#healthyplym

Oversight and Governance
Chief Executive's Department
Plymouth City Council
Ballard House
Plymouth PL1 3BJ

Please ask for Elliot Wearne-Gould
E elliot.wearne-gould@plymouth.gov.uk

www.plymouth.gov.uk/democracy
Published 21 September 2022

HEALTH AND WELLBEING BOARD

Thursday 29 September 2022
10.00 am
Council House

Members:
Councillor Dr Mahony, Chair
Councillors Mrs Aspinall, McDonald & Nicholson.

Statutory Co-opted Members: Strategic Director for People, Director of Children's Services, NHS Devon Clinical Commissioning Group, Director for Public Health and Healthwatch.

Non-statutory Members: Livewell SW, University Hospitals Plymouth NHS Trust and the Voluntary and Community Sector.

Members are invited to attend the above meeting to consider the items of business overleaf.

This meeting will be webcast and available on-line after the meeting. By entering the Committee room, councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast.

The Council is a data controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with authority's published policy.

For further information on attending Council meetings and how to engage in the democratic process please follow this link - http://www.plymouth.gov.uk/accesstomeetings

Tracey Lee
Chief Executive

Health and Wellbeing Board

1. To appoint a Vice-Chair

For the Board to agree the appointment of a Vice-Chair for the municipal year 2022/23.

2. Apologies

To receive apologies for non-attendance by Health and Wellbeing Board Members.

3. Declarations of Interest

The Board will be asked to make any declarations of interest in respect of items on this agenda.

4. Chair's urgent business

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

5. Minutes **(Pages 1 - 8)**

To confirm the minutes of the meeting held on 30 June 2022.

6. Questions from the public

To receive questions from the public in accordance with the Constitution.

Questions, of no longer than 50 words, can be submitted to the Democratic Support Unit, Plymouth City Council, Ballard House, Plymouth, PL1 3BJ, or email to democraticsupport@plymouth.gov.uk. Any questions must be received at least five clear working days before the date of the meeting.

7. Pharmaceutical Needs Assessment **(Pages 9 - 152)**

For the Board to agree the Pharmaceutical Needs Assessment for the three-year period 2022 to 2025.

8. Mental Health Services during, and post COVID **(Pages 153 - 162)**

Sara Mitchell (Associate Director Strategic and Operational Mental Health Lead, Livewell Southwest) will present 'How citizens with LD and SMI illness have fared in COVID, and the projected increases in demand for Mental Health Services linked to the economy and post COVID.'

9. Cost of Living Update & Citizens Advice **(Pages 163 -**

180)

a) Rachel Silcock (Community Empowerment & Operational Lead, Trading Standards and Health Improvement) will deliver an update on the 'Cost of Living Taskforce' to the Board.

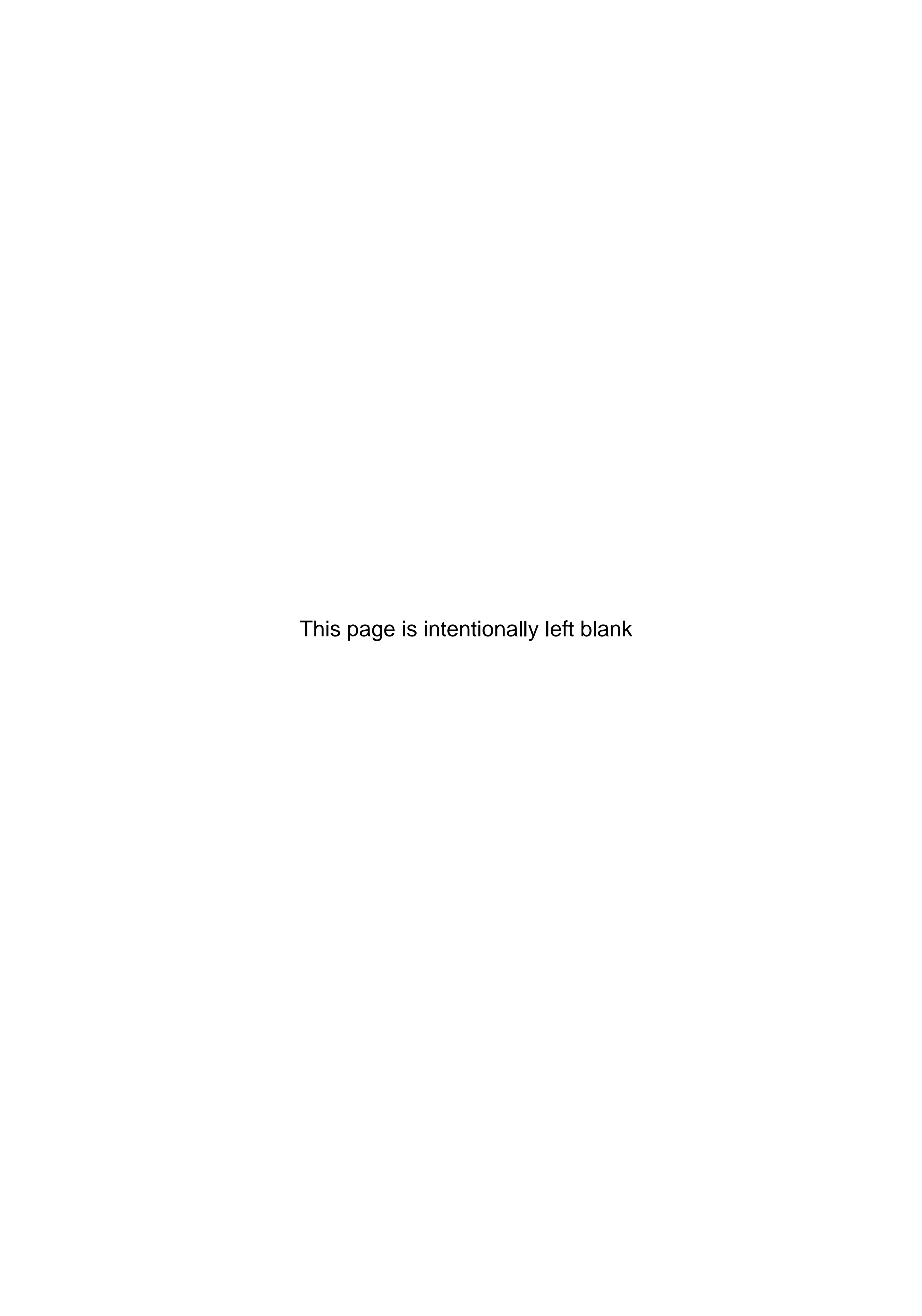
b) Citizen's Advice will lead a presentation on 'Cost of Living' data and citizens experiences.

10. Tracking Decisions **(Pages 181 - 182)**

For the Board to review the progress of Tracking Decisions for the current municipal year.

11. Work Programme **(Pages 183 - 184)**

The Board are invited to add items to the work programme.



This page is intentionally left blank

Health and Wellbeing Board

Thursday 30 June 2022

PRESENT:

Councillor Dr Mahony, in the Chair.
Councillors Laing (Substitute for Councillor McDonald) and Ms Watkin (Substitute for Councillor Nicholson).

Apologies for absence:
Councillors Mrs Aspinall, McDonald and Nicholson.
Craig McArdle (Strategic Director for People), Ruth Harrell (Director of Public Health), Michelle Thomas (Chief-Executive Livewell SW).

Also in attendance: Tony Gravett MBE (Healthwatch Plymouth), Anna Coles (Service Director of Integrated Commissioning), David McAuley (Programme Director- Strategic Cooperative Commissioning), Robert Nelder (Consultant, Public Health), Julie Frier (Consultant- Public Health Medicine), Ross Jago (Head of Oversight, Performance and Risk), Kevin Baber (Virtual), Dr Shelagh McCormick (Virtual), Sharon Muldoon (Virtual), Sara Mitchell (Virtual), Bethan Page (Virtual).

The meeting started at 10.00 am and finished at 11.45 am.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

1. **To note the Appointment of the Chair**

The Health and Wellbeing Board noted the appointment of Councillor Dr John Mahony as Chair for the municipal year 2022/23.

2. **To appoint a Vice-Chair**

The Chair, Councillor Dr John Mahony proposed a motion to defer the appointment of a Vice-Chair until the next Board meeting on 29/09/2022.

Councillor Laing seconded this motion.

The Board passed this motion.

3. **Declarations of Interest**

There were no declarations of interest made in accordance with the code of conduct.

4. **Chairs urgent business**

The Chair, Councillor Dr John Mahony read a statement to the Board as follows:

"Following the debate at the City Council meeting on the 20th June, it has become more apparent that there are major issues with the performance of the 111/ Out of Hours Service. These issues are being discussed at high levels in the city and beyond between stakeholders, with the aim of improving the service for our residents. There will be a full presentation around Urgent Care and issues involved at the Health and Adult Social Care Overview and Scrutiny Committee on 13th July 2022, followed by questioning by Councillors and others. We are all committed towards improvement in all the inter-related areas of the health service, for the benefit of patients in our city, and the wider area".

Councillor Laing supported the statement and future opportunities for scrutiny, recognising the quick response to her motion at City Council on 20th June 2022.

5. **Minutes**

The Chair, Councillor Dr John Mahony, proposed that amendments be made to the formatting of the 'Apologies for absence', for the minutes of 03/03/2022.

This was seconded by Mr. Tony Gravett MBE.

Subject to these amendments, the Board agreed the minutes of 03/03/2022, for the record.

6. **Questions from the public**

There were no questions from members of the public.

7. **Devon, Cornwall & Isles of Scilly Health Protection Committee Annual Report 2020 - 21**

Julie Frier, Consultant Public Health Medicine, delivered the Devon, Cornwall & Isles of Scilly Health Protection Report 2020-21 to the Board, and highlighted the following issues:

a) A significant part of the report was focussed on the COVID-19 response, but other communicable diseases had been present;

b) Good practices in the COVID-19 response had included:

- A large amount of new advice and guidance was distributed to provide support- webinars, checklists & risk assessment tools;
- Contract tracing was set up, with Test and Trace. New advice was continually interpreted as it evolved and a regional testing strategy was created. This included targeted community testing at fixed and mobiles sites;

- There was a continuing effort to increase vaccine take-up through vaccination programmes and analysis of outreach models to ensure maximum public engagement and vaccine confidence;
- Devon was fortunate to have recently commissioned a Community Infection Management Service. This was designed for other infections but was realigned to support COVID-19 management, developing good areas of new practice such as in care homes. This strongly enhanced infection prevention control;
- A significant amount of work was undertaken regarding Personal Protective Equipment (PPE) as well as providing support to businesses and settings to manage outbreaks. New relationships and ways of working were developed, with Local Outbreak Engagement Boards employing Covid-19 champions, neighbourhood support, and voluntary systems to ensure a good response across the system.

c) Meanwhile, normal surveillance and monitoring was continued to ensure screening for other infectious and communicable diseases;

d) Many screening programmes were ceased and had to be re-started during this period. NHS South West and service providers worked to restore these programmes in line with the HNS recovery programme timetable;

e) The Childhood Immunisation Programme did not cease during this period and performance was maintained. The School-Age Immunisation Programme was, however, severely impacted due to the closure of schools. The Devon programme was now continuing, with catch-up and additional clinics;

f) The Flu vaccine programme worked well, with a new system across Devon combing Covid-19 and Flu as a seasonal programme. Uptake was therefore maintained;

g) The Emergency Planning response was tested but continued assurance activities were carried out during this period;

h) The work programme priorities centred on continuing the Covid-19 response, as well as developing the recovery system. Lessons were learnt regarding inequalities identified through experiences such as the outreach vaccine programme.

The Board acknowledged a very difficult year and paid tribute to the agencies, services, organisations and workers who had kept the country running. Following questions from the Board, it was reported that:

a) Breast Screening- The impact on uptake and coverage was not yet determinable however, NHS SW had programme boards overseeing the screening programmes and KPI’s scrutinising how the system works on a regular basis;

b) Covid-19 Vaccine Programme- There was no further detail regarding future vaccination programmes. Julie Frier agreed to update the board when specifics were announced;

c) Polio- Plymouth was one of the lower performing areas for the teenage Polio booster programme however, there was no immediate risk as the primary programme was strong. Measures were being taken to boost staffing and vaccine programmes through additional clinics and resource allocation;

d) Monkey pox- The risk and procedure for a Monkey pox outbreak was being surveyed by UKHSA, who would lead any response. Systems and processes were in place if necessary.

The Board noted the report.

8. **Director of Public Health Annual Report 2021 Annual Report & Thrive Plymouth Year 7 (2022/23) Listen and Reconnect**

Robert Nelder (Consultant Public Health) delivered the DPH Annual Report on behalf of Ruth Harrell (Director for Public Health), highlighting the following key points:

a) The DPH Annual Report normally focuses on the previous year of the Thrive Plymouth programme. The past years programme (Year 6: Culture, Heritage and Health) had to be put on hold due to a diversion of resources towards the Covid-19 response;

b) Thrive Plymouth was adopted by Plymouth City Council in November 2014, and forms the city wide approach to reducing health inequalities and improving health and wellbeing, utilising three approaches:

- Population based prevention (If everyone makes a small lifestyle change, there are large cumulative effects);
- Common risk factor approach (A singular unhealthy behaviour can lead to many adverse effects + Issues should be observed holistically);
- Context of choice (The healthy behaviour isn't always easy or encouraged).

c) Thrive Plymouth was constructed based on four behaviours (smoking, drinking, eating & moving), that lead to four diseases (coronary heart disease, cancer, stoke, & respiratory problems), that were responsible for a large number (54%) of deaths in the city. Although mental wellbeing was not part of the initial construct, it is prevalent throughout Thrive Plymouth and is a significant component of personal wellbeing;

d) The first case of Covid-19 was detected on Friday 13th March 2020, shortly followed by the first national lockdown on 23rd March 2020. This had many impacts:

- Direct impacts- Infection with covid-19, short-term illness, Long-Covid, and deaths;
- Indirect impacts- Impact on the four health behaviours (smoking, drinking, eating and moving), mental health, vulnerable groups, and peoples' lived experiences;
- Other impacts- Access to healthcare, income, school and education, access to the built and natural environment.

a) The Covid-19 Pandemic had particularly highlighted inequalities, discriminating through disproportionate effects on those with underlying health conditions, disability, lower incomes, & certain ethnic groups;

b) A mental health needs assessment had been produced and presented to the Health & Wellbeing Board, which highlighted what was known nationally and locally about the impacts of the pandemic on mental health. The impact of the pandemic had been significant for mental health and had highlighted the importance of tackling mental in-health. Board members had previously signed up to Mental Health Concordat in recognition of this;

c) Covid-19 was still present, with numerous variants and increasing cases. There was considerable economic uncertainty which was likely to further exacerbate inequalities. In May 2022, Thrive Plymouth Year 7 had been launched, specifically to regroup and retackle inequalities in the city.

Following questions from the board, it was reported that:

a) Junk Food- Plymouth City Council had influence upon retailers as to what they sell, through the Planning Department and Place Directorate. The Joint local plan incorporated restrictions on hot food takeaways being opened within 400m of secondary schools. Any new applications for 'fast food' takeaways were scrutinised with regard to Public Health. It was difficult to influence what was sold once a takeaway has permission however, the Public Health team had been successful at restricting takeaways opening in parts of the city through the planning mechanism;

b) Clinically vulnerable- Many people within the city, especially the 'Clinically Vulnerable' were uncomfortable returning to face-face as the country unlocks. The Public Health team were acutely aware of this issue and recognised the challenge of ensuring this group weren't left behind. It was essential that society work collectively to recognise the struggle of this group. The Community Connections Team had, and continued to work with vulnerable groups across the city;

c) Pandemic Impacts- Future Thrive Plymouth years would likely focus on post-pandemic impacts such as 'Long-Covid', and those 'shielding'. These issues could be incorporated into future years of the Thrive Plymouth Programme due to its adaptability and lack of a fixed agenda.

The Board noted the report.

Abenaa Gyamfuah-Assibey (Advanced Public Health Practitioner) delivered the Thrive Year 7 Listen and Reconnect Report, highlighting the following key issues:

a) The Covid-19 Pandemic had impacted people's ability to live well, their way of working, and how they connect with people and spaces. People had experienced personal losses such as relationships, contact time, and trauma, and Thrive Plymouth Year 7 therefore needed to listen and reconnect with these people;

b) While the pandemic had caused widespread difficulty and suffering, it had also inspired positive behaviours such as the strength and coming-together of communities, individuals own efforts to stay well & connected, and others which Thrive Plymouth Year 7 looked to capture;

c) Thrive Plymouth Year 7 was launched online in May 2022 with a concerted effort to include health & social services, the voluntary sector, businesses, and schools;

d) Thrive Plymouth Year 7 was based on 'offer & ask'.
Offer: Free training & workshops, resources & tips, Thrive Plymouth network meetings, support with 'listening and reconnecting'.
Ask: Join the Thrive Plymouth network, attend training and workshops, promote safe spaces for conversation, share tips/ support, and take awareness sessions into local settings;

e) The next steps for Thrive Plymouth were to bring the network back together and overcome challenges of changed ways of working, provide trauma informed approaches training, the health checks project, and continue collating people's stories.

The Board then discussed:

a) The Board recommended that additional training should be provided by the Public Health team for councillors to engage with the Thrive Plymouth programme, to enable them to be ambassadors for Thrive within the community. This was agreed to be incorporated into the councillor's programme of personal development;

b) Thrive Plymouth does not have a specific social media presence however, stories and messages are dispersed through trusted community organisations and partners who are more effective at reaching the community audiences.

The Board noted the report.

9. **Health and Care Skills Partnership Update**

David McAuley (Programme Director, Strategic Co-Operative Commissioning) delivered the Health and Care Skills Partnership Update and highlighted the following key issues:

a) Workforce presented a huge challenge to the health and care system both in Plymouth, and nationally. Plymouth had established a health and care skills partnership group to address local issues with broad membership including the CCG, Livewell SW, City College, University Hospitals Plymouth, care homes, domiciliary care, and Plymouth University. This aimed to develop a system wide plan to tackle these challenges;

b) There had been several key successes to date, particularly surrounding recruitment and retention, with the launch of a recruitment campaign for social and domiciliary care. Furthermore, a forum had been established with local unions to engage with retention issues, as well as the addition of two Health and Care coordinators who had successfully recruited 50+ staff to health and care roles in approximately 4 months;

c) Plymouth had worked closely with staff at the Lighthouse Lab (Covid-19 testing facility) who were at risk of redundancy, and promoted roles within health and care;

d) A Plymouth Prospectus was being developed combining and learning from the strengths of partner organisations;

e) There were 5 Priorities for the future: Gather intelligence, retention and recruitment, develop a sustainable pipeline, communication, & enabling programmes to be delivered.

Following questions from the board, it was reported that:

a) Workforce shortages across the industry were present pre-pandemic however, Covid-19 had increased and further reduced the workforce, worsening historic problems. While there was no quick fix identifiable, Plymouth was actively promoting health and care as a hugely rewarding career with many opportunities, as well as Plymouth's vibrant city location which offered and great place to live and work in;

b) There were many schemes and initiatives identified to incentivise recruitment including electric scooters, electric bikes, and parking permits, however the Public Health team welcomed any other suggestions from the Board.

The Board noted the report.

10. **Integration White Paper Update**

David McAuley (Programme Director, Strategic Co-Operative Commissioning) delivered the Integration White Paper and highlighted the following key issues:

a) The Department for Health and Social care published a white paper in February titled: 'Joining-up care for people places and populations'. This aimed to develop partnerships at 'place level' (Plymouth), with an ambitious

programme of work: Shared outcomes, leadership accountability and finance, digital and data, health and care workforce and carers, impact on people;

b) Plymouth would need to strengthen its local leadership, with an individual being placed accountable for health and care delivery and planning. Autonomy would be delegated by Integrated Care Board to Plymouth, which would become responsible for its own self-audit. Digital presented a challenging area for Plymouth, which aimed to develop its own health and care record.

The Board noted the report.

11. Health and Care Act 2022 Briefing

The Health and Care Act Briefing was taken as read, with the board discussing the following key points:

a) The Integrated Care system was due to become operational from tomorrow, 01/07/2022, bringing a close to the CCG. This represented one of the largest changes in many years, and would significantly change the context in which Health & Wellbeing Board operates under.

The Board noted the report.

12. Terms of Reference Review

The Terms of Reference Review was outlined by Ross Jago (Head of Governance, Performance and Risk), with the board discussing the following key points:

a) Future meetings of the Health and Wellbeing Board would need to undertake a review of its Terms of Reference in accordance with the changes to the ICS/ CCG at national level. This would likely incorporate a review of the Boards role, scope, and membership.

13. Work Programme

Board members agreed to add the following items to the work programme:

a) Pharmaceutical Needs Assessment
b) SW Ambulance Service
c) Revised Terms of Reference
d) Mental Health
e) Primary Care Strategy - CCG

Health and Wellbeing Board

Date of meeting:	29 September 2022
Title of Report:	**Plymouth Pharmaceutical Needs Assessment 2022-25**
Lead Member:	Councillor Dr John Mahony (Cabinet Member for Health and Adult Social Care & Planning)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Robert Nelder (Consultant in Public Health)
Contact Email:	robert.nelder@plymouth.gov.uk
Your Reference:	PNA
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The Health and Social Care Act 2012 transferred the responsibility to develop and update Pharmaceutical Needs Assessments (PNAs) from Primary Care Trusts to Health and Wellbeing Boards (H&WBs) from 1 April 2013. This means that Plymouth's H&WB has a legal duty to ensure the production of a PNA for Plymouth going forward.

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a H&WB's area for a period of up to three years, linking closely to the Joint Strategic Needs Assessment (JSNA). Whilst the JSNA focusses on the general health needs of an area, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

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

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

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by local authorities and other commissioners of health and wellbeing services. A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.

Recommendations and Reasons

The recommendation is for the Health and Wellbeing Board to:

- Formally accept the Plymouth PNA for 2022-25
- Agree to its publication on the Health and Wellbeing Board page of the Plymouth Public Health website (part of the wider Plymouth City Council site).

Alternative options considered and rejected
There is strict guidance relating to the production and publication of PNAs that all Health and Wellbeing Boards must adhere to. Therefore, no alternatives were considered.

Relevance to the Corporate Plan and/or the Plymouth Plan
The PNA will enable the appropriate level of pharmacy provision to be available to the Plymouth population and as such should impact positively upon residents' health and wellbeing.

Implications for the Medium Term Financial Plan and Resource Implications:
None as PCC does not commission or provide pharmacy services.

Financial Risks

None as PCC does not commission or provide pharmacy services.

Carbon Footprint (Environmental) Implications:
None as PCC does not commission or provide pharmacy services.

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:
** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*
The PNA will enable the appropriate level of pharmacy provision to be available to the Plymouth population and as such should impact positively upon residents' health and wellbeing.

Appendices
**Add rows as required to box below*

Ref.	Title of Appendix	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	**2**	**3**	**4**	**5**	**6**	**7**
A	Briefing report title							
B	Equalities Impact Assessment (if applicable)							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	**2**	**3**	**4**	**5**	**6**	**7**

Sign off:

Fin	**djn.22.23.216**	Leg	**EJ/38851/15.9.22/3**	Mon Off	Click here to enter text.	HR	Click here to enter text.	Assets	Click here to enter text.	Strat Proc	Click here to enter text.

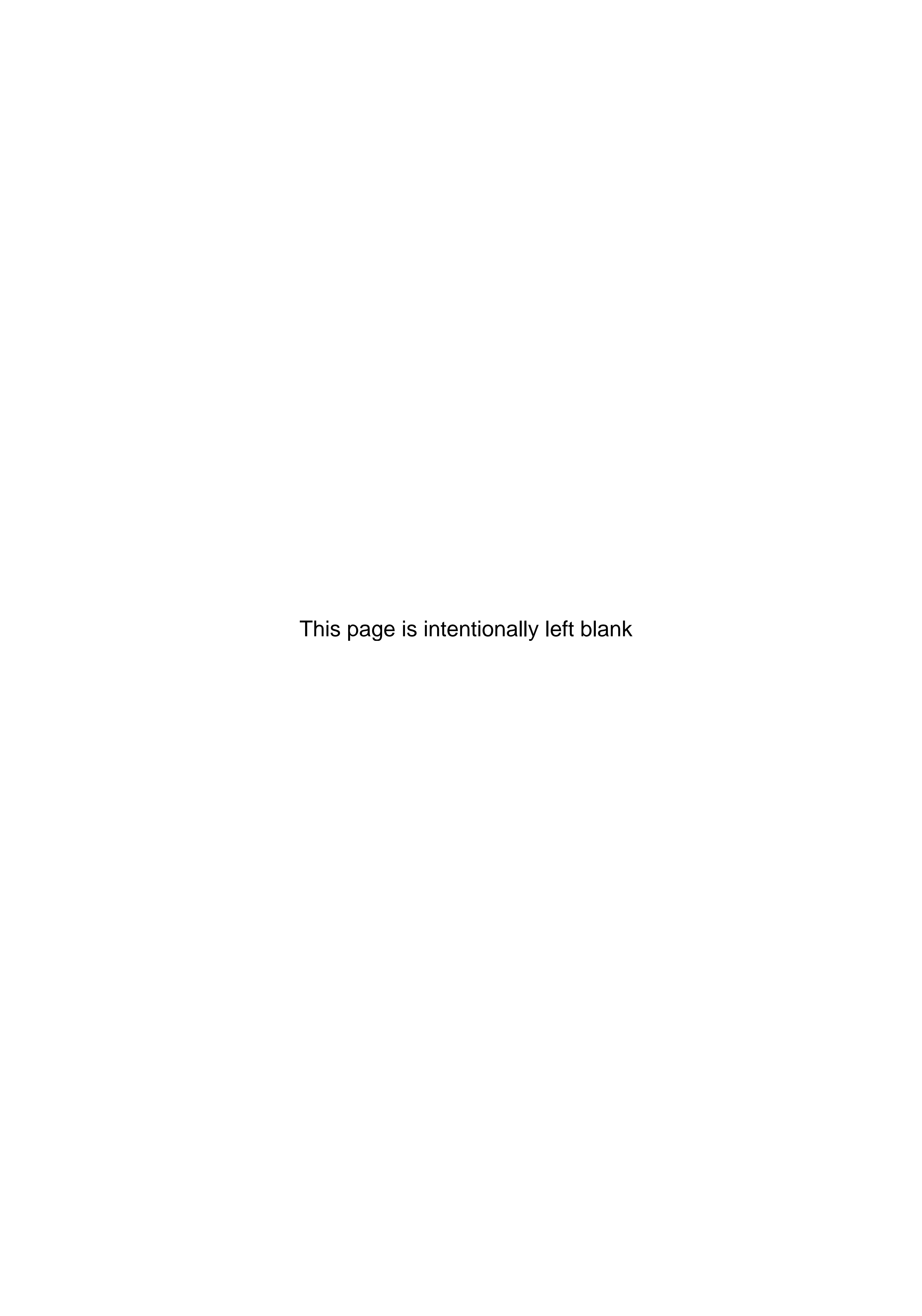
Originating Senior Leadership Team member: Robert Nelder

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 15/09/2022

Cabinet Member approval: *Cllr Dr John Mahony (Cabinet Member for Health and Adult Social Care)*

Date approved: 16/09/2022


This page is intentionally left blank

PHARMACEUTICAL NEEDS ASSESSMENT FOR PLYMOUTH 2022-2025

This Pharmaceutical Needs Assessment is produced as part of Plymouth's Joint Strategic Needs Assessment.

DOCUMENT INFORMATION

This is a controlled document. It should not be altered in any way without the express permission of the authors or their representatives. On receipt of a new version, please destroy all previous versions.

Document status:	Draft
Author:	The document was developed by the Office of the Director of Public Health (Plymouth City Council) and the Devon PNA Steering Group, on behalf of Plymouth's Health and Wellbeing Board.
Document version:	Version 1.1
Document date:	
Next review date:	Every three years unless there is a significant change to existing pharmaceutical services provision.
Approved by:	Director of Public Health
Date approved:	
Link to Plymouth's JSNA :	https://new.plymouth.gov.uk/facts-and-figures-joint-strategic-needs-assessment

Amendment History

Version:	Status:	Date:	Reason for change:	Authorised by:
1.0	Draft	30/06/22	Initial draft (prior to consultation)	Devon PNA Steering Group
2.0	Second draft	29/07/22	Change to pharmacy opening hours p.137	Devon PNA Steering Group
3.0	Final draft	14/09/22	Final draft following the consultation period	Devon PNA Steering Group

Acknowledgments

The development of this Pharmaceutical Needs Assessment (PNA) was overseen by the Devon PNA Steering Group. The authors of this report would like to thank Members of the Steering Group for their considerable input and support throughout the process. In addition, special thanks are given to:

- Carol Harman (Senior Public Health Analyst, Plymouth City Council)
- Sarah Macleod (Senior Public Health Analyst, Plymouth City Council)
- South West Knowledge and Intelligence Team (Office for Health Improvement and Disparities)

Finally, the authors would like to thank all persons who contributed to the consultation on this PNA.

© Office of the Director of Public Health, 2022

Contents

DOCUMENT INFORMATION 2
1. Executive Summary 8
2. Introduction 10
2.1 Purpose of a pharmaceutical needs assessment (PNA) 10
2.2 National changes since the last PNA 10
2.3 Legislative context and statutory requirements 12
2.4 Health and Wellbeing duties in respect of the PNA 13
2.5 Mitigating the impacts of the coronavirus (COVID-19) 14
2.6 Primary Care Networks (PCNs) 14
2.7 The scope of this PNA: Contractors and services 15
2.7.1 Contractors 15
2.7.2 Pharmaceutical services provided by pharmacy contractors 16
2.7.2.1 Essential services 16
2.7.2.2 Advanced services 18
2.7.2.3 Enhanced services 19
2.7.2.4 Clinical governance 20
2.7.2.5 Opening hours 20
2.7.2.6 Recent changes to the contractual arrangements for pharmacies 21
2.7.3 Pharmaceutical services provided by dispensing appliance contractors (DAC) 22
2.7.3.1 Appliance services 23
2.7.3.2 Advanced services 23
2.7.3.3 Clinical governance 24
2.7.3.4 Opening hours 24
2.7.4 Pharmaceutical services provided by dispensing doctors 24
2.7.4.1 Eligibility 24
2.7.4.2 Services 25
2.7.4.3 Clinical governance 25
2.7.4.4 Opening hours 25
2.8 Locally commissioned services 25
2.8.1 Services commissioned by Plymouth City Council 26
2.8.2 Services commissioned by the ICSD 27
2.9 Other NHS services 28

2.10 Changes to the existing provision of pharmaceutical services 28
2.11 Context for the PNA 29
2.11.1 NHS Long Term Plan (LTP).. 29
2.11.2 Joint Strategic Needs Assessment (JSNA)... 30
2.12 How the assessment was undertaken.. 31
2.12.1 PNA steering group 31
2.12.2 Pharmaceutical services information 31
2.12.3 PNA localities 32
2.12.4 Other sources of information 33
2.12.5 Patient experience 33
2.12.6 Consultation... 35
3. Overview of Plymouth 36
3.1 Introduction 36
3.2 The population 36
3.3 Protected characteristics and particular health issues 37
3.3.1 Equality Impact Assessment (EIA) 38
3.3.2 Age 38
3.3.3 Disability 38
3.3.4 Faith, religion or belief 39
3.3.5 Gender, marriage status, pregnancy and maternity................................ 39
3.3.6 Gender reassignment 40
3.3.7 Race 40
3.3.8 Sexual orientation 41
3.4 Additional patient groups with particular health issues 41
3.4.1 Tourists.. 41
3.4.2 Students 41
3.4.3 Homeless population 42
3.5 Deprivation 42
3.6 Car ownership 44
3.7 The Office for Health Improvement and Disparities (OHID) Health Public Health Profiles.. 44
3.7.1 The Local Authority Health Profile for Plymouth 2019 45
3.7.2 The Child Health Profile for Plymouth 2021 48

3.8 Housing growth and significant housing developments 49
4. General health needs in Plymouth 59
4.1 Introduction 59
4.2 General health needs: indicators - summary 59
4.3 General health needs: indicators - data 62
4.3.1 Births 62
4.3.2 Low birthweight births 62
4.3.3 Life expectancy at birth 63
4.3.4 Breastfeeding intention at delivery 63
4.3.5 Vulnerable families 64
4.3.6 Dental extractions under general anaesthetic in children 64
4.3.7 Childhood obesity 65
4.3.8 Self-reported general health – ‘bad’ or ‘very bad health’ 66
4.3.9 Long-term health problem or disability 66
4.3.10 Hospital admissions – elective 67
4.3.11 Hospital admissions – emergency 67
4.3.12 Circulatory disease mortality 68
4.3.13 Respiratory disease mortality 69
4.3.14 Cancer mortality 70
4.3.15 All-age, all-cause mortality 71
5. Selected health needs that can be influenced by pharmaceutical services 72
5.1 Introduction 72
5.2 Selected health needs related to pharmaceutical services – summary 74
5.3 Selected health needs related to pharmaceutical services - data 76
5.3.1 Teenage pregnancy 76
5.3.2 Smoking in pregnancy 76
5.3.3 Parents who smoke 77
5.3.4 Parents who misuse drugs 77
5.3.5 Parents who misuse alcohol 78
5.3.6 Depressed or mentally ill parents 78
5.3.7 Social isolation within families 79
5.3.8 Emergency hospital admissions - cardiovascular 79
5.3.9 Emergency hospital admissions for falls in adults aged 65+ 80

5.3.10 Alcohol-related hospital admissions (all ages) 80
5.3.11 Substance misuse (all ages) 81
5.3.12 Hospital admissions for self-harm 81
5.3.13 Estimates of population with specific mental health problems 82
5.3.14 Dementia 82
5.3.15 Long-term conditions (diabetes, stroke, and respiratory problems) ... 83
5.3.16 Smoking status, obesity and blood pressure (based on GP referrals) 84
6. Provision of pharmaceutical services 87
6.1 Necessary services 87
6.2 Current provision of necessary services 87
6.2.1 Current provision within the H&WB's area 87
6.2.2 Current provision outside the H&WB's area 93
6.3 Access to necessary services 96
6.3.1 Access to premises 96
6.3.2 Access to the essential services 97
6.3.3 Access to the other essential services 101
6.3.4 Access to the New Medicines Service (NMS) advanced service 101
6.3.5 Access to the 'on demand availability of specialist medicines' enhanced service 102
6.3.6 Access to dispensing of appliances 103
7. Other relevant services 103
7.1 Other relevant services 103
7.2 Advanced services 103
7.2.1 Influenza vaccination advanced service 103
7.2.2 Stoma appliance customisation (SAC) advanced service 104
7.2.3 Appliance use review (AUR) advanced service 105
7.2.4 Hepatitis-C Antibody Testing Service 106
7.2.5 Hypertension Case-Finding Service 106
7.2.6 Stop Smoking Service Service 107
7.3 Services commissioned by the ICSD or Council 107
7.3.1 Services commissioned by the ICSD 107
7.3.2 Services commissioned by the Council 107
7.4 Other NHS services 108

7.4.1 Hospital pharmacies 108
7.4.2 Personal administration of items by GPs 108
7.4.3 GP Out of Hours service 108
7.4.4 NHS walk-in centres 109
7.5 Services provided by other organisations 109
8. Locality summaries 110
8.1 Plymouth East locality summary 110
8.2 Plymouth North locality summary 113
8.3 Plymouth South locality summary 116
8.4 Plymouth West locality summary 119
9. Conclusion 122
9.1 Current provision 122
9.2 Changes in provision since the last PNA's gap analysis 122
9.3 Necessary services: current gaps in provision 122
9.4 Necessary services: future gaps in provision 123
9.5 Other relevant services: current gaps in provision 123
9.6 Other relevant services: future gaps in provision 124
Appendix 1: Steering Group terms of reference and membership 125
Appendix 2: Equality impact assessment 127
Appendix 3: Consultation report 133
Appendix 4: Pharmacies and opening times by locality 135

1. Executive Summary

A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas (where relevant). The Health and Social Care Act 2012 transferred the responsibility to develop and update PNAs from Primary Care Trusts to Health and Wellbeing Boards (H&WBs) from 1 April 2013. This means that Plymouth's H&WB has a legal duty to ensure the production of a PNA for Plymouth going forward. H&WBs are required to publish their first PNA by 1 April 2015 and publish a statement of its revised assessment within three years of its previous publication or sooner if changes to the need for pharmaceutical services are identified which are of significant extent.

The PNA for Plymouth 2022-25 presents a picture of community pharmacy need and provision in Plymouth, and links to Plymouth's Joint Strategic Needs Assessment (JSNA). This PNA will be used by NHS England/NHS Improvement (NHSEI) to inform:

- decisions regarding which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors in Plymouth
- whether new pharmacies or services are needed
- decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
- the commissioning of locally Enhanced services from pharmacies

Providers of pharmaceutical services will also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need as set out in the PNA.

Plymouth's PNA was developed in partnership with the Devon-wide PNA Steering Group on behalf of Plymouth's H&WB. This was to ensure that production of the PNAs for Plymouth, Devon, and Torbay followed the same process and format but with locally relevant information.

The NHS Regulations 2013 set out the legislative basis for producing and updating PNAs, and specify a list of minimum information that must be included in the PNA. Plymouth's PNA is structured as follows:

- Introduction
- Overview of Plymouth
- General health needs in Plymouth
- Health needs that can be influenced by pharmaceutical services
- Provision of pharmaceutical services
- Other relevant services
- Locality summaries
- Conclusion

In order to identify local health needs and assess current pharmaceutical services provision, Plymouth was divided into its four established (Livewell Southwest)

localities: East, North, South and West. A locality is a distinct population cluster in which the inhabitants live in adjoining neighbourhoods, and that has a name or a locally recognised status. Plymouth's localities are aggregations of the city's 20 electoral wards, which themselves are aggregations of its 39 neighbourhoods.

Information regarding local provision of pharmaceutical services was made available by NHSEI and analysed by the Office for Health Improvement and Disparities Local Knowledge and Intelligence Service (OHID LKIS), on behalf of the Steering Group.

The consultation period ran from Friday 1 July 2022 to Tuesday 30 August 2022. The H&WBs for Plymouth, Devon and Torbay ran the consultation for each of their PNAs at the same time. This was to aid organisations who were asked to respond to consultations for more than one area at the same time. The method of consultation was agreed by the PNA Steering Group. The PNA Steering Group met following the end of the consultation period to discuss the feedback received across all three areas and agree appropriate action.

The primary care system is undergoing a level of transformation in the city at a much greater rate than normal and this is anticipated to continue with the development of wellbeing hubs and other changes resulting from the increased demand and resourcing pressures. Community pharmacy within the city have to-date been early adopters of change, developing new models and integrated approaches that align with these changes in primary care.

In conclusion, Plymouth's growing and ageing population means that the overall demand for health and social care services is likely to increase, particularly in terms of managing long-term conditions. However, pharmacies in Plymouth are well placed to deliver healthcare services to their local communities and it is anticipated that the role they play will continue to evolve over the coming years, particularly with changes to future pharmacy and primary care provision. Whilst the core activity of community pharmacies is commissioned by NHSEI, they continue to provide a key role for Plymouth City Council and the NHS Devon Clinical Commissioning Group, particularly in relation to improving the public's health and wellbeing, and addressing health inequalities.

2. Introduction

2.1 Purpose of a pharmaceutical needs assessment (PNA)

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a H&WB's area for a period of up to three years, linking closely to the JSNA. Whilst the JSNA focusses on the general health needs of the population, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHSEI.

If an individual (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHSEI to be included in the pharmaceutical list for the H&WB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the H&WB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

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

Whilst the PNA is primarily a document for NHSEI to use to make commissioning decisions, it may also be used by local authorities (LAs), Clinical Commissioning Groups (CCGs) and Integrated Care Systems (ICS). A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of greatest health need, and reduce the risk of overprovision in areas where there is less need.

2.2 National changes since the last PNA

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

- **The NHS Long Term Plan** (LTP) was published in January 2019, and sets out the priorities for healthcare for the next 10 years https://www.longtermplan.nhs.uk/. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. A more detailed description is available in section 2.8.

- **Clinical Commissioning Groups** (CCGs) are to be replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICS). In an ICS, NHS

organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. Due to the COVID-19 pandemic, there is a delay in ICSs becoming legal entities with decision-making authority. The Integrated Care System for Devon (ICSD) is due to go live from 1 July 2022.

- All pharmacies were required to become **Level 1 Healthy Living Pharmacies** by April 2020.

- The **COVID-19 pandemic** placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.[1] During the pandemic, there was a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.[2] In response to the pandemic, two Advanced Services were also created: the pandemic delivery service and COVID-19 lateral flow test provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSEI. Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022. From 1 April, the government also stopped providing free universal symptomatic and asymptomatic testing for the general public in England.[3]

- From November 2020, community pharmacies had to facilitate **remote access** to pharmaceutical services at or from the pharmacy premises.[4]

- **Community Pharmacist Consultation Service (CPCS)[5]** is an advanced service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Supply Advanced Scheme (NUMSAS) and local pilots of Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with pharmacist on referral from NHS 111, integrated urgent clinical assessment services and, in some cases, from 999. From 1 November 2020, GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally

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

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

[3] Cabinet Office. COVID-19 Response: Living with COVID-19. 23 February 2022. https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

[4] PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 2 June 2021. Regs reminder (#12): Facilitating remote access to pharmacy services - PSNC Website

[5] Community Pharmacist Consultation Service 25 May 2022. https://psnc.org.uk/national-pharmacy-services/advanced-services/community-pharmacist-consultation-service/

agreed referral pathway. The CPCS and GP CPCS aim to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care–level services, as part of the NHS LTP.

- **Discharge Medicines Service (DMS)** is a new essential service from 15 February 2021. NHS Trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSEI Medicines Safety Improvement Programme to be significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.[6]

- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced, including additional eligible patients for the New Medicine Service (NMS).

- **Pharmacy Quality Scheme (PQS)** is a voluntary scheme that forms part of the CPCF.[7] It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing, the 2022-23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the Department of Health and Social Care (DHSC) and NHSEI.

2.3 Legislative context and statutory requirements

The Health and Social Care Act 2012 established Health and Wellbeing Boards (H&WBs). It also transferred responsibility to develop and update PNAs from primary care trusts to H&WBs with effect from April 2013. At the same time responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHSEI.

The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013, (the '2013 Regulations') set out the minimum information that must be contained within a PNA and outlines the process that must be followed in its development. Please see
https://www.legislation.gov.uk/uksi/2013/349/contents/made
This report covers the requirements of the 2013 Regulations as follows:

A series of statements are given in section 6 (Conclusions and Statements) with regards to:

- The pharmaceutical services that the H&WB has identified as **services that**

[6] Discharge Medicines Service. 17 June 2022 https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/
[7] NHSEI. Pharmacy Quality Scheme Guidance 2021/22. September 2021. https://www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf

are necessary to meet the need for pharmaceutical services

- The pharmaceutical services that have been identified as **services that are not provided but which the H&WB is satisfied need to be provided** in order to meet the current or future need for a range of pharmaceutical services or a specific pharmaceutical service

- The pharmaceutical services that the H&WB has identified as not being necessary to meet the need for pharmaceutical services but have **secured improvements or better access**

- The pharmaceutical services that have been identified as **services that would secure improvements or better access** to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future and,

- **Other NHS services** that affect the need for pharmaceutical services or a specific pharmaceutical service.

As required by the 2013 Regulations, this PNA also contains details of:

- How the H&WB has determined the localities in its area (section 2.12.3)
- How it has accounted for the different needs of the different localities, and the different needs of those who share protected characteristics (section 3)
- A report on the consultation process
- (Appendix 3)
- A map that identifies the premises at which pharmaceutical services are provided (section 8)
- Information on the demography of the area (section 3)
- Whether there is sufficient choice with regard to obtaining pharmaceutical services (section 9)
- Any different needs of the different localities (sections 3, 4, 5 and 8)
- The provision of pharmaceutical services in neighbouring H&WB areas (section 6.2.2)

The structure and content of the report is based on guidance provided in October 2021 by the Department of Health and Social Care https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

2.4 Health and Wellbeing duties in respect of the PNA

The H&WB must:

- produce its first PNA which complies with the regulatory requirements
- publish its first PNA by 1 April 2015
- publish subsequent PNAs on a three-yearly basis
- publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes, and

- produce supplementary statements in certain circumstances

NB: The H&WB has a statutory responsibility to deliver the PNA every three years with the last full PNA published in March 2018. The publication of this PNA was delayed from April 2021 to October 2022 due to the COVID-19 pandemic.

2.5 Mitigating the impacts of the coronavirus (COVID-19)

National, regional and local evidence on the impacts of COVID-19 shows that inequalities in physical and mental health have widened as a consequence of the pandemic. This is a result of both the direct effects of the virus, and the indirect effects through the control measures taken. While COVID-19 is not the primary focus of this PNA, it is recognised that its impacts on health and wellbeing inequalities, and on how people interact with services, are likely to influence what people need from community pharmacy services and how they access them.

2.6 Primary Care Networks (PCNs)

Primary care plays a key role through the development of strong, inter-connected Primary Care Networks (PCNs), described as the ‘building block’ of local healthcare systems. Established in 2019, PCNs comprise a wide range of staff working collaboratively such as GPs, pharmacies, district nurses, community geriatricians, dementia workers and AHPs, joined by social care and the voluntary sector. Fully integrated community-based healthcare is supported through the ongoing training and development of multidisciplinary teams in primary and community hubs.

PCNs have been created to build on the joined-up working that already exists across Primary Care. This requires GPs and pharmacies to work even more closely with community and secondary care providers around an individual’s care needs. Culturally, there will be an emphasis placed on prevention, proactive personalised care and helping people to manage their own care where appropriate. The aim is to address health issues earlier on and reduce demand for hospital-based services, particularly urgent care. For community pharmacy services, this reinforces a continued shift from the traditional role of dispensing to one of providing a much broader range of clinical, health and wellbeing services. There is an expectation that each PCN will have a lead community pharmacy PCN lead as well as a lead clinician for GPs.

Plymouth has seven PCNs (as at May 2022):

- Beacon Medical Group
- Drake Medical Alliance Limited
- Mayflower Medical Group
- Mewstone
- Pathfields Medical Group
- Sound
- Waterside Health Network

2.7 The scope of this PNA: Contractors and services

2.7.1 Contractors

NHSEI must keep lists of contractors who provide pharmaceutical services in the area of the H&WB. The principal types of contractor are:

(i) Pharmacy contractors

Individual pharmacists (sole traders), partnerships of pharmacists or companies who operate pharmacies. Who can be a pharmacy contractor is governed by The Medicines Act 1968. All pharmacists must be registered with the General Pharmaceutical Council, as must all pharmacy premises.

Within this group there are:

- **Community pharmacies** – These are pharmacies which provide services to patients in person from premises in (for example) high street shops, supermarkets or adjacent to doctors' surgeries. As well as dispensing medicines, they can sell medicines which do not need to be prescribed but which must be sold under the supervision of a pharmacist. They may also, but do not have to, dispense appliances. Community pharmacies operate under national terms of service set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).

- **Local pharmaceutical services (LPS) contractors** – A small number of community pharmacies operate under locally-agreed contracts. While these contracts will always include the dispensing of medicines, they have the flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national terms of service, and so can be more tailored to the area they serve.

- **Distance-selling pharmacies (DSP)** – These pharmacies cannot provide most services on a face-to-face basis. They operate under the same terms of service as community pharmacies, so are required to provide the same essential services and to participate in the clinical governance system, but there is an additional requirement that they must provide these services remotely. For example, a patient may post their prescription to a distance selling pharmacy and the contractor will dispense the item and then deliver it to the patient's address by post or using a courier. Distance selling pharmacies therefore interact with their customers via the telephone, email or a website and will deliver dispensed items to the customer's preferred address. Such pharmacies are required to provide services to people who request them wherever they may live in England, and cannot limit their services to particular groups of patients.

(ii) Dispensing appliance contractors (DAC)

DACs supply appliances such as stoma and incontinence aids, dressings, bandages

etc. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service set out in schedule 5 of the 2013 regulations and also in the 2013 directions.

(iii) Dispensing doctors

Medical practitioners authorised to provide drugs and appliances in designated rural areas known as ‘controlled localities’. Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule 6 of the 2013 regulations.

The services that a PNA must include are defined within both the NHS Act 2006 and the 2013 regulations.

2.7.2 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHSEI does not hold contracts with most pharmacy contractors (the exception being LPS contractors). Instead, as noted above, they provide services under terms of service set out in legislation.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services.

2.7.2.1 Essential services

All pharmacies must provide these essential services:

- **Dispensing of prescriptions** – The supply of medicines and appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records. Also the urgent supply of a drug or appliance without a prescription at the request of a prescriber. Pharmacies are required to maintain a record of all medicines dispensed and to keep records of any interventions made which they judge to be significant.

- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so.

- **Disposal of unwanted drugs** – Acceptance by community pharmacies, of unwanted medicines that require safe disposal from households and individuals. NHSEI is required to arrange for the collection and disposal of waste medicines from pharmacies.

- **Promotion of healthy lifestyles** – The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions, and pro-active participation in

national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods. NHSEI can ask community pharmacy contractors to participate in mandated health campaigns.

- **Healthy Living Pharmacies** – The Healthy Living Pharmacy framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need and heling to reduce health inequalities. Being a Healthy Living Pharmacy became an essential service requirement from January 2021.

- **Signposting** – The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

- **Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

- **Discharge Medicines Service** - The discharge medicines service (DMS) became a new essential service on 15 February 2021. NHS Trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy.

Note: where a pharmacy contractor chooses to supply appliances as well as medicines, the requirements of the appliance services (listed in section 2.7.3.1) also apply.

While not classed as separate services, pharmacies may also provide the following as enhancements to the provision of essential services:

- **Dispensing of electronic prescriptions** received through the Electronic Prescription Service (EPS) – The ability for the pharmacy to receive prescriptions details from doctors' surgeries electronically. EPS Release 1 involved paper prescriptions including a barcode which the pharmacy could scan to retrieve an electronic copy of the patient's details and the medication prescribed. EPS Release 2 involves the prescription details being sent entirely electronically by the GP surgery to the pharmacy nominated by the patient. Under EPS Phase 4 patients can choose to take their token to any pharmacy in England.

- **Access to the NHS Summary Care Record** – The pharmacy has access to an electronic summary of key clinical information (including medicines, allergies and adverse reactions – and possibly additional information if the patient consents) about a patient, sourced from the patient's GP record to support care and treatment. This can, for example, be used to confirm that a patient requesting an emergency supply of a medicine has been prescribed that medicine before.

2.7.2.2 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.

- **New Medicine Service (NMS)** – The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions and providing support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications. The service aims to enable the patient to make appropriate lifestyle changes and self-manage their condition.

- **Influenza vaccination service** – The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake.

- **Community Pharmacist Consultation Service (CPCS)** - The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. As well as referrals from general practices for minor illness consultations via a local referral pathway, the service takes referrals to community pharmacy from NHS 111 for both minor illness consultations and urgent supplies of repeat medicines and appliances (and NHS 111 online for requests for urgent supply of medicines).

- **Stoma Appliance Customisation service (SAC)** – The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.

- **Appliance Use Review service (AUR)** – The improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary making recommendations to prescribers.

- **Hepatitis C Testing Service** – The community pharmacy Hepatitis C Antibody Testing Service is focused on the provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs, i.e. individuals who inject illicit drugs e.g. steroids or heroin but who haven't yet moved to the point of accepting treatment for their substance use.

- **Hypertension Case-Finding Service** – The service will support the NHS Long Term Plan ambitions for prevention of cardiovascular disease. The service aims to identify people with high blood pressure (aged 40 years or older) who have previously not had a confirmed diagnosis of hypertension,

and to refer them to general practice to confirm diagnosis and for appropriate management, at the request of a general practice, undertake ad hoc clinical measures and ABPM; and provide another opportunity to promote healthy behaviours to patients.

- **Smoking Cessation Advanced Service** – this service enables NHS Trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway including providing medication and behavioural support as required.

- **COVID-19 Lateral Flow Device Distribution (LFD) Service** – This service was available from March 2021 to March 2022 and, if required could be provided again in the future. The service aims to improve access to COVID-19 testing by making lateral flow device test kits available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

2.7.2.3 Enhanced services

The 2013 directions contain a list of enhanced services which NHSEI may commission, and broadly describe the underlying purpose of each one.

NHSEI may choose to commission enhanced services from all or selected pharmacies to meet specific health needs, in which case it may develop an appropriate service specification.

NHSEI currently commissions the COVID-19 vaccination service at Devonport Pharmacy in Plymouth, to provide COVID-19 vaccinations to eligible groups of patients.

Other enhanced services that maybe, but are not currently, commissioned by NHSEI are:

- Antiviral collection service
- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Emergency supply service
- Gluten free food supply service
- Home delivery service
- Independent prescribing service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange
- Patient group direction service
- Prescriber support service
- Schools service

- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service

Some of the above services may be commissioned by CCGs, ICSs or LAs, but in such cases those services are not 'pharmaceutical services' for the purposes of this PNA. See section 2.4 for further details.

2.7.2.4 Clinical governance

Underpinning the provision of all of these services is the requirement on each pharmacy to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme
- a premises standards programme.

Some clinical governance requirements were put on hold during the COVID-19 pandemic.

2.7.2.5 Opening hours

Most pharmacies are required to open for at least 40 hours per week, and these are referred to as core opening hours. However many choose to open for longer and these hours are referred to as supplementary opening hours – but a pharmacy can decide to stop providing supplementary hours by giving notice to NHSEI.

As part of an application to open a new pharmacy, an applicant may offer to open for more than 40 core hours per week (for example, promising to open for a minimum of 50 hours per week), and may open supplementary hours in addition.

If an application is granted and the pharmacy subsequently opens the core and supplementary opening hours set out in the initial application become the pharmacy's contracted opening hours.

Between April 2005 and August 2012, some contractors were able to open new premises using an exemption under which they agreed to have 100 core opening hours per week (referred to as 100-hour pharmacies). These pharmacies are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks that contain a bank or public holiday, or Easter Sunday). Although the exemption for new 100-hour pharmacies no longer applies, existing 100-hour pharmacies remain under an obligation to be open for 100 hours per week. In addition, these pharmacies may open for longer hours.

2.7.2.6 Recent changes to the contractual arrangements for pharmacies

On 20 October 2020 new NHS regulations were laid to introduce changes to the Terms of Service for pharmacy contractors.

- Pharmacy contractors must ensure that staff working at their pharmacy can access NHS Summary Care Records and that access is consistent and reliable during the pharmacy opening hours.

- There must be a comprehensive and accurate profile for pharmacy services on the NHS website (www.nhs.uk).

- There must be a premises-specific NHSmail account using the correct naming convention which the staff can access and can send and receive NHSmail from.

- There must be a comprehensive and accurate profile for the pharmacy in the Directory of Services (DoS), Information on the DoS must be updated and verified every quarter.

- Public health campaigns are now described as health campaigns.

- Pharmacy contractors must ensure their staff have access to the Electronic Prescription Service (EPS) and that access must be constant and reliable throughout core and supplementary opening hours.

- Pandemic Treatment Protocols – contractors can supply a prescription only medicine to a person in accordance with a Pandemic Treatment Protocol or Pandemic Treatment Patient Group Direction if and when one is issued.

- During a pandemic or in anticipation of a pandemic a pharmacy contractor may apply to NHSEI to provide from its’ premises a relevant immunisation service for a specified period and no other NHS pharmacy services.

- Pharmacy shared NHSmail accounts must be registered to receive Central Alerting System alerts direct from the MHRA.

- Pharmacy contractors must give NHSEI a commencement notice (e.g. to open a new pharmacy) no fewer than 30 days in advance unless a shorter period of notice has been agreed with NHSEI prior to giving NHSEI the commencement notice; and

- The contractor or applicant may change the date on which services will commence from the original to a new opening date.

- Pharmacy contractors must notify NHSEI if the company enters administration.
- Pharmacy Contractors must on request send to NHSEI by electronic means any information that could be requested at an inspection if available in

electronic form.

- Facilitation of remote access to pharmacy services to a reasonable extent; distance selling pharmacies must ensure that there are arrangements in place at the pharmacy which enables staff and patients to communicate confidentially by telephone or another live audio link and a live video link.

- Pharmacy premises must have a consultation room for confidential discussions

An updated **Pharmacy Access Scheme (PhAS)** started from January 2022 to continue to support patient access to isolated, eligible pharmacies. This is intended to ensure that a baseline level of patient access to NHS community pharmacy services is protected. Pharmacies are eligible for the scheme if they:

- were on the pharmaceutical list on the 31 March 2021
- are more than 1 mile by road from the nearest pharmacy, and or if in the most deprived areas (IMD decile 1-2) more than 0.8 of a mile away
- have received at least 1,200 single activity fees (SAFs) and not more than 104,789 SAFs in 2019-20
- be registered on the Manage Your Service (MYS) to provide the Community Pharmacist Consultation Service by the 31 December 2021 and continue to be registered to be eligible for payment; and
- be in premises that are directly accessible to the public (i.e. not with restricted access such as beyond airport security).

In Plymouth, the following pharmacies are in the PhAS:

- Well Pharmacy, Whitleigh Green
- Lloyds Pharmacy, Sainsburys Marsh Mills
- Springfield Pharmacy, Elburton

While the PhAS is currently expected to end before this PNA takes effect, information regarding which pharmacies are included on it has been included in this PNA because it may be relevant to considering which pharmacies could be regarded as providing an essential service to their communities and which may be more vulnerable to reductions in funding.

The Pharmacy Quality Scheme forms part of the Community Pharmacy Contractual Framework (CPCF). It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality; clinical effectiveness; patient safety and patient experience.

2.7.3 Pharmaceutical services provided by dispensing appliance contractors (DAC)

As with pharmacy contractors, NHSEI does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 regulations and in the 2013 directions.

2.7.3.1 Appliance services

DACs provide the following services that fall within the definition of pharmaceutical services:

- **Dispensing of prescriptions** – The supply of appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers. Also the urgent supply without a prescription at the request of a prescriber.

- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for appliances in partnership with the patient and the prescriber.

- **Home delivery service** – To preserve the dignity of patients, the delivery of certain appliances to the patient's home in a way that does not indicate what is being delivered.

- **Supply of appropriate supplementary items** – The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

- **Provision of expert clinical advice regarding the appliances** – To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

- **Signposting** – Where the contractor does not supply the appliance ordered on the prescription passing the prescription to another provider of appliances, or giving the patient contact details for alternative providers.

All DACs must provide the above services.

DACs may also receive **electronic prescriptions** through the Electronic Prescription Service (EPS) where they have been nominated by a patient.

2.7.3.2 Advanced services

DACs may choose whether to provide the appliance advanced services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. There are two appliance advanced services – for descriptions of these service see section 2.7.2.2.

- Stoma appliance customization
- Appliance use review

2.7.3.3 Clinical governance

As with pharmacies, DACs are required to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme.

2.7.3.4 Opening hours

DACs are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours – but a DAC can decide to stop providing supplementary hours by giving notice to NHSEI.

As part of an application to open a new DAC, an applicant may offer to open for more than 30 core hours per week (for example, promising to open for a minimum of 40 hours per week), and may also open supplementary hours in addition.

2.7.4 Pharmaceutical services provided by dispensing doctors

The 2013 regulations allow doctors to dispense to eligible patients in rural areas where access to pharmacies can be difficult. Dispensing takes place in a dispensary which is not usually classed as a pharmacy and so is not registered with the General Pharmaceutical Council. Dispensing doctors do not generally employ pharmacists to work in their dispensaries, and dispensing will instead be carried out by the doctors themselves or by dispensing assistants who will generally be trained to NVQ2 or NVQ3 level.

In a few cases, a pharmacy attached to a doctors' surgery may also act as the surgery dispensary for the purpose of dispensing to eligible patients on behalf of the dispensing doctor.

2.7.4.1 Eligibility

The rules on eligibility are complex. In summary, and subject to some limited exceptions which may be allowed on an individual patient basis, a dispensing doctor can only dispense to a patient who:

- is registered as a patient with that dispensing doctor, and
- lives in a designated rural area (known as a 'controlled locality' – see below), and
- lives more than 1.6 kilometers (about one mile) in a straight line from a community pharmacy, and
- lives in the area for which the doctor has been granted permission to

dispense, or is a patient for whom the doctor has historic dispensing rights.

Designation of areas as ‘controlled localities’ is a responsibility of NHSEI. This PNA is required to include maps of the controlled localities within the H&WB’s area. There are no controlled localities in Plymouth.

2.7.4.2 Services

Dispensing – Dispensing doctors may supply medicines and appliances ordered on NHS prescriptions (whether issued by them or another prescriber such as a dentist) to eligible patients.

Dispensing doctors are not permitted to sell medicines, so are unable to supply over-the-counter medicines except by prescribing and then dispensing them.

If a dispensing doctor participates in the Dispensary Services Quality Scheme then then will provide **dispensing reviews of the use of medicines (DRUMs)**.

2.7.4.3 Clinical governance

Dispensing doctors can participate in the voluntary **Dispensary Services Quality Scheme (DSQS)**, which includes requirements relating to:

- staff qualifications and training
- ensuring an appropriate level of dispensary staff hours
- standard operating procedures
- risk management
- clinical audit
- production of a leaflet
- providing DRUMs

2.7.4.4 Opening hours

Dispensing doctors are able to determine what hours their dispensary should be open to patients. If they participate in the DSQS then they are required to notify NHSEI of those opening hours as part of the DSQS assessment, but do not have to seek approval or give advance notice of any changes to their opening hours.

2.8 Locally commissioned services

LAs and CCGs may also commission services from pharmacies and DACs, however these services fall outside the definition of pharmaceutical services. For the purposes of this document, they are referred to as locally commissioned services. They are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

2.8.1 Services commissioned by Plymouth City Council

(i) Supervised consumption of substance misuse medicines

This service involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a pharmacy. There is a compelling evidence to support the effectiveness of substance misuse supervised administration services with long-term health benefits to substance misusers and the whole population.

49 pharmacies were commissioned to provide this service by Plymouth City Council in 2021/22 and 43 pharmacies supervised 38,671 doses of either methadone, buprenorphine, espranor or naltrexone over the course of the year. In 2020/21, 35,991 doses were provided and 89,473 in 2019/20.

(ii) Emergency hormonal contraception (EHC)

There is a strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy in England. Between 2009 and 2019 the under 18s conception rate in Plymouth reduced from 46 per 1,000 females aged 15-17 to 17.2 per 1,000 females aged 15-17.

Routine and emergency contraception are provided from GP practices and specialist sexual and reproductive health services (formerly known as family planning clinics). Some women prefer the convenience and relative anonymity of attending a community pharmacy to access EHC. Plymouth City Council (Public Health) commission community pharmacies to provide free EHC to women aged 13–24 years. Through this service ulipristal acetate and levonorgestrel are supplied under a patient group direction (PGD) to women who meet the criteria for inclusion of the PGD and service specification. Women over 16 years can also purchase EHC as an over the counter medication from pharmacies.

Currently 31 pharmacies are commissioned in Plymouth to provide EHC services, with 24 actually delivering in 2021/22. 2,050 consultations were delivered and 2,046 EHC treatments dispensed in 2021/22. This compares to 1,207 consultations and 1,205 EHC treatments provided in 2020/21, and 1,570 consultations and 1,567 EHC treatments in 2019/20.

(iii) Chlamydia screening

Chlamydia screening is a core part of local sexual and reproductive health service provision. The National Chlamydia Screening Programme has recently shifted its focus to reducing reproductive harm of untreated infection in young women. In Plymouth opportunistic chlamydia screening is provided to women aged 13-24 as part of EHC consultations in community pharmacies and to sexually active under 25 year olds if requested over the counter in the pharmacy.

25 pharmacies were commissioned in Plymouth in 2021/22 delivering 154 chlamydia screens as part of the free EHC service for 13-24 year olds. This compares to 104 chlamydia screens delivered in 2020/21 and 657 in 2019/20.

(v) Smoking cessation

Stopping smoking is one of the single most effective health care interventions that can be offered. Working alongside the specialist provider of smoking cessation services and GP practices, pharmacies provide behavioral support as well as Nicotine Replacement Therapy (NRT) and access to medication for people who want to give up smoking. Unlike other providers, pharmacies offer a walk-in service across a wide number of opening hours.

Currently 49 pharmacies are commissioned in Plymouth to provide stop smoking services, with 31 actually delivering in 2021/22. 20 people quit smoking with pharmacological and behavioural support from pharmacies in 2021/22. This compares to 22 people in 2020/21 and 33 in 2019/20.

2.8.2 Services commissioned by the ICSD

To improve access for people and to relieve pressure on urgent and emergency care services and general practitioner appointments at times of high demand, the following services are commissioned.

(i) The Community Pharmacy Minor Ailments Service (Pharmacy First)

The Community Pharmacy Minor Ailments Service (Pharmacy First) is a service commissioned across Devon that gives patients improved access to self-care advice for the treatment of specific ailments and, where appropriate, medicines without needing to obtain a prescription from their GP, out of hours provider, walk-in centre or emergency department.

This service provides an alternative location from which patients can seek advice and treatment for a limited range of conditions to improve access and to relieve pressure on GP and urgent and emergency care services.

The specific minor ailments currently covered by the service are uncomplicated urinary tract infections, impetigo, and bites and stings and mild skin inflammation. For more information visit
https://devonccg.nhs.uk/health-services/pharmacy-services/community-pharmacy-minor-ailments-service-pharmacy-first

(ii) The Community Pharmacy Access to Medicines Service

The ICSD became aware that, for asylum seekers and refugees residing in Government-organised accommodation, some patients are unable to pay their prescription charges while they are awaiting their HC2 exemption certificate (or other form of exemption). This can result in these patients having an issue with access to medicines.
The Community Pharmacy Access to Medicines Service has been commissioned as a temporary measure to improve access to medicines for refugees located in Devon on Government-organised accommodation. Where these patients require an FP10 prescription they can, where appropriate, be supplied with prescribed products when

they are awaiting their HC2 certificate (or other form of exemption).

2.9 Other NHS services

Details of other services which are commissioned or provided by NHSEI, Plymouth City Council and the ICSD (which affect the need for pharmaceutical services) are also included within the PNA. These include hospital pharmacies and the GP out-of-hours service.

2.10 Changes to the existing provision of pharmaceutical services

A pharmacy or DAC can apply to NHSEI to change their core opening hours. Applications normally need to be submitted 90 days in advance of the date on which the contractors wishes to implement the change. NHSEI will assess the application against the needs of the population of the H&WB area as set out in the PNA to determine whether to agree to the change in core hours or not. NHSEI and NHS Improvement (NHSEI) has 60 days to determine an application to vary core hours.

If a pharmacy or DAC wishes to change their supplementary opening hours they simply notify NHSEI of the change, giving at least three months' notice.

Dispensing doctors do not have to seek approval or give advance notice of any changes to their opening hours.

A person who wishes to buy an existing pharmacy or DAC must apply to NHSEI. Provided that the purchaser agrees to provide the same services and opening hours as the current contractor, change of ownership applications are normally approved.

A contractor which wishes to relocate to different premises also needs to apply to NHSEI. Generally a relocation will only be allowed if all groups of patients who use the pharmacy at its current location would find the new location not significantly less accessible.

A contractor can cease providing pharmaceutical services if it gives three months' notice to NHSEI. 100 hour pharmacies are required to give six months' notice.

Two pharmacies (which could belong to the same contractor, or different contractors) can apply to consolidate their premises on to one site, in effect closing one of the sites. This does not apply to distance-selling pharmacies or DACs. A consolidation application can only be approved if NHSEI is satisfied that doing so will not result in the creation of a gap in pharmaceutical services. If an application is approved then it is not possible for anyone else to apply to open a pharmacy in the same area by submitting an unforeseen benefit application claiming that a gap has been created.

If a new pharmacy opens in or near a controlled locality any dispensing doctors in the area will no longer be able to dispense medicines to any patients who live within

1.6 kilometres (about 1 mile) of that pharmacy. However, NHSEI may decide to allow a transitional period after the pharmacy opens during which the doctors can still dispense to patients living near the pharmacy. There are no controlled localities in Plymouth.

2.11 Context for the PNA

2.11.1 NHS Long Term Plan (LTP)

The LTP was published in January 2019, and set out the priorities for healthcare for the next 10 years https://www.longtermplan.nhs.uk/. Priority clinical areas in the LTP include:

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

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

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

- **Section 4.21** states that 'Pharmacists have an essential role to play in delivering the Long Term Plan', and goes on to state: 'In community pharmacy, we will work with government to make greater use of community pharmacists' skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.'

- **Section 1.10** refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. The CPCS has been developed, and has been available since 31 October 2019 as an Advanced Service.

- **Section 1.12** identifies 'pharmacist review' of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge,

streamlining patient pathways to reduce avoidable outpatient visits and over-medication.

- **Section 3.68** identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.

- **Section 3.86** states: 'We will do more to support those with respiratory disease to receive and use the right medication.' Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.

- **Section 6.17** identifies 10 priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: 'Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.'

2.11.2 Joint Strategic Needs Assessment (JSNA)

Joint Strategic Needs Assessments (JSNAs) are assessments of the current and future health and social care needs of local communities. These are needs that could be met by services commissioned (bought) by the local authority, CCGs, or by NHS England and NHS Improvement (NHSEI).

H&WB are responsible for overseeing the production of the JSNAs. Local authorities and CCGs have equal and joint duties to prepare them. Local areas are free to carry out JSNAs in a way best suited to their circumstances.

In Plymouth, the JSNA is not one single document. Our JSNA process involves the production of a series of profiles and reports. It explores a variety of topic areas in depth.

The closest thing we have to a single written JSNA is the 'Plymouth Report' which has a health and wellbeing chapter ('Healthy Plymouth') within it. The Plymouth Report provides an overview of a number of key issues which impact upon health and wellbeing in Plymouth, such as crime, education and employment. https://new.plymouth.gov.uk/plymouth-report

Our Plymouth JSNA reports have been grouped under topic areas (listed below in alphabetical order):

- Alcohol
- Dental health
- Healthy diet

- Healthy weight
- Long-term conditions
- Life Expectancy
- Mental health and wellbeing
- Miscellaneous (uncategorised)
- Physical activity
- Sexual health
- Smoking
- Vulnerable people

Please see the following link to the Plymouth JSNA topics:
https://new.plymouth.gov.uk/our-jsna-topics

The JSNA is a statutory responsibility of the Director of Public Health, Director of Children's Services and Director of Adult Social Services. The Director of Public Health's annual reports for Plymouth should:

- Contribute to improving the health and wellbeing of local populations
- Reduce health inequalities
- Promote action for better health, through measuring progress towards health targets
- Assist with the planning and monitoring of local programmes and services

Please see the following link to the Plymouth Director of Public Health Annual Reports: https://new.plymouth.gov.uk/director-public-health-annual-report

2.12 How the assessment was undertaken

2.12.1 PNA steering group

The H&WB has overall responsibility for the publication of the PNA, and the Director of Public Health is the H&WB member who is accountable for its development. A Devon-wide PNA Steering Group was established, the purpose of which was to ensure the development of robust PNAs (in Plymouth, Devon, and Torbay) that comply with the 2013 regulations and the needs of the local populations. The membership of the Steering Group ensured all the main stakeholders were represented. On 30 January 2020 the Steering Group was established, however due to the COVID-19 pandemic the PNA process was paused. The steering group reconvened on 8 October 2021. The terms of reference and membership of the group can be found in Appendix 1.

2.12.2 Pharmaceutical services information

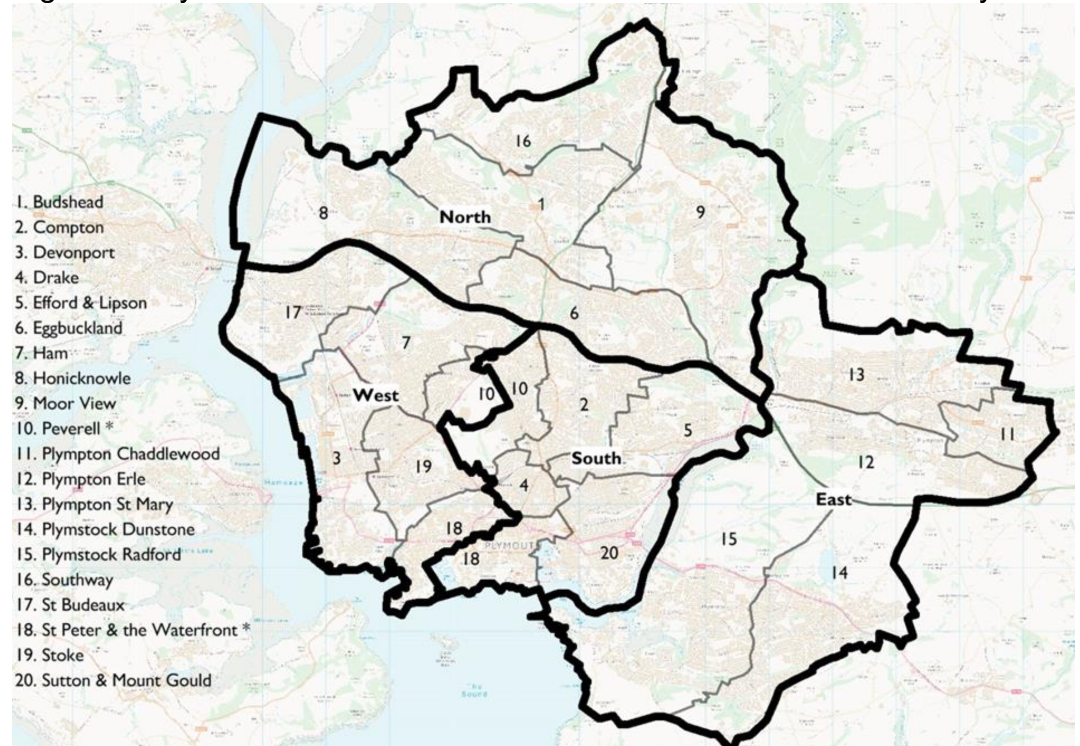
A list of pharmaceutical service providers operating in Plymouth as of May 2022 was obtained from NHSEI records for this PNA. Although it is anticipated that there will be changes to the list of service providers since May 2022, this cut off point was chosen to enable time for data cleaning, upload, and analysis.

2.12.3 PNA localities

The assessment of need could be conducted in many different ways e.g. on an electoral ward or neighbourhood basis. For the purposes of this PNA, Plymouth was divided into the four Livewell Southwest localities (Figure 1).

A locality is a distinct population cluster in which the inhabitants live in adjoining areas that has a name or a locally recognised status. Plymouth's localities are aggregations of the city's 20 electoral wards (except that the South and West localities split the electoral wards of Peverell and St Peter and the Waterfront, see Figure 1). Cutting the data on a locality basis enables a better overview of provision across a cluster of electoral wards within an area of the city.

Figure 1: Plymouth's electoral wards and Livewell Southwest locality boundaries



Source: Public Health Team, Plymouth City Council
Contains public sector information licensed under the Open Government License v3.0
Contains OS data © Crown copyright and database right (2022)

The information in sections 3, 4, and 5 is presented on a locality basis. This is particularly useful when examining the availability and accessibility of pharmaceutical services across Plymouth. The information gathered will help to inform commissioning decisions related to community pharmacy and services delivered by alternative providers, and ensure that the distribution of services meets local needs. It was not practical to present data at the neighbourhood or electoral ward level as this would mean presenting survey findings for 39 neighbourhoods or 20 wards respectively. In addition, presentation of the service mapping at this level would not provide a complete picture of access to pharmacies. For example, pharmacies in adjacent neighbourhoods or wards may be accessible within very short drive times. Consequently, needs may be identified at the neighbourhood or ward level that are addressed by provision in adjacent areas.

Table 1 lists the 20 electoral wards that make up the four Livewell Southwest localities for which data are presented in this document.

Table 1: The Livewell Southwest localities by electoral ward

Locality	Ward	Locality	Ward
East	Plympton Chaddlewood	West	Devonport
	Plympton Erle		Ham
	Plympton St Mary		Peverell *
	Plymstock Dunstone		St Budeaux
	Plymstock Radford		St Peter & the Waterfront *
			Stoke
Locality	**Ward**	**Locality**	**Ward**
South	Compton	North	Budshead
	Drake		Eggbuckland
	Efford & Lipson		Honicknowle
	Peverell *		Moor View
	St Peter & the Waterfront *		Southway
	Sutton & Mount Gould		

* Ward split between two localities

2.12.4 Other sources of information

Information was gathered from NHSEI, Plymouth City Council, NHS Devon CCG, South Hams District Council and West Devon Council regarding:

- services provided to residents of the H&WB's area, whether provided from within or outside of the H&WB's 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.

The JSNA and Plymouth City Council's Joint Health and Wellbeing Strategy (JHWS) provided background information on the health needs of the population.

The Plymouth and South West Devon Joint Local Plan (JLP) was adopted by South Hams District Council, Plymouth City Council and West Devon Borough Council in 2019. Information can be found on the Adopted Plymouth and South West Devon Joint Local Plan website: https://new.plymouth.gov.uk/adopted-plymouth-and-south-west-devon-joint-local-plan

2.12.5 Patient experience

Healthwatch is the independent consumer champion for people using local health

and social care services. Their work covers all areas of health and adult social care. This includes GPs, hospitals, dentists, care homes, pharmacies, opticians and more. Healthwatch listens to what local residents say about the healthcare services they use and make sure the people in charge who have the power to improve services hear them. Healthwatch Devon, Plymouth and Torbay (HWDPT) has provided the following statement for inclusion in the 2022-25 PNAs for the Devon, Plymouth and Torbay areas.

With the introduction of Integrated Care Systems, primary care services are evolving with the public being directed to contact services such as pharmacists for a range of minor conditions rather than their GP. Likewise, pharmacies are also being invited to take a wider role in providing community health services and supporting Primary Care Networks.

Patients often contact Healthwatch around issues with prescriptions or repeat prescriptions, frequently caused by the electronic communication between GP practices and dispensing pharmacies, leaving patients frustrated as it is often they themselves who end up having to sort issues out. A robust system to deal with prescribing issues needs to be in place to provide assurance to patients, particularly those managing long-term conditions, and that issues arising will be dealt with in a timely manner. This is particularly important for those who rely on public transport or friends/family members to collect medication and to avoid multiple journeys.

During the COVID-19 pandemic, a greater emphasis on digital access to services has been seen and whilst some of the population have embraced this technology there are patients who cannot, or do not, wish to use this method of contact.

Healthwatch has also seen a rise in comments from patients about being unable to contact their pharmacy by phone or indeed receive information by text from their pharmacy, when they have been told to expect one. Again, pharmacies should have a robust process in place to ensure phone calls from and phone/text messages to patients are systematically managed in a reasonable timeframe.

In April 2022, Healthwatch published a summary report of patient experience of pharmacy services 1 April 2021 to 31 March 2022. A total of 49 feedback reviews were received about pharmacy services in Plymouth via the HWDPT website, telephone calls, emails or web chat to the Healthwatch Contact Centre. When looking at the Plymouth data specifically and comparing the amount of feedback received since April 2018, Healthwatch has seen an increase year on year.

Of the 49 pieces of feedback from Plymouth, the sentiments were 2% neutral, 16% positive and 82% negative. The main issues raised were:

- issues around prescriptions/repeat prescriptions
- staff attitudes
- service delivery/opening hours
- communication/telephone access

2.12.6 Consultation

The statutory 60-day consultation commenced on Friday 1 July 2022 and ran until Tuesday 30 August 2022. A report on the consultation can be found in Appendix 3.

3. Overview of Plymouth

3.1 Introduction

This chapter provides information regarding the demography of Plymouth, which may have implications for delivery of pharmaceutical services across the city. The chapter covers the population of Plymouth and population estimates, the nine protected characteristics, deprivation, car ownership and Mosaic profiling (marketing based information about the demographics, characteristics and behaviours of the Plymouth population). It also provides a high-level overview of the key health needs of the Plymouth population compared to the England average.

3.2 The population

Plymouth's population has grown by over 8,500 people (an increase of 3.4%) from 2010 to 2020 (Table 2). All four localities have increased in population size, with the largest percentage increase in the West (5.1%) and the smallest percentage increase in the East (1.0%).

Table 2: Mid-year population estimates (all ages), by locality, 2010 to 2020

Year	East	North	South	West	Plymouth
2010	54,427	63,875	66,684	69,241	254,227
2011	54,420	64,671	67,510	69,988	256,589
2012	54,716	65,380	67,352	70,578	258,026
2013	54,443	65,292	68,642	70,798	259,175
2014	54,441	66,130	69,318	71,657	261,546
2015	55,095	66,670	68,919	72,028	262,712
2016	55,180	66,425	69,828	72,766	264,199
2017	54,618	65,871	69,134	73,447	263,070
2018	54,875	65,862	69,161	73,296	263,100
2019	54,961	66,087	68,340	72,712	262,100
2020	54,996	66,241	68,824	72,778	262,839
% change (2010 to 2020)	1.0	3.7	3.2	5.1	3.4

Source: Office for National Statistics

It is estimated that Plymouth's population will increase by over 9,000 from 2020 to 2040 (Table 3). The largest percentage increase will be seen in 90+ year olds (91.9%), whilst it is estimated that the biggest percentage reduction will be seen in the under 18 population (-7.8%).

Table 3: Sub-national population projections by age group, 2023 to 2040 (2018-based)

Age group	2020	2023	2025	2030	2035	2040	% change (2020 to 2040)
Under 18	53,291	53,355	52,959	50,365	48,700	49,108	-7.8
18-29	47,387	47,346	47,523	51,363	53,741	52,040	9.8
30-64	113,201	112,891	112,264	109,063	105,911	106,443	-6.0
65-74	25,921	25,832	26,493	29,476	30,896	29,595	14.2
75+	23,039	25,684	26,802	28,617	31,388	34,712	50.7
90+	2,432	2,583	2,713	3,080	3,648	4,666	91.9
All ages	262,839	265,108	266,041	268,884	270,636	271,898	3.5

Sources: 2020 mid-year population estimates, ONS; and 2023-2040 data Office for National Statistics via NOMIS

It is also important to highlight the number of people who commute into Plymouth to work from their usual residence outside of the city as they may make use of pharmaceutical services. This figure from the 2011 Census was 25,940.

3.3 Protected characteristics and particular health issues

The Equality Act 2010 sets out nine personal characteristics that are protected by the law:

- Age
- Disability
- Faith, religion or belief
- Gender
- Marriage status
- Pregnancy and maternity
- Gender reassignment
- Race
- Sexual orientation

Under the Act, people are not allowed to discriminate, harass or victimise another person because they have any of the above protected characteristics. There is also protection against discrimination where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic. Government departments, service providers, employers, education providers, providers of public functions, associations and membership bodies and transport providers all have a responsibility under the Act.

As well as ensuring equity of access to services for individuals with these protective characteristics, it is also important to understand the impact of these characteristics on an individual's health. Additionally, where groups with protective characteristics experience differences in wider social factors, they can lead to greater health inequalities.

In the following paragraphs, some of the health issues experienced by people with these nine protected characteristics are listed. The characteristics have then been quantified for Plymouth at the city and sub-city level (where data exists). The protected characteristics should be considered when examining whether or not existing pharmaceutical services provision meets need; consequently, due regard is given to these characteristics within the 'Market Entry' regulations. The 2019 Summary Equality Profile for Plymouth can be found here. https://www.plymouth.gov.uk/sites/default/files/Summary%20Equality%20Profile%20 2019%20-%20Final_1.pdf

3.3.1 Equality Impact Assessment (EIA)

Plymouth City Council uses equality analysis as a tool to ensure that everyone can access its services and that no particular group is put at a disadvantage. Equality Impact Assessments (EIAs) are carried out when policies, strategies, procedures, functions and services are developed and reviewed. A template is completed which gives a series of prompts to consider how to promote equality and avoid unlawful discrimination. They consider the nine protected characteristics as part of the assessment. The EIA for the PNA can be found in Appendix 3.

3.3.2 Age

- Health issues tend to be greater amongst the very young and the very old.
- The number of chronic conditions increases with age as does the occurrence of multiple morbidities.

Plymouth, at mid-year 2020, had an estimated population of 262,839. The proportion of children and young people (under 18) is lower in Plymouth (20.3%) compared to nationally (21.4%).

Due to an estimated 13,000 students residing in the city (that attend the University of Plymouth and Plymouth Marjon University) the proportion of 18-24 year olds (11.2%) is higher than that found nationally (8.3%).

The proportion of the working-age (15-64 year old) population (64.1%) is higher than that nationally (63.4%).

The city has nearly the same proportion (8.8%) of those aged 75 and over as nationally (8.6%).

3.3.3 Disability

- People with certain disabilities tend to be disproportionately affected by certain conditions including epilepsy, vision impairment, obesity, thyroid problems, poor mental health, and dementia. There is also an increased likelihood of co-morbidity in those with a disability.
- People with learning disabilities may also find it difficult to access assessment and treatment for general health problems that are not related to their

disability.

According to the 2011 Census, 10.0% of Plymouth residents reported having a long-term health problem or disability that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months (including problems related to old age). The national value was 8.3%.

According to the 2011 Census, 46.0% of Plymouth residents reported their general health as ‘very good’; this increased to 79.5% when also including those who reported their health as ‘good’. In England 81.4% of people reported their general health as either ‘very good’ or ‘good’. Plymouth’s combined value is therefore nearly two percentage points lower than the national average.

3.3.4 Faith, religion or belief

- Some studies identify that religious involvement and spirituality are associated with better health outcomes such as greater longevity, coping skills, less anxiety, depression, and suicide.
- Honor-based violence, a type of domestic abuse motivated by the notion of honor (expected behaviours of families and individuals), is not specific to one religion or belief.

According to the 2011 Census, Christianity is the most common religion in Plymouth (58.1% of the population). Nearly a third (32.9%) of the Plymouth population stated they had no religion. Those following Hinduism, Buddhism, Judaism or Sikhism combined totalled less than 1.0% of the population

3.3.5 Gender, marriage status, pregnancy and maternity

- Women tend to have longer life expectancy compared to men.
- One in seven mothers may experience a mental health problem during pregnancy or in the post-natal period. This is even greater in more deprived areas.
- Almost a third of domestic abuse for women starts during pregnancy. Victims of domestic violence have a higher risk of serious injury or death compared to the general population.
- Additional health issues that are associated with pregnancy include backache, constipation, sleeplessness, dental health problems, and morning sickness.
- Breastfeeding rates vary among different population groups. It tends to be higher in BAME groups, older mothers, and in less deprived areas.

Mid-2020 population estimates illustrate that overall, 50.3% of Plymouth’s population is female.

According to the 2011 Census, of the 109,307 households in Plymouth: 43,841 (40.1%) were a married couple household; 142 (0.13%) were a Same-Sex Civil

Partnership household; and 13,530 (12.4%) were cohabiting households.

There were 2,502 births in 2020. The West locality had the highest number of births (754) and the East locality the lowest (487).

3.3.6 Gender reassignment

- Transgender individuals can face discrimination and harassment; they may also be possible targets for hate crime which may increase their risk of mental ill-health.

There is no precise estimate of the transgender population in Plymouth. The best approximation is that around 1% of the population is gender variant to some degree. This would be equivalent to approximately 2,600 people in Plymouth.

3.3.7 Race

- White Gypsy or Irish Traveller groups are twice as likely to have long-term limiting illness.
- Black Caribbean, Indian, Bangladeshi and Pakistani men have considerably higher prevalence of diabetes compared to the general population.
- Smoking prevalence tends to be higher in some small ethnic minority groups.
- Excess weight is childhood is more prevalent in BAME groups.

There is relatively little ethnic diversity in Plymouth (Table 4). According to the 2011 Census, 92.9% of Plymouth's population identify themselves White British. This is significantly higher than the England average (79.8%). Plymouth has lower percentages of residents within each ethnic group compared with the national average. However, despite the small numbers, Plymouth has a rapidly rising BAME population which has more than doubled from around 7,900 individuals since the 2001 census. The main ethnic minorities in Plymouth are the Polish (0.7%; just over 1,900) and the Chinese (0.5%; just over 1,200).

Table 4: Proportion (%) of Plymouth population by ethnic group by locality, 2011

Locality	White British	All other White	Mixed/ multiple ethnic groups	Asian/Asian British	Black/African/ Caribbean/ Black British	Other ethnic group
East	97.1	1.4	0.7	0.4	0.3	0.1
North	95.6	1.7	0.9	1.2	0.4	0.2
South	88.5	5.5	1.9	2.5	1.0	0.7
West	91.5	3.9	1.5	1.7	0.9	0.5
Plymouth	92.9	3.2	1.3	1.5	0.7	0.4

Source: Census 2011, Office for National Statistics, totals might not sum to 100.0% due to rounding

2011 Census data suggests Plymouth has at least 60 languages spoken as a main language by at least 10 people aged 3 years and over in the city, with Polish, Chinese and Kurdish the top three. Based on data for January 2020 to February

2022, Plymouth City Council's translation service provider "thebigword", recorded that the most requested languages for translation were Polish, Arabic, and Kurdish.

3.3.8 Sexual orientation

- LGB groups report more psychological distress than heterosexual individuals.
- Depression is twice as likely, and anxiety is 1.5 times more likely in LGB groups.
- There are higher prevalence rates of self-harm in lesbian and bisexual woman.
- Rates are twice as high for suicidal ideation in LGB groups.

There is no precise local data on numbers of Lesbian, Gay, and Bi-sexual (LGB) people in Plymouth but it is nationally estimated that 2.7% of the population over the age of 16 years identify as LGB (ONS, 2019). This would mean that approximately 7,100 people aged 16 years and over in Plymouth would identify as LGB.

3.4 Additional patient groups with particular health issues

3.4.1 Tourists

Plymouth has a significant seasonal influx of tourists into the area, who may suffer from a range of health issues which may need pharmacy support. These could range from simple colds through to issues such as sunburn as well as more complicated prescribing regimens that need to continue to be maintained.

3.4.2 Students

Plymouth has three grammar schools which attract students from outside of the city. It also has a number of further and higher education sites.

Health considerations for this group include (but are not limited to):

- Mumps
- Chlamydia testing
- Contraception, including Emergency Hormonal Contraception, provision
- Mental health problems

Plymouth also attracts a significant number of foreign students to study. These students can be from a diverse range of countries and therefore may bring, or be susceptible to, a range of diseases or ailments

3.4.3 Homeless population

Key findings by Homeless Link following a nationwide study of the health needs of homeless people in 2014[8] were:

- 80% reported some form of mental health problem (diagnosed or undiagnosed)
- 45% had a diagnosed mental health problem (compared to 25 in the general population)
- 39% were currently, or in recovery from, misusing drugs
- 27% were currently, or in recovery from, misusing alcohol
- Almost 50% used drugs or alcohol to cope with mental health issues
- Nearly 66% consumed more than the recommended daily allowance of alcohol, each time they drunk
- 73% had physical health issues, of which 41% said this was a long-term condition.

In addition, homelessness is a key risk factor for tuberculosis (TB) due to the transmission risks of sleeping rough or in overcrowded accommodation.

3.5 Deprivation

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. Deprivation measures attempt to identify communities where the need for healthcare is greater, material resources are fewer and as such the capacity to cope with the consequences of ill-health are less. People are therefore deprived if there is inadequate education, inferior housing, unemployment, insufficient income, poor health, and low opportunities for enjoyment. A deprived area is conventionally understood to be a place in which people tend to be relatively poor and are relatively likely to suffer from misfortunes such as ill-health.

The English Indices of Deprivation (IoD) 2019 use 39 separate indicators, organised across seven distinct domains of deprivation which can be combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2019 (IMD 2019). This is an overall measure of multiple deprivation experienced by people living in an area. When analysing IMD data it is important to bear in mind the following:

- It is not an absolute measure of deprivation.
- Not all people living in deprived areas are deprived and vice versa.
- It cannot be compared over time because an area's score is affected by the scores of every other area; so it is impossible to tell whether a change in score is a real change in the deprivation level of an area, or whether it is due to the scores of other areas going up or down.

The IMD 2019 score is calculated for every Lower Super Output Area (LSOA) in

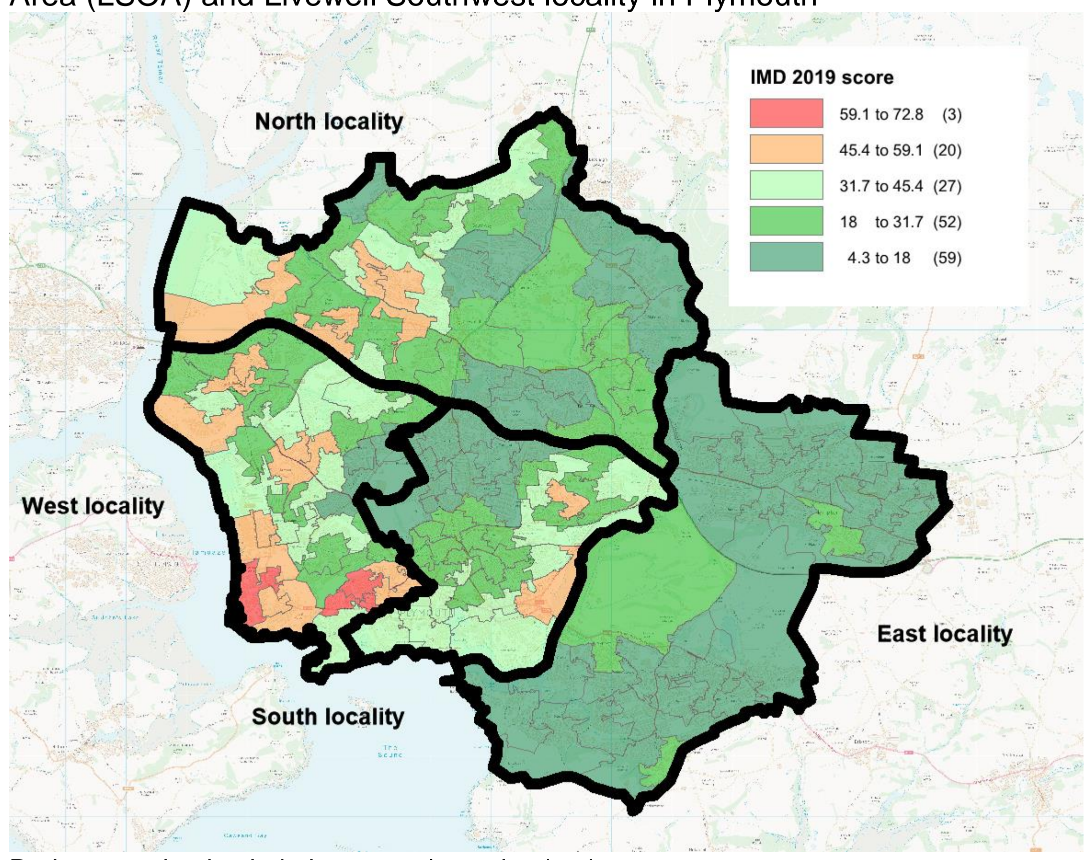
[8] https://homelesslink-1b54.kxcdn.com/media/documents/The_unhealthy_state_of_homelessness_FINAL_1.pdf

England. LSOAs are part of a geographical framework developed for the collection and publication of small area statistics. Plymouth is made up of 161 LSOAs. An LSOA typically contain a population of around 1,500.

The IMD 2019 score can be used to rank every LSOA in England according to their relative level of deprivation. Out of 32,844 LSOAs in England, Plymouth has 28 LSOAs in the 10% most deprived, three in the 3% most deprived, and two in the 1% most deprived LSOAs in the country. Plymouth is ranked 50 out of the 151 upper-tier local authorities in England (1=most deprived; 151=least deprived). This places Plymouth in decile four nationally i.e. within the 40% most deprived upper-tier local authorities in England.

Figure 2 shows the IMD 2019 values for the 161 LSOAs in Plymouth with the boundaries of the four Livewell Southwest localities overlaid. Although it is useful to see data presented in this way, it does not show composite locality scores that can be used to identify, for example, the most or least deprived locality in the city. Therefore separate analysis has been carried out by the Public Health Team in Plymouth City Council to produce this. On the basis of this analysis, the locality with the highest score (i.e. the most deprived; rank 1) is the West. The locality with the lowest score (i.e. the least deprived; rank 4) is the East (Table 5).

Figure 2: Index of Multiple Deprivation (IMD) 2019 scores by Lower Super Output Area (LSOA) and Livewell Southwest locality in Plymouth



Red = most deprived, dark green = least deprived
Source: IMD 2019 data from Oxford Consultants for Social Inclusion (OCSI)
Contains Ordnance Survey data © Crown copyright and database rights 2022
Contains public sector information licensed under the Open Government License v3.0

Table 5: Index of Multiple Deprivation (IMD) 2019 score by locality

Livewell Southwest locality	Average IMD 2019 score	Locality rank
East	11.8	4
North	27.1	2
South	25.8	3
West	38.2	1
Plymouth	26.6	-

Source: Produced by the Public Health Team, Plymouth City Council, using IoD 2019 data constructed by Oxford Consultants for Social Inclusion (OCSI)

In terms of what this means for our PNA, people in more deprived areas generally live with poorer health. Increased deprivation is also associated with a higher prevalence of smoking, harmful drinking, poor diet, and poor mental health. Community pharmacies have an extended role to play in educating and supporting communities to adopt healthier lifestyles.

3.6 Car ownership

Based on the 2011 Census, car ownership in Plymouth (72.2%) is slightly below the national average (74.2%). Car ownership is unevenly distributed across the city, with the West locality having the smallest proportion of car owners per household (63.3%) and the East locality having the largest proportion (85.5%) (Table 6).

Table 6: Proportion (%) of car or van owners per household by locality, 2011

Locality	No cars or vans in household	1 car or van in household	2 cars or vans in household	3 cars or vans in household	4 or more cars or vans in household	1 or more cars or vans in household
East	14.5	45.9	31.2	6.5	1.9	85.5
North	24.1	47.8	22.9	4.1	1.1	72.9
South	32.7	44.4	18.1	3.6	1.2	67.3
West	36.7	44.6	15.4	2.6	0.7	63.3
Plymouth	27.8	45.7	21.3	4.0	1.2	72.2

Source: Census 2011, Office for National Statistics

3.7 The Office for Health Improvement and Disparities (OHID) Health Public Health Profiles

The Public Health Profiles published by The Office for Health Improvement and Disparities (OHID) provide an overview of the general health of the local population. They present a set of key indicators that, through comparison with other areas and with the national average, can highlight potential problems locally. They are designed to help local government and health services identify problems and decide how to tackle them to improve health and reduce health inequalities. Two profile examples are given below.

3.7.1 The Local Authority Health Profile for Plymouth 2019

Figure 3: Local Authority Health Profile for Plymouth 2019

Plymouth

Published on 03/03/2020

Area type: Unitary authority
Region: South West

Local Authority Health Profile 2019

This profile gives a picture of people's health in Plymouth. It is designed to act as a 'conversation starter', to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit https://fingertips.phe.org.uk/profile/health-profiles for more area profiles, more information and interactive maps and tools.

Health in summary

The health of people in Plymouth is varied compared with the England average. About 20% (9,350) children live in low income families. Life expectancy for both men and women is lower than the England average.

Health inequalities

Life expectancy is 8.6 years lower for men and 5.6 years lower for women in the most deprived areas of Plymouth than in the least deprived areas.

Child health

In Year 6, 18.9% (490) of children are classified as obese. The rate for alcohol-specific hospital admissions among those under 18 is 48*, worse than the average for England. This represents 25 admissions per year. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score) and breastfeeding are worse than the England average.

Adult health

The rate for alcohol-related harm hospital admissions is 636*. This represents 1,598 admissions per year. The rate for self-harm hospital admissions is 246*, worse than the average for England. This represents 665 admissions per year. Estimated levels of excess weight in adults (aged 18+) are worse than the England average. The rate of new cases of tuberculosis is better than the England average. The rate of new sexually transmitted infections is worse than the England average. The rate of statutory homelessness is better than the England average. The rates of under 75 mortality rate from cardiovascular diseases and under 75 mortality rate from cancer are worse than the England average.

* rate per 100,000 population

Health summary for Plymouth

Key

Significance compared to goal / England average:

Significantly worse	Significantly lower	↑	Increasing / Getting worse	↑	Increasing / Getting better
Not significantly different	Significantly higher	↓	Decreasing / Getting worse	↓	Decreasing / Getting better
Significantly better	Significance not tested	↑	Increasing	↓	Decreasing
		↑	Increasing (not significant)	↓	Decreasing (not significant)
		–	Could not be calculated	→	No significant change

Life expectancy and causes of death

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
1 Life expectancy at birth (male)	All ages	2016 - 18	n/a	79.0	80.2	79.6	↑
2 Life expectancy at birth (female)	All ages	2016 - 18	n/a	82.1	83.8	83.2	↓
3 Under 75 mortality rate from all causes	<75 yrs	2016 - 18	2428	363.3	301.5	330.5	↓
4 Mortality rate from all cardiovascular diseases	<75 yrs	2016 - 18	522	78.6	61.9	71.7	↓
5 Mortality rate from cancer	<75 yrs	2016 - 18	958	144.3	125.6	132.3	↓
6 Suicide rate	10+ yrs	2016 - 18	68	9.60	11.1	9.64	↑

Injuries and ill health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
7 Killed and seriously injured (KSI) rate on England's roads	All ages	2016 - 18	305	38.6	39.8	42.6 ~	–
8 Emergency hospital admission rate for intentional self-harm	All ages	2018/19	665	245.6	272.8	193.4	↓
9 Emergency hospital admission rate for hip fractures	65+ yrs	2018/19	270	559.5	566.3	558.4	↑
10 Percentage of cancer diagnosed at early stage	All ages	2017	595	54.2	53.3	52.2	↓
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	78.8	74.0	78.0	↑
12 Estimated dementia diagnosis rate	65+ yrs	2019	1897	56.3 *	62.4 *	68.7 *	↓

Behavioural risk factors

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
13 Hospital admission rate for alcohol-specific conditions	<18 yrs	2016/17 - 18/19	75	47.7	44.1	31.6	↑
14 Hospital admission rate for alcohol-related conditions	All ages	2018/19	1598	636.4	680.0	663.7	↓
15 Smoking prevalence in adults	18+ yrs	2018	35710	17.0	13.9	14.4	↓
16 Percentage of physically active adults	19+ yrs	2017/18	n/a	68.7	70.7	66.3	↑
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	67.2	61.0	62.0	↑

Child health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
18 Teenage conception rate	<18 yrs	2017	95	25.1	14.9	17.8	↑
19 Percentage of smoking during pregnancy	All ages	2018/19	291	11.2	10.9 ~	10.6	↑
20 Percentage of breastfeeding initiation	All ages	2016/17	2013	69.0	79.5	74.5	↓
21 Infant mortality rate	<1 yr	2016 - 18	28	3.30	3.28	3.93	↑
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2018/19	490	18.9	16.5	20.2	↑

Inequalities

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
23 Deprivation score (IMD 2015)	All ages	2015	n/a	26.6	-	21.8	–
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	22.8	25.5	25.4	↓

Wider determinants of health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
25 Percentage of children in low income families	<16 yrs	2016	9350	20.0	14.0	17.0	↑
26 Average GCSE attainment (average attainment 8 score)	15-16 yrs	2018/19	102702	42.0	46.7	46.9	↓
27 Percentage of people in employment	16-64 yrs	2018/19	125700	75.4	78.9	75.6	↑
28 Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	30	0.26	0.32	0.79	↓
29 Violent crime - hospital admission rate for violence (including sexual violence)	All ages	2016/17 - 18/19	375	45.7	34.9	44.9	↓

Health protection

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
30 Excess winter deaths index	All ages	Aug 2017 - Jul 2018	184	22.6	29.5	30.1	↑
31 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	1699	994.8	655.3	850.6	↑
32 TB incidence rate	All ages	2016 - 18	49	6.21	2.75	9.19	↓

For full details on each indicator, see the definitions tab of the Local Authority Health Profiles online tool.
For a full list of profiles produced by Public Health England, see the fingertips website: https://fingertips.phe.org.uk/

Indicator value types

1,2 Life expectancy - years 3,4,5 Directly age-standardised rate per 100,000 population aged under 75 6 Directly age-standardised rate per 100,000 population aged 10 and over 7 Crude rate per 100,000 population 8 Directly age-standardised rate per 100,000 population 9 Directly age-standardised rate per 100,000 population aged 65 and over 10 Proportion - % of cancers diagnosed at stage 1 or 2 11 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 12 Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia 13 Crude rate per 100,000 population aged under 18 14 Directly age-standardised rate per 100,000 population 15,16,17 Proportion 18 Crude rate per 1,000 females aged 15 to 17 19,20 Proportion 21 Crude rate per 1,000 live births 22 Proportion 23 Index of Multiple Deprivation (IMD) 2015 score 24 Proportion 25,26 Slope index of inequality 27 Proportion 28 Mean average across 8 qualifications 29 Proportion 30 Crude rate per 1,000 households 31 Directly age-standardised rate per 100,000 population 32 Ratio of excess winter deaths to average of non-winter deaths 33 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 34 Crude rate per 100,000 population

*	Value compared to a goal (see below)
~	Aggregated from all known lower geography values

Thresholds for indicators that are compared against a goal

Indicator Name	Green	Amber	Red
12 Estimated dementia diagnosis rate (aged 65 and over)	>= 66.7% (significantly)	similar to 66.7%	< 66.7% (significantly)

You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/version/3

Selected indicators where Plymouth’s value is ‘better’ than the England average:

- Statutory homelessness rate – eligible homeless people not in priority need
- TB incidence rate

Selected indicators where Plymouth’s value is ‘worse’ than the England average:

- Life expectancy at birth for males and females
- Under 75 mortality rate from all causes
- Emergency hospital admission rate for intentional self-harm
- Hospital admission rate for alcohol-specific conditions
- Percentage of adults classed as overweight or obese

Selected indicators where Plymouth’s value is ‘not significantly different’ to the England average:

- Suicide rate
- Smoking prevalence in adults
- Estimated diabetes diagnosis rate
- Percentage of physically active adults

3.7.2 The Child Health Profile for Plymouth 2021

Figure 4: Child health profile for Plymouth 2021

Plymouth Child Health Profile — March 2021

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

- → No significant change
- ↑↓ Increasing/decreasing and getting better
- ↑↓ Increasing/decreasing and getting worse
- – Trend cannot be calculated
- Not significantly different from the England average
- Significantly better than the England average
- Significantly worse than the England average
- Significance cannot be tested

England average · Regional average · 25th percentile · 75th percentile

≥95% · <90% · 90% to 95%

Domain	Indicator	Recent trend	Local no. per year*	Local value	Eng. ave	Eng. worst	Eng. best
Premature mortality	1 Infant mortality rate	→	*12*	4.2	3.9	7.5	2.0
	2 Child mortality rate (1-17 years)	–	*4*	8.1	10.8	25.7	5.7
Health protection	3 MMR vaccination for one dose (2 years)	→	2,837	95.9	90.6	77.1	97.6
	4 Dtap/IPV/Hib vaccination (2 years)	→	2,879	97.3	93.8	80.1	98.7
	5 Children in care immunisations	→	286	94.7	87.8	34.5	100.0
Wider determinants of ill health	6 Children achieving a good level of development at the end of Reception	↑	2,001	68.3	71.8	63.1	80.6
	7 GCSE attainment: average Attainment 8 score	–	–	47.3	50.2	42.9	60.0
	8 GCSE attainment: average Attainment 8 score of children in care	–	–	18.2	19.2	10.6	28.1
	9 16-17 year olds not in education, employment or training (NEET)	–	330	6.3	5.5	15.0	1.5
	10 First time entrants to the youth justice system	↓	65	305.2	238.5	554.3	72.3
	11 Children in relative low income families (under 16s)	↓	7,675	16.2	18.4	38.0	5.4
	12 Households with children homeless or at risk of homelessness	–	442	15.5	14.9	31.2	4.7
	13 Children in care	→	435	82	67	223	24
	14 Children killed and seriously injured (KSI) on England's roads	–	*10*	20.4	18.0	50.4	3.1
Health improvement	15 Low birth weight of term babies	→	78	3.1	2.9	5.2	1.3
	16 Obese children (4-5 years)	→	180	12.3	9.9	14.6	4.7
	17 Obese children (10-11 years)	↑	275	19.4	21.0	30.1	11.1
	18 Children with experience of visually obvious dental decay (5 years)	–	–	22.6	23.4	50.9	8.7
	19 Hospital admissions for dental caries (0-5 years)	–	*10*	55.0	286.2	1,298.5	11.1
	20 Under 18s conception rate / 1,000	→	89	24.0	16.7	39.4	3.6
	21 Teenage mothers	→	30	1.2	0.7	2.3	0.2
	22 Admission episodes for alcohol-specific conditions - Under 18s	→	*25*	47.5	30.7	111.5	7.7
	23 Hospital admissions due to substance misuse (15-24 years)	–	*27*	76.2	84.7	259.8	33.2
Prevention of ill health	24 Smoking status at time of delivery	→	298	11.6	10.4	23.1	2.1
	25 Baby's first feed breastmilk	–	1,840	67.6	67.4	43.6	98.7
	26 Breastfeeding prevalence at 6-8 weeks after birth	–	1,021	–	48.0	–	–
	27 A&E attendances (0-4 years)	↑	7,945	530.8	655.3	1,917.4	126.3
	28 Hospital admissions caused by injuries in children (0-14 years)	↓	465	103.2	91.2	153.1	48.5
	29 Hospital admissions caused by injuries in young people (15-24 years)	↓	415	109.8	132.1	269.9	55.1
	30 Hospital admissions for asthma (under 19 years)	→	105	188.3	160.7	405.2	58.4
	31 Hospital admissions for mental health conditions	→	65	122.9	89.5	249.7	26.3
	32 Hospital admissions as a result of self-harm (10-24 years)	→	325	668.8	439.2	1,105.4	126.2

*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure
Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

Notes and definitions

1. Mortality rate per 1,000 live births (aged under 1), 2017-2019
2. Directly standardised rate per 100,000 children aged 1-17, 2017-2019
3. % children immunised against measles, mumps and rubella (first dose by age 2), 2019/20
4. % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2, 2019/20
5. % children in care with up-to-date immunisations, 2020
6. % children achieving a good level of development within Early Years Foundation Stage Profile, 2018/19
7. GCSE attainment: average attainment 8 score, 2019/20
8. GCSE attainment: average attainment 8 score of children looked after, 2019
9. % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known, 2019
10. Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2018
11. % of children aged under 16 living in relative low income families, 2018/19
12. Crude rate of households including one or more dependent children owed a prevention or relief duty under the Homelessness Reduction Act per 1,000 households, 2019/20
13. Rate of children looked after at 31 March per 10,000 population aged under 18, 2020
14. Crude rate of children aged 0-15 who were killed or seriously injured in road traffic accidents per 100,000 population, 2017-2019
15. Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2019
16. % school children in Reception year classified as obese, 2019/20
17. % school children in Year 6 classified as obese, 2019/20
18. % children aged 5 with visually obvious dental decay, 2018/19
19. Crude rate per 100,000 (aged 0-5) for hospital admissions for dental caries, 2017/18-2019/20
20. Under 18 conception rate per 1,000 females aged 15-17, 2018
21. % of delivery episodes where the mother is aged less than 18, 2019/20
22. Hospital admissions for alcohol-specific conditions – under 18, crude rate per 100,000 population, 2017/18-2019/20
23. Directly standardised rate per 100,000 (aged 15-24) for hospital admissions for substance misuse, 2017/18-2019/20
24. % of mothers smoking at time of delivery, 2019/20
25. % of newborns who receive breast milk as first feed, 2018/19
26. % of mothers breastfeeding at 6-8 weeks, 2019/20
27. Crude rate per 1,000 (aged 0-4) of A&E attendances, 2018/19
28. Crude rate per 10,000 (aged 0-14) for emergency hospital admissions following injury, 2019/20
29. Crude rate per 10,000 (aged 15-24) for emergency hospital admissions following injury, 2019/20
30. Crude rate per 100,000 (aged 0-18) for emergency hospital admissions for asthma, 2019/20
31. Crude rate per 100,000 (aged 0-17) for hospital admissions for mental health, 2019/20
32. Directly standardised rate per 100,000 (aged 10-24) for hospital admissions for self-harm, 2019/20

Plymouth - March 2021 | chimat@phe.gov.uk | https://www.gov.uk/phe | https://fingertips.phe.org.uk/

Selected indicators where Plymouth's value is 'better' than the England average:

- MMR vaccinations (one dose; 2 years old)
- A&E attendances (0-4 years)
- Hospital admissions caused by injuries in young people (15-24 years)

Selected indicators where Plymouth's value is 'worse' than the England average:

- Children achieving a good level of development at the end of reception
- Obese children (4-5 years)
- Under 18 conceptions rate / 1,000
- Admission episodes for alcohol-specific conditions (under 18s)
- Smoking status at time of delivery

Selected indicators where Plymouth's value is 'not significantly different' to the England average:

- Infant and child mortality rates
- Children killed and seriously injured on the road
- Obese children (10-11 years)
- Children with visually obvious dental decay (5 years)
- Baby's first feed breastmilk

3.8 Housing growth and significant housing developments

The Plymouth and South West Devon Joint Local Plan (JLP) was adopted by South Hams District Council, Plymouth City Council and West Devon Borough Council in 2019. The adopted JLP covers the administrative areas of Plymouth City, South Hams District and West Devon Borough and forms part of the Development Plan for these areas.

The JLP identifies a housing requirement of an additional 26,700 dwellings over the period 2014 to 2034 to be provided within the Local Planning Authority (LPA) areas of Plymouth, South Hams and West Devon (excludes Dartmoor National Park). This is split into Policy Area targets of:

- 19,000 net additional dwellings within the Plymouth Policy Area (including the urban fringe within South Hams i.e. Sherford and Woolwell).
- 7,700 net additional dwellings in the Thriving Towns and Villages Area (remainder of South Hams Local Planning Authority and all of West Devon Local Planning Authority).

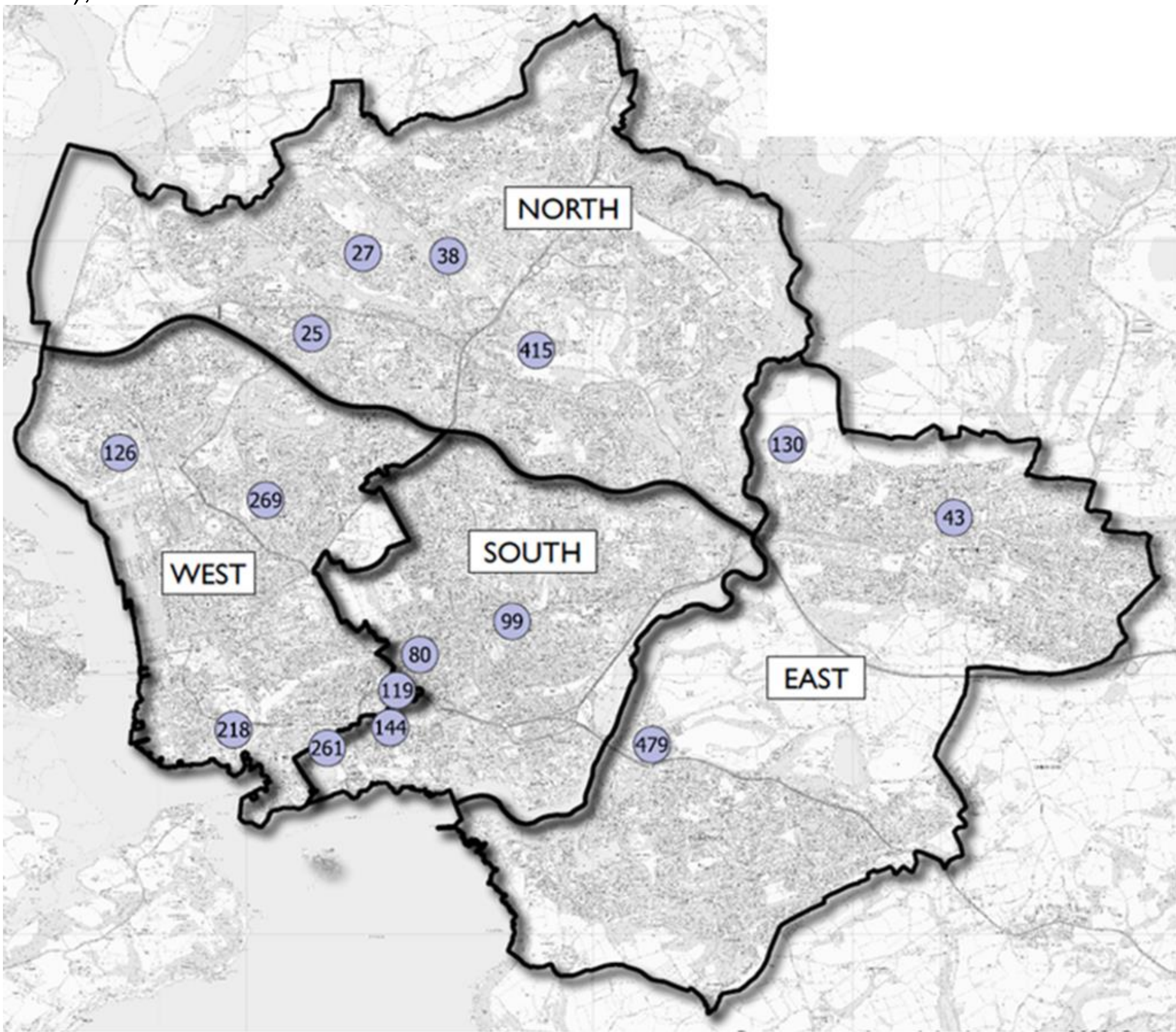
The housing monitoring target for Plymouth LPA is therefore 13,200 net additional dwellings over the period 2014 to 2034, of which 5,836 dwellings have already been delivered in the period 2014 to 2021.

Table 7: Net additional housing supply – all dwellings (2021 to 2026), as at 31 March 2021

Locality	2021/22	2022/23	2023/24	2024/25	2025/26	Total
East	105	186	114	165	193	763
North	110	234	134	66	59	603
West	183	282	245	63	145	918
South	100	78	253	267	62	760
Not mapped	-6	-8	-1	43	43	71
Plymouth	492	772	745	604	502	3,115

Source: Plymouth City Council

Figure 5: Net additional housing supply by locality where sites net 25+ units (2021 to 2026), as at the 31 March 2021



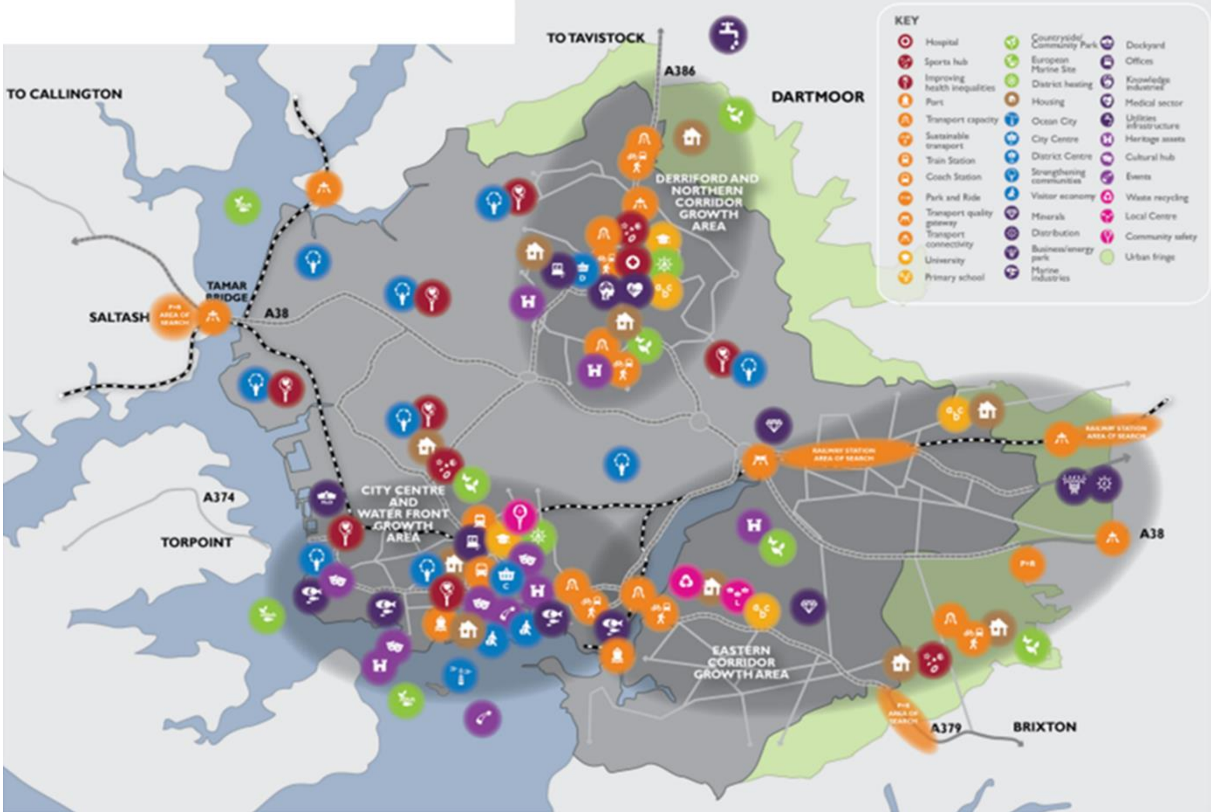
Crown copyright and database rights 2022 Ordnance Survey 100018633

The JLP identifies three key areas to delivering Plymouth's growth in housing, employment and associated infrastructure (Figure 6). These three areas are:

- The Eastern Corridor
- The Derriford and Northern Corridor

- The City Centre and Waterfront

Figure 6: Plymouth Joint Local Plan spatial priorities



Crown copyright and database rights 2022 Ordnance Survey 100018633

(i) East locality

The JLP prioritises the Eastern Corridor as a growth area because of its potential to deliver a regionally significant scale of growth in new jobs, new homes and supporting infrastructure (Figure 7).

Figure 7: Plymouth Joint Local Plan – Eastern Corridor growth area vision

Crown copyright and database rights 2022 Ordnance Survey 100018633

Development is continuing on the new community of Sherford, located on the eastern outskirts of Plymouth. The site lies partly within Plymouth (where 320 new dwellings are proposed) whilst the major part of Sherford is within the South Hams.

When complete, Sherford will have 5,500 homes, (plus a further 1,500 post 2026) and 67,000m^2 of employment space. Sherford will also have four schools, community facilities, shops, businesses and a community park. This may create additional pharmaceutical needs in South Hams but the timescales and extent of this need is not yet clear. Whilst the development is not within the city's envelope, its proximity to Plympton and Plymstock has the potential to impact on service provision in this locality.

Development also continues at Saltram Meadow for 1,682 new dwellings and 11,325m^2 of employment floor space. In September 2021, a nearby primary school relocated to a new building on the site. Saltram Meadow plans also include delivery of community infrastructure including a local centre with a small-medium sized supermarket and complementary local facilities including a GP Surgery/Medical Centre. It is important to note that this area of Plymouth is close to the Sherford development.

Table 8 shows the total dwellings proposed in the East locality of Plymouth. The timescales however are outside the duration of this PNA.

Table 8: East locality total dwellings proposed

Site address	Total dwellings proposed
Land off Newnham Road, Colebrook	43 (2021-2026)
Former China Clay site, Coypool	130 (2021-2026)
Sherford (Plymouth area only)	320
Sherford	5,500 (plus a further 1,500 post 2026)
Saltram Meadow	1,682 dwellings (479 between 2021-2026)

Source: Plymouth City Council

(ii) North locality

The JLP prioritises the Derriford and Northern Corridor as a growth area because of its potential to deliver a regionally significant scale of growth in new jobs and new homes (Figure 8).

Figure 8: Plymouth Joint Local Plan – Derriford and Northern Corridor growth area vision

Crown copyright and database rights 2022 Ordnance Survey 100018633

Derriford Commercial Centre comprises land situated between Derriford Hospital and William Prance Road, and incorporating the North West Quadrant site, Derriford Business Park and the former Seaton Barracks Parade Ground. This site is allocated for a mixture of uses comprising new commercial floor space in the form of retail, medical/health-related uses, offices and workshops, leisure and community uses,

education and residential. The site is also considered suitable for higher density forms of housing, including homes for the elderly (including extra care), student housing and homes for staff at the hospital. Provision is made in the order of 664 homes. Derriford also has a role as the secondary location for office development in the city and provision is made for in the order of 34,000m^2 (net).

Land to the south of Crownhill retail park and west of the A386 (Glacis Park) is also allocated for mixed-use development including a combination of housing types, sizes and tenures. The site has provision made in the order of 638 homes.

As part of the new heart for the north of Plymouth, the Seaton neighbourhood proposals include a mixed-use development, located either side of the new Forder Valley Link Road. The proposals provide for 873 new homes. A further 60 homes are provided for in the policy for a westward extension on land adjacent to Charlton Crescent. There will also be a new local centre to serve Seaton neighbourhood and employment opportunities in the form of 8,000m^2 business space.

The Woolwell area development has plans for 2,000 new houses (of which around 1,560 are anticipated to be built by 2034). Woolwell is in the South Hams district of Devon (so does not fall within Plymouth, but is adjacent to the city boundary).

Table 9 shows the total dwellings proposed in the North locality of Plymouth. The timescales however are outside the duration of this PNA.

Table 9: North locality total dwellings proposed

Site address	Total dwellings proposed
Stirling House and Honicknowle Clinic, Honicknowle Green	25 (2021-2026)
Whitleigh Community Centre	27 (2021-2026)
DS15 - Quarry Fields (land at Tamerton Foliot Road)	38 (2021-2026)
Westward extension on land adjacent to Charlton Crescent	60
Land south of Crownhill retail park & west of the A386 (Glacis Park)	638
Derriford commercial centre (between Derriford Hospital & William Prance Road, including the NW Quadrant site, Derriford Business Park & Seaton Barracks Parade Ground)	664
Seaton neighbourhood	873 (415 between 2021-2026)
Woolwell	2,000 (1,560 by 2034)

Source: Plymouth City Council

(iii) South locality

The JLP prioritises the City Centre and Waterfront as a growth area because of its economic and cultural importance and potential for regionally significant change and sustainable growth in jobs and homes (Figure 9).

Figure 9: Plymouth Joint Local Plan – City Centre and Waterfront growth area vision

Crown copyright and database rights 2022 Ordnance Survey 100018633

The Civic Centre and Council House sites will continue to play a key role in the civic life of Plymouth as well as providing new opportunities, through the retention of civic functions, the reuse of the existing buildings, and the delivery of new development on the existing surface level car park. New uses, which will be acceptable include residential, offices, hotel, restaurants, bars, leisure and cultural uses. Provision is made for in the order of 248 new homes as part of the mix of uses.

Land at the Railway Station is allocated for a mixed-use regeneration scheme that delivers a high quality gateway and arrival point to the city and increases the capacity of the station to accommodate increasing numbers of passengers. Uses which will be supported include offices, education facilities, commercial, hotel, small-scale retail development, residential and student accommodation. Provision is made in the order of 4,800m^2 of B1a offices as part of the mix of uses.

Millbay Waterfront proposals include 742 new homes, including extra care homes, 12,500m^2 B1 offices, as well as small-scale retail, food and drink uses, leisure, hotel, marine related uses and facilities for marine and other events and a multi-storey car park.

Land at Cornwall Street East is allocated for retail led mixed-use, including multi-storey car parking and housing on upper floors. Provision is made for in the order of 92 homes.

The Royal Assurance site, Armada Way is allocated for retail-led mixed-use through sensitive refurbishment and extension of the existing buildings including housing on

upper floors. Provision is made for in the order of 110 homes.

19 The Crescent, Derry's Cross is allocated for mixed-use development which could support a range of uses including small scale retail, leisure, a hotel, offices and a range of housing. Provision is made for in the order of 120 homes.

The Register Office at Lockyer Street, The Hoe is allocated for mixed-use development, including a hotel and housing. Provision is made for in the order of 52 homes.

Bath Street West land is allocated for a comprehensive residential led mixed-use redevelopment. Uses which will be supported include residential, offices, small scale retail, cultural and community uses. Provision is made for 300 new homes.

Bath Street East land is allocated for a comprehensive mixed-use redevelopment. Uses which will be supported include residential, arena facilities, offices, small scale retail, hotel, leisure, cultural and community uses. Provision is made for 323 new homes.

Land at Plymouth Fruit Sales, Sutton Road, Sutton Harbour is allocated for mixed-use development, including housing. Other potential uses include small-scale retail, offices, hotel, restaurant and leisure related use as part of housing led mix. Provision is made for in the order of 200 homes.

Sutton Road West land, Sutton Harbour is allocated for residential-led mixed-use development, providing opportunities for offices, hotel, leisure and small-scale retail uses. Provision is made for in the order of 194 homes.

Land at the Sugar House, Sutton Harbour is allocated for residential-led mixed-use development. Provision is made for in the order of 160 homes.

Land north of Cliff Road, The Hoe, is allocated for hotel led mixed-use regeneration, including housing and potentially complementary uses which supports the tourist function of area. Provision is made for in the order of 88 homes.

Table 10 shows the total dwellings proposed in the South locality of Plymouth. The timescales however are outside the duration of this PNA.

Table 10: South locality total dwellings proposed

Site address	Total dwellings proposed
The Civic Centre and Council House	248 (144 between 2021-2026)
Millbay Waterfront, including Plots C1 and C2	742 (261 between 2021-2026)
Land at Cornwall Street East	92
The Royal Assurance site, Armada Way	110
19 The Crescent, Derry's Cross	120
The Register Office, Lockyer Street	52
Land at Bath Street West	300
Land at Bath Street East	323
Plymouth Fruit Sales, Sutton Road, Sutton Harbour	200
Land at Sutton Road West, Sutton Harbour	194
Sugar House, Sutton Harbour	160
Land north of Cliff Road, The Hoe	88
Colin Campbell Court*	300
Student accommodation sites at 47A North Road East & 41 North Hill	80
Land at Prince Maurice Road	99

Source: Plymouth City Council

*Colin Campbell Court is located in both the south and west localities. It is allocated for high-quality residential led mixed-use development which will transform the western approach to the City Centre and establish a new residential community. Provision is made for in the order of 300 new homes as part of this mix.

(iv) West locality

As stated for the South locality of Plymouth, the JLP prioritises the Waterfront as a growth area because of its economic and cultural importance and potential for regionally significant change and sustainable growth in jobs and homes (Figure 9).

Stonehouse Barracks land is allocated for a mixed-use development and provision is made for 400 new homes. Other uses to be provided as part of the mix include appropriate local facilities to support the new and existing residents and to enhance the sustainability of the existing area, with opportunity also to provide a high-quality hotel with facilities to support local businesses and event, and small-scale retail and office uses.

Cornwall Street West land is allocated for mixed-use, including commercial and housing, retention of coach station and new multi-storey car parks accessed from Mayflower Street. Provision is made for in the order of 79 homes.

Land at Mayflower Street East is allocated for an office led mixed-use development, with active ground floor uses (retail / food and drink) and student accommodation as enabling development. Provision is made for in the order of 34,000m^2 of B1 offices.

New George Street West land is allocated for retail led mixed-use through sensitive refurbishment and extension of the existing buildings of high quality, including housing on upper floors. Provision is made for in the order of 30 homes.

Table 11 shows the total dwellings proposed in the West locality of Plymouth. The timescales however are outside the duration of this PNA.

Table 11: West locality total dwellings proposed

Site address	Total dwellings proposed
Stonehouse Barracks	400
Land at Cornwall Street West	79
Land at New George Street West	30
Colin Campbell Court*	300
The Moneycentre, 1 Drake Circus	119 (between 2021-2026)
Mount Wise Devonport Area A and D	218 (between 2021-2026)
North Prospect phases 4 and 5	269 (between 2021-2026)
Savage Road, Barne Barton	126 (between 2021-2026)

Source: Plymouth City Council

*Colin Campbell Court is located in both the west and south localities. It is allocated for high-quality residential led mixed-use development which will transform the western approach to the City Centre and establish a new residential community. Provision is made for in the order of 300 new homes as part of this mix.

(v) Further information

The Adopted Plymouth and South West Devon Joint Local Plan can be found here: https://new.plymouth.gov.uk/adopted-plymouth-and-south-west-devon-joint-local-plan

The Plymouth, South Hams and West Devon Local Planning Authorities' Five-Year Housing Land Supply Position report sets out the housing land supply assessment, for the period 1 April 2021 to 31 March 2026. The November 2021 position statement can be found here: https://www.plymouth.gov.uk/sites/default/files/FiveYearHousingLandSupplyPositionStatement2021_0.pdf

4. General health needs in Plymouth

4.1 Introduction

This chapter provides a more detailed examination of the different health needs (following a ‘cradle to grave’ approach) of the population on a locality basis. This is particularly relevant when considering whether or not pharmaceutical provision meets the needs of a local population. A table summarising the key cradle to grave health needs by locality is provided first. This is followed by another table which ranks the localities against each health need in terms of how well they are doing. Whilst these tables provide a helpful overview, detailed information for each health need is then presented for the remainder of the chapter.

4.2 General health needs: indicators - summary

Table 12 provides a summary of key health needs/indicators (covering cradle to grave) for the Plymouth population on a locality-by-locality basis. This is followed by Table 13 which gives each locality’s rank (from 1=the ‘worst’ performing locality to 4=the ‘best’ performing locality) against each health need/indicator to allow for easy comparison of health needs. This crude comparison highlights that the West and North localities have the greatest needs overall.

Table 12: Summary of indicators by locality (values), latest available data

Indicator	East	North	South	West	Plymouth
Births (numbers)	487	646	615	754	2,502
Low birth weight births (%)	6.0	5.7	6.5	6.0	6.0
Life expectancy (years)	83.0	81.5	79.9	78.6	80.6
Breastfeeding at 6-8 weeks (%)	73.4	63.6	73.8	62.7	67.7
Vulnerable families (%)	6.4	17.0	15.6	24.7	16.9
Dental extractions in children (rate per 10,000 0-16 year olds)	41.0	79.0	55.3	79.7	66.0
Childhood obesity (%)	12.4	15.5	14.8	16.0	14.9
Self-reported ‘bad’ or ‘very bad health’ (%)	5.1	7.5	5.4	7.8	6.5
Long-term health problem or disability (%)	19.4	22.9	17.0	22.0	20.4
Elective admissions (rate per 10,000 population)	1,556.6	1,623.3	1,516.3	1,550.5	1,555.0
Emergency admissions (rate per 10,000 population)	1,049.0	1,210.6	1,168.8	1,338.2	1,187.4
Circulatory disease mortality (all ages) (rate per 10,000 population)	21.4	21.4	20.9	27.5	22.7
Circulatory disease mortality (under 75s) (rate per 10,000 population)	6.1	7.6	5.8	9.8	7.4
Respiratory disease mortality (all ages) (rate per 10,000 population)	9.7	11.1	9.9	16.1	11.7
Respiratory disease mortality (under 75s) (rate per 10,000 population)	1.5	3.3	2.1	5.2	3.1
Cancer mortality (all ages) (rate per 10,000 population)	23.6	28.8	32.8	29.3	28.5
Cancer mortality (under 75s) (rate per 10,000 population)	10.1	13.9	16.3	15.8	14.0
All-age-all-cause mortality (rate per 10,000 population)	87.7	93.8	108.0	120.5	101.6

Table 13: Summary of indicators by locality (ranking); 1=‘worst’ value, 4=‘best’ value

and overall rank; 1='worst' performing locality, 4='best' performing locality

Indicator	East	North	South	West
Births (1 = highest number of births)	4	2	3	1
Low birth weight births	2	4	1	2
Life expectancy	4	3	2	1
Breastfeeding at 6-8 weeks	3	2	4	1
Vulnerable families	4	2	3	1
Dental extractions in children	4	2	3	1
Childhood obesity	4	2	3	1
Self-reported 'bad' or 'very bad health'	4	2	3	1
Long-term health problem or disability	3	1	4	2
Elective admissions	2	1	4	3
Emergency admissions	4	2	3	1
Circulatory disease mortality (all ages)	2	2	4	1
Circulatory disease mortality (under 75s)	3	2	4	1
Respiratory disease mortality (all ages)	4	2	3	1
Respiratory disease mortality (under 75s)	4	2	3	1
Cancer mortality (all ages)	4	3	1	2
Cancer mortality (under 75s)	4	3	1	2
All-age-all-cause mortality	4	3	2	1
Sum of ranks (not including births)	59	38	48	23
Overall rank (not including births)	4	2	3	1

4.3 General health needs: indicators - data

The indicators in 4.2 are now discussed in turn. For each particular indicator data from the last five available time periods are also displayed.

4.3.1 Births

The number of births in the city has decreased by 15.8% between 2016 and 2020 (Table 14). In 2020 the West locality had the highest number of births (754) and the East locality the lowest (487). All four localities have seen a decrease between 2016 and 2020. The locality with the largest percentage decrease is the West locality (-25.2%) whilst the East locality has the smallest percentage decrease (-6.3%).

Table 14: Number of births by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	% change (2016 to 2020)
East	520	496	532	495	487	-6.3
North	735	718	695	678	646	-12.1
South	707	672	641	614	615	-13.0
West	1,008	989	917	919	754	-25.2
Plymouth	2,970	2,875	2,785	2,706	2,502	-15.8

Source: Annual birth registrations, Office for National Statistics

4.3.2 Low birthweight births

From 2016 to 2020, the proportion of low birth weight births (<2,500 grams) in Plymouth has varied from 7.9% to 6.0% (Table 15). Their distribution is unevenly spread across Plymouth. In 2020 the largest proportion was seen in the South locality (6.5%) and the smallest proportion in the North locality (5.7%). The only locality with a percentage point increase since 2016 is the East locality (0.7 percentage points) whilst the West locality has the largest percentage point decrease (-2.6).

Table 15: Proportion (%) of low birth weight births (<2,500 grams) by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	Change in % points (2016 to 2020)
East	5.3	6.1	6.6	4.1	6.0	0.7
North	7.8	8.1	7.9	8.4	5.7	-2.1
South	8.9	5.5	7.6	6.2	6.5	-2.4
West	8.6	7.8	7.1	10.3	6.0	-2.6
Plymouth	7.9	7.1	7.3	7.8	6.0	-1.9

Source: ONS annual birth extracts, Office for National Statistics

4.3.3 Life expectancy at birth

Life expectancy at birth for the period 1991-93 was 73.3 years for males and 79.0 years for females (a 5.7 year difference). By 2018-20, life expectancy of males in the city increased to 78.8 years (an increase of 5.5 years) whilst life expectancy for females increased to 82.5 years (an increase of 3.5 years). The result of these increases is the closing of the gap between females and males from 5.7 years in 1991-93 to 3.7 years in 2018-20.

In 2018-20 the West locality has the lowest life expectancy at birth (78.6 years) and the East locality the highest (83.0 years) (Table 16). Life expectancy has slightly increased only in the North locality since 2014-16. The gap between the localities with the highest and lowest life expectancies has increased, with a gap of 3.9 years in 2014-16 and a bigger gap of 4.4 years in 2018-20.

Table 16: Life expectancy at birth (in years) by locality, 2014-16 to 2018-20

Locality	2014-16	2015-17	2016-18	2017-19	2018-20	Change in years (2014-16 to 2018-20)
East	83.0	82.7	82.8	82.8	83.0	No change
North	81.3	80.8	81.1	80.7	81.5	0.2
South	80.1	79.7	79.2	79.6	79.9	-0.2
West	79.1	79.3	79.4	79.5	78.6	-0.5
Plymouth	80.8	80.6	80.6	80.6	80.6	-0.2

Source: Public Health Team, Plymouth City Council, using Primary Care Mortality Database and ONS mid-year population estimates

In terms of what this means for our PNA, closing the gap in life expectancy observed across the city is one of the key priorities of the H&WBB. Pharmacy services such as smoking cessation, vascular risk assessment, alcohol interventions, and healthy living advice are all activities which can impact on life expectancy.

4.3.4 Breastfeeding intention at delivery

In 2020, 67.7% of babies had mothers intending to breastfeed at delivery (Table 17). The locality with the lowest proportion of babies with mothers intending to breastfeed was the West (62.7%), whilst the South locality had the highest proportion (73.8%). Since 2016 the proportion of babies with mothers intending to breastfeed has decreased across three localities, the North locality seeing the only increase (0.2 percentage points).

Table 17: Proportion (%) of mothers' breastfeeding intention at delivery by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	Change in % points (2016 to 2020)
East	79.2	75.8	77.7	75.5	73.4	-5.8
North	63.4	65.7	63.4	63.8	63.6	0.2
South	76.0	75.6	74.8	80.6	73.8	-2.2
West	65.0	63.3	64.2	63.7	62.7	-2.3
Plymouth	69.7	69.0	69.0	69.8	67.7	-2.0

Source: Public Health Team, Plymouth City Council, using data provided from Maternity Services Derriford Hospital

4.3.5 Vulnerable families

Plymouth Health Visitors complete a 'health needs' form for every family on their caseload every two years. Information on 30 health need factors is recorded and families who experience four or more of a specific sub-set of 26 indicators are classified as 'vulnerable'. In 2020, 1,641 families (16.9%) were classified as vulnerable (Table 18). The proportion of vulnerable families in the city has increased from 13.0% to 16.9% over the past 8 years. The locality that has consistently had the highest proportion of vulnerable families is the West, whilst the East has had the lowest proportions. All four localities have seen an increase in the proportion of vulnerable families since 2012 but a reduction since the last survey in 2018.

Table 18: Proportion (%) of vulnerable families by locality, 2012 to 2020

Locality	2012	2014	2016	2018	2020	Change in % points (2012 to 2020)
East	3.0	5.0	5.3	8.2	6.4	3.4
North	12.2	12.0	15.9	18.8	17.0	4.8
South	14.2	17.8	18.0	20.1	15.6	1.4
West	18.7	24.3	28.1	30.2	24.7	6.0
Plymouth	13.0	16.0	18.2	20.7	16.9	3.9

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

4.3.6 Dental extractions under general anaesthetic in children

General anaesthetic (GA) is often given to children (aged 0-16 years) undergoing tooth extractions to reduce pain and anxiety. Data of the number of extractions undertaken under general anaesthetic in Plymouth children now exists for the last seven financial years, 2014/15 to 2020/21, so changes over this time period in this population can be seen. During the 12 months 2017/18, national guidelines were implemented by University Hospitals Plymouth NHS Trust relating to the extraction of children's teeth under general anaesthetic. As a result, the number of children treated in each operating session reduced from ten to nine per session. This change alone has resulted in at least 120 less children per year having extractions under GA from 2017/18 onwards. In addition to this, for reasons related to increased use of

'pre-meds' on more challenging patients, it has only been possible to treat eight children in some operating sessions. This change is reflected in Table 19 which shows that the rate of children having teeth removed under GA decreased from 143.9 (per 10,000 0-16 year olds) in 2016/17 to 123.2 in 2019/20.

The guidelines (and required procedural changes) are likely to be the reason for the reduction in activity, as opposed to a general improvement in the oral health of children and young people in the city. It is also important to note that due to the SARS-CoV-1 (Covid-19) pandemic, GA sessions with the hospital were paused mid-March 2020 and re-introduced with limited capacity from May 2020. This has resulted in a reduction in the number of children having teeth extracted under GA in the latter part of 2019/20 and the whole of 2020/21. The West locality has consistently had the highest rate since 2016/17 is the West, whilst the East locality has had the lowest rate.

Table 19: Rate of dental extractions under GA in children aged 16 years and under by locality (per 10,000 0-16 year olds), 2016/17 to 2020/21

Locality	2016/17	2017/18	2018/19	2019/20*	2020/21*	Change in rate per 100,000 (2016/17 to 2020/21)
East	77.2	91.5	85.4	80.1	41.0	-36.2
North	138.7	121.4	127.7	147.0	79.0	-59.7
South	148.3	121.8	125.4	102.3	55.3	-93.0
West	192.5	176.3	150.9	147.4	79.7	-112.8
Plymouth	143.9	131.6	125.4	123.2	66.0	-77.9

Source: Public Health Team, Plymouth City Council, data from Livewell Southwest's Dental Access Centre

* Due to the COVID-19 pandemic, GA sessions were paused mid-March 2020 and re-introduced with limited capacity from May 2020.

4.3.7 Childhood obesity

Children in Reception and Year 6 classes are weighed and measured on an annual basis as part of the National Child Measurement Programme (NCMP). Since March 2020 the COVID-19 pandemic has disrupted this programme and only partial datasets have been achieved. The latest full dataset available is from 2018/19.

Children with a BMI for their age and sex that places them equal to or above the 95th centile are classified as 'obese'. The levels of childhood obesity in Plymouth have increased from 13.4% (2014/15) to 14.9% (2018/19) (Table 20). In 2018/19 the West locality had the highest level of childhood obesity (16.0%) and East locality had the lowest level (12.4%). No locality has had a percentage point decrease over the specified time period, whilst the East locality shows the largest percentage point increase (2.7) over that time.

Table 20: Proportion (%) of children classified as obese by locality, 2014/15 to 2018/19

Locality	2014/15	2015/16	2016/17	2017/18	2018/19	Change in % points (2014/15 to 2018/19)
East	9.7	9.9	10.3	9.7	12.4	2.7
North	15.4	13.2	13.5	14.7	15.5	0.1
South	13.1	12.4	11.7	13.3	14.8	1.7
West	14.3	14.7	17.6	16.8	16.0	1.7
Plymouth	13.4	12.8	13.7	14.0	14.9	1.5

Source: NCMP, Public Health Team, Plymouth City Council

In terms of what this means for our PNA, pharmacies provide advice and support for healthy lifestyles as part of their core contract. However, examples of enhanced services are evolving whereby pharmacies play an increasing role in actively supporting adults and children to increase level of exercise, chose healthier food options, and maintain a healthy weight.

4.3.8 Self-reported general health – ‘bad’ or ‘very bad health’

Based on the 2011 Census, 6.5% of Plymouth’s population reported themselves to be in ‘bad health’ or ‘very bad health’ (Table 21). On a locality basis, 5.1% of the population in the East reported their health to be either ‘bad’ or ‘very bad’, compared to 7.8% of the population in the West.

Table 21: Number and proportion (%) of population self-reporting to be in ‘bad health’ or ‘very bad health’ by locality, 2011

Locality	Number	Proportion (%)
East	2,792	5.1
North	4,869	7.5
South	3,656	5.4
West	5,379	7.8
Plymouth	16,696	6.5

Source: Census 2011, Office for National Statistics

4.3.9 Long-term health problem or disability

Based on the 2011 Census, 20.4% of Plymouth’s population reported that their day-to-day activities were limited to any extent (Table 22). The South locality had the smallest proportion (17.0%) whilst the North locality had the greatest proportion (22.9%).

Table 22: Proportion (%) of adult population reporting that their day-to-day activities were limited by locality, 2011

Locality	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities limited to any extent
East	8.9	10.5	19.4
North	11.6	11.3	22.9
South	8.2	8.9	17.0
West	11.1	10.9	22.0
Plymouth	10.0	10.4	20.4

Source: Census 2011, Office for National Statistics

4.3.10 Hospital admissions – elective

The directly aged-standardised rate of elective hospital admissions per 10,000 population in Plymouth increased between 2016/17 to 2019/20; from 1,479.4 per 10,000 to 1,555.0 per 10,000. Across all four localities the rate of elective admissions has increased. The North locality has the highest rate (1,623.3 per 10,000 population) compared to the South locality with the lowest rate (1,516.3 per 10,000 population).

Table 23: Directly age-standardised rate of elective hospital admissions per 10,000 population by locality, 2016/17 to 2019/20

Locality	2016/17	2017/18	2018/19	2019/20	Change in rate per 10,000 (2016/17 to 2019/20)
East	1,471.8	1,409.3	1,402.1	1,556.6	84.80
North	1,496.7	1,426.2	1,479.6	1,623.3	126.60
South	1,501.6	1,337.0	1,360.6	1,516.3	14.70
West	1,495.8	1,435.3	1,398.1	1,550.5	54.70
Plymouth	1,479.4	1,391.3	1,402.3	1,555.0	75.60

Source: Hospital Episode Statistics (HES) data provided by Devon County Council

4.3.11 Hospital admissions – emergency

The directly age-standardised rate of emergency hospital admissions per 10,000 population in Plymouth has increased between 2016/17 to 2019/20; from 1,124.0 per 10,000 to 1,187.4 per 10,000. Across all four localities the rate of emergency admissions has increased. The West locality has the highest rate (1,338.2 per 10,000 population) compared to the East locality with the lowest rate (1,049.0 per 10,000 population).

Table 24: Directly age-standardised rate of emergency hospital admissions per 10,000 population by locality, 2016/17 to 2019/20

Locality	2016/17	2017/18	2018/19	2019/20	Change in rate per 10,000 (2016/17 to 2019/20)
East	921.4	1,001.3	979.7	1,049.0	127.60
North	1,154.1	1,204.0	1,183.3	1,210.6	56.50
South	1,160.3	1,168.8	1,105.6	1,168.8	8.50
West	1,277.3	1,321.8	1,253.0	1,338.2	60.90
Plymouth	1,124.0	1,169.9	1,125.9	1,187.4	63.40

Source: HES data, provided by Devon County Council

4.3.12 Circulatory disease mortality

The directly age-standardised rate of mortality from circulatory diseases for persons of all ages (per 10,000 population) has fallen in Plymouth since 2016, from 25.6 deaths per 10,000 population to the latest 2020 rate of 22.7 deaths per 10,000 population Table 25). The rate has decreased across three of the four localities. The South locality has the lowest rate (20.9 deaths per 10,000 population) compared to the West locality which has the highest (27.5 deaths per 10,000 population).

Table 25: Directly age-standardised circulatory disease mortality rate (all ages) per 10,000 population by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	Change in rate per 10,000 (2016 to 2020)
East	20.9	24.0	21.4	23.2	21.4	0.5
North	22.8	25.9	21.4	23.4	21.4	-1.4
South	28.5	25.5	20.9	24.7	20.9	-7.6
West	31.8	26.8	27.5	28.3	27.5	-4.3
Plymouth	25.6	25.7	22.7	24.7	22.7	-2.9

Source: Primary Care Mortality Database & ONS Annual Mortality extract

The directly age-standardised rate of mortality from circulatory diseases for persons under 75s (per 10,000 population) has fallen ever so slightly in Plymouth since 2016, from 7.5 deaths per 10,000 population to the latest 2020 rate of 7.4 deaths per 10,000 population (Table 26). The rate has only decreased across one locality. The South locality has the lowest rate (5.8 deaths per 10,000 population) compared to the West locality which has the highest (9.8 deaths per 10,000 population).

Table 26: Directly age-standardised circulatory disease mortality rate (under 75s) per 10,000 population by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	Change in rate per 10,000 (2016 to 2020)
East	5.7	4.8	6.1	6.3	6.1	0.4
North	6.4	8.7	7.6	7.8	7.6	1.2
South	9.3	9.7	5.8	7.9	5.8	-3.5
West	8.9	10.3	9.8	8.8	9.8	1.2
Plymouth	7.5	8.3	7.4	7.7	7.4	0.1

Source: Primary Care Mortality Database & ONS mid-year population estimates

4.3.13 Respiratory disease mortality

The directly age-standardised rate of mortality from respiratory diseases for persons of all ages (per 10,000 population) has fallen in Plymouth since 2016, from 14.5 deaths per 10,000 population to the latest 2020 rate of 11.7 deaths per 10,000 population (Table 27). The rate has decreased across all four localities. The East locality has the lowest rate (9.7 deaths per 10,000 population) compared to the West locality which has the highest (16.1 deaths per 10,000 population).

Table 27: Directly age-standardised respiratory disease mortality rate (all ages) per 10,000 population by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	Change in rate per 10,000 (2016 to 2020)
East	11.6	13.0	11.7	10.0	9.7	-1.9
North	15.1	15.3	13.1	13.8	11.1	-4.0
South	13.7	15.6	17.3	12.4	9.9	-3.8
West	18.3	17.0	18.5	14.8	16.1	-2.2
Plymouth	14.5	15.2	14.8	12.7	11.7	-2.8

Source: Primary Care Mortality Database & ONS mid-year population estimates

The directly age-standardised rate of mortality from respiratory diseases for persons under 75s (per 10,000 population) has fallen in Plymouth since 2016, from 4.1 deaths per 10,000 population to the latest 2020 rate of 3.1 deaths per 10,000 population (Table 28). The rate has decreased across all four localities. The East locality has the lowest rate (1.5 deaths per 10,000 population) compared to the West locality which has the highest (5.2 deaths per 10,000 population).

Table 28: Directly age-standardised respiratory disease mortality rate (under 75s) per 10,000 population by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	Change in rate per 10,000 (2016 to 2020)
East	2.4	2.5	2.3	2.2	1.5	-0.9
North	4.1	4.7	4.0	3.7	3.3	-0.8
South	4.5	4.0	3.9	3.2	2.1	-2.4
West	5.9	5.4	6.0	4.5	5.2	-0.7
Plymouth	4.1	4.2	4.0	3.4	3.1	-1.0

Source: Primary Care Mortality Database and ONS mid-year population estimates

4.3.14 Cancer mortality

The directly age-standardised cancer mortality rate for persons of all ages (per 10,000 population) has fallen slightly over the period 2016 to 2020, from 28.9 deaths per 10,000 to 28.5 per 10,000 population (Table 29). In 2020, the cancer mortality rate was lowest in the East locality (23.6 per 10,000) and the highest in the South locality (32.8 per 10,000).

Table 29: Directly age-standardised cancer mortality rate (all ages) per 10,000 population by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	Change in rate per 10,000 (2016 to 2020)
East	25.1	26.2	24.2	24.0	23.6	-1.5
North	29.0	30.0	26.1	30.6	28.8	-0.2
South	31.2	34.3	26.8	32.1	32.8	1.6
West	31.0	29.8	29.9	37.2	29.3	-1.7
Plymouth	28.9	29.7	26.6	30.7	28.5	-0.4

Source: Primary Care Mortality Database and ONS Annual Mortality Extract

The directly age-standardised cancer mortality rate for persons under 75s (per 10,000 population) has decreased in Plymouth since 2016, from 15.3 deaths per 10,000 population to the latest 2020 rate of 14.0 deaths per 10,000 population (Table 30). The rate has decreased across three of the four localities. The East locality has the lowest rate (10.1 deaths per 10,000 population) compared to the South locality which has the highest (16.3 deaths per 10,000 population).

Table 30: Directly age-standardised cancer mortality rate (under 75s) per 10,000 population by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	Change in rate per 10,000 (2016 to 2020)
East	12.8	12.0	11.3	10.2	10.1	-2.7
North	16.3	14.3	12.1	14.9	13.9	-2.4
South	16.7	17.9	14.5	14.3	16.3	-0.4
West	15.7	16.7	14.6	18.7	15.8	0.1
Plymouth	15.3	14.9	13.0	14.5	14.0	-1.3

Source: Primary Care Mortality Database and ONS mid-year population estimates

4.3.15 All-age, all-cause mortality

The directly age-standardised rate of mortality from all causes for persons of all ages (per 10,000 population) has fallen in Plymouth since 2016, from 102.6 deaths per 10,000 population to the current rate of 101.6 deaths per 10,000 population. The rate has decreased across two of the four localities over the same time period. The East locality has the lowest rate (87.7 deaths per 10,000 population) compared to the West locality which has the highest (120.5 deaths per 10,000 population).

Table 31: Directly age-standardised mortality rates (all ages) per 10,000 population by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	Change in rate per 10,000 (2016 to 2020)
East	85.3	94.4	92.6	86.1	87.7	2.4
North	92.1	99.9	92.6	95.1	93.8	1.7
South	115.1	119.6	122.2	106.6	108.0	-7.1
West	122.3	108.9	114.8	118.7	120.5	-1.8
Plymouth	102.6	105.4	104.8	101.0	101.6	-1.0

Source: Primary Care Mortality Database and ONS mid-year population estimates

5. Selected health needs that can be influenced by pharmaceutical services

5.1 Introduction

Everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in section 4. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long term condition. This health need can only be met within primary care by the provision of pharmaceutical services, be that by pharmacies, DACs or dispensing doctors.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both NHSEI and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal. Many of the pharmacies in Plymouth will offer a collection and delivery service on a private basis.

Distance selling pharmacies are required to deliver all dispensed items and this will clearly be of benefit to people who are unable to access a pharmacy. As noted earlier DACs tend to operate in the same way and this is evidenced by the fact that the vast majority of items dispensed by DACs were dispensed at premises some considerable distance from Plymouth.

As well as supply of prescriptions, pharmacies can also:

- Provide accessible and comprehensive information and advice to carers about what support is available to them. This is part of the signposting essential service offer.
- Offer clinical advice and over-the-counter medicines for a range of minor illnesses such as coughs, colds, sore throats, stomach trouble, aches and pains.
- Signpost more serious concerns to the GP, nurse or other healthcare professionals.
- Provide health and wellbeing advice around behavioural risk factors

This chapter provides a more detailed examination of the different health needs of the population on a locality basis but with regards to selected public health indicators that can be influenced by pharmaceutical services. This is particularly relevant when considering whether pharmaceutical provision meets the needs of a local population. Examples of how pharmaceutical services can influence the health and wellbeing of the population include:

Mental health
As well as supplying medicines for the treatment of mental health problems, pharmacies can provide accessible and comprehensive information and advice about what help and support is available. This is part of the signposting essential service.

Smoking

Smoking cessation is commissioned as a locally commissioned service and pharmacies are just one of several providers of this service. As smoking cessation is commissioned by the Council, it is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

Long-term conditions

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to many long-term conditions as part of the essential services they provide:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.

- Pharmacies are required to participate in up to six health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHSEI and could include long-term conditions.

- Signposting people using the pharmacy to other providers of services or support including mental health support.

- Provision of the eight advanced services will also assist people to manage their long term conditions in order to maximise their quality of life.

5.2 Selected health needs related to pharmaceutical services – summary

Table 32 provides an overview of the selected public health indicators on a locality-by-locality basis. This is followed by Table 33 which gives each locality's rank (from 1=the 'worst' performing locality to 4=the 'best' performing locality) against each indicator to allow for easy comparison of health needs. This crude comparison highlights that the West and the South localities have the greatest needs overall.

Table 32: Summary of indicators by locality (values)

Indicator	East	North	South	West	Plymouth
Teenage pregnancy (rate per 1,000 women)	4.7	11.5	9.9	13.3	10.2
Smoking in pregnancy (%)	5.8	16.1	13.5	19.2	14.3
Parents who smoke (%)	9.1	23.9	19.9	29.4	21.7
Parents who misuse drugs (%)	1.5	3.3	3.7	5.1	3.6
Parents who misuse alcohol (%)	1.2	2.2	1.9	3.5	2.3
Depressed/mentally ill parents (%)	17.9	21.3	22.4	25.7	22.2
Social isolation (%)	4.5	7.0	12.2	12.0	9.1
Emergency admissions - cardiovascular (all ages) (rate per 10,000 population)	87.4	100.9	96.9	117.2	100.3
Emergency admissions - cardiovascular (under 75s) (rate per 10,000 population)	51.8	64.3	63.7	69.3	62.4
Admissions from falls (65 years and over) (rate per 10,000 population)	176.6	205.9	219.0	216.7	202.9
Substance misuse treatment episodes (rate per 10,000 population)	12.7	31.4	69.0	80.2	56.3
Self-harm admissions (rate per 10,000 population)	19.2	24.0	23.5	31.4	24.4
Smoking status (GP referrals) (%)	10.3	16.2	17.3	21.6	16.7
Adult obesity (GP referrals) (%)	30.3	36.9	30.4	36.0	33.7
High blood pressure (GP referrals) (%)	14.5	17.0	14.0	14.9	15.2
One or more risk factors (smoking, obesity, high blood pressure) (%)	46.5	56.5	51.0	57.9	53.4

Table 33: Summary of indicators by locality (ranking) (1 = 'worst' value, 4 = 'best' value) and overall rank (1 = 'worst' performing locality, 4 = 'best' performing locality)

Indicator	East	North	South	West
Teenage pregnancy	4	2	3	1
Smoking in pregnancy	4	2	3	1
Parents who smoke	4	2	3	1
Parents who misuse drugs	4	3	2	1
Parents who misuse alcohol	4	2	3	1
Depressed/mentally ill parents	4	3	2	1
Social isolation	4	3	1	2
Emergency admissions - cardiovascular (all ages)	4	2	3	1
Emergency admissions - cardiovascular (under 75s)	4	2	3	1
Admissions from falls (65 and over)	4	3	1	2
Substance misuse treatment episodes	4	3	2	1
Self-harm admissions	4	2	3	1
Smoking status (GP referrals)	4	3	2	1
Adult obesity (GP referrals)	4	2	3	1
High blood pressure (GP referrals)	3	1	4	2
One or more risk factors (smoking, obesity, high blood pressure)	4	2	3	1
Sum of ranks	63	37	41	19
Overall rank	4	2	3	1

The indicators are now discussed in turn.

5.3 Selected health needs related to pharmaceutical services - data

5.3.1 Teenage pregnancy

Information regarding Plymouth's teenage conception rate at the locality level is not available nationally and is therefore obtained via Plymouth Hospitals NHS Trust. As a consequence, direct comparisons with national statistics are not possible but local data provide a useful proxy. In 2020, Plymouth's conception rate was 10.2 per 1,000 women aged 15-17 years. Conception rates vary considerably across the city with the West locality having the highest rate. The area with the lowest rate in 2020 was the East locality. All areas have seen a decrease in conception rate since 2016.

Table 34: Teenage conception rate per 1,000 women aged 15-17 years by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	Change in rate (2016 to 2020)
East	13.7	3.6	3.6	4.9	4.7	-9.0
North	23.8	13.0	16.6	17.7	11.5	-12.3
South	27.7	10.4	20.9	18.6	9.9	-17.8
West	34.0	37.9	20.8	25.5	13.3	-20.7
Plymouth	25.3	17.5	15.9	17.3	10.2	-15.1

Source: Plymouth Hospitals NHS Trust

In terms of what this means for our PNA, pharmacies in Plymouth provide access to Emergency Hormonal Contraception (EHC) through a Patient Group Direction (PGD). The service is free of charge to women using the service. Pharmacies are a safe, accessible, and non-judgemental provider of EHC services.

5.3.2 Smoking in pregnancy

In 2020, 14.3% of mothers reported that they were smokers at the time of delivery. This equates to a reduction of 1.6 percentage points since 2016. The proportion of mothers smoking in pregnancy is unevenly distributed across the city, with the highest proportion found in the West locality (19.2%) and the lowest proportion in the East (5.8%). The proportion of mothers smoking in pregnancy has fallen across all four localities since 2016.

Table 35: Proportion (%) of all mothers who were smokers at the time of delivery by locality, 2016 to 2020

Locality	2016	2017	2018	2019	2020	Change in % points (2016 to 2020)
East	8.0	3.9	5.7	7.5	5.8	-2.2
North	17.1	12.8	13.9	15.3	16.1	-1.0
South	14.1	9.4	11.9	10.5	13.5	-0.9
West	20.2	15.8	20.8	18.5	19.2	-1.0
Plymouth	15.9	11.4	14.1	13.8	14.3	-1.6

Source: Plymouth Hospitals NHS Trust

5.3.3 Parents who smoke

According to the 2020 survey of health visitor caseloads, 21.7% of parents with children aged less than five years currently smoke (Table 36). This represents a reduction of 7.1 percentage points since 2012. The distribution of parents who smoke is uneven across the city with the highest percentage found in the West locality (29.4%) and the lowest percentage found in the East (9.1%). Since 2012 the East locality has seen the biggest reduction (8.2 percentage points) compared to the North and West both reducing by 6.3 percentage points.

Table 36: Proportion (%) of parent(s) who smoke by locality, 2012 to 2020

Locality	2012	2014	2016	2018	2020	Change in % points (2012 to 2020)
East	17.3	12.0	6.0	7.6	9.1	-8.2
North	30.2	24.9	17.5	20.8	23.9	-6.3
South	26.7	26.9	13.5	17.2	19.9	-6.8
West	35.7	35.1	25.8	27.7	29.4	-6.3
Plymouth	28.8	26.2	17.0	19.7	21.7	-7.1

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

In terms of what this means for our PNA, pharmacies have an important role in providing support for smoking cessation by providing access to nicotine replacement therapy (NRT) and providing advice from pharmacists and trained staff. Pharmacies are a unique provider in that they provide access to NRT at the point of care and provide a “walk in” service across extended opening hours which is particularly important for improving accessibility of care for harder to reach groups.

5.3.4 Parents who misuse drugs

The survey of health visitor caseloads suggests that a small proportion of parents with young children (3.6% in 2016) misuse drugs and that this has increased since 2012 (Table 37). In 2020, the distribution across the city was uneven; from a low of 1.5% in the East locality to a high of 5.1% in the West. All four localities have had a percentage point increase in parents misusing drugs since 2012; the South has seen the biggest increase (2.5 percentage points). Anecdotal evidence from the Public Health Team, Plymouth City Council, suggests that these figures may under-report the true situation and so the data should be interpreted with caution.

Table 37: Proportion (%) of parent(s) who misuse drugs by locality, 2012 to 2020

Locality	2012	2014	2016	2018	2020	Change in % points (2012 to 2020)
East	0.4	0.8	1.0	1.3	1.5	1.1
North	2.2	2.8	2.0	2.5	3.3	1.1
South	1.2	2.3	2.9	3.1	3.7	2.5
West	3.3	3.8	3.9	4.6	5.1	1.8
Plymouth	2.0	2.7	2.6	3.1	3.6	1.6

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

5.3.5 Parents who misuse alcohol

The survey of health visitor caseloads suggests that a small proportion of parents with young children misuse alcohol (2.3% in 2020) and that this proportion has increased slightly from 2012 (Table 38). In 2020, the distribution across the city was uneven; from a low of 1.2% in the East locality to a high of 3.5% in the West. All four localities have had a percentage point increase in parents misusing alcohol since 2012; the West has had the biggest increase (1.2 percentage points). Anecdotal evidence from the Public Health Team, Plymouth City Council, suggests that these figures may underreport the true situation and so the data should be interpreted with caution.

Table 38: Proportion (%) of parent(s) who misuse alcohol by locality, 2012 to 2020

Locality	2012	2014	2016	2018	2020	Change in % points (2012 to 2020)
East	0.6	0.7	1.0	1.4	1.2	0.6
North	2.0	1.8	1.7	2.0	2.2	0.2
South	1.5	1.8	2.2	2.0	1.9	0.4
West	2.3	2.9	2.8	2.9	3.5	1.2
Plymouth	1.7	2.0	2.0	2.2	2.3	0.6

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

5.3.6 Depressed or mentally ill parents

The survey of health visitor caseloads suggests that 22.2% of parents with young children were considered to be depressed or mentally ill in 2020; an increase of 12.3 percentage points since 2012 (Table 39). In 2020, the distribution across the city was uneven; from a low of 17.9% in the East locality to a high of 25.7% in the West. All four localities have had a percentage point increase in depressed or mentally ill parents since 2012; the West has had the biggest increase (13.8 percentage points).

Table 39: Proportion (%) of parent(s) who are depressed or mentally ill by locality, 2012 to 2020

Locality	2012	2014	2016	2018	2020	Change in % points (2012 to 2020)
East	7.3	12.0	10.5	15.3	17.9	10.6
North	9.6	14.1	13.0	16.6	21.3	11.7
South	9.4	15.3	14.5	18.0	22.4	13.0
West	11.9	16.6	19.1	22.5	25.7	13.8
Plymouth	9.9	14.8	14.8	18.6	22.2	12.3

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

5.3.7 Social isolation within families

Social isolation has been shown repeatedly to prospectively predict mortality and serious morbidity both in general population samples and in individuals with established morbidity, especially coronary heart disease. The survey of health visitor caseloads suggests that 9.1% of parents with young children were considered to be socially isolated in 2020; an increase of 4.4 percentage points since 2012 (Table 40). In 2020, the distribution across the city was uneven; from a low of 4.5% in the East locality to a high of 12.2% in the South. All four localities have had a percentage point increase in social isolation since 2012; the West has had the biggest increase (7.3 percentage points).

Table 40: Proportion (%) of parents who are considered socially isolated by locality, 2012 to 2020

Locality	2012	2014	2016	2018	2020	Change in % points (2012 to 2020)
East	3.9	2.8	1.7	3.1	4.5	0.6
North	4.7	3.0	4.5	6.1	7.0	2.3
South	5.3	6.8	11.3	12.8	12.2	6.9
West	4.7	7.5	8.6	10.7	12.0	7.3
Plymouth	4.7	5.3	6.7	8.5	9.1	4.4

Source: Health Visitor Caseload Survey, Public Health Team, Plymouth City Council

5.3.8 Emergency hospital admissions - cardiovascular

The hospital admission rate for cardiovascular problems has increased by 5.0 per 10,000 population since 2016/17 (Table 41). The West locality has the highest rate of admissions (117.2 per 10,000 population) compared to the East locality which has the lowest rate (87.4 per 10,000 population).

Table 41: Directly age-standardised rate of hospital admissions for cardiovascular problems (all ages) per 10,000 population by locality, 2016/17 to 2019/20

Locality	2016/17	2017/18	2018/19	2019/20	Change in rate per 10,000 (2016/17 to 2019/20)
East	81.6	76.9	79.3	87.4	5.8
North	96.3	99.2	89.2	100.9	4.6
South	102.1	98.9	92.4	96.9	-5.2
West	100.8	106.2	100.8	117.2	16.4
Plymouth	95.3	95.4	90.2	100.3	5.0

Source: HES data provided by Devon County Council

The rate of hospital admissions for cardiovascular in the under 75s has increased by 3.5 per 10,000 population since 2016/17 (Table 42). The West locality has the highest rate of admissions (69.3 per 10,000 population) compared to the East locality which has the lowest rate (51.8 per 10,000 population).

Table 42: Directly age-standardised rate of hospital admissions for cardiovascular

problems (in the under 75s) per 10,000 population by locality, 2016/17 to 2019/20

Locality	2016/17	2017/18	2018/19	2019/20	Change in rate per 10,000 (2016/17 to 2019/20)
East	47.1	42.9	45.7	51.8	4.7
North	59.7	58.3	55.6	64.3	4.6
South	61.5	62.3	53.4	63.7	2.2
West	66.1	68.9	63.9	69.3	3.2
Plymouth	58.9	58.2	55.0	62.4	3.5

Source: HES data provided by Devon County Council

5.3.9 Emergency hospital admissions for falls in adults aged 65+

The rate of hospital admissions for falls in adults aged 65+ decreased by 4.1 per 10,000 population aged 65+ from 2016/17 to 2019/20 (Table 43). Two of the four localities have seen a decrease in the rate of admissions due to falls over the same time period. In 2019/20, the South locality had the highest rate of admissions (219.0 per 10,000 population aged 65+) compared to the East locality which had the lowest rate (176.6 per 10,000 population aged 65+).

Table 43: Directly age-standardised rate of hospital admissions for falls in adults aged 65+ years per 10,000 population aged 65+ by locality, 2016/17 to 2019/20

Locality	2016/17	2017/18	2018/19	2019/20	Change in rate per 10,000 (2016/17 to 2019/20)
East	192.4	200.9	184.1	176.6	-15.8
North	191.7	174.5	211.3	205.9	14.2
South	207.4	225.7	235.2	219.0	11.6
West	248.5	207.6	230.8	216.7	-31.8
Plymouth	207.0	201.0	214.0	202.9	-4.1

Source: HES data provided by Devon County Council

5.3.10 Alcohol-related hospital admissions (all ages)

The rate of alcohol-related hospital admission episodes (broad definition) in Plymouth has decreased since 2016/17 (Table 44).

Table 44: Directly age-standardised rate of alcohol-related hospital admissions (broad definition) per 100,000 population for Plymouth 2016/17 to 2020/21

	2016/17	2017/18	2018/19	2019/20	2020/21
Plymouth	1,758	1,591	1,589	1,743	1,330
England	1,624	1,657	1,766	1,815	1,500

Source: Local Alcohol Profiles for England (OHID)

In terms of what this means for our PNA, pharmacies have a potential role in providing structured brief interventions in alcohol use, as well as providing opportunistic lifestyle advice and signposting patients to other healthcare services.

5.3.11 Substance misuse (all ages)

Substance misuse is recorded by agencies commissioned by the Office of the Director of Public Health, Plymouth City Council. In 2021/22, open episodes of substance misuse treatment (Tier 3 treatment for alcohol or drug addiction, count of episodes not persons) was unevenly distributed across the city (Table 45). The highest rate of episodes occurred in the West locality (80.2 per 10,000 population) and the lowest rate in the East locality (12.7 per 10,000 population).

Table 45: Number and crude rate per 10,000 population of clients (all ages) in treatment by locality, 2021/21

Locality	Number of episodes (2021/22)	Population (2020)	Crude rate per 10,000 population
East	70	54,996	12.7
North	208	66,241	31.4
South	475	68,824	69.0
West	584	72,778	80.2
Unknown	144	N/A	N/A
Plymouth	1,481	262,839	56.3

Source: HALO, data extracted June 2022 by Office of the Director of Public Health PCC

5.3.12 Hospital admissions for self-harm

The rate of hospital admissions for self-harm has decreased in Plymouth by 6.1 per 10,000 since 2016/17 (Table 46). For 2019/20, admissions were unevenly distributed across the city. The West locality has the highest rate of admissions (31.4 per 10,000 population) compared to the East locality which had the lowest (19.2 per 10,000 population).

Table 46: Directly age-standardised rate of hospital admissions for self-harm per 10,000 population aged 10+ years by locality, 2016/17 to 2019/20

Locality	2016/17	2017/18	2018/19	2019/20	Change in rate per 10,000 (2016/17 to 2019/20)
East	18.7	16.7	15.4	19.2	0.5
North	34.5	24.9	35.2	24.0	-10.5
South	31.1	29.9	27.6	23.5	-7.6
West	37.4	37.9	29.4	31.4	-6
Plymouth	30.5	27.8	27.4	24.4	-6.1

Source: HES data provided by Devon County Council

5.3.13 Estimates of population with specific mental health problems

The number of males and females with specific mental health problems (common mental disorder, borderline personality disorder, antisocial personality disorder, psychotic disorder and two or more psychiatric disorders) in Plymouth is expected to increase, with females predicted to have a higher prevalence than males by 2040 (Table 47).

Table 47: People in Plymouth aged 18-64 years, predicted to have a mental health problem by gender, 2020 to 2040

		2020	2025	2030	2035	2040
Males predicted to have …	a common mental disorder	12,054	11,936	12,039	12,098	12,054
	a borderline personality disorder	1,558	1,543	1,556	1,564	1,558
	an antisocial personality disorder	4,018	3,979	4,013	4,033	4,018
	a psychotic disorder	574	568	573	576	574
	two or more psychiatric disorders	5,658	5,603	5,651	5,679	5,658
Females predicted to have …	a common mental disorder	18,457	18,157	18,134	17,856	17,625
	a borderline personality	2,317	2,279	2,277	2,242	2,213
	an antisocial personality disorder	1,438	1,415	1,413	1,391	1,373
	a psychotic disorder	559	550	550	541	534
	two or more psychiatric disorders	5,993	5,895	5,888	5,798	5,723

Source: Projecting Adult Needs and Service Information (PANSI)

5.3.14 Dementia

The estimated number of people with dementia in Plymouth is predicted to increase in all age groups over 65 by 2040 (Table 48).

Table 48: People in Plymouth aged 65 years and over predicted to have dementia by age group, 2020 to 2040

Number predicted to have dementia aged …	2020	2025	2030	2035	2040
65-69	212	239	261	263	240
70-74	408	363	418	457	463
75-79	569	701	636	729	808
80-84	765	840	1,051	974	1,126
85-89	782	847	953	1,206	1,135
90 and over	778	825	943	1,119	1,390
Total population aged 65 and over	3,514	3,815	4,262	4,748	5,163

Source: Projecting Older People Population Information (POPPI)

5.3.15 Long-term conditions (diabetes, stroke, and respiratory problems)

The estimated number of people in Plymouth with diabetes (Type 1 or Type 2) is predicted to increase overall by 2040 (Table 49). This increase will be mainly driven by the increase in those aged 75 and over.

Table 49: People in Plymouth aged 18 years and over predicted to have diabetes by age group, 2020 to 2040

Number predicted to have diabetes aged …	2020	2025	2030	2035	2040
18-24	263	270	306	310	289
25-34	425	396	368	384	416
35-44	562	590	589	565	530
45-54	1,553	1,412	1,444	1,519	1,526
55-64	2,303	2,372	2,256	2,075	2,106
65-74	3,387	3,424	3,831	3,998	3,841
75 and over	2,752	3,181	3,392	3,746	4,129
Total population aged 18 and over	11,245	11,645	12,186	12,597	12,838

Source: Projecting Adult Needs and Service Information (PANSI)

The estimated number of people in Plymouth with a longstanding condition caused by a stroke is predicted to increase overall by 2040 (Table 50). This increase will be mainly driven by the increase in those aged 75 and over.

Table 50: People in Plymouth aged 18 years and over predicted to have a longstanding health condition caused by a stroke by age group, 2020 to 2040

Number predicted to have a longstanding health condition caused by a stroke aged …	2020	2025	2030	2035	2040
18-44	47	47	47	47	46
45-64	417	404	397	392	395
65-74	514	522	584	608	584
75 and over	631	735	785	870	963
Total population aged 18 and over	1,609	1,707	1,814	1,916	1,988

Source: Projecting Adult Needs and Service Information (PANSI)

The prevalence of Chronic Obstructive Pulmonary Disease (COPD) in NHS Devon STP is slightly higher than the England average (Table 51).

Table 51: QOF Prevalence (%) of COPD for NHS Devon CCG and England, 2020/21

	Prevalence (%)
NHS Devon CCG	2.3
England	1.9

Source: Office for Health Improvement and Disparities, Fingertips indicator 253

In terms of what this means for our PNA, pharmacies provide essential services and support for patients with long-term conditions. Ensuring that medicines taken to manage long-term conditions are used safely and effectively improves outcomes for patients and reduces the risk of drug-related hospital admissions. Pharmacies have a role in ensuring patients, clinicians and carers can obtain the maximum benefit from medicines whilst reducing risks associated with treatment. In addition, pharmacies can provide healthy lifestyle advice which will support the prevention and management of long-term conditions.

5.3.16 Smoking status, obesity and blood pressure (based on GP referrals)

The following sections on smoking status, obesity and blood pressure are based on data recorded at time of patient referral to Plymouth Hospitals NHS Trust (for any reason) by General Practitioners (GPs) in Plymouth.

This data is no longer collected. The latest available data is from 2014/15. Despite the age it is still considered the best available data on these indicators and for this reason have been included.

The percentage of patients being referred (for any reason) who smoke in Plymouth has decreased by 4.3 percentage points from 2010/11 to 2014/15 (Table 52). The locality with the largest percentage of smokers in 2014/15 was the West (21.6%), whilst the East had the smallest percentage (10.3%).

Table 52: Percentage of patients who were smokers at time of GP referral to Plymouth Hospitals NHS Trust by locality, 2010/11 to 2014/15

Locality	2010/11	2011/12	2012/13	2013/14	2014/15	Change in % points (2010/11 to 2014/15)
East	13.6	13.1	12.0	9.8	10.3	-3.3
North	20.3	19.3	18.5	15.9	16.2	-4.1
South	21.6	20.0	18.3	16.6	17.3	-4.3
West	28.2	27.3	26.2	22.0	21.6	-6.6
Plymouth	21.0	20.0	18.9	16.3	16.7	-4.3

Source: Sentinel Database, NHS Devon CCG

The percentage of patients being referred (for any reason) who were obese increased by 2.6 percentage points from 2010/11 to 2014/15 (Table 53). The locality with the largest percentage of obese patients in 2014/15 was the North (36.9%), whilst the East had the smallest percentage (30.3%).

Table 53: Body Mass Index (BMI) (obesity = BMI>30) at time of GP referral to Plymouth Hospitals NHS Trust by locality, 2010/11 to 2014/15

Locality	2010/11	2011/12	2012/13	2013/14	2014/15	Change in % points
East	29.3	29.3	29.5	29.5	30.3	1.0
North	33.6	34.4	34.3	34.9	36.9	3.3
South	27.9	28.4	28.7	28.9	30.4	2.5
West	33.2	34.8	34.8	35.2	36.0	2.8
Plymouth	31.1	31.9	32.0	32.3	33.7	2.6

Source: Sentinel Database, NHS Devon CCG

The percentage of patients being referred (for any reason) who were experiencing high blood pressure (stage 1 and 2 hypertension) has increased by 1.4 percentage points from 2010/11 to 2014/15 (Table 54). The locality with the largest percentage of patients with high blood pressure in 2014/15 was the North (17.0%), whilst the East had the smallest percentage (14.5%).

Table 54: Percentage of patients with high blood pressure at time of GP referral to Plymouth Hospitals NHS Trust by locality, 2010/11 to 2014/15

Locality	2010/11	2011/12	2012/13	2013/14	2014/15	Change in % points
East	17.5	18.5	16.8	14.8	14.5	3.0
North	17.9	16.3	17.4	16.7	17.0	-0.9
South	14.4	14.0	14.0	14.2	14.0	-0.4
West	16.2	16.6	16.7	16.0	14.9	-1.3
Plymouth	16.6	16.4	16.3	15.5	15.2	1.4

Source: Sentinel Database, NHS Devon CCG

Table 55 reports the percentage of patients experiencing at least one of the above risk factors (smoking, obesity, high blood pressure) by locality for 2014/15. The West locality had the largest proportion of patients experiencing at least one of the three

risk factors (57.9%) compared to the East (46.5%). In the West locality, 1.1% of patients were experiencing all three risk factors compared to the East (0.4%).

Table 55: Percentage of patients with one or more risk factors (smoking, obesity, high blood pressure) at time of GP referral to Plymouth Hospitals NHS Trust by locality, 2014/15

Locality	One or more risk factors (%)	All three risk factors (%)
East	46.5	0.4
North	56.5	0.8
South	51.0	0.7
West	57.9	1.1
Plymouth	53.4	0.8

Source: Sentinel Database, NHS Devon CCG

6. Provision of pharmaceutical services

6.1 Necessary services

The PNA is required to make statements on current provision and gaps in 'necessary pharmaceutical services' provided by community pharmacists. This section considers those services provided by community pharmacies that fall within the definition of 'essential pharmaceutical services' commissioned by NHSEI. NHSEI oversees the provision of these services. Essential services are provided by all community pharmacies and are centrally funded. They are:

- The dispensing of prescriptions
- The dispensing of repeatable prescriptions
- The acceptance and disposal of unwanted medicines returned by patients
- Signposting to other providers of health and social care services
- Promotion of healthy lifestyles
- Support for self-care.

On-demand availability of specialist drugs is commissioned by NHSE as a local enhanced service, and is necessary to ensure people have access to a specified list of products during extended hours of opening.

NHSEI commissions this service from selected pharmacies, chosen to ensure appropriate geographical coverage and because they have long opening hours. Not all of the pharmacies which provide this service may be open on bank/public holidays and NHSEI considers that to associate providing this service with a requirement to be open on holidays would discourage pharmacies from providing the service. Therefore coverage may be sparser on such days.

6.2 Current provision of necessary services

6.2.1 Current provision within the H&WB's area

(i) Plymouth

There are currently 55 pharmacies in Plymouth as of May 2022. Of these 41 pharmacies are owned by national pharmacy chains:

- 19 by Bestway National Chemists
- 12 by Boots Pharmacy
- Three by Lloyds Pharmacy
- Two by Day Lewis Pharmacy
- Two by Superdrug Pharmacy
- One by Asda
- One by Tesco Pharmacy
- One by Morrisons Pharmacy

There are 14 pharmacies in Plymouth that are owned by other providers as of May

2022

There are two 100-hour pharmacies in Plymouth as of May 2021/22 (Lloyds Pharmacy in Sainsbury's (Marsh Mills) and Asda Pharmacy). There are fifty-three 40-hour pharmacies.

There are 52 pharmacies that are Community Pharmacist Consultation Service (CPCS) accredited as of May 2022, providing a total of 2,063 CPCS consultations in the first nine months of 2021/22 (April to December). In addition, all pharmacies have access to Electronic Prescription Services (EPS).

There are two distance-selling pharmacies (My Doctor's Chemist and PHL Pharma) and no pharmacies with local pharmaceutical services contracts, as of May 2022.

There are two pharmacies which are appliance contractors as of May 2022 (Salts Healthcare Limited and Fittleworth Medical Limited)

Since the last PNA was published, one pharmacy has been closed (Boots Pharmacy on Endsleigh Place) and no new pharmacies have opened in Plymouth.

Table 56: Provision in Plymouth since 2018/19

Year	Population	No. of pharmacies	Pharmacies per 10,000 population	No. of items dispensed	Items dispensed per head
2018/19	263,100	56	21.3	5,538,236	21.0
2019/20	262,100	56	21.4	5,438,690	20.8
2020/21	262,839	55	20.9	5,255,874	20.0
2021/22 (Apr-Dec)	-	55	-	3,950,293	-
South West 2020/21	5,659,143	1,065	18.8	95,447,553	16.9
England 2020/21	56,550,138	11,748	20.8	1,016,769,042	18.0

Notes:
1. Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019
2. Mid-year population estimates were not available for 2021 at the time of writing
3. Number of pharmacies in England and South West England in 2020/21 and total items dispensed are taken from Supporting Tables from NHSBSA found at: https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021
4. All pharmacy numbers include both community pharmacies and DACs

The number of items dispensed has decreased in Plymouth by 5.1% between 2018/19 and 2020/21.

The number of items dispensed per head Plymouth in 2020/21 was higher than the South West and England averages. The number of pharmacies per 100,000 population in Plymouth was higher than the 2020/21 South West average but similar to the England average.

(ii) East locality

There are currently 11 pharmacies in the East locality of Plymouth as of May 2022. Eight pharmacies are owned by national pharmacy chains:

- Three by Boots Pharmacy
- Three by Bestway National Chemists
- One by Day Lewis Pharmacy
- One by Morrisons Pharmacy

There are three other pharmacies in the East locality as of May 2022.

There are eleven 40-hour pharmacies but no 100-hour pharmacies in the East locality as of May 2022.

There are 10 pharmacies in the East locality that are Community Pharmacist Consultation Service (CPCS) accredited as of May 2022, providing a total of 381 CPCS consultations in the first nine months of 2021/22 (April to December). In addition, all pharmacies have access to Electronic Prescription Services (EPS).

There are no pharmacies with local pharmaceutical services contracts and no distance-selling pharmacies in the East locality as of May 2022.

One pharmacy is an appliance contractor (Salts Healthcare Limited) in the East locality as of May 2022.

Since the last PNA was published, no pharmacies have closed and no new pharmacies have opened in the East locality.

Table 57: Provision in the East locality since 2018/19

Year	Population	No. of pharmacies	Pharmacies per 10,000 population	No. of items dispensed	Items dispensed per head
2018/19	54,781	11	20.1	1,048,802	19.1
2019/20	54,961	11	20.0	994,761	18.1
2020/21	54,996	11	20.0	991,742	18.0
2021/22 (Apr-Dec)	-	11	-	773,271	-
South West 2020/21	5,659,143	1,065	18.8	95,447,553	16.9
England 2020/21	56,550,138	11,748	20.8	1,016,769,042	18.0

Notes:
1. Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019
2. Mid-year population estimates were not available for 2021 at the time of writing
3. Number of pharmacies in England and South West England in 2020/21 and total items dispensed are taken from Supporting Tables from NHSBSA found at: https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021
4. All pharmacy numbers include both community pharmacies and DACs

The number of items dispensed in the East locality has decreased by 5.4% between

2018/19 and 2020/21.
The number of items dispensed per head in 2020/21 was higher than the South West average and the same as the England average. The number of pharmacies per 100,000 population in the East locality is higher than the 2020/21 South West average but lower than the England average.

(iii) North locality

There are currently 13 pharmacies in the North locality of Plymouth as of May 2022. 10 pharmacies are owned by national pharmacy chains:

- Six by Bestway National Chemists
- One by Asda Pharmacy
- One by Boots Pharmacy
- One by Lloyds Pharmacy
- One by Tesco Pharmacy

There are three other pharmacies in the North locality as of May 2022.

There is one 100-hour pharmacy in the North locality as of May 2022 (Asda Pharmacy) and twelve 40-hour pharmacies.

There are 11 pharmacies in the North locality that are Community Pharmacist Consultation Service (CPCS) accredited as of May 2022, providing a total of 419 CPCS consultations in the first nine months of 2021/22 (April to December). In addition, all pharmacies have access to Electronic Prescription Services (EPS).

There is one distance-selling pharmacy (My Doctor's Chemist) in the North locality, as of May 2022.

There are no pharmacies with local pharmaceutical services contracts, as of May 2022.

One pharmacy is a dispensing appliance contractor (Fittleworth Medical Limited) as of May 2022.

Since the last PNA was published, no pharmacies have closed and no new pharmacies have opened in North locality.

Table 58: Provision in the North locality since 2018/19

Year	Population	No. of pharmacies	Pharmacies per 10,000 population	No. of items dispensed	Items dispensed per head
2018/19	65,862	13	19.7	1,555,618	23.6
2019/20	66,087	13	19.7	1,518,274	23.0
2020/21	66,241	13	19.6	1,409,179	21.3
2021/22 (Apr-Dec)	-	13	-	1,064,857	-
South West 2020/21	5,659,143	1,065	18.8	95,447,553	16.9
England 2020/21	56,550,138	11,748	20.8	1,016,769,042	18.0

Notes:
1. Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019
2. Mid-year population estimates were not available for 2021 at the time of writing
3. Number of pharmacies in England and South West England in 2020/21 and total items dispensed are taken from Supporting Tables from NHSBSA found at: https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021
4. All pharmacy numbers include both community pharmacies and DACs

The number of items dispensed in the North locality has decreased by 9.4% between 2018/19 and 2020/21.

The number of items dispensed per head in 2020/21 was higher than the South West and England average. The number of pharmacies per 100,000 population in the North locality is higher than the 2020/21 South West average but lower than the England average.

(iv) South locality

There are currently 13 pharmacies in the South locality of Plymouth as of May 2022. Nine pharmacies are owned by national pharmacy chains:

- Five by Boots Pharmacy
- Three by Bestway National Chemists
- One by Lloyds Pharmacy

There are four other pharmacies in the South locality as of May 2022.

There is one 100-hour pharmacy in the South locality as of May 2022. (Lloyds Pharmacy) and twelve 40-hour pharmacies.

All 13 pharmacies are Community Pharmacist Consultation Service (CPCS) accredited as of May 2022, providing a total of 893 CPCS consultations in the first nine months of 2021/22 (April to December). In addition, all pharmacies have access to Electronic Prescription Services (EPS).

There is one distance-selling pharmacy (PHL Pharma Pharmacy) in the South locality as of May 2022.

There are no pharmacies with local pharmaceutical services contracts and there are no dispensing appliance contractors as of May 2022.

Since the last PNA was published, one pharmacy has closed (Boots Pharmacy on Endsleigh Place) and no new pharmacies have opened in the South locality.

Table 59: Provision in the South locality since 2018/19

Year	Population	No. of pharmacies	Pharmacies per 10,000 population	No. of items dispensed	Items dispensed per head
2018/19	69,161	14	20.2	1,322,801	19.1
2019/20	68,340	14	20.5	1,343,402	19.7
2020/21	68,824	13	18.9	1,347,714	19.6
2021/22 (Apr-Dec)	-	13	-	1,006,446	-
South West 2020/21	5,659,143	1,065	18.8	95,447,553	16.9
England 2020/21	56,550,138	11,748	20.8	1,016,769,042	18.0

Notes:
1. Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019
2. Mid-year population estimates were not available for 2021 at the time of writing
3. Number of pharmacies in England and South West England in 2020/21 and total items dispensed are taken from Supporting Tables from NHSBSA found at: https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021
4. All pharmacy numbers include both community pharmacies and DACs

The number of items dispensed in the South locality has increased by 1.9% between 2018/19 and 2020/21.

The number of items dispensed per head in 2020/21 was higher than the South West and England average. The number of pharmacies per 100,000 population in the South locality is slightly higher than the 2020/21 South West average but slightly lower than the England average.

(v) West locality

There are currently 18 pharmacies in the West locality of Plymouth as of May 2022. Of these, 14 pharmacies are owned by national pharmacy chains:

- Seven by Bestway National Chemists
- Three by Boots Pharmacy
- Two by Superdrug Pharmacy
- One by Day Lewis Pharmacy
- One by Lloyds Pharmacy

There are four other pharmacies in the West locality as of May 2022.

There are no 100-hour pharmacy in the West locality as of May 2022 and eighteen 40-hour pharmacies.

All 18 pharmacies are Community Pharmacist Consultation Service (CPCS) accredited as of May 2022, providing a total of 370 CPCS consultations in the nine months of 2021/22 (April to December). In addition, all pharmacies have access to Electronic Prescription Services (EPS).

There are no distance-selling pharmacies and no pharmacies with local pharmaceutical services contracts in the West locality, as of May 2022.

There are also no dispensing appliance contractors in the West locality, however there are two dispensing appliance contractors (Fittleworth Medical Limited in the North locality and Salts Healthcare Limited in the East locality), as of May 2022.

Since the last PNA was published, no pharmacies have closed and no new pharmacies have opened in the West locality.

Table 60: Provision in the West locality since 2018/19

Year	Population	No. of pharmacies	Pharmacies per 10,000 population	No. of items dispensed	Items dispensed per head
2018/19	73,296	18	24.6	1,611,015	22.0
2019/20	72,712	18	24.8	1,582,253	21.8
2020/21	72,778	18	24.7	1,507,239	20.7
2021/22 (Apr-Dec)	-	18	-	1,105,719	-
South West 2020/21	5,659,143	1,065	18.8	95,447,553	16.9
England 2020/21	56,550,138	11,748	20.8	1,016,769,042	18.0

Notes:
1. Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019
2. Mid-year population estimates were not available for 2021 at the time of writing
3. Number of pharmacies in England and South West England in 2020/21 and total items dispensed are taken from Supporting Tables from NHSBSA found at: https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021
4. All pharmacy numbers include both community pharmacies and DACs

The number of items dispensed in the West locality has decreased by 6.4% between 2018/19 and 2020/21.

The number of items dispensed per head in 2020/21 was higher than the South West and England average. The number of pharmacies per 100,000 population in the West locality is higher than the 2020/21 South West and England averages.

6.2.2 Current provision outside the H&WB's area

As stated above, distance-selling pharmacies are required to provide the essential services to patients anywhere in England, and will deliver medication to a patient's home address. Their services are therefore available to residents of the H&WB's area. In addition to those located within the H&WB area, there are numerous such

pharmacies located around the country. An alphabetical list of distance-selling pharmacies is available at https://www.nhs.uk/service-search/other-services/pharmacies/internetpharmacies

DACs generally supply appliances by home delivery, and are required to do so for certain types of appliance. Their services are therefore available to residents of the H&WB's area. As of May 2022, there were 111 DACs in England, including those located within the H&WB area. An alphabetical list of DACs is available at https://www.nhs.uk/service-search/other-services/pharmacies/appliancepharmacies

Patients have a choice of where they access pharmaceutical services. This may be close to their GP practice, their home, their place of work, or where they go for shopping, recreational, or other reasons. Plymouth shares borders with Devon and Cornwall local authorities, each with their own H&WB and associated PNA. It is common for Plymouth residents to access services in areas served by neighbouring H&WBs, and for people from neighbouring areas to access services within Plymouth. To account for the cross-border movement of individuals between Plymouth and neighbouring areas, boundary analysis has been conducted (Figure 10) with information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software https://shapeatlas.net/

Figure 10: Location of pharmacies surrounding the Plymouth city boundary

© Crown copyright and database rights 2022 Ordnance Survey 100016969

Key

Pha Single pharmacy

Multiple pharmacies located too close together to be able to display separately without increasing resolution

There are only three pharmacies within 1.6km of the Plymouth boundary (two in Saltash, Cornwall and one in Torpoint, Cornwall). Including these three cross-border pharmacies, has no impact on proportion of Plymouth residents within 1.6km walking distance (Figure 11) or a five or 10 minute drive time (Figure 12) of a pharmaceutical services provider. This is because there are few residential areas immediately on Plymouth's borders, and those which are, already have access to a nearby Plymouth-based pharmaceutical service provider.

6.3 Access to necessary services

6.3.1 Access to premises

Figure 11 shows the walking distance to pharmaceutical services in Plymouth within 1.6km. The darker the shading, the closer the population is to a provider of pharmaceutical services. Figure 11 shows that most Plymouth residents can access a pharmacy within a reasonable walking distance. Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software https://shapeatlas.net/.

Figure 11: Walking distance to Plymouth-based providers of pharmaceutical services

© Crown copyright and database rights 2022 Ordnance Survey 100016969

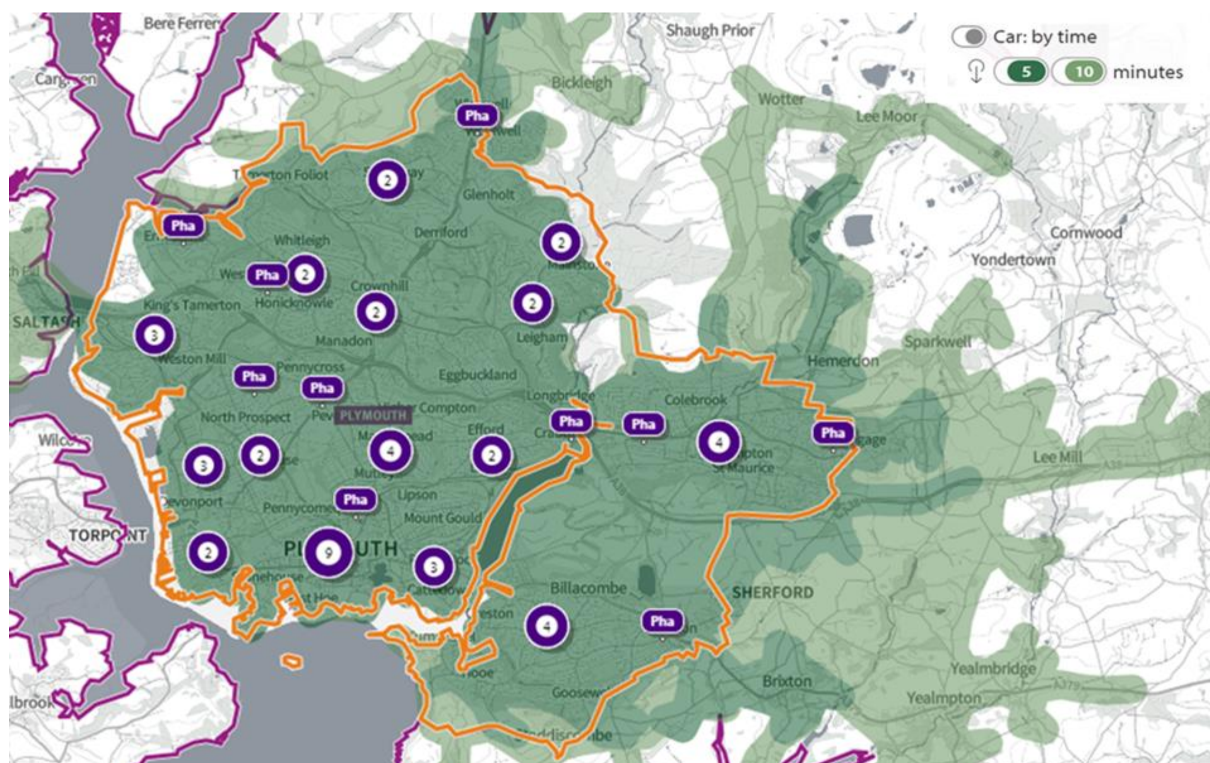
Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

Figure 12 shows pharmacies within the Plymouth boundary within five and 10 minute drive times. Pharmacies are shown individually or as groups and drive time zones are shaded. Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software https://shapeatlas.net/.

Figure 12: Areas within five and 10 minute drive times to Plymouth pharmacies



© Crown copyright and database rights 2022 Ordnance Survey 100016969

Key

Single pharmacy

Multiple pharmacies located too close together to be able to display separately without increasing resolution

Based on the 2011 Census, car ownership in Plymouth (72.2%) is slightly below the national average (74.2%). Car ownership is unevenly distributed across the city, with the West locality having the smallest proportion of car owners per household (63.3%) and the East locality having the largest proportion (85.5%).

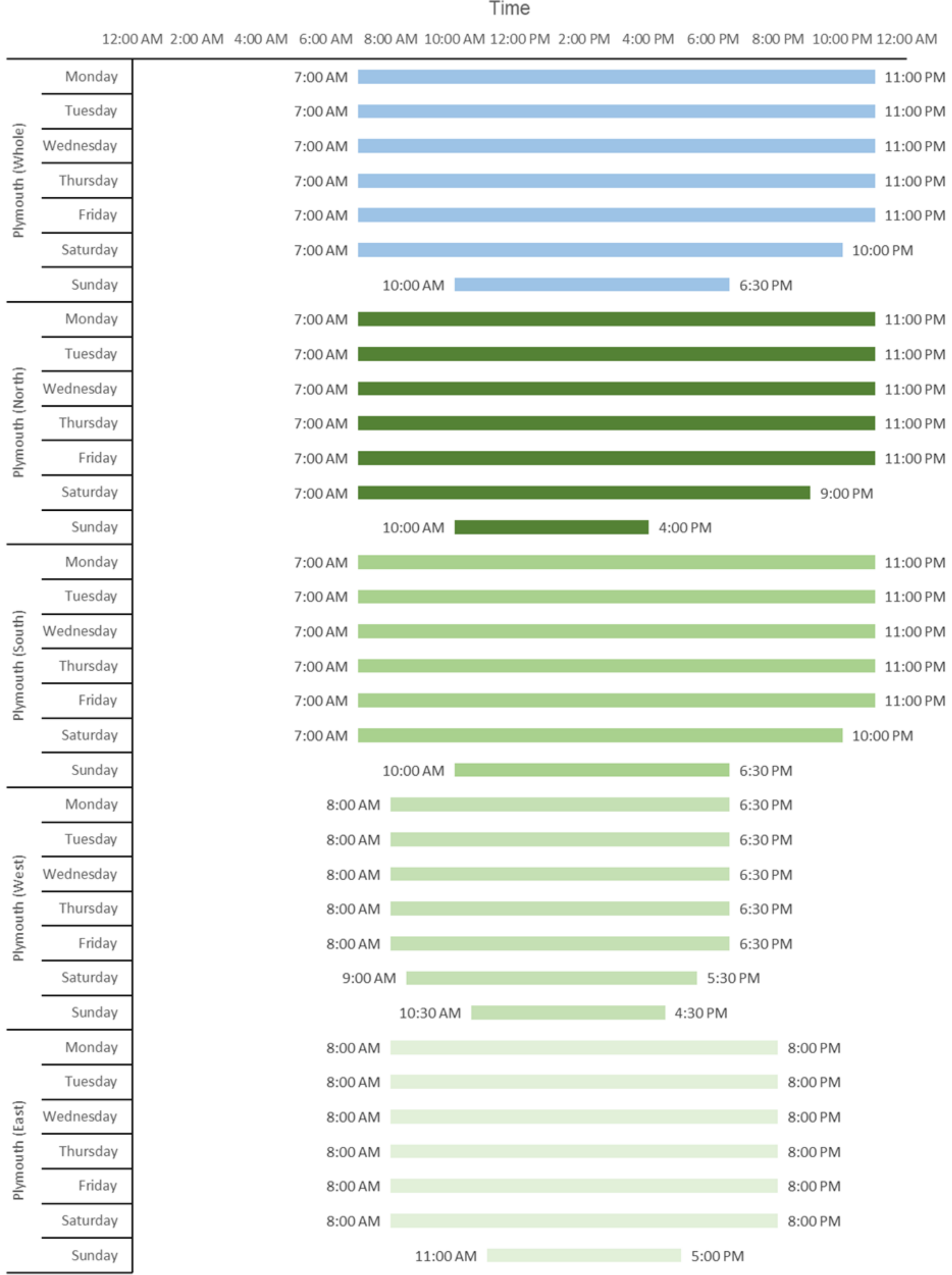
6.3.2 Access to the essential services

NHSEI has a duty to ensure that residents of the H&WB's area are able to access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and Bank Holidays, or Easter Sunday, although some choose to do so. NHSEI asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor, or contractors, to open on one or more of these days to ensure adequate access.

(i) Plymouth

- Eight pharmacies are open seven days a week
- 26 pharmacies are open on Monday to Saturday only
- 17 pharmacies are open Monday to Friday only
- Two pharmacies are open before 8:00am from Monday to Friday
- Six pharmacies are open until after 6.30pm from Monday to Friday

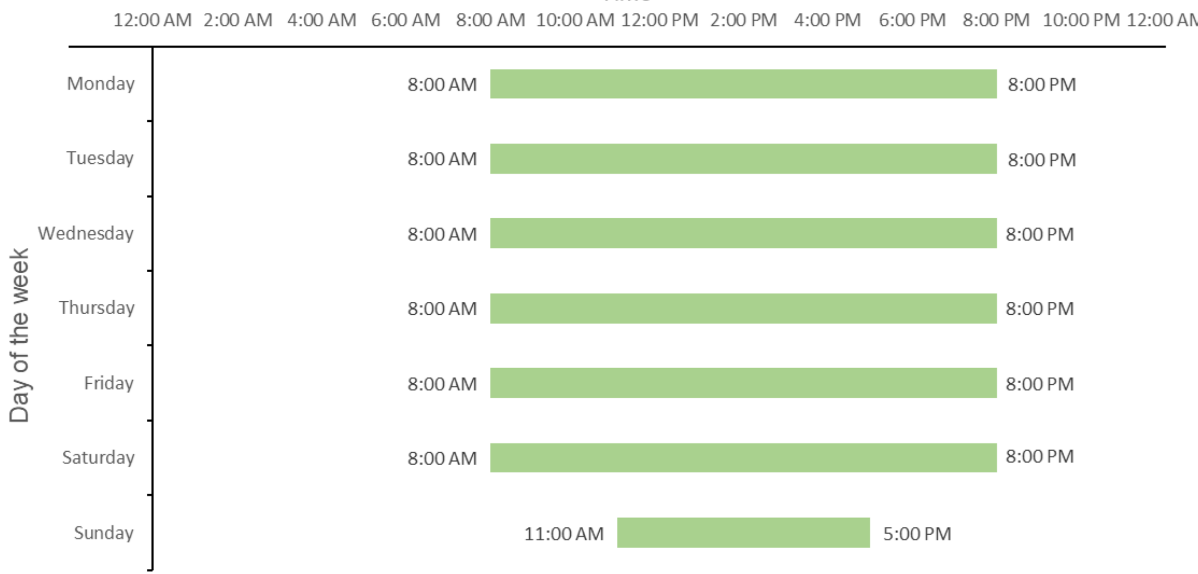
Figure 13: Earliest opening time and latest closing time, by Plymouth locality and day of the week



(ii) East locality

- One pharmacy is open seven days a week
- Seven pharmacies are open on Monday to Saturday only
- Two pharmacies are open Monday to Friday only
- There are no pharmacies are open before 8:00am from Monday to Friday
- One pharmacy is open until after 6.30pm from Monday to Friday

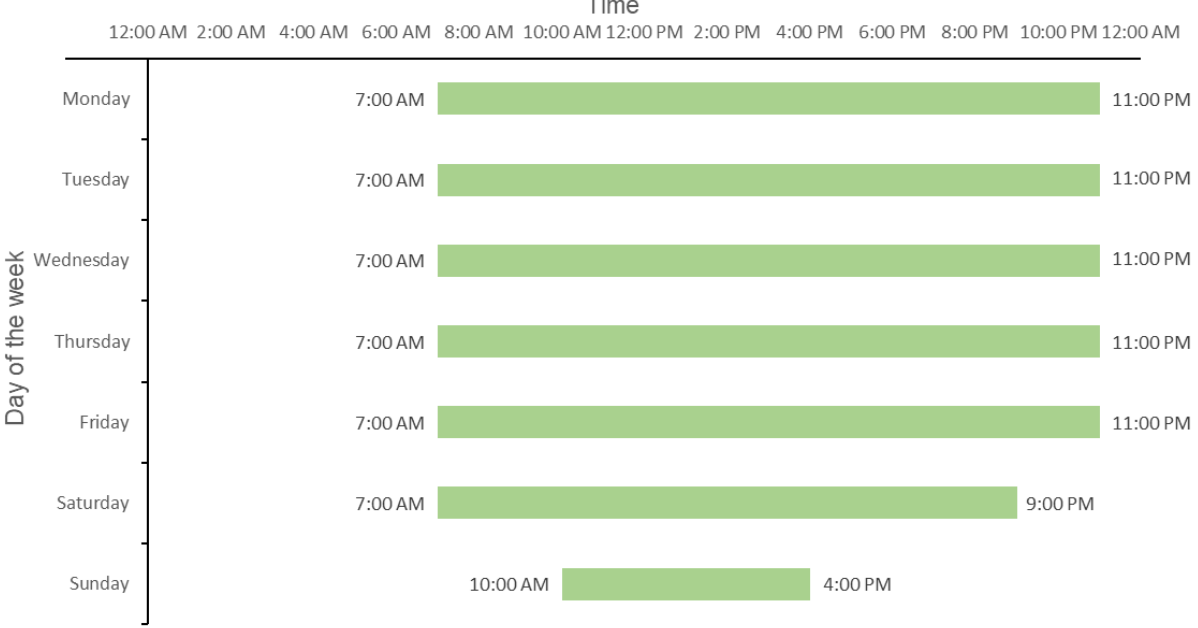
Figure 14: East locality earliest opening time and latest closing time for any given pharmacy, by day of the week



(iii) North locality

- Two pharmacies are open seven days a week
- Five pharmacies are open on Monday to Saturday only
- Four pharmacies are open Monday to Friday only
- One pharmacy is open before 8:00am from Monday to Friday
- Three pharmacies are open until after 6.30pm from Monday to Friday

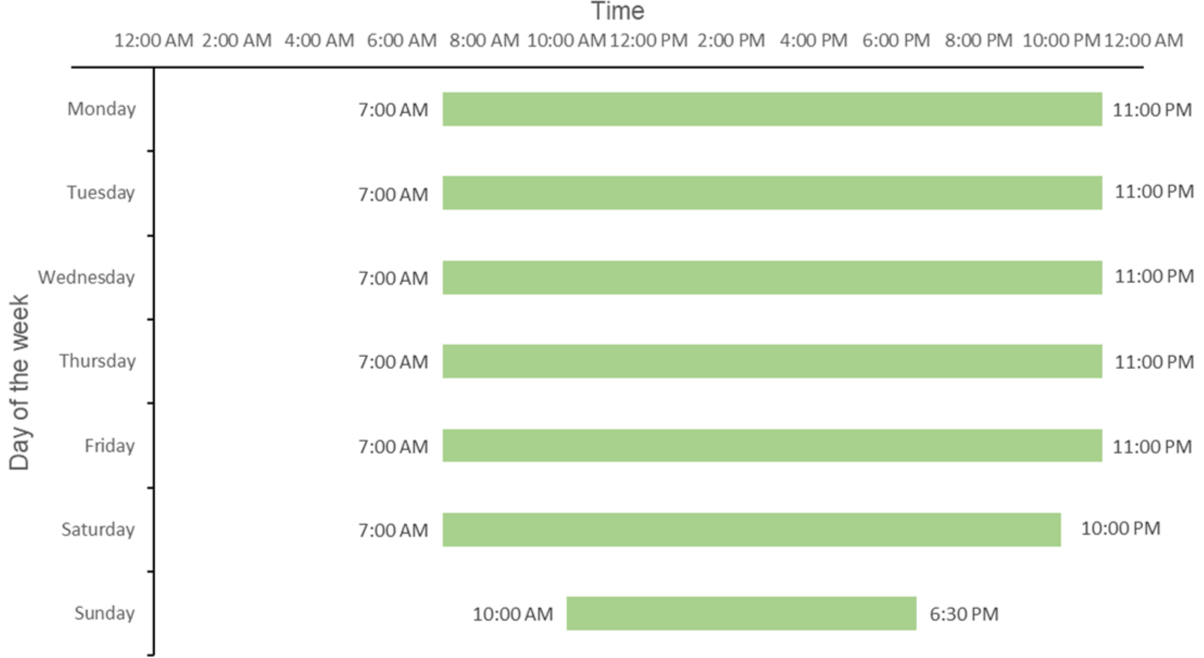
Figure 15: North locality earliest opening time and latest closing time for any given pharmacy, by day of the week



(iv) South locality

- Four pharmacies are open seven days a week
- Four pharmacies are open on Monday to Saturday only
- Four pharmacies are open Monday to Friday only
- One pharmacy is open before 8:00am from Monday to Friday
- Two pharmacies are open until after 6.30pm from Monday to Friday

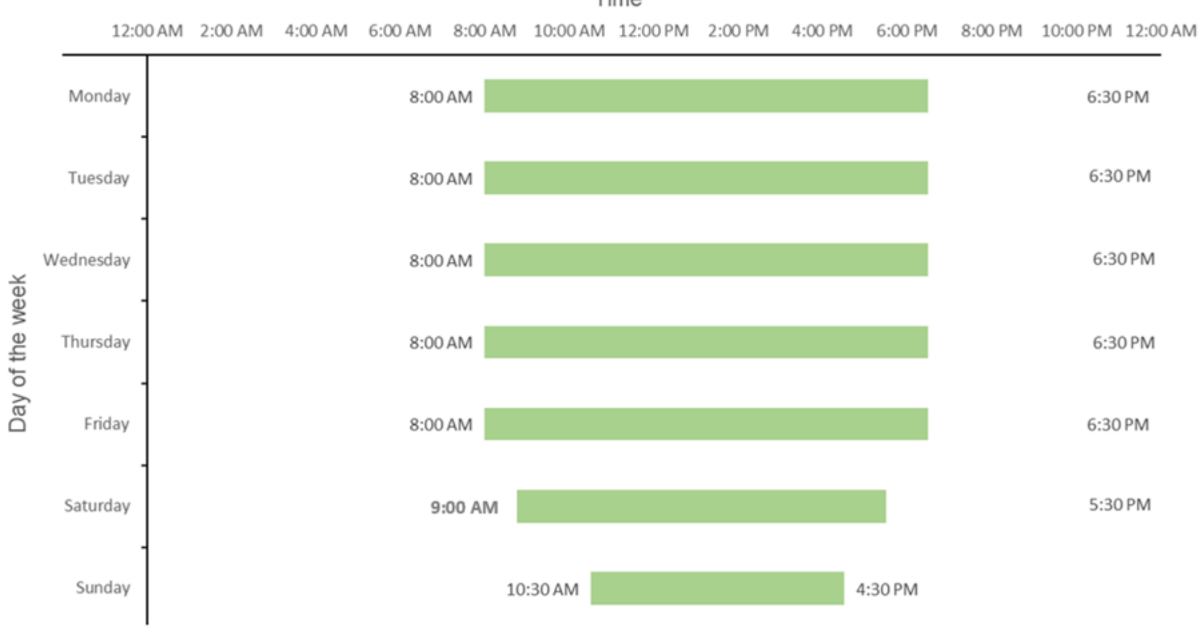
Figure 16: South locality earliest opening time and latest closing time for any given pharmacy, by day of the week



(v) West locality

- One pharmacy is open 7 days a week
- 10 pharmacies are open on Monday to Saturday only
- Seven pharmacies are open Monday to Friday only
- No pharmacies are open before 8:00am from Monday to Friday
- No pharmacies are open until after 6.30pm from Monday to Friday

Figure 17: West locality earliest opening time and latest closing time for any given pharmacy, by day of the week



6.3.3 Access to the other essential services

Pharmacies provide the other essential services in relation to medicines, but dispensing doctors do not.

6.3.4 Access to the New Medicines Service (NMS) advanced service

(i) Plymouth

51 out of 55 pharmacies in Plymouth have NMS accreditation as of May 2022. Over the first nine months of 2021/22 (April to December), 8,848 NMSs were undertaken. This is compared to the whole of 2020/21 where a total of 4,956 NMSs undertaken.

(ii) East locality

10 out of 11 pharmacies in the East locality have NMS accreditation as of May 2022. Over the first nine months of 2021/22 (April to December), 2,003 NMSs were undertaken. This is compared to the whole of 2020/21 where a total of 1,137 NMSs undertaken.

(iii) North locality

12 out of 13 pharmacies in the North locality have NMS accreditation as of May 2022. Over first nine months of 2021/22 (April to December), 2,000 NMSs were undertaken. This is compared to the whole of 2020/21 where a total of 950 NMSs undertaken.

(iv) South locality

12 out of 13 pharmacies in the South locality have NMS accreditation as of May 2022. Over the first nine months of 2021/22 (April to December), 2,042 NMSs were undertaken. This is compared to the whole of 2020/21 where a total of 1,159 NMSs were undertaken.

(v) West locality

17 out of 18 pharmacies in the West locality have NMS accreditation as of May 2022. Over the first nine months of 2021/22 (April to December), 2,803 NMSs were undertaken. This is compared to the whole of 2020/21 where a total of 1,710 NMSs undertaken.

6.3.5 Access to the ‘on demand availability of specialist medicines’ enhanced service

NHSEI selects pharmacies to provide this service in order to ensure adequate coverage, and in particular tries to choose pharmacies with long opening hours in order to ensure availability in the evenings and at weekends.

(i) Plymouth

As of May 2022, two pharmacies in Plymouth provided the specialist medicines advanced service (Hyde Park Pharmacy and Asda Pharmacy).

(ii) East locality

As of May 2022, no pharmacies in the East locality of Plymouth provided the specialist medicines advanced service. Within Plymouth there are two pharmacies (Hyde Park Pharmacy and Asda Pharmacy) that did.

(iii) North locality

As of May 2022, one pharmacy in the North locality of Plymouth provides the specialist medicines advanced service (Asda Pharmacy).

(iv) South locality

As of May 2022, one pharmacy in South locality of Plymouth provides the specialist medicines advanced service (Hyde Park Pharmacy).

(v) West locality

As of May 2022, no pharmacies in the West locality of Plymouth provide the specialist medicines advanced service. Within Plymouth there are two pharmacies (Hyde Park Pharmacy and Asda Pharmacy) that did.

6.3.6 Access to dispensing of appliances

Some, but not all, pharmacies dispense appliances. DACs dispense appliances, usually by home delivery.

7. Other relevant services

7.1 Other relevant services

Other relevant services are services that are not defined as necessary but have secured improvement or better access to pharmaceutical services.

For the purposes of this PNA, ‘other relevant services’ include:

- the advanced services not classed as ‘necessary’ (influenza vaccination and urgent supply, stoma appliance customization and AUR)
- services commissioned from pharmacies by Plymouth City Council and NHS Devon CCG
- other NHS services
- services provided by other organisations.

7.2 Advanced services

7.2.1 Influenza vaccination advanced service

This service has not been included within the definition of ‘necessary services’ because, if it were not provided by pharmacies, an equivalent service would be available from GP surgeries.

(i) Plymouth

49 out of 55 pharmacies in Plymouth delivered the NHS influenza vaccination advanced service as of May 2022. A total of 26,625 vaccinations were given according to the NHSBSAs Advanced Flu Vaccination Service report dataset during the 2021/22 flu season in Plymouth pharmacies.

(ii) East locality

10 out of 11 pharmacies in the East locality delivered the NHS influenza vaccination advanced service as of May 2022. A total of 8,124 vaccinations were given according to the NHSBSAs Advanced Flu Vaccination Service report dataset during

the 2021/22 flu season in pharmacies in the East locality.

(iii) North locality

10 out of 13 pharmacies in the North locality delivered the NHS influenza vaccination advanced service as of May 2022. A total of 4,315 vaccinations were given according to the NHSBSAs Advanced Flu Vaccination Service report dataset during the 2021/22 flu season in pharmacies in the North locality.

(iv) South locality

12 out of 13 pharmacies in South locality delivered the NHS influenza vaccination advanced service as of May 2022. A total of 7,100 vaccinations were given according to the NHSBSAs Advanced Flu Vaccination Service report dataset during the 2021/22 flu season in pharmacies in the South locality.

(v) West locality

17 out of the 18 pharmacies in the West locality delivered the NHS influenza vaccination advanced service as of May 2022. A total of 7,086 vaccinations were given according to the NHSBSAs Advanced Flu Vaccination Service report dataset during the 2021/22 flu season pharmacies in the West locality.

7.2.2 Stoma appliance customisation (SAC) advanced service

This is a specialist service which many contractors do not provide.

(i) Plymouth

Three pharmacies in Plymouth provided Stoma customisation as of May 2022 (Lloyds Pharmacy, Marlborough Street, Fittleworth Medical Limited and Salts Healthcare Limited), with a total of 14,248 stoma customisations in the first nine months of 2021/22 (April to December). In comparison, 15,947 stoma customisations were provided in 2018/19. Many stoma appliances will be dispensed by DACs based around the country, which may provide this service.

(ii) East locality

One pharmacy in East locality provided Stoma customisation as of May 2022 (Salts Healthcare Limited), with a total of 8,535 stoma customisations in the first nine months of 2021/22 (April to December). In comparison, 8,031 stoma customisations were provided in 2018/19.

(iii) North locality

One pharmacy in North locality provided Stoma customisation as of May 2022 (Fittleworth Medical Limited), with a total of 5,711 stoma customisations in the first nine months of 2021/22 (April to December). In comparison, 7,912 stoma customisations were provided in 2018/19.

(iv) South locality

No pharmacies in South locality provided Stoma customisation as of May 2022. There have been no Stoma customisations carried out in any of the previous three financial years. Many stoma appliances will be dispensed by DACs based around the country, which may provide this service.

(v) West locality

One pharmacy in West locality provides Stoma customisation as of May 2022 (Lloyds Pharmacy, Marlborough Street), with a total of two stoma customisations in the first nine months of 2021/22 (April to December). In comparison, four stoma customisations were performed in 2018/19. Many stoma appliances will be dispensed by DACs based around the country, which may provide this service.

7.2.3 Appliance use review (AUR) advanced service

This is a specialist service which many contractors do not provide.

(i) Plymouth

Two pharmacies in Plymouth provide this service as of May 2022 (Fittleworth Medical Limited and Salts Healthcare Limited), however in the first nine months of 2021/22 (April to December) there have been zero AURs. This compares to three AURs in 2020/21 and to 150 AURs in 2018/19.

(ii) East locality

One pharmacy in the East locality provide this service as of May 2022 (Salts Healthcare Limited) however, in the first nine months of 2021/22, there have been no AURs. This compares to three AURs in 2020/21 and 150 AURs in 2018/19.

(iii) North locality

One pharmacy in the North locality provide this service as of May 2022 (Fittleworth Medical Limited) however, in the first nine months of 2021/22, there have been no AURs. There were also no AURs in 2018/19.

(iv) South locality

No pharmacies in the South locality provide this service as of May 2022. Within Plymouth there are two pharmacies (Fittleworth Medical Limited and Salts Healthcare Limited) that did.

(v) West locality

As of May 2022, no pharmacies in the West locality provide this service. Within Plymouth there are two pharmacies (Fittleworth Medical Limited and Salts Healthcare Limited) that did.

7.2.4 Hepatitis-C Antibody Testing Service

(i) Plymouth

Two pharmacies provide the Hepatitis-C Antibody Testing Service as of May 2022 in Plymouth (Church Road Pharmacy and Ebrington Pharmacy).

(ii) East locality

One pharmacy in the East locality provides the Hepatitis-C Antibody Testing Service (Church Road Pharmacy) as of May 2022.

(iii) North locality

As of May 2022, no pharmacies in the North locality provide the Hepatitis-C Antibody Testing Service. Within Plymouth there are two pharmacies (Church Road Pharmacy and Ebrington Pharmacy) that did.

(iv) South locality

One pharmacy in the South locality provides the Hepatitis-C Antibody Testing Service (Ebrington Pharmacy) as of May 2022.

(v) West locality

As of May 2022, no pharmacies in the West locality provide the Hepatitis-C Antibody Testing Service. Within Plymouth there are two pharmacies (Church Road Pharmacy and Ebrington Pharmacy) that did.

7.2.5 Hypertension Case-Finding Service

(i) Plymouth

41 out of 55 pharmacies in Plymouth as of May 2022 provide the Hypertension Case-Finding Service.

(ii) East locality

Nine out of 11 pharmacies in the East locality as of May 2022 provide the Hypertension Case-Finding Service.

(iii) North locality

10 out of 13 pharmacies in the North locality as of May 2022 provide the Hypertension Case-Finding Service.

(iv) South locality

Eight out of 13 pharmacies in the South locality as of May 2022 provide the Hypertension Case-Finding Service.

(v) West locality

Eight out of 18 pharmacies in the West locality as of May 2022 provide the Hypertension Case-Finding Service.

7.2.6 Stop Smoking Service Service

(i) Plymouth

23 out of 55 pharmacies in Plymouth are signed up to deliver Stop Smoking Service (as at May 2022).

(ii) East locality

Five out of 11 pharmacies in the East locality are signed up to deliver Stop Smoking Service (as at May 2022).

(iii) North locality

Seven out of 13 pharmacies in the North locality are signed up to deliver Stop Smoking Service (as at May 2022).

(iv) South locality

Four out of 13 pharmacies in the South locality are signed up to deliver Stop Smoking Service (as at May 2022).

(v) West locality

Seven out of 18 pharmacies in the West locality are signed up to deliver Stop Smoking Service (as at May 2022).

7.3 Services commissioned by the ICSD or Council

As noted in section 2.10, the ICSD or Council may commission pharmacies or DACs to provide services.

7.3.1 Services commissioned by the ICSD

These are described in section 2.8.2.

7.3.2 Services commissioned by the Council

These are described in section 2.8.1.

7.4 Other NHS services

7.4.1 Hospital pharmacies

Hospital pharmacies reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service. Some hospital pharmacies are operated by commercial providers which manage outpatient dispensing services, but they are not able to dispense prescriptions issued by other prescribers, for example GP surgeries.

In Plymouth, there is an acute hospital at Derriford (PL6 8DH), a community hospital at Mount Gould (PL4 7QD) and a minor injuries unit at the Cumberland Centre (PL1 4JZ).

There is a Lloyds Pharmacy at Derriford Hospital. It offers an outpatient dispensing service for hospital prescriptions only, as well as retail offerings including over the counter medicines and toiletry products. The opening times are Monday to Friday, 8:30am to 6.30pm.

7.4.2 Personal administration of items by GPs

Under their medical contract with NHSEI there will be occasion where a GP practice personally administers an item to a patient.

Generally when a patient requires a medicine or appliance their GP will give them a prescription which they take to their preferred pharmacy. In some instances however the GP will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

Personal administration thus reduces the demand for the dispensing essential service.

7.4.3 GP Out of Hours service

Beyond the normal working hours GP practices open, there is an out of hour's service. This is operated as an initial telephone consultation where the doctor may attend the patient's home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and, in appropriate cases, may issue medicines from stock, for example:

- a full course of antibiotics for an infection, or
- sufficient pain relief medication to tide them over until a prescription can be

dispensed.

Alternatively the service may issue a prescription for dispensing at a pharmacy.

7.4.4 NHS walk-in centres

There are no NHS walk-in centres in Plymouth.

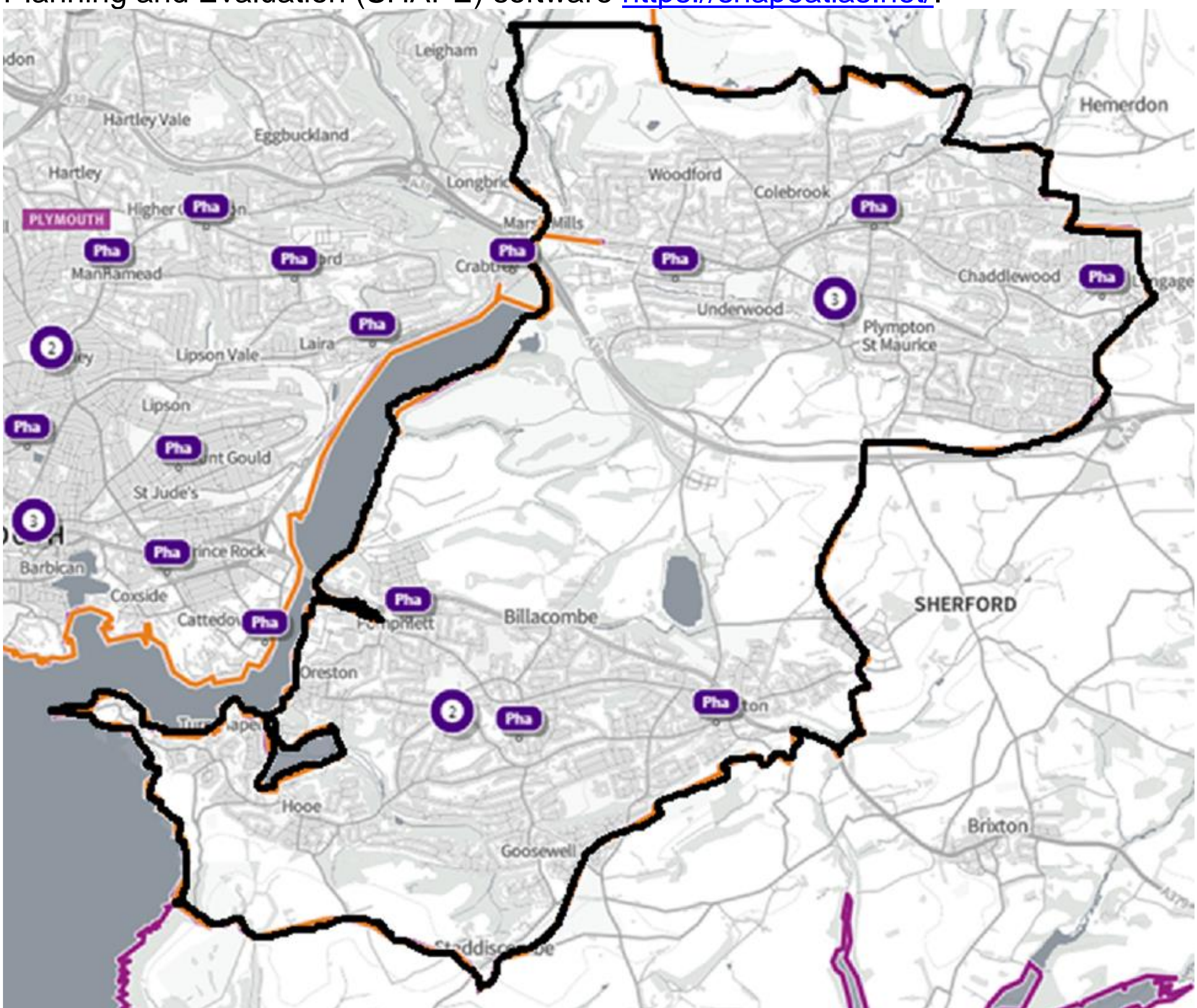
7.5 Services provided by other organisations

There are no pharmacy services provided by other organisations (e.g. defense, private or employee-provided) in Plymouth.

8. Locality summaries

8.1 Plymouth East locality summary

Figure 18: Plymouth East locality and location of current pharmacies (pharmacies are shown individually or as groups). Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software https://shapeatlas.net/.



© Crown copyright and database rights 2022 Ordnance Survey 100016969

Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

DEMOGRAPHY	
Population size	54,996 (1.0% increase from 2010 to 2020)
Ethnic breakdown	• 97.1% White British • 1.4% All other White • 0.7% Mixed/multiple ethnic groups • 0.4% Asian/Asian British

	• 0.3% Black/African/Caribbean/Black British • 0.1% Other ethnic groups
IMD 2019 score; and locality rank (1=most deprived, 4=least deprived)	11.8; rank: 4/4
HEALTH NEEDS OVERVIEW	
Rank for locality-based 'cradle to grave' health profile (1=locality with greatest needs)	4/4
Rank for public health indicators related to pharmaceutical services (1=locality with greatest needs)	4/4
BEST HEALTH OUTCOMES FOR THIS LOCALITY	
• Highest life expectancy • Lowest percentage of childhood obesity • Lowest rate of teenage pregnancy • Lowest percentage of parents who smoke • Lowest rate of substance misuse treatment episodes	• Lowest rate of emergency admissions • Lowest mortality rate for respiratory disease • Lowest hospital admissions due to cardiovascular disease • Lowest hospital admissions due to self-harm
KEY HEALTH NEEDS FOR THIS LOCALITY	
• Ageing population	
HOUSING GROWTH AND SIGNIFICANT HOUSING DEVELOPMENTS	
The JLP prioritises the Eastern Corridor as a growth area because of its potential to deliver a regionally significant scale of growth in new jobs, new homes and supporting infrastructure. Development is continuing on the new community of Sherford, located on the eastern outskirts of Plymouth. The site lies partly within Plymouth (where 320 new dwellings are proposed) whilst the major part of Sherford is within the South Hams. This may create additional pharmaceutical needs in South Hams but the timescales and extent of this need is not yet clear. Whilst the development is not within the city's envelope, its proximity to Plympton and Plymstock has the potential to impact on service provision in this locality. Development also continues at Saltram Meadow for 1,682 new dwellings. Plans also include delivery of community infrastructure including a local centre with a supermarket and complementary local facilities including a GP Surgery/Medical Centre. It is important to note that this area of Plymouth is close to the Sherford development.	
PHARMACY PROVISION OVERVIEW	
Number of GP practices (2021/22)	6
Number of pharmacies (2021/22)	11
Pharmacies per 10,000 population (2021/22)	20.0
Number of items dispensed (2021/22 Apr-Dec)	773,271
Items dispensed per head (2021/22 Apr-Dec)	18.0
ACCESSIBILITY	

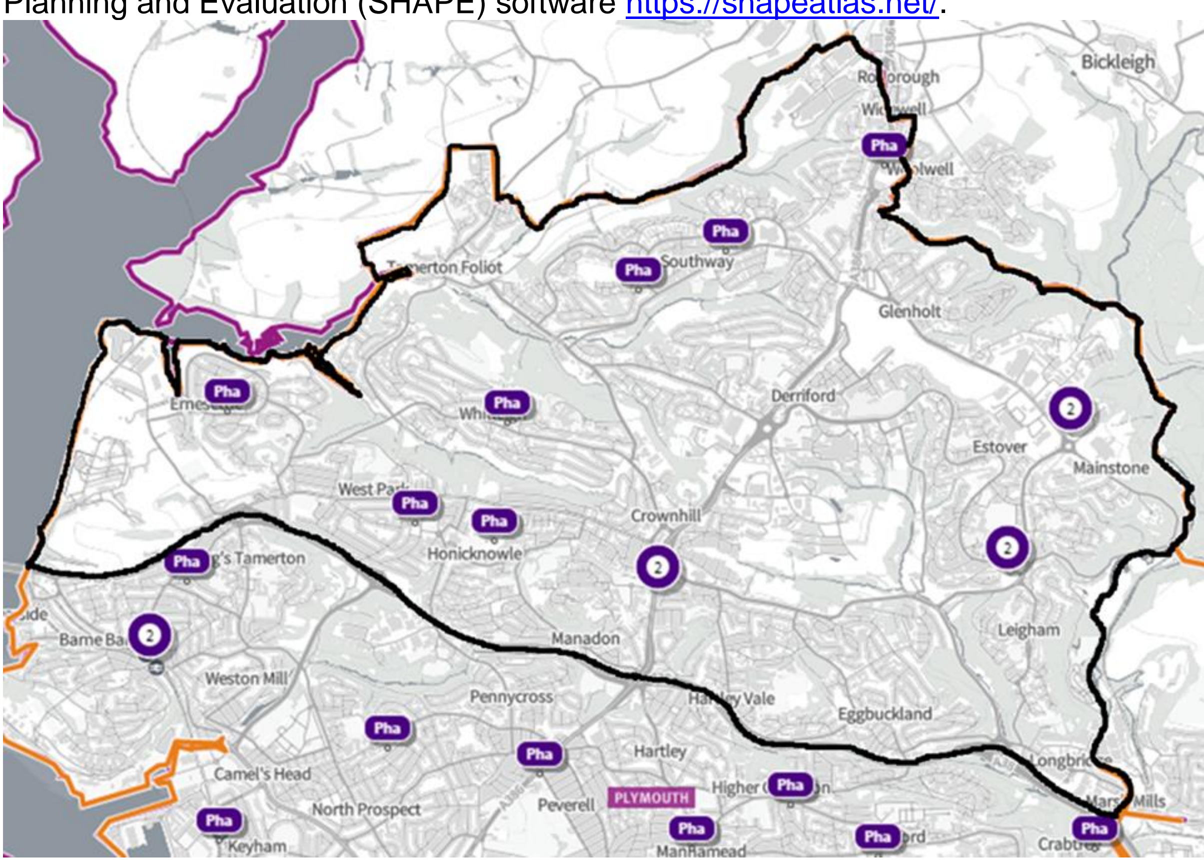
Days of the week provision:	Mon-Fri	✓	Saturday	✓	Sunday	✓

Longest pharmacy opening times within this locality	08:00-13:30, 14:30-20:00 Monday-Friday 08:00-13:30, 14:30-20:00 Saturday 11:00-17:00 Sunday

Proportion of population with no car; and locality rank (1=lowest proportion of car ownership)	14.5%; rank: 4/4
Drive time analysis	The longest drive time to a pharmacy is 10 minutes, with the majority able to access a pharmacy by car within 5 minutes.
Public transport	All pharmacies are accessible via public transport
PROVISION OF PHARMACEUTICAL SERVICES	
(1) Essential services	
No. of pharmacies dispensing appliances	All pharmacies
(2) Advanced services (as at May 2022)	
No. offering New Medicine Service	10 out of 11 pharmacies
No. offering Appliance Use Review Service	1
No. offering Stoma Appliance Customisation	1
No. offering Influenza vaccination	10 out of 11 pharmacies
No. offering Hypertension case-finding service	9 out of 11 pharmacies
No. offering Stop Smoking Service	5 out of 11 pharmacies
No. offering Hepatitis C Testing Service	1
(3) Enhanced services (as at May 2022)	
There are no pharmacies that provided on demand availability of specialist medicines in the East locality of Plymouth. But within Plymouth there are 2 pharmacies that did: Asda Pharmacy in Estover and Hyde Park Pharmacy in Mutley.	
GAP ANALYSIS: CHANGES IN PROVISION SINCE THE LAST PNA	
In the last PNA the need for a new pharmacy in the Elburton area was identified. This need has since been met by the opening of Springfield Pharmacy, Elburton, PL9 8EN.	
GAP ANALYSIS: CURRENT AND FUTURE PROVISION	
1) We recognise that there are extensive housing developments proposed across the East locality from now until the early 2030s (including Sherford and Saltram Meadow). However, most are not expected to progress to the point where additional pharmacy provision may be required in the life of this PNA and/or existing pharmacy provision will have capacity to absorb expected increases in demand. In an urban area such as Plymouth, given access to alternative pharmacy provision it is not anticipated that a gap in pharmacy provision will be identified until 1,500 houses are built and occupied in a given development. Even then it would be necessary to consider the wider pharmacy provision near to the development and across the locality and city as a whole. (2) No other current gaps or gaps that will materialise in the period covered by this PNA have been identified.	

8.2 Plymouth North locality summary

Figure 19: Plymouth North locality and location of current pharmacies (pharmacies are shown individually or as groups). Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software https://shapeatlas.net/.



© Crown copyright and database rights 2022 Ordnance Survey 100016969

Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

DEMOGRAPHY	
Population size	66,241 (3.7% increase from 2010 to 2020)
Ethnic breakdown	• 95.6% White British • 1.7% All other White • 0.9% Mixed/multiple ethnic groups • 1.2% Asian/Asian British • 0.4% Black/African/Caribbean/Black British • 0.2% Other ethnic group
IMD 2019 score; and locality rank (1=most deprived, 4=least deprived)	27.1; rank: 2/4
HEALTH NEEDS OVERVIEW	
Rank for locality-based 'cradle to grave' health profile (1=locality with greatest needs)	2/4

Rank for public health indicators related to pharmaceutical services (1=locality with the greatest need)	2/4
BEST HEALTH OUTCOMES FOR THIS LOCALITY	
• Second lowest rate of cancer mortality (all-ages and under 75s) • Lowest percentage of babies born with low birth weight	• Second lowest percentage of families experiencing social isolation or mental illness • Second highest life expectancy
KEY HEALTH NEEDS FOR THIS LOCALITY	
• Highest percentage of long-term health problem or disability Second lowest rate of breastfeeding at 6-8 weeks	• Second highest percentage of families with parents who smoke, or misuse alcohol • Second highest rate of dental extractions in children
PHARMACY PROVISION OVERVIEW	
Number of GP practices (2021/22)	8
Number of pharmacies (2021/22)	13
Pharmacies per 10,000 population (2021/22)	19.6
Number of items dispensed (2021/22 Apr-Dec)	1,064,857
Items dispensed per head (2021/22 Apr-Dec)	21.3

HOUSING GROWTH AND SIGNIFICANT HOUSING DEVELOPMENTS

The JLP prioritises the Derriford and Northern Corridor as a growth area because of its potential to deliver a regionally significant scale of growth in new jobs and new homes.

As part of the new heart for the north of Plymouth, the Seaton neighbourhood proposals are located either side of the new Forder Valley Link Road. The proposals provide for 873 new homes (415 between 2021-2026). A further 60 homes are provided for in the policy for a westward extension on land adjacent to Charlton Crescent. There will also be a new local centre to serve Seaton neighbourhood.

Derriford commercial centre comprises of land situated between Derriford Hospital and William Prance Road, and incorporating the North West Quadrant site, Derriford Business Park and the former Seaton Barracks Parade Ground. This site is allocated for a mixture of uses and is also considered suitable for higher density forms of housing, including homes for the elderly (including extra care), student housing and homes for staff at the hospital. Provision is made in the order of 664 homes.

Land to the south of Crownhill retail park and west of the A386 (Glacis Park) also has provision made in the order of 638 homes.

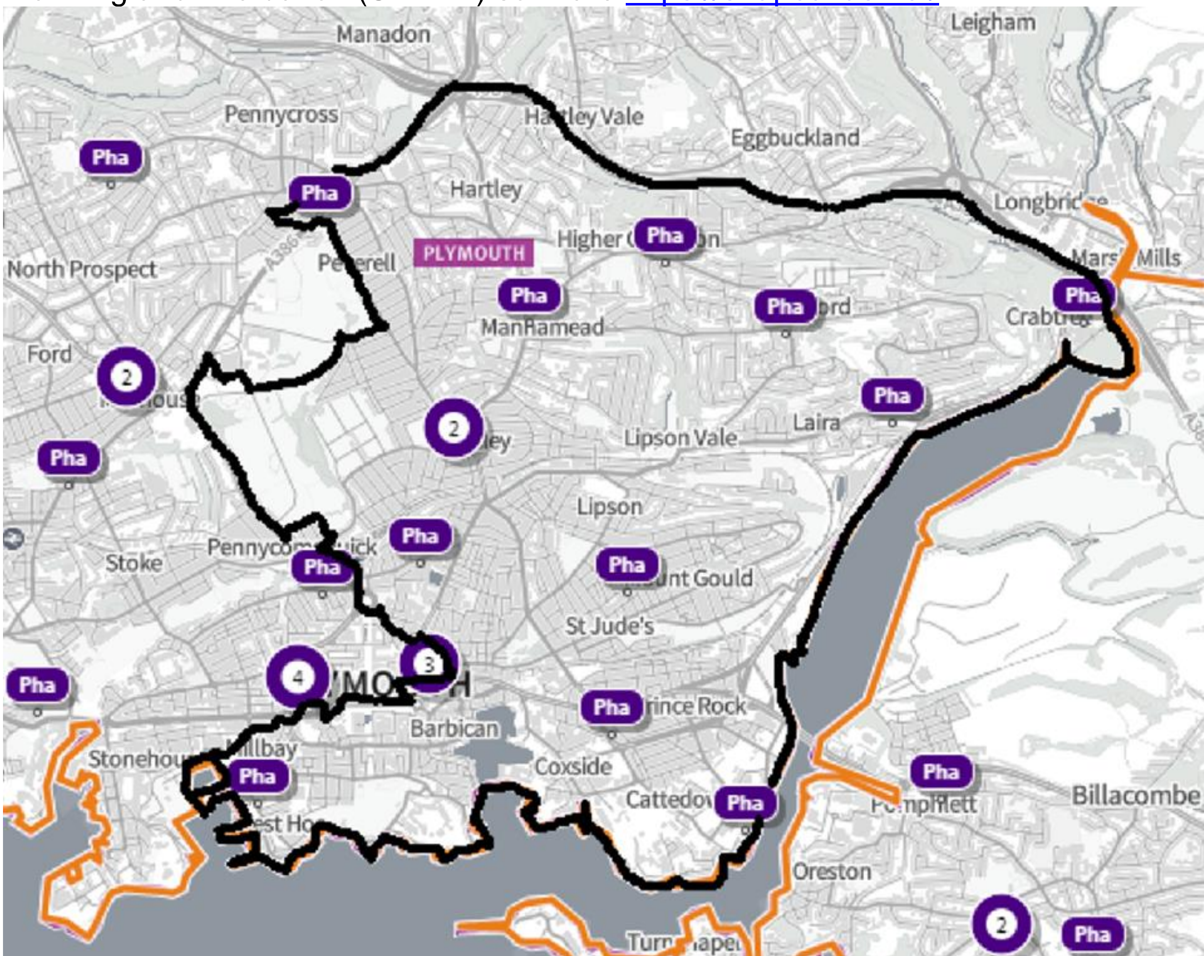
The Woolwell area development has plans for 2,000 new houses (of which around 1,560 are anticipated to be built by 2034). Woolwell is in the South Hams district of Devon (so does not fall within Plymouth, but is adjacent to the city boundary).

ACCESSIBILITY						
Days of the week provision:	Mon-Fri	✓	Sat	✓	Sun	✓
Longest pharmacy opening times within this locality	07:00-23:00 Monday-Friday 07:00-21:00 Saturday 10:00-16:00 Sunday					
Proportion of population with no car; and locality rank (1=lowest proportion of car ownership)	24.1%; rank: 3/4					

Drive time analysis	The longest drive time to a pharmacy is 5 minutes.
Public transport	All pharmacies are accessible via public transport
PROVISION OF PHARMACEUTICAL SERVICES	
(1) Essential services	
No. of pharmacies dispensing appliances	All pharmacies
(2) Advanced services (as at May 2022)	
No. offering New Medicine Service	11 out of 13 pharmacies
No. offering Appliance Use Review Service	1
No. offering Stoma Appliance Customisation	1
No. offering Influenza vaccination	10 out of 13 pharmacies
No. offering Hypertension case-finding service	10 out of 13 pharmacies
No. offering Stop Smoking Service	7 out of 13 pharmacies
No. offering Hepatitis C Testing Service	0
(3) Enhanced services (as at May 2022)	
There was one pharmacy that provided on demand availability of specialist medicines in the North locality of Plymouth: Asda Pharmacy in Estover.	
GAP ANALYSIS: CHANGES IN PROVISION SINCE THE LAST PNA	
No changes	
GAP ANALYSIS: CURRENT AND FUTURE PROVISION	
(1) We recognise that there are extensive housing developments proposed across the North locality from now until the early 2030s (including Woolwell). However, most are not expected to progress to the point where additional pharmacy provision may be required in the life of this PNA and/or existing pharmacy provision will have capacity to absorb expected increases in demand. In an urban area such as Plymouth, given access to alternative pharmacy provision it is not anticipated that a gap in pharmacy provision will be identified until 1,500 houses are built and occupied in a given development. Even then it would be necessary to consider the wider pharmacy provision near to the development and across the locality and city as a whole. (2) No other current gaps or gaps that will materialise in the period covered by this PNA have been identified.	

8.3 Plymouth South locality summary

Figure 20: Plymouth South locality and location of current pharmacies (pharmacies are shown individually or as groups). Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software https://shapeatlas.net/.



© Crown copyright and database rights 2022 Ordnance Survey 100016969

Key

Pha — Single pharmacy

3 — Multiple pharmacies located too close together to be able to display separately without increasing resolution

DEMOGRAPHY	
Population size	68,824 (3.2% increase from 2010 to 2020)
Ethnic breakdown	• 88.5% White • 5.5% All other White • 1.9% Mixed/multiple ethnic groups • 2.5% Asian/Asian British • 1.0% Black/African/Caribbean/Black British • 0.7% Other ethnic groups
IMD 2019 score; and locality rank (1=most deprived, 4=least deprived)	25.8; rank: 3/4

HEALTH NEEDS OVERVIEW	
Rank for locality-based 'cradle to grave' health profile (1=locality with greatest needs)	3/4
Rank for public health indicators related to pharmaceutical services (1=locality with greatest needs)	3/4
BEST HEALTH OUTCOMES FOR THIS LOCALITY	
• Highest percentage of babies being breastfed at 6-8 weeks Lowest percentage of adults with a long-term problem or disability	• Lowest mortality rate for circulatory disease (under 75s)
KEY HEALTH NEEDS FOR THIS LOCALITY	
• Highest percentage of babies born with low birthweight • Highest rate of mortality from cancer (all-ages and under 75s)	• Highest rate of families experiencing social isolation
PHARMACY PROVISION OVERVIEW	
Number of GP practices (2021/22)	11
Number of pharmacies (2021/22)	13
Pharmacies per 10,000 population (2021/22)	18.9
Number of items dispensed (2021/22 Apr-Dec)	1,006,446
Items dispensed per head (2021/22 Apr-Dec)	19.6

HOUSING GROWTH AND SIGNIFICANT HOUSING DEVELOPMENTS

The JLP prioritises the City Centre and Waterfront as a growth area because of its economic and cultural importance and potential for regionally significant change and sustainable growth in jobs and homes. A number of key housing sites have been identified for additional dwellings.

There is now a mixture of affluent and deprived populations due to development and urban regeneration of the Millbay Waterfront, with proposals for 742 new homes, including extra care homes.

Land at Bath Street West is allocated for a comprehensive residential led mixed-use redevelopment and provision is made for 300 new homes. In addition, land at Bath Street East is allocated for a comprehensive mixed-use redevelopment with provision for 323 new homes. Land at Plymouth Fruit Sales, Sutton Road, Sutton Harbour is also allocated for mixed-use development, including housing. Provision is made for in the order of 200 homes.

Colin Campbell Court is located in both the south and west localities. It is allocated for high-quality residential led mixed-use development which will transform the western approach to the City Centre and establish a new residential community. Provision is made for in the order of 300 new homes as part of this mix.

ACCESSIBILITY						
Days of the week provision:	Mon-Fri	✓	Saturday	✓	Sunday	✓
Longest pharmacy opening times within this locality	07:00-23:00 Monday-Friday 07:00-22:00 Saturday 10:00-18:30 Sunday					
Proportion of population with no car; and locality rank (1=lowest proportion of car ownership)	32.7%; rank: 2/4					

Drive time analysis	The longest drive time to a pharmacy is 5 minutes.
Public transport	All pharmacies are accessible via public transport
PROVISION OF PHARMACEUTICAL SERVICES	
(1) Essential services	
No. of pharmacies dispensing appliances	All pharmacies
(2) Advanced services (as at May 2022)	
No. offering New Medicine Service	12 out of 13 pharmacies
No. offering Appliance Use Review Service	0
No. offering Stoma Appliance Customisation	0
No. offering Influenza vaccination	12 out of 13 pharmacies
No. offering Hypertension case-finding service	8 out of 13 pharmacies
No. offering Stop Smoking Service	4 out of 13 pharmacies
No. offering Hepatitis C Testing Service	1
(3) Enhanced services (as at May 2022)	
There was one pharmacy that provided on demand availability of specialist medicines in the South locality of Plymouth: Hyde Park Pharmacy in Mutley.	
GAP ANALYSIS: CHANGES IN PROVISION SINCE THE LAST PNA	
No changes	
GAP ANALYSIS: CURRENT AND FUTURE PROVISION	
(1) No current gaps or gaps that will materialise in the period covered by this PNA have been identified. (2) Plymouth City Council and the NHS have joined forces to develop plans for a new, purpose-built health and wellbeing centre in the West End of the city in the vicinity of Colin Campbell Court (which is located within the south and west localities). The centre will include a range of services all under one roof in a convenient location, helping to prevent illness and encourage people to lead longer healthier lives. It will provide joined-up services to people with the greatest health needs and lowest life expectancy in the city. Having GPs, nurses, mental health service providers, other professionals and the voluntary sector working in a single setting opens up new prospects for joined-up, seamless care. The services in the building aim to help local people live longer and healthier lives while the centre will provide a new and flexible way of managing NHS buildings. As a result of this development, it is possible that there will be a review of pharmacy provision in this area of the city.	

8.4 Plymouth West locality summary

Figure 21: Plymouth West locality and location of current pharmacies (pharmacies are shown individually or as groups). Information derived from Strategic Health Asset Planning and Evaluation (SHAPE) software https://shapeatlas.net/.

© Crown copyright and database rights 2022 Ordnance Survey 100016969

Key

Pha Single pharmacy

Multiple pharmacies located too close together to be able to display separately without increasing resolution

POPULATION DEMOGRAPHICS	
Population size	72,778 (5.1% increase from 2010 to 2020)
Ethnic breakdown	• 91.5% White British • 3.9% All other White • 1.5% Mixed/multiple ethnic groups • 1.7% Asian/Asian British • 0.9% Black/African/Caribbean/Black British • 0.5% Other ethnic groups
IMD 2019 score; and locality rank (1=most deprived, 4=least deprived)	38.2; rank: 1/4
HEALTH NEEDS OVERVIEW	
Rank for locality-based 'cradle to grave' health profile (1=locality with greatest needs)	1/4
Rank for public health indicators (1=locality with greatest need)	1/4
BEST HEALTH OUTCOMES FOR THIS LOCALITY	
• Growing population (highest number of births)	• Second lowest rate of elective admissions
KEY HEALTH NEEDS FOR THIS LOCALITY	
• Lowest life expectancy • Highest percentage of childhood obesity • Highest mortality rate for cardiovascular and respiratory diseases and all-age all cause • Highest percentage of parents who suffer mental illness	• Highest percentage of vulnerable families • Highest rate of emergency admissions • Highest rate of teenage pregnancy • Highest rate of smoking in pregnancy
PHARMACY PROVISION OVERVIEW	
Number of GP practices (2021/22)	10
Number of pharmacies (2021/22)	18
Pharmacies per 10,000 population (2021/22)	24.7
Number of items dispensed (2021/22 Apr-Dec)	1,105,719
Items dispensed per head (2021/22 Apr-Dec)	20.7

HOUSING GROWTH AND SIGNIFICANT HOUSING DEVELOPMENTS
The JLP prioritises the Waterfront as a growth area because of its economic and cultural importance and potential for regionally significant change and sustainable growth in jobs and homes. Stonehouse Barracks is allocated for a mixed-use development and provision is made for 400 new homes. Colin Campbell Court is located in both the west and south localities and its development will establish a new residential community. It is allocated for high-quality residential-led mixed-use development and to establish a new residential community. Provision is made for in the order of 300 new homes.

ACCESSIBILITY						
Days of the week provision:	Mon-Fri	✓	Saturday	✓	Sunday	✓
Longest pharmacy opening times within this locality	08:00-18:30 Monday-Friday					

	09:00-17:30 Saturday 10:30-16:30 Sunday
Proportion of population with no car; and locality rank (1=lowest proportion of car ownership)	36.7%; rank: 1/4
Drive time analysis	The longest drive time to a pharmacy is 5 minutes.
Public transport	All pharmacies are accessible via public transport
PROVISION OF PHARMACEUTICAL SERVICES	
(1) Essential services	
No. of pharmacies dispensing appliances	All pharmacies
(2) Advanced services (as at May 2022)	
No. offering New Medicine Service	17 out of 18 pharmacies
No. offering Appliance Use Review Service	0
No. offering Stoma Appliance Customisation	1
No. offering Influenza vaccination	17 out of 18 pharmacies
No. offering Hypertension case-finding service	14 out of 18 pharmacies
No. offering Stop Smoking Service	7 out of 18 pharmacies
No. offering Hepatitis C Testing Service	0
(3) Enhanced services (as at May 2022)	
There are no pharmacies that provided on demand availability of specialist medicines in the West locality of Plymouth. But within Plymouth there are 2 pharmacies that did: Asda Pharmacy in Estover and Hyde Park Pharmacy in Mutley.	
GAP ANALYSIS: CHANGES IN PROVISION SINCE THE LAST PNA	
No changes	
GAP ANALYSIS: CURRENT AND FUTURE PROVISION	
(1) As a consequence of the deprivation and isolation of the community of Barne Barton and the lack of medical provision in this area, there is a need for a pharmacy in Barne Barton. Such a pharmacy should have core hours provision on all weekdays and Saturday mornings (at least), and opening hours on a Sunday would also be desirable. The pharmacy should also be willing to provide a wide range of additional services to compensate for the lack of medical provision in Barne Barton. (2) Plymouth City Council and the NHS have joined forces to develop plans for a new, purpose-built health and wellbeing centre in the West End of the city in the vicinity of Colin Campbell Court (which is located within the south and west localities). The centre will include a range of services all under one roof in a convenient location, helping to prevent illness and encourage people to lead longer healthier lives. It will provide joined-up services to people with the greatest health needs and lowest life expectancy in the city. Having GPs, nurses, mental health service providers, other professionals and the voluntary sector working in a single setting opens up new prospects for joined-up, seamless care. The services in the building aim to help local people live longer and healthier lives while the centre will provide a new and flexible way of managing NHS buildings. As a result of this development, it is possible that there will be a review of pharmacy provision in this area of the city. (3) No other current gaps or gaps that will materialise in the period covered by this PNA have been identified.	

9. Conclusion

9.1 Current provision

Plymouth City Council's H&WB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the H&WB. Based on the information presented herein, the H&WB is satisfied that there is sufficient choice with regard to obtaining pharmaceutical services in Plymouth as a whole. However, some specific gaps have been identified and are highlighted below.

9.2 Changes in provision since the last PNA's gap analysis

In the last PNA the need for a new pharmacy in the Elburton area was identified. This need has since been met by the opening of Springfield Pharmacy, Elburton, PL9 8EN.

At present, the opening of Springfield Pharmacy in Elburton has capacity to serve the needs of the current population of Sherford on the eastern outskirts of Plymouth.

9.3 Necessary services: current gaps in provision

There is a need for a pharmacy in Barne Barton, as a consequence of the deprivation and isolation of the community of Barne Barton and the lack of medical provision in this area. Such a pharmacy should have core hours provision on all weekdays and Saturday mornings (at least), and opening hours on a Sunday would also be desirable. The pharmacy should also be willing to provide a wide range of additional services to compensate for the lack of medical provision in Barne Barton.

In terms of access to essential services outside normal working hours (as of May 2021/22), there are two 100-hour pharmacies in Plymouth and a further three pharmacies open to 8pm within Plymouth on weekdays. These are geographically spread across the East, North and South localities of Plymouth. However, in the West locality, the latest weekday opening time is 6:30pm

Across Plymouth, 17 out of 55 pharmacies are not open on a Saturday and eight pharmacies are open at some point on a Sunday (as of May 2021/22). However, in the East and West localities, there is one pharmacy per locality open at some point on Sunday.

Based upon access to pharmacies across Plymouth, there is no gap in service provision that would equate to a need for access to essential services outside normal hours in the East and West localities. Plymouth's H&WB will monitor the uptake and need for necessary services. It will also consider the impact of any changes in the

East and West localities in the future, which may provide evidence that a need exists.

9.4 Necessary services: future gaps in provision

The increasing demand pressure in primary care is recognised and as such the role of community pharmacy may significantly change as a result, over the lifetime of this PNA. This may need innovative approaches in contractual arrangement in some locations to support these changes. However, the precise nature of the changes have yet to be formed.

Across the existing services in Plymouth there is unused capacity for further NMS services and as a result there is no gap in provision and no need for additional capacity.

With regards to the ‘on demand availability of specialist drugs’ enhanced service, future provision within this PNA is considered to be adequate and thus there will not be any future gaps.

We recognise that there are extensive housing developments proposed in and around Plymouth from now until the early 2030s (including Woolwell, Sherford, and Saltram Meadow). However, most are not expected to progress to the point where additional pharmacy provision may be required in the life of this PNA and/or existing pharmacy provision will have capacity to absorb expected increases in demand.

In an urban area such as Plymouth, given access to alternative pharmacy provision it is not anticipated that a gap in pharmacy provision will be identified until 1,500 houses are built and occupied in a given development. Even then we would need to consider the wider pharmacy provision near to the development and across the locality and city as a whole.

Plymouth City Council and the NHS have joined forces to develop plans for a new, purpose-built health and wellbeing centre in the West End of the city in the vicinity of Colin Campbell Court. The centre will include a range of services all under one roof in a convenient location, helping to prevent illness and encourage people to lead longer healthier lives. It will provide joined-up services to people with the greatest health needs and lowest life expectancy in the city. Having GPs, nurses, mental health service providers, other professionals and the voluntary sector working in a single setting opens up new prospects for joined-up, seamless care. The services in the building aim to help local people live longer and healthier lives while the centre will provide a new and flexible way of managing NHS buildings. As a result of this development, it is possible that there will be a review of pharmacy provision in this area of the city.

9.5 Other relevant services: current gaps in provision

With regards to the NHS influenza vaccination advanced service, provision is

provided by 49 out of 55 pharmacies in Plymouth (2021/22). Therefore, this service is widely available and future demands for this service are not expected over the lifetime of this PNA.

Services commissioned through the local authority and CCG, as well as other relevant NHS services, are represented in the PNA for reference but are outside the scope for assessment of need and therefore no statement is made in this PNA as to the adequacy of these services.

9.6 Other relevant services: future gaps in provision

None identified.

Appendix 1: Steering Group terms of reference and membership

(i) Purpose

The H&WB has overall responsibility for the publication of the PNA, and the Director of Public Health is the H&WB member who is accountable for its development. A Devon-wide PNA Steering Group was established, the purpose of which is to ensure the development of robust PNAs (in Plymouth, Devon, and Torbay) comply with the 2013 regulations and the needs of the local populations.

(ii) Objectives

- To oversee the development of the PNA in accordance with and ensure the PNA complies with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.
- Ensure the PNA takes into account the local demography within the H&WB area and ascertain whether there is sufficient choice and accessibility (e.g. physical access, language etc.) with regard to obtaining pharmaceutical services.
- Ensure the PNA takes into account the local authority's JSNA and all relevant strategies and plans both in the CCG and the council. These include for example the Health and Wellbeing Strategy.
- Ensure the consultation on the PNA meets the requirements of Regulation eight of the Pharmaceutical Regulations 2013. In particular, ensure that both patients and the public are involved in the development of the PNA.
- Ensure all appropriate stakeholders in the H&WB area are aware, engaged and involved in the development of the PNA.
- Present the PNA first and final draft to the H&WB.
- Publish the PNA on the council's website by October 2022.

(iii) Governance

- The Health and Social Care Act 2012 transferred the statutory responsibility for PNAs from NHS Primary Care Trusts (PCTs) to H&WBs from 1 April 2013, with a requirement to publish a revised assessment at least every three years.
- This Steering Group has been established to oversee the production of the 2022 PNA for the H&WB, reporting progress and presenting the final report to the H&WB on or before the October 2022 meeting.
- The H&WB will be informed of progress towards the production of the PNA and relevant milestones through updates.
- If a statement or decision from the H&WB is needed in relation to the production of the draft PNA, the chair of the Steering Group is welcome to draft a formal report for consideration.

(iv) Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will also meet regularly in spring and summer 2022 (prior to the consultation), and again in the early autumn to sign off the PNA 2022 for submission to the H&WB.

(v) Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation eight of the NHS Regulations 2013:
    - Any Local Pharmaceutical Committee for its area
    - Any Local Medical Committee for its area
    - Any persons on the pharmaceutical list and any dispensing doctors list for its area
    - Any LPS chemist in its area
    - Any local HealthWatch organisation for its area
    - Any NHS trust or NHS foundation trust in its area
    - The NHSCB (NHSEI)
    - Any neighbouring H&WB
- Ensure that due process is followed
- Report to H&WB on both a draft and final PNA
- Publish a final PNA by 1 October 2022

(vi) Membership

The Devon-wide PNA Steering Group comprised the following individuals (in alphabetical order by surname):

- Simon Baker, Public Health Specialist – Intelligence, Torbay Council
- David Bearman, Director of Strategy, Devon Local Pharmaceutical Committee
- Andrew Binding, Senior Public Health Analyst, Plymouth City Council
- Tom Davies, Devon Local Medical Committee
- Carol Harman, Senior Public Health Analyst, Plymouth City Council
- Donna Luckett, Senior Public Health Information Analyst, Devon County Council
- Sarah Macleod, Senior Public Health Analyst, Plymouth City Council
- Maria Moloney-Lucey, Public Health Specialist (Intelligence), Devon County Council
- Miranda Montano, Public Health Data and Admin Assistant, Devon County Council
- Robert Nelder, Consultant in Public Health, Plymouth City Council
- Les Riggs, Senior Commissioning Manager, NHSEI South West
- Sue Taylor, Chief Officer, Devon Local Pharmaceutical Committee
- Charlie Thomas, Senior Medicines Optimisation Pharmacist, NHS Devon CCG
- Michelle Toy, Senior Commissioning Manager, NHSEI South West

Appendix 2: Equality impact assessment

STAGE 1: What is being assessed and by whom?	
What is being assessed - including a brief description of aims and objectives?	The purpose of the pharmaceutical needs assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health and Wellbeing Board's (H&WB's) area for a period of up to three years, linking closely to the Joint Strategic Needs Assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of Plymouth, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England and NHS Improvement (NHSEI). If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHSEI to be included in the pharmaceutical list for the H&WB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the H&WB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications'). As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA. Whilst the PNA is primarily a document for NHSEI to use to make commissioning decisions, it may also be used by local authorities (LAs) and Clinical Commissioning Groups (CCGs). A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.
Author	Sarah Macleod
Department and Service	Public Health, Office of the Director of Public Health
Date of Assessment	May 2022

STAGE 2: Evidence and Impact				
Protected Characteristics **(Equality Act 2010)**	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Who is responsible; timescale?**
Age	Plymouth at mid-year 2020 had an estimated population of 262,839. The proportion of children and young people (under 18) is lower in both Plymouth (20.3%) compared to nationally (21.4%). Due to an estimated 13,000 students residing in the city, the proportion of 18-24 year olds (11.2%) is higher than that found nationally (8.3%). The proportion of the working-age (15-64 year old) population (64.1%) is higher than that nationally (63.4%). The city has nearly the same proportion (8.8%) of those aged 75 and over as nationally (8.6%). The need for pharmaceutical services rises with age, for example for those older people living with multiple long term conditions. It is important that recommendations emanating from the PNA account for this factor which results in more people from older age groups having a need to access pharmaceutical services.	Pharmaceutical services will be provided on the basis of clinical need – this document specifies the needs within the city. Any missing provision should have been identified in the document and addressing these gaps should therefore have a positive impact.	The predicted population increases within each age band has been estimated. The document will be reviewed in three years' time. It is assumed the age-specific predictions of population growth will be within tolerance, which will ensure provision of pharmaceutical services in an equitable manner.	NHSEI; throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics **(Equality Act 2010)**	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Who is responsible; timescale?**
Disability	According to the 2011 Census, 10.0% of Plymouth residents reported having a long-term health problem or disability that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months (including problems related to old age). The national value was 8.3%. According to the 2011 Census, 46.0% of Plymouth residents reported their general health as 'very good'; this increased to 79.5% when also including those who reported their health as 'good'. In England 81.4% of people reported their general health as either 'very good' or 'good'. Plymouth's combined value is therefore nearly two percentage points lower than the national average.	The provision of adequate pharmaceutical services responds to these statistics (which potentially show a relatively high demined when compared to national averages). The aim of the document is to enable the provision of adequate and appropriate pharmaceutical services to meet the needs of this population.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services. It is important that physical access to pharmacy buildings is ensured.	NHSEI; throughout the life of the document.
Faith, Religion or Belief	According to the 2011 Census, Christianity is the most common religion in Plymouth (58.1% of the population). 32.9% of the Plymouth population stated they had no religion . Those following Hinduism, Buddhism, Judaism or Sikhism combined totalled less	Pharmaceutical services are not targeted at any particular religion. The aim of the document is to ensure the provision of adequate and appropriate pharmaceutical services to meet the needs of this population.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will	NHSEI; throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics **(Equality Act 2010)**	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Who is responsible; timescale?**
	than 1.0% of the population		result in an equitable distribution of services. An awareness of different religious beliefs is important for pharmacies in order to ensure access to appropriate information.	
Gender, marriage status, pregnancy and maternity	Overall, 50.3% of Plymouth's population is female. According to the 2011 Census, of the 109,307 households in Plymouth: 43,841 (40.1%) were a married couple household; 142 (0.13%) were a Same-Sex Civil Partnership household; and 13,530 (12.4%) were cohabiting households. There were 2,502 births in 2020. The West locality had the highest number of births (754) and the East locality the lowest (487).	The need for pharmacy services in relation to sexual health have been identified within the document. This will ensure provision of adequate and appropriate pharmaceutical services to meet the needs of this population.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.	NHSEI; throughout the life of the document.
Gender Reassignment	There is no precise number of the transgender population in Plymouth. The best estimate is that around 1% of the population is gender variant to some degree. This would be equivalent to	The PNA aims to ensure adequate provision of pharmaceutical services throughout the city taking into consideration any particular needs identified.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in	NHSE; throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics **(Equality Act 2010)**	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Who is responsible; timescale?**
	approximately 2,600 people in Plymouth.	Gender-related pharmaceutical needs should have been identified within the document to ensure provision of adequate and appropriate pharmaceutical services to meet the needs of this population.	accordance with the recommendations in the report will result in an equitable distribution of services. Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. This is a factor that should also be taken into account for the whole population.	
Race	According to the 2011 Census, 92.9% of Plymouth's population identify themselves as White British. This is significantly higher than the England average (79.8%). Plymouth has lower percentages of residents within each ethnic group compared with the national average. However, despite the small numbers, Plymouth has a rapidly rising BME population which has more than doubled from around 7,900 individuals since the 2001 census. The main ethnic minorities in Plymouth	Pharmaceutical services are not targeted at a specific ethnic group. The PNA attempts to ensure provision of adequate and appropriate pharmaceutical services to meet the needs of the population. There are some diseases which are more prevalent amongst specific ethnic groups however the PNA, if successful, will ensure adequate services to meet any additional needs.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services. Access to translation services may sometimes be required as it is important that	NHSE; throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act 2010)	**Evidence and information (e.g. data and feedback)**	**Any adverse impact?**	**Actions**	**Who is responsible; timescale?**
	are the Polish (0.7%; just over 1,900) and the Chinese (0.5%; just over 1,200).		pharmacies are able to provide services to all, taking into account diversity.	
Sexual orientation	There is no precise local data on numbers of Lesbian, Gay and Bi-sexual (LGB) people in Plymouth but it is nationally estimated that 2.7% of the population over the age of 16 years would identify as LGB.	Pharmaceutical services are not targeted people with a specific sexual orientation. The PNA attempts ensure provision of adequate and appropriate pharmaceutical services to meet the needs of the population.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services. Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. This is a factor that should also be taken into account for the whole population.	NHSE; throughout the life of the document.

Appendix 3: Consultation report

A statutory 60-day public consultation period ran from Friday 1 July 2022 to Tuesday 30 August 2022 to enable the stakeholders to review the draft PNA.

The H&WBs for Plymouth, Devon and Torbay rann the consultation for each of their PNAs at the same time. This was to aid organisations who asked to respond to consultations for more than one area at the same time.

The method of consultation was agreed by the PNA Steering Group and individual areas also liaised with their H&WBs regarding the consultation process.

Plymouth's consultation was hosted on the Plymouth City Council Online Consultation portal. The survey questions were designed to gather feedback on whether the requirement of the PNA had been met and to offer opportunity to highlight any gaps. The web link for the consultation was emailed directly to the following organisations:

- Devon Local Pharmaceutical Committee
- Devon Local Medical Committee
- Healthwatch Devon, Plymouth and Torbay
- Plymouth Voluntary, Community and Social Enterprise (VCSE)
- NHSEI Director of Commissioning Operations South West
- NHSEI Pharmacy Contracts Manager
- NHSEI CD Accountable Office
- NHSEI Devon Cornwall & Isles of Scilly Area Team
- Devon Health and Wellbeing Board
- Torbay Health and Wellbeing Board
- Cornwall and the Isles of Scilly Health and Wellbeing Board
- Devon Director of Public Health
- Torbay Director of Public Health
- Cornwall Director of Public Health
- University Hospitals Plymouth NHS Trust
- Livewell Southwest
- NHS Devon Clinical Commissioning Group
- NHS South Devon and Torbay Clinical Commissioning Group
- All GP surgeries in Plymouth
- All pharmacies in Plymouth

Five responses to the online consultation survey were received for Plymouth. These individuals represented:

- Two pharmacies owned by national pharmacy chains with branches in Plymouth
- One pharmacy dispensing appliance contractor
- One GP surgery in Plymouth
- Healthwatch Devon, Plymouth and Torbay

Consultation feedback regarding the PNA was very positive. All responses agreed that in their opinion:

- The draft PNA meets its requirements

- The information contained within the draft PNA is accurate
- The current gaps in provision identified in the draft PNA are correct
- The future gaps in provision identified in the draft PNA are correct
- There are no gaps in provision that they are aware of which are missing from the draft PNA

Appendix 4: Pharmacies and opening times by locality

Table 61: List of contractors and opening times in the East locality, (as at May 2022). Please refer to the NHS Choices website https://www.nhs.uk/ for the current opening hours.

Name	Locality	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Sunday Opening Hours
Boots Pharmacy (Mudge Way)	East	09:00-13:00 13:30-18:30	09:00-13:00 13:30-18:30	09:00-13:00 13:30-18:30	09:00-13:00 13:30-18:30	09:00-13:00 13:30-18:30	09:00-12:30	Closed
Boots Pharmacy (St Stephens Place)	East	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
Boots Pharmacy (The Broadway)	East	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:00	Closed
Church Road Pharmacy	East	09:00-12:45 14:00-18:30	09:00-12:45 14:00-18:30	09:00-12:45 14:00-18:30	09:00-12:45 14:00-18:30	09:00-12:45 14:00-18:30	09:00-13:00	Closed
Day Lewis Pharmacy (Glenside Rise)	East	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
Morrisons Pharmacy	East	08:00-13:30 14:30-20:00	08:00-13:30 14:30-20:00	08:00-13:30 14:30-20:00	08:00-13:30 14:30-20:00	08:00-13:30 14:30-20:00	08:00-13:30 14:30-20:00	11:00-17:00
Springfield Pharmacy	East	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Well Pharmacy (Glen Road)	East	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-13:00	Closed
Well Pharmacy (Radford Park Road)	East	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-13:00	Closed
Well Pharmacy (The Ridgeway)	East	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed

Table 62: List of contractors and opening times in the North locality, (as at May 2022). Please refer to the NHS Choices website https://www.nhs.uk/ for the current opening hours.

Name	Locality	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Sunday Opening Hours
Asda Pharmacy	North	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-21:00	10:00-16:00
Boots Pharmacy (Morshead Road)	North	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed
Lloyds Pharmacy (Honicknowle Green)	North	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Speedwell Pharmacy	North	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-17:00	Closed
Tesco Pharmacy	North	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	10:00-16:00
Well Pharmacy (Bampfylde Way)	North	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (Hornchurch Road)	North	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (Meavy Way)	North	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	Closed	Closed
Well Pharmacy (Southway Drive)	North	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
Well Pharmacy (Transit Way)	North	08:30-20:00	08:30-20:00	08:30-20:00	08:30-20:00	08:30-20:00	08:30-20:00	Closed
Well Pharmacy (Whitleigh Green)	North	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

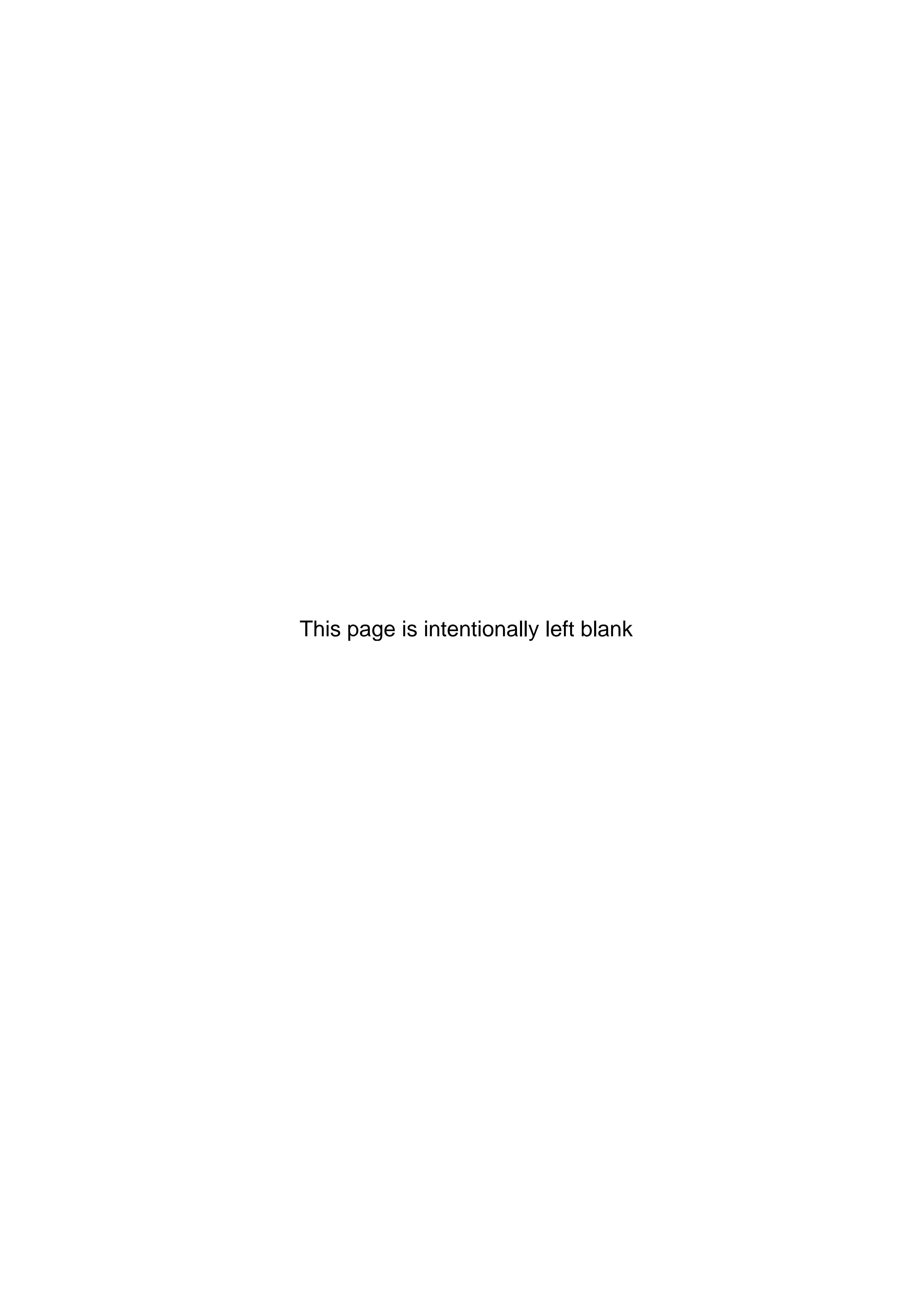
Table 63: List of contractors and opening times in the South locality, (as at May 2022). Please refer to the NHS Choices website https://www.nhs.uk/ for the current opening hours.

Name	Locality	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Sunday Opening Hours
Boots Pharmacy (Cattedown Road)	South	09:00-12:45 13:30-18:00	09:00-12:45 13:30-18:00	09:00-12:45 13:30-18:00	09:00-12:45 13:30-18:00	09:00-12:45 13:30-18:00	Closed	Closed
Boots Pharmacy (Drakes Circus)	South	08:00-18:30	08:00-18:30	08:00-18:30	08:00-19:00	08:00-18:30	08:00-18:30	10:30-16:30
Boots Pharmacy (Eggbuckland Road)	South	09:00-13:30 14:30-18:00	09:00-13:30 14:30-18:00	09:00-13:30 14:30-18:00	09:00-13:30 14:30-18:00	09:00-13:30 14:30-18:00	09:00-13:00	Closed
Boots Pharmacy (Mutley Plain)	South	0830-1300 1400-17:30	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 14:00-16:00	09:00-16:00
Boots Pharmacy (Salisbury Road)	South	08:30-13:30 14:00-18:00	08:30-13:30 14:00-18:00	08:30-13:30 14:00-18:00	08:30-13:30 14:00-18:00	08:30-13:30 14:00-18:00	09:00-13:00	Closed
Ebrington Pharmacy	South	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	09:00-13:00 14:00-18:30	Closed	Closed
Hyde Park Pharmacy	South	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	10:00-18:30
Lloyds Pharmacy (Sainsbury's)	South	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
Well Pharmacy (Eggbuckland Road)	South	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
Well Pharmacy (Old Laira Road)	South	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
Well Pharmacy (Torridge Way)	South	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
West Hoe Pharmacy	South	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-12:00	Closed

Table 64: List of contractors and opening times in the West locality, (as at May 2022). Please refer to the NHS Choices website https://www.nhs.uk/ for the current opening hours.

Name	Locality	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Sunday Opening Hours
Boots Pharmacy (Chard Road)	West	09:00-13:30 14:00-17:30	09:00-13:30 14:00-17:30	09:00-13:30 14:00-17:30	09:00-13:30 14:00-17:30	09:00-13:30 14:00-17:30	Closed	Closed
Boots Pharmacy (Claremont Street)	West	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	09:00-12:30	Closed
Boots Pharmacy (New George Street)	West	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	09:00-17:00	10:30-16:30
Day Lewis Pharmacy (Saltash Road)	West	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed
Devonport Pharmacy	West	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	Closed	Closed
King Street Pharmacy	West	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
Lloyds Pharmacy (Marlborough Street)	West	09:00-17:45	09:00-17:45	09:00-17:45	09:00-17:45	09:00-17:45	09:00-13:00	Closed
Milehouse Pharmacy	West	09:00-13:00 14:00-18:00	09:00-12:00 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	09:00-12:30	Closed
St Levan Pharmacy	West	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-12:30	Closed
Superdrug Pharmacy (Cornwall Street)	West	08:30-14:00 14:30-17:30	08:30-14:00 14:30-17:30	08:30-14:00 14:30-17:30	08:30-14:00 14:30-17:30	08:30-14:00 14:30-17:30	09:00-14:00 14:30-17:30	Closed
Superdrug Pharmacy (New George Street)	West	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30	Closed
Well Pharmacy (Devonport Road)	West	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (Ford)	West	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (Ham Green)	West	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Well Pharmacy (King Street)	West	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
Well Pharmacy (Peverell Park Road)	West	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
Well Pharmacy (St Budeaux)	West	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Well Pharmacy (Stirling Road)	West	08:00-13:00 13:30-18:30	08:00-13:00 13:30-18:30	08:00-13:00 13:30-18:30	08:00-13:00 13:30-18:30	08:00-13:00 13:30-18:30	Closed	Closed

This page has been left intentionally blank



This page is intentionally left blank

How citizens with LD and SMI illness have fared in COVID. And the projected increases in demand for Mental Health Services linked to the economy and post COVID.

Sara Mitchell
Associate Director Strategic and Operational Mental Health Lead
29th September 2022

How citizens with learning disability and serious mental illness and fared in COVID?

- During the pandemic no LD or Mental Health Services or people with SMI were stood down.
- A range of services were implemented, including a First Response team for people experiencing perceived mental health crisis and also a Primary Care Mental Health offer as part of community mental health framework to ensure an offer was available for everybody and to prevent escalation to secondary care.
- Additional services have been in place since 2019 and this also includes a joint response unit vehicle with the police and also an A2ED for people with mental health problems.

COVID and LD:

- 4 Deaths in Devon in first wave. 6 Deaths in Devon in 2nd wave. Total 10 between January 2020 and February 2021. In Plymouth there were **2 Deaths in a residential homes.**
- **100% of people who died in Plymouth** with COVID with a learning disability usual place of residence was in a residential home (first wave). From national reports it is thought it is due to:
  - people living close together
  - Poor PPE for residential homes
  - Access to testing
  - Lack of skill teaching for carers to recognise deterioration i.e. Oxygen Levels, BP, and soft signs.
- All 4 cases in Devon where people died in the first wave showed people had the best care possible and their health needs were met.
- Nationally people with a learning disability were 6 x more likely to die from COVID than the rest of the population due to factors such greater chance of being obese, long term health conditions such a diabetes, heart conditions and respiratory conditions. This is partly due to people with a learning disabilities under privileged position in society and barriers to access health care when needed.

NHS Devon CCG LEDER report 2021
Leder Report 2021
Public Health England 2021

New ways of Working COVID:

- Restore 2 programme - trained 101 carers who support people a learning disability to recognise deterioration. This is being rolled out to all homes in Plymouth currently
- Work around Annual Health checks across the primary care networks to increase numbers of people who have annual health checks to recognise health conditions earlier.
- Vaccinations – 95% of people with a learning disability were vaccinated within 3 weeks of JCN moving people with a learning disability to priority status no matter the age. This created a collaborative working arrangement with PCN's
- Set up of Learning Disability Champions with aim to reduce health inequalities and improve reasonable adjustments to reduce barriers to access health care.
- Created awareness of the inappropriate use of TEP's and frailty measures across the LD population and enable mechanisms to challenge these.

Looking forward:

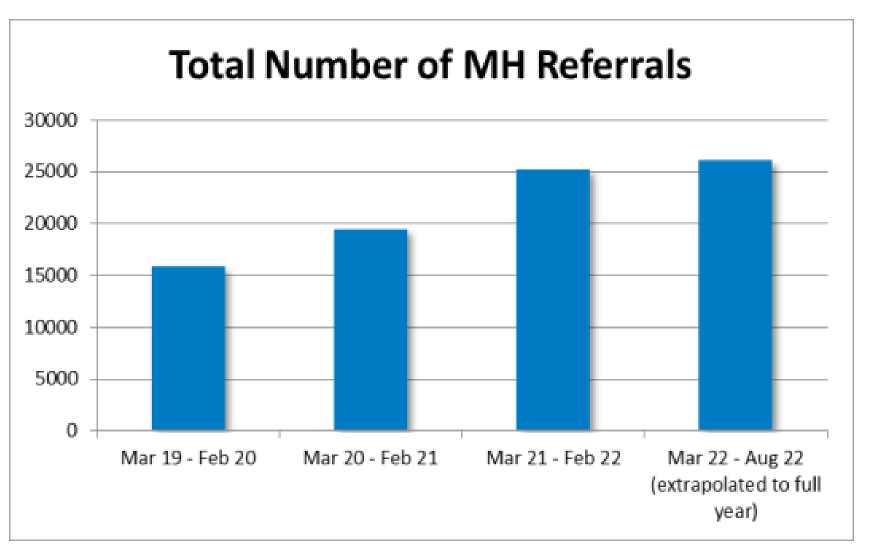
- Transformation of CLDT integrating with ASC with aim to improve proactive support for people with learning disabilities and improve access to social and employment opportunities.
- Looking to set up a Learning disability partnership board and co-produce services.
- Continue to work with LD champions to embed community of practice and work towards all services having the ability to produce easy read appointment letters.

Projected increases in demand for mental health services linked to the economy and post COVID?:

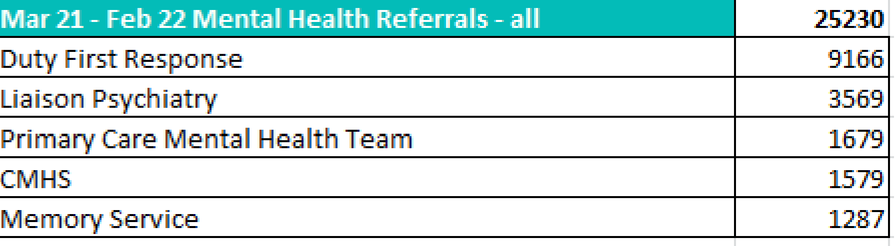
- The data is interesting – there is an overall increase to mental health services but this is predominantly within the Frist Response team and the Primary Care Mental Health team.
- There is a reduction of referrals into traditional mental health teams such as community mental health teams which several years ago had a much higher level of referral.
- Our IAPT service has not seen a significant increase, although current work is taking place to ensure that workforce is appropriate moving forward.

ALL REFERRALS TO OUR MENTAL HEALTH SERVICES MARCH 2019-AUGUST 2022

Mar 19 - Feb 20 Mental Health Referrals - all	15775
Liaison Psychiatry	4357
Memory Service	1425
Primary Care Mental Health Team	847
CMHT North and West	834
HTT	767
Top 5 by referral volume, 52% MH referrals	



Mar 20 - Feb 21 Mental Health Referrals - all	19429
Duty First Response	4900
Liaison Psychiatry	3929
Primary Care Mental Health Team	1181
Memory Service	1170
CMHS	1025
Top 5 by referral volume, 63% MH referrals	



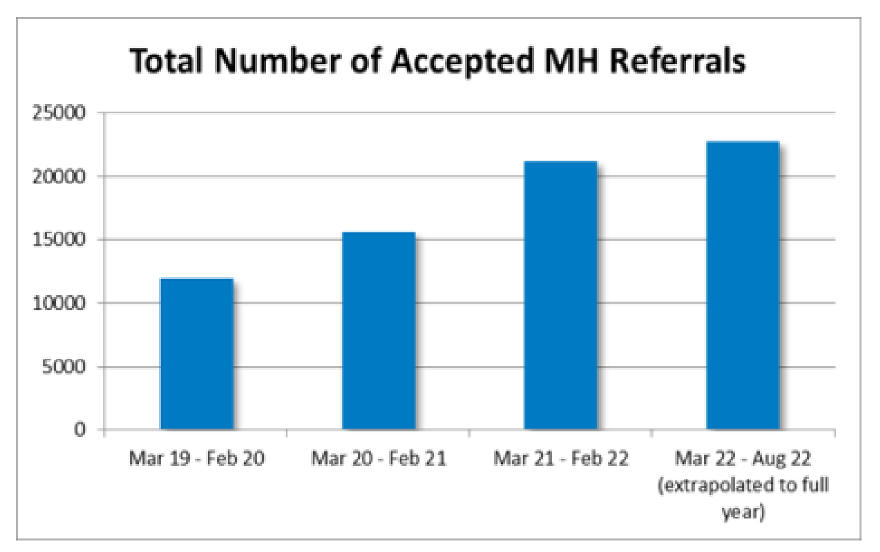
Mar 21 - Feb 22 Mental Health Referrals - all	25230
Duty First Response	9166
Liaison Psychiatry	3569
Primary Care Mental Health Team	1679
CMHS	1579
Memory Service	1287
Top 5 by referral volume, 69% MH referrals	

Mar - Aug 22 Mental Health Referrals - all	13029
Duty First Response	4810
Liaison Psychiatry	1580
Primary Care Mental Health Team	1047
Memory Service	641
Adult ADHD Assessment Service	443
Top 5 by referral volume, 65% MH referrals	

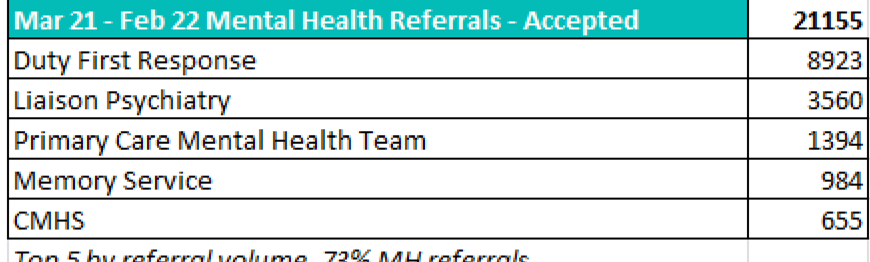
Data Source: BI report

ACCEPTED REFERRALS TO OUR MENTAL HEALTH SERVICES MARCH 2019-AUGUST 2022

Mar 19 - Feb 20 Mental Health Referrals - Accepted	11926
Liaison Psychiatry	4171
Memory Service	1264
Primary Care Mental Health Team	763
HTT	636
Dementia Advisor Service	385
Top 5 by referral volume, 61% MH referrals	



Mar 20 - Feb 21 Mental Health Referrals - Accepted	15570
Duty First Response	4216
Liaison Psychiatry	3749
Primary Care Mental Health Team	1114
Memory Service	896
HTT	673
Top 5 by referral volume, 68% MH referrals	



Mar 21 - Feb 22 Mental Health Referrals - Accepted	21155
Duty First Response	8923
Liaison Psychiatry	3560
Primary Care Mental Health Team	1394
Memory Service	984
CMHS	655
Top 5 by referral volume, 73% MH referrals	

Mar - Aug 22 Mental Health Referrals - Accepted	11350
Duty First Response	4727
Liaison Psychiatry	1577
Primary Care Mental Health Team	894
Memory Service	494
Asylum Seekers	387
Top 5 by referral volume, 71% MH referrals	

Data Source: BI report

REFERRALS TO OUR MENTAL HEALTH SERVICES MARCH 2019-AUGUST 2022

MH Referrals Mar 19 - Aug 22 by Outcome and month

2250
2000
1750
1500
1250
1000
750
500
250
0

201903 201904 201905 201906 201907 201908 201909 201910 201911 201912 202001 202002 202003 202004 202005 202006 202007 202008 202009 202010 202011 202012 202101 202102 202103 202104 202105 202106 202107 202108 202109 202110 202111 202112 202201 202202 202203 202204 202205 202206 202207 202208

Accepted
Inappropriate/Other

Data Source: BI report

Moving forward and future working:

- Continue to promote the first response team and crisis line.
- Continue building our mental health offer at primary care level.
- Ensure that our primary care mental health offer is working to offer a pathway to people who frequently use emergency departments.
- Continue with physical health checks in both MH and LD.
- Continue working with primary care to ensure that a multi-disciplinary team approach is a model embedded in practice.

Cost of Living

Draft framework

Background

- The economic downturn, the impact of Covid-19 and increases in the cost of living, alongside historically high levels of deprivation, have encouraged a renewed focus on debt, poverty and promoting financial wellbeing in Plymouth.
- The cost of financial exclusion is high, both to households affected and to society. It impacts on general wellbeing and is closely related to poverty and social exclusion.

AIMS FOR OUR CITY RESPONSE

- Work together as partners, specialist agencies and stakeholders to deliver a range of relevant and supportive financial inclusion services that meets the needs of all residents
- To provide a joined up, multi-agency offer with access to other advice services so residents facing financial hardship are supported at the earliest opportunity
- To use key messages to promote awareness and improve access, signposting to existing and any new services

WHO IS AT RISK?

There are lists in the literature but we are at the stage where these cover a large percentage of the population, with very high proportions in the most deprived groups, for example

- Households on low incomes/ in social housing / entitled to means-tested benefits
- Homeless / vulnerably housed
- Single parents / Single person households
- People aged 60+
- People aged 18 to 24
- People with disabilities inc SMI
- Households where there has been an unexpected event which has caused a significant reduction in income.

As the cost of living increases, disposable income reduces and more households start to face serious choices around heating, eating and debt.

WHAT ARE THE IMPACTS?

- There are multiple impacts since poverty is such a strong determinant of future health and wellbeing, and reaches across into so many areas of lives.
- Even a relatively short term issue (such as over the winter) can have a lasting impact on finances; especially if debts are incurred with high interest rates.
- There are of course significant impacts on health and wellbeing;
  - Cold homes bring a significant increased risk of hospitalisation, and death, for people with existing cardio vascular, respiratory and circulatory problems.
  - Health issues caused by cold and damp also impact children; exacerbating the impact of illnesses such as asthma, and increasing the severity of viral and bacterial infections.
  - Poor nutrition; food that is cheap, energy dense and requires little to no preparation is often also unhealthy. This can lead to poor nutrition, as well as unhealthy weight (under or over weight).
- In addition, stress and worry has a negative impact on health, and may lead to unhealthy coping mechanisms

PLYMOUTH APPROACHES

- Plymouth as a city has already adopted joined up, system leadership approach to tackling many of its challenges, as signalled by the Plymouth Plan.
- Many of the approaches needed to support people through the challenges expected around the Cost of Living are already in place; at least to some extent.
- This includes for example; Wellbeing Hubs, Complex Lives Alliance, Plymouth Energy Community, Food Plymouth and the Food Aid Network.
- Sources of support can be accessed through the Cost of Living hub, which is regularly updated

Cost of living support - Plymouth Online Directory

THEMES

- Managing finances
- Managing at home – housing, heating and eating
- Supporting mental health and wellbeing

THEME; MANAGING FINANCES

- Managing finances
  - *Understanding of and access to financial products, including affordable and responsible credit, an appropriate bank account, the benefits of affordable repayment plans, and the risks of high interest loans*
  - *To provide financial health checks and income maximisation through various partners across the city, working closely with residents to maximise income and sustain and maintain tenancies/homes, seek stable and secure employment.*
  - *To ensure all frontline staff are knowledgeable and can offer or signpost residents to appropriate financial well-being advice/services across the city*

THEME; MANAGING AT HOME

- Managing at home – housing, heating and eating
  - *Reducing fuel poverty both by tackling the causes and by helping to meet the needs of people in crisis*
  - *To support a joined-up system in each community to provide enough no-cost, low-cost and affordable healthy food in moments of crisis and in long-term low-income households*
  - *To prevent people from becoming homeless, and support those living in poorer quality housing*

THEME; SUPPORTING MENTAL HEALTH AND WELLBEING

- Supporting mental health and wellbeing
  - *Recognising the impact on people's mental health and wellbeing and signposting to support available*
  - *Supporting people in choices which are healthier, within the limitations of their situation*

Graduated Response for each theme

- Urgent support – this is the support needed for people who are already in crisis
- Emerging needs – this is targeted to the households identified as being most at risk, both of financial hardship and of harm caused by that hardship
- Resilience – this is aimed at early prevention through a strength-based approach by working with communities and the voluntary sector to create an environment and opportunities that act, as far as possible, to prevent escalation and crisis. This is considered 'business as usual' for Plymouth, though the need is likely to grow.

Workstreams

- Managing Finances –CAB, PEC, digital inclusion, Food Plymouth
- Communications –comms strategy aimed at public and professionals for signposting
- Managing at home
  - Food aid network – crisis and the community larder. Skills and recipes, equipment
  - Housing – community connections
  - Heating linked to finance group
  - Warm spaces
- Mental health and wellbeing
  - Thrive Plymouth/ One you Plymouth

Enabling workstreams

- Community Empowerment
- Digital inclusion
- Inclusive growth (200+ businesses signed up to charter)
- Thrive Plymouth & Wellbeing Hubs
- Child Poverty Action Plan
- PH and ASC wellbeing workstreams / community builders

Emerging areas

- Signposting and joining up the offer
  - (helpline, face to face, sharing information)
- Tiered approach – including helping people to help themselves
- Collaboration around HSF and other resources
- Warm spaces
- What can employers do?

Warm Spaces

The costs of heating the home every day may be beyond the reach of many people, compromising their ability to manage at home. This may be a particular issue for households including those who are very young, older people, those with disabilities and/or chronic conditions. An emerging piece of work is to collate information on warm spaces (ones where you can stay somewhere warm with minimum cost). We are looking at the following;

- Workplaces (employees, plus might they open to immediate family e.g. children?)
- Community spaces – will they be able to continue offering warm spaces without additional funding for their own energy bills
- Cafes, restuarants, pubs – any that will encourage daytime trade? Recognising this has to be commercial
- Spaces used by the public which are already warm – what's the messages we could be giving out

What can employers offer their staff? (1)

Money

- employee discount schemes
- Signpost to benefits check (them or their families) (online citizensadviceplymouth.entitledto.co.uk)
- Signpost to www.moneyhelper.org.uk – includes calculators for budgeting
- Highlight dangers of high interest loans
- Offer financial education seminars

Mental health

- Talk about the issues, and remove the stigma around debt.
- Consider offering an employee assistance programme, and promote
- Adopt Workplace Wellbeing Charter (see Livewell) – inc 5 ways to wellbeing, to promote healthier coping strategies
- Promote Qwell

What can employers offer their staff? (2)

Food

- Subsidised staff food (costs org money)
- At cost staff food (no cost but loses profit)
- Help staff to set up food clubs which might;
- Bulk purchase food allowing people to buy a share of food at a much lower price
- Share advice and tips on lower cost foods and recipes

Warm spaces

- Can you identify any spaces which are heated and so could be used more for example by;
  - Staff before or after their shift to keep warm
  - Children – after school / before school to do homework and wait til parents finished work
  - Other family members – allow travel together, enable them to keep heating off for longer at home

This page is intentionally left blank

Health and Wellbeing Board Tracking Decisions 2022/23				
Date	**Resolution**	**Target Date**	**Officer Responsible**	**Progress**
30/06/2022	Recommendation for the provision of training to Councillors, to promote engagement with the Thrive Plymouth Programme.	TBC	Public Health Team- Ruth Harrell/ Rob Nelder.	Provisional date of 24th November (15:30-17:00) for 'Thrive and Community Empowerment training session'.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD

Work Programme 2022 - 23

Please note that the work programme is a 'live' document and subject to change at short notice. Please also not this is currently a draft document, under consideration with the chair and council officers.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Date of meeting	Agenda item	Responsible
30 June 2022	DC & IOS Health Protection Report	Julie Frier – PCC
	DPH Annual Report & Thrive Plymouth Update	Rob Nelder / Abenaa Gyamfuah-Assibey
	Work Force Health and Skills Care Update	Craig McArdle
	White Paper on Integration	Craig McArdle
	Briefing: Health & Social Care Act 2022	Craig McArdle
	Review of Terms of Reference	Ross Jago
29 September 2022	Appointment of Vice-Chair	Cllr Mahony
	Pharmaceutical Needs Assessment	Rob Nelder
	Cost of Living Taskforce Update/ CAB	Rebecca Smith/ Rachel Silcock
	Mental Health Services in COVID	Sara Mitchell- Livewell SW
	Terms of Reference Review (Deferred)	
26 January 2023		
16 March 2023		

Date of meeting	Agenda item	Responsible
Items to be scheduled	Food Insecurity	Public Health
	Growth Board/Resurgum Board	
	NHS Long Term Plan	NHS Devon CCG
	Impact of COVID-19 Pandemic	Livewell SW / Public Health
	South West Ambulance Service	
	Safer Plymouth and Plymouth Safeguarding Board	