

Health and Wellbeing Board agenda

Date: Thursday 22 September 2022

Time: 2.00 pm

Venue: The Oculus, Buckinghamshire Council, Gatehouse Road, Aylesbury HP19 8FF

Membership:

Cllr A Cranmer (Buckinghamshire Council), Cllr A Macpherson (Buckinghamshire Council) (Chairman), Dr R Bajwa (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (NHS BOB ICB)), Dr J O'Grady (Buckinghamshire Council), G Quinton (Adults and Health, Buckinghamshire Council), N Macdonald (Buckinghamshire Healthcare NHS Trust) (Vice-Chairman), R Majilton (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (NHS BOB ICB)), Dr S Roberts (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (NHS BOB ICB)), M Gallagher (The Clare Foundation), K Higginson (Community Impact Bucks), Cllr S Bowles (Buckinghamshire Council), Dr K West (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (NHS BOB ICB)), Cllr Z Mohammed (Buckinghamshire Council), M Powls (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System), Dr R Sawhney (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (NHS BOB ICB)), D Walker (Oxford Health NHS Foundation Trust), Dr C McDonald (Children's Clinical Lead), P Miller (Healthwatch Bucks) and J Macilwraith (Children's Services, Buckinghamshire Council)

Webcasting notice

Please note: this meeting may be filmed for live or subsequent broadcast via the council's website. At the start of the meeting the chairman will confirm if all or part of the meeting is being filmed.

You should be aware that the council is a data controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with the council's published policy.

Therefore by entering the meeting room, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes. If members of the public do not wish to have their image captured they should ask the committee clerk, who will advise where to sit.

If you have any queries regarding this, please contact the monitoring officer at monitoringofficer@buckinghamshire.gov.uk.

Agenda Item	Time	Page No
1 Welcome	14:00	
2 Apologies		
3 Announcements from the Chairman		
4 Declarations of Interest		
5 Minutes of the previous meeting To agree the minutes of the meeting held on 26 May 2022.		5 - 12
6 Public Questions In order for a response to be provided at the September Health and Wellbeing Board, questions must be received by 12.00 noon on Friday 16 September 2022. Any questions received after this deadline will be responded to at the following Health and Wellbeing Board meeting.		
7 Healthwatch Bucks Quarterly Review and Annual Report A review of the previous year's activity, strategic priorities for this year and resident feedback. Zoe McIntosh, Chief Executive, Healthwatch Bucks.	14:10	13 - 16
8 Integrated Care Partnership The development of Buckinghamshire 'Place', the strategy and what this means for our residents Matt Powls, Interim Executive Director of Place Oxfordshire and Buckinghamshire, Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS). Rob Beasley, Interim Director of Communications and Engagement, Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS).	14:30	17 - 32
9 Joint Local Health and Wellbeing Strategy Refresh Review and sign off of the refreshed Strategy, Action Plan and Action Plans on a Page.	14:50	33 - 82

Spotlight on Stoptober and how this links to the priorities in the Strategy.

Dr Jane O'Grady, Service Director Public Health and Community Safety, Buckinghamshire Council.

- | | | | |
|-----------|--|--------------|------------------|
| 10 | Joint Strategic Needs Assessment
The Joint Strategic Needs Assessment (JSNA) is a joint statutory obligation of Local Authorities and NHS Integrated Care Boards in England. The purpose of the JSNA is to improve the health and wellbeing outcomes of the local community and reduce inequalities for all ages.

Tiffany Burch, Consultant in Public Health, Buckinghamshire Council. | 15:05 | 83 - 90 |
| 11 | Better Care Fund
The Better Care Fund (BCF) is a national vehicle for driving health and social care integration using pooled budgets. Each Health and Wellbeing Board area is required to submit a BCF plan to NHS England for assurance on 26th September 2022.

Tracey Ironmonger, Service Director, Integrated Commissioning, Buckinghamshire Council. | 15:20 | 91 - 130 |
| 12 | Pharmaceutical Needs Assessment
The Pharmaceutical Needs Assessment (PNA) is a statutory obligation of Health and Wellbeing Boards in England. This report is to update the Health and Wellbeing Board on the 60-day technical consultation and the final stages of Buckinghamshire's Pharmaceutical Needs before it is published on 1 October 2022.

Matt Powls, Interim Executive Director of Place Oxfordshire and Buckinghamshire, Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS).

Tiffany Burch, Consultant in Public Health, Buckinghamshire Council. | 15:35 | 131 - 336 |
| 13 | Any Other Business | 15:50 | |
| 14 | Date of next meeting
15 December 2022 | 16:00 | |

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Rebecca Binstead on 01296 585244, email democracy@buckinghamshire.gov.uk.

Health and Wellbeing Board minutes

Minutes of the meeting of the Health and Wellbeing Board held on Thursday 26 May 2022 in The Oculus, The Gateway, Gatehouse Road, Aylesbury, HP19 8FF, commencing at 2.00 pm and concluding at 3.45 pm.

Members present

Cllr A Macpherson (Chairman), N Macdonald (Vice-Chairman), Dr R Bajwa, J Baker, Cllr S Bowles, Cllr A Cranmer, M Gallagher, Cllr Z Mohammed, R Nash and Dr J O'Grady

J Boosey, G MacDonald, H Mee, P Miller, M Powls, D R Sawhney, S Taylor and J Tate

Agenda Item

1 Welcome

The Chairman, Councillor Angela Macpherson, Deputy Leader and Cabinet Member for Health and Wellbeing, welcomed everyone to the Health and Wellbeing Board (HWB) meeting.

The Chairman stated that it had been announced at the full council meeting on 18 May 2022 that she would remain as the Deputy Leader and Cabinet Member for Health and Wellbeing which meant that she would continue as Chairman of the HWB and that Neil Macdonald, Chief Executive Officer (CEO), Buckinghamshire Healthcare NHS Trust (BHT) would remain as the Vice Chairman in accordance with Buckinghamshire Council's (BC) constitution and the HWB Terms of Reference.

2 Apologies

Sally Taylor, Senior Democratic Services Officer, advised that apologies had been received from Dr Nick Broughton, CEO, Oxford Health NHS Trust; Dr James Kent, Executive Lead of the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS); Zoe McIntosh, CEO, Healthwatch Bucks; Gill Quinton, Corporate Director, Adults and Health, BC; Robert Majilton, Deputy Chief (Accountable) Officer, Clinical Commissioning Group (CCG); Katie Higginson, CEO, Community Impact Bucks; Dr Karen West, Clinical Director for Quality and Integration, CCG and Dr Sian Roberts, Clinical Director, Mental Health, Learning Disabilities and Dementia, CCG.

There had also been a change in membership as at the full council meeting on 18 May 2022, Councillor Zahir Mohammed was confirmed as the Deputy Cabinet Member with responsibility for Public Health and, therefore, would replace Councillor Carl Jackson on the Board.

Dr Juliet Sutton had retired and was no longer a member of the board.

Grant MacDonald, Managing Director for Mental Health, Learning Disabilities and Autism, attended as a substitute representative for Oxford Health NHS Foundation Trust.

3 Announcements from the Chairman

The Chairman proposed the following changes to the membership for agreement and ratification by the HWB:

- Dr Rashmi Sawhney, Clinical Director for Health and Inequalities, to become a new member of the HWB.
- Matt Powls, Executive Place Director, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System to replace Dr James Kent.
- David Walker, Chair of Oxford Health NHS Foundation Trust to replace Dr Nick Broughton.

The Chairman thanked Councillor Carl Jackson and Dr Juliet Sutton for their hard work and contributions to the HWB; and added that BHT had agreed to provide clinical cover to ensure the children and young people area was represented.

The Chairman also thanked Jenny Baker, OBE, Chair, Healthwatch Bucks for her work representing the voice of the residents and patients in Buckinghamshire.

Resolved: The HWB **agreed** and **ratified** the changes listed above.

4 Declarations of Interest

There were no declarations of interest.

5 Minutes of the previous meeting

Dr Raj Bajwa, Clinical GP Chair, CCG, requested that a change be made to item 10 on page 12 of the agenda pack. The sentence beginning 'Before the pandemic' be changed to read 'Before the pandemic, more than 80% of contacts were face to face which did not always meet GP patients' needs....'

Resolved: The minutes of the meeting held on 18 November 2021 were **agreed** and signed by the Chairman, subject to the amendment being undertaken.

6 Public Questions

There were no public questions.

7 Healthwatch Bucks - The Quarterly Review

Jenny Baker, Chair, Healthwatch Bucks, advised that her nine year period of being Chair was ending in July 2022. A selection process had been carried out and it had been agreed that Peter Miller would become the new Chair.

P Miller stated that he was delighted to take on the role and provided a brief personal and professional background and added that he felt his commitment to the

'patient voice' fitted with Healthwatch Bucks.

J Baker referred to the report in the agenda pack and added the following:

- There were currently no collective strategic priorities across the five Healthwatch areas in the ICS. However, a layer of work was being undertaken in terms of the ICS and the developing strategies.
- The five Healthwatch teams had met several times with the ICS lead, Catherine Mountford, to help inform the Communication and Engagement Strategy.
- Work had also been carried out on a memorandum of understanding (MOU) and other agreements for working with the ICS.
- The local Healthwatch teams were beginning to work together but were strapped by diminishing funding. There was a conflict of interest of how much resource could be put into working at an additional and higher level i.e. the ICS.

It was noted that there was a role for the HWB in supporting Healthwatch Bucks, particularly the Voluntary, Community and Social Enterprise (VCSE) by amplifying their messages. The Chairman also agreed that the HWB website could promote the work of Healthwatch Bucks.

Action: J Boosey

The Chairman wished Jenny well on behalf of the Board.

8 Integrated Care Partnership

The Chairman welcomed Matt Powls, Interim Executive Director, Place, BOB. M Powls advised that he had seen good examples of integrated working and the Integrated Care Board (ICB) would be a catalyst in driving further partnership work. He also acknowledged that it was critical for residents and patients to have a voice and emphasised that the ICB would delegate elements of decision making to Buckinghamshire Place who would have an opportunity to say what was right for its population. The Chairman stated that she would prefer a 'bottom up' approach and that key issues should be fed into the ICB. M Powls agreed that it would be a two-way dialogue as Place and the HWB understand the issues in Buckinghamshire and can feed them into the ICB.

Another key element was the Integrated Care Partnership (ICP) Strategy which was in development stage; M Powls stressed that it was critical that the HWB priorities and the Joint Strategic Needs Assessment (JSNA) fed into the strategy and suggested coming back and talking about the strategy at a future meeting.

The following key points were raised in discussion:

- The Chairman raised that there was concern over the Local Authority (LA) representation in relation to the NHS representation and highlighted that it was important to have parity of esteem. A question mark remained over the

democratic representation and a potential democratic deficit due to the number of LAs across the Buckinghamshire, Oxfordshire and Berkshire West (BOB) area.

- Dr Jane O’Grady, Director of Public Health (DPH), explained that the DPHs across BOB were working with Amanda Lyons to map across the HWB priorities to feed into the strategy and that the intention was to take a bottom up approach to the strategy development.
- M Powls provided reassurance that there would be no break in continuity when the CCG ceased at the end of June. The new statutory organisation would commence on 1 July 2022 and changes would be put in place over time.
- M Powls advised that an interim Director of Communications had been appointed and was working on a Communications and Engagement plan. M Powls agreed that it was vital to communicate with internal staff, external partners and the residents of Buckinghamshire and accepted the offer of help from the five Healthwatch teams. A communication regarding the plan could be provided; M Powls agreed to follow up with J Baker.

Action: M Powls

- The Chairman advised that the public website was not easy to navigate; M Powls agreed to feed back that the HWB felt more work was required on the ICS/ICP website to ensure it was more user friendly and informative.

Action: M Powls

9 Local Government Association (LGA) Workshop and Progress Review

The Chairman explained that a workshop had been held in March 2022, assisted by the Local Government Association (LGA) to look at the priorities within the Joint Health and Wellbeing Strategy under the strategy’s three themes; Start Well, Live Well, Age Well and the impact the reconfiguration of the ICS would have on the residents of Buckinghamshire.

Neil Macdonald, CEO, BHT, stated that he appreciated the simplicity of the Strategy and wanted to see the key priorities being achieved by working together. It was an opportunity, with the growing strength of Place, to be able to link the HWB Strategy across multiple place based initiatives.

The Pledge

The Chairman advised that one of the outcomes of the workshop was an agreement to make a ‘pledge’ to the Buckinghamshire residents. Following discussion, it was suggested the following changes be made to the pledge along the lines of:

- The third point to be changed to ‘We will put **everyone** at the heart of our services’.
- The fourth point to be changed to ‘We will ask for ideas when designing initiatives to improve your health’.

The following key points were raised in discussion:

- The biggest challenge was to reduce the health inequality gap and this metric should be built into every initiative.
- Healthwatch Bucks had worked on the inequality issues previously and could support. Jacqueline Boosey, Business Manager, Health and Wellbeing, to follow up.

Action: J Boosey

- It was agreed that wide communication was required to ensure that service leaders and residents were aware of the pledge.

Action: J Boosey

- It was agreed that minor changes be made to the pledge and circulated to the Board.

Action: J Boosey

Priority Areas

Dr J O'Grady, Director of Public Health, referred to the paper and slides in the agenda pack and stated that workshop discussions had been informed by evidence and from previous workshops on Start Well and Age Well priorities.

Dr O'Grady ran through the priorities and example measures listed on page 27 of the agenda pack and highlighted the relevant targets and how Covid-19 had affected residents. These are underpinned by principles to improve health outcomes and to reduce health inequalities especially for those living in more deprived areas and ethnic groups.

The following key points were raised in discussion:

- There should be a preventative approach which should be mindful of accessibility to services, particularly for residents who may find it more difficult to access services and those who may not be willing to access services for various reasons.
- Wider determinants such as housing were key to the delivery of priorities.
- It was agreed that mental health, obesity and smoking were relevant across all of the ages represented in the Strategy.
- Consideration should be given as to whether there was capacity to cope with higher demand when engaging with residents.

Dr O'Grady emphasised that there were already groups and programmes underway with stakeholders which could support several of the workstreams e.g., obesity and cardiovascular disease. It was proposed that Health and wellbeing Board partners lead the remaining workstreams as follows, supported where appropriate by Public Health:

- Maternity – lead BHT
- Early Years – lead BHT/Children's Services
- Mental Health – lead Oxford Mental Health NHS Foundation Trust

- Social Isolation - CCG (until the end of June)
- Implementation of the WHO Age Friendly Communities initiative – Buckinghamshire Council Public Health.

Partner organisations were asked to identify an existing group or new group to deliver the workstreams and to provide a named person to lead the workstreams. Public Health would provide team members to help with the metrics for each of the new groups.

Action: All

Healthwatch Bucks and the VCSE organisations offered to help wherever possible.

It was agreed that there should be a dashboard, to enable partners signing up to the initiatives to be held to account on the data. Dr O’Grady stated that data was available although some data was provided annually. Process indicators and quality assurance would also be required.

Concern was expressed that the Joint Health and Wellbeing Strategy – ‘Happier, Healthier Lives, a plan for Buckinghamshire’ expired in 2024 and that the plan should be refreshed and the end date be extended. This would be fed back to Clare Capjon, Strategic Business and Governance Manager.

Action: J Boosey

Resolved: The Health and Wellbeing Board:

- **Considered** and **approved** the key priorities for the Board under Start Well, Live Well and Age Well as set out in paragraphs 3.22 and 3.23.
- **Considered** and **agreed** draft principles for the Board as set out in paragraph 3.24.
- **Considered** and **agreed** the concept of a Health and Wellbeing Board pledge or charter.

10 Community Board Profiles

The Chairman stated that upon the formation of the unitary council in 2020, 16 Community Boards (CB) were created in Buckinghamshire, which were populated by elected members, community organisations and parish councils to identify priority areas in their location.

Dr O’Grady explained that online profiles, with data covering a range of subjects, and recommendations, were available for each CB. A Public Health Consultant had been assigned to the CBs in the most deprived areas to work on recommendations such as cardiovascular disease which was one of the top HWB priorities. The CB profiles would be updated annually.

The following key points were raised in discussion:

- It was noted that there were significant social isolation issues in rural areas;

Dr O'Grady advised work was being undertaken in this area and a partnership led by public health had developed a social isolation toolkit.

- Helen Mee, Head of Charity Operations, The Clare Foundation, expressed her thanks for the CB profiles as the data was useful for charities when writing proposals.

Resolved: the HWB **noted** the report and **agreed** to utilise the Community Board profiles to assist targeting of local actions and to support the Joint Health and Wellbeing Strategy delivery.

11 Any Other Business

The Chairman raised the following:

- The forward plan had not been included in the agenda pack as the HWB was looking at the Strategy; statutory papers e.g., the Pharmaceutical Needs Assessment (PNA) and Better Care Fund would come to the Board but there was a degree of flexibility for other topics.
- Progress was being made on the actions from previous meetings but there were still some to be completed.
- Engagement Strategy – the HWB would be working on the revised priorities and how to communicate them along with the pledge.
- There will be a feature on the HWB in the June edition of the Bucks residents' newsletter.
- The [Buckinghamshire Pharmaceutical Needs Assessment \(PNA\) 2022 to 2025 consultation](#) had been launched and the closing date was 24 July 2022.

12 Date of next meeting

Thursday 22nd September 2022 at 2.00 pm in the Oculus.

This page is intentionally left blank

Healthwatch Bucks Quarterly Review and Annual Report

Date: 22 September 2022

Author/Lead Contacts: Zoe McIntosh, Chief Executive Healthwatch Bucks

Report Sponsor: Peter Miller, Chair Healthwatch Bucks

Consideration: **Information** **Discussion**
 Decision **Endorsement**

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy your report links to:

Start Well	Live Well	Age Well
<input type="checkbox"/> Improving outcomes during maternity and early years	<input type="checkbox"/> Reducing the rates of cardiovascular disease	<input type="checkbox"/> Improving places and helping communities to support healthy ageing
<input type="checkbox"/> Improving mental health support for children and young people	<input type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input type="checkbox"/> Reducing the prevalence of obesity in adults	<input type="checkbox"/> Increasing the physical activity of older people

None of the above? Please clarify below:

Healthwatch Bucks is your local health and social care champion we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care.

Purpose of report

Healthwatch Bucks is the Local Healthwatch for Buckinghamshire. We are one of 148 independent Local Healthwatch organisations set up by the government under the Health and Social Care Act 2012. Our role is to ensure that health and social care services put the experiences of people at the heart of their work. The report outlines our most recent project report and resident feedback from our signposting service and feedback centre. It also includes a summary of our annual report for 2021-2022.

Healthwatch Bucks update

September 2022

This paper summarises recent project work we have undertaken in relation to health and social care services, as aligned with the priorities of the Joint Local Health & Wellbeing strategy.

This paper summarises recent project work we have undertaken in relation to health and social care services, as aligned with the priorities of the Joint Health & Wellbeing strategy.

Live Well

Social Prescribing

Social prescribing offers people support with their wider determinants of health. The support is non-medical and can have a significant benefit to a person's health and well-being. It can offer our residents a range of support that are typically provided by our voluntary and community sector. There are over 30 social prescribing link workers working Buckinghamshire at present.

We wanted to find out about awareness of social prescribing in Buckinghamshire, as well as whether people have made use of the service and know how to access it.

- We developed an online survey that was available for Bucks residents to complete between 12 May and 4 July 2022.
- We also went to four libraries – Chesham, Aylesbury, High Wycombe and Buckingham – so we could collect responses directly from members of the public.
- In addition, we researched what local GP surgeries said about social prescribing on their websites.

Key findings

- Most of the people who completed our survey had not heard of social prescribing. However, when given a high-level explanation of the service, the majority felt it was a good idea.
- Many people remained cautious about the idea of social prescribing because of a lack of knowledge.
- More women than men had heard of social prescribing.
- People aged over 56 were less likely than younger people to say they'd consider using the services of a social prescriber in the future.
- Many GP surgeries' websites did not provide much, if any, information about social prescribing or how to access the service.

Our recommendations

Although awareness of social prescribing is low, our survey showed people were very positive about the benefits it could offer.

We recommend that the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) works with local Primary Care Networks (PCNs) and general practices to raise awareness of social prescribing – both what it is and how to use it.

This could involve:

- Displaying more posters in general practice waiting areas
- Sharing information about social prescribing with Patient Participation Groups (PPGs)
- Encouraging the sharing and displaying of posters about social prescribing in community hubs
- Holding briefings for local councillors and other key stakeholders to increase their knowledge of social prescribing
- Targeting advertising to help reach specific groups, such as men or people aged over 56.

You can read the full report [here](#).

Annual Report 2021-2022

We published our annual report in June. As the local health and social champion for Bucks, we have continued to ensure the voice of Bucks' residents is heard and makes a difference in local health and social care delivery.

Our year in review;

- We heard from 2283 people about their experiences of health and social care services
- 224 people came to us for advice and information
- We published 18 reports
- Our volunteers gave 1728 hours of their time

You can read the full report [here](#).

Voices (pharmacy)

Since April 2022 we have seen an increase in the number of people reviewing pharmacies on our website. Over the previous 4 months we received 28 comments, which resulted in 58 feedback elements. The majority of these, over 80%, were negative.

The most common negative theme was “Service delivery, organisation and staffing”, which we use as a catch-all for non-specific feedback. The next most common was waiting/queueing time at the pharmacy. Then issues with dispensing particular medications.

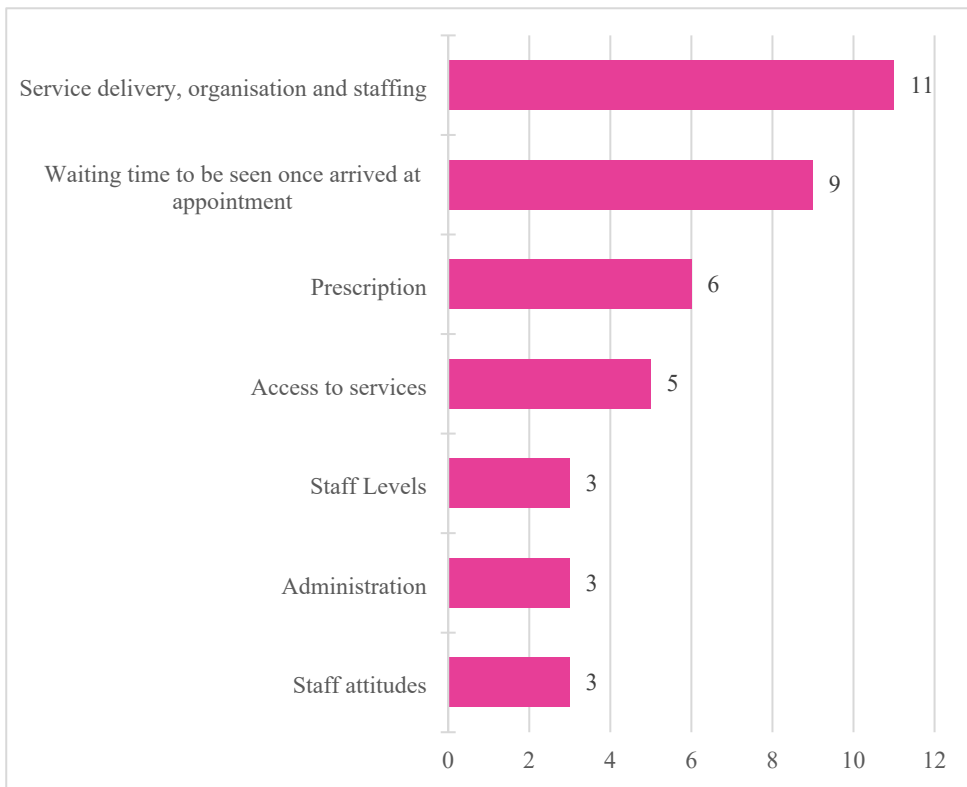


Figure 1 - Top 5 Negative Themes

On the positive side, general positive feedback was most common, followed by staff attitudes. We can't provide a top five because we only identified four themes in the feedback.

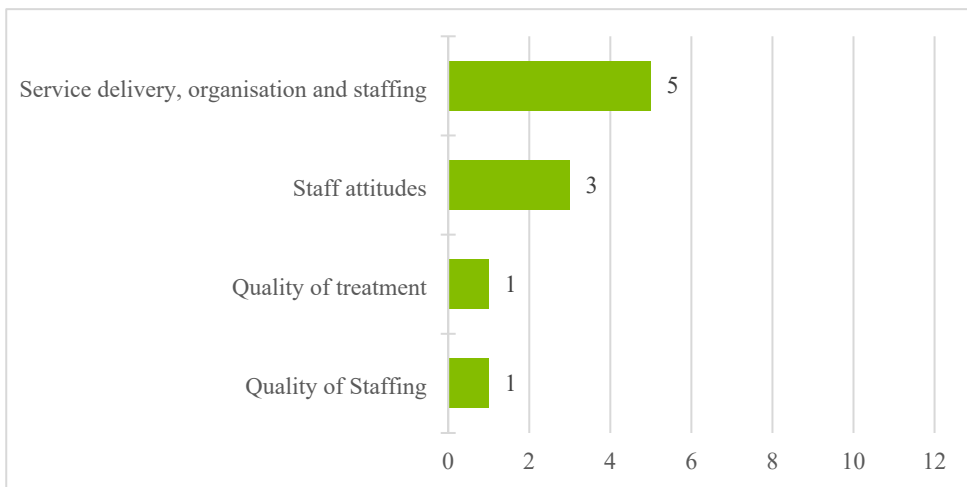


Figure 2 - Top 4 Positive Themes

We know that patients are being diverted to pharmacies (as appropriate) by general practice. Therefore, we think it is reasonable to expect the amount of feedback we receive in this area to increase.

We have already shared some of the feedback with the BOB ICB Quality Team (Bucks). We will continue to monitor and escalate this intelligence as appropriate.

Integrated Care Partnership - The development of Buckinghamshire 'Place', the strategy and what this means for our residents

Date: 22 September 2022

Author/Lead Contacts: Amanda Lyons, Interim Director of Strategic Delivery and Partnerships, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Report Sponsor: Dr James Kent, Executive Lead, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Consideration: **Information** **Discussion**
 Decision **Endorsement**

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy your report links to:

Start Well	Live Well	Age Well
<input checked="" type="checkbox"/> Improving outcomes during maternity and early years	<input checked="" type="checkbox"/> Reducing the rates of cardiovascular disease	<input checked="" type="checkbox"/> Improving places and helping communities to support healthy ageing
<input checked="" type="checkbox"/> Improving mental health support for children and young people	<input checked="" type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input checked="" type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input checked="" type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input checked="" type="checkbox"/> Reducing the prevalence of obesity in adults	<input checked="" type="checkbox"/> Increasing the physical activity of older people

1. Purpose of report

The Integrated Care Board (ICB) wants effective engagement and partnership at the heart of its thinking, planning and delivery. This report provides an update on the progress on the development of the Board, integration with partners along with development of the more local 'Place' based partnership.

The report can be found below.



This page is intentionally left blank

ICB and ICP Update

Buckinghamshire Health Wellbeing Board

September 2022

Update Topics

- ICP/ICB Governance
- ICP interim strategy development update on progress
- ICB engagement strategy update

Key definitions

Integrated care systems (ICSs)

Are a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area

Integrated care partnerships (ICP)

A statutory committee jointly formed between the NHS integrated care board and all upper-tier local authorities that fall within the ICS area

Integrated Care Boards (ICB)

A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area

- ICP founder members agreed ICP Committee membership and first meeting of ICP planned for early October
- Founder member roles for ICP strategy development and ICP secretariat being confirmed.
- ICB Establishment Board 1 July, next meeting in public 27 September 2022
- ICB Board Assurance Sub-Committees first meetings in August- October
- Place Based Partnerships

ICB Establishment 1 July 2022

- Board meeting held
 - Governance arrangements agreed
 - 2022/23 Operational and Finance Plan, BOB Green Plan and System Delivery Plan received
- Papers for the ICB meeting on 27 September will be available [here](#)
- Website for the ICB (www.bucksoxonberksw.icb.nhs.uk) in development, currently contains core information including
 - Information about the Board and board members
 - Board members
 - Governance documents/arrangements
 - Contact information

ICB Board Members

Role	Post holder
Chair	Javed Khan OBE
Chief Executive	Dr James Kent
Partner Member – NHS Trusts	Steve McManus
Partner Member – Primary Care	Dr Shaheen Jinah
Partner Member – Local Authorities	Stephen Chandler
Non-executives (minimum two)	Saqhib Ali Margaret Batty Tim Nolan Aidan Rave Sim Scavazza
Chief Finance Officer	Richard Eley (interim)
Chief Medical Officer	Dr Rachael De Caux
Chief Nursing Officer	Rachael Corser
Member for Mental Health	Dr Nick Broughton
Associate NED (Digital)	Haider Hussain

Development of Place Based Partnerships

- The ICS made up of three smaller areas known as places
- Place arrangements will evolve and develop over time, with all three of the Place Directors starting by first week October.
- Councils and Trusts asked to devolve decision making to their representatives on Place-Based Partnerships
- Update paper will be presented to ICB Board on 27 September
- Place role in operational oversight and strategic development for:
 - Urgent and Emergency Care
 - Primary medical care and community services integration
 - Adult mental health, learning disability and autism
 - Child and adolescent mental health, learning disability and autism
- Pooled funding arrangements incorporated and/or continued where appropriate

Interim ICP strategy development update

- ICS strategy working group continues to meet with a broad executive representation from across BOB
- Guidance issued on ICP strategy content by Department of Health and Social Care in late July
- Thematic review completed and agreed task and finish groups
- Task and Finish Groups will to identify a smaller number of areas which would benefit from all ICP partners working together to achieve better outcomes for our population.
- Project plan developed so ICP strategy can go to NHS England, the ICB and Local Authorities no later than 31 December 2022

- ICB wants effective engagement and partnership at the heart of its thinking, planning and delivery
- First draft developed in consultation with range of groups
- Feedback indicated support for principles
- Draft submitted to NHSE and presented to ICB Board on 1 July
- ICB working with partners to create framework for practical actions for proposal to ICB Board in September

ICP strategy – Guidance

- Guidance published from Department of Health and Social Care 25 July
- Recognises a year of transition so allows for initial strategy in December 2022 to be updated in 2023
- ICP to consider Population Joint strategic needs assessment, HWB strategies and NHS Mandate and involve Healthwatch to prepare ICP strategy
- ICP to consider whether needs can be met more effectively under s75 arrangements and a statement on better integration

ICP Strategy working groups

The review of the HWB strategies and LTP identified 6 thematic PAN ICS working groups:

- 1) Start Well
- 2) Live Well
- 3) Age Well
- 4) Promoting healthy lifestyles
- 5) Health Protection
- 6) Demand Management

The working groups will recommend priorities to the ICP Board and describe how these priorities can be driven forward taking into consideration:

- Research and innovation
- Health inequalities
- Workforce
- Data and information sharing
- Opportunities for s75 pooled budgets and further integration

Proposed strategy working groups and proposed leads

The working groups will be chaired with executives from across the ICS and the initial themes for consideration have been arrived at from the review of the HWB strategies, NHS local strategies and the NHS mandate as required in the national guidance.

1. Start Well Chair: Kevin Gordon	Maternity & Neonatal
	Early years development
	Children and Young People Mental Well being (Inc. CAMHS)
	Enhancing healthy lifestyles (e.g. Nutrition and healthy weight)
2. Live Well Chair: Ansaf Azhar	Cancer
	Screening
	Adult Mental Health & Loneliness
	Cardiovascular Disease
3. Age Well Chair: DASS to be confirmed	Long term conditions (inc. carers, out of hospital care & frailty)
	Adult Mental Health, Dementia & Loneliness
	End of Life care

4. Promoting Healthy Lifestyles Chair: Ingrid Slade	Tobacco control and smoking
	Drugs & Alcohol
	Healthy eating, healthy weight
	Physical activity
5. Health Protection Chair: Tracy Daszkiewicz	Pandemic preparedness
	Immunisation, infection prevention and control
	Health hazard preparedness
6. Demand Management Chair: Matthew Tait	Elective & Diagnostics (inc. cancer)
	Urgent & Emergency care (inc. ambulance & discharge)
	Primary Care (incl. Dentistry and pharmacy)

Our approach to outlining the system-wide opportunities

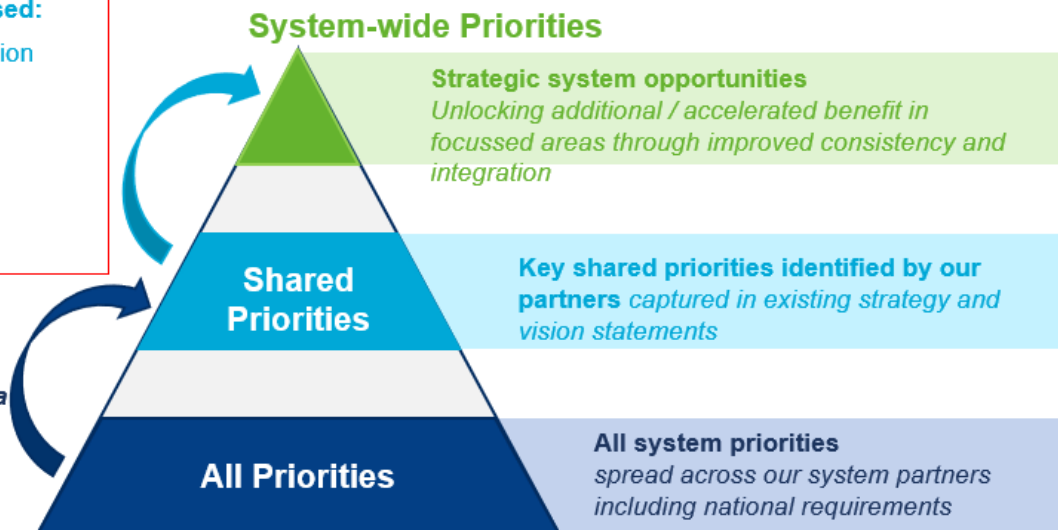
We are not starting from a blank sheet - the opportunities have been derived from strategy documentation and priorities (national and local) and thinking that currently exists across the system (see Phase1).

Phase 2: Cross system working groups mobilised:

- Current state - What are the challenges, population needs, Inequalities?
- Future demand and target outcomes
- What are the opportunities - How can integrated working accelerate or improve outcomes?
- Propose system-wide priorities

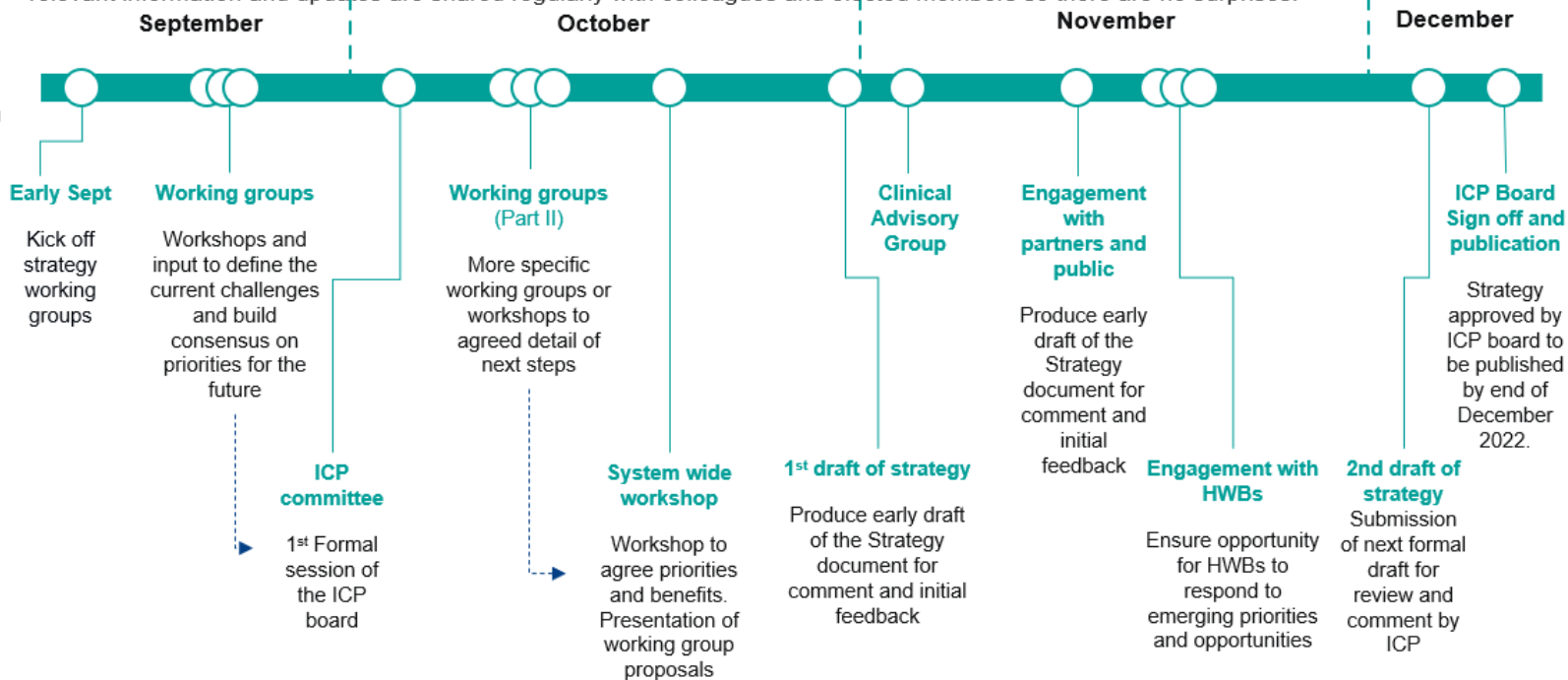
Phase 1: Identifying shared priorities (complete)

- ✓ Review of **input documentation** and **base data**
- ✓ Working with **Strategy Steering Group & stakeholders**
- ✓ Creation of a **"starter for 10" of the opportunities for the system**



Proposed timelines and suggested approach – to be confirmed by ICP

The 2022 Health & Care Act requires the ICP to prepare an ICP strategy. The DHSC guidance issued in July sets out further details on requirements including publication dates. Steering group members have been tasked with working closely with their organisations to ensure relevant information and updates are shared regularly with colleagues and elected members so there are no surprises.



Refresh of the Buckinghamshire Joint Local Health and Wellbeing Strategy 2022 - 2025

Date: 22 September 2022

Author/Lead Contacts: Dr Jane O’Grady, Director of Public Health and Community Safety, Buckinghamshire Council

Report Sponsor: Gillian Quinton, Corporate Director Adults and Health, Buckinghamshire Council

Consideration: **Information** **Discussion**
 Decision **Endorsement**

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy your report links to:

Start Well	Live Well	Age Well
<input checked="" type="checkbox"/> Improving outcomes during maternity and early years	<input checked="" type="checkbox"/> Reducing the rates of cardiovascular disease	<input checked="" type="checkbox"/> Improving places and helping communities to support healthy ageing
<input checked="" type="checkbox"/> Improving mental health support for children and young people	<input checked="" type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input checked="" type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input checked="" type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input checked="" type="checkbox"/> Reducing the prevalence of obesity in adults	<input checked="" type="checkbox"/> Increasing the physical activity of older people

None of the above? Please clarify below:

N/A

1. Purpose of report

The Joint Local Health and Wellbeing Strategy allows the Health and Wellbeing Board to look at the wellbeing of Buckinghamshire residents and help partners on the Board decide how to make best use of collective resources to achieve the best health outcomes for Buckinghamshire residents and to reduce health inequalities in the County.



At the Health and Wellbeing Board meeting on 26th May 2022 the Board approved revised key priorities under the strategic themes Start Well, Live Well and Age Well.

This report sets out the journey undertaken which results in a refreshed Joint Local Health and Wellbeing Strategy. Underpinning this there is an action plan detailing how this will be achieved and how the Board will measure success.

At this meeting the Board also discussed and agreed to a pledge to the residents of Buckinghamshire. The outcome of this can be found in 3.17.

2. Recommendation to the Health and Wellbeing Board

1. Note and agree the refreshed Buckinghamshire Joint Local Health and Wellbeing Strategy (Appendix 1)
2. Note and agree the Action Plan (Appendix 2)
3. Note and agree the Action Plans on a Page (Appendix 3)
4. Note and agree that the Strategy is iterative and to contribute to the development of the action plans

3. Content of report

Background

- 3.1. The Health and Wellbeing Board is a statutory forum in the form of a partnership between local government, the NHS and the voluntary sector in Buckinghamshire. It includes local GPs, councillors, statutory local government and NHS officers, Healthwatch Bucks and voluntary sector representatives. The Buckinghamshire Health and Wellbeing Board was formed in 2013.
- 3.2. In March 2022, the Local Government Association (LGA) facilitated a workshop for Health and Wellbeing Board members. The workshop provided the opportunity for colleagues and partners to consider the work of the Board and its priorities in light of the impact of the Covid pandemic on the health and wellbeing of Buckinghamshire's residents. The Board also considered the implications of recent national policy changes including the Integration White Paper and the Health and Care Bill along with the growing importance that the Health and Wellbeing Board will play in terms of place leadership within the Integrated Care System.
- 3.3. The Board agreed that a refreshed Buckinghamshire Joint Local Health and Wellbeing Strategy was needed to achieve the best health outcomes for Buckinghamshire residents and to reduce health inequalities in the County.
- 3.4. Since the workshop in March 2022 the country is now facing significant pressures due to the rising cost of living. This is likely to worsen physical and mental health very significantly, especially for those on low incomes or in greatest need. The action plans will respond to this.
- 3.5. This report summarises the main changes to the existing strategy.

Strategy Refresh 2022 - 2025

- 3.6. Following the implementation of the Health and Care Act 2022 on 1 July 2022, section 116A of the Local Government and Public Involvement in Health Act 2007, renames 'Joint Health and Wellbeing Strategies' to 'Joint Local Health and Wellbeing Strategies'.
- 3.7. In 2021, the Board agreed a Joint Local Health and Wellbeing Strategy 'Happier, Healthier Lives – A Plan for Buckinghamshire'. The Strategy set out priority areas under three key strategic themes: Start Well, Live Well and Age Well. These strategic priority areas remain.
- 3.8. The Health and Wellbeing Board agreed on new aims, which take into account the responsibilities set out in the Integration guidance:
- Make a visible difference to health outcomes and reduce health inequalities across the county
 - Put residents at the heart of its work, and
 - Deliver its statutory responsibilities and drive integration for health and wellbeing across Buckinghamshire
- 3.8 The Health and Wellbeing Strategy has a strong focus on reducing inequalities in health and wellbeing between different communities in Buckinghamshire. Buckinghamshire Council's response to the government's Levelling Up agenda, Opportunity Bucks includes a workstream on health and wellbeing. It is anticipated that this will help deliver the improved health outcomes that the Health and Wellbeing Board wants also to achieve across all three themes of its strategy for the communities in greatest need. To ensure effective communication and to avoid duplication there will be close links between the Health and Wellbeing Board and Opportunity Bucks programme for example, some members of the Health and Wellbeing Board are also members of the Opportunity Bucks Board.

The Approach

- 3.9 On 31st March 2022 the Health and Wellbeing Board partners attended a workshop facilitated by the Local Government Association to consider the future focus for the Board. The workshop received a presentation from the Director of Public Health (Appendix 4) which provided the evidence base as context for discussions on priorities.
- 3.10. Workshop participants discussed the evidence, which highlighted the health inequalities across the county and that a number of conditions which seriously impact our residents' lives are preventable. The group concluded that that to deliver a long-term improvement in some of the most challenging areas, the Board should focus on a limited number of key priorities; those where a greater impact could be achieved from the partnership approach.
- 3.11. Three priorities were identified for each strategic theme. There has been one amendment since agreement at the May 2022 meeting, under the strategic theme Age Well, 'Improving

Start Well

Live Well

Age Well

places and communities to support healthy ageing’ now says ‘Improving places and **helping** communities to support healthy ageing’:



- 3.12. Each priority has a Board member lead who will be held to account for delivery. Each partner organisation was also asked to nominate officer leads who created working groups with representatives from key contributors from partner organisations.
- 3.13. For each priority, three actions have been identified which will meet the aims of the Board and will help everyone to be healthier for longer.
- 3.14. An action plan (Appendix 2) details what will change for the residents in Buckinghamshire. This plan will be used to hold Board members to account for delivery of the actions.
- 3.15. There will be three workshops taking place over the next twelve months which will allow Board members to review measures and outcomes in more detail and allowing for any problems or issues to be raised early and solutions to be sought.

Health and Wellbeing Board Principles

- 3.16. The LGA workshop discussed the Board’s role in driving integration for the benefit of residents and identified a number of principles for the health and wellbeing partnership. It was felt that these principles could provide a common understanding and underpin the approach that partners on the Board would then adopt in working together across the Buckinghamshire system. The proposed principles are:
 - Integrating services and service provision
 - Ensuring all our services are personalised – centring on the individual
 - Pooling budgets where possible

Health & Wellbeing Board

Buckinghamshire

- Co-designing services with residents, particularly those with lived experience
- Measuring impact to ensure improvements
- Shifting to a preventative approach, making it easier for residents to live healthy, happy lives
- Focusing the partnership on tackling health inequalities
- Making it easier for communities to support each other

Pledge to residents

3.17. To demonstrate the Board's commitment to these principles and to explain the ambition it has to improve health and wellbeing opportunities and experiences for Buckinghamshire residents, the Board agreed to a pledge to our residents.

Start Well	Live Well	Age Well
<h2>Health and Wellbeing Board Pledge</h2>		
<small>The Health and Wellbeing Board brings together leaders of organisations which work with communities and individuals across Buckinghamshire to help them improve their health and wellbeing.</small>		
<small>We know some of the areas that we need to improve, like working better together so that you don't get passed from one person or organisation to the next.</small>		
<small>This is our commitment to you, our residents:</small>		
<p>Our Pledge To You :</p> <ul style="list-style-type: none"> We will put you at the heart of what we do We will make it easier for you to comment on what we do We will take a preventative approach where possible We will ask for your ideas when designing initiatives to improve your health We will work much closer together with you in mind We will provide clear advice, information, guidance and pathways to & through services We will focus our resources on areas that need our help the most 	<p>Your Outcomes :</p> <ul style="list-style-type: none"> I am supported by people who see me as a unique individual with strengths, abilities and aspirations I am valued for my opinion and my views are listened to I can get information and advice about my health and how I can be as well as possible – physically, mentally and emotionally I can get involved in changes that affect me or my local community I have care and support that is co-ordinated, and everyone works well together and with me I can get information and advice that helps me think about and plan my life I know that I will receive help if I am unable to help myself 	
		

3.18. At the 26th May 2022 HWB Board meeting, Board members discussed the proposed pledge and agreed that there should more focus on the individual. The revised pledge is detailed above.

4. Next steps and review

- 4.1. To allow for development of the strategy it will be iterative and action plans will continue to evolve.
- 4.2. The action plan for delivery of the strategy will be monitored at the Buckinghamshire Health and Wellbeing Board at least annually.
- 4.3. The strategy will be reviewed and refreshed for 2025.

Start Well

Live Well

Age Well

- 4.4. The draft refreshed Buckinghamshire Joint Local Health and Wellbeing Strategy will be shared with the Buckinghamshire, Oxfordshire and West Berkshire Integrated Care Partnership (BOB ICP) to inform the BOB ICP strategy which is due to be completed by December 2022.

5. Background papers

None

Appendix 1



Happier, Healthier Lives

Buckinghamshire Joint Local Health and Wellbeing Strategy 2022 to 2025



Introduction

We are delighted to introduce our refreshed Buckinghamshire Joint Local Health and Wellbeing Strategy, Healthier, Happier Lives. This document explains what partners on the Health and Wellbeing Board have agreed to do to improve the health and wellbeing of Buckinghamshire residents and to reduce health inequalities.

We know that good health and wellbeing of residents tends to mean communities are healthier and happier. So to help both residents and communities, our Strategy focusses on improvements throughout life, with themes of Start Well, Live Well and Age Well.

Our Strategy has been developed with partners from the NHS, social care, and the voluntary and community sector. Together we are committed to improving health and social care in the long-term and to reducing health inequalities in Buckinghamshire.

We are proud to present our refreshed Joint Local Health and Wellbeing Strategy and hope that you join with us in making Buckinghamshire a healthier and happier place to live.



Angela Macpherson
Deputy Leader & Cabinet
Member Health & Wellbeing

Health and Wellbeing Board
Chairman

Neil Macdonald
Chief Executive of Buckinghamshire
Health NHS Trust

Health and Wellbeing Board
Vice-Chairman



Our Aims

The Buckinghamshire Health and Wellbeing Board is a group of representatives from Buckinghamshire Council, Healthwatch, NHS, Public Health and the voluntary sector.

We work together to understand and improve the health and wellbeing needs of the Buckinghamshire population and encourage the people who buy health and care services to work in a more joined up way.

Our aim is to:

Make a visible difference to health outcomes and reduce health inequalities across the county

Put residents at the heart of our work, and

Deliver our statutory responsibilities and drive integration for health and wellbeing across Buckinghamshire, this means that for Buckinghamshire residents health and social care will be more joined up

Who Are We?



We Would Like to Hear From You

Your views help us to shape the future of health and social care in Buckinghamshire and help everyone to be healthier for longer

There are a number of ways you can get involved:



Email us at hwb@buckinghamshire.gov.uk



[Observe or watch our meetings](#)



Visit our website for more information (*to be updated upon website launch*)

Health and Wellbeing Board Pledge

The Health and Wellbeing Board brings together leaders of organisations which work with communities and individuals across Buckinghamshire to help them improve their health and wellbeing.

We know some of the areas that we need to improve, like working better together so that you don't get passed from one person or organisation to the next.

This is our commitment to you, our residents:

Our Pledge To You :

We will put you at the heart of what we do

We will make it easier for you to comment on what we do

We will take a preventative approach where possible

We will ask for your ideas when designing initiatives to improve your health

We will work much closer together with you in mind

We will provide clear advice, information, guidance and pathways to & through services

We will focus our resources on areas that need our help the most

Your Outcomes :

I am supported by people who see me as a unique individual with strengths, abilities and aspirations

I am valued for my opinion and my views are listened to

I can get information and advice about my health and how I can be as well as possible – physically, mentally and emotionally

I can get involved in changes that affect me or my local community

I have care and support that is co-ordinated, and everyone works well together and with me

I can get information and advice that helps me think about and plan my life

I know that I will receive help if I am unable to help myself

Our Priorities

Start Well

Improving outcomes during maternity and early years

Improving mental health support for children and young people

Page 45

Reducing the prevalence of obesity in children and young people

Live Well

Reducing the rates of cardiovascular disease

Improving mental health support for adults, particularly for those at greater risk of poor mental health

Reducing the prevalence of obesity in adults

Age Well

Improving places and helping communities to support healthy ageing

Improving mental health support for older people and reducing feelings of social isolation

Increasing the physical activity of older people

We will focus on improving health outcomes and reducing health inequalities for those living in areas with greater need and groups with poorer health. There will be a particular emphasis on mental health, obesity and smoking.



Start Well

Start Well – The picture in Buckinghamshire

Improving outcomes during maternity and early years

Nationally, maternal mortality is

4 x higher

In Black women

2 x higher

In Asian women

7.5 % of pregnant women in Buckinghamshire smoke at the time of delivery (10.6% in England, 2018/19)

Improving mental health support for children and young people

The rate of admissions to hospital as a result of self-harm for 10 to 24 year olds in Buckinghamshire in 2020/21 was

399.9/100,000 (360 admissions) an increase from 2019/20 rates of 291.7/ 100,000 (265 admissions)

Among Buckinghamshire secondary school aged children (11 to 16 year olds),

17.6% were identified with a probable mental disorder in 2020, an increase from 12.6% in 2017

Reducing the prevalence of obesity in children and young people

1 in 5 Reception age (4-5 year olds) children (18.2% - 835 children) are overweight or obese

1 in 3 Year 6 age (10-11 year olds) children (31.1% - 1550 children) are overweight or obese

Start Well: What you have said to us

Improving outcomes during maternity and early years

Health Visitors are “Always understanding, knowledgeable, feel like they genuinely want to help/support me and my child”

“My midwife made me feel safe, valued and listened to”

Improving mental health support for children and young people

Keep investing in earlier and preventative support

Persevere with improving communication between organisations, services and include the family

Reducing the prevalence of obesity in children and young people

We are concerned about waiting for help, but once it arrives, it works

“My son really became concerned about his weight throughout the pandemic, and it really started to have an impact on his mental health.”

"When we first started at Spark, we were quite nervous about what to expect, but after meeting everyone we realised we were, all in the same boat and working towards the same goal."

"I learned a lot at Spark, especially about sugary snacks and food labels - and my favourite part was winning the Kahoot quizzes!"



A close-up photograph of a person's hands cupped together, holding a small amount of dark brown soil. A small, vibrant green seedling with several leaves is growing out of the soil. The background is a soft, out-of-focus light blue and white. The text 'Live Well' is centered over the image.

Live Well

Live Well – The picture in Buckinghamshire

Reducing the rates of cardiovascular disease

The number of health checks delivered is lower in the most deprived areas. Only **27%** of all Health Checks in 2021/22 were from the 40% of adults living the more deprived areas

1 in 5 residents in our most deprived areas are current smokers according to GP records

Improving mental health support for adults, particularly for those at greater risk of poor mental health

It is estimated that **1 in 8 men** (12.2%) and nearly **1 in 5 women** (19.7%) in Buckinghamshire have a common mental health disorder such as anxiety or depression.

People living in the most deprived parts of Buckinghamshire are more than **twice as likely** to have an emergency admission for mental health or self-harm

Reducing the prevalence of obesity in adults

61% (255,126) of adults aged 18 years in Buckinghamshire + are overweight or obese

58.4% (244,251) of adults aged 18 years + in Buckinghamshire eat the recommended '5-a-day' portions of fruit and vegetables on a 'usual day'

Live Well: What you have said to us

Reducing the rates of cardiovascular disease

"I never know if I am doing it [checking blood pressure] correctly at home so it's good to have everything explained to me"

"It was really good to get my blood pressure measured as I haven't been to the GP for a long time and I always forget to check up on my health unless it is urgent"

Improving mental health support for adults, particularly for those at greater risk of poor mental health

"I was made to feel very comfortable and not judged when I was talking"

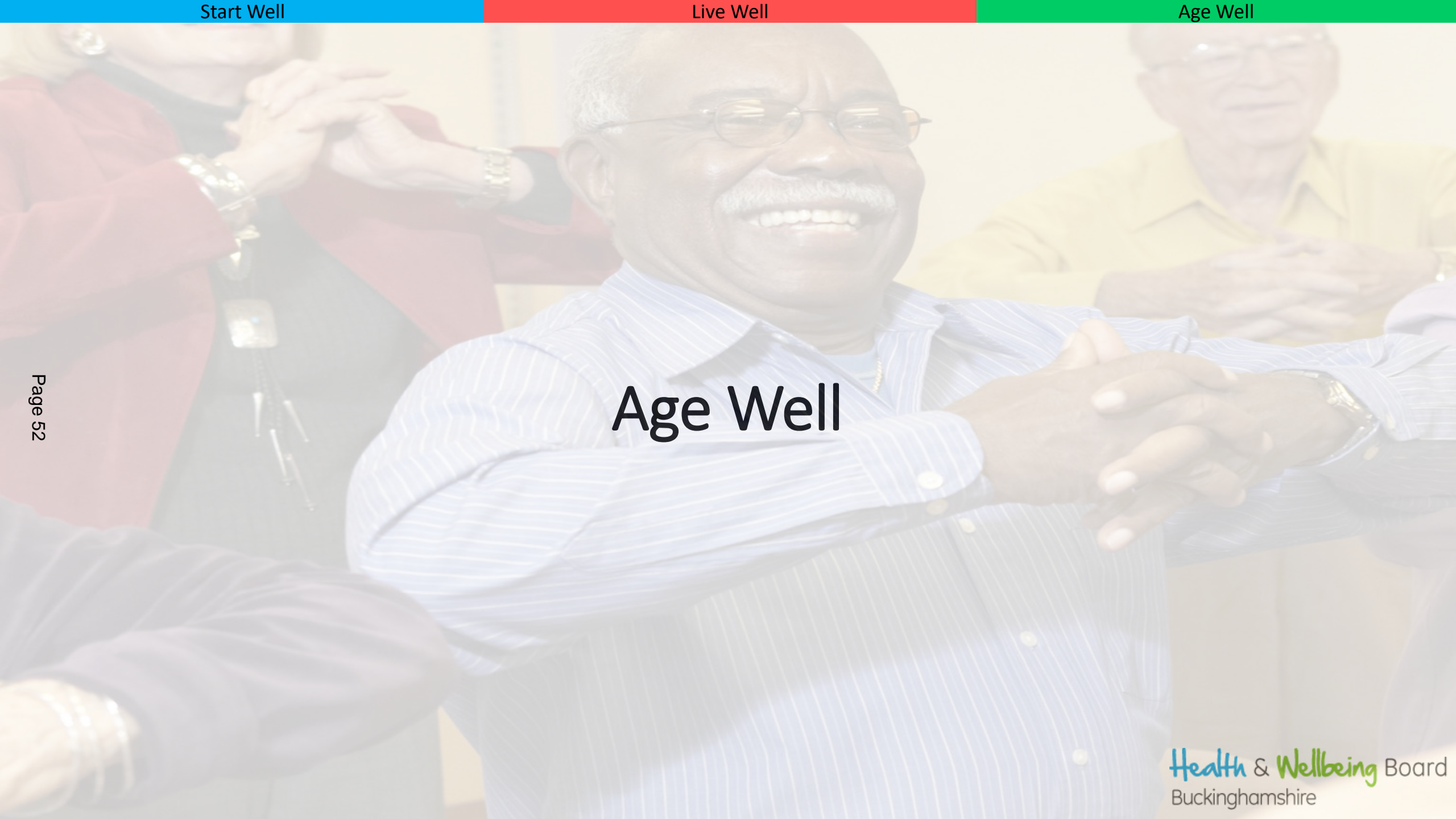
"A good experience and a good service to recommend to others who are having problems"

Reducing the prevalence of obesity in adults

"We are constantly told to be healthy but aren't given the tools to be, able to achieve this, having the right tools to eat healthily is what I am missing and have never learnt"

"If you have the knowledge of the benefits of a healthy lifestyle you are more likely to eat better and be active, knowledge is key"





Age Well

Age Well – The picture in Buckinghamshire

Improving places and helping communities to support healthy ageing

The older adult population in Buckinghamshire is growing: there is estimated to be an extra **20,426** people aged 65 and over in the next 10 years (a 19% increase)

Nearly **two thirds (61%)** of life expectancy at age 65 is estimated to be in good health in Buckinghamshire

Improving mental health support for older people and reducing feelings of social isolation

Levels of loneliness rose more in Buckinghamshire than the national average during the COVID-19 pandemic. **Nearly one quarter (24%)** of adults felt lonely at least some of the time in 2021

Just over half (57%) of those thought to have dementia in Buckinghamshire have been diagnosed – meaning they may not get the early help they need

Increasing the physical activity of older people

61% of people in England aged 55-74 are active, this falls to 39% in those aged 75+ (2020/21)

13,975 adults aged 65 and over accessed leisure centres across Buckinghamshire during 2019/20 reducing significantly to 9,037 in 2021/22

Age Well: What you have said to us

Improving places and helping communities to support healthy ageing

"The Social Isolation Guide is a great document and will be really useful"

"The library is such a great place and always seems to have wonderful events happening..."

Improving mental health support for older people and reducing feelings of social isolation

"I found the information very helpful. Everyone has been very understanding and polite. Made you feel quite at ease"

"Extremely good experience with an empathetic interviewer who listened to me as well as informing me of decisions to be made"

Increasing the physical activity of older people

"It's only a mile walk from here to the sports hall. We walk past it all the time. I don't know if we are allowed to just wander in for a look. If they had a sign outside saying, 'do drop in', that might encourage us to go in"

"I've seen so many people have new knees, new hips, and if keeping fit helps me to stay away from that scenario, that's why I'm doing it ... that's the only thing I'm interested in, just not seizing up like a lot of other people my age."



How Will we Measure Success

We are committed to improving health and social care, helping you to be healthy for longer, and to reducing health inequalities for all our residents.

We have completed an action plan of what we will do to achieve this. To read about what we are going to do and to see some examples of how we will do this are here: *(to be updated upon website launch)*

A range of performance indicators will be used to measure the impact of this strategy. This will be presented as outcomes when measuring progress and will be published on the Health and Wellbeing Board website.

We will:

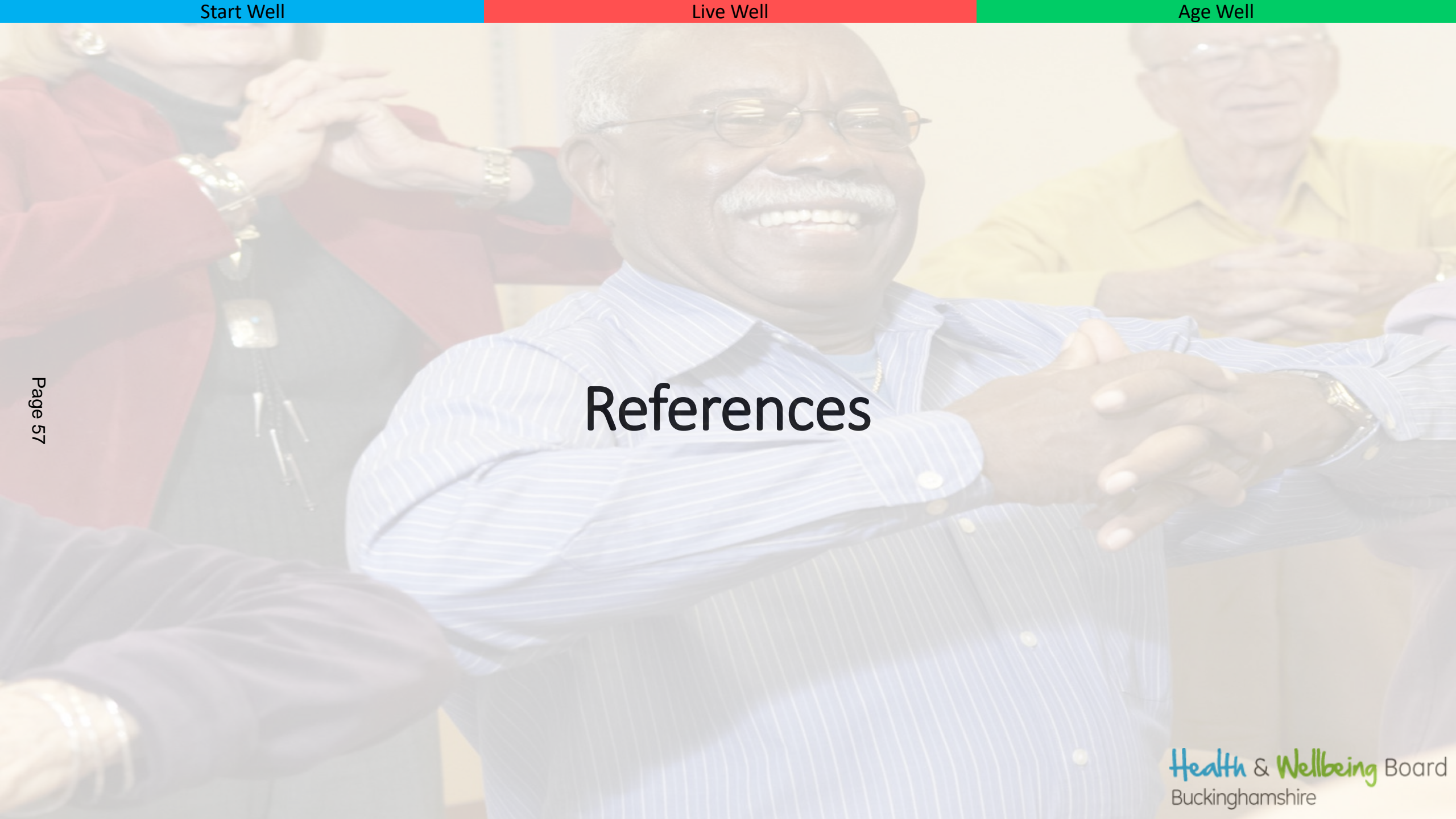
- hold ourselves to account
- report on progress at least annually at the Health and Wellbeing Board

The Integrated Care Partnership

In July 2022 the Integrated Care System (ICS) for Buckinghamshire, Oxfordshire and Berkshire West (BOB) replaces the Buckinghamshire CCG. It brings together organisations that plan and deliver health and social care services over the BOB footprint.

The Buckinghamshire Joint Local Health and Wellbeing Strategy will be shared with the ICS. It will help shape their 5 year plan, complementing and improving the health and wellbeing in our area.





References

Reference	Location	Source	Further Comments
Nationally, maternal mortality is 4 x higher in Black women, 2 x higher in Asian women	Slide 9	National MBRRACE-UK Report <i>Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK</i> (11/11/2021)	
7.5 % of pregnant women in Buckinghamshire smoke at the time of delivery (10.6% in England, 2018/19)	Slide 9	Office for Health Improvement & Disparities (2022), <i>Fingertips Public Health Data</i> . Available at https://fingertips.phe.org.uk/search/delivery#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000060/iid/93085/age/1/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0	
The rate of admissions to hospital as a result of self-harm for 10 to 24 year olds in Buckinghamshire in 2020/21 was 399.9/100,000 (360 admissions) an increase from 2019/20 rates of 291.7/ 100,000 (265 admissions)	Slide 9	Office for Health Improvement & Disparities (2022), <i>Fingertips Public Health Data</i> . Available at https://fingertips.phe.org.uk/search/self%20harm#page/1/gid/1/pat/6/ati/402/are/E06000060/iid/21001/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1	
Among Buckinghamshire secondary school aged children (11 to 16 year olds), 17.6% were identified with a probable mental disorder in 2020, an increase from 12.6% in 2017	Slide 9	Buckinghamshire Council, <i>Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing 2015- 2022: Estimated prevalence of mental health conditions in Buckinghamshire</i> (2015- 2022). Available at https://www.buckinghamshireccg.nhs.uk/wp-content/uploads/2021/09/Transformation-Plan-for-Children-and-Young-Peoples-Mental-Health-and-Emotional-Wellbeing.pdf	
1 in 5 Reception age (4-5 year olds) children (18.2% - 835 children) are overweight or obese	Slide 9	Office for Health Improvement & Disparities (2022), <i>Fingertips Public Health Data</i> . Available at https://fingertips.phe.org.uk/search/obesity#page/1/gid/1/pat/6/ati/402/are/E06000060/iid/20601/age/200/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1	
1 in 3 Year 6 age (10-11 year olds) children (31.1% - 1550 children) are overweight or obese	Slide 9	Office for Health Improvement & Disparities (2022), <i>Fingertips Public Health Data</i> . Available at https://fingertips.phe.org.uk/search/obesity#page/1/gid/1/pat/6/ati/402/are/E06000060/iid/20601/age/200/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1	
Health Visitors are “Always understanding, knowledgeable, feel like they genuinely want to help/support me and my child”	Slide 10	Buckinghamshire Children & Young People, <i>Health Needs Assessment</i>	
“My midwife made me feel safe, valued and listened to”	Slide 10	Buckinghamshire Health Trust, <i>Patient Nomination for Staff Award</i>	
Keep investing in earlier and preventative support	Slide 10	<i>Awaiting confirmation from OHFT</i>	
Persevere with improving communication between organisations, services and include the family	Slide 10	<i>Awaiting confirmation from OHFT</i>	
We are concerned about waiting for help, but once it arrives, it works	Slide 10	<i>Awaiting confirmation from OHFT</i>	
“My son really became concerned about his weight throughout the pandemic, and it really started to have an impact on his mental health.”	Slide 10	<i>Awaiting confirmation from OHFT</i>	
"When we first started at Spark, we were quite nervous about what to expect, but after meeting everyone we realised we were, all in the same boat and working towards the same goal."	Slide 10	Healthy Lifestyle Service, <i>Live Well Stay Well</i> Service Provider Report (2021/22))	
"I learned a lot at Spark, especially about sugary snacks and food labels - and my favourite part was winning the Kahoot quizzes!"	Slide 10	Healthy Lifestyle Service, <i>Live Well Stay Well</i> Service Provider Report (2021/22)	

Reference	Location	Source	Further Comments
Only 27% of all Health Checks in 2021/22 were from the 40% of adults living in the more deprived areas	Slide 12	Internal service data for NHS Health Check programme. Data comes from GP records.	Each DQ is roughly 20% of our population. So DQ4/5 make up approximately 40% of our adults. and only 27% have had a NNSHC
1 in 5 residents in our most deprived areas are current smokers according to GP records	Slide 12	Data comes from GP records locally	
It is estimated that 1 in 8 men (12.2%) and nearly 1 in 5 women (19.7%) in Buckinghamshire have a common mental health disorder such as anxiety or depression	Slide 12	Buckinghamshire Council, <i>JSNA Mental Health and Wellbeing in Adults</i> . Available at https://www.healthandwellbeingbucks.org/s4s/api/FileManagement/GetFileContent?id=/69/	
People living in the most deprived parts of Buckinghamshire are more than twice as likely to have an emergency admission for mental health or self-harm	Slide 12	Buckinghamshire Council, <i>Director of Public Health Annual Report (2019/20)</i> . Available at https://www.healthandwellbeingbucks.org/resources/Councils/Buckinghamshire/public-health/DPHAR-2020-appendix.pdf	
61% (255,126) of adults aged 18 years in Buckinghamshire + are overweight or obese	Slide 12	Office for Health Improvement & Disparities (2022), <i>Fingertips Public Health Data</i> . Available at https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/1/gid/1938133368/pat/6/par/E12000008/ati/302/are/E06000060/yr/1/cid/4/tbm/1	
58.4% (244,251) of adults aged 18 years + in Buckinghamshire eat the recommended '5-a-day' portions of fruit and vegetables on a 'usual day'	Slide 12	Office for Health Improvement & Disparities (2022), <i>Fingertips Public Health Data</i> . Available at https://fingertips.phe.org.uk/search/fruit	
"I never know if I am doing it [checking blood pressure] correctly at home so it's good to have everything explained to me"	Slide 13	Know Your Numbers week, <i>Aylesbury Library (05/09/22 – 09/09/22)</i>	
"It was really good to get my blood pressure measured as I haven't been to the GP for a long time and I always forget to check up on my health unless it is urgent"	Slide 13	Know Your Numbers week, <i>High Wycombe Library (05/09/22 – 09/09/22)</i>	
"I was made to feel very comfortable and not judged when I was talking"	Slide 13	IAPT PEQ1 Feedback (01/04/2022 – 27/07/2022)	
"A good experience and a good service to recommend to others who are having problems"	Slide 13	IAPT PEQ1 Feedback (01/04/2022 – 27/07/2022)	
"We are constantly told to be healthy but aren't given the tools to be, able to achieve this, having the right tools to eat healthily is what I am missing and have never learnt"	Slide 13	Healthy Lifestyle Service, <i>Live Well Stay Well Service Provider Report (2021/22)</i>	
"If you have the knowledge of the benefits of a healthy lifestyle you are more likely to eat better and be active, knowledge is key"	Slide 13	Healthy Lifestyle Service, <i>Live Well Stay Well Service Provider Report (2021/22)</i>	

Reference	Location	Source	Further Comments
The older adult population in Buckinghamshire is growing: there is estimated to be an extra 20,426 people aged 65 and over in the next 10 years (a 19% increase)	Slide 15	Intermediate Care Facility Business Case: Buckinghamshire population demographics https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2	
Nearly two thirds (61%) of life expectancy at age 65 is estimated to be in good health in Buckinghamshire	Slide 15	Office for Health Improvement & Disparities (2022), <i>Fingertips Public Health Data</i> . Available at https://fingertips.phe.org.uk/profile/healthy-ageing/data#page/1/gid/1938133280/pat/6/ati/402/are/E06000060/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1	
Levels of loneliness rose more in Buckinghamshire than the national average during the COVID-19 pandemic. Nearly one quarter (24%) of adults felt lonely at least some of the time in 2021	Slide 15	Sport England (2022), <i>Active Lives Adult Data</i> . Available at https://activelives.sportengland.org/Home/AdultData	Bucks had a 36% / 6 percentage-point rise and England had a 13% / 3 percentage-point rise from Nov 2019 -> Nov 2020 (For often + sometimes lonely in adults as per active lives)
Just over half (57%) of those thought to have dementia in Buckinghamshire have been diagnosed – meaning they may not get the early help they need	Slide 15	Office for Health Improvement & Disparities (2022), <i>Fingertips Public Health Data</i> . Available at https://fingertips.phe.org.uk/search/dementia#page/4/gid/1/pat/6/par/E12000008/ati/402/are/E06000060/iid/92949/age/27/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0	
61% of people in England aged 55-74 are active with a decrease to 39% in those aged 75+ (2020/21)	Slide 15	https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2022-04/Active%20Lives%20Adult%20Survey%20November%2020-21%20Report.pdf?VersionId=nPU_v3jFjwG8o_xnv62FcKODeiVmRWCb	
13,975 adults aged 65 and over accessed leisure centres across Buckinghamshire during 2019/20 reducing significantly to 9,037 in 2021/22	Slide 15	Moving Communities Tool (2019/20) Available at Home - Moving Communities	
“The Social Isolation Guide is a great document and will be really useful”	Slide 16	Citizens Advice Bucks	
“The library is such a great place and always seems to have wonderful events happening...”	Slide 16	Resident email feedback on High Wycombe Library, <i>date tbc</i>	
“I found the information very helpful. Everyone has been very understanding and polite. Made you feel quite at ease”	Slide 16	IAPT PEQ1 Feedback (01/04/2022 – 27/07/2022)	
“Extremely good experience with an empathetic interviewer who listened to me as well as informing me of decisions to be made”	Slide 16	IAPT PEQ1 Feedback (01/04/2022 – 27/07/2022)	
"It's only a mile walk from here to the sports hall. We walk past it all the time. I don't know if we are allowed to just wander in for a look. If they had a sign outside saying, 'do drop in', that might encourage us to go in"	Slide 16	Public Health, <i>Physical Activity Behavioural Insight Project</i> (July 2022)	
"I've seen so many people have new knees, new hips, and if keeping fit helps me to stay away from that scenario, that's why I'm doing it ... that's the only thing I'm interested in, just not seizing up like a lot of other people my age."	Slide 16	Public Health, <i>Physical Activity Behavioural Insight Project</i> (July 2022)	

Joint Local Health and Wellbeing Strategy 2022 – 2025 Action Plan

Start Well Priority Area	Action	How Will we Know it's Working?	Relevant Strategy/Action Plan	To be Delivered by	Lead Organisation	Lead Officer	Responsible Board Member
Improving outcomes during maternity and early years	Increase the number of women referred to and accepting smoking cessation support and successfully quitting smoking during pregnancy leading to a lower % women smoking at time of delivery	There will be a reduction in the number of women smoking during pregnancy The health of mothers and their babies in Buckinghamshire will improve	NHS England: Saving Babies Lives 2 Care Bundle NHS England: Core20PLUS5 – an approach to reducing health inequalities Buckinghamshire Integrated Care Partnership Cardiovascular Disease Action Plan Buckinghamshire Maternity Action Plan Tobacco Control Plan	March 2025	Buckinghamshire Healthcare NHS Trust	Heidi Beddall, Director Of Midwifery Buckinghamshire Healthcare Trust	Neil Macdonald, Chief Executive Buckinghamshire Healthcare Trust
	Increase the proportion of children in the most deprived communities achieving all milestones at the 2 to 2 ½ year health and development review Narrow the gap in EYFSP scores in reception year by school deprivation category	Reduced inequalities in the proportion of children meeting their expected development goals at 2 to 2 and ½ years Children from deprived areas will be ready for school, enabling them to get greater benefit from their education	HM Government: The Best Start for Life – A vision for the 1001 critical days Department of Education: Statutory framework for the early years foundation stage Department of Health: The Healthy Child programme – two year review Public Health England: Early language identification measure and intervention	December 2025	Buckinghamshire Healthcare NHS Trust	Heidi Beddall, Director Of Midwifery Buckinghamshire Healthcare Trust <i>(Simon James Buckinghamshire Council)</i>	Neil Macdonald, Chief Executive Buckinghamshire Healthcare Trust
	Increase the proportion of women from Black, Asian and ethnic minority communities and the most deprived areas who receive midwifery Continuity of Carer	Women and babies from Black, Asian and ethnic minority communities and the most deprived groups which currently have higher rates of illness and death during pregnancy, will experience healthier and safer pregnancies and births	NHS Long Term Plan NHS England: Core20PLUS5 – an approach to reducing health inequalities	March 2024	Buckinghamshire Healthcare NHS Trust	Heidi Beddall, Director Of Midwifery Buckinghamshire Healthcare Trust	Neil Macdonald, Chief Executive Buckinghamshire Healthcare Trust
Start Well Priority Area	Action	How Will we Know it's Working?	Relevant Strategy/Action Plan	To be Delivered by	Lead Organisation	Lead Officer	Responsible Board Member
Improving mental health support for children and young people	Increase access to mental health support for Children and Young People in response to need (including early support to mitigate demand on specialist services)	Children and Young People receive the Mental Health support they need when they need it	NHS England: Mental Health Implementation Plan	March 2024	Oxford Health Foundation Trust	Donna Clarke, Service Director Buckinghamshire Oxford Health Foundation Trust	David Walker, Chairman Oxford Health Foundation Trust

	<p>Address inequalities in access to mental health support through work with Children and Young People in deprived areas and ethnic minority Children and Young People to</p> <ul style="list-style-type: none"> • Increase knowledge about mental health • Increase awareness of support available • Address stigma • Ensure accessible support with appropriate referral to specialist services <p>Address barriers to access, experience and outcomes in Child and Adolescent Mental Health Services (cultural competency)</p>	<p>Reduced inequalities in mental health outcomes for children and young people living in deprived areas and ethnic minority groups</p>	<p>Personal, Social, Health and Economic in schools Mental health support teams in schools and school nurses Peer Support in schools Primary care</p>	<p>March 2025</p>	<p>Oxford Health Foundation Trust</p>	<p>Donna Clarke, Service Director Buckinghamshire Oxford Health Foundation Trust</p>	<p>David Walker, Chairman Oxford Health Foundation Trust</p>
	<p>Improve access to perinatal mental health services for women from ethnic minority background, for young mothers (age 16-25), for women living in deprived areas</p>	<p>Pregnant women and new mothers receive the mental health support they need and there will be improved outcomes in early years</p> <p>Reduced inequalities in mental health outcomes for children and young people living in deprived areas and ethnic minority groups</p>	<p>NHS England: Mental Health Implementation plan Establishment of Maternal Mental Health Services</p>	<p>March 2025</p>	<p>Oxford Health Foundation Trust</p>	<p>Donna Clarke, Service Director Buckinghamshire Oxford Health Foundation Trust</p>	<p>David Walker, Chairman Oxford Health Foundation Trust</p>
Start Well Priority Area	Action	How Will we Know it's Working?	Relevant Strategy/Action Plan	To be Delivered by	Lead Organisation	Lead Officer	Responsible Board Member
Reducing the prevalence of obesity in children and young people	<p>Develop a comprehensive support package for early years providers and primary schools so that they have the knowledge, skills, and resources to support healthy eating and physical activity</p> <p>Increase in the number of schools across Buckinghamshire achieving Healthy Schools Award</p>	<p>Reduction in the percentage of children in Reception who are overweight and obese</p>	<p>Buckinghamshire Physical Activity Strategy and Action Plan Buckinghamshire Healthy Weight Action Plan Buckinghamshire Local Cycling and Walking Infrastructure Plan (in development)</p>	<p>March 2027</p>	<p>Buckinghamshire Council</p>	<p>Sally Hone, Public Health Principal Buckinghamshire Council</p>	<p>Jane O'Grady, Director of Public Health Buckinghamshire Council</p>

	<p>Increase healthy food consumption and access to healthy foods for those who need it most</p> <p>Increase in the number of eligible families signed up and accessing the Healthy Start Scheme</p>	<p>More children meeting the minimum 5 fruit and vegetables a day / eating healthier diets</p>	<p>Buckinghamshire Healthy Weight Action Plan</p>	<p>March 2024</p>	<p>Buckinghamshire Council</p>	<p>Sally Hone, Public Health Principal Buckinghamshire Council</p>	<p>Jane O’Grady, Director of Public Health Buckinghamshire Council</p>
	<p>Increase access to weight management services for 7–13 year-old’s identified as overweight or obese</p> <p>Increase in the number of children accessing weight management services</p>	<p>Children supported to achieve and maintain a healthy weight</p>	<p>Buckinghamshire Healthy Weight Action Plan</p>	<p>March 2027</p>	<p>Buckinghamshire Council</p>	<p>Sally Hone, Public Health Principal Buckinghamshire Council</p>	<p>Jane O’Grady, Director of Public Health Buckinghamshire Council</p>

Live Well Priority Area	Action	How Will we Know it's Working?	Relevant Strategy/Action Plan	To be Delivered by	Lead Organisation	Lead Officer	Responsible Board Member
Reducing the rates of cardiovascular disease	Increase access to NHS Health Checks in priority risk groups	More people are advised about their cardiovascular disease risk earlier and supported to get the help they need resulting in fewer in Buckinghamshire having cardiovascular disease	Buckinghamshire Integrated Care Partnership Cardiovascular Disease Action Plan	March 2023	Buckinghamshire Council and Primary Care Networks	Tiffany Burch, Consultant in Public Health Medicine Buckinghamshire Council	Jane O'Grady, Director of Public Health Buckinghamshire Council
	Increase access to tobacco dependency services, particularly for people from deprived areas and ethnic minorities	More people are supported to quit smoking and maintain this status resulting in fewer in Buckinghamshire having cardiovascular disease A fall in current smokers in most deprived quintile over time (GP records)	NHS Long Term Plan Buckinghamshire Integrated Care Partnership Cardiovascular Disease Action Plan Buckinghamshire Tobacco Control Alliance Action Plan	March 2024	Buckinghamshire Healthcare NHS Trust and Oxford Health Foundation Trust	Rose Hombo, Divisional Head of Nursing Oxford Health Foundation Trust	Jane O'Grady, Director of Public Health Buckinghamshire Council
	Increase numbers of residents aged 15 years and older who have their blood pressure checked	More people take part in regularly checking their blood pressure in the 4 most deprived Primary Care Networks This will ultimately result in more high blood pressure being detected and managed earlier in life to reduce the burden of heart disease and stroke, resulting in fewer residents in Buckinghamshire having cardiovascular disease	Buckinghamshire Cardiovascular Disease Action Plan	March 2023	Buckinghamshire Council	Tiffany Burch, Consultant in Public Health Medicine Buckinghamshire Council	Jane O'Grady, Director of Public Health Buckinghamshire Council
Live Well Priority Area	Action	How Will we Know it's Working?	Relevant Strategy/Action Plan	To be Delivered by	Lead Organisation	Lead Officer	Responsible Board Member
Improving mental health support for adults particularly for those at greater risk of poor mental health	Improve access, experience and outcomes from services particularly for people from deprived areas and ethnic minorities with mental health problems	Reduced inequalities in mental health outcomes for people, particularly from deprived areas and for ethnic minority groups	Improve Access to Psychological Therapy Reducing Inequalities (Healthy Minds) Community Mental Health Framework/Single Point of Access NHS Advancing Mental Health Equalities Strategy	March 2025	Oxford Health Foundation Trust	Donna Clarke, Service Director Buckinghamshire Oxford Health Foundation Trust	David Walker, Chairman Oxford Health Foundation Trust
	Improve access to talking therapies (IAPT) for people from	Reduced inequalities in mental health outcomes for people from under-served communities	NHS Advancing Mental Health Equalities Strategy	March 2023	Oxford Health Foundation Trust	John Pimm,	David Walker, Chairman

	ethnic minorities, students, men and LGBTQ+ communities		Oxford Health Foundation Trust Buckinghamshire Directorate Transformation Programme Improve Access to Talking Therapies (IAPT) Improving Access Project NHS Mental Health Delivery Plan Improving Access to Psychological Therapy (IAPT) Manual Improving Access to Psychological Therapy (IAPT) Positive Practice Guides			Consultant Clinical Psychologist Oxford Health Foundation Trust	Oxford Health Foundation Trust
	Address physical health inequalities for people with a mental disorder	Improved healthy life expectancy for people with mental disorders or Serious Mental Illness	NHS England Core 20Plus5 NHS Long Term Plan	March 2024	Oxford Health Foundation Trust	Donna Clarke, Service Director Buckinghamshire Oxford Health Foundation Trust	David Walker, Chairman Oxford Health Foundation Trust
Live Well Priority Area	Action	How Will we Know it's Working?	Relevant Strategy/Action Plan	To be Delivered by	Lead Organisation	Lead Officer	Responsible Board Member
Reducing the prevalence of obesity in adults	Partners deliver the healthy weight action plan to reduce the proportion of adults who are overweight or obese	People are a healthy weight and there is a reduction in long term conditions and improved mental health	Buckinghamshire Healthy Weight Action Plan Buckinghamshire Local Cycling and Walking Infrastructure Plan (in development) Buckinghamshire Physical Activity Strategy and Action Plan	March 2027	Buckinghamshire Council	Sally Hone, Public Health Principal Buckinghamshire Council	Jane O'Grady, Director of Public Health Buckinghamshire Council
	Increase the number of adults accessing support to lose weight	People are supported to achieve or maintain a healthy weight	Buckinghamshire Healthy Weight Action Plan	March 2024	Buckinghamshire Council Integrated Care Board (ICB)	Sally Hone, Public Health Principal Buckinghamshire Council Angela Jessop. Transformation Manager, Integrated Care Board	Jane O'Grady, Director of Public Health Buckinghamshire Council
	Increase physical activity levels	People take part in regular physical activity	Buckinghamshire Healthy Weight Action Plan Buckinghamshire Physical Activity Strategy and Action Plan Buckinghamshire Local Cycling and Walking Infrastructure Plan (in development)	March 2027	Buckinghamshire Council	Sally Hone, Public Health Principal Buckinghamshire Council	Jane O'Grady, Director of Public Health Buckinghamshire Council

Age Well Priority Area	Action	How Will we Know it's Working?	Relevant Strategy/Action Plan	To be Delivered by	Lead Organisation	Lead Officer	Responsible Board Member
Improving places and supporting communities to promote healthy ageing	Develop a system wide approach to healthy ageing through the development of a multi-agency strategy and action plan	People over the age of 65 spend more years of life in good health Buckinghamshire is a place where the natural and built environments and the approach of organisations support people to live healthy and independent lives	Buckinghamshire Healthy Ageing Strategy (in development)	March 2023	Buckinghamshire Council	Sarah Winchester, Consultant in Public Health Buckinghamshire Council	Jane O'Grady, Director of Public Health Buckinghamshire Council
	Work with partners to promote positive age-inclusive communication and reduce age-related discrimination	The proportion of people aged over 65 who are in work will increase towards pre-pandemic levels More older people are supported and able to participate as fully in society as they wish	Buckinghamshire Healthy Ageing Strategy (in development)	March 2028	Buckinghamshire Council	Sarah Winchester, Consultant in Public Health Buckinghamshire Council	Jane O'Grady, Director of Public Health Buckinghamshire Council
	<i>Third key action to be agreed during first year of Health and Wellbeing Strategy once Healthy Ageing Strategy in place and priorities have been agreed with partners</i>						
Age Well Priority Area	Action	How Will we Know it's Working?	Relevant Strategy/Action Plan	To be Delivered by	Lead Organisation	Lead Officer	Responsible Board Member
Improving mental health support for older people and reducing feelings of social isolation	Build social connectedness for older adults through initiatives developed by the Healthy Ageing Collaborative and increased use of social prescribing in primary care	Older adults are able to create social contacts in their communities and become less isolated Fewer older adults will feel lonely	Buckinghamshire Healthy Ageing Strategy (in development)	March 2024	Buckinghamshire Council	Lucie Smith, Public Health Principal Buckinghamshire Council	Jane O'Grady, Director of Public Health Buckinghamshire Council
	Improve the detection and formal diagnosis of dementia	People with dementia receive more timely health and care, improving outcomes	Department of Health Prime Ministers Challenge on Dementia 2020 NHS Long Term Plan	March 2025	Oxford Health Foundation Trust	Donna Clarke, Service Director Buckinghamshire Oxford Health Foundation Trust	Sian Roberts Clinical Lead for Mental Health Integrated Care Board
	Improve access to, and uptake of, talking therapies in older people with anxiety disorders and depression	Older adult experience improvements in their mental health	NHS Advancing Mental Health Equalities Strategy Oxford Health Foundation Trust Buckinghamshire Directorate Transformation Programme	March 2023	Oxford Health Foundation Trust	John Pimm, Consultant Clinical Psychologist	David Walker, Chairman Oxford Health Foundation Trust

Age Well Priority Area	Action	How Will we Know it's Working?	Relevant Strategy/Action Plan	To be Delivered by	Lead Organisation	Lead Officer	Responsible Board Member
			Improve Access to Talking Therapies (IAPT) Improving Access Project NHS Mental Health Delivery Plan Improving Access to Psychological Therapy (IAPT) Manual Improving Access to Psychological Therapy (IAPT) Positive Practice Guides			Oxford Health Foundation Trust	
Increasing the physical activity of older people	Increase awareness of the benefits of physical activity and what counts as physical activity amongst older people, using the behavioural insights work	More people are physically active in older age	Buckinghamshire Physical Activity Strategy and Action Plan Buckinghamshire Healthy Weight Action Plan Healthy Ageing Strategy (in development) Leisure Facilities Strategy Buckinghamshire Local Cycling and Walking Infrastructure Plan (in development)	March 2027	Buckinghamshire Council	Sally Hone, Public Health Principal Buckinghamshire Council	Steve Bowles Cabinet member Communities Buckinghamshire Council
	Create more opportunities for older people to be more active and increase awareness about the activities that are available across the county	More older adults are regularly active and meeting the recommended activity levels	Buckinghamshire Physical Activity Strategy and Action Plan Leisure Facilities Strategy Buckinghamshire Local Cycling and Walking Infrastructure Plan (in development)	March 2027	Buckinghamshire Council	Sally Hone, Public Health Principal Buckinghamshire Council Sue Drummond, Head of Leisure Buckinghamshire Council	Jane O'Grady, Director of Public Health Buckinghamshire Council
	Increase awareness among people working with older residents about the benefits of physical activity in older age	Improved physical function and a reduction in the risk of falls and injury from a fall and subsequent loss of independence	Buckinghamshire Physical Activity Strategy and Action Plan Leisure Facilities Strategy Buckinghamshire Local Cycling and Walking Infrastructure Plan (in development)	March 2024	LEAP	Chris Gregory, Head of Strategic Relationships Leap	Steve Bowles Cabinet member Communities Buckinghamshire Council

This page is intentionally left blank

Priority 1 – Start Well

Improving outcomes during maternity and early years

What are we going to do in Buckinghamshire?

- Reduce the number of women smoking during pregnancy
- Improve pregnancy and birth outcomes for women and babies
- Help children develop and be ready for school

A number of strategies and action plans set out what partners will be doing to improve outcomes during pregnancy, birth and early years:

- NHS England: Saving Babies Lives Care Bundle 2
- Buckinghamshire Maternity Action Plan
- HM Government: The Best Start for Life - A vision for the 1001 critical days
- Department of Health: The Healthy Child programme – the two year review
- Department of Education: Statutory Framework for the early years foundation stage
- Public Health England: Early language identification measure and intervention

Some examples of how we will do this:

- Recruiting and training stop smoking advisors dedicated to helping support women to stop smoking and give advice to their partners
- Ensuring all new maternity staff receive training on the use of the carbon monoxide monitoring and having a brief and meaningful conversation with women about smoking (Very Brief Advice - VBA).
- Recruiting extra midwives needed for continuity of carer teams
- Train staff and develop new care pathways to support children's speech, language and communication development

SPOTLIGHT – Some examples of what we are already doing in Buckinghamshire

- ❖ Carbon monoxide testing in pregnancy
- ❖ Collaborative working between partner organisations
- ❖ Funded early education places are available if there are children not yet in education
- ❖ Courses for parents, carers and children which can be found on the Family Learning Service website

How will we know it's working?

More children from the areas of greatest need achieve all milestones at the 2 to 2½ year health and development review
More women receive midwifery Continuity of Carer regardless of where they live or their backgrounds

Children from the areas of greatest need will be ready for school, which will help them to get the most from their education

Women and babies from ethnic minorities and areas of greatest need will have healthier and safer pregnancies and births



Priority 2 – Start Well

Improving mental health support for children and young people

What are we going to do in Buckinghamshire?

- Increase access to mental health support for children and young people
- Look at and address where there are barriers to children and young people in deprived areas and ethnic minorities accessing mental health services
- Improve access to perinatal mental health services for women from ethnic minority backgrounds, for young mothers (age 16-25) and for women living in deprived areas

A number of strategies and action plans set out what partners will be doing to improve mental health support for children and young people:

- NHS England: Mental Health Implementation Plan
- Mental health support teams in schools and school nurses

Some examples of how we will do this:

- Increasing awareness of the support that people can get for mental health issues
- Establishing a new service for mothers that works across mental health and maternity
- Increasing professionals knowledge about mental health

SPOTLIGHT – Some examples of what we are already doing in Buckinghamshire

In Buckinghamshire we have a youth forum called Article 12 to help design and improve services. Here young people have the opportunity to express their views, feelings and wishes in all matters affecting their mental health. If you are 11-19 years and would like to be involved with Article 12 Young People's Council, please get in touch [here](#)

The Walking With You group is a parent support group. It is a safe space to talk freely among people who are walking the same path.

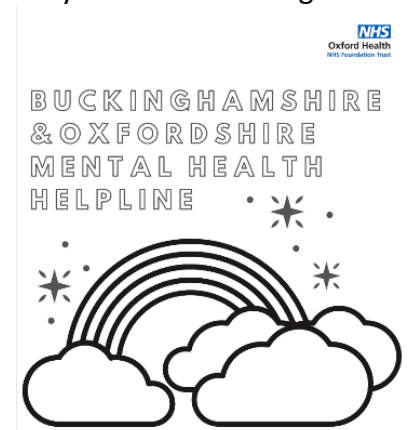
Buckinghamshire has a [24/7 Mental Health Emergency Helpline](#) to help children and young people in crisis that is available 24 hours a day, 7 days a week when you dial 111.

How will we know it's working?

Pregnant women and new mothers will receive the mental health support they need

Children and young people who need mental health support will receive the right help in the right place when they need it

All children and young people receive the mental health help they need regardless of where they live or their backgrounds



Priority 3 – Start Well

Reducing the prevalence of obesity in children and young people

What are we going to do in Buckinghamshire?

- Develop a package of support for early years providers and primary schools to help them encourage healthy eating and physical activity
- Make it easier for those who need it most to eat healthily and access healthy foods
- Provide weight management services for more 7–13-year-olds identified as overweight or obese

A number of strategies and action plans set out what partners will be doing to reduce obesity in children and young people:

- Buckinghamshire Healthy Weight Action Plan
- Buckinghamshire Physical Activity Strategy and Action Plan
- Buckinghamshire Local Cycling and Walking Infrastructure Plan (in development)

Some examples of how we will do this:

- Increasing the number of families taking part in the Healthy Start scheme, which helps them eat more fresh fruit and vegetables
- Providing a Healthy Lifestyle Service that helps more children to manage their weight
- Supporting schools across Buckinghamshire to achieve a Healthy Schools Award with core themes of healthy eating and physical activity
- Helping early years providers to support families with healthy eating and physical activity

SPOTLIGHT – Some examples of what we are already doing in Buckinghamshire

- ❖ During the 2021 growing season, a project called Veggies in Containers provided families in High Wycombe, Aylesbury and Chesham with everything they needed to try their hand at growing their own vegetables
- ❖ 213 growing kits were given to families (windowsill, balcony, and small garden kits). 90% of families who took part said they would continue to try growing items at home
- ❖ 83% of people who completed the feedback forms said they felt more confident to try growing their own
- ❖ We are now looking at how we can deliver a similar project through local schools and encourage more schools to develop their own growing sites.

How will we know it's working?

More families use the [Healthy Start Scheme](#)

Schools and early years settings will be able to help more children to develop healthy behaviours

More children will eat a minimum of 5 fruit and vegetables a day

Children will get the support they need to achieve and maintain a healthy weight

More children in Buckinghamshire will be a healthy weight



Priority 1 – Live Well

Reducing the rates of cardiovascular disease

What are we going to do in Buckinghamshire?

- Increase the number of people in priority risk groups who have NHS Health Checks
- Increase the numbers of people who use tobacco dependency services
- Increase numbers of residents aged 15 years and older who have their blood pressure checked.

A number of strategies and action plans set out what partners will be doing to reduce the rates of cardiovascular disease in residents:

- Buckinghamshire Integrated Care Partnership Cardiovascular Disease Action Plan
- Buckinghamshire Tobacco Control Strategy and Action Plan
- NHS Long Term Plan Tobacco Dependency Action Plan
- NHS Core20PLUS5 Inequalities Plan

Some examples of how we will do this:

- Helping primary care GPs in priority areas to undertake more NHS Health Checks
- Working with communities at risk of cardiovascular disease to create initiatives to increase blood pressure testing
- Delivering tobacco dependency services for acute, mental health and maternity patients
- Training people working in health and social care to ‘make every contact count’. Having supportive conversations with residents, to make healthy behaviour changes
- Using the Buckinghamshire Tobacco Control Alliance to join up activity to control tobacco and make a bigger impact on residents’ health and wellbeing

How will we know it’s working?

More people at higher risk will get earlier advice about their cardiovascular disease risk

More people will access stop smoking services in hospital and in the community

More people in Buckinghamshire regularly checking their blood pressure
Fewer people in Buckinghamshire will develop cardiovascular disease



SPOTLIGHT – Some examples of what we are already doing in Buckinghamshire

Undetected and/or unmanaged high blood pressure could lead to cardiovascular disease. A trial took place during Ramadan 2022 at the WISE Mosque in High Wycombe to increase the blood pressure checks in their community. Mosque volunteers were trained to take blood pressure readings and carry out a brief survey of men and women over 3 weekends. More than half of those tested had a high blood pressure reading and fewer than half had checked their blood pressure in the last year.

The NHS is now working with the local Primary Care Network to provide more NHS Health Checks. This will help people with advice and support to improve their lifestyles and reduce the risk of cardiovascular disease

Priority 2 – Live Well

Improving mental health support for adults particularly for those at greater risk of poor mental health

What are we going to do in Buckinghamshire?

- People with mental health disorders have access to the services they need regardless of where they live or their background
- Make sure that people with mental health disorder live as healthily and as long as everyone else
- Make sure that everyone who needs them can access talking therapies, particularly people from ethnic minorities, students, men, and LGBTQ+ communities

A number of strategies and action plans set out what partners will be doing to improve mental health outcomes:

- NHS Advancing Mental Health Equalities Strategy
- NHS Long Term Plan
- NHS England Core 20Plus5

Some examples of how we will do this:

- Improving and making better use of data to ensure services are accessible regardless of where people live or their ethnicity
- Work with communities to better understand and take action to address barriers to better mental health, including access to services
- Working better together with GP's and other health professionals so that adults with serious mental illness get the continued support they need

SPOTLIGHT – Some examples of what we are already doing in Buckinghamshire

- ❖ We have created videos of people from different backgrounds who have used talking therapies to encourage others to use the service
- ❖ Working with Aylesbury British Muslims Association (ABMA) and Aylesbury Vale LGBT Society on events to promote mental health in these communities
- ❖ We have worked with Wycombe Wanderers and chains of local pubs to encourage men to seek help for poor mental health
- ❖ Countywide engagement webinar for people from ethnic minorities to raise awareness of mental health and to address stigma
- ❖ Buckinghamshire has a 24/7 Mental Health Emergency Helpline to help people in crisis. It is available 24 hours a day, 7 days a week when you dial 111

How will we know it's working?

Everyone can get the mental health support they need regardless of where they live or their background

More people with serious mental illness have a comprehensive physical health check

All Buckinghamshire adults with serious mental illness, get the high-quality help and care they need for both physical and mental health issues



Priority 3 – Live Well

Reducing the prevalence of obesity in adults

What are we going to do in Buckinghamshire?

- Deliver the actions within the Healthy Weight action plan, focused on transport, physical activity and food priorities
- Increase the number of adults accessing support to lose weight
- Increase physical activity levels

A number of strategies and action plans set out what partners will do to reduce obesity in adults:

- Buckinghamshire Obesity Network Action Plan
- Buckinghamshire Physical Activity Strategy and Action Plan
- Buckinghamshire Local Cycling and Walking Infrastructure Plan (in development)

Some examples of how we will do this:

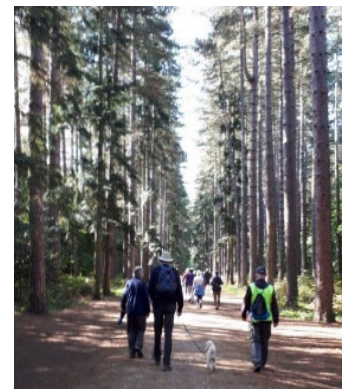
- Recommissioning the Healthy Lifestyle Service to include a single point of access and an adult weight management service
- Increasing the number of adults referred from GP practices to NHS weight management services
- Working with key communities to adopt healthier behaviours such as active travel, healthier eating and moving more
- Increasing health professionals knowledge on the benefits of physical activity
- Working together to make it easier for people in Buckinghamshire to be active and eat well

How will we know it's working?

People are helped through adult weight management services when they need it to achieve and maintain a healthy weight

More people take part in regular physical activity

A reduction in the rise of obesity in adults



SPOTLIGHT – Some examples of what we are already doing in Buckinghamshire

The Active Communities pilot (May 2021 – July 2022) looked at reducing people's inactivity in two priority areas of Buckinghamshire: High Wycombe and Aylesbury. A total of 3481 residents and over 60 different local services and organisations were involved in the project. This included schools, nurseries, care homes, GP practices, community centres, faith settings and developed nine active park walks.

LiveWellStayWell is Buckinghamshire's free lifestyle service helping residents to live healthier lives. During 2021-22, 10,021 people were referred to the service, with 862 adults helped with weight management support.

Of those who completed the programme, 79% (333 residents) achieved a weight loss of at least 3%. A total of 222 residents (53%) achieved a weight loss of 5% or more.

Priority 1 – Age Well

Improving places and supporting communities to promote healthy ageing

What are we going to do in Buckinghamshire?

- We are working on a new Healthy Ageing Strategy. When this is ready we will share here the actions we will take to help people live healthily in older age

Some examples of how we will do this:

- To be identified

How will we know it's working?

Older people spend more years of life in good health

Buckinghamshire is a place where the environment and local organisations help people to live healthy and independent lives



Priority 2 – Age Well

Improving mental health support for older people and reducing feelings of social isolation

What are we going to do in Buckinghamshire?

- Help older people create social contacts in their communities
- Improve the detection and formal diagnosis of dementia
- Improve access to talking therapies

A number of strategies and action plans set out what partners will be doing to improve mental health support for older people and reduce feelings of social isolation:

- NHS Advancing Mental Health Equalities Strategy
- Healthy Minds Improving Access Project
- NHS Mental Health Delivery Plan
- Healthy Ageing Strategy (in development)

Some examples of how we will do this:

- Increasing dementia diagnosis in the community and nursing homes
- Establishing a Healthy Ageing Collaborative with adult social care and the voluntary sector to build social connections in communities. These will increase social contacts and reduce feelings of isolation, which many older people experienced during the pandemic

SPOTLIGHT – Some examples of what we are already doing in Buckinghamshire

- ❖ We have created videos of people who have used talking therapies to encourage others to use the service
- ❖ We have created a joint strategy across Thames Valley which aims to improve the mental health of older people
- ❖ Sharing data across the region to improve access to talking therapies
- ❖ Sports in Mind has been working to encourage older people to be more physically active

How will we know it's working?

Fewer older people feel lonely or isolated

More older people who need them will use talking therapies

Older people will have better mental health

People with dementia receive more timely support



Priority 3 – Age Well

Increasing the physical activity of older people

What are we going to do in Buckinghamshire?

- Work with local residents to understand what would help older adults be more active, and put this into practice through the Buckinghamshire Live Longer Better Alliance
- Create and publicise the opportunities that are available in Buckinghamshire for older people to get active
- Make sure everyone who works with older adults knows about the benefits of physical activity in older age

A number of strategies and action plans set out what partners will be doing to increase the physical activity of older adult:

- Buckinghamshire Physical Activity Strategy and Action Plan
- Buckinghamshire Healthy Weight Action Plan
- Healthy Ageing Strategy (in development)
- Leisure Facilities Strategy
- Buckinghamshire Local Cycling and Walking Infrastructure Plan (in development)

Some examples of how we will do this:

- Helping all partners who support older adults build regular movement and activity into their work with people
- Helping older adults living in sheltered housing in key areas of the county to be more active, by providing new opportunities and promoting existing opportunities
- Training more professionals to have conversations around the benefits of physical activity for healthy ageing

SPOTLIGHT – Some examples of what we are already doing in Buckinghamshire

Simply Walk is Buckinghamshire Council's health walk programme, offering over 70 graded walks county-wide that suit most abilities. Simply Walk provides an opportunity for people to socialise and meet new friends. It has even resulted in weddings! Between April 2021 and March 2022, Simply Walks had over 1600 walkers and 49 new volunteer walk leaders (now a total of 230).

How will we know it's working?

More older adults will be regularly active

More older adults have 2 or more sessions of muscle strengthening exercise each week

People are aware of the physical activity opportunities for older adults

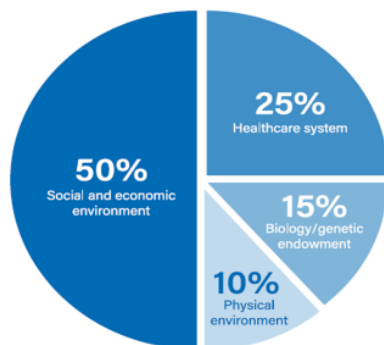


This page is intentionally left blank

Appendix 4: Director of Public Health presentation to Health and Wellbeing Board workshop, March 2022



The determinants of health



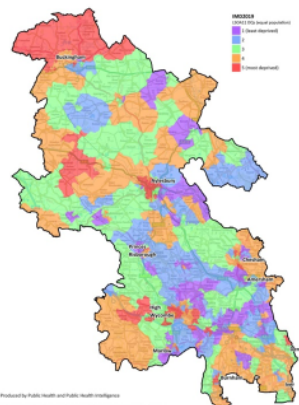
- Money can't buy you happiness but.....
- A good start in life and education
- A good job, a friend, a home,
- The places we live, the air we breathe, the community around us
- Health behaviours account for about 40% but strongly influenced by social commercial & environmental determinants
- Health literacy

BUCKINGHAMSHIRE COUNCIL

Relative Deprivation and Outcomes in Bucks

Those in the most deprived quintile

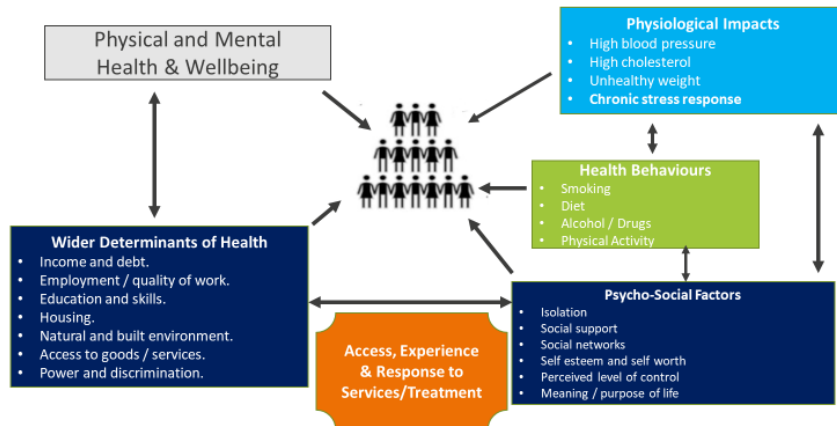
- Almost **2x** as likely to be born low birthweight
- More than **2x** as likely not to reach school readiness milestone (35% vs 16%)
- Almost **2x** as likely to be obese by end of primary school (26% vs 14%)
- More than **5x** as likely to be "looked after"
- Adults more likely to have multiple long term conditions & develop them 10 years earlier
- More than **2.5x** more likely to smoke
- More likely to be admitted as emergency for range of conditions
- Premature death rates **2x** as high
- More likely to die from COVID
- **Nationally** - incrementally increasing costs for both men & women at every year of life as each deprivation decile increases - especially between 45-80 years
- In Kent health and social care costs 35% higher in most deprived areas, increases across each quintile, eliminating gradient would save 15% costs



BUCKINGHAMSHIRE COUNCIL

Produced by Public Health and Public Health Intelligence
 Contains National Statistics data © Crown copyright and database rights 2019
 Contains Ordnance Survey data © Crown copyright and database rights 2019. OS 100032125

Factors driving health inequalities



Addressing life expectancy gap

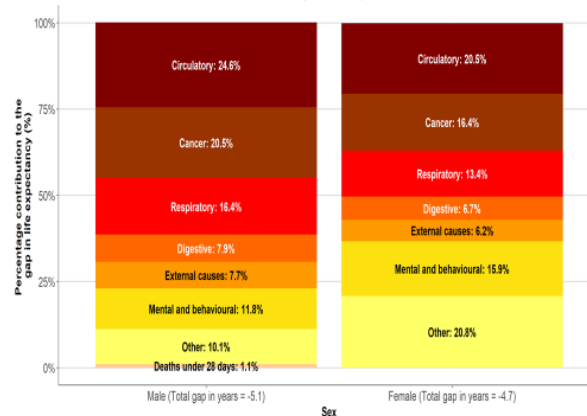
Is there just one thing ?

- **CIRCULATORY DISEASE**

> Smoking

- Ttry & 2ry prevention
- Whole system approach to obesity
- Healthy eating & food poverty
- Physical activity
- Deprived and ethnic groups
- Men and women
- Community engagement
- Equitable access to detection & management of risk factors & treatment
- Equity audits & better data & monitoring including ethnic monitoring

Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Buckinghamshire by broad cause of death, 2017-19



BUCKINGHAMSHIRE COUNCIL

Source: Public Health England based on ONS death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2019

Inequalities in Mental Health

- Children from the most deprived 20% households are 4x more likely to have serious mental health difficulties by the age of 11 than those in the least deprived 20%
- Emergency mental health admissions are 2x as high in most deprived quintile in Bucks
- Ethnic minority groups were less likely to refer themselves to IAPT and less likely to be referred by their GPs, compared with White British people, ethnic minority people with psychosis less likely to be referred for CBT, and less likely to attend as many sessions as their White counterparts
- Nationally Black people less likely to have involvement of GP leading up to 1st episode of psychosis, more likely to have police involvement in 1st contact with mental health services, more likely to have community treatment order after being in hospital.
- The 2022 NHS Race and Health Observatory Report - suggests barriers to seeking help for mental health problems rooted in a distrust of both primary care and mental health care providers, as well as a fear of being discriminated against in healthcare
- Inequalities present for adult populations were replicated in younger populations e.g. Black children 10x more likely to be referred to CAMHS via social services (rather than through the GP) relative to White British children
- The review found few national datasets with sufficiently high quality ethnic monitoring data to allow for robust analysis to investigate ethnic inequalities

BUCKINGHAMSHIRE COUNCIL

Maternity, early years and young people

- Maternal mortality 2-4X higher in Asian and Black women, later presentation to maternity services in Bucks by some ethnic groups
- Improving perinatal mental health support delivers improved outcomes & quality of life, NHS savings and £1/2 billion net economic benefit over 10 years.
- positive experiences early in life are closely associated with better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy
- less positive experiences early in life, particularly experiences of adversity, relate closely to many negative long-term outcomes: poverty, unemployment, homelessness, unhealthy behaviours and poor mental and physical health.
- Emerging evidence - early years development impacted by COVID and worse in more disadvantaged families
- Obesity increasing significantly especially post pandemic and highest prevalence in most deprived (**1 in 4 obese in year 6**, 40% overweight & obese) & some ethnic groups
- Nationally the proportion of 6 to 16-yr olds with a probable mental disorder increased from 11.6% in 2017 to 17.4% in 2021.
- 20% of secondary school respondents to Oxwell study in Bucks had more serious anxiety and depression scores based on RCADS scales
- In Bucks 1 in 5 (20%) primary school respondents indicated they were too worried to sleep; in secondary school respondents, approximately 1 in 3 (33%) were too worried to sleep – this data is similar to 2020
- Some minority ethnic groups have particularly high rates of child poverty. In 2017/18, 45 percent of minority ethnic children lived in families in poverty after housing costs, compared with 20 percent of children in White British families in the UK.

BUCKINGHAMSHIRE COUNCIL

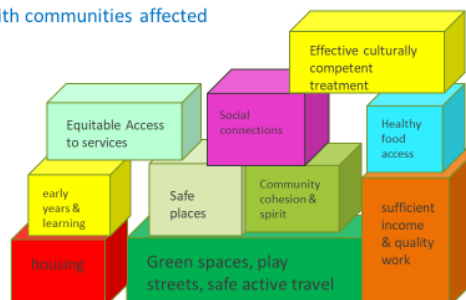
Inverse care law

- General practice in areas of high socioeconomic deprivation is relatively underfunded and under-doctored.
- the formula used to distribute most funding to general practice does not sufficiently account for workload associated with the additional needs of people living in deprived areas.
- Practices in deprived areas on average have lower Care Quality Commission scores, lower QoF performance and lower patient satisfaction scores.
- People who live in areas of high deprivation have on average shorter GP consultations than those in wealthier areas, despite being likely to have more complex health needs.
- People living in deprived areas are more likely to be 'digitally excluded', and are also more likely to live with multiple health conditions than people living in wealthier areas.
- In 2020, practices serving more deprived populations received around 7% less funding per need adjusted registered patient than those serving less deprived populations.
- After accounting for different levels of need, a GP working in a practice serving the most deprived patients will on average be responsible for the care of almost 10% more patients than a GP serving patients in more affluent areas.
- Asian patients report poorer experiences making appointments and more difficulty getting through to their GP practice by phone. Black patients are the least likely to have used any online services.
- Need to apply proportionate universalism to the resourcing of general practice
- Provide culturally competent interventions and care across all areas including primary & secondary care, mental health, maternity, childrens services, public health and.....

BUCKINGHAMSHIRE COUNCIL

A robust strategy would...

- Use preventive approach & equity audits to tackle inequalities on high impact areas
- support the building blocks of good health in deprived areas & key communities
- co-design and co-produce interventions with communities affected
- target
 - cardiovascular disease
 - mental health
 - maternity & early years
 - behavioural risk factors, smoking , obesity,
 - address inverse care law
- Measure & monitor outcomes
- Evaluate with the people affected



BUCKINGHAMSHIRE COUNCIL

This page is intentionally left blank

Health & Wellbeing Board Buckinghamshire

Joint Strategic Needs Assessment Update and Plans for Buckinghamshire

Date: 22 September 2022

Author/Lead Contacts: Tiffany Burch, Consultant in Public Health, Buckinghamshire Council

Report Sponsor: Jane O’Grady, Director of Public Health and Community Safety, Buckinghamshire Council

Consideration: **Information** **Discussion**
 Decision **Endorsement**

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy your report links to.

Start Well	Live Well	Age Well
<input checked="" type="checkbox"/> Improving outcomes during maternity and early years	<input checked="" type="checkbox"/> Reducing the rates of cardiovascular disease	<input checked="" type="checkbox"/> Improving places and communities to support healthy ageing
<input checked="" type="checkbox"/> Improving mental health support for children and young people	<input checked="" type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input checked="" type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input checked="" type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input checked="" type="checkbox"/> Reducing the prevalence of obesity in adults	<input checked="" type="checkbox"/> Increasing the physical activity of older people

None of the above? Please clarify below:

The Joint Strategic Needs Assessment is a joint statutory obligation of Local Authorities and NHS Integrated Care Boards in England. As such, it covers all the Joint Local Health and Wellbeing Strategy priorities in addition to a wider range of health and wellbeing topics relevant to the local population.

1. Purpose of report

The Buckinghamshire Health and Wellbeing Board oversees the statutory requirement for Local Authorities and Integrated Care Boards to prepare a Joint Strategic Needs Assessment (JSNA). The purpose of the JSNA is to improve the health and wellbeing outcomes of the local community and reduce inequalities for all ages.



The JSNA is a core part of the intelligence, data, and understanding that guides the Joint Local Health and Wellbeing Strategy, and it will allow partners to better understand local needs and ways to address these needs. The JSNA is updated on a cyclical basis and will continue to be refreshed on a rolling basis.

In the short to medium-term, a refresh supports the Strategy's implementation by providing key intelligence and understanding of key local priorities as set out in the action plans. In the longer-term, the refreshed JSNA will help the Strategy evolve to meet emerging needs of the population while still addressing the overarching priorities and action plan.

Refreshing the JSNA provides the opportunity to do things the JSNA has not consistently done – incorporating more of the resident voice and using a strengths-based approach.

The purpose of this report is therefore to update the Health and Wellbeing Board on the progress made on updating the local Joint Strategic Needs Assessment and the content being delivered over the coming months.

Recommendation to the Health and Wellbeing Board

1. To note and agree the proposed focus topics as outlined in the JSNA workplan
2. To commit and agree to the delivery by all partners of new and updated JSNA content and priorities

2. Content of report

The role of the JSNA is to assess the current and future health, care and wellbeing needs of our local community to inform commissioning decisions with the aim of improving the health and wellbeing of residents and reducing inequalities.

The Department of Health (as it was known then) published statutory guidance on JSNAs in 2013. The guidance set out that JSNAs were to be a continuous and iterative process of strategic assessment and planning. JSNAs are a joint responsibility of both Local Authorities and the local NHS (Integrated Care Boards), and they should focus on needs that can be addressed by these partners. This includes considering wider determinants of health, which are the broader social, economic, political and environmental factors that can affect health outcomes and assets, which are things that can enhance health and wellbeing and to help to reduce health inequalities. JSNAs should involve others including Healthwatch and the local community.

The core principles of the JSNA are as follows:

- **Current** – a rolling programme of review will ensure the JSNA remains up to date through an iterative process of maintenance and development
- **Embedded** – linked into Council and NHS organisational processes to shape services and respond to need

- **Relevant** – to our professional audience, supporting the Strategy, working through partnerships to fill knowledge gaps or undertake calls for evidence
- **Partner-driven** – working together, informed by residents, to develop the evidence base required to drive improvements in outcomes
- **Transparent** –in how we develop chapters and in publications, which will be available online

Buckinghamshire JSNA 2016-2021

Buckinghamshire’s JSNA is currently hosted on the [Health and Wellbeing pages of the Council](#). The previous JSNA was launched in 2016, although individual chapters have been produced since then. Over the five year period for the previous JSNA, a wide variety of insight and analytics products were created with and for partners:

- An online platform for the JSNA was developed in 2016.
- JSNA chapters have been published to the website over the last four years. There are currently around 50 chapters on the website.
- Four Director of Public Health Annual Reports were published. These provide an overview of current the health needs in Buckinghamshire.
- Other information on the JSNA website includes, community board profiles, Primary Care Network profiles, maps and more in-depth needs assessments on key topics.

Changing Context: the new Joint Local Health and Wellbeing Strategy for Buckinghamshire

The new Joint Local Health and Wellbeing Strategy for 2022-2025 (‘Happier, Healthier Lives’) is being published today (22 September 2022). The Strategy has three priority areas – Start Well, Live Well and Age Well. The priorities for the Strategy are set out as

- Start Well
 - Improving outcomes during maternity and early years
 - Improving mental health support for children and young people
 - Reducing the prevalence of obesity in children and young people
- Live Well
 - Reducing the rates of cardiovascular disease
 - Improving mental health support for adults particularly for those at greater risk of poor mental health
 - Reducing the prevalence of obesity in adults
- Age Well
 - Improving places and helping communities to support healthy ageing
 - Improving mental health support for older people and reducing feelings of social isolation
 - Increasing the physical activity of older people

Start Well

Live Well

Age Well

While each of the three strategic priorities are at least partially covered by the current JSNA, cross-mapping the topics reveals some gaps. A shift to focusing on the strengths and assets of communities to drive action is not reflected in the current JSNA but is a cross-cutting way of working and promoting health and wellbeing in the Strategy. By refreshing the JSNA to align with the three priorities, we can ensure the Strategy's action plan is informed by a clear evidence base and the latest data available.

JSNA content has been delivered over the last twelve months, and more content is to be delivered over the next few months. Appendix 1 sets out the content that will be launched on the JSNA webpages starting now and over the coming few months. Additional content plans are being drafted to ensure the priorities in the new Strategy are fully addressed within the JSNA.

By having full engagement of all Health and Wellbeing Board members, JSNAs will provide a unique picture of local needs, and be able to lead action to improving people's lives, integrate services and reduce inequalities.

New JSNA Webpages

In addition to new content being rolled out, the JSNA website will be moving from its current location to the Council's website. The current content of the JSNA is on a variety of webpages in such a way that user experience is reduced. By moving the JSNA content to the Council website, there will be increased functionality and accessibility for residents and partners.

3. Next steps and review

Subject to Health and Wellbeing Board approval of our approach, our immediate next steps are to:

- Move the existing JSNA webpages from its current location to new and more accessible pages on the Council's website
- Take forward the proposed content outlined in Appendix 1 to quickly increase the amount of information and insight available to partners and residents online
- Continue the ongoing planning and bring back progress to a future Board for update

4. Background papers

None

JSNA Website Structure and Proposed Content

Level 1 Categories	Strategy Priority Areas	Focus Topics	Form of the Content (e.g. report, infographic)	Anticipated Launch on Website
JSNA topic reports	Start well	Children and Young People Needs Assessment	Report	September 2022
			Infographic	September 2022
		Mental health	Report	March 2023
		SEND	Report	December 2022
	Live well	Mental health	Report	November 2022
		Cardiovascular Disease	2021/22 DPH annual report	October 2022
		COVID	2020 Health impact assessment	September 2022
		Sexual health	Report	September 2022
		Smoking/Tobacco	Report	October 2022
		Healthy weight	Report	September 2022
			Infographics - wider impacts	September 2022
			Infographics - physiological impacts	September 2022
			Infographics - psychological impacts	September 2022
		Substance misuse - health	Report	November 2022

Start Well

Live Well

Age Well

Health & Wellbeing Board

Buckinghamshire

		Substance misuse - crime	Report	November 2022
	Age well	Older people	Strategy report	December 2022
	Wider determinants	Opportunity Bucks	Report	September 2022
		Domestic abuse	2020/21 DPH annual report	September 2022
			Strategy report (2021 to 2024)	September 2022
Key data profiles/Tools	Overview	Community board profiles and Bucks Overview	Interactive Community Board Profile	September 2022
			2021 Bucks summary profile	September 2022
			2021 PH recommendations	September 2022
		Bucks data exchange	Link to external website	September 2022
		Lifecourse data	Infographic and accessible table	September 2022
			Inequalities Lifecourse infographic	September 2022
		Local Insight	External data tool	September 2022
		Protected characteristics	Report	September 2022
	Maps	Mapping tool	November 2022	
	Population	Population overview	Bucks data exchange website	September 2022
			Census overview	September 2022
Interactive tool			October 2022	

Start Well

Live Well

Age Well

Health & Wellbeing Board

Buckinghamshire

	Deprivation	Interactive tool	October 2022
	Life Expectancy	Interactive tool	October 2022
Start well	CYP overview	Interactive tool	December 2022
		Data profile	September 2022
	NCMP	Data profile	September 2022
Live well	Physical activity	Data profile	October 2022
	Health and wellbeing in Buckinghamshire	Data summaries on Bucks data exchange	September 2022
	Life expectancy	Data summary on Bucks data exchange	September 2022
		Inequalities data tool	September 2022
	Public Health Outcomes Framework	External Data tool	September 2022
	LA Health Profile	External Data tool	September 2022
Age well	Older people and end of life data profile	External data tool	September 2022
Wider Determinants	Economy	Bucks data exchange website	September 2022
		Bucks Economic Intelligence Observatory (external link)	September 2022
	Place data summary	Bucks data exchange website	September 2022

Start Well

Live Well

Age Well

Health & Wellbeing Board
Buckinghamshire

DPH Annual Report			Report	October 2022
Pharmaceutical Needs Assessment			Report	October 2022

Health & Wellbeing Board

Buckinghamshire

Better Care Fund Plan 2022-2023

Date: 22 September 2022

Author/Lead Contacts: Colette Kavanagh, Head of Service Integrated Commissioning, Buckinghamshire Council

Report Sponsor: Gillian Quinton, Corporate Director Adults and Health, Buckinghamshire Council

Consideration: **Information** **Discussion**
 Decision **Endorsement**

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy your report links to:

Start Well	Live Well	Age Well
<input type="checkbox"/> Improving outcomes during maternity and early years	<input checked="" type="checkbox"/> Reducing the rates of cardiovascular disease	<input checked="" type="checkbox"/> Improving places and helping communities to support healthy ageing
<input type="checkbox"/> Improving mental health support for children and young people	<input checked="" type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input checked="" type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input type="checkbox"/> Reducing the prevalence of obesity in adults	<input type="checkbox"/> Increasing the physical activity of older people

1. Purpose of report

The Better Care Fund (BCF) is a national vehicle for driving health and social care integration using pooled budgets. The BCF policy framework requires a jointly agreed plan to be set between local health and social care commissioners and signed off and owned by the Health and Wellbeing Board (HWB). The planning guidance for 2022-2023 was published on 19th July and each HWB area is required to submit a BCF plan to NHS England for assurance on 26th September 2022.



2. Recommendation to the Health and Wellbeing Board

1. To note and approve the Buckinghamshire Better Care Fund Plan for 2022-2023
2. To continue to delegate the authority for the development of Buckinghamshire's BCF plans, allocation of expenditure and proposed metrics trajectories for plans to the Integrated Commissioning Executive Team.

3. Content of report

Background

The Better Care Fund (BCF) is a national vehicle for driving health and social care integration, using pooled budgets. It requires a jointly agreed plan to be set and owned by each Health and Wellbeing Board. In Buckinghamshire, the Integrated Commissioning Executive Team (ICET) provides joint accountability and oversight of the strategic direction, budget, and performance of the BCF.

BCF Planning Requirements

Each HWB area is required to submit, for national assurance, a BCF plan to NHS England on 26th September 2022. This must include narrative on how the fund will be utilised to enhance and improve integrated working (appendix 1) and a completed template detailing proposed expenditure, metric trajectories and supporting narrative (appendix 2). In addition, for 2022-2023, there is a requirement to submit a high-level demand and capacity plan for intermediate care (appendix 3) but this is a new requirement and will not form part of the assurance process. The BCF Policy Framework sets out four national conditions that all BCF plans must meet to be approved. The planning guidance was published on 19th July and for 2022-2023 the conditions are:

1. A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
2. NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution.
3. Invest in NHS commissioned out-of-hospital services.
4. Implementing the BCF policy objectives:
 - i. Enable people to stay well, safe and independent at home for longer.
 - ii. Provide the right care in the right place at the right time.

The first three conditions remain unchanged from 2021-2022 but the fourth condition replaces a previous condition of 'improving outcomes for people being discharged from hospital'.

To support delivery of the BCF plan, HWB areas must work towards meeting several indicators related to improving health and social care outcomes. The metrics are:

- Reducing avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions)

Health & Wellbeing Board

Buckinghamshire

- Improving the proportion of patients who are discharged to their usual place of residence
- Managing the number of over 65s who are admission to long term residential or nursing care
- Improving the proportion of over 65s who are still at home 91 days after discharge from reablement or rehabilitation services

Buckinghamshire's BCF Plan Priorities 2022-2023

The BCF is a one-year plan. The local priorities are the same as in the 2021-2022 plan which were 12–24 month priorities and remain aligned to the HWB strategic priorities in the Joint Local Health and Wellbeing Strategy and Integrated Care Partnership priorities.

1. Hospital discharge
2. Admission avoidance
3. Mental health
4. Primary care community services
5. Health inequalities with a focus on cardiovascular disease

There are well established programmes and workstreams to deliver on these priorities.

BCF Funding

	2021-22	2022-23	
Minimum ICB contribution	£33,535,839 • £11,236,611 minimum mandated for Adult Social Care • £9,536,590 mandated for NHS Commissioned out of hospital spend	£35,433,967 • £11,872,603 minimum mandated for Adult Social Care • £10,076,361 mandated for NHS Commissioned out of hospital spend	5.66% increase
Improved Better Care Fund (iBCF)	£4,892,680	5,040,826	3% increase
Disabled Facilities Grant (DFG)	£4,065,961	£4,065,961	No change
Total	£42,494,480	£44,540,754	£2,046,274

The BCF pooled budget is allocated against schemes which are central to the delivery of the BCF priorities and fully fund specific contracts such as:

- Falls prevention
- Home from Hospital

Start Well

Live Well

Age Well

- Dementia Support Service
- Carers Bucks (Adult and Young Adult service)

The budget also contributes to core Adult Social Care and NHS schemes which enable the delivery of the BCF priorities. Elements of the funding have been uplifted for 2022-2023 which provides an overall increase of just over £2m to the pooled fund. The plan is to allocate the funds to hospital discharge and admission avoidance established schemes.

Consultation and Communication

The plan has been shared with Buckinghamshire Council Service Director for Integrated Commissioning; Buckinghamshire Council Service Director for Adult Social Care Operations; Buckinghamshire Council Head of Finance; Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (NHS BOB ICB) (formerly Buckinghamshire Clinical Commissioning Group) Interim Chief Finance Office.

- Draft BCF plan to NHS England for feedback 18th August
- Briefing for Cabinet Member for Health and Wellbeing and DASS 22nd August
- Feedback received from NHSE 1st September
- Integrated Care Executive Group 1st September
- Buckinghamshire Council CMT 15th September
- Integrated Care Board Interim Chief Delivery Office briefing 12th September
- Integrated Care Board ICS Executive Lead and CEO of the ICB sign off 16th September 2022
- Health and Wellbeing Board 22nd September
- Final plan submission to NHS England 26th September

4. Next steps and review

Regional and National Assurance

NHS England will approve BCF plans in consultation with the Department for Health and Social Care and the Department for Levelling Up, Housing and Communities. Assurance processes will confirm that national conditions are met, ambitions are agreed for all national metrics and that all funding is pooled, with relevant spend agreed.

- HWB area BCF final plan for 22-23 submitted to national BCF Team at NHS England 26th September 2022
- Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation 26th September to 24th October 2022
- Cross regional collaboration 1st November 2022
- NHSE issue approval letters giving formal permission to spend (NHS minimum) 30th November 2022
- BCF section 75 agreements to be signed and in place 31st December 2022

Buckinghamshire next steps

If delegated responsibility is approved, the ICET will continue to monitor and oversee the BCF plan and expenditure through monthly meeting.

In addition, there is an ambition to undertake an assessment of the impact of the BCF on addressing inequalities and how the BCF is being used to reduce health inequalities in Buckinghamshire. The timing of this will enable the inclusion of exploring the impact of COVID in relation to inequalities. It will also assess how each of the schemes is addressing inequalities, particularly for individuals with a protected characteristic. This has been agreed as a priority by ICET but a view from the HWB on this would be welcome as there is an opportunity to shape the work and influence priority areas.

5. Background papers

None

This page is intentionally left blank

Appendix 1 - Narrative on how the fund will be utilised to enhance and improve integrated working

Health and Wellbeing Board(s)

Buckinghamshire

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils)

How have you gone about involving these stakeholders?

Buckinghamshire has a joint (NHS Integrated Care Board and Council) Integrated Commissioning Executive Team (ICET). ICET is made up of Health and Social Care senior leaders including the ICB Executive Place Director, the Council's Service Director for Integrated Commissioning, the ICB Finance Place Lead and the Council's Head of Finance. ICET also has representation from clinical leads in Mental Health and LD, CYP, Integration and Primary Care as well as Public Health, Business Intelligence, and the lead commissioner for the Disabled Facilities Grant.

ICET holds the delegated responsibility for overseeing the BCF plan and through monthly meetings, leads the BCF development and planning.

In addition to this, Buckinghamshire uses the established integrated programmes and workstreams for all the key BCF areas to inform and influence BCF planning. Some examples include:

- Integrated Community Programme which has several workstreams directly related to BCF. Commissioners provide the link between these workstreams, such as admission avoidance and out of hospital, to the BCF planning through ICET.
- Within Discharge to Assess, commissioners, Home First representatives and hospital discharge representatives meet with D2A home care (monthly) and care home providers (weekly). The feedback and discussions feed into the Intermediate Care Programme which contributes to the BCF planning.
- A newly established Carers Board has representatives from all key stakeholders including health and social care leaders, carers and the VCS. This reports into the Buckinghamshire Council Transformation Board which contributes to BCF planning.

Information collected through routine contract and quality monitoring of BCF scheme providers and feedback from service users is shared via ICET and informs the BCF planning process.

Executive summary

This should include:

- ***Priorities for 2022-23***
- ***Key changes since previous BCF plan***

In Buckinghamshire, the BCF plan brings together several strategic priorities with operational workstreams to deliver these. The priorities for 21-22 focussed on five key areas for a 12-24-month period. These priorities were identified as areas that could yield significant benefits from a stronger partnership approach and included hospital discharge, admission avoidance, mental health, primary care community services and health inequalities with a focus on cardiovascular disease.

The work undertaken to deliver against the priorities the previous year has provided a firm foundation for an integrated system approach in Buckinghamshire and remain priority areas. Previously funded schemes continue to be funded for 22-23 and provide a focus on a strengths based approach to :

- support people to live well and age well,
- ensure people receive appropriate health and social care support, in the right place at the right time and
- support people to retain independence and remain in their own home environment for as long as possible.

The key changes for 22-23 which contribute to the delivery of the priorities are:

- Introduction of an Intermediate Care Programme of work with dedicated integrated transformation posts to develop a sustainable intermediate care offer for Buckinghamshire.
- Carers transformation programme of work for 22-24 including the establishment of a Carers Board to oversee and inform the transformation work to improve outcomes for carers.
- Dementia Needs Analysis has been completed in 22-23 which has identified six priority areas to improve the outcomes for people living with dementia and their families.

Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

Buckinghamshire has joint governance arrangements in place for the BCF. The Health and Wellbeing Board (HWB) hold overall responsibility for the BCF plan but has delegated the responsibility for oversight of the plan and the pooled budget to the Integrated Commissioning Executive Team (ICET). ICET is made up of Health and Social Care senior leaders including the ICB executive place director, the Council's Service Director for Integrated Commissioning, The ICB Finance Place Lead and the Council's Head of Finance. ICET also has

representation from clinical leads in Mental Health and LD, CYP, Integration and Primary Care as well as Public Health, Business Intelligence, and the lead commissioner for the Disabled Facilities Grant.

The BCF Plan is agreed by the ICB Accountable Officer who has delegated authority from the ICB and by the Local Authority Corporate Director and DASS, Cabinet Member for Health and Wellbeing and the Local Authority Chief executive prior to final HWB sign off.

Following approval and submission of the BCF 2022-23 Plan the BCF Section 75 agreement will also be updated.

ICET also has delegated authority from the HWB to sign off the BCF quarterly returns submitted to NHSE.

The Governance arrangements are under review in light of the introduction of the ICB in July 22.

Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person centred health, social care and housing services including:

- ***Joint priorities for 2022-23***
- ***Approaches to joint/collaborative commissioning***
- ***How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2022-23.***

The joint priorities are shaped by the Joint Local Health and Wellbeing Strategy and the Integrated Care Partnership and for 22-23 remain the same as 21-22 which were planned as 12-24 month priorities and were identified as areas that could yield significant benefits from an integrated approach. The priorities are:

1. hospital discharge
2. admission avoidance
3. mental health
4. primary care community services and
5. health inequalities with a focus on cardio-vascular disease.

Buckinghamshire has an Integrated Commissioning model and continues to build on this in 2022-23. There are formal s75 agreements including for Integrated Therapies, s117, Integrated Community Equipment, Continuing Health Care and BCF. Through the Integrated Commissioning Executive Team (ICET) meeting held monthly, there is shared oversight of commissioning plans to monitor joint priorities. The meetings provide a clear forum that can be used effectively for integrated decision making.

There are integrated approaches to broader commissioning functions such as the management of care sector quality with formal integrated Quality Surveillance Groups and an integrated Care Home Outbreak Risk Group. There are integrated workstreams for all the BCF priority areas including the Intermediate Care Programme, Integrated Community Transformation programme, Mental Health, Learning Disability and Autism Board.

The BCF in Buckinghamshire supports an integrated approach through funding schemes which collectively work as a system to keep people at home and as independent as possible. An integrated approach is taken to prevent the need for people to be admitted to hospital and to ensure those who are admitted are discharged in a timely way to receive the right care and support in the most appropriate way for them. This is delivered using integrated pathways for admission avoidance and hospital admission. During 22-23, the additional BCF funding will be used to support these areas of work to improve efficiencies and the outcomes of individuals within these pathways.

The BCF supports the intermediate care offer in Buckinghamshire including funding hospital discharge teams, hospital social work teams and service finding commissioning teams. These teams work together to identify need and find and implement the right care for people to prevent hospital admission or to support people out of hospital. The BCF is also used to fund the Home Independence Team via social care which provides a hospital discharge and community reablement service. The Rapid Response and Intermediate Care (RRIC) service is also funded via the BCF contribution to the Buckinghamshire Health Trust Community Services contract. RRIC provides Urgent Community Response (2 hour and 2 day response, Rehabilitation and intermediate care, improving function, clinical outcomes, maximising independence and preventing deterioration to remain at home, Community Physiotherapy, hospital discharge support through community physiotherapy or intermediate care on discharge.

In addition to the integrated discharge to assess and admission avoidance pathways that are currently in place, one of the key BCF funded integration workstreams for 22-23 is the development of a transfer of Care Hub (ToCH) which will see the co-location and integration of all the participating agencies and professionals within a single management arrangement. The hub is key to supporting effective hospital discharge from the point of admission through to ensuring that the person leaving hospital is on the correct pathway and can return home or to an appropriate placement, as soon and as safely possible.

Implementing the BCF Policy Objectives (national condition four)

National condition four requires areas to agree an overarching approach to meeting the BCF policy objectives to:

- **Enable people to stay well, safe and independent at home for longer**
- **Provide the right care in the right place at the right time**

Please use this section to outline, for each objective:

- **The approach to integrating care to deliver better outcomes, including how collaborative commissioning will support this and how primary, community and social care services are being delivered to support people to remain at home, or return home following an episode of inpatient hospital care**
- **How BCF funded services will support delivery of the objective**

Plans for supporting people to remain independent at home for longer should reference

- **steps to personalise care and deliver asset-based approaches**
- **implementing joined-up approaches to population health management, and preparing for delivery of anticipatory care, and how the schemes commissioned through the BCF will support these approaches**
- **multidisciplinary teams at place or neighbourhood level.**

Plans for improving discharge and ensuring that people get the right care in the right place, should set out how ICB and social care commissioners will continue to:

- **Support safe and timely discharge, including ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support.**
- **Carry out collaborative commissioning of discharge services to support this.**

Discharge plans should include confirmation that your area has carried out a self-assessment of implementation of the High Impact Change Model for managing transfers of care and any agreed actions for improving future performance.

Adult Social Care is supported with BCF funding to deliver the Buckinghamshire Council Better Lives Programme which started in 2018 and is designed to deliver a change in approach to social care, moving from a traditional paternalistic approach to a strengths-based model of care. The programme seeks to enable more people to live longer, independent lives in their communities and ensure more high cost, high dependency care in residential and nursing homes is only used when absolutely needed.

The programme has delivered a shared model of prevention, agreed by partners across Buckinghamshire. The Better Lives Programme aims to keep people healthy and in their own homes and communities for longer.

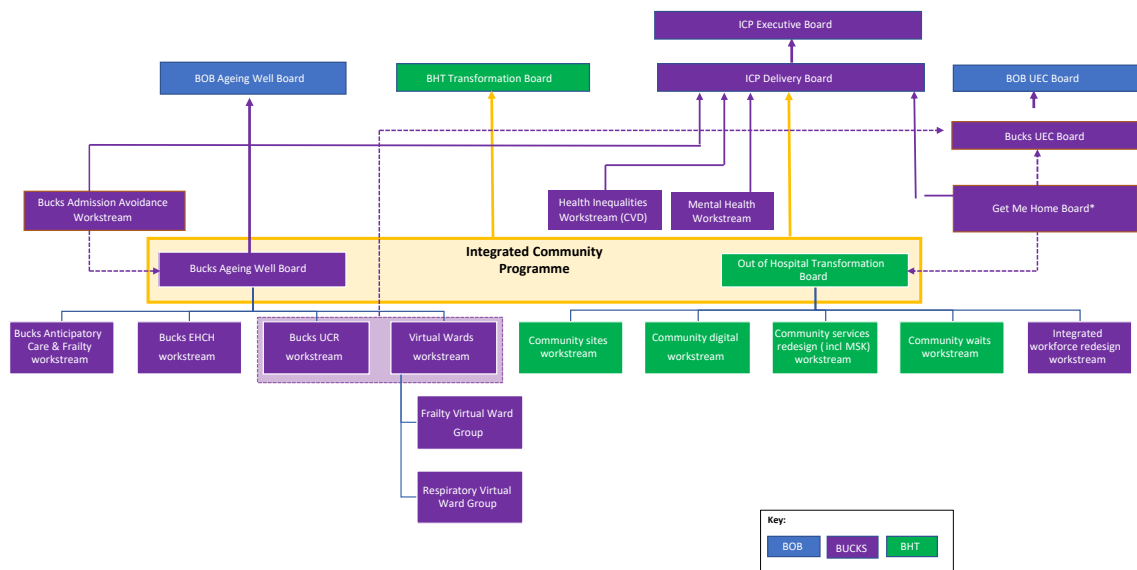
BCF funded schemes which support this include:

- Advocacy and DOLs – Liberty Protection Safeguards are being merged with the current contract to ensure a smoother transition for individuals
- Community Advocacy contract – will allow individuals outside of the statutory capacity to gain access to support and deal with challenging areas of their life. This is currently being developed and tailored to ensure it is manageable and deliverable
- Integrated Carers Service – improves the experience of carers and those that become carers for the first time in hospital. Post pandemic we are developing ways to provide the service safely and manage the rise in the number of carers being registered
- Community Engagement Contract with Healthwatch – gathering information through questionnaires and focus groups with communities to inform the future of specific areas of commissioning. Currently this is focused on the future of direct payments.
- Supported Living – provision of housing which enables people to live at independently whilst within a supported environment and helps them to sustain their tenancies
- Direct Payments – supporting service users to make choices over the care and support they receive

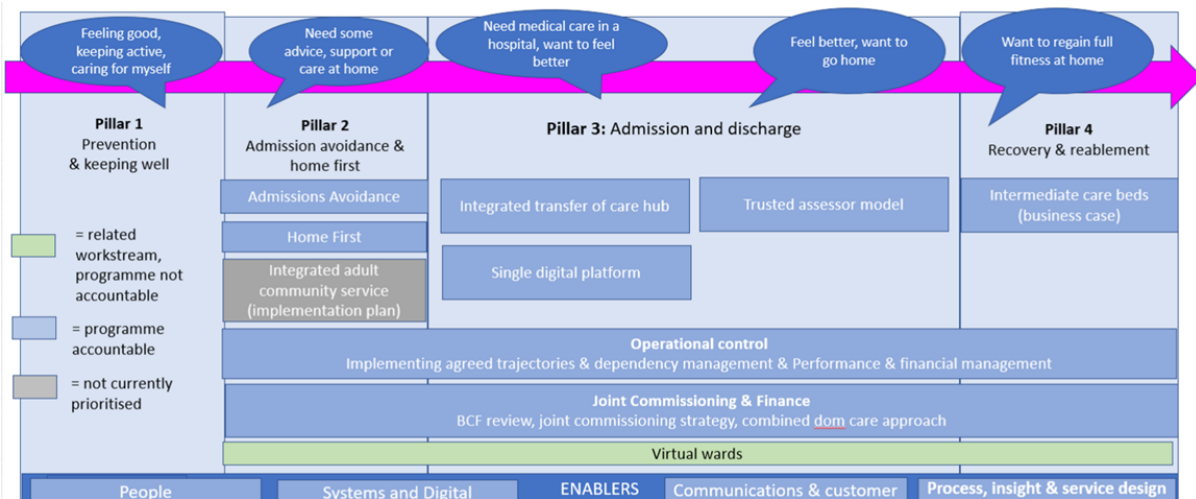
The Corporate Management Team for Buckinghamshire Council have approved a one council action plan for specialist accommodation which includes Adult Social Care accommodation. This is building on the work of an Adult Social Care accommodation steering group, with representation from housing, property, and planning. The action plan will integrate needs around Adult Social Care accommodation, into a more general housing and planning policies and the need for a joined up unitary approach has been approved by CMT. This strategic approach will support the overall objective to support people to remain independent and at home for longer and to ensure the right environment to receive the right care at the right time.

The BCF in Buckinghamshire is used to support the integrated community programme which provides an integrated approach to improving health outcomes, admission avoidance, and hospital discharge including implementing a Home First approach. Each of the workstreams involve system partners from the Council, the ICB, NHS provider Trusts and wider stakeholders such as care homes where relevant.

Integrated Community Programme Governance



Building upon work that has been done in previous years, Buckinghamshire is committed to establishing a sustainable long-term intermediate care offer. A new Integrated Care Programme Board has been established and integrated posts to lead and support the delivery of the programme have been created and appointed to. The programme will use the findings from the High Impact Change Model (HICM) self-assessment to drive improvements in the system in Buckinghamshire. The findings in the most recent self-assessment identified that although there have been improvements in all of the key change areas, the assessment was primarily ‘established’ heading to ‘mature’. The intermediate care programme is supporting the ambition within Buckinghamshire to move to ‘exemplary’ and the HICM self-assessment will continue to be used to assess progress. Some examples of where improvements have occurred are the implementation of the Enhanced Health in Care homes framework which is now overseen by both Health and Council named leads and progress has been made in all the care elements, including the support of the provision of an Urgent Community Response service to care homes.



Demand and Capacity Modelling

The requirement to submit a demand and capacity plan for the BCF for the first time has provided a challenge and an opportunity for the system partners to collectively discuss and agree how this can be approached and delivered. Data and information have been drawn from several sources across both Health and Social Care. There is a current workstream for 22-23 looking at the digital mechanisms for sharing information and data across key partner organisations. The development of streamlined approaches to recording and collecting data through the pathways will support future demand and capacity modelling. It has been determined that the planned trajectory can meet anticipated demand but only when presented in conjunction with associated risks and acknowledging the tension between capacity and flow. The current systems are meeting identified demand but could also be masking true demand, particularly at different points in the pathways. The experience of the individual is impacted by capacity and an increase in capacity could improve flow, decrease the length of stay (LOS) and improve the patient experience. Each area of the current system pathways operates at full or near full capacity and as such there is no room to absorb any unanticipated increase in demand and LOS in this circumstance is likely to be impacted significantly. There are several system workstreams to improve flow and create efficiencies to maximise the use of available capacity, but these will not be fully realised before the anticipated 22/23 winter surge.

Supporting unpaid carers.

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

Buckinghamshire has a Carers Transformation programme (2022 – 2024). During 22-23, an integrated Carers Board has been established which has senior leadership representation from Adult Social Care, Cabinet Members, ICB, Buckinghamshire Healthcare Trust, the voluntary and community sector (VCS) and Carers. The Board will use a co-production approach to oversee the carers transformation workstream to deliver improved outcomes for carers in Buckinghamshire. The Carers Board is accountable to the Adults & Health Transformation Board via Buckinghamshire Council, and the Health & Social Care (HASC) Board via Buckinghamshire Council Cabinet.

The BCF funds Carers Bucks, which is a VCS organisation, to provide a Carers Support Service. The service complements and reflects the wider health and wellbeing agenda of promoting a strengths-based approach, focusing on building resilience and wellbeing. The service works flexibly to provide a range of services across Buckinghamshire to meet the differing needs of carers aged from 5 years plus. The BCF funds the Young Adult and Adult elements of the service. The service works in partnership with health, social care services and the VCS to provide a holistic approach to supporting carers within Buckinghamshire.

In line with Care Act duties, Adult Social Care have a tiered system to identify support needs for carers with a focus on improving wellbeing, as well as supporting the Carer in their role. The conversations range from signposting or providing information and advice through to a full assessment leading to an agreed outcome-based care plan.

Buckinghamshire Council has well established Direct Payment options and carers breaks are funded through Direct Payments.

Carers Bucks support carers via primary health environments by developing their investors in GP award, working with surgeries across the County. The award requires that all staff within GP primary care settings are trained in recognising the needs of carers and that flexibility is offered where possible to promote carer wellbeing.

Carers Bucks had support staff located in the acute hospitals to support carers, with a particular focus on hospital discharge. This was suspended due to the pandemic but is currently under review as it was previously successful in identifying, engaging, and supporting carers. The involvement and support of carers is acknowledged as key contribution to improving efficiencies within the hospital discharge and admission avoidance pathways

Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, social care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

Adult Social Care has created an accommodation steering group to develop a one council approach and action plan to utilise the benefits of becoming a unitary authority. This group includes membership from wider Council departments including Housing, Planning and Property. The aim of this group and work is to maximise the potential to develop accommodation solutions that will meet the future needs of people with adult social care needs, aligning the strategic objectives of both housing and adult social care. Included in this is accommodation that can support delivery models that focus on maintaining independence and maintaining wellbeing. This work includes undertaking a detailed market analysis to inform future commissioning activity but also provide evidence to incorporate adult social care accommodation needs in the Local Plan. To support planning and property services to engage with this agenda, work is also being undertaken to develop design principles for different types of adult social care need. The one council action plan which will integrate needs around Adult Social Care accommodation, into a more general housing and planning policies.

Buckinghamshire had aimed to use becoming a unitary authority in April 2020 as an opportunity to review how DFG is delivered within the county. Prior to this, DFG was passported to the four former district councils. The pandemic limited progress but the review was an identified priority for 21-22. This was delayed further due to the Omicron surge and now remains a priority for 22-23. The policy is currently being reviewed and the way the policy is operationalised is also under review. Access to DFG currently still operates under multiple existing policies and is administered by the housing teams while the assessment of need is undertaken by OTs within Social Care. The funding is now retained by the single unitary council.

Through collaboration between Council departments (Adult Social Care, Children's Social Care and Housing), and in consultation with recipients of DFG, the Council intends to enhance the delivery of DFG to better meet the needs of its residents whilst aligning with the various strategies in place (and in development). This will include ensuring adults are supported to remain independent in their own homes for longer, ensuring children are given the best start in life and ensuring that people are living in homes that support them to have positive health and social care outcomes.

Opportunities include:

- Utilising the increased investment in recent years in a better and more equitable way
- Introducing a central point of administration (surveying, planning, admin of grant)

- Reducing 'handoffs' between social care and housing to improve client experience and speed up delivery
- Streamlining the policy to abolish the nuances between the former district councils' policies
- Reviewing the referral criterion to determine how we can make improvements to access
- Bringing DFG closer to the Integrated Community Equipment service to allow greater access
- Greater alignment of DFG with housing lists to enable mutual exchanges/swaps to take place where suitable properties for DFG adaptations can be identified
- Evolving discretionary use of the grant to further support hospital discharge

As well as capital funding to support permanent adaptations to homes, DFG is also currently used for some minor discretionary approaches that serve a preventative purpose. These are outlined below:

Deep Cleans – For individuals that self-neglect who are at risk of admission to hospital or cannot be discharged to their home without a deep clean taking place. Deep cleans can also be undertaken to enable equipment installations or DFG adaptations to take place.

Healthy Homes on Prescription – Seeks to prevent hospital admissions and assist with managing timely discharge from hospital by funding essential works to address health and safety hazards in homes. This could range from installing and repairing heating and other minor repairs, to installing electrical points for medical equipment and widening doorways to accommodate wheelchairs.

DFG currently runs in parallel to the Integrated Community Equipment Service (ICES). The ICES service within Buckinghamshire is delivered by NRS through a joint funding arrangement between health and social care and encompasses several service elements including provision of simple and complex aids to daily living, minor adaptations, technology enabled care, continence products, long term wheelchair provision, sensory equipment and domestic lift maintenance. The service plays a key role in supporting discharge of people into their own homes, preventing avoidable admissions to hospital and maximising service user independence.

Supplementary OT support to Home First Pathway – NRS have been providing therapy input to the Home First Pathway through dedicated OT resource supplementary to the existing ICES contract. On discharge, a joint assessment between therapy and the home care provider takes place, identifying equipment needs, the appropriate package of care and the initial goals for the person. Utilising NRS for this also brings further opportunities to identify other needs e.g. assistive technology.

Equality and health inequalities

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- ***Changes from previous BCF plan***
- ***How these inequalities are being addressed through the BCF plan and BCF funded services***
- ***Where data is available, how differential outcomes dependent on protected characteristics or for members of vulnerable groups in relation to BCF metrics have been considered***
- ***Any actions moving forward that can contribute to reducing these differences in outcomes***

Buckinghamshire is currently developing a new Joint Local Health and Wellbeing Strategy. The strategy takes a life course approach of Start Well, Live Well, Age Well. The main evidence base for the strategy is the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Board draws on the JSNA to prioritise its work programme. Priorities have not yet been signed off but the themes of mental health, obesity and smoking with a particular focus on tackling health inequalities have been identified.

The Buckinghamshire Integrated Care Partnership has taken the CORE20PLUS5 approach to address health inequalities. Cardiovascular disease and smoking are current priorities and are included in the community transformation programme of work. There is a focus on smoking cessation as this is the number one cause of health inequalities in Buckinghamshire and has been identified within the CORE20PLUS5 approach as having a positive impact on all five identified key clinical areas. THE BCF funds the NHS Integrated Community Services which delivers some of the workstreams addressing health inequalities. The workstream includes:

- Improving referrals and access to smoking cessation services
- Prioritising long term conditions reviews for cohorts of patients who smoke and are an ethnic minority
- Developing smoking cessation support for acute inpatients, maternity services, and mental health services
- Ensuring pathways and services are culturally appropriate
- Improving the cultural competence of the workforce
- Focusing on the most deprived practice areas including Aylesbury and High Wycombe

Mental illness is one of the Buckinghamshire BCF priorities. It is evidenced that people with SMI are more likely to die prematurely and individuals with SMI are 3 x more likely to smoke. BCF funding is used for Annual Health Checks for people with SMI to reduce the inequalities this cohort faces, in line with the CORE20PLUS5 approach. The work has increased the proportion of patients receiving all six elements of the physical health check.

Buckinghamshire JSNA has identified that the number of people being admitted to hospital due to a fall, is more prevalent in deprived areas, with a particular focus on the south of the county, as it has a higher figure than the overall average in England. The BCF funds a Falls Prevention service in Buckinghamshire via the NHS community contract and primarily works with older adults. This is being reviewed considering the UKHSA identification that the incidence of falls is likely to increase post-COVID due to deconditioning and periods of immobility during the pandemic. This will primarily have an impact on older adults and the opportunity to use this BCF scheme to further address this is being explored.

The JSNA shows rates for people with dementia in Buckinghamshire are estimated at 7,000 people aged 65+ having been diagnosed. A Dementia Needs Analysis has been carried out in 22-23 and this has identified that Buckinghamshire's low dementia diagnostic rate (56.9%, or 4,061 people diagnosed out of estimated prevalence of 7,142, as per NHS Digital report from March 2022) illustrates the underdiagnosis of people living with dementia in the area, which results in people not accessing the appropriate dementia support. It has been suggested that the gap is not within the current diagnostic pathways but instead around increasing awareness, reducing stigma, and encouraging people to come forward to be diagnosed. This is particularly key to care homes and social care teams when supporting frail people. In other words, by employing proactive behaviour in identifying dementia signs and supporting access to a diagnosis, not only the dementia diagnostic rate (DDR) would improve, but more people would access the appropriate dementia support. The Dementia workstream has identified six priority areas for 22-23 to improve the outcomes for people with Dementia. BCF funding supports this workstream.

During 22-23, there will be an assessment of the impact of the BCF on addressing inequalities and how the BCF is being used to reduce health inequalities. The timing of this will enable the inclusion of exploring the impact of COVID in relation to inequalities. It will also assess how each of the schemes is addressing inequalities, particularly for individuals with a protected characteristic. This has been agreed as a priority by ICET.

This page is intentionally left blank

Appendix 2

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution.
4. If you are pooling any funding carried over from 2021-22 (i.e. **underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.
5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.
6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:
 - This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
 - This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Brief Description of Scheme
 - This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.
4. Scheme Type and Sub Type:
 - Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
 - Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
 - Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
 - If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
 - The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.
5. Area of Spend:
 - Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
 - Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards National Condition 2.
 - If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
 - We encourage areas to try to use the standard scheme types where possible.
6. Commissioner:
 - Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
 - Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.
 - If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:
<https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704>
- Technical definitions for the guidance can be found here:
<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>

2. Discharge to normal place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:

- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Version 1.0.0

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board: Buckinghamshire

Completed by: Colette Kavanagh

E-mail: colette.kavanagh@buckinghamshire.gov.uk

Contact number: 01296 387428

Has this plan been signed off by the HWB (or delegated authority) at the time of submission? No

If no please indicate when the HWB is expected to sign off the plan: Thu 22/09/2022 << Please enter using the format, DD/MM/YYYY

If using a delegated authority, please state who is signing off the BCF plan:

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title: Buckinghamshire Council Chief Executive; Integrated Care Board E
 Name: Rachael Shimmin; Dr James Kent

*Area Assurance Contact Details:	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
	Health and Wellbeing Board Chair	Cllr	Angela	Mcpherson	angela.macpherson@buckinghamshire.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		James	Kent	jameskent99@nhs.net
	Additional ICB(s) contacts if relevant		Matt	Powls	matt.powls1@nhs.net
	Local Authority Chief Executive		Rachael	Shimmin	rachael.shimmin@buckinghamshire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Gillian	Quinton	gillian.quinton@buckinghamshire.gov.uk
	Better Care Fund Lead Official		Amy	Castielli	amy.castielli@buckinghamshire.gov.uk
	LA Section 151 Officer		David	Skinner	david.skinner@buckinghamshire.gov.uk
	Buckinghamshire Council - Director of Integrated Commissioning		Tracey	Ironmonger	tracey.ironmonger@buckinghamshire.gov.uk
	Buckinghamshire CCG - Interim Chief Finance Officer		Kate	Holmes	kate.holmes6@nhs.net
	Buckinghamshire Council - Adults and Health Finance Director		Elsbeth	O'Neill	elsbeth.oneill@buckinghamshire.gov.uk

Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	Yes
7. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

3. Summary

Selected Health and Wellbeing Board:

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£4,065,961	£4,065,961	£0
Minimum NHS Contribution	£35,433,967	£35,433,967	£0
IBCF	£5,040,826	£5,040,826	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Total	£44,540,754	£44,540,754	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£10,076,361
Planned spend	£23,561,364

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£11,872,603
Planned spend	£11,872,603

Scheme Types

Assistive Technologies and Equipment	£1,371,888	(3.1%)
Care Act Implementation Related Duties	£1,557,322	(3.5%)
Carers Services	£659,464	(1.5%)
Community Based Schemes	£26,576,400	(59.7%)
DFG Related Schemes	£4,065,961	(9.1%)
Enablers for Integration	£631,051	(1.4%)
High Impact Change Model for Managing Transfer of	£1,342,909	(3.0%)
Home Care or Domiciliary Care	£1,644,869	(3.7%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£0	(0.0%)
Bed based Intermediate Care Services	£650,000	(1.5%)
Reablement in a persons own home	£2,118,666	(4.8%)
Personalised Budgeting and Commissioning	£851,870	(1.9%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£502,000	(1.1%)
Residential Placements	£2,568,354	(5.8%)
Other	£0	(0.0%)
Total	£44,540,754	

[Metrics >>](#)

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)			

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	93.5%	93.7%	93.7%

Residential Admissions

	2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population Annual Rate	373	489

Reablement

	2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services Annual (%)	86.4%

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board: Buckinghamshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Buckinghamshire	£4,065,961
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£4,065,961

iBCF Contribution	Contribution
Buckinghamshire	£5,040,826
Total iBCF Contribution	£5,040,826

Are any additional LA Contributions being made in 2022-23? If yes, please detail below No

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	

NHS Minimum Contribution	Contribution
NHS Bedfordshire, Luton and Milton Keynes ICB	£426,456
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£35,007,511
Total NHS Minimum Contribution	£35,433,967

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below No

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	£0	
Total NHS Contribution	£35,433,967	

Total BCF Pooled Budget	2021-22 £44,540,754
--------------------------------	-------------------------------

Funding Contributions Comments
Optional for any useful detail e.g. Carry over not applicable

Page 116

See next sheet for Scheme Type (and Sub Type) descriptions

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board:

Buckinghamshire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£4,065,961	£4,065,961	£0
Minimum NHS Contribution	£35,433,967	£35,433,967	£0
IBCF	£5,040,826	£5,040,826	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
Total	£44,540,754	£44,540,754	£0

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£10,076,361	£23,561,364	£0
Adult Social Care services spend from the minimum ICB allocations	£11,872,603	£11,872,603	£0

>> Link to further guidance

checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Sheet complete

Page 117

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Expenditure								
						Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Home from Hospital Service	Voluntary care sector contract delivered by Age UK to support	Community Based Schemes	Low level support for simple hospital discharges		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£246,840	Existing
2	Assistive Technology	Provision of 'end to end' Technology Enabled Care service (including	Assistive Technologies and Equipment	Telecare		Social Care		LA			Private Sector	Minimum NHS Contribution	£875,660	Existing
3	Dementia	Memory Support Service delivered by the Alzheimer's Society -	Prevention / Early Intervention	Other	Memory Support Services	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£156,000	Existing
4	Integrated Carers Services	Statutory information, advice and guidance service operated by	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum NHS Contribution	£543,219	Existing
5	Falls	The falls pathway delivered by Buckinghamshire	Prevention / Early Intervention	Other	Falls Pathway	Social Care		LA			NHS Acute Provider	Minimum NHS Contribution	£250,000	Existing
6	BC Home Independence Team	Supports the delivery of reablement services - This is the	Reablement in a persons own home	Reablement service accepting community and		Social Care		LA			Local Authority	Minimum NHS Contribution	£2,118,666	Existing
7	Hospital Social Work Teams	Funds the ASC hospital staff supporting the D2A pathway seven	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,342,909	Existing
8	Integrated Commissioning Team	Takes the functions of the disbanded quality in care team now	Enablers for Integration	Joint commissioning infrastructure		Social Care		LA			Local Authority	Minimum NHS Contribution	£601,051	Existing
9	LA Additional Placement Pressures from	To fund additional placements pressures that have resulted from	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Local Authority	Minimum NHS Contribution	£393,139	Existing
10	LA Additional Placement Pressures from	To fund additional placements pressures that have resulted from	Residential Placements	Nursing home		Social Care		LA			Local Authority	Minimum NHS Contribution	£970,592	Existing

11	NRS - Bucks Integrated Sensory Service Equipment	An integrated service to children young people and adults with hearing.	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	Minimum NHS Contribution	£52,000	Existing
12	Advocacy Contract (POWHER)	Supports delivery of the Care Act requirements	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care		LA			Private Sector	Minimum NHS Contribution	£240,000	Existing
13	DOLS (including legal costs)	Supports delivery of the Care Act requirements	Care Act Implementation Related Duties	Other	DOLS	Social Care		LA			Local Authority	Minimum NHS Contribution	£686,103	Existing
14	Early Resolution and Safeguarding and Short Term	Newly restructured Adult Social Care Team incorporating	Community Based Schemes	Integrated neighbourhood services		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,768,343	Existing
15	Occupational Therapy Team	Buckinghamshire Council Occupational Therapy team delivering therapy	Community Based Schemes	Multidisciplinary teams that are supporting		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,628,081	Existing
16	Integrated Community Services	The ICBs commission a range of integrated community services from	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£22,933,136	Existing
17	Annual Health Checks for people with severe	Offering annual health checks to clients diagnosd with serious	Prevention / Early Intervention	Risk Stratification		Primary Care		CCG			NHS Community Provider	Minimum NHS Contribution	£96,000	Existing
18	DOLS (ICB)	Supports delivery of the Care Act requirements	Care Act Implementation Related Duties	Other	DOLS	Primary Care		CCG			CCG	Minimum NHS Contribution	£88,000	Existing
19	Immedicare (contribution)	24/7 NHS Clinical and Technical Support via video link to support	Assistive Technologies and Equipment	Digital participation services		Primary Care		CCG			Private Sector	Minimum NHS Contribution	£444,228	Existing
20	Disabled Facilities Grant	Mandatory capital grant for home adaptations to support older and	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£3,835,961	Existing
21	Deep Cleans	Supports homeowners suffering from self-neglect to aid	DFG Related Schemes	Discretionary use of DFG - including small adaptations		Social Care		LA			Private Sector	DFG	£60,000	Existing
22	Healthy Homes on Prescription	Funds essential works to address health and safety hazards in homes,	DFG Related Schemes	Discretionary use of DFG - including small adaptations		Social Care		LA			Local Authority	DFG	£170,000	Existing
23	Protecting voluntary care services	Healthwatch community engagement contract	Enablers for Integration	Voluntary Sector Business Development		Social Care		LA			Charity / Voluntary Sector	iBCF	£30,000	Existing
24	Brokerage support in hospitals	Supporting self funders being discharged from hospital with sourcing	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	iBCF	£83,000	Existing
25	Residential Placements	Additional capacity to support ASC pressures	Residential Placements	Care home		Social Care		LA			Local Authority	iBCF	£336,589	Existing
26	Home or domiciliary care and live in care	Additional capacity to support ASC pressures	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Local Authority	iBCF	£1,251,730	Existing
27	Direct Payments	Supports person-centred delivery of care through direct payments to	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	iBCF	£768,870	Existing
28	Respite	Short breaks to support people with disabilities and their families and	Carers Services	Respite services		Social Care		LA			Local Authority	iBCF	£659,464	Existing
29	Step Up/Step Down	Intermediate care services to support the D2A pathway and	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Local Authority	iBCF	£650,000	Existing
30	Nursing Placements	Additional capacity to support ASC pressures	Residential Placements	Nursing home		Social Care		LA			Local Authority	iBCF	£932,796	Existing
31	Supported Living	Additional capacity to support ASC pressures	Residential Placements	Supported living		Social Care		LA			Local Authority	iBCF	£328,377	Existing

Further guidance for completing Expenditure sheet

National Conditions 2 & 3

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	<ol style="list-style-type: none"> 1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other 	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	<ol style="list-style-type: none"> 1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other 	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	<ol style="list-style-type: none"> 1. Respite Services 2. Other 	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	<ol style="list-style-type: none"> 1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other 	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg. Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	<ol style="list-style-type: none"> 1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other 	The DFG is a means-tested capital grant to help meet the costs of adapting a property, supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	<ol style="list-style-type: none"> 1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other 	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	<ol style="list-style-type: none"> 1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other 	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	<ol style="list-style-type: none"> 1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other 	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg. supported housing units.
10	Integrated Care Planning and Navigation	<ol style="list-style-type: none"> 1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other 	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	<ol style="list-style-type: none"> 1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other 	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
12	Reablement in a persons own home	<ol style="list-style-type: none"> 1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other 	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	<ol style="list-style-type: none"> 1. Mental health/wellbeing 2. Physical health/wellbeing 3. Other 	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	<ol style="list-style-type: none"> 1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other 	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	<ol style="list-style-type: none"> 1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other 	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in short description in the comments column.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board:

Buckinghamshire

8.1 Avoidable admissions

		2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	Rationale for how ambition was set	Local plan to meet ambition
		Actual	Actual	Actual	Actual		
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance) >> link to NHS Digital webpage (for more detailed guidance)	Indicator value	117.6	117.9	128.1	106.8	The 2021-22 actual ISR rate of 470.4 per 100k has been set as the target for 22-21 and is based on CSU data demonstrating 2,927 actual admissions against a population figure of 551,526 (ONS mid-	Plan for reducing rates for this metric and how schemes and enabling activity for Health and Social Care Integration are expected to impact: Schemes (BCF and non-BCF funded) which
		2022-23 Q1 Plan	118	118	128		
	Indicator value	118	118	128	107		

8.3 Discharge to usual place of residence

		2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	Rationale for how ambition was set	Local plan to meet ambition
		Actual	Actual	Actual	Actual		
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	93.8%	93.8%	93.7%	92.5%	In 21-22 the overall figure was 92.6%, therefore an ambitious increase to 93.4% has been set for 22-23. Data from the BCF pack and the CSU, has been utilised to set and agree trajectories: •Average performance since Q1 2019-20 to Q1 2022-23 is 93.4% •Average performance in 2019-20 was 94%	Buckinghamshire's focus is on maximising the number of patients who return home to their usual place of residence and ensuring figures do not fall below 2021/22 performance, and instead increase closer in line with 2019-20. CSU suggests this trajectory is achievable but still a stretch. Buckinghamshire has a workstream for 22-23 to improve efficiencies within discharge to assess and continue to
	Numerator	9,025	9,067	9,017	8,563		
	Denominator	9,625	9,668	9,622	9,253		
	Quarter (%)	2022-23 Q1 Plan	93.5%	93.7%	93.7%		
	Numerator	9,000	9,060	9,020	8,570		
	Denominator	9,625	9,668	9,622	9,253		

8.4 Residential Admissions

		2020-21	2021-22	2021-22	2022-23	Rationale for how ambition was set	Local plan to meet ambition
		Actual	Plan	estimated	Plan		
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	372.7	527.1	506.2	489.0	The target annual rate for 21-22 was 527.1, however the actual annual rate for 21-22 was 506.2. Therefore for 2022-23 another ambitious target of 489 has been set to continue with progress made last year. The	Buckinghamshire's focus is on embedding the home first ethos, and utilising preventative services to ensure individuals only enter a residential or nursing care home at the point at which they can no longer live safely at home.
	Numerator	388	557	535	525		
	Denominator	104,114	105,680	105,680	107,356		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England: <https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

8.5 Reablement

		2020-21	2021-22	2021-22	2022-23	Rationale for how ambition was set	Local plan to meet ambition
		Actual	Plan	estimated	Plan		
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	87.9%	77.0%	86.1%	86.4%	Target: • Buckinghamshire's reablement target was met in 2021-22. • Last year's actual figure of 87.9 is significantly higher than the national average of 79.1 (ASCOF 2021), and the	Assessment: • Buckinghamshire Council's Home Independence Team (HIT) and the NHS Rapid Response and Intermediate Care (RRIC) service provide reablement and
	Numerator	262	230	180	216		
	Denominator	298	298	209	250		

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:

- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for **North Northamptonshire** and **West Northamptonshire** are using the **Northamptonshire** combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Selected Health and Wellbeing Board:

Buckinghamshire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?</p>	<p>Cover sheet</p> <p>Cover sheet</p> <p>Narrative plan</p> <p>Validation of submitted plans</p>	Yes	Please refer to the detail within the attached narrative		
	PR2	A clear narrative for the integration of health and social care	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:</p> <ul style="list-style-type: none"> How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally The approach to collaborative commissioning How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include <ul style="list-style-type: none"> How equality impacts of the local BCF plan have been considered Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. <p>The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.</p>	Narrative plan	Yes	Please refer to the detail within the attached narrative		
	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <ul style="list-style-type: none"> Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? In two tier areas, has: <ul style="list-style-type: none"> Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or The funding been passed in its entirety to district councils? 	<p>Narrative plan</p> <p>Confirmation sheet</p>	Yes	Please refer to the detail within the attached narrative		
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC4: Implementing the BCF policy objectives	PR6	Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?	<p>Does the plan include an agreed approach for meeting the two BCF policy objectives:</p> <ul style="list-style-type: none"> Enable people to stay well, safe and independent at home for longer and Provide the right care in the right place at the right time? <ul style="list-style-type: none"> Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? Does the plan include actions going forward to improve performance against the HICM? 	<p>Narrative plan</p> <p>Expenditure tab</p> <p>C&D template and narrative</p> <p>Narrative plan</p> <p>Narrative template</p>	Yes	Please refer to the detail within the attached narrative and the subsequent capacity and demand template		
Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<ul style="list-style-type: none"> Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) Has the area included a description of how BCF funding is being used to support unpaid carers? Has funding for the following from the NHS contribution been identified for the area: <ul style="list-style-type: none"> Implementation of Care Act duties? Funding dedicated to carer-specific support? Reablement? 	<p>Expenditure tab</p> <p>Expenditure plans and confirmation sheet</p> <p>Narrative plan</p> <p>Narrative plans, expenditure tab and confirmation sheet</p>	Yes	Please refer to the detail within the attached narrative		
Metrics	PR8	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<ul style="list-style-type: none"> Have stretching ambitions been agreed locally for all BCF metrics? Is there a clear narrative for each metric setting out: <ul style="list-style-type: none"> the rationale for the ambition set, and the local plan to meet this ambition? 	Metrics tab	Yes	Please refer to the detail within the attached narrative		

This page is intentionally left blank

Appendix 3

Overview

The Better Care Fund (BCF) requirements for capacity and demand plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme. The programme is jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

Appendix 4 of the Planning Requirements sets out guidance on how to develop Capacity and Demand Plans, useful definitions and where to go for further support. This sheet provides further guidance on using the Capacity and Demand Template.

This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed off by the HWB as part of the wider BCF plan for 2022-23.

The template is split into three main sections.

Demand - used to enter the expected demand for short term, intermediate care services in the local authority (HWB) area from all referral sources from October 2022-March 2023. There are two worksheets to record demand

- Sheet 3.1 Hospital discharge - expected numbers of discharge requiring support, by Trust.
- Sheet 3.2 Community referrals (e.g. from Single points of Access, social work teams etc)

Intermediate care capacity - this is also split into two sheets (4.1 Capacity - Discharge and 4.2 Capacity - community). You should enter expected monthly capacity available for intermediate care services to support discharge and referrals from community sources. This is recorded based on service type.

Data for capacity and demand should be provided on a month by month basis for the third and fourth quarters of 2022-23 (October to March)

Spend data - this worksheet collects estimated spend across the local authority area on intermediate care for the whole year ie 2022-23. This should include all expenditure (NHS and LA funded) on intermediate care services as defined in appendix 4 of the BCF Planning Requirements.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists in the relevant sheet or in the guidance tab for readability if required.

The details of each sheet in the template are outlined below.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign-off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

england.bettercarefundteam@nhs.net

(please also each copy in your respective Better Care Manager)

If you have any queries on the template then please direct these to the above email inbox or reach out via your BCM.

3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway (as set out in the Hospital Discharge Guidance available on Gov.uk)

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance -

<https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance>

We suggest that you enter data for individual trusts where they represent 10% or more of expected discharges in the area. Where a Trust represents only a small number of discharges (less than 10%), we recommend that you amalgamate the demand from these sources under the 'Other' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

4.2 Capacity - community

This sheet collects expected capacity for intermediate care services where a person has been referred from a community source. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- VCS services to support someone to remain at home
- Urgent Community Response (2 hr response)
- Reablement or rehabilitation in a person's own home
- Intermediate care in a person's own home
- Bed-based intermediate care (step up)

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services - using the definitions in the planning requirements (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	Buckinghamshire	
Completed by:	Colette Kavanagh	
E-mail:	colette.kavanagh@buckinghamshire.gov.uk	
Contact number:	01296 387428	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off	
If no, please indicate when the report is expected to be signed off:	Thu 22/09/2022	<< Please enter using the format, DD/MM/YYYY
Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):		
Job Title:	Buckinghamshire Council Chief Executive; Integrated Care Board E	
Name:	Rachael Shimmin; Dr James Kent	

How could this template be improved?	
--------------------------------------	--

Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board:

Buckinghamshire

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance -

<https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance>

If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the **Other** Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	123	160	171	210	200	175
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	430	444	452	430	424	477
2: Step down beds (D2A pathway 2)	130	114	119	115	114	128
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	3	25	26	27	15	25

Any assumptions made:	<ul style="list-style-type: none"> •Pathway 1 - 1: Reablement in a person's own home to support discharge (D2A Pathway 1) <p>Pathway 1 data included - HIT, RRIC and Home First all strands</p>
------------------------------	--

!!Click on the filter box below to select Trust first!!

Demand - Discharge		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trust Referral Source (Select as many as you need)	Pathway						
FRIMLEY HEALTH NHS FOUNDATION TRUST	0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	41	69	49	84	80	70
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST		82	91	122	126	120	105
OTHER		0	0	0	0	0	0
FRIMLEY HEALTH NHS FOUNDATION TRUST	1: Reablement in a persons own home to support discharge (D2A Pathway 1)	39	50	55	43	36	53
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST		381	385	390	378	374	411
OTHER		10	9	7	9	14	13
FRIMLEY HEALTH NHS FOUNDATION TRUST	2: Step down beds (D2A pathway 2)	29	15	20	17	13	14
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST		95	97	94	93	94	109
OTHER		6	2	5	5	7	5
FRIMLEY HEALTH NHS FOUNDATION TRUST	3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	1	17	13	19	10	21
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST		2	5	8	6	4	2
OTHER		0	3	5	2	1	2

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board:

Buckinghamshire

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:

Data was drawn from the home from hospital contract information, for the voluntary sector.

- Urgent community response

Data considered for this section included, admission avoidance for Intermediate Care and

Demand - Intermediate Care

Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	33	34	28	32	32	32
Urgent community response	581	581	581	581	581	581
Reablement/support someone to remain at home	18	21	26	36	32	34
Bed based intermediate care (Step up)	7	7	7	7	7	7

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board:

Buckinghamshire

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:

•VCS Services to Support Discharge

To anticipate numbers for the quarter 3 and quarter 4 period, we reviewed trends from the previous year when the service was commissioned by British Red Cross. These trends showed an increase in demand for January and February, which has been reflected in the plan for 22/23.

Capacity - Hospital Discharge

Service Area	Metric	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
VCS services to support discharge	Monthly capacity. Number of new clients.	120	158	170	200	195	175
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	304	304	304	304	304	304
Reablement or rehabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	430	444	452	430	424	477
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	130	114	119	115	114	128
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	3	25	26	27	15	25

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Community

Selected Health and Wellbeing Board:

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Intermediate care in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	<ul style="list-style-type: none"> • Voluntary or Community Sector Services <p>To anticipate the numbers for the voluntary sector support, we reviewed the Age UK combined total referral targets and then separated into the discharge and community elements. The average monthly community referrals from quarter 1 2022/23 is 32 per month (Age UK Q1 report). Therefore, we have projected an</p>
------------------------------	---

Capacity - Community		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Service Area	Metric						
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.	33	34	28	40	38	30
Urgent Community Response	Monthly capacity. Number of new clients.	581	581	581	581	581	581
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	18	21	26	36	32	34
Intermediate care in a person's own home	Monthly capacity. Number of new clients.	4	5	4	5	4	5

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board:

Buckinghamshire

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:
 - Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23
 - Spend on intermediate care services in the BCF (including additional contributions).
 These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	

BCF related spend	
-------------------	--

Comments if applicable	
------------------------	--

Pharmaceutical Needs Assessment for Buckinghamshire

Date: 22 September 2022

Author/Lead Contacts: Tiffany Burch, Consultant in Public Health, Buckinghamshire Council

Report Sponsor: Matt Powls, Interim Executive Place Director for Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Consideration: Information Discussion
 Decision Endorsement

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy your report links to:

Start Well	Live Well	Age Well
<input type="checkbox"/> Improving outcomes during maternity and early years	<input type="checkbox"/> Reducing the rates of cardiovascular disease	<input type="checkbox"/> Improving places and communities to support healthy ageing
<input type="checkbox"/> Improving mental health support for children and young people	<input type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input type="checkbox"/> Reducing the prevalence of obesity in adults	<input type="checkbox"/> Increasing the physical activity of older people

None of the above? Please clarify below:

The Pharmaceutical Needs Assessment is a statutory obligation of Health and Wellbeing Boards in England. As such, it does not directly link to the Joint Local Health and Wellbeing Strategy priorities, but pharmacies support health and wellbeing in our communities.

1. Purpose of report

Since 1 April 2015, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA).

PNAs are used by the NHS as one piece of the puzzle to make decisions on which NHS funded services need to be provided by local community pharmacies. PNAs help the NHS decide if new pharmacies are needed.

The purpose of this report is to update the Health and Wellbeing Board on the 60-day technical consultation and the final stages of Buckinghamshire's Pharmaceutical Needs before it is published on 1 October 2022.

2. Recommendation to the Health and Wellbeing Board

1. To note the Executive Summary, full Pharmaceutical Needs Assessment and the 60-Day Consultation report.
2. To agree for the report to be published in line with legal requirements
3. Delegate any final responsibility for approval of the PNA following this meeting to the PNA Steering Group.

3. Content of report

This is Buckinghamshire's third Pharmaceutical Needs Assessment under the regulations and requirements set out by the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013. Since April 2015, all Health and Wellbeing Boards (HWB) have a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

- Support local commissioners in decisions regarding services that could be delivered by community pharmacies to meet the future identified health needs of the population
- Support NHS England in their decision-making process related to applications for new pharmacies or changes of pharmacy premises and/or opening hours.

There are 85 community pharmacies and one local pharmaceutical services contractor providing pharmacy services within Buckinghamshire.

The PNA assesses whether the current provision of pharmacies, and the commissioned services they provide, meet the needs of the Buckinghamshire residents and whether there are any gaps, either now or within the lifetime of the document, 1st October 2022 to 30th September 2025.

The Buckinghamshire Health and Wellbeing Board commissioned Healthy Dialogues to conduct their PNA for October 2022. In January 2022, a steering group was formed to oversee the PNA process and

to ensure that it met statutory regulations. The steering group was chaired by Buckinghamshire, Oxfordshire, and Berkshire West (BOB), Integrated Care Board.

The process of the development of the PNA included:

- a review of the current and future demographics and health needs of Buckinghamshire population
- a survey to Buckinghamshire patients and the public on their use and expectations of pharmacy services
- a survey to Buckinghamshire pharmacy contractors to determine their capacity to fulfil any identified current or future needs
- an assessment of the commissioned essential, advanced, and other NHS pharmacy services provided in Buckinghamshire

The mandatory consultation period for the draft PNA ran from 23 May to 24 July 2022. Responses to the consultation were considered in the final PNA report and the consultation report is included as Appendix D in the full Pharmaceutical Needs Assessment.

The Steering Group on behalf of the Health and Wellbeing Board has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the Buckinghamshire population. It has also determined whether there are any gaps or need for improvements or better access in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.

Buckinghamshire is well served in relation to the number and location of pharmacies. The Health and Wellbeing Board has concluded that there are no gaps in current and future access to Necessary, Advanced and Other NHS Pharmaceutical Services for the residents of Buckinghamshire, and no needs for improvements or better access were identified.

4. Next steps and review

Following agreement by the Health and Wellbeing Board to publish the report, it will be made publicly available on the Health and Wellbeing Board's webpages.

5. Background papers

The full PNA report includes the executive summary, the full PNA and the 60-day consultation report which details the responses received and how these responses are addressed within the final PNA can be found in appendix 1. The consultation report is included as Appendix D in the PNA document.

This page is intentionally left blank



BUCKINGHAMSHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2022-2025



Executive summary

Introduction

Since April 2015, all Health and Wellbeing Boards (HWB) have a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

- Support local commissioners in decisions regarding services that could be delivered by community pharmacies to meet the future identified health needs of the population
- Support NHS England in their decision-making process related to applications for new pharmacies or changes of pharmacy premises and/or opening hours.

There are 85 community pharmacies and one local pharmaceutical services contractor providing pharmacy services within Buckinghamshire.

The PNA assesses whether the current provision of pharmacies, and the commissioned services they provide, meet the needs of the Buckinghamshire residents and whether there are any gaps, either now or within the lifetime of the document, 1st October 2022 to 30th September 2025. It assesses current and future provision with respect to:

- Necessary Services, i.e., accessibility of pharmacies and their provision of Essential Services
- Other Relevant Services and Other Services. These are services commissioned by NHS England, Buckinghamshire Clinical Commissioning Group (CCG), or Buckinghamshire Council, they include: Advanced and Other NHS services.

Methodology

The Buckinghamshire Health and Wellbeing Board commissioned Healthy Dialogues to conduct their PNA for October 2022. In January 2022, a steering group was formed to oversee the PNA process and to ensure that it met statutory regulations. The steering group was chaired by Buckinghamshire, Oxfordshire, and Berkshire West (BOB), Integrated Care System.

The process of the development of the PNA included:

- a review of the current and future demographics and health needs of Buckinghamshire population

- a survey to Buckinghamshire patients and the public on their use and expectations of pharmacy services
- a survey to Buckinghamshire pharmacy contractors to determine their capacity to fulfil any identified current or future needs
- an assessment of the commissioned essential, advanced, and other NHS pharmacy services provided in Buckinghamshire

The PNA consultation draft was published for a 60-day formal consultation between the period of 23rd May to the 24th July 2022. Responses to the consultation were considered in the final PNA report to be presented to the Buckinghamshire Health and Wellbeing Board before the 1st October 2022.

Findings

Summary of key population demographics and health needs of Buckinghamshire

Buckinghamshire is a rural unitary authority located within South East England with a population of 547,060 (Mid-2020 Population Estimates). The population is expected to increase by 1.1% between 2022 and 2025 (ONS 2018 population projections).

According to the 2011 census, most of the county speaks English as the main language, although 10.1% of the population in an area within Wycombe do not speak English well or at all (NB: these figures might change when the 2021 census data is published).

Buckinghamshire is one of the least deprived local authority areas in England and consequently has better health overall than the England average. Life expectancy and healthy life expectancy are significantly higher than the England figures. However, there were a number of areas of needs identified, these include:

- smoking in those working routine and manual occupations
- late diagnosis of HIV
- proportion of adult social care users who do not have as much social contact as they would like (OHID, Public Health Profiles, 2022).

In Buckinghamshire the health of residents also varies within, and between geographical areas. For example, people living in more deprived areas are more likely to live in poor health

and die earlier than people living in less deprived areas and are more likely to develop multiple long term conditions earlier, such as diabetes and heart disease.

The Health and Wellbeing Bucks website presents an overview of the health and wellbeing of the Buckinghamshire population as a whole¹ and recommendations at community board level.²

Summary of patient and public engagement findings

A community survey was disseminated across Buckinghamshire. 205 people responded to a public engagement survey on how they use their pharmacy and their views on specific 'necessary' pharmaceutical services.

Overall, respondents were happy with the services their pharmacy provided. Most people chose their pharmacy because of their overall satisfaction with the service they received. For most, the pharmacy was within a 5–20-minute walk or car journey, but for a small number of residents, the pharmacy was around 20–60-minute walk or car journey. Most stated they prefer to use their pharmacies during weekdays or weekends and during normal working hours.


There were no substantial differences between protected characteristic groups in terms of pharmacy usage, accessibility, and reason for choice of pharmacy.

Health and Wellbeing Board statements on service provision

The Health and Wellbeing Board has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the Buckinghamshire population. It has also determined whether there are any gaps, or need for improvements or better access in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.

¹ Buckinghamshire Council. Health and Wellbeing in Buckinghamshire, November 2021. <https://www.healthandwellbeingbucks.org/Resources/Councils/bucks-public-health/local-profile/2021/Infographic-Buckinghamshire-nov.PDF>

² Buckinghamshire Council. Understanding Buckinghamshire. <https://www.healthandwellbeingbucks.org/local-profiles>



Buckinghamshire is well served in relation to the number and location of pharmacies. The Health and Wellbeing Board has concluded that there are no gaps in current and future access to Necessary, Advanced and Other NHS Pharmaceutical Services for the residents of Buckinghamshire, and no needs for improvements or better access were identified.

Contents

Executive summary	1
Introduction	1
Methodology	1
Findings	2
Summary of key population demographics and health needs of Buckinghamshire.....	2
Summary of patient and public engagement findings	3
Health and Wellbeing Board statements on service provision	3
Chapter 2 - Introduction	10
Purpose of the Pharmaceutical Needs Assessment	10
The requirements of the PNA	10
Circumstances under which the PNA is to be revised or updated	12
Consultation	12
Chapter 3 - Strategic context	13
National context	13
Integration and Innovation. Department of Health and Social Care's legislative proposals for a Health and Care Bill:	13
Community Pharmacy Contractual Framework (CPCF) 2019/20-2023/24	17
Pharmacy Integration Fund (PhIF).....	18
Local context	19
Buckinghamshire, Oxford, Berkshire West Integrated Care System (BOB ICS)	19
Health and Wellbeing Strategy: Buckinghamshire 2021- 2024.....	20
Buckinghamshire Council Annual Public Health Report 2020	20
Chapter 4 - The development of the PNA	23
Methodological considerations	23
Geographical coverage	23
Patient and public survey	25
Pharmacy contractor survey	25

Governance and steering group	25
Regulatory consultation process and outcomes	25
Chapter 5 – Population demographics	26
About the area	26
Demography	27
Population size and density.....	27
Geodemographic classification.....	28
Age and gender structure.....	28
Ethnicity and diversity.....	30
Visitors.....	33
Population Growth.....	34
Wider determinants of health	35
Poverty.....	36
Patient groups with specific needs	37
Summary of the demographics of Buckinghamshire	39
Chapter 6 – Population health needs	40
Life expectancy and healthy life expectancy	40
Major risk factors	42
Obesity.....	43
Physical Activity.....	44
Smoking.....	44
Sexual health.....	45
Alcohol-related illness.....	45
Substance Misuse.....	45
Flu vaccinations.....	46
Loneliness and isolation.....	46
Major health conditions	48
Circulatory diseases.....	48
Cancer.....	50

Respiratory diseases.....	51
Mental and behavioural disorders.....	51
Summary of demographics and health needs of Buckinghamshire.....	53
Chapter 7 – Patient and public survey.....	54
Buckinghamshire communications engagement strategy.....	54
Results of the public engagement survey.....	54
Equality impact assessment.....	60
Age.....	60
Ethnicity.....	61
Gender.....	61
Pregnancy and breastfeeding.....	62
Employment status.....	62
Disability or impairment.....	63
Sexual orientation.....	65
Relationship status.....	66
Summary of the patient and public engagement and protected characteristics.....	68
Chapter 8 – Provision of pharmaceutical services.....	69
Pharmaceutical service providers.....	69
Community pharmacies.....	70
Dispensing appliance contractor (DAC).....	70
GP dispensing practices.....	71
Distance selling pharmacies.....	72
Local pharmaceutical services.....	73
Accessibility.....	73
Distribution and choice.....	73
Pharmacy distribution in relation to population density.....	77
Pharmacy distribution in relation to GP surgeries.....	78
Pharmacy distribution in relation to changes in health and social care services.....	79
Pharmacy distribution in relation to index of multiple deprivation.....	79

Opening times	80
100-hour pharmacies	80
Early morning opening	81
Late evening closure	82
Saturday opening	84
Sunday opening	85
Essential services	86
Dispensing	87
Summary of the accessibility pharmacy services and of essential services	87
Advanced pharmacy services.....	87
New medicines services.....	88
Community pharmacy seasonal influenza vaccination	90
Community pharmacist consultation service.....	92
Hypertension case-finding service	93
Community pharmacy hepatitis C antibody testing service.....	93
Appliance use reviews	93
Stoma appliance customisation service	94
Summary of the advanced pharmacy services	96
Other NHS pharmacy services.....	97
Adult substance misuse service – One Recovery Bucks	97
Chlamydia screening.....	99
Emergency hormonal contraception	102
Palliative care drugs in the community.....	104
Provision of antiviral medication.....	105
Medication administration record (MAR) service	106
Summary of other NHS pharmacy services	107
Additional considerations from contractor survey responses.....	108
Languages spoken in pharmacies	108
Chapter 9 - Conclusions	109

Current provision	109
Current access to essential services.....	109
Current access to advanced services	111
Current access to locally commissioned services (other NHS services)	112
Future provision.....	112
Future access to essential services	112
Future access to advanced services.....	113
Future access to Locally Commissioned Services.....	114
Improvements and better access	114
Current and future access to essential services	114
Current and future access to advanced services	114
Current and future access to locally commissioned services.....	115
<i>Appendix A - Buckinghamshire pharmaceutical needs assessment steering group.....</i>	<i>116</i>
<i>Appendix B – Pharmacy provision within Buckinghamshire.....</i>	<i>120</i>
<i>Appendix C – Pharmacy provision within 5-mile distance of Buckinghamshire</i>	<i>130</i>
<i>Appendix D: Consultation report</i>	<i>188</i>
Consultation survey responses.....	188
Comments regarding Berryfields Estate in Aylesbury.....	189
Steering group response to the additional comments:.....	194
Additional comments.....	197

Chapter 2 - Introduction

Purpose of the Pharmaceutical Needs Assessment

- 1.1 Community pharmacies are crucial in providing quality healthcare in local communities. They not only provide prescriptions, but they can also be patients' and the public's first point of contact and, for some, their only contact with a healthcare professional.
- 1.2 The provision of NHS Pharmaceutical Services is a controlled market. The purpose of the Pharmaceutical Needs Assessment (PNA) is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies. Any pharmacist or dispensing appliance contractor who wishes to provide NHS Pharmaceutical Services, must apply to NHS England to be on the Pharmaceutical List of the Health and Wellbeing Board.
- 1.3 The (PNA) identifies the key health needs of the local population and how those needs are being fulfilled, or could be fulfilled, by pharmaceutical services in different parts of the Health and Wellbeing Board's area. The purpose of the PNA is to:
 - Support the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.
 - Inform commissioning of enhanced services from pharmacies by NHS England, and the local commissioning of services from pharmacies by the local authority and other local commissioners, for example Clinical Commissioning Groups (CCGs).
- 1.4 The Buckinghamshire PNA can also be used to assist the Health and Wellbeing Board (HWB) to inform interested parties of the pharmaceutical needs in the unitary authority and enable work on planning, developing and delivery of pharmaceutical services for the population.
- 1.5 The HWB can also use it as a guide for working with pharmacy contractors to provide services within areas where they are needed and limit duplication of services in areas where provision is adequate.

The requirements of the PNA

- 1.6 This PNA covers the period between 1st October 2022 and 30th September 2025. It must be produced and published by 1st October 2022. The development and publication of this PNA has been carried out in accordance with regulations and associated guidance, including:

- The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013
- The Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards

1.7 As outlined in the 2013 regulations, this PNA must include a statement of the following:

- **Necessary Services – Current Provision:** services currently being provided which are regarded to be “necessary to meet the need for pharmaceutical services in the area”. This includes services provided in the county as well as those in neighbouring counties.
- **Necessary Services – Gaps in Provision:** services not currently being provided which are regarded by the HWB to be necessary “in order to meet a current need for pharmaceutical services”.
- **Other Relevant Services – Current Provision:** services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have “secured improvements or better access to pharmaceutical services”.
- **Improvements and Better Access – Gaps in Provision:** services *not* currently provided, but which the HWB considers would “secure improvements, or better access to pharmaceutical services” if provided.
- **Other Services:** any services provided or arranged by the local authority, NHS England, the CCG, an NHS trust or an NHS foundation trust which affects the need for pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.

1.8 Additionally, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made. This includes:

- How different needs of different localities have been taken into account
- How needs of those with protected characteristics have been taken into account
- Whether further provision of pharmaceutical services would secure improvements or better access to pharmaceutical services
- A report on the 60-day consultation of the draft PNA.

Circumstances under which the PNA is to be revised or updated

- 1.9** It is important that the PNA reflects changes that affect the need for pharmaceutical services in Buckinghamshire. For this reason, the PNA will be updated every three years.

The Health and Wellbeing Board are also required to revise the PNA publication if they deem there to be significant changes in pharmaceutical services before 30th September 2025. Not all changes in a population or an area will result in a change to the need for pharmaceutical services. If the HWB becomes aware of a minor change that means a review of pharmaceutical services is required, the HWB will issue supplementary statements to update the PNA.

Consultation

- 1.10** A draft PNA must be put out for consultation for a minimum of 60 days prior to its publication. This PNA was published for consultation between 23rd May to the 24th July 2022. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:

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

- 1.11** All comments received were considered in the final PNA report to be presented to the HWB before the 1st October 2022.

Chapter 3 - Strategic context

- 2.1 This section summarises key policies, strategies and reports which contribute to our understanding of the strategic context for community pharmacy services at a national level and at a local level. Since PNAs were last updated in 2018, there have been significant changes to the wider health and social care landscape and to society. This includes, but is not limited to, the publication of the NHS Long Term Plan, the introduction of the Community Pharmacy Contractual Framework, a greater focus on integrated care, and the significant impact of the COVID-19 pandemic.

National context

Integration and Innovation. Department of Health and Social Care's legislative proposals for a Health and Care Bill³:

- 2.2 In recent years, the health and social care system has adapted and evolved to face a variety of challenges. With the population growing in size, people living longer, but also suffering from more long-term health conditions, and challenges from the COVID-19 pandemic, there is a greater need for the health and social care system to work together to provide high quality care. This paper sets out the legislative proposals for the Health and Care Bill which capture the learnings from the pandemic.

- **Working together to integrate care:** The NHS and local authorities will be given a duty to collaborate and work with each other. Measures will be brought forward to bring about Integrated Care Systems (ICSs) which will be comprised of an ICS Health and Care partnership, and an ICS NHS Body. The ICS NHS Body will be responsible for the day to day running of the ICS, whilst the ICS Health and Care Partnership will bring together systems to support integration and development which plan to address the systems health, public health and social care needs. A key responsibility for these

³ Department of Health & Social Care. Policy paper: Integration and innovation: working together to improve health and social care for all (updated February 2021). Available at: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version#executive-summary>

systems will be to support place-based working, i.e., working amongst NHS, local government, community health, voluntary and charity services. The ICS will align geographically to a local authority boundary, and the Better Care Fund plan (BCF) will provide a tool for agreeing priorities.


- **Reducing bureaucracy:** The legislation will aim to remove barriers that prevent people from working together and put pragmatism at the heart of the system. The NHS should be free to make decisions without the involvement of the Competition and Markets Authority (CMA). With a more flexible approach, the NHS and local authorities will be able to meet the current future health and care challenges by avoiding bureaucracy.
- **Improving accountability and enhancing public confidence:** The public largely see the NHS as a single organisation, and the same should happen at a national level. By bringing together NHS England, and NHS Improvement together, organisations will come together to provide unified leadership. These measures will support the Secretary of State to Mandate structured decisions and enable the NHS to be supported by the government. With any significant service changes, these measures will ensure a greater accountability with the power for ministers to determine service reconfigurations earlier in the process.

The NHS Long Term Plan (2019)⁴

2.3 As health needs change, society develops, and medicine advances, the NHS needs to ensure that it is continually moving forward to meet these demands. **The NHS Long Term Plan (2019)** (NHS LTP) introduces a new service model for the 21st century and includes action on preventative healthcare and reducing health inequalities, progress on care quality and outcomes, exploring workforce planning, developing digitally-enabled care, and driving value for money. It sets out 13 key areas for improving and enhancing our health service over the next 10 years. These areas include:

1. Ageing well
2. Cancer
3. Cardiovascular disease
4. Digital transformation
5. Learning disabilities & autism

⁴ NHS. *The NHS Long Term Plan* (2019). <https://www.longtermplan.nhs.uk/>

- 
6. Mental Health
 7. Personalised care
 8. Prevention
 9. Primary care
 10. Respiratory disease
 11. Starting well
 12. Stroke
 13. Workforce

2.4 Pharmacies will play an essential role in delivering the NHS LTP. £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with the new primary care networks (PCNs). These teams will work together to provide the best care for patients and will include pharmacists, district nurses, allied health professionals, GPs, dementia workers, and community geriatricians. Furthermore, the NHS LTP stipulates that as part of the workforce implementation plan, and with the goal of improving efficiency within community health, along with an increase in the number of GPs, the range of other roles will also increase, including community and clinical pharmacists, and pharmacy technicians.

2.5 Research indicates that around 10% of elderly patients end up in hospital due to preventable medicine related issues, and up to 50% of patients do not take their medication as intended. PCN funding will therefore be put towards expanding the number of clinical pharmacists working within general practices and care homes, and the NHS will work with the government to ensure greater use and acknowledgement of community pharmacists' skills and better utilisation of opportunities for patient engagement. As part of preventative healthcare and reducing health inequalities, community pharmacists will support patients to take their medicines as intended, reduce waste, and promote self-care.

2.6 Within PCNs, community pharmacists will play a crucial role in supporting people with high-risk conditions such as atrial fibrillation (AF) and cardiovascular disease (CVD). The NHS will support community pharmacists to case-find, e.g., hypertension case-finding. Pharmacists within PCNs will undertake a range of medicine reviews, including educating patients on the correct use of inhalers, and supporting patients to reduce the use of short acting bronchodilator inhalers and to switch to clinically appropriate, smart inhalers.

In order to provide the most efficient service, and as part of developing digitally-enabled care, more people will have access to digital options. The NHS app will enable patients to manage their own health needs and be directed to appropriate services, including being prescribed medication that can be collected from their nearest pharmacy.

2.7 HWBs are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes and reduce health inequalities within the county.

2.8 Since the 2010 Marmot review, there have been important developments about the evidence around social determinants of health and the implementation of interventions and policies to address them. Health Equity in England: Marmot review 10 years on⁵, summarises the developments in particular areas that have an increase importance for equity. These include:

- Giving every child the best start in life by increasing funding in earlier life and ensuring that adequate funding is available in higher deprived areas
- Improve the availability and quality of early years' services
- Enable children, adults, and young people to maximise their capabilities by investing in preventative services to reduce school exclusions
- Restore per-pupil funding for secondary schools and in particular in 6th form and further education
- Reduce in-work poverty by increasing national minimum wage
- Increase the number of post-school apprenticeships and support in-work training
- Put health equity and well-being at the heart of local, regional, and national economic planning
- Invest in the development of economic, social and cultural resources in the most deprived communities.

⁵ Health Equity in London: The Marmot Review 10 years on. Executive summary (2020):

https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf

2.9 Outlined within the Marmot review are key objectives with the intention to ensure that the healthy life expectancy gap between the least deprived, and most deprived, are reduced. This can be done by ensuring that all residents have accessibility to good health and educational services. More specific to health, and with community pharmacists being uniquely placed at the heart of communities, they are pivotal in supporting members of the public to be better equipped and educated around particular, preventable lifestyle information, disease prevention, as well as medication management. They provide the community with a range of public health interventions including weight management, smoking cessation and vaccination services which are effective in reducing health inequalities.

Community Pharmacy Contractual Framework (CPCF) 2019/20-2023/24⁶

2.10 This is an agreement between the Department of Health and Social Care (DHSC), NHSE&I and the Pharmaceutical Services Negotiating Committee (PSNC) and describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan. The CPCF highlights and develops the role of pharmacies in urgent care, common illnesses, and prevention. It aims to “develop and implement the new range of services that we are seeking to deliver in community pharmacy”, making greater use of Community Pharmacists’ clinical skills and opportunities to engage patients. The deal:

- Through its contractual framework, commits almost £13 billion to community pharmacy, with a commitment to spend £2.592 billion over 5 years.
- Prioritises quality - The Pharmacy Quality Scheme (PQS) is designed to reward pharmacies for delivering quality criteria in: clinical effectiveness, patient safety and patient experience.
- Confirms community pharmacies’ future as an integral part of the NHS, delivering clinical services as a full partner in local PCNs.
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme.
- Includes new services such as the NHS Community Pharmacist Consultation Service (CPCS), which connects patients who have a minor illness with a community

⁶ Community Pharmacy Contractual Framework (2019).
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf

pharmacy, taking pressure off GP services and hospitals by ensuring patients turn to pharmacies first for low-acuity conditions and support with their general health.

- Continues to promote medicines safety and optimisation, and the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.
- Through the Healthy Living Pharmacy (HLP) framework, requires community pharmacies to have trained health champions in place to deliver interventions such as smoking cessation and weight management, provide wellbeing and self-care advice, and signpost people to other relevant services.

Pharmacy Integration Fund (PhIF)⁷

2.11 The PhIF and PCN Testbed programme will be used to test a range of additional prevention and detection services which, if found to be effective and best delivered by a community pharmacy, could (with appropriate training) be mainstreamed within the CPCF over the course of the settlement period. Workstreams supported by the PhIF Programme include:

- GP referral pathway to the NHS CPCS.
- Hypertension Case-Finding Pilot – a model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy and referral to treatment within PCNs.
- Smoking Cessation Transfer of Care Pilot – hospital inpatients (including antenatal patients) will be able to continue their stop smoking journey within community pharmacy upon discharge.
- Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
- Palliative Care and end of life medicines supply service building on the experience of the COVID-19 pandemic.
- Structured medication reviews in PCNs for people with a learning disability, autism, or both, linked with the STOMP programme.
- Workforce development for pharmacy professionals in collaboration with Health Education England (HEE), e.g., medicines optimisation in care homes; primary care pharmacy educational pathway; leadership; integrated urgent care; independent prescribing; enhanced clinical examination skills.

⁷ NHS Pharmacy Integration Programme. <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/>

Local context

Buckinghamshire, Oxford, Berkshire West Integrated Care System (BOB ICS)⁸

2.12 The BOB ICS is a partnership between Buckinghamshire ICP, Oxford ICP, and Berkshire West ICP. The partnership will be responsible for the production of evidence-based and data driven integrated care strategy which will set out how to improve the health and care outcomes of the population. There are four aims to the BOB ICS:

1. to improve outcomes in population health
2. tackle inequalities in health outcomes
3. enhance productivity and value for money
4. help the NHS to support broader social and economic development

This will be achieved by working together:

- to deliver joined up health and care services, shaped by the priorities of the local communities,
- to support people to live longer, healthier lives and treat avoidable illnesses earlier on,
- to ensure that the use of public funds and resources are used effectively to secure the best outcomes,
- to make the focus local unless it is more efficient and effective to work at an ICS level,
- to reach out where appropriate beyond the borders on specialist cancer services,
- to maximise the opportunities associated with new digital technologies,
- and to make the most of research assets locally.

⁸ Buckinghamshire, Oxfordshire and Berkshire West ICS. <https://bobics.uk.engagementhq.com/goals-scope-of-bob-ics>

Health and Wellbeing Strategy: Buckinghamshire 2021- 2024⁹

- 2.13 The HWB is a formal committee that brings together local organisations that play a pivotal role in improving the health, care and wellbeing of local residents.
- 2.14 The HWB will ensure that those who were impacted by COVID-19 will be identified and resources will be redirected to these specific groups.
- 2.15 This health and wellbeing strategy outlines three key priorities:
- **Starting well:** this includes ensuring that every child has the best start in life, that they adopt and maintain healthy lifestyles, and remain safe and protected. This will be done by working with partners to help children and young people, to support families with mental health needs, and as part of the COVID-19 recovery plan, resources will be targeted appropriately to families who need it most.
 - **Living well:** this includes ensuring that residents of Buckinghamshire have the choice and skills to live healthier lives and be more connected with their local communities to live in resilient neighbourhoods. This will be done through a variety of methods by working across systems. The COVID-19 recovery work will ensure that resources are directed to communities who have been affected the most.
 - **Aging well:** by supporting active aging, preventing isolation and loneliness, and preventing ill health and disability amongst older people, the focus will be for older aged residents of Buckinghamshire to age with healthier lifestyles, and to receive the right support at the right time.

Buckinghamshire Council Annual Public Health Report 2020¹⁰

- 2.16 The Public Health Annual Report 2020 was designed to give an overview of the health needs of the residents to Buckinghamshire Council, the Community Boards, the local Primary Care Networks, Integrated Care Partnership, and the local residents. The report was being


⁹ Health & Wellbeing strategy: Buckinghamshire 2021-2024.
<https://buckinghamshire.moderngov.co.uk/documents/s17933/Joint%20Health%20and%20Wellbeing%20Strategy%202021-2024.pdf>

¹⁰ A picture of Health? Buckinghamshire – past, present and future. (2020)
<https://www.healthandwellbeingbucks.org/resources/Councils/Buckinghamshire/public-health/DPHAR-2020-appendix.pdf>

Buckinghamshire Pharmaceutical Needs Assessment 2022-2025

produced when the UK was hit by the first wave of the COVID-19 pandemic, and efforts were refocused to respond to this.

- 2.17** Buckinghamshire residents have better health and wellbeing outcomes in general compared to the England average, and residents generally have a higher educational attainment, income, employment, and better living conditions compared to the England average, and this reflects Buckinghamshire's position as the least deprived areas in England.
- 2.18** Despite overall better health, there are still pockets of areas within Buckinghamshire where residents are living in more deprived areas and health inequalities need to be addressed. People living in these areas experience poorer health from birth through to old age.
- 2.19** Recommendations have included focusing on, and reducing, existing health inequalities by empowering communities and drawing on local assets to support this work. These recommendations also include:
- The council to draw in on an 'health in all policies' whereby relevant policies consider how residents' health could be improved and poor health could be prevented.
 - The council to roll out training to front line staff to encourage residents to make simple changes to improve their health, and signpost where relevant.
 - Recommendations for the community boards include working with their local communities and residents to take effective action in health and wellbeing issues.
 - Recommendations for the NHS and PCNs include focusing on preventing ill health, support effective place-based working and community centred approaches, and ensure frontline staff are trained to support individuals make simple changes to improve their health and wellbeing.
 - Recommendations for the PCNs include working with local communities, Buckinghamshire Council Public Health, Community Boards, and other partners to understand and improve health, and ensure frontline staff are trained to support people to make effective changes to improve their health and wellbeing.
- 2.20** Being placed at the heart of communities, community pharmacies are key at supporting some of these local strategies, particularly when it comes to the health needs of the population. They provided frontline services during the COVID-19 pandemic, and continue to provide healthcare medication advice to the public. To meet the ambitions outlined by local strategies, community pharmacies can play an integral role in reducing health inequalities particularly through



targeting prevention early, providing vaccination services, helping to tackle obesity and high blood pressure.

Chapter 4 - The development of the PNA

3.1 This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies (see Table 3.1). This includes:

- Nationally published data
- The Buckinghamshire Joint Strategic Needs Assessment
- Local policies and strategies such as the Joint Health and Wellbeing Strategy
- A survey to Buckinghamshire pharmacy contractors
- A survey to the patients and public of Buckinghamshire
- Local Authority and CCG commissioners

3.2 These data have been combined to describe the Buckinghamshire population, current and future health needs and how pharmaceutical services can be used to support the HWB to improve the health and wellbeing of our population.

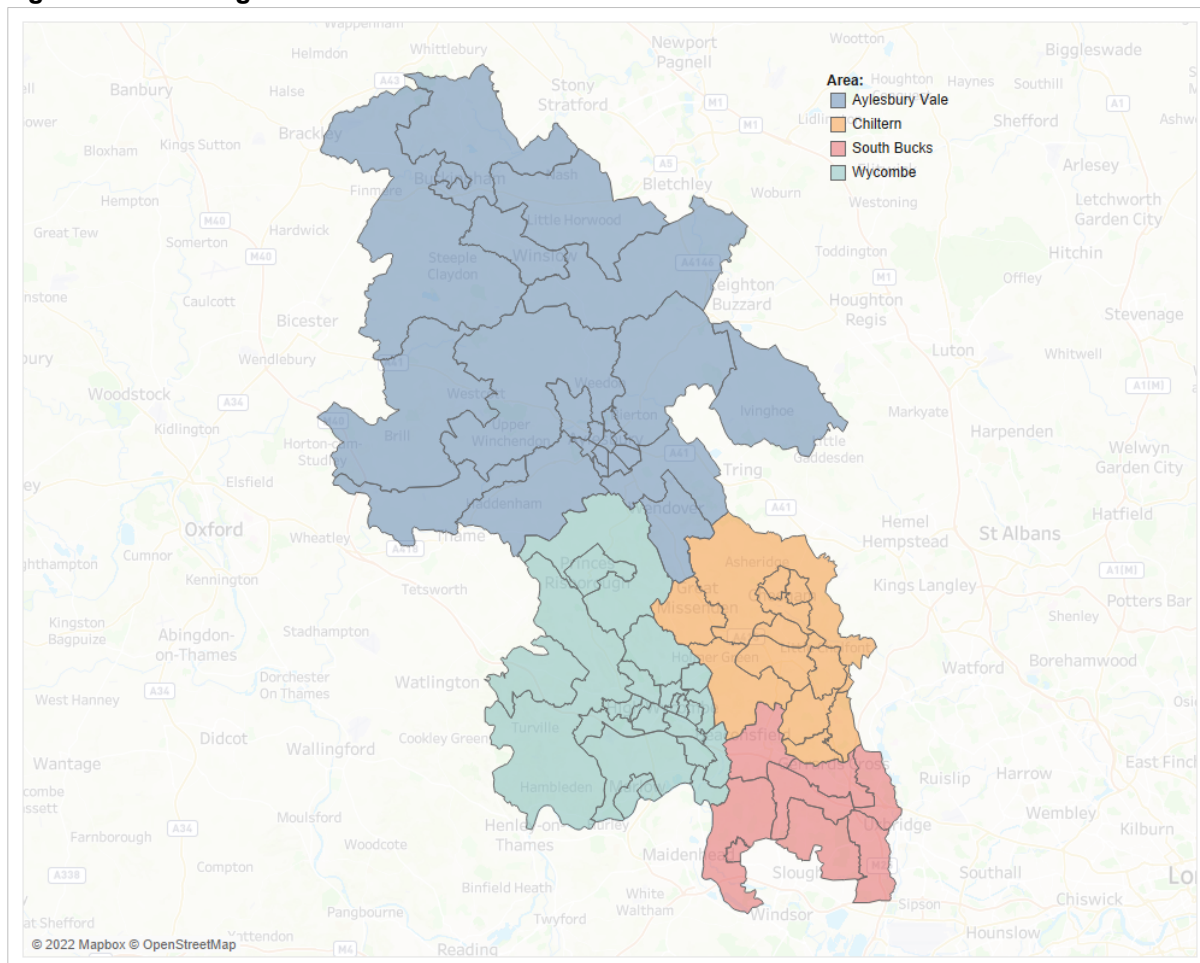
3.3 This PNA was published for public consultation from 23rd May to the 24th of July 2022. All comments have been considered and incorporated into the final PNA final report.

Methodological considerations

Geographical coverage

3.4 PNA regulations require that the HWB divides its area into localities as a basis for structuring the assessment. A Middle Super Output Area (MSOA) locality structure was chosen by the HWB as it is in-line with available population health needs data and enables us to identify differences at a neighbourhood level in terms of demography, health needs and service provision. There are 67 MSOAs across four areas within Buckinghamshire, these are illustrated in figure 3.1.

Figure 4.1: Buckinghamshire MSOAs



3.5 Provision and choice of pharmacies is determined by using five-mile radius from the centre of the postcode of each pharmacy. The five-mile radius approach illustrates where there is pharmacy coverage and areas without coverage. The coverage distance was chosen by the Steering Group as being a reasonable measure to identify variation and choice.

3.6 The following criteria were considered reasonable by the steering group in terms of accessibility to pharmacy provision:

- Within rural areas: five-mile travel distance from a pharmacy
- Within urban areas (or areas with high population density): 20-minute travel time by public transport.

3.7 Where areas of no coverage are identified, other factors are taken into consideration to establish if there is a need. Factors include population density, whether the areas are populated (e.g., Green Belt areas) and locations of dispensing GPs. These instances have all been stated in the relevant sections of the report.

Patient and public survey

- 3.8** Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. 205 Buckinghamshire residents and visitors responded to the survey, their views were explored, including a detailed Equalities Impact Analysis. The findings from the survey are presented in Chapter 6 of this PNA.

Pharmacy contractor survey

- 3.9** The contractor survey was sent to all 85 community pharmacies within Buckinghamshire and 75 pharmacies responded. The results from this survey are referred to throughout this document.

Governance and steering group

- 3.10** The development of the PNA was advised by a steering group whose membership included representation from:

- Buckinghamshire Council Public Health
- Buckinghamshire Clinical Commissioning Group
- Buckinghamshire Local Pharmaceutical Committee
- NHS England and NHS Improvement – South East Region
- Healthwatch Bucks
- Buckinghamshire Council Communications Team

- 3.11** The terms of reference, including the membership of the steering group is presented in Appendix A.

Regulatory consultation process and outcomes

- 3.12** The PNA for 2022-25 was published for statutory consultation on the 23rd May 2022 for 60 days and was also open on the council website for public comment. All comments were considered and incorporated into the final report to be published by 1st October 2022.

Chapter 5 – Population demographics

- 4.1** This chapter presents an overview of the population demographics of Buckinghamshire that are likely to impact on the need for pharmaceutical services. It includes an exploration of Buckinghamshire, its population size and density characteristics of its residents, population growth and the wider determinants of health.
- 4.2** All the maps that follow present the size of the population in relation to different factors such as population density, deprivation, and life expectancy. They are displayed in gradients, where the lower the marker, the lighter the colour. The gradients are illustrated in the legends attached to each map.

About the area

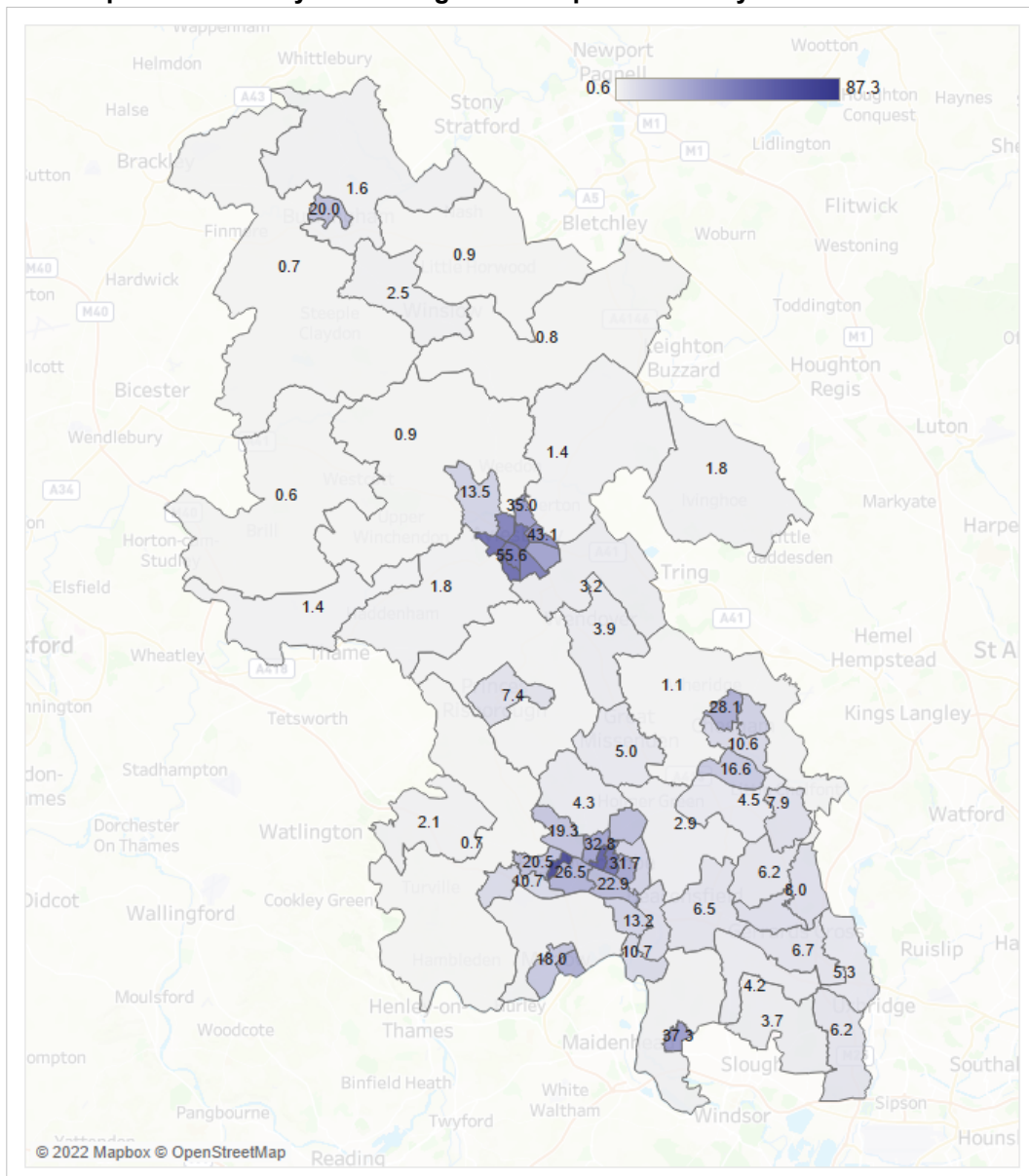
- 4.3** Buckinghamshire is a large ceremonial county situated in inner South East England. Buckinghamshire Council is a unitary authority that was created in April 2020. It includes the previous Buckinghamshire County Council and the former district councils of South Bucks, Chiltern, Wycombe, Aylesbury Vale.
- 4.4** The county town for Buckinghamshire is Aylesbury, situated in the centre of the county. Other large towns include Buckingham in the northwest of the county, High Wycombe, and Marlow situated at the southwest of the county and Amersham, and Chesham in the southeast of the county.
- 4.5** A large part of the county is designated as an Area of Outstanding Beauty, meaning that has been designated for conservation due to its significant landscape value.
- 4.6** Buckinghamshire borders Greater London and several other counties, namely: Royal Borough of Windsor and Maidenhead, Slough, Wokingham, Oxfordshire, Northamptonshire, Bedfordshire, and Hertfordshire.

Demography

Population size and density

- 4.7 The Office for National Statistics (ONS) estimates that there are 547,060 residents in Buckinghamshire (Mid-2020 Population Estimates).
- 4.8 It is a rural unitary authority with 348 persons per square kilometre, in comparison to 432 persons per square kilometre in South East England as a whole.
- 4.9 The population density is highest in the central parts of the Aylesbury Vale and Wycombe former district areas (Figure 4.1).

Figure 5.1: Population Density of Buckinghamshire per hectare by MSOA



Geodemographic classification

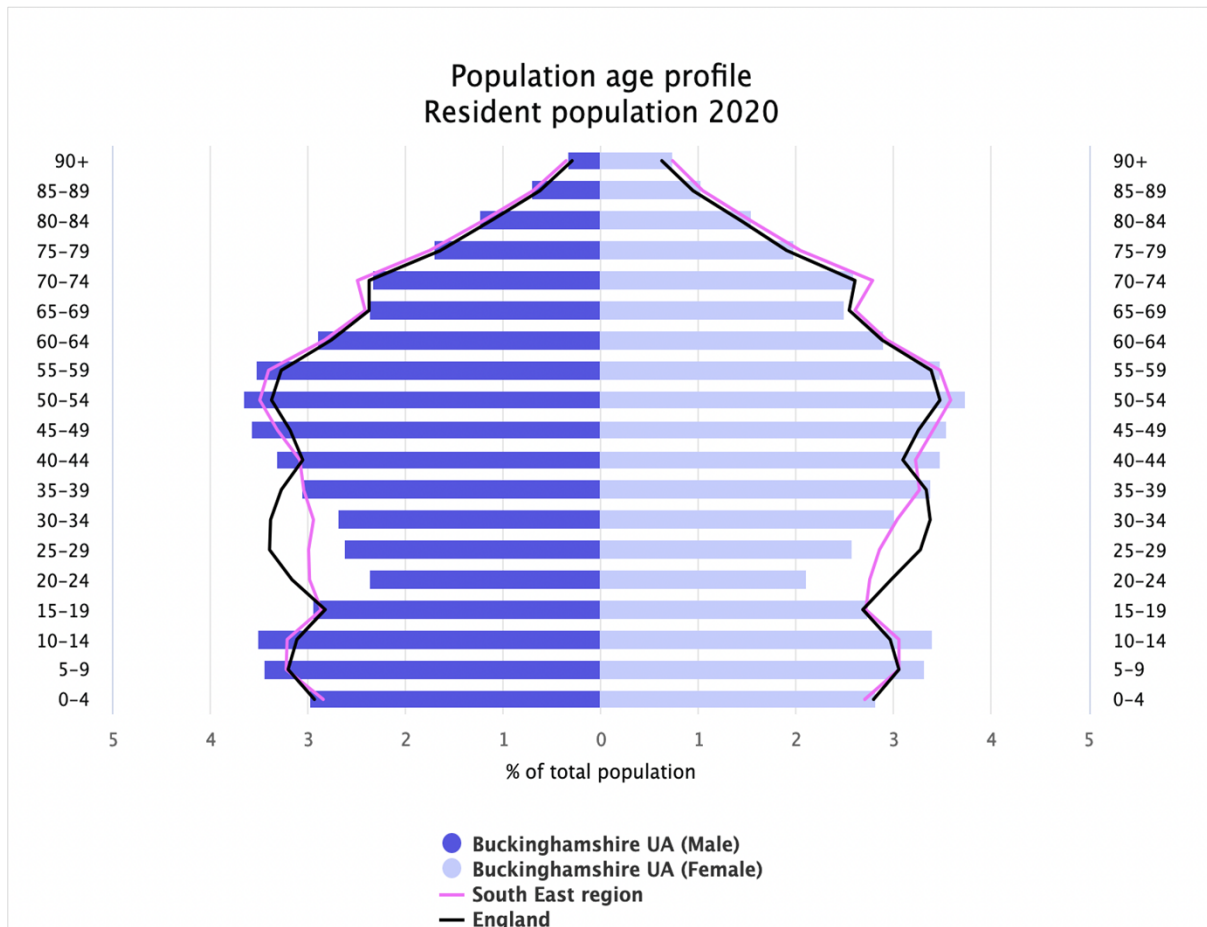
- 4.10** According to the 2011 census Urban-Rural classification, 32% of the county's population live in areas classified as rural.¹¹
- 4.11** The 2011 Output Area Classification enables us to explore the rural-urban divide in more detail by providing a geodemographic classification for each of Buckinghamshire's Output Areas (an Output Area covers approximately 100 households). According to the classification:
- 30% of the population live in areas classified as 'Urbanites'
 - 27% of the population live in areas classified as 'Suburbanites'
 - 20% of the population live in areas classified as 'Multicultural Metropolitan'
 - 12% of the population live in area classified as 'Rural Residents'
 - 6% of the population live in areas classified as 'Hard-Pressed Living'
 - 2% of the population live in area classified as 'Constrained City Dwellers'
 - 2% of the population reside in area classified as 'Cosmopolitan'
 - 0.4% of the population live in area classified as 'Ethnicity Central'

Age and gender structure

- 4.12** Overall, there are similar numbers of males and females living in the county as the rest of England. There are, however, a greater number of older women, due to longer life expectancy for females.
- 4.13** 25.1% of the Buckinghamshire population are 19 years of age and under, a slightly higher proportion than England overall (of 23.6%).
- 4.14** Buckinghamshire also has a slightly higher older adult population than England overall with 19% of Buckinghamshire residents are aged 65 and over. 18.2% of the England population are 65 and over. Figure 4.2 presents a breakdown of the age and gender of Buckinghamshire residents.

¹¹ Department for Environment, Food and Rural Affairs (Defra), 2011 Urban Rural Classification (2013)

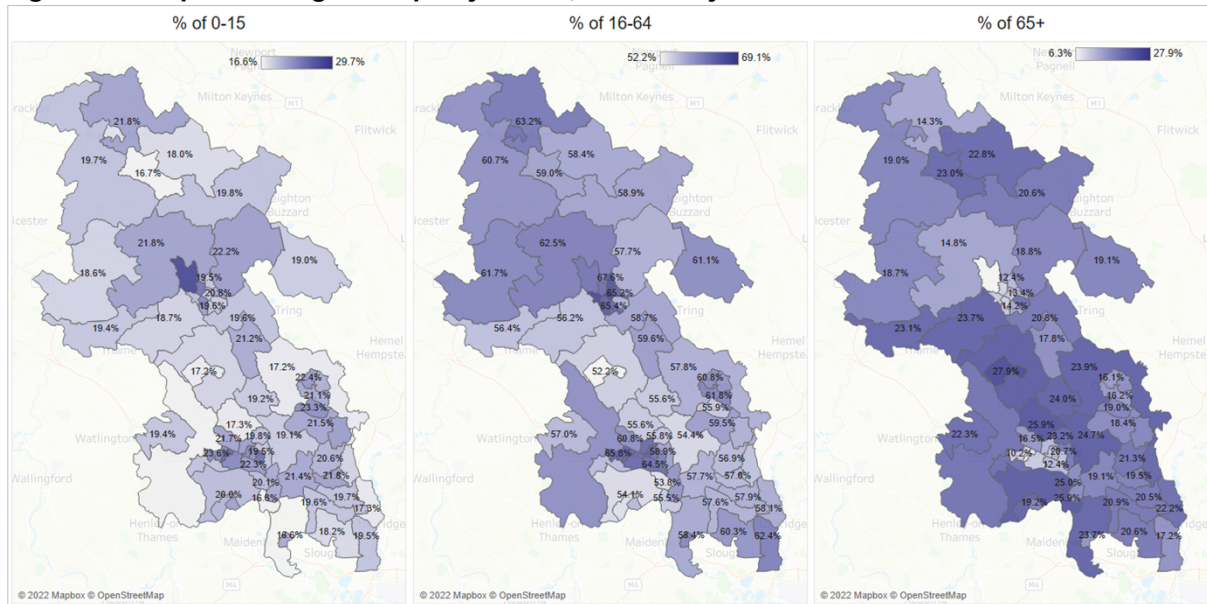
Figure 5.2: Proportion of resident population by age-band and gender, Resident Population 2020



Source: Public Health Outcomes Framework, 2022

4.15 Figure 4.3 show the breakdown of age groups at an MSOA level. The MSOA with the highest representation of those aged below 16 is in the Aylesbury Vale former district area, while that with highest proportion of those aged 65 and over is in Wycombe.

Figure 5.3: Population Age Groups by MSOA, 2020 mid-year estimates



Source: PHE, Local Authority Health Profiles

Ethnicity and diversity

- 4.16** Research has shown that cultural and language differences can create inequalities in healthcare. For example, language barriers between patient and healthcare professionals can negatively impact on the quality of care, and the satisfaction with that care, and that a patient receives¹². One of the benefits that community pharmacies bring is that they often reflect the social and ethnic backgrounds of the communities they serve, enabling them to be more approachable to people experiencing cultural and language barriers in other healthcare services.
- 4.17** NICE Guidance¹³ recommends that community pharmacists make use of any language skills staff members may have. They also recommend that pharmacy staff take into consideration how a patient's personal factors may impact on the service they receive. Personal factors would include, but not limited to, gender, identity, ethnicity, faith, culture, or any disability.

¹² Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of Language Barriers for Healthcare: A Systematic Review. *Oman medical journal*, 35(2), e122. <https://doi.org/10.5001/omj.2020.40>

¹³ NICE Guidance (2018), Community Pharmacies, Promoting Health and Wellbeing (NG102)

4.18 Buckinghamshire has a broadly similar proportion of Black, Asian and Minority Ethnic population as the rest of England. Approximately 19% of Buckinghamshire residents are from Black, Asian, and Minority Ethnic communities (Table 4.1).

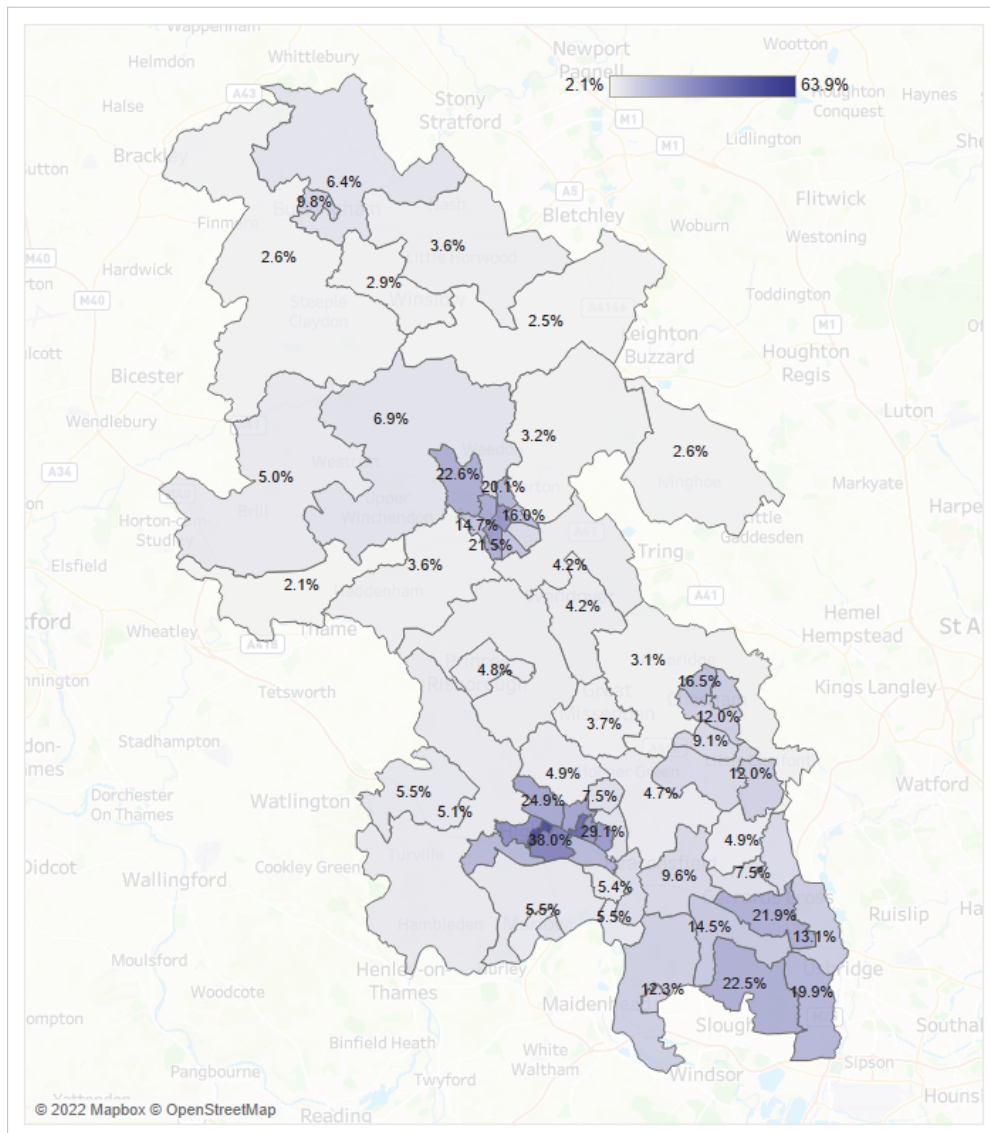
Table 5.1: Ethnic population breakdown for Buckinghamshire, South East England and England

Area	White British	White other	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Mixed/ Multiple ethnic groups	Other ethnic group
Buckinghamshire	81%	5%	8%	2%	3%	1%
South East England	85%	6%	5%	2%	2%	1%
England	79%	6%	8%	4%	2%	1%

Source: ONS Population characteristics research tables December 2016

4.19 There is great variability in the distribution of Black, Asian, and Minority Ethnic populations at an MSOA level, with a MSOA in Wycombe having a proportion as high as 63.9%, while the lowest levels are found in MSOAs in the Aylesbury Vale former district area (Figure 4.4).

Figure 5.4: Percentage of black and ethnic minority groups by MSOAs in Buckinghamshire, 2011



Source: ONS, Census 2011

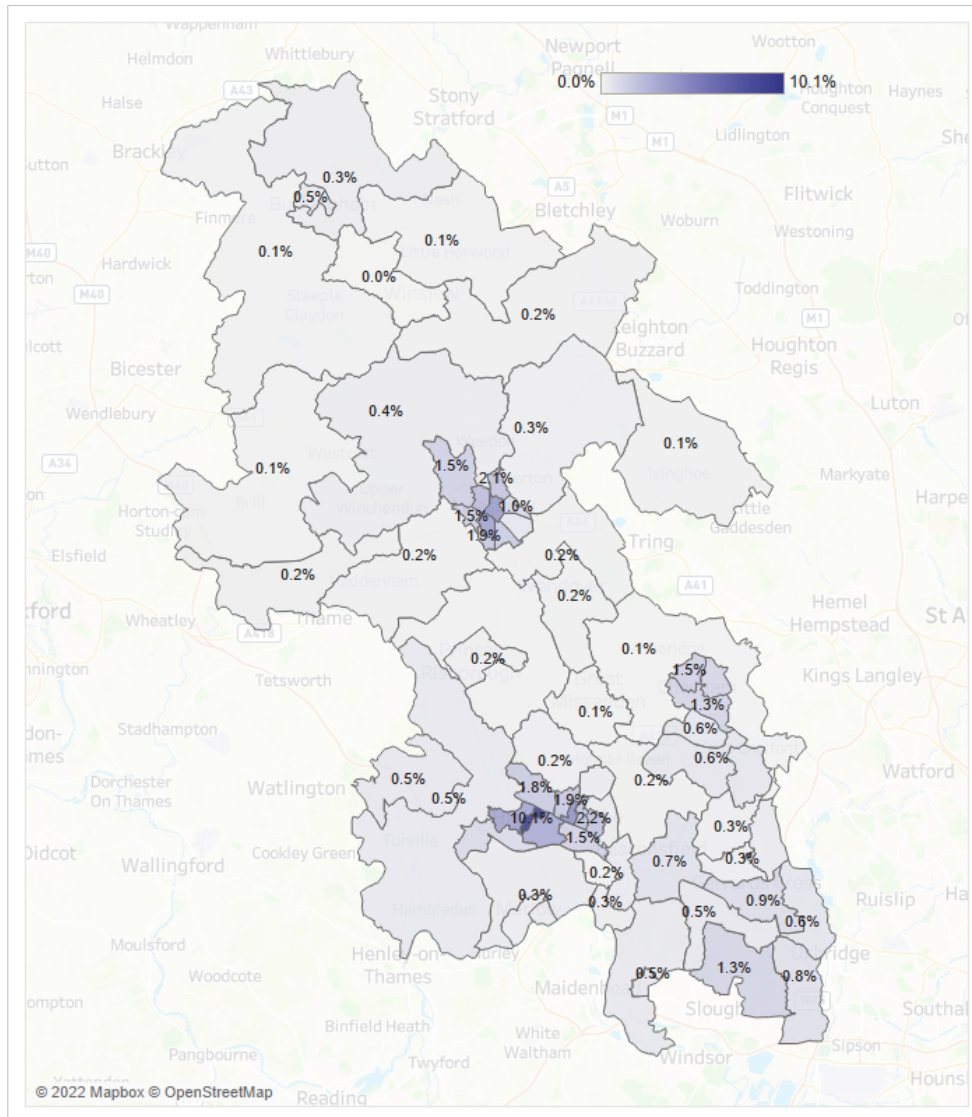
4.20 94.3% of the county’s residents who are aged 3+ state their main language is English (2011 census). This is similar to the South East England average which stands at 95.7% and higher than the England average of 90.9%.

4.21 According to school census data, 82% of pupils living in Buckinghamshire report that their main language is English. Other more frequently spoken languages are Urdu (3%); Punjabi (2%) and Polish (2%).¹⁴

¹⁴ Buckinghamshire Council (January, 2022) JSNA Data Profile: Protected Characteristics

4.22 Figure 4.5 shows a breakdown of the population who do not speak English well or at all by MSOA. As can be seen, broadly speaking, the regions with the highest rate of people not proficient at English correlates with those that have the highest populations of ethnic minorities. For instance, the MSOA with the highest percentage of residents who do not speak English well or at all is also the one with the highest proportion of minority ethnic group make-up, located in the Wycombe area.

Figure 5.5: Percentage of people that cannot speak English well or at all by MSOA in Buckinghamshire in 2011



Source: ONS, Census 2011

Visitors

4.23 Buckinghamshire receives a low number of visitors. In 2019 there were 359,870 visits to Buckinghamshire with an average length of stay of 6.8 nights. This is around half the figure

for Berkshire and Oxfordshire who received 705,040 and 780,910 visits in 2019 respectively (VisitBritain, 2022).

Population Growth

4.24 Any sustained population changes can affect demands on community pharmacy services and are therefore taken into consideration in this PNA. The population of Buckinghamshire is expected to increase by 1.1% during the lifetime of the PNA (2022 to 2025). The largest increase is predicted to be in the Aylesbury Vale former district area, where the population is expected to increase by 3.2% (ONS 2018 population projections). These figures are based on mid-year population estimates and assumptions such as births, deaths, and migration.

Table 5.2: Projected population changes by former district area between 2022 - 2025

	2022	2023	2024	2025
Aylesbury Vale	0.0%	1.2%	2.2%	3.2%
Chiltern	0.0%	0.1%	0.2%	0.3%
South Bucks	0.0%	0.1%	0.1%	0.0%
Wycombe	0.0%	-0.1%	-0.3%	-0.5%
UA Total	0.0%	0.4%	0.8%	1.1%

Source: ONS 2018 population projections

4.25 The 5-year housing land supply register indicates that 15,749 new dwellings will be developed in the area between 2020 and 2025. The majority of which will be within Aylesbury Vale (see table 4.3) in developments called Aylesbury Garden Town, Berryfields, and another development in northeast Aylesbury Vale. It should be noted that many of these developments in Table 4.3 are proposed developments. Not all the units will be complete in the anticipated time and not all have received planning permission.

Table 5.3: Proposed number of housing developments in Buckinghamshire by former district area, 2020-2025.

Area	Number of new dwellings 2020-2025
Aylesbury Vale	8,135
Wycombe	4,778
South Bucks	1,329
Chiltern	1,507
Total	15,749

Source: Buckinghamshire Council Planning Reporting, 2022

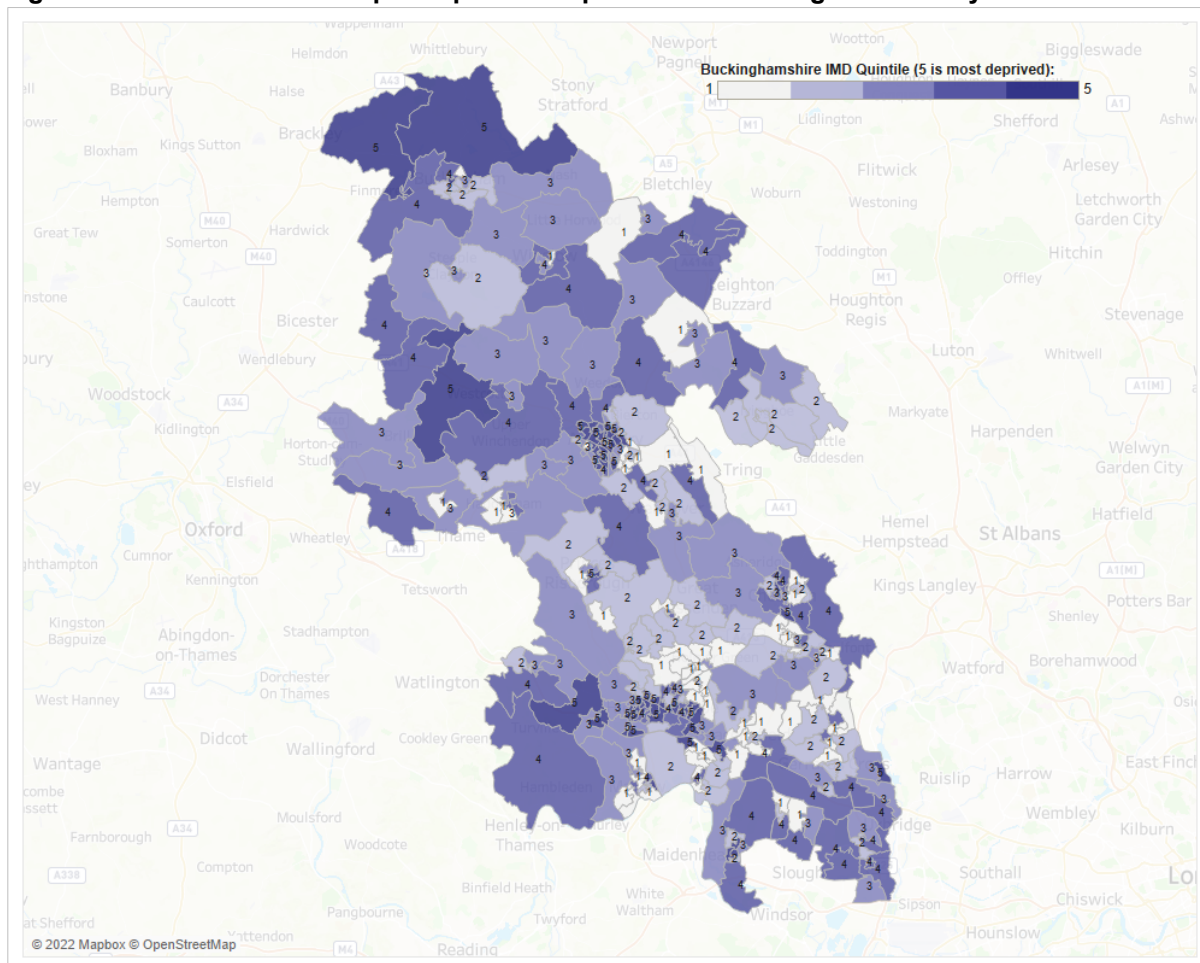
Wider determinants of health

- 4.26** Our health behaviours, choices and goals, and health outcomes are influenced by a range of social, economic, and environmental factors^{15,16}. Such factors include deprivation, education, employment, and fuel poverty.
- 4.27** The deprivation experienced by people living in Buckinghamshire is identified using a well-established measure called the Index of Multiple Deprivation (IMD). The IMD is based on 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.
- 4.28** Buckinghamshire is among the top 30 least deprived authorities in England. The county's overall deprivation score in 2019 is 10.1, compared to the regional and national scores of 15.5 and 21.7 respectively (OHID, Public Health Profiles, 2022).
- 4.29** Buckinghamshire Council Public Health Team uses a modified version of the IMD, using quintiles, where a quintile of 5 represents the most deprived neighbourhood and 1 represents the least deprived neighbourhood in Buckinghamshire.
- 4.30** Figure 4.7 shows deprivation quintiles at LSOA level, highlighting where deprivation is higher within Buckinghamshire. Neighbourhoods which have higher deprivation are found across the unitary authority including areas of both high and low density.

¹⁵ Fair Society Healthy Lives (The Marmot Review): <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

¹⁶ Marmot Review 10 Years On (February 2020): <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

Figure 5.7: The Index of Multiple Deprivation quintiles in Buckinghamshire by LSOA in 2019



Source: Buckinghamshire Council, 2022

Poverty

- 4.31** Two out of every 1,000 people of the working-age population of the county were long-term unemployed in 2019/20. This is substantially lower than the England rate at 3.2 per 1,000.
- 4.32** 12,963 (11.5%) children residing in the county were from relative low-income families in 2019/20. This is a lower proportion than South East England and England where 13.3% and 19.1% of children were from low-income families, respectively.
- 4.33** In 2019, 6.5% of people did not have enough income to afford sufficient fuel. This is lower than the regional rate of 7.5% and the national rate of 13.4% (OHID, Public Health Outcomes Framework, 2019). However later data may show an increase in the proportion of those who do not have enough income to afford sufficient fuel in line with fuel price rises in 2021 and 2022.

- 4.34** 1,767 (8.1 per 1,000) households with dependent children in Buckinghamshire are owed a duty under the Homelessness Reduction Act (2019/20 data). This means that they have been identified as homeless by the local authority and the local authority must take reasonable steps to help them to secure accommodation. This is lower than the England rate of 11.3 per 1,000 households, and lower than the South East England rate of 9.9 per 1,000 households (OHID, Public Health Outcomes Framework 2019/20).
- 4.35** Pharmacies are an accessible service that are often located in areas of high deprivation and need. They can help people who are homeless with support in areas such as medicines management and can provide signposting to other health and wellbeing services. 'Underserved' communities, such as those who are homeless or sleeping rough, people who misuse drugs or alcohol may be more likely to go to a community pharmacy than a GP or another primary care service¹⁷.

Patient groups with specific needs

People living in rural areas

- 4.36** Overall, people living in rural areas are better-off, both in terms of monetary wealth and health and wellbeing, compared to those living in urban areas. However, this can often mask the wealth, and the wellbeing, of certain rural communities where there is significant deprivation and poorer health outcomes. Such residents in more sparse rural areas, tend to experience more negative outcomes¹⁸.
- 4.37** The average age of those living in rural areas is 5.3 years older than those living in urban areas. Around 23.5% of rural populations are over 65. Settlements in sparse areas have the highest proportion of older adults, which means there are more population health needs.
- 4.38** Rural communities are also less diverse. Around 95% of rural areas are made up by white British ethnicity. Minority ethnic groups are represented in very small numbers and may lack

¹⁷ NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

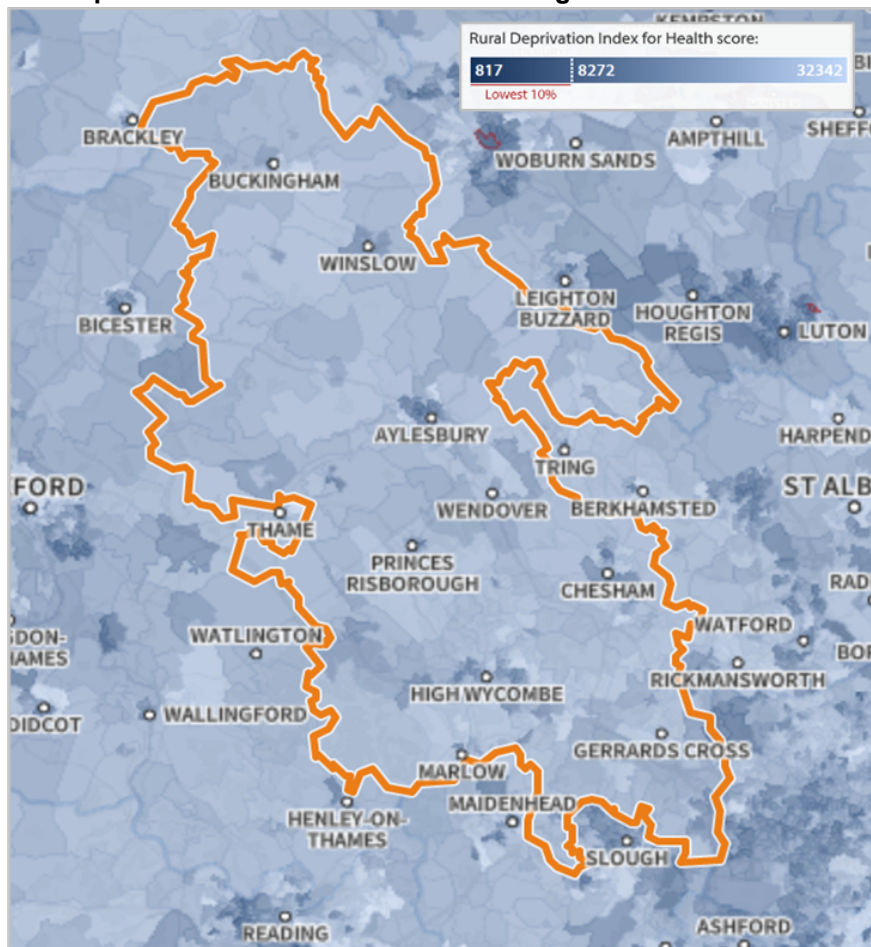
¹⁸ Health and Wellbeing in Rural Areas. Public Health England (2017) https://www.local.gov.uk/sites/default/files/documents/1.39_Health%20in%20rural%20areas_WEB.pdf

social and community support that is often present in urban areas. This can increase the risks of social isolation and exclusion.

4.39 Rural areas have worse access in terms of distance to health and social care services. Residents in rural areas would need to travel for longer to see a GP, dentist, hospitals and other health facilities. This may lead to 'distance decay', where the service use decreases with increasing distance. Typically, 80% of rural residents live within a 4km distance to a GP surgery compared to 98% of urban population. 55% of rural residents compared to urban residents live within an 8-kilometre distance to a hospital. Access to mental health services differ from area to area, and the lack of statistical information about rural areas make it difficult to assess access issues to these services.

4.40 According to the rural deprivation Index for Health, no areas in Buckinghamshire are within the 10% most disadvantaged in the county. Two neighbourhoods are within Aylesbury town are among the 30-40% most disadvantaged (Figure 4.8).

Figure 5.8: Rural Deprivation Index for Health for Buckinghamshire at LSOA level.



Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

Summary of the demographics of Buckinghamshire

Buckinghamshire is unitary authority located in South East England, it is among the 30% least deprived boroughs of England. It has 547,060 residents, a number that is expected to grow by only 1% in the lifetime of this PNA. This is likely due to the new housing developments planned for Buckinghamshire in this time. While it is a largely a rural area, only 12% of the population are considered to be rural residents.

Overall, the population is slightly older than the rest of England, with a higher proportion of over 65s and lower proportion of under 19s than national figures.

While most of the county speaks English as main language, 10.1% of the population within an area within Wycombe do not speak English well or at all.

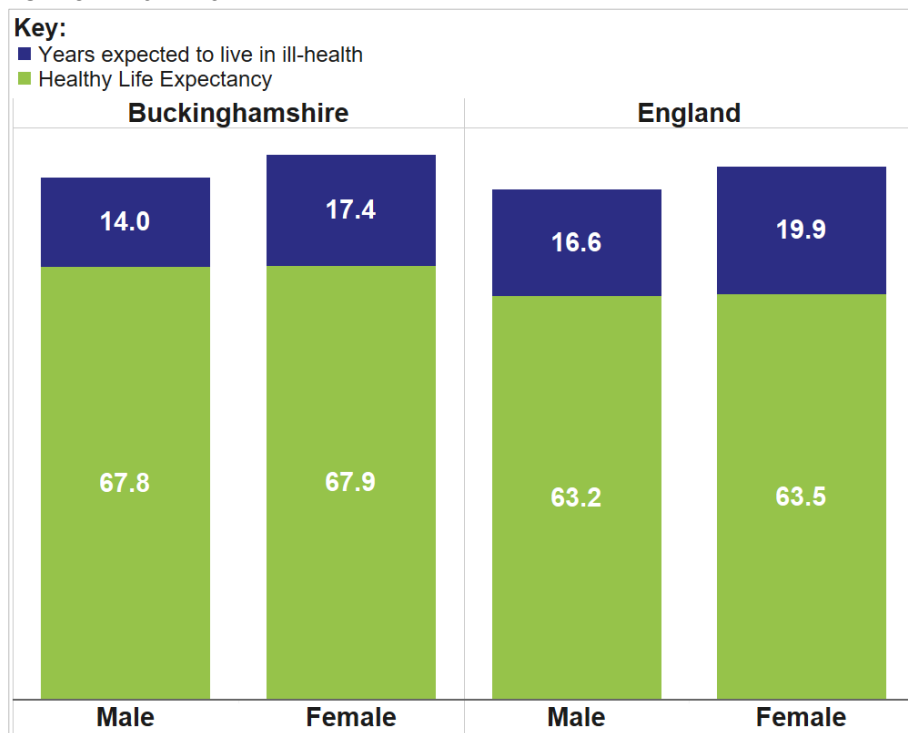
Chapter 6 – Population health needs

- 5.1** This chapter presents an overview of health and wellbeing in Buckinghamshire, particularly the areas likely to impact on needs for community pharmacy services. It looks at life expectancy and healthy life expectancy in Buckinghamshire and includes an exploration of major risk factors and major health conditions. The Buckinghamshire Health and Wellbeing Strategy's 19 key priorities are included in this chapter.

Life expectancy and healthy life expectancy

- 5.2** Life expectancy is a statistical measure of how long a person is expected to live. In Buckinghamshire, life expectancy is relatively high in comparison to regional and national figures. Life expectancy for males at birth in the county is 81.5, and 85.1 years for females (2018-2020 data, OHID, Public Health Profiles, 2022).
- 5.3** Healthy life expectancy at birth is the average number of years an individual should expect to live in good health, considering age-specific mortality rates and prevalence for good health for their area. The healthy life expectancy for males in the county is 67.8 years, while for females it is 67.9 years (2017-19, OHID, Public Health Profiles, 2022). Both figures are above the regional values and significantly higher than England values. 2017-19 figures indicate that, on average, males living in Buckinghamshire could live with ill health for 14 years and females for 17.4 years (see Figure 5.1).

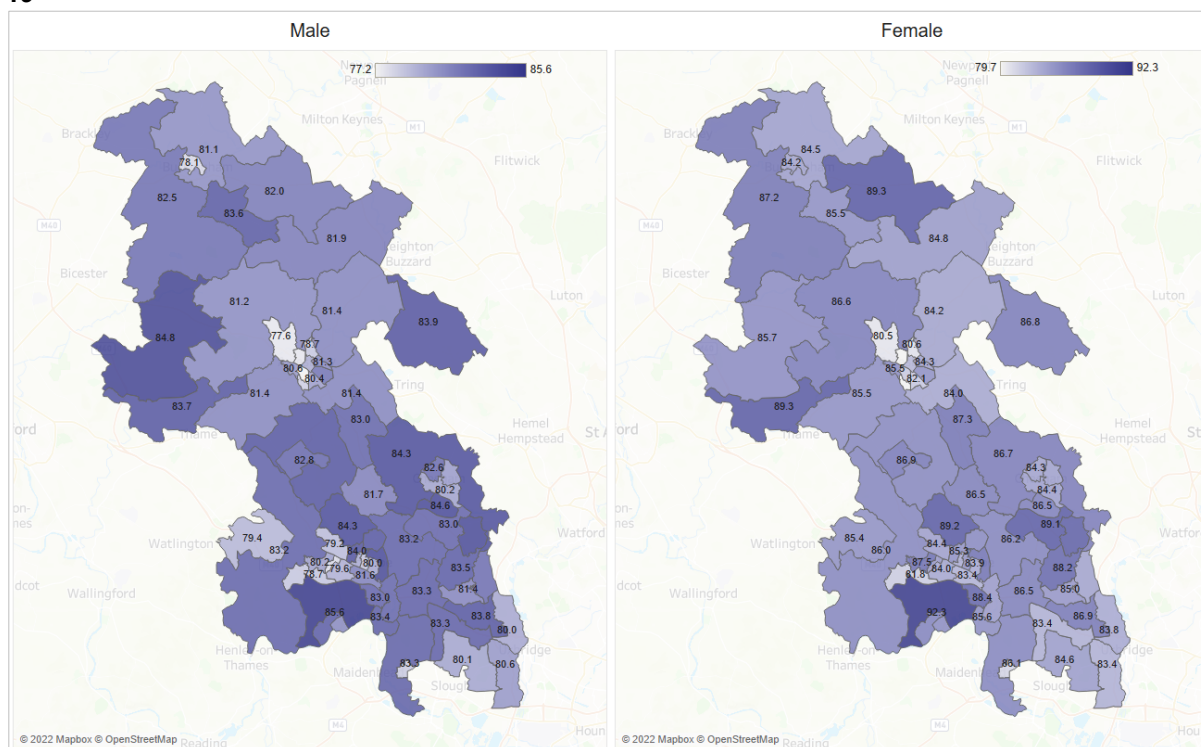
Figure 6.1: Life expectancy and Healthy life expectancy in years for males and females in Buckinghamshire in 2017-19



Source: OHID, Public Health Profiles, 2022

- 5.4** The variation in life expectancy across Buckinghamshire is low. The inequality in life expectancy at birth is the measure of the absolute difference in life expectancy between the most and least deprived areas. In Buckinghamshire, there is a 5.8-year life expectancy gap for men and a 6.1-year gap for women between those who live in the most deprived areas and the least deprived areas (2018-20). This inequality gap is lower than for the South East of England, and England as a whole (OHID, Public Health Profiles, 2022).
- 5.5** A breakdown of the latest life expectancy figures by MSOA is illustrated in Figure 5.2. The MSOAs with the lowest life expectancies for both males and females are found in the Aylesbury Vale former district area. One of the MSOAs in Wycombe has the highest life expectancy for both males (85.6) and females (92.3).

Figure 6.2: Life expectancy at birth of Males and Females by MSOA in Buckinghamshire, 2015-19



Source: PHE, Local Authority Health Profiles, 2022

Major risk factors

- 5.6** The major risk factors explored in this section can significantly impact on population health outcomes. The Healthy Living Pharmacy framework, requires community pharmacies to have trained health champions in place to deliver interventions, such as smoking cessation and weight management, provide wellbeing and self-care advice, and signpost people to other relevant services²⁰.
- 5.7** The ‘walk-in’ nature of pharmacies means that they are ideally placed to offer opportunistic screening and brief interventions for better health and wellbeing. As part of the essential services they provide, pharmacies also support national public health campaigns and offer signposting for patients to local health, wellbeing and social care support services. Locally,

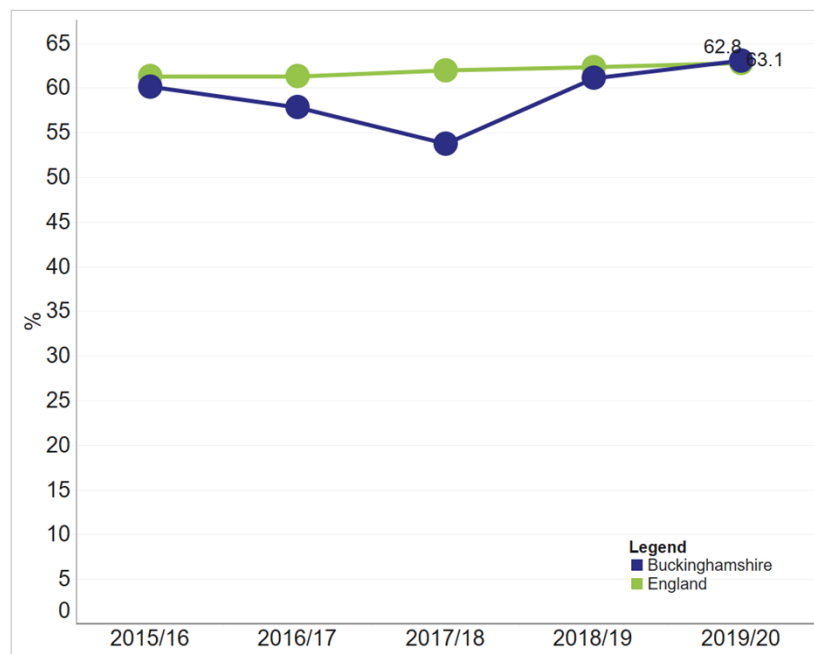
²⁰ Community Pharmacy Contractual Framework (2019). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf

pharmacies can signpost people to the Buckinghamshire Health and Wellbeing Website: Health and Wellbeing Bucks²¹.

Obesity

5.8 Obesity is recognised as a major determinant of premature mortality and avoidable ill health. It is also one of the priorities of the HWB. The estimated proportion of adults who are overweight or obese in Buckinghamshire in 2019/20 was 63.1%, an increase from 61.1% in the previous year (see Figure 5.3). Buckinghamshire figures are comparable to England where 62.8% of adults are overweight or obese (OHID, Public Health Profiles, 2022).

Figure 6.3: Percentage of adults (aged 18+) classified as overweight or obese, 2015/16 to 2019/20



Source: OHID, Public Health Profiles, 2022

5.9 Childhood obesity is on the rise and can have significant impact on health outcomes. A child who is overweight or obese can have increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying. The COVID-19 pandemic is likely to have increased the number of children who are overweight or obese.

²¹ <https://www.healthandwellbeingbucks.org/home>

- 5.10** Although child obesity is rising, figures remain lower than England as a whole. Less than one in five reception-age children (18.2%) are overweight or obese. This is slightly lower than the England figure of 23%. An estimated 31.1% of Year 6 children are overweight or obese: again, lower than the England comparator of 35.2% (OHID, Public Health Profiles, 2022). Although this trend is increasing significantly.
- 5.11** However, excess weight in children is highest in more deprived areas. A quarter (26%) of Year 6 children living in more deprived areas (within the highest deprivation quintile) are obese. This is statistically higher than the proportion of those living in the lowest deprivation quintile (14%).
- 5.12** As part of the Pharmacy Quality Scheme 2021/22²² pharmacies are now expected to help identify people who would benefit from weight management advice and provide an onward referral to local weight management support or the NHS Digital Weight Management Programme.

Physical Activity

- 5.13** Buckinghamshire is an active county. In 2020/21, 71.1% of those residing in the county are considered physically active, meaning they engage in 150 minutes or more of moderate physical activity per week. This is higher than national figure of 66.4%. People who have a physically active lifestyle reduce their risk of obesity, diabetes, osteoporosis and some cancers, and enjoy improved mental health (OHID, Public Health Profiles, 2022).

Smoking

- 5.14** Smoking is the leading cause of preventable death in the world. Pharmacies can support people to stop smoking by providing advice, dispensing of nicotine replacement therapy products and signposting to local stop smoking services. The latest figure for Buckinghamshire (2019/20) indicates that 11.3% of adults surveyed smoke; this is lower than the national figure. Nationally, 14.3% people smoke (OHID, Public Health Profiles, 2022).
- 5.15** Close to one in four (23.8%) of those in routine and manual occupations in Buckinghamshire smoked in 2019. This is slightly higher than the national rate of 23.2% (OHID, Public Health Profiles, 2022).

²² Pharmacy Quality Scheme (2021/22): <https://www.nhsbsa.nhs.uk/provider-assurance-pharmaceutical-services/pharmacy-quality-scheme-pqs>

Sexual health

- 5.16** Buckinghamshire has a comparatively low Sexually Transmitted Infection (STI) diagnosis rate. In 2020, 1,475 (438 per 100,000) residents under 25 years received a new diagnosis of an STI (excluding chlamydia). This is significantly lower than the England rate of 619 per 100,000.
- 5.17** In 2019, chlamydia was detected in 452 15- to 24-year-olds (equating to 816 per 100,000 population). This is significantly lower than the England rate of 1,408 per 100,000 (OHID, Public Health Profiles, 2022).
- 5.18** There were 467 residents in Buckinghamshire newly diagnosed with HIV in 2020. This equates to 1.53 per 1,000 people which is significantly lower than South East England and England rates. However, of those who were diagnosed in 2018-20, 56.5% were diagnosed late, significantly higher than the England rate of 42.4%. Positively, 83.1% of those newly diagnosed started antiretroviral therapy with 91 days of diagnosis (2018-20 figures) and 99.2% achieve virological success meaning they have achieved an undetectable viral load (OHID, Public Health Profiles, 2022).
- 5.19** There were 58 under-18 conceptions in the county in 2020 (5.8 per 1,000 population). This is less than half the national rate for under-18 conceptions. Most teenage pregnancies are unplanned and around half end in abortion. Teenage mothers nationally are three times as likely to suffer from post-natal depression, are less likely to breastfeed and more likely to smoke (OHID, Public Health Profiles, 2022).

Alcohol-related illness

- 5.20** Alcohol consumption contributes to morbidity and mortality from a diverse range of conditions. 30.4 per 100,000 deaths in Buckinghamshire are alcohol-related, which is lower than South East England and England with rates of 33.9 and 37.8 per 100,000 deaths respectively (OHID, Local Alcohol Profiles for England, 2022).
- 5.21** 1,832 admissions per 100,000 hospital admissions in 2019/20 were alcohol related, this is similar to the England's rate of 1,815 admissions per 100,000 hospital admissions (OHID, Local Alcohol Profiles for England, 2022).

Substance Misuse

- 5.22** Buckinghamshire HWB have committed to helping to reduce alcohol and substance misuse in younger people through the provision of good quality information and guidance to schools and wider action as part of the Buckinghamshire substance misuse strategy.¹⁹

Buckinghamshire Pharmaceutical Needs Assessment 2022-2025

5.23 Substance misuse is linked to mental health issues such as depression, disruptive behaviour and suicide. In 2018-20 there were 58 deaths due to substance misuse in Buckinghamshire. In the period 2017/18 to 2019/20, 61.6 per 100,000 hospital admissions for 15- to 24-year-olds were due to substance misuse, this rate is substantially lower than those of South East England and England (OHID, Public Health Profiles, 2022).

5.24 Where there is a local need, pharmacies can be commissioned to provide needle and syringe exchange services to reduce the risk of infections in those who inject drugs. Pharmacies can also be commissioned to provide supervised consumption of medicines to treat addiction, for example, methadone.

Flu vaccinations

5.25 Due to better flexibility of opening hours and convenient locations, pharmacies can help the uptake of some vaccinations, for example, flu and COVID-19 vaccinations. Flu vaccination uptake in Buckinghamshire is comparatively high. 82.2% of over 65s, and 55.5% of the 'at-risk' population were vaccinated for the flu in 2020/21; these rates are slightly higher than regional and national figures. 67.8% Buckinghamshire primary school age children received their flu vaccination, again slightly higher than the South East England and England rates (OHID, Public Health Profiles, 2022).

Loneliness and isolation

5.26 Social isolation and loneliness can impact people of all ages but is more prominent in older adults. It is linked to increased behavioural risk factors, poor mental health as well as morbidity and mortality from acute myocardial infarction and stroke²³. The impact of COVID-19 has increased social isolation within all age groups. Those most at risk have been younger age groups, those living alone, on low incomes, out of work and, or with a mental health condition.²⁴

5.27 The Adult Social Care Survey explores isolation and loneliness in its analysis. Findings show that in Buckinghamshire, 51.1% of users who responded to the survey have as much social contact as they would like. While this is better than national figures of 45.9%, it does highlight

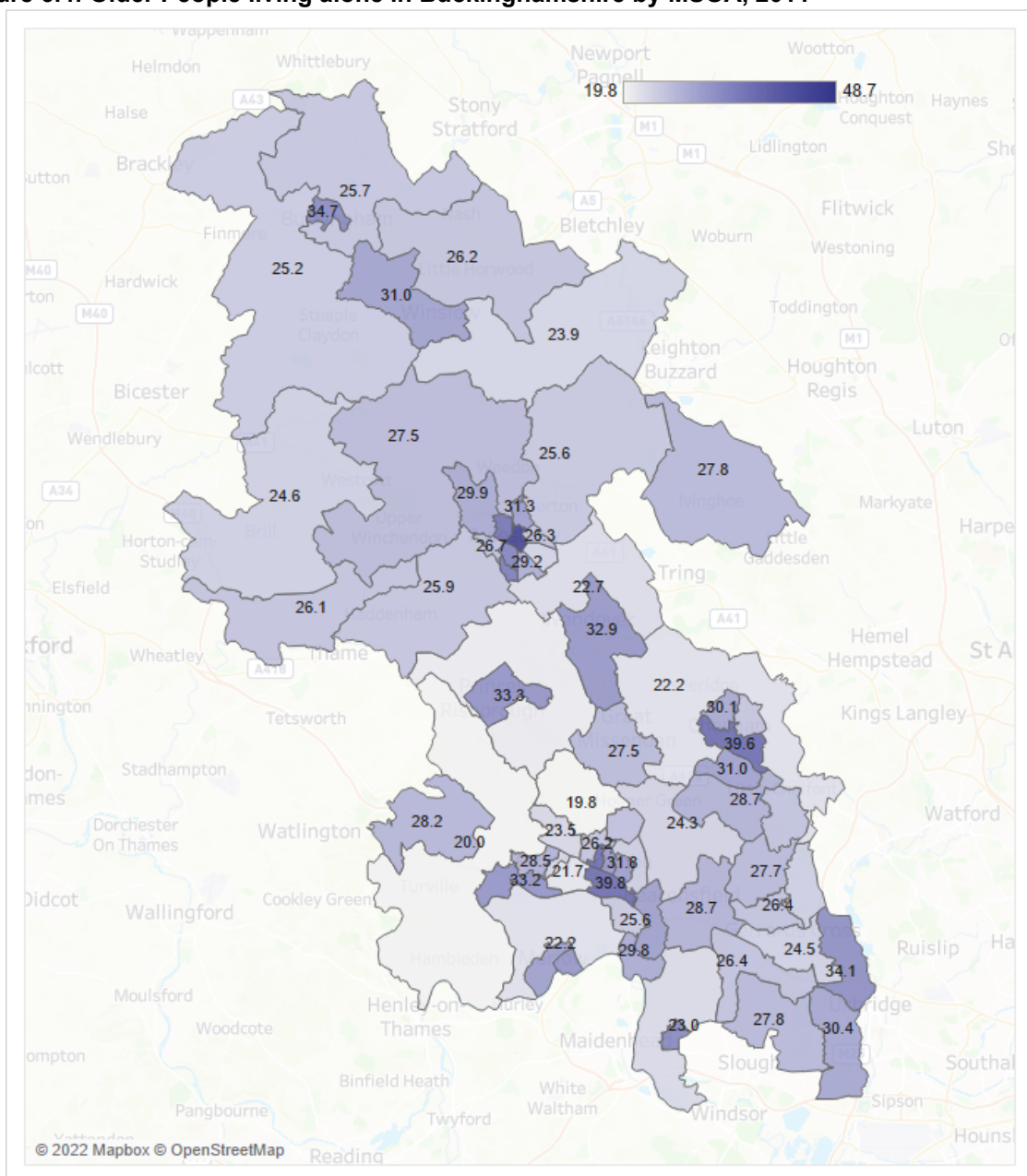
²³ Hakulinen C, Pulkki-Råback L, Virtanen M, et al (2018). Social isolation and loneliness as risk factors for myocardial infarction, stroke and mortality: UK Biobank cohort study of 479 054 men and women. *Heart*; 104:1536-1542.

²⁴ LGA. Loneliness, social isolation and COVID-19. <https://www.local.gov.uk/publications/loneliness-social-isolation-and-covid-19>

that nearly half of older adults in receipt of social care do not have as much social contact as they would like and are likely feeling isolated and lonely (Adult Social Care Survey, 2021).

5.28 28.1% of Buckinghamshire over 65s live alone (ONS 2011 Census). This is slightly lower than the England rate of 31.5%. However, figure 5.4 shows that there are MSOAs within Buckinghamshire where the rates of living alone are high. The highest proportion of older 65s living alone reside within the towns and higher density areas of Buckinghamshire. Please note, these figures are based on 2011 census data and are subject to change once the 2021 census data has been released.

Figure 6.4: Older People living alone in Buckinghamshire by MSA, 2011



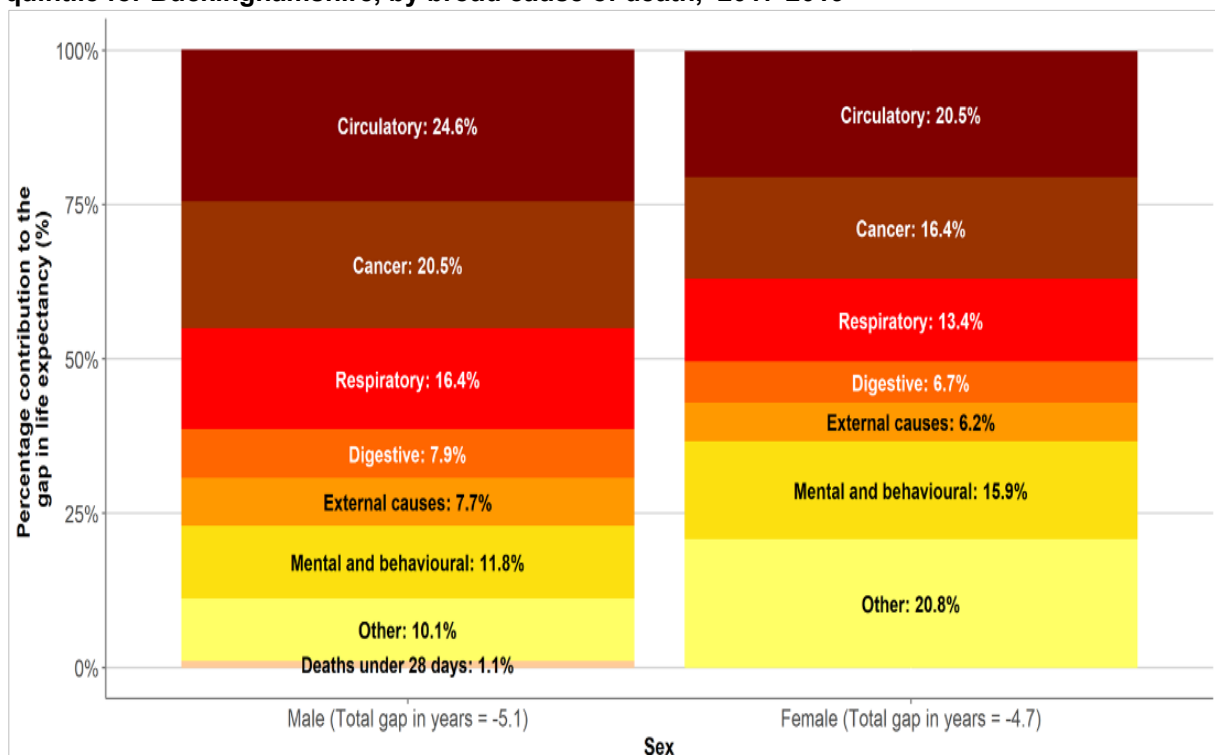
Source: ONS, 2011 Census

Major health conditions

5.29 Keeping people healthier for longer and reducing the impact of long-term conditions is one of the priorities of the Buckinghamshire Health and Wellbeing Strategy¹⁹. The causes of life expectancy gap between the most deprived and least deprived populations within a county provides a good indicator on what health conditions have a bigger impact on local populations and where a targeted approach is needed.

5.30 Circulatory disease is the biggest cause of the difference in life expectancy between deprivation quintiles in both males and females accounting for 24.6% and 20.5% respectively. This is followed by cancer, respiratory diseases and mental and behavioural disorders. Figure 5.5 presents the differences in life expectancy by cause between the most deprived and the least deprived quintiles of the county.

Figure 6.5: Life expectancy gap between the most deprived quintile and the least deprived quintile for Buckinghamshire, by broad cause of death, 2017-2019



Source: OHID, 2022

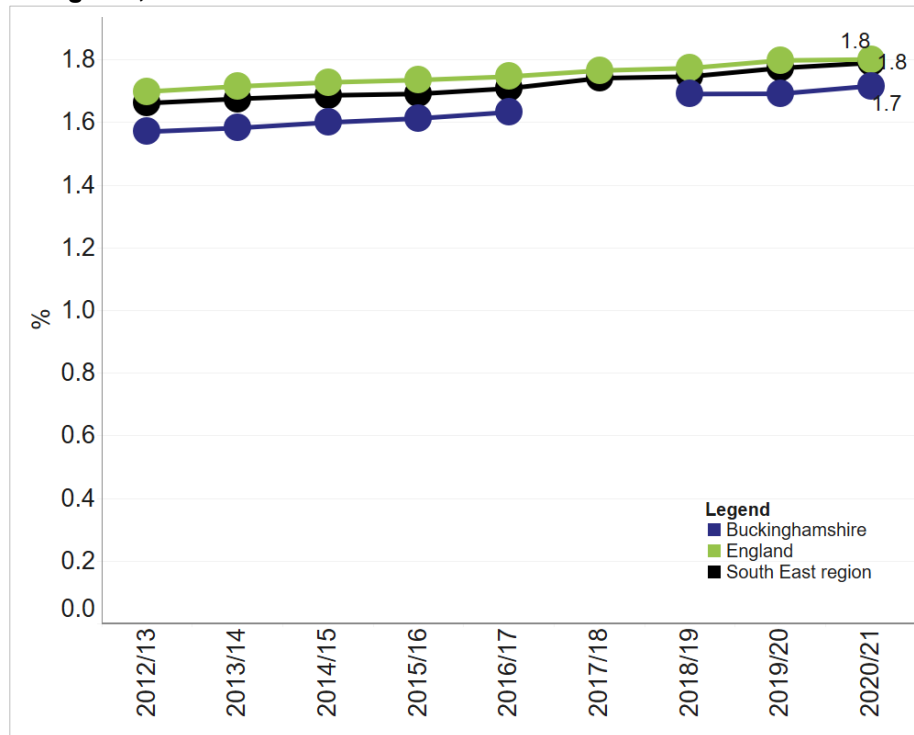
Circulatory diseases

5.31 The recorded prevalence of stroke in Buckinghamshire is similar to that of South East England and England overall. 1.7% of the GP-registered population in Buckinghamshire are recorded as having stroke or transient ischaemic attack. A trendline shows that this figure has been slightly increasing since 2012/13 (see Figure 5.6). The South East England recorded

Buckinghamshire Pharmaceutical Needs Assessment 2022-2025

prevalence is 1.8% and the national prevalence is 1.8% of the GP registered population (OHID, QOF, 2022).

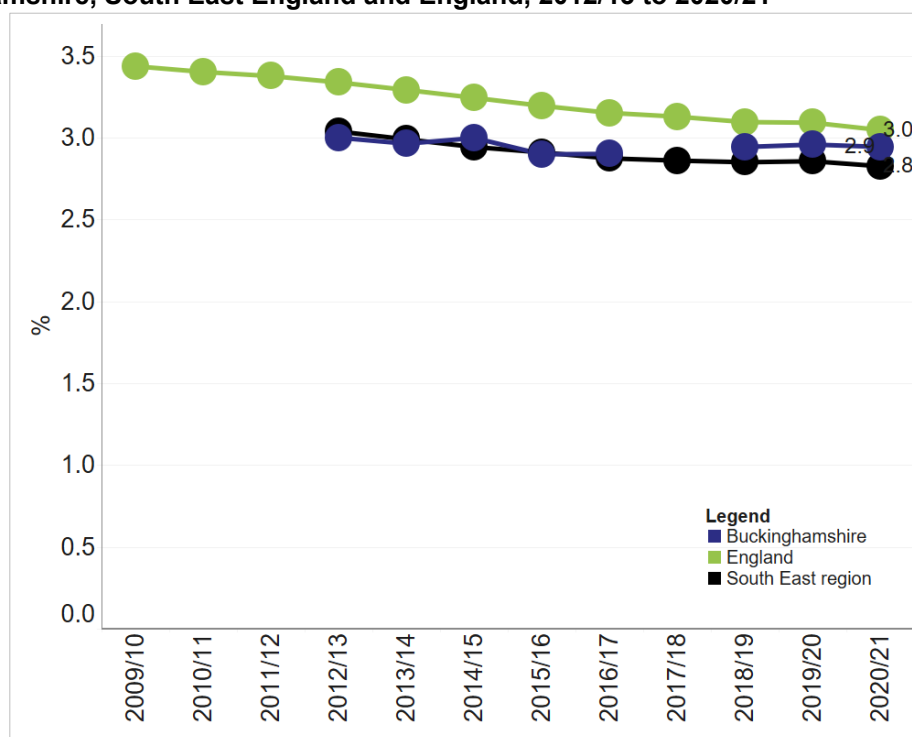
Figure 6.6: Trendline of Stroke: QOF prevalence (all ages) for Buckinghamshire, South East England and England, 2012/13 to 2020/21



Source: OHID, Public Health Profiles, 2022

5.32 2.9% of the GP registered population have coronary heart disease in Buckinghamshire. This is similar to the South East England and England figures of 2.8% and 3%, respectively. The trend has been fairly steady since 2009/10 (OHID, QOF, 2022) (Figure 5.7).

Figure 6.7: Trendline of coronary heart disease: QOF prevalence (all ages) for Buckinghamshire, South East England and England, 2012/13 to 2020/21



Source: OHID, Public Health Profiles, 2022

Cancer

- 5.33** Pharmacists can support early detection and diagnosis of cancer by raising awareness of typical symptoms through public health campaigns and talking to patients about signs and symptoms of different cancers can result in earlier diagnosis and therefore better treatment options for patients.
- 5.34** The 2014-2018 standardised incidence ratio of new cases of cancer is 94.3, meaning the rate is lower than expected in consideration of the England comparator (OHID, Public Health Profiles, 2022).
- 5.35** The premature (i.e., under 75 years) mortality rate from cancer for Buckinghamshire is significantly lower than the national rate and the third lowest in South East England. For 2017-19, 111.9 per 100,000 residents of the county died prematurely from cancer, compared with 129.2 for England (OHID, Public Health Profiles, 2022).
- 5.36** NHS Buckinghamshire CCG screening coverage for bowel and cervical cancers is higher than England and among the highest in England for breast cancer (NHS Cancer Screening

Programme, 2021). Although these figures have been decreasing significantly over the last five years.

Respiratory diseases

- 5.37** Respiratory disease is one of the top causes of death in England in under 75s, however in Buckinghamshire, the mortality rate is comparatively low. The under-75 mortality rate by respiratory disease in Buckinghamshire is 18.7 per 100,000 population in 2020. This is significantly lower than South East England and England where the rates are 23.4 and 29.4, respectively (OHID, Public Health Profiles, 2022).
- 5.38** One of the major respiratory diseases is chronic obstructive pulmonary disease (COPD). Emergency hospital admissions for COPD in Buckinghamshire is similar to national figures. In 2019/20 there were 680 (210 per 100,000 admissions) for COPD, significantly lower than the regional and national rates of 358 and 415 per 100,000 admissions respectively. Helping people to stop smoking is key to reducing COPD and other respiratory diseases (OHID, Public Health Profiles, 2022).
- 5.39** Asthma is the most common long-term health condition in children in the UK. It is also one of the most common reasons for emergency hospital admissions. In 2020/21 6.3% of Buckinghamshire GP registered patients (aged 6 and over) had asthma, this is similar to the England rate of 6.4% (OHID, Public Health Profiles, 2022).

Mental and behavioural disorders

- 5.40** Promoting good mental health and wellbeing for everyone is a priority for the Buckingham Health and Wellbeing Strategy. The strategy commits to a range of actions to support this priority including:
- Promoting adult wellbeing and resilience in all partner workplaces as part of wider workplace health initiatives.
 - Promoting good mental health and emotional wellbeing by working with partners to identify and work with groups who are vulnerable to poor mental health.
 - Working with partners to improve the physical health of people with mental illness and/or learning disability.
 - Reviewing existing services for people with mental health and substance misuse problems to improve their outcomes.
 - Implementing plans to reduce the risk of suicide and minimise self-harm¹⁹.

- 5.41** Common mental illnesses include depression, general anxiety disorder, panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder. In 2017, Public Health England estimated that 13.3% of the Buckinghamshire adult population have a common mental illness. This is significantly lower than England (16.9%) (OHID, Common Mental Health Disorders, 2022).
- 5.42** Severe mental illnesses include disorders that produce psychotic symptoms and severe forms of other disorders such as schizophrenia and bipolar disorder. 0.77% of the GP-registered population have a diagnosis of a severe mental illness. This is significantly lower than the South East England figure of 0.86 and the England figure of 0.95% (OHID, Severe Mental illness, 2022).
- 5.43** Medicines are a key component of health and mental health care, and pharmacists have the expertise required to improve adherence to medication and support the reduction of inappropriate use of medicines.
- 5.44** An ability to access pharmacies can be very important for people living with dementia. Dementia-friendly pharmacies can support people living with dementia to feel confident and empowered to do things that they have always been able to do, such as collecting a prescription.
- 5.45** Approximately 4,137 people, or 0.7% of GP-registered patients (all ages) in Buckinghamshire have diagnosed dementia in 2020/21. This prevalence is similar to England as a whole.

Summary of demographics and health needs of Buckinghamshire

In general, Buckinghamshire residents are faring well in terms of health and wellbeing, in comparison to the rest of England. Life expectancy and healthy life expectancy figures are significantly higher than England. Areas with the lowest figures of life expectancy are within Aylesbury Vale, areas with the highest figures of life expectancy are within Wycombe.

There were several areas of need identified in this needs analysis. The proportion of routine and manual workers who smoke is higher than national figures. Rates of people living with HIV who were diagnosed late is higher than national figures, additionally, a high proportion of adult social care users are not receiving as much social contact as they would like.

Circulatory diseases were the biggest causes of differences in life expectancy between the most and least deprived areas in Buckinghamshire. This was followed by cancer, respiratory diseases then mental and behavioural problems. Positively, premature mortality figures for cancer and respiratory diseases are lower than national figures, as are the prevalences of coronary heart disease, stroke, cancers, COPD and mental health conditions.

Chapter 7 – Patient and public survey

- 6.1** This chapter discusses the results of the patient and public engagement survey that was carried out in Buckinghamshire between the period of 3rd February 2022 until 21st March 2022. An Equality Impact Assessment was conducted by reviewing the use and experiences of pharmacy use specific to protected characteristic groups that were engaged with during this process.
- 6.2** A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.
- 6.3** A questionnaire was used to engage with the patients and public to understand their use and experience of local pharmacies. This questionnaire was approved for use with the local population by the PNA Steering Group and the Buckinghamshire Council Communication Team.

Buckinghamshire communications engagement strategy

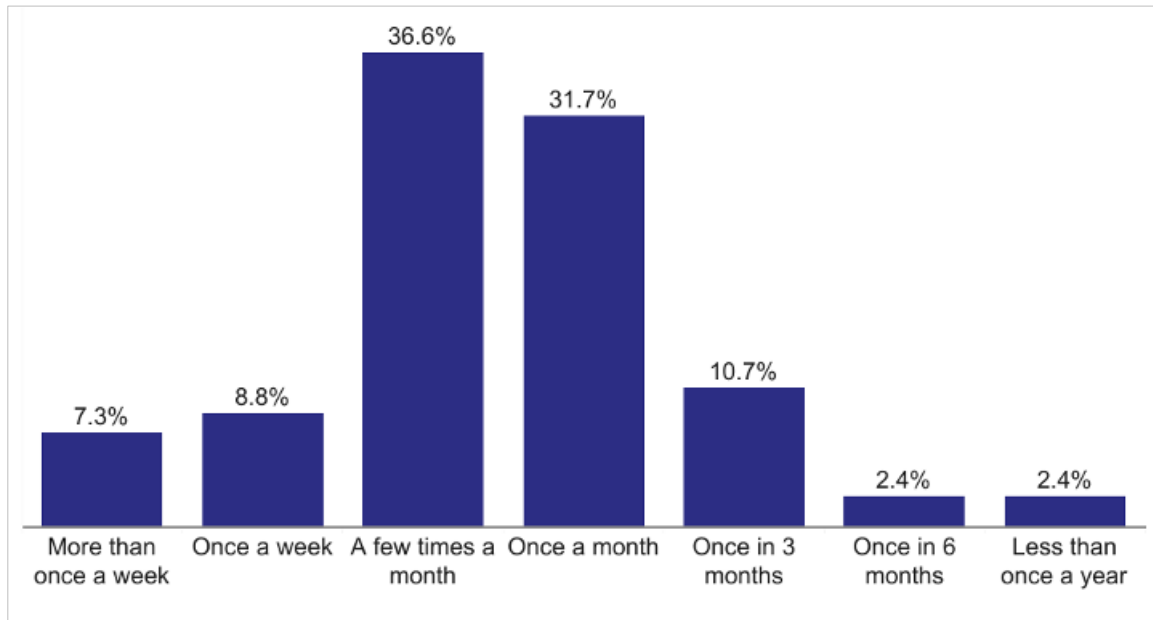
- 6.4** Working closely with the Council and the CCG Communications Teams and Community Development and Engagement Leads the survey was distributed widely over the period from 3rd February 2022 until the 21st March 2022 leading to 205 respondents.
- 6.5** The questionnaire was disseminated via online platforms, social media such as Facebook and Twitter, and on local resident e-newsletters. The survey was also published on the Buckinghamshire Public Health webpage, and Your Voice Bucks.
- 6.6** Buckinghamshire Healthwatch also published the survey on their website and through social media posts.
- 6.7** Additionally, a community engagement lead disseminated the survey to faith-based groups, voluntary sector, ethnic minority community leads, and 16 local community boards.

Results of the public engagement survey

- 6.8** When asked around how often they use their local pharmacy, 36.6% of Buckinghamshire respondents use their pharmacy a few times a month, 31.7% of residents use their pharmacy

once a month, 10.7% of residents use their pharmacy once every 3 months, around 8.8% use it once a week, 2.4% once every 6 months, and 2.4% less than once a year (see figure 6.1).

Figure 7.1: Survey responses on frequency of pharmacy use by Buckinghamshire participants, 2022



6.9 Most residents (52.9%) prefer to use their pharmacy on either the weekday or weekend with the most popular times being between 9am-12pm (see Figures 6.2 and 6.3).

Figure 7.2: Survey responses on preferred day to visit pharmacy by Buckinghamshire participants, 2022

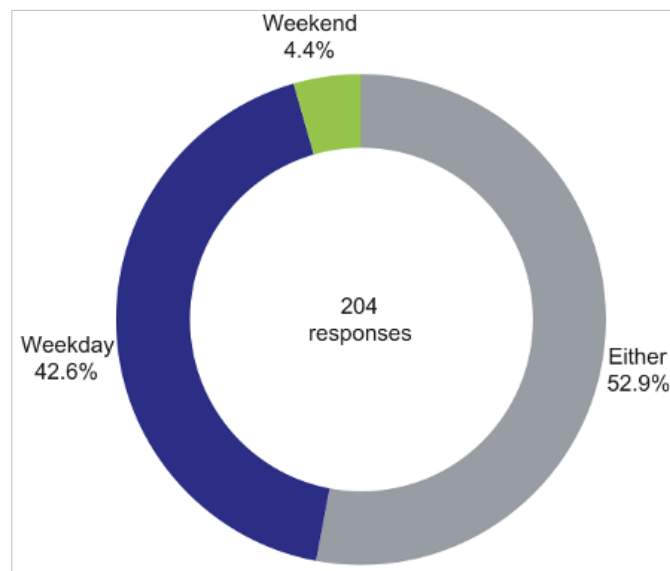
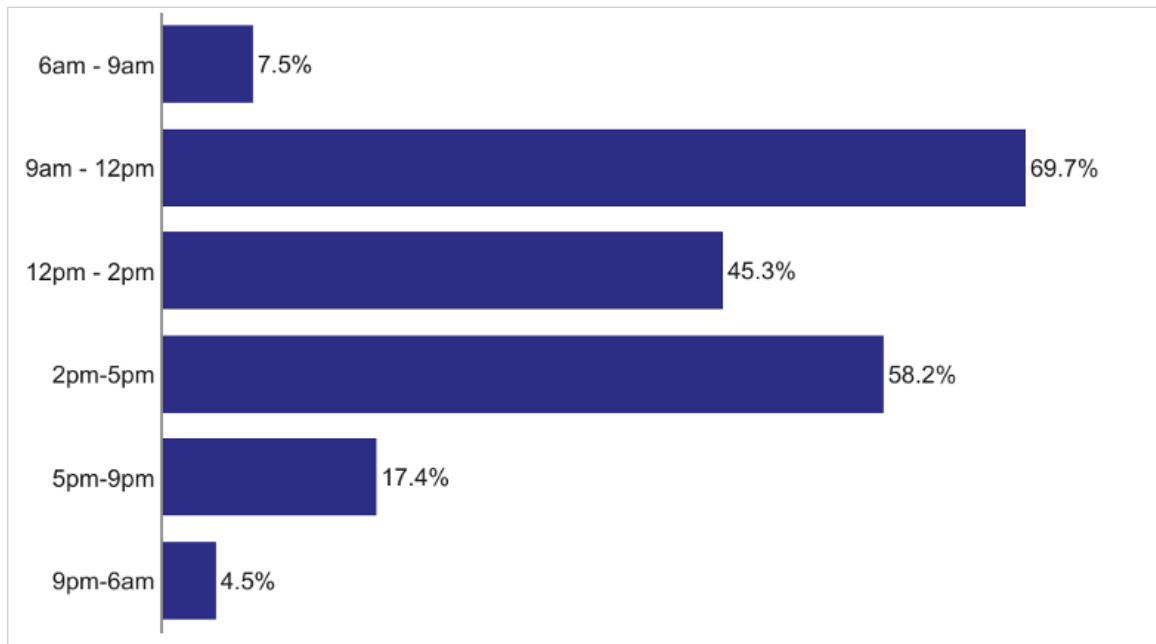
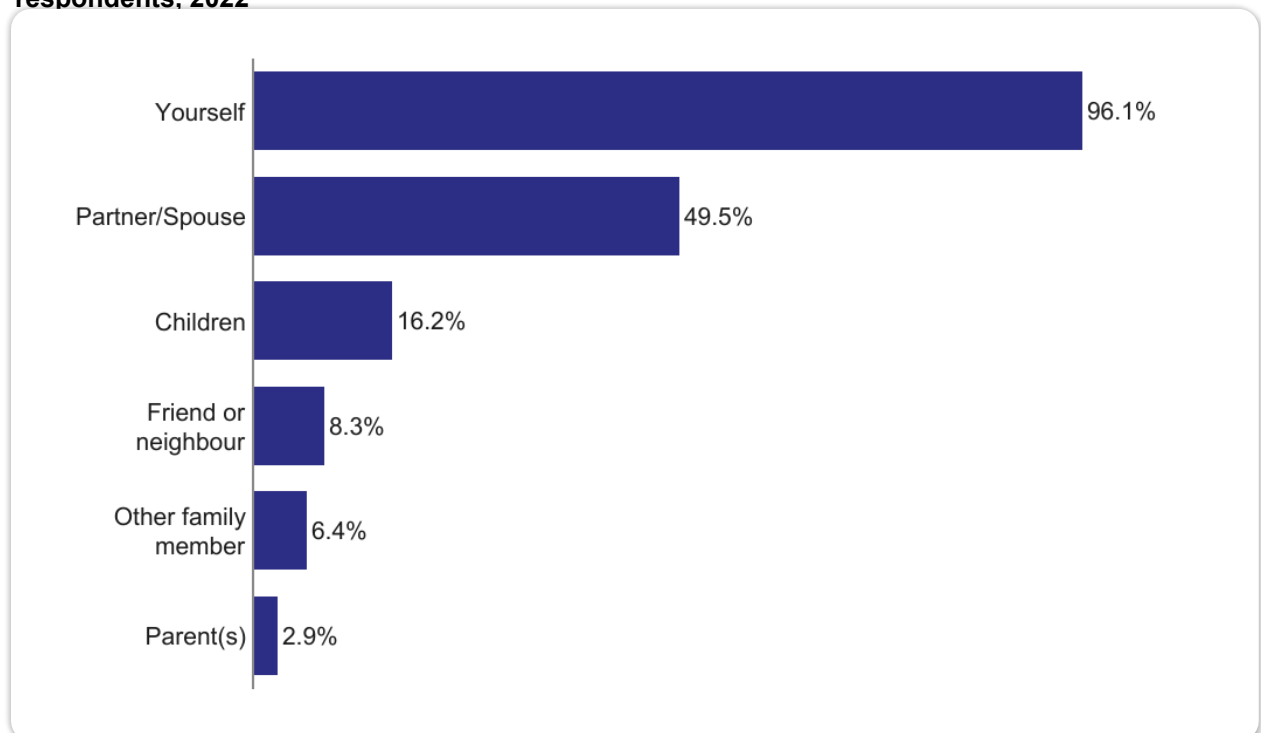


Figure 7.3: Survey responses on time to visit their pharmacy by Buckinghamshire participants, 2022



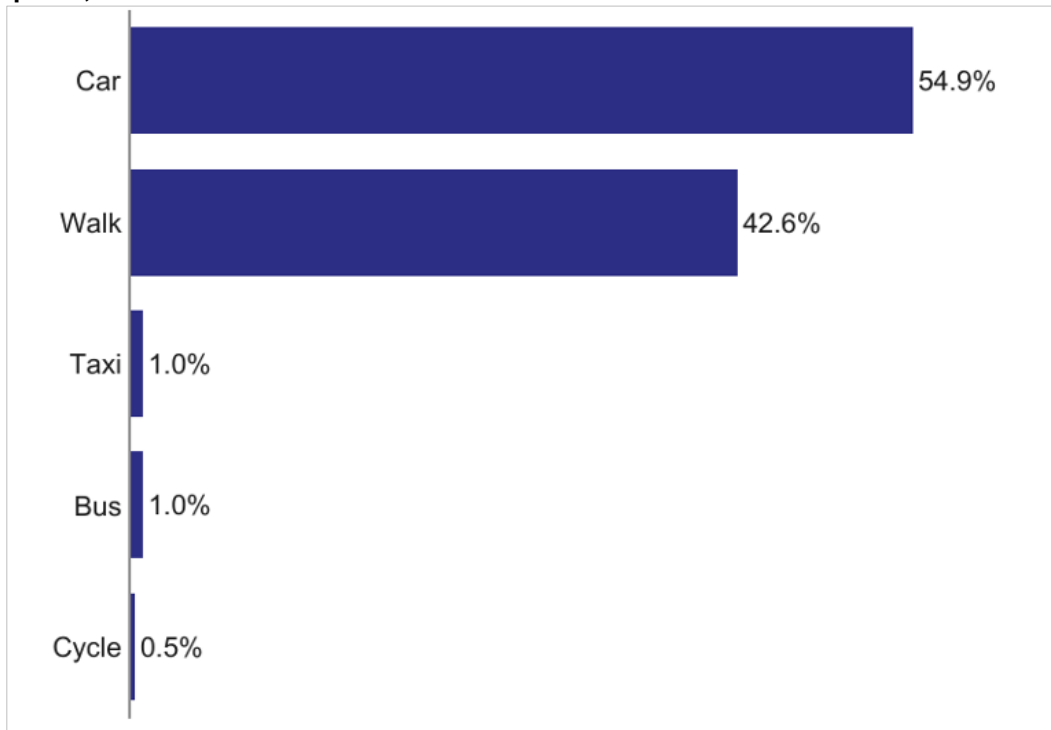
6.10 When asked who they are using the pharmacy for, 96.1% of Buckinghamshire respondents said that they use the pharmacy for themselves, 49.5% use their pharmacy for their spouse or partner, and around 16.2% used the pharmacy for their children (Figure 6.4).

Figure 7.4: Survey responses on who they are using their pharmacy for by Buckinghamshire respondents, 2022



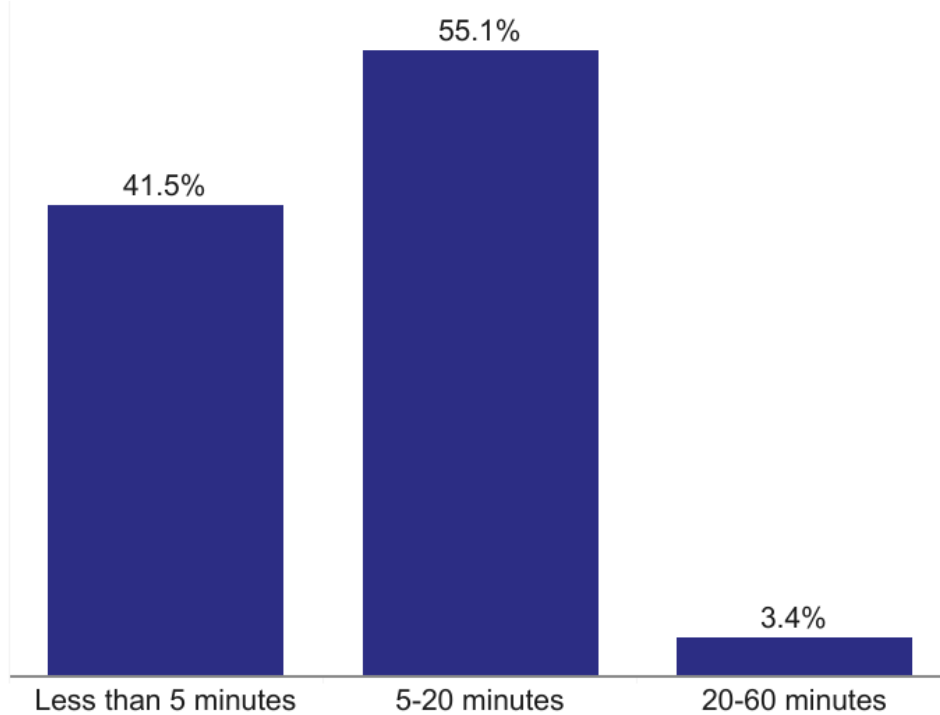
6.11 54.9% of the respondents drive to their local pharmacy, with 42.6% walking. 1% usually take a bus and or a taxi to their pharmacy, and 0.5% cycle (see Figure 6.5).

Figure 7.5: Survey responses on how they travel to their pharmacy by Buckinghamshire participants, 2022



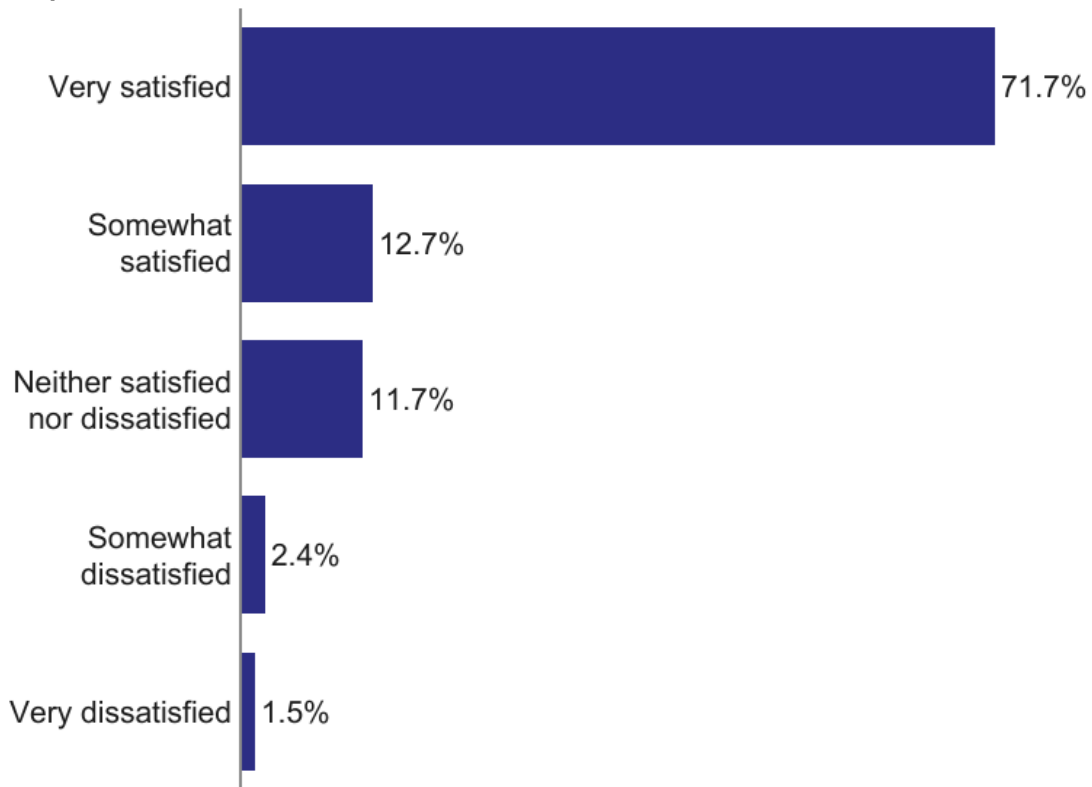
6.12 When asked how long it takes to get to their pharmacy, 55.1% said between 5-20 minutes, and 41.5% said less than 5 minutes. This result included both walking and taking a car to their local pharmacy (Figure 6.6).

Figure 7.6: Survey responses on travel time to pharmacy by Buckingham participants, 2022



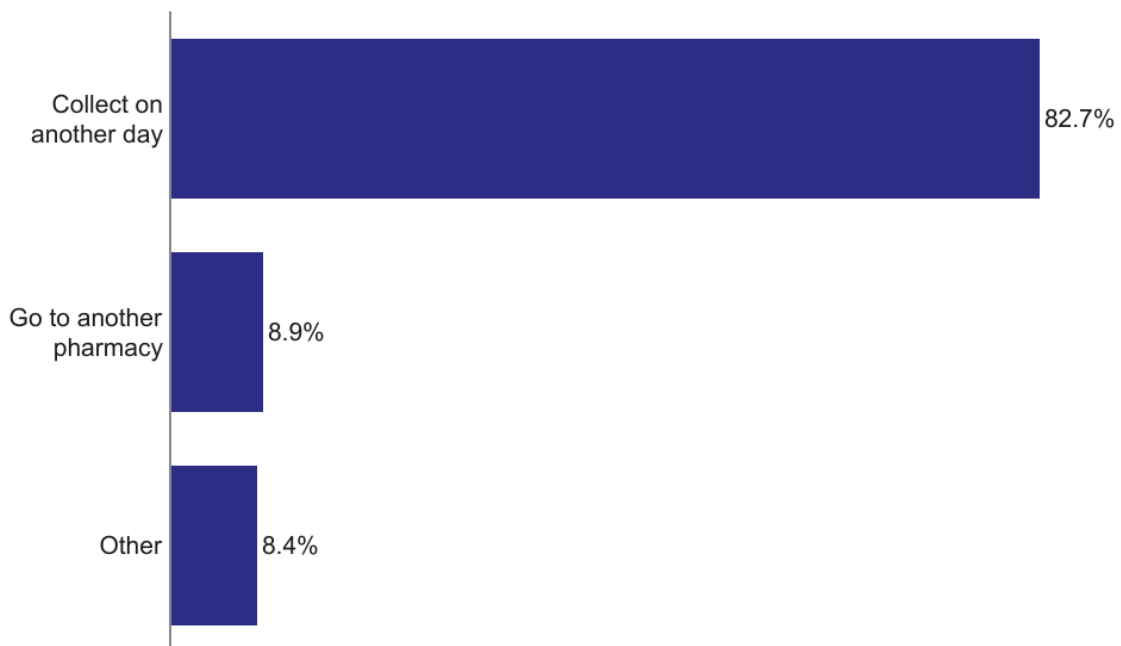
- 6.13** Of those who stated they travel by car, 61 (54.5%) take 5-20 minutes to reach their pharmacy, 49 (43.8%) take less than five minutes. Only two reported taking more than 20 minutes to reach their pharmacy if travelling by car.
- 6.14** Of those who walk to their pharmacy 48 (55.2%) take 5-20 minutes to reach their pharmacy, 36 (41.4%) take less than 5 minutes. Three respondents who walk to their pharmacy take longer than 20 minutes.
- 6.15** Majority of respondents across Buckinghamshire were very satisfied with their journey to their pharmacy (Figure 6.7).

Figure 7.7: Survey responses on satisfaction of journey to pharmacy by Buckinghamshire participants, 2022



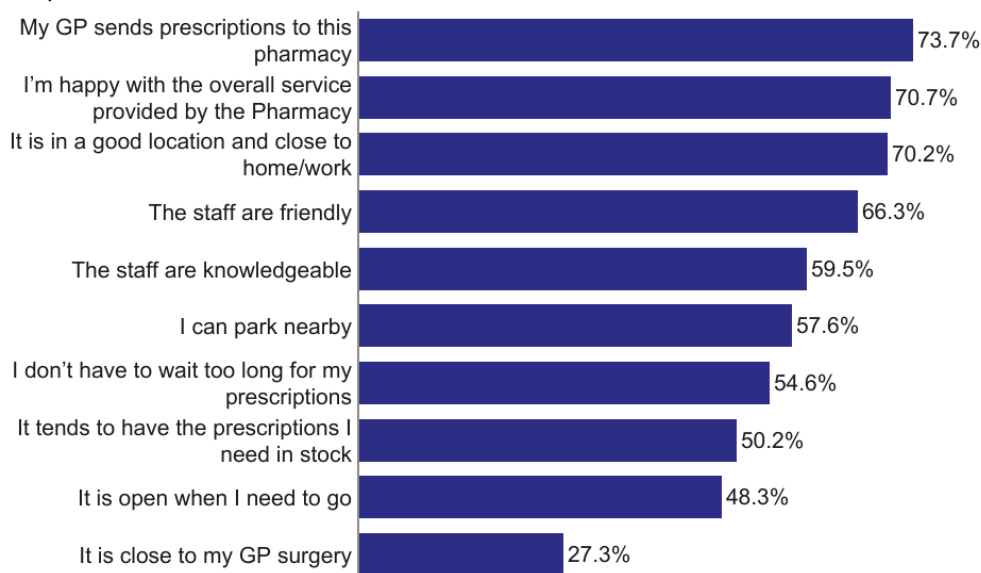
6.16 When asked what you do if you cannot access the pharmacy, 82.7% of Buckinghamshire respondents answered that they collect on another day, followed by 8.9% stating they would go to another pharmacy (Figure 6.8).

Figure 7.8: Survey responses on what they do if they can't access the pharmacy by Buckinghamshire participants, 2022



6.17 The majority of respondents across Buckinghamshire, (73.7%) stated their main reason for their choice of pharmacy is that the GP sends the prescriptions to their pharmacy, followed by 70.7% being happy with the overall service provided by their pharmacy and 70.2% due to the good location and its proximity to their work/home (Figure 6.9).

Figure 7.9: Survey responses on reasons for pharmacy choice by Buckinghamshire participants, 2022



6.18 Of the 205 respondents in Buckinghamshire, 37 left a comment on how what services they would like to see available in their pharmacy. The top services the public would like to see within their pharmacy were:

- Vaccines including travel vaccines (43%)
- Minor ailments, independent prescribing, diabetes checks, cholesterol, and blood checks (blood pressure checks, testing) (41%).

Equality impact assessment

6.19 This next section explores the Buckinghamshire survey responses by different groups representing protected characteristics, looking at where there are similarities and differences between groups.

Age

6.20 To understand any differences between age groups, we compared differences between those aged over 65 (n=121), and individuals aged 65 and under (n=84).

6.21 No differences were found in terms of frequency of use of pharmacy between the age groups, with most respondents using their pharmacy a few times a month, or at least once a month.

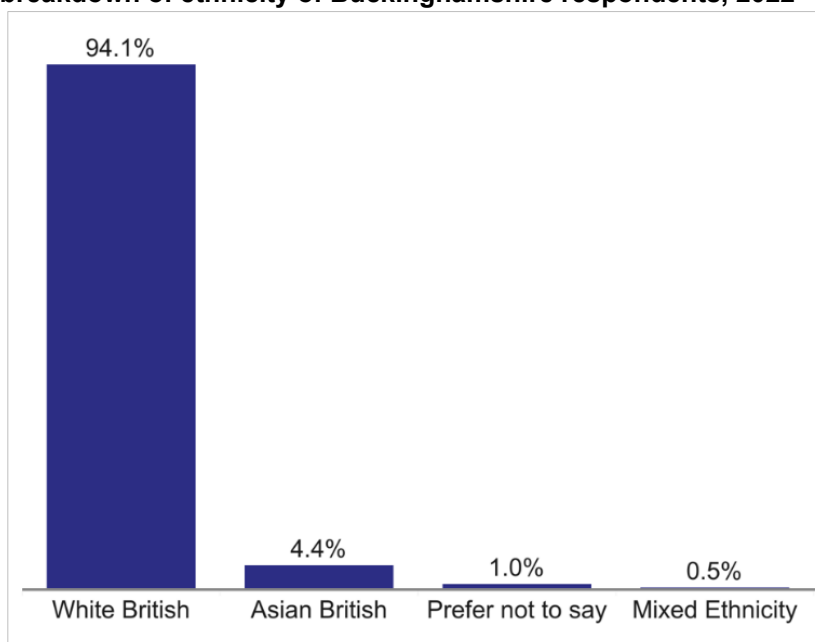
6.22 Reasons for choice varied amongst the age groups. Those who were over 65, tended to use their pharmacy as they were satisfied with the overall service (81%), and those who were 65 and under tended to use their pharmacy based on where prescriptions by GP were sent (71.4%).

6.23 No differences were found in terms of who the pharmacy was used for with most respondents stating for themselves or their spouse/partner. Although, those aged 65 and under also were more likely to use it for their children (35.7%).

Ethnicity

6.24 Only a small number of respondents were from an ethnic minority background (Figure 6.10).

Figure 7.10: A breakdown of ethnicity of Buckinghamshire respondents, 2022



6.25 No significant differences were found between ethnic groups and pharmacy usage.

Gender

6.26 163 (69.8%) respondents were female, 59 (28.8%) were male, two (1%) preferred not to state, and one respondent (0.5%) was transgender.

- 6.27** No differences were found across genders in terms of frequency of visits and reasons for choosing their pharmacy and time taken to travel to the pharmacy.
- 6.28** Generally, respondents used their pharmacy for themselves, or their spouse or partner, but female respondents were also more likely to use their pharmacy for their children too (18.9%), compared to their male counterparts (10.2%).

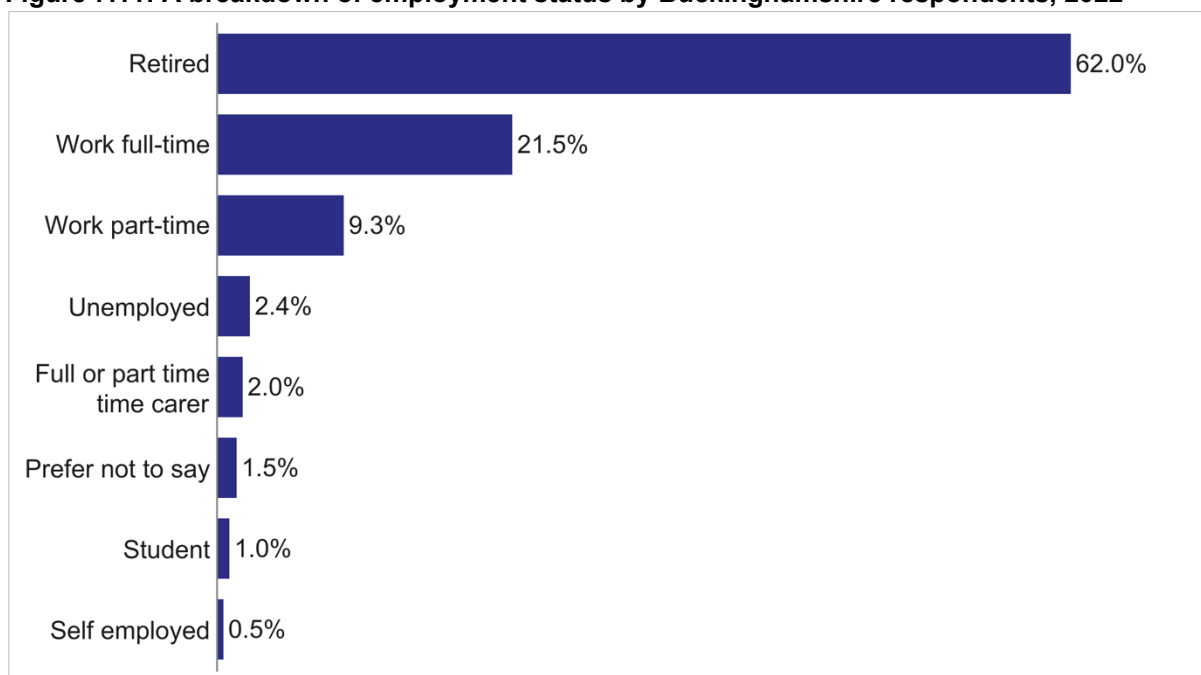
Pregnancy and breastfeeding

- 6.29** No respondents were pregnant at the time this survey was live. Two (1%) people were breastfeeding at the time this survey was live.
- 6.30** No differences were found between groups in terms of frequency of visiting pharmacy with most respondents going a few times a month, to at least once a month. Although, those who were breastfeeding were also more likely to use their pharmacy once a week (50%), compared to those who were not (9.2%).
- 6.31** Those who were breastfeeding were more likely to choose their pharmacy based on the fact that it was in a good location (100%), compared to those who were not breastfeeding who chose their pharmacy based on prescriptions being sent to the chosen pharmacy (74.1%).
- 6.32** There were no differences in terms of time taken to travel to the pharmacy and preferred time to visit the pharmacy.

Employment status

- 6.33** A breakdown of employment status showed that over half (62%) of the respondents were retired, 31.3% were in employment (this included, full-time, part-time, and self-employment), 2% respondents were carers, and 2.4% were unemployed, 1.5% preferred not to state, and 1% were students. (Figure 6.11).

Figure 7.11: A breakdown of employment status by Buckinghamshire respondents, 2022

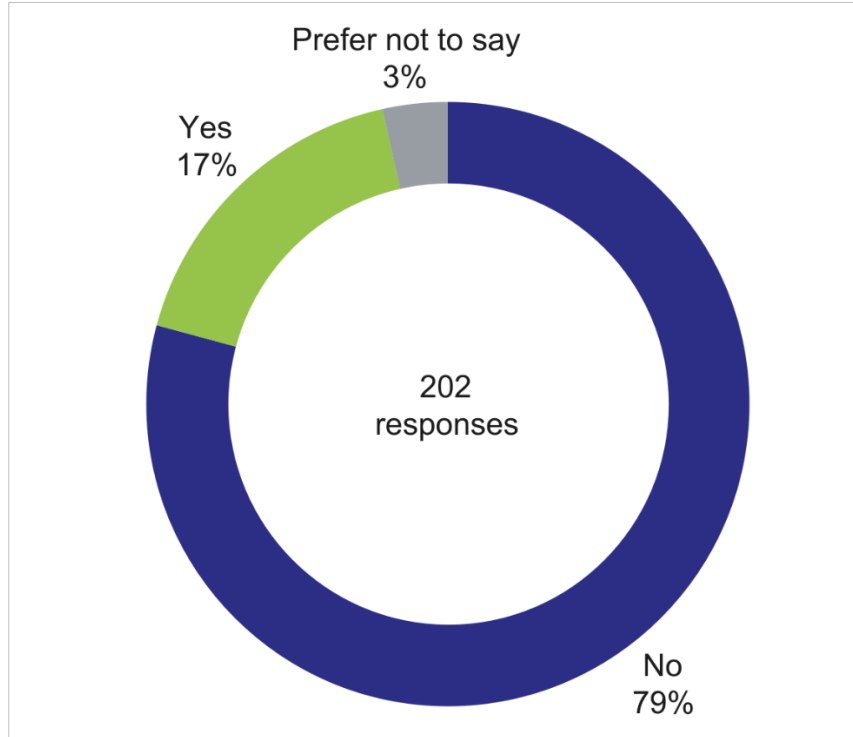


- 6.34** No differences were found amongst employment status groups, in terms of frequency of pharmacy use, who they used their pharmacy for, and time taken to travel to the pharmacy.
- 6.35** Retired respondents were more likely to choose their pharmacy based on overall satisfaction with service (78%). Carers were more likely to choose their pharmacy on the basis that the GP sends prescriptions to the allocated pharmacy (75%). Those who were employed and unemployed (full-time, part-time, self-employed) were more likely to choose their pharmacy based on it being in a good location.
- 6.36** Those who were in employment (full-time, part-time, and self-employment), unemployed and carers were also more likely to use their pharmacy during the hours of 5pm- 9pm. Retired respondents were more likely to use their pharmacy between 9am – 12pm.

Disability or impairment

- 6.37** 202 respondents answered whether they had a disability or not, of which 35 (17%) said that they do, 160 stated that they didn't (79%), and 7 (3%) preferred not to state (Figure 6.12).

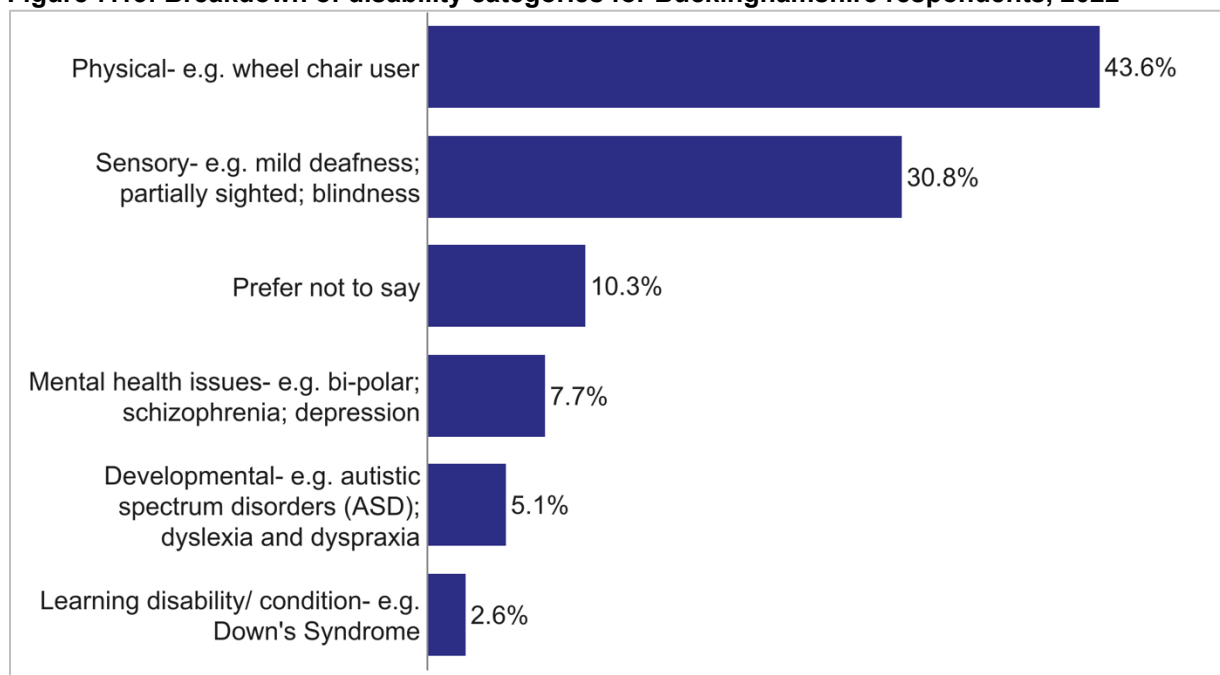
Figure 7.12: Breakdown of disability of Buckinghamshire respondents, 2022



6.38 The survey categorised disabilities into six main groups (Figure 6.13):

- Physical e.g., wheelchair user
- Mental health issues e.g., bipolar disorder, schizophrenia, depression
- Sensory e.g., mild deafness, partially sighted, blindness
- Learning disabilities e.g., Down Syndrome, Cerebral Palsy
- Developmental e.g., Autistic spectrum disorder, dyslexia, dyspraxia
- Other

Figure 7.13: Breakdown of disability categories for Buckinghamshire respondents, 2022



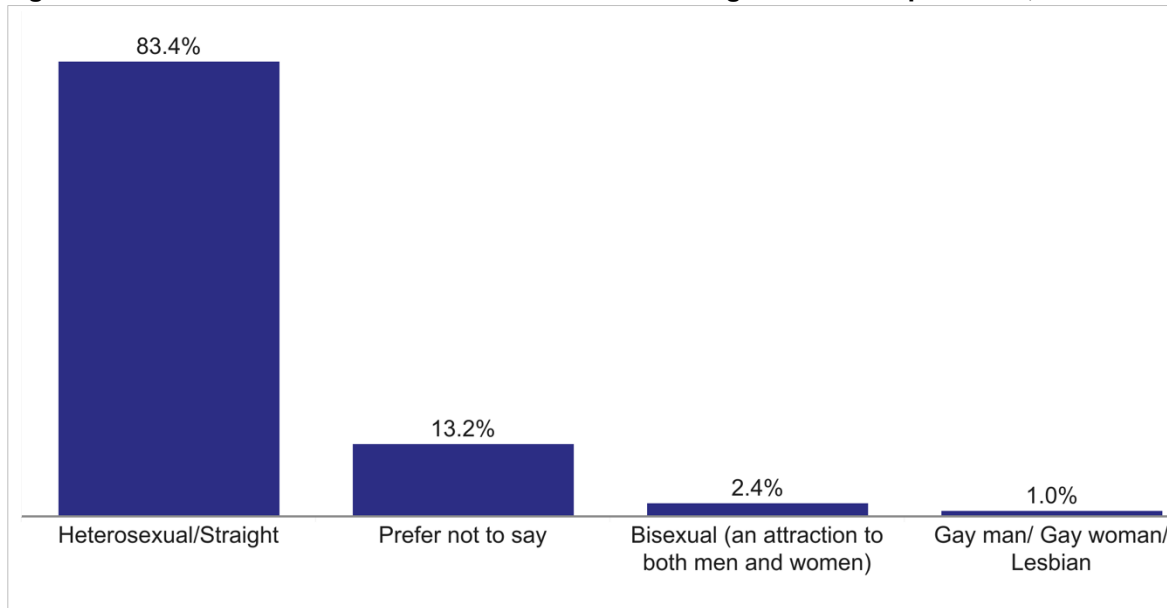
6.39 No significant differences were found amongst those with a disability and those without in terms of frequency pharmacy usage, choice of pharmacy, preferred day to visit, and who it was used for.

6.40 Whilst for most respondents' journey time was between 5-20 minutes by car or walking to pharmacy, a small percentage of respondents with a disability stated it took them between 20-60 minutes of walking or travel by car too (11.4%).

Sexual orientation

6.41 171 (83.4%) of respondents were heterosexual, 27 (13.2%) did not state, 5 (2.4%) people stated they were bisexual and 2 respondents (1%) were gay men or gay/lesbian women. (Figure 6.14).

Figure 7.14: A breakdown of sexual orientation of Buckinghamshire respondents, 2022

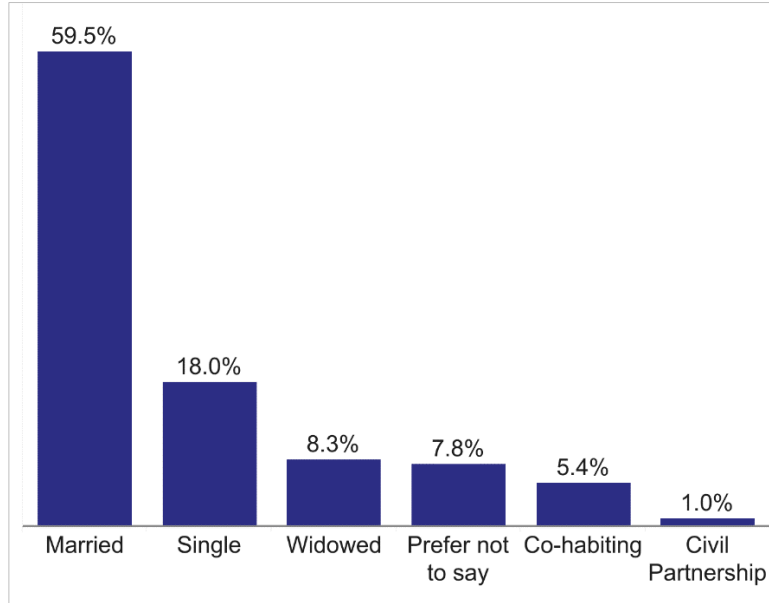


- 6.42** No differences between groups were found in terms of frequency of visiting pharmacy, who they used their pharmacy for, and frequency and preferred time to visit their pharmacy.
- 6.43** For most, travel time to a pharmacy was between a 5–20-minute walk or by car, and for a small number of heterosexual respondents (7%) pharmacies were a 20–60-minute journey.

Relationship status

- 6.44** 122 (59.5%) of respondents were married, 37 (18%) were single, 17 (8.3%) were widowed, 16 (7.8%) preferred not to state, and 11 (5.4%) were co-habiting, and 2 respondents (91%) were in a civil partnership. (Figure 6.15).

Figure 7.15: Breakdown of marital status of Buckinghamshire respondents, 2022



6.45 No significant differences were found between this protected characteristic and pharmacy usage.

Summary of the patient and public engagement and protected characteristics

Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. It included an exploration of the health needs specific to protected characteristics and vulnerable groups.

205 residents and workers of Buckinghamshire responded to this survey, and overall, residents were satisfied with the services their pharmacy provided.

The majority of respondents used their pharmacy a few times a month to at least once a month generally for themselves, or partner/spouse, or children. This was during working hours between 9am-12pm, and 2pm-5pm on either weekday or weekend. Reasons for chosen pharmacy were mainly down to overall satisfaction with service, and as prescriptions from GP were sent to their chosen pharmacy. For most respondents, travel time to a pharmacy was within a 5-20-minute walk or drive, and for a small number of respondents, travel time was within a 20-60-minute walk or drive.

No significant differences or identified needs were found amongst protected characteristics groups and pharmacy usage.

A small number of respondents left comments on what services they would like to see within their pharmacy. These included vaccines including travel vaccines, and minor ailments including diabetes checks, cholesterol, and blood checks (blood pressure checks and testing).

Chapter 8 – Provision of pharmaceutical services

7.1 This chapter identifies and maps the current provision of pharmaceutical services to assess the adequacy of provision of such services. Information was collected up until January 2022. It assesses of the adequacy of the current provision of necessary services by considering:

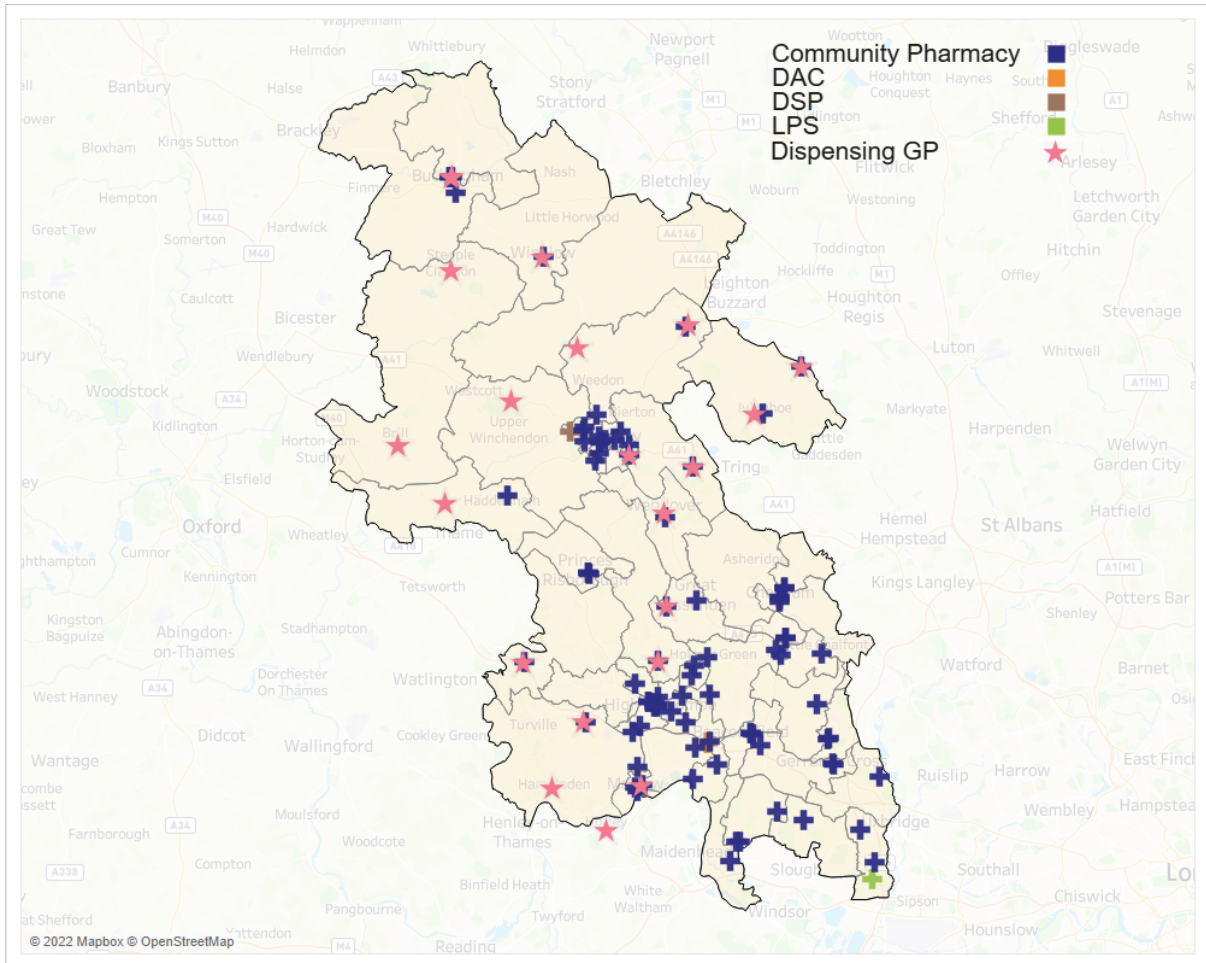
- Different types of pharmaceutical service providers
- Geographical distribution and choice of pharmacies, within and outside the unitary authority
- Opening hours
- Dispensing
- Pharmacies that provide essential, advanced and locally commissioned services

7.2 In addition, this chapter also summarises pharmaceutical contractors' capacity to fulfil identified current and future needs in Buckinghamshire.

Pharmaceutical service providers

7.3 As of July 2022, there are 89 pharmacies in Buckinghamshire that the NHS deems contractors of pharmaceutical services, 85 of which are community pharmacies. The pharmacies in the region as well as their contract type are presented in the map in Figure 8.1 below. All the pharmacy providers in the unitary authority are also shown in Appendix B, while those within 5 miles of its border (and therefore deemed to serve Buckinghamshire residents) are shown in Appendix C.

Figure 8.1: Map of pharmaceutical services providers within Buckinghamshire, July 2022



Source: NHS England, 2022

Community pharmacies

7.4 The 85 community pharmacies in Buckinghamshire. The distribution and accessibility of these to residents is explored later in this chapter.

Dispensing appliance contractor (DAC)

7.5 There is one DAC on Buckinghamshire’s pharmaceutical list (Securicare (Medical) Ltd). A DAC is a contractor that specialises in dispensing prescriptions for appliances, including customisation. They cannot dispense prescriptions for drugs.

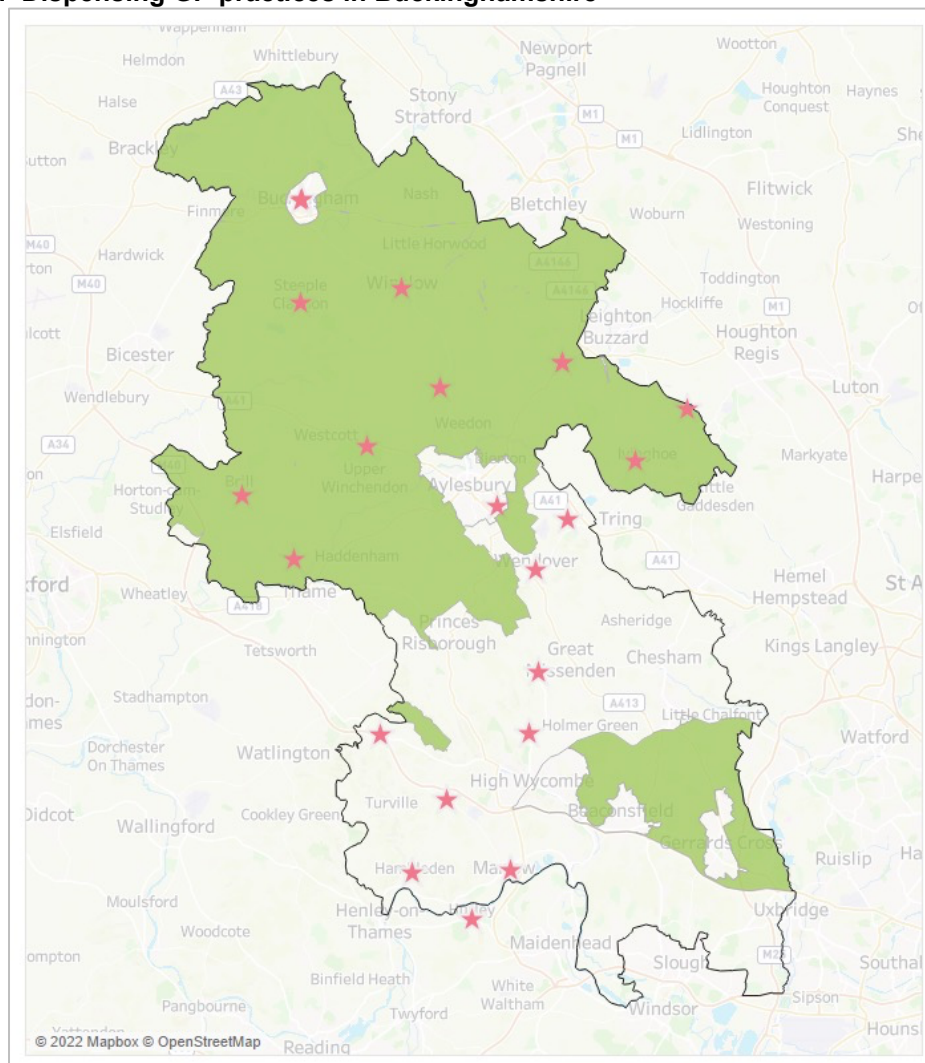
GP dispensing practices

7.6 Dispensing doctors provide services to patients mainly in rural areas and often where there are no community pharmacies or where access is restricted. In order to be dispensed by their GP practice, a patient must fall under certain requirements:

- They must live in a controlled locality
- They must live more than 1.6km from a pharmacy
- The practice must have approval for the premises at which they will dispense to
- The practice must have the appropriate consent for the area the patient lives in

7.7 There are 22 GP dispensing practices in Buckinghamshire. Their locations are shown in Figure 7.2 along with the controlled localities in the county (coloured green). The dispensing GPs details are presented in Table 7.1 below.

Figure 8.2: Dispensing GP practices in Buckinghamshire



Source: NHS England, 2022

Table 8.1: Dispensing GP practices and their dispensing list size

Surgery Name	Main or Branch surgery	Address	Post Code
The Swan Practice	Main	High Street	MK18 1NU
Verney Close	Branch	Verney Close	MK18 1JP
Steeple Claydon Surgery	Branch	2 Vicarage Lane	MK18 2PR
The Marlow Medical Group	Main	Victoria Road	SL7 1DN
Lane End Surgery	Branch	Finings Road	HP14 3ES
Hambleden Surgery	Branch	Hambleden	RG9 6RT
Hurley Surgery	Branch	26 Shepherds Close	SL6 5LY
Whitchurch Surgery	Main	49 Oving Road	HP22 4JF
Norden House Surgery	Main	Avenue Road	MK18 3DW
Long Crendon Surgery	Branch	New Chapel Surgery	HP18 9AF
Brill Surgery	Branch	22 Thame Road	HP18 9SA
Stokenchurch Medical Cente	Main	Oxford Road	HP14 3SX
Hughenden Valley Surgery	Main	Valley Road	HP14 4LG
The Chequers Surgery	Branch	3 Chequers Drive	HP16 9DU
Ashcroft Surgery	Main	Stewkley Road	LU7 0NE
Waddesdon Surgery	Main	Goss Avenue	HP18 0LY
Wing Surgery	Main	46 Stewkley Road	LU7 0NE
Wendover Health Centre	Main	Wendover Health Centre	HP22 6LD
Bedgrove Surgery	Branch	Brentwood Way	HP21 7TL
Aston Clinton Surgery	Branch	136 London Road	HP22 5LB
Edlesborough Surgery	Main	11 Cow Lane	LU6 2HT
Pitstone Surgery	Branch	The Village Health Centre	LU7 9BE

Source: NHS England, 2022

Distance selling pharmacies

- 7.8** Distance selling pharmacies (DSPs) are pharmacies, but under the 2013 regulations, they are not allowed to provide essential services on a face-to-face basis. They receive prescriptions either electronically or via the post, dispense them at the pharmacy, then deliver them to patients through the mail or shipping couriers.
- 7.9** They must provide services to anyone, anywhere in England, where required to do so. They may choose to provide advanced services, but when doing so must ensure that they do not provide any element of the essential services whilst the patient is at the pharmacy premises.
- 7.10** There are two distance selling pharmacies in Buckinghamshire (Figure 7.1).

Local pharmaceutical services

- 7.11** Local pharmaceutical services (LPS) contracts allow NHS England to commission services, from a pharmacy, which are tailored to specific local requirements. LPS complements the national contractual arrangements but is an important local commissioning tool in its own right. LPS provides flexibility to include within a contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national contractual arrangements.
- 7.12** There is one LPS contractor within Buckinghamshire. Its location is shown in Figure 7.1, with detailed information in Appendix B.

Accessibility

Distribution and choice

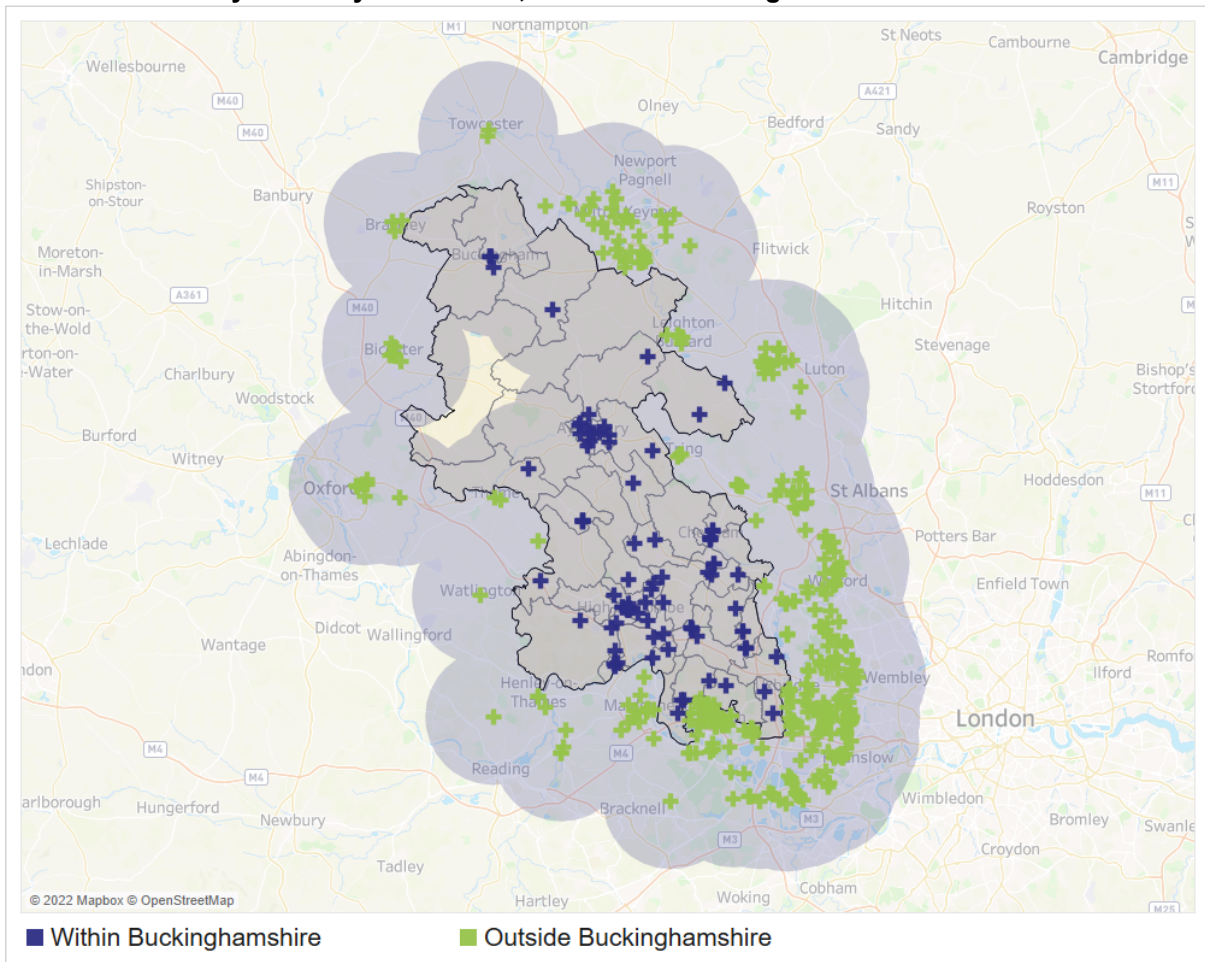
- 7.13** The PNA Steering Group agreed that the maximum distance for residents in Buckinghamshire to access pharmaceutical services, should be no more than 5 miles or 20 minutes by car. If residents live within an urban area, 20 minutes by public transport is considered accessible.
- 7.14** Buckinghamshire's 85 community pharmacies, plus the single LPS pharmacy, equate to 1.6 community/LPS pharmacies per 10,000 residents (based on a population estimate of 547,060). This ratio is just below the England average, which stands at 2.2 based on 2014 data (LGA, 2022²⁵).
- 7.15** Figure 7.3 shows the 85 community pharmacies and the LPS pharmacy located in Buckinghamshire, as well as an additional 332 community pharmacies that are located in other local authorities but within 5 miles of Buckinghamshire's border. A 5-mile radius from each pharmacy's location is shown.
- 7.16** It highlights that the majority of Buckinghamshire is within 5-miles of a pharmacy. There is one area in the northwest of the unitary authority that is not within 5-miles. This area is a very rural

²⁵ Local Government Association: LG Inform. Ratio of pharmacies per 10,000 population (Snapshot: 29 November 2014) https://lginform.local.gov.uk/reports/lgastandard?mod-area=E92000001&mod-group=DEFRA2009_OtherUrbanList&mod-metric=3707&mod-type=namedComparisonGroup (Accessed in December 2022).

part of Buckinghamshire, with low population density. It is also served by two dispensing GP practices.

7.17 A list of all Buckinghamshire pharmacies is presented in Appendix B. Pharmacies within 5 miles of the Buckinghamshire border are presented in Appendix C.

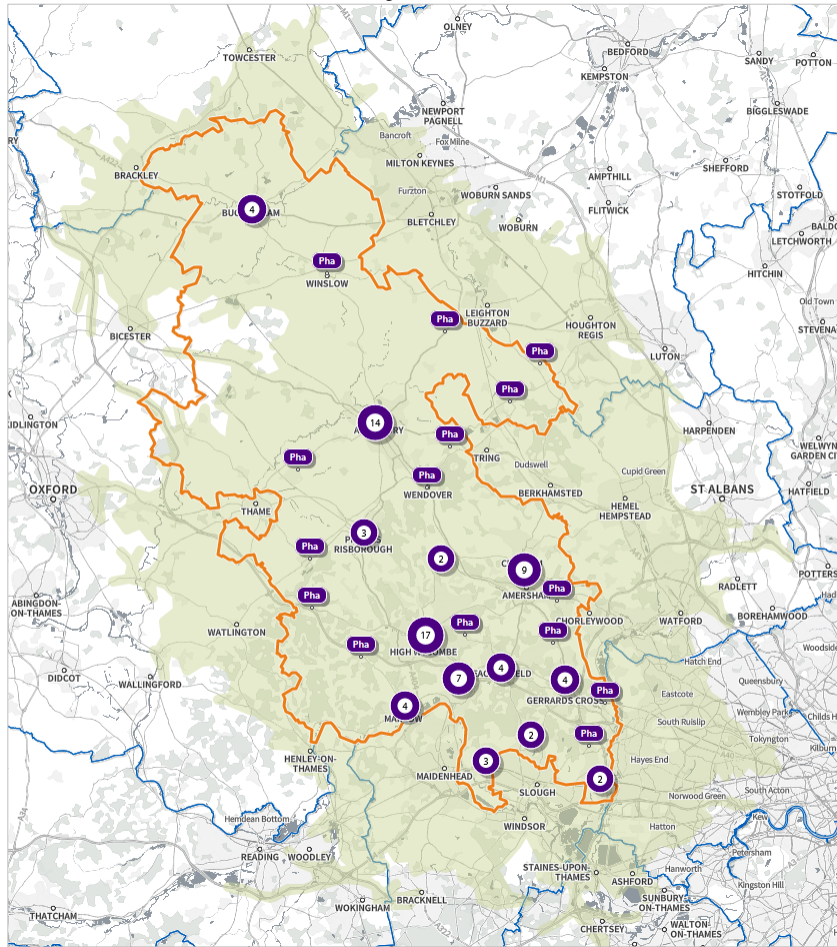
Figure 8.3: Distribution of community and LPS pharmacies in Buckinghamshire and within 5 miles of the unitary authority boundaries, with 5-mile coverage



Source: NHS England, 2022

7.18 Most residents in Buckinghamshire can reach a pharmacy by car within 20 minutes. The 1,121 Buckinghamshire residents who cannot reach Buckinghamshire pharmacy in 20 minutes can still reach an Oxfordshire pharmacy within 20 minutes (OHID, SHAPE Atlas Tool, 2021). Figure 7.4 presents the coverage of the Buckinghamshire pharmacies in consideration of accessibility by car in 20 minutes. Coverage of the pharmacies is presented in a green, the Buckinghamshire border is highlighted in orange.

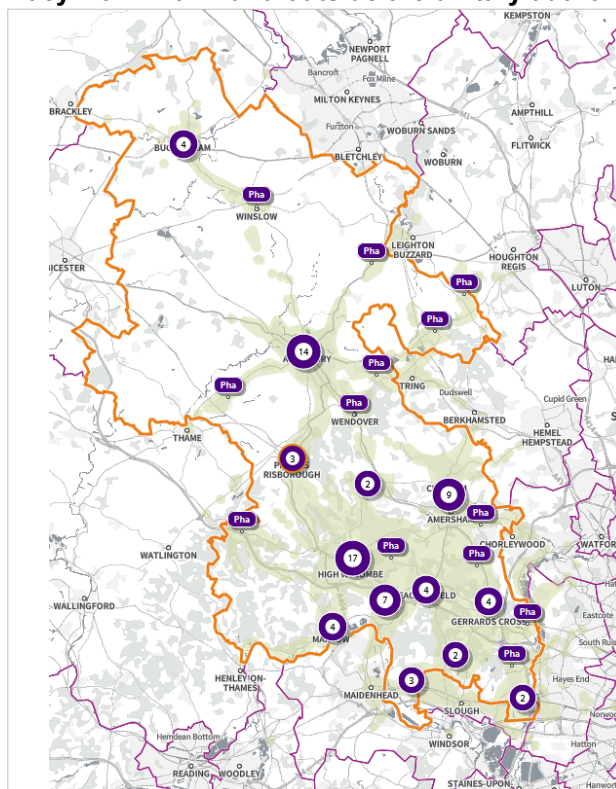
Figure 8.4: Areas covered by 20-minute travel time by public transport to a Buckinghamshire pharmacy from within and outside the county.



Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

7.19 Those who live in the more densely populated urban areas of Buckinghamshire can reach a pharmacy within 20 minutes if traveling by public transport (Figure 7.5).

Figure 8.5: Urban areas covered by 20-minute travel time by public transport to a Buckinghamshire pharmacy from within and outside the unitary authority.



Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

7.20 The geographical distribution of the pharmacies by area and the pharmacy to population ratio is shown in Table 7.2 below. The Aylesbury Vale former district area has a low proportion of pharmacies per 10,000 residents. However, areas with high population density are well served in terms of pharmacy provision. Other areas are also supported with GP dispensing practices.

7.21 The population of the Aylesbury Vale former district area is also anticipated to increase by 3.2% during the lifetime of this PNA. This is likely due to the planned new dwelling housing developments in the area. The locations of the planned housing developments have been considered and the developments within areas that well served by pharmacy provision.

Table 8.2: Distribution of community or LPS pharmacies by former district area

Area	Number of Community/ LPS Pharmacies	Population - All Ages	Community/ LPS Pharmacies per 10,000 residents
Wycombe	30	173,517	1.7
Aylesbury Vale	24	206,851	1.2
Chiltern	17	96,219	1.8
South Bucks	15	70,473	2.1
Unitary Authority Total	86	547,060	1.6

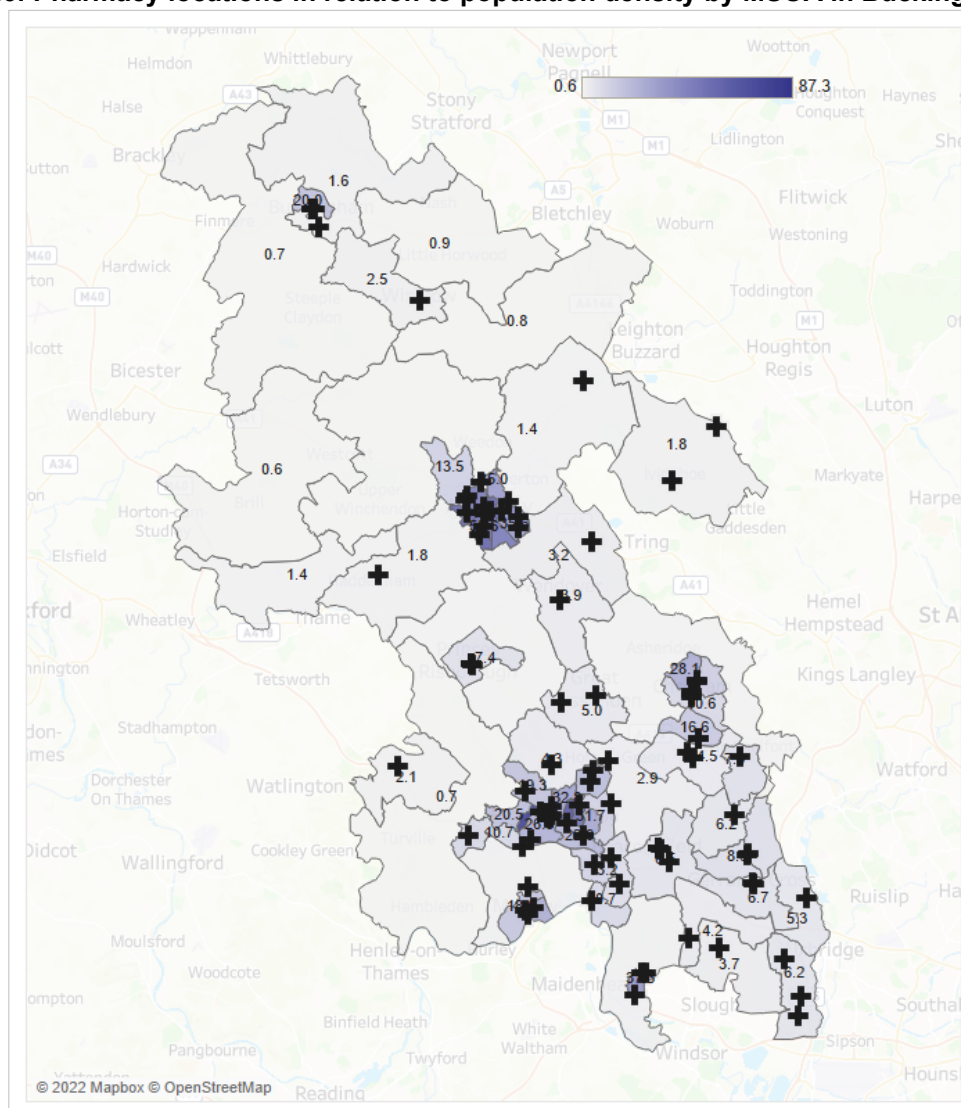
Source: NHS England, 2022

7.22 Residents tend to fill their prescriptions at local pharmacies. NHSE data shows that in 2020-21, 90.1% (7,390,999) of items prescribed by GPs in Buckinghamshire were dispensed by community pharmacies in the unitary authority. The next largest local authorities where prescriptions from Buckinghamshire were dispensed were Oxfordshire (1.7%), Leeds (1.5%) and Ealing (1.2%).

Pharmacy distribution in relation to population density

7.23 The population density map below (figure 7.6) indicates that the community pharmacy premises are predominantly located in areas of highest population density although a small number of pharmacies were identified in areas with the lowest population density.

Figure 8.6: Pharmacy locations in relation to population density by MSOA in Buckinghamshire

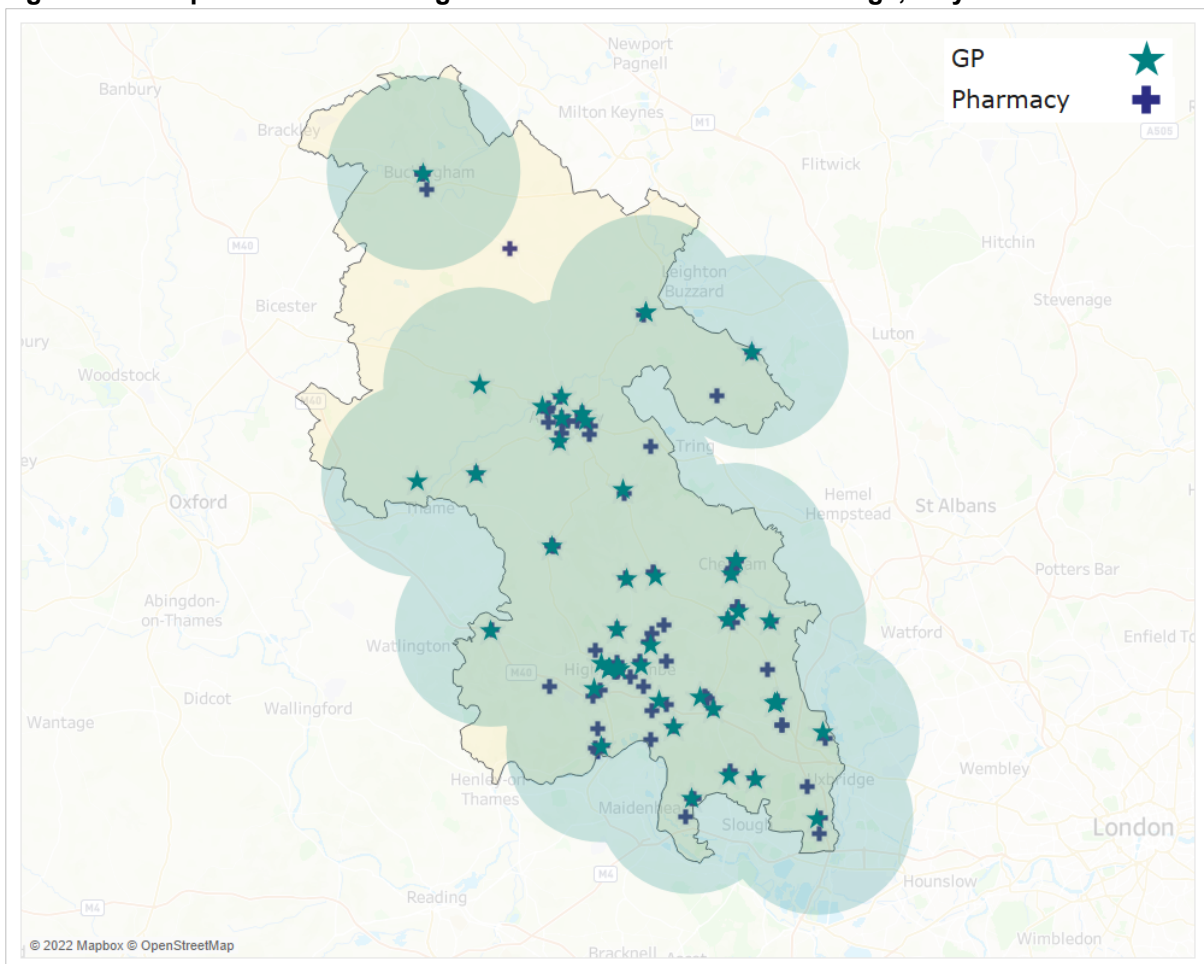


Sources: ONS (Mid-Year Population Estimates, 2020) & NHSE

Pharmacy distribution in relation to GP surgeries

- 7.24** There are 47 GP member practices across 12 PCNs in Buckinghamshire. As shown in Figure 7.7, there is a pharmacy within accessible distance of all the GP practices in Buckinghamshire.
- 7.25** PCNs were launched in July 2019 in Buckinghamshire and the rest of England as part of the NHS Long Term Plan²⁶. They are neighbourhood teams which comprise of a range of healthcare professionals including GPs, district nurses, community geriatricians, Allied health professionals and pharmacists. It is essential that community pharmacies are able to fully engage with the PCNs to maximise service provision for their patients and residents.

Figure 8.7: GP practices in Buckinghamshire and their 5-mile coverage, July 2022



Source: NHS England, 2022

²⁶ NHS England (2019). *The NHS long term plan*. London, England
Buckinghamshire Pharmaceutical Needs Assessment 2022-2025

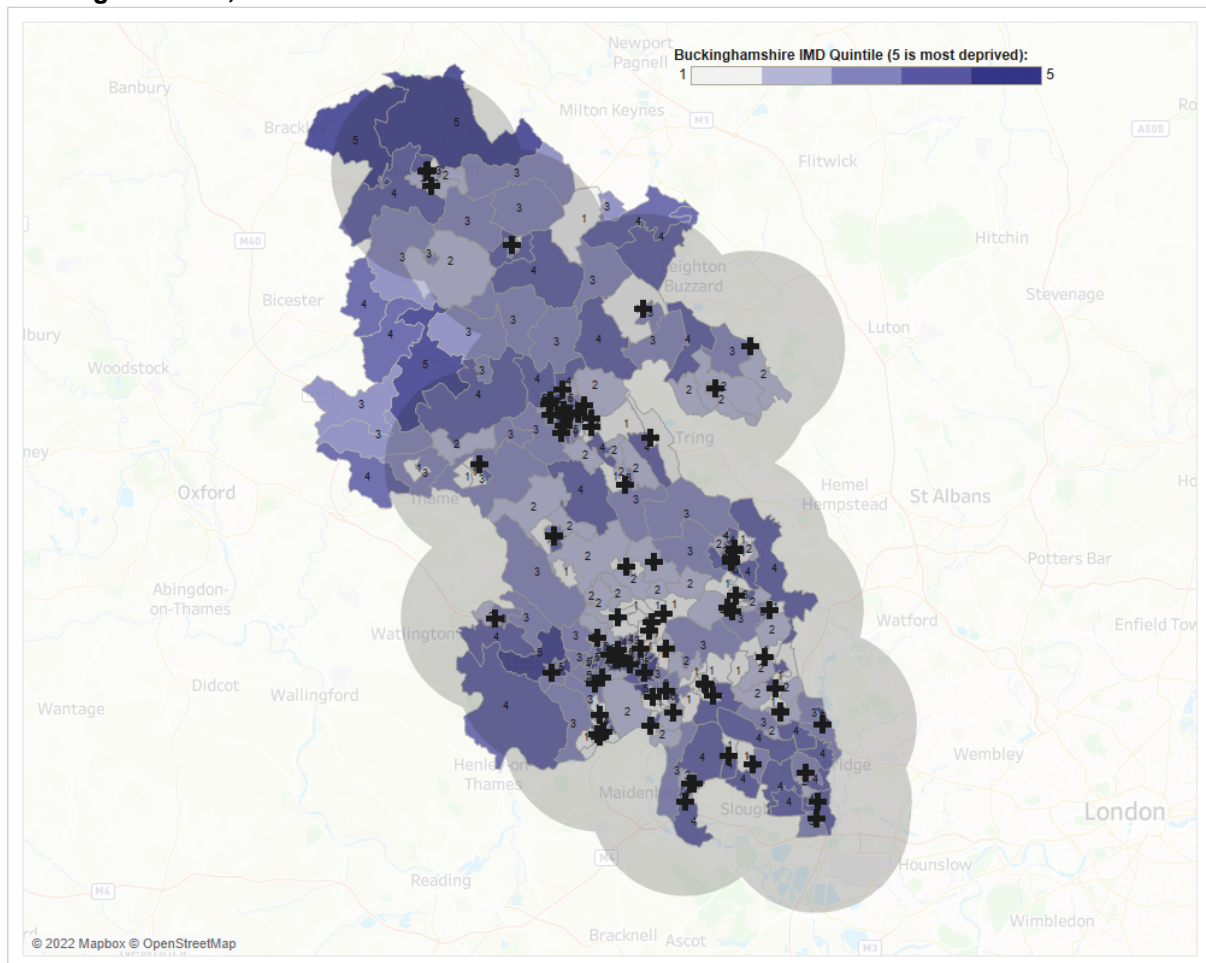
Pharmacy distribution in relation to changes in health and social care services

- 7.26** Berryfields Medical Centre and Meadowcroft Surgery in Aylesbury have merged to create a single GP practice in April 2022. The merged practice will be renamed Berrycroft Community Health Centre and will be located in the Berryfields Estate in Aylesbury.

Pharmacy distribution in relation to index of multiple deprivation

- 7.27** Figure 7.8 presents community/LPS pharmacy locations in relation to Buckinghamshire deprivation quintiles. As seen, the most deprived neighbourhoods (those in the highest quintile) in the county have good access to community pharmacies. The exception is within the western area of the Aylesbury Vale former district area which is a rural area that is served by two dispensing GP practices.

Figure 8.8: Pharmacy locations and their 5-mile radius in relation to deprivation deciles in Buckinghamshire, 2021



Source: MHCLG & NHSE

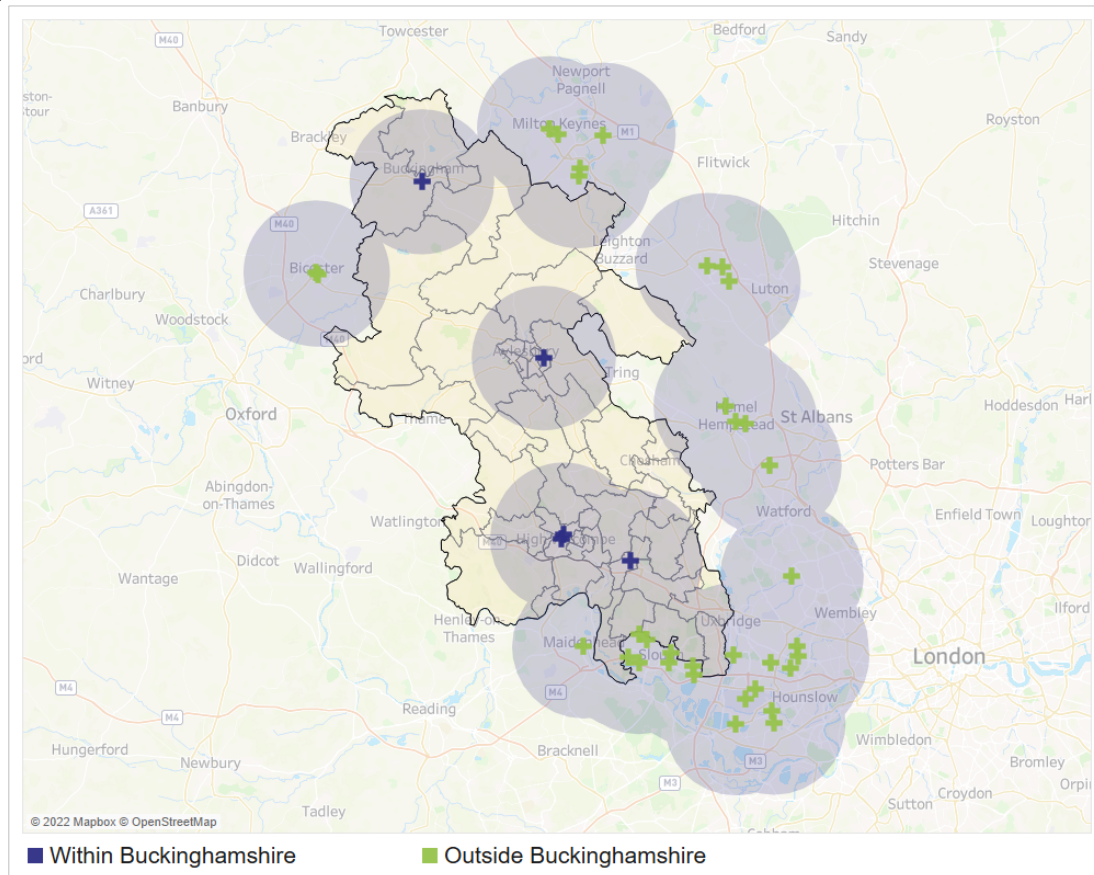
Opening times

- 7.28** Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically these have been 40-hour contracts (and some recent 100-hour contracts). A pharmacy may stay open longer than the stipulated core opening hours, these are called supplementary hours.
- 7.29** Opening times were obtained from NHS England in January 2022 and revised in July 2022. Additionally, market entry updates to the NHS England pharmaceutical list were reflected on the original list.

100-hour pharmacies

- 7.30** NHS England has five 100-hour pharmacies (core hours) on their list for Buckinghamshire. These are presented in Figure 7.9 and Table 7.3. There are 34 other 100-hour pharmacies which are outside the unitary authority but within 5 miles of its border (Figure 7.7).

Figure 8.9: 100-hour community pharmacies in Buckinghamshire and their 5-mile coverage, July 2022



Source: NHS England, 2022

Table 8.3: 100-hour pharmacies in Buckinghamshire, July 2022

Pharmacy	Address	Former District Area
Lloydspharmacy (in Sainsbury)	Oxford Road, High Wycombe, Buckinghamshire	Wycombe
Q2 Pharmacy	51 Hughenden Road, High Wycombe, Buckinghamshire	Wycombe
Lloydspharmacy (in Sainsbury)	Maxwell Road, Beaconsfield, Buckinghamshire	South Bucks
Consult Pharmacy	172 Tring Road, Aylesbury, Buckinghamshire	Aylesbury Vale
Instore Pharmacy - Tesco Stores Limited	London Road, Buckingham, Buckinghamshire	Aylesbury Vale

Source: NHS England, 2022

Early morning opening

7.31 The HWB consider pharmacies open before 9am as early opening pharmacies. 31 pharmacies are open before 9am on weekdays within the unitary authority, and another 105 that are within 5 miles of the unitary authority’s border. These are shown in Figure 7.10 and Table 7.4.

Figure 8.10: Pharmacies that are open before 9am on a weekday and their 5-mile coverage, July

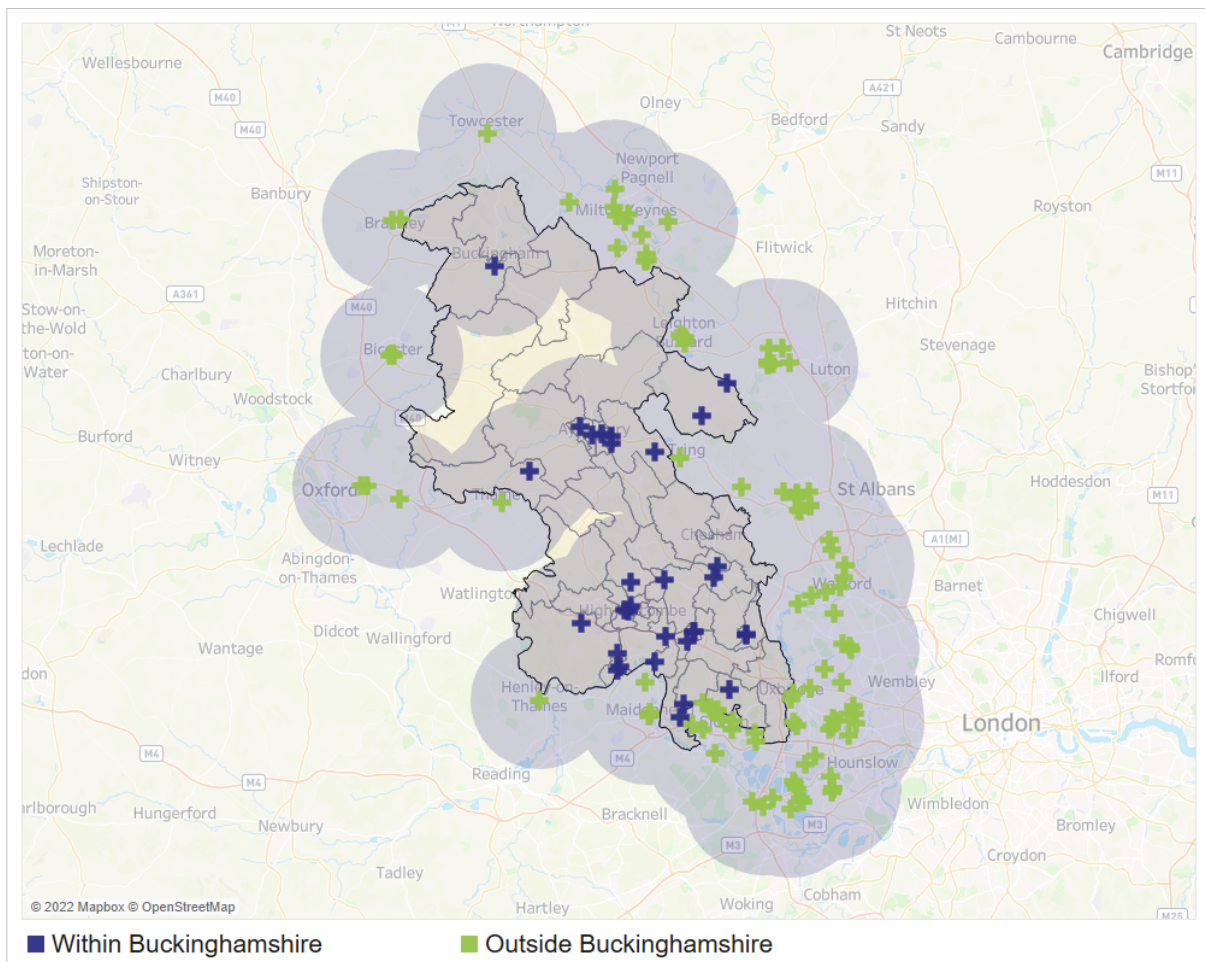


Table 8.4: Number of Community/LPS Pharmacies open before 9am on weekdays in Buckinghamshire by former District Area.

Former District Area	Number of Pharmacies
Aylesbury Vale	10
Wycombe	10
South Bucks	6
Chiltern	5

Source: NHS England, 2022

Late evening closure

7.32 The HWB consider pharmacies that are open after 7pm as late closing pharmacies. There are 12 pharmacies in the unitary authority that are still open after 7pm on weekdays, with 65 other pharmacies within 5 miles of Buckinghamshire (see Figure 7.11 and Table 7.5).

Figure 8.11: Community Pharmacies that are open after 7pm on weekdays and their 5-mile coverage, July 2022

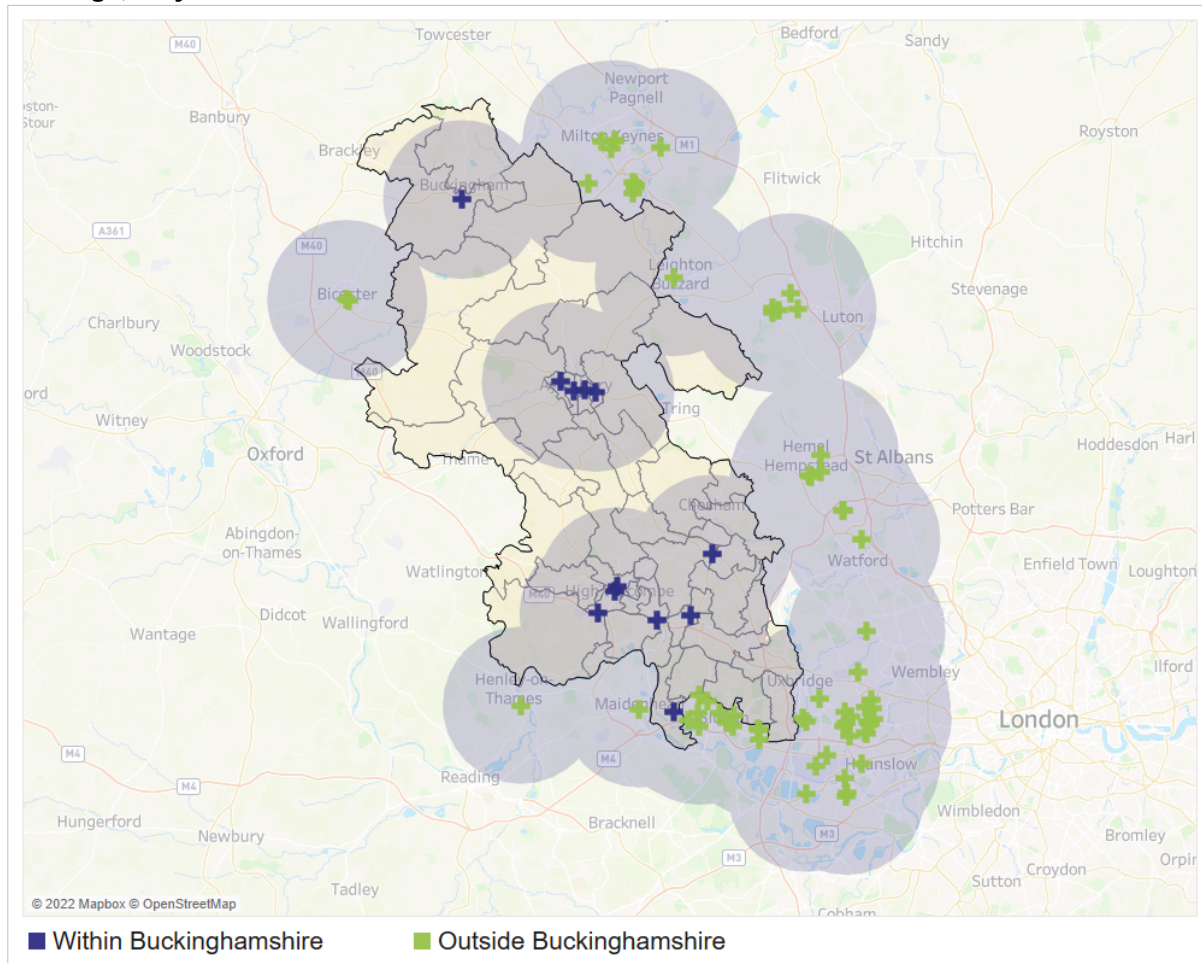


Table 8.5: Community Pharmacies closing after 7pm on weekdays in Buckinghamshire

Pharmacy	Address	Former District Area
Lloydspharmacy (in Sainsbury)	Lake End Road, Taplow, Buckinghamshire	South Bucks
Tesco Pharmacy	London Road, Loudwater, High Wycombe, Buckinghamshire	Wycombe
Lloydspharmacy (in Sainsbury)	Oxford Road, High Wycombe, Buckinghamshire	Wycombe
Tesco Pharmacy	2 Hazells Corner, Tring Road, Aylesbury, Buckinghamshire	Aylesbury Vale
Q2 Pharmacy	51 Hughenden Road, High Wycombe, Buckinghamshire	Wycombe
Asda Pharmacy	Asda Store, Holmers Farm Way, High Wycombe, Buckinghamshire	Wycombe
Lloydspharmacy (in Sainsbury)	Maxwell Road, Beaconsfield, Buckinghamshire	South Bucks
Consult Pharmacy	172 Tring Road, Aylesbury, Buckinghamshire	Aylesbury Vale
Tesco Pharmacy	Within Tesco Store, 19 London Road West, Amersham, Buckinghamshire	Chiltern
Morrisons Pharmacy	Morrisons Superstore, Station Way, Aylesbury, Buckinghamshire	Aylesbury Vale
Tesco Pharmacy	Tesco Store, Broadfields, Bicester Rd, Aylesbury, Buckinghamshire	Aylesbury Vale
Instore Pharmacy - Tesco Stores Limited	London Road, Buckingham, Buckinghamshire	Aylesbury Vale

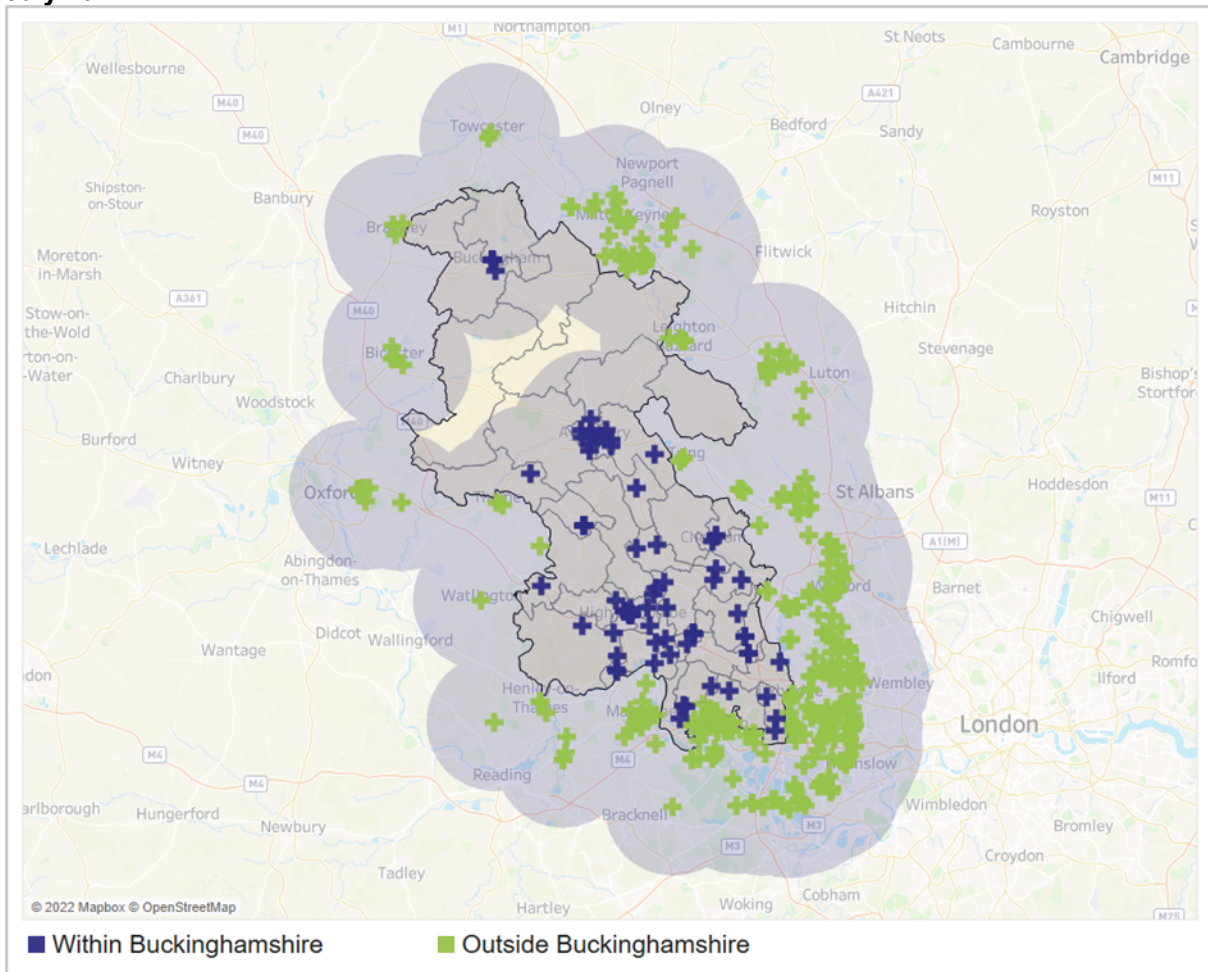
Source: NHS England, 2022

7.33 In terms of travel distance, 100% of Buckinghamshire residents live within 20-minute reach of an early opening and late closing pharmacy by public transport (OHID, SHAPE Atlas Tool, 2021).

Saturday opening

7.34 A vast majority of the community/LPS pharmacies in Buckinghamshire (73/86) are open on Saturday. There are 302 additional pharmacies near the unitary authority's border that are also open on Saturday (Figure 7.12).

Figure 8.12: Community and LPS Pharmacies open on Saturday and their 5-mile coverage, July 2022



Source 1: NHS England, 2022

7.35 A breakdown of the pharmacies by area is given below.

Table 8.6: Number of Community or LPS Pharmacies open on Saturday in Buckinghamshire by Former District Area

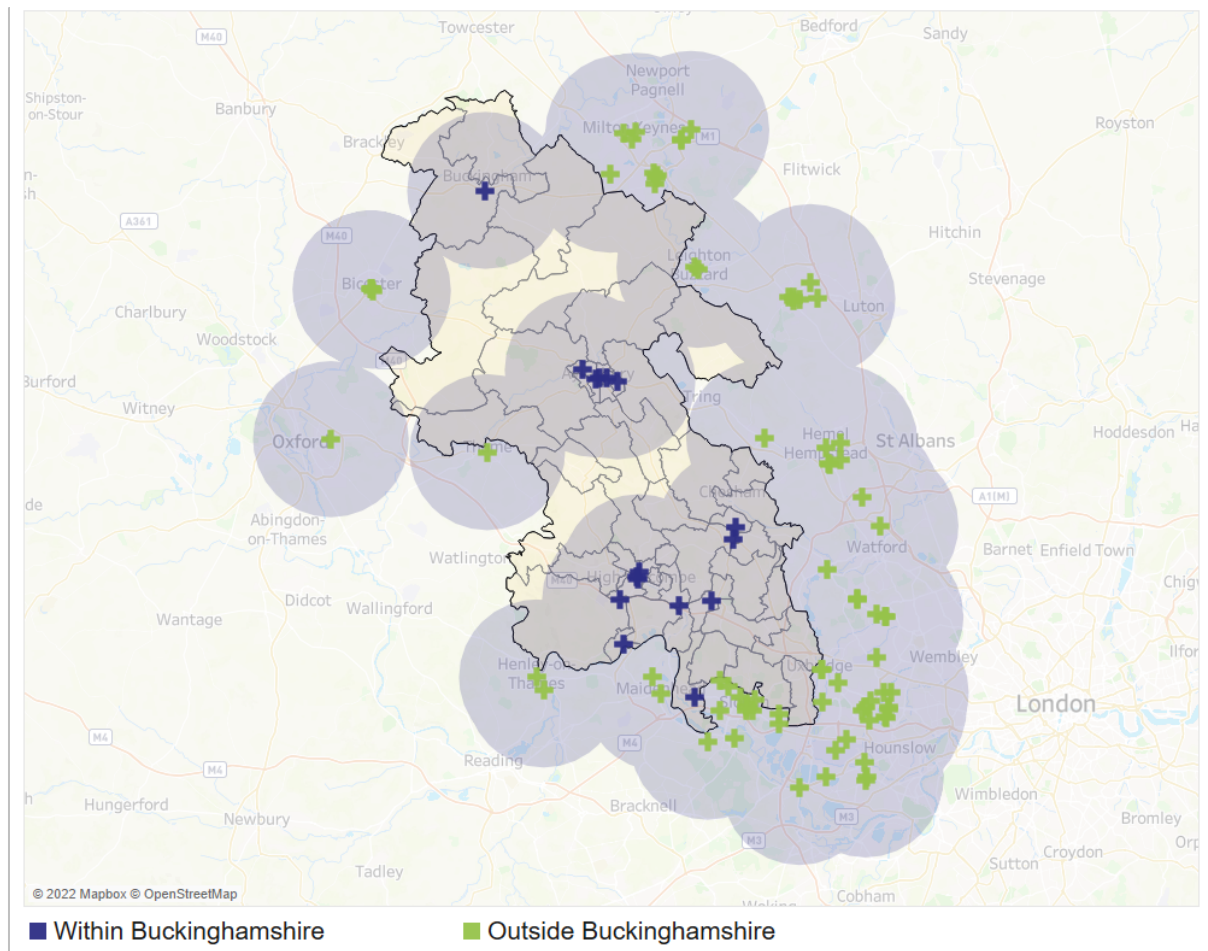
Area	Number of Pharmacies
Wycombe	26
Aylesbury Vale	19
South Bucks	15
Chiltern	13

Source: NHS England, 2022

Sunday opening

7.36 Sixteen pharmacies are open on a Sunday within the unitary authority, with 77 open in neighbouring local authorities (Figure 7.13, Table 7.7).

Figure 8.13: Pharmacies open on a Sunday and their 5-mile coverage, July 2022



Source: NHS England, 2022

Table 8.7: Community Pharmacies open on Sunday in Buckinghamshire, July 2022

Pharmacy	Address	Former District Area
Lloydspharmacy (in Sainsbury)	Lake End Road, Taplow, Buckinghamshire	South Bucks
Tesco Pharmacy	London Road, Loudwater, High Wycombe, Buckinghamshire	Wycombe
Lloydspharmacy (in Sainsbury)	Oxford Road, High Wycombe, Buckinghamshire	Wycombe
Tesco Pharmacy	2 Hazells Corner, Tring Road, Aylesbury, Buckinghamshire	Aylesbury Vale
Q2 Pharmacy	51 Hughenden Road, High Wycombe, Buckinghamshire	Wycombe
Asda Pharmacy	Asda Store, Holmers Farm Way, High Wycombe, Buckinghamshire	Wycombe
Lloydspharmacy (in Sainsbury)	Maxwell Road, Beaconsfield, Buckinghamshire	South Bucks

Consult Pharmacy	172 Tring Road, Aylesbury, Buckinghamshire	Aylesbury Vale
Boots the Chemists	18 Sycamore Road, Amersham, Buckinghamshire	Chiltern
Tesco Pharmacy	Within Tesco Store, 19 London Road West, Amersham, Buckinghamshire	Chiltern
Morrisons Pharmacy	Morrisons Superstore, Station Way, Aylesbury, Buckinghamshire	Aylesbury Vale
Tesco Pharmacy	Tesco Store, Broadfields, Bicester Rd, Aylesbury, Buckinghamshire	Aylesbury Vale
Marlow Pharmacy	61 High Street, Marlow, Buckinghamshire	Wycombe
Instore Pharmacy - Tesco Stores Limited	London Road, Buckingham, Buckinghamshire	Aylesbury Vale
Boots the Chemists	27 Eden Walk, Eden Shopping Centre, High Wycombe, Buckinghamshire	Wycombe
Boots the Chemists	4 Hale Leys, High Street, Aylesbury, Buckinghamshire	Aylesbury Vale

Source: NHS England, 2022

7.37 Overall, there is an adequate range of Sunday opening hours offered in Buckinghamshire.

Essential services

7.38 Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework. All pharmacy contractors are required to deliver and comply with the specifications for all essential services. These are:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing
- Clinical governance
- Discharge Medicines Service
- Promotion of Healthy Lifestyles
- Signposting
- Support for self-care
- Disposal of Unwanted Medicines

Dispensing

7.39 Buckinghamshire pharmacies dispense an average of 6,154 items per month (based on NHS Business Services Authority, 2020/21 financial year data). This is slightly below the England average of 6,675 per month, indicating there is good distribution and capacity amongst Buckinghamshire pharmacies to fulfil current and anticipated need in the lifetime of this PNA.

Summary of the accessibility pharmacy services and of essential services

Overall, there is adequate pharmacy coverage to provide essential services across the unitary authority both inside and outside normal working hours.

Advanced pharmacy services

7.40 Advanced services are NHS England commissioned services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary.

7.41 As at January 2022, the following services may be provided by pharmacies:

- new medicine service
- community pharmacy seasonal influenza vaccination
- community pharmacist consultation service
- hypertension case-finding service
- community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).

7.42 In early 2022 a stop-smoking service in pharmacies was introduced for patients who started their stop-smoking journey in hospital.

7.43 There are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide, these are appliance use reviews, and stoma appliance customisation.

New medicines services

7.44 The New Medicine Service (NMS) supports patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medication adherence.

7.45 This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition, and to help them get the most from the medicine. It aims to improve adherence to new medication, focusing on people with specific conditions, namely:

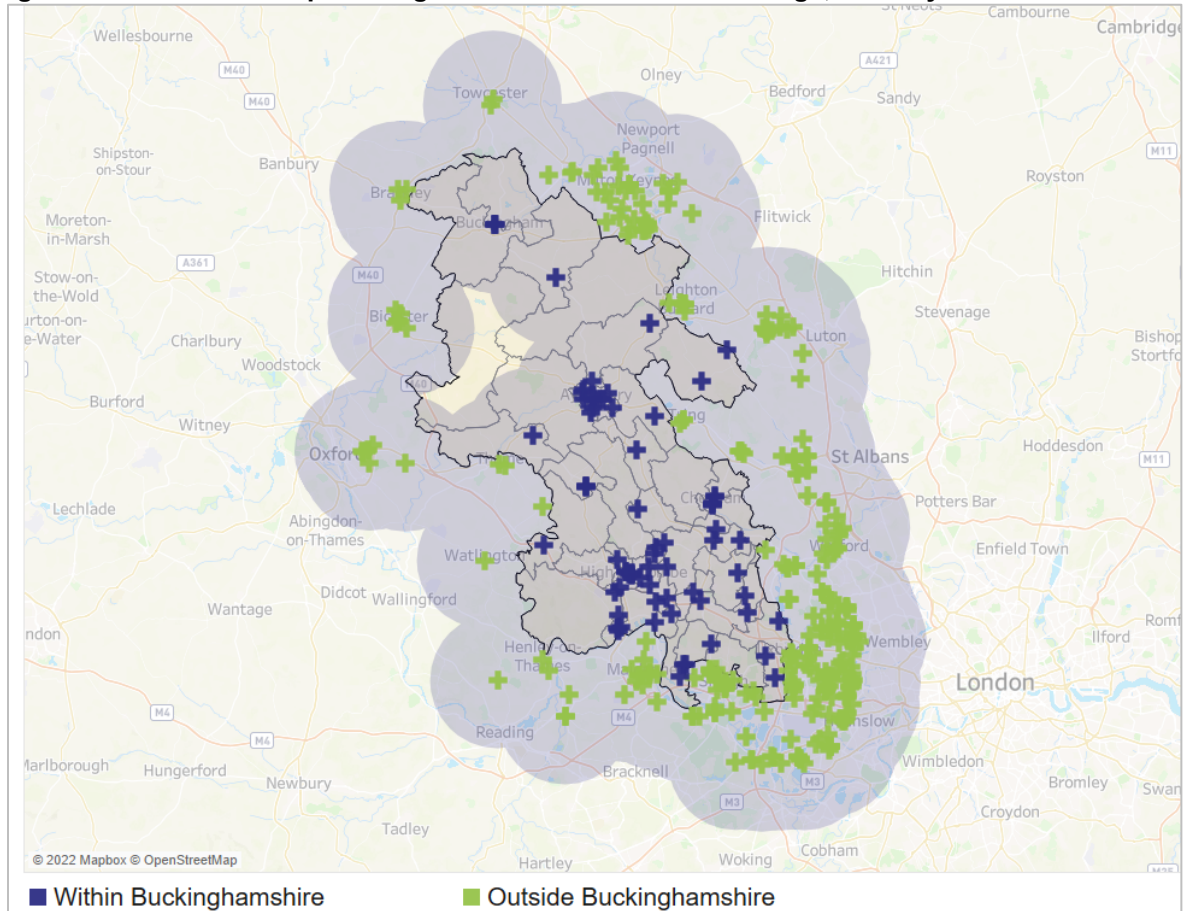
- Asthma and COPD
- Type 2 diabetes

- Hypertension
- High cholesterol
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence or retention
- Heart failure
- Coronary heart disease
- Atrial fibrillation
- Unstable angina or heart attack
- Stroke or TIA
- Long-term risk of blood clots or blocked vessels, including DVT

7.46 NMS can only be provided by pharmacies and is conducted in a private consultation area to ensure patient confidentiality.

7.47 Seventy-six pharmacies in Buckinghamshire provided NMS in 2020/21. There are an additional 274 pharmacies in bordering local authorities that provided NMS. All these pharmacies are shown in Figure 7.14 and listed in Table 7.8.

Figure 8.14: Pharmacies providing NMS and their 5-mile coverage, January 2022



Source: NHS England, 2021

Table 8.8: Number of NMS provided by Buckinghamshire pharmacies by Former district area, 2020/21

Former District Area	Number of Pharmacies	Total Number of NMSs provided	Average Number per Pharmacy
Wycombe	28	2,446	87
Aylesbury Vale	23	2,589	113
Chiltern	13	765	59
South Bucks	12	924	77
Total	76	6,724	88

Source: NHS England, 2021

7.48 NMS are supplied widely across the unitary authority within areas of high density and need, therefore the current provision of the NMS is sufficient to meet the needs of this unitary authority.

Community pharmacy seasonal influenza vaccination

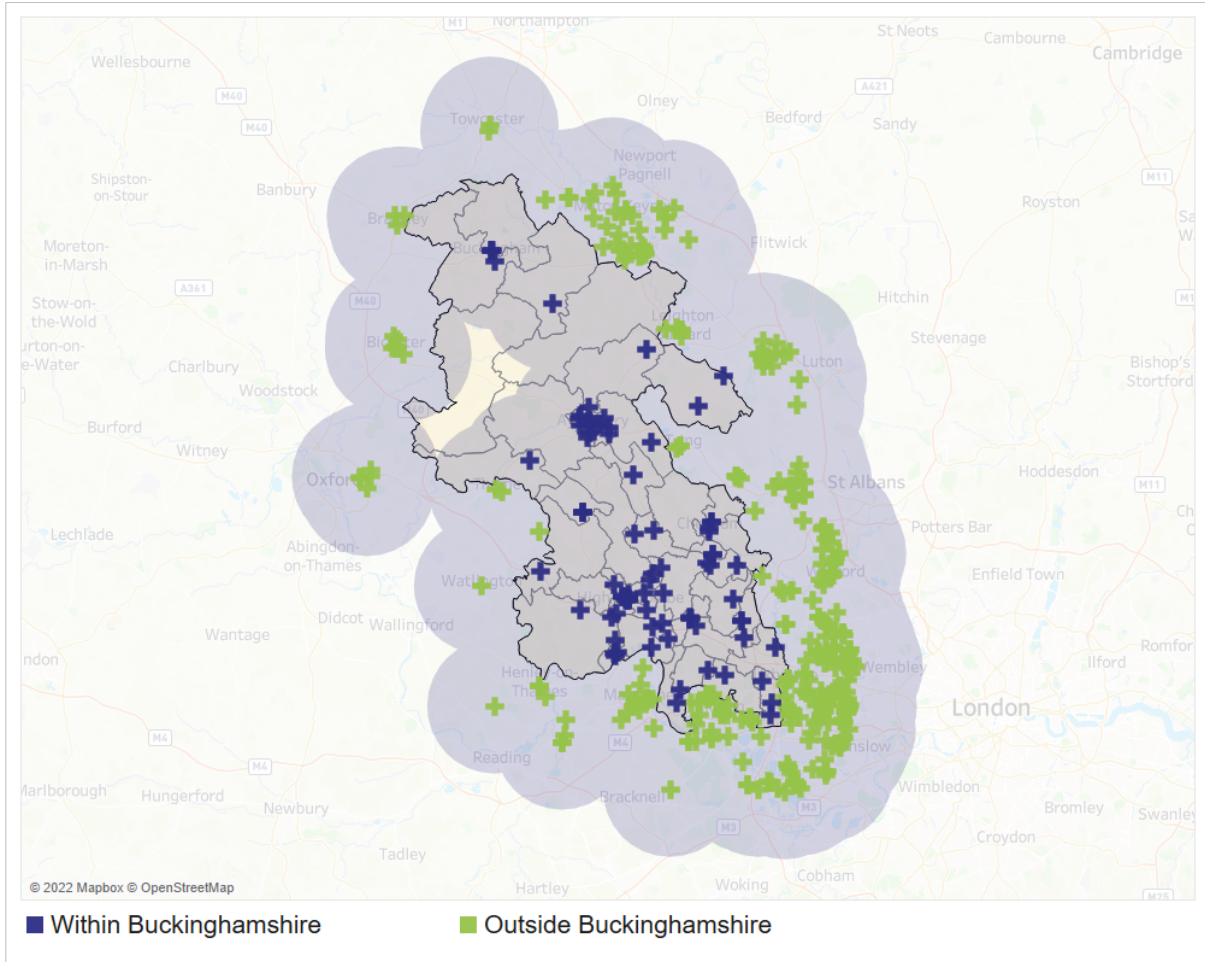
7.49 Flu vaccination by injection, commonly known as the "flu jab", is available every year on the NHS to protect certain groups who are at risk of developing potentially serious complications, such as:

- anyone over the age of 65
- pregnant women
- children and adults with an underlying health condition (particularly long-term heart or respiratory disease)
- children and adults with weakened immune systems

7.50 GPs currently provide the majority of flu vaccinations and pharmacies can help improve access to this service given their convenient locations, extended opening hours and walk-in service. The National Advanced Flu Service is an advanced service commissioned by NHS England to maximise the uptake of the flu vaccine by those who are 'at-risk' due to ill-health or long term conditions.

7.51 A large proportion of community/LPS pharmacies in the unitary authority provided flu vaccines (81/86) in Buckinghamshire in 2020/21. Another 290 outside, but bordering, the unitary authority provided the service. The distribution of these pharmacies is shown in Figure 7.15 and Table 7.9.

Figure 8.15: Pharmacies providing Flu vaccination and their 5-mile coverage, January 2022



Source: NHS England, 2021

Table 8.9: Pharmacies that provide Flu Vaccinations in Buckinghamshire by Former District Area, January 2022

Former District Area	Number of Pharmacies
Wycombe	28
Aylesbury Vale	24
Chiltern	16
South Bucks	13

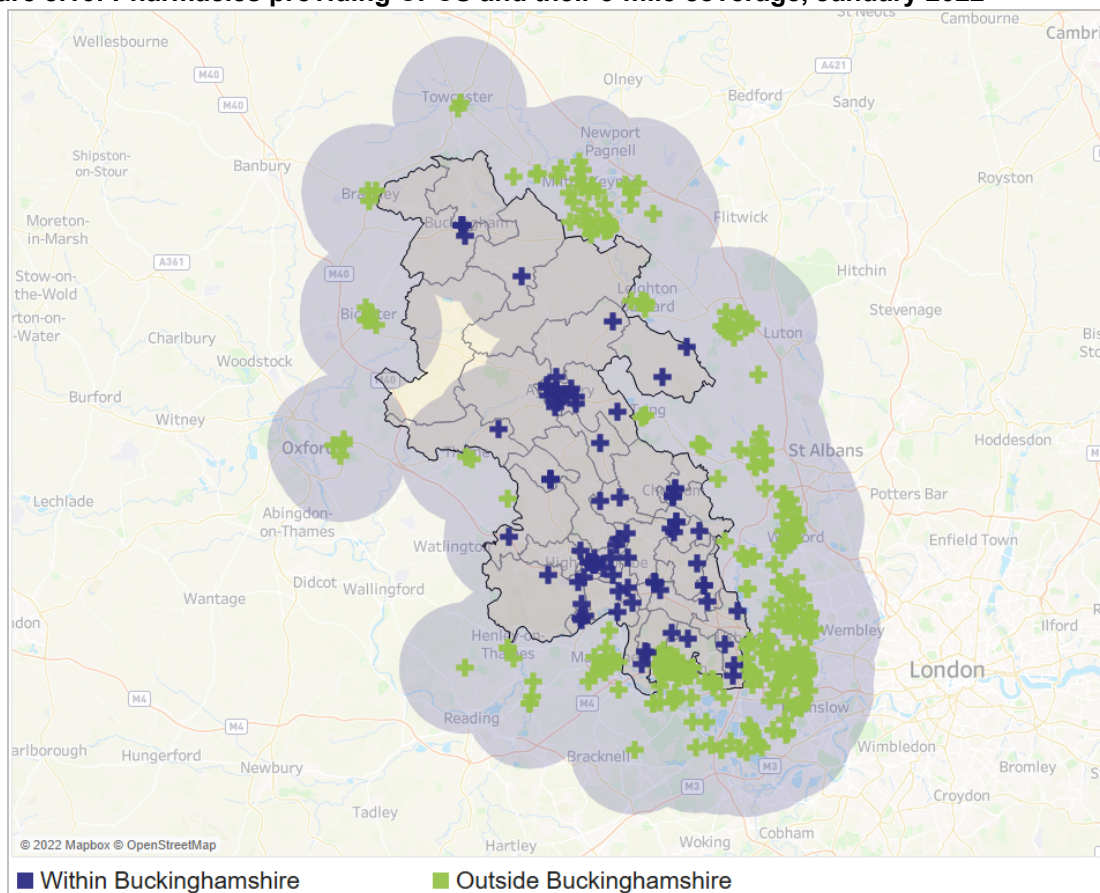
Source: NHS England, 2021

7.52 Overall, there is strong coverage of this service across Buckinghamshire. As identified in Chapter 5, there is also strong flu vaccination uptake in the unitary authority. Therefore, the current provision Advanced Flu Service is sufficient to meet the needs of this unitary authority.

Community pharmacist consultation service

- 7.53** The community pharmacist consultation service (CPCS) is a new service provided by pharmacies, launched in October 2019. The aims of the service are to support the integration of community pharmacy into the urgent care system, and to divert patients with lower acuity conditions or who require urgent prescriptions from the urgent care system and to community pharmacies.
- 7.54** It also offers patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting, on referral from an NHS 111 call advisor and via the NHS 111 Online service.
- 7.55** There is strong coverage of CPCS in Buckinghamshire. All but two of Buckingham's community/LPS pharmacies (84/86) provided CPCS in 2020/21. There are an additional 292 pharmacies in neighbouring HWBs that provided the service (Figure 7.16 and Table 7.10).
- 7.56** The current provision of CPCS is sufficient to meet the needs of Buckinghamshire.

Figure 8.16: Pharmacies providing CPCS and their 5-mile coverage, January 2022



Source: NHS England, 2021

Table 8.10: Pharmacies that provide CPCS in Buckinghamshire by Former District Area, January 2022

Area	Number of Pharmacies
Wycombe	29
Aylesbury Vale	24
Chiltern	17
South Bucks	14

Source: NHS England, 2021

Hypertension case-finding service

- 7.57** Hypertension case-finding service is a relatively new service and at the time of publication NHSE does not report any data for this service.
- 7.58** The LPC report that currently, 60 pharmacies are signed up to deliver this service in Buckinghamshire.

Community pharmacy hepatitis C antibody testing service

- 7.59** NHSE data does not show any pharmacy offering Community pharmacy hepatitis C antibody testing service as of the time of publication.
- 7.60** Fifty-seven respondents to the contractor survey indicated being willing to provide the service if commissioned.

Appliance use reviews

- 7.61** Appliance Use Review (AUR) is another advanced service that community pharmacy and appliance contractors can choose to provide so long as they fulfil certain criteria.
- 7.62** AURs can be carried out by a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home. AURs help patients to better understand and use their prescribed appliances by:
- Establishing the way the patient uses the appliance and the patient's experience of such use
 - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient
 - Advising the patient on the safe and appropriate storage of the appliance

- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

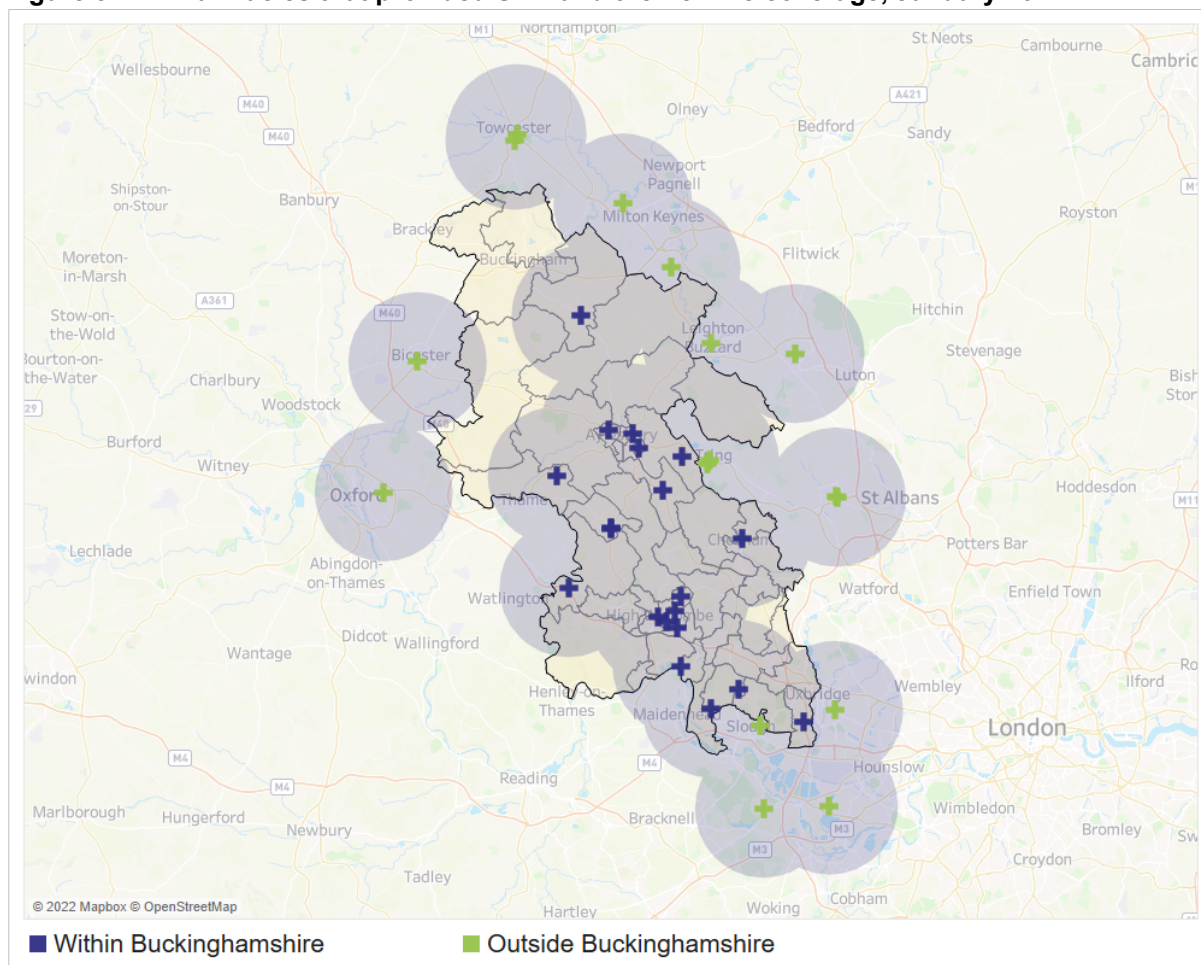
7.63 No pharmacies within or bordering the unitary authority provided this service in 2020/21. However, AURs can also be provided by prescribing health and social care providers. Therefore, the current provision of the AUR service is sufficient to meet the current needs of this unitary authority.

Stoma appliance customisation service

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

7.65 SAC is well provisioned, with 21 pharmacies having provided it within the county in 2020/21 (Table 7.17). A further 18 pharmacies in local authorities bordering Buckinghamshire also provided the service.

Figure 8.17: Pharmacies that provided SAC and their 5-mile coverage, January 2022



Source: NHS England, 2021

Table 8.11: Pharmacies that provide SACs in Buckinghamshire, January 2022

Pharmacy	Address	Former District Area
Aqsa Pharmacy	91 London Road, High Wycombe, Buckinghamshire	Wycombe
Jmw Vicary Ltd	Stanbridge Road, Haddenham, Buckinghamshire	Aylesbury Vale
LloydsPharmacy	306 Meadowcroft, Aylesbury, Buckinghamshire	Aylesbury Vale
LloydsPharmacy	25-26 Jansel Square, Bedgrove, Aylesbury, Buckinghamshire	Aylesbury Vale
LloydsPharmacy	1 The Parade, Bourne End, Buckinghamshire	Wycombe
LloydsPharmacy	28 High Street, Wendover, Buckinghamshire	Aylesbury Vale
LloydsPharmacy	The Broadway, Farnham Common, Buckinghamshire	South Bucks
LloydsPharmacy	136 London Road, Aston Clinton, Aylesbury, Buckinghamshire	Aylesbury Vale
LloydsPharmacy	Burnham Health Centre, Minniecroft Road, Burnham, Buckinghamshire	South Bucks
LloydsPharmacy	52 High Street, Princes Risborough, Buckinghamshire	Wycombe
LloydsPharmacy	29 High Street, Iver, Buckinghamshire	South Bucks
LloydsPharmacy	82 High Street, Winslow, Buckinghamshire	Aylesbury Vale
Priory Pharmacy	2 Priory Road, High Wycombe, Buckinghamshire	Wycombe

Rowlands Pharmacy	Unit 4, Horns Lane, Princes Risborough, Buckinghamshire	Wycombe
Rowlands Pharmacy	Meadow Way, Aylesbury, Buckinghamshire	Aylesbury Vale
Rowlands Pharmacy	1a Totteridge Drive, Kings Wood, High Wycombe, Buckinghamshire	Wycombe
Rowlands Pharmacy	2 Market Parade, Hazlemere, Buckinghamshire	Wycombe
Rowlands Pharmacy	The Pharmacy, Oxford Road, Stokenchurch, High Wycombe, Buckinghamshire	Wycombe
Rowlands Pharmacy	252 Berkhamstead Road, Chesham, Buckinghamshire	Chiltern
Ryemead Pharmacy	Gateway House, Wycombe, Retail Park, Ryemead Way, High Wycombe, Buckinghamshire	Wycombe
Securicare (Medical) Ltd	Cavell House, Knaves Beech Way, Loudwater	Wycombe

Source: NHS England, 2021

7.66 Residents can also access the SAC service either from non-pharmacy providers within the unitary authority (e.g., community health services) or from dispensing appliance contractors outside of the unitary authority. Therefore, the current provision of SAC service is sufficient to meet the needs of this unitary authority.

Summary of the advanced pharmacy services

It is concluded that there is currently sufficient provision for the following advanced services to meet the likely needs of residents in Buckinghamshire:

New medicine service

Community pharmacy seasonal influenza vaccination

Community pharmacist consultation service

Hypertension case-finding service

Community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).

Appliance use reviews

Stoma Appliance Customisation service

At the time of data collection for this PNA, no data was available on stop-smoking service in pharmacies for patients who started their stop-smoking journey in hospital.

Buckinghamshire pharmacies have indicated their willingness to provide these services, therefore no gap is evident for future access to these advanced services.

Other NHS pharmacy services

7.67 These are services commissioned locally by the Buckinghamshire Unitary Authority and NHS Buckinghamshire CCG to fulfil a local population health and wellbeing need. They are:

- Local authority commissioned services:
 - Adult substance misuse service
 - Emergency hormonal contraception
 - Chlamydia screening
- NHS Buckinghamshire CCG commissioned services:
 - Palliative Care
 - Antiviral medication (Flu)
 - MAR chart service

7.68 The provision of these services is explored below.

Adult substance misuse service – One Recovery Bucks

7.69 One Recovery Bucks is a Buckinghamshire Unitary Authority commissioned service. It includes provision of needle exchange and supervised consumption via Buckinghamshire pharmacies.

7.70 The needle exchange service in Buckinghamshire supplies needles, syringes and other equipment used to prepare and take illicit drugs. The purpose of this services is to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment. It enables people who inject themselves with illicit drugs to access safe and clean injecting equipment and so they can dispose of used equipment safely.

7.71 Needle exchange services also aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.

7.72 Buckinghamshire Unitary Authority also commissions community pharmacies to provide supervised consumption for people who are in treatment for opiate addiction and are receiving opiate substitution therapy. They will often be on a prescription for opiate-based medication as part of their treatment regime.

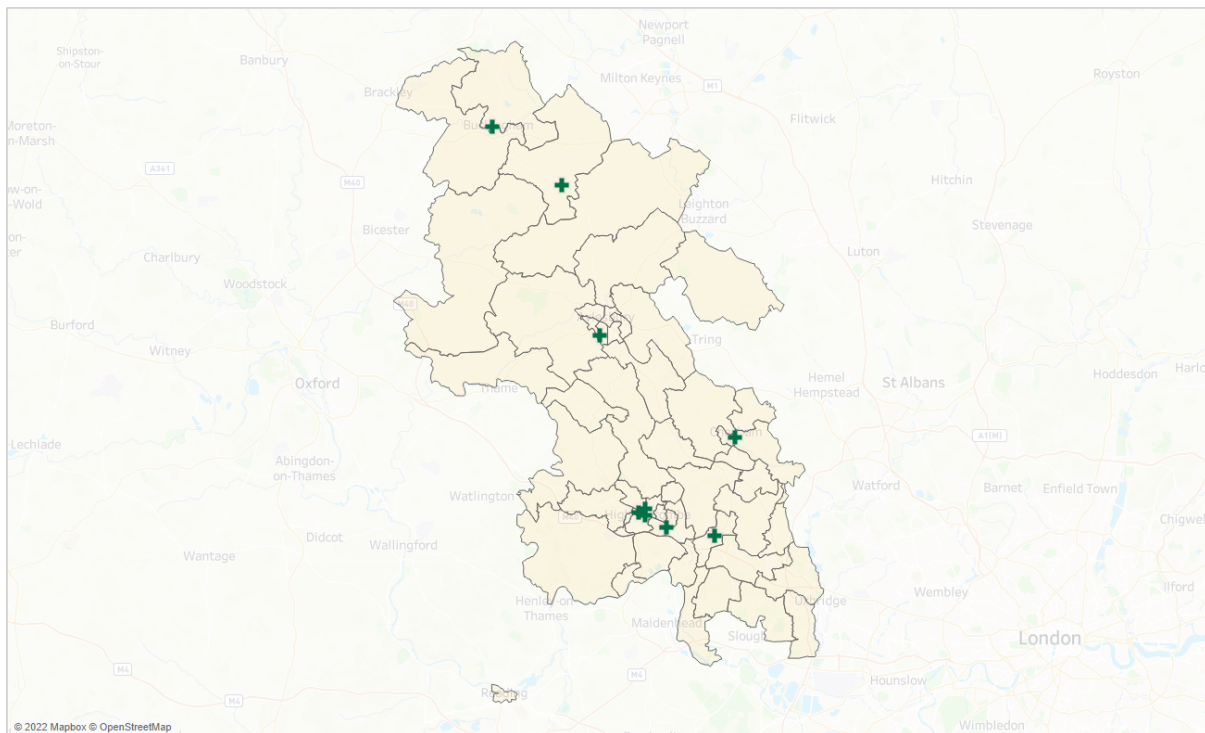
7.73 Supervised consumption of opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of overdose and non-compliance with

[Buckinghamshire Pharmaceutical Needs Assessment 2022-2025](#)

treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. The two most commonly used medications for opiate substitution therapy are methadone and buprenorphine. Service users need to take this medication on a daily basis, and need to take it safely, therefore community pharmacies are commissioned to dispense the medication and ensure that it is consumed safely by the service user, under the supervision of the pharmacist.

7.74 Nine pharmacies in Buckinghamshire offer needle exchange (Figure 7.18 and Table 7.12) and 57 offer supervised consumption services in areas of high population density and high deprivation (Figure 7.19 and Table 7.13).

Figure 8.18: Location of pharmacies that provide needle exchange services in Buckinghamshire, January 2022



Source: Buckinghamshire Unitary Authority, 2022

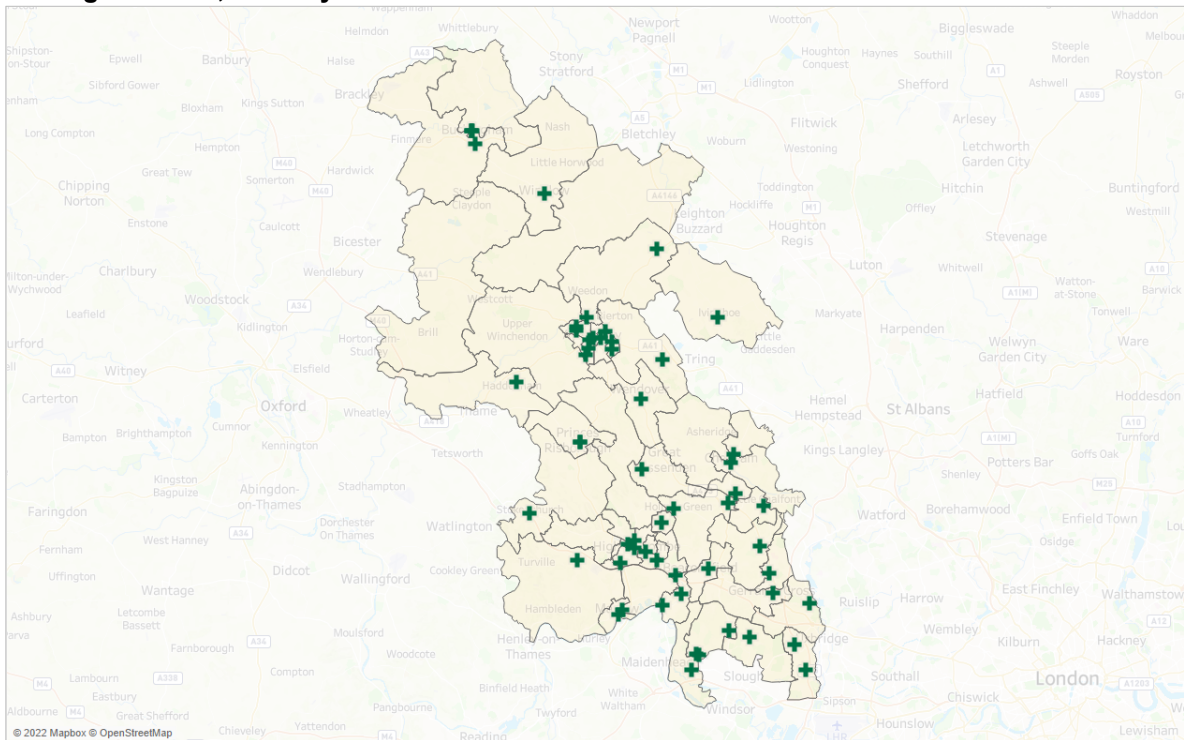
Table 8.12: Pharmacies that provide substance misuse services in Buckinghamshire, January 2022

Pharmacy	Address	Area
Victoria Pharmacy	19 Desborough Avenue, High Wycombe, Buckinghamshire	Wycombe
Fmy Chemists	36 High Street, Chesham, Buckinghamshire	Chiltern
Your Local Boots Pharmacy	Unit H, Walton Court Ctr., Hannon Road, Aylesbury, Buckinghamshire	Aylesbury Vale
Q2 Pharmacy	51 Hughenden Road, High Wycombe, Buckinghamshire	Wycombe
Centra Pharmacy	20 Queens Square, High Wycombe, Buckinghamshire	Wycombe

Pyramid Pharmacy	5 The Highway, Beaconsfield, Buckinghamshire	South Bucks
Boots the Chemists	11 Market Hill, Buckingham, Buckinghamshire	Aylesbury Vale
Ryemead Pharmacy	Gateway House, Wycombe, Retail Park, Ryemead Way, High Wycombe, Buckinghamshire	Wycombe
LloydsPharmacy	82 High Street, Winslow, Buckinghamshire	Aylesbury Vale

Source: Buckinghamshire Council, 2022

Figure 8.19: Location of pharmacies that provide supervised consumption services in Buckinghamshire, January 2022



Source: Buckinghamshire Council, 2022

Table 8.13: Number of Pharmacies that provide needle exchange services in Buckinghamshire by area, January 2022

Area	Number of Pharmacies
Aylesbury Vale	21
Wycombe	17
South Bucks	10
Chiltern	9

Source: Buckinghamshire Council, 2022

Chlamydia screening

7.75 Buckingham Council commission community pharmacies to provide this service as part of their commitment to improving the sexual health and wellbeing of its population and targeting services to those areas of greatest need. The service provides user-friendly, non-judgemental

and confidential chlamydia screening for males and females aged 15 to 24 years in the community pharmacy settings.

7.76 The service outcomes are to:

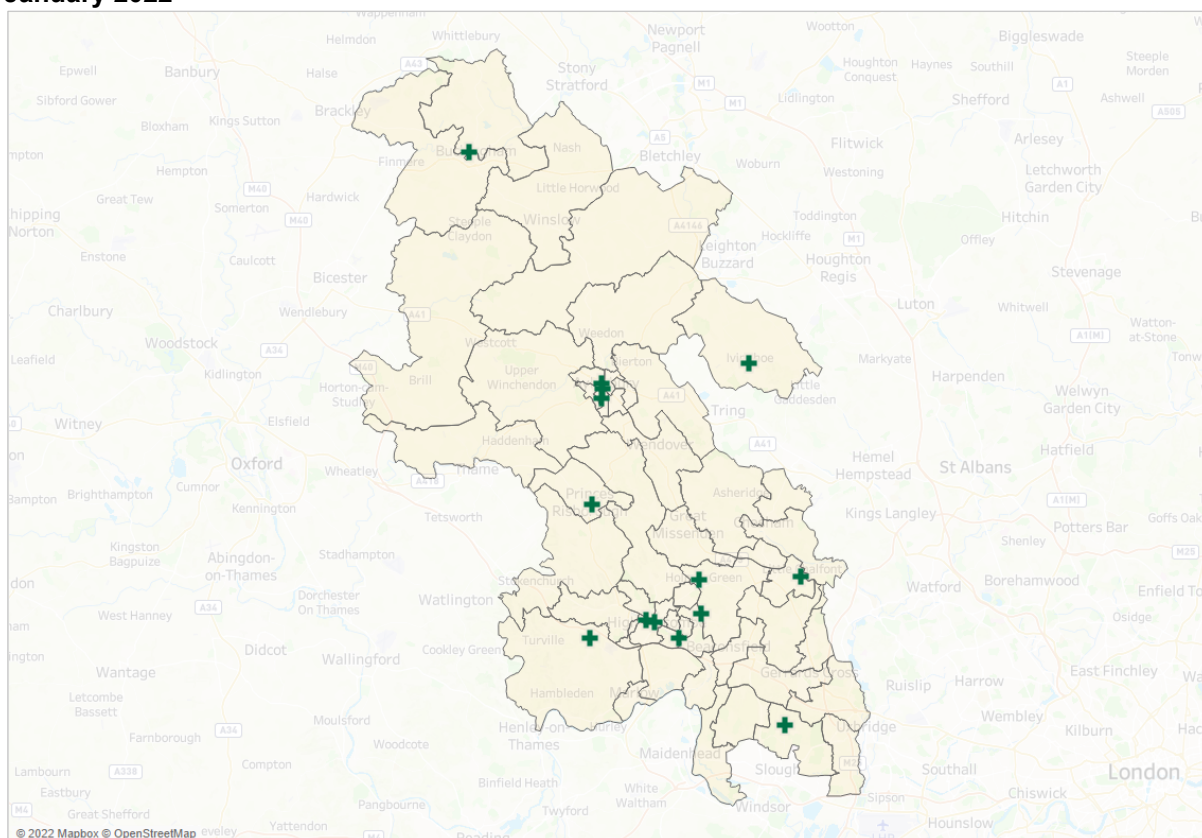
- Increase access to the chlamydia screening programme by providing additional locations where people can access screening.
- Increase access for young people to sexual health advice and referral on to specialist sexual health services, where required.
- Increase clients' knowledge of the risks associated with sexually transmitted infections (STIs).

7.77 People who access the service are provided with support and advice, including advice on the avoidance of unintended pregnancy and STIs through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to services that provide contraception, including long-acting reversible contraception, diagnosis and management of STIs.

7.78 In addition, the service ensures that all those who are accessing free emergency hormonal contraception and are eligible for the service are offered a free testing kit.

7.79 Fourteen pharmacies offer this service in Buckinghamshire. Their locations are showing in Figure 7.20 and Table 7.14 below.

Figure 8.20: Location of pharmacies that provided Chlamydia Screening in Buckinghamshire, January 2022



Source: Buckinghamshire Council, 2022

Table 8.14: Pharmacies that provide Chlamydia Screening in Buckinghamshire, January 2022

Pharmacy	Address	Area
Windmill Pharmacy	19-21 High Street, Ivinghoe, Bedfordshire	Aylesbury Vale
Lansdales Pharmacy	17 Desborough Avenue, High Wycombe, Buckinghamshire	Wycombe
Lane End Pharmacy	1 High Street, Lane End, Buckinghamshire	Wycombe
Lansdales Pharmacy	Whitehill Surgery, Whitehill Lane, Oxford Rd, Aylesbury, Buckinghamshire	Aylesbury Vale
Little Chalfont Pharmacy	Nightingale Corner, Little Chalfont, Amersham, Buckinghamshire	Chiltern
Lansdales Pharmacy Ltd	Penn Surgery, Elm Road, Penn, High Wycombe, Buckinghamshire	Chiltern
Hedgegrail Pharmacy	Unit 2, Giles House, Bells Hill Green, Stoke Poges, Buckinghamshire	South Bucks
Priory Pharmacy	2 Priory Road, High Wycombe, Buckinghamshire	Wycombe
Hampden Pharmacy	119 Hampden Gardens, Southcourt, Aylesbury, Buckinghamshire	Aylesbury Vale
Boots the Chemists	11 Market Hill, Buckingham, Buckinghamshire	Aylesbury Vale
Fox Pharmacy	9 Turners Place, Holmer Green, High Wycombe, Buckinghamshire	Chiltern
Morrisons Pharmacy	Morrisons Superstore, Station Way, Aylesbury, Buckinghamshire	Aylesbury Vale

Ryemead Pharmacy	Gateway House, Wycombe, Retail Park, Ryemead Way, High Wycombe, Buckinghamshire	Wycombe
LloydsPharmacy	52 High Street, Princes Risborough, Buckinghamshire	Wycombe

Source: Buckinghamshire Council, 2022

Emergency hormonal contraception

7.80 Buckinghamshire pharmacies also provide free Emergency Hormonal Contraception (EHC) on behalf of Buckingham Council. The service provides oral emergency contraception to young women aged between 13 to 18 years if this is needed to prevent a pregnancy. This is when the person has not used another form of contraception or their original method of contraception has failed (split condom, missed pill, etc).

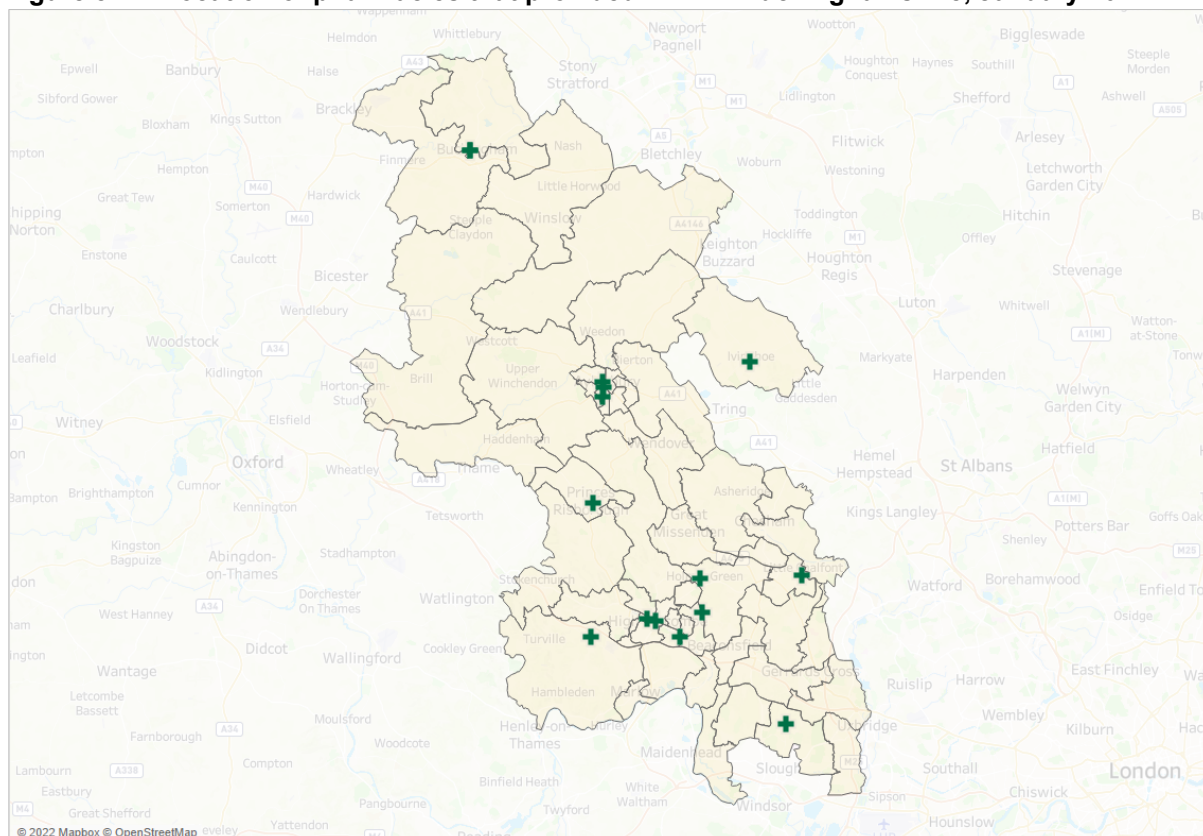
7.81 The service also provides advise and signposting to sexual health services that can provide further and advice and care around contraception and testing for sexually transmitted infections.

7.82 Service outcomes are to:

- Improve access to emergency contraception, safer sex and sexual health advice
- Reduce the number of unintended pregnancies in the client group by use of EHC
- Refer all clients accessing this service into mainstream contraceptive services for ongoing contraceptive needs
- Increase the knowledge of risks associated with contraception and STIs
- Refer clients at risk of STIs to an appropriate service
- Increase knowledge, especially among young people, of the availability of EHC from the community pharmacy setting

7.83 Fifteen pharmacies offer this service in Buckinghamshire. Their locations are showing in Figure 7.21 and Table 7.15 below.

Figure 8.21: Location of pharmacies that provided EHC in Buckinghamshire, January 2022



Source: Buckinghamshire Council, 2022

Table 8.15: Pharmacies that offer EHC in Buckinghamshire, January 2022

Pharmacy	Address	Area
Windmill Pharmacy	19-21 High Street, Ivinghoe, Bedfordshire	Aylesbury Vale
Lansdales Pharmacy	17 Desborough Avenue, High Wycombe, Buckinghamshire	Wycombe
Lane End Pharmacy	1 High Street, Lane End, Buckinghamshire	Wycombe
Lansdales Pharmacy	Whitehill Surgery, Whitehill Lane, Oxford Rd, Aylesbury, Buckinghamshire	Aylesbury Vale
Little Chalfont Pharmacy	Nightingale Corner, Little Chalfont, Amersham, Buckinghamshire	Chiltern
Lansdales Pharmacy Ltd	Penn Surgery, Elm Road, Penn, High Wycombe, Buckinghamshire	Chiltern
Hedgegrail Pharmacy	Unit 2, Giles House, Bells Hill Green, Stoke Poges, Buckinghamshire	South Bucks
Priory Pharmacy	2 Priory Road, High Wycombe, Buckinghamshire	Wycombe
Hampden Pharmacy	119 Hampden Gardens, Southcourt, Aylesbury, Buckinghamshire	Aylesbury Vale
Jardines Pharmacy	The Bullring, Market Hill, Buckingham, Buckinghamshire	Aylesbury Vale
Boots the Chemists	11 Market Hill, Buckingham, Buckinghamshire	Aylesbury Vale
Fox Pharmacy	9 Turners Place, Holmer Green, High Wycombe, Buckinghamshire	Chiltern

Morrisons Pharmacy	Morrisons Superstore, Station Way, Aylesbury, Buckinghamshire	Aylesbury Vale
Ryemead Pharmacy	Gateway House, Wycombe, Retail Park, Ryemead Way, High Wycombe, Buckinghamshire	Wycombe
Lloyds Pharmacy	52 High Street, Princes Risborough, Buckinghamshire	Wycombe

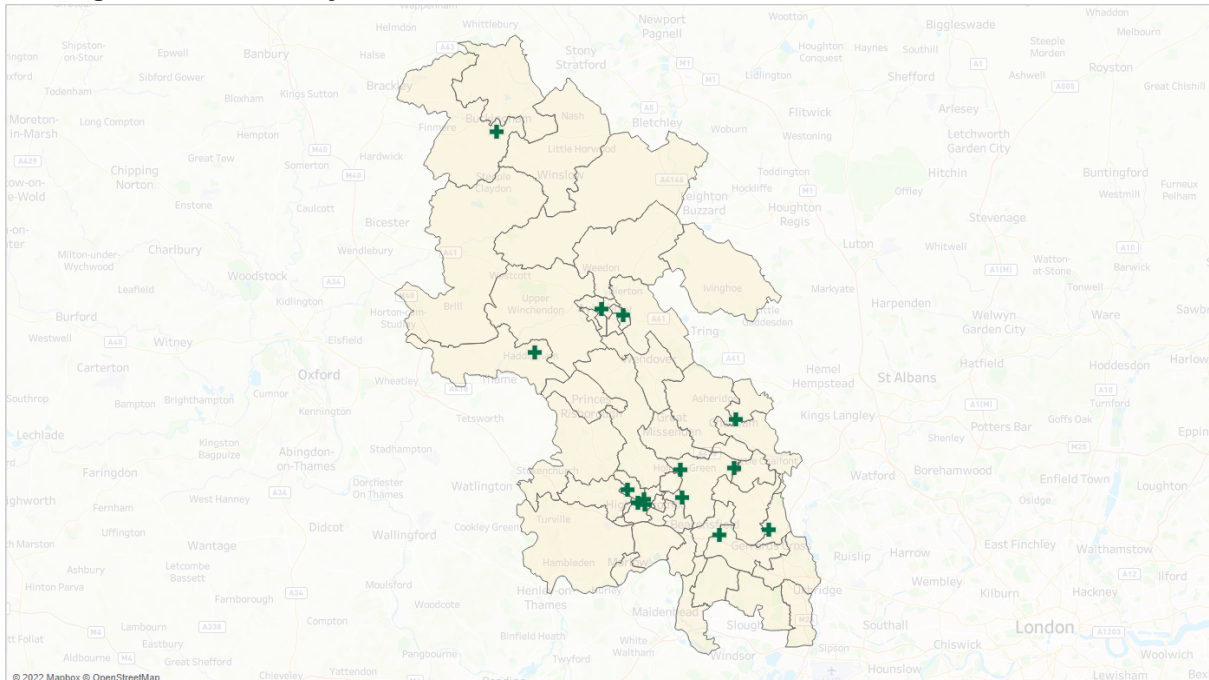
Source: Buckinghamshire Council, 2022

Palliative care drugs in the community

7.84 The palliative care drugs in the community service, commissioned by NHS Buckingham CCG aims to ensure that community teams can access a supply of specialist palliative care medicines when they require them. This is to prevent any difficulties they may experience in obtaining emergency drugs for their patients. Community teams will be able to access these drugs during the pharmacies' normal opening hours (this arrangement does not cover access to medicines outside of contracted hours).

7.85 Fourteen pharmacies provide palliative care drugs in the community. They are shown in Figure 7.22 and Table 7.16.

Figure 8.22: Location of pharmacies that provide Palliative Care Drugs in the Community in Buckinghamshire, January 2022



Source: NHS Buckinghamshire CCG, 2022

Table 8.16: Pharmacies that provide Palliative Care Drugs in the Community in Buckinghamshire, January 2022

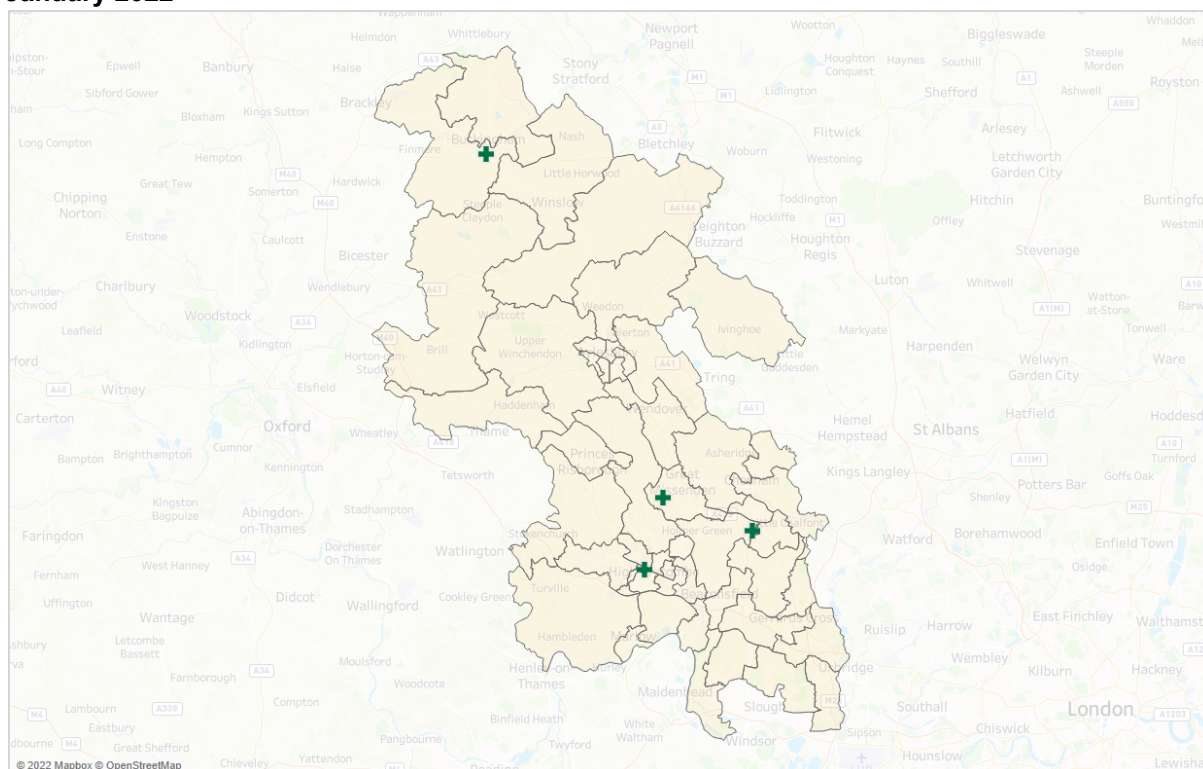
Pharmacy	Address	Area
Lansdales Pharmacy	17 Desborough Avenue, High Wycombe, Buckinghamshire	Wycombe
Chess Pharmacy	260-290 Berkhamstead Rd, Chesham, Buckinghamshire	Chiltern
Lansdales Pharmacy	Whitehill Surgery, Whitehill Lane, Oxford Rd, Aylesbury, Buckinghamshire	Aylesbury Vale
Jmw Vicary Ltd	Stanbridge Road, Haddenham, Buckinghamshire	Aylesbury Vale
Q2 Pharmacy	51 Hughenden Road, High Wycombe, Buckinghamshire	Wycombe
Lansdales Pharmacy Ltd	Penn Surgery, Elm Road, Penn, High Wycombe, Buckinghamshire	Chiltern
Priory Pharmacy	2 Priory Road, High Wycombe, Buckinghamshire	Wycombe
Consult Pharmacy	172 Tring Road, Aylesbury, Buckinghamshire	Aylesbury Vale
Pyramid Pharmacy	30-32 London End, Beaconsfield, Buckinghamshire	South Bucks
Fox Pharmacy	9 Turners Place, Holmer Green, High Wycombe, Buckinghamshire	Chiltern
Tesco Pharmacy	Within Tesco Store, 19 London Road West, Amersham, Buckinghamshire	Chiltern
Downley Pharmacy	9 Cross Court Shops, Plomer Green Ave, Downley, High Wycombe, Buckinghamshire	Wycombe
Instore Pharmacy - Tesco Stores Limited	London Road, Buckingham, Buckinghamshire	Aylesbury Vale
Vantage Pharmacy	1 Bishops House, Market Place, Chalfont St Peter, Buckinghamshire	Chiltern

Source: NHS Buckinghamshire CCG, 2022

Provision of antiviral medication

- 7.86** The aim of the service is to improve access to antiviral treatment when it is required, by ensuring prompt access and continuity of supply, both in and out of flu season. Pharmacies that provide this service are required to hold stock of the medication ensuring that users of this service have prompt access to these medicines during normal working hours.
- 7.87** Four pharmacies hold the contract for this in Buckinghamshire. They are presented in Figure 7.23 and Table 7.17 below.

Figure 8.23: Location of pharmacies that provide Antiviral Medication in Buckinghamshire, January 2022



Source: NHS Buckinghamshire CCG, 2022

Table 8.17: Pharmacies that provide Antiviral Medication in Buckinghamshire, January 2022

Pharmacy	Address
Lansdales Pharmacy	17 Desborough Avenue, High Wycombe, Buckinghamshire
Tesco Pharmacy	Within Tesco Store, 19 London Road West, Amersham, Buckinghamshire
Morrisons Pharmacy	Morrisons Superstore, Station Way, Aylesbury, Buckinghamshire
Instore Pharmacy - Tesco Stores Limited	London Road, Buckingham, Buckinghamshire

Source: NHS Buckinghamshire CCG, 2022

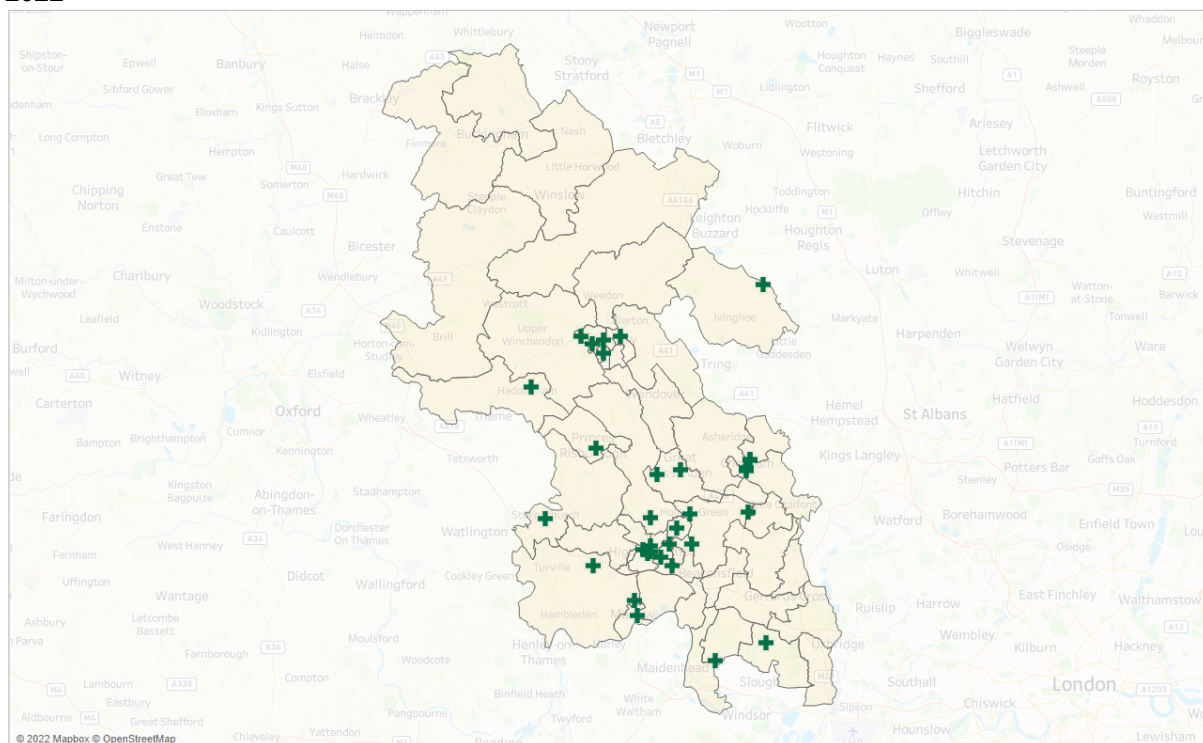
Medication administration record (MAR) service

7.88 A Medication Administration Record, known as a MAR Chart, is used to record administration of medicines. It is for patients who are assessed by the Buckinghamshire Healthcare NHS Trust hospital pharmacist as requiring support with medicines administration by the RRIC or Reablement team for patients being discharged to their service.

7.89 A MAR chart is individual to the patient, and forms part of the patient's health record. They are produced by the pharmacy on a 28-day cycle at the time of dispensing medication.

7.90 33 pharmacies provide the MAR service in Buckinghamshire. They are presented in Figure 7.24 and Table 7.18 below.

Figure 8.24: Location of pharmacies that provide MAR Service in Buckinghamshire, January 2022



Source: NHS Buckinghamshire CCG, 2022

Table 8.18: Number of pharmacies that provide MAR in Buckinghamshire by area, January 2022

Area	Number of Pharmacies
Wycombe	15
Chiltern	9
Aylesbury Vale	7
South Bucks	2

Source: NHS Buckinghamshire CCG, 2022

Summary of other NHS pharmacy services

It is concluded that there is currently sufficient provision for the following locally commissioned services to meet the likely needs of residents in Buckinghamshire:

- Adult substance misuse service
- Chlamydia screening
- Emergency hormonal contraception
- Palliative care drugs in the community
- Provision of antiviral medication
- Medication administration record service

Additional considerations from contractor survey responses

Languages spoken in pharmacies

7.91 According to the contractor survey responses, there are a wide range of languages spoken in Buckinghamshire pharmacies. The most common non-English languages for the unitary authority's overall residents, as identified in Chapter 4, are Urdu, Punjabi and Polish which are all spoken in a number of pharmacies in Buckinghamshire (Table 7.19).

Table 8.19: Top 10 languages spoken by a member of staff at the pharmacies in Buckinghamshire

Language	Number of Pharmacies
Urdu	30
Punjabi	28
Hindi	22
Gujarati	13
Polish	9
French	7
Spanish	5
Arabic	5
Portugese	2
Mandarin	2

Source: Buckinghamshire Contractor Survey, 2022

Chapter 9 - Conclusions

8.1 This PNA explored the health needs and demographics of Buckinghamshire and considered whether the current provision of pharmacies in and around Buckinghamshire meets the needs of the population. It also assesses whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.

8.2 This chapter will summarise the provision of these services in Buckinghamshire and its surrounding local authorities.

Current provision

8.3 The Buckinghamshire HWB has identified the following services as necessary to this PNA to meet the need for pharmaceutical services:

- Essential services provided at all premises included in the pharmaceutical lists.

8.4 Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to medicines. The HWB has identified the following as Other Relevant Services:

- Adequate provision of advanced and other NHS services to meet the needs of the local population.

Current access to essential services

8.5 In assessing the provision of essential services against the needs of the population, the HWB considered access as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population. Accessibility of essential services was determined by:

- Whether the rural population of Buckinghamshire resided within 5 miles of a pharmacy
- Or whether the urban population of Buckinghamshire resided within 20-minutes travel distance to a pharmacy.

8.6 Other factors taken into consideration included:

- The ratio of community pharmacies per 10,000 population
- Proximity of pharmacies to areas of high deprivation

- Opening hours of pharmacies
- Proximity of pharmacies to GP practices
- Controlled localities and location of dispensing GPs
- Needs specific to people who share protected characteristics

8.7 There are 1.6 community pharmacies per 10,000 residents in Buckinghamshire. Though this ratio is lower than the national average of 2.2, as indicated by the contractor survey, the pharmacies have capacity to offer more services.

8.8 Most of the county is within five miles of a pharmacy. 1121 residents of Buckinghamshire live outside a five-mile radius of a pharmacy; however, they live within very low-density rural areas of Buckinghamshire that have been deemed as controlled localities. They are served by two dispensing GP practices.

8.9 Areas that are more densely populated in Buckinghamshire are well served in terms of pharmacy accessibility and all are within 20 minutes reach of a pharmacy if traveling by public transport.

8.10 No specific pharmacy needs were found for people who share protected characteristics.

Current access to essential services during normal working hours

8.11 All pharmacies are open for at least 40 hours each week. There are 85 community pharmacies and one LPS in Buckinghamshire. There are also 332 community pharmacies within five miles of the Buckinghamshire boundaries, providing good access as determined in Chapter 7.

The results of the PNA conclude that there are no current gaps in the provision of essential services during normal working hours in the lifetime of this PNA.

Current access to essential services outside normal working hours

8.12 On weekdays, 31 Buckinghamshire pharmacies are open before 9am and 12 are open after 7pm. These pharmacies are close to areas of high population density. Early morning pharmacies can be reached by residents in urban areas within 20 minutes if travelling by public transport.

- 8.13** There is good accessibility of pharmacies to residents on weekends. Seventy-five of the county's community pharmacies are open on Saturday. Eighteen pharmacies in the county are open on Sunday.

The results of the PNA conclude that there are no current gaps in the provision of essential services outside normal working hours in the lifetime of this PNA.

Current access to advanced services

- 8.14** The following advanced services are currently available for provision by community pharmacies: new medicine service, community pharmacy seasonal influenza vaccination, community pharmacist consultation service, hypertension case-finding service, community pharmacy hepatitis C antibody testing service, appliance use reviews and stoma appliance customisation.
- 8.15** NMS is widely available with 76 pharmacies in the unitary authority providing it.
- 8.16** Flu vaccinations are also widely available, 81 pharmacies in the unitary authority provide this service.
- 8.17** Eighty-four community pharmacies offer the Community Pharmacy Consultation Service.
- 8.18** Hypertension case-finding service and hepatitis C antibody testing service, are relatively new services for which no data is available yet, however pharmacies have indicated their willingness to provide this service.
- 8.19** No Buckinghamshire pharmacy reportedly provided AURS in the last recorded year, however pharmacies are able to provide these if there is a need. Advice on the use of appliances may also be offered by the hospital or clinic prescribing appliances.
- 8.20** Stoma Appliance Customisation service is offered by twenty-one pharmacies.
- 8.21** It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of Buckinghamshire.

The results of the PNA conclude that there are no current gaps in the provision of advanced services for the lifetime of this PNA.

Current access to locally commissioned services (other NHS services)

8.22 These are services that are commissioned by Buckinghamshire Council and Buckinghamshire CCG. They include:

- Adult substance misuse service
- Emergency hormonal contraception
- Chlamydia screening
- Palliative care drugs in the community
- Antiviral medication (Flu)
- MAR chart service

8.23 Of the Buckinghamshire Council commissioned services, 57 pharmacies provide the substance misuse, nine provide needle exchange services, 14 provide chlamydia screening and 15 provide emergency hormonal contraception.

8.24 Of the Buckinghamshire CCG commissioned services, 14 provide access to palliative care drugs, four provide antiviral medication, and 33 provide the MAR chart service.

8.25 Overall, there is very good availability of other NHS services in the county.

The results of the PNA conclude that there are no current gaps in the provision of locally commissioned (other NHS) services in the lifetime of this PNA.

Future provision

8.26 The HWB has considered the following future developments:

- Forecasted population growth
- Housing development information
- Regeneration projects
- Changes in the provision of health and social care services
- Other changes to the demand for services

Future access to essential services

Future access to essential services during normal working hours

8.27 The HWB is aware of, and has considered the proposed new housing developments within Aylesbury Vale, including Aylesbury Garden Town, Berryfields, and another development in **Buckinghamshire Pharmaceutical Needs Assessment 2022-2025**

northeast Aylesbury Vale. It has also considered the merger of the Berryfields Medical Centre and Meadowcroft Surgery in Aylesbury to create the Berrycroft Community Health Centre located in the Berryfields estate.

8.28 The HWB has carefully considered these developments, and other causes of population increases and conclude that pharmacy provision is well placed within Buckinghamshire during the lifetime of this PNA.

8.29 However, population increases as a result of the proposed new housing developments should be considered in the next PNA.

The results of the PNA conclude that there are no gaps in the future provision of essential services during normal working hours in the lifetime of this PNA.

Future access to essential services outside normal working hours

8.30 The HWB is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

8.31 Pharmacy provision outside normal working hours is well placed within locations of planned new dwelling housing developments and projected population increases. However, population increases as a result of the planned new housing developments within Aylesbury Vale should be considered in the next PNA.

The results of the PNA conclude that there are no gaps in the future provision of essential services outside of normal working hours in the lifetime of this PNA.

Future access to advanced services

8.32 No future additional needs for advanced services have been identified on this PNA. Local pharmacies have indicated that they have capacity for any future increases in demand for advanced services, should they arise.

The results of the PNA conclude that there are no gaps in the future provision of advanced services in the lifetime of this PNA.

Future access to Locally Commissioned Services

- 8.33** No future additional needs for other NHS services have been identified in this PNA. Local pharmacies have indicated in the contractor survey that they have capacity for future increases in demand for other NHS services.

The results of the PNA conclude no gaps in the future provision of locally commissioned (other NHS) services in the lifetime of this PNA

Improvements and better access

Current and future access to essential services

- 8.34** The PNA did not identify any services, that if provided either now or in future specified circumstances, would secure improvements or better access to essential services. Further, there is sufficient capacity to meet any increased future demand.

The results of the PNA conclude that there are no unmet pharmaceutical needs in essential services, that if provided, either now or in the future, would secure improvements or better access to essential services, in the lifetime of this PNA.

Current and future access to advanced services

- 8.35** NMS, CPCS and flu vaccination services are all widely available throughout the unitary authority.
- 8.36** There is no data available publicly for the relatively new services namely Hypertension case-finding service and hepatitis C antibody testing service but there is sufficient capacity for pharmacies to provide these.
- 8.37** There is good available of SAC provision and pharmacies are willing and have capacity to provide AURs. Advice on both of these services is also offered by hospital and other health providers.

The results of the PNA conclude that there is no additional need in the provision of advanced services, at present or in the future, that would secure improvements or better access to advanced services in the lifetime of this PNA.

Current and future access to locally commissioned services

- 8.38** There is good provision of services commissioned by Buckinghamshire Council and Buckinghamshire CCG. The PNA did not find any evidence to conclude that these services should be expanded.

The results of the PNA conclude that there is no additional need, either now or in the future, that if provided would secure improvements or better access to other locally commissioned services in the area in the lifetime of this PNA.

Appendix A - Buckinghamshire pharmaceutical needs assessment steering group

Terms of reference

Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and subsequent amendments set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services. In addition, it will provide an evidence base for future local commissioning intentions.

Buckinghamshire Health and Wellbeing Board has now initiated the process to refresh the PNAs by 1st October 2022.

Role

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered and robust PNA, building on expertise from across the local healthcare community; and managed by Healthy Dialogues Ltd.

In addition, the group is responsible for:

- Responding to formal PNA consultations from neighbouring HWBs on behalf of the Health and Wellbeing boards.

- Establishing arrangements to ensure the appropriate maintenance of the PNA, following publication, in accordance with the Regulations.

Objectives

- Ensure the new PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and its amendments. This includes current and future *needs* of pharmaceutical access.
- Develop the PNA so that it documents all locally commissioned services, including public health services commissioned; and services commissioned by the CCG/ICS and other NHS organisations as applicable; and provides the evidence base for future local commissioning.
- Agree a project plan and ensure representation of the full range of stakeholders.
- Ensure a stakeholder and communications plan is developed to inform pre-consultation engagement and to ensure that the formal consultation meets the requirements of the Regulations.
- Ensure that the PNA, although it is a separate document, integrates, and aligns both the joint strategic needs assessment and the health and wellbeing strategies of each of the counties as well as other key regional and national strategies.
- Ensure that the requirements for the development and content of PNAs are followed, and that the appropriate assessments are undertaken, in accordance with the Regulations. This includes documenting current and future needs for, or improvements and better access to, pharmaceutical services as will be required by the local populations.
- Approve the framework for the PNA document, including determining the maps which will be included.
- Ensure that the PNA contains sufficient information to inform commissioning of enhanced services, by NHS England; and commissioning of locally commissioned services by the CCG and other local health and social care organisations.
- Ensure a robust, and timely consultation is undertaken in accordance with the Regulations; including formally considering and acting upon consultation responses and overseeing the development of the consultation report for inclusion in the final PNA.
- Consider and document the processes by which the HWB will discharge its responsibilities for maintaining the PNA.
- Comment, on behalf of the Buckinghamshire Health and Wellbeing boards, on formal PNA consultations undertaken by neighbouring HWBs.

- Advise the HWB, if required, when consulted by NHS England in relation to consolidated applications.
- Document and manage potential and actual conflicts of interest.

Accountability and reporting

Buckinghamshire Health and Wellbeing boards have delegated responsibility for the development and maintenance of the PNA; and for formally responding to consultations from neighbouring HWBs to the PNA Steering Group.

The PNA steering group will be accountable to the Health and Wellbeing board and will report on progress on a two-monthly frequency or as required by the Health and Wellbeing Board.

The pre-consultation draft and the final draft PNAs will be presented to the Health and Wellbeing Board for approval.

Membership

Chair: Anoop Shah, Buckinghamshire, Oxfordshire, and Berkshire West (BOB), Integrated Care System.

Name	Organisation
Tiffany Burch	Buckinghamshire Council
Caroline Thickens	Buckinghamshire Council
Mayank Patel	Local Pharmaceutical Committee
Gary Elton	Local Pharmaceutical Committee
Anoop Shah	Buckinghamshire, Oxfordshire, and Berkshire West (BOB), Integrated Care System
Marian Basra or Beth Lacey	NHS England Pharmacy Team
Dr Becky Mallard-Smith	Berkshire, Buckinghamshire and Oxon LMC
Helen Smith	Healthwatch Buckinghamshire

An agreed deputy may be used where the named member of the group is unable to attend.

Other staff members / stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

Quorum

A meeting of the group shall be regarded as quorate where there is one representative from each of the following organisations / professions:

Buckinghamshire Pharmaceutical Needs Assessment 2022-2025

- Chair (or nominated deputy)
- Representative from Public Health for Buckinghamshire
- LPC
- Healthy Dialogues
- NHS England

Declaration of Interests

It is important that potential, and actual, conflicts of interest are managed:

- Declaration of interests will be a standing item on each PNA Steering Group agenda.
- A register of interests will be maintained and will be kept under review by the HWB.
- Where a member has a potential or actual conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

Frequency of meetings

The group will meet on a monthly basis or as required for the lifetime of this project.

Following publication of the final PNA, the Steering Group will be convened on an 'as required' basis to:

- Fulfil its role in timely maintenance of the PNA
- Advise the HWB, when consulted by NHS England, in relation to consolidated applications

Appendix B – Pharmacy provision within Buckinghamshire

ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
FYC53	Aqsa Pharmacy	Community Pharmacy	91 London Road, High Wycombe, Buckinghamshire	HP11 1BU	No	No	No	No
FK011	Asda Pharmacy	Community Pharmacy	Asda Store, Holmers Farm Way, High Wycombe, Buckinghamshire	HP12 4NU	No	Yes	Yes	Yes
FA698	Boots the Chemists	Community Pharmacy	7-12 Station Road, Beaconsfield, Buckinghamshire	HP9 1NL	No	No	Yes	No
FFE41	Boots the Chemists	Community Pharmacy	69 Packhorse Road, Gerrards Cross, Buckinghamshire	SL9 8PQ	No	No	Yes	No
FP349	Boots the Chemists	Community Pharmacy	4-5 Market Square, Marlow, Buckinghamshire	SL7 3HH	No	No	Yes	No
FPV27	Boots the Chemists	Community Pharmacy	9 Park Parade, Western Dene, Hazlemere, Buckinghamshire	HP15 7AA	No	No	Yes	No
FQL29	Boots the Chemists	Community Pharmacy	18 Sycamore Road, Amersham, Buckinghamshire	HP6 5DR	No	No	Yes	Yes
FQL47	Boots the Chemists	Community Pharmacy	11 Market Hill, Buckingham, Buckinghamshire	MK18 1JX	No	No	Yes	No

ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
FT470	Boots the Chemists	Community Pharmacy	58 The Broadway, Chesham, Buckinghamshire	HP5 1EG	No	No	Yes	No
FX910	Boots the Chemists	Community Pharmacy	27 Eden Walk, Eden Shopping Centre, High Wycombe, Buckinghamshire	HP11 2AW	No	No	Yes	Yes
FYR37	Boots the Chemists	Community Pharmacy	4 Hale Leys, High Street, Aylesbury, Buckinghamshire	HP20 1ST	No	No	Yes	Yes
FH032	Buckingham Pharmacy	Community Pharmacy	1 Jubilee Square, Buckingham, Aylesbury, Buckinghamshire	HP19 9DZ	No	No	Yes	No
FF535	Burnham Health Pharmacy	Community Pharmacy	30 High Street, Burnham, Buckinghamshire	SL1 7JP	No	No	Yes	No
FL027	Centra Pharmacy	Community Pharmacy	20 Queens Square, High Wycombe, Buckinghamshire	HP11 2DF	No	No	Yes	No
FXV74	Chesham Pharmacy	Community Pharmacy	252 Berkhamstead Road, Chesham, Buckinghamshire	HP5 3ET	No	No	Yes	No
FFN14	Chess Pharmacy	Community Pharmacy	260-290 Berkhamstead Rd, Chesham, Buckinghamshire	HP5 3EZ	No	No	Yes	No
FJQ55	Collins & Jervie	Community Pharmacy	32 Sycamore Road, Amersham, Buckinghamshire	HP6 5DR	Yes	No	No	No
FPL29	Consult Pharmacy	100 Hours	172 Tring Road, Aylesbury, Buckinghamshire	HP20 1JR	Yes	Yes	Yes	Yes

ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
FRM97	Downley Pharmacy	Community Pharmacy	9 Cross Court Shops, Plomer Green Ave, Downley, High Wycombe, Buckinghamshire	HP13 5UW	No	No	Yes	No
FNF16	Edlesborough Pharmacy	Community Pharmacy	11 Cow Lane, Edlesborough, Dunstable, Bedfordshire	LU6 2HT	Yes	No	No	No
FQ857	Fairford Pharmacy	Community Pharmacy	65 Kingsgate, Fairford Leys, Aylesbury, Buckinghamshire	HP19 8WB	No	No	Yes	No
FEC29	Fmy Chemists	Community Pharmacy	36 High Street, Chesham, Buckinghamshire	HP5 1EP	No	No	No	No
FR041	Fox Pharmacy	Community Pharmacy	9 Turners Place, Holmer Green, High Wycombe, Buckinghamshire	HP15 6RN	Yes	No	Yes	No
FXE29	Garlicks Chemist	Community Pharmacy	31a Red Lion Street, Chesham, Buckinghamshire	HP5 1ET	No	No	No	No
FVT83	Glade Pharmacy	Community Pharmacy	Victoria Road, Marlow, Buckinghamshire	SL7 1DS	Yes	No	No	No
FLL90	Hampden Pharmacy	Community Pharmacy	119 Hampden Gardens, Southcourt, Aylesbury, Buckinghamshire	HP21 8NP	No	No	Yes	No
FG154	Health And Beauty	Community Pharmacy	60 Packhorse Road, Gerrards Cross, Buckinghamshire	SL9 8EF	No	No	Yes	No

ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
FKK01	Hedgegrail Pharmacy	Community Pharmacy	Unit 2, Giles House, Bells Hill Green, Stoke Poges, Buckinghamshire	SL2 4EW	Yes	No	Yes	No
FF760	Hobbs Pharmacy	Community Pharmacy	Rectory Meadow Surgery, School Lane, Amersham, Buckinghamshire	HP7 0HG	No	No	No	No
FVW12	Hughenden Valley Pharma Ltd	Community Pharmacy	Hughenden Valley Surgery, Valley Road, Hughenden, High Wycombe, Buckinghamshire	HP14 4LG	Yes	No	No	No
FWH43	Instore Pharmacy - Tesco Stores Limited	100 Hours	London Road, Buckingham, Buckinghamshire	MK18 1AB	Yes	Yes	Yes	Yes
FM764	Jardines Pharmacy	Community Pharmacy	The Bullring, Market Hill, Buckingham, Buckinghamshire	MK18 1JX	No	No	Yes	No
FRH27	Jardines Pharmacy	Community Pharmacy	10 - 12 Meadow Walk, High Street, Buckingham, Buckinghamshire	MK18 1RS	No	No	Yes	No
FWD53	Jardines Pharmacy	Community Pharmacy	18 High Street, Wing, Buckinghamshire	LU7 0NR	No	No	No	No
FJA41	Jeeves Pharmacy	Community Pharmacy	7 Thornbridge Road, Iver Heath, Iver, Buckinghamshire	SL0 0PU	No	No	Yes	No
FG812	Kinton Pharmacy	Community Pharmacy	44 High Street, Great Missenden, Buckinghamshire	HP16 0AU	No	No	Yes	No

ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
FDD68	Krishna Pharma Limited	Community Pharmacy	Stanbridge Road, Haddenham, Buckinghamshire	HP17 8JX	Yes	No	Yes	No
FF738	Lane End Pharmacy	Community Pharmacy	1 High Street, Lane End, Buckinghamshire	HP14 3JF	Yes	No	Yes	No
FEA35	Lansdales Pharmacy	Community Pharmacy	17 Desborough Avenue, High Wycombe, Buckinghamshire	HP11 2RS	Yes	No	Yes	No
FGC49	Lansdales Pharmacy	Community Pharmacy	Whitehill Surgery, Whitehill Lane, Oxford Rd, Aylesbury, Buckinghamshire	HP19 8EN	No	No	Yes	No
FK015	Lansdales Pharmacy Ltd	Community Pharmacy	Penn Surgery, Elm Road, Penn, High Wycombe, Buckinghamshire	HP10 8LQ	No	No	Yes	No
FGT95	Little Chalfont Pharmacy	Community Pharmacy	Nightingale Corner, Little Chalfont, Amersham, Buckinghamshire	HP7 9PY	No	No	Yes	No
FJ136	LloydsPharmacy	Community Pharmacy	1 Cressex Parade, New Road, Booker, High Wycombe, Buckinghamshire	HP12 4PG	No	No	No	No
FK348	LloydsPharmacy	Community Pharmacy	306 Meadowcroft, Aylesbury, Buckinghamshire	HP19 9HZ	No	No	No	No
FMN87	LloydsPharmacy	Community Pharmacy	25-26 Jansel Square, Bedgrove, Aylesbury, Buckinghamshire	HP21 7ET	Yes	No	Yes	No

ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
FN343	LloydsPharmacy	Community Pharmacy	Commerce House, High Street, Chalfont St Giles, Buckinghamshire	HP8 4QH	No	No	Yes	No
FNL91	LloydsPharmacy	Community Pharmacy	1 The Parade, Bourne End, Buckinghamshire	SL8 5SA	Yes	No	Yes	No
FPR51	LloydsPharmacy	Community Pharmacy	62-68 High Street, Princes Risborough, Buckinghamshire	HP27 0AX	No	No	Yes	No
FR256	LloydsPharmacy	Community Pharmacy	28 High Street, Wendover, Buckinghamshire	HP22 6EA	No	No	Yes	No
FRR60	LloydsPharmacy	Community Pharmacy	The Broadway, Farnham Common, Buckinghamshire	SL2 3PQ	No	No	Yes	No
FTN18	LloydsPharmacy	Community Pharmacy	136 London Road, Aston Clinton, Aylesbury, Buckinghamshire	HP22 5LB	Yes	No	Yes	No
FVV67	LloydsPharmacy	Community Pharmacy	Burnham Health Centre, Minniecroft Road, Burnham, Buckinghamshire	SL1 7DE	Yes	No	Yes	No
FWC97	LloydsPharmacy	Community Pharmacy	52 High Street, Princes Risborough, Buckinghamshire	HP27 0AX	No	No	Yes	No
FXL21	LloydsPharmacy	Community Pharmacy	29 High Street, Iver, Buckinghamshire	SL0 9ND	No	No	Yes	No
FXV02	LloydsPharmacy	Community Pharmacy	82 High Street, Winslow, Buckinghamshire	MK18 3DQ	No	No	No	No

ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
FAC69	LloydsPharmacy (in Sainsbury)	Community Pharmacy	Lake End Road, Taplow, Buckinghamshire	SL6 0QH	Yes	Yes	Yes	Yes
FFW03	LloydsPharmacy (in Sainsbury)	100 Hours	Oxford Road, High Wycombe, Buckinghamshire	HP11 2DN	Yes	Yes	Yes	Yes
FKL13	LloydsPharmacy (in Sainsbury)	100 Hours	Maxwell Road, Beaconsfield, Buckinghamshire	HP9 1QH	Yes	Yes	Yes	Yes
FQJ75	Marlow Bottom Pharmacy	Community Pharmacy	2 Brucewood Parade, Marlow Bottom, Buckinghamshire	SL7 3PE			Yes	No
FTX36	Marlow Pharmacy	Community Pharmacy	61 High Street, Marlow, Buckinghamshire	SL7 1AB	Yes	No	Yes	Yes
FRE07	Morrisons Pharmacy	Community Pharmacy	Morrisons Superstore, Station Way, Aylesbury, Buckinghamshire	HP20 2HX	Yes	Yes	Yes	Yes
FGT02	Pharmacare (Medical)	DSP	Compass House, Knaves Beech Way, Loudwater, Buckinghamshire	HP10 9QY	No	No	Yes	No
FK627	Pharmacyspace	DSP	Unit 5 Bessemer Crescent, Rabans Lane Indust Estate, Aylesbury, Buckinghamshire	HP19 8TF	No	No	No	No
FEP11	Prestwood Pharmacy	Community Pharmacy	145 High Street, Prestwood, Buckinghamshire	HP16 9HF	No	No	Yes	No
FKM16	Priory Pharmacy	Community Pharmacy	2 Priory Road, High Wycombe, Buckinghamshire	HP13 6SE	No	No	Yes	No

ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
FPT02	Pyramid Pharmacy	Community Pharmacy	Beaconsfield Medical Centre, Walkwood Rise	HP9 1TX	Yes	No	Yes	No
FQ215	Pyramid Pharmacy	Community Pharmacy	5 The Highway, Beaconsfield, Buckinghamshire	HP9 1QD	Yes	No	Yes	No
FHK97	Q2 Pharmacy	100 Hours	51 Hughenden Road, High Wycombe, Buckinghamshire	HP13 5HS	Yes	Yes	Yes	Yes
FPQ67	Richard Adams Chemist	Community Pharmacy	1 The Broadway, Chalfont St Peter, Gerrards Cross, Buckinghamshire	SL9 9DX	Yes	No	Yes	No
FDQ92	Rowlands Pharmacy	Community Pharmacy	Unit 4, Horns Lane, Princes Risborough, Buckinghamshire	HP27 0AW	No	No	Yes	No
FKW21	Rowlands Pharmacy	Community Pharmacy	Meadow Way, Aylesbury, Buckinghamshire	HP20 1XB	No	No	Yes	No
FV643	Rowlands Pharmacy	Community Pharmacy	1a Totteridge Drive, Kings Wood, High Wycombe, Buckinghamshire	HP13 6JH	No	No	Yes	No
FV879	Rowlands Pharmacy	Community Pharmacy	2 Market Parade, Hazlemere, Buckinghamshire	HP15 7LQ	No	No	Yes	No
FXJ86	Rowlands Pharmacy	Community Pharmacy	The Pharmacy, Oxford Road, Stokenchurch, High Wycombe, Buckinghamshire	HP14 3TA	No	No	Yes	No

ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
FW689	Ryemead Pharmacy	Community Pharmacy	Gateway House, Wycombe, Retail Park, Ryemead Way, High Wycombe, Buckinghamshire	HP11 1FY	No	No	Yes	No
FRR22	Saleys Chemist	LPS	42 Bathurst Walk, Iver, Buckinghamshire	SL0 9BH	No	No	Yes	No
FYR20	Securicare (Medical) Ltd	DAC	Cavell House, Knaves Beech Way, Loudwater	HP10 9QY	Yes	No	No	
FRP58	Superdrug Pharmacy	Community Pharmacy	19 Newland Street, Eden, High Wycombe, Buckinghamshire	HP11 2BY	No	No	Yes	No
FCE39	Tesco Pharmacy	Community Pharmacy	London Road, Loudwater, High Wycombe, Buckinghamshire	HP10 9RT	Yes	Yes	Yes	Yes
FG019	Tesco Pharmacy	Community Pharmacy	2 Hazells Corner, Tring Road, Aylesbury, Buckinghamshire	HP20 1PQ	Yes	Yes	Yes	Yes
FRC98	Tesco Pharmacy	Community Pharmacy	Within Tesco Store, 19 London Road West, Amersham, Buckinghamshire	HP7 0HA	Yes	Yes	Yes	Yes
FTV70	Tesco Pharmacy	Community Pharmacy	Tesco Store, Broadfields, Bicester Rd, Aylesbury, Buckinghamshire	HP19 8BU	Yes	Yes	Yes	Yes
FY190	Vantage Pharmacy	Community Pharmacy	1 Bishops House, Market Place, Chalfont St Peter, Buckinghamshire	SL9 9HE	Yes	No	Yes	No
FCM05	Victoria Pharmacy	Community Pharmacy	19 Desborough Avenue, High Wycombe, Buckinghamshire	HP11 2RS	No	No	Yes	No

ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
FCA89	Windmill Pharmacy	Community Pharmacy	19-21 High Street, Ivinghoe, Bedfordshire	LU7 9EP	Yes	No	No	No
FXK67	Wooburn Green Pharmacy	Community Pharmacy	50-51 The Green, Wooburn Green, High Wycombe, Buckinghamshire	HP10 0EU	No	No	Yes	No
FC067	Your Local Boots Pharmacy	Community Pharmacy	3 Aries House, The Straight Bit, Flackwell Heath, Buckinghamshire	HP10 9NB	No	No	Yes	No
FFJ81	Your Local Boots Pharmacy	Community Pharmacy	Unit H, Walton Court Ctr., Hannon Road, Aylesbury, Buckinghamshire	HP21 8TJ	No	No	Yes	No
FFY99	Your Local Boots Pharmacy	Community Pharmacy	16 Station Parade, Denham, Buckinghamshire	UB9 5ET	No	No	Yes	No

Appendix C – Pharmacy provision within 5-mile distance of Buckinghamshire

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
Central Bedfordshire	FPX06	Asda Pharmacy	Community Pharmacy	Court Drive, Dunstable	LU5 4JD	Yes	Yes	Yes	Yes
	FQC98	Avicenna Pharmacy	Community Pharmacy	57 Katherine Drive, Dunstable	LU5 4NP	No	No	Yes	No
	FK386	Boots Pharmacy	Community Pharmacy	55 High Street, Leighton Buzzard	LU7 1DN	Yes	No	Yes	Yes
	FKP98	Boots Pharmacy	Community Pharmacy	36-40 Broad Walk, Dunstable, Bedfordshire	LU5 4RH	Yes	No	Yes	Yes
	FD698	Cox & Robinson Pharmacy	Community Pharmacy	17-19 Lake Street, Leighton Buzzard	LU7 1RS	Yes	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FGW87	Grovebury Pharmacy	Community Pharmacy	Unit 2 Enterprise Court, Enterprise Way, Leighton Buzzard	LU7 4SZ	Yes	No	No	No
	FGM33	Herington (Chemists) Ltd	Community Pharmacy	7 High Street South, Dunstable, Bedfordshire	LU6 3RZ	No	No	Yes	No
	FRR79	Houghton Regis Pharmacy	DSP	Houghton Regis Med.Ctr., Peel St., Houghton Regis	LU5 5EZ	Yes		Yes	Yes
	FWH58	Jhoots Pharmacy	Community Pharmacy	116 High Street North, Dunstable	LU6 1LN	No	No	No	Yes
	FTT68	Langdale Pharmacy	Community Pharmacy	64 Langdale Road, Dunstable	LU6 3BS	No	No	Yes	No
	FL307	LloydsPharmacy	Community Pharmacy	3-5 Market Square, Leighton Buzzard, Bedfordshire	LU7 1EU	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FPC59	LloydsPharmacy	Community Pharmacy	J Sainsbury Store, 2-8 Luton Road, Dunstable	LU5 4RF	Yes	Yes	Yes	Yes
	FPX93	LloydsPharmacy	Community Pharmacy	17-18 Bedford Square, Houghton Regis, Dunstable	LU5 5ES	Yes	No	Yes	No
	FQE61	Mayfield Pharmacy	Community Pharmacy	12 Mayfield Road, Dunstable, Bedfordshire	LU5 4AP	No	No	No	No
	FE283	Medigreen Ltd	Community Pharmacy	31 Manor Road, Caddington, Luton	LU1 4EE	No	No	Yes	No
	FTR05	Rosehill Pharmacy	DSP	41 High Street, Leighton Buzzard	LU7 1DN	No	No	Yes	No
	FE049	Tesco In Store Pharmacy	Community Pharmacy	Skimpot Road, Dunstable	LU5 4JU	Yes	Yes	Yes	Yes

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FMK63	Tesco In-Store Pharmacy	Community Pharmacy	Vimy Road, Linslade, Leighton Buzzard	LU7 1ER	Yes	Yes	Yes	Yes
	FG827	Touchwood Pharmacy	Community Pharmacy	47 Coniston Road, Leighton Buzzard	LU7 2PJ	No	No	Yes	No
	FDF16	West Street Pharmacy	Community Pharmacy	8-10 West Street, Dunstable, Bedfordshire	LU6 1SX	No	Yes	Yes	No
Cherwell	FWC93	Ahmeys Pharmacy	Community Pharmacy	2 Market Square, Bicester	OX26 6AA	Yes	Yes	Yes	Yes
	FML73	Bicester Pharmacy	Community Pharmacy	134 Buckingham Crescent, Bicester, Oxon	OX26 4HB	No	No	No	No
	FK922	Boots The Chemist	Community Pharmacy	33-35 Sheep Street, Bicester, Oxfordshire	OX26 6JJ	Yes	No	Yes	Yes

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FFX28	Jardines Pharmacy	Community Pharmacy	Unit 5, Barbary Place, Bicester	OX26 3HA	No	No	Yes	No
	FMY73	Jardines Pharmacy	Community Pharmacy	2 Nightingale Place, Langford Village, Neighbourhood Centre	OX26 6XX	No	No	Yes	No
	FAR03	LloydsPharmacy	Community Pharmacy	Sainsbury'S Store, Pioneer Sq, Bure Place, Bicester	OX26 6FA	Yes	Yes	Yes	Yes
	FE352	LloydsPharmacy	Community Pharmacy	The Old Barn, Coker Close, Bicester	OX26 6AE	Yes	No	Yes	No
	FQ245	Superdrug Chemists	Community Pharmacy	39 Sheep Street, Bicester, Oxfordshire	OX26 6JJ	Yes	No	Yes	Yes
Dacorum	FFQ63	Acorn Pharmacy	Community Pharmacy	256 High Street, Berkhamsted, Hertfordshire	HP4 1AQ	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FL144	Bennetts End Pharmacy	Community Pharmacy	Bennetts End Surgery, Gatecroft, Hemel Hempstead	HP3 9LY	Yes	Yes	Yes	Yes
	FG698	Boots	Community Pharmacy	149 Marlowes, Hemel Hempstead, Hertfordshire	HP1 1BB	Yes	No	Yes	Yes
	FPJ31	Boots	Community Pharmacy	192 High Street, Berkhamstead, Hertfordshire	HP4 3AP	Yes	No	Yes	Yes
	FKK17	Byrons Pharmacy	DSP	49A St Johns Road, Boxmoor, Hemel Hempstead	HP1 1QQ	No	No	Yes	No
	FRT90	Fernville Pharmacy	Community Pharmacy	Fernville Surgery, Midland Road, Hemel Hempstead	HP2 5BL	Yes	No	Yes	No
	FDY82	Gadebridge Pharmacy	Community Pharmacy	12 Rossgate, Gadebridge, Hemel Hempstead	HP1 3LG	No	No	No	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FFE61	Grovehill Pharmacy	Community Pharmacy	2 Henry Wells Square, Grovehill, Hemel Hempstead	HP2 6BJ	No	No	Yes	No
	FGQ23	Hh Dickman Chemist	Community Pharmacy	224 High Street, Berkhamsted	HP4 1BB	No	No	Yes	No
	FLG84	Hubert Figg Pharmacy	Community Pharmacy	90 High Street, Berkhamsted	HP4 2BW	No	No	Yes	No
	FJ228	Jupiter Chemist	DSP	4 The Heights, Highfield, Hemel Hempstead	HP2 5NX	No	No	Yes	No
	FD248	LloydsPharmacy	Community Pharmacy	Sainsbury Superstore, London Road, Apsley Mills	HP3 9QZ	Yes	Yes	Yes	Yes
	FGP13	LloydsPharmacy	Community Pharmacy	20 Chapel Street, Tring	HP23 6BL	Yes	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FJY68	LloydsPharmacy	Community Pharmacy	38 The Queens Square, Adeyfield, Hemel Hempstead	HP2 4ER	Yes	Yes	Yes	Yes
	FL602	LloydsPharmacy	Community Pharmacy	Everest House Surgery, Everest Way, Hemel Hempstead	HP2 4HY	No	No	Yes	No
	FLH81	LloydsPharmacy	Community Pharmacy	66 High Street, Tring	HP23 4AG	No	No	Yes	No
	FW452	Manor Pharmacy	Community Pharmacy	37 High Street, Bovingdon, Hertfordshire	HP3 0HG	No	No	Yes	No
	FKG66	Markyate Pharmacy	Community Pharmacy	40 High Street, Markyate, St Albans	AL3 8PB	No	No	Yes	No
	FH780	Nash Chemists	Community Pharmacy	54 Long Chaulden, Hemel Hempstead	HP1 2HX	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FQ171	Rooney Chemist	Community Pharmacy	4 Dolphin Square, Tring, Hertfordshire	HP23 5BN	No	No	Yes	No
	FM858	Speedwell Pharmacy	Community Pharmacy	161 London Road, Apsley, Hemel Hempstead	HP3 9SQ	Yes	Yes	Yes	Yes
	FXP86	Superdrug Pharmacy	Community Pharmacy	184-186 The Marlows, Hemel Hempstead	HP1 1BH	Yes	No	Yes	No
	FGM13	Tesco In-Store Pharmacy	DSP	Jarman Way, Hemel Hempstead	HP2 4JS	Yes	Yes	Yes	Yes
	FMY77	Woods Chemists	Community Pharmacy	2 Bellgate, Highfield, Hemel Hempstead	HP2 5SB	No	No	Yes	No
	FN885	Your Local Boots Pharmacy	Community Pharmacy	31 Stoneycroft, Warners End, Hemel Hempstead	HP1 2QF	Yes	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FQA92	Your Local Boots Pharmacy	Community Pharmacy	24 High Street, Kings Langley, Hertfordshire	WD4 8BH	No	No	Yes	No
	FR871	Your Local Boots Pharmacy	Community Pharmacy	24 Bennetts Gate, Bennetts End, Hemel Hempstead	HP3 8EW	Yes	No	Yes	No
Ealing	FJ580	Alchem Pharmacy	Community Pharmacy	123 The Broadway, Southall, Middlesex	UB1 1LW	No	Yes	Yes	No
	FCY66	Alpha Chemist	Community Pharmacy	480 Church Road, Northolt, Middlesex	UB5 5AU	No	No	Yes	No
	FHD61	Anmol Pharmacy	Community Pharmacy	97 North Road, Southall	UB1 2JW	Yes	Yes	Yes	No
	FVM26	Chana Chemist	Community Pharmacy	52 South Road, Southall, Middlesex	UB1 1RQ	No	Yes	Yes	Yes

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FVN27	Chana Chemist	Community Pharmacy	Unit 3, 33 High Street, Southall	UB1 3HA	No	No	Yes	No
	FC041	Cheema Pharmacy	Community Pharmacy	57 King Street	UB2 4DQ	No	No	Yes	No
	FGW38	Fountain Pharmacy	Community Pharmacy	43 Featherstone Road, Southall	UB2 5AB	Yes	Yes	Yes	Yes
	FH598	Gill Chemists	Community Pharmacy	31-33 King Street, Southall, Middlesex	UB2 4DG	No	Yes	Yes	Yes
	FKD11	Gill Chemists	Community Pharmacy	79 Norwood Road, Southall, Middlesex	UB2 4EA	No	No	Yes	No
	FTC65	H.J.Dixon Chemist	Community Pharmacy	185 Lady Margaret Road, Southall, Middlesex	UB1 2PT	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FTX12	Lady Margaret Road Pharmacy	Community Pharmacy	223 Lady Margaret Road, Southall	UB1 2NH	Yes	Yes	Yes	Yes
	FAF65	M.Gokani Chemist	Community Pharmacy	32 Church Road, Peel House, Northolt	UB5 5AB	No	No	Yes	No
	FGJ27	Northolt Pharmacy	Community Pharmacy	Grand Union Health Centre, Taywood Road, Northolt	UB5 6WL	Yes	Yes	Yes	No
	FE009	Puri Chemists	Community Pharmacy	39 Western Road, Southall, Middlesex	UB2 5HE	No	No	Yes	No
	FL684	Queens Pharmacy	Community Pharmacy	61 The Broadway, Southall, Middlesex	UB1 1JY	No	Yes	Yes	Yes
	FLF32	Shah Pharmacy	Community Pharmacy	13 North Parade, North End, Southall	UB1 2LF	No	No	No	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FQP22	Sherrys Chemist	Community Pharmacy	48 South Road, Southall	UB1 1RR	No	No	No	No
	FPW44	Touchwood Pharmacy	Community Pharmacy	493-495 Yeading Lane, Northolt	UB5 6LN	No	No	Yes	No
	FR895	Woodland Pharmacy	Community Pharmacy	227 The Broadway, Southall, Middlesex	UB1 1ND	No	No	No	No
	FTL27	Your Local Boots Pharmacy	Community Pharmacy	5 Haydock Green, Northolt	UB5 4AP	No	No	No	No
Harrow	FFK27	Boots UK Limited	Community Pharmacy	37 Bridge Street, Pinner, Middlesex	HA5 3HR	No	No	Yes	Yes
	FAP70	Carters Chemist	Community Pharmacy	24 Bridge Street, Pinner	HA5 3JF	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FXP54	Gor Pharmacy	Community Pharmacy	147 Marsh Road, Pinner, Middlesex	HA5 5PB	Yes	No	Yes	No
	FLG60	Gor Pharmacy At Pinn Medical Centre	Community Pharmacy	37 Love Lane, Pinner	HA5 3EE	Yes	Yes	Yes	Yes
	FPF04	Health Pharmacy	Community Pharmacy	390/392 Rayners Lane, Pinner	HA5 5DY	No	No	Yes	No
	FFH31	Healthways Chemist	Community Pharmacy	382 Rayners Lane, Pinner, Middlesex	HA5 5DY	No	No	Yes	No
	FEJ95	Kings Pharmacy	Community Pharmacy	336 Eastcote Lane, South Harrow	HA2 9AJ	No	No	Yes	No
	FET37	KI Pharmacy	Community Pharmacy	190 Alexandra Avenue, South Harrow, Middlesex	HA2 9BN	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FVW50	Meads Pharmacy	Community Pharmacy	399 Alexandra Avenue, Harrow	HA2 9SG	No	No	Yes	No
	FWW52	Pm Williams Pharmacy	Community Pharmacy	5 Station Parade, Northolt Road, South Harrow	HA2 8HB	No	No	Yes	No
	FPT84	Tesco Instore Pharmacy	Community Pharmacy	Ash Hall Drive, Rickmansworth Road, Pinner Green, Pinner	HA5 2AG	Yes	No	Yes	Yes
Hillingdon	FCN49	Adell Pharmacy	Community Pharmacy	392 Long Lane, Hillingdon, Middlesex	UB10 9PG	No	No	Yes	No
	FEL96	Ashworths Pharmacy	Community Pharmacy	64 High Street, Ruislip	HA4 7AA	No	No	Yes	No
	FCR08	Boots	Community Pharmacy	67 High Street, Ruislip, Middlesex	HA4 8JB	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FFD60	Boots	Community Pharmacy	Wood Lane Medical Centre, 2A Wood Lane, Ruislip	HA4 6ER	Yes	No	Yes	No
	FKT19	Boots The Chemist	Community Pharmacy	Unit 24 Departures Level, Terminal 5 Landside, Heathrow Airport	TW6 2RQ	Yes	Yes	Yes	Yes
	FXP23	Boots The Chemist	Community Pharmacy	Terminal Three Landside, Heathrow Airport, Hounslow	TW6 1QG	Yes	Yes	Yes	Yes
	FEN36	Boots UK Limited	Community Pharmacy	163 High Street, Uxbridge, Middlesex	UB8 1JZ	Yes	No	Yes	Yes
	FN591	Boots UK Limited	Community Pharmacy	11 Maxwell Road, Northwood, Middlesex	HA6 2XY	No	No	Yes	Yes
	FVE92	Boots UK Limited	Community Pharmacy	171 Field End Road, Eastcote, Middlesex	HA5 1QR	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FXN66	Boots UK Limited	Community Pharmacy	128 The Chimes, High Street, Uxbridge	UB8 1GA	No	No	Yes	Yes
	FAD73	Brunel Pharmacy	Community Pharmacy	Brunel Medical Centre, Brunel University, Kingston Lane, Uxbridge	UB8 3PH	No	No	No	No
	FFG29	Carewell Chemist	Community Pharmacy	10 Mulberry Parade, West Drayton, Middlesex	UB7 9AE	No	No	Yes	No
	FW730	Carter Chemist	Community Pharmacy	114 High Street, Northwood	HA6 1BJ	No	No	Yes	No
	FNM67	Carters Pharmacy	Community Pharmacy	41 Salisbury Road, Eastcote, Pinner	HA5 2NJ	No	No	Yes	No
	FH387	Chimsons Ltd	Community Pharmacy	29 Victoria Road, Ruislip Manor, Middlesex	HA4 9AB	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FRF95	Dana Pharmacy	Community Pharmacy	100 Victoria Road, Ruislip Manor, Middlesex	HA4 0AL	No	No	Yes	No
	FKV67	Daya Ltd	Community Pharmacy	750 Uxbridge Road, Hayes, Middlesex	UB4 0RU	No	Yes	Yes	No
	FPM24	Eastcote Pharmacy	Community Pharmacy	111 Field End Road, Eastcote, Pinner	HA5 1QG	No	No	Yes	No
	FTF22	Flora Fountain Ltd	Community Pharmacy	283 High Street, Uxbridge, Middlesex	UB8 1LQ	No	No	Yes	No
	FQ442	Garners Ickenham	Community Pharmacy	1 Swakeleys, Ickenham, Uxbridge	UB10 8DF	No	No	Yes	No
	FQA10	Grosvenor Pharmacy	Community Pharmacy	788 Uxbridge Road, Hayes, Middlesex	UB4 0RS	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FFR85	Harefield Pharmacy	Community Pharmacy	12E High Street, Harefield, Middlesex	UB9 6BU	No	No	Yes	No
	FR867	Hayes End Pharmacy	Community Pharmacy	1266 Uxbridge Road, Hayes, Middlesex	UB4 8JF	No	No	Yes	No
	FNW87	Hayes Town Pharmacy	Community Pharmacy	11 Coldharbour Lane, Hayes	UB3 3EA	Yes	Yes	Yes	Yes
	FT613	Hillingdon Pharmacy	Community Pharmacy	4 Sutton Court Road, Hillingdon	UB10 9HP	No	No	No	No
	FTL45	Howletts Pharmacy	Community Pharmacy	81 Howletts Lane, Ruislip, Middlesex	HA4 7YG	No	No	Yes	No
	FVG00	Joshi Pharmacy	Community Pharmacy	315 Harlington Road, Hillingdon, Middlesex	UB8 3JD	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FXG35	Kasmani Pharmacy	Community Pharmacy	6 Northfield Parade, Station Road, Hayes	UB3 4JA	No	No	Yes	No
	FP632	Lansbury Pharmacy (Hayes)	Community Pharmacy	102 Lansbury Drive, Hayes	UB4 8SE	No	No	Yes	No
	FHE83	Lawtons Pharmacy	Community Pharmacy	8-9 Crescent Parade, Uxbridge Road, Hillingdon	UB10 0LG	No	Yes	Yes	Yes
	FAX37	LloydsPharmacy	Community Pharmacy	Sainsbury'S Store, 11 Long Drive, South Ruislip	HA4 0HQ	Yes	Yes	Yes	Yes
	FTK18	LloydsPharmacy	Community Pharmacy	Lombardy Retail Park, Coldharbour Road, Hayes	UB3 3EX	Yes	Yes	Yes	Yes
	FL698	Malthouse Pharmacy	Community Pharmacy	The Malthouse, Breakspear Road North, Harefield, Uxbridge	UB9 6NF	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FEF61	Mango Pharmacy	Community Pharmacy	3 The Parade, High Street, Cowley	UB8 2EP	No	No	Yes	No
	FE952	Mcparland Ha Chts Ltd	Community Pharmacy	522 Uxbridge Road, Hayes, Middlesex	UB4 0SA	Yes	No	Yes	No
	FP398	Mcparland Ha Chts Ltd	Community Pharmacy	118/120 Cowley Road, Uxbridge, Middlesex	UB8 2LX	Yes	No	Yes	No
	FR793	Medics Pharmacy	Community Pharmacy	11 Dawley Road, Harlington, Hayes	UB3 1LS	No	No	Yes	No
	FMH79	Nu-Ways Pharmacy	Community Pharmacy	292 West End Road, Ruislip	HA4 6LS	No	No	Yes	No
	FP448	Nuchem Pharmacy	Community Pharmacy	24 Coldharbour Lane, Hayes, Middlesex	UB3 3EW	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FWF83	Oakleigh Pharmacy	Community Pharmacy	Oakleigh House, Uxbridge Road, Hillingdon	UB10 0LU	No	No	Yes	No
	FA808	Orchard Pharmacy	Community Pharmacy	6 Laurel Lane, West Drayton, Middlesex	UB7 7TU	No	No	Yes	No
	FMT16	Phillips Pharmacy	Community Pharmacy	84 High Street, Yiewsley, Middlesex	UB7 7DS	No	No	Yes	No
	FEM67	Pickups Chemist	Community Pharmacy	20-21 Broadway Parade, Coldharbour Lane, Hayes	UB3 3HF	Yes	Yes	Yes	Yes
	FEK57	Puri Pharmacy	Community Pharmacy	165 Ryefield Avenue, Hillingdon, Middlesex	UB10 9DA	No	No	No	No
	FK091	Ross Pharmacy	Community Pharmacy	28 Joel Street, Northwood	HA6 1PF	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FC104	Ruislip Manor Pharmacy	Community Pharmacy	53 Victoria Road, Ruislip Manor	HA4 9BH	No	No	Yes	No
	FWP43	Sharman'S Chemist	Community Pharmacy	3 Clive Parade, Maxwell Road, Northwood	HA6 2QF	No	No	Yes	Yes
	FRJ56	Superdrug	Community Pharmacy	143 Field End Road, Eastcote, Middlesex	HA5 1QZ	No	No	Yes	No
	FD122	Superdrug Stores Plc	Community Pharmacy	2-8 Station Road, Hayes	UB3 4DA	No	No	Yes	No
	FWP37	Tesco In-Store Pharmacy	Community Pharmacy	Glencoe Road, Hayes	UB4 9SQ	Yes	Yes	Yes	Yes
	FML79	Tesco Instore Pharmacy	Community Pharmacy	Off Yiewsley High Street, Trout Road, Yiewsley, West Drayton	UB7 7FP	Yes	Yes	Yes	Yes

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FV270	The Village Pharmacy	Community Pharmacy	218 High Street, Harlington, Hayes	UB3 5DS	No	No	Yes	No
	FJR05	Vantage Pharmacy	Community Pharmacy	252 Kingshill Avenue, Hayes	UB4 8BZ	No	No	Yes	No
	FNF62	Vantage Pharmacy	Community Pharmacy	1 Park Parade, Barra Hall Circus, Hayes	UB3 2NU	No	No	Yes	No
	FA544	Winchester Pharmacy	Community Pharmacy	64 Swan Road, West Drayton, Middlesex	UB7 7JZ	No	No	Yes	No
	FPW48	Winchester Pharmacy	Community Pharmacy	79 Swakeleys Road, Ickenham, Middlesex	UB10 8DQ	No	No	Yes	No
	FVK98	Yiewsley Pharmacy	Community Pharmacy	28 High Street, Yiewsley, West Drayton	UB7 7DP	Yes	Yes	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FHG32	Your Local Boots Pharmacy	Community Pharmacy	236 Yeading Lane, Hayes, Middx	UB4 9AX	No	No	Yes	No
	FJK32	Your Local Boots Pharmacy	Community Pharmacy	28-30 Station Road, Hayes, Middlesex	UB3 4DD	No	No	Yes	No
	FQX62	Your Local Boots Pharmacy	Community Pharmacy	212 Whitby Road, Ruislip	HA4 9DY	No	No	Yes	No
	FRL21	Your Local Boots Pharmacy	Community Pharmacy	32 Joel Street, Northwood Hills	HA6 1PF	No	No	Yes	No
	FTC33	Your Local Boots Pharmacy	Community Pharmacy	716 Field End Road, South Ruislip, Middlesex	HA4 0QP	No	No	Yes	No
	FTE13	Your Local Boots Pharmacy	Community Pharmacy	14/16 Station Road, West Drayton, Middlesex	UB7 7BY	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FY708	Your Local Boots Pharmacy	Community Pharmacy	380 Long Lane, Hillingdon, Middlesex	UB10 9PG	Yes	No	Yes	No
Hounslow	FL007	Asda In-Store Pharmacy	Community Pharmacy	Asda Store, Tilley Road, Feltham	TW13 4BH	Yes	Yes	Yes	Yes
	FMG89	Bhogal Pharmacy	Community Pharmacy	48 Vicarage Farm Road, Heston	TW5 0AB	No	No	Yes	No
	FAD32	Dunn Chemists	Community Pharmacy	740 Bath Road, Cranford, Middlesex	TW5 9TY	No	No	Yes	No
	FP136	Edwards & Taylor	Community Pharmacy	491 Staines Road, Bedfont, Feltham	TW14 8BN	No	No	Yes	No
	FKD76	Heston Pharmacy	DSP	4 Winchester Avenue, Heston	TW5 0HA	No	Yes	No	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FGR96	Hobbs Pharmacy	Community Pharmacy	Meadows Centre For Health, Chinchilla Drive, Hounslow	TW4 7NR	No	No	No	No
	FCM67	Jade Pharmacy	Community Pharmacy	317-319 Vicarage Farm Rd, Heston, Hounslow	TW5 0DR	No	No	Yes	No
	FHJ72	Jade Pharmacy (Southall)	Community Pharmacy	3 Crosslands Parade, Crosslands Avenue, Southall	UB2 5RB	No	No	Yes	No
	FYY03	Medico Pharmacy	Community Pharmacy	2 Parklands Parade, Bath Road, Hounslow	TW5 9AX	No	No	Yes	No
	FPN35	Shah Pharmacy	Community Pharmacy	382 Bath Road, West Hounslow	TW4 7HT	No	Yes	Yes	No
	FCT78	Tesco In-Store Pharmacy	Community Pharmacy	Tesco Superstore, Dukes Green Avenue, Feltham	TW14 0LT	Yes	Yes	Yes	Yes

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FEM60	Tesco In-Store Pharmacy	Community Pharmacy	Tesco Superstores, Hayes Road, Bulls Bridge Ind Estate	UB2 5LN	No	Yes	Yes	Yes
	FKM12	Tesco In-Store Pharmacy	Community Pharmacy	Tesco Store, 102-108 High Street, Feltham	TW13 4EX	Yes	Yes	Yes	Yes
	FKG54	Your Local Boots Pharmacy	Community Pharmacy	76 The Longford Centre, High Street, Feltham	TW13 4BH	Yes	No	Yes	No
	FQT35	Your Local Boots Pharmacy	Community Pharmacy	302 Bath Road, Hounslow, Middlesex	TW4 7DN	No	No	Yes	No
	FRE02	Your Local Boots Pharmacy	Community Pharmacy	138 The Centre, High Street, Feltham	TW13 4BS	No	No	Yes	No
	FVF50	Your Local Boots Pharmacy	Community Pharmacy	380 Staines Road, Bedfont	TW14 8ET	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
Luton	FQG21	Bm & Sb Patel	Community Pharmacy	3 Dominic Square, Lewsey Farm	LU4 0UN	No	No	Yes	No
	FJK37	Halfway Chemist	Community Pharmacy	731 Dunstable Road, Luton	LU4 0DU	No	No	Yes	No
	FDN16	Wheatfield Pharmacy	Community Pharmacy	Wheatfield Surgery, 60 Wheatfield Road, Luton	LU4 0TR	Yes	Yes	Yes	Yes
Milton Keynes	FLF60	Asda Pharmacy	Community Pharmacy	1 Bletcham Way, Milton Keynes	MK1 1QB	No	Yes	Yes	Yes
	FHC90	Bliep Chemist	Community Pharmacy	14 St Mary'S Avenue, Bletchley, Milton Keynes	MK3 5DT	No	No	Yes	No
	FM314	Boots	Community Pharmacy	Milton Keynes Medical Ctr, 68 Bradwell, Common Boulevard	MK13 8RN	Yes	Yes	Yes	Yes

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FHH81	Boots Pharmacy	Community Pharmacy	Unit A, Westcroft Retail Park, Westcroft	MK4 4DD	No	Yes	Yes	Yes
	FM359	Boots Pharmacy	Community Pharmacy	1 The Concourse, Brunel Centre, Bletchley	MK2 2ES	No	No	Yes	No
	FRM66	Boots Pharmacy	Community Pharmacy	43 High Street, Stony Stratford, Milton Keynes	MK11 1AA	No	No	Yes	No
	FW787	Boots Pharmacy	Community Pharmacy	Winchester Circle, Kingston, Milton Keynes	MK10 0BA	Yes		Yes	Yes
	FXG76	Boots Pharmacy	Community Pharmacy	18 Crown Walk, Secklow Gate West, Central Milton Keynes	MK9 3AH	Yes	Yes	Yes	Yes
	FAM80	Boots The Chemist	Community Pharmacy	Unit 2A, Beacon Retail Park, Bletchley	MK1 1BN	Yes	Yes	Yes	Yes

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FE971	Chapharm Ltd Dispensing Chemists	Community Pharmacy	3 Swindon Court, Glovers Lane, Heelands, Milton Keynes	MK13 7PN	Yes	No	Yes	No
	FTR22	Cox & Robinson Pharmacy	Community Pharmacy	1 Market Square, Stony Stratford, Milton Keynes	MK11 1BE	Yes	No	Yes	No
	FM996	Cox And Robinson Pharmacy	Community Pharmacy	95 Fishermead Boulevard, Fishermead, Milton Keynes	MK6 2AG	No	No	No	No
	FMN28	Cox And Robinson Pharmacy	Community Pharmacy	23 Walnut Tree Centre, Fyfield Barrow, Milton Keynes	MK7 7AN	No	No	Yes	No
	FTH95	Hilltops Pharmacy	Community Pharmacy	Hilltops Medical Centre, Kensington Dr, Great Holm, Milton Keynes	MK8 9HN	No	No	No	No
	FTW55	Hot Chemist	Community Pharmacy	39 Carters Lane, Kiln Farm, Milton Keynes	MK11 3HL	No	No	No	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FR715	Jardines Direct	Community Pharmacy	Lakeside, Shirewell Crescent, Furzton	MK4 1GA	No	No	No	No
	FFD48	Jardines Pharmacy	Community Pharmacy	Brooklands Medical Centre, Montague Crescent, Brooklands, Milton Keynes	MK10 7LN	No	No	Yes	Yes
	FFV85	Jardines Pharmacy	Community Pharmacy	69 Dulverton Drive, Furzton, Milton Keynes	MK4 1EW	Yes	No	Yes	No
	FMM65	Jardines Pharmacy	Community Pharmacy	32 Benbow Court, Shenley Church End, Local Centre	MK5 6JG	No	No	Yes	No
	FPK87	Jardines Pharmacy	DAC	3 Tower Crescent, Neath Hill Centre, Milton Keynes	MK14 6JY	No	No	Yes	No
	FRH86	Jardines Pharmacy	Community Pharmacy	Unit 1, Texcel Close, Oakridge Park, Milton Keynes	MK14 6GL	Yes	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FVR25	Jardines Pharmacy	Community Pharmacy	Pharmacy Unit,Barrosa Way, Whitehouse , Milton Keynes	MK8 1BP	No	No	No	No
	FXX59	Jardines Pharmacy	Community Pharmacy	Griffith Gate, Middleton, Milton Keynes	MK10 9BQ	No	No	No	No
	FD795	LloydsPharmacy	Community Pharmacy	127-129 Queensway, Bletchley, Milton Keynes	MK2 2DH	No	No	Yes	No
	FME40	LloydsPharmacy	Community Pharmacy	Sainsbury'S Store, 799 Witan Gate, Milton Keynes	MK9 2FW	Yes	Yes	Yes	Yes
	FVJ36	LloydsPharmacy	Community Pharmacy	15 The Square, Wolverton, Milton Keynes	MK12 5DG	No	No	Yes	No
	FGF03	Mclaren Pharmacy	DSP	32 St James Street, New Bradwell, Milton Keynes	MK13 0BH	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FR402	P & I Smith Ltd	Community Pharmacy	206 Whaddon Way, Bletchley, Milton Keynes	MK3 7DG	No	No	Yes	No
	FCV71	Peak Pharmacy	Community Pharmacy	239 Queensway, Bletchley, Milton Keynes	MK2 2EH	Yes	No	No	No
	FNP23	Peak Pharmacy	Community Pharmacy	13 Melrose Avenue, Bletchley, Milton Keynes	MK3 6PB	No	No	Yes	No
	FVN76	Peak Pharmacy	Community Pharmacy	9 Farthing Grove, Netherfield Local Centre, Netherfield	MK6 4JH	Yes	No	Yes	No
	FXF16	Peak Pharmacy	DSP	2 Perrydown, Beanhill, Milton Keynes	MK6 4NE	Yes	No	No	No
	FA796	Queensway Pharmacy	Community Pharmacy	143 Queensway, Bletchley	MK2 2DY	Yes	Yes	Yes	Yes

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FW866	Rainbow Pharmacy	Community Pharmacy	21 Witham Court, Bletchley, Milton Keynes	MK3 7QU	No	No	Yes	No
	FD333	Stantonbury Pharmacy	Community Pharmacy	Portacabin In Car Park, Adj To Stantonbury Centre, Milton Keynes	MK14 6BN	No	No	Yes	No
	FRD67	Superdrug Pharmacy	Community Pharmacy	Unit4, Woolworths Development, Midsummer Arcade	MK9 3BB	No	Yes	Yes	No
	FD207	Tesco Pharmacy	Community Pharmacy	Tesco Store, Watling Street, Bletchley	MK1 1DD	No	Yes	Yes	Yes
	FTP28	Tesco Pharmacy	Community Pharmacy	Tesco Superstore, Kingston Dist.Shop.Ctr., Kingston	MK10 0AH	No	Yes	Yes	Yes
	FMV89	Well Greenleys - Ardwell Lane	Community Pharmacy	6 Ardwell Lane, Greeleys, Milton Keynes	MK12 6AX	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FV652	Woburn Sands Pharmacy	Community Pharmacy	47 High Street, Woburn Sands, Milton Keynes	MK17 8QY	No	No	Yes	No
Oxford	FDY43	Barton Pharmacy	Community Pharmacy	6 Underhill Circus, Barton, Headington	OX3 9LU	No	No	No	No
	FYX78	Boots The Chemist	Community Pharmacy	96 London Road, Headington	OX3 9AJ	No	No	Yes	Yes
	FA446	Headington Pharmacy	Community Pharmacy	Bury Knowle Health Centre, 207 London Road, Headington	OX3 9JA	Yes	No	Yes	No
	FE305	Rowlands Pharmacy	Community Pharmacy	57 Osler Road, Headington,	OX3 9BH	No	No	Yes	No
	FQ130	Rowlands Pharmacy	Community Pharmacy	13 Atkyns Road, Headington, Oxford	OX3 8RA	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FHA28	The Roundway Pharmacy	Community Pharmacy	3 The Roundway, Green Road, Headington	OX3 8DH	Yes	No	Yes	No
Runnymede	FKE71	Boots	Community Pharmacy	57 High Street, Egham, Surrey	TW20 9EX	Yes	No	Yes	No
	FTQ84	Egham Pharmacy	Community Pharmacy	31 The Precinct, Egham	TW20 9HN	No	No	Yes	No
	FRL84	Jays Pharmacy	Community Pharmacy	229 Pooley Green Road, Egham	TW20 8AS	Yes	No	Yes	No
	FE223	LloydsPharmacy	Community Pharmacy	98 St.Judes Road, Englefield Green, Egham	TW20 0DF	No	No	Yes	No
South Oxfordshi	FA290	Boots The Chemist	Community Pharmacy	The Health Centre, East Street, Thame	OX9 3JZ	Yes	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FHD46	Boots The Chemist	Community Pharmacy	5/7 Bell Street, Henley On Thames, Oxfordshire	RG9 2BA	No	No	Yes	Yes
	FMR16	Boots The Chemist	Community Pharmacy	4-5 High Street, Thame, Oxfordshire	OX9 2BU	No	No	Yes	Yes
	FG705	Day Lewis Pharmacy	Community Pharmacy	19B Wood Lane, Sonning Common, Reading	RG4 9SJ	No	No	Yes	No
	FTP76	Henley Pharmacy	Community Pharmacy	25 Bell Street, Henley-On-Thames, Oxfordshire	RG9 2BA	Yes	No	Yes	No
	FC447	In-Store Pharmacy	Community Pharmacy	Tesco Store, 359 Reading Road, Henley-On-Thames	RG9 4HA	No	Yes	Yes	Yes
	FTH35	LloydsPharmacy	Community Pharmacy	Shop 5, 28 Church Road, Chinnor	OX39 4PG	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FAM81	Morland House Healthcare Limited	Community Pharmacy	39 High Street, Wheatley	OX33 1XX	Yes	No	Yes	No
	FKT01	Watlington Pharmacy	Community Pharmacy	Market Place, Watlington,	OX49 5PU	No	No	Yes	No
Spelthorne	FH343	Ashford Lodge Pharmacy	Community Pharmacy	122 Feltham Hill Road, Ashford, Middlesex	TW15 2BX	No	No	Yes	No
	FJ242	Boots The Chemists	Community Pharmacy	Unit S3, Two Rivers Shopping Park, Staines	TW18 4WB	Yes	No	Yes	Yes
	FEJ48	Breakspear Pharmacy	Community Pharmacy	13 Church Road, Ashford, Middlesex	TW15 2UN	No	No	Yes	No
	FQY01	Broadway Pharmacy	Community Pharmacy	3 Broadway, Kingston Road, Staines	TW18 1AT	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FEX11	Herman Pharmacy	Community Pharmacy	St Davids Health Centre, Hadrian Way, Stanwell	TW19 7HT	Yes	No	No	No
	FVN10	Herman Pharmacy	Community Pharmacy	7 Trident House, Clare Road, Stanwell	TW19 7QU	Yes	No	Yes	No
	FMG27	Hive Pharmacy	Community Pharmacy	23 Edinburgh Drive, Laleham, Staines	TW18 1PJ	Yes	No	Yes	No
	FG069	LloydsPharmacy	Community Pharmacy	6 Fir Tree Place, Church Road, Ashford	TW15 2PH	Yes	No	Yes	No
	FM734	Sunset Pharmacy	Community Pharmacy	165 High Street, Staines, Middlesex	TW18 4PA	No	No	Yes	No
	FCC18	Superdrug Stores	Community Pharmacy	15-15A Station Road, Ashford, Middlesex	TW15 2UP	Yes	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FQF65	Tesco'S Pharmacy	Community Pharmacy	Tesco Superstore, Town Lane, Stanwell	TW19 7PZ	Yes	Yes	Yes	Yes
	FFV01	Your Local Boots Pharmacy	Community Pharmacy	58-60 Church Road, Ashford, Middlesex	TW15 2TS	No	No	Yes	No
Three Rivers	FFQ23	Abbey Pharmacy	Community Pharmacy	45 High Street, Abbots Langley, Hertfordshire	WD5 0AA	No	No	Yes	No
	FXX26	Abbots Langley Pharmacy	Community Pharmacy	78 High Street, Abbots Langley	WD5 0AW	Yes	Yes	Yes	Yes
	FKN28	Abbotswood Park Pharmacy	Community Pharmacy	4 Cunningham Way, Leavesden, Watford	WD25 7NL	Yes	No	Yes	No
	FLN54	Boots	Community Pharmacy	78 High Street, Rickmansworth, Hertfordshire	WD3 1AJ	Yes	No	Yes	Yes

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FCJ83	Dave Pharmacy	Community Pharmacy	9 Money Hill Parade, Uxbridge Road, Rickmansworth	WD3 7BE	No	No	Yes	No
	FVF22	Delite Chemist	Community Pharmacy	4 Moneyhill Parade, Uxbridge Road, Rickmansworth	WD3 7BQ	No	No	Yes	No
	FJR31	Leavesden Pharmacy	Community Pharmacy	14 Katherine Place, College Road, Leavesden	WD5 0BT	No	No	Yes	No
	FGR80	Loomrose Pharmacy	Community Pharmacy	24 Main Avenue, Moor Park, Northwood	HA6 2HJ	No	No	Yes	No
	FL746	Medco Pharmacy	Community Pharmacy	12 Hallows Crescent, Hayling Road, South Oxhey	WD19 7NT	Yes	No	Yes	No
	FC623	New Road Pharmacy	Community Pharmacy	188 New Road, 0, Croxley Green	WD3 3HD	Yes	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FAJ78	Parade Pharmacy	Community Pharmacy	18 Main Parade, Chorleywood, Rickmansworth	WD3 5RB	No	No	Yes	No
	FDD59	Prestwick Chemist	Community Pharmacy	315 Prestwick Road, South Oxhey, Watford	WD19 6UT	No	No	Yes	No
	FJ603	Riverside Pharmacy	Community Pharmacy	135 High Street, Rickmansworth, Hertfordshire	WD3 1AR	No	No	Yes	No
	FCF66	Ro Pharmacy	Community Pharmacy	8 Lower Road, Chorleywood, Rickmansworth	WD3 5LH	No	No	Yes	No
	FGF73	Signature Pharmacy	Community Pharmacy	6 The Marlins, Northwood	HA6 3NP	No	No	Yes	No
	FGL44	Tudor Pharmacy	Community Pharmacy	3 Tudor Parade, Berry Lane, Rickmansworth	WD3 4DF	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FTR79	Wilyman Chemist	Community Pharmacy	297 Baldwins Lane, Croxley Green, Rickmansworth	WD3 3LE	No	No	Yes	No
	FGQ30	Your Local Boots Pharmacy	Community Pharmacy	61 High Street, Abbots Langley, Hertfordshire	WD5 0AE	No	Yes	Yes	No
Watford	FVK50	Asda In-Store Pharmacy	Community Pharmacy	Odhams Trading Estate, St Albans Rd, Watford	WD24 7RT	Yes	Yes	Yes	Yes
	FGH19	Boots	Community Pharmacy	231 St Albans Road, Watford	WD24 5BQ	No	No	Yes	No
	FWD77	Bridgewater Pharmacy	Community Pharmacy	5 Printers Avenue, Watford	WD18 7QR	Yes	No	Yes	No
	FDD60	Cassiobury Pharmacy	Community Pharmacy	53 Langley Way, Watford	WD17 3EA	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FEG20	Chemilab Pharmacy	Community Pharmacy	103 North Approach, Garston, Watford	WD25 0EL	No	No	Yes	No
	FGC89	Ft Taylor Ltd	Community Pharmacy	137 Courtlands Drive, Watford, Hertfordshire	WD24 5LL	No	No	Yes	No
	FM895	Greenfield Pharmacy	Community Pharmacy	77 Tolpits Lane, Watford	WD18 6NT	No	No	Yes	No
	FEX86	Hintons Pharmacy	Community Pharmacy	88 The Parade, High Street, Watford	WD17 1AW	No	No	Yes	No
	FFG14	John Davis Pharmacy	Community Pharmacy	21 Upton Road, Watford	WD18 0JP	No	No	Yes	No
	FW072	Md Pharmacy	Community Pharmacy	80 Whippendell Road, Watford	WD18 7LU	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FYP77	One Stop Pharmacy	Community Pharmacy	98 Leavesden Road, Watford	WD24 5EH	No	No	No	No
	FPN12	Sigcare Internet Pharmacy	Community Pharmacy	Unit 1-7, Colonial Way, Watford	WD24 4YR	Yes	No	Yes	No
	FKX56	Superdrug Pharmacy	Community Pharmacy	22-24 The Parade, High Street, Watford	WD17 1AA	Yes	No	Yes	No
	FK618	Tudorken Pharmacy	Community Pharmacy	364 St.Albans Road, Watford	WD24 6PQ	No	No	Yes	No
	FCC82	Vision Pharmacy	Community Pharmacy	221 St Albans Road, Watford	WD24 5BH	No	No	Yes	No
Bracknell Forest	FK742	David Pharmacy	Community Pharmacy	24 New Road, Ascot, Berkshire	SL5 8QQ	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
Slough	FF352	Aj Campbell	Community Pharmacy	133 Bath Road, Slough, Berkshire	SL1 3UR	No	No	No	No
	FR835	Asda Pharmacy	100 Hours	Asda Superstore, Telford Drive, Slough, Berkshire	SL1 9LA	Yes	Yes	Yes	Yes
	FAP49	B & P Pharmacy	Community Pharmacy	6 Stoneymeade, Cippenham, Slough, Berkshire	SL1 2YL	No	No	Yes	No
	FPH01	Boots the Chemists	Community Pharmacy	178-184 High Street, Slough, Berkshire	SL1 1PE	No	No	Yes	Yes
	FR324	Boots the Chemists	Community - located in a 15,000sq metre retail development	Unit 731b, 298 Bath Road, Slough, Berkshire	SL1 4DX	No	No	Yes	No
	FP278	Colnbrook Pharmacy	Community Pharmacy	36 High Street, Colnbrook, Slough, Berkshire	SL3 0LX	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FQ051	Crystal Pharmacy	Community Pharmacy	239 Farnham Road, Slough, Berkshire	SL2 1DE	No	No	Yes	No
	FPL31	H A Mcparland Ltd	Community Pharmacy	306 Trelawney Avenue, Langley, Slough, Berkshire	SL3 7UB	No	No	Yes	No
	FRT64	H A Mcparland Ltd	Community Pharmacy	6 The Harrow Market, Langley, Slough, Berkshire	SL3 8HJ	No	No	Yes	No
	FV471	H A Mcparland Ltd	Community Pharmacy	226 Farnham Road, Slough, Berkshire	SL1 4XE	No	No	Yes	No
	FVT01	Harrisons Pharmacy	Community Pharmacy	U7, Britwell Local Centre, Long Furlong Drive, Slough, Berkshire	SL2 2LX	No	No	No	No
	FLA43	J's Chemist	Community Pharmacy	16-18 Chalvey Road East, Slough, Berkshire	SL1 2LU	No	No	No	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FN196	Jhoots Pharmacy	Community Pharmacy	18 Parlaunt Road, Langley, Slough, Berkshire	SL3 8BB	No	No	No	No
	FEA96	John Ross Chemist	Community Pharmacy	112 Stoke Road, Slough, Berkshire	SL2 5AP	No	No	Yes	No
	FH274	K Pharmacy	Community Pharmacy	400 Farnham Road, Slough, Berkshire	SL2 1JD	Yes	No	No	No
	FG413	Kamal Enterprises Ltd	Community Pharmacy	14 Woodland Avenue, Slough, Berkshire	SL1 3BU	No	No	Yes	No
	FJ399	Kamal Enterprises Ltd	Community Pharmacy	16 Chalvey Road West, Slough, Berkshire	SL1 2PN	No	No	Yes	No
	FD141	Khatkar Dispensing Chemist	Community Pharmacy	9 Villiers Road, Slough, Berkshire	SL2 1NW	Yes	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FL637	Langley Pharmacy	100 Hours	Langley Health Centre, Common Road, Langley, Slough, Berkshire	SL3 8LE	Yes	Yes	Yes	Yes
	FDD17	LloydsPharmacy	Community Pharmacy	417-419 Bath Road, Cippenham, Slough, Berkshire	SL1 5QL	No	No	Yes	No
	FGG07	LloydsPharmacy	Community Pharmacy	10 Upton Lea Parade, Wexham Road, Slough, Berkshire	SL2 5JU	No	No	Yes	No
	FW249	LloydsPharmacy (in Sainsbury)	100 Hours	LloydsPharmacy, Uxbridge Road, Slough, Berkshire	SL1 1SW	Yes	Yes	Yes	Yes
	FFL07	Moonlight Pharmacy	100 Hours	Moonlight Dental Surgery, Wentworth Avenue, Slough, Berkshire	SL2 2DG	Yes	Yes	Yes	Yes
	FN159	Pyramid Pharmacy	100 Hours	Farnham Road Surgery, 301 Farnham Road, Slough, Berkshire	SL2 1HD	Yes	Yes	Yes	Yes

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FC540	Superdrug Pharmacy	Community Pharmacy	292 Farnham Road, Slough, Berkshire	SL1 4XL	No	No	Yes	No
	FQE13	Superdrug Pharmacy	Community Pharmacy	186 High Street,, Slough, Berkshire	SL1 1JS	No	No	Yes	No
	FD216	Tesco Pharmacy	Community Pharmacy	Brunel Way, Wellington Street, Slough, Berkshire	SL1 1XW	No	Yes	Yes	Yes
	FE369	The Martin Pharmacy	Community Pharmacy	6 Baylis Parade, Oatlands Drive, Slough, Berkshire	SL1 3LF	Yes	Yes	Yes	Yes
	FAD92	The Village Pharmacy	100 Hours	45 Mercian Way, Slough, Berkshire	SL1 5ND	Yes	Yes	Yes	No
	FVD29	Totally Pharmacy	DSP	920 Yeovil Road, Slough, Berkshire	SL1 4JG	No	No	No	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FKQ84	Wexham Road Pharmacy	100 Hours	Unit 3 Upton Lea Parade, Wexham Road, Slough, Berkshire	SL2 5JU	Yes	Yes	Yes	Yes
	FFC15	Willow Pharmacy	100 Hours	Unit 2 Willow Parade, Meadfield Road, Langley, Slough, Berkshire	SL3 8HN	Yes	Yes	Yes	Yes
West Northamptonshire	FN476	Boots	Community Pharmacy	40-42 Market Place, Brackley	NN13 7DP	No	No	Yes	No
	FT095	Jardines (Uk) Ltd	Community Pharmacy	1C Puxley Road, Deanshanger, Milton Keynes	MK19 6JA	No	No	No	No
	FWV22	Lark Rise Pharmacy	Community Pharmacy	Unit 2, Westfield Centre, Lark Rise, Brackley	NN13 6JR	Yes	No	Yes	No
	FMR69	Lloyds Pharmacy	Community Pharmacy	The Brook Health Centre, Swinneyford Road, Towcester	NN12 6HD	Yes	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FTX45	LloydsPharmacy	Community Pharmacy	108 Watling Street, Towcester	NN12 6BT	No	No	Yes	No
	FW295	Lowick Ltd	Community Pharmacy	Brackley Medical Centre, Wellington Road, Brackley	NN13 6QZ	Yes	No	Yes	No
Windsor And Maidenhead	FFA41	Altwood Pharmacy	Community Pharmacy	47 Wootton Way, Maidenhead, Berkshire	SL6 4QZ	No	No	Yes	No
	FKD19	Boots the Chemists	Community Pharmacy	119 Peascod Street, Windsor, Berkshire	SL4 1DW	No	No	Yes	Yes
	FLE32	Boots the Chemists	Community Pharmacy	54-58 High Street, Maidenhead, Berkshire	SL6 1PY	No	No	Yes	No
	FAE57	Bridge Pharmacy	Community Pharmacy	119 Bridge Road, Maidenhead, Berkshire	SL6 8NA	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FF097	Cookham Pharmacy	Community Pharmacy	Lower Road, Cookham Rise, Maidenhead, Berkshire	SL6 9HF	Yes	No	Yes	No
	FXG99	Datchet Village Pharmacy	Community Pharmacy	The Green, Datchet, Slough, Berkshire	SL3 9JH	No	No	No	No
	FQJ14	Day Lewis Pharmacy	Community Pharmacy	3 Stompits Road, Holyport, Maidenhead, Berkshire	SL6 2LA	No	No	Yes	No
	FW480	Eton Pharmacy	Community Pharmacy	30 High Street, Eton, Windsor, Berkshire	SL4 6AX	No	No	Yes	No
	FX836	Fg Saunders & Co	Community Pharmacy	41 St Leonards Road, Windsor, Berkshire	SL4 3BP	No	No	Yes	No
	FMG33	Friary Pharmacy	Community Pharmacy	67 Straight Road, Old Windsor, Berkshire	SL4 2SA	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FFD76	H A Mcparland Ltd	Community Pharmacy	9 Shifford Crescent, Maidenhead, Berkshire	SL6 7UA	No	No	Yes	Yes
	FTF95	Hetpole Pharmacy	Community Pharmacy	398 Dedworth Road, Windsor, Berkshire	SL4 4JR	No	No	Yes	No
	FWR11	Kays Chemist	Community Pharmacy	24 Ross Road, Maidenhead, Berkshire	SL6 2SZ	No	No	Yes	No
	FY750	Keycircle Pharmacy	Community Pharmacy	Symons Medical Centre, 25 All Saints Avenue, Maidenhead, Berkshire	SL6 6EL	No	No	Yes	No
	FE223	LloydsPharmacy	Community Pharmacy	98 St.Judes Road, Englefield Green, Egham, Surrey	TW20 0DF	No	No	Yes	No
	FT768	LloydsPharmacy (in Sainsbury)	100 Hours	Providence Place, Maidenhead, Berkshire	SL6 8AG	Yes	Yes	Yes	Yes

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FVJ57	Olive Pharmacy	Community Pharmacy	18 Hampden Road, Maidenhead, Berkshire	SL6 5HQ	No	No	Yes	No
	FQ620	Park Pharmacy	Community Pharmacy	4 Cookham Road, Maidenhead, Berkshire	SL6 8AJ	Yes	No	Yes	No
	FA538	Superdrug Pharmacy	Community Pharmacy	131-132 Peascod Street, Windsor, Berkshire	SL4 1DW	Yes	No	Yes	No
	FL069	Superdrug Pharmacy	Community Pharmacy	36-38 Brock Lane Mall, Nicholsons Centre, Maidenhead, Berkshire	SL6 1LL	Yes	No	Yes	No
	FL677	Tesco Pharmacy	Community Pharmacy	Tesco Superstore, 290 Dedworth Road, Windsor, Berkshire	SL4 4JT	No	No	Yes	Yes
	FD549	Village Pharmacy	Community Pharmacy	7 Eton Wick Road, Eton Wick, Windsor, Berkshire	SL4 6LT	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FPT01	Wessex Pharmacy	Community Pharmacy	114 Wessex Way, Cox Green, Maidenhead, Berkshire	SL6 3DL	No	No	Yes	No
	FA433	Woodland Park Pharmacy	Community Pharmacy	Waltham Road, Woodland Park, Maidenhead, Berkshire	SL6 3NH	No	No	Yes	No
	FH546	Wraysbury Village Pharmacy	Community Pharmacy	58 High Street, Wraysbury, Berkshire	TW19 5DB	No	No	No	No
	FXV90	Your Local Boots Pharmacy	Community Pharmacy	83 Dedworth Road, Windsor, Berkshire	SL4 5BB	No	No	Yes	No
Wokingham	FTX84	Day Lewis Pharmacy	Community Pharmacy	19 London Road, Twyford, Reading, Berkshire	RG10 9EH	No	No	Yes	No
	FEV57	Fields Pharmacy	Community Pharmacy	1a Longfield Road, Twyford, Reading, Berkshire	RG10 9AN	No	No	Yes	No

Local Authority	ODS Code	Pharmacy	Contract Type	Address	Postcode	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FHT00	Fittleworth Medical Ltd	DAC	Unit 1&2 Twyford Bus Park, Station Road, Twyford, Reading	RG10 9TU	No	No	Yes	No
	FFR18	LloydsPharmacy	Community Pharmacy	48 Victoria Road, Wargrave, Reading, Berkshire	RG10 8AE	No	No	Yes	No
	FKE74	Newdays Pharmacy	Community Pharmacy	1 London Road, Twyford, Reading, Berkshire	RG10 9EH	No	No	Yes	No

Appendix D: Consultation report

This consultant report presents the findings of the 60-day consultation for this Buckinghamshire PNA carried out between 23rd May to the 24th July 2022.

For the consultation, the draft PNA was sent to a list of statutory consultees, participants who responded to the patient and public engagement and was promoted on Buckinghamshire Council's consultation website, YourVoiceBucks.citizenspace.com. They were invited to complete a consultation survey which explored participant views of the PNA document. They were also able to respond via email. In total the consultation received 36 responses, 29 of which were via the consultation survey.

Twenty-nine responses were from members of the public, the other responses were from:

- Jardines Pharmacy
- Pharmacyspace
- Boots UK Limited
- Berryfields Parish Council
- NHS England
- Healthwatch Buckinghamshire
- Swan Practice, Buckingham

The responses to the survey are presented in the table below. Seventeen additional comments regarding the Berryfields Estate development were received in the consultation and are presented in the table that follows. Further comments regarding the PNA are presented in the last table in this appendix.

Consultation survey responses

As shown in the table below, a number of survey respondents to the PNA consultation do not agree with the findings of the PNA. Only four of the 29 respondents felt that the PNA reflected the current provision of pharmacy services within their area and agreed with the conclusions of the PNA. Twenty-three respondents felt there were gaps in service provision where the PNA did not find any.

Consultation survey Question	Yes	No	Unsure or not applicable
Has the purpose of the pharmaceutical needs assessment been explained?	25	2	2

Consultation survey Question	Yes	No	Unsure or not applicable
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	4	24	1
Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?	23	3	3
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	2	24	3
Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?	4	17	8
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	9	14	6
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	4	17	8
Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?	19	4	6
Do you agree with the conclusions of the pharmaceutical needs assessment?	4	22	3

Comments regarding Berryfields Estate in Aylesbury

Seventeen respondents left comments regarding the Berryfields Estate. These and the steering group's response are presented below.

Berryfields Estate Comments

Jardines Pharmacy:

Berryfields is a new major development in Aylesbury has been overlooked.

Berryfields Estate Comments

It consists of 3,500 dwellings - all occupied - representing a population in excess of 10,000. A new medical centre with a patient list in excess of 20,000, a new care home and a new nursery have also now been built. This is self sufficient community with all day-to-day facilities except a pharmacy. Nearest pharmacies are all outside the neighbourhood more than 1.5 miles away.

Given the size and scale of the population, availability of a local pharmacy is vital, as it often is the first port of call. - especially for families with young children.

This PNA, based on just 205 questionnaires, is a broad-brush approach, and as result new communities such as Berryfields are totally ignored

Member of the public:

I understand that due to the current PNA a pharmacy application for Berryfields estate Aylesbury has been declined. Clearly the PNA does not take account of population growth on large estates and encourages people to drive rather than allow for provision in the local community. I believe this approach needs to be reconsidered.

Member of the public:

Berryfields needs to be properly reassessed for provision of a pharmacy
Berryfields desperately needs a pharmacy. Local people are unable to walk to another. The closest being Buckingham Park requires a long walk down a very busy and dangerous road. Unsuitable for elderly and children.

Member of the public:

I have specifically chosen to buy my house on Berryfields as it is totally accessible. I have two neurological conditions, Multiple Sclerosis and CMT which cause me severe mobility issues and fatigue and I don't drive a car. On the Berryfields estate I manage to live my life to the fullest and apart from a pharmacy I can find everything that I need here and be Independent.

My elderly mother-in-law lives with us also and she is 82 years old and has no means of transport to go to a pharmacy away from Berryfields. She feels that if there was a pharmacy on Berryfields, she would be more independent, which is important to her.

In order to collect medication, I depend on a taxi or other people to collect them, as the bus service is not suitable, as I need to change in Aylesbury and a return journey can take up to

Berryfields Estate Comments

one and a half hour to complete. I understand that Berryfields has now reached a size and population that warrants the provision of a pharmacy.

The 2018 PNA concluded that Berryfields population was not sufficient to warrant a pharmacy, however, the 2022 situation is vastly different, and I would like to ask you to reconsider the decision to allow a pharmacy to be opened on Berryfields.

I also understand that the 2022 PNA is being drafted right now by the Health and Wellbeing Board (HWB), and I want you to get involved and be proactive to ensure that the 2022 PNA will be positive to open a pharmacy on Berryfields.

This is my personal situation, but I also want to point out that there is a significant number of other residents whose needs cannot be met without a pharmacy on Berryfields.

And lastly, it makes no sense for the thousands of Berryfielders to get in their car to drive to another pharmacy, where at the same time Aylesbury has been awarded the status of Garden Town, and is actively seeking to reduce motorised traffic.

Member of the public:

I would like to register my request for the PNA to identify a need for a pharmacy in Berryfields.

As family with young child in the house, I am pleased that the Berryfields Medical Centre will soon be relocating to the purpose built premises on Berryfields, meaning that we have access to these services within walking distance. However the same is not true for a pharmacy service. The closest pharmacies are between 2 and 2.2 miles away not a suitable walking distance if you have a young child you need to seek guidance on. The population and demographic of Berryfields surely supports the argument for a local pharmacy. There is also must also be logic for the new combined GP surgery to be in the vicinity of a pharmacy.

Member of the public:

Utter disregard for the community of Berryfields. Agree to a huge estate that's still continuing to grow, you agreed a huge Dr's surgery, nursing home, Nursery and 3 schools, but you reject a pharmacy that will cost you £0, zero, nothing !! Unbelievable !!

Member of the public:

Berryfields Estate Comments

Do you have any idea how large Berryfields is becoming & popular - forward planning, come on.....

Member of the public:

The population in Aylesbury is growing significantly, there is a growing increase in everyone is needing access to pharmacy. Berryfields has empty shop units, it seems like a no brainer to have a pharmacy, will reduce traffic into neighbouring areas and situated next to new medical centre.

Member of the public:

A pharmacy is required for Berryfields with the number of people living here it will only put more strain on existing pharmacies which are already under pressure.

Member of the public:

With no regard to the population of new large scale housing developments - such as at Berryfields - which are attractive to the disabled, families with young children and 30% affordable housing for people with limited means - to conclude that there is no gap, and thereby prevent any new provider there, arguably puts the HWB in breach of the Equalities Act, and propagates health inequalities.

Berryfields Parish Council:

I cannot understand any reasoning that says Berryfields does not need its own pharmacy Berryfields Housing development is a new village with 3,300 houses and 10,000 People. After receiving a prescription at the local doctors surgery they each then have to get in a car to drive 2miles to a local pharmacy as none are in vwalking distance.

Member of the public:

Berryfields needs a pharmacy

Member of the public:

Yes we need a pharmacy on berry fields.

Member of the public:

Berryfields Estate Comments

You can not believe to understand my utter disappointment that the Pharmacy application for Berryfields Aylesbury has been rejected.

We are having a huge Dr's surgery and a merger of 2 existing Dr surgery locations moving into this 1 building, being built next to this is a residential home and nursery.

So who is the clever idiot that believes we do not need a pharmacy next to these ? is that person insane !!

1. Berryfields is a large community and is growing with new housing being built.
2. We have a mix of ages living here, a lot don't drive and rely on buses and taxis, the closest Pharmacy is Buckingham park, where currently our dr's reside until the move, which currently works due to the surgery being located there, when this closes, you expect people who don't drive to walk to the surgery, then have to call a taxi to get to the pharmacy and back home ????? Are you going to subsidise this for people that don't drive ? No I didn't think so !!
3. Buses never turn up on time and the bus does not go to Buckingham Park, so residents have no choice but to go to other pharmacies along the bus route, yet more money and hanging around for a hit or miss bus, which never keep to timetables !
4. THIS PHARMACY WILL COST *YOU* THE NHS/COUNCIL NO MONEY AT ALL !! AS ITS NOT FUNDED BY YOU !!!!!!!! yet you still make a moronic choice about who can rent a shop and serve a community and the Dr's almost next door.... unbelievable !
5. Yet again... no sh*ts given about this new community, which ironically this size estate was given permission by the local council, now you don't care about the people that live here.

Member of the public:

I am writing as I have become aware that currently there is no identified need for a pharmacy on Berryfields estate in Aylesbury. This is in the PNA. I know the next one is being developed and I would like to ask that you ensure the need for the estate is identified in that one. Without this need identified then a pharmacy doesn't stand a chance.

Berryfields is a large estate with a mixed demographic. There is a small parade of shops and a healthcare centre is being developed which would be perfect for a pharmacy.

Berryfields Estate Comments

There is clear need for several reasons

- it is reasonable for the population to have easy access to a pharmacy
- Access would reduce pressure on other NHS services as well we are advised to do.
- All other pharmacies are a drive which then has an impact on the road network and the environment
- Not everyone on the estate can afford to drive or get public transport (which isn't reliable)

I hope this is a misunderstanding and there is one coming in the medical centre as Put simply I don't understand why you wouldn't allow a pharmacy on the estate. It would be beneficial in so many ways.

Member of the public:

There is current need at Berryfields - especially as new medical centre and care home are to open imminently

By its conclusions, the HWB and thereby the council may be:

- 1) In breach of the Equalities Act.
- 2) Failing it's duties to reduce carbon emissions.

Steering group response to the additional comments:

The steering group appreciates the time and consideration that members of the public and stakeholders have taken to respond to the consultation for this PNA and acknowledges the enthusiasm for a pharmacy within the Berryfields Estate.

The Pharmaceutical Needs Assessment is carried out using a fair and systematic process, using specific metrics and standards as outlined by the Department of Health and Social Care. It is quality assured by a multi-agency steering group that includes representation from the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System, NHS England, Buckinghamshire Council, Local Medical Committee, Healthwatch and the Local Pharmacy Committee.

The PNA is also reviewed by the HWB every three years or if there are changes in local pharmacy provision, or local need. The HWB will issue a supplementary statement to update the PNA if a change is considered minor. The PNA will be reviewed in full if a change is considered significant.

Following the consultation and the comments received, the steering group reviewed the provision of pharmacy services for the Berryfields Estate development in consideration of the current population, projected population increases, accessibility, deprivation and population make-up. It should be noted that nursing homes use their own providers for the supply of medications and not community pharmacies, so this provision does not factor into the review.

Current population: In the former district area of Aylesbury Vale, where the Berryfields Estate development is located there are 1.2 pharmacies per 10,000 residents. While this is lower than the national average, this is reflective of the rurality of the former district area. The majority of Aylesbury Vale is a controlled locality for which there are 13 GP dispensing practices. GP dispensing practices are allowed to dispense the medicines they prescribe for their patients.

Projected population increases: Berryfields Estate is estimated to have 8,712 residents (mid-2020 population estimates). The population of Aylesbury Vale, where the Berryfields Estate is located, is projected to increase by 3.2% before 2025. These projected increases are largely due to planned new dwelling developments in Aylesbury Garden Town and another development in northeast Aylesbury Vale. However, not all planned developments will be completed on time and not all have received planning permission.

Accessibility: The steering group considered the following criteria as accessible for pharmacy provision: five-mile travel distance from a pharmacy if in a rural area, and 20-minute travel time by public transport in an urban area. These are standard metrics for unitary authorities that are mostly rural with some areas that are densely populated.

The former district area of Aylesbury Vale is largely rural in nature, and the Berryfields estate is on the outskirts of the urban area of Aylesbury and next to large areas of green space including Quarrendon Leas Memorial Park.

There are 14 pharmacies within 5 miles of the Berryfields estate. Four pharmacies can be reached within 20 minutes during rush hour (6pm on a weekday) if using public transport.

These are listed below along with the travel time it takes to reach them from the Berryfields estate if walking or using public transport.

Pharmacy Name	Address	Distance from estate on foot	Travel time from estate by public Transport
Lloyds Pharmacy	306 Meadowcroft, Aylesbury, Buckinghamshire	1.4 miles	9 minutes
Tesco In-store pharmacy	Tesco Store, Broadfields, Bicester Rd, Aylesbury, Buckinghamshire	1.6 miles	14 minutes
Landsdales Pharmacy	Whitehill Surgery, Whitehill Lane, Oxford Rd, Aylesbury, Buckinghamshire	2.3 miles	18 minutes
Morrisons Pharmacy	Morrisons Superstore, Station Way, Aylesbury, Buckinghamshire	2.5 miles	20 minutes

There are also three GP dispensing practices and one distance selling practice within five miles of the Berrysfield Estate which support patients who are unable to travel to their pharmacy. A distance selling pharmacy provides a delivery service of prescribed medicines.

In addition, the public survey received 205 responses, 96.6% of which stated respondents take 20 minutes or less to reach their pharmacy. Only two take more than 20 minutes to reach their pharmacy. 71.7% of respondents were very satisfied and 12.7% were satisfied with their journey to reach a pharmacy.

Deprivation: The Berryfields Estate development is within the 4th quintile of deprivation (using Buckinghamshire’s modified IMD system²⁷). This means that 20% of other neighbourhoods in Buckinghamshire are more deprived than the neighbourhood Berryfields lies in.

Population Makeup: The population of Berryfields Estate is comparatively young. 35% of its population is aged less than 20 years. 5% of residents in the estate are 65 or over in age, compared to 19% for Buckinghamshire and 18% for England as a whole.

²⁷ Buckinghamshire Council Public Health Team modified version of the IMD uses quintiles where a quintile of 5 represents the most deprived neighbourhood and 1 represents the least deprived neighbourhood in Buckinghamshire (see Figure 5.7).

Based on this information the PNA considers that there are no gaps in the current and future provision of essential services during the lifetime of this PNA. The HWB will review the conclusions of the PNA periodically in response to any unforeseen changes in pharmacy provision in the lifetime of this PNA. It also recommends a review of its findings in consideration of the progression of the Berryfields Estate development and its resident population in the next PNA in 2025.

Additional comments

Additional comments
<p>Member of the public</p> <ol style="list-style-type: none">1. The conclusions are based on too small a sample of replies to give true picture. 200 out of 550,000 people is not a representative sample2. It is farcical to suggest that there are only 4 neighbourhoods in whole of Buckinghamshire.3. 20 mins travel or walk time is not a reasonable especially for those with mobility issues.4. It makes no attempt to the Council's obligation to reduce carbon foot-print or its duties under the Equalities Act. <p>Steering group response:</p> <p>This PNA draws on a range of information to assess pharmacy provision alongside the survey to the patients and public of Buckinghamshire. This includes:</p> <ul style="list-style-type: none">• Nationally published data• The Buckinghamshire Joint Strategic Needs Assessment• Local policies and strategies such as the Joint Health and Wellbeing Strategy• A survey to Buckinghamshire pharmacy contractors• Local Authority and ICS commissioners <p>While the public survey is not a requirement of the PNA, it is recommended by the Department of Health that public views are gathered as part of the process.</p> <p>This PNA made considerable efforts to reach as many of the public as possible, with a focus on representatives of groups of people who share protected characteristics.</p>

Additional comments

The survey was disseminated through online platforms, 16 local community boards, social media such as Facebook and Twitter, and on local resident e-newsletters. The survey was also published on the Buckinghamshire Public Health webpage, and Your Voice Bucks. Voluntary groups representing protected characteristics and local BAME and Faith community groups and networks were also approached to share the survey.

The neighbourhoods mentioned in this PNA are the former district areas within Buckinghamshire. However, for the purposes of the PNA, the Middle Super Output Area (MSOA) locality structure was chosen by the steering group as it is in-line with available population health needs data and enables us to identify differences at a neighbourhood level in terms of demography, health needs and service provision. Where MSOA data was not available, former district area data was used.

The steering group considered the following as reasonable for Pharmacy access: Within rural areas: five-mile travel distance from a pharmacy, within urban areas (or areas with high population density): 20-minute travel time by public transport. Other factors were also taken into consideration including areas of deprivation and locations of dispensing GP practices.

Boots UK Ltd.

It appears that possibly due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies may not have been reflected in the draft PNA.

Steering group response:

The PNA has been updated to reflect all changes in pharmacy opening times, locations and provision.

Healthwatch Bucks

We welcome the opportunity to respond to the Buckinghamshire Pharmaceutical Needs Assessment (PNA) consultation and have appreciated contributing to the process as a member of the PNA steering group.

Some of our comments have already been fed back directly to the consultants, Healthy Dialogues, who have been commissioned by Buckinghamshire Council to conduct their PNA.

Additional comments

We encouraged residents to respond to the consultation through our newsletter and also circulated the document to our lay advisory panel. The panel's comments are reflected in our response.

The PNA follows the usual format and is comprehensive. It is good to see the PNA reflects recent changes (eg the PCNs and ICS) and the support for new services being offered - or about to be offered – by at least some community pharmacies. The changes go some way towards empowering people to take more charge of their health and wellbeing through community pharmacy.

We recognise that the PNA itself is a technical document that has to cover specific issues. However, we suggest that the Executive Summary (or perhaps a separate document) should explain the purpose of the PNA and draw out the key issues in clear language. It would also be helpful to explain some of the terms used or include a glossary of terms.

We would also suggest that the final version of the PNA is reviewed to make sure it is fully accessible. For example, footnotes are used throughout but are these in a format that work for screen readers?

To the best of our knowledge the PNA provides a comprehensive summary of the current provision of pharmaceutical services in Buckinghamshire. We would have liked to have seen more about use of more innovative IT between surgeries, community pharmacies etc.

In relation to possible gaps, we want to raise the issue of pharmacy provision on the Berryfields estate in Aylesbury. Over the past two weeks, we have received five emails from residents of Berryfields regarding their concerns about the lack of pharmacy provision on the estate. We have encouraged them to raise these directly through the consultation process.

We note that 'the Health and Wellbeing Board are also required to revise the PNA publication if they deem there to be significant changes in pharmaceutical services before 30th September 2025'. We would recommend regular reviews to ensure the PNA remains up to date and so that a supplemental statement can be issued if necessary.

Finally, we have some reflections - particularly on the patient survey - to feedback in due course. Our focus is to ensure that the views of those facing health inequalities, have transport issues or need accessible premises are fully considered in the next PNA.

Additional comments

Steering group response:

Thank you for your comments and support in promoting the 60-day consultation.

The production of this PNA was commissioned by the Steering Group which constitutes predominantly NHS representation from Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System, NHS England, Buckinghamshire Council, Local Medical Committee, Healthwatch Bucks and the Local Pharmacy Committee. An easy read summary of the PNA has been produced and will be published alongside the full document on the 1st of October.

The main document has also been reviewed and improved for accessibility, including increasing the size of the footnotes and including ALT text for the images.

The HWB will review the conclusions of the PNA periodically in response to any unforeseen changes in pharmacy provision in the lifetime of this PNA as outlined in Chapter 1.

Swan Practice in Buckingham

I'm one of the GP Partners at the Swan Practice in Buckingham. We are a dispensing practice.

Thanks for doing the PNA, we have a constructive comment please.

P68 (Figure 7.1) and P69/70 (Fig 7.2) - the dispensing practices are listed/mapped but you've only used one 'head office' address rather than showing each site - for example we have three separate dispensing locations (two in Buckingham and one in Steeple Claydon). 3W practice are also multi-site dispensing I believe.

We think it would be great if you could add those sites, for example Steeple Claydon dispensary, as it would be a more accurate and fair representation of service provision in these more remote areas.

Steering group response:

Thank you for your feedback. We have updated the PNA to correct this error and have now included the full list of dispensing practices in Chapter 7.

This page is intentionally left blank