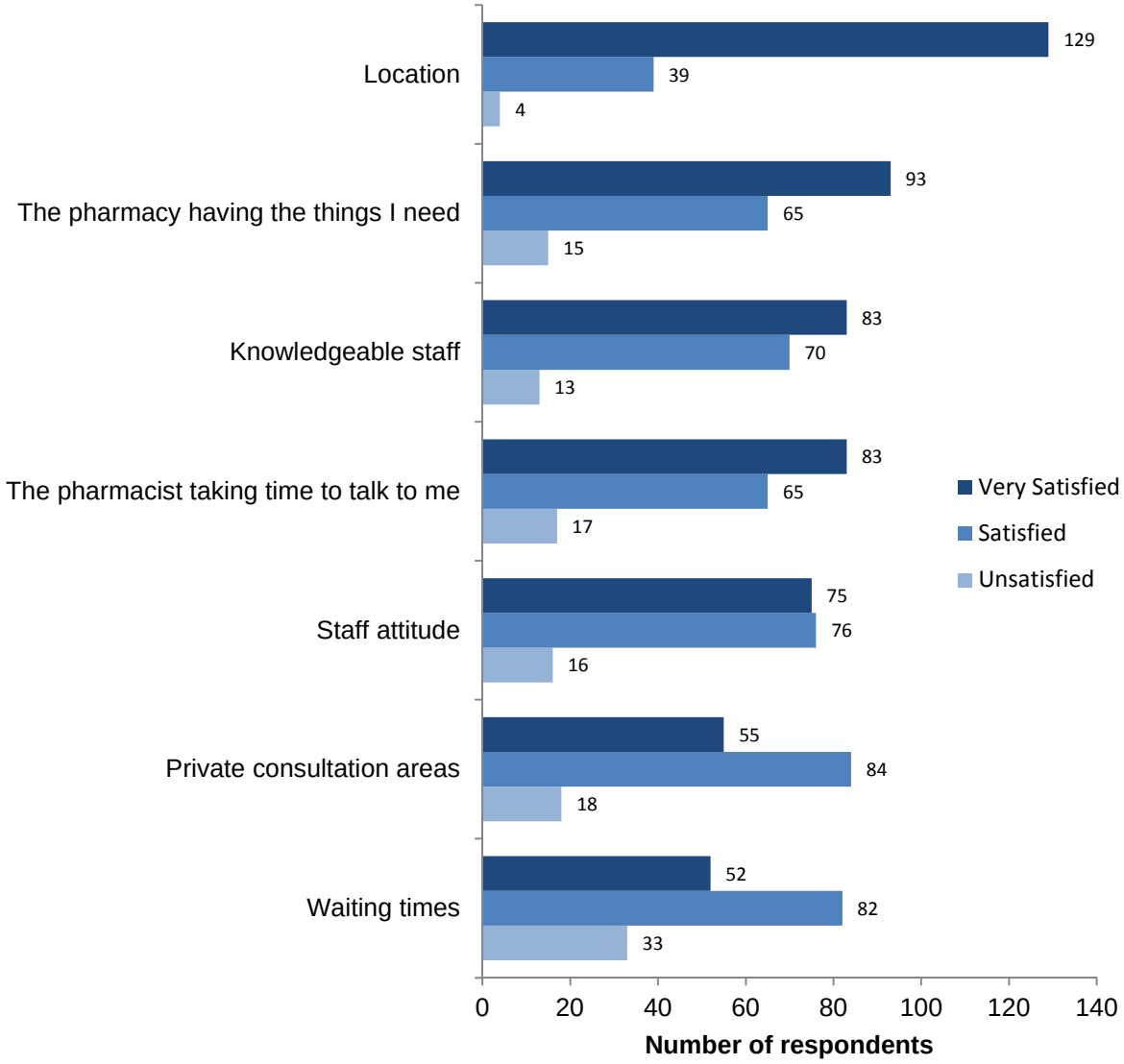
The full list of responses is shown at Figure 12.

Figure 12: Summary of response to "Which of the following services do you currently use at a pharmacy and which would you also use if they were available? (Multiple choices could be picked)



Finally, participants were asked to state how satisfied they were with a number of specific characteristics and services of their regular pharmacy. The majority of respondents stated that they were most satisfied with the location of their pharmacy. Waiting times has the least satisfaction with 20% of respondents stating that they were unsatisfied. However, the clear majority of respondents still stated that they were satisfied or very satisfied with this factor overall. The full level of responses is shown at Figure 13.

Figure 13: Summary of response to "How satisfied are you with the following services at your regular pharmacy?



4. Feedback

The public survey gave respondents the opportunity to provide additional feedback on pharmaceutical services in their local area. 70 people left a free text comment and these have been summarised below:

- 9 comments related to the way the survey was worded
- 15 comments related to satisfaction with current services and / or the importance in retaining access to local community pharmacy services

- The most common theme identified from other comments related to unfriendly or unhelpful staff attitudes or concern about staff being trained appropriately (11)
- Dissatisfaction with long waiting times, particularly in regards to collection of electronic prescriptions was also raised (7), as were comments relating to perceived lack of or reduction in access to pharmacies within close distance of home (8)
- Three respondents were concerned about the use of generic drugs over brand names and / or frequent changes in brands
- There were 8 comments relating to specific services, two of which related to problems using EPS, two expressed dissatisfaction with no longer being able to access sharps disposal (both Bracknell Forest residents), one suggested a delivery service (West Berkshire resident) and one suggested accessing blood pressure testing in pharmacy would be useful (Bracknell Forest resident)

F: Assessment of pharmaceutical service provision

As described in Section B6, the regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of necessary and relevant services.

Services provided within the standard pharmacy contract of 40 core hours and advance services were regarded as necessary. The spread of opening times and core hours are included in Appendix C and supported by Maps 4 and 8.

Relevant services are those services which have secured improvements or better access to pharmaceutical services.

- There are 30 pharmacies providing essential pharmaceutical services in Reading, including one distance selling pharmacy. There are no dispensing doctors.
- There are 18 pharmacies per 100,000 population in Reading. This is expected to reduce to 17 per 100,0000 population by 2021, based on population projections and growth from new housing developments.
- Pharmacies are well placed to serve heavily populated areas, with sufficient provision in less populated wards; however there are no services in Mapledurham ward which has a higher proportion of older residents than the Reading average or in Thames Ward which has a higher proportion of under 18s.
- There is sufficient access to a range of pharmacies during core opening hours and all residents can access a community pharmacy within a 10 minute drive during normal working hours, if neighbouring authorities' pharmacy provision is taken into account.
- Six pharmacies are open weekday evenings (after 7pm) and three of these are open until at least 10pm. 27 pharmacies are open at least part of the day on Saturdays and three of these are open until at least 10pm. Six pharmacies are open on Sunday however the latest opening is 8pm. There is no evening or Sunday provision in Whitley or Church wards, both of which have areas of relative deprivation.
- There are seven pharmacies located within 1.6km of Reading borders and a number of these offer extended opening hours.
- 96% of Reading residents are within a 15 minute walk of a pharmacy in normal working hours. Some residents in parts of Whitley, Mapledurham, and Thames wards and a small area of Peppard ward are not within a 15-walking distance of a pharmacy either within or outside the borough.
- There is adequate but variable provision of advanced services across Reading. 28 pharmacies (93%) provide MUR and 14 (80%) provide NMS. 27 pharmacies responded to the survey; of these 20 reported providing flu vaccination with two others reporting they would be willing to provide pending either facilities adjustment or staff training. Only three pharmacies reported providing NUMSAS however 10 reported planning to provide this in the near future. No pharmacies reported providing SAC. One reported provision of AUR, with a second planning to provide in the near future.
- NHS England encourages pharmacies and pharmacists to become eligible to deliver the NMS and flu vaccination service, so that more eligible patients are able to access and benefit from these services. Demand for the appliance advanced services (SAC and AUR) is lower than for the other advanced services, due to the much smaller proportion of the population who may require this type of service.

- In terms of improvements, there is room to extend the range of LCS that are commissioned in Reading and to increase the number of pharmacies providing these. A number of pharmacies have stated that they would be willing to provide these service of commissioned to do so.
- The public survey showed that:
    - 95% of respondents were able to get to the pharmacy of their choice
    - 86% took less than 15 minutes to travel to their regular pharmacy and the remaining 14% stated that it took between 15 and 30 minutes.
    - 91% were satisfied or very satisfied with the location of their pharmacy

Locally commissioned services fall outside the definition of pharmaceutical services, as set out in legislation. These were therefore not considered when assessing provision or future need of necessary or relevant pharmaceutical services. However, in assessing opportunities for improvements, accessibility of locally commissioned services have been considered alongside the necessary and relevant service provision.

G: Conclusions

1. Current necessary provision

Pharmaceutical services that are provided in the area of the HWB and are necessary to meet the need for pharmaceutical services, as well as those services outside the HWB area that contribute to meeting the need of the population of the HWB area

Conclusion: Whilst not all the current provision described in Section D is necessary (as defined in the 2013 Act), it is concluded that the majority of the provision is likely to be necessary and that advance services provided outside the core hours provide improvement or better access.

2. Current gaps

Pharmaceutical services not currently provided within the HWB area, which the HWB are satisfied need to be provided now.

Conclusion: Based on the information available at the time of developing this PNA, there may be gaps in provision of essential and advanced pharmaceutical services within walking distance for some residents in Whitley, Mapledurham and Thames wards. However, these residents are able to access pharmaceutical services within a 20 minute drive time, which meets one of the key NHS standards for accessibility.

3. Future gaps

Pharmaceutical services not currently provided within the HWB area, which the HWB are satisfied need to be provided in specific future circumstances specified in the PNA.

Conclusion: Although there is likely to be an increase in the number of houses available, there are no known future developments that are likely to significantly alter demand for pharmaceutical services in normal working hours due to the coverage currently provided by pharmacies.

Developments in Whitley ward mean that an increased number of residents may have to travel further to access essential services in the evenings and at weekends.

4. Current additional provision

Pharmaceutical services within or outside Reading HWB area that have secured improvements or better access, although they are not necessary to meet the pharmaceutical need of the area.

Conclusion: NHS England does not commission any enhanced services within Reading. Based on the information available at the time of developing this PNA, no current gaps in the provision of advanced and enhanced services have been identified.

5. Opportunities for improvements and/or better access to pharmaceutical services

A statement of services which would secure improvements or better access to pharmaceutical services, or services of a specific type, if they were provided within or outside the HWB area.

Conclusion: Based on the information available at the time of developing this PNA, there is opportunity to improve access to essential services for residents living in Mapledurham, Thames, Whitley and Peppard wards. However, these residents are able to access pharmaceutical services within a 20 minute drivetime, which meets one of the key NHS standards for accessibility.

As part of the essential pharmacy offer, pharmacies are required to deliver up to six public health campaigns a year to promote healthy lifestyles. These are selected by NHS England. There is scope to gain more impact from national public health campaigns by ensuring that these are delivered in a coordinated way through community pharmacies. Local campaigns could also be delivered through pharmacies. These could be agreed and co-ordinated locally, in line with Reading's HWB priorities.

Locally commissioned services and Healthy Living Pharmacies are not included in the assessment of current or future need for pharmaceutical services. However, these both provide an opportunity to secure improvements and increase access to services, such as sexual health, healthy lifestyle advice and brief and very brief lifestyle interventions.

Delivery services are out of scope of the PNA and are not commissioned by NHS England. However, Reading's community pharmacies can choose to provide this service privately.

6. Impact of other services

A statement of any NHS services provided or arranged by the HWB, NHS Commissioning Board, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect the need for pharmaceutical services or which affect whether further provision would secure improvements or better access to pharmaceutical services.

Conclusion: Based on the information available at the time of developing this PNA, no NHS services have been identified which would affect the need for or impact on the need to secure improvements or better access to pharmaceutical services either now or in specified future circumstances.

H: Conclusions

The sources used in this Pharmaceutical Needs Assessment have been included below, as well as other key documents that support the information provided. Hyperlinks to sources are provided where possible and are correct at 13th October 2017.

Alcohol Concern (2016); Alcohol Harm Map

British Medical Association (2013); Dispensary Services Quality Scheme

Cancer Research UK (2017); Understanding cancer statistics

Department of Health (2013a); Framework for Sexual Health Improvement in England

Department of Health (2013b); Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards

Department of Health (2013c); Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013

Department for Communities and Local Government (2015); English indices of deprivation 2015

Department for Education (2017); Schools, pupils and their characteristics: January 2017

Department for Transport (2017); Journey Time Statistics: Notes and Definitions

Diabetes UK (2016); Facts and Stats

General Pharmaceutical Council (2013); General Pharmaceutical Council Annual Report 2012/13)

Global Burden of Disease (2015); GBD Compare

NHS Choices (2017); Find pharmacy services near you

NHS Choices (2016); Electronic Prescription Service

NHS Digital (2017); Statistics on Drugs Misuse: England, 2017

NHS Digital (2016a); General Pharmaceutical Services in England: 2006/07 to 2015/16

NHS Digital (2016b); Quality and Outcomes Framework (QOF) 2015-16

NHS England (2017); Provision of Advanced Services in Berkshire Pharmacies

NHS England (2014); Five Year Forward View

NHS England (2013a); NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

NHS England (2013b); Urgent and Emergency Care Review, End of Phase 1 report

NOMIS (2017); Labour Market Profile – Reading

Office for National Statistics (2017); Population Estimates for UK, England and Wales, Scotland and Northern Ireland Mid-2016

Office for National Statistics (2016b); Subnational Population Projections for Local Authorities in England: Table 2

Office for National Statistics (2016c); Ward Level Mid-Year Population Estimates (Experimental Statistics) Mid-2015

Office for National Statistics (2016a); Deaths registered in England and Wales: 2015

Office for National Statistics (2013); Census 2011 data tables

Pharmaceutical Services Negotiating Committee, Pharmacy Voice and the Royal Pharmaceutical Society (2016); The Community Pharmacy Forward View

Public Health England (2017a); Children and Young People's Mental Health and Wellbeing Profile

Public Health England (2017b); Disease and risk factor prevalence Profile

Public Health England (2017c); Local Alcohol Profiles for England

Public Health England (2017d); Local Tobacco Control Profile

Public Health England (2017e); Mental Health and Wellbeing JSNA Profile

Public Health England (2017f); Pharmacy: a way forward for public health

Public Health England (2017g); Public Health Outcomes Framework Fingertips tool

Public Health England (2017h); Sexual and Reproductive Health Profiles

Public Health England (2016a); Cancer Services

Public Health England (2016b); Healthy Living Pharmacy: Introductory slides

Public Health England (2016c); Reading Hypertension Profile

Public Health England (2016d); Segment Tool

Public Health Education (2015a); Diabetes prevalence model estimates for local authorities

Public Health Education (2015b); Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV

Public Health England Local Health (2017); Local Health

Public Health England - Strategic Health Asset Planning and Evaluation (2017); SHAPE Atlas tool (restricted access)

Public Health Services for Berkshire (2017a); Newbury and District Clinical Commissioning Group Locality Profile

Public Health Services for Berkshire (2017a); North and West Reading Clinical Commissioning Group Locality Profile

Public Health Services for Berkshire (2017a); South Reading Clinical Commissioning Group Locality Profile

Reading Borough Council (2017a); Reading's Health and Wellbeing Strategy 2017 to 2020

Reading Borough Council (2017b); Reading Joint Strategic Needs Assessment

Reading Borough Council (2016); Annual Monitoring Report 2015-16

I: Glossary of terms and acronyms

AUR	Appliance Use Review
BME	Black Minority Ethnic
BMI	Body Mass Index
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
DAC	Dispensing Compliance Contractors
DCLG	Department of Communities and Local Government
DfE	Department for Education
DH	Department of Health
EIA	Equality Impact Assessment
ESP	Essential Small Pharmacy
EPS	Electronic Prescription Service
GBD	Global Burden of Disease
GP	General Practitioner
GPhC	General Pharmaceutical Council
HEE	Health Education England
HIV	Human Immunodeficiency Virus
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
IMD	Index of Multiple Deprivation
IUD	Intrauterine Device
IUS	Intrauterine System
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LARC	Long Acting Reversible Contraception
LCS	Locally Commissioned Service
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
LTC	Long Term Condition
MUR	Medicines Use Review
NCMP	National Child Measurement Programme
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NMS	New Medicine Service
NUMSAS	NHS Urgent Medicine Supply Advanced Service
ONS	Office for National Statistics
PCT	Primary Care Trust
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
POPPI	Projecting Older People Population Information
PSNC	Pharmaceutical Services Negotiating Committee
QOF	Quality and Outcomes Framework
SAC	Stoma Appliance Customisation
SALP	Site Allocations Local Plan
SHAPE	Strategic Health Asset Planning and Evaluation
SHMA	Strategic Housing Market Assessment
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Partnership
TIA	Transient Ischaemic Attack

J: Appendices and Maps

Appendices

A: Berkshire PNA Pharmacy Survey 2017

B: Berkshire PNA Public Survey 2017

C: Opening time for pharmacies in Reading

D: Equalities Screening Record for Pharmaceutical Needs Assessment

E: PNA Consultation process and feedback report

F: Berkshire PNA Formal Consultation Survey 2017

Maps

Map 1: Pharmaceutical Services in Reading

Map 2: Reading pharmacies and Index of Multiple Deprivation by LSOA (2015)

Map 3: Reading pharmacies and population density by ward (2017)

Map 4: Reading pharmacies and weekend opening

Map 5: Reading pharmacies and evening opening

Map 6: Residents of Reading who can access a pharmacy within a 5 and 10 minute drive time

Map 7: Residents of Reading who can access a pharmacy within a 15 minute walk

Map 8: Pharmacies inside and within 1.6km (1 mile) of Reading border

Appendix A: Berkshire Pharmacy PNA Survey

PharmOutcomes® Delivering Evidence

Home Services Assessments Reports Claims Admin Help

Service Design

- Browse Service Library
- View service accreditations
- Edit Service Design
- Preview Claim for this service
- View/Edit Claim Amounts

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

Pharmacy Questionnaire-PNA
Please complete this questionnaire ONCE only to report the facilities and services offered by your pharmacy.

In the event of any query arising regarding this questionnaire please contact Insert name of local contact here for advise on local arrangements regarding the PNA process

For technical support on the use of this data capture set please contact Pinnacle Support via the "Help" tab

PNA Questionnaire 2017 (Preview)

Date of completion: 14-Aug-2017

Trading Name:

Post Code:

Is this a Distance Selling Pharmacy? ○ Yes ○ No
(i.e. It cannot provide Essential Services to persons present at the pharmacy)

Pharmacy email address:
If no email write no email

Pharmacy telephone:

Pharmacy fax:

Pharmacy website address:
If no website write no website

Can we store the above information and use this to contact you?

Consent to store ○ Yes ○ No

Is this pharrmacy open:

Core hours of opening

Please complete your core hours of opening.
Enter closed if closed

Monday Open		Monday Close	
		Monday Lunchtime (from - to)	
Tuesday Open		Tuesday Close	
		Tuesday Lunchtime (from - to)	
Wednesday Open		Wednesday Close	
		Wednesday Lunchtime (from - to)	
Thursday Open		Thursday Close	
		Thursday Lunchtime (from - to)	
Friday Open		Friday Close	
		Friday Lunchtime (from - to)	
Saturday Open		Saturday Close	

Saturday Lunchtime (from - to)

Sunday Open | Sunday Close | Sunday Lunchtime (from - to)

Total hours of opening (Core + Supplementary)

Please complete your total hours of opening

Monday Open | Monday Close | Monday Lunchtime (from - to)

Tuesday Open | Tuesday Close | Tuesday Lunchtime (from - to)

Wednesday Open | Wednesday Close | Wednesday Lunchtime (from - to)

Thursday Open | Thursday Close | Thursday Lunchtime (from - to)

Friday Open | Friday Close | Friday Lunchtime (from - to)

Saturday Open | Saturday Close | Saturday Lunchtime (from - to)

Sunday Open | Sunday Close | Sunday Lunchtime (from - to)

Consultation Facilities

Consultation areas should meet the standard set out in the contractual framework to offer advanced services

Is there a consultation area?

- ○ Available (including wheelchair access) on the premises
- ○ Available (without wheelchair access) on premises
- ○ Planned within next 12 months
- ○ No consultation room available
- ○ Other

If Other please specify

Where there is a consultation area

Is this enclosed? ○ Yes ○ No ○ N/A
N/A if no consultation room

Off-site arrangements

- ○ Off-site consultation room approved by NHS
- ○ Willing to undertake consultations in patients home/ other suitable site
- ○ None apply
- ○ Other [ ]

If Other please specify

Hand washing and toilet facilities

What facilities are available to patients during consultations?

Facilities available

- ☐ Handwashing in consultation area
- ☐ Hand washing facilities close to consultation area
- ☐ Have access to toilet facilities
- ☐ None

Tick all that apply

Information Technology

Is the pharmacy EPS* R2 enabled?

- ○ Yes, EPS R2 enabled
- ○ Planning to become EPS R2 enabled in the next 12 months
- ○ No current plans to provide EPS R2

EPS R2: Electronic Prescription Service Release 2

Information is often distributed to pharmacies as email attachments or via websites. Please indicate whether you are able to use the following common file formats in your pharmacy:

File format types

- ☐ Microsoft word
- ☐ Microsoft Excel
- ☐ Microsoft Access
- ☐ PDF
- ☐ Unable to open or view any file formats

Please tick all that apply

Essential Services (appliances)

In this section, please give details of the essential services your pharmacy provides.

Does the pharmacy dispense appliances?

- ○ Yes - All types, or
- ○ Yes, excluding stoma appliances, or
- ○ Yes, excluding incontinence appliances, or
- ○ Yes, excluding stoma and incontinence appliances, or
- ○ Yes, just dressings, or
- ○ None
- ○ Other [ ]

If Other please specify

Advanced Services

Please give details of the Advanced Services provided by your pharmacy.
Please tick the box that applies for each service.

Yes - Currently providing
Soon - Intending to begin within the next 12 months
No - Not intending to provide

☐ Yes ☐ Soon ☐ No

Medicines Use Review service

New Medicine Service ☐ Yes ☐ Soon ☐ No

Urgent Medicines Supply (NUMSAS) ☐ Yes ☐ Soon ☐ No

Appliance Use Review service ☐ Yes ☐ Soon ☐ No

Stoma Appliance Customisation service ☐ Yes ☐ Soon ☐ No

Commissioned Services

Use this section to record which Local services you currently deliver or would like to deliver at your pharmacy. These can be Enhanced Services, commissioned by the NHS England Area Team, Public Health Services commissioned by a Local Authority or CCG services.
Please tick the box that applies for each service.

CP - Currently Providing NHS funded service
WA - Willing and able to provide if commissioned
WT - Willing to provide if commissioned but would need training
WF - Willing to provide if commissioned but require facilities adjustment
PP - Currently providing private service
If you are not willing or able to provide please leave blank.

Anticoagulant Monitoring Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Anti-viral Distribution Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Care Home Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Chlamydia Treatment Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Contraception Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(not an EHC service)

Local Authority Commissioned Services
List services already commissioned in your locality here

Disease Specific Medicines Management Service:

Allergies ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Alzheimer's/dementia ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Asthma ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

CHD ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Depression ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Diabetes type I ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Diabetes type II ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Epilepsy ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Heart Failure ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hypertension ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Parkinson's disease ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other (please state - including funding source)

End of Disease specific Medicines Management Service options.

☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Area Team Services
List your Area Team commissioned services here

Emergency Hormonal Contraception Service

Gluten Free Food Supply Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP (i.e. not supply on FP10)

Home Delivery Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP (not appliances)

Independent Prescribing Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Therapeutic areas covered (if providing)

Language Access Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Note: This is not the NMS or MUR service.

Medication Review Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Medicines Assessment and Compliance Support Service:

Medicines Management Support Service: ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP i.e. the EL23 service (previously the Vulnerable Elderly / Adults Service)

DomMAR Carer's Charts ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

End of Medicines Assessment and Compliance Support options.

Minor Ailments Scheme ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

MUR Plus/Medicines Optimisation Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Therapeutic areas covered (if providing)

Needle and Syringe Exchange Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Obesity management (adults and children) ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

On Demand Availability of Specialist Drugs Service:

Directly Observed Therapy ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

If yes state which medicines

Out of hours services ○ CP ○ WA ○ WT ○ WF ○ PP

Palliative Care scheme ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

End of On Demand Availability of Specialist Drugs Service options

Patient group directions

Many Local Services involve the supply of a POM using a PGD. please list those provided by the pharmacy in the text box below but indicate who commissions the service by ticking the boxes below and annotating each service name with the key:

AT=Area Team

LA=Local Authority

CCG=Clinical Commissioning Group

Pr=Offers a Private Service

Patient Group Direction Service ☐ AT ☐ LA ☐ CCG ☐ Pr Not including EHC (see separate question)

Please list the names of the medicines available if providing PGD services

Medicines available

Phlebotomy Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Prescriber Support Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Schools Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Screening Service:

Alcohol ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Cholesterol ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Diabetes ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

H. pylori ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HbA1C ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hepatitis ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HIV ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other Screening (please state - including funding source)

End of screening service options

Seasonal Influenza Vaccination Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other vaccinations

Childhood vaccinations ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HPV ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hepatitis B ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(at risk workers or patients)

Travel vaccines ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other (please state - including funding source)

End of Other vaccinations options

Sharps Disposal Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Stop Smoking Service:

NRT Voucher Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Smoking Cessation Counselling Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

End of Stop Smoking Service options

Supervised Administration ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
Of methadone,buprenorphine etc.

End of Supervised Administration Service options

Supplementary prescribing ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Which therapy area

Vascular Risk Assessment Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
NHS Healthchecks

Healthy Living Pharmacy

Is this a Healthy Living Pharmacy

- ○ Yes
- ○ Currently working towards HLP status
- ○ No

If Yes, how many Healthy Living Champions do you currently have? ☐ Full Time Equivalents

Collection and Delivery services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries ○ Yes ○ No

Delivery of dispensed medicines - Free of charge on request ○ Yes ○ No

Delivery of dispensed medicines - Selected patient groups
List criteria

Delivery of dispensed medicines - Selected areas
List areas

Delivery of dispensed medicines - chargeable ○ Yes ○ No

Languages

One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following two questions:

What languages other than English are spoken in the pharmacy

What languages other than English are spoken by the community your pharmacy serves

Almost done

If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here:

Other

Please tell us who has completed this form in case we need to contact you.

Contact name

Contact telephone
For person completing the form, if different to pharmacy number given above

Appendix B: Berkshire PNA Public Survey 2017

The PNA Public Survey was available online. This provides a summary of the questions included in the survey.

1. Which Local Authority area do you live in?

Bracknell Forest…… ☐
Slough…… ☐
Reading…… ☐
Royal Borough of Windsor and Maidenhead…….. ☐
West Berkshire…… ☐
Wokingham……... ☐
Not Sure……. ☐

If you have said you are "Not Sure", which town do you live in?

2. Do you use?

Community Pharmacy…… ☐
A Dispensing Appliance Supplier (someone who supplies appliances such as incontinence and stoma products)…… ☐
An Internet Pharmacy (a service where medicines are ordered online and delivered by post)…… ☐

3. How often do you use a Pharmacy?

More than once a month…….. ☐
Once a month…… ☐
3-11 times a year…….. ☐
Less than 3 times a year……. ☐

4. How do you usually travel to your usual Pharmacy?

Walk…… ☐
Car (Passenger)…… ☐
Car (Driver)…… ☐
Taxi…….. ☐
Bus…….. ☐
Bicycle…… ☐

5. How long does it take you to travel to your Pharmacy?

Less than 15 mins…..…….. ☐
15-30 mins……. ☐
30-60 mins…….. ☐
Over an hour……. ☐

6. Which of the following services do you currently use at a Pharmacy?

Sunday Opening…… ☐
Late Night Opening (after 7pm)…….. ☐
Early Morning Opening (before 9am)…… ☐
Prescription Dispensing…… ☐
Buying over the counter medicines…… ☐
Buying travel medicines (e.g. anti-malarials)…… ☐
Medicines advice and reviews…… ☐
Delivery of medicines to my home……. ☐
Electronic Prescription Service (sends your prescriptions electronically to the pharmacy or dispenser of your choice) ☐
Long-term condition advice (e.g. help with your diabetes or asthma)…….. ☐
Respiratory services……. ☐
Emergency Hormonal Contraception (Morning-after pill).. ☐

Cancer treatment support services…… ☐
Substance misuse service…….. ☐
Alcohol support services……. ☐
Stop smoking service…….. ☐
Health tests (e.g. cholesterol, blood pressure)…….... ☐
Healthy weight advice……. ☐
Flu Vaccination……. ☐
Diabetes screening…….. ☐
Blood Pressure check/screening…… ☐

7. Which of the following chronic health conditions do you visit your pharmacy for?

Hypertension……..…… ☐
Ischaemic heart disease (Coronary heart disease) ……... ☐
Diabetes (Type 1 or 2) ……..... ☐
Chronic kidney disease……..... ☐
Stroke/Transient ischaemic attack (TIA) ..……..... ☐
Atrial Fibrillation..……..……..... ☐
Heart Failure..……..……..... ☐
Chronic Liver Disease ..……..……..……..... ☐
Chronic Obstructive Pulmonary Disease (COPD/Asthma) ☐
Cancer……..... ☐
Severe Mental Illness..……..……..... ☐
Depression..……..……..……..... ☐
Dementia..……..……..……..……..... ☐
Parkinson's Disease..……..……..... ☐
Osteoarthritis..……..……..……..……..... ☐
Epilepsy..……..……..……..……..... ☐
Rheumatoid Arthritis……..……..……..……..... ☐
Neurological Disorders (e.g. Multiple Sclerosis) ……. ☐
None……..... ☐

7b. [If chronic health condition is selected in Qu7] Which of the following services do you visit your pharmacy for because of your chronic health condition?

Prescription medicine…… ☐
Over the counter medicines…….. ☐
Advice about medicines for condition and interactions with other medicines…… ☐
Advice on managing symptoms of one or more chronic health conditions…… ☐

8. Which of the following services would you use at a Pharmacy if available?

Sunday Opening…… ☐
Late Night Opening (after 7pm)…….. ☐
Diabetes screening…….. ☐
Flu Vaccination……. ☐
Healthy weight advice……. ☐
Health tests (e.g. cholesterol, blood pressure)…….... ☐
Stop smoking service…….. ☐
Alcohol support services……. ☐
Substance misuse service…….. ☐
Cancer treatment support services……. ☐
Emergency Hormonal Contraception (Morning-after pill).. ☐
Respiratory services……. ☐
Long-term condition advice (e.g. help with your diabetes or asthma)…….. ☐
Early Morning Opening (before 9am)…… ☐
Prescription Dispensing…… ☐
Buying over the counter medicines…… ☐
Buying travel medicines (e.g. anti-malarials)…… ☐
Minor Ailment Scheme (access to certain subsidised over the counter medicines to avoid a GP visit)……..…… ☐

Electronic Prescription Service (sends your prescriptions electronically to the pharmacy or dispenser of your choice)…… ☐
Medicines advice and reviews…… ☐
Delivery of medicines to my home…….. ☐
Collection of prescription from my surgery..…… ☐
Blood Pressure check……..…… ☐
Antibiotic treatment for Chlamydia infection..…… ☐
Other……..…… ☐

9. Are you able to get to a Pharmacy of your choice?

☐ Yes
☐ No

10. Do you use one Pharmacy regularly?

☐ Yes
☐ No

11. What is the main location reason for using your regular Pharmacy? [choose one]

In the supermarket…… ☐
In town/shopping area…….. ☐
Near to my doctors…….. ☐
Near to home…… ☐
Near to work…….. ☐
Other…….. ☐

12. What are the reason for using your regular Pharmacy? [choose as many as apply]

They offer a delivery service…….. ☐
They offer a collection service…… ☐
The staff speak my first language…….. ☐
The staff are knowledgeable…….. ☐
The staff are friendly…… ☐
Other…….. ☐

13. How important are the following Pharmacy services?

Home delivery of your medication
☐ Very important ☐ Important ☐ Unimportant

Prescription collection from your surgery
☐ Very important ☐ Important ☐ Unimportant

The Pharmacy having a wide range of things I need
☐ Very important ☐ Important ☐ Unimportant

The Pharmacist taking time to listen/provide advice
☐ Very important ☐ Important ☐ Unimportant

Private areas to speak to the Pharmacist
☐ Very important ☐ Important ☐ Unimportant

Shorter waiting times
☐ Very important ☐ Important ☐ Unimportant

Knowledgeable staff
☐ Very important ☐ Important ☐ Unimportant

Location
☐ Very important ☐ Important ☐ Unimportant

Late opening times (after 7pm)
☐ Very important ☐ Important ☐ Unimportant

Information available in different languages
☐ Very important ☐ Important ☐ Unimportant

14. How satisfied were you with the following services at your regular Pharmacy?

The Pharmacy having the things I need
☐ Very important ☐ Important ☐ Unimportant

The Pharmacist taking time to talk to me
☐ Very important ☐ Important ☐ Unimportant

Private consultation areas
☐ Very important ☐ Important ☐ Unimportant

Waiting times
☐ Very important ☐ Important ☐ Unimportant

Staff attitude
☐ Very important ☐ Important ☐ Unimportant

Knowledgeable staff
☐ Very important ☐ Important ☐ Unimportant

Location
☐ Very important ☐ Important ☐ Unimportant

Personal Details

We value all people in Berkshire and want to make sure that everyone can access our services, that they provide for people's needs and that we continue to improve what we provide. Please complete these questions which will also help us to see if there are any differences between the views of different groups and needs within our community. All the information you give will be kept completely confidential, no individual will be identifiable. It will be used to inform the planning and improve the delivery of the council's services. All details are kept in strict confidence at all times in compliance with the Data Protection Act 1998. Please note that to provide this information is optional either completely or in part.

Are you?

☐ Male
☐ Female

☐ Under 18
☐ 18-34
☐ 35-49
☐ 50-64
☐ 65-79
☐ 80+

To which of these groups do you consider you belong?

White
☐ English/Welsh/Scottish/Northern Irish/British
☐ Irish
☐ Gypsy/Irish Traveller
☐ Show people/Circus
☐ Any other White background

Mixed
☐ White & Black Caribbean
☐ White & Black African
☐ White & Asian
☐ Any other mixed background

Asian or Asian British
☐ Indian
☐ Pakistani
☐ Nepali
☐ Bangladeshi
☐ Chinese
☐ Filipino
☐ Any other Asian background

Black or Black British
☐ African
☐ Caribbean
☐ Any other Black background

Arab/Other Ethnic group
☐ Arab
☐ Other Ethnic group

Do you consider yourself to have a health problem or disability which has lasted, or is expected to last, at least 12 months?
☐ Yes
☐ No

Are your day-to-day activities limited because of your health problem or disability?
☐ Yes
☐ No

How would you describe your religion/belief?
☐ None
☐ Christian (all Christian denominations)
☐ Buddhist
☐ Jewish
☐ Hindu
☐ Muslim
☐ Sikh
☐ Other

What is your marital status?
☐ Single
☐ Married
☐ Life-partner
☐ Civil Partnership
☐ Other
☐ Prefer not to say

How would you describe your sexual orientation?
☐Heterosexual/Straight
☐ Gay Man
☐ Lesbian/Gay Woman
☐ Bisexual
☐ Prefer not to say

Which of the following best describes your working situation?
☐ I work as a volunteer
☐ I am working part-time
☐ I am working full-time
☐ I am retired
☐ I am not working
☐ Prefer not to say

Appendix C: Opening times for pharmacies in Reading

Name, Ward	Address	Opening Hours		Core Hours	
Boots Pharmacy (Reading Station) Abbey	Unit 7, Brunel Arcade Reading Mainline Station Reading Berkshire RG1 1LT	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	07:00-20:00 07:00-20:00 07:00-20:00 07:00-20:00 07:00-20:00 07:00-19:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 10:00-14:00; 15:00-16:00
Boots Pharmacy (Broad Street) Abbey	47-48 Broad Street Reading Berkshire RG1 2AE	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:00-18:00 08:00-18:00 08:00-18:00 08:00-18:00 08:00-18:00 08:00-18:00 11:00-17:00	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 10:00-14:00; 15:00-16:00
Boots Pharmacy (The Oracle) Abbey	Unit 5 Upper Ground Level The Oracle Reading Berkshire RG1 2AH	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-20:00 09:00-20:00 09:00-20:00 09:00-20:00 09:00-20:00 09:00-19:00 11:00-17:00	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:30-14:00; 15:00-17:00 09:30-14:00; 15:00-17:00 09:30-14:00; 14:45-17:00 09:30-14:00; 14:45-17:00 09:30-14:00; 14:45-17:00 09:30-14:00; 14:45-17:00
Saood Pharmacy Abbey	104A Oxford Road Reading Berkshire RG1 7LL	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-19:00 09:00-13:00; 14:00-19:00 09:00-13:00; 14:00-19:00 09:00-13:00 09:00-13:00; 14:00-19:00 Closed Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-19:00 09:00-13:00; 14:00-19:00 09:00-13:00; 14:00-19:00 09:00-13:00 09:00-13:00; 14:00-19:00
Superdrug Pharmacy Abbey	55-59 Broad Street Reading Berkshire RG1 2AF	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:00-14:00; 14:30-18:00 08:00-14:00; 14:30-18:00 08:00-14:00; 14:30-18:00 08:00-14:00; 14:30-18:00 08:00-14:00; 14:30-18:00 09:00-13:30; 14:00-17:30 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 15:00-17:30 09:00-13:00; 15:00-17:30 09:00-13:00; 15:00-17:30 09:00-13:00; 15:00-17:30 09:00-13:00; 15:00-17:30 09:00-13:30; 14:30-17:30
Tesco Instore Pharmacy Abbey	Tesco Extra Napier Road Reading Berkshire RG1 8DF	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:00-22:30 06:30-22:30 06:30-22:30 06:30-22:30 06:30-22:30 06:30-22:00 10:00-16:00	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:00-22:30 06:30-22:30 06:30-22:30 06:30-22:30 06:30-22:30 06:30-22:00 10:00-16:00
Lloyds Pharmacy Battle	351-353 Oxford Road Reading Berkshire RG30 1AY	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-18:00 08:30-18:00 08:30-18:00 08:30-18:00 08:30-18:00 09:00-14:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-13:00; 14:00-17:30 08:30-13:00; 14:00-17:30 08:30-13:00; 14:00-17:30 08:30-13:00; 14:00-17:30 08:30-13:00; 14:00-17:30
Oxford Road Pharmacy Battle	270-274 Oxford Road Reading Berkshire RG30 1AD	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:00-22:00 08:00-22:00 08:00-22:00 08:00-22:00 08:00-23:59 08:00-23:59 08:00-20:00	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:00-22:00 08:00-22:00 08:00-22:00 08:00-22:00 08:00-23:59 08:00-23:59 08:00-20:00
Tesco Instore Pharmacy Battle	Tesco Extra Portman Road Reading Berkshire RG30 1AH	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:00-21:00 08:00-21:00 08:00-21:00 08:00-21:00 08:00-21:00 08:00-21:00 10:00-16:00	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-17:00 09:00-17:00 09:00-17:00 09:00-17:00 09:00-17:00
Boots Pharmacy Caversham	45 Church Street Caversham Reading Berkshire RG4 8BA	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-17:30 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-15:30

Name, Ward	Address	Opening Hours		Core Hours	
Day Lewis Rankin Pharmacy Caversham	30 Church Street Caversham Reading Berkshire RG4 8AU	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 13:30-18:00 09:00-13:00; 13:30-18:00 09:00-13:00; 13:30-18:00 09:00-13:00; 13:30-18:00 09:00-13:00; 13:30-18:00 09:00-13:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 13:30-17:30 09:00-13:00; 13:30-17:30 09:00-13:00; 13:30-17:30 09:00-13:00; 13:30-17:30 09:00-13:00; 13:30-17:30
Rowlands Pharmacy Caversham	59 Hemdean Road Caversham Reading Berkshire RG4 7SS	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-13:30; 13:50-18:30 08:30-13:30; 13:50-18:30 08:30-13:30; 13:50-18:30 08:30-13:30; 13:50-18:30 08:30-13:30; 13:50-18:30 08:15-11:45 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00
Lloyds Pharmacy Church	68 Christchurch Road Reading Berkshire RG2 7AZ	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-18:00 08:30-18:00 08:30-17:30 08:30-18:00 08:30-18:00 08:30-13:00; 14:00-17:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-17:30 09:00-13:00; 14:00-17:30 09:00-13:00; 14:00-17:30 09:00-13:00; 14:00-17:30 09:00-13:00; 14:00-17:30 10:00-12:30
Basingstoke Road Pharmacy Katesgrove	71 Basingstoke Road Reading Berkshire RG2 0ER	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-14:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00
Lloyds Pharmacy Katesgrove	Milman Road Health Centre Ground Floor Milman Road Reading Berkshire RG2 0AR	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-18:30 08:30-18:30 08:30-18:30 08:30-18:30 08:30-18:30 Closed Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-12:00; 14:00-18:30 08:30-12:00; 14:00-18:30 08:30-12:00; 14:00-18:30 08:30-12:00; 14:00-18:30 08:30-12:00; 14:00-18:30
Manichem Online **DISTANCE SELLING ONLY** Katesgrove	47 Boulton Road Reading Berkshire RG2 0NH	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 Closed Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-17:00 09:00-17:00 09:00-17:00 09:00-17:00 09:00-17:00
Lloyds Pharmacy Kentwood	2A Tylers Place Pottery Road Reading Berkshire RG30 6BW	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-18:30 08:30-18:30 08:30-18:30 08:30-18:30 08:30-18:30 09:00-13:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-12:30; 15:00-18:30 08:30-12:30; 15:00-18:30 08:30-12:30; 15:00-18:30 08:30-12:30; 15:00-18:30 08:30-12:30; 15:00-18:30 09:00-10:30; 12:00-13:00
Newdays Pharmacy Minster	60 Wensley Road Coley Park Reading Berkshire RG1 6DJ	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-13:00; 14:00-17:30 08:30-13:00; 14:00-17:30 08:30-13:00; 14:00-17:30 08:30-13:00; 14:00-17:30 08:30-13:00; 14:00-17:30 09:00-13:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-13:00; 14:00-17:30 08:30-13:00; 14:00-17:30 08:30-13:00; 14:00-17:30 08:30-13:00; 14:00-17:30 08:30-13:00; 14:00-17:30
Boots Pharmacy Norcot	32 Meadway Precinct Tilehurst Reading Berkshire RG30 4AA	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-14:00; 15:00-17:30 09:00-14:00; 15:00-17:30 09:00-14:00; 15:00-17:30 09:00-14:00; 15:00-17:30 09:00-14:00; 15:00-17:30 09:00-14:00; 15:00-17:30 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 09:30-14:00; 15:00-17:30 10:00-14:00; 15:00-16:00
Grovelands Pharmacy Norcot	2 Grovelands Road Reading Berkshire RG30 2NY	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-18:30 09:00-18:30 09:00-18:30 09:00-18:30 09:00-18:30 09:00-13:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00

Name, Ward	Address	Opening Hours		Core Hours	
Lloyds Pharmacy Park	195 London Road Reading Berkshire RG1 3NX	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-19:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-19:00 09:00-13:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00
Lloyds Pharmacy Park	105 Wokingham Road Reading Berkshire RG6 1LN	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-13:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-17:30 09:00-13:00; 14:00-17:30 09:00-13:00; 14:00-17:30 09:00-13:00; 14:00-17:30 09:00-13:00; 14:00-17:30 09:30-12:00
Lloyds Pharmacy Peppard	5 Cavendish Road Caversham Park Reading Berkshire RG4 8XW	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-18:30 08:30-18:30 08:30-18:30 08:30-18:30 08:30-18:30 09:00-17:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-12:30; 15:30-18:30 08:30-12:30; 15:30-18:30 08:30-12:30; 15:30-18:30 08:30-12:30; 15:30-18:30 08:30-12:30; 15:30-18:30 09:00-12:00; 15:00-17:00
Erleigh Road Pharmacy Redlands	85-87 Erleigh Road Reading Berkshire RG1 5NN	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-17:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00
Asda Stores Ltd Southcote	Honey End Lane Reading Berkshire RG30 4EL	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:00-23:00 07:00-23:00 07:00-23:00 07:00-23:00 07:00-23:00 07:00-22:00 10:00-16:00	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:00-23:00 07:00-23:00 07:00-23:00 07:00-23:00 07:00-23:00 07:00-22:00 10:00-16:00
Southcote Pharmacy Ltd Southcote	36 Coronation Square Reading Berkshire RG30 3QN	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-13:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-17:30 09:00-13:00; 14:00-17:30 09:00-13:00; 14:00-17:30 09:00-13:00; 14:00-17:30 09:00-13:00; 14:00-17:00 09:00-12:00
Markand Pharmacy Thames	122 Henley Road Caversham Nr Reading Berkshire RG4 6DH	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 Closed Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00
Tilehurst Pharmacy Tilehurst	7 School Road Tilehurst Reading Berkshire RG31 5AR	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00 09:00-13:00; 14:00-18:00
Triangle Pharmacy Tilehurst	88-90 School Road Tilehurst Reading Berkshire RG31 5AW	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-17:30 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	09:00-13:00; 14:00-17:00 09:00-13:00; 14:00-17:00 09:00-13:00; 14:00-17:00 09:00-13:00; 14:00-17:00 09:00-13:00; 14:00-17:00 09:00-13:00; 13:30-14:30
Lloyds Pharmacy Whitley	277 Basingstoke Road Reading Berkshire RG2 0JA	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-18:30 08:30-18:30 08:30-18:30 08:30-18:30 08:30-18:30 09:00-14:00 Closed	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	08:30-12:00; 14:30-18:30 08:30-12:00; 14:30-18:30 08:30-12:00; 14:30-18:30 08:30-12:00; 14:30-18:30 08:30-12:00; 14:30-18:30 09:00-10:30; 12:00-13:00

Name, Ward	Address	Opening Hours		Core Hours	
Whitley Wood Pharmacy Whitley	534 Northumberland Avenue Reading Berkshire RG2 8NY	Monday	09:00-18:00	Monday	09:00-13:00; 14:00-18:00
		Tuesday	09:00-18:00	Tuesday	09:00-13:00; 14:00-18:00
		Wednesday	09:00-18:00	Wednesday	09:00-13:00; 14:00-18:00
		Thursday	09:00-18:00	Thursday	09:00-13:00; 14:00-18:00
		Friday	09:00-18:00	Friday	09:00-13:00; 14:00-18:00
		Saturday	09:00-17:30	Saturday	
		Sunday	Closed	Sunday	

Correct at: 30th October 2017

Equalities Screening Record Form for Reading Pharmaceutical Needs Assessment

Date of Screening: December 2017	Directorate: Adult Social Care, Health and Housing	Section: Public Health Services for Berkshire
1. Activity to be assessed	The Pharmaceutical Needs Assessment (PNA) is an assessment of access to and need for pharmaceutical services. It is not a policy or service development, but aims to inform such. From the 1st April 2013 every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to keep an up to date statement of the PNA. The first Reading PNA was published in April 2015 and lasted for three years. The 2018 refresh provides an updated assessment of the pharmaceutical needs of residents and will last until 2021. This Equalities Screening Record Form assesses the process used to develop and publish the latest PNA for Reading, as well as the impact that the conclusions of the PNA may have on people with protected characteristics. The PNA process involves data collection and analysis, including demographic data, data on service provision (including type of service, opening hours, and access) and surveys of the public and pharmacy staff. Following this analysis, a holistic assessment of the pharmaceutical needs of the population is undertaken by the PNA Steering Group and conclusions are stated in the draft PNA report. The draft report is then open for a formal consultation period of 60 days, to ensure that residents, health practitioners, health organisations and other key stakeholders have the opportunity to make comments about the report. After the consultation period, all the comments received are reviewed and the report is amended accordingly. Finally, the PNA report is formally agreed by the Health & Wellbeing Board.	
2. What is the activity?	☐ Policy/strategy ☒ Function/procedure ☐ Project ☐ Review ☐ Service ☐ Organisational change	
3. Is it a new or existing activity?	☒ New ☐ Existing	
4. Officer responsible for the screening	Jo Jefferies	
5. Who are the members of the screening team?	Jo Jefferies and Becky Taylor	
6. What is the purpose of the activity?	A PNA is the statement of the needs of pharmaceutical services of a population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. This PNA describes the pharmaceutical needs of the population of Reading. It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises or applications from current pharmaceutical providers to change their existing regulatory requirements. It will inform interested parties of the pharmaceutical needs in Reading and enable work to plan, develop and deliver pharmaceutical services for the population. It can also inform commissioning of additional services from pharmacies by NHS England, Clinical Commissioning Groups (CCGs) and the local authority.	

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

7. Who is the activity designed to benefit/target?	All residents			
Protected Characteristics	**Please tick yes or no**		**Is there an impact?** What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.	**What evidence do you have to support this?** E.g. equality monitoring data, consultation results, customer satisfaction information etc. Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data
8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.	**Y**		There are both positive and negative impacts of the PNA process and for the conclusions in relation to disability.	The PNA process included a public survey and a later consultation period, both of which were administered through an online portal. For residents with physical disabilities this may have impacted positively by increasing access. For residents with sight impairment, the portal used is compatible with software that enables the survey to be read aloud, which may also improve access for some of this group. For residents with Mental Health problems, Learning Disabilities or dementia this online method may have impacted negatively. However, other survey and consultation methods, such as paper-based or face to face group consultation would have had a similar impact. In the public survey, respondents were asked if they had any disabilities and, if so, what type. This information was considered when reviewing the survey feedback for inclusion in the PNA report. Amendments to the draft PNA report were made in response to comments regarding disability and access to pharmacy services. When making conclusions about the need for pharmaceutical services, the demographics of the population including prevalence of mental health problems and dementia was taken into account. However, robust data on the prevalence of other disability characteristics was not available at a local level. Similarly, when making assessment of average travel times, journeys by car and walking were based on recognised measures developed by the Department of Transport. These times may not reflect the experience of someone with one or more disabilities.

9. Racial equality		**N**	Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their race.	No impact as a result of the PNA process. Race refers to a person's physical characteristics, while ethnicity refers to cultural factors, such as nationality, regional culture, ancestry and language. For this equality screening tool, we used information about a person's ethnicity as an indicator of race, as this information was more readily available to make an assessment of equality. Black and minority ethnic (BME) groups generally have worse health than the overall population, with some BME groups having far worse health outcomes than others. Evidence suggests that the poorer socioeconomic position of BME groups is the main factor driving ethnic health Inequalities. Language can also be a barrier to delivering effective advice on medicines, health promotion and public health interventions. In addition, some ethnic groups have a higher prevalence of specific long term conditions (for example: people from South Asian and Black communities are 2-4 times more likely to develop Type 2 diabetes than those from Caucasian backgrounds (Diabetes UK 2016, Facts and Stats)). Survey respondents need to be interpreted with caution because the sample size is small. However, it should be noted that the vast majority of respondents (90%) identified as White-British, compared to 65% in Reading's population overall. The PNA included information on the ethnicity of residents using data from the Office for National Statistics 2011 Census. This information was taken into account when making the assessment of need. Respondents were asked to state their ethnicity in the public survey. This information was considered when reviewing the survey feedback for inclusion in the PNA report. Five pharmacies in Reading are Healthy Living Pharmacies (HLPs) and 21 others are working towards this accreditation. HLPs aim to enable community pharmacies to meet local need, improve the health and wellbeing of the local population and help to reduce health inequalities, including inequalities due to race and ethnicity. The number and location of HLPs were taken into account in the PNA.

10. Gender equality		**N**	Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their gender.	Internet use is high for both men and women, so the online survey and consultation methodology is unlikely to have had a discriminatory impact on either male or female gender. An Office for National Statistics report (Internet Users in the UK: 2017), shows that 90% of men have recently used the internet, compared to 88% for women in all age groups. Generally, use of health services is more common for women and this is also the case for pharmacies. The National Pharmacy Association published a report in 2012, which stated that men visit a pharmacy four times a year on average, compared with an average of 18 for women. Gender distribution has been included in the demographic section of the PNA, and this has been taken into account when making conclusions. Five pharmacies in Reading are Healthy Living Pharmacies (HLPs) and 21 others are working towards this accreditation. HLPs aim to enable community pharmacies to meet local need, improve the health and wellbeing of the local population and help to reduce health inequalities, including inequalities due to race and ethnicity. The number and location of HLPs were taken into account in the PNA. Transgender people who do not pursue medical treatment may still have significant health needs. According to charity Rethink Mental Illness, LGBT+ individuals are more likely to suffer from mental health issues and substance abuse, which can make them regular visitors to a community pharmacy. Transgender people who undergo gender reassignment will require lifelong treatment, meaning pharmacy staff must have an understanding of their specific health and medication needs, as well as the more general requirements shared by all patients It is difficult to make an assessment of the impact of the PNA on people who identify as a gender other than male or female. Currently, data is only available for male and female at a local level. In the public survey, residents were able to identify as 'male', 'female', 'other' or indicate that they preferred not to say. All survey respondents identified as either male or female.

11. Sexual orientation equality		**N**	Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their sexual orientation.	Whilst we recognise that this is an important characteristic and can be a source of discrimination, no robust data is available on the distribution of sexual orientation in the local population. Survey respondents were asked to state their sexual orientation in the public survey and consultation. It is important to interpret the responses with caution due to the sample size being small. Less than 5 respondents to the public survey identified as not being heterosexual. According to charity Rethink Mental Illness, LGBT+ individuals are more likely to suffer from mental health issues and substance abuse, which can make them regular visitors to a community pharmacy. Although data is not robust, it is important that community pharmacy services do not impact adversely on individuals because of sexual orientation. No survey responses or consultation comments specifically mentioned sexual orientation.
12. Gender re-assignment		**N**	Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their gender re-assignment.	Whilst we recognise that this is an important characteristic and can be a source of discrimination, no robust data is available on gender re-assignment in the local population. Although survey respondents were not asked to state whether they were undergoing or had undergone gender reassignment in the public survey and consultation, no survey responses or consultation comments specifically mentioned this. People seeking gender reassignment may choose to undergo medical treatment, such as prescribed hormones in order to live as their chosen gender. Surgery may also be used as a way of expressing gender identity. It is difficult to make an assessment of the impact of the PNA on people who are undergoing or have undergone gender reassignment, however this group may have complex needs and pharmacy staff should be trained appropriately help them provide, sensitive high quality services to all residents, including those undergoing or have undergone gender reassignment.

13. Age equality	**Y**		There are both positive and negative impacts of the PNA process and for the conclusions in relation to age.	The online method of the public survey may have impacted on age groups differently. An Office for National Statistics report (Internet Users in the UK: 2017) indicates that almost all adults aged 16 to 34 had accessed the internet recently. Therefore, the online nature of the survey and consultation is unlikely to have had a negative impact on younger adults, including parents of young children. The usage of the internet for older age groups is increasing. Recent internet use in the 65 to 74 age group was estimated to be 78% in 2017, but usage in adults aged 75 and over was lower at 41%. The online method of the survey may therefore have discriminated against some older people who did not have access to the internet. However, the online method of the survey may have impacted positively on those older people who lack access to transport for example. 41% of respondents to the online public survey in Berkshire were aged 65 and over, compared to 12% in Reading's population overall. The PNA included information on the age of residents using data from the ONS mid-year population estimates. This information was taken into account when assessing the availability of pharmacy services, with particular attention being given to wards within Reading that had higher proportions of young children or older adults. The need for pharmacy services can differ across age groups, with young children and older adults likely to have higher levels of need than the rest of the population. The provision of delivery services across the local area was also included in the assessment, as many pharmacies provide these to people who are house-bound, elderly or infirm. Similarly, when making assessment of average travel times, journeys by car and walking were based on recognised measures. These times may not reflect the experience of all older people. However, Age UK's (2015) report on The Future of Transport in Ageing Society indicated that 68% of people aged 70 and over had access to a car. This was the main mode of transport used to access pharmacies in Reading, according to the responses received through the public survey.

14. Religion and belief equality		**N**	Neither the process nor conclusions of the PNA are likely to have an impact on an individual because of their religion or beliefs.	Survey respondents were asked to state their religion in the public survey. It is important to interpret the responses with caution due to the sample size being small. No survey responses or consultation comments specifically mentioned religion or belief. The General Pharmaceutical Council published new guidance in 2017 titled 'In Practice: Guidance on religion, personal values and beliefs', which help pharmaceutical professionals when their beliefs might impact on their willingness to provide certain services.
15. Pregnancy and maternity equality		N	Neither the process nor conclusions of the PNA are likely to have an impact on an individual because they are pregnant or a mother	National initiatives ensure services are responsive to meet the needs of pregnant women and mothers (and fathers). An example of this is the flu vaccine for pregnant women, which is included in the pharmacy contract. Although survey respondents were not asked to state whether they were pregnant or already had children in the public survey and consultation, no survey responses or consultation comments specifically mentioned pregnancy. The need for pharmacy services can differ across age groups, with young children and older adults likely to have higher levels of need than the rest of the population. When using the sum of information to make a holistic assessment of the pharmaceutical needs of Reading, the age and gender distribution of wards was taken into account including consideration of wards with a higher prevalence of women of child-bearing age.
16. Marriage and civil partnership equality		N	No	Survey respondents were asked to state their marital status in the public survey and consultation. It is important to interpret the responses with caution due to the sample size being small. No survey responses or consultation comments specifically mentioned marital status.
17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.	***Migrants and people who do not speak or understand English*** The public survey, consultation and report were all published and promoted in the English language. Migrants and others who may not have English as a first language may have been negatively impacted by this. ***Deprivation*** Deprivation may also mean less access to the internet and could therefore mean that residents in more deprived areas were negatively impacted by the online methodology of the PNA survey and consultation. Recent national or local data on internet access and socio-economic status is not available, however data from the 2014 Scottish			

	Household Survey showed that 31% of households in the 20% most deprived areas did not have access to the internet, compared to only 16% in the rest of Scotland. Areas of deprivation were considered when making the assessment and conclusions for the PNA, with special consideration given to areas where pharmacy access was less available. ***Carers*** Survey respondents were not asked to state whether they were carers in public survey or consultation and robust data on the number and distribution of carers within Reading was not included in the PNA. It is recognised that those caring for others may have higher levels of need for Pharmaceutical Services than some other population groups and therefore may be negatively impacted by the PNA conclusions if their needs have not been appropriately considered. Future PNAs should attempt to elicit and use this information. Locally Commissioned Services and Healthy Living Pharmacy services are outside the scope of the formal PNA conclusions; however these both have potential to have a positive impact on residents who have any of the protected characteristics. This is clearly stated on pg. 53 of the final report. Public Health campaigns form an element of essential pharmaceutical services. The conclusions of the PNA state that campaigns have the potential to positively impact on groups with the protected characteristics if targeted appropriately.		
18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?	The potential for some negative impacts of the PNA process and the conclusions have been identified. However due to lack of robust estimates of numbers and distribution of gender re-assignment, sexual orientation and gender other than male or female, the impact of these cannot be quantified.		
19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?	***Disability*** – 1,893 adults in Reading were recorded as having serious mental health problems in 2016 and 1,217 were recorded as having dementia (Public Health England 2017). Any impact of the PNA process or conclusions due to mental health problems and dementia could therefore impact on this number of people. Robust data on the prevalence of other disability characteristics was not available at a local level meaning numbers of people likely to be affected cannot be calculated. ***Age*** - Any impact of the PNA process or conclusions on people based on older age (those aged 65 and over) could affect around 19,654 people in Reading. Although some aspects of the PNA could impact negatively on some members of this group, impacts would not solely be due to age but rather due to other confounding factors that are more common among older people such as lack of mobility, reduced access to transport, higher prevalence of health conditions and lower levels of internet access.		
20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		N	We do not believe the impacts identified would constitute unlawful discrimination.
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?	More robust estimates on the number and distribution of residents undergoing or having completed gender reassignment and on sexual orientation together with more evidence on any specific needs that these residents may have in relation to pharmaceutical service would help to improve the impact of the PNA on these groups. Inclusion of ward level information on prevalence of new births would potentially improve understanding of the impact of the PNA conclusions on this group. Unfortunately 2016 data on new births was not available to the PNA authors at		

Appendix D: Equalities Screening Record for Pharmaceutical Needs Assessment

	the time of writing and therefore was not considered in the holistic assessment. In future years it is expected that this data will be available and should therefore be considered when assessing the impact of the PNA on the basis of pregnancy and maternity.		
22. On the basis of sections 7 – 17 above is a full impact assessment required? *Please explain your decision. If you are not proceeding to a full equality impact assessment make sure you have the evidence to justify this decision should you be challenged.*		N	The PNA is an assessment of need and not a service. The conclusions within the PNA are made to inform NHS England and other public sector commissioners of pharmacy services. Any commissioning of pharmacy services should consider the impact of changes to service provision or access to services on the protected groups and adhere to the Equality Act 2010.

23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data?

Action	Timescale	Person Responsible	Milestone/Success Criteria
PNA Public Survey included questions on age, gender, race/ethnicity, religion, sexual orientation and disability.	22/06/2017 – 15/09/2017	PNA Steering Group	
The PNA includes information on protected characteristics where available. Some of this information is shown as a ward level, such as age, gender and ethnicity. Aggregated data is shown at a local authority level for ethnicity, religion and belief and mental health prevalence. This information was considered by the PNA Steering group when making an assessment of the need for and access to Pharmaceutical Services in Reading.	By 31/03/2018	PNA Steering Group	

24. Which service, business or work plan will these actions be included in?	Public Health Services for Berkshire
25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?	Section C of the final Reading Pharmaceutical Needs Assessment (2018-2021) will be enhanced to ensure that the different prevalence and mortality rates for people with protected characteristics are clearly stated.
26. Chief Officers signature.	Signature: Jo Jefferies Date: Jan 2018

Please note: Section C of Reading's Pharmaceutical Needs Assessment (2018-2021) includes detailed information about the demographics of the local area and refers to groups with protected characteristics.

Consultation Report for Reading Pharmaceutical Needs Assessment (2018 to 2021)

Introduction

This report outlines the formal consultation that took place, as part of the development of Reading Borough's Pharmaceutical Needs Assessment (PNA) for 2018-2021. This process meets the statutory requirements set out in NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which state that Health and Wellbeing Boards must formally consult specific organisations and local stakeholders about any draft PNAs for a minimum of 60 days.

This report:

- details how the consultation of Reading Borough's draft PNA was undertaken
- summarises the responses received
- Identifies actions taken to amend the final PNA, as a result of the consultation responses.

Consultation Process

Reading Borough's draft PNA report and supporting appendices were made publically available on Reading Borough Council's website from 1st November 2017 to 31st December 2017. Details about how to request paper copies of the report were also included on the website page. People were encouraged to take part in the consultation by responding to a short online survey, which was hosted by Bracknell Forest Council's Objective software. In addition, respondents could also contact Public Health Services for Berkshire (Berkshire Shared Public Health Team) directly by email or phone to make any comments.

The online survey included 11 questions with the opportunity to provide further comments and suggestions. The full survey can be seen in Appendix F.

In line with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the following local organisations and key stakeholders were also specifically invited to respond to the consultation for Reading Borough:

- Neighbouring local authorities – Oxfordshire County Council, West Berkshire Council, Wokingham Borough Council
- Four Berkshire West Clinical Commissioning Groups (CCG) – Newbury & District CCG, North & West Reading CCG, South Reading CCG and Wokingham CCG
- The Local Pharmaceutical Committee (LPC) – Pharmacy Thames Valley
- The Local Medical Committee (LMC) – Berkshire, Buckinghamshire & Oxfordshire LMC
- Local pharmacy contractors and dispensing doctors
- Healthwatch Reading
- Local NHS Trusts – Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Frimley Health NHS Foundation Trust

Appendix E: PNA Consultation Process and Feedback Report

Responses to the consultation were collated and analysed by Public Health Services for Berkshire, on behalf of the Health and Wellbeing Board. All responses were considered, reviewed and the PNA was amended as appropriate. A summary of the consultation responses, specific comments and actions taken are included below.

Results

A total of 9 responses were received as part of the formal consultation for Reading Borough's PNA. 7 of these were via the online survey and an additional 2 by email. There were 3 responses from members of the public and a 1 from a member of Healthwatch. Organisation responses were also received from NHS England, the Local Pharmaceutical Committee and Berkshire West Clinical Commissioning Groups. It is important to note that the consultation for Reading Borough's PNA was undertaken at the same time as the other 5 PNAs across Berkshire, so some of the responses received from organisations referred to the provision of pharmaceutical services across more than one HWB area.

Online response summary

This section provides a summary of the responses received through the online survey. Participants in the survey were not required to complete every question, so these do not always equal the total number of respondents. The survey also provided the opportunity to write specific comments. These have been considered later on in the report, as the comments often referred to several questions or provided general feedback about the PNA report or pharmaceutical service provision within Reading Borough, (see Table of Specific Comments on page 4).

Question	Responses		
	Yes	No	Not sure
Did you take part in the August 2017 survey?	0	6	0

None of the respondents to the formal consultation had taken part in the earlier public survey, which was used to gain patient feedback to inform the development of the PNA.

Question		Responses		
		Yes	No	Not sure
1	Is the purpose of the PNA explained sufficiently within the draft PNA document (Section A)?	6	0	0
2	Does the document clearly set out the scope of the PNA (Section B)?	6	0	0
3	Does the document clearly set out the local context and the implications for the PNA (Section C)?	6	0	0
4	Does the information provide a reasonable description of the services which are provided by pharmacies and dispensaries in the local authority (Section D)?	5	0	0
5	Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?	0	5	1

Appendix E: PNA Consultation Process and Feedback Report

All respondents stated that they thought the purpose of the PNA was explained sufficiently in the draft report and that the scope, local context and implications for the PNA were clearly set out.

Question		Responses		
		Yes	No	Not sure
6	Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?	5	0	0
7	Please indicate below if you agree with the conclusions for the services described (Section G):			
	Current necessary provision of pharmaceutical services	5	0	0
	Current gaps in pharmaceutical services	5	0	0
	Future gaps in pharmaceutical services	4	1	0
	Current additional provision of pharmaceutical services	5	0	0
	Opportunities for improvements and/ or better access to pharmaceutical services	5	0	0
	Impact of other services which affect the need for pharmaceutical service	5	0	0
8	Is there any additional information which you think should be included in the PNA?	2	2	1

All respondents thought that the pharmaceutical needs of the population had been accurately reflected throughout the PNA. The majority (4-5) also stated that they agreed with the conclusions for the different services described in Section G of the PNA Report. The remaining respondent did not agree with all the conclusions. Comments were provided for those that did not agree with these reasons, such as the potential impact of changes to other NHS services on local pharmacy provision, pressure of future housing developments and queries around specific pharmacy services. These have all been addressed in the overall comments at the end of this report.

The LPC stated that they thought additional information should be included in the PNA around the types of services that the Health & Wellbeing Board would like to see commissioned from local pharmacies. These comments have also been addressed in the overall comments at the end of the report and incorporated into the final PNA.

Question		Responses		
		Yes	No	Not sure
9	Has the PNA provided adequate information to inform:			
	Market Entry Decisions *(NHS England only*)	(1)	1	(1)
	How you may commission services from pharmacies in the future *(All commissioners)*	(1)	(1)	(1)
10	Does the PNA give enough information to help your own future service provision and plans? *(Pharmacies and dispensing appliance contractors only)*	0	1	0

Questions 9 and 10 in the online survey focussed on whether the PNA had provided adequate information to inform the commissioning of services from pharmacies, as well as if it gives pharmacies enough information to help them plan their future service provision. These questions were only relevant to certain organisations; however numbers in brackets in the table above show where questions were answered by other respondents.

NHS England stated that the draft PNAs across the 6 Berkshire HWB areas did not all provide adequate information to inform market entry decisions or how pharmacies may be commissioned in the future, however no specific concerns were received for Reading Borough in response to Question 9.

Some amendments were suggested and those relevant to Reading Borough's PNA have been addressed in the overall comments at the end of the report and incorporated into the final PNA, where appropriate.

Specific comments received

A total of 7 free text comments were completed from the 5 survey respondents for Reading Borough's PNA. These have been summarised and grouped below, with the response and actions taken. For clarity, some comments have been separated where there were multiple topics addressed within each comment.

Summary of Comments	Relevant survey questions	Response and actions taken
Suggested revision to describe the Flu service commissioning more clearly	Q8	Final PNA was revised to clarify that the Flu service is commissioned annually.
A comment from a member of the public noting that the PNA does not consider the access needs of people with disabilities.	Q8	We were grateful to receive feedback from the public and agreed with the comment. We recognise that while the majority of people can access pharmaceutical services by driving or walking, a small but important number of residents who have disabilities may have increased access time. The measures used in the PNA were based on those developed by the Department for Transport and are used as an estimate only. An amendment has been made to the final PNA to make this clearer. Since the draft PNA, an equality impact assessment has been undertaken that acknowledges the potential additional needs of those with disabilities, this can be found in Appendix C.
A comment from the member of the public concerning difficulties with the provision of stoma appliance supplies and the suggestion that this could be incorporated into the NUMSAS service.	Q8	This suggestion was discussed with NHS England and the local CCGs. It was confirmed that NUMSAS would not be an appropriate way to deliver stoma appliances. The PNA was therefore not amended.

Summary of Comments	Relevant survey questions	Response and actions taken
Healthwatch commented that the PNA was comprehensive and thorough.	Q8	We were grateful to receive support for the conclusions of the PNA from the local Healthwatch.
A comment noted that the NUMSAS pilot had been extended to Sep-18.	Q8	The final PNA was amended to include this extension.
The LPC commented that they would benefit from an indication of what services the Health & Wellbeing Board would like to commission from pharmacies to guide future developments.	Q8, Q10	The HWB will work with the LPC to identify how community pharmacies can help support the Board to implement the HWB Strategy and local priorities. The HWB will also work with the LPC to identify local campaigns that could be delivered though pharmacies, where appropriate.
The LPC noted that Reading has a lower number of pharmacies per population than the national average, but that these served the population well and were likely to be able to cope with demands from population growth.	Q11	Support for the PNA's conclusions was welcomed.

Responses received by other methods

Presentations on the Pharmaceutical Needs Assessment were delivered to Reading's Older People's Working Group on 3rd November and Reading Carers Steering Group on the 18th December, as part of the consultation process. At both of these meetings, the offer to contact Reading Borough Council to request a paper copy of PNA and survey to complete the survey was made. No feedback was received via this route.

A joint response from the Berkshire West Clinical Commissioning Groups was also received by email.

Summary of Comments	Response and actions taken
Concerns raised about the effect of future housing developments in some specific areas of Berkshire. These did not include localities within Reading.	Agree that identified population growth in Reading should be within the capacity of the current pharmaceutical services and would not disproportionately affect one area. No changes to the PNA were required.

Appendix E: PNA Consultation Process and Feedback Report

Summary of Comments	Response and actions taken
Provided information about the potential changes in local health services, which could impact on pharmacy service provision. These include the national consultation on prescription of low value medicines.	The information provided has been included in section C2 and conclusion G6 of the final PNA Report. The PNA has been amended to recognise that some of these changes, and the possible impacts, are unknown and can therefore not be quantified in the PNA. It is also recognised that the timeframe for some changes is not yet clear. Generally, planned changes to NHS services in the lifetime of the PNA are not expected to create demand for additional pharmaceutical services in Reading.
Highlighted the Berkshire West CCGs Palliative Care dispensing scheme for emergency drugs.	This provision was added to section D1 of the final PNA to better reflect locally commissioned services.

An additional response was received by email from a healthcare professional who did not disclose their role in the local pharmaceutical services.

Summary of Comments	Response and actions taken
Query concerning the definition of evening opening of pharmacies, and therefore how accessibility was measured.	We were grateful to receive scrutiny of the PNA. The final PNA was amended to consistently define evening opening as being open after 7pm. The maps and accompanying calculations did not need to be amended.

Following the Equality Impact Assessment Screening, the PNA Steering Group also decided to add some additional information into Section C of the final PNA, which highlighted the different health outcomes observed by certain groups of people. While this had been included in the draft report, it was felt that the different prevalence and mortality rates for people of different protected characteristics needed to be more explicit in the final report. The full Equality Impact Assessment Screening report is attached at Appendix D.

Following the reading HWB Agenda Setting Meeting held on 8th February, additional comments were received from Healthwatch Reading. A summary of the comments and amendments made in response to these is shown below.

Summary of Comments	Response and actions taken
Page 19 of the draft states that the Public Consultation was 'supported by Healthwatch'. HR clarified that they promoted the survey through their newsletter to Reading public and online, and through Patient Voice groups.	Text on page 19 has been amended to clarify that the role of Healthwatch Reading was in disseminating the survey link and promoting to residents
HR commented that prior to developing the PNA, the PNA steering group had sought views of HR regarding public engagement and that HR had advised against an online-only approach.	We accept that using online methods to survey the public and to undertake the official consultation may have reduced accessibility for some people, this is noted in the EIA (Appendix D). This approach was chosen due to resource and staffing constraints and the time required to complete the PNA.

Appendix E: PNA Consultation Process and Feedback Report

Summary of Comments	Response and actions taken
It was suggested that it may be misleading to present findings from the total number of survey respondents, in the Reading draft JSNA as it stands, because most of these (140 of 184) are the views of people living in boroughs outside of Reading.	As explained on page 44 of the report, due to the small numbers of respondents it is not appropriate to present the results from 44 Reading residents separately from the rest of the survey findings.
We are also surprised that a summary of the Healthwatch Reading report on electronic prescribing is not included in the draft PNSA, given that it contains useful and recent (2017) public intelligence	We agree that this piece of work is a useful source of local intelligence demonstrating that electronic prescribing services (EPS) are important to local people, however as EPS is not a 'necessary' or 'relevant' pharmaceutical service as defined on page 3 of the report, there is no requirement for pharmacies to sign up to the service. Increased use of EPS could have an impact on the use of pharmacy services and for this reason a sentence describing the service with a link to the Healthwatch Reading report has been added to page 30
Is there evidence that community pharmacies are under-utilised and able to cope with population increases easily?	As described on page 42, Reading has three 'Hundred hour' pharmacies as well four other pharmacies that are open weekday evenings (after 7pm), three of these are open until at least 10pm. 27 pharmacies are open at least part of the day on Saturdays and three of these are open until at least 10pm. This level of provision is deemed to be sufficient for the level of planned development outlined in Residential developments since the 2015 PNA Section 2, page 29.
Should the PNA be explaining how pharmacy needs will be assessed during each stage of significant housing growth and how the public would get a chance to have their say about local pharmacy services or provision?	The 'Pharmaceutical needs assessments, Information Pack for local authority Health and Wellbeing Boards', Department of Health, 2013, states that *"HWBs will be required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes."* In practice this means that during the lifetime of the PNA, the HWB is required to assess the impact of additional development not already set out in the published report as well as any changes in pharmacy provision or other local services that could impact on the need for pharmaceutical services. We agree that this was not made clear in the draft report and have now added an explanation to Section 6 'Assessment Critiera', page 22

Summary of Comments	Response and actions taken
Also, on page 39 of the final draft, there is reference to there being one pharmacy less than identified in the previous PNA, but no explanation of why, how or what impact this has had – can more information be included.	This change is due to closure of a pharmacy on Oxford Road in Reading. Oxford road pharmacy (FGW06) and Lloyds pharmacy (FQP38) were next door to each other, both were operating between Jan 2012 and Dec 2014 when Lloyds closed. It is likely therefore that two pharmacies in this area was over provision for the needs of the population.
Is there any local information that can help give reassurance that current services have enough professionals to cope with demand, and that there are no major issues with recruitment or retirements as there is with the GP workforce?	No data regarding the job roles or numbers of whole time equivalent pharmacy staff was requested in the contractor survey therefore it is not possible to include this information in the PNA. We agree this is useful information and will consider requesting in any future PNAs.
The PNA conclusion about current gaps states there is a lack of pharmacies in walking distance in Whitley and other areas, but they are within driving distance. That makes the assumption that everyone in those areas who needs a pharmacy can drive there.	The conclusion is made on this basis as the 20 minutes drive time is a key indicator used by NSH England. This does not indicate an assumption that everyone can drive to their nearest pharmacy. Map 7 shows 15 minute walking times.
Elsewhere the report mentions that some pharmacies deliver for free, but they have varied criteria for this, so would living in one of those wards be a qualifying criteria?	Section 5 on page 53 states that delivery services are out of the scope of the PNA, however Reading's community pharmacies can choose to provide this service privately.
Why are the full results of the Berkshire public survey not included in the Appendix? (The results of the second phase of the consultation are included in another appendix). Why are the results of the pharmacy contractors survey not included in Appendix A	Requests to access anonymised datasets from both public and contractors' surveys will be considered.

Conclusion

The consultation process was effective in receiving scrutiny for the PNA from the healthcare workforce. We were pleased to also receive feedback from members of the public, and are confident that together with the stakeholders who replied the concerns of local residents were represented.

All comments were gratefully received and were used to improve the accuracy and quality of the PNA.

Appendix F: Berkshire PNA Formal Consultation Survey 2017

The PNA Formal Consultation Survey was available online. This provides a summary of the questions included in the survey.

In what capacity are you responding to this consultation?
Member of the public …… ☐
Member of a Health & Wellbeing Board…… ☐
Member of the health care workforce…….. ☐
Other……..……..……... ☐

If you have said "Other", please state your capacity

If you selected "Member of the healthcare workforce" please clarify from the list below

Member of a community Pharmacy team…… ☐
NHS England……..……..…… ☐
Local Pharmaceutical Committee…….. ☐
Local Medical Committee ……..…… ☐
Local Optical Committee ...……..……..…… ☐
Local Dental Committee…….. ☐
Health & Wellbeing Board……..…… ☐
CCG...……..……..…… ☐
GP or other member of a General Practice team …….. ☐
Other healthcare professional (please state)…….. ☐

Which local authority area do you live in?
(If you are responding as a healthcare professional or organisation, please select the local authorities you are responding about)

Bracknell Forest Council……..…… ☐
Reading Borough Council……...……..…… ☐
Slough Borough Council ……..…… ☐
Royal Borough of Windsor and Maidenhead……..…… ☐
West Berkshire Council.....……..……..…… ☐
Wokingham Borough Council…...…….. ☐

Did you take part in the August 2017 PNA survey?
Yes …… ☐
No ……..……..…… ☐

1. Is the purpose of the PNA explained sufficiently within the draft PNA document (Section A)?
Yes …… ☐
No ……..……..…… ☐
Not Sure ……..……..…… ☐

If you answered "No" or "Not sure" please explain why

2. Does the document clearly set out the scope of the PNA (Section B)?
Yes …… ☐
No ……..……..…… ☐
Not Sure ……..……..…… ☐

If you answered "No" or "Not sure" please explain why

3. Does the document clearly set out the local context and the implications for the PNA (Section C)?
Yes …… ☐
No ……..……..…… ☐
Not Sure ……..……..…… ☐

If you answered "No" or "Not sure" please explain why

4. Does the information provide a reasonable description of the services which are provided by pharmacies and dispensaries in the local authority (Section D)?

Yes …… ☐
No …… ☐
Not Sure …… ☐

If you answered "No" or "Not sure" please explain why

5. Are you aware of any pharmaceutical service currently provided which have not been included within the PNA?

Yes …… ☐
No …… ☐
Not Sure …… ☐

If you answered "Yes" or "Not sure" please explain why

6. Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?

Yes …… ☐
No …… ☐
Not Sure …… ☐

If you answered "No" or "Not sure" please explain why

7. Please indicate below if you agree with the conclusions for the services described (Section G)

	Yes	No	Not sure
Current necessary provision of pharmaceutical services	☐	☐	☐
Current gaps in pharmaceutical services	☐	☐	☐
Future gaps in pharmaceutical services	☐	☐	☐
Current additional provision of pharmaceutical services	☐	☐	☐
Opportunities for improvements and/or better access to pharmaceutical services	☐	☐	☐
Impact of other services which affect the need for pharmaceutical services	☐	☐	☐

If you answered "No" or "Not sure" to one or more of the above questions, please explain why

8. Is there any additional information which you think should be included in the PNA?

Yes …… ☐
No …… ☐
Not Sure …… ☐

If you answered "Yes" or "Not sure" please explain why

For professional stakeholders only (Q9)

9. Has the PNA provided adequate information to inform:

	Yes	No	Not sure
Market entry decisions *(NHS England only)*	☐	☐	☐
How you may commission services from pharmacies in the future *(All commissioners)*	☐	☐	☐

If you answered "No" or "Not sure" please explain why

If you have any further comments, please enter them in the box below

For pharmacies and dispensing appliance contractors only (Q10)

10. Does the PNA give enough information to help your own future service provision and plans?

Yes …… ☐
No ……..……..……☐
Not Sure ……..……..…… ☐

If you answered "No" or "Not sure" please explain why

Supplementary Statement to

Reading Borough's Health and Wellbeing Board

Pharmaceutical Needs Assessment (PNA)

Date Pharmaceutical Needs Assessment Published: April 2018

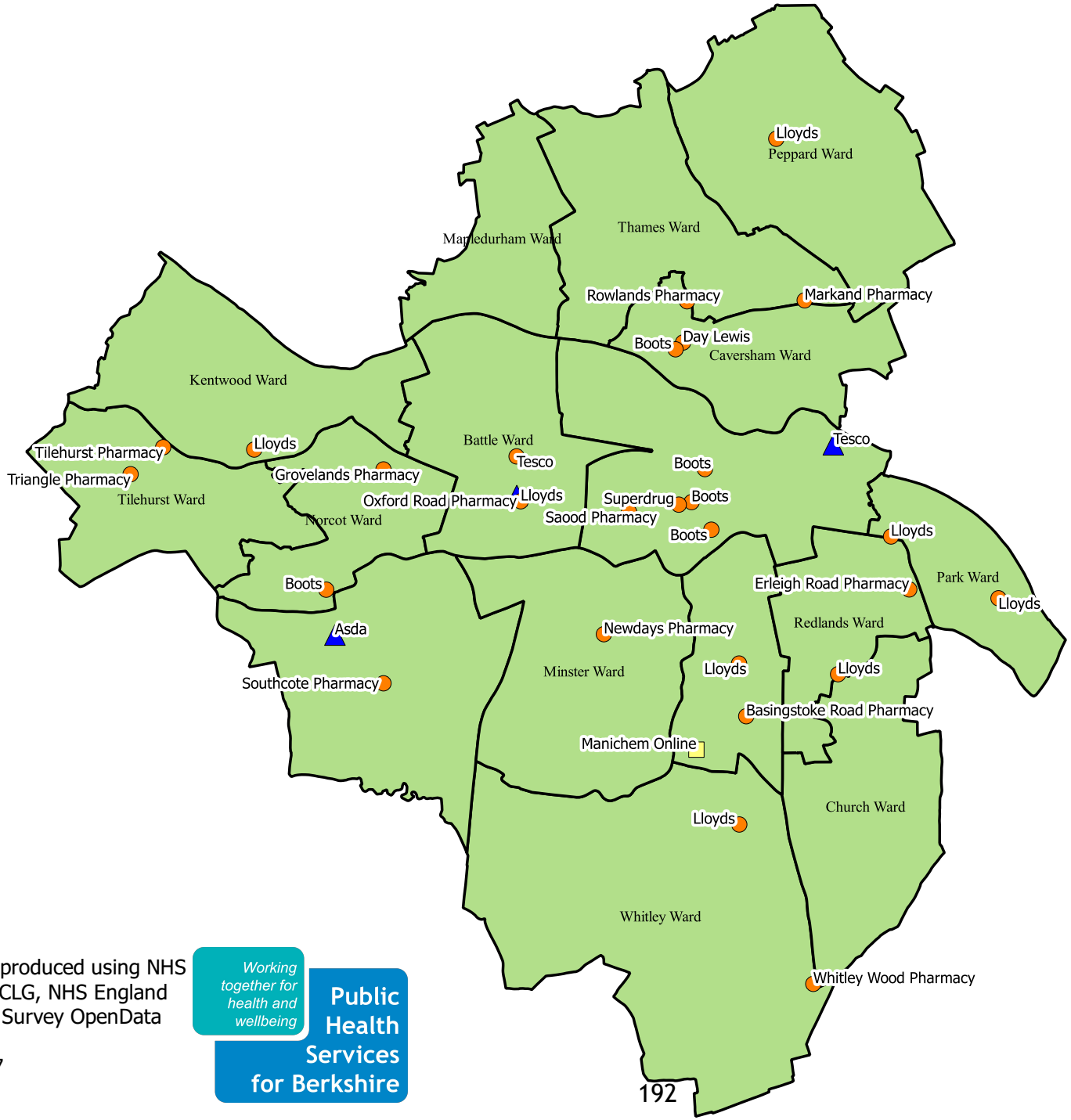
Date Supplementary Statement Issues: 01/04/2018

Changes made on: 01/02/2018

CHANGE TO OWNERSHIP

Previous Owner	Trading As/Address	New Owner	Trading As/Address	Opening Hours	Contact details
Lloyds Pharmacy Limited	**Lloyds Pharmacy 105 Wokingham Road, Reading, RG6 1LN**	**Manichem Limited**	**Wokingham Road Pharmacy, 105 Wokingham Road, Reading, RG6 1LN**	**Monday to Friday 9am to 6pm; Saturday 9am to 1pm; Sunday Closed.**	**Telephone/Fax:** 0118 926 2034 Email: Wokingham-road@manichem.co.uk
Lloyds Pharmacy Limited	**Lloyds Pharmacy, 351 – 353 Oxford Road, Reading, Berkshire, RG30 1AY**	**Manichem Limited**	**Western Elms Pharmacy, 351 – 353 Oxford Road, Reading, Berkshire, RG30 1AY**	**Monday to Friday* 830am to 530pm Saturday 9am to 2pm Sunday closed *Closed Weekdays between 1-2pm**	**Telephone/Fax: 0118 958 6502 Email: western-elms@manichem.co.uk**

Map 1: Pharmaceutical Services in Reading - (Oct 2017)



Legend

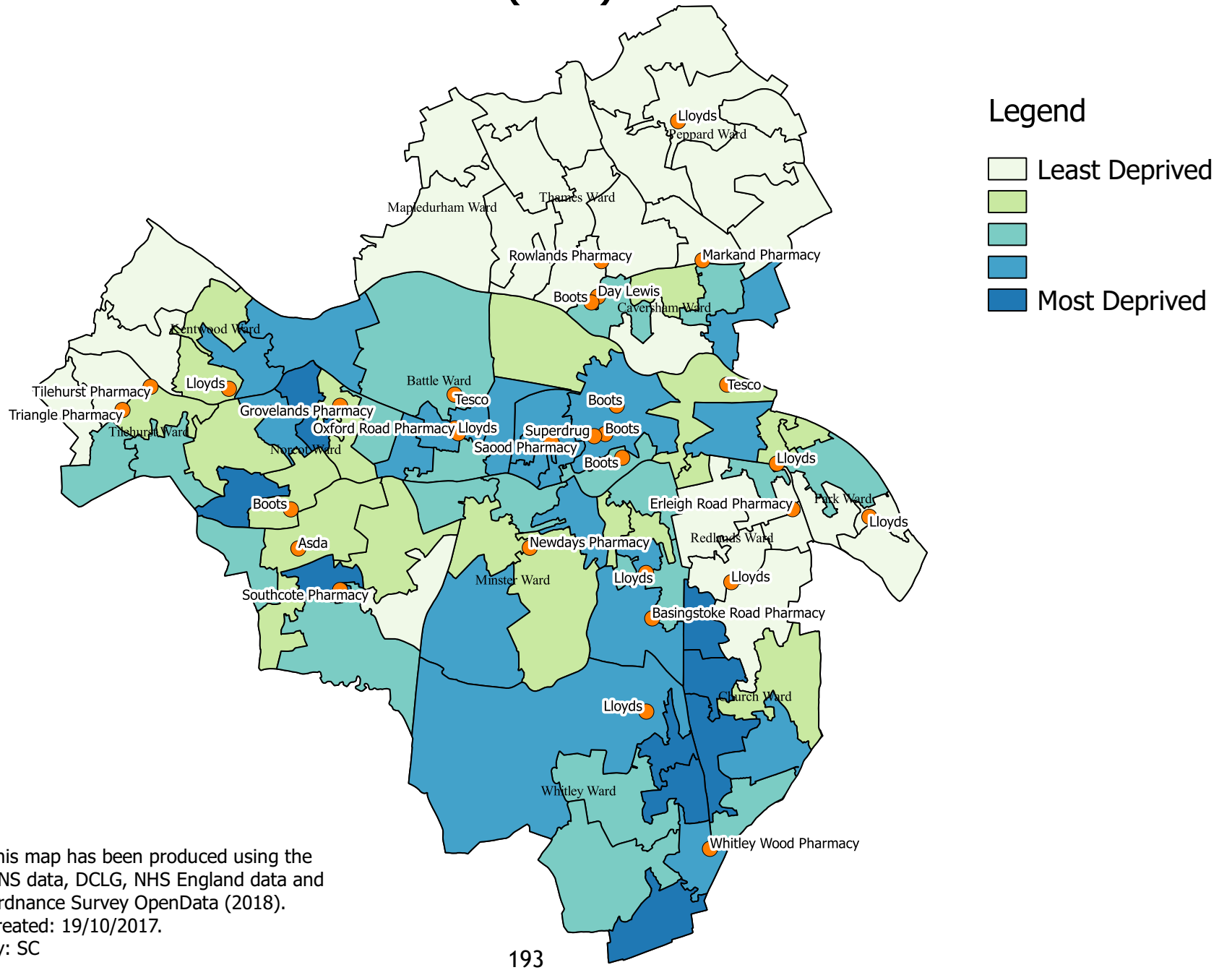
- Pharmacy
- 100 Hour Pharmacy
- Distance Selling Pharmacy

This map has been produced using NHS Digital ODS data, DCLG, NHS England data and Ordnance Survey OpenData (2017).
Created:14/10/2017
By:NW

Working together for health and wellbeing

Public Health Services for Berkshire

Map 2: Reading pharmacies and Index of Multiple Deprivation 2015 by Lower Super Output Area (2015)

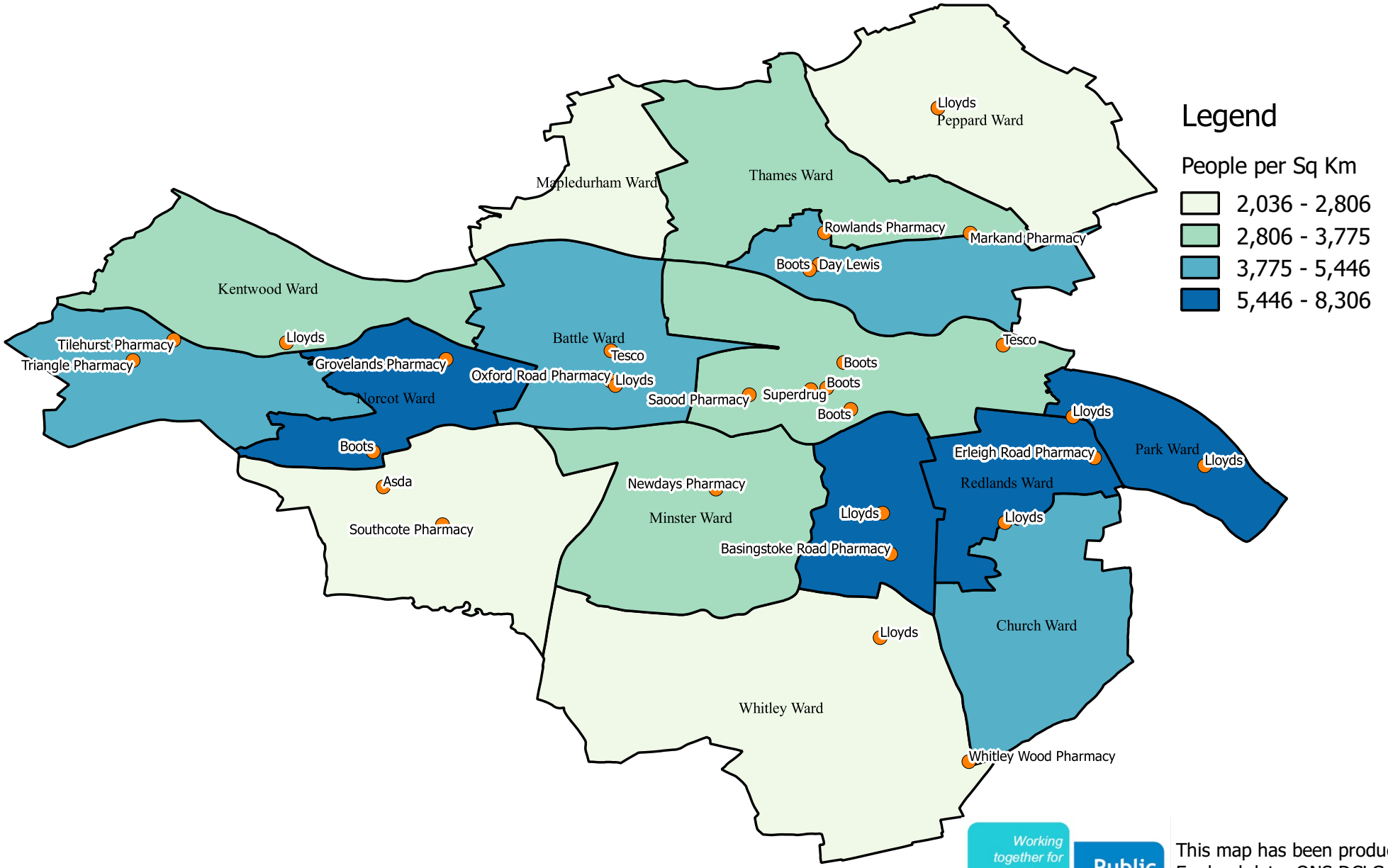


Working together for health and wellbeing

Public Health Services for Berkshire

This map has been produced using the ONS data, DCLG, NHS England data and Ordnance Survey OpenData (2018).
Created: 19/10/2017.
By: SC

Map 3: Reading pharmacies and population density at a ward level (2017)



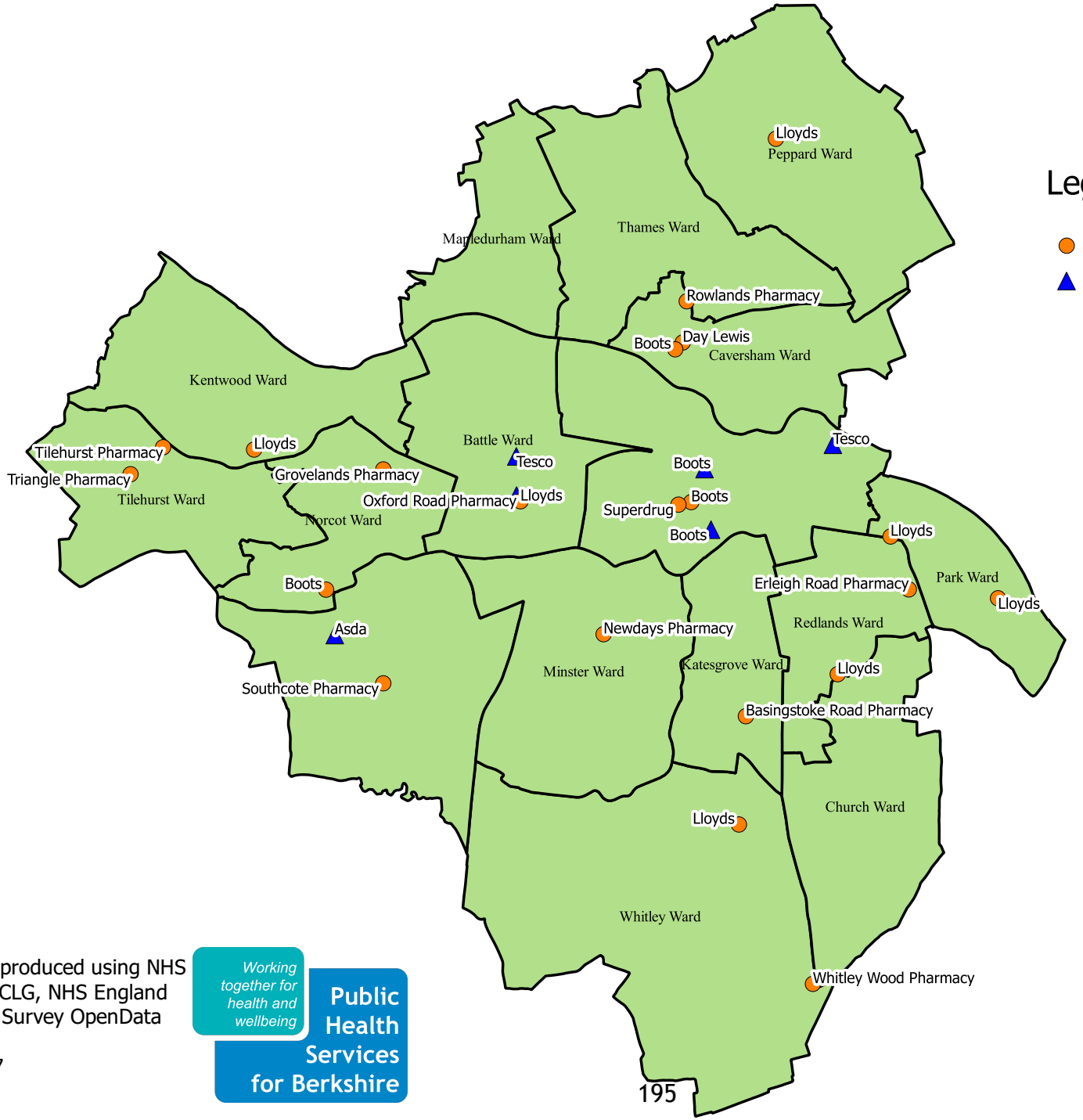
Population density is calculated as the population estimate of each ward divided by its land area in square kilometres.

Working together for health and wellbeing

Public Health Services for Berkshire

This map has been produced using NHS England data, ONS DCLG data and Ordnance Survey OpenData (2017).
Created:04/10/2017
By:NW/SC

Map 4: Reading Pharmacies and weekend opening - (Oct 2017)

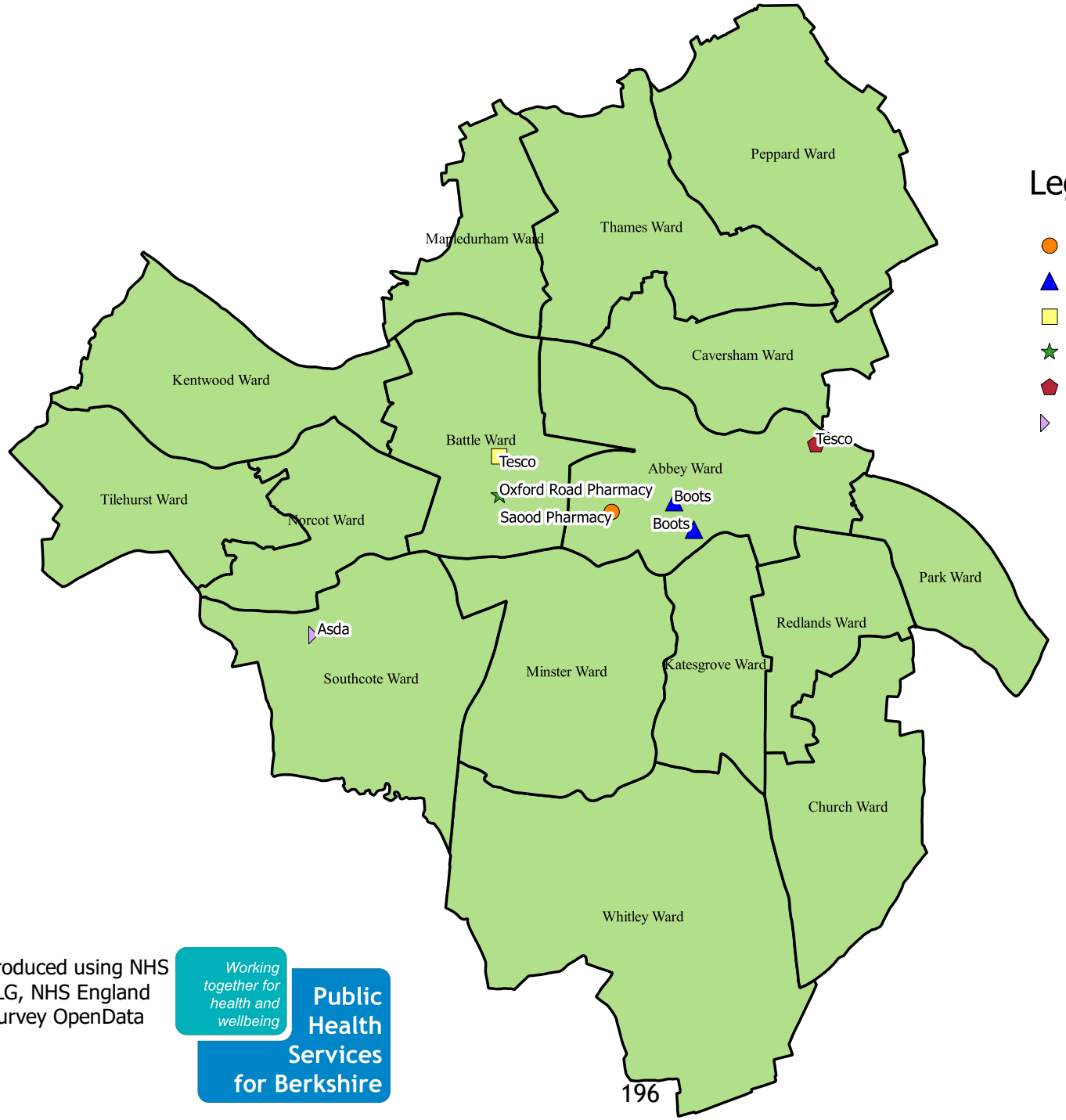


This map has been produced using NHS Digital ODS data, DCLG, NHS England data and Ordnance Survey OpenData (2017).
Created:14/10/2017
By:NW

Working together for health and wellbeing

Public Health Services for Berkshire

Map 5: Reading Pharmacies and evening opening - (Oct 2017)

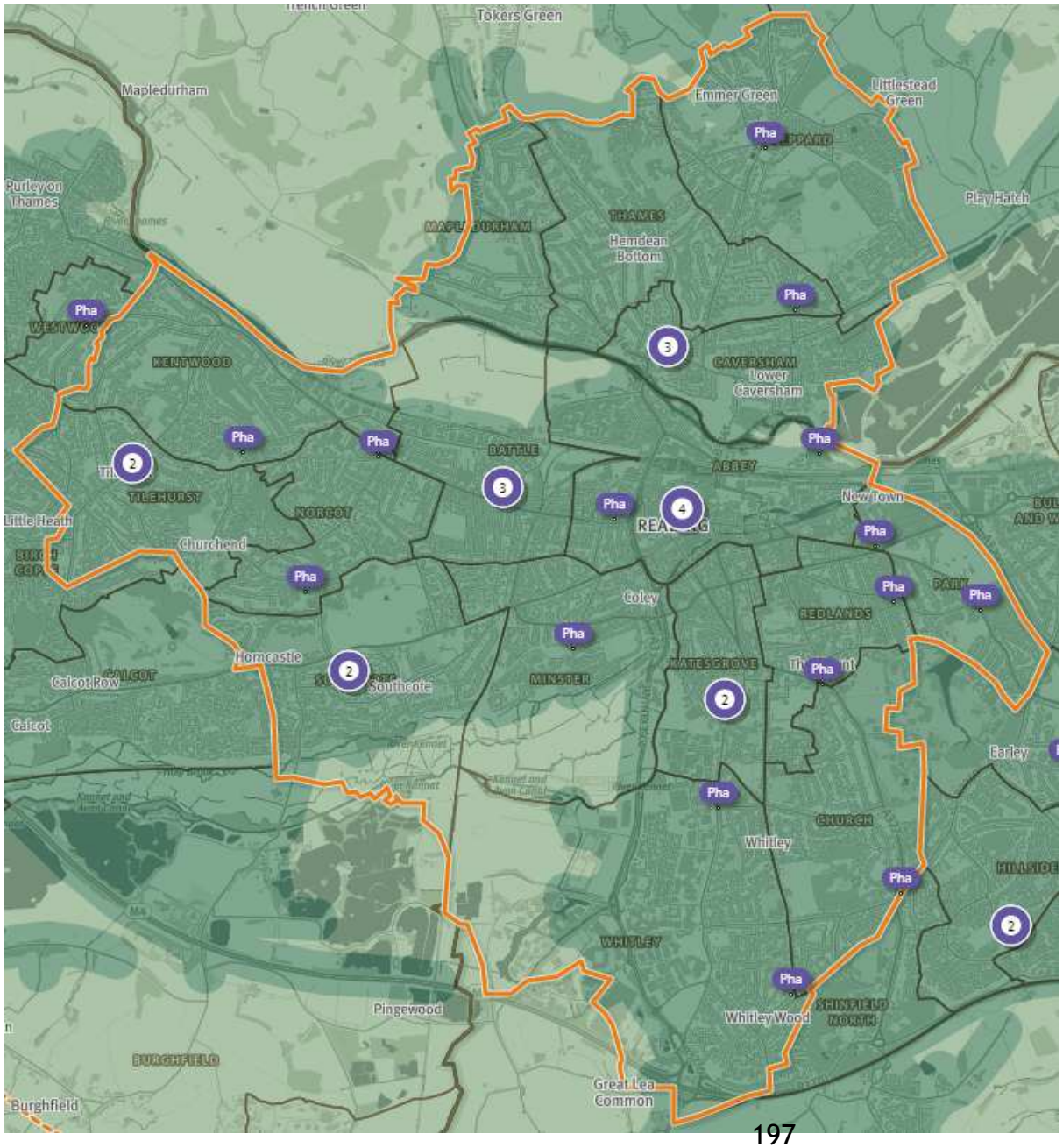


This map has been produced using NHS Digital ODS data, DCLG, NHS England data and Ordnance Survey OpenData (2017).
Created:14/10/2017
By:NW

Working together for health and wellbeing

Public Health Services for Berkshire

Map 6: Residents of Reading who can access a pharmacy within a 5 and 10 minute drive



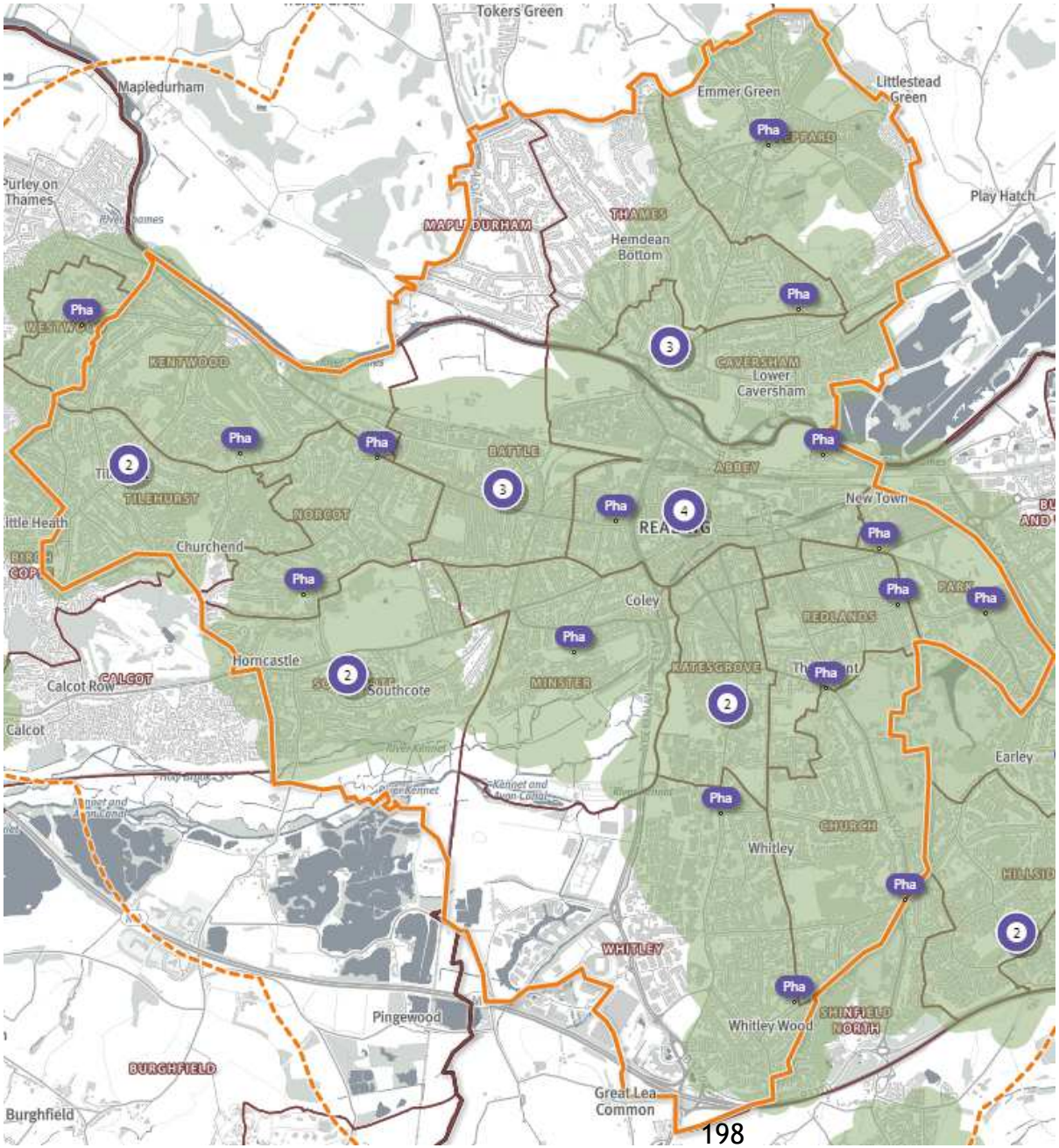
Legend:

- 5 minutes
- 10 minutes

Drive times are calculated based on non-rush hour traffic and the assumption that pharmacies are open. Please see Appendix C for pharmacy opening times.

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 16/10/17

Map 7: Residents of Reading who can access a pharmacy within a 15 minute walk



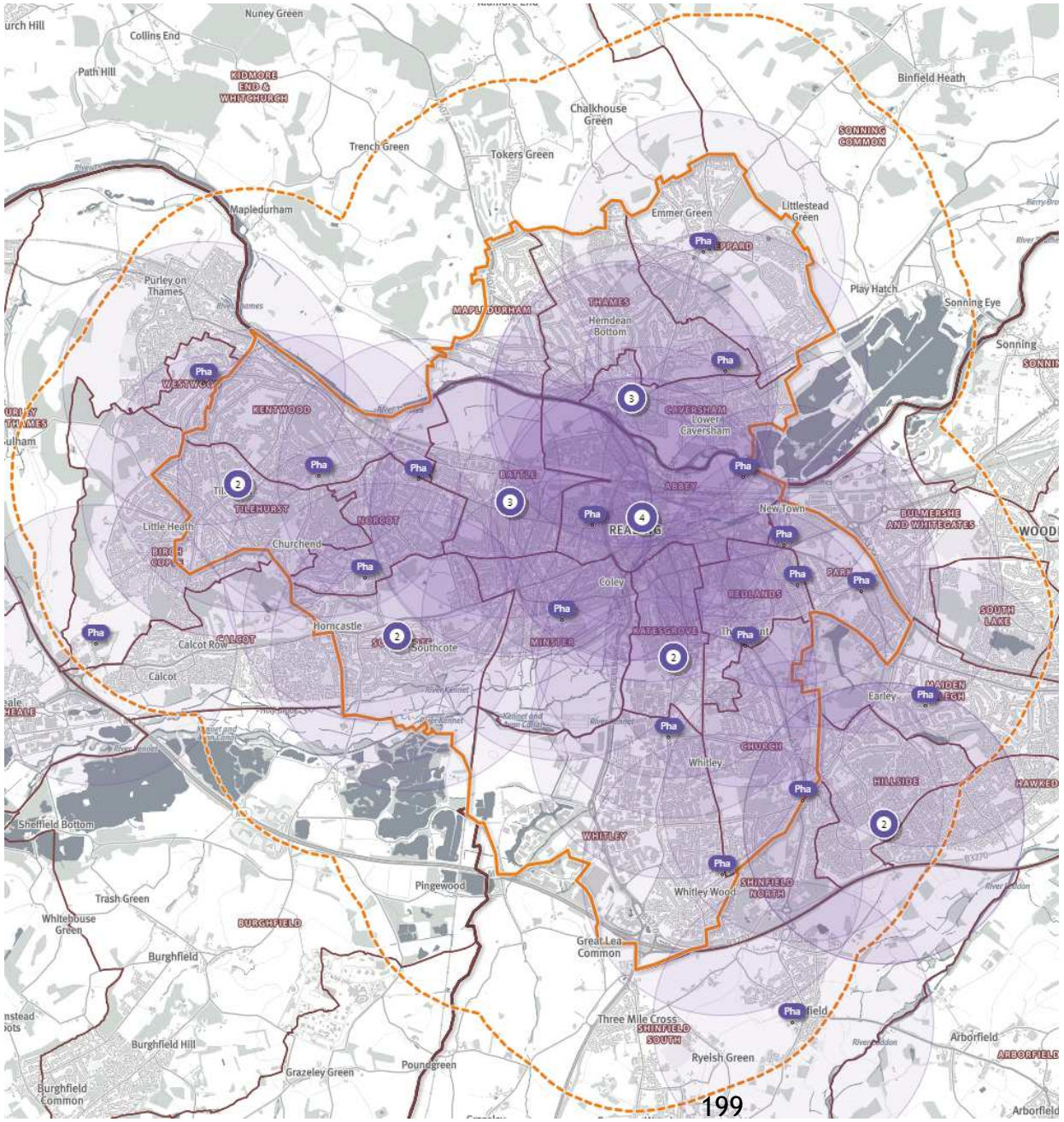
Legend:

15 minutes

Walking times are calculated based on the assumption that pharmacies are open. Please see Appendix C for pharmacy opening times.

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 16/10/17

Map 8: Pharmacies inside and within 1.6km (1 mile) of Reading border



Legend:

1.6km radius of a pharmacy

This map has been produced using The Strategic Health Asset Planning and Evaluation (SHAPE) application 2017
Created: 16/10/17

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**16 March 2018**	**AGENDA ITEM:**	**10**
REPORT TITLE:	**Health and Wellbeing Board – Changes to Membership**		
REPORT AUTHOR:	**Maura Noone**	**TEL:**	**0118 937 3613**
JOB TITLE:	**Interim Head of Adult Social Care**	**E-MAIL:**	**maura.noone@reading.gov.uk**
ORGANISATION:	**Reading Borough Council**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To agree the following changes to the membership and therefore terms of reference and powers and duties of the Reading Health & Wellbeing Board:

1) To amend the Clinical Commissioning Group (CCG) membership of the Health and Wellbeing Board to reflect the merger of the Berkshire West CCGs from 1 April 2018;
2) To co-opt a representative from Reading Voluntary Action as a non-voting additional member of the Health and Wellbeing Board.

1.2 The terms of reference and powers and duties and operational arrangements of the Board are set out at **Appendix A.** These have been updated in a number of places, where the changed text is shown *in italics and highlighted*. If the changes are agreed, the amended terms of reference and powers and duties as set out in the Appendix to Appendix A will need to be introduced at the Annual Council Meeting, on 23 May 2018.

2. RECOMMENDED ACTION:

2.1 That the following amendments to the terms of reference and powers and duties of the Health and Wellbeing Board be agreed:

a) That the CCG membership of the Reading Health and Wellbeing Board be amended to be two representatives from the Berkshire West Clinical Commissioning Group (CCG) from 1 April 2018;

b) That a representative from Reading Voluntary Action be co-opted as a non-voting additional member of the Reading Health and Wellbeing Board.

3. POLICY CONTEXT

3.1 The Health and Social Care Act 2012 sets out the required membership for Health and Wellbeing Boards. The terms of reference and powers and duties of the Reading Health and Wellbeing Board have been set up since 2014 in line with these requirements and are approved each year at the Annual Council Meeting. They were last amended in 2016, to make the Vice Chair of the Board one of the CCG members rather than a Councillor, and in 2017 to add in the power to scrutinise Quality Accounts on behalf of Adult Social Care, Children's Services and Education Committee. (Minute 4 of the Health and Wellbeing Board on 7 October 2016 and Minute 9 of the Council on 24 May 2017 refer, respectively).

4. CHANGES TO MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

4.1 The Health and Wellbeing Board agreed its membership in 2014, in line with the requirements set out in the Health and Social Care Act 2012 (the Act). Section 194 (2) of the Act says that the Board will consist of, as well as specified representatives of the local authority and the local Healthwatch set out in (a) to (e):

(f) a representative of each relevant clinical commissioning group, and

(g) such other persons, or representatives of such other persons, as the local authority thinks appropriate.

4.2 The Act says that "relevant clinical commissioning group", in relation to a local authority, means any clinical commissioning group whose area coincides with or falls wholly or partly within the area of the local authority.

4.3 The Reading Health and Wellbeing Board was therefore set up with two named CCG representatives as voting members of the Board, one from each of the relevant CCGs, which in Reading are currently the North & West Reading and South Reading CCGs. The current representatives appointed by the CCGs are the Chairs of the CCGs, Dr Andy Ciecierski and Dr Bu Thava. The Chief Executive of the local authority was also co-opted as a non-voting additional member of the Board. The membership is set out in the attached terms of reference and powers and duties of the Board.

4.4 From April 2018, the four Berkshire West CCGs (Newbury & District CCG, North & West Reading CCG, South Reading CCG and Wokingham CCG), which have already been working in a federated way, will be merging into one CCG with four localities based on the current four CCGs (Minute 7 of the meeting on 6 October 2017 refers). It is therefore necessary to change the membership of the Reading Health and Wellbeing Board to reflect this change from 1 April 2018.

4.5 It is proposed that the Board retains two representatives from the CCG in its membership, as there will still be two localities in the Reading Borough Council area, even though there will technically only be one CCG for Berkshire West. It is understood that the new CCG is likely to appoint Cathy Winfield (currently the Chief Officer of the Berkshire West CCGs, and Accountable Officer Designate of the merged Berkshire West CCG) and Andy Ciecierski (the current North & West Reading CCG Chair and a Clinical Governing Body Member of the merged Berkshire West CCG) as the named CCG representative members on the Reading Health and Wellbeing Board.

4.6 The change in wording will therefore be from "A representative from each of the two Clinical Commissioning Groups (CCGs)" to "Two representatives from the Berkshire West Clinical Commissioning Group (CCG)" from 1 April 2018.

4.7 The voluntary community and faith sector is a key partner in supporting health and wellbeing. Third sector organisations deliver health and social care services alongside statutory and private sector providers, and play a particularly strong role in offering support that prevents people's care needs from becoming more serious, or delays the impact of these needs. These preventative services are becoming increasingly significant in ensuring that the health and care system is sustainable. Community groups support people to get the information and advice they need in order to take better care of their own wellbeing and make good decisions about care and support. Where they offer communication channels into communities which are less likely to engage with statutory organisations, they are often key to addressing health inequalities.

4.8 Some Health and Wellbeing Boards already have voluntary sector representatives on their Board membership in order to help facilitate this partnership working. Reading Voluntary Action (RVA) is commissioned to support third sector organisations in Reading, to promote

the sector and to facilitate its strategic participation in shaping local services. Following discussions with current Board members and with the Partnership Manager at RVA, it is proposed that the Reading Health and Wellbeing Board co-opt a representative from RVA onto the Board membership, as a non-voting additional member.

4.9 The Health and Social Care Act 2012 sets out that a Health and Wellbeing Board is a committee of the local authority which established it and, for the purposes of any enactment, is to be treated as if it were a committee appointed by that authority under section 102 of the Local Government Act 1972. It also states that, at any time after a Health and Wellbeing Board is established, a local authority must, before appointing another person to be a member of the Board under subsection (2)(g), consult the Health and Wellbeing Board.

4.10 This means that, if the Health and Wellbeing Board agrees the changes proposed above, to effect the changes, the Annual Council Meeting in May 2018, will be required to make the relevant changes to Article 8 of the Constitution:

- Article 8 – Regulatory and Other Committees – paragraph 4 – update the terms of reference and powers and duties of the Health & Wellbeing Board.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 This proposal recommends changes to the membership of the Health and Wellbeing Board to reflect the latest situation in the NHS and to strengthen the Board by allowing the voluntary sector to be more closely involved as part of the Board. This will assist the Board in its role of encouraging all partners in their delivery against the eight shared priorities set out in Reading's Health and Wellbeing Strategy 2017-20 and in making existing services more effective through influencing future joint commissioning and provision of services affecting wellbeing.

The Board's agreed priorities are:

1. Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity, physical activity and smoking)
2. Reducing loneliness and social isolation
3. Promoting positive mental health and wellbeing in children and young people
4. Reducing deaths by suicide
5. Reducing the amount of alcohol people drink to safe levels
6. Making Reading a place where people can live well with dementia
7. Increasing breast and bowel screening and prevention services
8. Reducing the number of people with tuberculosis

5.2 These priorities are underpinned by three guiding principles which the Board has agreed ought to form part of the implementation plans for each strategic priority. These are:

a. Developing an integrated approach to recognising and supporting all carers
b. High quality co-ordinated information to support wellbeing
c. Safeguarding vulnerable adults and children

5.3 A third sector voice on the Health and Wellbeing Board will strengthen the Board's ability to make best use of community assets in achieving its strategic priorities and promoting its guiding principles.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 Not applicable.

7. EQUALITY IMPACT ASSESSMENT

7.1 This report has no decisions which require an Equality Impact Assessment.

8. LEGAL IMPLICATIONS

8.1 The Board is set up under Section 194 of the Health & Social Care Act 2012 (the 2012 Act). Under S194(11), the Board must be treated as if it were a committee appointed by the authority under S102 of the Local Government Act 1972. This is subject to the application of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the 2013 Regulations), which have been issued under S114(12) of the 2012 Act.

8.2 The Board's powers and duties are those given to it by statute, primarily SS195-196 of the Health & Social Care Act 2012 and SS116 and 116A of the Local Government & Public Involvement in Health Act 2007 (as amended by the 2012 Act) (the 2007 Act).

9. FINANCIAL IMPLICATIONS

9.1 There are no financial implications arising from this report.

10. BACKGROUND PAPERS

Article 8 of Council Constitution – Para. 4 – Terms of reference and Powers and Duties of Health & Wellbeing Board

HEALTH AND WELL-BEING BOARD
TERMS OF RERERENCE AND OPERATIONAL ARRANGEMENTS
READING BOROUGH COUNCIL

This is set up under section 194 of the Health and Social Care Act 2012. Under section 194(11), the Board must be treated as a committee appointed by the authority under Section 102 of the Local Government Act 1972.

The profile of Reading Health Wellbeing Board
The Health and Well-being Board (HWB) aims to improve health and well-being for people in Reading. It is a partnership that brings together the Council, NHS, *the voluntary sector* and the local Healthwatch organisation.

By working together on the delivery of national and local priorities, the Board's purpose is to make existing services more effective through influencing future joint commissioning and provision of services. The Board will be responsible for overseeing the production of a Joint Strategic Needs Assessment (JSNA) for Reading, and for developing a Health and Well-being Strategy and Delivery Plan as the basis for achieving these aims. The focus will be on reducing health inequalities, early intervention and prevention of poor health and promotion of health and well-being.

The Board is responsible to the Council and will reflect the need to promote health and well-being across health and Council departments, including housing, social care, schools, community services, environment, transport, planning, licensing, culture and leisure.

The Board will be expected to improve outcomes for residents, carers and the population through closer integration between health services and the Council. Stronger joint commissioning offers scope for more flexible, preventative and integrated services for children and adults with long-term conditions and those living in vulnerable circumstances.

The Joint Strategic Needs Assessment (JSNA) provides the framework for considering the wider determinants of health, including employment, education, housing and environmental factors that impact on the health and well-being of people in Reading. The JSNA will inform the development of the Health and Well-Being Strategy and Action Plan and alongside other intelligence, especially the views of local people, help define priorities for the strategy that in turn will influence commissioning priorities.

The powers and duties of the Board are set out in Article 8 of the Council's Constitution, and are attached as an appendix to this Terms of Reference. The Health & Wellbeing Board is a Committee of Reading Borough Council. It is subject to Article 8, and the Standing Orders for Council and Committees and the Access to Information Procedure Rules in Part 4, of the Council' Constitution. Subject to Standing Order 23, it has delegated authority from the Council to discharge the functions set out in the Appendix to these terms of reference.

ROLE AND PURPOSE OF THE BOARD:

The Health and Well-Being Board (H&WB) acts as the high-level strategic planning partnership to develop the provision of integrated health and social care services in Reading Borough. The H&WB for Reading is established to oversee the health improvement and well-being of those who live and work in the Borough.

1. To identify key priorities for health and local government commissioning and develop clear plans for how commissioners can make best use of their combined resources to improve local health and well-being outcomes

2. To provide the collective leadership to improve health and well being across the local authority area, enable shared decision making and ownership of decisions in an open and transparent way
3. To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making
4. To address health inequalities by ensuring quality, consistency and comprehensive health and local government services are commissioned and delivered in the local area.

KEY FUNCTIONS

1. Ensure the preparation and publication of a JSNA for the area.

2. Develop an action plan to deliver the health and well-being strategy with clear priorities, objectives for delivery and measurable milestones.

3. Support the participation of the community and voluntary sectors, and other non-statutory agencies in the delivery of health and social care outcomes as a shared endeavour.

4. Ensure health & social care improvement in Reading is developed within the context of Best Practice and Clinical Governance.

5. Establish time limited working groups to assist it to deliver any of its key responsibilities.

6. Work with key providers to provide strategic 'problem solving' to unlock potential, resources or improved practice

7. Co-ordinate work with neighbouring H&WBs where appropriate to ensure effective commissioning decisions that deliver value for money in support of improved outcomes.

TIMING AND MEETINGS

The Board will, as a minimum, meet four times a year and may meet more often if the Board so decides.

The Board is subject to the access to information provisions of Section 100A of the Local Government Act 1972. It is committed to the principles of transparency and all meetings will be open to the public.

In order to accommodate confidential and exempt matters, particularly regarding commercially sensitive issues linked to commissioning and providers, the Board will hold two-part meetings with such matters being considered in Part 2 (without the press and public present) as necessary. The Council's Access to Information Procedure Rules will apply, to ensure that the principles of transparency remain central to these arrangements.

Agendas and papers for Board meetings will be made public no less than 5 working days prior to the date of the meeting.

Quorum

The quorum of the board will be no fewer than three of its voting membership; if fewer voting Members than this attend, then the meeting will be deemed inquorate.

Decision Making

Decisions at meetings will be achieved by consensus of those present. If a vote is required then, if there is an equal number of votes for than against the proposal, the Chair will have a second, casting vote**.**

MEMBERSHIP

The Council may co-opt additional persons or representatives to be members of the Board as it thinks appropriate, either as voting or non-voting Members, subject to the Council consulting beforehand with the Board.

The membership of the Board, under Section194(2) of the Health & Social Care Act 2012, is as follows:

- 4 Councillors – ie the Leader of the Council, and the Lead Councillors for Health, Adult Social Care, Children's Services and Families (the Act requires at least 1 Councillor to be on the Board)
- The Director of Adult Social Care & Health *
- The Director of Children, Education & Early Help Services *
- Director of Public Health for the Local Authority or his/her representative *
- *Two representatives from the Berkshire West Clinical Commissioning Group (CCG) (the Act requires a representative of each relevant CCG)*
- A representative from the Local Healthwatch organisation

(* the Members asterisked will not have voting rights, as explained below)

Voting rights

Under the provision of Regulations 6 and 7 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013, the Council, following consultation with the shadow Health & Wellbeing Board, has decided as follows:

- To disapply the duty to allocate seats to political groups under Sections 15 and 16 of the Local Government & Housing Act 1989

- To treat the following as non-voting members of the Board:
  - The Director of Adult Social Care & Health (or his/her representative)
  - The Director of Children, Education & Early Help Services (or his/her representative)
  - The Director of Public Health (or his/her representative)

The voting membership of the Board must be named by the body they are representing. It will therefore be as follows:

- 4 Councillors by relevant office, i.e. the Leader of the Council, and the Lead Councillors for Health, Adult Social Care, and Children's Services and Families
- 1 named Local Healthwatch representative
- 2 named local CCG representatives

The bodies appointing voting Members to the Board may, in addition, appoint named substitute Members who may attend as voting Members in the place of their named Member.

Voting Members will be subject to the Council's local Member Code of Conduct, and will be required, under the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 to register with the Monitoring Officer, and to declare at meetings, any disclosable pecuniary interest that both they and/or their spouse/partner has in the business of the Board.

Co-opted Members

The following will be co-opted as non-voting additional members:

- The Chief Executive of Reading Borough Council (or his/her representative)
- *A representative from Reading Voluntary Action*

Observers

The following observers may attend and participate but not vote at Board meetings:

Chair - Local Safeguarding Adults Board
Chair - Local Safeguarding Children Board

One relevant shadow Lead Councillor for each opposition group on the Council (up to three in total).

A named representative of NHS England will join the Board to help in the preparation of the Joint Strategic Needs Assessment or Joint Health and Well-being Strategy.

CHAIR

The Lead Councillor for Health will chair the Board.

VICE-CHAIR

A Clinical Commissioning Group member of the Health and Wellbeing Board will be Vice-Chair.

ACTIONS TO BE TAKEN BY MEMBERS OF THE BOARD

The Board is a decision-making body of the Council. Therefore the voting Members from other organisations must have authority from the bodies that they represent to make decisions at Board meetings. Accountability should be clear, without superseding the responsibilities of any participating agency. Board Members attending any working group should have the delegated authority to commit the body they represent to specific courses of action, including committing resources.

As a Statutory Board of Reading Borough Council the H&WB may report to Council as appropriate including recommending the Health and Wellbeing Strategy for approval and support the alignment of the Council's plans with the priorities identified in the Health and Well-being Strategy and Action Plan.

GP Clinical Commissioning Groups will consult with the H&WB when drawing up their own annual plans.

The H&WB will include a statement in CCG's plans confirming whether or not the plans align with the JSNA and the priorities identified in the Health and Well-being Strategy and Action Plan.

The Board should receive the input and information it needs from partner bodies to support effective prioritisation and strategic decision making.

Members of the Board will hold themselves and partners to account for the delivery of agreed outcomes as set out in the action plan.

The Board will inform local commissioners of key decisions that may impact on the provision of services.

Appendix

The Powers and Duties of the Health and Wellbeing Board were agreed at the Council's Annual General Meeting on 24 May 2017 in line with statutory requirements.

Powers and duties of the Health and Well Being Board

This is set up under Section 194 of the Health & Social Care Act 2012. Under Section 194(11), the Board must be treated as a committee appointed by the authority under Section 102 of the Local Government Act 1972.

(1) To discharge the functions of the Health & Wellbeing Boards as set out in Sections 195-196 of the 2012 Act, ie:

- Duty to encourage integrated working in health and social care under the National Health Service Act 2006
- Power to encourage closer working in relation to wider determinants of health
- Power to give its opinion to the authority on whether the authority is discharging its duty to have regard to the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy for its area
- Duty to provide an opinion – to its partner clinical commissioning groups CCGs and/or the NHS Commissioning Board - about whether the local commissioning plans have taken proper regard of the Joint Health & Wellbeing Strategy

(2) To discharge any other health functions delegated to it by the authority.

(3) To ensure that the authority meets its duties as a relevant authority, under Section 116 of the Local Government & Public Involvement in Health Act 2007 ("the 2007 Act"), as amended by Sections 192 and 193 of the Health & Social Care Act 2012:

(a) to prepare, with its partner CCGs, and publish a Joint Strategic Needs Assessment for the area, involving the local Healthwatch and local people living or working in the area;

(b) to prepare, with its partner CCGs, and publish a Joint Health & Wellbeing Strategy to meet the health needs of the area included in the Joint Strategic Needs assessment, relating to the exercise of public health functions by the authority, the NHS Commissioning Board or the CCGs, involving the local Healthwatch and local people living or working in the area;

(c) to ensure that the local authority, and its partner CCGs, have regard to these documents.

(4) To promote health care, health improvement and the reduction of health inequalities for all local people, including children and vulnerable adults, and to exercise the following statutory duties on behalf of the authority:

(a) To improve the health of people in its area under Section 28 of the National Health Service Act 2006, including:

- any public health functions of the Secretary of State which s/he requires local authorities to discharge on his/her behalf
- dental health functions of the Council
- the duty to co-operate with the prison service to secure and maintain the health of prisoners

- the Council's duties set out in Schedule 1 of the National Health Service Act 2006, which include medical inspection of pupils, the weighing and measuring of children and sexual health services
- arrangements for assessing the risks posed by violent and sexual offenders

(b) To improve public health under Sections 2B and 111 of the National Health Act 2006 (as amended by Section 12 of the Health & Social Care Act 2012), including:

(i) under Section 2B(3):
- Providing information and advice
- Providing services or facilities designed to promote healthy living (including helping individuals address behaviour that is detrimental to health or in any other way)
- Providing services for the prevention, diagnosis or treatment of illness
- Providing financial incentives to encourage individuals to adopt healthier lifestyles
- Providing assistance (including financial) to help individuals minimise any risks to health arising from their accommodation or environment
- Providing or participating in the provision of training for persons working or seeking to work in the field of health improvement
- Making available the services of any person or any facilities

(ii) Under Section 2B(4), providing grants or loans on such terms as the local authority considers appropriate.

(iii) Under Section 111 and Schedule 1:
- Dental public health (S111)
- Medical inspection of pupils (Paras 1-7B)
- Research for any purpose connected with the exercise of the authority's health functions (Para 13)

(5) To discharge health and social care functions identified by the Government and/or the National Health Service for exercise by the Board, including the integration of health and social care functions within Reading;

(6) To approve and publish a Pharmaceutical Needs Assessment for Reading

(7) To oversee and implement the following joint arrangement and partnerships in which the authority is involved:
- Berkshire Public Health Joint Arrangement
- Berkshire Public Health Joint Advisory Board

(8) To make representations to the Adult Social Care, Children's Services and Education Committee as the authority's health scrutiny committee.

(9) To scrutinise Quality Accounts on behalf of Adult Social Care, Children's Services and Education Committee.

Membership

The Council may co-opt additional persons or representatives to be members of the Board as it thinks appropriate, either as voting or non-voting Members, subject to the Council consulting beforehand with the Board.

The membership of the Board, under Section194(2) of the Health & Social Care Act 2012, is as follows:

- 4 Councillors – ie the Leader of the Council, and the Lead Councillors for Health, Adult Social Care, Children's Services and Families (the Act requires at least 1 Councillor to be on the Board)
- The Director of Adult Social Care & Health *
- The Director of Children, Education & Early Help Services *
- Director of Public Health for the Local Authority or his/her representative *
- *Two representatives from the Berkshire West Clinical Commissioning Group (CCG) (the Act requires a representative of each relevant CCG)*
- A representative from the Local Healthwatch organisation

(* the Members asterisked will not have voting rights, as explained below)

Voting rights

Under the provision of Regulations 6 and 7 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013, the Council, following consultation with the shadow Health & Wellbeing Board, has decided as follows:

- To disapply the duty to allocate seats to political groups under Sections 15 and 16 of the Local Government & Housing Act 1989

- To treat the following as non-voting members of the Board:
  - The Director of Adult Social Care & Health (or his/her representative)
  - The Director of Children, Education & Early Help Services (or his/her representative)
  - The Director of Public Health (or his/her representative)

The voting membership of the Board must be named by the body they are representing. It will therefore be as follows:

- 4 Councillors by relevant office, ie the Leader of the Council, and the Lead Councillors for Health, Adult Social Care, and Children's Services and Families
- 1 named Local Healthwatch representative
- 2 named local CCG representatives

The bodies appointing voting Members to the Board may, in addition, appoint named substitute Members who may attend as voting Members in the place of their named Member.

Voting Members will be subject to the Council's local Member Code of Conduct, and will be required, under the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 to register with the Monitoring Officer, and to declare at meetings, any disclosable pecuniary interest that both they and/or their spouse/partner has in the business of the Board.

Co-opted Members

The following will be co-opted as non-voting additional members:

- The Chief Executive of Reading Borough Council (or his/her representative)
- *A representative of Reading Voluntary Action*

Observers

The following observers may attend and participate but not vote at Board meetings:

Chair - Local Safeguarding Adults Board
Chair - Local Safeguarding Children Board

One relevant shadow Lead Councillor for each opposition group on the Council (up to three in total).

A named representative of NHS England will join the Board to help in the preparation of the Joint Strategic Needs Assessment or Joint Health and Well-being Strategy.