



Essex County Council

Essex Health and Wellbeing Board

09:30	Wednesday, 21 September 2022	Council Chamber County Hall, Chelmsford, CM1 1QH
-------	---------------------------------	---

For information about the meeting please contact: Essex Health and Wellbeing
Board Secretariat

Telephone: 033301 31307

Email: essex.partners@essex.gov.uk

Essex County Council and Committees Information

All Council and Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

Members of the public will be able to view and listen to any items on the agenda unless the Committee has resolved to exclude the press and public from the meeting as a result of the likely disclosure of exempt information as defined by Schedule 12A to the Local Government Act 1972.

ECC Guest Wifi

For members of the public, you can now access free wifi in County Hall.

- Please log in to 'ECC Guest'
- Follow the instructions on your web browser

Attendance at meetings

Most meetings are held at County Hall, Chelmsford, CM1 1LX. [A map and directions to County Hall can be found on our website.](#)

Access to the meeting and reasonable adjustments

County Hall is accessible via ramped access to the building for people with physical disabilities.

The Council Chamber and Committee Rooms are accessible by lift and are located on the first and second floors of County Hall.

Induction loop facilities are available in most Meeting Rooms. If the meeting is taking place in Committee Room 1 you will need to download the **Sennheiser MobileConnect** App from your mobile phones app store in order to access a sound

enhancement service for the hard of hearing. You will need to bring headphones or earbuds to the meeting with you. Please speak with a member of the Democratic Services team before the start of the meeting for assistance in using this service

Accessing Documents

If you have a need for documents in, large print, Braille, on disk or in alternative languages and easy read please contact the Officer before the meeting takes place. For further information about how you can access this meeting, contact the Officer.

The agenda is also available on the Essex County Council website, www.essex.gov.uk From the Home Page, click on 'Running the council', then on 'How decisions are made', then 'council meetings calendar'. Finally, select the relevant committee from the calendar of meetings.

Livestreaming of meetings

In the interests of improving access to the Council's meetings, most meetings will be livestreamed on the [ECC Democracy YouTube Channel](#). Recordings of the meetings once they have finished are also available on the Channel.

		Pages
1	Membership, Apologies, Substitutions and Declarations of Interest	5 - 7
2	Minutes of the Essex Health and Wellbeing Board held 20th July 2022 and Matters Arising	8 - 21
3	Questions from the public A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. No statement or question shall be longer than three minutes and speakers will be timed. On arrival, and before the start of the meeting, please register with the Democratic Services Officer.	
4	East of England Ambulance Service Annual Report (HWB/24/22) (09:40 - 10:10) For the board to receive a verbal update on the annual report and ask questions of representatives attending on the day.	22 - 22
5	SEND Ofsted Review (HWB/25/22) (10:10 - 10:20) To update the board on the outcomes of Essex County Council's Send Ofsted Review.	23 - 24

6a	Better Care Fund End of Year Report 2021-22 (HWB/26a/22) (10:20 - 10:25) To share the Better Care Fund (BCF) end of year report with the board for formal endorsement.	25 - 37
6b	Better Care Fund Plan 22/23 (HWB/26b/22) (10:25 - 10:30) To share the Better Care Fund (BCF) Plan for Essex for 2022/23 with the board for formal endorsement.	38 - 71
7	Dementia Strategy (HWB/27/22) (10:30 - 10:40) For the board to review recent changes to the Strategy, with a view to providing endorsement of the final version.	72 - 117
8	Pharmaceutical Needs Assessment (HWB/28/22) (10:40 - 10:50) For the board to review the Essex Pharmaceutical needs assessment for 2022-2025, with a view to signing off for final publication. Please note all appendices are available on CMIS (link to be circulated separately).	118 - 378
9	Questions on Written Partner Updates (HWB/29/22) (10:50 - 10:55) For board members to ask any questions arising from the written updates circulated in advance of the meeting. On the following items: <ul style="list-style-type: none"> • Adult Social Care • Public Health • Refugees • ICS, Mid and South Please note that other ICS updates and Children's Social Care updates were not available at the time of publishing.	379 - 389
10	Forward Plan (10:55 - 11:00) For noting.	390 - 393
11	Date of Next Meeting To note that the next meeting will take place at 10:00am on Wednesday 23 November 2022 in the Council Chamber at County Hall, Chelmsford, CM1 1QH.	
12	Urgent Business To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.	

13 Urgent Exempt Business

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.

Agenda item 1

Committee: Essex Health and Wellbeing Board (EHWB)

Enquiries to: Essex Health and Wellbeing Board Secretariat
Essex.partners@essex.gov.uk

Membership, Apologies, Substitutions and Declarations of Interest

Recommendations:

To note:

1. Membership as set out below.
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct

Membership

Quorum:

One quarter of the membership and will include:

- At least one Essex County Council Elected Member
- At least one ICB (Integrated Care Board) Representative
- Essex County Council either Director of Adult Social Care, Director of Children's Services or Director for Public Health.

Statutory Members	
Councillor John Spence (Chairman)	Essex County Council
Councillor Beverley Egan	Essex County Council
Councillor Mike Steel	Essex County Council
Gavin Jones	Chief Executive, Essex County Council
Nick Presmeg	Executive Director of Adult Social Care, ECC
Helen Lincoln	Executive Director of Children's Services, ECC
Lucy Wightman	Director, Wellbeing, Public Health, and Communities, ECC
Paul Burstow	ICS chair / ICB chair designate, NHS Hertfordshire and West Essex
Dr Jane Halpin	ICS lead and ICB CEO designate, NHS Hertfordshire and West Essex
Michael Thorne	ICS chair / ICB chair designate, NHS Mid and South Essex,

Anthony McKeever	ICS lead and ICB CEO designate, NHS Mid and South Essex
William Pope	ICS chair / ICB chair designate, NHS Suffolk and North East Essex
Ed Garratt	ICS lead and ICB CEO designate, NHS Suffolk and North East Essex
Cllr Peter Davey	Essex Association of Local Councils
Sam Glover	Chief Executive Officer, Healthwatch Essex
Ian Davidson	Chair of Essex Partnership Strategic Coordination Group
Dr Freda Bhatti	GP representative for North East Essex
Dr Ian Perry	GP representative for Hertfordshire and West Essex
Dr Anna Davey	GP representative for Mid Essex
Daniel Doherty	Mid Essex Alliance (Officer)
Ruth Hallett (Caroline McCarron deputy from August)	South East Essex Alliance (Officer)
Laura Taylor Green	North East Essex Alliance (Officer)
Toni Coles	West Essex Health and Care Partnership (Officer)
Simon Williams	Basildon and Brentwood Alliance (Officer)
Alison Wilson	Mind in West Essex (Voluntary Sector)
Lorraine Jarvis	Chelmsford CVS (Community and Voluntary Sector) (Voluntary Sector)
Lance McCarthy	Acute Hospital Representative (to be co-opted by the board after consulting organisations or their representatives)
Paul Scott	Chief Executive Officer at Essex Partnership University NHS Foundation Trust (Mental Health)
Jacqui Van Rossum	North East London Foundation Trust (Community Provider)
Graham Butland	Leader of Braintree District Council

Simon Wootton	Leader of Rochford District Council
Georgia Blakemore	Chief Executive of Epping Forest District Council
TBC	Representative nominated by NHS England
TBC	Business sector representative

Non-voting Members	
Roger Hirst	Essex Police, Fire and Crime Commissioner
B J Harrington	Essex Police Chief Constable
Deborah Stuart-Angus	Independent Chair of the Essex Safeguarding Adults Board
David Archibald	Independent Chair/Facilitator of the Essex Safeguarding Children Board
Cllr Kay Mitchell	Chair of the Southend HWB
Cllr James Halden	Chair of the Thurrock HWB
Richard Comerford	HCRG group (Childrens Mental Health)
Sanjiv Ahluwalia	Head of School of Medicine, Anglia Ruskin University
TBC	Data Analytics practitioner

**Minutes of the meeting of the Essex Health and Wellbeing Board held at
10:00am on Wednesday 20 July 2022 in the Council Chamber, County Hall,
Chelmsford**

Present:

Board Members

Cllr John Spence	Essex County Council (Chairman)
Lucy Wightman	Director, Wellbeing, Public Health, and Communities, ECC
Cllr Egan	Essex County Council
Cllr Butland	Braintree District Council
Ed Garrett	ICS lead and ICB CEO designate, NHS Suffolk and North East Essex
Ian Davidson	Chair of Essex Partnership Strategic Coordination Group
Gemma Andrews	Essex County Council
Susannah Howard	ICS Programme Director, Suffolk and Northeast Essex ICS
Alistair Mitchell	Tricordant
Alison Wilson	Mind in West Essex (Voluntary Sector)
Dan Doherty	Mid Essex Alliance
Anna Davey	GP representative for Mid Essex
Peter Davey	Essex Association of Local Councils
Dr Jane Halpin	ICS lead and ICB CEO designate, NHS Hertfordshire and West Essex
Georgina Blakemore	Chief Executive of Epping Forest District Council
Cllr Sheldon	Essex County Council (Substitute for Cllr Ball)
Clare Kershaw	Director, Education, ECC (Substitute for Helen Lincoln)
Chris Martin	Director, Strategic Commissioning & Policy, ECC
Jane Gardner	Deputy Police and Crime Commissioner for Essex
Simon Wootton	Leader of Rochford District Council
Toni Coles	Herts and West Essex ICB
B. J. Harrington	Essex Police Chief Constable
Roger Hirst	Essex Police, Fire and Crime Commissioner
Nick Presmeg	Executive Director, Adult Social Care, ECC
Zoe Oddy	HCRG Care Group Limited (Substitute for Richard Comerford)
Moirra McGrath	Director of Commissioning, ASC, ECC
Alex Green	EPUT
Richard Watson	Suffolk and North-East Essex Integrated Care Board (ICB)
Paul Scott	Essex Partnership University NHS Foundation Trust
Peter Devlin	Director, Mental Health, ECC
Ian Tompkins	Herts and West Essex ICB

Informally participating via Zoom:

Will Pope	ICS chair / ICB chair designate, NHS Suffolk and North East Essex
Mike Thorne	ICS chair / ICB chair designate, NHS Mid and South Essex,
Amanda Cherry	Chair of Healthwatch Essex (Substitute for Sam Glover)
Anthony McKeever	ICS lead and ICB CEO designate, NHS Mid and South Essex
Elaine Oxley	Essex County Council (Substitute for Deborah Stuart-Angus)
Caroline McCarron	Mid and South Essex ICB
Cllr Holly Whitbread	Essex County Council

1. Membership, apologies, substitutions and declarations of interest

Apologies for absence were received as set out below. There were no declarations of interest.

Apologies:

Name

Richard Comerford
Deborah Stuart-
Angus
Helen Lincoln

Sam Glover
David Archibald
Dr Freda Bhatti
Ruth Hallet
Cllr Mike Steel
Cllr Kay Mitchell
Vicki Decroo
Paul Burstow

Cllr Tony Ball
Ian Perry
Simon Williams
Lance McCarthy

Representing

HCRG Care Group Limited (Substitute – Zoe Oddy)
Independent Chair, Essex Safeguarding Adult Boards
(Substitute – Elaine Oxley)
Executive Director for Children, Families & Education
(Substitute – Clare Kershaw)
Healthwatch (Substitute – Amanda Cherry)
Independent Safeguarding Chair, ECC
GP Representative for North East Essex
South East Essex Alliance
Essex County Council
Southend HWB
Suffolk and North East Essex ICB
ICS chair / ICB chair designate, NHS Hertfordshire and
West Essex
Essex County Council (Substitute – Cllr Sheldon)
GP representative for Hertfordshire and West Essex
Mid and South Essex ICB
Princess Alexandra Hospital NHS Trust

The Chairman welcomed and expressed his gratitude to all those who were new members of the Board.

There were no declarations of interest.

2. 18 May 2022: Minutes of the meeting and progress report on actions arising

The minutes were agreed as a correct record and a progress report on the related actions was noted.

The following actions were noted as outstanding and an update was received as below:

	Action	Update
1	Democratic Services to confirm membership of the Board and write to individuals.	Democratic Services continuing to engage with partners to receive nominations for outstanding vacancies. Outstanding vacancies: <ul style="list-style-type: none">• Acute Hospital Representative• Business sector representative• Representative nominated by NHS England

		<ul style="list-style-type: none"> • An elected member from each ICS Alliance • Representative from University • Data Analytics practitioner • Representative from Community Providers • 2 representatives from district councils <p>(by 12 September)</p>
2	Essex Equalities and Partnership team to liaise with Jim Pearson & Sam Grant regarding support from the policy unit to the Essex Violence and Vulnerability Partnership.	A meeting has been scheduled for later in July and a full update will be provided at the next meeting. (by 12 September)

3. Questions from the public

There were no questions from the public.

4. Election of the Vice-Chairman

Peter Davey proposed Ian Davidson as the Vice-Chairman. There were no further proposals.

Roger Hirst seconded the proposal.

With the Board's assent Ian Davidson was appointed as Vice-Chairman of the Health and Wellbeing Board (HWB).

5. Deep Dive on Mental Health

5a. Real Time Suicide Surveillance Annual Report and Current Intelligence on Suicide Rate – Jane Gardner and Gemma Andrews

Jane Gardner presented the Real Time Suicide Surveillance (RTSS) Annual Report with PowerPoint slides, the following key points were highlighted:

- There were 129 suspected suicides between April 2021 and March 2022. These were identified as 'suspected suicides' as there had been no formal confirmation or ruling regarding the cause of death from the coroner and therefore cannot be treated as confirmed suicides. It was clarified that for the purposes of the Board's consideration reference to 'suicide' was properly 'suspected suicide'.
- The highest number of suspected suicides in Essex occurred in Southend (17), then Colchester (16) and Tendring (15).
- The lowest numbers of suspected suicides in Essex occurred in Harlow, Maldon and Braintree.

- The report detailed that the majority of suspected suicide victims were male and within the age bracket of 45 – 54 years.
- Despite the highest number of suspected suicide victims being male and in the 45-54 age bracket, the remainder of male suspected suicide occurrences were evenly spread across all other age ranges.
- For females, the highest rate of suspected suicide was in the age bracket of 45 – 54 years.
- The report did not highlight any strong seasonal patterns.
- The highest rates of suspected suicides occurred in November (15) and January (17), but this was not significantly higher in real terms than any other month.
- The main methods of suspected suicide were predominantly by hanging, followed by drug related deaths. In total those two methods accounted for 77% of suspected suicides, which was 99 out of the 129.
- Drug related suspected suicides included prescription drugs as well as over the counter and illicit drugs.
- Hanging was the most common method of suspected suicide in males, accounting for more than half, at 57%.
- Drug related suspected suicides was the main method in females, followed by hanging.
- Most suspected suicides occurred in private residencies, however there were also suspected cases recorded within woods, roads, and other public spaces.
- The report began to look at common risk factors in suspected suicide, which was of particular interest to the Board. These factors included whether the individuals had been in contact with services six months prior to the death and whether they were suffering with mental ill health, were known to services and whether they were known to police.
- Around 81 of the people concerned had at least one risk factor, this equated to 63% of the total suspected suicides.
- 40% of individuals had been in contact with services six months prior to their death.
- Common factors of those previously in contact with services were presentation with self-harm, suicide ideation and previous attempts of suicide.
- The report showed a correlation of individuals involved in domestic abuse, social housing, or experiencing financial issues.
- There was a high number of individuals who died by suspected suicide that were perpetrators of domestic abuse. There were 23 individuals overall involved in domestic abuse, with 17 being perpetrators (that the service was aware of).
- 52 individuals were known to mental health services and several of them were also known to police. This was not to say that the agencies involved could or should have intervened. An intervention by that service may not have made a difference to the outcome.
- Essex Police had previously focussed on the middle age range bracket, but the figures demonstrated that there were significant occurrences across all categories and age ranges and therefore engagement in these cohorts needed to increase.
- Essex Police and ECC had been working with Health colleagues using Wave Funding to determine where work needed to be focussed for prevention.

- The data showed that the majority of female suicides utilised drugs, which opened up a new potential line of enquiry with partners to look into medicine management in the primary care setting.
- It was previously assumed that drug related deaths were primarily linked to illicit drugs, but the data showed that prescribed drugs were significant too.
- Essex Police wished to formalise the links between the Southend Essex and Thurrock (SET) Prevention Board and the SET Domestic Abuse (DA) Board to understand how engagement could be improved with both victims and preparators of domestic abuse, as well as gaining a greater understanding of the mental health support needed. A piece of work in that sphere needed to be commissioned.
- This was the first time there had been a full year of RTSS data which was considered incredibly useful and going forward it was to be shared across partnerships, with colleagues in safeguarding Boards and with local HWB's to ensure action was being taken at a local level.

Cllr Spence asked how the number of suspected suicides compared with road traffic deaths annually. Roger Hirst stated that the number of suspected suicides is nearly three times the number of road traffic deaths in a year and was also much higher than the number of homicides, demonstrating the severity of the position.

The Board discussed the following:

How understanding suicide attempts and developing data for this was important for intervention.

That Healthwatch Essex had completed work relating to suicide including a [Mental Health on the frontline survey and report in 2020](#), with recommendations now implemented, and more recently a report on a male suicide project '[the more we talk about it, the better it will be](#)'. The report identified three key themes which were competing pressures, a feeling of worthlessness and an inability to comprehend the future. There was also a report produced relating to [Veterans Mental Health and isolation](#). Healthwatch also had a Trauma Ambassadors Group and was a hate crime and domestic abuse reporting centre.

That the Mid Essex Alliance had been part of a regional development programme, supported by various consultancy agencies, to look at population health management data. Some of that data had already been linked with primary care prescribing data and it had been found that individuals who were prescribed opioid analgesics for a long period of time were at a much higher risk of suicide.

That the number of people prescribed opioid analgesics for a long period of time for Mid Essex, with a population of 400k, was a few hundred. On a GP practice level, that was around four or five individuals per GP practice. What now needed to happen was for the data to be translated into meaningful interventions for those at risk.

That when looking at the data for attempted suicides, a higher number of attempts at suicide via drugs than hanging would be shown, as hanging was fatal most of the time whilst drugs overdoses could be reversed if remedied early enough. The figures for method of suicide would therefore shift significantly when looking at attempted suicide compared with actual suicide.

That from a GP perspective, there was a lot of recognition regarding high levels of opioid prescriptions, and many GPs had tried many times to reduce prescribing for those patients. However, GPs report that they were often told by the patients that they would be reported to NHS England if they tried to reduce their prescriptions. GPs needed to have greater levels of support to tackle the high levels of opioid prescribing, as it was known that some opioids do end up not being consumed by the patient and were sold illegally.

That from a GP perspective, when looking at individuals who had died by suicide who were not known to services, it could often be the case that they had issues with addiction, alcoholism, gambling, sometimes sex offences and had either been reported for or were awaiting further investigation for crimes.

The Board discussed drug related suicide attempts and how many of those were a call for help rather than a serious attempt to take their lives. It was stressed however that people who were seeking help rather than actively seeking to end their lives may make many such attempts and were much more likely to eventually end their lives. Therefore there was just as much need to intervene and assist in the cases of those primarily seeking help.

That there had been a thematic review of teenage suicide carried out before the pandemic by the Children and Young People's Emotional Wellbeing Mental Health Board, and that the Board were considering carrying out another thematic review in the next year, to include an update on the recommendations of the original report.

That there had been conversations with local schools in north-east Essex due to a significant rise in suicide attempts in those establishments. There was concern that this trend could continue given the condition of children and young people's mental health following the pandemic. Preventative work needed to focus on schools as well as other age groups.

That ECC with the University of Essex and Institute for Public Health and Wellbeing had submitted a bid for funding and analytical support to undertake a full Coroner Case Note Review for the last four years. This would allow exploration in depth of the relationship between different variables to provide better insight into the support people needed to ensure suicide wasn't the outcome. This could also help improve the data related to confirmed suicides and families' experiences.

Jane Gardner thanked the Board for their questions, comments and offers of support. She stressed the importance of a whole system approach for suicide prevention.

Actions:

Daniel Doherty to engage with Jane Gardner on linking up the suicide data with meaningful interventions related to long term prescriptions of strong opioids. (By 12 September).

Jane Gardner to provide an update on suicide figures in six months' time. (By 25 January 2023).

5b. Southend Essex and Thurrock Mental Health Strategy and Collaborative Development: Moira McGrath, Richard Watson, and Paul Scott.

A presentation on the Southend Essex and Thurrock Mental Health Strategy and Collaborative Development was made to the Board. The following key points were highlighted:

- That a steering group had been established a few months ago to help drive this work and that Tricordant, a consultancy organisation, had commissioned to help undertake the process.
- That the Board's views on how the work was developing, and to obtain its support and endorsement on the direction of travel. Views on the Board's future involvement were also sought, especially in terms of the final proposals and recommendations to be brought back to this Board.
- That although the data showed that there was a higher prevalence of mental health disorders in Southend and Thurrock, within Essex there was significant variation, so work was needed to tackle this. It was noted that Harlow and Tendring in particular had a high need.
- That data was poor around the impact within Essex regarding wider determinants of health and inequality issues. This was a key area of focus.
- There had been some positive work on the interaction between physical and mental wellbeing, but there was huge variation across Essex which was a significant issue requiring improvement.
- There were two main aspects to the work, which was underway, these being the potential development of a collaborative and the refresh of the 5-year strategy.
- That work was currently being undertaken to explore a possible mental health collaborative across the wider geography of Essex to include Southend and Thurrock which would address some of the challenges raised by the Joint Strategic Needs Assessment (JSNA).
- That ensuring all the relevant strategies interrelate but do not replicate each other was noted as being of key importance.
- Paul Scott presented the new EPUT trust vision, and the strategic objectives and values.

The board discussed the strategy and a potential all-age approach, with focus on the delivery method. The Board supported the strategy and collaborative.

Paul Scott thanked the Board for their feedback and asked that if any Board members wished to contribute more to the process to email john@tricordant.com There would be a further systems workshop on Friday, 16 September 2020 to get the next steps agreed.

Actions:

Moira McGrath to work with colleagues to convene a Greater Essex collaborative session on mental health including Southend, Thurrock and Essex Health and Wellbeing Boards, as well as representatives from the Voluntary Sector. (By 12 September).

Lucy Wightman to do more work with the Public Health team to understand the protective factors of mental health and build this into the approaches taken within the collaborative development. (By 12 September).

6. Written Partner Update

Ed Garratt noted some achievements that were not captured in the North East Essex written update which were as follows:

North East Essex had come top in the county in the national diabetes audit.

The SOS Bus in Clacton and Harwich had won the NHS parliamentary award for health and equalities.

The Chairman thanked all those who were involved in the Connect Programme winning the Innovation Award at the national Municipal Journal awards, with particular reference to colleagues Mid and South Essex ICS.

Actions:

Ed Garret, Anthony McKeever, Jane Halpin and Nick Presmeg are to work together to agree a single and consistent information and set of data for patients being discharge from hospital, with particular reference to the numbers of delayed discharges. (By 12 September).

7. JSNA - Lucy Wightman

Lucy Wightman gave a brief presentation on the updated Joint Strategic Needs Assessment (JSNA) and encouraged Board members to circulate the information to any partners who may benefit from it.

8. Interactive workshop proposal - Lucy Wightman

The Board were asked to endorse the proposed future approach for HWB meetings. Board members were also asked to feedback any specific matters by the end of July.

The proposal was for future HWB meetings to be split into two parts, the first being the formal business of the Board and the second being a deep dive into the different aspects of the health and care system, with reference to the priority areas agreed within the HWB strategy.

The proposal also included following up with Board members to get feedback on their impressions of the effectiveness of the Board itself, as well as suggestions for any future items.

It was **RESOLVED** that the Board agreed the proposals and that they would be implemented initially for the next three meetings, thereafter, being reviewed as to their effectiveness.

Actions:

All members to feedback proposed subjects for workshops to Lucy Wightman by the end of July. (By 29 July).

9. SET Learning Disability Mortality Review Programme (LeDeR)Annual Report 2021/22 - Rebekah Bailie

Rebekah gave a brief overview of the SET LeDeR Annual Report 2021/22 which detailed deaths of individuals with Learning Disabilities (LD).

The Board were asked to note the LeDeR End of Year report and associated documents and the 3-year deliverable plan 2021-2024 which demonstrated the commitment from all agencies to implementing LeDeR recommendations.

In 2021-22 116 people with Learning Disability died (106 adults and 11 children/young people) with an average age of 65 years which showed an upward trend from previous years but was still far short of average age at death in the rest of the population.

The report revealed a lower-than-average age of death for people with LD in Essex. It was noted that people in this cohort were dying of preventable diseases twice often as people in the general population as they did not have reasonable adjustments made for them in accessing or managing their healthcare in a way that worked for them.

It was noted that people in this cohort were dying across the age ranges. There were some children with life-limiting or very complex needs dying under the age of 18, at an average of ten a year. Within the adult LD population, there was a peak around ages 50 – 60, then again at ages 60 – 69. Compared to the general population this was a much younger peak age range. Health inequalities were noted as the cause of these issues.

It was **RESOLVED** that the Board was content to note the plan and agree their support for it.

10. Essex Special Educational Needs and Disabilities (SEND) Strategy - Clare Kershaw

The Board were asked to endorse the new Essex Special Educational Needs and Disabilities (SEND) Strategy for 2022-2027.

This included endorsement of the vision for the SEND system in Essex, the ways that the local area will work together and the Local Area pledge to children and young people with SEND.

The content of this strategy had been approved by health partners according to their individual governance structures and endorsed by the SEND Partnership Board.

It was **RESOLVED** that the Board endorsed the strategy.

Actions:

Amanda Cherry to provide an update on the research being undertaken on people with learning disabilities and supported volunteering. (By 12 September).

Clare Kershaw to share the two guidance documents on targeted employment for children and employers with the Board. (By 12 September).

Clare Kershaw to circulate videos on the inclusion framework and the impact that is having on Essex schools. (By 12 September).

11. Multiply Programme, Improving Residents Numeracy Skills - Mark Doran

Mark Doran gave a brief presentation on the Multiply Programme.

It was advised that Multiply was a new government funded programme to increase adult numeracy skills. It would be running from 2022 – 2025 and ECC had been allocated up to £7.9m to deliver this programme. This programme was replacing the previous EU funded schemes that focussed on numeracy.

12. Forward plan

Board members noted the forward plan.

Actions:

Democratic Services are to add 'Ambulance Service Update: Tom Abell' to the forward plan for the meeting on 21, September 2022. (By 12 September).

Democratic Services to update the forward plan with workshop themes as agreed at the meeting. (By 12 September).

13. Date of future meeting - 21 September 2022

The date of the next meeting was noted as 21 September 2022 and would implement the new meeting format as agreed at the current meeting. Attendees were therefore asked to note that the next meeting may run until 14:00.

Attendees were asked to note that all future meetings dates (including the November date, as mentioned) can be found [here](#)

14. Urgent business

Ian Davidson advised the Board of a sad event of a person drowning in Clacton, which was one of several incidents which had occurred in the last few days due to the hot weather. Ian urged members to consider releasing communications on the dangers of the water during this heat wave.

Actions:

The CQC Ofsted visit around SEND had taken place and Clare Kershaw was to share the letter from the SEND Ofsted inspection with Board members when available. (When the letter is available).

There being no other business the meeting closed at 12:34.

ESSEX HEALTH AND WELLBEING BOARD

Progress report on actions arising from previous meetings (as at 12 September 2022)

	Minute	Action By	Action Arising	Deadline	Progress/status
1.	1.Membership, Apologies, Substitutions and Declarations of Interest	Democratic Services & Policy Team	Confirm membership of the board and write to individuals to confirm.	By 12 th September	Some membership details are still outstanding.
2.	2. Minutes of the meeting and progress report on actions arising	Equalities and Partnership Team	Equalities and Partnerships Team to liaise with the Violence and Vulnerability Unit (Jim Pearson & Sam Grant) regarding support from the policy unit.	By 12 th September	A meeting has been scheduled to discuss support arrangements, EPT to report back on findings prior to the next meeting in September.
3.	5. Deep Dive Discussion on Mental Health (HWB/18/22)	Daniel Doherty	Daniel Doherty to engage with Jane Gardner on linking up the suicide data with meaningful interventions related to long term prescriptions of strong opioids.	By 12 th September	Dan Doherty, Gemma Andrews and Jane Gardiner have a meeting scheduled for 20 th September to progress. Update to follow.
4.	5. Deep Dive Discussion on Mental Health (HWB/18/22)	Jane Gardner	Jane Gardner asked to come back in 6 months to provide an update on suicide figures.	By 25 th January 2023	To be reported at the January 2023 meeting

5.	5. Deep Dive Discussion on Mental Health (HWB/18/22)	Moira McGrath	Moira to work with colleagues to convene a Greater Essex collaborative session on mental health including Southend, Thurrock and Essex Health and Wellbeing Boards, as well as representatives from the Voluntary Sector.	By 12 th September	Update to follow
6.	5. Deep Dive Discussion on Mental Health (HWB/18/22)	Lucy Wightman	Lucy to do more work with PH team to understand the protective factors of mental health and build this into our approaches within the collaborative development.	By 12 th September	Update to follow
7.	6. Written Partner Updates (HWB/19/22)	Ed Garret, Anthony McKeever, Jane Halpin and Nick Presmeg	To work together to agree a single and consistent set of numbers for delayed discharge from hospital.	By 12 th September	Work is on-going – it is expected that the outcome of this work will be reported to November's meeting.
8.	8. Proposals for Interactive Workshops (HWB/21/22)	All members	All members to feedback subject matters on workshops to Lucy Wightman by the end of July.	By 29 th July	Completed
9.	10. Essex SEN Strategy (HWB/23/22)	Amanda Cherry	Amanda Cherry to provide an update on research being undertaken on people with learning disabilities and supported volunteering.	By 12 th September	Update to follow
10.	10. Essex SEN Strategy (HWB/23/22)	Clare Kershaw	Clare Kershaw to share the two guidance documents on targeted employment for children and employers with the board.	By 12 th September	Targeted Employment Pathways guide - 1 (pagetiger.com) : A guide for careers and educational professionals, as

					<p>well as families, detailing the pathways into employment and the importance and process of vocational profiling.</p> <p>Targeted Employment Employer Guide - 1 (pagetiger.com): A guide for employers that supports the rational for inclusive recruitment and the support available to increase diversity in the work</p>
11.	10. Essex SEN Strategy (HWB/23/22)	Clare Kershaw	Clare Kershaw to circulate videos on the inclusion framework and the impact that is having on Essex schools.	By 12 th September	<p>Inclusion Framework Case Studies:</p> <p>Case Studies 1 (Beauchamps)</p> <p>Case study 2 (Helena Romanes)</p> <p>Case study 3 (Kings road primary)</p>
12.	11. Urgent Business	Clare Kershaw	Clare Kershaw to share the letter from the SEND Ofsted inspection with board members when available.	When the document is available	Completed. Document received and circulated 12/8.
13.	12. Forward Plan	Democratic Services	Democratic Services to update the forward plan with workshop themes as agreed at the meeting.	By 12 th September	Completed

Report title: East of England Ambulance Service Annual Report	
Report to: Essex Health and Wellbeing Board	
Verbal Update	
Date: 21 st September 2022	For: Noting
Enquiries to: Tom Abel	
County Divisions affected: All Essex	

1 Purpose of Report

1.1 For the board to receive the annual report and ask questions of representatives attending on the day

Report title: Joint Area SEND revisit	
Report to: Essex Health and Wellbeing Board	
Report author: Ralph Holloway	
Date: 21 st September 2022	For: Noting
Enquiries to: Ralph Holloway ralph.holloway@essex.gov.uk	
County Divisions affected: All Essex	

1 Purpose of Report

- 1.1 The Health and Wellbeing Board are asked to note the outcome of the joint area SEND revisit which took place in May 2022 and the local area's ongoing commitment to the programme of improvement as set out in the SEN Strategy endorsed at the July meeting.

2 Recommendations

- 2.1 Recommend that the Health and Wellbeing Board note the outcome of the SEND revisit and the ongoing commitment to improvements.

3 Background

- 3.1 Between 17 to 19 May 2022, Ofsted and the Care Quality Commission (CQC) revisited the area of Essex to decide whether sufficient progress has been made in addressing each of the areas of significant weakness detailed in the inspection report letter published on 17 November 2019.
- 3.2 The revisit determined that sufficient progress has been made in addressing the significant weakness and that consequently the formal challenge and support visits from the Department for Education and NHS England will cease.
- 3.3 The details of the revisit are set out in the letter notifying the local area of the outcome (appendix one).
- 3.4 Following the notification of the outcome of the revisit the local area partners issued communications confirming their ongoing commitment to the improvement programme established following the initial inspection in 2019 (appendix two). The SEN Strategy endorsed in July and the delivery plan to follow will underpin the continuing commitment to improve outcomes for all children and young people with SEND.

4 List of appendices

Revisit outcome letter <https://files.ofsted.gov.uk/v1/file/50189491>

Local area notification of outcome and ongoing commitment

<http://www.essexlocaloffer.org.uk/ofsted-revisit-outcome-director-of-education-letter/>

Report title: Better Care Fund (BCF) End of Year Report 2021-22	
Report to: Essex Health and Wellbeing Board	
Report author: Peter Fairley, Director, Strategy, Policy and Integration	
Date: 21 st September	For: Decision / Recommendation
Enquiries to: Will Herbert – Head of Integration Partnerships will.herbert@essex.gov.uk	
County Divisions affected: All Essex	

1 Purpose of Report

- 1.1 To share the Better Care Fund (BCF) end of year report with the Health and Wellbeing Board for formal endorsement.

2 Recommendations

- 2.1 The board approve the end of year report

3 Background and Proposal

- 3.1 Health and Wellbeing Board is required to consider and sign-off the end of year report on the Better Care Fund for 2021/22 for submission to NHS England. The planning guidance for 21/22 set out 5 measures that plans should address:

- **Avoidable admissions** - Unplanned hospitalisation for chronic ambulatory care sensitive conditions
- **Length of Stay** - Proportion of inpatients resident for:
 - I. 14 days or more
 - II. 21 days or more
- **Discharge to normal place of residence** - Percentage of people who are discharged from acute hospital to their normal place of residence
- **Residential Care Admissions** - Rate of permanent admissions to residential care per 100,000 population (65+)
- **Reablement** -Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

- 3.2 The targets for these metrics are set locally, in our BCF Plan for 2021/22.

4 Performance

- 4.1 The Essex performance against the metrics was as follows:
- i. Unplanned hospitalisation for chronic ambulatory care sensitive conditions: the Essex rate was 638.1 per 100k, against a target of 810. Target exceeded
 - ii. Proportion of inpatients resident for:
 - a. 14 days or more: the Essex rate was 12.4% against a target of 10%. Target not met.
 - b. 21 days or more: the Essex rate was 6.6% against a target of 5%. Target not met.
 - iii. Percentage of people discharge from hospital to usual place of residence – the Essex rate was 92.96% against a target of 93.4%. Target not met but in line with the East of England average of 93.04%.
 - iv. Rate of admissions to residential care per 100k population (over 65s)- the Essex rate was 478.9 against a target of 450. Target not met.
 - v. Proportion of older people (65 and over) who were still at home 91 days after being discharged from hospital into reablement services – the Essex rate was 85.8% against a target of 90.1%. Target not met but performance improved from 83.4% in 20/21.
- 4.2 The pandemic continued to cause challenges for the system, with pressure from both additional capacity required to support those suffering from COVID and staff absences impacting on NHS, Local Government, and our providers.
- 4.3 Challenges within the domiciliary care market in particular constrained the number of adults to whom we have been able to offer reablement services.
- 4.4 Despite the challenges the report outlines that the BCF has continued to help drive forward integration in Essex, both the local networks and groups that oversee the day-to-day activity on the BCF and the local alliances and countywide forums they feed into have seen the benefits from the connections and ways of working the BCF has established.
- 4.5 The BCF in 2021/22 supported a focus on more joined up data and intelligence, particularly through the Connect project but also supporting more effective use of combined resources at pressure points over the past year. This enabled better informed decisions on discharge flows including prioritisation matrix for reablement referrals, investment in bridging solutions and deployment of funds to support winter surge.
- 4.6 The BCF also supported alliance development, through research, vision and strategy development, and local delivery planning, as well as the creation of joint delivery roles in some alliance areas (North).

5 Good practice examples

- 5.1 In our return, we also outlined some key successes of the BCF including
- 5.2 Essex Connect - the programme aims to improve outcomes for around 8,000 older adults per year through new ways of working across 5 workstreams. This includes the introduction of early multi-disciplinary teams (MDTs) for adults using our reablement services and strengthening the link and impact of our care technology arrangements by offering training to all reablement assessors and care delivery staff. Outcomes to date include:
- 2,200 people better supported with new ways of working.
 - 21% greater reduction in care needs for people leaving reablement with a more effective service from reablement benefitting 5,500 people per year
 - 170 fewer people admitted to long term residential care each year
 - 90 through more independent community assessments, and 80 through better hospital discharge outcomes.
 - 22% reduction in community hospital Length of Stay (LoS)
 - 4,650 more people Supported by Urgent Community Response Teams (URCT) in the community each year
- 5.3 The BCF has also supported innovation across the care market including the Community Micro-enterprises (CME) project with Tribe. The project aims to support the creation of small local business that can deliver a wide range of personalised care and supports to older people, people with disabilities or to help improve mental health and wellbeing. Local people/projects are supported to set up viable and sustainable enterprises that can provide safe and quality services to people who receive Direct Payments funding from Adult Social Care (ASC), or that fund their care and support independently from the council. There are 21 enterprises currently being supported through our development programme, 3 of them led by people with disabilities. Five enterprises have completed the programme fully and are live in our directory with five more expected to access the platform very shortly, and we have started to receive the first referrals from ASC Teams. Some examples of micro-enterprises are self-employed carers, small local CQC-registered providers, therapists, cleaners, handymen, tutors, community walking/cycling groups, peer support for people with autism, etc.
- 5.4 The focus on place and neighbourhoods in our BCF plan was also highlighted as a strength in our end of year report. Each of our alliances is working on models of integrated health and care teams at neighbourhood level. The BCF has helped us to develop the Neighbourhood Co-ordinator roles to strengthen the contribution of neighbourhood teams and improve care coordination for people with different levels of need in that neighbourhood.

6 Going Forward

- 6.1 Health and Wellbeing Board will wish to know that performance against 2022/23 plan is being monitored. Unfortunately, some of the data feeds have

not previously been available except on an annual basis, so we did not have visibility of some matrices. Officers have now established how each of the key measures can be monitored on a quarterly basis, though this is sometimes on a whole-Essex basis only. Further information can be provided if requested.

7 Options

- 7.1 Approve the BCF end of year report for 2021-22
- 7.2 Suggest amendments and delegate final approval to the chair of the HWB on behalf of the board.

8 Equality and Diversity implications

- 8.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
 - (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 8.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 8.3 Through continued monitoring of the BCF we will ensure the services it funds meet the Public Sector Equality Duty.

9 List of appendices

Annex A BCF End of year report 2021/22

Better Care Fund 2021-22 Year-end Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme; 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).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCEX) prior to publication.

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 more optimally 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 tab for readability if required.

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

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF 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

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.bettercaresupport@nhs.net
(please also copy in your respective Better Care Manager)
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. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2021-22/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

- National condition 1: Plans to be jointly agreed
- National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution
- National condition 3: Agreement to invest in NHS commissioned out-of-hospital services
- National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Long length of stay (14 and 21 days) and Discharge to usual place of residence at a local authority level to assist systems in understanding performance at local authority level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Income and Expenditure

The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.
- The template will automatically pre populate the planned expenditure in 2021-22 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the **actual income** from additional CCG or LA contributions in 2021-22 in the yellow boxes provided, **NOT** the difference between the planned and actual income.
- Please provide any comments that may be useful for local context for the reported actual income in 2021-22.

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions

These questions are kept consistent from year to year to provide a time series.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2021-22
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22.
9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2021-22?

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with partners

4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

7. ASC fee rates

This section collects data on average fees paid by the local authority for social care.

Specific guidance on individual questions can be found on the relevant tab.

Better Care Fund 2021-22 Year-end Template

2. Cover

Version 2.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Essex	
Completed by:	Will Herbert	
E-mail:	will.herbert@essex.gov.uk	
Contact number:	03330 136550	
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:	Wed 20/07/2022	<< 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:	Cabinet Member for Adult Social Care and Health, Chair of the B	
Name:	Cllr John Spence (during the meeting above)	

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes
7. ASC fee rates	Yes

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

[^^ Link back to top](#)

Better Care Fund 2021-22 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board:

Essex

Confirmation of Nation Conditions

National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2021-22:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Better Care Fund 2021-22 Year-end Template

4. Metrics

Selected Health and Wellbeing Board:

Essex

National data may like be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2021-22 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	810.0				On track to meet target	Data availability - data is published once per year by NHSD so we can only provide an update in these end of year reports. We have no way to monitor progress throughout the year	The latest available data is for 2020/21. The Essex rate for this measure is 638.1, meeting the target of 825.6. Unplanned admission rates have fell almost everywhere in the region in 2020/21 due
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	14 days or more (Q3)	14 days or more (Q4)	21 days or more (Q3)	21 days or more (Q4)	Not on track to meet target	None	Essex was performing well on this metric for a large part of the year, with the proportion of patients staying for 14+ days generally being similar to or lower than the regional value. A rise from
		10.0%	10.0%	5.0%	5.0%			
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.4%				On track to meet target	None	The current discharge rate is 93.1%, meeting the proposed target. Essex reached one of its highest discharge rates in April 2021 (93.8%) and has since declined.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	450				Not on track to meet target	None	Overall there were 1,484 admissions in 2021-22, giving a rate per 100,000 population aged 65+ of 478.9. This is slightly over the target of 1,420 for the year. From a high starting position in
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.1%				Not on track to meet target	None - There is some impact of Covid coming through with changes to discharge processes and strategic intent to support people in their own homes (plus less use of care home beds during the early waves	2020/21 figure - 83.4%. This is below the target of 90.1%

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

* In the absence of 2021-22 population estimates (due to the devolution of North Northamptonshire and West Northamptonshire), the denominator for the Residential Admissions metric is based on 2020-21 estimates

Better Care Fund 2021-22 Year-end Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Essex

Income

2021-22			
Disabled Facilities Grant	£11,885,446		
Improved Better Care Fund	£45,016,947		
CCG Minimum Fund	£108,355,055		
Minimum Sub Total		£165,257,448	
	Planned		
CCG Additional Funding	£84,000		
LA Additional Funding	£0		
Additional Sub Total		£84,000	
	Planned 21-22	Actual 21-22	
Total BCF Pooled Fund	£165,341,448	£172,675,047	

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22	Additional contribution to iBCF from each CCG partner, Mid, North, BB, CPR and West, to help fund various local schemes i.e. reablement, bridging, other local schemes.
--	---

Expenditure

	2021-22
Plan	£165,341,448
Do you wish to change your actual BCF expenditure?	Yes
Actual	£164,866,835

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22	Lower actual spend due to revised Programme and Admin and local iBCF schemes.
---	---

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2021-22 Year-end Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2021-22. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Essex

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The BCF continues to help drive forward integration in Essex, both the local networks and groups that oversee the day-to-day activity on the BCF and the local alliances and countywide forums they feed into have seen the benefits from the connections and ways of working the BCF has established.
2. Our BCF schemes were implemented as planned in 2021-22	Agree	The pandemic continued to cause challenges for the system, with pressure from both additional capacity required to support those suffering from COVID and staff absences impact on NHS, Local Government, and providers. Despite this we have continued to progress with the planned BCF actions.
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality	Agree	The focus on place and neighbourhoods in our BCF plan has helped strengthen integration. Each of our alliances within integrated care systems is working on models of integrated health and care and physical and mental health teams at neighbourhood level. The BCF has helped us to develop the Neighbourhood Co-ordinator roles to strengthen the contribution of

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	Other	Essex Connect - Our Connect programme, aims to improve outcomes for around 8000 older adults per year through new ways of working across 5 workstreams. This includes the introduction of early MDTs for adults using our reablement services and strengthening the link and impact of our care technology arrangements by offering training to all reablement assessors and care delivery staff. outcomes to date include: 2,200 people better supported with new ways of working.
Success 2	6. Good quality and sustainable provider market that can meet demand	The BCF has also supported innovation across the care market including the Community Micro-enterprises (CME) project. The North East Essex CME Project was launched in August 2021. The project aims to support the creation of small local business that can deliver a wide range of personalised care and supports to older people, people with disabilities or to help improve mental health and wellbeing. Local people/projects are supported to set up viable and sustainable enterprises that can provide safe and quality services to people who receive Direct Payments funding from ASC, or that fund their care and
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	6. Good quality and sustainable provider market that can meet demand	Challenges within the domiciliary care market have constrained the number of adults to whom we have been able to offer reablement services. A number of initiatives have been launched to support the domiciliary care market, and measures are reported regularly to monitor progress and impact.
Challenge 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	One of the biggest challenges remains the complex system geography that creates challenges in terms of capacity and consistency due to ECC being in the nationally unique position of being in three integrated care systems. While the BCF is utilised on an Essex footprint and at locality levels within the ECC boundaries we are mindful of the the impact BCF decisions have on ICS partners in other LA boundaries and this adds an extra layer of consultation, engagement and negotiation to decision making.

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
- Other

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2021-22 Year-end Template

7. ASC fee rates

Selected Health and Wellbeing Board:

Essex

The iBCF fee rate collection gives us better and more timely insight into the fee rates paid to external care providers, which is a key part of social care reform.

Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are exploring where best to collect this data in future, but have chosen to collect 2021-22 data through the iBCF for consistency with previous years.

These questions cover average fees paid by your local authority (gross of client contributions/user charges) to external care providers for your local authority's eligible clients. The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (gross of client contributions/user charges), reflecting what your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support such as the Infection Control Fund but otherwise, including additional funding to cover cost pressures related to management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have been paid had the pandemic not occurred. This counterfactual calculation was intended to provide data on the long term costs of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual rate paid to providers (not the counterfactual), subject to than the exclusions set out below.

Specifically the averages SHOULD therefore:

- EXCLUDE/BE NET OF any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments.
- INCLUDE/BE GROSS OF client contributions /user charges.
- INCLUDE fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- EXCLUDE care packages which are part funded by Continuing Health Care funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:** 1. Take the number of clients receiving the service for each detailed category. 2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential). 3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category. 4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

	For information - your 2020-21 fee as reported in 2020-21 end of year reporting	Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value	What was your actual average fee rate per actual user for 2021/22?	Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£18.00	£18.00	£19.02	5.7%
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£578.76	£578.76	£604.53	4.5%
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£713.24	£713.24	£778.78	9.2%
4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. Please do not use more than 250 characters.				

Footnotes:

- * "... in the column C lookup means that no 2020-21 fee was reported by your council in the 2020-21 EoY report
- ** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees. (Occupancy guarantees should result in a higher rate per actual user.)
- *** Both North Northamptonshire & West Northamptonshire will pull the same last year figures as reported by the former Northamptonshire County Council.

Checklist

Complete:

Yes

Yes

Yes

Yes

Report title: Better Care Fund Plan 2022/23	
Report to: Health and Wellbeing Board	
Report author: Peter Fairley, Director, Strategy, Policy and Integration	
Date: 21 st September 2022	For: Decision
Enquiries to: Will Herbert – Head of Integration Partnerships will.herbert@essex.gov.uk	
County Divisions affected: All Essex	

1. Purpose of Report

- 1.1. To share the Better Care Fund (BCF) Plan for Essex for 2022/23 for formal endorsement.

2. Recommendations

- 2.1 Endorse the plan and note that partners, including Essex County Council, will need to adopt the strategy via their own decision-making processes.

3. Background and Proposal

- 3.1. Thousands of Essex residents and their carers rely on health and care services to support them. By local government and the NHS working more closely together (including with wider partners), we can provide services in a more joined-up way and lead to better outcomes for residents across Essex.
- 3.2. The Better Care Fund (BCF) was created to help this approach by bringing together funding pooled between the NHS and local government, to spend together on services and support, providing a more integrated approach to health and social care services. In 2022/23 this funding amounts to £172.8m.
- 3.3. The national BCF Planning guidance requires that a plan for spending all funding elements is jointly agreed by the relevant local authority and Integrated Care Boards (ICB). The Plan comprises a Narrative Plan that sets out the overall approach and a Planning Template that sets out detailed financial commitments. Plans must be agreed by the ICBs and the local authority chief executive and signed off by the Health and Wellbeing Board. The 2022/23 Plan must be submitted to NHS England by 26 September 2022. The national guidance sets out four conditions that all plans must meet to be approved. These 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.
- 3.4. By developing a more integrated approach to services and spending public money, these proposals will contribute strongly to the achievement of the statutory purposes of integrated care systems and also to ECC's strategic ambitions in *Everyone's Essex*, notably around Equality and Levelling Up – working together to improve outcomes for Essex residents – particularly those more vulnerable, who depend on effective local health and care services to enable them to lead a more independent and good-quality life.
4. **Options**
Not applicable
5. **Issues for consideration**

Context

- 5.1 The BCF was announced by Government in June 2013. It was intended to provide an opportunity to transform local services through better integrated care and support. Health and Wellbeing Boards have been obliged to submit BCF Plans since then that meet mandated minimum financial values and demonstrate achievement of a series of NHS England national conditions. The BCF is overseen by the Health and Wellbeing Board and quarterly status reports are submitted to NHS England on performance. The Better Care Fund incorporates funding to support local authority social care (the Improved Better Care Fund (iBCF) and Winter Pressures) which are subject to conditions that it be pooled into the BCF and used to ease pressures in the health and care system.
- 5.2 Since 2017 the iBCF has been included as part of the wider BCF. It is a grant provided to the local authority for the purposes of Adult Social Care and must be focused on:
- i. Sustaining Adult Social Care
 - ii. Supporting activity to ease health pressures
 - iii. Sustaining the Care Market
- 5.3 The Essex BCF Plan brings together NHS and local government funding worth £173m in 2022/23 to provide vital services that support Essex residents with health and care needs. The Plan includes expenditure of:
- a) £46m on adult social care services (via mandatory NHS allocations), including contributing towards the costs of funding care services in a person's home (domiciliary care); reablement services that enable people to recover their strength, confidence and independence; and support to carers.
 - b) £69m on NHS community services, funding a range of health services that support people with complex needs to live as independently as possible and enjoy quality of life.

- c) £12m via district/borough/city councils on adaptations to homes to meet the needs of people living with disabilities (Disabled Facilities Grant).
 - d) £10m on schemes that support hospital discharges and help address pressures that typically result from higher demand during winter (such as investment in 'bridging' services that provide interim support for a person between leaving hospital and being able to return home); investment in support to the care market (such as training and quality improvement); and investment in services that support people with sensory impairments.
 - e) £36m contribution to the costs of meeting social care needs arising from higher prices and demand for services, as well as maintaining investment in discretionary services that have a benefit to social care and NHS partners (iBCF grant).
- 5.4 Local health and care systems have to submit their BCF plans for 2022-23 to NHS England by 26 September 2022. The BCF plan for Essex covers the Essex health and wellbeing board area, which includes the Essex elements of the 3 Integrated Care Boards (covering Hertfordshire and West Essex, Suffolk and North East Essex, and Mid and South Essex) and 5 local health and social care Alliances that cover the former clinical commissioning group (CCG) areas.
- 5.5 The BCF Policy Framework sets national metrics that must be included in BCF plans in 2022-23. The metrics for the BCF in 2022-23 are:
- a) proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation (effectiveness of reablement);
 - b) older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population (admissions to residential care homes);
 - c) unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions to hospital);
 - d) improving the proportion of people discharged home, based on data on discharge to their usual place of residence (discharge to usual place of residence).
- 5.6 Although the BCF covers 2022/23, the national guidance for the BCF Plan was only released at the end of July 2022 with a requirement for plans to be submitted to NHS England by 26 September 2022. This is a challenging timetable since local NHS organisations are in the middle of a transformation. This report outlines the key elements of Essex's Plan.

6. National Conditions:

All BCF plans must meet four national conditions:

- 6.1 **National Condition 1 – The plan must be jointly agreed** - The proposed plan meets that condition. The BCF plan will be endorsed by the Essex Health and Wellbeing Board and will be approved by Essex County Council and by each integrated care board.

- 6.2 **National Condition 2 – NHS contribution to Social Care is maintained in line with the uplift to NHS minimum contribution.** The proposed plan confirms that the total amount from the Better Care Fund NHS minimum contribution allocated for supporting social care in 2022-23 is £45.568m and represents a 5.66% increase in line with the national guidance. The proposed plan meets that condition.
- 6.3 **National Condition 3 – Invest in NHS commissioned out of hospital services.** The proposed plan confirms that the total amount to be invested in NHS commissioned out of hospital care in Essex will exceed the minimum ringfence required by national guidance. In Essex this is £32.534m.
- 6.4 **National Condition 4 – Implementing the BCF policy objectives, which for 2022-23 are:**
- I. **Enable people to stay well, safe and independent at home for longer -** This objective seeks to improve how health, social care and housing adaptations are delivered to promote independence and address health, social care and housing needs of people who are at risk of reduced independence, including admission to residential care or hospital. BCF plans for 2022-23 should set out how BCF funding (including any voluntarily pooled funding) aligns in support of this objective.
 - II. **Provide the right care in the right place at the right time -** BCF plans should set out how ICB and social care commissioners will continue to:
 - a. 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.
 - b. Carry out collaborative commissioning of discharge services to support this. Systems should have regard to the guidance on collaborative commissioning published by the LGA, in partnership with the BCF Programme, and guidance produced following the evaluation of the Hospital Discharge Policy and Discharge to Assess.

The narrative plan (Appendix 1) sets out how Essex health and social care services are working to meet these objectives (pages 8-11) through personalised care and asset-based approaches; joined-up approaches to population health management; multidisciplinary teams at place or neighbourhood level; investment in intermediate care services and improving discharge processes.

Additional requirements for 22/23

- 6.5 The BCF plan (Appendix 1) must now include an overview of how BCF funding is supporting unpaid carers (with particular reference to how funding in the NHS minimum contribution to fund carer's breaks and local authority duties to support carers under the Care Act 2014 is being used). The proposed plan sets out how ECC and partners are doing this with reference to the *All Age Carers Strategy 2022-23* and specific commissioned services (pages 11-12).

- 6.6 Areas are also asked to develop plans that outline expected capacity and demand for intermediate care services in the area. This must cover demand for services to support people to stay at home (including admissions avoidance) and hospital discharge pathways, for quarters 3 and 4 of 2022-23 across health and social care. This should cover both BCF and non-BCF funded activity. (Pages 5-6).
- 6.7 As a first step, we must develop a single picture of intermediate care needs and resources for the Essex health and wellbeing board area. **There is no expectation that the BCF should be used to fund all services within this capacity and demand plan.**

7. Metrics

As with previous BCF plans there are national metrics used to measure progress.

7.1 **Metric 1: Long term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population**

We want people to be as independent as possible and to be able to live in their own home as far as is possible.

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups admission to residential or nursing care homes can improve their situation and will always be necessary in some situations.

The target in Essex for 2022/23 is 430 per 100k. In 21/22 Essex had an actual rate of 478 per 100k so this plan is targeting an improvement.

7.2 **Metric 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services**

This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement.

The target in Essex for 2022/23 is 87% - an improvement from performance 85.8% in 21/22 and a return to levels being achieved just before the pandemic.

7.3 **Metric 3: Unplanned hospitalisation for chronic ambulatory care sensitive conditions**

This indicator measures the number of times people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency.

The target in Essex for 2022/23 is 183 per 100k. This would maintain performance from 21/22

7.4 **Metric 4: Discharge to usual place of residence**

This measures the number of discharges of people over the age of 18, following an inpatient stay, that are recorded as being to a person's usual place of residence. This is an important marker of the effective joint working of local partners and is a measure of the effectiveness of the interface between health and social care services. Maximising the proportion of people who return to their usual place of residence at the point of discharge enables more people to live independently at home.

The target in Essex for 2022/23 is 93%. This would be an improvement on Essex average of 92.9% in 2021/22.

8. Other Considerations

8.1 **iBCF**

In the Government's March 2017 Budget additional funding was allocated to social care. The funding amounts to £46.4m in 2022/23. The conditions for use of the iBCF remain the same. That is, it may only be used for:

- Meeting adult social care needs
- Reducing pressure on the NHS (including winter pressures)
- Supporting more people to be discharged from hospital
- Supporting the social care provider market

The iBCF has funded various schemes and initiatives over the course of the allocation, as per monitoring reports and narrative plan. Management of this has been through locality partnership boards where those schemes that have shown to add value have been adopted as part of mainstream health or care base budgets.

8.2 **Disabled Facilities Grant**

The Disabled Facilities Grant (DFG) is transferred directly from ECC to the twelve District, Borough and City councils to allow them to discharge their statutory duty with regard to DFGs. The DFG will continue to be used by each

of the twelve District, Borough, and City councils in Essex to discharge their statutory housing responsibilities and support housing adaptations. District council use of DFG can play an important role in facilitating timely hospital discharges and ensuring that people have opportunities to return home after a hospital admission, rather than have to be admitted to a residential care or nursing home.

9. Financial implications

- 9.1 ECC is the pooled fund host for the Essex BCF. The planning requirements for the 2022/23 financial year were not published by NHS England until 19 July 2022, and so interim arrangements were agreed in March 2022 (Cabinet decision FP/286/01/22) to ensure continuity of funding from NHS partners.
- 9.2 The approval of the BCF plan will allow the relevant section 75 agreements (section 75 of the NHS Act 2006 enables joint commissioning and commissioning of integrated health and social care services) to be drawn up, including the revised payment schedules for NHS contributions. These must be signed and in place by 31 December 2022.
- 9.3 The tables below summarise the funding sources and planned expenditure at a countywide and local level for 2022/23. Expenditure on all schemes including those specific to each ICB and local level (Alliance area) are outlined in the attached BCF plan.

Funding Source	HWE	MSE	SNEE	DLUHC	Total
	£m	£m	£m	£m	£m
NHS Contribution	23.8	64.3	26.5		114.5
iBCF				46.4	46.4
DFG				11.9	11.9
Total BCF Pooled Budget	23.8	64.3	26.5	58.3	172.8

Expenditure Plan	HWE	MSE	SNEE	County-wide	Total
	£m	£m	£m	£m	£m
Social Care (min NHS contribution)	9.3	26.0	10.3		45.6
Community Services	14.4	38.3	16.1		68.9
iBCF Meeting Social Care Needs				36.1	36.1
iBCF Countywide & Locality Schemes	0.2	0.4	0.1	9.6	10.3
DFG funded	2.1	6.0	3.8		11.9
Total BCF Plan	26.0	70.7	30.4	45.7	172.8

10. Legal implications

There are no specific legal implications arising from the board's endorsement of the BCF Plan. The relevant partners, including ECC, will need to go through all relevant governance procedures to adopt the BCF Plan to submission to NHS England.

11. Equality and Diversity implications

- 11.1 The Public Sector Equality Duty applies to ECC when it makes decisions. The duty requires us to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc on the grounds of a protected characteristic unlawful
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 11.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 11.3 The equality impact assessment (appendix 1) indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a characteristic.

12. List of appendices

Appendix 1 - BCF 2022-23 Narrative Plan
Appendix 2 - Equality impact assessment

13. List of Background papers

BCF Planning Template

Essex Better Care Fund 2022-23 narrative plan

Essex Health and Wellbeing Board

Bodies involved in preparing the plan:

Local authority:	Integrated care boards (ICBs):	5 Place Based alliances:	Wider Alliance representatives including:
Essex County Council Essex Health and Wellbeing Board	<ul style="list-style-type: none">Hertfordshire and West Essex ICBMid and South Essex ICBSuffolk & North East Essex ICB	<ul style="list-style-type: none">North East EssexMid EssexWest EssexBasildon & BrentwoodCastlepoint & Rochford	<ul style="list-style-type: none">Hospital TrustsCVSDistrict & Borough CouncilsGPs / PCNs / Primary CareCommunity Health ProvidersAmbulance TrustHospices

How have you gone about involving these stakeholders?

The plan is developed through a mixture of Essex-wide discussions and local place-based alliance discussions. Essex-wide forums include the Greater Essex Operational Tactical Co-ordination Group, where system flow and resilience plans are discussed and developed.

At a place level, our BCF Plan is co-produced through local Partnership meetings, where priorities for local alliances form the basis of decisions to invest. Local alliances / ICPs determine the best approach for investing the delegated BCF Budget in their area.

The Essex Health and Wellbeing Board have considered and been asked to endorse the plan.

Executive summary

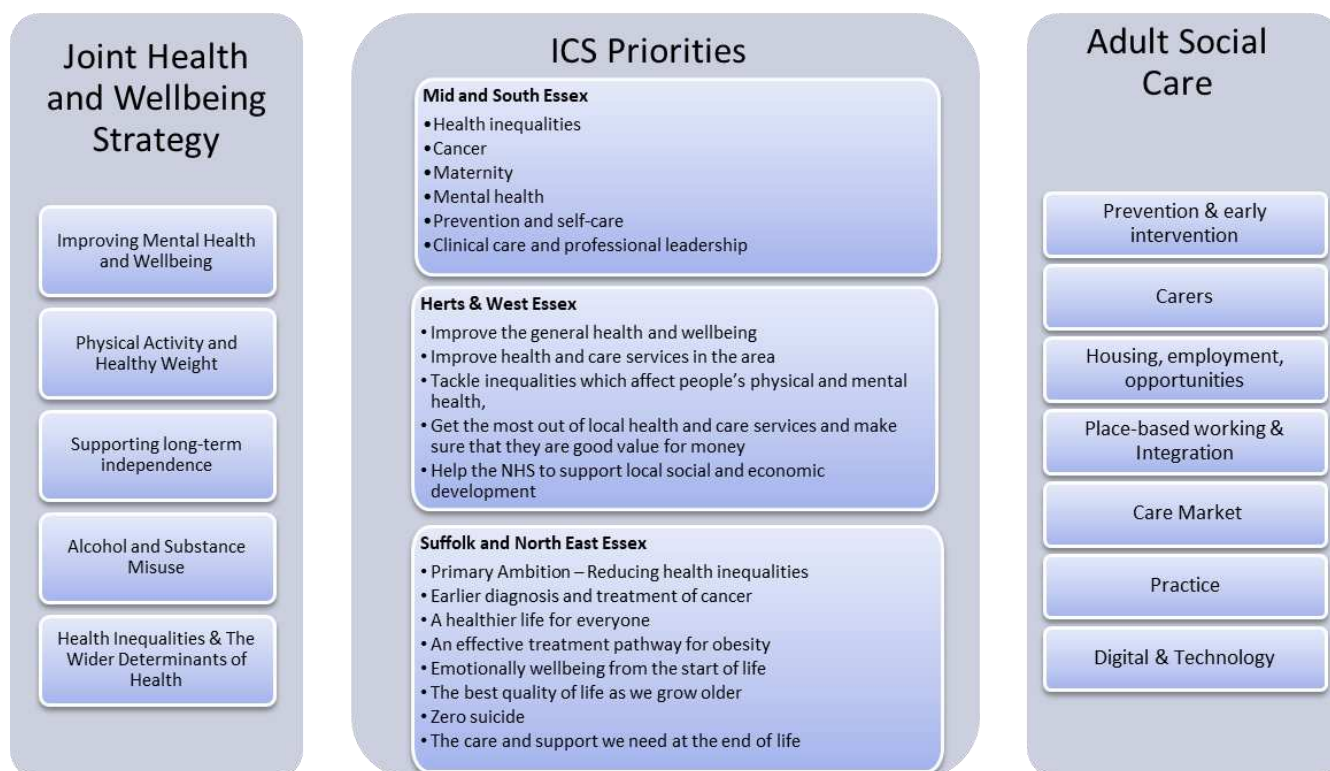
Essex is one of the largest and most complex health and care systems in the country. This year has seen the introduction of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs), with Essex part of three Integrated Care Systems (ICSs) which overlap with other local authority boundaries (Southend, Thurrock, Suffolk and Hertfordshire).

The Essex system is committed to working through these new arrangements to build and empower strong and inclusive place-partnerships, joining up care and support with local partners, including NHS, local authorities including district councils, schools and communities, and the local voluntary and community sector.

Since the 2021/22 plan, Essex have updated our Joint Health and Wellbeing Strategy (JHWS) which sets out refreshed priorities and an increased focus on addressing the wider determinants of health and health inequalities. It sets a vision to improve the health and wellbeing of all people in Essex by creating a culture and environment that reduces inequalities and enables residents of all ages to live healthier lives.

As partners across the Essex system, we will work together to deliver on this vision, our ambitions for integration and shared priorities, and our duties set out in the Care Act.

Priorities for 2022-23



The diagram above sets out the priorities of partners within the Essex System.

It includes the priorities from:

- Essex County Council Adult Social Care Strategy which defines key areas of focus through to 2025
- Integrated Care System (ICS) priorities
- The priorities from the Essex Joint Health and Wellbeing Strategy (2022-26).

To deliver against these shared priorities we will focus our work through the Better Care Fund 2022/23 on:

- Intermediate Care
- Care Market Development
- Communities and Early Help
- Discharge to Assess
- Alliance Development
- Neighbourhood teams and PACTs (PCN-aligned community teams)
- Carers

Summary of Finances:

Funding Source	HWE	MSE	SNEE	DLUHC	Total
	£m	£m	£m	£m	£m
NHS Contribution	23.8	64.3	26.5		114.5
iBCF				46.4	46.4
DFG				11.9	11.9
Total BCF Pooled Budget	23.8	64.3	26.5	58.3	172.8

Expenditure Plan	HWE	MSE	SNEE	County-wide	Total
	£m	£m	£m	£m	£m
Social Care (min NHS contribution)	9.3	26.0	10.3		45.6
Community Services	14.4	38.3	16.1		68.9
iBCF Meeting Social Care Needs				36.1	36.1
iBCF Countywide & Locality Schemes	0.2	0.4	0.1	9.6	10.3
DFG funded	2.1	6.0	3.8		11.9
Total BCF Plan	26.0	70.7	30.4	45.7	172.8

Governance

The Essex Health & Wellbeing Board provides strategic leadership and direction for decision-making and joint commissioning across Essex. The Board is consulted and asked to endorse the Essex Better Care Fund Plan. The HWB receives quarterly reports on progress.

Sitting beneath the Health and Wellbeing Board, the Greater Essex Integrated Health and Care Liaison Group (IHC Liaison Group) acts as the lead partnership forum for the development, and management of, the Essex Better Care Fund plan. This group consists of the Director of Adult Social Services for Essex, the ICS chief executives, and the Director of Public Health for Essex. The group also includes representatives from Southend and Thurrock, but does not act as the BCF partnership board for those unitary local authorities.

The Essex BCF is governed by a section 75 between the County Council and the three integrated care boards. It has 6 pools – a countywide pooled fund, and 5 local pooled funds, one for each place-based alliance.

The BCF is governed at a local level through locality BCF Partnership Management Boards. In some localities these Partnership Management Boards are free standing Boards and in others they have been incorporated into wider alliance/ICP discussions.

Transformational plans and programmes are formally discussed and approved by existing local authority Governance processes and within each ICB's governing bodies. As the ICP arrangements develop locally, the best mechanisms for discussing the BCF and supporting partner engagement in the BCF will be reviewed, to ensure we have open and transparent decision-making processes and that we maximise the opportunities for collaboration.

Within Essex the Better Care Fund has one overarching S75 that incorporates all agreements for delegating BCF locally. ECC and the CCGs (prior to the introduction of ICBs) have agreed use of all pooled budgets in a joint and transparent manner, through jointly agreed governance routes. Decisions about use of funding are based on a clear and shared understanding of the allocation of resources across different areas of Essex, how this relates to population need, the services that will be supported and the outcomes that will be delivered.

In addition to the locality management and monitoring of the BCF, ECC is providing Programme Management and PMO resource to support the Health and Wellbeing Board with its responsibilities to agree and submit plans and quarterly reports to NHS England.

Overall BCF plan and approach to integration

Context

Essex has an ageing and growing population and has a higher proportion of the population aged over 65 than the England average. The recent census showed that Essex has seen a 44% increase in the population aged 70-74 over the last decade, compared with 37% increase of the same age group nationally.

Essex is also a diverse county; from rural villages and market towns, to urban New Towns and metropolitan centres, to our coastline. While the county is relatively healthy and wealthy, this masks areas of significant deprivation. Essex has the most deprived neighbourhood in the whole of England and the proportion of the Essex population living in the 20% most deprived communities nationally almost doubled between 2007 and 2017.

Each area within Essex is unique with its own challenges and opportunities. There are significant differences between our communities, their needs and how we work together to address them. For example, the

provision of services in rural areas, the deprivation in coastal communities and its impact on health outcomes, and tailoring our approaches to the assets in each community.

Alongside this, Essex operates in arguably the most complex health and care system in the country. The county is split across three integrated care systems (Mid and South Essex; Hertfordshire and West Essex; and Suffolk and North East Essex) and works with 12 district/borough/city councils, 5 acute hospital sites, 3 NHS community providers and 2 providers of mental health services (covering childrens and adults).

The complex geography of Essex and the various organisational and strategic footprints mean that while the overarching vision, and ICSs, will guide our work on integration, how this looks locally will take different forms and progress at differing rates.

Approaches to integration & joint/collaborative commissioning

A one size fits all model will not suit the varying needs of our communities across the whole of Essex. We are focussed on building inclusive place-based partnerships as the bedrock of how we work to improve health and care outcomes in a local place.

However, through each of these place-based partnerships and at a county and ICS level we will be working towards common commitments:

- A greater focus on prevention and maintaining independence
- A common commitment to Discharge to improve the timeliness of transfers of care but also the quality of service received – with a focus on Home First
- Creating closer working between all partners to improve outcomes for the population of Essex.
- Implementing the changes from the Health and Care Act and the ambitions set out in the integration white paper
- Population Health Management approaches to support better risk stratification and preventative work
- Addressing and reducing Health inequalities
- Improving the support to carers.

Ultimately our long-term ambition is to take collective responsibility for resources and population health and to provide joined up, better coordinated care for the benefit of the Essex population, with a shared understanding of those solutions best created a local level, at Integrated Care System (ICS) level, and at Essex level.

We will also look to advance integration on the ground where it can be done quickly and beneficially without the need for complex new organisational structures and / or commissioning and contractual arrangements.

Joint Integration & BCF Priorities:

- I. **Intermediate Care** - the BCF and iBCF is utilised to fund reablement services, as well as a range of bridging and short-term care support to provide intermediate care and support system flow. It is an essential part of how we deliver on National Condition 4 - Approach to providing the right care in the right place at the right time. Service contracts are in place providing block capacity of over 13,000 hours per week of reablement with an average of 80 adults supported each week through reablement contracts, and a further 30 per week supported by our In Lieu of Reablement (ILOR) arrangements totalling over 5500 people each year. In addition, approximately 120 adults are supported in bridging services at any one time. Demand that cannot be met through these contracts is met through spot purchasing of reablement, which is funded by ECC outside of the BCF.

Below is a summary of forecast expenditure and funding streams for the areas of intermediate care managed by ECC.

Forecast Expenditure	2022/ 23 £m
Reablement at Home	18.3
Additional Reablement Capacity / In Lieu of Reablement	4.9
Spot Purchased Reablement	5.9
Bridging	3.6
Total Intermediate Care (ECC managed)	32.8

Funding Source	2022/ 23 £m
BCF 2022/23	12.0
iBCF 2022/23	7.3
Other sources (recurrent)	6.3
Other sources (non-recurrent)	7.2
Total Intermediate Care (ECC managed)	32.8

We are working in partnership with the NHS and with the provider market on a medium to long term approach for re-shaping the intermediate care system and bringing together reablement services, bridging services, short-term care home provision, as well as NHS intermediate care services, to improve outcomes for people and ensure a joined up and integrated approach to service delivery.

In the short-term this requires an interim step to secure additional reablement provision to replace in-lieu-of-reablement (ILOR) services across the county and to procure bridging services. This will drive consistency and improvements in our reablement and bridging capacity, aimed at driving the cross-system collaboration needed as we move toward an integrated model for intermediate care services. To support with this, the Council has created the Connect programme which is refining the process flows and system intelligence to support better delivery of reablement outcomes.

- II. **Care Market Development** – the BCF and iBCF is utilised to support the care market. For example, it funds care quality improvement initiatives and training, and is also utilised to fund incentive payments to support fast track discharges.

Since the pandemic we have seen increased challenges in the care market. The key area of supply difficulty is domiciliary where levels of unsourced care have been high for the past 12 months, as the

domiciliary care sector has struggled to compete with other sectors of the economy for workforce. From engagement we know that the key challenge is workforce, so we have several initiatives in place to help providers retain and recruit staff. Essex is currently refreshing its market shaping strategy.

- III. **Communities and Early Help** – Our place-based alliances (bringing together local government, the NHS and voluntary and community sector) provide a means for us to engage with and shape our communities. We are committed to building community assets (based on an understanding of what assets exist and what the gaps are against our priority outcomes) and how we can jointly work together at place level to provide early help and maximise benefits of the local community assets. This is a key part of local approaches to levelling-up, demand management and tackling health inequalities.
 - IV. **Discharge to Assess** – a review has shown there are 5 different approaches across Essex and identified four areas of focus that would benefit from being addressed in terms of the D2A guidance; Leadership, Transfer of Care Hubs, Community pathways and Post Discharge community reviews. Improving hospital discharges is a priority for addressing through 2022-23.
 - V. **Alliance Development** - At a local level, there is some consistency across our alliances and partnerships in the priorities we are focussing on at place level. Many parts of Essex have adopted the Live Well Framework e.g. Start Well, Be Well, Feel Well, Age Well, Stay Well, Die Well, which provides a flexible framework for developing outcomes across the life spectrum.
- Alliance Development is also a common theme across many parts of the Essex system with several alliances looking to strengthen change management and programme delivery capacity at place level to focus on integrated projects such as “**Connected Places**”.
- VI. **Neighbourhood teams and PACTs (PCN-aligned community teams)** – Across Essex in each locality we are bringing health and social care resources together closer to the community to co-ordinate management of people with complex needs and improve well-being and outcomes for the local populations. These teams working across health, social-care, housing and non-paid services with team members having an understanding of the local assets in the place that can support people.
 - VII. **Unpaid Carers** – Essex has developed and launched a new carers strategy which sets out 6 commitments to support unpaid carers. This is set out in more detail later in the plan.

The diagram below provides an overview of our shared priorities at county and place level.



How BCF funded services are supporting our approach to integration

Area	Activity Summary
Countywide	<p>The BCF and iBCF is continuing to strengthen relationships between partners and support improved outcomes at a county level. It supports a number of county wide initiatives to address key challenges in the system including securing the provision of reablement services, bridging and in-lieu of reablement services to support system flow. The countywide fund has also funded incentive payments to facilitate fast-track discharges and to reduce unmet need in the community. Countywide funding has invested in the award-winning Connect programme which consists of 5 key projects looking at reablement, discharge outcomes, supporting independence, admission avoidance and community hospital bed flow.</p> <p>The BCF also continues to support us to increase the quality of services and therefore system capacity by reducing suspended services and those that service users reject through a range of Countywide Care Market Quality Initiatives.</p> <p>It also supports Integrated Dementia Commissioners who have recently produced a new partnership dementia strategy for Southend, Essex and Thurrock. The dementia team have also led on an intergenerational programme connecting young & people living with Dementia to support building a 'Dementia-Friendly Generation'.</p>
Suffolk and North East Essex ICS	
North Essex	<p>To realise the Alliance Neighbourhood ambition in North East Essex the BCF will support test and learn activity and the development of community hubs and community models of working as part of the Neighbourhood teams project. It will also support the continuation of work on Community Micro Enterprises (CMEs) and using an Asset Based approach to the provision of care and support services in the local area. Providing greater choice and control for local residents.</p> <p>The partnership is investing in Alliance Delivery Leads connecting these leads to key alliance programmes, to create additional delivery capacity.</p> <p>The partnership is also investing in discharge support programmes aimed to improve a residents opportunities to access reablement care via a trial to support on a ward pre discharge and a project to ensure step down from hospital can be to a supported care facility rather than a care home to increase the changes of returning to independent living for residents.</p>
Mid and South Essex ICS	
Mid Essex	<p>In addition to the continuation of several existing programmes funded through the BCF this year partners in Mid Essex have agreed to take forward the Supporting Wellbeing Outreach Team. Provided by Chelmsford CVS, this service supports Adults returning home from hospital with low-level issues such as equipment, house clearing, shopping etc to ensure successful hospital discharge and avoid unnecessary readmission.</p> <p>The partnership is investing in Alliance Delivery Leads – learning from North Essex and connecting these leads to key alliance programmes, to create additional delivery capacity.</p> <p>Virtual ward link workers, to provide focussed support with each frailty virtual ward from social care to support Adults moving through the model and ensuring that they receive the most appropriate input from social care to maximise opportunities for independence.</p>
South East Essex	<p>In South East Essex the BCF has supported programmes including the Aging Well Intensive Carers, an integrated programme with health and community teams to aid discharge from hospital to own home or most appropriate care facility. It will also continue to support Research into Readmissions & Avoidable Admissions - commission deep dive analysis to offer clear reasons for readmission.</p> <p>As a result of the BCF we have also been able to extend Dementia support (Dementia Community Support Team) working in partnership with Southend.</p>

South West Essex	<p>We are working to further strengthen our alliance working and, building on learning from North Essex, we are creating Alliance Delivery Leads tasked with taking forward priority programmes of work for the alliance and supporting local system transformation.</p> <p>We are also exploring the use of the Gemima Risk Stratification Tool - Implementing a Risk Stratification Tool for primary care to inform care plan discussions at MDT across health and social care and to identify service users with high/multi complex needs</p> <p>At a neighbourhood level the BCF has is supporting Neighbourhood Co-ordinators to strengthen the contribution of neighbourhood teams and improve care coordination for people with different levels of need in that neighbourhood.</p>
Herts and West Essex ICS	
West Essex	<p>In West Essex the BCF continues to provide support for the care co-ordination centre to manage all discharges from the hospital and priorities system capacity to meet the demands on the system and proactive management of the adult through their pathway.</p> <p>Alongside this our work continues on the implementation of PCN Aligned Community Teams (PACTs) bringing health and social care resources together supported by its own leadership team for co-ordinated management of people with complex needs, improved access to health and care support delivered at home or within local PCN aligned geographies and managing the growth and demand across health and care services.</p>

A full list of current place-based initiatives is available in Annex A

Implementing the BCF Policy Objectives (national condition four)

Approach to enabling people to stay well, safe and independent at home for longer

I. Personalised care and asset-based approaches

Our approach to personalisation starts within the communities that people live in. At Alliance, County and ICS level we have built excellent partnerships with CVS's to drive our focus and approach to working alongside local and hyper-local communities at 'place' level. This is underpinned by our neighbourhood / PCN aligned model which works closely with system partners to fundamentally know, understand, and support people in the place that they call home.

In the North of the county partners across the alliance have undertaken **Asset Based Community Development (ABCD) training** and embedded those principles in how they work. We are also continuing our work on **Community Micro Enterprises (CMEs)** to help provide greater choice and control for people in ow their needs are meet local through the assets that exist in their local area.

In South Essex, in Basildon and Brentwood and Castle Point and Rochford we are exploring how **social prescribing** can help build stronger resilience and enable people and their families to maintain their independence. The social prescribers work to link individuals with early interventions and prevention support within the community.

In Mid Essex '**Connected Places**' is a joint pilot project between Mid Essex Community Health and ASC exploring ways to integrate personalised health and social care services and drive outcomes for people living in the Dengie peninsular, a rural area of Essex. This is providing a more joined-up localised response with community nursing, ASC and domiciliary care working as a neighbourhood team together with a network of other professionals wrapped around them. We are now looking at how we can take the learning from this pilot and extend it to other communities in Mid Essex supported by **Alliance Delivery Leads**

II. Joined-up approaches to population health management

Work is ongoing as a part of the development of each of our 3 ICS systems to embed population health management and the use of data and intelligence to support commissioning, planning and strategic decision-making. Approaches are being developed in each ICS system.

Mid and West Essex were both selected to take part in the ICS Place Development Programme to accelerate and embed adoption of Population Health Management (PHM) and further the development of our alliance, ways of working and approach to neighbourhood teams. Following the completion of the programme we will be taking forward work on developing our roadmap to further embed the PHM approach in these areas creating the mechanisms for effective information and data sharing to help identify and understand local needs and develop effective solutions.

As part of ECC's support of the developing PHM programmes, investment has been made to **increase the analytical capacity to generate health and care insight** to enable ECC to drive engagement with each system. The increased analytical capacity will enable ECC to help resource PHM projects and embed a PHM approach in the new ICS Intelligence Functions and across the systems.

In Mid and South Essex, ECC and the NHS are currently embedded in some key **PHM test projects including a PCN focussed frailty trial** involving the use of linked data to drive machine learning models in the identification of those at risk of hospital admission. Through improved insight individuals can be targeted for evidence-based interventions to prevent, reduce or delay health deterioration and improve outcomes. Other projects include the linking of adult social care data and hospital waiting lists to improve prioritisation and address health inequalities, this also involves the testing of data platforms for future data sharing opportunities. ECC is also **implementing new digital infrastructure to enable modern data architecture and analytics**, paving the way for ECC to utilise linked NHSD commissioning datasets for the developing PHM programme.

Across our 3 ICSs we are working in partnership on several PHM projects including:

<p>Suffolk and North East Essex ICS</p> <p>Vulnerability Index</p> <ul style="list-style-type: none"> Working with partners and their multiple data inputs to develop an index of vulnerability (physical, social, financial) to support targeted interventions. <p>Demand and Capacity Model</p> <ul style="list-style-type: none"> Supporting a system effort with data and knowledge to model various scenarios on the driving pressures for health and care demand and the required capacity to meet it. <p>Learning Disabilities</p> <ul style="list-style-type: none"> The sharing of adult social care data for those supported for learning disabilities needs with ESNEFT*, to link with hospital waiting lists to aid prioritising care and addressing health inequalities. Initial one off data flow with potential for regular provision.
<p>Mid and South Essex ICS</p> <p>Connected Neighbourhoods (Frailty Segmentation) An embedded ECC analyst in a project with 5 PCNs to accelerate the delivery of anticipatory care for people living with frailty, understanding the factors that drive increased health & care needs, working closely with practitioners to design model of care changes to improve outcomes.</p> <p>Hospital Waiting Lists & Inequity Linking adult social care data with hospital waiting lists to develop a methodology for priorities care and tackling health care inequity.</p>
<p>Herts and West Essex</p> <p>Population Segmentation</p> <ul style="list-style-type: none"> Contributing to the development of a population segmentation model and outcomes framework to support population health management methods. Exploring the addition of social care data to advance the model. <p>Health Inequalities programme</p> <ul style="list-style-type: none"> Mapping and profile insight provided for the Health Inequalities Committee's work in addressing inequality and inequity around the determinants of health; social, behaviours, environment and service access.

III. Multi-disciplinary teams at place or neighbourhood level

Each of our alliances within integrated care systems is working on models of integrated health and care and physical and mental health teams at neighbourhood level.

For example, in North Essex - **Live Well Neighbourhood Teams** bring together representatives from local organisations (local voluntary sector, communities, leaders, boroughs and district councils and health and social care) to provide a single point of contact within a locality to provide a coordinated care response for people, underpinned by prevention, self-care, early intervention, reablement and rehabilitation, (including people living in nursing and care homes). Citizens that are supported by the LNT will benefit from a broad range of expertise, support and the improved inter organisational relationships that develop through neighbourhood working.

In South West Essex, our neighbourhood teams are led by Locality Development Managers who take an operational and strategic lead on the development of a population health focused system that will improve well-being and outcomes for the locality populations working across health, social-care, housing and non-paid services.

In West Essex partners are working together through the **Care Coordination Centre**, a Multi- agency team across health and social care providing a single referral hub for partners to access services using Trusted Assessor Assessment and Referral models. Work is also continuing on developing **PCN Aligned Community Teams (PACTs)** for co-ordinated management of people with complex needs, improved access to health and care support.

Approach to providing the right care in the right place at the right time

Investment in bridging, ILOR and reablement surge capacity continues as we reshape our intermediate care offer to ensure we provide the right care at the right time.

Through our existing arrangements we currently provide 13,000 hours per week of reablement and support over 5500 people each year through our reablement, ILOR and bridging services. Investment in these services continues to increase as we seek to ensure that people receive the right care in the right place at the right time.

Expenditure*	2019/20 Actual £m	2020/21 Actual £m	2021/22 Actual £m	2022/23 Forecast £m
Reablement at Home	14.2	17.2	18.4	18.3
Additional Reablement Capacity / In Lieu of Reablement	3.8	3.5	4.3	4.9
Spot Purchased Reablement	2.0	2.2	3.2	5.9
Subtotal Reablement	20.1	22.8	25.8	29.1
Bridging			3.1	3.6
Total Intermediate Care (ECC managed)	20.1	22.8	28.9	32.8

* Also includes non-BCF funding sources such as hospital discharge funding.

However, we also know that there is scope for improvement in the arrangements and opportunities to maximise the effectiveness and efficiency of our approach through greater collaboration. Over the next two years we are undertaking a significant programme of work to transform our intermediate care provision across the county bringing together reablement services, bridging services, short-term care home provision, as well as NHS intermediate care services, to improve outcomes for people and ensure a joined up and integrated approach to service delivery. The programme will build on learning from successful initiatives such as the **Connect Programme and the North Essex Integrated Community Services (NICs) arrangements** which have brought together various community health provision such as community beds, UCRT, cardiology, audiology, strength and balance.

In the short-term this requires an interim step to secure additional reablement provision to replace in-lieu-of-reablement (ILOR) services across the county and to procure bridging services in North-East Essex and West Essex. This will drive consistency and improvements in our reablement and bridging capacity.

Our ambition for the programme is:

- To have a seamless, integrated pathway that gives the best possible experience to individuals, carers and stakeholders (all partners understand each other's involvement with each adult)
- To support people within the community to prevent the need for hospital admissions and refocus delivery towards the areas of greatest need
- Ensure all partners meet their statutory responsibilities, but remain focused on the holistic needs of the individual
- Seek to improve the inclusivity of our provision
- To embed the core principle of 'home first' ensuring that home is the default option for people; this means beds are only considered where the individual's needs or circumstances do not allow them to safely stay at/return home
- Adults accessing the right service at the right time and drawing on services delivered in the community, linking in with system wide services e.g. community health, voluntary sector, primary care.
- **To collaborate and use all available resources across the system to best support adults, being flexible as their needs change but always involving them in decision making**

We are making improvements to our **Information Advice and Guidance** so that people better understand the services offered at local level, how these can be accessed at the right time, and the funding options available. We will address this through delivery of All-Age Carers Strategy, Early Help Offer, and Digital and Care Technology Programmes.

Outside of the Better Care Fund, the council has invested in a new **Care Technology service**, which launched in 2021. This is supporting over 4,700 people to improve outcomes and maintain their independence and we have been working to increase the uptake of technology at the points it can have the greatest impact. This includes the introduction of early MDTs for adults using our reablement services and strengthening the link and impact of our care technology arrangements by offering training to all reablement assessors and care delivery staff. In addition, pilot studies include trialling a range of technologies such as the use of GPS devices to support falls prevention; Memo Minder; voice-activated sensors for people with memory loss; and using Alexa to support independence. The service has expanded to include prescribers across health including: hospital discharge teams, community health teams, GP care advisors, social prescribers and many more. Our Monitoring and Response provider has a falls pick-up service and is linked into the local Urgent Community Response Teams across Essex, avoiding 67 unnecessary ambulance call-outs in one year, and is working to develop further pathways including virtual wards.

Plans for improving discharge and ensuring people get the right care in the right place

In September 2021 Essex County Council commissioned Newton Europe to undertake a **review of the Discharge to Assess processes** across the County. Although the review was commissioned by ECC it was supported and engaged with by partners from Health, Voluntary sector and our provider market. The review was an opportunity to hold a mirror up at the 5 discharge systems across Essex and consider how aligned they are to National policy and best practice, and the **High Impact Change Model**. The review output was shared

across Partners and with Place based Alliances at the start of 2022. The review highlighted inconsistencies in approach to discharge across the County and identified four areas of focus that would benefit from being addressed in terms of the D2A guidance; Leadership, Transfer of Care Hubs, Community pathways and Post Discharge community reviews. Each of the five Place based Alliances across Essex agreed the gaps were a priority and adopted a high level roadmap of activity to address these gaps.

Each Place is now working at its own pace to deliver against the roadmap. Transfer of Care Hub design is happening across all five localities and the majority have appointed a single system coordinator to drive this work. A maturity matrix has also been developed and in the process of being adopted across the County to monitor progress. The Matrix is based upon the review output and aligns to the **LGA High Impact Change Model**.

ECC and NHS partners are also continuing our **Connect programme** outlined in our previous BCF Plan. The programme consists of 5 key projects looking at reablement, discharge outcomes, supporting independence, admission avoidance and community hospital bed flow. The programme has been shortlisted for three national awards and improvements include 1 in 5 people previously discharged to an out-of-hospital bed in MSE now go home instead.; and 55% of people plan to go home from an interim placement with the support of our D2A pilot (previously 25%).

Supporting unpaid carers

ECC recently published the [All-Age Carers Strategy 2022-26](#) which outlines how the council and partners will support unpaid carers and sets out six commitments:

- To ensure carers can easily access the information, advice, guidance and support when they need it, early into their caring role;
- To develop professional practice and processes to improve identification and support to carers;
- To improve transitions for carers as they move through specific phases or life events in their caring role;
- To ensure carers have increased opportunity to access good quality support, including opportunities for breaks, to maintain their own wellbeing and those they care for;
- To ensure carers' needs and rights will be understood and recognised across Essex communities;
- To recognise that carers will be the experts that influence, shape and be involved in the decisions that are intended to improve their support and wellbeing.

The BCF is commissioning the **Time for You** project in which **Essex Carers Support** works with the carer to develop strategies to reduce the impact of their caring responsibilities. The project is funded for 2 years until August 2023. Each carer is supported to reflect on their circumstances and ways that they currently achieve a break (or not) and then develop strategies to reduce the impact of their caring role, increase resilience or improve their health and wellbeing. Grants enable carers to arrange activities, breaks or other solutions that reflect their own interests and preferences. The Provider is expected to engage with communities and the wider health and care system to source a broad range of support and activities for carers to access.

Action for Family Carers provide a dedicated, free **counselling service** for unpaid carers, which is also funded by the BCF until 2023. The service has grown to cover the whole county having started in mid Essex in 2012 and is highly valued by carers with many reporting that it has been a lifeline. Demand for the service rose by 15% during the pandemic and the Service has adapted to provide counselling sessions over the telephone and via Zoom. Carers receive an initial consultation session and six counselling sessions for up to one hour. If required, more than six sessions can be authorised. The service supports carers to maintain their mental and physical health and wellbeing, enabling them to continue caring and reducing demand for GP appointments or social care. It also helps to reduce pressure on statutory mental health services by providing early intervention, delaying need and preventing escalation to more intensive therapeutic services. The service also provides bereavement support for carers.

ECC commission **Carers First** to provide a **single point of contact** for carers for information, advice and support, including support and advice about accessing personalised breaks and about making contingency plans and plans for the future. The service provides proactive support, including “follow up” contact and connects carers to training and appropriate services and networks. It provides face to face support for carers who need this. The Service actively promotes **networks of support** for carers, including linking carers with similar needs, experiences and interests; supporting existing groups to access expert information and advice and providing expert facilitation if needed. The service also works with employers, providing advice and support about how to support employees with caring responsibilities and how to ensure their services are accessible to carers. The service works with GP practices to identify carers and signpost them to the right support and works with Hospitals to ensure carers are informed about support available when people are discharged and ensure appropriate support is in place for the carer.

Disabled Facilities Grant (DFG) and wider services

DFGs are grants provided to all District and Borough councils to make adaptations to the home for residents to live as independently as possible. The allocation of funds differ between each authority. The Government, through the BCF, has allocated to Essex for the 2022/2023 financial year; £11,885,443 for DFGs. The highest allocation amount is for Tendring with £2,320,471 and the lowest amount is for Uttlesford with £235,576 with an average of £990,454. The agreed allocations have been passed on to district councils in their totality.

An MOU sets out that Essex Districts, County Council, Health and Care partner organisations need to work better together and commits to supporting and delivering housing solutions that have a positive impact on residents and sets out:

- Our shared commitment to joint action across health, social care and housing sectors in Essex;
- Principles for joint working to deliver better health and wellbeing outcomes and to reduce health inequalities;
- The context and framework for cross-sector partnerships, nationally and locally, to design and deliver:
 - healthy homes, communities and neighbourhoods
 - integrated and effective services that meet individuals’, carers’ and their family’s needs
 - A shared action plan to deliver these aims.

Working together, we aim to:

- Establish and support local dialogue, information exchange and decision-making across health, social care and housing sectors
- Enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of homes and services
- Promote the housing sector contribution to addressing the wider determinants of health; health equity; improvements to patient experience and outcomes; ‘making every contact count’; and safeguarding.

Oversight and delivery of this agreement is through the Essex Well Homes Group, which will be the operational arm of the action plan with further oversight by local Health and Wellbeing Boards. The Essex Well Homes Group meets quarterly and has membership from each local authority, including ECC, as well as Housing OTs. In this forum, all DFG matters are discussed, looking at short-, medium- and long-term plans to ensure the DFG funding is being utilised as well as possible.

ECC and Essex district and borough councils have invested in 4 Senior OTs in Housing roles to ensure assessments are made in people’s homes and that DFG applications are passed to the relevant local authority

in a timely manner. Timely discharges from hospital are made possible through the DFG, shortening the amount of time people remain in hospital. Progress is monitored through these early returns to home.

Housing for older and disabled people

Whilst not funded by BCF, housing and accommodation play a key role in achieving many of our aims and priorities.

Essex Housing, ECC's in-house housing developer was established in 2016 to address housing need by building general, specialist and affordable housing and to provide assets that deliver social value.

To date Essex Housing has delivered 3 schemes (Norton Road, Moulsham Lodge and Goldlay Gardens) that provide apartments for adults with learning disabilities to live independently, delivering 23 units in total. Essex Housing is working on 4 further schemes in Maldon, Epping Forest, Colchester and Castle Point that will deliver a further 28 apartments for adults with learning disabilities, including adults with high needs. There is an ambition to identify and deliver more of these schemes in future to meet identified needs.

The Essex Housing programme is forecast to deliver 420 Independent Living for Older People apartments across Maldon, Rochford, Epping Forest, Tendring, Harlow, Chelmsford and Colchester, with planning secured for 180 of these already (in Rochford, Tendring and Epping Forest).

This programme of specialist housing is designed to promote independence and has a strong focus on accessibility. The design of private sale and affordable homes, as well as new community assets such as libraries, also has a key focus on accessibility, with apartments delivered to date including design considerations such as the inclusion of lifts and double-width corridors.

The next Essex Housing scheme to be delivered is the former Shernbroke Hostel in Waltham Abbey which achieved planning permission earlier in 2022 for 26 flats, including 10 specialist homes for adults with learning disabilities. Essex Housing is now on-site at Shernbroke with development due to be completed in 2023.

The **Independent Living programme** is one strand of ECC's work to provide the right housing, at the right time, with the right care and support. Also known as Extra Care, Independent Living provides specialist accommodation for older adults and adults with disabilities with varying care and support needs. Extra Care housing is recognised as an excellent alternative to residential care, where appropriate, or staying at home in unsuitable accommodation.

Independent living schemes offer contemporary apartments rented or owned by residents, with shared communal areas such as cafés, wellbeing rooms, and lounge / activity areas to socialise and form a welcoming community. There is onsite meal provision for residents and each resident will also have a kitchen within their apartment to make their own meals if they wish. There is a care provider on site 24/7 to give residents and their families peace of mind. Individual care packages are also provided to meet assessed need. This planned care can either be provided by the onsite care team or another care provider as appropriate and in line with the resident's wishes.

Research has shown that independent living schemes provide a significant reduction in isolation, loneliness, anxiety and depression; reduce visits to GPs / hospitals for older residents and can delay or even reverse frailty. Scheme design reduces the risk of falls and provides full wheelchair accessibility. New schemes seek the highest levels of energy efficiency ensuring the homes within them are well insulated. Schemes can also be used as "community assets" where the wider community benefits from the facilities, social activities and support provided.

ECC aims to develop 11 new Independent Living Extra Care schemes, providing 712 apartments with ECC nomination rights into 530 of these. Two of the 11 schemes have been successfully developed to date with one opening in 2020 (in Uttlesford) and another in 2022 (in Braintree). ECC has worked over the last year

with the landlords of all Extra Care schemes in Essex to which it has nomination rights, to adopt and embed flexible referral criteria into schemes, based on extra care suitability to meet need rather than age, care hours or cohort. This has resulted in extra-care communities becoming more inclusive and meeting the needs of adults who have a learning disability or physical and sensory needs.

Equality and health inequalities

The importance of tackling the causes of inequality in health outcomes is widely recognised across the system in Essex and reflected in our new Joint Health and Wellbeing Strategy where we have committed to creating a culture and environment that reduces inequalities and enables residents of all ages to live healthier lives.

The strategy recognises that tackling health inequalities for any cohort who may experience them from young carers to single person households, to those at risk of or experiencing homelessness requires the support of the wider system, and this is reflected in the membership of our health and wellbeing board and local alliances including local authorities, health, wider public sector and voluntary sector organisations.

It sets out the outcomes we want to achieve for this priority including:

- Worked to ensure that all children have access to quality parenting, early years provision and education that provide the foundations for later in life.
- Helped to address food poverty and ensure that all children can access healthy food.
- Improved access to employment, education and training for adults and young people in our most deprived and disadvantaged communities.
- Embedded the use of health impact assessments in planning practice to ensure new planning proposals do not negatively impact on health, health services or widen health inequalities.
- Supported residents who are digitally excluded, either by lack of equipment, connectivity, skills, cost, or confidence to be able to access services and information to benefit their education, career development, access to clinical services and personal wellbeing.
- Reduced barriers to accessing health and care services for families with low-incomes, children and young people who are in or who have been in care, people with learning disabilities, and other cohorts at greatest risk of poor health outcomes.

Our commitment to tackling inequalities extends beyond the scope of the BCF and we are also working with ICS partners on the use of funding for health inequalities that the ICSs received, linking plans to the core20plus5 model. In some areas, such as West Essex, a dedicated health inequalities committee has been set-up, which oversees work and reports to the West Essex One Health and Care Partnership.

Since our last BCF plan work has also begun on delivering our levelling up programme in Essex. We know that Essex is often seen as prosperous. We have a £40bn economy, support 700,000 jobs, and are home to nearly 75,000 businesses. However, there are gaps in how and where this prosperity is experienced with disparities in opportunity across the county. There are more than 123,000 people in Essex, 40,000 of whom are children, that live in areas that are in the 20% most deprived of the whole UK. This is a figure that has doubled since 2007. There is on average a 12 year life expectancy gap between the most and least deprived areas of the county. Health outcomes among the residents of the most deprived areas of the county are significant worse: 87% higher instance of Respiratory progressive diseases (COPD); 69% increase of mental health conditions; and adult obesity is 53% higher.

The reality is that it does make a difference where you live and who your parents are to the success you enjoy in life. The Councils strategy “Everyone’s Essex” sets out an approach to change that.

Working with partners across the county the council will be focusing on both place-based and cohort inequalities and developing setting out how they will work together to widen opportunities for left behind areas and disadvantaged communities across the county.

Anchors

For many partners a key component of how they will be levelling up economic outcomes in their local area is through an anchor approach harnessing the potential of large public sector organisations as procurers, employers and local land and asset owners. An Essex Anchor Network is helping to share learning across the system by addressing some of the socio-economic influencing factors. Local Networks have also formed to take forward initiatives in their area. Partners have worked to develop an ideas book to help share good practice across the county and a series of learning events have been held. The ideas book and recordings of the learning events are shared through the Future of Essex website and are available here <https://www.essexfuture.org.uk/boards-networks/anchor-institutions/anchor-resources/>

In Mid and South Essex, partners have been working together across Essex on anchor-related work including successful partnership work between ECC and MSEFT to bring employment opportunities to local residents, including internships for young people with learning disabilities in Mid and South Essex. All partners have signed up to an ICS Anchor Charter. Similarly, Herts & West Essex has formed a West Essex Anchors Group with local partners, including colleges, and also leads the Essex-wide workstream on Employability in the public sector. Suffolk and North East Essex ICS has brought partners together through an ICS Anchors Programme. The Anchor Programme Board, comprises stakeholders from organisations, Alliances, and a variety of ICS groups and forums to provide strategic oversight and to ensure an effective, joined-up whole system approach aligned to our Primary Ambition of 'enable health equality for everyone'. NHS and wider health and care organisations have signed up to an ICS Anchor Charter that underlines their commitment and a dashboard to monitor progress is being developed.

ANNEX A – Local BCF Projects

NE Locality Initiatives	Description
NEE Neighbourhoods	To realise the Alliance Neighbourhood ambition, costs will be attached to test and learn activity, management roles and external evaluation.
Change and Domain Delivery	Development of data dashboards for each Live Well Domain and Alliance Delivery Lead roles (4) to support the Domain programmes of work.
System Resilience	Supporting Winter and system pressures.
Reablement Support	Admission Avoidance Social Workers to support people to remain at home where possible.
Transfer of Care Hub (TOCH)	Management roles to support the development of the TOCH.
Bridging	The service promotes prompt discharge from hospital where adults are awaiting medically optimised for discharge but awaiting the commencement of an Intermediate Care service.
Stepping Stone Home Flats	Housing provision for adults who want to live independently but need short-term alternative housing and care and support with an enablement focus to achieve this.
West Locality Initiatives	Description
Admission Avoidance	To support the adult to remain in the community and their own home during a period of crisis. This supports adults who may have turned up at Emergency Departments or need an intervention in their own home and without this service it would have led to the adult having a 24–48hrs assessment period or admission within an acute setting
Impartial Assessor	This service acts as an intermediary between the care home and acute hospital and will support the adult's discharge back to the care home including undertaking nursing needs assessment on behalf of the care.
Therapy Review	To undertake a review of all therapy services across acute, community and social care to redesign the service to support better outcomes for the adult and better integrated OT interventions
Care Co-ordination Centre Development	Support the development of the workforce in the Care Co-ordination Centre that will manage all discharges from the hospital and prioritise system capacity to meet the demands on the system and proactive management of the adult through their pathway
PACTs / Care Co-ordination Centre implementation	To support the development of the workforce for the implementation of the PACTs to ensure appropriate skilled workforce available
Intermediate Care Commissioning Strategy Development	To develop future commissioning options for potential adoption by the West Essex system.
Place-based working	Health and Care Partnership Development – to support the continuing development of the Health & Care Partnership.
SW Locality Initiatives	Description
Alliance Development	Alliance Delivery Lead roles – building on learning from North Essex and creating Alliance Delivery Leads tasked with taking forward priority programmes of work for the alliance.
Neighbourhood Teams	Neighbourhood Co-ordinators to strengthen the contribution of neighbourhood teams and improve care coordination for people with different levels of need in that neighbourhood. Key activities: Develop a locality workforce identity. <ul style="list-style-type: none"> • Pilot a new model of care. • Map assets and review commissioning arrangements. • Cultivate inclusive locality leadership. • Revised activity post covid restrictions
Associate Director	Funding for Joint role of NELFT and Health and Social Care to deliver a locality, neighbourhood plan. With the view for integrated delivery and building collaboration to support system needs.
Trust Links	A charity running a garden scheme in the area has requested support for a site in Vange, Basildon. Funding has been secured from the CCG, Sport England LDP, Basildon Health and Wellbeing Board, 'ECC Strengthening Communities' budget and a few smaller sources of money.
Projects in development / discussion	Early Intervention with Families Concept: Social Prescribers to support GPs with signposting on the local, community support that exists for Parents, Children and Families, Young Carers, Parents of SEND children, children of those with mental health issues. Gemima Risk Stratification Tool - Implementing a Risk Stratification Tool for primary care to inform care plan discussions at MDT across health and social care and to identify service users with high/multi complex needs

SE Locality Initiatives	Description
Neighbourhood Teams	The Locality Development Managers will take an operational and strategic lead on the development of a population health focused system that will improve well-being and outcomes for the locality populations working across health, social-care, housing and non-paid services.
Dementia Support	Bespoke support pre-diagnosis through to end of life for people living with dementia and their carers. Forming part of an integrated service that wraps around people, enabling them to live the life they would like with their diagnosis, including hospital inpatient stays and residential care. It is also the crucial link to all health, social care and community support in the area. The Team also includes support for Older People's Mental Health and Frailty.
Bridging Service	'Bridges the gap' between hospital discharge and reablement or domiciliary care support in people's homes. Coverage includes 17 starts flexed across the area. Commissioned by the CCG (delivered by the Acute Trust) this has proved to be highly effective in South Essex providing vital link and enabling smooth discharge to a home setting.
Care Coordination	Enhance the offer of the existing EPUT 'Care Coordination service' to undertake gait and balance assessments for patients on their caseload through the employment of Physio Therapists to undertake this role. Due to come to an end Dec 21.
Mid Locality Initiatives	Description
Alliance Development	Alliance Delivery Lead roles – building on learning from North Essex and creating Alliance Delivery Leads tasked with taking forward priority programmes of work for the alliance.
Trusted Assessors	Trusted Assessor posts at Broomfield Hospital to support with increased discharge time of Adults into ECL reablement.
CHC Social Worker	Social worker post to support with leading on continuing healthcare assessments in Mid Essex, supporting with decreased discharge times, access to CHC funding and integration with health partners involved with continuing healthcare.
DISS	Contribution towards the Dementia Intensive Support Service (DISS) to provide link social worker posts within the neighbourhood teams and overall senior social worker coordination.
EOL	ASC contribution towards the overall End of Life service in Mid Essex provided through Farleigh Hospice.
SWOT	Supporting Wellbeing Outreach Team. Provided by Chelmsford CVS, this service supports Adults returning home from hospital with low-level issues such as equipment, house clearing, shopping etc to ensure successful hospital discharge and avoid unnecessary readmission.
Projects in development / discussion	<ul style="list-style-type: none"> • Therapy support for the new Additional Reablement Capacity (ARC) contract in Mid Essex, to fully utilise the intermediate care offer in the area and improve Adult outcomes. • Virtual ward link workers, to provide focussed support with each frailty virtual ward from social care to support Adults moving through the model and ensuring that they receive the most appropriate input from social care to maximise opportunities for independence. • Way Back in Extra Care settings. We have already paid for licences but would want to build into evaluation to determine its value to the residents and whether it is worth rolling out wider. • Supported living, dementia & modifiable risks factors, The aim being to increase the numbers of people being able to stay in their homes (supported living) as they age (therefore reducing the costs, improving quality of people's lives)

Equalities Comprehensive Impact Assessment - Head of service review

Reference: ECIA449361477

Submitted: 06 September 2022 10:20 AM

Executive summary

Title of policy / decision: Better Care Fund - Final Plan and Arrangements 2022/23

Policy / decision type: Cabinet Decision

Overview of policy / decision: The decision is to adopt the Better Care Fund Plan for Essex and agree to authorise the Executive Director for Adult Social Care to vary the section 75 agreements to reflect the agreed Plan.

The Better Care Fund (BCF) was created to bring together funding pooled between the NHS and, in our case, Essex County Council, to spend together on services and support, providing a more integrated approach to health and social care services. The total BCF funding exceeds £175m and projects and programmes under the BCF range from multi-million pound ongoing services to small local initiatives costing several thousand pounds. For many of the larger schemes where ECC is the commissioner separate ECIA's will be / will have been completed.

The national BCF Planning guidance requires that a plan for spending all funding elements is jointly agreed by the relevant local authority and Integrated Care Boards (ICB). The Plan comprises a Narrative Plan that sets out the overall approach and a Planning Template that sets out detailed financial commitments. Plans must be agreed by NHS Integrated Care Boards (ICBs) and the local authority, as well as be endorsed by the Health and Wellbeing Board.

What outcome(s) are you hoping to achieve?: By developing a more integrated approach to services and the spending of public money, these proposals will contribute strongly to ECC's strategic ambitions in Everyone's Essex, notably around Equality and Levelling Up – working with our health partners to improve outcomes for Essex residents – particularly those more vulnerable, who depend on effective local health and care services to enable them to lead a more independent and good-quality life.

Executive Director responsible for policy / decision: Nick Presmeg (Adult Social Care (DASS))

Cabinet Member responsible for policy / decision: John Spence (Health and Adult Social Care)

Is this a new policy / decision or a change to an existing one?: New policy / decision

How will the impact of the policy / decision be monitored and evaluated?: Delivery of the BCF plan is monitored through locality BCF groups who review implementation at a local level, reporting to the Essex HWB against the targets set out in the plan, and regular report to NHSE on performance, programme highlights and delivery challenges.

Will this policy / decision impact on:

Service users: Yes

Employees: No

Wider community or groups of people: Yes

What strategic priorities will this policy / decision support?: Health, Independence and Wellbeing for All Ages

Which strategic priorities does this support? - Health: Healthy lifestyles, Promoting independence, Place based working, Carers, Levelling up health

What geographical areas of Essex will the policy / decision affect?: All Essex

Digital accessibility

Is the new or revised policy linked to a digital service (website, system or application)?: No

Equalities - Groups with protected characteristics

Age

Nature of impact: Positive

Extent of impact: High

Disability - learning disability

Nature of impact: Positive

Extent of impact: High

Disability - mental health issues

Nature of impact: Positive

Extent of impact: Medium

Disability - physical impairment

Nature of impact: Positive

Extent of impact: High

Disability - sensory impairment

Nature of impact: Positive

Extent of impact: High

Sex

Nature of impact: None

Gender reassignment

Nature of impact: None

Marriage / civil partnership

Nature of impact: None

Pregnancy / maternity

Nature of impact: None

Race

Nature of impact: None

Religion / belief

Nature of impact: None

Sexual orientation

Nature of impact: None

Rationale for assessment, including data used to assess the impact: Each year through the Better Care Fund the Council and the NHS provide services for thousands of Essex residents and their carers. By working more closely with partners in the NHS, integrating our approaches, we can provide services in a more joined-up way. Doing this well can then lead to better outcomes for residents across Essex.

For example, the BCF and iBCF is utilised to fund reablement services, as well as a range of bridging and short-term care support to provide intermediate care and support system flow. It is an essential part of how we deliver on National Condition 4 - Approach to providing the right care in the right place at the right time. Service Contracts are in place until 2024 providing block capacity of over 13,000 hours per week of reablement to Essex Residents. In 2021/22 our reablement services had a success rate of 85.8% of residents remaining at home 91 days after receiving reablement.

As well as covering the continuation of contracts such as the NHS Community Services, reablement and bridging, the BCF and IBCF provide some opportunity for innovative approaches to addressing the needs of local residents.

For example the Connect programme, shortlisted for three national awards has provided benefits for local residents including 1 in 5 people previously discharged to an out-of-hospital bed in MSE now go home instead.; and 55% of people plan to go home from an interim placement with the support of our D2A pilot (previously 25%). Aiming to support over 8000 people this project has led to:

2,200 people better supported with new ways of working.

21% greater reduction in care needs for people leaving reablement with a more effective service from reablement: 5,500 people per year

170 fewer people admitted to long term residential care each year

90 through more independent community assessments, and 80 through better hospital discharge outcomes.

22% Reduction in community hospital LoS

4,650 more people Supported by UCRT in the community each year

In addition, the BCF encourages and supports greater place-based working and asset-based approaches at neighbourhood level. Through these approaches it seeks to provide greater choice and control for local residents, and build a stronger local care market to support them. As an example the BCF has also supported the Community Micro-enterprises (CME) project. The project aims to support the creation of small local business that can deliver a wide range of personalised care and supports to older people, people with disabilities or to help improve mental health and wellbeing. Local people/projects are supported to set up viable and sustainable enterprises that can provide safe and quality services to people who receive Direct Payments funding from ASC, or that fund their care and support independently from the council. There are 21 enterprises currently being supported through our development programme, 3 of them led by people with disabilities. Some examples of micro-enterprises are self-employed carers, small local GOC-registered providers, therapists, cleaners, handymen, tutors, community walking/cycling groups, peer support for people with autism.

What actions have already been taken to mitigate any negative impacts: none

Levelling up - Priority areas & cohorts

Children and adults with SEND, learning disabilities or mental health conditions (taking an all-age approach)

Nature of impact: None

Children on Free School Meals

Nature of impact: None

Working families

Nature of impact: Positive

Extent of impact: Low

Young adults (16-25 who have not been in education, training or employment for around 6-12 months)

Nature of impact: None

Harlow

Nature of impact: None

Jaywick and Clacton

Nature of impact: None

Harwich

Nature of impact: None

Basildon (Town) housing estates

Nature of impact: None

Canvey Island

Nature of impact: None

Colchester (Town) - Housing Estates

Nature of impact: None

Rural North of the Braintree District

Nature of impact: None

Rationale for assessment, including data used to assess the impact: While we are moving to a place-based approach, and local initiatives will be taken forward at alliance and neighbourhood level the BCF covers all of Essex and levelling up areas are not specifically targeted through the BCF.

The BCF may have positive impacts on working families where the family has wider caring responsibilities for relatives, where they commissioned services may help them to balance caring responsibilities.

What actions have already been taken to mitigate any negative impacts:

Equalities - Inclusion health groups and other priority groups

Refugees / asylum seekers

Nature of impact: None

Homeless / rough sleepers

Nature of impact: None

Offenders / ex-offenders

Nature of impact: None

Carers

Nature of impact: Positive

Extent of impact: High

Looked after children

Nature of impact: None

Veterans

Nature of impact: None

People who are unemployed / economically inactive

Nature of impact: None

People on low income

Nature of impact: None

Working families

Nature of impact: Positive

Extent of impact: Low

Rationale for assessment, including data used to assess the impact: The BCF has plan has an increased focus on carers this year and will support delivery of the Carers Strategy with £1.4m to be invested to support its implementation. There are estimated to be over 150,000 unpaid carers in Essex. Last year carers services supported:

Commissioned counselling for carers pilot

151 carers supported via 907 individual sessions

Commissioned wrap around support and short breaks pilot

740 carers supported

1709 Adult Social Care carer assessments and 1112 reviews

carried out

757 young carer assessments carried out

It is hoped the additional focus through the BCF and its support of the commitments set out in the carers strategy will see increased benefits for carers. In particular improving their access to information advice and guidance and opportunities for breaks.

This will also impact on working families where the parents are also carers for relatives.

What actions have already been taken to mitigate any negative impacts:

Equalities - Geographical Groups

People living in areas of high deprivation

Nature of impact: None

People living in rural or isolated areas

Nature of impact: None

People living in coastal areas

Nature of impact: None

People living in urban or over-populated areas

Nature of impact: None

Rationale for assessment, including data used to assess the impact: The BCF covers all of Essex and will not be specifically targeting any of the above mention geographies over other parts of Essex.

What actions have already been taken to mitigate any negative impacts:

Families

Family formation (e.g. to become or live as a couple, the ability to live with or apart from children)

Nature of impact: None

Families going through key transitions e.g. becoming parents, getting married, fostering or adopting, bereavement, redundancy, new caring responsibilities, onset of a long-term health condition

Nature of impact: Positive

Extent of impact: Medium

Family members' ability to play a full role in family life, including with respect to parenting and other caring responsibilities

Nature of impact: Positive

Extent of impact: High

Families before, during and after couple separation

Nature of impact: None

Families most at risk of deterioration of relationship quality and breakdown

Nature of impact: None

Rationale for assessment, including data used to assess the impact: As noted in the response to the impact on carers. The initiatives in place to support carers will also impact on working families where family members have other caring responsibilities.

The BCF may also support families where the adult experiences the onset of a long-term health condition, depending on the condition and the needs of the individual. For example the BCF funds dementia services, virtual wards and intermediate care provision.

What actions have already been taken to mitigate any negative impacts:

Climate

Does your decision / policy involve elements connected to the built environment / energy?: No

Does your decision / policy involve designing service provision and procurement to minimise freight and staff travel and enable use of active and public transport options?: No

Does your decision / policy involve elements connected to waste?: No

Action plan to address and monitor adverse impacts

Does your ECIA indicate that the policy or decision would have a medium or high adverse impact on one or more of the groups / areas identified?: No

Details of person completing the form

I confirm that this has been completed based on the best information available and in following ECC guidance: I confirm that this has been completed based on the best information available and in following ECC guidance

Date ECIA completed: 06/09/2022

Name of person completing the ECIA: Will Herbert

Email address of person completing the ECIA: Will.Herbert@essex.gov.uk

Your function: Adult Social Care

Your service area: Integration and Partnerships

Your team: Integration and Partnerships

Are you submitting this ECIA on behalf of another function, service area or team?: No

Email address of Head of Service: peter.fairley@essex.gov.uk

Report title: Southend, Essex and Thurrock Dementia Strategy 2022 - 2026	
Report to: Essex Health and Wellbeing Board	
Report author: Will Herbert, Head of Integration Partnerships	
Date: 21 st September	For: Consideration/agreement
Enquiries to: Will Herbert, Head of Integration Partnerships	
County Divisions affected: All Essex	

1 Purpose of Report

To share the final draft of the Southend, Essex and Thurrock (from here on abbreviated to SET) Dementia Strategy 2022-2026, following consultation, for agreement by the Board.

2 Recommendations

The Health and Wellbeing board are asked to

- 2.1 Agree the SET Dementia Strategy 2022-2026 as set out in Appendix A and note that partner organisations may adopt the strategy via their own decision-making processes.
- 2.2 Ensure that Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWS) action plans are developed with regard to priorities and commitments in the SET Dementia Strategy 2022 – 2026. As per the Office for Health Improvement and Disparities guidance “Dementia: applying all our Health”

3 Background

- 3.1 In 2017 Essex, Southend and Thurrock agreed and published the Greater Essex Dementia Strategy 2017-2021. Work has been underway since 2021 to refresh the 2017 strategy but has been subject to some delay due to Covid-19 pressures.
- 3.2 Since the dementia strategic priorities were agreed by the Essex Health and Wellbeing Board in 2021, further engagement activity has been undertaken alongside work to develop an initial set of actions, outcomes and measures aligning where possible funding programmes delivery plans to develop the outline SET Dementia Strategy 2022 - 2026 implementation plan, details are within Appendix A, Annex A.

3.3 The following is a summary of funded work programmes identified with Essex County Council to date and further work is needed to understand opportunities for the delivery of implementation activities and outcomes through partners funded programmes of work.

Priority	Funded work programmes
Priority 1, 2 & 7 Dementia prevention/ activities targeted on modifiable risk factors, living well in the community.	Alignment and delivery of activities within the Joint Health and Wellbeing Strategy workstreams.
Priority 2, 3, 4, 5, 7 & 9 Supporting Unpaid Carers, reducing the risk of crisis, a skilled workforce. finding information & advice, living well in the community, planning ahead, receiving good end of life care.	Alignment and delivery of activities within the All-Age Carers Strategy implementation in Essex
Priorities 3, 4, 6 & 9 Reducing the risk of Crisis, a skilled Workforce, access to diagnosis and support, planning ahead, receiving good end of life care.	Meaningful Lives Matter; LD, PSI & Dementia comorbidities, earlier onset/high prevalence.
Priorities 3, 5, 7 & 8 reducing the risk of crisis, finding information & advice, living well in the community and in long term care	Discussions with the TEC programme about activities they can undertake in support of delivery of the priorities and commitments.
Priorities 1, 2, 3, 5 & 7 Dementia prevention & activities targeted on modifiable risk factors, Supporting Unpaid Carers, reducing the risk of crisis finding information & advice, living well in the community, planning ahead, receiving good end of life care and are able to die in accordance with their wishes.	Strengthening communities programme - through work with local councils, community groups, social isolation programmes, social media and volunteering

3.4 Insight from stakeholder engagement together with the key findings are detailed in 3.7 and within Appendix A, Annex D of the SET Dementia Strategy 2022 – 2026.

3.5 In summary engagement activity to date has included:

- A 6-week public consultation (15th February to 5th April 2021) to inform the planned refresh of the existing Greater Essex Dementia Strategy 2017-2021. The consultation asked questions to establish whether people agreed or disagreed that the nine priorities previously identified continued to be important and their reasons for this.
- Alzheimer's Society Dementia Voices Programme
- Essex Adult Social Care Covid-19 Lived Experience research and insight
- Dementia Voices: Living through Lockdown – North East Essex Commissioned engagement & insight activity
- Essex County Council Social Media (analysis of posts, comments etc)
- Essex Welfare Service, welfare calls & Care Nav Plus care and support - Feedback and discussion with community and voluntary sector partners, adults living with dementia, families and carers through their provision and use of these services.

- Throughout the development of the SET Dementia Strategy 2022 - 2026 regular discussion and dialogue has been held with:
 - The Pan Essex Dementia Action Alliance and local dementia action alliances throughout Southend, Essex and Thurrock including local partners – Sharing of thinking and ongoing dialogue to shape the strategic priorities, actions & outcomes.
 - Southend, Essex and Thurrock (SET) Dementia Strategy oversight Group – Health, Local Authority and community partners
 - Locality Dementia forums/steering groups - Sharing of thinking and ongoing dialogue to shape the strategic priorities, actions & outcomes

3.6 The second stage consultation (13th May to 17th June 2022) sought further views on the proposed commitments to deliver against the agreed nine priorities.

- An online consultation ran from 13 May 2022 to 17 June 2022. A total of 78 responses were received from people living with dementia, their family and carers, partner organisations and health and social care professionals.
- Workshops and focus groups were held with a wide range of people to gather further insight across a range of partners and stakeholders with an approximate total of 160 participants. Further details of the consultation can be found in Appendix A, Annex D.

3.7 Feedback from the consultation process reinforced that the priorities and commitments align well with the outcomes needed to make a positive difference to the lived experience of people living with dementia and carers in Southend, Essex and Thurrock. There were pledges of support for implementation from a number of statutory, voluntary and community groups reflecting great synergy to improve care and support in line with the SET Dementia Strategy 2022 - 2026.

3.8 Findings from the consultations and engagement activities have informed the development of the SET Dementia Strategy 2022 – 2026 and associated implementation plans, Appendix A. The detailed insight from the stakeholder engagement activities are included in Appendix A, Annex D with the key findings highlighted below:

- The need to coordinate timelier diagnosis and support in the key weeks after diagnosis, recognised as a critical window for early support and intervention that promotes a positive view of diagnosis, facilitating access to timely care and support thus enabling people to live well with dementia in their preferred place of residence
- The role of communities and groups is seen as crucial to the wrap-around offer of support for families and carers.
- The need to promote opportunities to share lived experience such as through peer networks is seen as a key aspect of feeling empowered and enabled following diagnosis to ensure access to appropriate and timely support, although caution was advised against information overload, so a balance is needed.
- To ensure learning from other care pathways and models (for example Cancer & Admiral Nurses) to gather insight on best practice and areas for improvement in care and support for individuals and carers.
- To improve and enable access to training and support for families and carers, alongside training opportunities for health and social care professionals and community organisations

- To develop closer working with the care providers incl. reablement and care home providers to improve experiences of discharge from hospital and to promote opportunities for access to appropriate training to understand distressed behaviours and the cause of perceived complexity relating to dementia
- To promote increased choice and control for those with dementia, their carers and family to enable people to live well with dementia.

4 The Southend, Essex and Thurrock (SET) Dementia Strategy 2022-2026

- 4.1 The SET Dementia Strategy 2022 - 2026 provides the overarching aims and ambitions for improving the lives, experiences, care and support for people living with dementia, their families, carers in Essex, Southend and Thurrock. By taking into account local variation, need and other strategies such as, the All-Age Carers, Housing and the Joint Health and Wellbeing Strategies, all due in 2022. The approach will ensure the wider Adult Social Care business plan direction and framework are developed with regard to dementia and the impact on the lives of people and communities in Essex. It will also align to the NHS Well pathway and Live Well domains and allow collaborative work with other strategic approaches and commissioning programmes.
- 4.2 Building on the previous Greater Essex Dementia Strategy 2017-2021, consultation and engagement activity and national guidance and best practice, the refreshed SET Dementia Strategy 2022 – 2026 sets the mission to make sure that:
- Those who experience dementia, and their families and carers, feel they are understood and can access the support they need when they need it
 - That communities and local organisations are aware of the impact dementia has on those who experience it, their families and carers
 - That support for people with dementia and their families and carers is underpinned by awareness, understanding, training and expertise among professionals and volunteers of the impact dementia has on those who experience it, their families and carers,
 - That the conditions which will contribute to a reduction in prevalence and promoting health improvement in the long-term, recognising health inequalities and the wider determinants of health to promote better health outcomes for people across Southend, Essex and Thurrock are further promoted and enhanced.
- 4.3 The mission will be achieved through delivery of nine strategic priorities, under which the SET Dementia Strategy 2022 - 2026 sets out our commitments and the outcomes to be achieved, current and planned activity, and the measures used to assess progress. A summary of the strategic priorities and commitments to be achieved are included below.

Priorities	Commitments
Prevention: People in Southend, Essex and Thurrock will have good health and wellbeing, enabling them to live full and independent lives for longer	We will work collaboratively within communities and across voluntary, health, care and statutory services to develop and deliver information to improve awareness of dementia, how to prevent dementia and the support available
Supporting unpaid carers: Carers are supported to enable people living with dementia to remain as independent as possible	We will involve and seek the views of people living with dementia and their unpaid carers , recognising their role as valued experts and equal partners to ensure carers have increased opportunity to access good quality support
Reducing the risk of crisis: All people with dementia receive support to reduce the risk and manage crisis	We will work across our systems in to develop an integrated approach within communities to improve timely support following diagnosis to promote independence, optimise strength, build resilience, and prevent unnecessary crises
A knowledgeable & skilled workforce: All people with dementia receive support from knowledgeable and skilled professionals where needed	We will develop and build on activities and training that improve professional practice and process
Finding information and advice: Everyone with dementia will have access to the right information at the right time	We will work collaboratively with system partners to engage people living with dementia, their families, unpaid carers and wider support networks to better understand how we can improve access to the right information, advice and guidance at the right time to ensure they are fully supported
Diagnosis and support: All people with dementia will receive appropriate and timely diagnosis and integrated support	We will improve access to and opportunities for dementia diagnosis at the earliest possible stage for the people of Southend, Essex and Thurrock
Living well with dementia in the community: All people with dementia are supported by their Southend, Essex and Thurrock communities to remain independent for as long as possible	We will work with people living with dementia, their families, unpaid carers and wider support networks to build more dementia-friendly and dementia-enabled communities and work to understand what timely support they need in relation to access to housing, transport, employment and technology We will continue to promote access to care technology to promote health, prevent deterioration and promote independence
Living well in long-term care: all people with dementia live well when in long-term care	We will work with the care markets to encourage long-term care settings to promote improving knowledge, understanding and skills actively empowering activities and solutions that increase and retain their connections within their communities'
End of life: People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes	We will work with families, communities and palliative specialists to improve information that enables families to plan ahead to make informed decisions that support individuals to remain cared for in their preferred care setting

- 4.4 Review and monitoring of the strategy, unless otherwise stated, will take place annually across Southend, Essex and Thurrock. The plan will sit as a separate document to be reviewed and refreshed throughout the life of the strategy enabling it to respond to changing needs and emerging issues in the future. Further details on delivery of actions and outcome measures against the agreed priorities and commitments are in Appendix A, Annex A: Implementation Plan.
- 4.5 We will continue to work in partnership with local alliances to ensure outcomes and delivery plans reflect local population need and approaches and are in line with the health and care bill direction. To ensure partners have the opportunity to develop local action plans and adopt the SET Dementia Strategy 2022 - 2026, The SET Dementia Strategy oversight Group will oversee development of implementation plans, engagement opportunities and launch events over the coming months to gain input and to refine the activity set out in the SET Dementia Strategy 2022 - 2026. We will come back to the board in 2023 to update on progress
- 4.6 The final SET Dementia Strategy 2022 - 2026, which takes account of the engagement, is attached as Appendix A

5 Next Steps

- Ongoing systemwide engagement, stakeholder and communication activities
- Approval and adoption of the SET Dementia Strategy 2022-2026 by member organisations
- Co-production of local and organisational delivery plans across systems and partners (October 2022– March 2023) including:
 - Discussions with stakeholders incl. opportunities for the delivery of implementation activities within partners funded programmes of work.
 - System wide focus groups
 - Wider engagement opportunities through local forums.
 - Confirm priority areas and implementation activities aligned to funded programmes within Essex County Council.
- Launch event and celebration of people living with dementia in Essex

6 Issues for consideration

6.1 Legal implications

- 6.1.1 Following agreement of the SET Dementia Strategy 2022-2026 each member organisation, including Essex County Council, will need to take the SET Dementia Strategy 2022-2026 through their own governance processes for publication.
- 6.1.2 Consultation exercises were carried out on the SET Dementia Strategy and amendments made following the consultations to reflect responses.
- 6.1.3 There is a statutory duty under the Health Act 2007 for the Health and Wellbeing Board to prepare and agree a JHWS.

6.2 Finance implications

- 6.2.1 Currently there are no additional resources identified within the SET Dementia Strategy 2022 - 2026. Whilst implementation will align to the lifecycle of the SET Dementia Strategy 2022 - 2026, it is acknowledged that Integrated Commissioning Boards (ICBs) came into being on the 1st July 2022. As such, the introduction of ICBs, development of Integrated Care Partnership (ICP) strategies, Local Delivery Plans and their respective governance structures will inform the development of implementation plans at a Southend, Essex and Thurrock, ICP, alliance and organisational levels. Of note is that many of the commitments are about reshaping services, awareness raising and training.
- 6.2.2 Work is already underway within multiple funded programmes which will support the delivery of the SET Dementia Strategy 2022 – 2026. The Integrated Dementia Team will continue to work with colleagues to align implementation plan activities with those of funded work programmes in Southend, Essex & Thurrock.
- 6.2.3 Any cost implications will need to be determined as part of the development of implementation plans as outlined in 5.2.1 and will be the subject of future reports.

7 Equality and Diversity implications

- 7.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 7.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 7.3 The Equality Comprehensive Impact Assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

8 List of appendices

Appendix A: Southend, Essex & Thurrock (SET) Dementia Strategy 2022 - 2026

Southend, Essex and Thurrock (SET) Dementia Strategy

2022–2026

Contents

Southend, Essex and Thurrock (SET) Dementia Strategy 2022–2026	1
Contents	1
Foreword	2
Strategy on a Page	3
Introduction	4
Strategic Context	5
What are the problems we need to address?	9
Our Mission, Priorities and Commitments	10
Strategy Monitoring and Review	12
Annex A: Dementia Strategy Implementation Plan	16
Annex B: Wider Initiatives Linked to Dementia Strategy Priorities	24
Annex C: The Impact of Dementia; Data and Insights	29
Annex D: Insight from Stakeholder Engagement	36
Annex E: Additional Information & Useful Links	38
Annex F: Glossary: Terms and Abbreviations	39

Foreword

This strategy brings together organisations from across Health and Social Care and the Voluntary Sector to speak with one voice on our aspirations for making Southend, Essex and Thurrock places where people can live well with dementia.

The impact on all those who live with dementia, including friends, family and carers, is clear to all. It is critical that we have a strategy that looks at every element, from the very tough nettle of prevention, through early diagnosis into care, support for carers and provision of accommodation.

This updated strategy for Southend, Essex and Thurrock builds on successes and lessons of the past and will be invaluable as we work together in collaboration.

Cllr John Spence, Cabinet Member for Adult Social Care & Health, Essex County Council

After a number of setbacks from the pandemic, it's fantastic to see that the Southend, Essex and Thurrock (SET) Dementia Strategy has been finalised and is ready to share with our residents.

This is a big step for our collective services across Essex as we commit to a joint strategic plan to not only gain a greater understanding of dementia, its causes and development, but also help to adopt a preventative approach that impacts those with the disease and their wider spheres of friends, family and those who care for them.

Following consultation with our residents in Thurrock and across Southend and Essex, we have been able to ensure our approach considers not only the provision of services, but the concerns of those in our communities who are currently facing or aware of the challenges of living with dementia. This is a crucial step to understanding all levels of the disease in our communities and ensuring this direct feedback remains at the heart of our forward-thinking approach for support in the future.

Thank you to everyone whose opinions and expertise fed into the creation of this dementia strategy. Rest assured your views, and the impact of this strategy, will lay the foundations for the best healthcare and support possible for generations to come.

Cllr Deborah Huelin, Thurrock Council Cabinet Member for Adults & Health

The number of people affected by dementia is rising and the government announced a 10-year plan in May 2022 that aims to reduce Dementia by 40%.

The development of this strategy has been delayed through COVID 19 but Southend, Essex and Thurrock (SET) have taken learning from our existing Dementia strategy and developed the new strategy drawing on best practice and consultation.

Current figures using the health census from 2019 show that Greater Essex likely has 21,972 over 65's with dementia and this is set to increase 33% by 2030. The government is projecting that over one million people in the UK could be living with dementia by 2025.

In 2020 Southend G.P. data showed that Southend had a higher prevalence of dementia than the average in England. This strategy has a commitment to research, training, local place-based action, and prevention. It supports our living well priority with 'living well longer' through early diagnosis, support, self-help, the nine priorities identified with stakeholders, and 10 strong commitments by SET. Together these underpin the dementia strategy implementation plan that supports the government's aim of a 40% reduction in dementia and improves quality of life for our residents who have dementia, their families, and carers.

Cllr Kay Mitchell, Southend-on-Sea City Council Cabinet Member for Adult Social Care and Health Integration

Strategy on a Page

Mission: To make sure that:

- Those who experience dementia, and their families and carers feel they are understood and can access the support they need when they need it
- That communities and local organisations are aware of the impact dementia has on those who experience it and their families and carers
- That support for people with dementia and their families and carers is underpinned by levels of training and expertise among professionals and volunteers

And to further promote and enhance the conditions which will contribute to a reduction in prevalence and promoting health improvement in the long-term, recognising health inequalities and the wider determinants of health to promote better health outcomes for people across SET.

Priorities	Commitments
1. Prevention: People in Southend, Essex and Thurrock will have good health and wellbeing, enabling them to live full and independent lives for longer	<ul style="list-style-type: none"> • We will work collaboratively within communities and across voluntary, health, care and statutory services to develop and deliver information to improve awareness of dementia, how to prevent dementia and the support available
2. Supporting unpaid carers: Unpaid carers are supported to enable people with dementia to remain as independent as possible	<ul style="list-style-type: none"> • We will involve and seek the views of people living with dementia and their unpaid carers, recognising their role as valued experts and equal partners to ensure carers have increased opportunity to access good quality support
3. Reducing the risk of crisis: All people with dementia receive support to reduce the risk and manage crisis	<ul style="list-style-type: none"> • We will work across our systems to develop an integrated approach within communities to improve timely support following diagnosis to promote independence, optimise strength, build resilience, and prevent unnecessary crises
4. A knowledgeable and skilled workforce: All people with dementia receive support from knowledgeable and skilled professionals where needed	<ul style="list-style-type: none"> • We will develop and build on activities and training that improve professional practice and process
5. Finding information and advice: Everyone with dementia will have access to the right information at the right time	<ul style="list-style-type: none"> • We will work collaboratively with system partners to engage people living with dementia, their families, unpaid carers and wider support networks to better understand how we can improve access to the right information, advice and guidance at the right time to ensure they are fully supported
6. Diagnosis and support: All people with dementia will receive appropriate and timely diagnosis and integrated support	<ul style="list-style-type: none"> • We will improve access to and opportunities for dementia diagnosis at the earliest possible stage for the people of Southend, Essex and Thurrock
7. Living well with dementia in the community: All people with dementia are supported by their Southend, Essex and Thurrock communities to remain independent for as long as possible	<ul style="list-style-type: none"> • We will work with people living with dementia, their families, unpaid carers and wider support networks to build more dementia-friendly and dementia-enabled communities and work to understand what timely support they need in relation to access to housing, transport, employment and technology • We will continue to promote access to care technology to promote health, prevent deterioration and promote independence
8. Living well in long-term care: All people with dementia live well when in long-term care	<ul style="list-style-type: none"> • We will work with the care markets to encourage long-term care settings to promote the knowledge, understanding and skills actively empowering activities and solutions that increase and retain their connections within their communities'
9. End of life: People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes	<ul style="list-style-type: none"> • We will work with families, communities and palliative specialists to improve information that enables families to plan ahead to make informed decisions that support individuals to remain cared for in their preferred care setting

Introduction

About dementia

Dementia is an umbrella term used to describe a collection of symptoms that affect the brain including memory loss, perception, problems with reasoning and communication skills. Dementia is defined as a progressive disease that affects more than one aspect of daily life and can lead to a reduction in a person's ability to conduct routine tasks such as washing, dressing and cooking.

There are over 200 types of dementia including Alzheimer's, Vascular and dementia with Lewy bodies. Dementia is not a natural part of ageing and does not just affect older people. It has a physical, psychological, social, and economic impact, not only on people with dementia, but also on their carers¹ (particularly unpaid carers), families and communities.

Government guidance² estimates the number of people living with dementia globally to be 50 million, with this number expected to more than treble by 2050 to 152 million. The guidance highlights that around 850,000 people in the UK are living with dementia, 120,000 of which live alone. By 2025, over one million people could have dementia in the UK and by 2040, this figure will exceed 1.6 million.

Dementia is one of the major causes of disability and dependency among older people with no known cure. It is estimated that a person is formally diagnosed with dementia every three minutes in the UK, that one in three people born this year will develop dementia in their life, that dementia caused more deaths in England in year end March 2021 than Covid-19 and a quarter of all those who died of Covid-19 had dementia.



Image 1, Source – Public Health England³

Annex C: The Impact of Dementia; Data and Insights also offers comprehensive information on the impact of dementia on individuals, families, communities, care and support services.

¹ A 'carer' is someone who - without being paid - regularly looks after, helps or supports someone over the age of 18 who wouldn't be able to manage everyday life without their help.

² Government guidance, *Dementia: applying All Our Health* <https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health>

³ Public Health England: *health matters: midlife approaches to reduce dementia risk* <https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk>

Strategic Context

The national approach

In May 2022, Government announced a new 10-year plan⁴ to tackle dementia and boost the £375m funding already committed for research to better understand neurodegenerative diseases. The plan aims to reduce the 40% of dementia considered to be potentially preventable, including exploration of new technology, science and medicine to help reduce the numbers and severity of dementia.

It also aims to help reduce the NHS backlog as a result of Covid-19 to ensure more timely dementia diagnosis. This strategy will take note and incorporate key initiatives of the Government's dementia plan when published later in 2022.

The strategy takes account of the Public Health England Health matters: public health issues⁵ collection, with particular reference to the dementia section and Health matters: midlife approaches to reduce dementia risk⁶.

Government guidance Dementia: applying All Our Health⁷ encourages frontline health and care professionals to provide advice and support on dementia risk reduction as part of their daily practice and contact with individuals, framing this around NHS England's Well Pathway for Dementia⁸:






NHS ENGLAND TRANSFORMATION FRAMEWORK – THE WELL PATHWAY FOR DEMENTIA				
PREVENTING WELL	DIAGNOSING WELL	SUPPORTING WELL	LIVING WELL	DYING WELL
 Risk of people developing dementia is minimised "I was given information about reducing my personal risk of getting dementia"	 Timely accurate diagnosis, care plan, and review within first year "I was diagnosed in a timely way" "I am able to make decisions and know what to do to help myself and who else can help"	 Access to safe high quality health & social care for people with dementia and carers "I am treated with dignity & respect" "I get treatment and support, which are best for my dementia and my life"	 People with dementia can live normally in safe and accepting communities "I know that those around me and looking after me are supported" "I feel included as part of society"	 People living with dementia die with dignity in the place of their choosing "I am confident my end of life wishes will be respected" "I can expect a good death"
STANDARDS: Prevention ⁽¹⁾ Risk Reduction ⁽⁵⁾ Health Information ⁽⁴⁾ Supporting research ⁽⁵⁾	STANDARDS: Diagnosis ⁽¹⁾⁽⁵⁾ Memory Assessment ⁽¹⁾⁽²⁾ Concerns Discussed ⁽³⁾ Investigation ⁽⁴⁾ Provide Information ⁽⁴⁾ Integrated & Advanced Care Planning ⁽¹⁾⁽²⁾⁽³⁾⁽⁵⁾	STANDARDS: Choice ⁽²⁾⁽³⁾⁽⁴⁾ BPSD ⁽⁶⁾⁽²⁾ Liaison ⁽²⁾ Advocates ⁽³⁾ Housing ⁽³⁾ Hospital Treatments ⁽⁴⁾ Technology ⁽⁵⁾ Health & Social Services ⁽⁵⁾ Hard to Reach Groups ⁽³⁾⁽⁵⁾	STANDARDS: Integrated Services ⁽¹⁾⁽⁵⁾⁽⁵⁾ Supporting Carers ⁽²⁾⁽⁴⁾⁽⁵⁾ Carers Respite ⁽²⁾ Co-ordinated Care ⁽¹⁾⁽⁵⁾ Promote Independence ⁽¹⁾⁽⁴⁾ Relationships ⁽²⁾ Leisure ⁽³⁾ Safe Communities ⁽³⁾⁽⁵⁾	STANDARDS: Palliative care and pain ⁽¹⁾⁽²⁾ End of Life ⁽⁴⁾ Preferred Place of Death ⁽⁵⁾
References: (1) NICE Guideline. (2) NICE Quality Standard 2010. (3) NICE Quality Standard 2013. (4) NICE Pathway. (5) Organisation for Economic Co-operation and Development (OECD) Dementia Pathway. (6) BPSD – Behavioural and Psychological Symptoms of dementia.				
RESEARCHING WELL • Research and innovation through patient and carer involvement, monitoring best-practice and using new technologies to influence change. • Building a co-ordinated research strategy, utilising Academic & Health Science Networks, the research and pharmaceutical industries.				
INTEGRATING WELL • Work with Association of Directors of Adult Social Services, Local Government Association, Alzheimer's Society, Department of Health and Public Health England on co-commissioning strategies to provide an integrated service ensuring a seamless and integrated approach to the provision of care.				
COMMISSIONING WELL • Develop person-centred commissioning guidance based on NICE guidelines, standards, and outcomes based evidence and best-practice. • Agree minimum standard service specifications for agreed interventions, set business plans, mandate and map and allocate resources.				
TRAINING WELL • Develop a training programme for all staff that work with people with dementia, whether in hospital, General Practice, care home or in the community. • Develop training and awareness across communities and the wider public using Dementia Friends, Dementia Friendly Hospitals/Communities/Homes.				
MONITORING WELL • Develop metrics to set & achieve a national standard for Dementia services, identifying data sources and set 'profiled' ambitions for each. • Use the Intensive Support Team to provide 'deep-dive' support and assistance for Commissioners to reduce variance and improve transformation.				

Image 2 – NHS England's Well Pathway for Dementia

⁴ Gov press release, *Health secretary announces 10-year plan for dementia* [https://www.gov.uk/government/news/health-secretary-announces-10-year-plan-for-dementia#:~:text=Health%20and%20Social%20Care%20Secretary,to%20better%20understand%20neurodegenerative%20diseases.&text=A%20new%2010%2Dyear%20plan%20to%20tackle%20dementia%20will%20be,\(Tuesday%2017%20May%202022\)](https://www.gov.uk/government/news/health-secretary-announces-10-year-plan-for-dementia#:~:text=Health%20and%20Social%20Care%20Secretary,to%20better%20understand%20neurodegenerative%20diseases.&text=A%20new%2010%2Dyear%20plan%20to%20tackle%20dementia%20will%20be,(Tuesday%2017%20May%202022))

⁵ Gov collection, *Health matters: public health issues* <https://www.gov.uk/government/collections/health-matters-public-health-issues#dementia>

⁶ Gov collection, *Health matters: midlife approaches to reduce dementia risk* <https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk>

⁷ Gov guidance, *Dementia: applying All Our Health* <https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health>

⁸ NHS England, *the Well Pathway for Dementia* <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf>

The Dementia Strategy will align with national approaches as highlighted above, including any forthcoming activities related to the adult social care reform white paper⁹, Health and Care Act 2022¹⁰ and the integration and innovation: working together to improve health and social care for all white paper¹¹.

All of which will enable better links between health and social care systems ensuring that the person is at the centre with local systems designed to deliver seamless care and support, enabling people to retain their independence, health and wellbeing. This includes utilising community assets, building on local delivery plans and placed-based action to ensure a person-centred approach.

A Southend, Essex and Thurrock (SET) approach

The previous SET Dementia Strategy lifecycle ended in 2021 and due to Covid-19 an update was delayed, although partnership activities continued during this period as did evidence gathering to understand the impact and outcomes of the strategy.

Review of the previous strategy highlighted challenges which include:

- The impact of an ageing SET population, with an increase in long-term conditions
- The need to improve timelier dementia diagnosis – through access to diagnostic/memory assessment services and encouraging people to pursue diagnosis, for example where delays or stigma may be present
- The complexities of system change i.e., when new operating models are introduced, or system goals change to address causes rather than symptoms
- The need to enhance alignment of priorities amongst multiple stakeholders
- The need for greater understanding and fulfilment of expectations across the system
- Tackling the stigma associated with dementia
- Cost implications for the wider economy
- Greater understanding of the cost of health and social care to support those living with dementia
- A population needs analysis based upon current and projected dementia diagnosis
- Increased need to share data and insights among multiple stakeholders to enhance diagnosis, support and understand the impact of dementia for organisations and partners
- The impact of Covid-19 such as a lack of face-to-face services, social isolation, loneliness, and increase in digitilisation of services.

By adopting a SET approach that builds on learning and best practice from the previous strategy and takes account of other key SET strategies, this will build on community assets and drive development of a high-quality dementia support offer for the residents of SET. In doing so, the Dementia Strategy will provide an overarching ambition and nine priority areas for delivery through local partnerships and place-based plans focusing on local delivery and place-based action.

⁹ Gov policy paper: *adult social care charging reform: further details* <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care/adult-social-care-charging-reform-further-details>

¹⁰ Parliamentary bills: Health and Care Act 2022 <https://bills.parliament.uk/bills/3022>

¹¹ Gov policy paper: *integration and innovation: working together to improve health and social care for all* <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-our-consultation-version>

Essex County Council strategic approach

The Dementia Strategy will take account of and incorporate Everyone's Essex¹² four areas of focus, with emphasis on promoting the health, care and wellbeing of all Essex residents. The four areas of focus are:

1. The economy
2. The environment
3. Children and families
4. Promoting health, care and wellbeing for all parts of our population who need support

The Dementia Strategy will build on the Joint Health and Wellbeing Strategy¹³ 2022-2026 (JHWS) areas of focus (including any subsequent updates), which are:

1. Improving mental health and wellbeing
2. Physical activity and Healthy weight
3. Supporting long term independence
4. Alcohol and substance misuse
5. Health inequalities & the wider determinants of Health

The JHWS references the 2019 Joint Strategic Needs Assessment¹⁴ (JSNA) where it was identified that dementia diagnosis is not as good as it could be and that there is an ageing population with more people with long-term conditions.

The JSNA notes that over the last three years the estimated dementia diagnosis rate in people aged 65 and over in Essex is estimated to have risen from 60.5% in 2017 to 64.5% in 2019. Despite this positive increase in diagnosis, diagnosis rates remain lower than the England average of 68.7% with only 2 districts (Epping Forest 81.7% and Rochford 81.7%), having diagnosis rates over the England level (Maldon is the lowest at 57.6%).

POPPI (Projecting Older People's Population Information) projections using health and census data estimate that in 2019 there are likely to be 21,972 people across Essex over the age of 65 with dementia and that this figure could increase by 33% by 2030 to 29,437 people. Tendring currently has the highest number of estimated people with dementia (3,104) whilst Harlow has the lowest (1,018).

In addition to the above, the refreshed Dementia Strategy will work alongside other key strategies to include (but not limited to):

- Essex Joint Health and Wellbeing Strategy 2022-2026
- Thurrock Health and Wellbeing Strategy 2022-2026
- Southend on Sea Health and Wellbeing Strategy 2021-2024
- Essex All Age Carers Strategy 2022–2026
- Meaningful Lives Matter, including the Essex Learning Disabilities and Autism Transformation programme and Supported Living Provider Forum
- Essex JSNA and district profiles
- District/borough/city Local Plans

¹² Essex County Council: *Everyone's Essex: our plan for levelling up the county 2021-2025*
<https://www.essex.gov.uk/everyones-essex-our-plan-for-essex-2021-2025>

¹³ Essex County Council: *Essex Joint Health and Wellbeing Strategy 2022-2026* [Essex Joint Health and Wellbeing Strategy 2022 - 2026 \(ctfassets.net\)](https://www.essex.gov.uk/essex-joint-health-and-wellbeing-strategy-2022-2026)

¹⁴ Essex County Council, *Essex JSNA and district profile reports 2019* <https://data.essex.gov.uk/dataset/exwyd/essex-jsna-and-district-profile-reports-2019>

Thurrock Council Strategic Approach

Thurrock's Health & Wellbeing Strategy 2022-26 sets a vision of Levelling the Playing Field and sets goals to address a range of inequalities across Thurrock. It comprises 6 Domains of action, and Domain 3 ("Person-Led Health and Care") includes development of a Dementia Strategy to support Dementia Friendly Communities.

Thurrock Integrated Care Alliance (TICA) has recently produced a Better Care Together Thurrock (BCTT) strategy for adult health and care. The strategy aims to transform adult health and social care in line with the Human, Learning, Systems (HLS) approach to system transformation. The HLS focus on cultural change and empowering the workforce to adopt a strengths-based approach, a learning culture and act as system stewards, offers opportunities to develop sustainable approaches to delivering holistic care. The strategy seeks to align current community NHS health provision with each PCN health and care locality network. This will include enabling integrated care and support plans and a blended roles approach. This approach will encompass specialist condition-specific teams such as the Older Adults Health and Wellbeing Team and Dementia Crisis Support

What are the problems we need to address?

Support for Unpaid Carers:

An estimated 540,000 people in England act as primary carers for people with dementia; half of these are employed, 112,540 have needed to leave employment to meet their caring roles and 66,000 carers have cut their working hours.

In Essex carers have highlighted a lack of respite, awareness of services and availability of information, and feelings of isolation as key issues.

Prevalence and modifiable risk:

Most recent figures from NHS Digital highlight that there are 24,578 people (over 65) in SET living with dementia. **If the prevalence remains constant, for SET as a whole, there will be an additional 10,554 people aged 65+ with dementia in 2030.**

Evidence shows that 40% of dementias are preventable through action across the life course. A 20% reduction in risk factors per decade could reduce the UK prevalence by 16.2% (300,000 cases) by 2050.

Loneliness and Isolation:

Public Health England suggests that **60% of people with dementia are more likely to be lonely.** Approximately 60% of people with dementia go out of their houses less than once a week and in sparsely-populated rural areas, it is harder for older people living alone to find the opportunity to mix with others.

Essex has **an increasing older population and nationally up to 14% of older people report feeling lonely all the time.** With loneliness and depression increasing the risk of dementia by up to 50% this is a pressing issue for SET.

Research:

Climate Change/Air pollution: Epidemiological evidence is suggestive of an association between exposure to ambient air pollutants and both the risk of developing dementia and acceleration of cognitive decline.

Research collaborative: Build on opportunities with local research partners develop, support and implement evidence based, best practice which underpins delivery of the SET Strategy.

Addressing inequalities:

Dementia is the **leading cause of death for women in the UK since 2011**, not only are they at greater risk of dementia, but they are also more likely to be impacted in other areas of their lives such as through caregiving to a family member with dementia, financial stability, mental wellbeing and career progression.

People with **learning disabilities are at greater risk of developing dementia**, are likely to develop the condition at an earlier age and can have a faster rate of progression.

A growing prevalence of young onset dementia, with **over 42,000 people in the UK estimated to be living with a diagnosis.** People with young onset dementia tend to have additional complexities, particularly regarding diagnosis and a lack of appropriate services.

Diagnosis Rates:

Dementia diagnosis rates in Essex remain below the national average (62%).

Engagement sessions and workshops with partners across the SET highlighted the need to coordinate timelier diagnosis. Support in the key weeks after diagnosis is also recognised as a critical window for early support and intervention that promotes a positive view of diagnosis, facilitating access to timely care and support thus enabling people to live well with dementia in their preferred place of residence.

It is estimated that **2 in 10 people over the age of 65 have mild cognitive impairment.** Although the mild form of this condition often has little effect on daily life, **5 to 10% of people with it will develop dementia.**

Awareness and Dementia Friendly Communities and Services

Dementia does not just impact the person – everyone around them, from family members to friends, is affected in some way. The impact on those living with dementia, including their family and carers, cannot be underestimated and demonstrates the need for a whole system approach to awareness, care and support including diagnosis. 1 in 3 people born in the UK will develop dementia in their lifetime, the importance of increased awareness and understanding of dementia throughout our communities again, cannot be underestimated given the anticipated rise in the number of people living with dementia.

Housing, Health and care providers through to education, transport and leisure services all have roles in the planning and development of neighbourhoods creating **environments, support and opportunities in which people become and remain socially connected and are enabled to live well with dementia.**

Our Mission, Priorities and Commitments

Our mission

Building on the previous strategy, consultation and engagement activity and national guidance and best practice, the refreshed Dementia Strategy sets out to make sure that:

- Those who experience dementia, and their families and carers feel they are understood and can access the support they need when they need it
- That communities and local organisations are aware of the impact dementia has on those who experience it and their families and carers
- That support for people with dementia and their families and carers is underpinned by levels of training and expertise among professionals and volunteers

And to further promote and enhance the conditions which will contribute to a reduction in prevalence and promoting health improvement in the long-term, recognising health inequalities and the wider determinants of health to promote better health outcomes for people across SET.

Our nine priorities

The mission will be achieved through delivery of our nine strategic priorities which, following stakeholder engagement, were agreed as:

1. **Prevention:** People in Southend, Essex and Thurrock will have good health and wellbeing, enabling them to live full and independent lives for longer
2. **Supporting unpaid carers:** Unpaid carers are supported to enable people with dementia to remain as independent as possible
3. **Reducing the risk of crisis:** All people with dementia receive support to reduce the risk and manage crisis
4. **A knowledgeable and skilled workforce:** All people with dementia receive support from knowledgeable and skilled professionals where needed
5. **Finding information and advice:** Everyone with dementia will have access to the right information at the right time
6. **Diagnosis and support:** All people with dementia will receive appropriate and timely diagnosis and integrated support
7. **Living well with dementia in the community:** All people with dementia are supported by their Southend, Essex and Thurrock communities to remain independent for as long as possible
8. **Living well in long-term care:** All people with dementia live well when in long-term care
9. **End of life:** People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes

Our commitments

Following stage two consultation activity and aligned to the nine priorities, the strategy sets out **10 commitments** informed by the people of Southend, Essex and Thurrock:

1. We will **work collaboratively within communities** and across voluntary, health, care and statutory services to develop and deliver information **to improve awareness of dementia, how to prevent dementia and the support available**
2. We will **involve and seek the views of people living with dementia and their unpaid carers**, recognising their role as valued experts and equal partners to **ensure carers have increased opportunity to access good quality support**
3. We will **work across our systems in to develop an integrated approach** within communities **to improve timely support following diagnosis** to promote independence, optimise strength, build resilience, and prevent unnecessary crises
4. We will **develop and build on activities and training that improve professional practice and process**
5. We will work collaboratively with system partners to **engage people living with dementia, their families, unpaid carers and wider support networks to better understand how we can improve access to the right information, advice and guidance at the right time** to ensure they are fully supported
6. We will **improve access to and opportunities for dementia diagnosis at the earliest possible stage** for the people of Southend, Essex and Thurrock
7. We will **work with people living with dementia, their families, unpaid carers and wider support networks to build more dementia-friendly and dementia-enabled communities** and work to **understand what timely support they need** in relation to **access to housing, transport, employment and technology**
8. We will continue **to promote access to care technology** to promote health, prevent deterioration and promote independence
9. We will **work with the care markets to encourage long-term care settings** to promote improving knowledge, understanding and skills actively empowering activities and solutions that **increase and retain their connections within their communities'**
10. We will **work with families, communities and palliative specialists** to improve information that **enables families to plan ahead to make informed decisions** that support individuals to remain cared for in their preferred care setting

Strategy Monitoring and Review

Review and monitoring of the strategy, unless otherwise stated, will take place annually across Southend, Essex and Thurrock. See **Annex A: Implementation Plan** The plan will sit as a separate document to be reviewed and refreshed throughout the life of the strategy enabling it to respond to changing needs and emerging issues in the future. For further details on delivery of actions and outcome measures against the agreed priorities and commitments.

However, it is recognised that local action plans to help deliver the Dementia Strategy will be developed by partners based on population need, local pathways and priorities, building on known community assets and initiatives identified at locality level. Monitoring and review of local action plans will also take place at local level, to be agreed at their discretion and underpinned by local processes and governance.

Governance and oversight

The Dementia Strategy will align to existing internal and external governance, oversight and partnership boards. It is acknowledged that Integrated Commissioning Boards (ICBs) will be implemented in July 2022. The introduction of ICBs, Local Alliances and subsequent governance structures may result in changes to existing governance, oversight and partnership arrangements.

Review of the previous strategy highlighted the need to further embed the strategic approach to dementia within existing plans. As a result, a framework (Image 8) has been developed based upon NHS England's Well Pathway for Dementia and Livewell themes to support health and wellbeing and outlines the building blocks for change which can be aligned to the emerging ICBs, Local Alliances and wider partnerships.

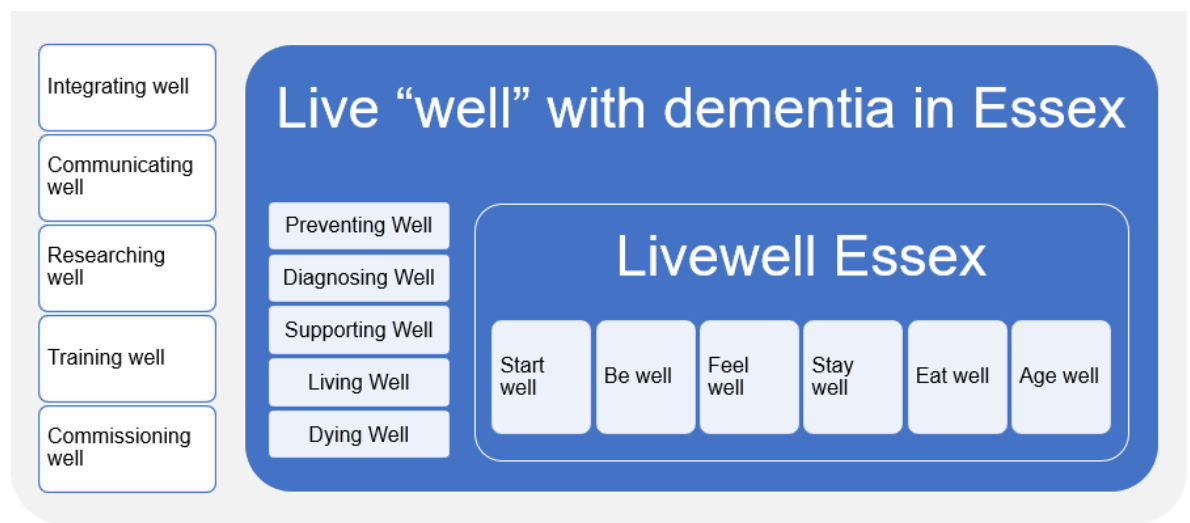


Image 8 – Living well with dementia in Essex framework

Wider initiatives

There is a range of important wider activity and initiatives being undertaken across public and private sector organisations with the aim to improve health and wellbeing outcomes for those living with dementia, their family and carers.

Southend City Council, Essex County Council & Thurrock Council and ICBs commission a range of Dementia Support Services providing personalized support and advice to anyone affected by dementia. These commissioned services are accessible by anyone across community, from local help and community activities to phone and online advice, working with people worried about their memory, people with dementia, carers and family members.

Southend, Essex and Thurrock partners are together working towards becoming dementia friendly communities with a network of Dementia Action Alliances who are working in local areas to drive dementia awareness and enable communities to be accessible and support people living with dementia. Dementia Action Alliances work with local groups, retailers and businesses to be more aware of issues people with dementia face and offer better services.

Consultation feedback tells us that levels of support are not consistent across Southend, Essex & Thurrock, therefore throughout the life of the strategy partners will continue to explore opportunities to develop integrated care and support systems for people affected by dementia building on the successes to date.

To share knowledge, best practice and monitor progress across a range of partners and key stakeholders, **Annex B: Wider Initiatives Linked to Dementia Strategy Priorities** offer further detail of the range of partner activities underway across SET. This will be reviewed and updated throughout the strategy lifecycle to complement activity undertaken alongside the Dementia Strategy.

Best practice exemplar – case study

In May 2022 as part of the Essex Year of Reading campaign, Essex Education Taskforce at Essex County Council partnered with Wayback, virtual reality technology specialists and winner of the 2018 Essex Dementia Challenge Prize. The partnership worked with the James Hornby School and residents at Woodbury Court Dementia Care Home to deliver a intergenerational reminiscence project to celebrate the Queen's Platinum Jubilee. The project went Wayback to the Queen's Coronation using memory films and books to trigger memories, connection and conversation across young and older generational groups including people living with dementia.

This project sought to inspire a love of books and conversational storytelling to help people share first-hand accounts of events whilst bringing different generations together. The day was a huge success and built upon Everyone's Essex initiatives to help citizens to better understand and have compassion for others, as well as reduce feelings of loneliness and isolation across all ages.



Image 7 – selection of photographs from the intergenerational reminiscence project

Benefits of the project for children and young people included increased self-confidence, self-efficacy and wellbeing, promoting of positive relationships and positive changes in perceptions and attitudes about older people. For older people, benefits included enhancement of emotional wellbeing, reading to reignite memories, wider cognitive stimulation and mitigating the impact of social isolation and loneliness to aid recovery.

As part of the ongoing commitment to supporting innovative approaches, we will continue to promote opportunities for knowledge exchange in pilot activity and research projects. In particular, activities that support collaboration through research with a focus on dementia and ageing well initiatives with aims that seek to share knowledge and promote evidence-led approaches within place-based activities.

Annex B: Wider Initiatives Linked to Dementia Strategy Priorities also offers comprehensive information on a range of advice, guidance and initiatives focused on overall health and wellbeing or support for those with dementia, their carers, and families.

Annexes

Annex A: Dementia Strategy Implementation Plan

Whilst the implementation plan aligns to the lifecycle of the strategy, it is acknowledged that Integrated Commissioning Boards (ICBs) will be implemented from July 2022. As such, the introduction of ICBs, Local Delivery Plans and subsequent governance structures may result in amendments to the implementation plan.

Action/s	Outcome Measure	Owner/Contributor	Timescale
Priority 1 – Prevention: People in Southend, Essex and Thurrock will have good health and wellbeing, enabling them to live full and independent lives for longer			
Commitment 1 – We will work collaboratively within communities and across voluntary, health, care and statutory services to develop and deliver information to improve awareness of dementia, how to prevent dementia and the support available			
Development and delivery of a dementia awareness activities. Work with Public health colleagues to develop consistent messaging around how to prevent dementia	<ul style="list-style-type: none"> People will have a greater understanding of the effectiveness and impact of healthy lifestyle on modifiable risk factors to reduce the risk of developing dementia, including stop smoking, be more active, reduce alcohol consumption, improved diet, lose weight if necessary and maintain a healthy weight We will work with partners in Public Health to understand the effectiveness and impact of healthy lifestyle campaigns on raising awareness of modifiable risk factors 	<ul style="list-style-type: none"> Active Essex – Find Your Active Programme Strengthening communities – Essex Wellbeing Service 	<ul style="list-style-type: none"> Sep 2023 and annual reviews
Essex Dementia Intergenerational programme (EDIP) activities to increase children and young people's knowledge and understanding of dementia to support improved awareness of dementia in younger age-groups	<ul style="list-style-type: none"> Children and young people will have an increased knowledge and understanding of actions they can undertake in support of healthy lifestyles Children and young people will have an increased knowledge and understanding of dementia to support improved awareness Children and young people will undertake action in support of a dementia friendly generation to actively promote and support dementia enabled communities To increase the reach and volume of Essex schools engaged in dementia intergenerational activity from the 2021 baseline by a further 50% in 2022/23 Links to 'starting well' and 'risk reduction' 	<ul style="list-style-type: none"> ECC key service areas – Adult Social Care, Public Health, education and CCG/ICS Voluntary and community sector (VCS) partners LA commissioned dementia support services 	<ul style="list-style-type: none"> Ongoing monitoring Annual EDIP oversight report

Develop and align to Healthy Living activities and opportunities	<ul style="list-style-type: none"> People living with dementia and their unpaid carers can access activities and maintain their independence, and physical, emotional and mental health 	<ul style="list-style-type: none"> Joint Health and Wellbeing Strategy Find your active PEM and Essex Wellbeing Service Social Prescribing outcome/performance measures 	Timescales to be aligned to respective strategies action plans and service areas.
Develop and monitor routine inclusion of best practice advice on Dementia during NHS Health checks delivered to those age 65 and above.	<ul style="list-style-type: none"> People receiving and delivering NHS Health Checks will have increased awareness of the link between cardiovascular disease and Dementia and information around prevention of cardiovascular disease through risk behaviour modification information and advice. 	<ul style="list-style-type: none"> NHS Health checks Providers 	Ongoing
Continue to develop and expand the hypertension case finding and quality improvement project with PCNs in Thurrock to increase the proportion of people with undiagnosed hypertension that are well managed and whose BP is controlled safely to prevent development of vascular dementia.	<ul style="list-style-type: none"> Decrease the proportion of people that have undiagnosed and therefore unmanaged hypertension Increase the proportion of people that have BP within a safe range to prevent the development of conditions that impact on their health and wellbeing including vascular dementia. 	<ul style="list-style-type: none"> Thurrock Council Healthcare Public Health Team Thurrock PCNs Community Pharmacists 	<p>Timescale to be aligned to respective Public Health plans in localities.</p> <ul style="list-style-type: none"> Public Health Service Plan & Better Care Together Thurrock; A case for further change strategy delivery timeline.

Priority 2 – Supporting unpaid carers: Carers are supported to enable people living with dementia to remain as independent as possible

Commitment 2 – We will involve and seek the views of people living with dementia and their unpaid carers, recognising their role as valued experts and equal partners to ensure carers have increased opportunity to access good quality support

Improve pathways to formal assessment where needed	<ul style="list-style-type: none"> Offer a carer's assessment and contingency plan to every unpaid carer of someone with dementia to identify so that they get the benefit of the support they are entitled to 	<ul style="list-style-type: none"> All Age Carers Strategy Adult Social Care data Commissioned Carer and Dementia Support Services monitoring Unpaid carers voice and dementia voices Carers Survey 	Timescales to align with commissioned services reporting and other strategies action plans
--	---	--	--

Support and training for unpaid carers of people with dementia	<ul style="list-style-type: none"> Unpaid carers are supported to be able to continue working and to access health and support services to maintain their own health and wellbeing Work with system partners including health, education, voluntary and community sector organisations to build on and develop support in local communities Number of unpaid carers supported to understand impact of dementia 	<ul style="list-style-type: none"> LA dementia programmes working with/across relevant LA and health partners and commissioned services including Primary Care Essex Wellbeing Service LA commissioned carer and dementia support services Health outcomes and service data 	Timescales to align with commissioned services reporting
--	---	--	--

Priority 3 – Reducing the risk of crisis: All people with dementia receive support to reduce the risk and manage crisis

Commitment 3 – We will work across our systems in to develop an integrated approach within communities to improve timely support following diagnosis to promote independence, optimise strength, build resilience and prevent unnecessary crises

Develop health and care services that work for people living with dementia to reduce the risk of crisis, reduce avoidable admissions and delayed discharge	<ul style="list-style-type: none"> Flexible alternatives to hospital admission and to support early discharge wherever possible, including access to urgent community response/virtual wards and intermediate care Reduction in number of emergency admissions and delayed discharges 	<ul style="list-style-type: none"> Local Alliances, ICB delivery of urgent care response teams and discharge to assess models NHS England dementia diagnosis rates 	Timescales align to local system surveillance and reporting arrangements
Build services, support and communities in Essex that will enable people living with dementia and their carers to have improved confidence in navigating the health and social care system to ensure their needs are met	<ul style="list-style-type: none"> People living with dementia and their carers are provided with good post diagnostic support and information about the options available to them as their dementia progresses Increase number of primary care navigators that have achieved Dementia Friendly accreditation Number of people supported to make contingency and advance care plans Number of advance care plans completed 	<ul style="list-style-type: none"> NHS England dementia diagnosis rates CCG, Alliance and ICB commissioned NHS England dementia diagnosis rate Primary care data 	Timescales align to local system surveillance and reporting arrangements incl. NHS digital Dementia Diagnosis Rates

Priority 4 – **A knowledgeable & skilled workforce:** All people with dementia receive support from knowledgeable and skilled professionals where needed

Commitment 4 – We will develop and build on activities and training that improve professional practice and process

Map the current training and development offer for those working to provide advice and support to people living with dementia	<ul style="list-style-type: none"> • Training and education activities are aligned to the HEE dementia training standards framework • People living with dementia can lead fulfilling lives and live independently for longer • People living with dementia are enabled, with their carers, to access assessments, care and support services that help maintain their physical and mental health and wellbeing • People living with dementia receive care and support from an appropriately trained workforce 	<ul style="list-style-type: none"> • Employers • Health and social care commissioners • Health Education England (HEE) 	Review and refresh of mapping to commence Jan' 2023
Develop and build on activities that improve professional practice and processes	<ul style="list-style-type: none"> • Numbers of care and support workforce who participate in standards of training and professional development as appropriate to the levels and requirements of their role • Prosper programme measures • Training and education programmes are aligned/accredited to HEE dementia training standards framework 	<ul style="list-style-type: none"> • Market shaping programme • HEE/workforce development programmes • ESCA programmes 	Review and refresh of mapping to commence Jan' 2023
Engagement work with workforce/care market to understand levels of confidence when working with people with dementia	<ul style="list-style-type: none"> • The workforce feels confident and empowered in their competences • Engagement and surveys • Prosper programme measures • Annual workforce and staff surveys 	<ul style="list-style-type: none"> • Health and social care employers 	Annual workforce & staff surveys. Prosper programme outcomes/data.

Priority 5 – Finding information and advice: Everyone with dementia will have access to the right information at the right time			
Commitment 5 – We will work collaboratively with system partners to engage people living with dementia, their families, unpaid carers and wider support networks to better			
Work with residents to understand what good quality information and advice, for both pre and post diagnosis of dementia is and how it is accessed	<ul style="list-style-type: none"> • People are able to say they can access appropriate information, advice and guidance in a timely fashion that supports them to achieve their desired outcomes • Co-production work with people living with dementia to inform what 'good' information is. 	<ul style="list-style-type: none"> • LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care 	NHS patient experience Surveys. Carer annual survey. Dementia strategy Annual and report. commissioned services reporting (quarterly)
Work to maximise access to information, advice and guidance so that people have clear access to the right support, at the right time in the right place	<ul style="list-style-type: none"> • People are able to say they have confidence and feel empowered to access care and support through a variety of mechanisms, including but not limited to digital and technological interventions • Engagement and surveys • Virtual/social media engagement levels • Numbers of people of accessing digital technologies through commissioned technology services 	<ul style="list-style-type: none"> • Technologies programme and commissioned technology services 	NHS patient experience Surveys. Carer annual survey. Dementia strategy Annual and report. commissioned services reporting (quarterly)
Publicise information, advice and guidance in effective ways and in clear and accessible language	<ul style="list-style-type: none"> • People can access information, advice and guidance through a range of mediums including social media and in community spaces (i.e. libraries, GPs and local councils) • "Making every contact count" survey • Virtual/social media engagement levels • Organisations/communities achieving Dementia Friendly Communities accreditation 	<ul style="list-style-type: none"> • LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care 	NHS patient experience Surveys. Carer annual survey. Dementia strategy Annual and report. commissioned services reporting (quarterly)

Priority 6 – Diagnosis and support: All people with dementia will receive appropriate and timely diagnosis and integrated support			
Commitment 6 – We will improve access to and opportunities for dementia diagnosis at the earliest possible stage for the people of Southend, Essex and Thurrock			
Design, promote and support activities that enable people to understand how to seek a diagnosis	<ul style="list-style-type: none"> Number of people able to find the right information, at the right time to gain a timely diagnosis enabling them to plan to live well with dementia Surveys and engagement Community Dementia Support Service/primary care data 	<ul style="list-style-type: none"> LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care 	NHS patient experience Surveys. Carer annual survey. Dementia strategy Annual and report. commissioned services reporting (quarterly)
Good quality support and information available from pre diagnosis and throughout the diagnosis journey and people know where to access this	<ul style="list-style-type: none"> Development of engagement programme/residents' panel Annual surveys and engagement Community Dementia Support Service data Primary care data NHS England dementia diagnosis rates 	<ul style="list-style-type: none"> LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care 	Timescales to align with commissioned services reporting and other strategies action plans
Clear dementia diagnosis pathways to enable people to receive timely diagnosis	<ul style="list-style-type: none"> People are supported to understand their conditions and plan accordingly Improve dementia diagnosis rate to NHS national aspiration of 66.7% 	<ul style="list-style-type: none"> NHS England recorded data 	<ul style="list-style-type: none"> Monthly NHS digital Surveillance and diagnosis data
Priority 7 – Living well with dementia in the community: All people with dementia are supported by their Southend, Essex and Thurrock communities to remain independent for as long as possible			
Commitment 7 – We will work with people living with dementia, their families, unpaid carers and wider support networks to build more dementia-friendly and dementia-enabled communities and work to understand what timely support they need in relation to access to housing, transport, employment and technology			
Development and delivery of a co-produced dementia awareness programme to improve awareness, challenge stigma, enable, inspire and facilitate dementia inclusive communities	<ul style="list-style-type: none"> People living with dementia and their carers are enabled to live independently, to take part in activities (including commissioned day opportunities and domiciliary care) based on individual interest and choice, feel valued and included, reducing loneliness and contributing to their community People with young onset dementia, from ethnic minority and LGBTQ+ communities receive support appropriate to their specific needs 	<ul style="list-style-type: none"> LA dementia programmes working with/across relevant LA and health partners and commissioned services, including primary care Local district/borough/city councils 	Developing programme of activity over the course of the strategy, progress to be measured annually incl. <ul style="list-style-type: none"> Quarterly through commissioned services reporting/monitoring

	<ul style="list-style-type: none"> • Increase in the number of Dementia Friendly and enabled community places and spaces <ul style="list-style-type: none"> ○ Number of organisations and communities achieving Dementia Friendly Communities accreditation ○ Number of Local, District & Borough Councils achieving Dementia Friendly Communities Accreditation • Number of District/Borough "Local Plans" adopting Dementia friendly principles and shared with District Dementia Action Alliances • People living with dementia, communities and carers are equipped with a better understanding of dementia and how to manage it and consequences of progression and support carers in their caring role. 		<ul style="list-style-type: none"> • Annual review • Action plan activities within other strategies - Timescales to align • NHS Patient Experience & Primary Care Surveys.
Commitment 8 – We will continue to promote access to care technology to promote health, prevent deterioration and promote independence			
Ensure access to Improving Access to Psychological Therapies (IAPT) programme and psychological interventions for people living with dementia	<ul style="list-style-type: none"> • People living with dementia, or a non-dementia diagnosis mild cognitive impairment (MCI), depression, anxiety) and their carers are aware of the possibility of psychological support from IAPT services, and are routinely considered for and offered support • Number of people living with dementia accessing IAPT and psychological support 	<ul style="list-style-type: none"> • Health and social care commissioners • IAPT and Essex Wellbeing Service 	<ul style="list-style-type: none"> • Frequency aligned to services monitoring/ reporting
Priority 8 – Living well in long-term care: all people with dementia live well when in long-term care			
Commitment 9 – We will work with the care markets to encourage long-term care settings to promote the knowledge, understanding and skills actively empowering activities and solutions that increase and retain their connections within their communities'			
Long-term care settings are Dementia Friendly, supporting residents with dementia to live well and being engaged with their local communities	<ul style="list-style-type: none"> • Increase social connectedness including enabling access to digital technology, links to local communities and the dementia intergenerational programme • The number of people in care homes with access to social contact through digital technology 	<ul style="list-style-type: none"> • Essex Dementia Intergenerational programme • Market shaping/procurement • LA commissioned Dementia Friendly 	<p>Timescales to align with commissioned services reporting and other strategies action plans incl.</p> <ul style="list-style-type: none"> • EDIP Tracker (Quarterly)

	<ul style="list-style-type: none"> • Participation in the prosper and intergenerational programmes • Number of care home achieving Dementia Friendly Communities accreditation 	Communities programmes	<ul style="list-style-type: none"> • Frequency aligned to services monitoring/reporting
Work with the care markets to understand capacity and demand for long-term care for people living with dementia	<ul style="list-style-type: none"> • Market shaping strategy reflects the demand and capacity required to support people living with dementia • Care markets and commissioners have a shared understanding of “complex” needs for people living with dementia • Individual care and support plans are based on a shared understanding across the domains of complexity 	<ul style="list-style-type: none"> • LA procurement/ commissioning teams • Market shaping programme 	ECC Bed tracker Align to market shaping strategy action plans (timescales to be confirmed)
Work with the care markets to understand the scale of ‘complex’ needs for people living with dementia and whether separate commissioning is required	<ul style="list-style-type: none"> • LA market shaping strategy deliverables • Number of people supported to access appropriate care • Reduction in the number of “hand-backs” • Care markets and commissioner's agree domains of complexity and impact on commissioned services 	<ul style="list-style-type: none"> • LA procurement/ commissioning teams • Market shaping programme 	Align to market shaping strategy action plans (timescales to be confirmed)
Priority 9 – End of life: People with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their wishes			
Commitment 10 – We will work with families, communities and palliative specialists to improve information that enables families to plan ahead to make informed decisions that support individuals to remain cared for in their preferred care setting			
Work with health partners to enhance choice, aid delivery of person-centred end of life care, help to guide care when mental capacity is lost and provide support for families and carers	<ul style="list-style-type: none"> • People are given opportunities and supported to have early conversations about advanced care and treatment options, including but not limited to faith and culture, to allow for informed decision-making, and providing a person-centred approach to allow for individuals to remain cared for in their preferred care setting • Number of organisations working towards/achieving gold standard frameworks • Increase the number of people with advance care plans (ACPs) 	<ul style="list-style-type: none"> • LAs incl, Adult Social Care • CCGs/ICS • District/Borough & Local Councils • Voluntary and community sector (VCS) partners • LA/CCG/ICS Commissioned services 	Annual report incl. NHS Patient Experience Survey Healthwatch surveys Commissioned services monitoring and performance reporting (as per contracted performance requirements)

Annex B: Wider Initiatives Linked to Dementia Strategy Priorities

Priority Area	Initiative	Organisation/s involved
Prevention	Dementia Friendly Schools / Essex Healthy Schools Programme – aimed at primary and secondary school children to learn more about dementia and take part in dementia related activities	Essex Child and Family Wellbeing Service and Essex Child and Family Wellbeing Service
	Local Cycling and Walking Infrastructure Plans (LCWIPs) – with overall aims to improve health and wellbeing of all Essex residents	Essex county/district/city councils
	Find Your Active – taking regular physical exercise is one of the best things to reduce the risk of getting dementia	Active Essex, Sport England, Essex County Council and Thurrock council.
	Community Dementia Support Service – Dementia Friendly Communities Programme & Dementia Action Alliance Network leading dementia awareness and enabling a better understanding of Dementia, prevention and enabling people to live well with dementia in their communities.	Essex County Council commissioned and delivered through The Alzheimer's Society
	Essex Wellbeing Service – help and support to make lifestyle changes, find support and access community groups and activities	Essex County Council and collaboration of local organisations and services
	The Prevention and Enablement Model (PEM) – 12-month 'test and learn' pilot, to see how the health and social care system in Essex can use physical activity to enable independence, improve population health and develop communities that are inclusive	Active Essex, Sport England and Essex County Council
	Thurrock Health Lifestyle Service – help and support to make lifestyle changes and to access community groups supporting weight management and Exercise on Referral (for eligible groups (BMI 27.5-39.9 or some Long-Term Conditions))	Thurrock Council
	Thurrock Cycling Opportunities – cycle routes and hire schemes that aim to provide physical activity opportunities to residents	Thurrock Council and local scheme providers
	Hypertension Case Finding - Taking a Population Health Management approach to preventing cardiovascular disease through detecting and managing hypertension.	Thurrock Council, Thurrock PCNs, Community Pharmacy
Supporting unpaid carers	Superfast Essex – ECCs subsidised broadband programme to improve connectivity throughout the county	Essex County Council
	Dementia Interpreters – offers an understanding dementia specific communication and understanding how to translate the 'language of dementia'.	West Essex CCG and North East Essex CCG
	Carers First – offers online help and advice as well as practical and emotional support, local support groups and wellbeing activities	Essex County Council and Carers First
	Community Dementia Support Service , Dementia Connects – online, telephone and 1:1 practical and emotional help and advice, information hubs, peer support groups, and community/online activities, providing local support to carers of people affected by dementia	Essex County Council commissioned, delivered through The Alzheimer's Society

	Other Halves – project covering mid-Essex with local people organising activities and supporting one another	Other Halves
	Time for you – fund to enable carers to have time away from direct caring responsibilities	Colchester and Tendring CVSs
	Dementia Support Workers – Essex Community Dementia Support Service, Telephone and 1:1 practical/emotional help and advice, peer support groups, providing local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	Essex County Council commissioned Community Dementia Support Service delivered through the Alzheimer's Society
	Dementia Support Workers – South East Community Dementia Support Team, Telephone and 1:1 practical/emotional help and advice, providing support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Southend, castle Point and Rochford	Castle Point & Rochford BCF Board and Southend City Council commissioned service delivered by Southend City Council
	Information Hubs/Dementia Cafes/Library hubs – several available across Southend, Essex and Thurrock enabling people live well in their homes and continue to actively engage in their local communities.	Local Groups, Dementia Action Alliances, Essex County Council (ECC), Essex Library service and The Alzheimer's Society through the ECC commissioned Community Dementia Support service.
	Robotic Companion Pets – offer an alternative to traditional pet therapy to support management of distressed behaviours providing comfort, stimulation, and interaction for people in their own homes	North East Essex CCG and Age Well East. Mid & South Integrated Care Partnership, Essex County Council – Prosper programme
	Guardian Angel initiative – to help people with dementia stay safe while maintain their independence through use of wristbands, badges, hand tags and keyrings with the individuals first name and emergency contact information	Dementia Buddy, backed by Essex County Council, Thurrock Council, Southend City Council and wider systems
A knowledgeable and skilled workforce	Sector Development Strategy – identifying 5 county-wide economic growth sectors to provide 13,000 jobs	Essex County Council and key system partners
	North East Essex CCG Health and Care Academy Programme – aimed at 14–18-year-olds	North East Essex CCG
	Pathways to Diagnostics Trailblazer – offering jobseekers support to gaining a career with the NHS	East Suffolk and North Essex NHS Foundation Trust (ESNEFT) and the Colchester Institute
	The Advanced Dementia Mobility Experience Essex (TADMEE) Experiential training suite adult social care, advanced HEE L3	Essex Social Care Academy (ESCA) and Essex County Council
	Essex Community Dementia Support Service – bespoke Dementia awareness sessions targeted to the workforce, sharing information and situational experiences which relate to the roles of the teams. Information sharing in relation to care and support available and opportunities within	Essex County Council commissioned Community Dementia Support service delivered through the Alzheimer's Society

	communities throughout Essex incl. Dementia Support Workers, Telephone and 1:1 practical/emotional help and advice, peer support groups and local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	
	Dementia Integrated Clinical Lead - closer integrated working practices between the MAS and Primary Care North East Essex to facilitate increased Dementia Diagnosis Rates	North East Essex CCG. Pilots underway across Mid & South Essex Integrated Care Partnership (ICP)
	Local Council elected Member Training Programme – Development of learning points and curriculum for elected members to enable members to undertake statutory duties with an understanding of the implications/potential impact for people living with dementia in their communities.	Essex County Council, Dementia Friendly Community Coordinator and the Essex Association of Local Councils, delivered by the Integrated Dementia Commissioners and the Essex County Council Commissioned Community Dementia Support Service
	EQUIP Audit – understanding the challenges in primary care and supporting practices to facilitate timelier diagnosis and knowledge to ensure the practice population living with dementia have access to appropriate care and support	North East Essex CCG, Mid & South Essex CCGs
Finding information and advice	Dementia Connect Essex – Community dementia support service for anyone affected by dementia. Providing online, telephone and 1:1 practical and emotional help and advice, information hubs, peer support groups, and community/online activities, providing local support to anyone affected by dementia working, Living or with family in Essex	Essex County Council Commissioned Community Dementia Support Service delivered by the Alzheimer's Society
	Dementia Support Workers – South East Community Dementia Support Team, Telephone and 1:1 practical/emotional help and advice, providing support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Southend, castle Point and Rochford	Castle Point & Rochford BCF Board and Southend City council commissioned service delivered by Southend City Council
	Essex Community Dementia Support Service - Dementia Support Workers, Telephone and 1:1 practical/emotional help and advice, peer support groups, providing local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	Essex County Council commissioned Community Dementia Support service delivered through the Alzheimer's Society
	Dementia Adventure – training and information for families and friends providing practical hints, tips and connections	Essex County Council
	Dementia Directory – to find a range of support available in local areas	Alzheimer's Society
	Essex Map – local activities, group and opportunities for people to be active and engaged in their local communities	Essex County Council
	Mid Essex Community Specialist Nurses – including their role in facilitating diagnosis within the community/people's homes	Mid Essex CCG, Dengie Neighbourhood team
Diagnosis and support		

	Dementia Intensive Support Models – various models of intensive support	Essex Partnership University Trust (EPUT), North East London Foundation Trust (NELFT)
	Dementia Diagnostic Review – to understand priority areas for improving dementia diagnosis rates and pathways in North East Essex	North East Essex CCG
	Memory Service National Accreditation Programme (MSNAP) – to improve assessment, diagnostic and care for people with dementia and their carers	EPUT
Living well with dementia in the community	Essex Year of Reading – part of a countywide campaign to improve educational attainment of children and young people and enabling older generations to remain connected to communities through the Essex Dementia Intergenerational programme	Essex Education Taskforce at Essex County Council and respective district/borough/city councils
	Dementia Friendly GPs – providing information and signposting needed to access support, holding responsibility for care plans and reviews for ongoing management	Essex County Council, CCGs, Southend City Council, Thurrock Council and North, Mid and South Essex
	Essex Community Dementia Support Service - Dementia Support Workers, Telephone and 1:1 practical/emotional help and advice, peer support groups, providing local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	Essex County Council commissioned Community Dementia Support service delivered through the Alzheimer's Society
	Dementia Friendly Communities – to enhance understanding, respect and support for those affected by dementia (with best practice examples to learn from as demonstrated by Ingatestone and Fryerning Parish Council Dementia Action Plan). Communities are supported through a range of activities, information and awareness sessions through the Dementia Friendly communities' programmes commissioned by Essex County Council (community Dementia Support service), Thurrock council, Southend Council and the CPR BCF Board..	Programme delivered through a range of programmes commissioned by Essex County council, BCF Board in Castle Point & Rochford (CPR, Southend City and Thurrock councils. delivered locally by the Alzheimer's Society and Southend City Council.
	The WayBack VR – a virtual reality film series designed for those living with dementia and their carers used to trigger intact memories and stimulate conversations	Essex County Council - Challenge Prize, piloting/evaluation in day care settings and the intergenerational programme linking care homes and schools across Essex
	Memory Café – Essex County Council marked Dementia Action Week 2022 with the opening of the first Memory Café in Harwich Library to support people living with dementia, their family, friends and carers	Essex County Council and Harwich Library
	Admiral Nurses – registered nurses who specialise in dementia, helping family carers gain the necessary skills to assist with dementia care, promoting positive approaches in living well with dementia and improving quality of life	North East Essex CCG and EPUT

Living well in long-term care	Robotic pets in care homes – providing care home residents with comfort, interaction, and stimulation in the absence of visitors	Mid and South Essex Care Partnership
	Enhanced Care Home Liaison Nurses (ECHLN) – to improve quality and access to primary care for residents in residential and nursing homes through a proactive and preventative approach to improved health outcomes	North East Essex and EPUT
	Interactive Tables & The light Project - to create a dementia friendly Care System with continuity of care at its heart, offering secure, safe and therapeutic environments where patients with Dementia, LD, ABI and other such complex conditions are cared for with more than their physical needs being met.	Mid and South Essex Care Partnership
	Prosper Programme – improve safety and reduce harm for vulnerable care home residents, who are at particular risk of admission to hospital or significant deterioration in their health and quality of life	Essex County Council
End of life	Palliative Care Gold Standard Framework - evidence-based end of life care service improvement programme, identifying the right people, promoting the right care, in the right place, at the right time, every time. The training is for generalist front-line care providers.	St Helena Hospice
	My Care Choices/Single Point – a care coordination hub for out of hospital end of life care for people in the last year of life to increase support to maintain patients in their usual place of residence	St Helena Hospice, North East Essex.
	Namaste training – alternative therapies for people living with dementia in hospice and hospital settings	Princes Alexandra Hospital and various hospices across Essex
	My Care Choices – end of life planning tool to ensure individual choices and wishes are supported	CCGs across Southend, Essex and Thurrock
	Essex Community Dementia Support Service - Dementia Support Workers, Telephone and 1:1 practical/emotional help and advice, peer support groups, providing local support to carers of people affected by dementia and people affected by Dementia, living, working and with family throughout Essex.	Essex County Council commissioned Community Dementia Support service delivered through the Alzheimer's Society
	Specialist dementia care and support – for those living with dementia and their families at end of life	Farleigh Hospice
Health and wellbeing	Neighbourhoods model – an integrated model of care to deliver outcomes and tackle inequality using neighbourhood teams, currently being rolled out in Colchester and South Tending	North East Essex Health and Wellbeing Alliance
	Pedal Power – in partnership with Active Essex (with Clacton and Jaywick as Essex pilots) which allow residents to apply for a free bike	Active Essex and Pedal Power
	Dancing with Dementia – creative dance classes that focus on stimulation of the brain through movement, repetition, props and musical timelines	Dance Network Association and Active Essex

Annex C: The Impact of Dementia; Data and Insights

The impact of dementia

It is estimated that the dementia diagnosis rate in England for people aged 65 and over in 2021 was 61.6% or 415,778 people¹⁵. Only 34% of adults believe it's possible to reduce their risk of dementia, with smoking given as one of the greatest risk factors due to its narrowing of the blood vessels in the heart and brain, and oxidative stress, which damages the brain¹⁶.

The impact of Dementia on the population is...1 in 3 people born in the UK will develop dementia

Whilst dementia is commonly associated with older people, there are more than 40,000 people under the age of 65 in the UK affected by dementia.

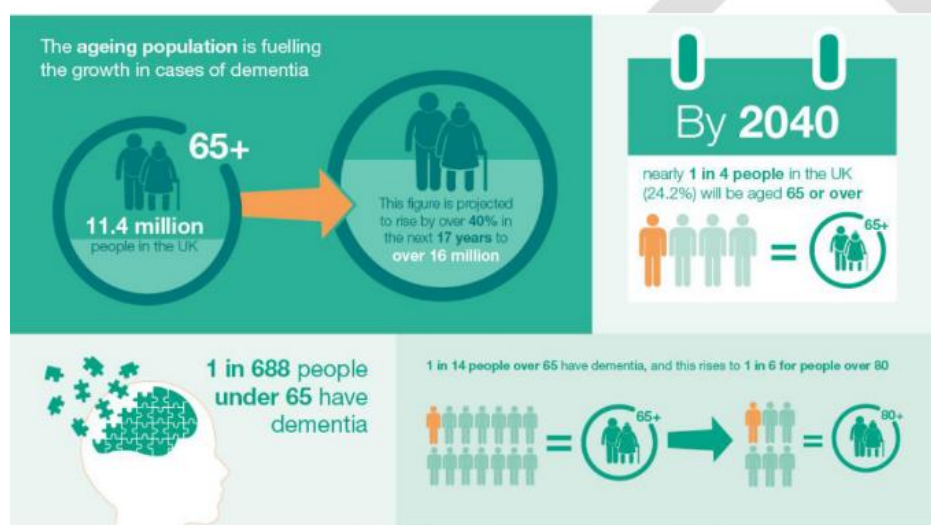


Image 3, source – Public Health England¹⁷

Impact on Carers:

An estimated 540,000 people in England act as primary carers for people with dementia; half of these are employed, 112,540 have needed to leave employment to meet their caring roles and 66,000 carers have cut their working hours. This results in a lower standard of living for those carers and significant costs to society in general, including a £3.2 billion cost of working time lost to caring¹⁸.

Impact on Emergency Care Services

The number of people with dementia admitted to hospital in an emergency rose by 70% between 2012 and 2018. Around a fifth of these admissions related to potentially preventable acute conditions such as urinary tract infections, pneumonia and other respiratory infections¹⁹.

¹⁵ Fingertips, Public Health data: *dementia profile* <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/1>

¹⁶ Government guidance, *Dementia: applying All Our Health*, <https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health>

¹⁷ Public Health England: *health matters: midlife approaches to reduce dementia risk* <https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk>

¹⁸ Government guidance, *Dementia: applying All Our Health*, <https://www.gov.uk/government/publications/dementia-applying-all-our-health/dementia-applying-all-our-health>

¹⁹ Ibid

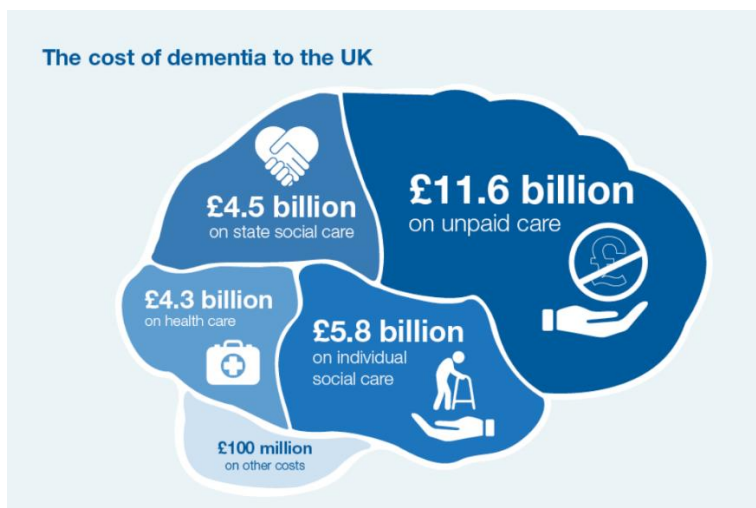


Image 4, source – Public Health England²⁰

Impact on an individual's quality of life:

Public Health England suggests that 60% of people with dementia are more likely to be lonely. Approximately 60% of people with dementia go out of their houses less than once a week and in sparsely-populated rural areas, it is harder for older people living alone to find the opportunity to mix with others.

We know that Essex has an increasing older population and nationally up to 14% of older people (for Essex that's over 33,000 people) report feeling lonely all the time. With loneliness increasing the risk of dementia by up to 50% and those who are socially isolated more likely to enter residential or nursing care early, this is a pressing issue for Essex.

Some studies suggest that people from Black African, Black Caribbean and South Asian ethnic groups are more likely to get dementia than people from White ethnic groups, with a recent study identifying Black ethnic groups in London as having the highest risk, with links to diabetes and cardiovascular disease prevalence in such groups given as a possible cause²¹. Although, it is argued that more evidence is needed to determine ethnicity as a significant risk factor for dementia.

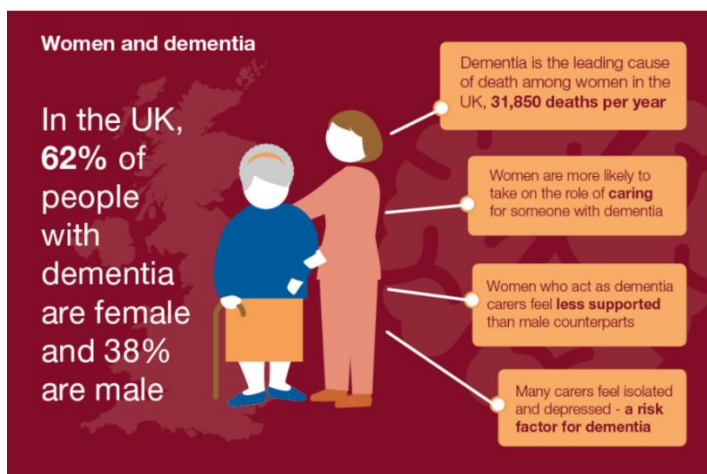


Image 5, source – Public Health England²²

²⁰ Public Health England: *health matters: midlife approaches to reduce dementia risk*

<https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk>

²¹ Alzheimer's Society factsheet: *risk factors for dementia 2021* [factsheet risk factors for dementia.pdf](https://www.alzheimers.org.uk/factsheet/risk-factors-for-dementia) ([alzheimers.org.uk](https://www.alzheimers.org.uk))

²² Public Health England: *health matters: midlife approaches to reduce dementia risk*

<https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk>

Impact on Women:

Dementia has been the leading cause of death for women in the UK since 2011 and, while women have a longer life expectancy than men, not only are they at greater risk of dementia, but they are also more likely to be impacted in other areas of their lives such as through caregiving to a family member with dementia, financial stability, mental wellbeing and career progression²³.

Impact on Adults with Learning Disabilities:

Adults with learning disabilities are at increased risk of developing dementia as they age, compared to those without a learning disability (about 13% in the 60- to 65-year-old age group compared to 1% in the general population²⁴), although the figures vary according to how the diagnosis is made.

Around 1 in 5 adults with a learning disability who are over the age of 65 will develop dementia. People with learning disabilities who develop dementia generally do so at a younger age, across all over 60 age groups the prevalence was estimated at 2 to 3 times greater for those with learning disabilities, with a third of adults with Down Syndrome developing dementia in their 50s.

The importance of dementia awareness:

Dementia does not just impact the person – everyone around them, from family members to friends, is affected in some way. The impact on those living with dementia, including their family and carers, cannot be underestimated and demonstrates the need for a whole system approach to awareness, care and support including diagnosis. 1 in 3 people born in the UK will develop dementia in their lifetime, the importance of increased awareness and understanding of dementia throughout our communities again, cannot be underestimated given the anticipated rise in the number of people living with dementia.

The potential to reduce the risk of dementia to our population:

Around 40% of dementia cases might be attributable to potentially modifiable risk factors. A 20% reduction in risk factors per decade could reduce the UK prevalence by 16.2% (300,000 cases) by 2050²⁵. The Lancet Commission²⁶ offer 12 modifiable risk factors for dementia as:

- | | |
|---------------------------------------|--|
| 1. Hypertension (high blood pressure) | 7. Lack of education in early life |
| 2. Obesity | 8. Social isolation |
| 3. Smoking | 9. Hearing loss |
| 4. Physical inactivity | 10. Alcohol consumption >21 units per week |
| 5. Diabetes | 11. Air pollution |
| 6. Depression | 12. Traumatic brain injury |

²³ Alzheimer's Society: *The Impact of Dementia on Women* <https://www.alzheimersresearchuk.org/wp-content/uploads/2022/05/The-Impact-of-Dementia-on-Women-ARUK-report.pdf>

²⁴ Gov: *Dementia and people with learning disabilities: making reasonable adjustments guidance* <https://www.gov.uk/government/publications/people-with-dementia-and-learning-disabilities-reasonable-adjustments/dementia-and-people-with-learning-disabilities>

²⁵ Source – Gov guidance: Health matters: midlife approaches to reduce dementia risk available at <https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk>

²⁶ The Lancet: *Dementia prevention, intervention, and care: 2020 report of Lancet Commission* [https://www.thelancet.com/article/S0140-6736\(20\)30696-4](https://www.thelancet.com/article/S0140-6736(20)30696-4)

Health and social care professionals are an integral part of a whole-system approach to promoting key messages to citizens to help reduce their risk of getting dementia. Key messages include

- Be more physically active
- Eat healthily and maintain a healthy weight
- Drink less alcohol
- Stop smoking
- Be socially active
- Control diabetes and high blood pressure

It is good practice for NHS Health Check providers to offer information to those aged 65+ receiving an NHS Health Check. In Thurrock, as part of the prevention agenda, this advice is extended beyond the guidance and is provided to younger age groups. The national programme invites those aged 40-74 to a check-up designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia. In Thurrock during 2021/22 there were 1575 health checks completed in total. Of those complete in GP surgeries 42% offered advice on dementia (393/941) This was 83% in 2019/20 with a larger number of checks completed. Of those completed by the Thurrock Healthy Lifestyle Service 99% were offered this advice (630/635) in 2020/21 with a similar percentage in 2019/20. The volume of health checks completed since the Covid 19 pandemic has reduced as has the inclusion of dementia advice.

Hypertension and Cardiovascular Disease

Research has shown that Hypertension in middle age increases the risk for vascular dementia. Over time, uncontrolled high blood pressure can damage blood vessels, including the blood vessels in and leading to the brain. This can interrupt the flow of blood to the brain, leading to a type of dementia known as vascular dementia. According to the World Alzheimer Report 2014²⁷, multiple longitudinal studies have demonstrated that individuals who had high blood pressure in mid-life (usually characterised as people who are around 40-64 years of age) were more likely to develop vascular dementia in later life. Taking a preventative approach, keeping blood pressure levels normal along with exercise, diet, smoking, and alcohol consumption are important to minimise risk. As high blood pressure does not necessarily initially show any symptoms being proactive in maintaining a healthy lifestyle is important.

Dementia in Southend, Essex and Thurrock

Dementia is not a natural part of ageing and as noted, does not just affect older people. As of March 2022, NHS Digital²⁸ state there are 15,280 diagnosed people living with dementia in SET. However, it is estimated that there are another 9,000 undiagnosed people living with dementia.

Dementia prevalence is known to increase with age, the most recent figures from NHS Digital highlight that there are 24,578 people (over 65) in SET living with dementia, with a 33% increase predicted, resulting in 34,560 people by 2030. 64% of those diagnosed are female and 70% are aged 80+ (48% are both female and aged 80+) as illustrated below.

²⁷ Prince, M, Albanese, E, Guerchet, M & Prina, M 2014, *World Alzheimer Report 2014: Dementia and risk reduction: An analysis of protective and modifiable risk factors*. Alzheimer's Disease International, London. <http://www.alz.co.uk/research/world-report-2014>

²⁸ NHS Digital, *recorded dementia diagnosis* <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof/quality-and-outcome-framework-qof-business-rules/recorded-dementia-diagnoses>

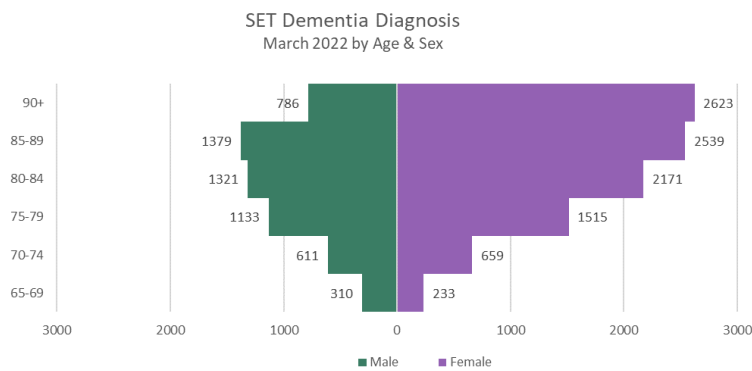


Image 6 NHS Digital March 2022, recorded dementia diagnosis

Dementia diagnosis rates in Essex remain below the national average (62%).

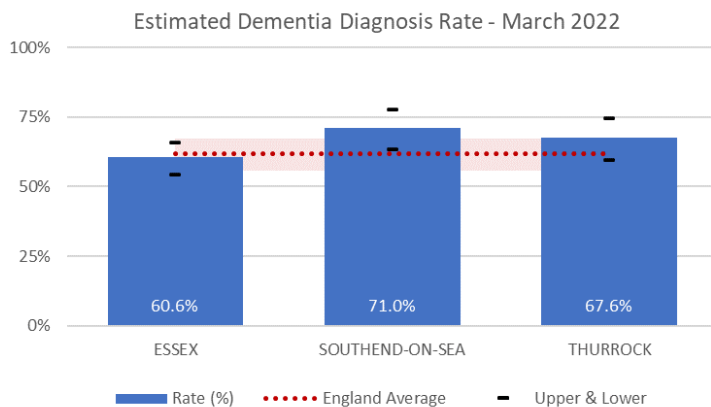


Image 7 NHS Digital March 2022, estimated dementia diagnosis

Additionally, **in Essex**

- Old age dependency ratio: currently equivalent to 335.6 people aged 65+ being economically inactive to every 1,000 working age people. In Southend, this is 310. These are both higher than the national average and whilst this is lower in Thurrock, these are all predicted to increase
- If the prevalence remains constant, for SET as a whole, there will be an additional 10,554 people aged 65+ with dementia in 2030
- In 2020/21 the cost to Adult Social Care in Essex for supporting people living with dementia was £42.3 million – by 2030 this is estimated to increase by 30% to £55 million
- A person's risk of developing dementia rises from one in 14 over the age of 65, to one in six over the age of 80
- Approximately 40% of people living with dementia over the age of 65 are living in care homes – in Essex, by 2030 this will equate to around 13,824 people
- People living with dementia who are over 65 have on average four comorbidities, while people without dementia have on average two and 91.8% of people living with dementia have another health condition
- People living with dementia will generally be supported by higher-cost care packages, whether they are at home or in residential care
- The Alzheimer's Society projected the cost of dementia to Southend, Essex and Thurrock for 2020 to be £1,110 million

Dementia in Thurrock

The graph below shows the estimated number of people aged 65+ with dementia could increase from just over 1,500 in 2020 to approaching 2,400 in 2040. It is worth bearing in mind that the figures below will include some people with dementia who have not received a formal diagnosis, and therefore not receiving care. Thurrock can expect to see a large increase in the number of older people with dementia, and that might not be uniform across the borough. Within Thurrock the prevalence of patients with a diagnosis of dementia ranges from Purfleet Care Centre and Dr Abela T Practice with 0.2% to Commonwealth Health Centre with 1.8%. This could be due to genuine differences in underlying prevalence of this condition between different practice populations and/or differences between GP practices' ability to identify and diagnose this condition in their patients.

The BCTT strategy identified that dementia was one of the four main causes of death amongst Thurrock residents in 2020.

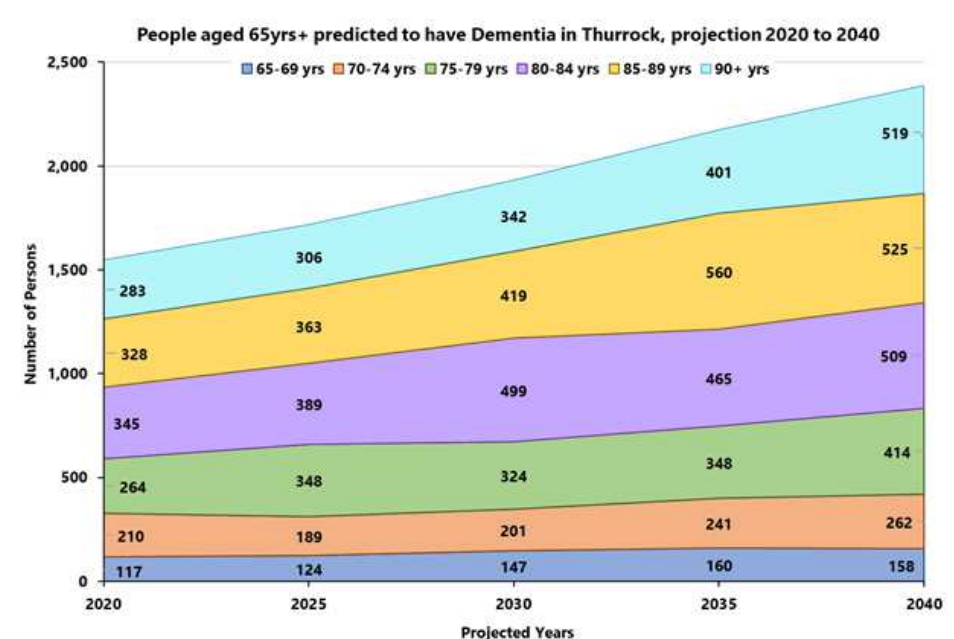


Image 8 POPPI 2022 Over 65yrs predicted to have Dementia

The impact of Covid-19

Covid-19 had a significant impact on the most vulnerable members of our communities, placing additional pressures on unpaid carers which in turn had an impact on people living dementia.

During this time, approaches used included an increased focus on the use of social media channels and digital technologies to facilitate one to one conversations with people, virtual dementia awareness sessions and increased opportunities for communities to come together virtually via the Dementia Action Alliances.

Lived experience research and insight undertaken in 2020 by Adult Social Care, local systems and Covid-19 recovery teams highlighted feedback from those living with dementia, to include:

- Disruption to normal routines
- Lack of cognitive stimulation
- Feeling loneliness, stress and anxiety
- Fear of being abandoned
- Physical and mental deterioration
- Risk of premature admission to residential care
- Risky behaviours
- Self-neglect
- Improved wellbeing when supported by carers, friends and neighbours
- Acts of kindness from the community

The same feedback highlighted the voice of carers, which echoed much of the above, as well as:

- Disruption of routines and loss of services
- An increase in caring responsibilities
- No respite, reduced respite pool – informal means of support not available
- Lack of awareness of support and entitlement to it
- No access to internet or not comfortable using it/digitally disenfranchised
- Not receiving timely/appropriate information
- Finding isolation difficult not just because of impact on the cared for but also on their own mental health and wellbeing

Annex D: Insight from Stakeholder Engagement

Stage One

Essex County Council carried out a public consultation to inform a refresh of the SET Dementia Strategy. The consultation asked questions to establish if people agreed with the nine priorities and their reasons for this. The consultation ran during a period of lockdown, from 15 February 2021 to 5 April 2021.

A total of 164 online responses were received, including people living with dementia, their family and carers, partner organisations and health and social care professionals. These provided valuable insight into people's thoughts about our dementia priorities.

On average, 90% of respondents agreed that the nine proposed priorities were the right priorities, with further findings highlighted below.

1. **83% agreed that prevention is a priority to support citizens across SET who are living with or affected by dementia**
2. **94% of respondents agreed that diagnosis and support is a priority to support citizens across SET who are living with or affected by dementia**
3. **93% of respondents agreed that supporting carers is a priority to support citizens across SET who are living with or affected by dementia**
4. **93% of respondents agreed that finding information and advice is a priority to support citizens across SET who are living with or affected by dementia**
5. **92% of respondents agree that reducing the risk of crisis is a priority to support citizens across SET who are living with or affected by dementia**
6. **91% of respondents agree that living well in long-term care is a priority to support citizens across SET who are living with or affected by dementia**
7. **89% of respondents agree that end of life is a priority to support citizens across SET who are living with or affected by dementia**
8. **96% of respondents agree that a knowledgeable and skilled workforce is a priority to support citizens across SET who are living with or affected by dementia**
9. **91% of respondents agree that living well with dementia in the community is a priority to support citizens across SET who are living with or affected by dementia**
10. Free-text comments provided further detail which indicated:
 - A need for earlier help in the context of prevention, a need for ways to increase knowledge, information, and support for a people with dementia, their carers, and ongoing training for the workforce
 - A need to ensure there is an increased focus on both those with younger onset of dementia, and older within a broadening range of support interventions, through a pathway of care that reflects all 'ages and stages' of dementia within a pathway that is focussed on prevention through the promotion of risk reduction and early help and support to enable a person to live well for longer
 - The need to be clearer in defining what we mean by the terms 'living-well' and 'prevention', due to a higher % of 'unsure' comments in the survey within these two priorities

Consultation findings enabled further insight of people's views and identify that the nine priorities remain the right priorities.

Stage Two

Essex County Council carried out a second stage of consultation on the strategy refresh, seeking further views on the proposed commitments to deliver against the agreed nine priorities. An online consultation ran from 13 May 2022 to 17 June 2022. A total of 78 online consultation responses were received from people living with dementia, their family and carers, partner organisations and health and social care professionals.

Workshops and focus groups were held alongside this during the same period to gather further insight across a range of partners and stakeholders with an approximate total of 160 participants.

Groups engaged include but not are not limited to ECC Carers focus group, ECC Adult Social Care focus group, South Essex Housing Group, One Colchester Delivery Board, Adult Social Care Braintree Neighbourhood Team, Essex Health and Wellbeing Board, North East Essex CCG Dementia Steering Group, North Essex Provider Forum, Pan Essex Dementia Action Alliance and SET District Dementia Action Alliances, East of England Older Peoples Mental Health & Dementia Network, Essex Local Councils, South East Essex Alliance Members and via a range of social media channels.

Stage two consultation findings are summarised below.

Online:

1. **88% agreed that across SET our commitment to *work collaboratively across voluntary, health and statutory services to develop and deliver information to improve awareness of dementia and the support available* is right.**
2. **88% agreed that across SET our commitment to *involve and seek the views of people living with dementia and their carers, recognising their role as valued experts and equal partners* is right.**
3. **89% agreed that across SET our commitment to *work across our systems to improve support following diagnosis to promote independence, optimise strength, build resilience and prevent unnecessary crises* is right.**
4. **93% agreed that across SET our commitment to *develop and build on activities and training that improve professional practice and process* is right.**
5. **87% agreed that across SET our commitment to *work collaboratively with system partners to engage people living with dementia, their families and unpaid carers to better understand how we can improve access to the right information, advice and guidance at the right time to ensure they are fully supported* is right.**
6. **86% agreed that across SET our commitment to *improve access to dementia diagnosis at the earliest possible stage for the people of Essex, Southend and Thurrock* is right.**
7. **87% agreed that across SET our commitment to *work with people living with dementia, their families and carers to build more dementia-friendly and dementia-enabled communities and work to understand what support they need in relation to access to housing, transport, employment and technology* is right.**
8. **81% agreed that across SET our commitment to *continue to promote access to care technology to promote health, prevent deterioration and promote independence* is right.**
9. **87% agreed that across SET our commitment to *work with the care markets to encourage long term care settings to promote activities and solutions that increase community connections for people living with dementia* is right.**
10. **86% agreed that across SET our commitment to *improve information that enables families to plan ahead to make informed decisions that support individuals to remain cared for in their preferred care setting* is right.**

Workshops/focus groups key findings:

1. The need to coordinate timelier diagnosis and support in the key weeks after diagnosis, recognised as a critical window for early support and intervention that promotes a positive view of diagnosis, facilitating access to timely care and support thus enabling people to live well with dementia in their preferred place of residence
2. The role of communities and groups is seen as crucial to the wrap-around offer of support for families and carers.
3. The need to promote opportunities to share lived experience such as through peer networks is seen as a key aspect of feeling empowered and enabled following diagnosis to ensure access to appropriate and timely support, although caution was advised against information overload, so a balance is needed.
4. To ensure learning from other care pathways and models (for example Cancer & Admiral Nurses) to gather insight on best practice and areas for improvement in care and support for individuals and carers.
5. To improve and enable access to training and support for families and carers, alongside training opportunities for health and social care professionals and community organisations
6. To develop closer working with the care providers incl. reablement and care home providers to improve experiences of discharge from hospital and to promote opportunities for access to appropriate training to understand distressed behaviours and the cause of perceived complexity relating to dementia
7. To promote increased choice and control for those with dementia, their carers and family to enable people to live well with dementia.

Annex E: Additional Information & Useful Links

For further information on any of the content in this strategy, please contact the Dementia Team dementia.team@essex.gov.uk

Alternative format versions of the strategy are available upon request.

Useful links

- Essex County Council: Adult Social Care website, *Dementia: recognising the signs* <https://www.essex.gov.uk/dementia/recognising-the-signs-of-dementia>
- Southend-on-Sea City Council: *Dementia services in Southend* <https://www.southend.gov.uk/specialist-support/dementia>
- Thurrock Council: *Memory loss and dementia* <https://www.thurrock.gov.uk/memory-loss-and-dementia/dementia>
- Alzheimer's Society: *Dementia connect Essex – community dementia support service* <https://www.alzheimers.org.uk/support-services/Mid+Essex+Local+Services/Dementia+Connect+Essex+-+Community+Dementia+Support+Service/regional>
- Dementia Action Alliance: *Pan Essex Dementia Action Alliance* https://www.dementiaaction.org.uk/local_alliances/13290_pan_essex_dementia_action_alliance

Annex F: Glossary: Terms and Abbreviations

Report title: Essex HWB Pharmaceutical Needs Assessment	
Report to: Essex Health and Wellbeing Board	
Report author: Dipti Patel Clinical Governance, Primary Care and Pharmacy Lead, Wellbeing, Public Health and Communities	
Date: 21 st September 2022	For: Decision
Enquiries to: Dipti Patel Clinical Governance, Primary Care and Pharmacy Lead Wellbeing, Public Health and Communities Dipti.patel@essex.gov.uk Mobile: 07809314775	
County Divisions affected: All Essex	

1 Purpose of Report

The Essex Health and Wellbeing Board (HWB) published its last Pharmaceutical Needs Assessment (PNA) in March 2018. The PNA includes a description of all the pharmaceutical services currently available from local community pharmacies and other providers.

As per the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) (2013 Regulations), the HWB is required to publish a full review by October 2022 (due to the Covid-19 pandemic, regulations were amended to allow PNAs to be published by October 2022 instead of by April 2021).

The primary purposes of the PNA are summarised below:

- The PNA will be used by the NHS when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.
- The PNA will help the HWB member organisations to work with existing providers of pharmaceutical services to target services to the area where they are needed and to limit duplication of services.
- The PNA will inform interested parties (such as local authorities, pharmacy contractors, GPs and local health systems) of the PNA and enable collaborative work to plan, develop and deliver pharmaceutical services for the population.
- The PNA will help inform commissioning decisions on pharmaceutical services by local commissioning bodies such as health and social care.

This PNA has been produced with the support of the Essex PNA steering group and replaces the previous HWB PNA dated 2018- 2022 (extended due to the pandemic as allowed by amended regulations).

2 Recommendations

2.1 To agree to publish the new PNA.

3 Background and Proposal

3.1 Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each health and wellbeing board to assess the need for pharmaceutical services in its area and to publish a statement of its assessment. Termed a 'pharmaceutical needs assessment', the 2013 Regulations set out the minimum information that must be contained within a PNA and outline the process that must be followed in its development.

3.2 The Department of Health and Social Care has produced an information pack [reference 8.1] for local authority health and wellbeing boards and the guidance provided has been followed in developing the HWB's PNA.

3.3 Development of the PNA

The process of developing the PNA has taken into account the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs were considered. There is a steering group overseeing the assessment. The membership of the steering group ensured all the main stakeholders were represented. The steering group (as recommended in the information pack) has representation from:

- the Essex County Council public health team,
- the Essex County Council communications and engagement team,
- the local pharmaceutical committee (LPC),
- the local medical committee (LMC),
- Healthwatch,
- NHS England (NHSE),
- the clinical commissioning groups (CCG) and
- the integrated care system.

3.4 The services that a pharmaceutical needs assessment must include are defined within the 2013 Regulations. Pharmaceutical services is a collective term for a range of services commissioned by NHSE. In relation to PNAs, it includes:

- Essential, advanced and enhanced services provided by pharmacies (including distance selling or online pharmacies)
- Essential and advanced services provided by dispensing appliance contractors
- The dispensing service provided by some GP practices and
- Services provided under a local pharmaceutical services contract that are the equivalent of essential, advanced and enhanced services.

3.5 Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the HWB
- A pharmacy contractor who is included in the Local Pharmaceutical Services list for the area of the HWB
- A dispensing appliance contractor who is included in the pharmaceutical list held for the area of the HWB and
- A doctor or GP practice that is included in the dispensing doctor list held for the area of the HWB

3.6 NHSE is responsible for preparing, maintaining and publishing lists of contracted providers.

3.7 A statutory consultation was carried out between 30th May and 5th August 2022 to seek and consider views from a range of key stakeholders (identified in regulatory guidance) on the draft PNA. A complete consultation report is provided in Appendix B.

As part of the NHS Pharmaceutical Services Regulations 2013, the HWB is required to consult a specified range of relevant organisations* on a draft of the PNA at least once during the process of developing the document.

*The following organisations must be consulted:

- the local pharmaceutical committee (LPC),
- the local medical committee (LMC),
- pharmacy and dispensing appliance contractors included in the pharmaceutical list for the area of the Essex HWB,
- dispensing doctors included in the dispensing doctor list for the area of the HWB,
- any pharmacy contractor that holds a local pharmaceutical services contract with premises that are in the HWB's area,
- Healthwatch,
- any NHS trust or NHS foundation trust in the HWB's area,
- NHS England and NHS Improvement (NHSE),
- any neighbouring HWB, and
- Integrated Care Boards and Integrated Care Systems for the HWB area.

The consultation was open on Citizen Space, Essex County Council's consultation portal, from 30th May 2022 to 5th August 2022.

There were 56 responses to the consultation on the portal. Not all responders answered all questions and some questions were only directed at certain organisations. Other organisations who responded are Essex LPC, Essex LMC, NHSE, neighbouring HWBs and individual contractors.

The responses were collated and themed. The response from NHSE was that it is satisfied with the findings of the PNA.

Some comments were received from contractors to correct information such as opening hours or services provided. This was completed in the final PNA.

Comments that were out of scope of the PNA were noted as such. Comments on a new pharmacy contract and complaints about pharmacies are not in the scope of the PNA. A section is provided in the consultation report as “additional information” to support and signpost responders to the appropriate bodies.

3.8 The HWB area was broken down into localities for analysis using available data. The district and borough councils were agreed as the localities for the PNA.

3.9 The following were used to inform the assessment:

- Analysis of pharmaceutical services provided by the 257 pharmacies, 46 dispensing doctors and 5 dispensing appliance contractors in the Essex HWB area (sources- NHSE, CCGs, NHSBSA and commissioners).
- Opening hours of the pharmaceutical providers (source- NHSE).
- Mapping of locations of the pharmaceutical providers (source- SHAPE maps).
- Travel time analysis to pharmaceutical provision using a car, public transport and walking at various times of the day. 20 minutes’ drive time is a national measure being used in PNAs across the country.
- Access to neighbouring locality pharmaceutical provision and Distance Selling Pharmacies.
- Public survey (not required in the regulations but undertaken using the questions recommended in the PNA guidance pack).
- Contractor questionnaire (conducted at the same time as the public survey).
- Statutory stakeholder consultation (minimum 60 days required by the regulations).
- JSNA data on Essex population and life expectancy.
- The Index of Multiple Deprivation and deprivation ranges as well as the other wider determinants of health.
- The general lifestyle including smoking and drug and alcohol misuse.
- The disease burden.
- Predicted housing growth.
- Provision from neighbouring HWB’s.
- Analysis of dispensing locations (dispensing flows).
- Local and national strategies

3.10 Scope of the Essex PNA

- The services that a PNA must include are defined within both the NHS Act 2006 and the 2013 Regulations. Whether a service falls within the scope of pharmaceutical services for the purposes of PNA depends on who the provider is and what is provided.
- NHS England (NHSE) is responsible for preparing, maintaining and publishing lists of pharmaceutical contractors.
- The PNA has a regulatory purpose that sets the scope of the assessment. The PNA will be used by NHSE when considering decisions on

applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.

- Decisions on whether to open new pharmacies are not made by the HWBs.
- Under the Regulations, a person who wishes to provide NHS pharmaceutical services must apply to NHSE to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA
- Pharmaceutical services are evident in other areas of work but are excluded from this assessment. These include prison pharmacy, secondary care, and private services where patients may be obtaining a type of pharmaceutical service that is not covered by this assessment.

3.11 Conclusion

The PNA has determined that there is reasonable choice with regard to obtaining pharmaceutical services in the Essex HWB area and no gaps have been identified.

3.12 PNA review process

The PNA will be updated as required by legislation every three years.

Supplementary statements will be published before this if deemed necessary by the steering group.

Once a pharmaceutical needs assessment is published, the 2013 regulations require the HWB to produce a new one if it identifies changes to the need for pharmaceutical services, which are of a significant extent. Pharmacy closures, significant reduction of opening hours in a locality, lack of provision of pharmaceutical services in a locality are all examples of significant criteria.

4 Options

- ### 4.1
- The HWB is asked to agree to publish the new PNA in order to meet the requirement of the regulations to publish its PNA by October 2022.

As the PNA is a key document for those wishing to open new pharmacy or dispensing appliance contractor premises and is used by NHSE (and, on appeal, NHS Resolution) to determine such applications, there are implications for health and wellbeing boards who fail to meet their statutory duties.

There is no right of appeal against the findings or conclusions within a pharmaceutical needs assessment. Health and wellbeing boards therefore face the risk of a judicial review should they fail to develop a pharmaceutical needs assessment that complies with the minimum requirements for such documents as set out in the 2013 regulations, or should they fail to follow due process in developing their pharmaceutical needs assessment e.g. by failing to consult properly or take into consideration the results of the consultation exercise undertaken or fail to publish by the required deadlines.

In summary the minimum requirements are that the PNA should:

- define what is meant by pharmaceutical services (regulation 3),

- set out the minimum information requirements for a pharmaceutical needs assessment (regulation 4 and Schedule 1),
- confirm when the next pharmaceutical needs assessment is to be published (regulations 5 and 6),
- set out the circumstances where a health and wellbeing board may need to produce a new pharmaceutical needs assessment sooner than the usual three yearly cycle, or when a supplementary statement may/must be published (regulation 6),
- set out the minimum consultation process that each health and wellbeing board is required to undertake during the development of its pharmaceutical needs assessment (regulation 8), and
- set out specific matters that the health and wellbeing board must consider when drafting its pharmaceutical needs assessment (regulation 9).

In addition, a pharmaceutical needs assessment that does not meet the requirements of the 2013 regulations, may lead to:

- an increase in applications for premises that are not required,
- applications being granted when they should be refused and vice versa,
- applications for new pharmacy premises being granted but which do not meet the local authority's strategic plans, and
- an increase in the number of appeals against decisions made by NHSE.

The Essex HWB PNA has been prepared by the steering group ensuring it has complied with the necessary regulatory requirements.

As the HWB has a legal duty to produce and publish a PNA, no other option has been provided.

5 Issues for consideration

5.1 Financial implications

No financial implications

5.2 Legal implications

The HWB must publish its PNA by October 2022 in order to meet the regulatory requirements of the 2013 Regulations.

6 Equality and Diversity implications

- 6.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

- 6.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 6.3 The Equality Comprehensive Impact Assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.
When assessing the provision of pharmaceutical services in the Essex HWB area the steering group considered specific populations.
The ECIA is attached in the appendices. No mitigating actions have been identified.

7 List of appendices

1. Essex HWB PNA October 2022 and its appendices (A-H)
2. ECIA

8 List of Background papers

References

- 8.1 DHSC Information pack on Pharmaceutical Needs Assessments for local authority health and wellbeing boards
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1025647/pharmaceutical-needs-assessment-information-pack.pdf
- 8.2 The current Essex HWB PNA is available at
<https://data.essex.gov.uk/dataset/2o74w/pharmaceutical-needs-assessment-april-2018-21-extended-2022>



Essex County Council

Essex HWB

Pharmaceutical Needs Assessment

October 2022 – September 2025

*Produced for the Essex Health & Wellbeing Board by
Essex County Council Public Health & Public Health Intelligence Team*

Contents

Acknowledgements.....	6
Executive Summary	7
Local Context.....	8
1. Introduction	12
1.1 The Essex Health and Wellbeing Board Pharmaceutical Needs	12
1.2 Background and legislation	12
1.3 Local context	12
1.4 Development of the Essex PNA	13
1.5 Consultation	13
1.6 Scope of the Essex PNA.....	13
1.7 PNA review process	14
1.8 Localities for the purpose of the PNA	14
2. Pharmaceutical Services	16
Pharmaceutical services provided by pharmacy contractors.....	16
2.1 The Community Pharmacy Contractual Framework	16
2.2 Essential services	16
2.3 Advanced Services	18
2.4 Local Enhanced Services (LES) and Locally Commissioned Services (LCS).....	20
2.5 Non-commissioned, value add services.....	20

3. Market entry and pharmaceutical providers	24
3.1 Market Entry	24
3.2 100 hours	24
3.3 Distance selling pharmacies (internet pharmacies)	24
3.4 The Pharmacy Access Scheme 2022	25
3.5 Dispensing Appliance Contractors (DACs)	27
3.6 Dispensing doctors.....	27
3.7 Others.....	27
4. Community pharmacy in 2022 and beyond	28
4.1 NHS Long Term Plan.....	28
4.2 Integrated Care Systems	29
4.3 Pharmacy in Place	30
4.4 Community Pharmacy Contractual Framework (CPCF)	31
4.5 Amendments to NHS regulations	31
4.6 COVID-19 pandemic.....	31
4.7 Pharmacy Access Scheme	34
4.8 Pharmacy Integration Fund	34
4.9 Local Strategies	36
5. The Essex Area.....	39
5.1 Demographics	39
5.2 Deprivation	46
5.3 Lifestyles.....	53

5.4 Education	62
5.5 Employment.....	63
5.6 Housing	64
5.7 Transport.....	67
5.8 Health.....	68
6. The Assessment.....	77
6.1 The assessment of pharmaceutical services.....	77
6.2 Pharmaceutical services in Essex.....	77
6.3 Locality of services	81
6.4 Essential services	85
6.5 Advanced services.....	90
6.6 Enhanced services in Essex	91
6.7 Other services providers	92
6.8 Other	94
6.9 Housing growth.....	95
7. Locality Statements	96
7.1 Basildon Locality	96
7.2 Braintree Locality	109
7.3 Brentwood Locality	121
7.4 Castle Point Locality.....	132
7.5 Chelmsford Locality.....	143
7.6 Colchester Locality	158

7.7 Epping Forest Locality	172
7.8 Harlow Locality.....	185
7.9 Maldon Locality.....	198
7.10 Rochford Locality	209
7.11 Tendring Locality.....	220
7.12 Uttlesford Locality.....	235
8. Likely future needs to consider	244
8.1 Sustainability	244
8.2 Inequalities.....	245
9. Conclusion.....	247
10. Appendices to this report (provided separately).....	250
Appendix A Development of PNA and Steering Group.....	250
Appendix B Full consultation report	250
Appendix C List of Pharmacies in the HWB area	250
Appendix D List of Dispensing Doctors in the HWB area	250
Appendix E Public survey report.....	250
Appendix F Travel times and maps.....	250
Appendix G Housing Report	250
Appendix H Contractor Survey	250
11. Tables and Figures Index	251

Acknowledgements

We would like to acknowledge the following in supporting the development of the Essex HWB Pharmaceutical Needs Assessment:

- Pharmaceutical Needs Assessment Steering Group
- Essex Health and Wellbeing Board
- Director of Public Health and Wellbeing, Essex County Council
- Public Health Intelligence and Research team, Essex County Council
- Communications Team, Essex County Council
- Pharmacy Lead, Essex County Council
- NHS Essex CCGs and ICS'S (during transition)
- NHS England
- Healthwatch Essex
- Essex Local Pharmaceutical Committee
- Essex Local Medical Committee
- Essex Local Pharmacy Network
- Essex commissioners and providers

Executive Summary

The Essex Health and Wellbeing Board (HWB) has many responsibilities with one key responsibility being to develop and produce a Pharmaceutical Needs Assessment (PNA). PNAs look specifically at the current provision of pharmaceutical services in Essex and determine whether these pharmaceutical services meet the needs of the population and determine if there are any potential gaps to current service delivery.

The primary purposes of the Essex Pharmaceutical Needs Assessment are summarized below:

- The PNA will be used by the NHS when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.
- The PNA will help the HWB member organisations to work with existing providers to target services to the area where they are needed and to limit duplication of services.
- The PNA will inform interested parties of the PNA and enable collaborative work to plan, develop and deliver pharmaceutical services for the population
- The PNA will help inform commissioning decisions by local commissioning bodies.

This PNA has been produced with the support of the Essex PNA steering group and replaces the previous Essex HWB PNA dated 2018- 2022 (extended).

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England (NHSE). Types of providers are:

- Community pharmacy contractors, including distance-selling pharmacies (DSPs)
- Dispensing appliance contractors (DACs)
- Local pharmaceutical service (LPS) providers
- Dispensing doctors

Community pharmacies operate under a contractual framework which sets three levels of service:

Essential Services: Negotiated nationally, provided by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework.

Advanced Services: Negotiated nationally, community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

Local Enhanced Services: Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned. These services are only commissioned by NHSE.

National Enhanced Services: Negotiated nationally and implemented to address local health needs.

In addition to NHS pharmaceutical services, community pharmacies may also provide 'locally commissioned services' (LCS). These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013.

Local Context

According to Office for National Statistics mid-year 2020 population estimates, Essex overall has a population size of 1,497,759, with 60% of the population aged 16-64 years.

Although Essex is relatively healthier and affluent in comparison with the rest of England there is a growing disparity in health between the most affluent and most deprived areas of Essex. Lifestyle issues such as obesity and smoking, employment and poverty issues are becoming more prevalent in the most deprived areas. This is reflected in the trends seen in life expectancy, with a growing disparity between life expectancy in those from the most affluent areas compared with those from the most deprived areas of Essex.

To meet the needs of this growing population and to help reduce inequalities in Essex it is vital that appropriate pharmaceutical services are in place and that they are accessible and improve choice to support the most deprived and vulnerable individuals in Essex.

The NHS Long Term plan for pharmacies states that:

- NHSE will work with Government to make greater use of community pharmacists' skills and opportunities to engage patients.
- NHSE and the Government will explore further efficiencies through reform of reimbursement and wider supply arrangements.
- NHSE will work with community pharmacists and others to provide opportunities for the public to check their health, through tests for high blood pressure and other high-risk conditions; and
- NHS 111 will start direct booking into GP practices across the country, as well as referring on to community pharmacies who can support urgent care and promote patient self-care and self-management.
- NHSE also makes several mentions of pharmacists, noting the role that they will play in local Primary Care Networks (PCNs).

Pharmacists may be involved in helping to identify and treat people with high-risk conditions, undertaking a range of medicine reviews, including educating patients on the correct use of inhalers, and offering medicine reviews to care home residents.

As of August 2022, there are 251 pharmacies, 46 dispensing doctors, 5 dispensing appliance contractors and 6 distance selling pharmacies registered with NHSE in the Essex HWB area.

Continuing to assess and develop pharmaceutical services to meet the needs of the population is an essential component to improve the health of individuals in Essex. We have concluded that at present we have adequate choice and access to pharmaceutical services in order to meet the needs of our population.

When assessing the provision of pharmaceutical services in the Essex HWB area the steering group considered the following:

- The number and distribution of all contractors in each PNA locality and opening hours
- The location of and choice of pharmaceutical services
- Access to community pharmacies during weekdays, evenings and the weekend
- Access to community pharmacies via various types of transport
- Provision of Essential, Advanced and Enhanced services in each locality
- Provision of necessary and relevant services
- Results of the public questionnaire
- Results of the contractor questionnaires
- Results of the statutory consultation
- The health needs of the population from the JSNA
- Projected population growth
- Specific populations
- The Index of Multiple Deprivation and deprivation ranges as well as the other wider determinants of health
- The general lifestyle including smoking and drug and alcohol misuse
- The disease burden

This report gives the regulatory background, scope of the PNA and insight into pharmaceutical services and commissioning within the first three chapters.

Chapter 4 provides the national and local strategies which may affect pharmaceutical services provision.

Chapter 5 provides a local picture of the Essex area, its demographics, deprivation, lifestyles and other factors considered during this assessment. It is not intended as a complete population analysis as more comprehensive data is available via the Joint Strategic Needs Assessment.

Chapter 6 provides a detailed look at the pharmaceutical services provision with the Essex HWB area.

Chapter 7 looks into further detail of provision within each of the 12 localities of the HWB area.

Chapter 8 considers future needs and chapter 9 provides the conclusions as required by the regulations.

There are 8 appendices to this report which provide further data and insight.

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Necessary Services for the HWB are defined as Essential Services plus the New Medicines Service and the Community Pharmacist Consultation Service.

Other Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

Locally commissioned services are those that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Essex and are commissioned by the CCG or local authority, rather than NHSE.

Access to pharmaceutical services for the residents of Essex is good and the main conclusion of this PNA is that there are currently no gaps in the provision of necessary or relevant pharmaceutical services.

Note that although a service may not be commissioned, this does not necessarily mean there is a gap in pharmaceutical service provision as services may also be delivered by other providers.

The PNA also looked at changes which are anticipated within the lifetime of the document, for example the predicted population growth.

Given the current population demographics, housing projections and the distribution of service providers across the HWB area, this document concludes that the current provision will be sufficient to meet the likely future needs of the residents during the three-year lifetime of this pharmaceutical needs assessment.

The HWB has not identified any services that would secure improvements, or better access, to the provision of pharmaceutical services either now or within the 3 year lifetime of this pharmaceutical needs assessment.

Based on the information available at the time of developing this PNA no current gaps in the provision of **essential services during normal working hours** have been identified in any of the localities

Based on the information available at the time of developing this PNA no current gaps in the provision of **essential services outside normal working hours** have been identified in any of the localities

Based on the information available at the time of developing this PNA no current gaps in the provision of the **New Medicine Service and Community Pharmacist Consultation Service** advanced services have been identified in any of the localities

Based on the information available at the time of developing this PNA no gaps in the need for the **necessary services** in specified future circumstances have been identified in any of the localities

Based on the information available at the time of developing this PNA no gaps in the current provision of other **relevant services** or in specified future circumstances have been identified in any of the localities

Based on the information available at the time of developing this PNA no gaps have been identified in **essential services** that if provided either now or in the future would secure improvements or better access to essential services in any of the localities

Based on the information available at the time of developing this PNA no gaps have been identified in the provision of **advanced services** that if provided either now or in the future would secure improvements or better access to advanced services in any of the localities

Based on the information available at the time of developing this PNA no gaps in respect of securing improvements or better access to the **enhanced services** in specified future circumstances have been identified in any of the localities

1. Introduction

1.1 The Essex Health and Wellbeing Board Pharmaceutical Needs

This Essex Health and Wellbeing Board (HWB) Pharmaceutical Needs Assessment (PNA) supersedes previous PNAs within the HWB area.

PNAs are updated at least every three years, however the Covid-19 pandemic led to regulations being amended to allow the 2018 PNA to be extended until October 2022.

1.2 Background and legislation

Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each HWB to assess the need for pharmaceutical services in its area and to publish a statement of its assessment. Termed a 'Pharmaceutical Needs Assessment', the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations)¹ set out the minimum information that must be contained within a PNA and outline the process that must be followed in its development.

1.3 Local context

1.3.1 Purpose of the Essex Pharmaceutical Needs Assessment (PNA):

- The PNA will be used by NHSE (NHSE), or other body as identified in the regulations, when considering decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Decisions on whether to open new pharmacies are not made by the HWBs. If a person (a pharmacist, a dispenser of appliances or in some circumstances, and normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a Pharmaceutical List.

¹ <https://www.legislation.gov.uk/ukxi/2013/349/contents>

Pharmaceutical Lists are compiled and held by NHSE. Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations, a person who wishes to provide NHS pharmaceutical services must generally apply to NHSE to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis. NHSE will then review the application and decide if there is a need for a new pharmacy in the proposed location.

- It will aid the HWB member organisations to work with existing providers to target services to the areas where they are needed, and limit duplication of services in areas where provision is adequate.
- It will inform interested parties of the pharmaceutical needs in Essex and enable work to plan, develop and deliver pharmaceutical services for the population.
- It will inform commissioning decisions by local commissioning bodies, including local authorities

1.4 Development of the Essex PNA

- The process of developing the PNA has taken into account the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs were considered. The membership of the steering group ensured all the main stakeholders were represented. Further details are available in Appendix A.

1.5 Consultation

- A statutory consultation exercise was carried out between 30th May and 5th August 2022 to seek and consider views from a range of key stakeholders (identified in regulatory guidance) on the draft PNA.
- A full consultation report is included in the PNA Appendix B.

1.6 Scope of the Essex PNA

- The services that a PNA must include are defined within both the National Health Service Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.
- Pharmaceutical services may be provided by:
 - A pharmacy contractor who is included in the pharmaceutical list for the area of the Health and Wellbeing Board (HWB).

- A pharmacy contractor who is included in the Local Pharmaceutical Services list for the area of the HWB.
- A dispensing appliance contractor who is included in the pharmaceutical list held for the area of the HWB and
- A doctor or GP practice that is included in the dispensing doctor list held for the area of the HWB.
- NHSE is responsible for preparing, maintaining and publishing these lists.
- Pharmacy contractors may operate as either a sole trader, partnership, or a body corporate and The Medicines Act 1968 governs who can be a pharmacy contractor.
- Whether a service falls within the scope of pharmaceutical services for the purposes of PNA depends on who the provider is and what is provided.
- The PNA has a regulatory purpose that sets the scope of the assessment. Pharmaceutical services are evident in other areas of work but are excluded from this assessment. These include prison pharmacy, secondary care, and private services where patients may be obtaining a type of pharmaceutical service that is not covered by this assessment.

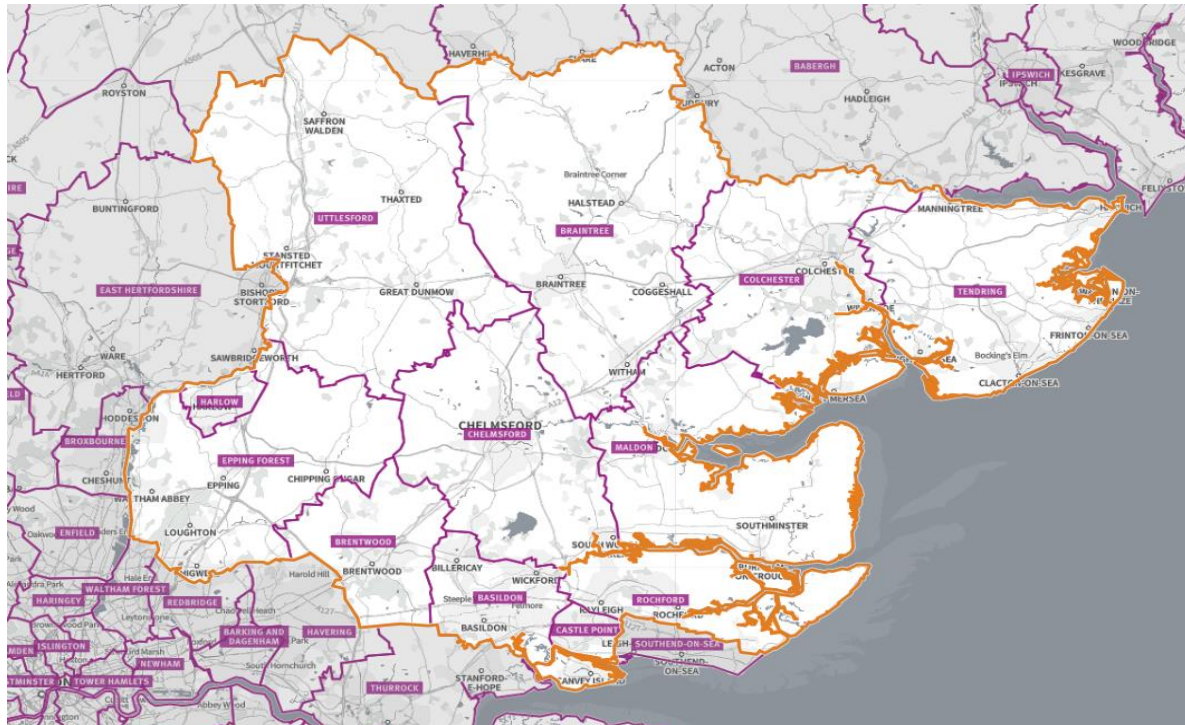
1.7 PNA review process

- The PNA will be updated as required by legislation every three years. Supplementary statements will be published before this if deemed necessary.
- Once a pharmaceutical needs assessment is published, the 2013 regulations require the HWB to produce a new one if it identifies changes to the need for pharmaceutical services, which are of a significant extent.

1.8 Localities for the purpose of the PNA

- The PNA steering group considered how the areas in Essex could be defined for the PNA. The Essex HWB covers 12 district, borough, and city council areas and these were therefore chosen as the localities. Health data is also available within these locality levels.

Figure 1 Map of Essex showing localities



Source: [SHAPE Place Atlas](#)

Table 1 Localities of the Essex PNA

PNA Localities		
Basildon	Chelmsford	Maldon
Brentwood	Colchester	Rochford
Braintree	Epping Forest	Tendring
Castle Point	Harlow	Uttlesford

2. Pharmaceutical Services

Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHSE does not hold contracts with the majority of pharmacy contractors. Instead, they provide services under a contractual framework, sometimes referred to as the Community Pharmacy Contractual Framework (CPCF), details of which (the terms of service) are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013².

2.1 The Community Pharmacy Contractual Framework

2.1.1 The Community Pharmacy Contractual Framework (CPCF) was introduced in 2005. Under the framework, there are three types of service which can be provided by community pharmacy and/or appliance contractors:

- Essential services
- Advanced services
- Enhanced services (commissioned by NHSE)

2.1.2 Core and supplementary hours

2.1.2.1 A pharmacy has 40 core contractual hours (or 100 hours for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHSE, together with supplementary hours, which are all the additional opening hours.

2.1.2.2 A pharmacy may also have more than 40 core hours where it has made an application based on that higher number, and NHSE has agreed that application.

2.2 Essential services

2.2.1 As part of the CPCF, Essential services are one of the three types of services which must be provided by community pharmacies, including distance selling pharmacies.

² [Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013)

Table 2 Provision included in the contractual framework for Essential services

Service	Description
Dispensing Medicines	The safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals, and interventions are made. The Electronic Prescription Service (EPS) enables prescriptions to be sent electronically from a prescriber to the dispenser preventing unnecessary journeys for patients.
Repeat Dispensing/ Electronic repeat dispensing	The management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat provision of a particular medicine.
Disposal of unwanted medicines	Pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.
Promotion of Healthy Lifestyles (Public Health)	Pharmacies are required to participate in up to six health campaigns at the request of NHSE. This generally involves the display and distribution of leaflets provided by NHSE. In addition, pharmacies are required to promote healthy lifestyles, which includes providing advice to people who appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), or smoke, or are overweight.
Signposting patients to other healthcare providers	Pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate.
Support for Self-Care	The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves and/or their families.
Discharge Medicines Service	The service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. Patients are digitally referred to their pharmacy after discharge from hospital. Using the information in the referral, pharmacists can compare the patient's medicines at discharge to those they were taking before admission to hospital. A check is also made when the first new prescription for the patient is issued and a consultation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.

Underpinning the provision of all these services is the requirement on each contractor to participate in a system of clinical governance. This system of clinical governance supports the provision of excellent care; requirements include:

- Patient and public involvement programme
- Clinical audit programme
- Risk management programme
- Clinical effectiveness programme
- Staffing and staff management programme
- Information governance programme
- Premises standards programme

2.3 Advanced Services

Advanced services are those services that pharmacy and dispensing appliance contractors may choose to provide if they meet the required standards.

Table 3 Provision included in the contractual framework for Advanced Services (as of May 2022)

Service	Description
New Medicines Service (NMS)	The New Medicines Service (NMS) is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed, and to minimise problems and side-effects, while informing the patients on the best ways to self-manage their Long Term Conditions (LTCs)
Community pharmacy seasonal influenza vaccination	Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all eligible patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours, and the option to walk in without an appointment have proved popular with patients seeking vaccinations.
Community Pharmacist Consultation Service (CPCS)	NHS Community Pharmacist Consultation Service (CPCS) was launched in October 2019 and the majority of community pharmacies have registered to provide the service. Initially the service took referrals to community pharmacies from the NHS 111 call service and subsequently the service was expanded to take referrals from 111 online. The latest development is for pharmacies to take referrals from GP practices; this is referred to as GP CPCS. The CPCS is intended to relieve pressure on the wider NHS by connecting patients with a

	community pharmacy, as their first resort for repeat medications where the patient has run out of medication and for health consultations for a set list of minor ailments
Hepatitis C testing service	The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020. The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e., individuals who inject illicit drugs, e.g., steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they are referred for a confirmatory test and treatment, where appropriate.
Hypertension case-finding service	The prevention of cardiovascular problems and identification of people with raised blood pressure. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement. - the second stage, where clinically indicated, is offering 24 hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.
Smoking Cessation Service (CSC) <i>following hospital discharge</i>	In 2020/21 a Pharmacy Integration Fund pilot on smoking cessation began to test a new model of working in which community pharmacies managed the continuing provision of smoking cessation support initiated in secondary care following patient discharge from hospital. The hospital establishes the smoking status of all admitted patients followed by brief advice, personalised counselling, timely nicotine replacement therapy (NRT) or pharmacotherapy, and follow-up of the patient after discharge. This service enables NHS trusts to transfer patients for smoking cessation support into the community.
Appliance and Stoma services	Whilst pharmacies are required to dispense valid NHS prescriptions for all drugs, both they and dispensing appliance contractors may choose which appliances they provide in their normal course of business. They may choose to provide a certain type of appliance, or types of appliances, or they may choose to provide all appliances. Some pharmacies may choose not to provide any appliances. A large proportion of patients who are regular users of appliances will have them delivered, often by dispensing appliance contractors based throughout the country. There are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide: <ul style="list-style-type: none"> • Appliance Use Reviews (AUR), and • Stoma Appliance Customisation (SAC)

2.3.1 Advanced services decommissioned:

- Medicines Use Reviews (MURs)
- NHS Urgent Supply Advanced Scheme (NUMSAS)
- During the Covid-19 pandemic, the community pharmacy Covid-19 lateral flow device distribution service and community pharmacy Covid-19 medicines delivery service were commissioned from community pharmacies. These are now decommissioned.

2.4 Local Enhanced Services (LES) and Locally Commissioned Services (LCS)

2.4.1 This third group of services provided as part of the Community Pharmacy Contractual Framework could be commissioned locally by the NHSE regional team, Clinical Commissioning Groups (CCGs) or Local Authorities (LA) in order to meet the needs of their population (Note: CCGs are being abolished and being replaced by Integrated Care Systems (ICSs)).

2.4.2 Local services that are commissioned by the NHSE are called Local Enhanced Services (LES).

2.4.3 Locally commissioned services by the LA or CCGs such as public health services are not considered to be LESs. Services commissioned from LA and CCGs fall outside the definition of enhanced services, they have no bearing on pharmacy applications; they are only included in this assessment to secure improvements or better access to pharmaceutical services.

2.4.4 These services are considered LES if the LA or CCG ask NHSE to commission them on their behalf.

2.5 Non-commissioned, value add services

2.5.1 Community pharmacies provide some services that are not commissioned from any particular sources and have no bearing on pharmacy applications. These services add value to the local provision. They can include:

- Repeat prescription collection and delivery service
- Travel advice and vaccinations
- Screening services
- Dispensing of private prescriptions
- Sales of over-the-counter medicines

Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, NHSE hold contracts with dispensing appliance contractors. Dispensing appliance contractors provide the following services for appliances (not drugs) for example catheters and colostomy bags, which fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service for some items
- Supply of appropriate supplementary items (e.g., disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances and
- Signposting

They may also choose to provide advanced services. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. The two advanced services that they may provide are:

- Stoma Appliance Customisation (SAC)
- Appliance Use Review (AUR)

As with pharmacies, dispensing appliance contractors are required to participate in a system of clinical governance.

Dispensing appliance contractors are required to open at least 30 hours per week, and these are referred to as core opening hours. They may choose to open for longer and these additional hours are referred to as supplementary opening hours.

The proposed opening hours for each dispensing appliance contractor are set out in the initial application, and if the application is granted and the dispensing appliance contractor subsequently opens then these form the dispensing appliance contractor's contracted opening hours.

Dispensing doctor services

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, allow doctors to dispense to eligible patients in certain circumstances. In summary:

- Patients must live in a 'controlled locality' (an area which has been determined by NHSE or a preceding organisation as rural in character), more than 1.6km (measured in a straight line) from a pharmacy (excluding distance selling premises) and
- Their practice must have premises approval and consent to dispense to that area.

A dispensing practice can also undertake a dispensing review of use of medicines (DRUM). This is a face-to face review with a patient to find out about their experiences with prescribed medicines and aims to help identify any problems that might be occurring.

Distance Selling Pharmacies services

Distance selling pharmacies or mail order pharmacies, often known as 'online pharmacies', operate over the internet and send orders to customers through the mail or parcel services free of charge. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 stipulate the requirements for distance selling pharmacies. These pharmacies must provide the full range of essential services during opening hours to all persons in England presenting prescriptions but cannot provide essential services face to face, they must have a responsible pharmacist in charge of the business at the premises throughout core and supplementary opening hours and they must be registered with the General Pharmaceutical Council (GPhC).

Necessary services

Necessary services are pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.

Any services not considered as necessary pharmaceutical services are therefore deemed to be other relevant services which can be provided as an optional service by pharmaceutical contractors and are often also delivered by other providers within the HWB area.

Other NHS services

Some NHS services reduce the need for pharmaceutical services, in particular the dispensing service, these include:

- Hospital pharmacies
- Personal administration of items by GP practices
- GP out of hours service (as it may give patients a course of treatment rather than a prescription)
- Public health services commissioned by the local authority

- Prison pharmacy services (where relevant),
- Substance misuse services, and
- Flu vaccination by GP practices

NHS services that increase the demand for pharmaceutical services include:

- GP out of hours services (where a prescription is issued)
- Walk-in centres and minor injury units (where a prescription is issued)
- GP extended access hubs
- Community nursing prescribing
- Dental services
- End of life services, and
- Services that have been moved into the primary care setting

3. Market entry and pharmaceutical providers

3.1 Market Entry

If a person wants to provide pharmaceutical services, they are required to apply to the NHS to be included in a pharmaceutical list.

Pharmaceutical lists are compiled and as of May 2022 are held by NHSE. This is commonly known as the NHS “market entry” system.

Under the 2013 regulations, a person who wishes to provide pharmaceutical services must apply to NHSE to be included in the relevant pharmaceutical list by proving they are able to meet a need for, or improvements or better access to, pharmaceutical services as set out in the relevant PNA.

There are exceptions to this, such as applications for benefits not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

Pharmaceutical lists are currently maintained by NHSE and so applications for consolidations, new, additional, or relocated premises must be made to the Regional NHSE Area Team.

3.2 100 hours

3.2.1 Certain pharmacies opened under previous regulations undertaking to provide pharmaceutical services for 100 hours a week. NHSE may not vary or remove the 100-hour conditions on premises that were granted their contract under the 100 hour application exemption.

3.3 Distance selling pharmacies (internet pharmacies)

3.3.1 Patients have the right to access pharmaceutical services from any community pharmacy including Distance Selling Pharmacies (DSP) of their choice and therefore can access any of the many distance selling pharmacies available nationwide.

3.3.2 New conditions have been introduced in the regulations, which require all distance selling pharmacies (including those admitted under the 2005 regulations) to be able to provide essential services safely, without face-to-face contact at the premises and ensure that persons anywhere in England are able to access the essential services.

3.4 The Pharmacy Access Scheme 2022³

- 3.4.1 The aim of the Pharmacy Access Scheme (PhAS) is to ensure that a baseline level of patient access to NHS community pharmaceutical services in England is protected.
- 3.4.2 The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.
- 3.4.3 The objective of the 2022 PhAS is to create a scheme that is more targeted and representative of the pharmacy market as it is now, and that better targets support to pharmacies that are deemed essential for local provision of physical NHS pharmaceutical services.
- 3.4.4 Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk.
- 3.4.5 DSPs, dispensing appliance contractors, Local Pharmaceutical Services (LPS) contractors, and dispensing doctors remain ineligible for the scheme.
- 3.4.6 The list of PhAS contractors in the Essex HWB area at June 2022 is shown in the table below.

Table 4 PhAS pharmacy list at June 2022 (Source NHSE)

Fcode	Pharmacy Name	Address	Postcode
FA380	DAY LEWIS PLC	6 GRANGE ROAD, BILLERICAY, ESSEX	CM11 2RB
FAC81	HAMBRO PHARMACY	53A HULLBRIDGE ROAD, RAYLEIGH, ESSEX	SS6 9NL
FAE08	YOGI PHARMACIES LIMITED	ELLESBOROUGH HOUSE, DUNMOW ROAD, TAKELEY, ESSEX	CM22 6SH
FAG85	ABAX HEALTH LIMITED	THE BROWN HOUSE, HIGH STREET, NEWPORT, ESSEX	CB11 3QY
FC547	ASDA STORES LTD	HERON RETAIL PARK, MILES GRAY ROAD, BASILDON, ESSEX	SS14 3AF
FCF02	BESTWAY NATIONAL CHEMISTS LIMITED	201 RAYLEIGH ROAD, HUTTON, ESSEX	CM13 1LZ
FCV41	VASANI DN	100 HIGH STREET, ROYDON, ESSEX	CM19 5EE
FD285	DAY LEWIS PLC	PASTORAL WAY, WARLEY, BRENTWOOD, ESSEX	CM14 5WF
FE004	BOOTS UK LIMITED	10-11 THE PANTILES, QUEENS PARK AVENUE, BILLERICAY, ESSEX	CM12 0UA
FE215	VILLAGE PRIMARY CARE SERVICES LTD	30 BROOK HILL, LITTLE WALTHAM, CHELMSFORD, ESSEX	CM3 3LL

³ Pharmacy Access Scheme: guidance - GOV.UK (www.gov.uk)

FE712	TESCO PLC	THE SQUARE, GREAT NOTLEY, BRAINTREE, ESSEX	CM77 7WW
FEL66	MARKS TEY PHARMACY LTD	89 LONDON ROAD, MARKS TEY, COLCHESTER, ESSEX	CO6 1EB
FET17	LONGTHORNES PHARMACIES LTD	15 HIGH STREET, SOUTHMINSTER, ESSEX	CM0 7AA
FFQ99	ELGON CHEMISTS LTD	6-8 NAZEINGBURY PARADE, NAZEING, ESSEX	EN9 2JL
FGC13	NOAK BRIDGE PHARMACY LTD	147 COPPICE LANE, LAINDON, BASILDON, ESSEX	SS15 4JS
FJ407	MS CHEMISTS LTD	86 CHURCH LANE, DODDINGHURST, ESSEX	CM15 0NG
FJA38	BOOTS UK LIMITED	50 HIGH STREET, EARLS COLNE, ESSEX	CO6 2PB
FKE19	AMF MEDICA LIMITED	1 POTTER COURT, FLEMMING WAY, WITHAM, ESSEX	CM8 2ZJ
FKE56	PAYDENS LTD	12 PRENTICE PLACE, POTTER STREET, HARLOW, ESSEX	CM17 9BG
FKW03	L ROWLAND & CO (RETAIL) LTD	62 HIGH STEET, GREAT WAKERING, ESSEX	SS3 0EQ
FLQ39	DAY LEWIS PLC	1-5 THE PARADE, HALSTEAD ROAD, KIRBY CROSS, ESSEX	CO13 0LN
FLR33	VASANI DN	48 HIGH ROAD, NORTH WEALD, ESSEX	CM16 6BU
FN549	WRINGTONS LTD	3 TOWN STREET, THAXTED, ESSEX	CM6 2LD
FN556	SUTTON CHASE LTD	358 MERSEA ROAD, COLCHESTER, ESSEX	CO2 8RB
FN893	RISHI PHARMACY	84 HART ROAD, THUNDERSLEY, BANFLEET, ESSEX	SS7 3PF
FNL09	LLOYDS PHARMACY LTD	2 WHITE HART LANE, SPRINGFIELD, CHELMSFORD	CM2 5PA
FP779	LLOYDS PHARMACY LTD	CRICKETERS WAY, BASILDON, ESSEX	SS13 1SA
FPJ61	MANOR PHARMACY (WHEATHAMPSTEAD) LIMITED	39 IMPERIAL AVENUE, MAYLANDSEA, CHELMSFORD, ESSEX	CM3 6AH
FQ192	GALLEYWOOD PHARMACY LTD	39 WATCHHOUSE ROAD, GALLEYWOOD, CHELMSFORD, ESSEX	CM2 8PU
FQC91	GREAT BERRY PHARMACY	GREAT BERRY CENTRE, UNIT 4, NIGHTINGALES, LANGDON HILLS, BASILDON, ESSEX	SS16 6SA
FG311	MEDCARE PLUS LIMITED	20 BROOK PARADE, HIGH ROAD, CHIGWELL, ESSEX	IG7 6PF
FQH29	S S PATEL	36-38 HULLBRIDGE ROAD, SOUTH WOODHAM FERRERS, ESSEX	CM3 5NG
FRC59	MYCHEM LTD	12A EAST STREET, TOLLESBURY	CM9 8QD
FT659	L ROWLAND & CO (RETAIL) LTD	13 NAYLAND ROAD, COLCHESTER, ESSEX	CO4 5EG
FT720	THE LIGHTHOUSE PHARMACY	19-21 THE STREET, LITTLE CLACTON, ESSEX	CO16 9LQ
FTG75	NIHAL HEALTHCARE LTD	HIGH STREET, DEDHAM, NR COLCHESTER, ESSEX	CO7 6DE
FTN74	ALLCURES PLC	7 FELMORES END, FELMORES, BASILDON, ESSEX	SS13 1PN
FTR88	DAY LEWIS PLC	1 DOUBLEDAY CORNER, COGGESHALL, ESSEX	CO6 1NJ
FVK93	BOOTS UK LIMITED	5 SILVA ISLAND WAY, WICKFORD, ESSEX	SS12 9NR
FW781	CHRISCHEM (UK) LTD	21 EASTHAM CRESCENT, INGRAVE, BRENTWOOD, ESSEX	CM13 2BN

FW791	DAY LEWIS PLC	132-134 SWAN STREET, SIBLE HEDINGHAM, HALSTEAD, ESSEX	CO9 3PP
FW844	BOOTS UK LIMITED	UNIT 2, THE GREENS BUILD, 4/8 CAMBRIDGE ROAD, STANSTED MOUNTFITCHET, ESSEX	CM24 8BZ
FWM30	BOOTS UK LIMITED	3 HADFELDA SQUARE, HATFIELD PEVEREL, CHELMSFORD, ESSEX	CM3 2HD
FWM54	ASDA STORES LTD	UNIT 9 TURNER RISE, PETROLEA CLOSE, COLCHESTER, ESSEX	CO4 5TU
FXF67	BOOTS UK LIMITED	3-4 THE BROADWAY, SILVER END, WITHAM, ESSEX	CM8 3RQ

3.5 Dispensing Appliance Contractors (DACs)

3.5.1 Appliance contractors provide services to people who need appliances such as stoma and incontinence care aids, trusses, hosiery, surgical stockings and dressings. They do not supply drugs. Pharmacies and dispensing doctors can also dispense appliances.

3.6 Dispensing doctors

3.6.1 Provision for doctors to provide pharmaceutical services in certain circumstances has been made in various NHS Acts and Regulations for many decades. Doctors in certain localities are allowed to offer a dispensing service to eligible patients living in rural areas, as defined in the pharmaceutical regulations. Dispensing Review of Use of Medicines (DRUMs) are offered by dispensing doctors but covered by separate regulations and therefore outside the scope of this PNA. This PNA does not define rurality.

3.7 Others

3.7.1 Pharmaceutical services are provided by other services which this PNA makes no assessment of. These include arrangements for:

- Military personnel
- Prison population
- Hospital patients
- Services provided across the border in other HWB areas
- Private providers

4. Community pharmacy in 2022 and beyond

4.1 NHS Long Term Plan⁴

4.1.1 In January 2019, NHSE published the NHS Long Term Plan, setting out its priorities for healthcare over the next ten years and showing how the NHS funding settlement will be invested.

4.1.2 A key theme of the plan is prevention, as NHSE says it believes 500,000 lives could be saved over the next ten years by focusing on prevention and early detection. The NHS will focus on its aim to make the population 'fit for the future' by:

- Enabling everyone to get the best start in life.
- Helping communities to live well; and
- Helping people to age well.

4.1.3 Other measures include:

- Improving out-of-hospital care by supporting primary medical and community health services.
- Providing better care for major health conditions, such as cardiovascular disease, respiratory conditions, and diabetes.
- Supporting those admitted to hospital with smoking/alcohol addiction.
- Supporting older people through more personalised care and stronger community and primary care services; and
- Making digital health services a mainstream part of the NHS, so that in five years' time, patients in England will be able to access online GP consultations.

⁴ <https://www.longtermplan.nhs.uk/>

4.1.4 For community pharmacy, the plan states:

- NHSE will work with Government to make greater use of community pharmacists' skills and opportunities to engage patients.
- NHSE and the Government will explore further efficiencies through reform of reimbursement and wider supply arrangements.
- NHSE will work with community pharmacists and others to provide opportunities for the public to check their health, through tests for high blood pressure and other high-risk conditions; and
- From 2019, NHS 111 will start direct booking into GP practices across the country, as well as referring on to community pharmacies who can support urgent care and promote patient self-care and self-management.
- NHSE also makes several mentions of pharmacists, noting the role that they will play in local Primary Care Networks (PCNs). Pharmacists may be involved in helping to identify and treat people with high-risk conditions, undertaking a range of medicine reviews, including educating patients on the correct use of inhalers, and offering medicine reviews to care home residents.

4.2 Integrated Care Systems

4.2.1 The NHS Long Term Plan confirmed that all parts of England would be served by an Integrated Care System (ICS) from April 2021 (delayed due to the COVID-19 pandemic), building on the lessons of the earliest systems and the achievements of earlier work through sustainability and transformation partnerships and vanguards.

4.2.2 In Essex, the three integrated care systems are collaborating with their partners at system level to look at the infrastructure needed to support this reform. This has led to the development of Alliances and health care partnerships which will focus on place-based delivery, working with partners to address health and health inequalities at a local level.

4.2.3 The five Essex CCGs and two neighbouring unitary local authorities will become:

- Mid and South Essex ICS
- West Essex and Hertfordshire ICS
- North East Essex and Suffolk ICS

4.2.4 NHSE has confirmed the intention to delegate some NHSE commissioning functions to ICSs from 2022.

4.3 Pharmacy in Place⁵

4.3.1 The NHS Long Term Plan set out the requirements for the establishment of ICS's that will enable the streamlining of commissioning decisions at a system level for place. This includes supporting providers to partner with local government and other community organisations on population health and service redesign. It is predicated on a radical uplift in prevention and early interventions that can reduce hospital stays and strengthen people's capacity and ability to take greater control over management of their own health.

4.3.2 In particular, each ICS will be responsible for:

- Bringing commissioners and providers together in new collaborative ways of working
- Providing system leadership on the basis of place for distinct geographical areas that cover approximately 1 – 3 million people
- Integrating services across sectors and organisations including acute and community, mental and physical health and social care
- Improving population health and reducing health inequalities.

4.3.3 Community Pharmacy is directly relevant to delivering some of the top priorities for ICSs in the coming year:

- Delivering the NHS COVID-19 vaccination programme and continuing to meet the needs of patients with COVID-19
- Service transformation including expanding primary care capacity to improve access, local health outcomes, and address health inequalities
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments

4.3.4 Community Pharmacies are ideally placed to meet a much broader range of needs for local populations and support the ICS in achieving its priorities for service transformation and addressing health inequalities.

⁵ The Future for Community Pharmacy in Integrated Care Systems
Breaking Barriers Report <https://bbi.uk.com/pharmacy-in-place/>

4.4 Community Pharmacy Contractual Framework (CPCF)⁶

In July 2019, Pharmaceutical Services Negotiating Committee, NHSE and the Department of Health and Social Care (DHSC) agreed a five-year deal for community pharmacies, guaranteeing funding levels until 2023/24. The deal secured pharmacy funding and sets out a clear vision for the expansion of clinical service delivery over the next five years, in line with the NHS Long Term Plan.

4.5 Amendments to NHS regulations

4.5.1 In 2021/22, the following changes were made to the NHS Regulations:

- a pandemic provision; and
- amendments to the market entry provisions so that NHSE may refuse any application that results in an oversupply of Essential services, including those seeking only a minor increase in opening hours.

4.5.2 Consolidations

In December 2016, amendments to the 2013 Regulations come into force which facilitate pharmacy business consolidations from two sites on to a single existing site. Importantly, a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two pharmacies that choose to consolidate on a single existing site, where this does not create a gap in provision.

4.5.3 Other relevant changes include the introduction of a Pharmacy Access Scheme and a quality payment scheme.

4.6 COVID-19 pandemic

4.6.1 The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided, and to remain open during the pandemic to provide for the pharmaceutical needs of the population.

⁶ <https://psnc.org.uk/contract-it/the-pharmacy-contract/cpcf-settlement-2019-20-to-2023-24/>

4.6.2 The commitment of the pharmacy profession to patient care, and the hard work and determination to sustain medicines supply and key pharmaceutical care services throughout the pandemic, has been recognised.

4.6.3 During COVID-19, pharmacies have benefitted from increased flexibility in opening hours. This protected time with limited interruptions has enabled pharmacists to deal with complex queries and prioritise workloads.

4.6.4 In response to the pandemic, two Advanced Services were commissioned by NHSE:

- Pandemic delivery service and
- COVID-19 lateral flow test provision

4.6.4.1 Pandemic delivery service

- A pandemic delivery service was launched in early April 2020, Government restrictions meant most people had to stay at home, as part of the efforts to control the spread of coronavirus, but people could leave their homes for healthcare reasons, such as visiting a pharmacy.
- The service was originally commissioned across England to support clinically extremely vulnerable (CEV) patients until 31 July 2020, with some specified local outbreak areas continuing to be covered by the service until 5 October 2020.
- Provision of the service to CEV patients ended on 31 March 2021, when shielding for that group of patients was paused.
- From 16 March 2021 to 5 March 2022, people who had been notified of the need to self-isolate by NHS Test and Trace were able to access support for the delivery of their prescriptions from contractors.

4.6.4.2 COVID-19 lateral flow device distribution service

- The COVID-19 lateral flow device distribution service was decommissioned on 31 March 2022.
- This service, which pharmacy contractors could choose to provide, aimed to improve access to asymptomatic COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies. The service was part of the NHS Test and Trace offering to the public for people to self-administer the tests away from the pharmacy, for example, at home.

4.6.5 COVID-19 vaccination service

- 4.6.5.1 In response to the pandemic, NHSE further commissioned a Local Enhanced Service from community pharmacies to support the COVID-19 vaccination programme.
- 4.6.5.2 Community pharmacy played a critical role in the success of the COVID-19 vaccination programme. Through their strong relationships in local places and neighbourhoods, community pharmacies have helped to tackle vaccine inequalities and improve vaccination take-up.
- 4.6.5.3 The next phase of the COVID-19 vaccination programme will offer revaccination boosters (with additional vaccine) for those at the highest risk, to maintain protection against the risk of severe illness, and continue to offer initial vaccinations to those Patients who did not take up or were previously not eligible to receive vaccination in phases 1 and 2.
- 4.6.5.4 The COVID-19 vaccination programme: phase 3 will be delivered alongside the seasonal influenza vaccination programme, which runs each autumn.

4.6.6 COVID-19 has clearly demonstrated the value of virtual consultations and enabling people to engage with health professionals is critical to the sustainability of the NHS. Patients have benefited from the multi-disciplinary virtual ward rounds and meetings facilitated through digital technology across primary and secondary care⁷.

4.6.7 It's imperative that people can benefit from these digital options when consulting with a pharmacist where appropriate. Access to digital consultation tools and equipment in all pharmacy settings can help to deliver:

- Improved convenience
- Reduced carbon footprint
- Improved safety for patients.

⁷ <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/future-of-pharmacy>

4.6.8 It is recognised that these platforms are not always suitable for all patients and should enhance, rather than replace access to face-to-face care. There needs to be flexibility in the delivery of service to balance access and not widen the health inequalities gap.

4.7 Pharmacy Access Scheme

4.7.1 The Pharmacy Access Scheme (PhAS) was introduced to support access where pharmacies are sparsely spread, and patients depend on them most.

4.7.2 A pharmacy is eligible for the PhAS if it meets all of the following three criteria

- The pharmacy is more than a mile away from its nearest pharmacy by road.
- The pharmacy is on the pharmaceutical list as of 1 September 2016; and
- The pharmacy is not in the top quartile by dispensing volume.

4.7.3 Nationally, 1356 pharmacies will receive funding from the PhAS on the basis of these criteria. (A list of Essex pharmacies affected is shown in section 3.4 above).

4.8 Pharmacy Integration Fund⁸

4.8.1 The Pharmacy Integration Fund (PhIF) was established in 2016 to accelerate the integration of:

- Pharmacy professionals across health and care systems to deliver medicines optimisation for patients as part of an integrated system.
- Clinical pharmacy services into PCNs building on the NHS Five Year Forward View and NHS Long Term Plan.

⁸ Pharmacy Integration Fund (PhIF) <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/>

4.8.2 The NHS Long Term Plan is the driver for determining the priorities for the Pharmacy Integration Programme. The ambition in the NHS Long Term Plan to move to a new service model for the NHS sets out five practical changes that need to be achieved over the five-year period 2019 to 2024:

- Boosting “out of hospital care” to dissolve the historic divide between primary and community health services.
- Redesign and reduce pressure on emergency hospital services.
- Deliver more personalised care when it is needed to enable people to get more control over their own health.
- Digitally enable primary and outpatient care to go mainstream across the NHS.
- Local NHS organisations to focus on population health and local partnerships with local authority funded services and through new Integrated Care Systems (ICSs) everywhere.

4.8.3 The Pharmacy Integration Programme is currently providing support to the following workstreams:

- Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
- The GP referral pathway to the NHS Community Pharmacist Service (CPCS).
- The NHS 111 referral pathway to the NHS Community Pharmacist Consultation Service (CPCS).
- The Hypertension Case-Finding Pilot – members of the public over 40 years can have their blood pressure checked by the community pharmacy team.
- The Smoking Cessation Transfer of Care Pilot – hospital inpatients (including antenatal inpatients) will be able to continue their stop smoking journey within community pharmacy upon discharge.
- 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, linking with the STOMP programme.

- Expanding the existing New Medicines Service (NMS).
- Developing and testing peer and professional support networks for all pharmacists and pharmacy technicians working in PCNs including general practice, community pharmacy and community services linking with secondary care consultant pharmacists and clinical pharmacy specialist roles.
- Exploring a national scheme for pharmacists and pharmacy technicians to gain access to essential medicines information resources working with SPS Medicines Information Services.
- Workforce development for pharmacy professionals in collaboration with Health Education England (HEE).

4.9 Local Strategies

4.9.1 Joint Health and Wellbeing Strategy

4.9.1.1 Every local area must have a Joint Health and Wellbeing Strategy (JHWS) setting out the priorities identified through the Joint Strategic Needs Assessment (JSNA) that local government, the NHS and other partners will deliver together through the HWB. The JHWS is intended to set ‘a small number of key strategic priorities for action’, where there is an opportunity for partners working through the HWB to ‘have a real impact’ through local initiatives and action and leading to an improvement in health and wellbeing outcomes and a reduction in health inequalities. The JHWS is jointly owned by partners through the Essex Health and Wellbeing Board including the NHS through their membership, the District, Borough and City Councils’ Health and Wellbeing Partnership Boards, the Police, Fire and Crime Commissioner, Safeguarding Boards, and the voluntary and community sector.

4.9.1.2 This strategy has been designed to be read in conjunction with the JSNA which provides the latest insight and evidence base. The JSNA will be a ‘live’ resource that all organisations within the system can access through the Essex Open Data platform where other data, intelligence and evidence is also held.

4.9.1.3 The strategy sets out how the area want to work collectively as a partnership to deliver this strategy, the importance of working with local communities, and how the JHWS links with other strategies and policies locally including the NHS Long Term Plan.

4.9.1.4 This strategy (in draft as of May 2022) articulates a shared vision for health and wellbeing in Essex setting out the critical issues as identified in the Essex JSNA, the agreed priorities of member organisations and wider system partners, key countywide strategic priorities, and the agreed outcomes and how to measure and assess progress.

4.9.1.5 As part of the development of this strategy five key overarching priority areas have been identified:

1. Improving Mental Health and Wellbeing
2. Physical Activity and Healthy Weight
3. Supporting long term independence
4. Alcohol and Substance Misuse
5. Health Inequalities & The Wider Determinants of Health

4.9.2 Essex Joint Strategic Needs Assessment⁹

4.9.2.1 The Joint Strategic Needs Assessment (JSNA) is a statutory process for HWBs to identify and improve the current and future health, wellbeing, and social care needs of their area. The purpose is to inform strategic decision making, commissioning of services and reduce inequalities for all ages.

4.9.2.2 The JSNA encompasses a wide variety of themes and strands of knowledge such as social and demographic descriptions of the population, economic analyses, population projections, analyses of mortality, the prevalence of different diseases, usage of hospital and other health services, survey data on lifestyle factors and well-being.

⁹ Essex JSNA <https://data.essex.gov.uk/>

4.9.2.3 This PNA draws upon the JSNA as it stands at the time of writing, but readers are advised to consult the JSNA webpages for regular updates.

4.9.2.4 Whilst the PNA is primarily a document for NHSE and local stakeholders to use to make commissioning decisions, the PNA alongside the JSNA might also be of wider use as a reference to understanding the health needs of the residents of Essex.

4.9.3 Local Integrated Care Systems

4.9.3.1 All three ICS's across Essex have identified their priorities and local plans working on the wider determinants of health in partnership at local health and care system levels.

4.9.3.2 Further details on each ICS are available on their respective websites¹⁰

¹⁰ Mid and South Essex ICS <https://www.msehealthandcarepartnership.co.uk/>
Hertfordshire and West Essex ICS <https://www.healthierfuture.org.uk/>
Suffolk and North East Essex ICS <https://www.sneeics.org.uk/>

5. The Essex Area

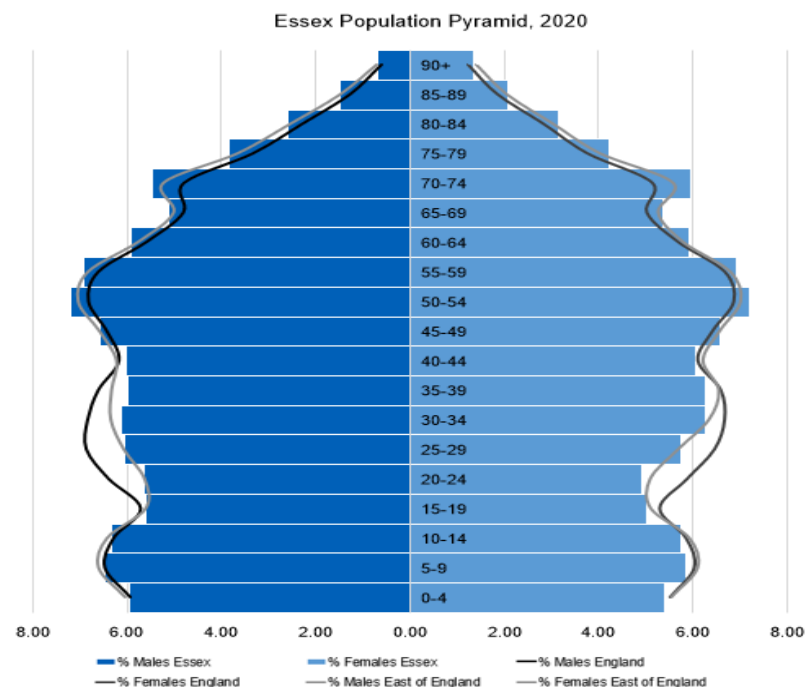
5.1 Demographics

According to Office for National Statistics mid-year 2020 population estimates, Essex overall has a population size of 1,497,759, with 60% of the population aged 16-64 years. Table 5 below shows the population count for Essex and each Essex District, and Figure 2 below shows the Essex population pyramid for Essex in 2020. Essex has a larger older population in comparison to the nation and region, and a smaller younger population.

Table 5 Population count for Essex and each Essex District

Area	Under 16 years	16 to 64 years	65+ years	Total Population (2020)
Essex	284090	903757	309912	1497759
Basildon	39908	115403	32247	187558
Braintree	29323	92272	31496	153091
Brentwood	14440	47161	15641	77242
Castle Point	15548	51883	23093	90524
Chelmsford	34342	110478	34729	179549
Colchester	36968	126176	34056	197200
Epping Forest	25334	80919	25922	132175
Harlow	19950	53914	13416	87280
Maldon	10723	38034	16644	65401
Rochford	15073	52177	20377	87627
Tendring	24124	79178	44051	147353
Uttlesford	18357	56162	18240	92759

Figure 2 Essex population pyramid for Essex in 2020



The population in Essex is projected to increase over the next 3, 5 and 10 years. Compared to 2020 mid-year estimates, ONS project that the total population size of Essex is going to increase by 1.9% to 1,526,137 people in 2023, by 3.0% to 1,542,867 in 2025, and by 5.5% to 1,580,618 in 2030. The older age groups especially from 75+ years are projected to see largest increases, along with some younger groups.

Figure 3 below shows the Essex projected population change by age (%):

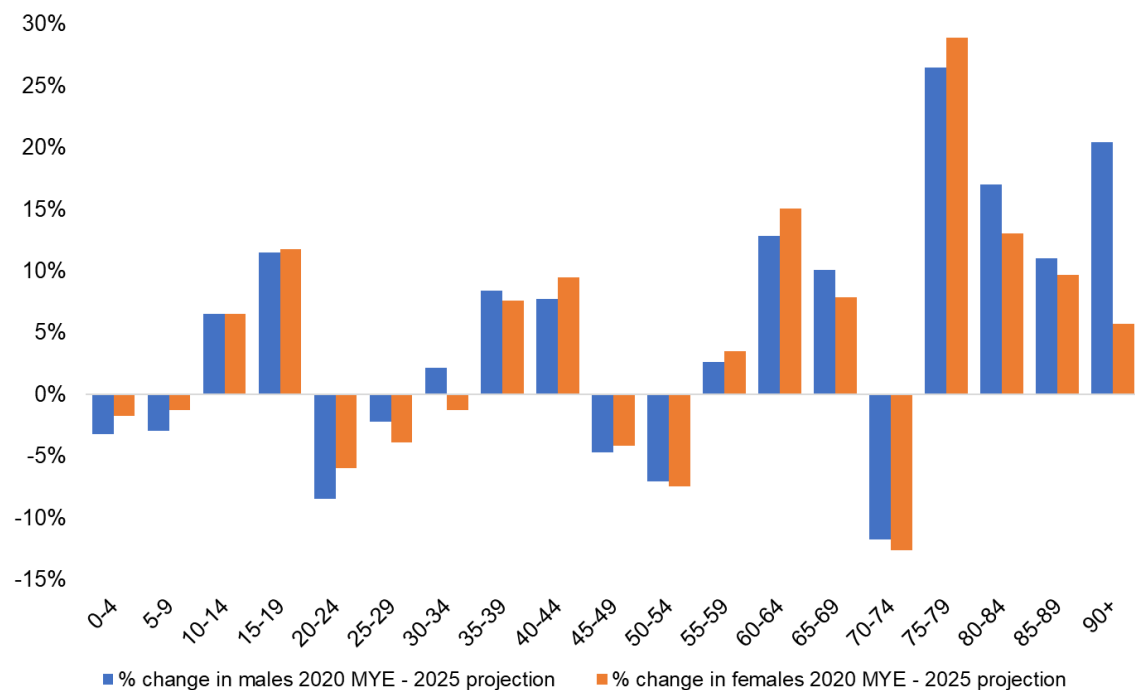


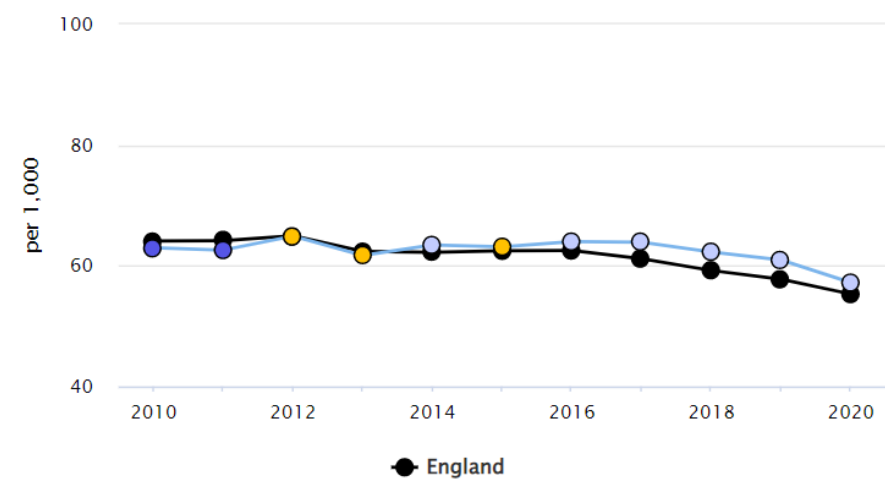
Table 6 below provides the population current count and projections underlying Figure 3 above

Age Group	2020	2023	2025	2030
0-4	84837	82385	82697	83113
5-9	92124	92131	90107	87755
10-14	90276	94810	96138	93372
15-19	79454	84750	88673	94175
20-24	78948	73555	73176	82185
25-29	88365	87368	85633	80815
30-34	92900	94127	93238	89743
35-39	91819	96364	99109	98849
40-44	90336	96541	98108	103993
45-49	98391	92291	94042	101512
50-54	107953	104186	100079	95980
55-59	103809	107336	106961	99688
60-64	88635	96006	100985	104450
65-69	78623	82165	85621	97967
70-74	85587	76599	75106	81800
75-79	60382	75619	77149	68198
80-84	43210	44976	49592	63497
85-89	26796	28558	29531	34490
90+	15314	16370	16924	19037
Total Population	1497759	1526137	1542867	1580618

5.1.1 Birth Rate

Fertility Rate

Figure 4 General Fertility rate Essex – per 1,000 female population



Recent trend: ↓ Decreasing

Period	Essex				East of England	England
	Count	Value	95% Lower CI	95% Upper CI		
2010	16,483	63.0	62.0	63.9	64.9	64.1
2011	16,330	62.6	61.6	63.6	65.0	64.2
2012	16,860	64.9	63.9	65.9	66.5	64.9
2013	15,949	61.7	60.8	62.7	63.7	62.4
2014	16,449	63.4	62.5	64.4	64.1	62.2
2015	16,335	63.1	62.2	64.1	64.7	62.5
2016	16,536	64.0	63.0	65.0	64.6	62.5
2017	16,563	63.9	62.9	64.9	63.5	61.2
2018	16,171	62.3	61.3	63.2	62.1	59.2
2019	15,916	61.0	60.0	61.9	60.7	57.7
2020	15,009	57.2	56.3	58.1	57.8	55.3

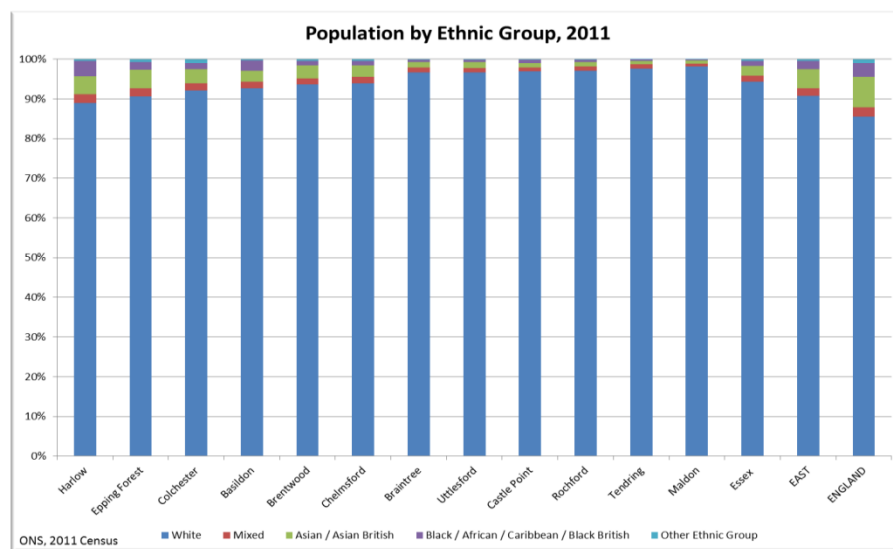
Source: Office for National Statistics

5.1.1.1 The birth rate per 1,000 female population aged 15 to 44 years in Essex for 2020 was 57.2. Essex has generally trended below or similar to the average for the region but has in recent years fallen at a slower rate than the National average, meaning Essex has been higher than the National average for general fertility rate since 2016.

5.1.2 Ethnicity

5.1.2.1 The population of Essex is less ethnically diverse than the Eastern region and England. The Black and Minority Ethnic (BME) population constitutes around 5.7 % of the people living in Essex compared to 9.2 and 14.5 % in the Eastern region and England respectively. The highest proportion of BMEs live in Harlow (11%) and the lowest proportion in Maldon (2%).

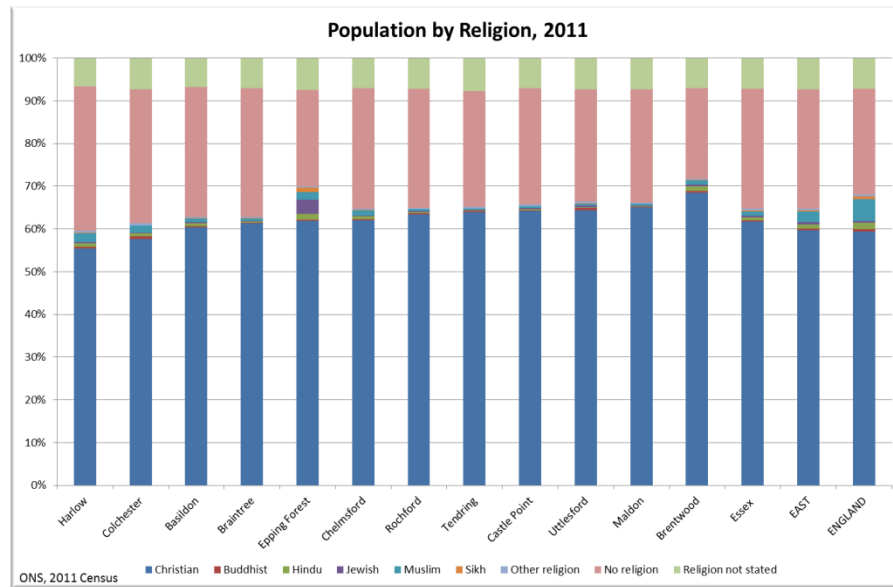
Figure 5 Essex local authority populations by ethnic group



- 5.1.2.2 Essex has become more diverse with the areas closest to London and the largest towns having the highest concentrations of people from BME groups.
- 5.1.2.3 The 2011 census reported the highest concentration of ethnic minorities (including white other, Irish and traveller) is in the young population, specifically people aged 0 to 24 (4 %) and 25 to 49 (5 %).
- 5.1.2.4 Essex has a significant gypsy and traveller community; this population group tend towards unhealthy lifestyles and about 50 % live with long term conditions which could be supported by services available from pharmacies.
- 5.1.2.5 There are 11 permanent sites across Essex for the gypsy and traveller community. There are currently in place a range of services available to the gypsy and traveller community including both adult and child education services and local health services; however, it has long been recognised that engagement with these communities is challenging and more work is needed to promote better health and social care outcomes. It is becoming more customary for gypsy and travelling families to live in more formal style of housing.
- 5.1.2.6 Some ethnic populations have increased health problems in certain disease areas, e.g., south East Asians; have an increased risk of diabetes whereas ethnic populations with fairer skin are more likely to suffer from skin cancer.
- 5.1.2.7 Community pharmacies located within areas where there are large population of a certain ethnic groups should be encouraged to provide services such as signposting and healthy lifestyle advice that are targeted to achieve improved health outcomes in those populations.

5.1.3 Religion

Figure 6 Essex local authority populations by religion



5.1.3.1 The majority of the Essex population declare their religion to be Christian (62 %) with a further third of the population not stating or declaring 'no religious belief'. The remaining 3 % of the population stating another religion is slightly lower than the Eastern region 5 % and the national 8.7 %. The two largest religious groups by local authority are found in Harlow, 2.1 % Muslim and 3.2 % Jewish in Epping Forest.

5.1.4 Protected Characteristics

5.1.4.1 The above demographic areas (age, sex, pregnancy, ethnicity and religious belief) form part of the ‘protected characteristics’ which are safe guarded in law against discrimination¹¹. The full list includes:

- Age
- Sex
- Being pregnant or having a child
- Race including colour, nationality, ethnic or national origin
- Religion, belief or lack of religion/belief
- Being or becoming a transsexual person
- Being married or in a civil partnership
- Disability
- Sexual orientation

5.1.4.2 Certain groups within and across these characteristics have an increased risk of discrimination and social exclusion, which can lead to poor health and social care outcomes.

5.1.4.3 Whilst data on some of these protected characteristics is available and presented in this PNA, not all areas have good quality local coverage. However, for those groups not explored in detail, no specific pharmaceutical needs have been identified and all available and planned services are deemed accessible to these groups and their needs can be met by provision of necessary services.

5.2 Deprivation

5.2.1 The Index of Multiple Deprivation (IMD)

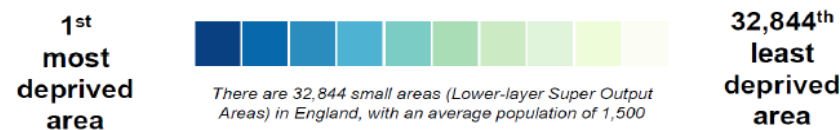
The Index of Multiple Deprivation (IMD) is the official overall measure of relative deprivation experienced by people living in an area in England. It follows an established methodological framework in broadly defining deprivation to encompass a wide range of an individual’s

¹¹ www.gov.uk/discrimination-your-rights/types-of-discrimination

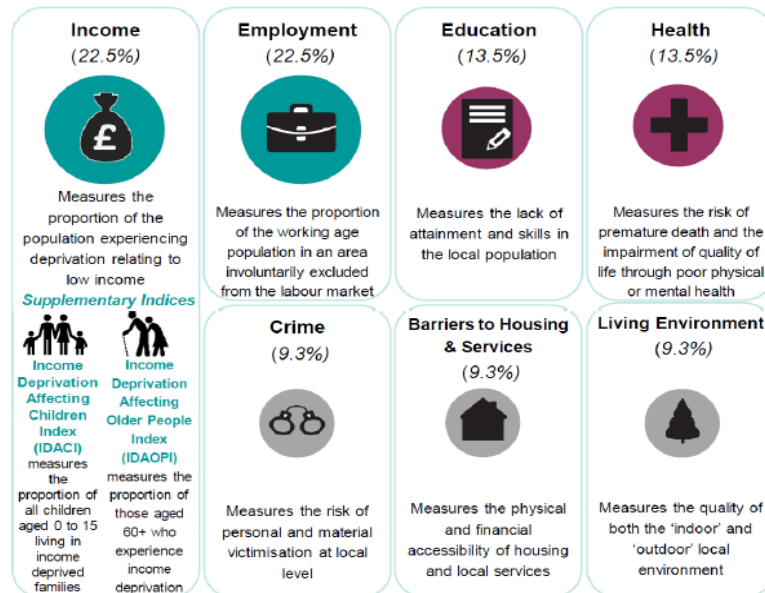
living conditions. It is based on 39 separate indicators, organized across seven distinct domains of deprivation, such as income, housing, employment, crime and environment, as shown in the figure below.

Figure 7 Index of Multiple Deprivation (IMD)

The Indices relatively rank each small area in England from most deprived to least deprived



There are 7 domains of deprivation, which combine to create the Index of Multiple Deprivation (IMD2019):



These are combined and weighted to calculate the IMD, calculated for every for every Lower-layer Super Output Area (LSOA)*¹², or neighbourhood, in England. This is a relative measure of deprivation rather than an absolute scale, so a neighbourhood ranked 100th is more deprived than a neighbourhood ranked 200th, but this does not mean that it is twice as deprived.

5.2.2 Essex has some of the least deprived and some of the most deprived areas in the country. Essex has 75 (out of 872) of its' LSOAs that are among the top 20% most deprived areas nationally, and 225 of its' LSOA among the top 20% least deprived areas nationally. The most deprived areas in Essex tend to be more focused in and around the larger towns, in condensed pockets and these are most common in Tendring (27 LSOAs), Basildon (26 LSOAs) and Colchester (11 LSOAs).

An area located in Tendring (in Jaywick; LSOA name: Tendring 018A) has been identified as the topmost deprived community across the whole of England. Tendring also has another LSOA (in Clacton-on-Sea; LSOA name: Tendring 016B) that has been identified as the 14th most deprived community across England.

The districts Uttlesford, Brentwood, Rochford and Chelmsford are considered less deprived, with, for example, 44 of the LSOAs in Chelmsford among 10% least deprived areas nationally.

¹² *A LSOA is a small geographical area for the reporting of small area statistics, developed by the Office for National Statistics. They comprise on average of 1,500 residents or 650 households.

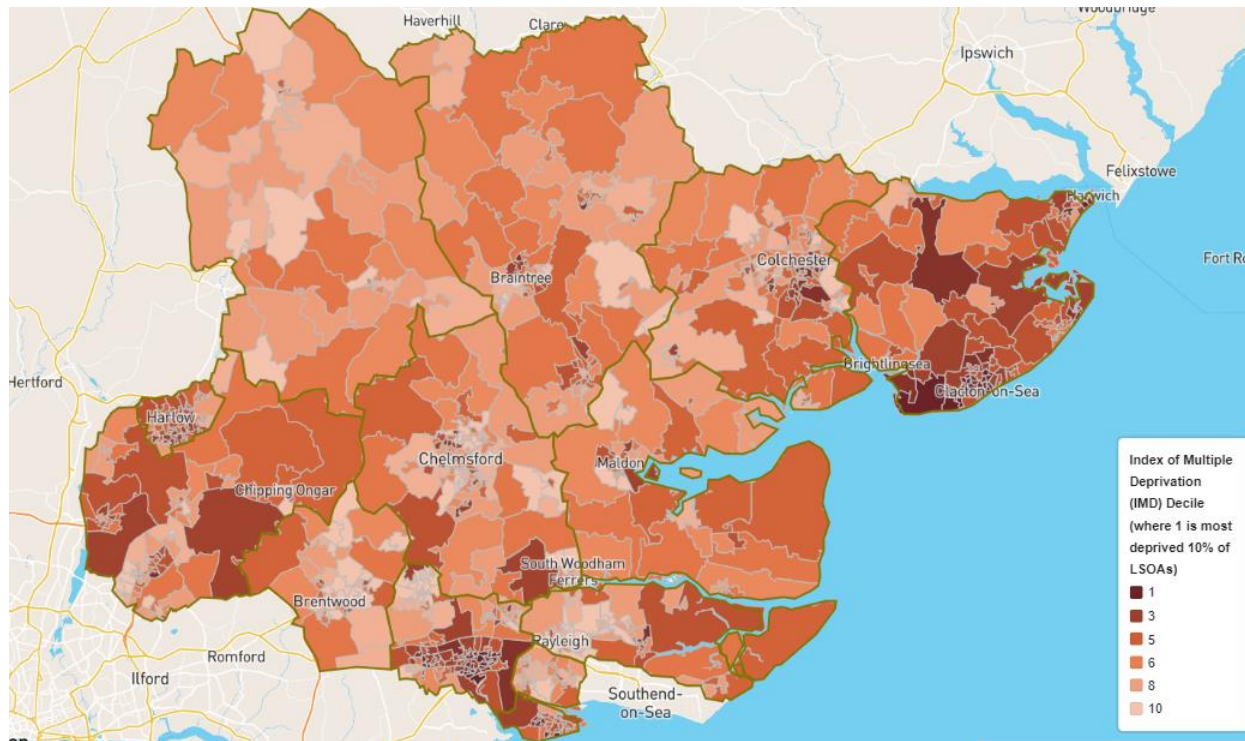
Figure 8 shows the population count and percentage living in the top 20% most deprived and top 20% least deprived areas nationally.

	Basildon	Braintree	Brentwood	Castle Point	Chelmsford	Colchester	Epping Forest	Harlow	Maldon	Rochford	Tendring	Uttlesford	ECC Area Total
Population Living in decile 1+2	43389	3022	0	7775	1723	18689	1647	2174	0	1539	43682	0	123640
	23.8%	2.0%	0.0%	8.7%	1.0%	10.1%	1.3%	2.5%	0.0%	1.8%	30.8%	0.0%	8.6%
Population Living in decile 9+10	40170	30860	41160	19434	67243	43348	27170	5805	9466	45963	1579	38149	370347
	22.1%	20.5%	53.9%	21.8%	39.0%	23.4%	21.0%	6.8%	15.1%	54.0%	1.1%	44.8%	25.6%

5.2.3 Many of the most deprived areas also experience the lowest levels of life expectancy, higher premature mortality rates, poor educational achievements including reaching a good level of development at reception, higher levels of teenage pregnancy, poor housing (including overcrowding and fuel poverty i.e. high proportional spending on heating their accommodation), and generally higher levels of social and health care needs, with for example higher prevalence of long term conditions than areas less deprived. More information can be explored in the Health Inequalities and Covid-19 Report¹³ and in the JSNA.

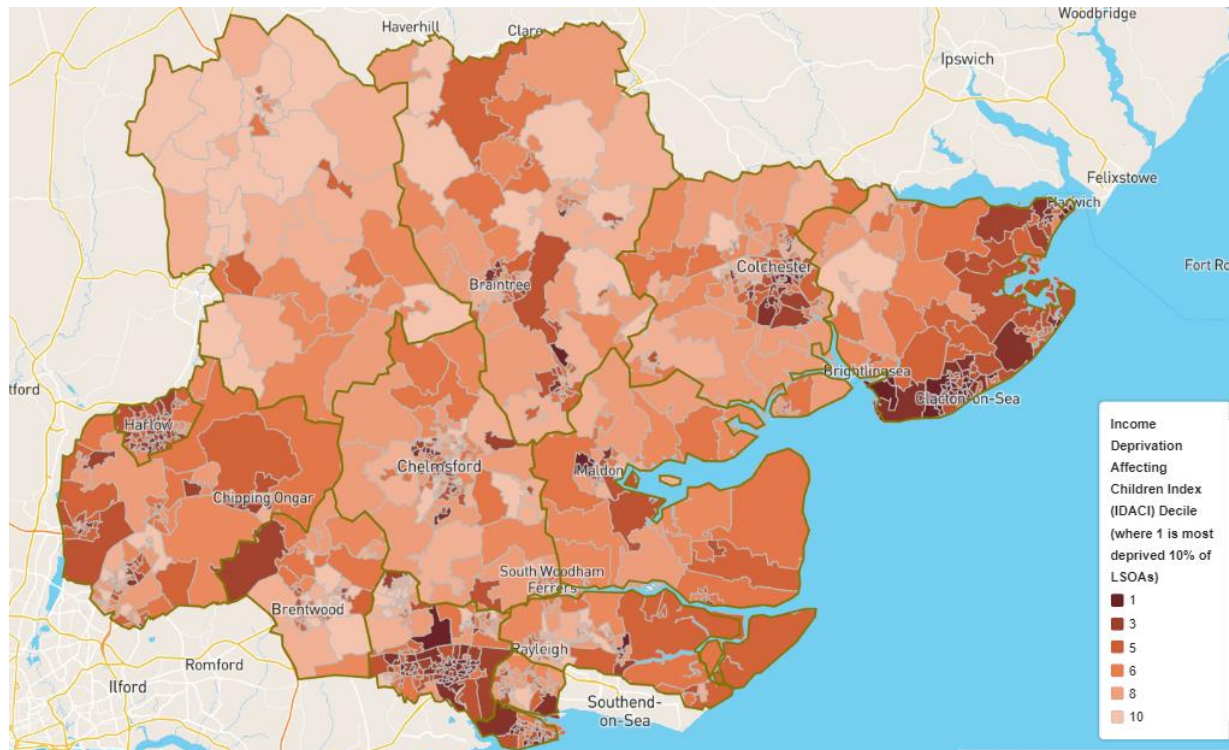
¹³ Health Inequalities and COVID-19 – Essex Open Data

Figure 9 Indices of Multiple Deprivation (2019) across Essex



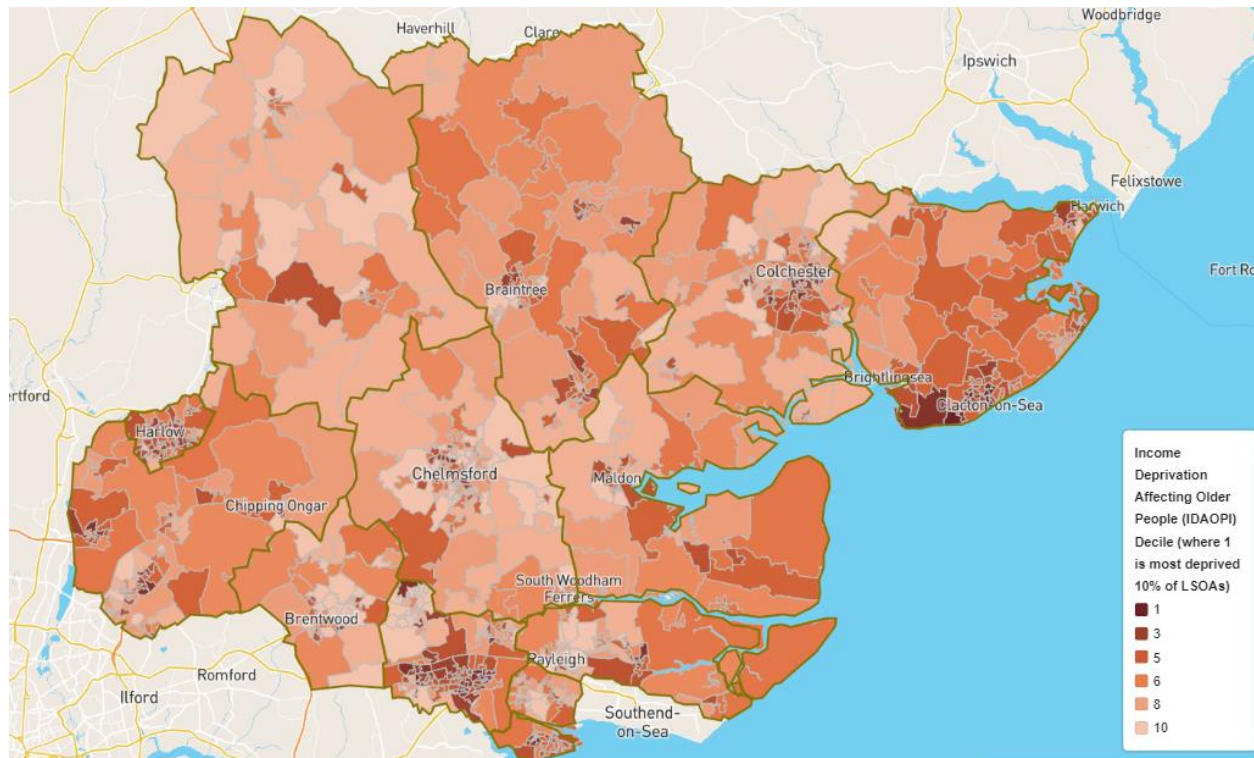
5.2.4 Figure 9 above shows areas of Essex divided by deprivation deciles from those in the most deprived areas (dark orange) to those in the least deprived areas (light orange). The places experiencing the greatest levels of deprivation include the Tendring, Basildon and Harlow districts. The least deprivation is experienced in Uttlesford, Brentwood, Chelmsford and Rochford.

Figure 10 of Income deprivation affecting children across the Essex area (2019)



5.2.5 Figure 10 above displays areas in dark orange which have the greatest proportion of children aged 0-15 years old living in households which are deemed to have low incomes. The map shows that the areas with the highest concentration of children living in income deprived households are around Tendring and Basildon.

Figure 11 of Income deprivation affecting older people across the Essex area (2019)



5.2.6 Figure 11 above shows older people who are living in households who are experiencing income deprivation. Again, the highest concentration of low income older people can be found in Basildon and Tendring.

5.2.7 There is a correlation between higher prevalence of long-term conditions and health inequalities (the unfair or avoidable differences in health status or health determinates between population groups). Access to community pharmacies within deprived communities is important to support their health needs. Commissioners can target specific disease areas particularly focusing in the areas of highest health need which generally follow the pattern of deprivation. Pharmacies in these areas should actively seek to promote health improvement and relevant services.

5.3 Lifestyles

5.3.1 Physical Activity

5.3.1.1 Physical activity can contribute significantly to people's general physical health and wellbeing, reducing the risk of premature death from heart attacks, stroke and diabetes and improves mental health, reduces the risk of falls and protecting people from becoming overweight and obese.

5.3.1.2 The ability to keep active and independent depends greatly on mobility. Mobility can be seriously limited because of age, by the effects of falls and physical inactivity.

Figure 12 Health benefiting physical activity levels by Essex local authority area

Percentage of adults doing 150+ minutes physical activity per week – 2020/21

Area ▲▼	Value ▲▼		Lower CI	Upper CI
England	65.9		65.7	66.2
Essex	65.2		64.0	66.4
Basildon	63.1		58.8	67.4
Braintree	61.2		56.8	65.6
Brentwood	68.4		64.4	72.5
Castle Point	64.4		60.2	68.6
Chelmsford	67.4		63.3	71.6
Colchester	64.1		59.8	68.3
Epping Forest	67.8		63.7	72.0
Harlow	60.4		56.0	64.8
Maldon	72.2		68.3	76.2
Rochford	68.3		64.1	72.4
Tendring	61.0		56.8	65.3
Uttlesford	71.2		67.2	75.2

Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

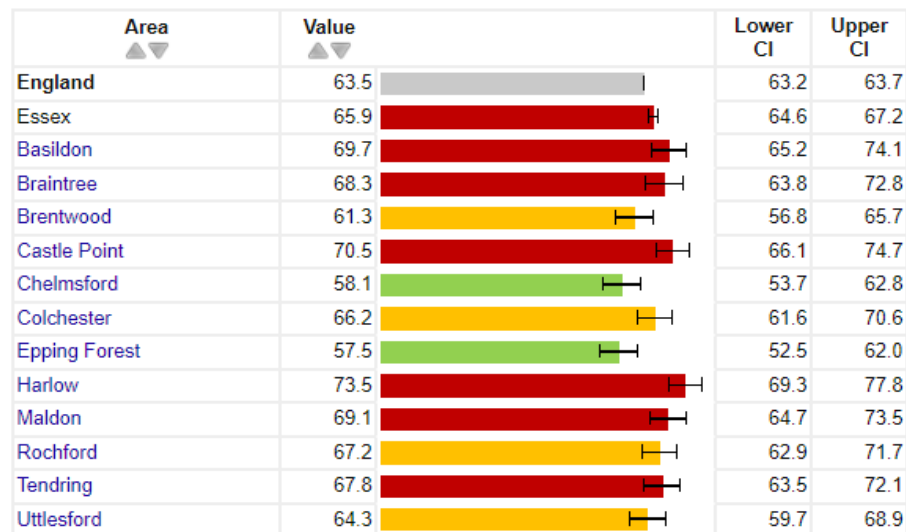
5.3.1.3 Whilst the percentage of adults in Essex meeting the recommended levels to benefit their health (150 minutes of moderate intensity physical activity per week) is just below the national average at 65.2%, there is some variation amongst the districts in Essex. Braintree, Harlow and Tendring districts have physical activity levels that are statistically significantly lower than the national average with 61.2%, 60.4% and 61% respectively. The Maldon and Uttlesford districts have a statistically significantly greater percentage of physically active adults than the national average at 72.2% and 71.2%.

5.3.2 Nutrition, Diet and Obesity

Diet and nutrition are key contributors to the prevention of chronic ill health and to some extent social exclusion. The challenge of tackling obesity (increasing in prevalence) and associated chronic diseases means looking at this issue before the child is born right through to old age. A health, balance diet that includes fruits and vegetables, can contribute to reducing the risk of cardiovascular disease (CVD), obesity and some cancers.

Figure 13 Excess weight adults by Essex local authority area

Percentage of adults classified as overweight or obese (18+) - 2020/21



5.3.2.1 In 2020/21 65.9% of adults were classed as overweight or obese which is statistically significantly greater than that of the national average of 63.5%. Half of the districts in Essex are also statistically greater than the national average, with Chelmsford and Epping Forest statistically significantly lower at 58.1% and 57.5%.

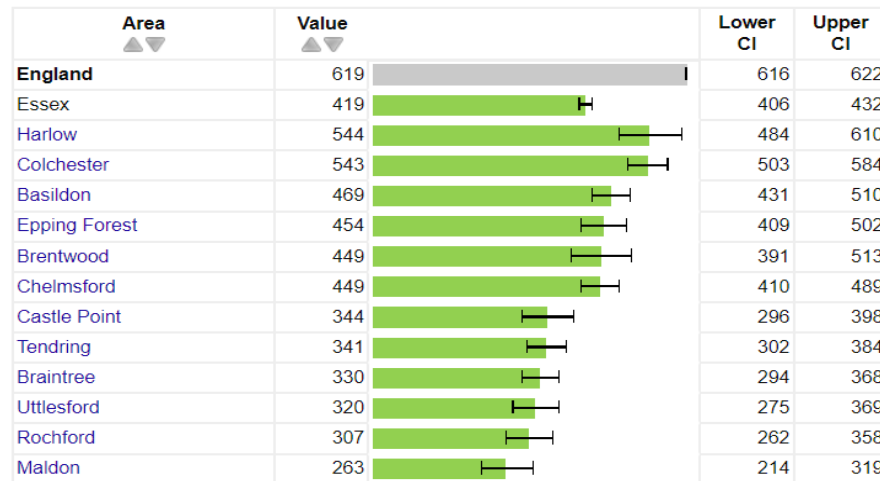
5.3.3 Sexual health

5.3.3.1 Unprotected sex can lead to sexually transmitted diseases (STIs), unwanted pregnancy and preventable terminations. The health and social consequences associated with contracting STIs, such as human immunodeficiency virus (HIV), are enormous to the individual, their relatives and the health economy. HIV sufferers can feel excluded, and people are often so worried about stigmatisation that they avoid checking whether they may have contracted a STI following unprotected sex.

5.3.3.2 42.4% of people diagnosed with HIV in England are diagnosed late; this figure decreases to 37.3% in Essex. Tendring (62.5%), Rochford, Maldon and Epping Forest (all 50%) have significantly higher proportion of those with HIV diagnosed late compared to the national average.

Figure 14 Sexually Transmitted Infections by Essex local authority area

New STI diagnosis rate per 100,000 (aged <25) – 2020 (excluding Chlamydia)



Source: Public Health England

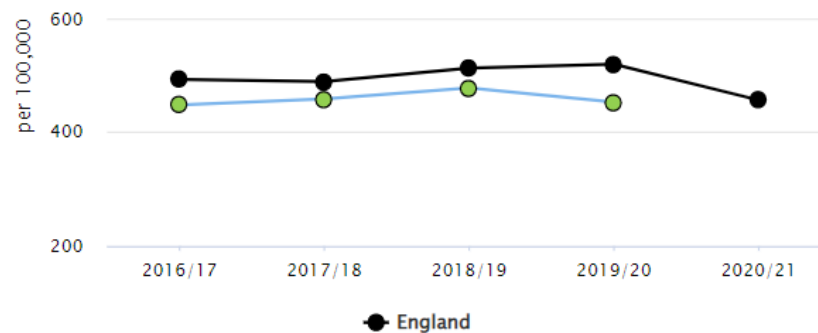
- 5.3.3.3 Essex and all its districts have an STI diagnosis rate that has been trending lower than the national average. The under 18 conception rates (15-17 year olds) are highest in Basildon (19.9), Tendring (18.5), Harlow (19.4) and Castle Point (15.2), their rates are higher than England.
- 5.3.3.4 Good contraceptive services can keep the demand for terminations low and reduce the risk of teenage pregnancy.

5.3.4 Substance misuse

- 5.3.4.1 Substance misuse is the continued abuse of substances which has a detrimental effect on a person's mental and physical health.

Figure 15 Substance misuse – alcohol related harm by Essex local authority area

Admission episodes for alcohol related conditions (Narrow) – per 100,000



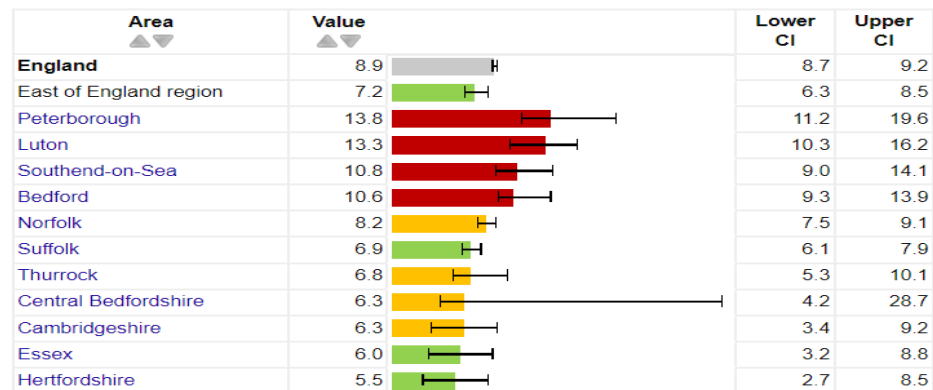
Period	Essex				East of England	England
	Count	Value	95% Lower CI	95% Upper CI		
2016/17	6,492	448	437	459	446	492
2017/18	6,708	458	447	469	460	488
2018/19	7,042	478	466	489	490	512
2019/20	6,726	452	441	463	484	519
2020/21	-	*	-	-	415*	456

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

- 5.3.4.2 Admissions to hospital where the primary diagnosis is an alcohol-attributable code, or a secondary diagnosis is an alcohol-attributable external cause code in Essex are statistically significantly fewer than the national average. Of the districts that had complete data for 2020/21 Harlow and Tendring had admission rates significantly greater than the national average at 749/100,000 and 688/100,000 respectively.
- 5.3.4.3 People who regularly binge drink (women who drink more than 6 units of alcohol a day (or more than 35 units a week) and men who regularly drink more than 8 units a day (or 50 units a week) are at the highest risk of alcohol related harm.
- 5.3.4.4 This behaviour increases the risk of CVD, cirrhosis, poor mental health, unemployment, accidental injury and death.
- 5.3.4.5 Women who drink heavily during pregnancy put their baby at risk and consequential disorders can lead to lifelong intellectual and behavioural problems for the child.
- 5.3.4.6 Early identification and referral of people with a drinking problem is important to slow down these gradual increases in morbidity, especially as it is estimated that only 13.2% of these people access an alcohol treatment programme annually.
- 5.3.4.7 Essex has introduced “DontBottleItUp” which is a brief intervention tool available to all its residents. “DontBottleItUp” allows you to work out what level of risk you are at as a result of your drinking, to access personalised advice online and, where appropriate, find out where you can get face-to-face support locally.

Figure 16 Substance misuse – illicit drugs by Essex local authority area

Estimated prevalence of opiate and/or crack cocaine use – per 1,000 – 2016/17



Source: Various sources (drug treatment, probation, police and prison data) to derive estimates; ONS mid-year population estimates

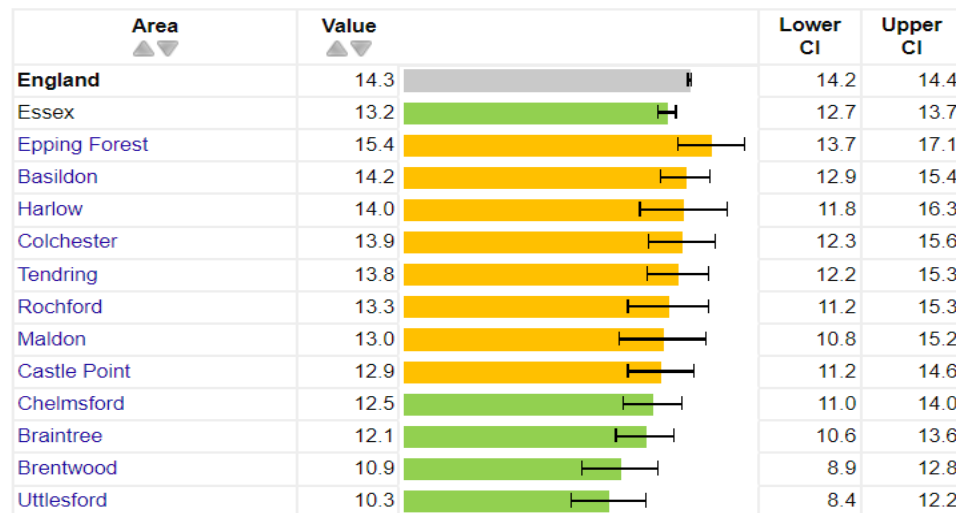
- 5.3.4.8 Use of Illicit drugs in Essex, as measured by opiate and crack cocaine, is lower than the national average, at 6 per 1,000 of the 15–64-year-old population it ranks as 2nd lowest in the region.
- 5.3.4.9 People with drug misuse problems are more likely to live in and be from more deprived communities and are likely to concentrate (especially for illicit substance users) in conurbations (e.g., Clacton, Basildon) where drugs and the means to pay for them are more readily available.
- 5.3.4.10 They are also more likely to be experiencing a range of health and social care related issues and will be linked to a number of services such as Mental Health, Primary Care and other non-medical service provision.

5.3.5 Smoking

- 5.3.5.1 Smoking is the UK's single greatest cause of preventable illness and early death.

Figure 17 Adult smoking prevalence by Essex local authority area

Smoking Prevalence in adults (18+) - current smokers (GPPS) 2019/20 – Proportion %



Source: GP Patient Survey (GPPS)

- 5.3.5.2 The GP Patient survey (2019/20) recorded 13.2% of Essex resident responders as current smokers which is lower than the national average. The majority of the districts in Essex also have rates lower than England. However, Harlow, Basildon and Harlow all have similar or greater levels of current smokers. It is important to consider these results in the context of these figures being based on survey responses e.g., the number of responses received per district.
- 5.3.5.3 Smoking in pregnancy is associated with poor pregnancy outcomes, and exposure of infants to second-hand smoke is associated with death in infancy. Smoking is more common in more deprived women. The variation in smoking habits in pregnancy between socioeconomic groups accounts for about one third of the difference in stillbirth rates and infant mortality rates.
- 5.3.5.4 The smoking cessation services from pharmacies provide one to one support and advice to people who want to give up smoking. The pharmacy service helps to increase choice and improve access to NHS Stop Smoking Services.
- 5.3.5.5 The pharmacy facilitates access to, and where appropriate, supply of pharmacological and non-pharmacological stop smoking aids. This includes supply of nicotine replacement products.

5.3.6 Lifestyles and the PNA

- 5.3.6.1 Lifestyle factors have a recognised effect on health. Smoking, drinking at harmful levels and obesity can all lead to long term conditions. Community pharmacy is well placed to provide accessible screening services, support patients at earlier stages and provide interventions that will reduce the burden of these conditions on the person and health and social care services.
- 5.3.6.2 Pre-birth to five are considered key developmental years for a child's health and wellbeing habits and foundations. Parental and in particular maternal characteristics and behaviour during pre-conception, the antenatal period and post birth play key roles in the child's development alongside the general wider determinants of health such as family income, access to health care interventions such as immunisations and access to early education.
- 5.3.6.3 A number of national screening and assessment programmes are in place to support the early identification of health and social care needs. In the past 2 to 3 years a number of new schemes have been implemented across Essex which will specifically target risk factors associated with health inequalities.

- 5.3.6.4 Essex County Council commissions a local Health Check programme (NHS Health check), primarily through GP services. This programme helps identify people at risk of conditions, such as diabetes and CVD but will also help identify those who need to be encouraged to lead a healthier lifestyle. In areas, where uptake to the checks has been low, especially with hard-to-reach groups, external providers have been commissioned including community pharmacies.
- 5.3.6.5 A more comprehensive alcohol pathway is being developed across Essex to ensure that we can identify people who are dependent drinkers as well as consuming harmful levels of alcohol and signpost them to services to help them. The “DontBottleitUp” service is available across Essex, with additional liaison nurses based in acute hospitals to provide timely assessment of people at risk of alcohol abuse.
- 5.3.6.6 Implementing broad lifestyle interventions aimed at supporting people to make healthier choices is important in tackling the gap in health inequalities.
- 5.3.6.7 Targeted social marketing is used to improve health and social wellbeing and reduce stigma (e.g., promoting the uptake of Chlamydia screening is helping to de-stigmatise perceptions about STIs).
- 5.3.6.8 The use of marketing has helped improve flu and childhood immunisation rates. There is also an Essex wide website, via Facebook, to promote health and wellbeing and to signpost people to relevant services. Pharmacies can enhance these community-based interventions in their daily contact with the local population as part of their essential pharmacy contract.
- 5.3.6.9 Early interventions with medicines and their appropriate use for those patients diagnosed with long term conditions can also prevent further deterioration.
- 5.3.6.10 A number of well-established national public health strategies are in place for the surveillance, prevention and control of infectious diseases. Currently of particular interest in infectious disease control, are the threat of COVID-19 pandemic, Influenza, hospital acquired infections (such as MRSA), the increase in Blood Borne diseases (such as Hepatitis B/C and HIV) and the increase of certain infections (for example, Tuberculosis and Measles).
- 5.3.6.11 Preventing the spread of these diseases is of paramount importance as the outcome of contracting them may shorten life.
- 5.3.6.12 A number of immunisation programmes are in place to ensure that the population acquire a good level of immunity from childhood into older age.

5.3.6.13 The provision of targeted specialist services, Hepatitis B/C vaccination via drug services and the Needle and Syringe Programme (NSP), is helping to prevent the spread of Blood Borne Viruses (BBV).

5.3.6.14 Community pharmacies in Essex provide a range of services which support the prevention and improved management of long term conditions. These include:

- Health promotion advice. Pharmacies are ideally placed to support local campaigns to deliver healthy lifestyle messages. The pharmacy contract also requires pharmacies to participate in up to 6 Public Health campaigns annually.
- Targeted medicines reviews. These can promote adherence with the prescribed medication regimen. This helps to improve outcomes for patients.
- Smoking cessation services
- Sexual Health services
- Substance misuse services
- Some pharmacies provide a range of screening tests including cholesterol testing and measuring blood pressure as non-NHS services
- Some pharmacies provide NHS Health Checks. The benefits of using pharmacy as a provider include choice and accessibility for patients and additional capacity to support the delivery of the mandatory Public Health programme as commissioned by local authorities.

5.4 Education

5.4.1 GCSE attainment

Figure 18 GCSE Attainment by Essex local authority area

District level variation in the percentage of children achieving 9-4 in English and Maths at GCSE

	% achieving 9-4 in English & Maths (KS4)		
	2017	2018	2019
Basildon	60.7	59.2	57.5
Braintree	61.6	60.9	59.3
Brentwood	78.5	75.9	73.7
Castle Point	63.1	62.3	62.5
Chelmsford	71.9	71.7	69.7
Colchester	68.4	66.4	70.9
Epping Forest	67.2	67.4	67.4
Harlow	57.8	58.4	52.9
Maldon	55.2	58.7	57.8
Rochford	69.3	60.5	65.0
Tendring	52.0	47.8	51.5
Uttlesford	72.9	69.2	73.5

5.4.1.1 The percentage of pupils achieving 9-4 in English and Maths at GCSE was lowest in Tendring in 2019 at 51.5%, although this was an increase on the levels in 2018. The highest attainment levels were in Brentwood at 73.7%. Looking at improvements from 2018 to 2019 attainment levels we see that only 5 districts achieved this, Castle Point, Colchester, Rochford, Tendring and Uttlesford, whilst Epping Forest remained the same at 67.4%.

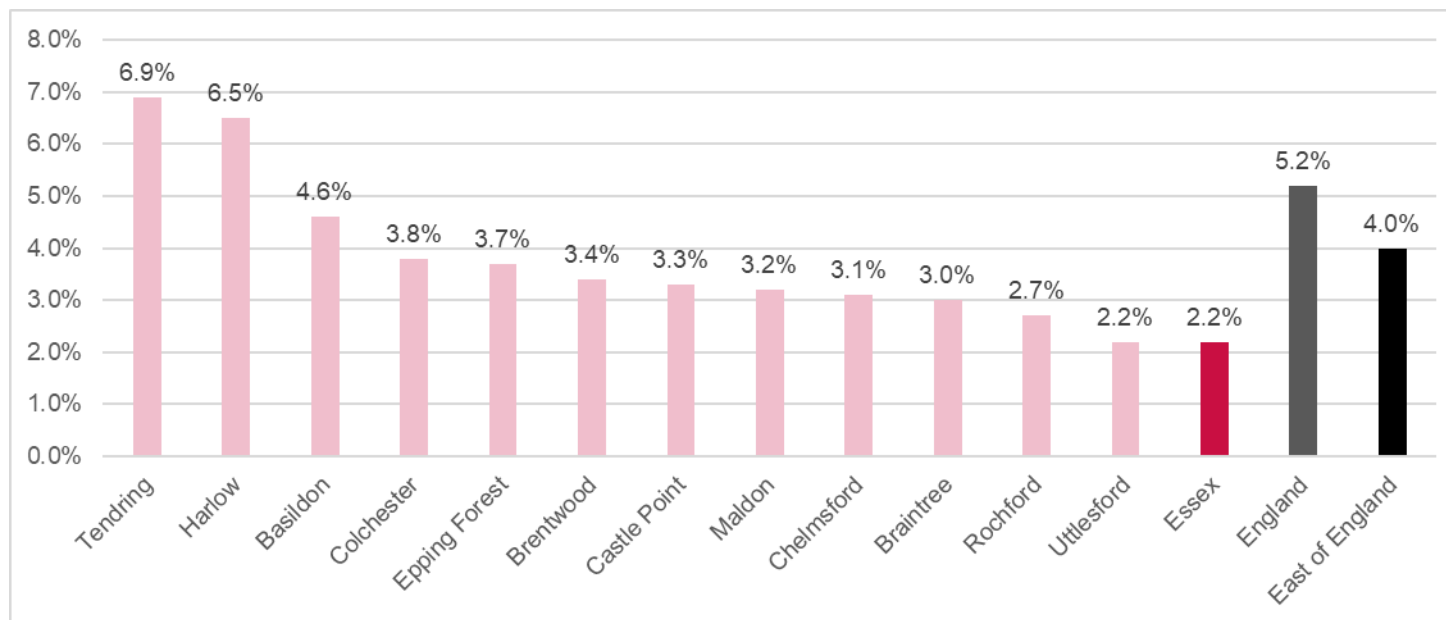
More information on education and skills across Essex can be explored in the latest Joint Strategic Needs Assessment products available on <https://data.essex.gov.uk/>

5.5 Employment

5.5.1 Unemployment

Figure 19 Residents claiming Jobseeker's Allowance or Universal Credit Essex local authority area

Proportion of residents aged 16-64 claiming Jobseeker's Allowance or Universal Credit by district (March 2022)



5.5.2 In March 2022, the proportion of working-age residents in Essex receiving employment support stood at 2.2% (29,590), slightly below the East of England figure of 4% and below the England average of 5.2%. The proportion of working-age residents receiving employment support was above the England average in two areas within Essex: Harlow (6.5%) and Tendring (6.9%). Basildon and Tendring represent the areas with the highest number of claimants at 4,570 and 4,025 respectively.

5.5.2.1 Socioeconomic groups

NOMIS provides further information on employment with the 'Standard Occupational Classification SOC 2010', within this it shows that the overall majority of people in Essex (47.5% or 348,200 people) are employed in the SOC Major Group 1-3, which are occupations classified as Managers, Directors and Senior officials, or Professional occupations or Associate Professional & Technical. This is slightly lower than East of England (48.2%) and England (50.2%). The smallest proportion of people in Essex work in SOC Major Group 8-9 (14.3% or 104,900 people), these are Process Plant & Machine Operative or Elementary Occupations. This is lower than is seen in East of England (14.8%) and England (15%).

More information on employment across Essex can be explored in the latest Joint Strategic Needs Assessment products available on <https://data.essex.gov.uk/>

5.6 Housing

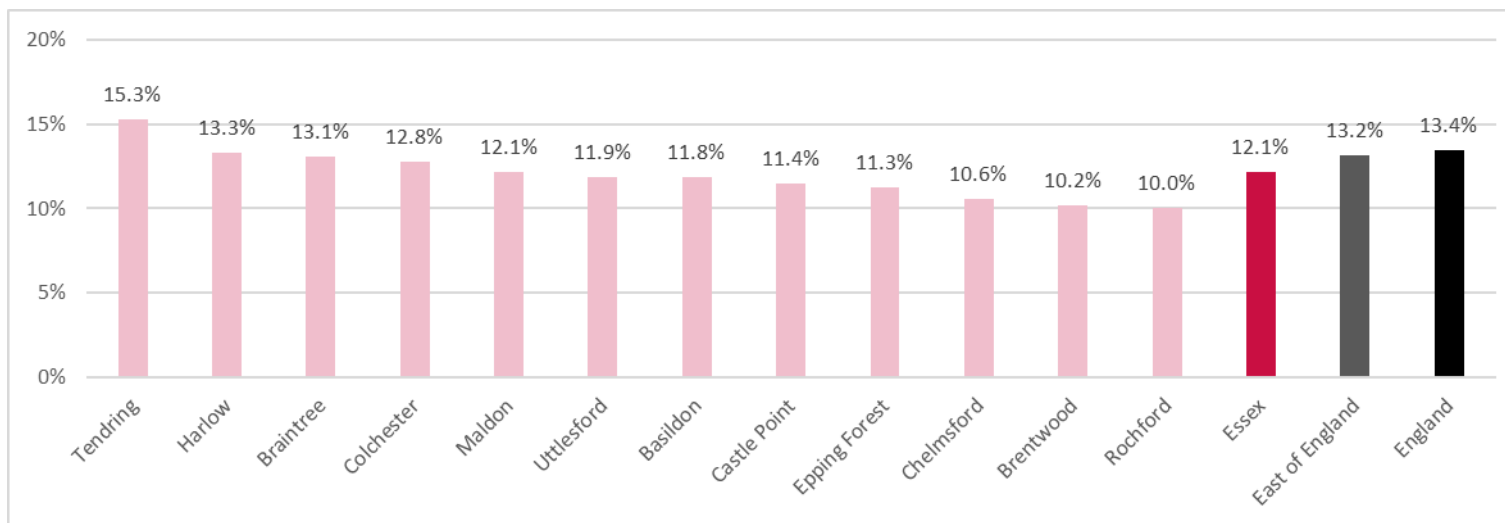
5.6.1 Fuel poverty

The Low Income Low Energy Efficiency (LILEE) indicator considers a household to be fuel poor if:

- it is living in a property with an energy efficiency rating of band D, E, F or G; and
- its disposable income (income after housing costs and energy needs) would be below the poverty line (defined as an equivalised disposable income of less than 60% of the national median).

Figure 20 Fuel Poverty by Essex local authority area

Proportion of fuel poor households by district (2019)



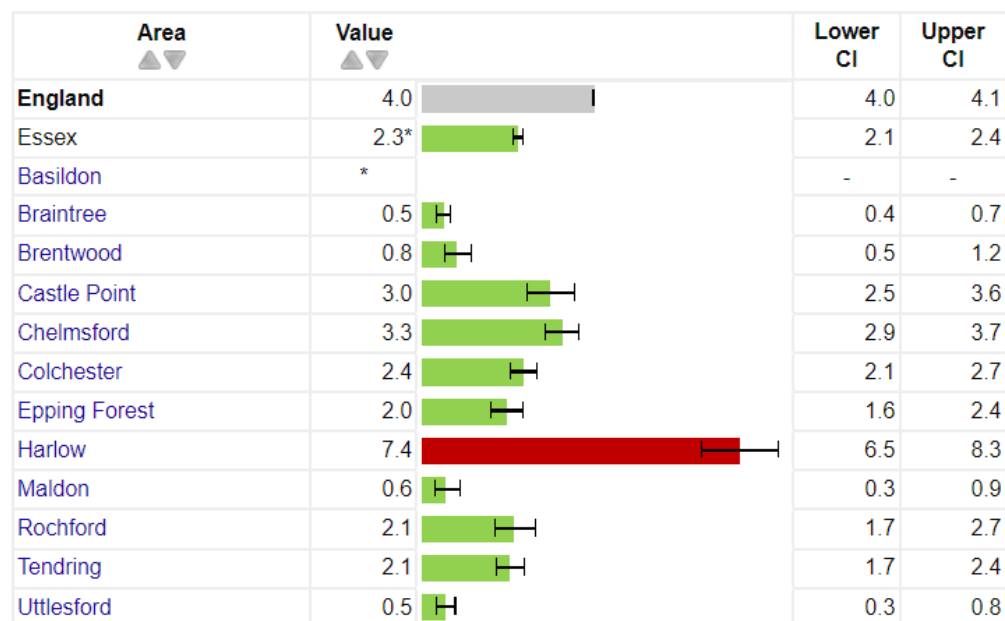
[5.6.1.1](#) Although the proportion of fuel poor households in Essex (12.1%) falls below the regional and national averages of 13.2% and 13.4%, 76,236 households in Essex were estimated to be in fuel poverty (based on 2019 data).

[5.6.1.2](#) Across Essex districts the proportion of households classified as fuel poor ranges from 10.0% in Rochford to 15.3% in Tendring.

5.6.2 Homelessness

Figure 21 Homelessness by Essex local authority area

Homelessness: Households in temporary accommodation rate per 1,000 households 2020/21



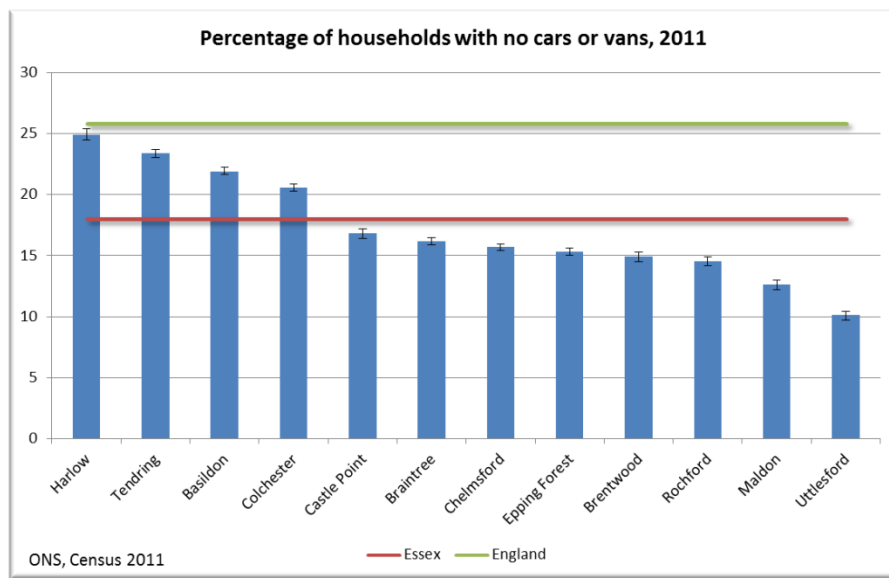
5.6.2.1 Essex has a rate of homelessness that is lower than the national average at 2.3 per 1,000. However, there is variation amongst the districts in Essex with Harlow experiencing statistically greater rates than the national average at 7.4 per 1,000. Compared with Braintree and Uttlesford who are experiencing the lowest rate at 0.5 per 1,000.

More information on housing across Essex can be explored in the latest Joint Strategic Needs Assessment products available on <https://data.essex.gov.uk/>

5.7 Transport

5.7.1 Car ownership

Figure 22 Households with no cars or vans by Essex local authority area



- 5.7.1.1 Harlow has the largest proportion of households which do not have a car or van (25 %), which is significantly greater than the other Essex areas. Uttlesford has the fewest 'carless' households, with only 10 % not having a car or van.
- 5.7.1.2 Harlow is the smallest Essex local authority in geographical terms, residents may rely more on other forms of transport to access local services.
- 5.7.1.3 The Tendring district has the second largest percentage of households without a car or van (23 %), with Tendring being a largely rural district area this may cause problems with accessing services. The Essex average at 18 % of households is lower than the national percentage of 26 %.

5.7.2 Access to Services and Transport

5.7.2.1 Access to services, regardless of the purpose (e.g., to work, hospital, educational establishment, recreational activities), is closely linked to transportation. The chosen modes of travel (walking, cycling or motorised) can vary according to people's means (can they afford a car or bus fare), their personal mobility (are they able to walk or cycle) and the availability of public or alternative transport. It is also important to note that lack of transport may not always be a factor in addressing inequity in access to services, as issues such as homelessness and lack of information also have an effect.

5.7.3 Impact on Community Health and Wellbeing

5.7.3.1 People have become more dependent on the use of private cars for their journeys, including short ones, instead of walking or cycling to their chosen destination, thus contributing to a reduction in physical activity.

5.7.3.2 Transport links have an effect on access to healthcare.

5.7.3.3 For people that have problems with access to reliable transport, some community pharmacies provide a voluntary delivery services and distance selling pharmacies increase choice and access for patients.

5.7.3.4 It has been shown that there is access to a pharmacy or dispensing doctor within 20 minutes of a car drive across Essex. Most journeys to a pharmacy take significantly less than 20 minutes.

5.7.3.5 From the patient/resident survey, 50 % of responses said they travelled to their pharmacy by car, 45 % on foot, 3 % by public transport and 1 % by bicycle.

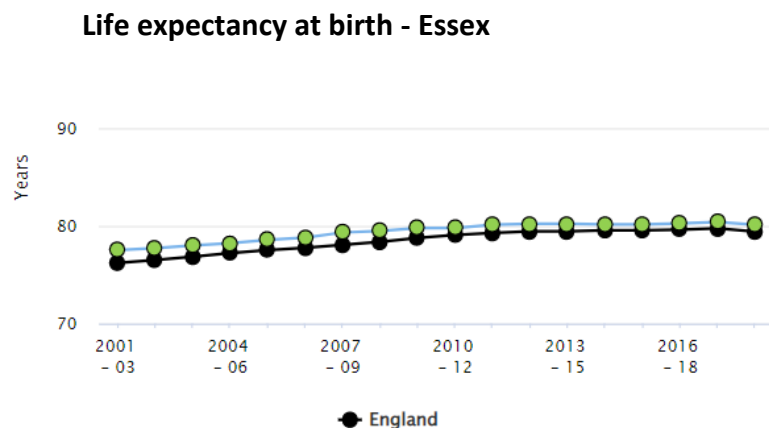
5.7.3.6 90 % of the responses travelled less than 2 miles to their pharmacy on their last visit and 95 % felt this travel distance was reasonable.

5.8 Health

5.8.1 Life expectancy

5.8.1.1 Data on years of life lost show that for males the main causes of premature death are coronary heart disease, lung cancer and stroke and for females it is breast cancer, lung cancer and coronary heart disease.

Figure 23 Trend in life expectancy from birth, males



Period	Essex				East of England	England
	Count	Value	95% Lower CI	95% Upper CI		
2001 - 03	-	77.5	77.3	77.7	77.3	76.2
2002 - 04	-	77.7	77.5	77.9	77.6	76.5
2003 - 05	-	78.0	77.8	78.2	77.9	76.8
2004 - 06	-	78.2	78.0	78.4	78.2	77.2
2005 - 07	-	78.6	78.4	78.7	78.5	77.5
2006 - 08	-	78.8	78.6	79.0	78.8	77.8
2007 - 09	-	79.3	79.1	79.5	79.1	78.1
2008 - 10	-	79.5	79.3	79.7	79.3	78.4
2009 - 11	-	79.8	79.6	80.0	79.7	78.8
2010 - 12	-	79.8	79.6	80.0	80.0	79.1
2011 - 13	-	80.1	79.9	80.3	80.2	79.3
2012 - 14	-	80.2	80.0	80.4	80.3	79.4
2013 - 15	-	80.2	80.0	80.4	80.3	79.5
2014 - 16	-	80.1	80.0	80.3	80.4	79.5
2015 - 17	-	80.2	80.0	80.3	80.4	79.6
2016 - 18	-	80.2	80.1	80.4	80.3	79.6
2017 - 19	-	80.4	80.2	80.6	80.5	79.8
2018 - 20	-	80.1	80.0	80.3	80.2	79.4

Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk>

Figure 24 Trend in life expectancy from birth, females



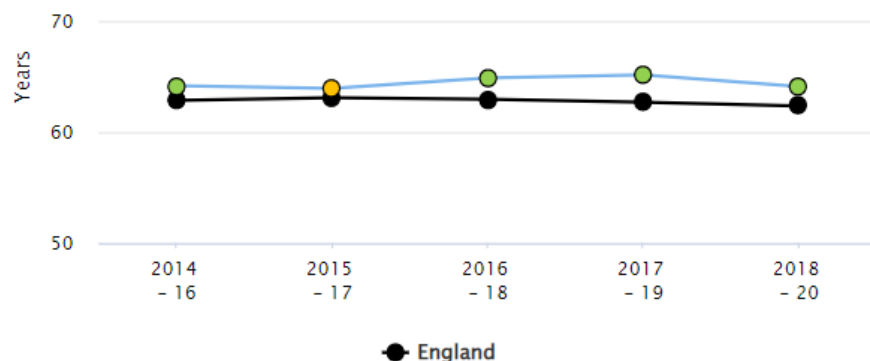
Period	Essex				East of England	England
	Count	Value	95% Lower CI	95% Upper CI		
2001 - 03	-	81.4	81.2	81.6	81.4	80.7
2002 - 04	-	81.7	81.5	81.8	81.6	80.9
2003 - 05	-	81.9	81.7	82.0	81.8	81.1
2004 - 06	-	82.3	82.2	82.5	82.2	81.5
2005 - 07	-	82.5	82.3	82.7	82.4	81.7
2006 - 08	-	82.6	82.4	82.8	82.6	81.9
2007 - 09	-	82.8	82.6	83.0	82.8	82.1
2008 - 10	-	83.0	82.8	83.2	83.0	82.3
2009 - 11	-	83.3	83.1	83.4	83.4	82.7
2010 - 12	-	83.3	83.1	83.4	83.5	82.9
2011 - 13	-	83.5	83.3	83.6	83.6	83.0
2012 - 14	-	83.5	83.3	83.7	83.7	83.1
2013 - 15	-	83.5	83.3	83.6	83.7	83.1
2014 - 16	-	83.4	83.2	83.5	83.7	83.1
2015 - 17	-	83.3	83.1	83.5	83.7	83.1
2016 - 18	-	83.3	83.1	83.5	83.7	83.2
2017 - 19	-	83.5	83.4	83.7	83.9	83.4
2018 - 20	-	83.6	83.4	83.7	83.8	83.1

Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk>

5.8.1.2 Overall, life expectancy for males in Essex had been slightly increasing until 2018-20, which saw a small decrease, likely to be influenced mainly by 2020 and Covid-19. Whilst remaining above the national average but just below the regional average. Life expectancy for females has increased steadily and was above the national average and slightly below the region in 2018-20. For both males and females Tendring has the worst life expectancy in Essex at 78.2 and 82 years respectively. The greatest life expectancy for both males and females is seen for residents of Uttlesford at 82.6 years and 85.4 years respectively.

5.8.2 Disability

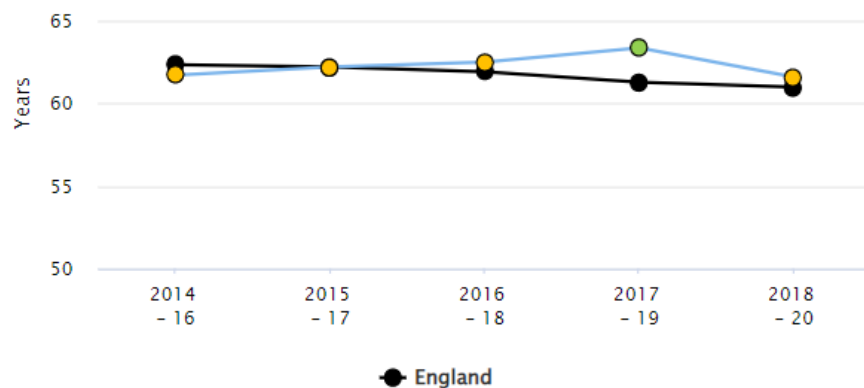
Figure 25 Disability-free life expectancy at birth, males



Period	Essex					East of England	England
	Count	Value	95% Lower CI	95% Upper CI			
2014 - 16	-	64.2	63.0	65.3		63.6	62.8
2015 - 17	-	63.9	62.7	65.1		64.0	63.1
2016 - 18	-	64.9	63.7	66.1		64.1	62.9
2017 - 19	-	65.2	64.0	66.3		64.5	62.7
2018 - 20	-	64.1	62.8	65.4		64.3	62.4

Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/healthstatelifeexpectancyallagesuk>

Figure 26 Disability-free life expectancy at birth, females



Period	Essex				East of England	England
	Count	Value	95% Lower CI	95% Upper CI		
2014 - 16	-	61.7	60.4	63.0	62.4	62.3
2015 - 17	-	62.2	60.8	63.5	62.9	62.2
2016 - 18	-	62.4	61.1	63.8	63.0	61.9
2017 - 19	-	63.3	62.0	64.6	62.2	61.2
2018 - 20	-	61.6	60.1	63.1	61.9	60.9

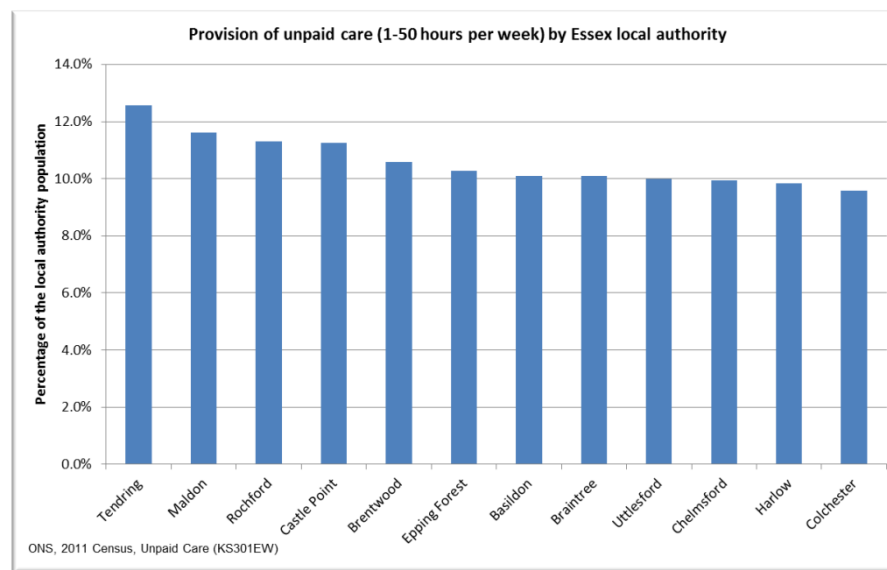
Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/healthstate/ifeexpectancyallagesuk>

5.8.2.1 The average numbers of years from birth that people in Essex could expect to live without a long lasting, physical or mental health condition that limits daily activities had been steadily increasing for both males and females, however both saw decreases in the latest time period 2018-20, although both remain above the national level, but just below the region.

5.8.3 Carers

5.8.3.1 Pharmacies must comply with the Equality Act 2010. Support for patients can include, amongst other interventions, large print labels on medicines, provision of easy open containers and reminder charts to take medicines.

Figure 27 Provision of unpaid care



5.8.3.2 Tendring district has the highest proportion of its residents providing unpaid care (care provided to family members, friends, neighbours or others who are disabled, elderly or have long-term health problems, excludes general childcare), 13 %. This compares to just under 10 % for Colchester and Harlow. Across the Essex area around 7 % of the population provide 1 to 19 hours per week of unpaid care, ranging from 2 % in some communities up to 12 %. For those providing 50 or more hours per week the average across Essex is 2 % with a range of 0-8 %.

5.8.4 Disease prevalence

- 5.8.4.1 It is important that pharmacists can recognise symptoms of a notifiable disease in order to appropriately refer patients who may present for advice and treatment.
- 5.8.4.2 They should understand how an outbreak is being managed to be able to offer appropriate advice and reassurance to the public.
- 5.8.4.3 Community pharmacies provide services which are easy to get to and are accessible in terms of location, opening hours and waiting times, this mean that people will be more likely to attend.
- 5.8.4.4 Most pharmacies across Essex provide sexual health services and many are providing vaccinations contributing to health protection outcomes.

Meeting the needs of specific populations

Table 7 Supporting the needs of specific populations

Protected Characteristic	How pharmacy can support the specific population
Age	<ul style="list-style-type: none">• Age has an influence on which medicine and method of delivery is prescribed.• Older people have a higher prevalence of illness and take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the aging process affecting the body's capacity to metabolise and eliminate medicines from it.• Community pharmacies can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.• Supporting independence by offering:<ul style="list-style-type: none">○ Reablement services following discharge from hospital○ Falls assessments○ Supply of daily living aids○ Identifying emerging problems with people's health

Protected Characteristic	How pharmacy can support the specific population
	<ul style="list-style-type: none"> ○ Signposting to additional support and resources ● Younger people similarly have different abilities to metabolise and eliminate medicines from their bodies. ● Advice can be given to parents on the optimal way to use the medicine and appliance and provide explanations on the variety of ways available to deliver medicines. ● Pharmacy staff provide broader advice when appropriate to the patient or carer on the medicine, for example its possible side effects and significant interactions with other substances. ● The safe use of medicines for children and older people is one where pharmacies play an essential role.
Disability	<ul style="list-style-type: none"> ● Pharmacies deliver services in line with the Equality Act 2010. ● It is recognised that there may be a variety of reasons why people are unable to take their medicines, including both physical and mental impairment. ● Each pharmacy should have a robust system for assessment and auxiliary aid supply that adheres to clinical governance principles. ● Availability of large print labels, hearing loop, supply of original packs with braille are all examples of support that can be available where appropriate.
Gender	<ul style="list-style-type: none"> ● It is recognised that men are often less likely to access healthcare services. Community pharmacies are ideally placed for self-care by providing advice and support for people to derive maximum benefit from caring for themselves or their families. ● When necessary, the access to advice, provision of over-the-counter medications and signposting to other services is available as a walk-in service without the need for an appointment. ● Community pharmacy is a socially inclusive healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health service.
Race	<ul style="list-style-type: none"> ● Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions. ● There are opportunities to access translation services that should be used when considered necessary.

Protected Characteristic	How pharmacy can support the specific population
Religion	<ul style="list-style-type: none"> • Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and during periods of fasting.
Pregnancy and maternity	<ul style="list-style-type: none"> • Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising on which medicines are safe for use in pregnancy and during breast feeding.
Sexual orientation	<ul style="list-style-type: none"> • No specific needs are identified
Gender reassignment	<ul style="list-style-type: none"> • Provision of necessary medicines and advice on adherence and side effects
Marriage and civil partnership	<ul style="list-style-type: none"> • No specific needs are identified

6. The Assessment

6.1 The assessment of pharmaceutical services

6.1.1 The assessment was undertaken with due consideration of the requirements in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended and a variety of data sources.

6.2 Pharmaceutical services in Essex

Table 8 Numbers of providers of pharmaceutical services in the Essex HWB area by locality as of August 2022

Locality		Type Of Pharmaceutical Contract			
		Total Number of Community Pharmacies: 251 across Essex	Dispensing Doctor	Dispensing Appliance Contractor	Distance Selling Pharmacy (6)
		All Pharmacies including 100 Hour			
1	Basildon	35	0	0	0
2	Braintree	22	7	0	0
3	Brentwood	13	1	0	1
4	Castle Point	18	0	1	0
5	Chelmsford	28	7	1	0

Locality		Type Of Pharmaceutical Contract			
		Total Number of Community Pharmacies: 251 across Essex	Dispensing Doctor	Dispensing Appliance Contractor	Distance Selling Pharmacy (6)
		All Pharmacies including 100 Hour			
6	Colchester	32	5	1	1
7	Epping Forest	23	1	0	1
8	Harlow	16	0	0	2
9	Maldon	11	7	0	1
10	Rochford	16	2	1	0
11	Tendring	29	8	0	0
12	Uttlesford	8	8	1	0
TOTAL		251	46	5	6

6.2.1 A full list of community pharmacies providing services under the Regulations across the Essex HWB area is provided in Appendix C.

6.2.2 Dispensing Appliance Contractors (DACs) registered in the Essex HWB area as of August 2022:

- Fittleworth Medical Limited, D41-42 Moorside Business, Eastgates, Colchester, CO1 2ZF
- Jade-Euro-Med 14, Hanningfield Ind Est, Old Church Road, East Hanningfield, CM3 8AB
- Patient Choice Ltd, 102 Main Road, Hockley, SS5 4QS
- Ward Mobility Limited, 72 Furtherwick Road, Canvey Island, SS8 7AJ
- Independence Direct, Suite 16, 3rd Floor, Endeavour House, Coopers End Road, Stansted, CM24 1SJ

6.2.3 Distance selling Pharmacies (DSPs) registered in the Essex HWB area as of August 2022:

- Lloyds Pharmacy Healthcare, Unit 4, Scimitar Park, Roydon Road, Harlow CM19 5GU
- Total Medcare Limited, Unit 1 Knight House, Lenthall Road, Loughton IG10 3UD
- Medplus Healthcare Limited, Unit 5 Warley Street, Upminster RM14 3PJ
- Wel Pharm Ltd, 4 Phoenix Court, Hawkins Road, Colchester CO2 8JY
- Greenway, Promising Healthcare, Unit 78 Greenway Business Centre, Harlow CM19 5QE
- SimplyMeds Online, Unit K2, Beckingham Business Park, Tolleshunt Major, Maldon CM9 8LZ

6.2.4 A full list of dispensing doctor practices in the HWB area is provided in Appendix D.

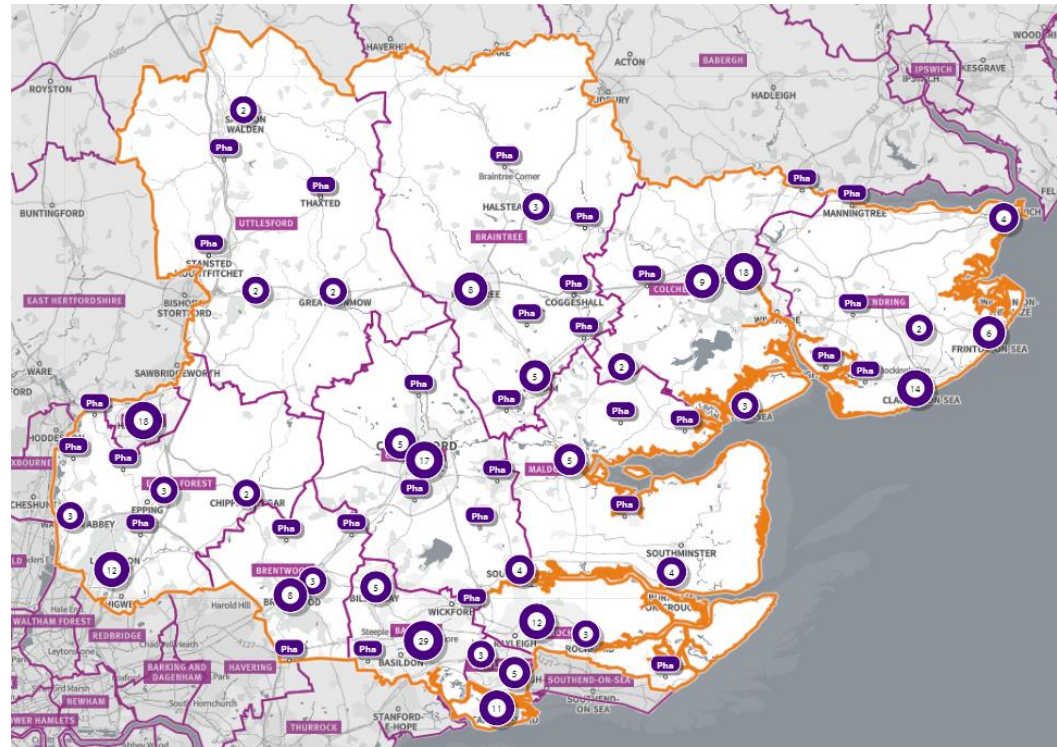
Table 9 Number of dispensing doctor practices in the HWB area by Clinical Commissioning Group (CCG)

Dispensing Doctor Pharmaceutical Provision as of May 2022	
Mid Essex	21
North East Essex	13
West Essex	9
Castle Point & Rochford	2
Basildon & Brentwood	1

6.3 Locality of services

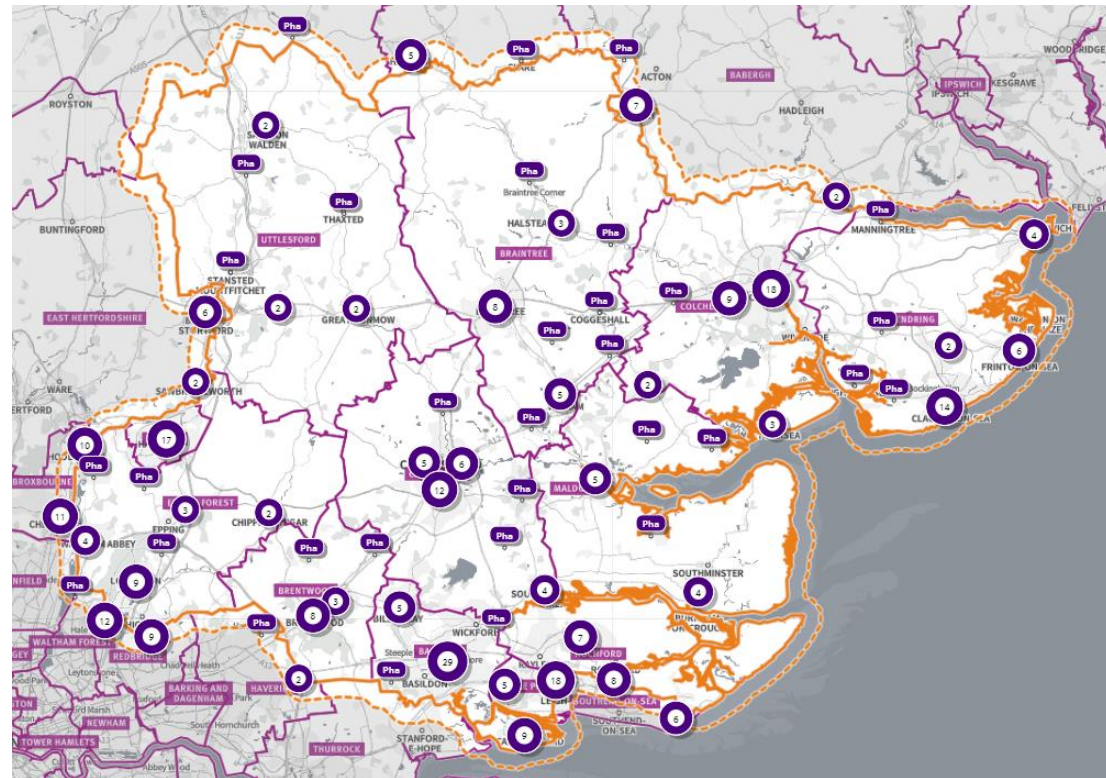
6.3.1 As of August 2022, there are 257 (not including Southend & Thurrock) pharmacies spread across the Essex HWB area (including 6 DSPs), as shown below. A map of pharmacy locations is also provided in each locality section.

Figure 28 Pharmacy locations across Essex



Source: [Shape Place Atlas \(as at 22/03/22\)](#)

Figure 29 Map showing pharmacies in and within a 1.6km buffer zone of the Essex HWB boundary, 347 pharmacies



Source: [SHAPE Place Atlas \(as at 22/03/22\)](#)

Page 207 of 393

6.3.2 Analysis from the public survey undertaken (Appendix E) shows that:

- 6.3.2.1 96% of respondents usually visit a pharmacy to get medicines on prescription, 65% to buy medicine and 53% to get advice.
- 6.3.2.2 With regards to frequency of pharmacy use, the majority of respondents usually visit pharmacies monthly (63%) and during the regular weekday business hours (between 9am and 5pm) (46.5%).
- 6.3.2.3 Regarding the services that pharmacies might provide, most respondents are aware of buying over the counter medicine, dispensing medicines on prescription and dispensing services. On the other hand, 85% of participants were not aware of hepatitis testing service, stoma appliance customisation service (87.29%), appliance use review (78%), immediate access to specialist drugs (74%), and needle exchange (68%).
- 6.3.2.4 Participants also valued the personal approach established with their friendly pharmacist, particularly the possibility of seeing a specialist face to face.
- 6.3.2.5 Regarding the most convenient day to use the pharmacy, respondents seem not to have a preferred day; 62% reported 'no particular day', followed by 'week-day' (Monday to Friday) (27%) and on 'Saturday' (10.2%). Only 1% have chosen 'Sunday' as the most convenient day to use a pharmacy.
- 6.3.2.6 Of those replying to the survey, 83% have a reasonable distance to travel to the pharmacy equating to less than 20 minutes, 14% had travelled between 20 and 30 minutes, and 3% had travelled between 30-45 minutes. 61% made the trip by car, and 34% had travelled on foot—only 3% used public transport and 2% a bicycle.
- 6.3.2.7 When asked what influenced their choice to visit a pharmacy, 90% of responders reported convenient location, 39.42% the opening hours, and 7% medication reviews. However, when participants were asked to specify the main reasons that influence their choice, the majority reported the reliability and good service of the pharmacy, the quickness in dispensing medications, and friendly customer service.

6.4 Essential services

(As defined in Chapter 1 of this report)

6.4.1 These are mandatory services within the pharmacy contractual framework and are monitored by the NHSE team. All NHS contracted pharmacy premises must provide these services so they can be used across the county to focus on supporting the local population to reduce health inequalities. Essential services are all considered to be necessary pharmaceutical services for our population.

6.4.2 Travel times

6.4.3 Travel times to services vary depending on urban and rural geographies.

Table 10 shows journey times to key services by mode of travel 2019¹⁴

Department for Transport statistics

Average minimum travel time¹ to reach the nearest key services by mode of travel, Local Authority, England, 2019

		Minutes			
		Average of 8 key services ²			
Local authority		Public transport / Walking	Cycle	Car	Walking
Region		2019	2019	2019	2019
East	Essex	19.6	18.4	11.3	33.7
East	Basildon	15.8	13.5	9.6	24.1
East	Braintree	23.3	21.8	12.3	39.6
East	Brentwood	18.5	17.6	11.3	34.1
East	Castle Point	17.3	15.9	10.2	30.3
East	Chelmsford	18.2	15.9	10.7	30.6
East	Colchester	18.7	16.7	11.3	32.6

¹⁴ Journey Time Statistics (<https://www.gov.uk/government/collections/journey-time-statistics>)

East	Epping Forest	20.6	16.9	11.3	34.0
East	Harlow	13.8	11.9	9.2	18.5
East	Maldon	27.7	29.2	14.8	50.3
East	Rochford	17.8	15.3	10.6	30.6
East	Tendring	21.3	24.7	12.4	38.4
East	Uttlesford	26.6	25.9	13.3	51.1

1. *A maximum value of 120 minutes is used where journey times exceed 120 minutes. This means that for some service by mode combinations (particularly for walking and smaller destination sets), the average provided is lower than would actually be the case in reality.*
2. *The average of minimum journey times to medium sized centres of employment (500-4999 jobs), primary schools, secondary schools, further education, GPs, hospitals, food stores and town centres.*

Changes in journey times over time may result from changes in the number or locations of key service destinations from year to year, or from changes to the road network or to public transport service timetables and coverage. Although a consistent method has been used to produce these statistics, it is also still possible that changes to underlying data sets could affect the results, therefore robust conclusions cannot be made about changes over time.

- 6.4.4 On average, in England, for those living in rural areas, the minimum travel time to the nearest GP using public transport or walking is 23 minutes, or 42 minutes if the journey were to be walking only.

This compares to 11 minutes and 13 minutes respectively in urban areas. For people in the most isolated rural settings, the minimum journey time is estimated at to be at least 57 minutes.

- 6.4.5 For the purposes of the PNA assessment analysis was undertaken on access to a community pharmacy by public transport, walking and driving. Travel time maps are shown in Appendix F. Considering the average travel times to key services in Table 10 above, the following measures have been considered:

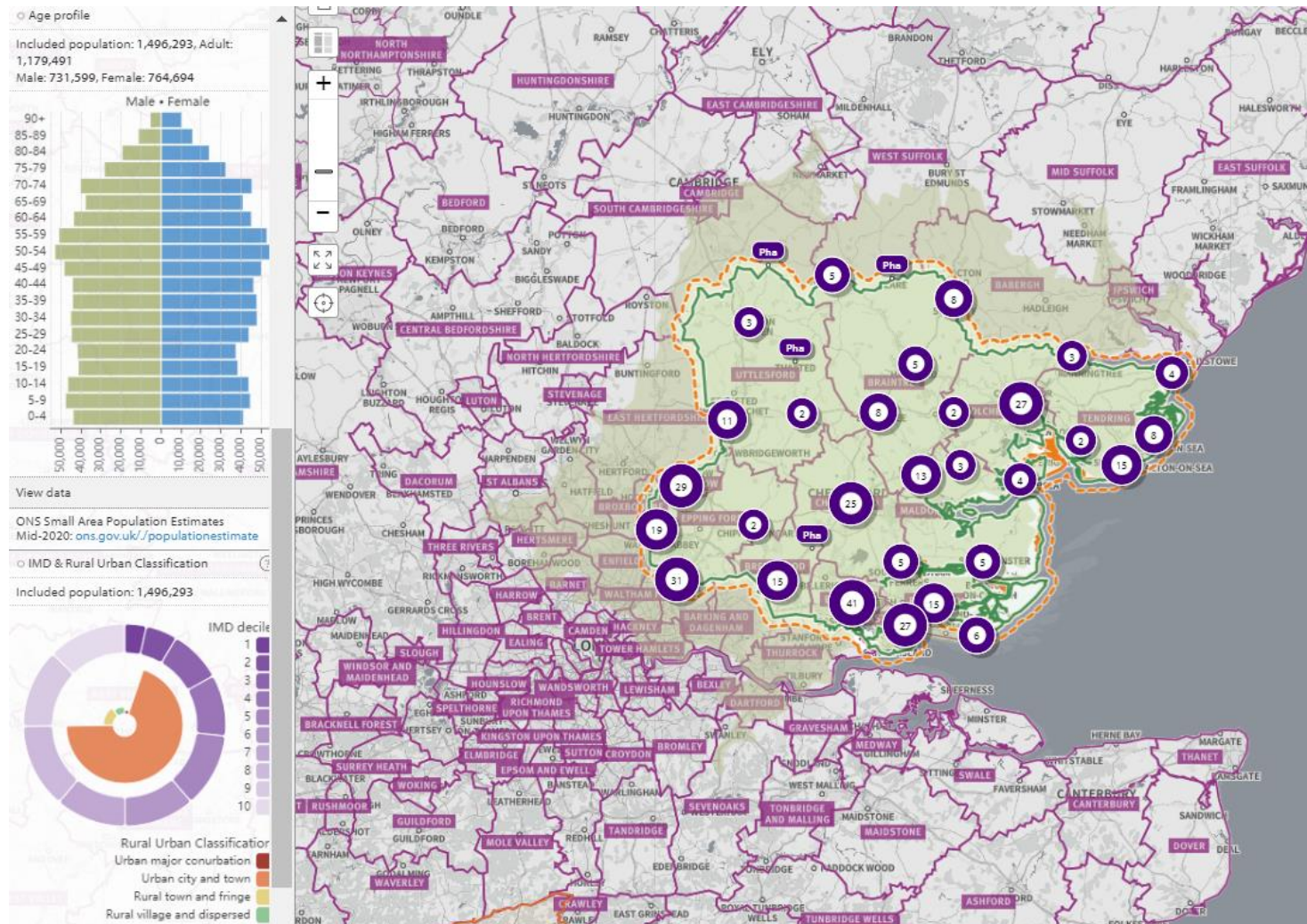
Table 11 Average minimum travel time to reach the nearest key services by mode of travel, Local Authority, England, 2019

Transport method	Essex average (minutes)	Longest time (minutes)
Public Transport/walking	19.6	27.7 (Maldon)
Cycle	18.4	29.2 (Maldon)
Car	11.3	14.8 (Maldon)
Walking	33.7	50.3 (Maldon)

A travel time analysis was conducted specifically for pharmacies across Essex, full results are found in the appendix F.

- The areas that see some of the longer travel times are relatively not that deprived.
- The longest times to travel by whatever method chosen are areas in IMD 2019 Deciles 5 – 7 most frequently, with for example 24% of the Essex population in IMD Decile 6 (among 5th least deprived areas nationally) estimated to be over a 30-minute walk to a pharmacy.
- Longer travel times are seen in areas classified as ‘Rural village and dispersed’. For example, 75% of the population in areas of this classification are over a 30-minute walk away and 26% over a 30-minute public transport journey away. Residents living in these areas would have similar travel times to access other key services.
- Overall, across Essex, generally residents are within a relatively short travel time whichever method is chosen – 99.9% of the Essex population could get to a pharmacy in a 20-minute drive, 95% a 20-minute public transport journey or 83% within a 20-minute walk. Residents have to travel for longer if they walk, 11% over 30-minute walk away.
- It is estimated that 1,496,293 (99%) individuals across Essex have access to one of 347 pharmacies across Essex and within a 1.6km buffer zone around Essex within a 20-minute drive. This spans 871 of the LSOAs across Essex, as shown on Figure 31 below highlighted in green.

Figure 31 Access to pharmacies



6.4.5.1 All residents across all districts can drive to a pharmacy or dispensing doctor within 20 minutes, but for 1 LSOA in Colchester (1,466 people; LSOA code: E01021694, LSOA name: Colchester 019D). This LSOA is also over a 30 -minute walk to pharmacy or dispensing doctor. It is estimated this LSOA can reach a pharmacy via a 10-to-20-minute public transport journey.

This LSOA is a 'rural village and dispersed' area that faces geographical challenges for access to multiple services due to a tidal river that runs through Mersea, cutting off road access at certain times. This is in IMD Decile 5, amongst the 50% most deprived areas nationally.

6.4.6 The availability of choice

6.4.6.1 Community pharmacies improve access to healthcare and increase the choice available to residents.

6.4.6.2 Access to a greater range of services is generally available in urban areas and this applies to pharmaceutical services. All the large towns in Essex have more than one pharmacy in the town centre in addition to those in the surrounding suburbs.

6.4.6.3 In rural areas, services and businesses are not always available in the immediate locality and public transport may be less frequent or non-existent. Residents of these areas may have to make arrangements for shopping and other services including pharmaceutical services.

6.4.6.4 Those patients who are eligible to be on their doctor's dispensing list can choose this option. In addition, patients can choose to access services via neighbouring HWB pharmacies and through Distance Selling Pharmacies (383 in England at May 2022) who are required to provide Essential services to any residents in England.

6.4.7 Dispensing locations

6.4.7.1 Table 12 below shows where the prescriptions issued by prescribers in each CCG area are dispensed (January 2022). For example, 91% of prescriptions issued by Basildon and Brentwood CCG prescribers are dispensed within the area. The rest are dispensed in other areas or by online pharmacies.

6.4.8 Between 80% and 93% of prescriptions generated in the area are dispensed within the same area, some are dispensed within the wider Essex network of localities and others are dispensed in neighbouring HWB areas providing improved access and choice for our residents. Further dispensing provision is available to all residents via distance selling pharmacies (online); between 3-5% of items were dispensed online for residents of the HWB area.

Table 12 Dispensing locations for prescription items issued by Essex CCGs prescribers

Prescriber Location	Dispensed in area %	Dispensed out of area including neighbouring areas (online) %
Basildon and Brentwood CCG	91%	9% (5% online)
Castle Point and Rochford CCG	93%	7% (3% online)
Mid Essex CCG	80%	20% (3% online)
North East Essex CCG	89%	11% (5% online)
West Essex CCG	86%	14% (5% online)

Sources: CCG ePACT data Jan 2022

6.5 Advanced services

6.5.1 Any contractor may choose to provide Advanced Services. There are requirements which need to be met in relation to premises, training, or notification to the NHSE Area team.

6.5.2 The New Medicines Service (NMS) and Community Pharmacy Consultation Service (CPCS) advanced services are **necessary** pharmaceutical services for our population. All other services are considered relevant.

Table 13 the percentage of community pharmacies per locality signed up to provide Advanced Services (data sourced from NHSE).

Details of individual pharmacy providers can be seen in each locality report.

Advanced service \ Locality	Basildon	Braintree	Brentwood	Castle Point	Chelmsford	Colchester	Epping Forest	Harlow	Maldon	Rochford	Tendring	Uttlesford
New Medicines Service (NMS)	80%	81%	92%	78%	79%	85%	96%	78%	100%	100%	90%	88%
Community Pharmacy Consultation Service (CPCS)	37%	32%	46%	28%	57%	45%	38%	61%	55%	44%	45%	63%
Hypertension case-finding service	54%	41%	46%	56%	50%	55%	58%	56%	45%	44%	35%	75%
Community Pharmacy Influenza service	100%	100%	100%	94%	97%	94%	72%	94%	100%	94%	100%	89%

6.5.3 Data shows that Advanced Services are used, but information is skewed due to the pandemic. Currently, there is no data recorded on the use of community pharmacy hepatitis C antibody testing service locally. The Stop Smoking Service started in March 2022, and therefore no activity data is available at the time of writing. The number of providers of AUR and SAC data is also very low locally and nationally.

6.6 Enhanced services in Essex

6.6.1 The Pharmaceutical Services (England) Directions 2013 lists services that can be commissioned from pharmaceutical providers.

6.6.1.1 Enhanced services provided by pharmacy contractors either as enhanced services (LES) commissioned by NHSE or locally commissioned service (LCS) by local authority, CCG or another local organisation.

6.6.1.2 This is a reflection of whether a service is commissioned from a pharmacy; however, the service could also be commissioned from other providers:

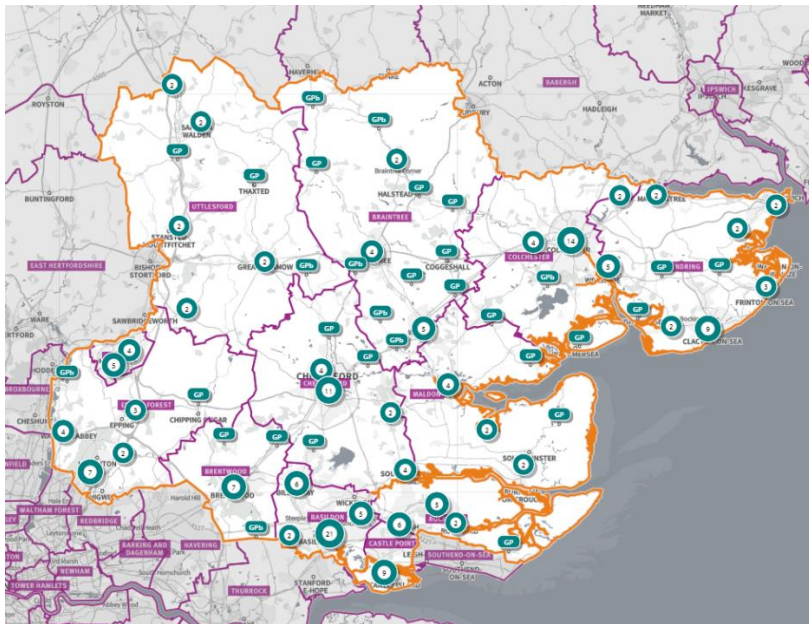
- Enhanced services commissioned in the area include Needle and Syringe Provision, Palliative care drugs provision, Patient Group Direction Services (as part of sexual health services, smoking cessation and seasonal flu), Screening Service, Seasonal Influenza, Sexual Health Services, Stop Smoking Service, Supervised Administration Service.

- Enhanced services not commissioned in the area include Anticoagulant Monitoring Service, Care Home Service, Disease Specific Medicines Management Service, Gluten Free Food Supply Service, Independent Prescribing Service, Home Delivery Service, Language Access Service, Medication Review Service, Medicines Assessment and Compliance Support Service, Minor Ailment Scheme, Pharmacy Out of Hours Services, Prescriber Support Service, Schools Service, Supplementary Prescribing Service.

6.7 Other services providers

6.7.1 Dispensing doctors

Figure 32 Dispensing doctors in the Essex HWB area



6.7.1.1 As of May 2022, there are 46 dispensing doctor practices across Essex.

6.7.1.2 A full list of dispensing doctor practices in Essex is provided in Appendix D.

6.7.1.3 Provision for doctors to provide pharmaceutical services in certain circumstances has been made in various NHS Acts and Regulations for many decades. Doctors in certain localities are allowed to offer a dispensing service to eligible patients. To be eligible, patients must meet the requirements which are:

- patients must live in a rural area more than 1.6 km from a community pharmacy,
- patients must have requested to be on the dispensing list,
- patients who satisfy NHSE that they would have serious difficulty in obtaining services from a pharmacy.

6.7.1.4 Dispensing services are available to these patients during surgery opening hours. Dispensing is the only pharmaceutical service available to these patients (although many other services are provided by GP practices).

6.7.1.5 In many rural areas patients are used to travelling to a neighbouring village/town for shopping and other services. and are likely to have access to a pharmacy there for over-the-counter medication and advice on the use of their medicines, in addition to the dispensing service they can use locally and via distance selling pharmacies.

6.7.2 Distance-selling pharmacies (DSP)

6.7.2.1 A DSP provides services as per the Pharmaceutical Regulations 2013. It may not provide Essential Services face-to-face, and therefore provision is by mail order and/or wholly internet. As part of the terms of service for DSPs, provision of all services offered must be offered throughout England to anyone who requested them.

6.7.2.2 It is therefore likely that patients within the HWB area will be receiving pharmaceutical services from a DSP outside of it. There are currently 6 DSPs with a registered address within the Essex HWB area.

6.7.2.3 Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies.

6.7.3 Dispensing Appliance Contractors (DACs)

There are 5 Dispensing Appliance Contractors (DACs) with a registered address within the HWB area, DAC services are also available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside the HWB area. There were 112 DACs registered in England in 2020-21.

6.7.4 Pharmaceutical service provision provided from outside the HWB area

6.7.4.1 The Essex HWB is bordered by many neighbouring HWB areas: Southend- on Sea, Thurrock, Suffolk, Hertfordshire, and some London boroughs. Good travel access provides access to further pharmaceutical provision in neighbouring HWB areas and beyond. DSPs provide further availability of pharmaceutical services.

6.7.4.2 As part of the Community Pharmacy Contractual Framework (CPCF) 5-year deal (2019 to 2024), the government committed to pursuing legislative change to enable all community pharmacies to benefit from 'hub and spoke' dispensing models, with the intention of supporting efficiencies for pharmacies and freeing up pharmacists and their teams for other tasks such as providing clinical services to patients. A consultation is currently underway.

Hub and spoke dispensing are where parts of the dispensing process are undertaken in separate pharmacy premises. Typically, there are many 'spoke' pharmacies to one 'hub' pharmacy. The concept is that the simple, routine aspects of assembling prescriptions can take place on a large scale in a 'hub' that usually makes use of automated processes. This means that pharmacists and other staff in the 'spokes' are freed up to provide more direct patient care.

6.8 Other

Across the HWB area, several healthcare providers use some pharmaceutical services. This includes (this list is not exhaustive):

- Mid and South Essex NHS Foundation Trust
- Princess Alexandra Hospital NHS Trust
- East Suffolk & North Essex NHS Foundation Trust
- Ramsay Healthcare Springfield Hospital

- Hertfordshire Partnership University NHS Foundation Trust
- Essex Partnership University NHS Foundation Trust
- North East London NHS Foundation Trust
- Cambridge University Hospital NHS Foundation Trust
- Barts Health Trust
- Whipps Cross University Hospital
- Uplands Rehabilitation Centre
- Provide Community Interest Company
- IC24 GP emergency care

6.9 Housing growth

6.9.1 All significant developments that are expected to be realised up to the housing plan period of 2033 are shown in Appendix G. This is the date at which data was available. Not all these developments will be realised during the lifetime of this PNA.

6.9.2 New ways of delivering pharmaceutical services are also being considered by the Department of Health and Social Care (DHSC), which would increase the capacity of existing providers.

6.9.3 Any housing delivered during the lifetime of this PNA has access to current provision and would also have access to provision from neighbouring areas and from DSPs. New technology, digital solutions and hub and spoke models would be able to provide increased access to pharmaceutical services.

6.9.4 All significant developments that are expected to be realised during the lifetime of this PNA have access to existing pharmaceutical services either in the locality or in the neighbouring localities and no gaps are identified.

7. Locality Statements

7.1 Basildon Locality

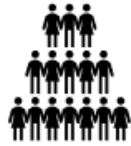


Basildon Locality

The Basildon district is situated in the southern part of Essex, 30 miles east of London. Covering some 110 square kilometers, the district includes the towns of Basildon, Billericay and Wickford.

Basildon has the largest population of the Essex districts at 187,558, giving a population density of 1,705 people per square km. 89.5% of the population are White British.

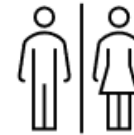
In the Indices of Multiple Deprivation 2019, Basildon was in the 40% of most deprived Lower Tier Local Authorities (LTLAs) nationally. This contains 110 LSOAs, of which 26 are ranked in the bottom two most deprived deciles nationally; equivalent to 23.6%.



Population: **187,558**
Area (sq. Km): **110**
People/sq. Km: **1705**



Life expectancy at birth
Male : **79 years**
Female : **82.9 years**



Gender breakdown
Male: **48.5%**
Female: **51.5%**



White British: **89.5%**
White non British: **3.1%**
Mixed: **1.7%**
Asian/Asian British: **2.7%**
Black/Black British: **2.7%**
Total BAME residents: **10.5%**



IMD rank: **111**
Residents living in
most deprived decile:
23.8%



18+ overweight/obese:
68.1%
Physically inactive
adults: **31%**



Job density/ working age
population: **0.86**
Unemployment: **4.9%**
% 16-64 year olds receiving
employment support: **4.7 %**



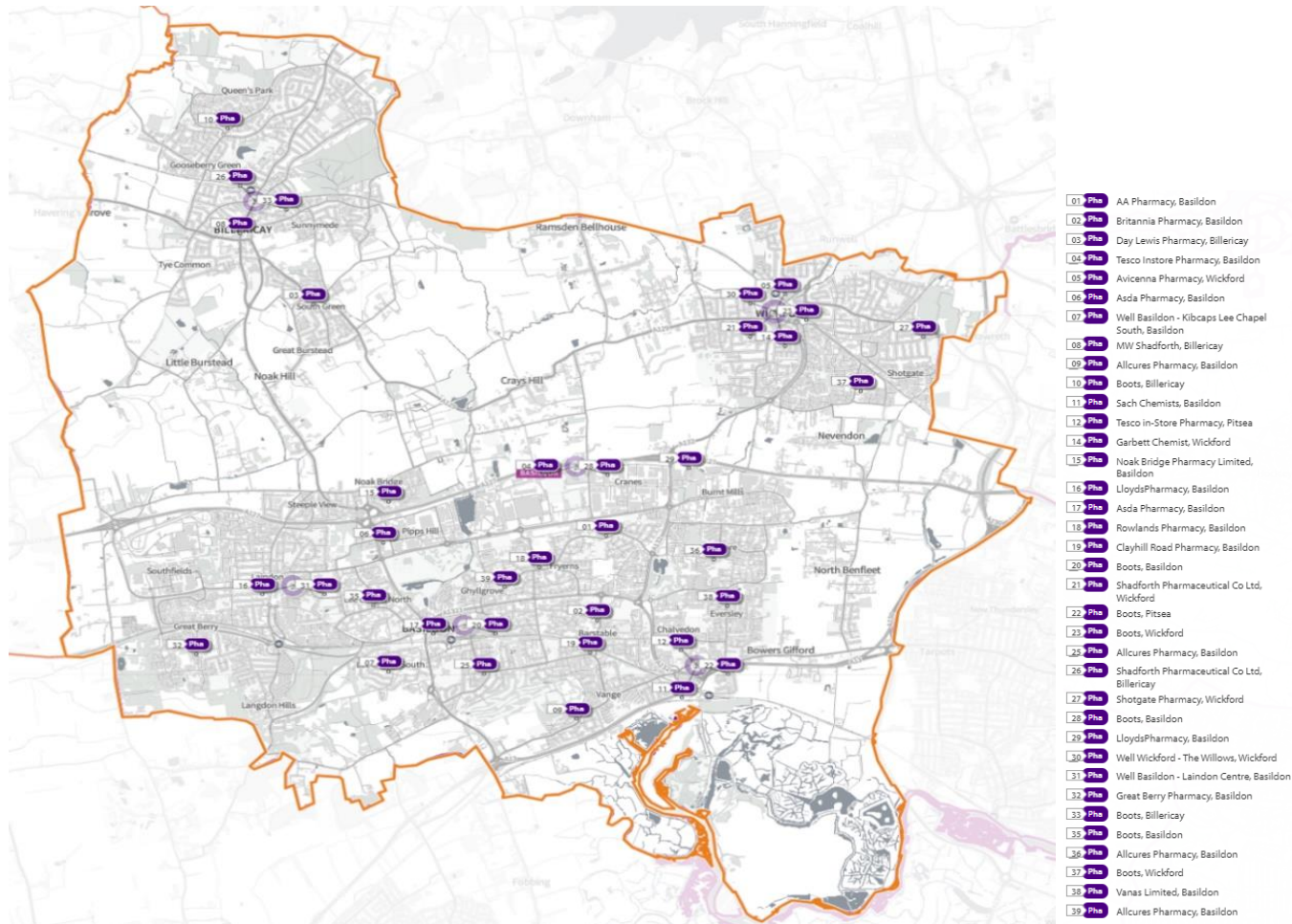
Depression QoF Incidence
(18+): **1.4%**
Suicide rate/100000: **12.3**
Loneliness: **31.7%**



Fuel poverty: **11.8%**
Green infrastructure
assets: **38.4%**

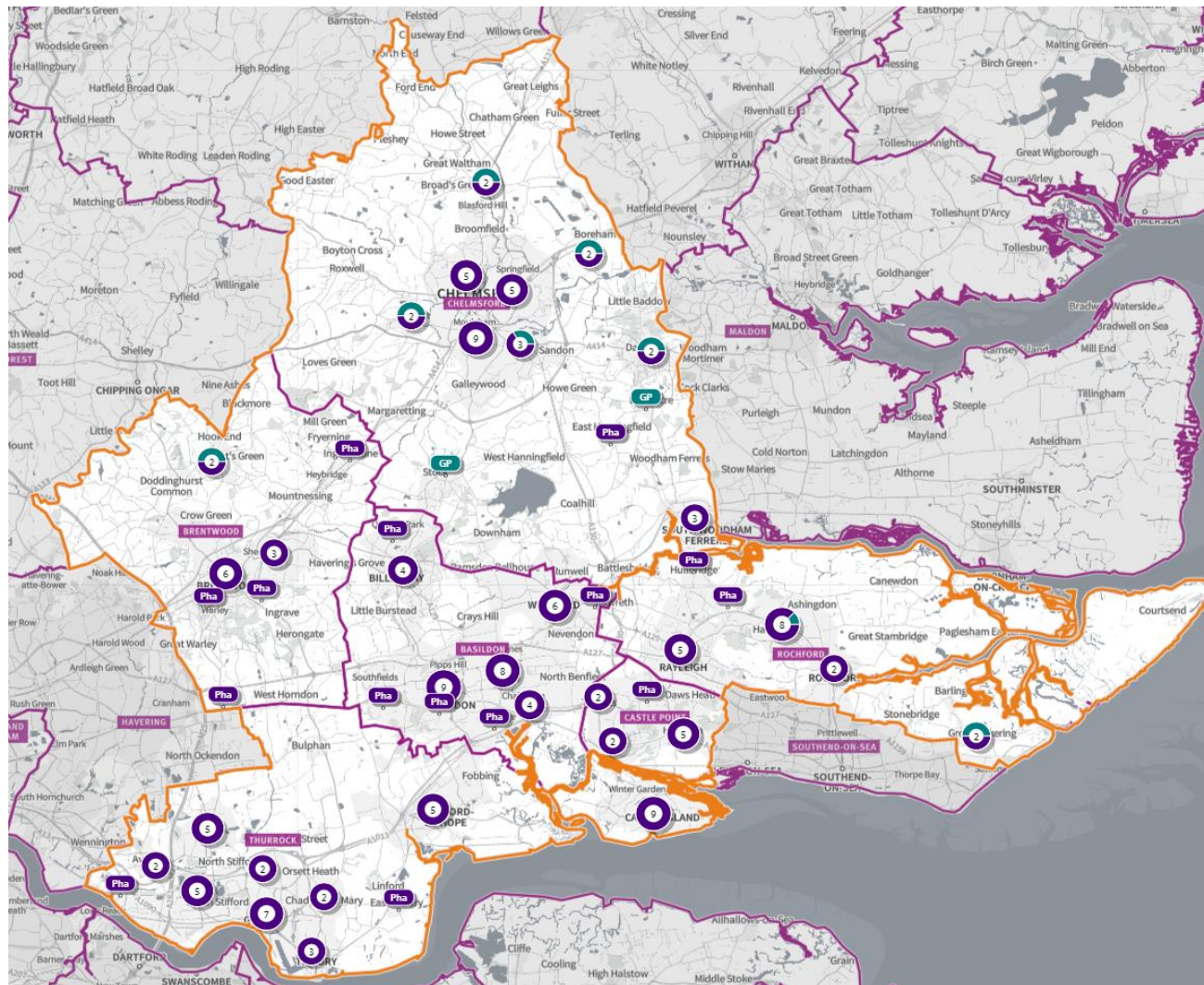
Further details can be accessed in the Essex Joint Strategic Needs Assessment <https://data.essex.gov.uk/>

Figure 33 Map of Basildon Pharmacies



Source: [Shape Place Atlas](#) (as at 22/03/22)

Figure 34 Map of Pharmacies and dispensing doctors within the Basildon locality, and neighbouring pharmacy provision



Pharmaceutical services provision in the locality

Provision

The information contained in this report was obtained from NHSE, local commissioners and a contractor survey.

Opening hours were obtained via the NHSE pharmacy contracts team.

Service provision for advanced services was obtained via NHSE, NHS Business Services Authority (NHSBSA) and with the support of the local LPC (Local Pharmaceutical Committee).

Access

Appendix F shows that using the base population data on the SHAPE Place Atlas platform, it is possible to calculate the Essex population (and by district) that are estimated to have a journey time either within 20 minutes, 20 - 30 minutes or over 30 minutes to a pharmacy across Essex and within a 1.6km buffer zone around Essex by each journey method.

Overall, across Essex, generally residents are within a relatively short travel time whichever method is chosen:

- 99.9% of the Essex population could get to a pharmacy in a 20-minute drive.
- 95% a 20-minute public transport journey.
- 83% within a 20-minute walk. Residents have to travel for longer if they walk.
- 11% over 30-minute walk away.
- Basildon residents can drive to a pharmacy within 20 minutes.
- Most residents can get to a pharmacy within a 20-minute journey on public transport in most districts. However, some districts see a relatively high % of their population having to travel for longer (Braintree, Maldon, Uttlesford 20-30 minutes; Braintree, Epping Forest, Uttlesford over 30 minutes).
- Most residents can get to a pharmacy within 20-minute walk in most districts. Some districts however see a relatively higher % of their population that'd have to walk further (Braintree, Brentwood, Uttlesford 20-30 minutes; Braintree, Maldon, Uttlesford over 30 minutes).

Travel time to access pharmaceutical services are no longer than journey times to access key services as shown in section 6 of this report.

From the results of the public survey (Appendix E) 83% of residents stated that they had a reasonable distance to travel to the pharmacy equating to less than 20 minutes, 14% had travelled between 20 and 30 minutes, and 3% had travelled between 30-45 minutes. 61% made the trip by car, and 34% had travelled on foot—only 3% used public transport and 2% a bicycle.

Basildon residents also have access to pharmacies in neighbouring HWB areas and DSPs in England. Analysis of dispensing flows in the Basildon and Brentwood CCG area shows that 91% of prescriptions in the CCG are dispensed within the area and 9% out of area including 5% by distance selling pharmacies.

Pharmaceutical services in the locality

Table 14 Number and type of providers of pharmaceutical services in the area

Type Of Contract	Basildon
Total Number of Community Pharmacies	35
Dispensing Doctors	None
Dispensing Appliance Contractor	None
Distance Selling Pharmacies	None

Basildon pharmacies service provision

Table 15 Pharmacy contractors in the locality and provision of commissioned services

*** Friday hours are taken as standard for Mon- Fri**

Services key:

Services 1 & 2 are NHSE commissioned Advanced **necessary services**

Services 3-6 are NHSE commissioned Advanced services

Service 7 is an NHSE commissioned Enhanced service

Services 8 & 9 are CCG locally commissioned services

Services 10-14 are local authority locally commissioned services

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13	14
Organisation code	Town	Postcode	Town	Postcode	Hours: M - F* OPENING SUPPLEMENTARY	Hours: Sat OPENING SUPPLEMENTARY	Hours: Sun OPENING SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	WARFARIN SUPPLY SERVICE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FHW6 9	AA Pharmacy	98 Whitmore Way	Basildon	SS14 3JT	9:00 – 18:00 13:00 - 13:30 & 17:30 - 18:00	9:00 - 13:00	Closed	✓			✓	✓	✓								
FDN8 2	Allcures Pharmacy	1 Marsh View Court, London Road	Basildon	SS16 4QW	9:00 – 18:00 13:00 - 13:30 & 17:30 - 18:00	Closed	Closed	✓	✓		✓		✓					✓		✓	✓
FN05 7	Allcures Pharmacy	144 Clayhill Road	Basildon	SS16 5DF	9:00 - 17: 00 17:00 - 18:00	Closed	Closed	✓					✓								
FTN7 4	Allcures Pharmacy	7 Felmores End	Basildon	SS13 1PN	9:00 - 17:30 17:00 - 17:30	Closed	Closed	✓	✓				✓								

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13	14
Organisation code	Town	Postcode	Town	Postcode	Hours: M - F* OPENING SUPPLEMENTARY	Hours: Sat OPENING SUPPLEMENTARY	Hours: Sun OPENING SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	WARFARIN SUPPLY SERVICE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FWL99	Allcures Pharmacy	562 Whitmore Way	Basildon	SS14 2ER	9:00 - 17:30 13:00 - 13:30	Closed	Closed	✓	✓		✓		✓				✓				✓
FC547	Asda Pharmacy	Heron Retail Park, Miles Gray Road	Basildon	SS14 3AF	9:00 - 21:00 12:30 - 14:30 & 18:00 - 21:00	9:00 - 21:00 12:30 - 14:30 & 16:00 - 21:00	10:00 - 13:00	✓	✓			✓	✓				✓				
FH090	Asda Pharmacy	Eastgate Shopping Centre	Basildon	SS14 1AE	8:00 - 20:00 8:00 - 9:00 & 12.30 - 14:30 & 18:00 - 20:00	08:00 - 20:00 8:00 - 9:00 & 12.30 - 14:30 & 16:00 - 20:00	10:00 - 13:00	✓	✓			✓	✓				✓	✓			
FAX06	Avicenna Pharmacy	20 London Road	Wickford	SS12 0AN	9:00 - 19:00 17:00 - 19:00	9:00 - 13:00	Closed	✓				✓	✓				✓			✓	✓
FE004	Boots	10-11 The Pantiles, Queens Park Avenue	Billericay	CM12 0UA	8:30 - 18:30 8:30 - 9:00 & 13.30 - 14:30 & 18:00 - 18:30	9:00 - 13:00 13:00 - 17:30	Closed						✓								
FJ061	Boots	25 Town Square	Basildon	SS14 1BA	9:00 - 17:30 14:00 - 15:00 & 17:00 - 17:30	9:00 - 17:30 14:00 - 17:30	10:00 - 14:00					✓	✓	✓			✓			✓	✓
FJX14	Boots	8 Northlands Pavement	Basildon	SS13 3DU	9:00 - 18:00 13:00 - 13:30 Closed 13:30 - 14:00	9:00 - 17:00 13:00 - 13:30 & 14:00 - 17:00 Closed 13:30 - 14:00	Closed						✓								✓

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13	14
Organisation code	Town	Postcode	Town	Postcode	Hours: M - F* OPENING SUPPLEMENTARY	Hours: Sat OPENING SUPPLEMENTARY	Hours: Sun OPENING SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	WARFARIN SUPPLY SERVICE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FKP09	Boots	16 Willowdale Centre	Wickford	SS12 ORA	8:30 - 18:30 8:30 - 9:30 & 14:00 - 15:00 & 17:30 - 18:30	9:00 - 17:15 9:00 - 9:30 & 14:00 - 15:00 & 15:30 - 17:15	10:00 - 16:00	✓				✓	✓								
FP755	Boots	Unit 6B, Mayflower Retail Park	Basildon	SS14 3HZ	10:00 - 18:00 14:00 - 15:00	9:00 - 15:00 12:00 - 13:00	10:00 - 16:00						✓				✓				
FQE10	Boots	64-66 High Street	Billericay	CM12 9BS	8:30 - 17:30 8:30 - 9:00 & 13:00 - 14:00	8:30 - 17:30 8:30 - 9:00 & 11:30 - 17:30	10:00 - 13:00	✓					✓				✓				✓
FTJ17	Boots	31 Ballards Walk	Basildon	SS15 5HL	8:30 - 18:00 08:30 - 9:00 & 13:00 - 14:00	9:00 - 13:00 13:00 - 14:00	Closed					✓	✓								✓
FBK93	Boots	5 Silva Island Way	Wickford	SS12 9NR	8:30 - 18:30 8:30 - 9:00 & 13:00 - 14:00 & 18:00 - 18:30	9:00 - 17:30 13:00 - 17:30	Closed					✓	✓								
FRH64	Britannia Pharmacy	213 Timberlog Lane	Basildon	SS14 1PB	9:00 - 19:00 17:00 - 19:00	9:00 - 16:00	Closed	✓			✓	✓	✓					✓			✓
FHV32	Clayhill Road Pharmacy	465 Clayhill Road	Basildon	SS16 4EX	9:00 - 18:30 13:00 - 14:00 & 18:00 - 18:30	9:00 - 12:00	Closed	✓					✓								

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13	14
Organisation code	Town	Postcode	Town	Postcode	Hours: M - F* OPENING SUPPLEMENTARY	Hours: Sat OPENING SUPPLEMENTARY	Hours: Sun OPENING SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	WARFARIN SUPPLY SERVICE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FA380	Day Lewis Pharmacy	6 Grange Road	Billericay	CM11 2RB	9:00 - 18:00 Closed 13:00 - 14:00	09:00 - 13:00	Closed	✓				✓	✓			✓	✓			✓	✓
FG064	Garbett Chemist	23 High Street	Wickford	SS12 9AE	09:00 - 18:00 13:00 - 14:15 & 17:30 - 18:00	09:00 - 17:30 13:00 - 17:30 Closed 12:45 - 13:00	Closed	✓	✓				✓			✓	✓	✓			
FQC91	Great Berry Pharmacy	Unit 4, Great Berry Centre, Nightingales	Basildon	SS16 6SA	09:00 - 20:00 13:00 - 14:00 & 18:00 - 20:00	09:00 - 18:00	Closed	✓	✓		✓	✓	✓				✓	✓	✓		
FP779	Lloyds Pharmacy (100-hour Pharmacy)	Cricketers Way	Basildon	SS13 1SA	07:00 - 23:00	07:00 - 22:00	10:00 - 16:00	✓				✓	✓								
FD812	MW Shadforth	49 High Street	Billericay	CM12 9AX	08:45 - 18:15 8:45 - 9:00 & 13:00 - 14:15 & 17:30 - 18:15	9:00 - 17:00 13:00 - 17:00 Closed 12:45 - 13:00	Closed	✓					✓			✓	✓				
FGC13	Noak Bridge Pharmacy Limited	147 Coppice Lane	Basildon	SS15 4JS	09:00 - 18:45 13:00 - 14:00 & 18:30 - 18:45 Closed 13:00-14:00	9:00 - 13:00 11:00 - 13:00	Closed	✓	✓			✓	✓								

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13	14
Organisation code	Town	Postcode	Town	Postcode	Hours: M - F* OPENING SUPPLEMENTARY	Hours: Sat OPENING SUPPLEMENTARY	Hours: Sun OPENING SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	WARFARIN SUPPLY SERVICE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FHF9 2	Rowlands Pharmacy	418 Whitmore Way	Basildon	SS14 2HB	9:00 - 17:30 13:00 - 13:30 & 13:50 - 14:00 Closed 13:30 - 13:50	9:00 - 13:00 11:30 - 13:00	Closed	✓	✓				✓	✓				✓			
FEL23	Sach Chemists	10 Broadway North	Basildon	SS13 3AT	9:00 - 18:00 13:00 - 14:00	9:00 - 13:00	Closed	✓			✓	✓	✓	✓				✓	✓		
FJR90	Shadforth Pharmaceuti cal Co Ltd	53 High Street	Basildon	SS12 9AQ	09:00 - 17:30 14:00 - 14:20 & 17:20 - 17:30	9:00 - 13:00	Closed	✓	✓				✓			✓	✓	✓			
FNC7 7	Shadforth Pharmaceuti cal Co Ltd	25 Stock Road	Billericay	CM12 0AH	9:00 - 18:30 13:00 - 14:00 & 18:00 - 18:30	9:00 - 13:00	Closed	✓	✓				✓				✓				
FP44 9	Shotgate Pharmacy	312 Southend Road	Wickford	SS11 8QW	9:00 - 18:00 17:00 - 18:00	9:00 - 12:00	Closed	✓				✓	✓								
FA47 3	Tesco In- store Pharmacy	Mayflower Retail Park	Basildon	SS14 3HZ	8:00 - 20:00 8:00 - 9:00 & 13:00 - 14:00 & 17:00 - 20:00	8:00 - 20:00 8:00 - 9:00 & 13:00 - 14:00 & 17:00 - 20:00	10:00 - 13:00	✓	✓				✓	✓							
FF009	Tesco In- store Pharmacy	Off Station Lane	Pitsea	SS13 3JU	8:00 - 21:00 8:00 - 9:00 & 13:00 - 14:00 & 16:00 - 21:00	8:00 - 21:00 8:00 - 9:00 & 13:00 - 14:00 & 16:00 - 21:00	10:00 - 13:00	✓					✓	✓							

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13	14
Organisation code	Town	Postcode	Town	Postcode	Hours: M - F* OPENING SUPPLEMENTARY	Hours: Sat OPENING SUPPLEMENTARY	Hours: Sun OPENING SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	WARFARIN SUPPLY SERVICE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FW294	Vanas Limited	134 Rectory Road	Basildon	SS13 2AJ	9:00 - 18:30 17:30 - 18:30 Closed 13:00 - 13:30	Closed	Closed	✓	✓		✓	✓	✓				✓	✓			
FD329	Well Basildon - Kibcaps Lee Chapel South	1 Kibcaps, Lee Chapel South	Basildon	SS16 5SA	9:00 - 18:00 13:00 - 14:00	Closed	Closed	✓				✓	✓					✓	✓		
FQ898	Well Basildon - Laindon Centre	Unit 1, Laindon Temporary Shops	Laindon	SS15 5PS	8:30 - 18:00 8:30 - 9:00 & 13:00 - 14:00	9:00 - 13:00	Closed				✓	✓	✓								✓
FQ122	Well Wickford - The Willows	Unit 12, Willowdale Shopping Centre	Wickford	SS12 9AT	9:00 - 18:00 13:00 - 14:00	Closed	Closed	✓	✓			✓	✓								

Basildon opening hours

- Weekday opening hours were taken from Friday as a standard.
Monday to Friday, all 35 community pharmacies are open between the hours of 9:00am to 17:00
Earliest opening time is 7.00 and latest closing time is 23.00
- On Saturdays 29 of the pharmacies open, 12 of these only open for the morning and the rest of the pharmacies remain open into the afternoon. Earliest opening time is 7.00 and latest closing time is 22.00
- On Sundays nine pharmacies open and there is provision between 10:00 until 16:00

Services (data January 2022)

There is good access to commissioned services within the locality.

The necessary services of NMS and CPCS are provided by almost all the pharmacies.

The NHSE commissioned services that are not provided by pharmacies are delivered by other organisations in the locality.

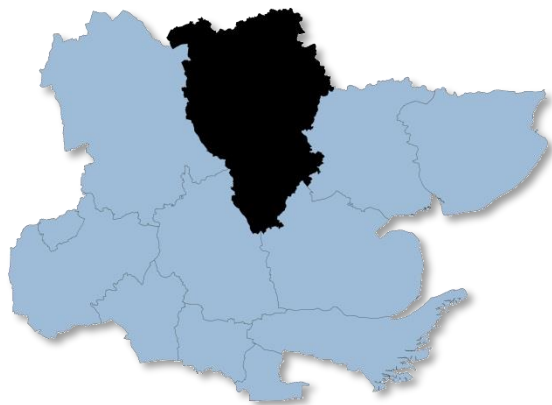
Housing (Appendix G)

The impact of local housing development plans on provision of pharmaceutical services has been considered but has not identified any gaps in pharmaceutical services provision in the area during the lifetime of this PNA.

No gaps in the provision of necessary pharmaceutical services have been identified in the Basildon locality

No gaps in pharmaceutical services have been identified that if provided either now or in the future would secure improvements or better access to relevant services across the Basildon locality

7.2 Braintree Locality



Braintree Locality

Covering approximately 612 square kilometers, the Braintree district is the second largest Essex local authority in terms of geographical area (Uttlesford is the largest).

The district consists of the two large market towns of Braintree and Halstead along with the 1970's urban 'expanded town' of Witham interconnected with many smaller villages and rural areas.

Braintree has a population of 153,091 and 250 residents per square km and is the third least densely populated among the Essex districts. 93% of the population are of White British ethnicity.

With a rank of 303 out of 317, Braintree is placed in the in the upper 40% of least deprived Lower Tier Local Authorities (LTLAs) nationally.



Population: **153,091**
Area (sq. Km): **612**
People/sq. Km: **250**



Life expectancy at birth
Male : **80.2 years**
Female : **83.3 years**



Educational attainment (5 or more GCSEs) % of all children: **56.2%**



White British: **93.2%**
White non British: **3.5%**
Mixed: **1.2%**
Asian/Asian British: **1.4%**
Black/Black British: **0.6%**
Total BAME residents: **6.8%**



IMD rank: **203**
Residents living in most deprived decile: **2%**
Homelessness rate/1000: **0.5**



18+ overweight/obese: **61.2%**
Physically inactive adults: **23.7%**



Job density/ working age population: **0.73**
Unemployment: **3.5%**
% 16-64 year olds receiving employment support: **3.5 %**



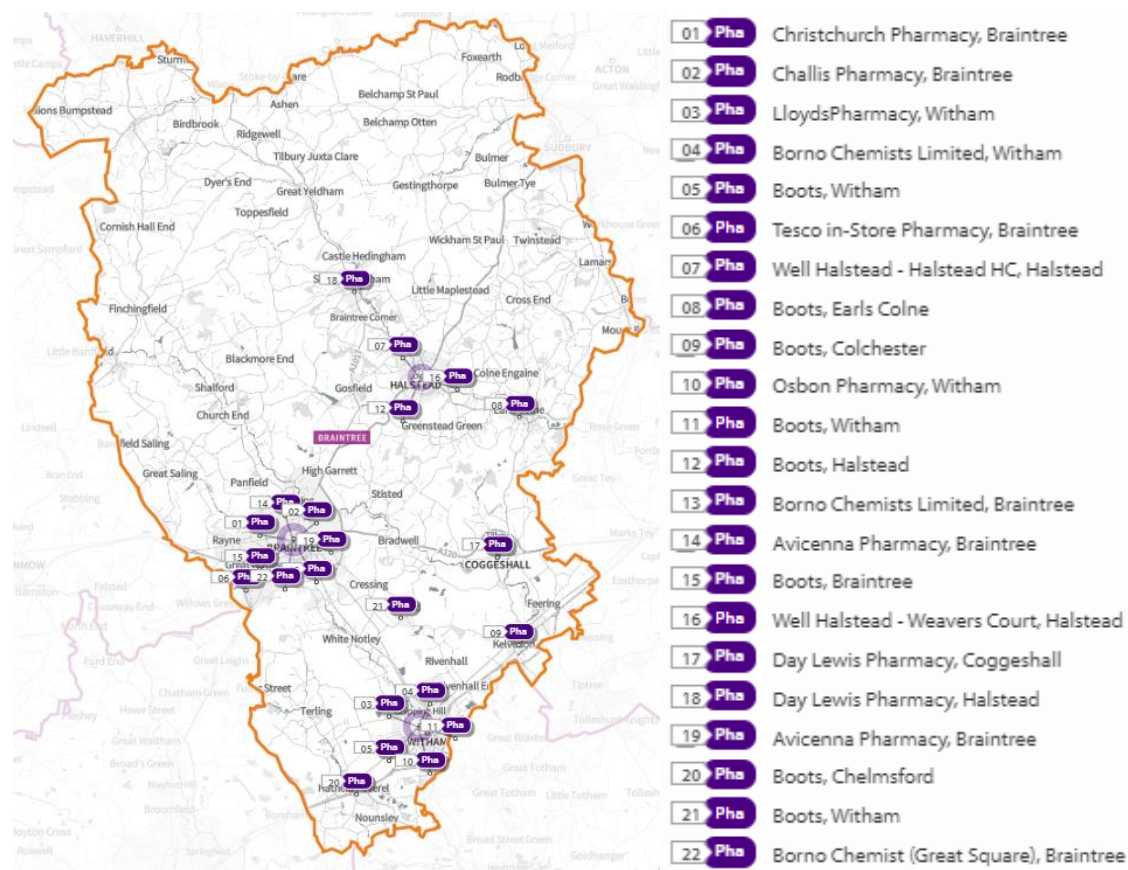
Depression QoF Incidence (18+): **1%**
Suicide rate/100000: **13.6**
Loneliness: **22.5%**



Fuel poverty: **13.1%**
Green infrastructure assets: **14.3%**

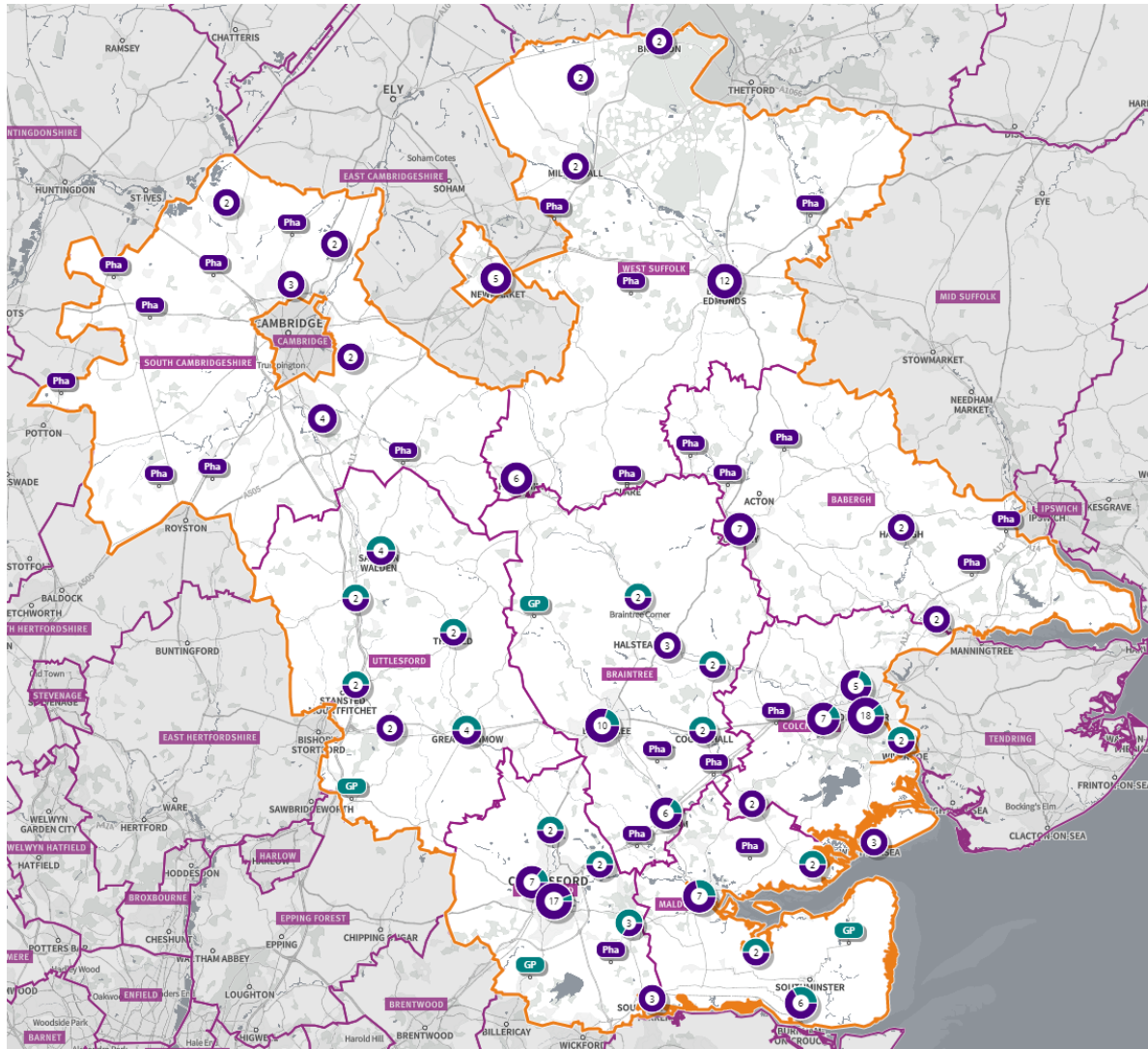
Further details can be accessed in the Essex Joint Strategic Needs Assessment <https://data.essex.gov.uk/>

Figure 35 Map of Braintree Pharmacies



Source: [Shape Place Atlas](#) (as at 22/03/22)

Figure 36 Map of Pharmacies and dispensing doctors within the Braintree locality, and neighbouring pharmacy provision



Pharmaceutical services provision in the locality

Provision

The information contained in this report was obtained from NHSE, local commissioners and a contractor survey.

Opening hours were obtained via the NHSE pharmacy contracts team.

Service provision for advanced services was obtained via NHSE, NHSBSA and with the support of the local LPC.

Access

Appendix F shows that using the base population data on the SHAPE Place Atlas platform, it is possible to calculate the Essex population (and by district) that are estimated to have a journey time either within 20 minutes, 20 - 30 minutes or over 30 minutes to a pharmacy across Essex and within a 1.6KM buffer zone around Essex by each journey method.

Overall, across Essex, generally residents are within a relatively short travel time whichever method is chosen:

- 99.9% of the Essex population could get to a pharmacy in a 20-minute drive.
- 95% a 20-minute public transport journey
- 83% within a 20-minute walk. Residents have to travel for longer if they walk.
- 11% over 30-minute walk away.
- Braintree residents can drive to a pharmacy within 20 minutes.
- Most residents can get to a pharmacy within a 20-minute journey on public transport in most districts. However, some districts see a relatively high % of their population having to travel for longer (Braintree, Maldon, Uttlesford 20-30 minutes; Braintree, Epping Forest, Uttlesford over 30 minutes)
- Most residents can get to a pharmacy within 20-minute walk in most districts. Some districts however see a relatively higher % of their population that'd have to walk further (Braintree, Brentwood, Uttlesford 20-30 minutes; Braintree, Maldon, Uttlesford over 30 minutes).

Travel time to access pharmaceutical services are no longer than journey times to access key services as shown in section 6 of this report.

From the results of the public survey (Appendix E) 83% of residents stated that they had a reasonable distance to travel to the pharmacy equating to less than 20 minutes, 14% had travelled between 20 and 30 minutes, and 3% had travelled between 30-45 minutes. 61% made the trip by car, and 34% had travelled on foot—only 3% used public transport and 2% a bicycle.

Braintree residents also have access to dispensing doctors, pharmacies in neighbouring HWB areas and distance selling pharmacies in England. Analysis of dispensing flows in the Mid Essex CCG area shows that 80% of prescriptions generated in the CCG are dispensed within the area and 20% out of area including 3% by distance selling pharmacies.

Pharmaceutical services in the locality

Table 16 Number and type of providers of pharmaceutical services in the area

Type Of Contract	Braintree
Total Number of Community Pharmacies	22
Dispensing Doctors	7
Dispensing Appliance Contractors	0
Distance Selling Pharmacies	0

Table 17 Pharmacy contractors in the locality and provision of commissioned services

* Friday hours are taken as standard for Mon- Fri

Services key:

Services 1 & 2 are NHSE commissioned Advanced **necessary services**

Services 3-6 are NHSE commissioned Advanced services

Service 7 is an NHSE commissioned Enhanced service

Service 8 is a CCG locally commissioned services

Services 9-13 are local authority locally commissioned services

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FLQ23	Avicenna Pharmacy	Trinovantion Way	Braintree	CM7 3JN	9:00 - 18:30 13:00 - 14:00 & 18:00 - 18:30	Closed	Closed	✓	✓				✓			✓				
FWF1 6	Avicenna Pharmacy	70 Coggeshall Road	Braintree	CM7 9BY	8:00 - 18:00 8:00 - 9:00 & 17:00 - 18:00	9:00 - 13:00	Closed	✓	✓			✓	✓	✓		✓	✓			
FCC02	Boots	42 Newland Street	Witham	CM8 2AR	9:00 - 19:00 18:00 - 19:00 Closed 13:00 - 14:00	9:00 - 17:00 14:00 - 17:00 Closed 13:00 - 14:00	Closed	✓					✓							

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FJA38	Boots	50 High Street, Earls Colne	Braintree	CO6 2PB	8:30 - 18:30 8:30 - 9:00 & 13:00 - 14:00 & 17:30 - 18:30	9:00 - 13:00 11:30 - 13:00	Closed						✓				✓			
FJJ41	Boots	72A & 72B High Street, Kelvedon	Colchester	CO5 9AE	9:00 - 19:00 13:00 - 14:00 & 18:00 - 19:00	9:00 - 17:00	Closed						✓			✓				
FKK58	Boots	4 Spa Road	Witham	CM8 1NE	9:00 - 18:00 13:00 - 13:30 Closed 13:30 - 14:00	9:00 - 18:00 13:00 - 18:00	Closed						✓							
FL500	Boots	69-71 High Street	Halstead	CO9 2JD	9:00 - 17:30 9:00 - 9:30 & 17:15 - 17:30 Closed 13:00 - 14:00	9:00 - 17:30 9:00 - 9:30 & 17:00 - 17:30 Closed 13:00 - 14:00	Closed	✓					✓							
FM273	Boots	7 George Yard	Braintree	CM7 1RB	9:00 - 17:30 16:00 - 17:30	8:45 - 17:30 8:45 - 9:00 & 13:00 - 14:00 & 16:30 - 17:30	10:00 - 16:00	✓			✓	✓	✓			✓				

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FWM30	Boots	3 Hadfelda Square	Hatfield Peverel	CM3 2HD	9:00 - 18:30 13:00 - 14:00 & 18:00 - 18:30	9:00 - 17:00 13:30 - 17:00 Closed 13:00 - 13:30	Closed		✓		✓		✓				✓			
FXF67	Boots	3-4 The Broadway, Silver End	Witham	CM8 3RQ	9:00 - 19:00 13:00 - 14:00 & 18:00 - 19:00	9:00 - 17:00 13:00 - 17:00	Closed	✓	✓			✓	✓							
FM447	Borno Chemist (Great Square)	10 Great Square	Braintree	CM7 1UA	9:00 - 19:00 12:00 - 14:00 & 17:30 - 19:00	9:00 - 17:30 12:00 - 14:00		✓					✓				✓			
FAP90	Borno Chemists Limited	124 Newland Street	Witham	CM8 1BA	9:00 - 19:00 17:00 - 19:00	8:30 - 12:30	Closed	✓	✓				✓			✓				
FLM31	Borno Chemists Limited	Colne House, 96 Mount Chambers, Coggeshall Road	Braintree	CM7 9BY	8:30 - 18:30 8:30 - 9:00 & 14:00 - 15:00 & 18:00 - 18:30	Closed	Closed	✓	✓				✓							
			Braintree	CM7 1AA	8:30 - 18:00	9:00 - 17:00		✓					✓	✓		✓				

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FPM74	Challis Pharmacy	35 Masefield Road			8:30 - 9:00 & 13:00 - 14:00 & 17:00 - 18:00	13:00 - 17:00	Closed													
FCM69	Christchurch Pharmacy	Mace Avenue	Braintree	CM7 2AE	8:30 - 19:00 8:30 - 9:00 & 13:00 - 14:00 & 18:00 - 19:00	9:00 - 13:00	Closed	✓			✓	✓	✓	✓	✓	✓	✓			
FTR88	Day Lewis Pharmacy	1 Doubleday Corner	Coggeshall	CO6 1NJ	9:00 - 18:30 18:00 - 18:30 Closed 13:00 - 14:00	9:00 - 13:00	Closed	✓				✓	✓				✓			
FW791	Day Lewis Pharmacy	132-134 Swan Street	Halstead	CO9 3PP	9:00 - 17:30 17:18 - 17:30 Closed 13:00 - 14:00	9:00 - 13:00	Closed	✓				✓	✓			✓	✓			
FA549	Lloyds Pharmacy	5 Newland Street	Witham	CM8 2AF	09:00 - 19:00 12:30 - 15:30	09:00 - 17:30 11:30 - 15:00	Closed	✓				✓	✓	✓			✓			
FKE19			Witham	CM8 2ZJ	9:00 - 19:00	9:00 - 17:00		✓	✓				✓	✓						

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
	Osbon Pharmacy	Unit 1, 1 Potter Court Flemming Way			13:00 - 14:00 & 18:00 - 19:00	13:00 - 17:00	Closed													
FE712	Tesco In-store Pharmacy	The Square, Great Notley	Braintree	CM77 7WW	8:00 - 20:00 8:00 - 9:00 & 17:00 - 20:00 Closed 13:00 - 14:00	8:00 - 20:00 8:00 - 9:00 & 15:00 - 20:00 Closed 13:00 - 14:00	10:00 - 16:00	✓					✓			✓				
FEJ25	Well Halstead - Halstead Hc	Signal House Factory Lane West	Halstead	CO9 1EX	9:00 - 17:30 9:00 - 9:30 & 17:15 - 17:30	9:00 - 17:00 9:00 - 9:30	Closed	✓			✓	✓	✓							
FPL44	Well Halstead - Weavers Court	12 Weavers Court	Halstead	CO9 2JN	9:00 - 17:30 13:00 - 13:30	Closed	Closed	✓				✓	✓		✓	✓				

Braintree opening hours

- Weekday opening hours were taken from Friday as a standard.
Monday to Friday, all 22 community pharmacies are open between the hours of 9:00 to 17:00.
Earliest opening time is 8.00 and latest closing time is 20.00.

- On Saturdays 19 pharmacies are open in the morning and 13 of the pharmacies remain open in the afternoon. The latest closing time is 20.00.
- On Sundays two pharmacies are open from 10:00 until 16:00.

Services (data January 2022)

There is good access to commissioned services within the locality.

The necessary services of NMS and CPCS are provided by almost all the pharmacies.

The NHSE commissioned services that are not provided by pharmacies are delivered by other organisations in the locality.

Housing (Appendix G)

The impact of local housing development plans on provision of pharmaceutical services has been considered but has not identified any gaps in pharmaceutical services provision in the area during the lifetime of this PNA.

No gaps in the provision of necessary pharmaceutical services have been identified in the Braintree locality

No gaps in pharmaceutical services have been identified that if provided either now or in the future would secure improvements or better access to relevant services across the Braintree locality

7.3 Brentwood Locality



Brentwood Locality

The borough of Brentwood covers approximately 153 square kilometres and is situated in the southwest of Essex and is a town conveniently situated for London, the surrounding countryside and villages.

Brentwood has a population of 77,242 with 504 people living per square km. 89.2% of the population is White British ethnicity.

In the Indices of Multiple Deprivation 2019, Brentwood was ranked 287 out of 317 lower tier authorities in England. This places Brentwood in the 10% of least deprived Lower Tier Local Authorities (LTLAs) nationally.

As of 2019 the Brentwood area contains 46 LSOAs of which none are ranked in the bottom two most deprived deciles nationally.



Population: **77,242**
Area (sq. Km): **153**
People/sq. Km: **504**



Life expectancy at birth
Male : **80.7 years**
Female : **84.7 years**



Educational attainment (5 or more GCSEs) % of all children: **69.3%**



White British: **89.2%**
White non British: **4.3%**
Mixed: **1.6%**
Asian/Asian British: **3.2%**
Black/Black British: **1.2%**
Total BAME residents: **10.75%**



IMD rank: **287**
Residents living in most deprived decile: **0%**
Homelessness rate/1000: **0.8**



18+ overweight/obese: **61%**
Physically inactive adults: **16%**



Job density/ working age population: **0.9**
Unemployment: **4.7%**
% 16-64 year olds receiving employment support: **3.4 %**



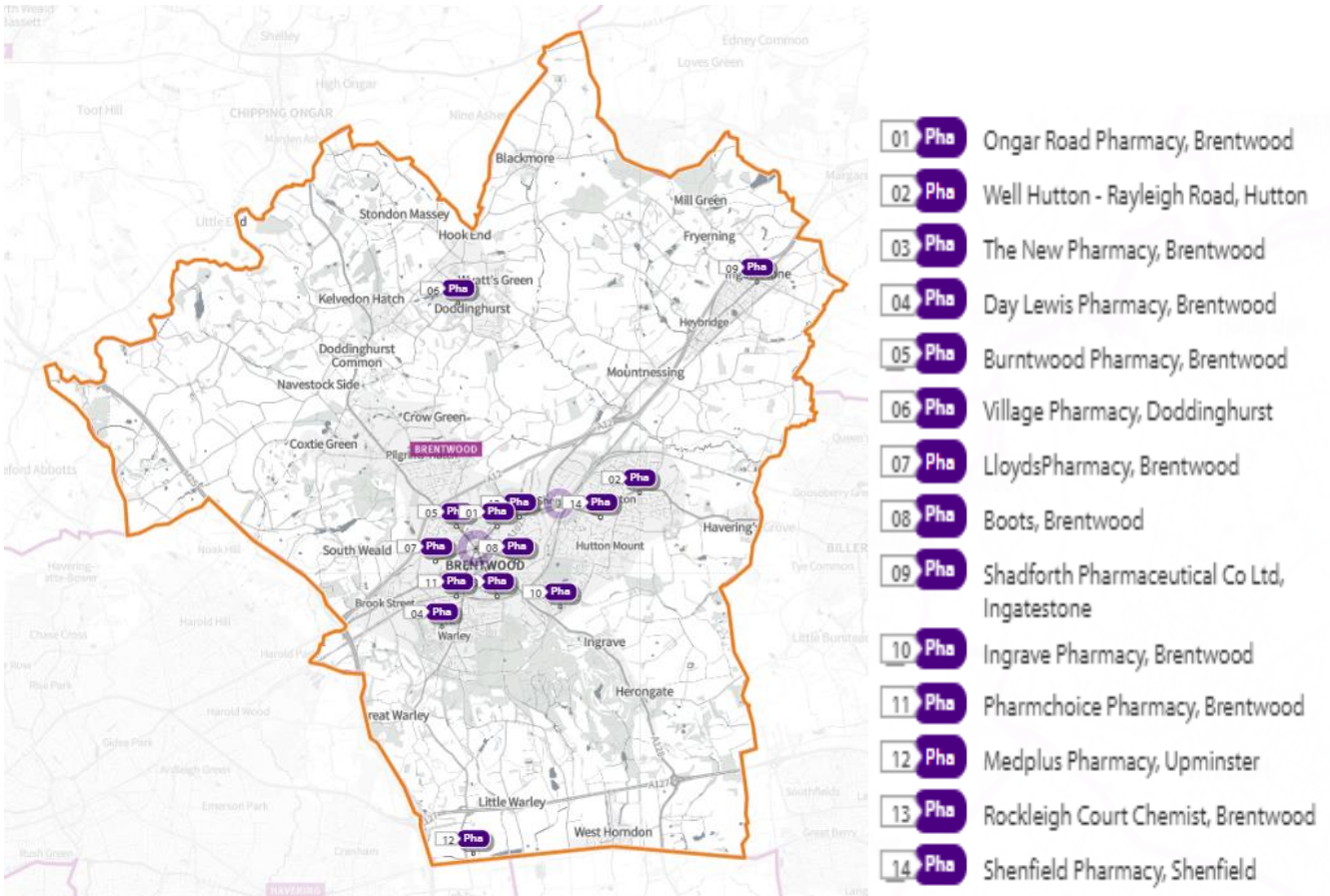
Depression QoF Incidence (18+): **0.7%**
Suicide rate/100000: **16**
Loneliness: **16.9%**



Fuel poverty: **10.2%**
Green infrastructure assets: **31.4%**

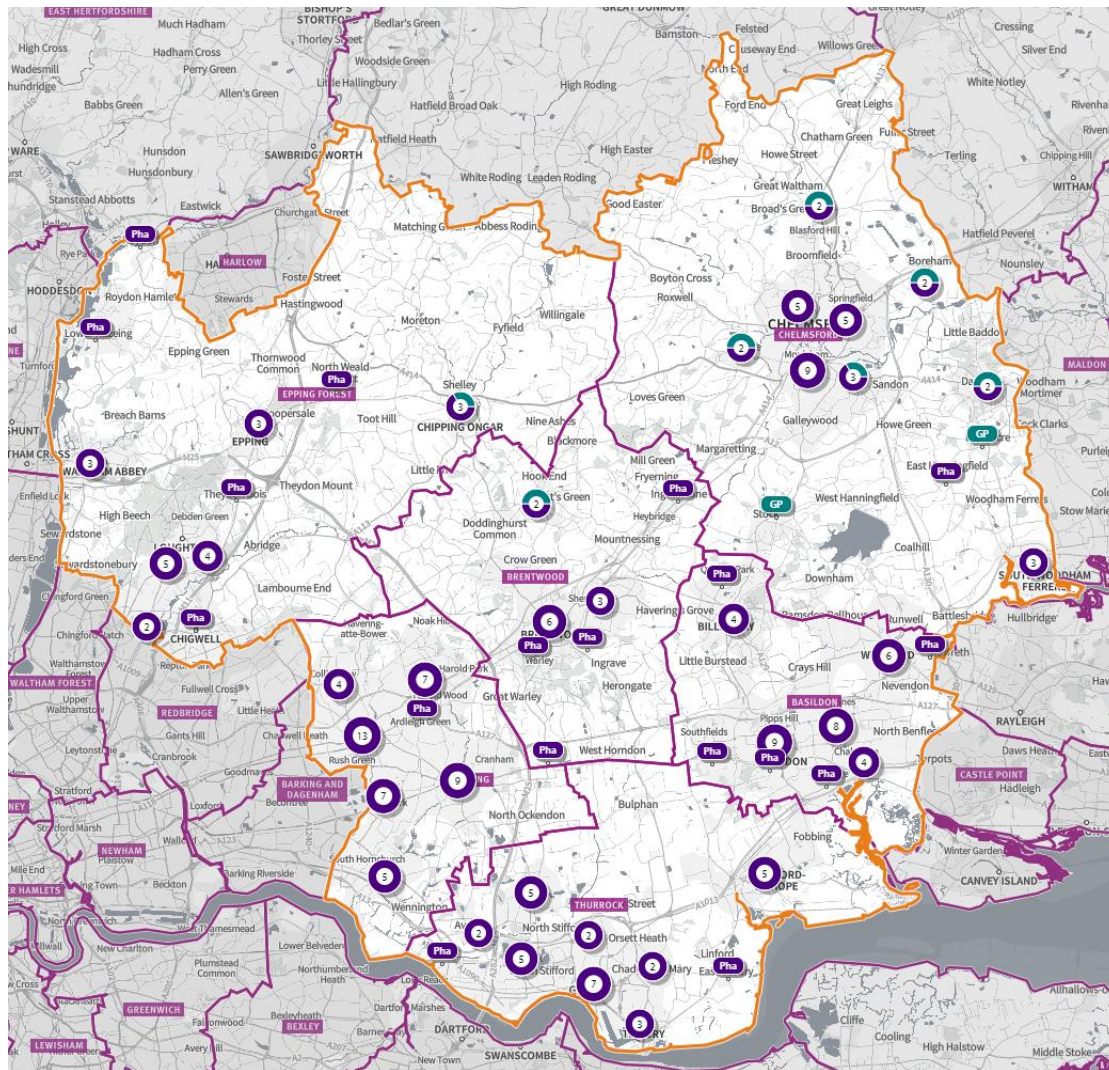
Further details can be accessed in the Essex Joint Strategic Needs Assessment <https://data.essex.gov.uk/>

Figure 37 Map of Brentwood Pharmacies



Source: Shape Place Atlas (as at 22/03/22)

Figure 38 Map of Pharmacies and dispensing doctors within the Brentwood locality, and neighbouring pharmacy provision



Source: [Shape Place Atlas](#)

Pharmaceutical services provision in the locality

Provision

The information contained in this report was obtained from NHSE, local commissioners and a contractor survey.

Opening hours were obtained via the NHSE pharmacy contracts team.

Service provision for advanced services was obtained via NHSE, NHSBSA and with the support of the local LPC.

Access

Appendix F shows that using the base population data on the SHAPE Place Atlas platform, it is possible to calculate the Essex population (and by district) that are estimated to have a journey time either within 20 minutes, 20 - 30 minutes or over 30 minutes to a pharmacy across Essex and within a 1.6KM buffer zone around Essex by each journey method.

Overall, across Essex, generally residents are within a relatively short travel time whichever method is chosen:

- 99.9% of the Essex population could get to a pharmacy in a 20-minute drive.
- 95% a 20-minute public transport journey.
- 83% within a 20-minute walk. Residents have to travel for longer if they walk.
- 11% over 30-minute walk away.
- Brentwood residents can drive to a pharmacy within 20 minutes
- Most residents can get to a pharmacy within a 20-minute journey on public transport in most districts. However, some districts see a relatively high % of their population having to travel for longer (Braintree, Maldon, Uttlesford 20-30 minutes; Braintree, Epping Forest, Uttlesford over 30 minutes)
- Most residents can get to a pharmacy within 20-minute walk in most districts. Some districts however see a relatively higher % of their population that'd have to walk further (Braintree, Brentwood, Uttlesford 20-30 minutes; Braintree, Maldon, Uttlesford over 30 minutes).

Travel time to access pharmaceutical services are no longer than journey times to access key services as shown in section 6 of this report.

From the results of the public survey (Appendix E) 83% of residents stated that they had a reasonable distance to travel to the pharmacy equating to less than 20 minutes, 14% had travelled between 20 and 30 minutes, and 3% had travelled between 30-45 minutes. 61% made the trip by car, and 34% had travelled on foot—only 3% used public transport and 2% a bicycle.

Brentwood residents also have access to dispensing doctors, pharmacies in neighbouring HWB areas and distance selling pharmacies in England. Analysis of dispensing flows in the Basildon and Brentwood CCG area shows that 91% of prescriptions in the CCG are dispensed within the area and 9% out of area including 5% by distance selling pharmacies.

Pharmaceutical services in the locality

Table 18 Number and type of providers of pharmaceutical services in the area

Type Of Contract	Brentwood
Total Number of Community Pharmacies	13
Dispensing Doctors	1
Dispensing Appliance Contractors	0
Distance Selling Pharmacies	1

Table 19 Pharmacy contractors in the locality and provision of commissioned services

<p>* Friday hours are taken as standard for Mon- Fri</p> <p>Services key:</p> <p>Services 1 & 2 are NHSE commissioned Advanced necessary services</p> <p>Services 3-6 are NHSE commissioned Advanced services</p> <p>Service 7 is an NHSE commissioned Enhanced service</p> <p>Service 8 is a CCG locally commissioned services</p> <p>Services 9-13 are local authority locally commissioned services</p>													
---	--	--	--	--	--	--	--	--	--	--	--	--	--

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13	14
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTAR Y	Hours: Sat OPENING HOURS SUPPLEME NTARY	Hours: Sun OPENING HOURS SUPPLEME NTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	WARFARIN SUPPLY	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FR398	Boots	51 High Street	Brentwood	CM14 4RH	8:30 - 18:00 8:30 - 9:00 & 14:00 - 15:00 & 17:00 - 18:00	8:30 - 18:00 8:30 - 9:00 & 14:00 - 18:00	10:00 - 16:00	✓					✓				✓				
FEM29	Burntwood Pharmacy	27 Shenfield Road	Brentwood	CM15 8AG	8:30 - 18:30 8:30 - 9:00 & 13:00 - 14:00 & 18:00 - 18:30	9:00 - 13:00	Closed	✓	✓				✓				✓	✓			

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13	14
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	WARFARIN SUPPLY	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FD285	Day Lewis Pharmacy	Pastoral Way	Brentwood	CM14 5WF	9:00 - 18:30 13:00 - 14:00 & 18:00 - 18:30	9:00 - 13:00	Closed	✓				✓	✓				✓	✓			
FW781	Ingrave Pharmacy	21 East Ham Crescent	Brentwood	CM13 2BN	9:00 - 18:00	Closed	Closed	✓			✓	✓	✓					✓			
FLQ00	Lloyds Pharmacy	51 William Hunter Way	Brentwood	CM14 4WQ	8:00 - 21:00 8:00 - 9:00 & 13:00 - 14:00 & 17:00 - 21:00	8:00 - 21:00 8:00 - 9:00 & 13:00 - 14:00 & 15:00 - 21:00	10:00 - 16:00	✓	✓			✓	✓								
FE752	Ongar Road Pharmacy	249 Ongar Road	Brentwood	CM15 9DZ	9:00 - 18:00 17:00 - 18:00	Closed	Closed	✓	✓		✓	✓	✓					✓			
FJM44	Pharmchoice Pharmacy	9 Ingrave Road	Brentwood	CM15 8AP	7:30 - 22:00	7:30 - 22:00	9:00 - 22:00	✓	✓				✓		✓			✓			

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13	14
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	WARFARIN SUPPLY	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
	(100-hour Pharmacy)																				
FKX21	Rockleigh Court Chemist	138 Hutton Road	Brentwood	CM15 8NL	9:00 - 18:30 18:00 - 18:30 Closed 13:00 - 14:00	9:00 - 12:00	Closed						✓								
FRP97	Shadforth Pharmaceutical Co Ltd	80 High Street	Ingatestone	CM4 9DW	9:00 - 18:00 13:00 - 14:00 & 17:30 - 18:00	9:00 - 16:00 11:30 - 16:00	Closed	✓	✓				✓				✓	✓			
FWL37	Shenfield Pharmacy	222 Hutton Road	Shenfield	CM15 8PA	9:00 - 18:00 Closed 13:00 - 14:00	Closed	Closed	✓					✓								
FCN73	The New Pharmacy	33A High Street	Brentwood	CM14 4RG	9:30 - 17:30 17:00 - 17:30	9:30 - 17:30 12:00 - 17:30	Closed	✓				✓	✓				✓				
FJ407	Village Pharmacy	86 Church Lane	Brentwood	CM15 0NG	9:00 - 18:00 17:00 - 18:00	9:00 - 17:00	Closed	✓	✓		✓		✓								

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13	14
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTAR Y	Hours: Sat OPENING HOURS SUPPLEME NTARY	Hours: Sun OPENING HOURS SUPPLEME NTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	WARFARIN SUPPLY	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FCF02	Well Hutton	201 Rayleigh Road	Hutton	CM13 1LZ	8:30 - 18:00 8:30 - 9:00 & 13:00 - 14:00	9:00 - 13:00	Closed	✓				✓	✓								
FJR27	MediPlus Pharmacy (DSP)	Unit 5, Upminster TP, Warley Street	Upminster	RM14 3PJ	9:00 - 18:00 Closed 13.00-14.00	Closed	Closed	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Brentwood opening hours

- Weekday opening hours were taken from Friday as a standard.
Monday to Friday, all 13 community pharmacies are open between the hours of 9:00 to 17:00.
Earliest opening time is 7.30 and latest closing time is 22.00.
- On Saturdays 10 of the pharmacies are open in the morning and 6 of these pharmacies remain open in the afternoon. The latest closing time is 22.00.
- On Sundays three pharmacies are open between 1.00 – 16.00, longest opening hours are 9.00 to 22.00.

Services (data January 2022)

There is good access to commissioned services within the locality.

The necessary services of NMS and CPCS are provided by almost all the pharmacies.

The NHSE commissioned services that are not provided by pharmacies are delivered by other organisations in the locality.

Housing (Appendix G)

The impact of local housing development plans on provision of pharmaceutical services has been considered but has not identified any gaps in pharmaceutical services provision in the area during the lifetime of this PNA.

No gaps in the provision of necessary pharmaceutical services have been identified in the Brentwood locality

No gaps in pharmaceutical services have been identified that if provided either now or in the future would secure improvements or better access to relevant services across the Brentwood locality

7.4 Castle Point Locality



Castle Point Locality

The borough of Castle Point is situated on the coastline of Southeast Essex and has an area of approximately 45 square kilometers.

Castle Point has a population of 90,524, and the second most densely populated district with 2,026 people living per square km. 95.4% of the population is of White British ethnicity.

In the Indices of Multiple Deprivation 2019 the Castle Point Local Authority area was ranked 182 out of 317 lower tier authorities in England. This places Castle Point in the 50% of least deprived Lower Tier Local Authorities (LTLAs) nationally.

As of 2019 the Castle Point area contains 57 LSOAs of which 5 are ranked in the bottom two most deprived deciles nationally.



Population: **90,524**
Area (sq. Km): **45**
People/sq. Km: **2026**



Life expectancy at birth
Male : **79.4 years**
Female : **83.1 years**



Educational attainment (5 or more GCSEs) % of all children: **56.8%**



White British: **95.4%**
White non British: **1.5%**
Mixed: **1%**
Asian/Asian British: **1.1%**
Black/Black British: **0.8%**
Total BAME residents: **4.6%**



IMD rank: **182**
Residents living in most deprived decile: **8.7 %**
Homelessness rate/1000: **3**



18+ overweight/obese: **73.7%**
Physically inactive adults: **21.5%**



Job density/ working age population: **0.55**
Unemployment: **4%**
% 16-64 year olds receiving employment support: **3.3 %**



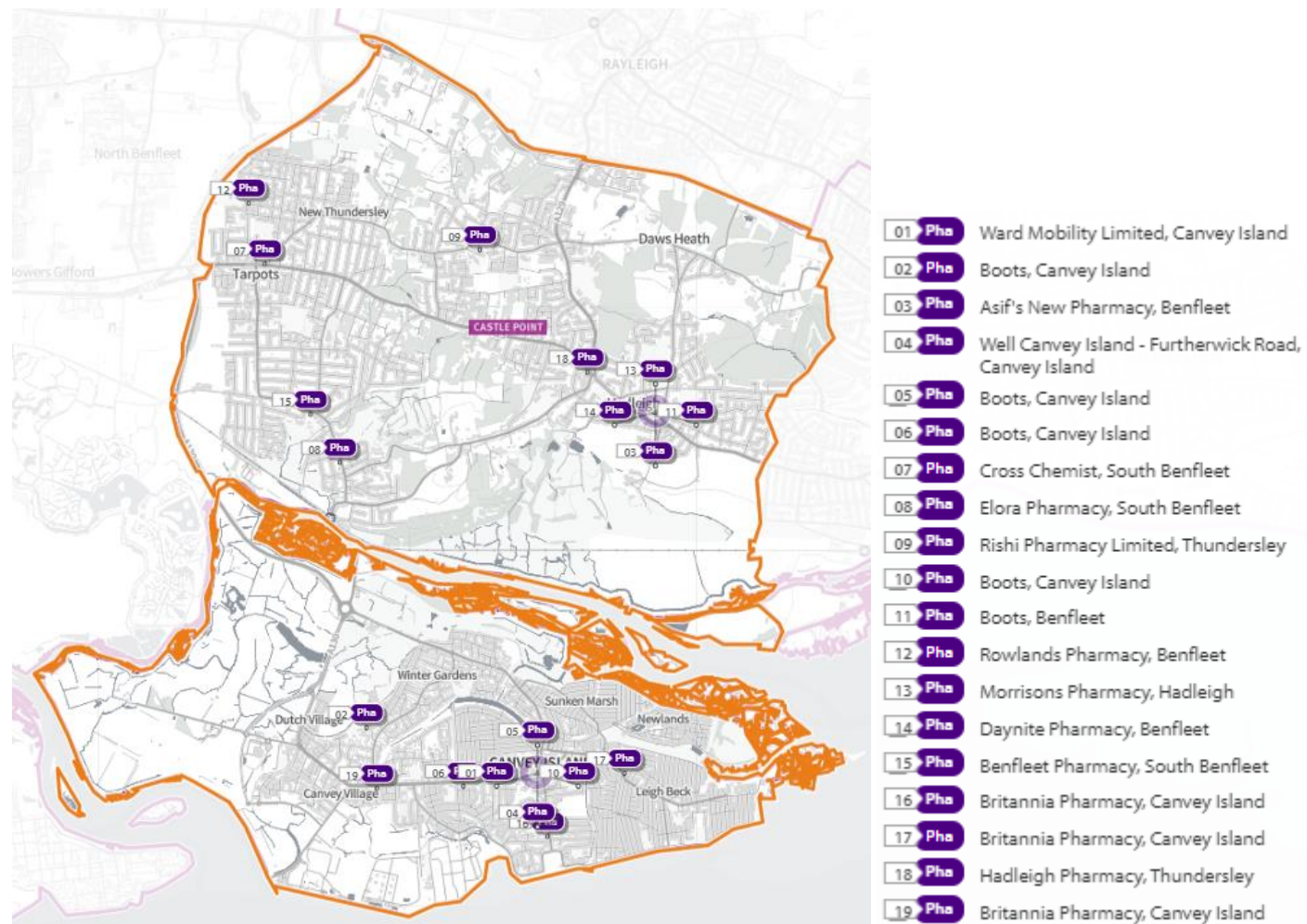
Depression QoF Incidence (18+): **0.9%**
Suicide rate/100000: **8.4**
Loneliness: **19.5%**



Fuel poverty: **11.4%**
Green infrastructure assets: **49%**

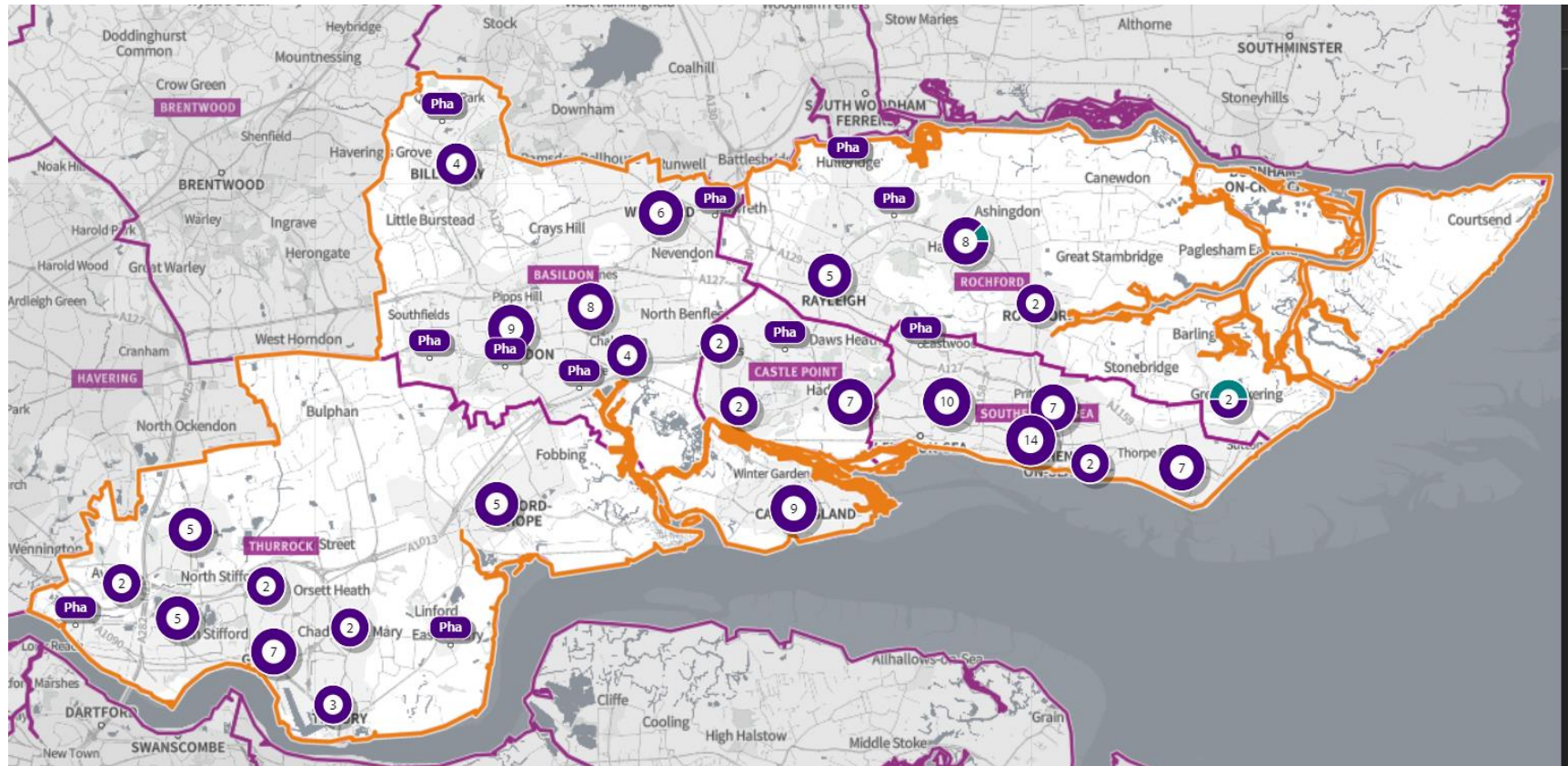
Further details can be accessed in the Essex Joint Strategic Needs Assessment <https://data.essex.gov.uk/>

Figure 39 Map of Castle Point Pharmacies



Source: Shape Place Atlas (as at 22/03/22)

Figure 40 Map of Pharmacies and dispensing doctors within the Castle Point locality, and neighbouring pharmacy provision



Source: [Shape Place Atlas](#)

Pharmaceutical services provision in the locality

Provision

The information contained in this report was obtained from NHSE, local commissioners and a contractor survey.

Opening hours were obtained via the NHSE pharmacy contracts team.

Service provision for advanced services was obtained via NHSE, NHSBSA and with the support of the local LPC.

Access

Appendix F shows that using the base population data on the SHAPE Place Atlas platform, it is possible to calculate the Essex population (and by district) that are estimated to have a journey time either within 20 minutes, 20 - 30 minutes or over 30 minutes to a pharmacy across Essex and within a 1.6KM buffer zone around Essex by each journey method.

Overall, across Essex, generally residents are within a relatively short travel time whichever method is chosen:

- 99.9% of the Essex population could get to a pharmacy in a 20-minute drive.
- 95% a 20-minute public transport journey.
- 83% within a 20-minute walk. Residents have to travel for longer if they walk.
- 11% over 30-minute walk away.
- Castle Point residents can drive to a pharmacy within 20 minutes.
- Most residents can get to a pharmacy within a 20-minute journey on public transport in most districts. However, some districts see a relatively high % of their population having to travel for longer (Braintree, Maldon, Uttlesford 20-30 minutes; Braintree, Epping Forest, Uttlesford over 30 minutes)
- Most residents can get to a pharmacy within 20-minute walk in most districts. Some districts however see a relatively higher % of their population that'd have to walk further (Braintree, Brentwood, Uttlesford 20-30 minutes; Braintree, Maldon, Uttlesford over 30 minutes).

Travel time to access pharmaceutical services are no longer than journey times to access key services as shown in section 6 of this report.

From the results of the public survey (Appendix E) 83% of residents stated that they had a reasonable distance to travel to the pharmacy equating to less than 20 minutes, 14% had travelled between 20 and 30 minutes, and 3% had travelled between 30-45 minutes. 61% made the trip by car, and 34% had travelled on foot—only 3% used public transport and 2% a bicycle.

Castle Point residents also have access to pharmacies in neighbouring HWB areas and distance selling pharmacies in England. Analysis of dispensing flows in the Castle Point and Rochford CCG area shows that 93% of prescriptions generated in the CCG are dispensed within the area and 7% out of area including 3% by distance selling pharmacies.

Pharmaceutical services in the locality

Table 20 Number and type of providers of pharmaceutical services in the area

Type Of Contract	Castle Point
Total Number of Community Pharmacies	18
Dispensing Doctors	0
Dispensing Appliance Contractors	1
Distance Selling Pharmacies	0

Table 21 Pharmacy contractors in the locality and provision of commissioned services

* Friday hours are taken as standard for Mon- Fri

Services key:

Services 1 & 2 are NHSE commissioned Advanced **necessary services**

Services 3-6 are NHSE commissioned Advanced services

Service 7 is an NHSE commissioned Enhanced service

Service 8 is a CCG locally commissioned services

Services 9-13 are local authority locally commissioned services

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTA RY	Hours: Sat OPENING HOURS SUPPLEMENTA RY	Hours: Sun OPENING HOURS SUPPLEMEN TARY	NMS	CPCS	SAC	SMOKING ADV SERVICE	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FE106	Asif's New Pharmacy	249 - 251 London Road	Benfleet	SS7 2RF	8:30 - 19:00 8:30 - 9:00 & 18:00 - 19:00	9:00 - 18:00	Closed	✓	✓	✓			✓	✓		✓				
FDQ37	Benfleet Pharmacy	299 High Road	South Benfleet	SS7 5HA	8.30 - 18:30 12:00 - 15:00	9:00 - 17:30 11: 30 - 15:00	Closed	✓			✓	✓	✓							
FD403	Boots	The Health Centre, Third Avenue	Canvey Island	SS8 9SU	8:30 - 18:30 8:30 - 9:00 & 13:00 - 14:00 & 18:00 - 18:30	9:00 - 12:30	Closed					✓	✓							

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTA RY	Hours: Sat OPENING HOURS SUPPLEMENTA RY	Hours: Sun OPENING HOURS SUPPLEMEN TARY	NMS	CPCS	SAC	SMOKING ADV SERVICE	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FET19	Boots	Central Canvey PCC, Long Road	Canvey Island	SS8 0JA	7:45 - 19:45 7:45 - 9:00 & 13:00 - 14:00 & 18:00 - 19:45	9:00 - 17:30	Closed						✓							
FFF58	Boots	171 Long Road	Canvey Island	SS8 0JD	9:00 - 18:00 13:00 - 14:00	9:00 - 17:30 13:00 - 17:30	Closed						✓				✓			
FNA55	Boots	33-37 Furtherwick Road	Canvey Island	SS8 7AG	8:30 - 17:30 8:30 - 9:30 & 14:00 - 15:00	8:30 - 17:30 8:30 - 9:30 & 14:00 - 15:00 & 15:30 - 17:30	Closed	✓	✓				✓			✓	✓			
FNN94	Boots	241/243 London Road	Benfleet	SS7 2RF	9:00 - 18:30 13:00 - 14:00 & 18:00 - 18:30	9:00 - 17:00 14:00 - 17:00 Closed 13:00 - 14:00	Closed		✓				✓			✓				
FGN22	Britannia Pharmacy	236 Furtherwick Road	Canvey Island	SS8 7BY	9:00 - 19:00 13:00 - 14:00 & 17:00 - 19:00	9:00 - 18:00 14:00 - 18:00	Closed	✓			✓	✓	✓				✓			
FJT74	Britannia Pharmacy	193 High Street	Canvey Island	SS8 7RN	9:00 - 18:00 13:00 - 14:00	Closed	Closed	✓	✓		✓	✓	✓				✓			

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTA RY	Hours: Sat OPENING HOURS SUPPLEMENTA RY	Hours: Sun OPENING HOURS SUPPLEMEN TARY	NMS	CPCS	SAC	SMOKING ADV SERVICE	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FWW06	Britannia Pharmacy	363 Long Road	Canvey Island	SS8 0JQ	9:00 - 18:00 17:00 - 18:00	Closed	Closed	✓			✓	✓	✓				✓			
FFQ50	Cross Chemist (Now Benfleet Pharmacy)	133 London Road	South Benfleet	SS7 5UH	9:00 - 18:00 13:00 - 14:00	9:00 - 15:00	Closed	✓			✓	✓	✓	✓		✓	✓			
FA235	Daynite Pharmacy	261 London Road	Hadleigh	SS7 2BN	10:00 - 23:00 18:00 - 23:00	19:00 - 23:00	10:00 - 23:00	✓	✓			✓	✓							
FLE07	Elora Pharmacy	115-117 High Road	South Benfleet	SS7 5LN	8:30 - 18:30 8:30 - 9:00 & 13:00 - 14:00 & 18:00 - 18:30	8:30 - 13:00	Closed	✓	✓		✓	✓	✓	✓		✓	✓			
FL312	Hadleigh Pharmacy	298 Kiln Road	Thundersley	SS7 1QT	9:00 - 18:30 18:00 - 18:30	9:00 - 13:00	Closed	✓			✓	✓				✓	✓			
FY948	Morrisons Pharmacy	175 London Road	Hadleigh	SS7 2RB	9:00 - 20:00 13:00 - 14:00 & 17:00 - 20:00	9:00 - 18:00 13:00 - 14:00 & 15:00 - 18:00	10:00 - 16:00	✓					✓							

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTA RY	Hours: Sat OPENING HOURS SUPPLEMENTA RY	Hours: Sun OPENING HOURS SUPPLEMEN TARY	NMS	CPCS	SAC	SMOKING ADV SERVICE	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FN893	Rishi Pharmacy	84 Hart Road	Benfleet	SS7 3PE	8:30 - 18:30 8:30 - 9:00 & 13:00 - 14:00 & 18:00 - 18:30	8:30 - 17:30	Closed	✓					✓							
FRH45	Rowlands Pharmacy	96 Arundel Road	Benfleet	SS7 4EF	9:00 - 18:30 13:20 - 14:00 & 18:00 - 18:30 Closed 13:00 - 13:20	9:00 - 13:00	Closed	✓					✓							
FEA83	Well Canvey Island - Furtherwick Road	97-99 Furtherwick Road	Canvey Island	SS8 7AY	8:30 - 19:00 8:30 - 8:45 & 13:00 - 15:15	Closed	Closed	✓				✓	✓			✓		✓		
FA133	Ward Mobility Limited (DAC)	72 Furtherwick Road	Canvey Island	SS8 7AJ	9:00 - 16:30	9:00 - 15:00		N / A	N / A	N / A	N / A	N / A	N / A	N / A	N / A	N / A	N / A	N / A	N / A	N / A

Castle Point opening hours

- Weekday opening hours were taken from Friday as a standard.
- Monday to Friday, all 18 community pharmacies are open between the hours of 9:00 to 17:00.
- Earliest opening time is 7.45 and latest closing time is 23.00.
- On Saturdays 15 pharmacies are open in the morning and 11 of the pharmacies remain open in the afternoon. The latest closing time is 23.00.

- On Sundays two pharmacies are open, earliest opening is 10.00 and latest closing is 23.00.

Services (data January 2022)

There is good access to commissioned services within the locality.

The necessary services of NMS and CPCS are provided by many of the pharmacies.

The NHSE commissioned services that are not provided by pharmacies are delivered by other organisations in the locality.

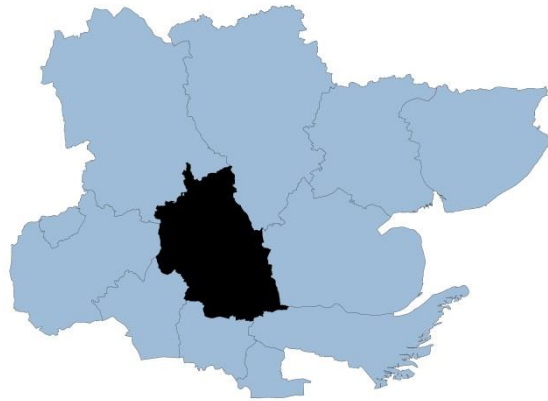
Housing (Appendix G)

The impact of local housing development plans on provision of pharmaceutical services has been considered but has not identified any gaps in pharmaceutical services provision in the area during the lifetime of this PNA.

No gaps in the provision of necessary pharmaceutical services have been identified in the
Castle Point locality

No gaps in pharmaceutical services have been identified that if provided either now or in the future would
secure improvements or better access to relevant services across the Castle Point locality

7.5 Chelmsford Locality



Chelmsford Locality

Covering approximately 339 square kilometers, the Chelmsford borough is situated at the heart of Essex and was granted city status in 2012.

The borough consists of two main urban areas - the county town of Chelmsford and the town of South Woodham Ferrers - along with villages and other rural areas. Chelmsford has a population of 179,549 and 530 people live per square km.

In the Indices of Multiple Deprivation 2019 the Chelmsford Local Authority area was ranked 260 out of 317 lower tier authorities in England. This places Chelmsford in the top 20% of least deprived Lower Tier Local Authorities (LTLAs) nationally.

As of 2019 the Chelmsford area contains 107 LSOAs of which 1 is ranked in the bottom two most deprived deciles nationally. This is equivalent to 0.9% of LSOAs in the area and is lower than the average for Essex.



Population: **179,549**
Area (sq. Km): **339**
People/sq. Km: **530**



Life expectancy at birth
Male : **81.3 years**
Female : **84.6 years**



Educational attainment (5 or more GCSEs) % of all children: **65.8%**



White British: **90.3%**
White non British: **3.6%**
Mixed: **1.6%**
Asian/Asian British: **2.9%**
Black/Black British: **1.2%**
Total BAME residents: **9.7%**



IMD rank: **260**
Residents living in most deprived decile: **1%**
Homelessness rate/1000: **3.5**



18+ overweight/obese: **59.8%**
Physically inactive adults: **19.2%**



Job density/ working age population: **0.94**
Unemployment: **4.1%**
% 16-64 year olds receiving employment support: **3.2%**



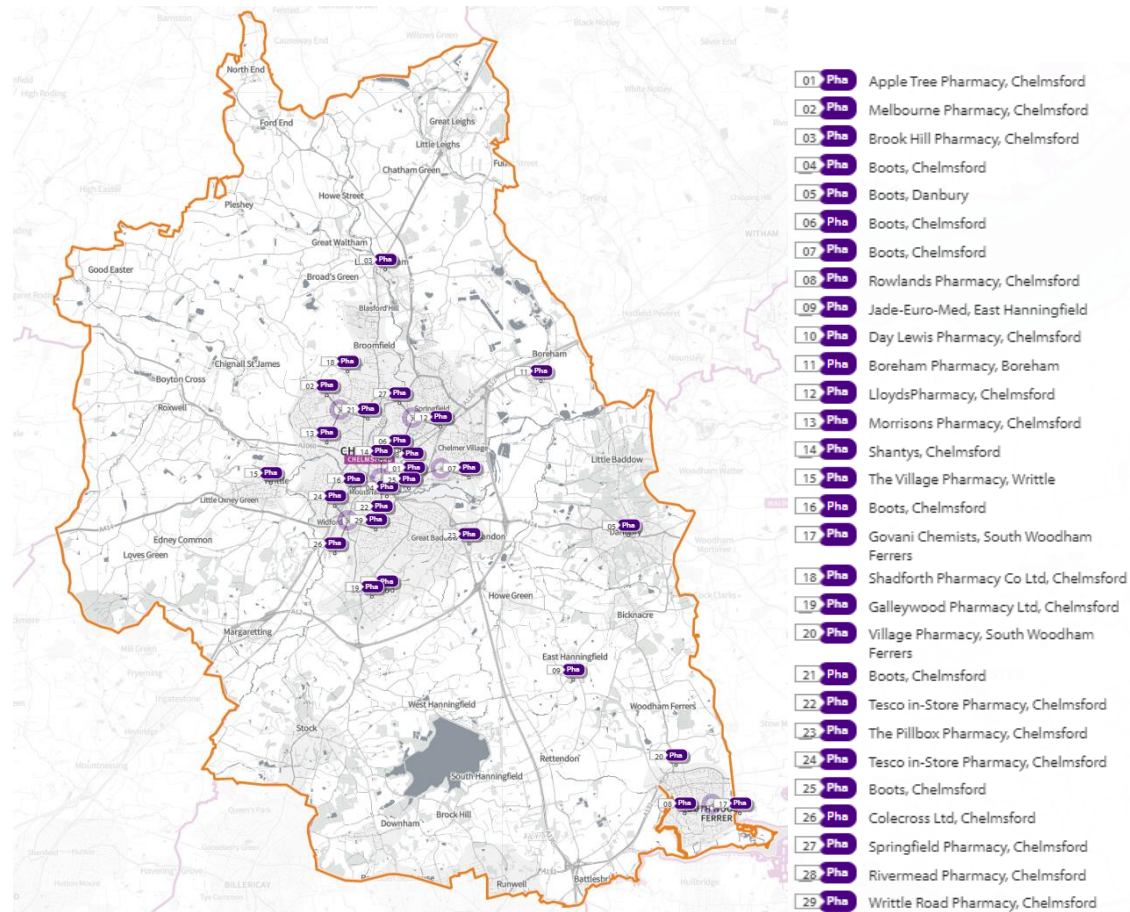
Depression QoF Incidence (18+): **0.8%**
Suicide rate/100000: **12.2**
Loneliness: **17.3%**



Fuel poverty: **10.6%**
Green infrastructure assets: **20.5%**

Further details can be accessed in the Essex Joint Strategic Needs Assessment <https://data.essex.gov.uk/>

Figure 41 Map of Chelmsford Pharmacies



Source: [Shape Place Atlas](#) (as at 22/03/22)

Source: [Shape Place Atlas](#)

Pharmaceutical services provision in the locality

Provision

The information contained in this report was obtained from NHSE, local commissioners and a contractor survey.

Opening hours were obtained via the NHSE pharmacy contracts team.

Service provision for advanced services was obtained via NHSE, NHSBSA and with the support of the local LPC.

Access

Appendix F shows that using the base population data on the SHAPE Place Atlas platform, it is possible to calculate the Essex population (and by district) that are estimated to have a journey time either within 20 minutes, 20 - 30 minutes or over 30 minutes to a pharmacy across Essex and within a 1.6KM buffer zone around Essex by each journey method.

Overall, across Essex, generally residents are within a relatively short travel time whichever method is chosen:

- 99.9% of the Essex population could get to a pharmacy in a 20-minute drive.
- 95% a 20-minute public transport journey.
- 83% within a 20-minute walk. Residents have to travel for longer if they walk.
- 11% over 30-minute walk away.
- Chelmsford residents can drive to a pharmacy within 20 minutes.
- Most residents can get to a pharmacy within a 20-minute journey on public transport in most districts. However, some districts see a relatively high % of their population having to travel for longer (Braintree, Maldon, Uttlesford 20-30 minutes; Braintree, Epping Forest, Uttlesford over 30 minutes.)
- Most residents can get to a pharmacy within 20-minute walk in most districts. Some districts however see a relatively higher % of their population that'd have to walk further (Braintree, Brentwood, Uttlesford 20-30 minutes; Braintree, Maldon, Uttlesford over 30 minutes).

Travel time to access pharmaceutical services are no longer than journey times to access key services as shown in section 6 of this report.

From the results of the public survey (Appendix E) 83% of residents stated that they had a reasonable distance to travel to the pharmacy equating to less than 20 minutes, 14% had travelled between 20 and 30 minutes, and 3% had travelled between 30-45 minutes. 61% made the trip by car, and 34% had travelled on foot—only 3% used public transport and 2% a bicycle.

Chelmsford residents also have access to dispensing doctors, pharmacies in neighbouring HWB areas and distance selling pharmacies in England. Analysis of dispensing flows in the Mid Essex CCG area shows that 80% of prescriptions generated in the CCG are dispensed within the area and 20% out of area including 3% by distance selling pharmacies.

Pharmaceutical services in the locality

Table 22 Number and type of providers of pharmaceutical services in the area

Type Of Contract	Chelmsford
Total Number of Community Pharmacies	28
Dispensing Doctors	7
Dispensing Appliance Contractors	1
Distance Selling Pharmacies	0

Table 23 Pharmacy contractors in the locality and provision of commissioned services

* Friday hours are taken as standard for Mon- Fri

Services key:

Services 1 & 2 are NHSE commissioned Advanced **necessary services**

Services 3-6 are NHSE commissioned Advanced services

Service 7 is an NHSE commissioned Enhanced service

Service 8 is a CCG locally commissioned services

Services 9-13 are local authority locally commissioned services

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FL640	Apple Tree Pharmacy	6 Chelmer Village Square	Chelmsford	CM2 6RF	9:00 - 18:00 13:00 - 14:00	9:00 - 13:00	Closed	✓				✓	✓	✓		✓				
FE489	Boots	1 The Vineyards	Chelmsford	CM2 7QS	9:00 - 18:30 17:30 - 18:30 Closed 12:30 - 13:30	9:00 - 17:00 13:30 - 17:00 Closed 12:30 - 13:30	Closed		✓				✓							

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FHG91	Boots	Eves Corner, Maldon Road	Danbury	CM3 4QF	8:30 - 18:30 8:30 - 9:00 & 13:00 - 14:00 & 17:30 - 18:30	8:30 - 17:00 8:30 - 9:00 & 11:30 - 17:00	Closed	✓	✓			✓	✓							
FL401	Boots	10-12 Torquay Road	Chelmsford	CM1 6NF	9:00 - 18:00 13:00 - 14:00	9:00 - 17:00	Closed						✓							
FM336	Boots	Unit B2, Chelmer Village Retail Park	Chelmsford	CM2 6XE	9:00 - 20:00 14:00 - 15:00 & 17:00 - 20:00	9:00 - 20:00 14:00 - 20:00	11:00 - 17:00	✓	✓				✓			✓	✓			
FPD07	Boots	43 High Chelmer	Chelmsford	CM1 1DD	8:30 - 18:00 8:30 - 9:00 & 12:00 - 13:00 & 17:00 - 18:00	8:30 - 18:00 8:30 - 9:00 & 12:00 - 13:00 & 15:00 - 18:00	10:30 - 16:30	✓				✓	✓			✓	✓			
FQJ94	Boots	133 Sunrise Avenue	Chelmsford	CM1 4JW	9:00 - 18:00 13:00 - 14:00	9:00 - 17:30 13:00 - 17:30	Closed					✓	✓			✓				

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <i>SUPPLEMENTARY</i>	Hours: Sat OPENING HOURS <i>SUPPLEMENTARY</i>	Hours: Sun OPENING HOURS <i>SUPPLEMENTARY</i>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FWF28	Boots	51A Moulsham Street	Chelmsford	CM2 0HY	9:00 - 18:30 14:00 - 15:00 & 18:00 - 18:30	9:00 - 13:00 13:00 - 17:30	Closed						✓							
FNH19	Boreham Pharmacy	The Laurels, Juniper Road	Boreham	CM3 3DX	8:30 - 18:30 8:30 - 9:00 & 18:00 - 18:30 Closed 13:00 - 14:00	9:00 - 12:00	Closed	✓			✓		✓							
FE215	Brook Hill Pharmacy	30 Brook Hill	Chelmsford	CM3 3LL	8:30 - 18:30 8:30 - 9:00 & 17:00 - 18:30	8:00 - 12:00	Closed						✓							
FXM66	Colecross	1 Hylands Parade, Wood Street	Chelmsford	CM2 8BW	9:00 - 18:00 13:00 - 14:00	9:00 - 13:00	Closed	✓	✓			✓	✓	✓		✓				

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FN033	Day Lewis Pharmacy	136 Gloucester Avenue	Chelmsford	CM2 9LG	9:00 - 18:00 17:00 - 18:00	9:00 - 13:00	Closed	✓	✓			✓				✓	✓			
FQ192	Galleywood Pharmacy Ltd	39 Watchhouse Road	Chelmsford	CM2 8PU	9:00 - 17:30 13:00 - 14:00	9:00 - 13:00	Closed	✓					✓	✓						
FPE21	Govani Chemists	14 Queen Elizabeth Square	South Woodham Ferrers	CM3 5TD	9:00 - 18:00 9:00 - 9:30 & 13:00 - 14:00 & 17:30 - 18:00	9:00 - 17:00 9:00 - 9:30 & 14:30 - 17:00	Closed	✓	✓			✓	✓							
FNL09	Lloyds Pharmacy (100-hour Pharmacy)	2 White Hart Lane	Chelmsford	CM2 5PA	7:00 - 23:00	7:00 - 22:00	10:00 - 16:00	✓	✓			✓	✓							

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FD477	Melbourne Pharmacy	18 Melbourne Parade	Chelmsford	CM1 2DW	9:00 - 18:00 17:00 - 18:00	9:00 - 12:30	Closed	✓	✓		✓	✓	✓	✓		✓	✓			
FNW43	Morrisons Pharmacy	Dickens Place, Copperfield Road	Chelmsford	CM1 4UX	8:00 - 20:00 8:00 - 9:00 & 17:00 - 20:00 Closed 13:00 - 14:00	8:00 - 19:00 8:00 - 9:00 & 15:00 - 19:00 Closed 13:00 - 14:00	10:00 - 16:00	✓					✓			✓				
FPC79	Rivermead Pharmacy	Unit 3&4 Rivermead Gate, Rectory Lane	Chelmsford	CM1 1TR	8:30 - 18:30 8:30 - 9:00 & 13:00 - 13:30 & 17:30 - 18:30	Closed	Closed	✓					✓			✓				

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FM403	Rowlands Pharmacy	6 Brickfields Road	Chelmsford	CM3 5XB	9:00 - 18:00 13:20 - 14:00 Closed 13:00 - 13:20	Closed	Closed	✓	✓				✓							
FPK31	Shadforth Pharmaceutical Co Ltd	253 Broomfield Road	Chelmsford	CM1 4DP	8:30 - 18:30 8:30 - 9:00 & 13:00 - 13:30 & 17:30 - 18:30	9:00 - 13:00	Closed	✓	✓				✓			✓				
FP682	Shantys	62 Baddow Road	Chelmsford	CM2 0DL	9:00 - 18:30 18:00 - 18:30 Closed 13:00 - 14:00	Closed	Closed	✓	✓			✓	✓							
FH505	Springfield Pharmacy	1 Clematis Tye, Crocus Way	Chelmsford	CM1 6GL	9:00 - 18:30 18:00 - 18:30 Closed 13:00 - 14:00	9:00 - 13:00	Closed	✓	✓			✓	✓							
FQR56	Tesco In-store Pharmacy	47-53 Springfield Rd	Chelmsford	CM2 6QT	8:00 - 20:00 8:00 - 9:00 & 16:30 - 20:00 Closed 13:00 - 14:00	8:00 - 20:00 8:00 - 9:00 & 16:30 - 20:00 Closed 13:00 - 14:00	11:00 - 17:00	✓	✓				✓				✓			

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FW239	Tesco In-store Pharmacy (100-hour Pharmacy)	Princes Road	Chelmsford	CM2 9XW	6:30 - 22:30	6:30 - 22:00	10:00 - 16:00	✓	✓				✓		✓					
FR890	The Pillbox Pharmacy	152 Meadgate Avenue	Chelmsford	CM2 7LJ	9:00 - 18:30 17:00 - 18:30	9:00 - 12:00	Closed	✓				✓	✓	✓						
FP905	The Village Pharmacy	52 The Green	Writtle	CM1 3DU	9:00 - 18:30 17:30 - 18:30 Closed 13:00 - 14:00	9:00 - 13:00 12:00 - 13:00	Closed	✓	✓			✓	✓			✓	✓			
FQH29	Village Pharmacy	36-38 Hullbridge Road	South Woodham Ferrers	CM3 5NG	9:00 - 18:30 13:00 - 14:00 & 17:30 - 18:30	9:00 - 13:00	Closed	✓	✓			✓	✓							

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FTG17	Writtle Road Pharmacy	Unit 1A, Crompton Building, Writtle Road	Chelmsford	CM1 3RW	8:00 - 18:30 8:00 - 9:30 & 17:30 - 18:30	9:00 - 15:00	Closed	✓	✓		✓	✓	✓	✓						
FMG28	Jade-Euro-Med (DAC)	14 Hanningfield Ind Est, Old Church Road	East Hanningfield	CM3 8AB	9:00 - 17:00			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Chelmsford opening hours

- Weekday opening hours were taken from Friday as a standard.
- Monday to Friday, all 28 community pharmacies are open between the hours of 9:00 to 17:00.
- Earliest opening time is 6.30 and latest closing time is 23.00.
- On Saturdays 25 pharmacies are open in the morning and 13 of the pharmacies remain open in the afternoon. The latest closing time is 22.00.
- On Sundays six pharmacies are open, earliest opening is 10.00 and latest closing is 17.00.

Services (data January 2022)

There is good access to commissioned services within the locality.

The necessary services of NMS and CPCS are provided by many of the pharmacies.

The NHSE commissioned services that are not provided by pharmacies are delivered by other organisations in the locality.

Housing (Appendix G)

The impact of local housing development plans on provision of pharmaceutical services has been considered but has not identified any gaps in pharmaceutical services provision in the area during the lifetime of this PNA.

No gaps in the provision of necessary pharmaceutical services have been identified in the
Chelmsford locality

No gaps in pharmaceutical services have been identified that if provided either now or in the future would
secure improvements or better access to relevant services across the Chelmsford locality

7.6 Colchester Locality



Colchester Locality

The borough of Colchester is situated in the North East of Essex and covers an area of approximately 328 square kilometers. The main settlement is Colchester, which was recently granted City-status to mark the Queen's Platinum Jubilee year, but there are many surrounding small towns and villages of which the largest are Stanway, Tiptree, West Mersea and Wivenhoe.

Colchester district has a population of 197,200 with 601 people living per square km, making it the most populous district in Essex. 87.5% of the population are White British ethnicity. In the Indices of Multiple Deprivation 2019 the Colchester Local Authority area was ranked 181 out of 317 lower tier authorities in England. This places Colchester in the upper 50% of least deprived Lower Tier Local Authorities (LTLAs) nationally.

As of 2019 the Colchester area contains 105 LSOAs of which 11 are ranked in the bottom two most deprived deciles nationally. This is equivalent to 10.5% of LSOAs in the area.



Population: **197,200**
Area (sq. Km): **328**
People/sq. Km: **601**



Life expectancy at birth
Male : **80.3 years**
Female : **83.6 years**



Educational attainment (5 or more GCSEs) % of all children: **60.4%**



White British: **87.5%**
White non British: **4.5%**
Mixed: **1.8%**
Asian/Asian British: **3.7%**
Black/Black British: **1.5%**
Total BAME residents: **12.4%**



IMD rank: **181**
Residents living in most deprived decile: **10.1 %**
Homelessness rate/1000: **2.4**



18+ overweight/obese: **62.4%**
Physically inactive adults: **17.9%**



Job density/ working age population: **0.79**
Unemployment: **4.1%**
% 16-64 year olds receiving employment support: **3.6%**



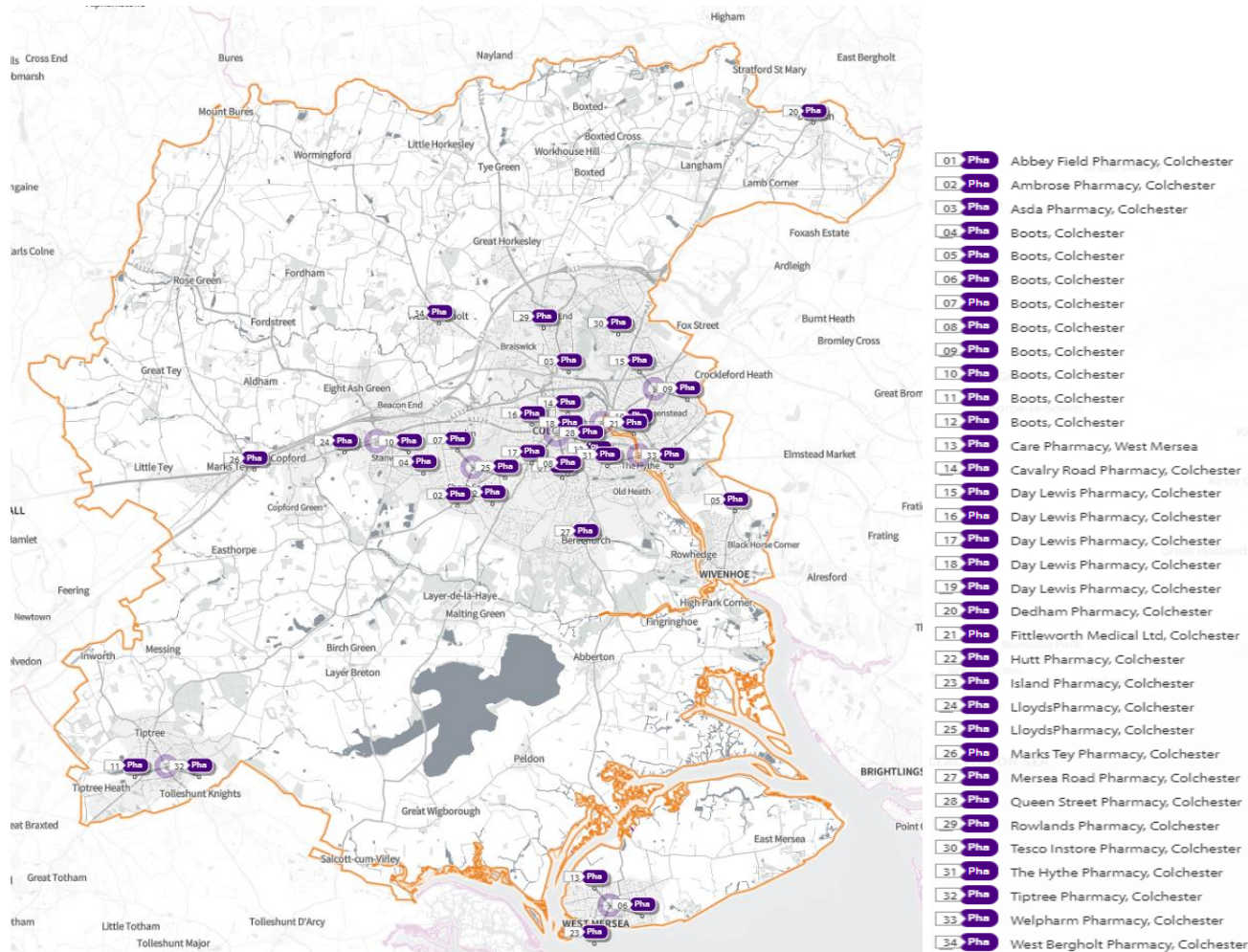
Depression QoF Incidence (18+): **1.3%**
Suicide rate/100000: **16.2**
Loneliness: **21.9%**



Fuel poverty: **12.8%**
Green infrastructure assets: **26.2%**

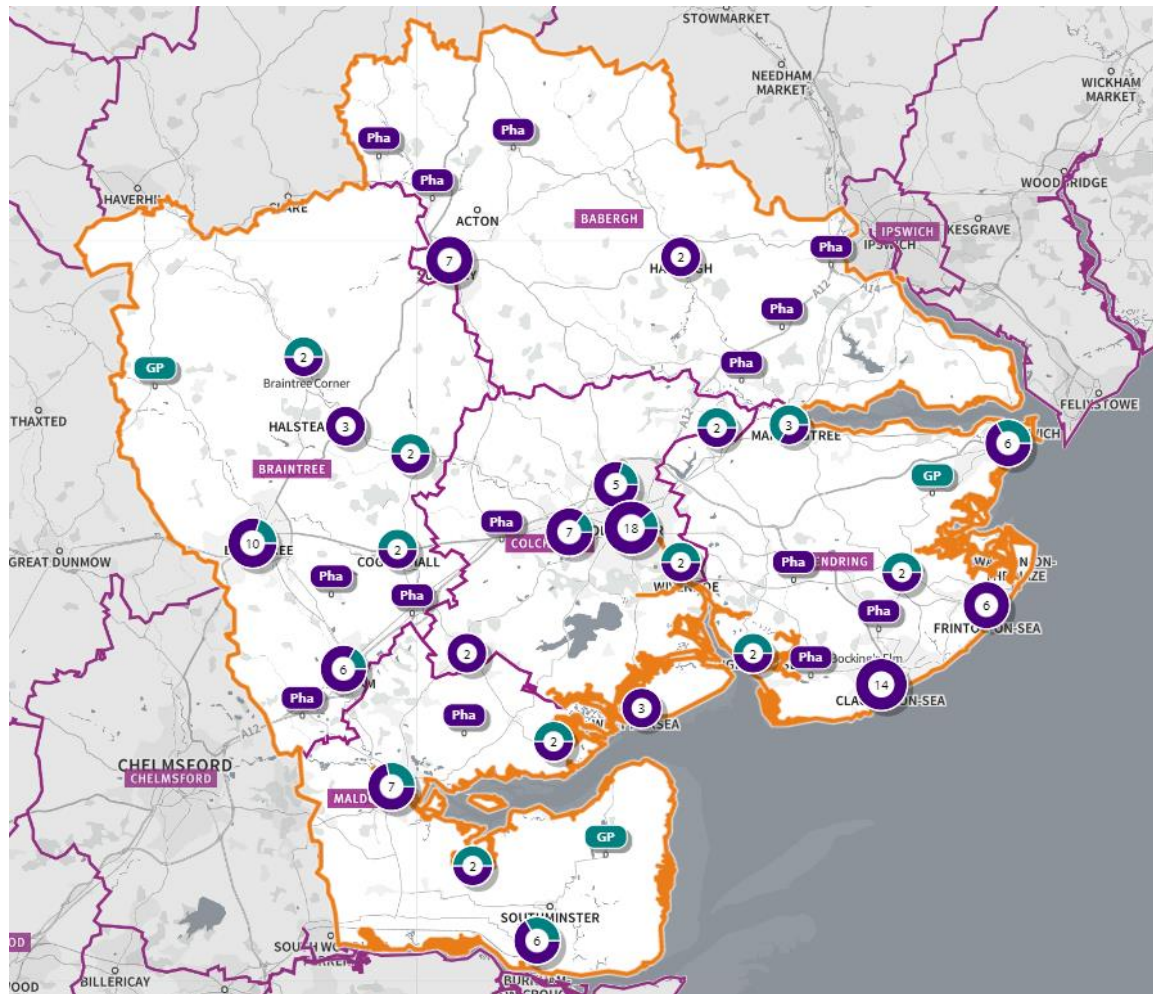
Further details can be accessed in the Essex Joint Strategic Needs Assessment <https://data.essex.gov.uk/>

Figure 43 Map of Colchester Pharmacies



Source: [Shape Place Atlas](#) (as at 22/03/22)

Figure 44 Map of Pharmacies and dispensing doctors within the Colchester locality, and neighbouring pharmacy provision



Source: [Shape Place Atlas](#)

Pharmaceutical services provision in the locality

Provision

The information contained in this report was obtained from NHSE, local commissioners and a contractor survey.

Opening hours were obtained via the NHSE pharmacy contracts team.

Service provision for advanced services was obtained via NHSE, NHSBSA and with the support of the local LPC.

Access

Appendix F shows that using the base population data on the SHAPE Place Atlas platform, it is possible to calculate the Essex population (and by district) that are estimated to have a journey time either within 20 minutes, 20 - 30 minutes or over 30 minutes to a pharmacy across Essex and within a 1.6KM buffer zone around Essex by each journey method.

Overall, across Essex, generally residents are within a relatively short travel time whichever method is chosen:

- 99.9% of the Essex population could get to a pharmacy in a 20-minute drive.
- 95% a 20-minute public transport journey.
- 83% within a 20-minute walk. Residents have to travel for longer if they walk.
- 11% over 30-minute walk away.
- Colchester residents can drive to a pharmacy within 20 minutes
- Most residents can get to a pharmacy within a 20-minute journey on public transport in most districts. However, some districts see a relatively high % of their population having to travel for longer (Braintree, Maldon, Uttlesford 20-30 minutes; Braintree, Epping Forest, Uttlesford over 30 minutes).
- Most residents can get to a pharmacy within 20-minute walk in most districts. Some districts however see a relatively higher % of their population that'd have to walk further (Braintree, Brentwood, Uttlesford 20-30 minutes; Braintree, Maldon, Uttlesford over 30 minutes).

Travel time to access pharmaceutical services are no longer than journey times to access key services as shown in section 6 of this report.

From the results of the public survey (Appendix E) 83% of residents stated that they had a reasonable distance to travel to the pharmacy equating to less than 20 minutes, 14% had travelled between 20 and 30 minutes, and 3% had travelled between 30-45 minutes. 61% made the trip by car, and 34% had travelled on foot—only 3% used public transport and 2% a bicycle.

Colchester residents also have access to dispensing doctors, pharmacies in other HWB areas and distance selling pharmacies in England.

Analysis of dispensing flows in the North East Essex CCG area shows that 89% of prescriptions generated in the CCG are dispensed within the area and 11% out of area including 5% by distance selling pharmacies.

Pharmaceutical services in the locality

Table 24 Number and type of providers of pharmaceutical services in the area

Type Of Contract	Colchester
Total Number of Community Pharmacies	33
Dispensing Doctors	5
Dispensing Appliance Contractors	1
Distance Selling Pharmacies	1

Table 25 Pharmacy contractors in the locality and provision of commissioned services

<p>* Friday hours are taken as standard for Mon- Fri</p> <p>Services key:</p> <p>Services 1 & 2 are NHSE commissioned Advanced necessary services</p> <p>Services 3-6 are NHSE commissioned Advanced services</p> <p>Service 7 is an NHSE commissioned Enhanced service</p> <p>Service 8 is a CCG locally commissioned services</p> <p>Services 9-13 are local authority locally commissioned services</p>																		
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENT ARY	Hours: Sat OPENING HOURS SUPPLEMENT ARY	Hours: Sun OPENING HOURS SUPPLEMENT ARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FTA74	Abbey Field Pharmacy	Abbey Field Medical Centre, Ypres Road	Colchester	CO2 7UW	8:30 – 18:00 8:30 - 9:00 & 17:30 - 18:00	9:00 - 13:00	Closed	✓	✓			✓	✓			✓				
FXG91	Ambrose Pharmacy (100 Hour Pharmacy)	76 Ambrose Avenue	Colchester	CO3 4LN	8:00 - 22:30	8:00 - 22:30	8:00 - 21:00	✓				✓	✓		✓	✓				
FWM54	Asda Pharmacy (100 Hour Pharmacy)	Unit 9 Turner Rise, Petrolea Close	Colchester	CO4 5TU	7:00 - 23:00	7:00 - 22:00	10:00 - 16:00	✓				✓	✓			✓	✓			

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FD158	Boots	Fiveways Superstore, Peartree Road	Colchester	CO3 0JX	8:30 - 19:00 8:30 - 9:00 & 13:00 - 14:00 & 18:00 - 19:00	8:30 - 13:00 & 14:00 - 17:00 Closed 13:00 - 14:00		✓	✓				✓							
FGG82	Boots	11 Vine Parade, Wivenhoe	Colchester	CO7 9HA	9:00 - 18:30 18:00 - 18:30 Closed 13:00 - 14:00	9:00 - 17:00 14:00 - 17:00 Closed 13:00 - 14:00	Closed	✓	✓				✓							
FHH99	Boots	37 Barfield Road. West Mersea	Colchester	CO5 8QX	8:30 - 17:30 8:30 - 9:00 Closed 13:00 - 14:00	9:00 - 17:00 11:30 - 13:00 & 14:00 - 17:00 Closed 13:00 - 14:00	Closed					✓	✓							
FMP08	Boots (100 Hour Pharmacy)	2/4 West Parade, Plume Avenue	Colchester	CO3 4PG	8:00 - 23:00	8:00 - 23:00	09:00 - 19:00	✓					✓				✓			
FQ064	Boots	5-6 Lion Walk	Colchester	CO1 1LX	8:30 - 17:30 8:30 - 9:30 & 17:00 - 17:30 Closed 14:00 - 15:00	8:30 - 17:30 8:30 - 9:30 & 17:00 - 17:30 Closed 14:00 - 15:00	10:30 - 16:30	✓	✓			✓	✓			✓				

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FQL97	Boots	St Edmunds Centre, Tamarisk Way. Greenstead	Colchester	CO4 3GW	9:00 - 18:30 18:00 - 18:30 Closed 13:00 - 14:00	9:00 - 17:00	Closed						✓			✓	✓			
FWC44	Boots (100 Hour Pharmacy)	Unit 9 Tollgate West. Stanway	Colchester	CO3 8RG	8:00 - 24:00	8:00 - 24:00 22:00 - 24:00	10:00 - 24:00 16:00 - 24:00	✓								✓	✓			
FWP44	Boots	3-5 The Centre, Church Road. Tiptee	Colchester	CO5 0HF	8:30 - 19:00 8:30 - 9:00 & 13:00 - 14:00 & 18:00 - 19:00	8:30 - 17:30 8:30 - 9:00 & 13:00 - 17:30	Closed	✓				✓	✓			✓				

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENT ARY	Hours: Sat OPENING HOURS SUPPLEMENT ARY	Hours: Sun OPENING HOURS SUPPLEMENT ARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FXK05	Boots	118 Military Road	Colchester	CO1 2AR	8:30 - 18:30 8:30 - 9:00 & 13:00 - 14:00 & 18:00 - 18:30	9:00 - 17:00	Closed		✓				✓			✓	✓			
FCX92	Care Pharmacy (100 Hour Pharmacy)	Retail Unit 1, 37/39 Kingsland Road. West Mersea	Colchester	CO5 8RA	7:00 - 21:00	6:00 - 21:00	6:00 - 21:00	✓					✓							
FRH62	Cavalry Road Pharmacy	15 Cavalry Road	Colchester	CO2 7GH	8:00 - 20:00 8:00 - 9:00 & 13:00 - 14:00 & 18:00 - 20:00	8:00 - 13:00	Closed	✓				✓	✓		✓					
FAX47	Crouch End Pharmacy	77 Crouch Street	Colchester	CO3 3EZ	9:00 - 18:00 13:00 - 14:00	Closed	Closed	✓				✓	✓			✓				
FCF12	Day Lewis Pharmacy	338 Harwich Road	Colchester	CO4 3HP	9:00 - 18:00 Closed 13:00 - 13:30	9:00 - 13:00	12:00 - 14:00 13:00 - 14:00	✓	✓			✓	✓				✓			
FE605	Day Lewis Pharmacy	7 Priory Walk	Colchester	CO1 1LG	9:00 - 17:30 13:30 - 14:00	9:00 - 13:00	Closed	✓			✓	✓	✓			✓	✓			

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FPQ30	Day Lewis Pharmacy	38 St.Christopher Road	Colchester	CO4 0NA	9:00 - 17:30 17:00 - 17:30	9:00 - 13:00	Closed	✓	✓			✓	✓			✓	✓			
FTG75	Dedham Pharmacy	High Street	Dedham	CO7 6DE	9:00 - 17:00 Closed 13:00 - 14:00	9:00 - 14:00	Closed	✓	✓			✓	✓							
FC645	Hutt Pharmacy	4 The Square, Icen Way	Colchester	CO2 9EB	9:00 - 18:00 Closed 13:00 - 14:00	9:00 - 13:00	Closed	✓	✓				✓			✓	✓			
FK840	Island Pharmacy (100 Hour Pharmacy)	4 & 5 Kingsway, Barfield Rd. West Mersea	Colchester	CO5 8QT	7:00 - 23:00	7:00 - 21:00	10:30 - 16:30	✓					✓							
FQ682	Lloyds Pharmacy	1 Western Approach, Stanway	Colchester	CO3 8AA	8:00 - 22:00 8:00 - 9:00 & 12:00 - 15:00 & 18:00 - 22:00	8:00 - 20:00 8:00 - 9:00 & 13:00 - 20:00	10:00 - 16:00	✓				✓	✓							
FQK85	Lloyds Pharmacy	102 The Commons, Prettygate	Colchester	CO3 4NW	8:45 - 18:00 11:45 - 14:00	9:00 - 17:30 13:00 - 17:30	Closed	✓	✓			✓	✓			✓				

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FEL66	Marks Tey Pharmacy	89 London Road	Colchester	CO6 1EB	8:30 - 17:30 8:30 - 9:00 & 13:00 - 14:00	9:00 - 14:00	Closed	✓	✓			✓	✓							
FN556	Mersea Road Pharmacy	358 Mersea Road	Colchester	CO2 8RB	9:00 - 18:30 12:30 - 14:30	9:00 - 13:00 9:00 - 9:30 & 12:00 - 13:00	Closed	✓	✓			✓	✓			✓	✓			
FJH41	Priory Pharmacy	81A East Hill	Colchester	CO1 2QW	8:30 - 18:30 8:30 - 9:00 & 18:00 - 18:30 Closed 13:00 - 14:00	Closed	Closed	✓				✓	✓			✓				
FV129	Queen Street Pharmacy (100 Hour Pharmacy)	12 Queen Street	Colchester	CO1 2PJ	7:00 - 23:00	7:00 - 21:00	10:30 - 16:30	✓	✓		✓		✓			✓				
FT659	Rowlands Pharmacy	13 Nayland Road	Colchester	CO4 5EG	9:00 - 18:00 Closed 13:00 - 14:00	Closed	Closed	✓					✓							
FTC16					8:00 - 20:00	8:00 - 20:00		✓	✓		✓		✓				✓			

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
	Tesco In-store Pharmacy	The In-Store Pharmacy, Highwoods	Colchester	CO4 9ED	8:00 - 9:00 & 13:00 - 14:00 & 16:30 - 20:00	8:00 - 9:00 & 13:00 - 14:00 & 16:30 - 20:00	10:00 - 16:00													
FGW89	The Hythe Pharmacy	2 Hythe Quay	Colchester	CO2 8JB	9:00 - 18:00 13:00 - 14:00	9:00 - 13:00	Closed	✓	✓		✓		✓		✓	✓	✓			
FPP46	Tiptree Pharmacy (100-Hour Pharmacy)	Unit 4, 80 Church Road	Colchester	CO5 0HB	8:00 - 22:30	8:00 - 22:00	9:00 - 22:00	✓	✓		✓		✓		✓					
FW890	West Bergholt Pharmacy	39 Chapel Road	Colchester	CO6 3JB	9:00 - 18:00 Closed 13:00 - 14:00	9:00 - 13:00	Closed	✓	✓			✓	✓							
FQV90	Welpharm Pharmacy (DSP)	4 Phoenix Court, Hawkins Road	Colchester	CO2 8JY	9:00 - 17:00	Closed	Closed	✓												
FWC51	Fittleworth Medical Ltd (DAC)	D41-D42 Moorside Business	Colchester	CO1 2ZF	9:00 - 15:00			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Colchester opening hours

- Weekday opening hours were taken from Friday as a standard.
Monday to Friday, all 33 community pharmacies are open between the hours of 9:00 to 17:00.
Earliest opening time is 7.00 and latest closing time is 24.00.
- On Saturdays 29 pharmacies are open in the morning and 19 of the pharmacies remain open in the afternoon. The latest closing time is 24.00.
- On Sundays 12 pharmacies are open, earliest opening is 6.00 and latest closing is 24.00.

Services (data January 2022)

There is good access to commissioned services within the locality.

The necessary services of NMS and CPCS are provided by many of the pharmacies.

The NHSE commissioned services that are not provided by pharmacies are delivered by other organisations in the locality.

Housing (Appendix G)

The impact of local housing development plans on provision of pharmaceutical services has been considered but has not identified any gaps in pharmaceutical services provision in the area during the lifetime of this PNA.

No gaps in the provision of necessary pharmaceutical services have been identified in the Colchester locality

No gaps in pharmaceutical services have been identified that if provided either now or in the future would secure improvements or better access to relevant services across the Colchester locality

7.7 Epping Forest Locality



Epping Forest Locality

Epping Forest district covers an area of 339 square kilometers, the key population centers are the commuter towns of Loughton, Chigwell and Buckhurst Hill, as well as the market towns of Epping, Waltham Abbey and Ongar. Epping Forest has a population of 132,175 with 390 people living per square km.

14.7% of the population is of BAME ethnicity which makes it the second most diverse among all Essex districts. Epping forest was ranked 200 out of 317 lower tier local authorities placing it among the upper 40% of the least deprived local authorities nationally.

Only 1.3% of the total population live in the most deprived deciles.



Population: **132,175**
Area (sq. Km): **339**
People/sq. Km: **390**



Life expectancy at birth
Male : **80.4 years**
Female : **84 years**



Educational attainment (5 or more GCSEs) % of all children: **59.8%**



White British: **85.2%**
White non British: **5.3%**
Mixed: **2.1%**
Asian/Asian British: **4.8%**
Black/Black British: **1.9%**
Total BAME residents: **14.7%**



IMD rank: **200**
Residents living in most deprived decile: **1.3 %**
Homelessness rate/1000: **2**



18+ overweight/obese: **62.1%**
Physically inactive adults: **19.9%**



Job density/ working age population: **0.81**
Unemployment: **4.2%**
% 16-64 year olds receiving employment support: **3.9%**



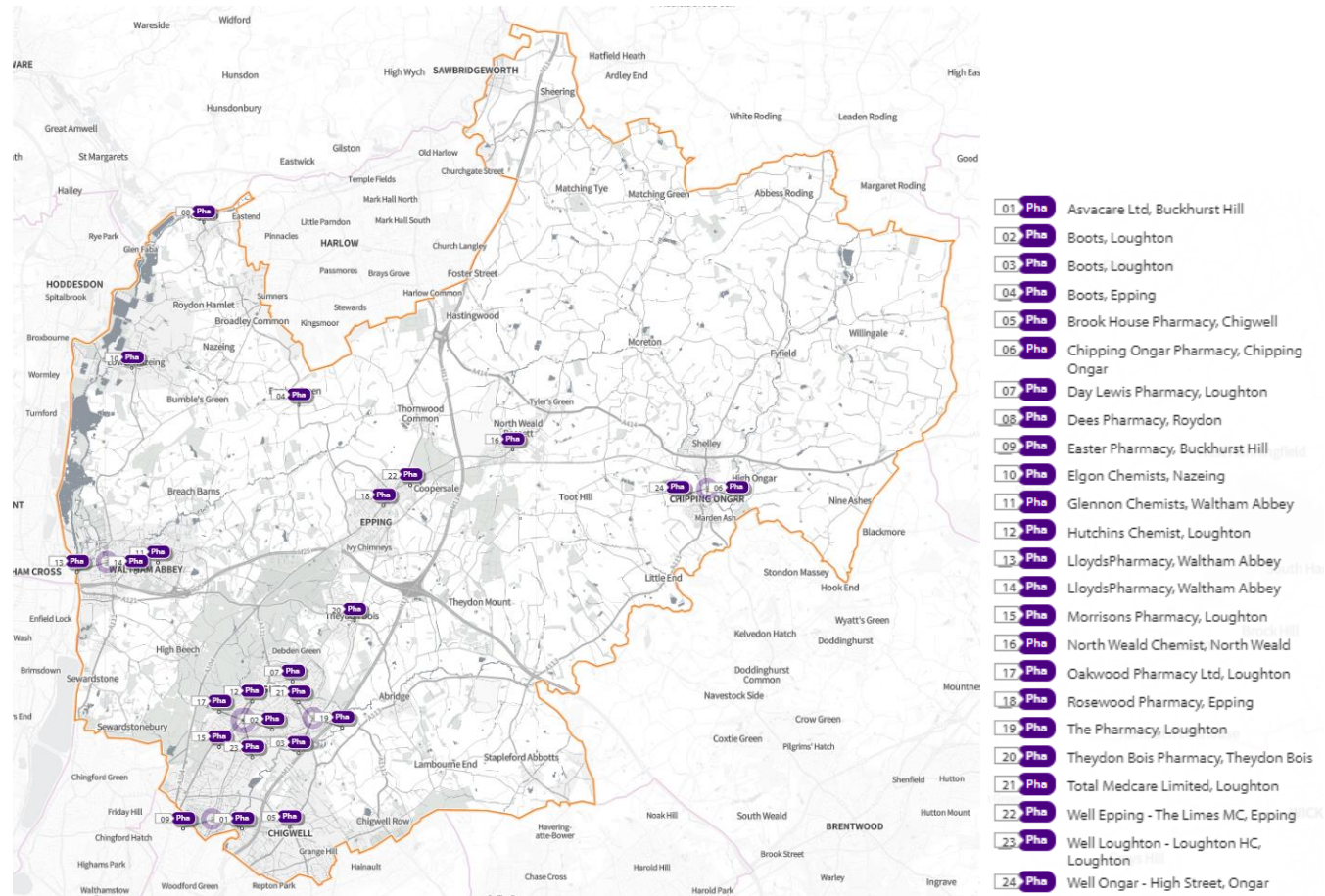
Depression QoF Incidence (18+): **0.8%**
Suicide rate/100000: **7.4**
Loneliness: **15.1%**



Fuel poverty: **11.3%**
Green infrastructure assets: **28.2%**

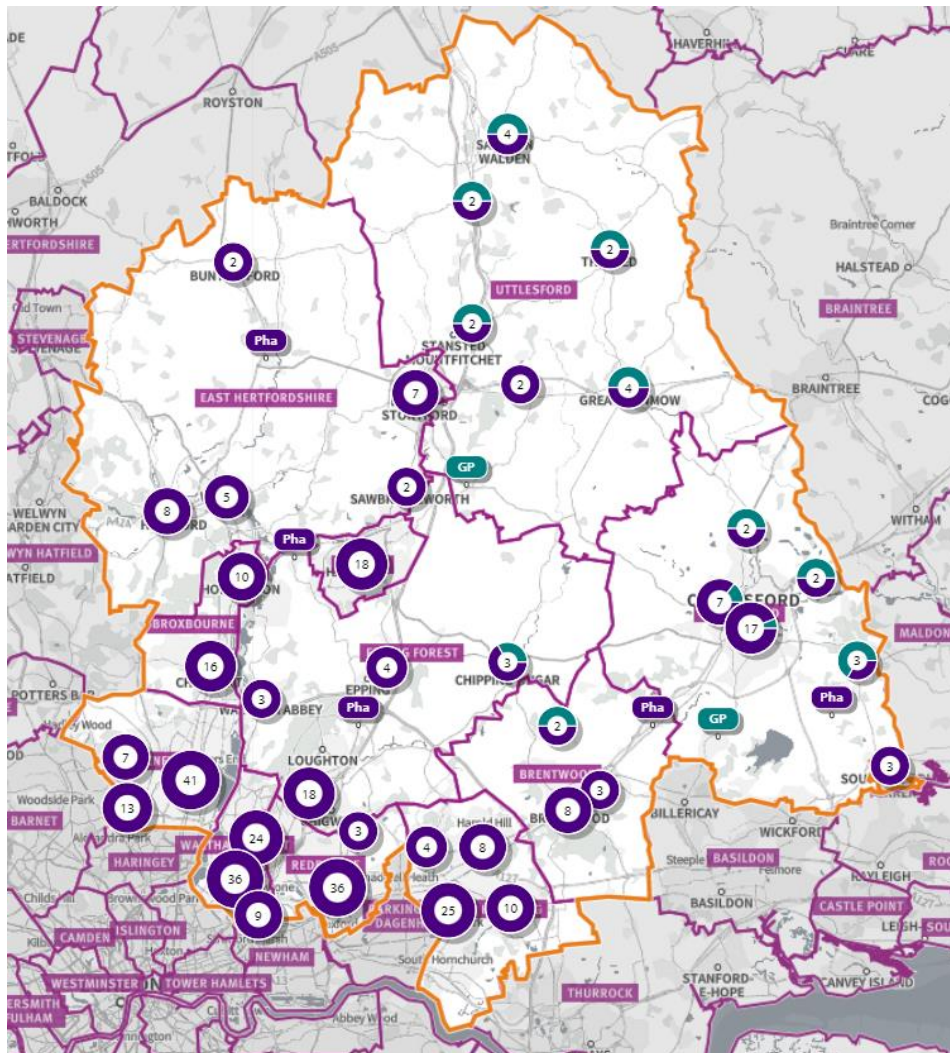
Further details can be accessed in the Essex Joint Strategic Needs Assessment <https://data.essex.gov.uk/>

Figure 45 Map of Epping Forest Pharmacies



Source: [Shape Place Atlas](#) (as at 22/03/22)

Figure 46 Map of Pharmacies and dispensing doctors within the Epping Forest locality, and neighbouring pharmacy provision



Source: [Shape Place Atlas](#)

Pharmaceutical services provision in the locality

Provision

The information contained in this report was obtained from NHSE, local commissioners and a contractor survey.

Opening hours were obtained via the NHSE pharmacy contracts team.

Service provision for advanced services was obtained via NHSE, NHSBSA and with the support of the local LPC.

Access

Appendix F shows that using the base population data on the SHAPE Place Atlas platform, it is possible to calculate the Essex population (and by district) that are estimated to have a journey time either within 20 minutes, 20 - 30 minutes or over 30 minutes to a pharmacy across Essex and within a 1.6KM buffer zone around Essex by each journey method.

Overall, across Essex, generally residents are within a relatively short travel time whichever method is chosen:

- 99.9% of the Essex population could get to a pharmacy in a 20-minute drive.
- 95% a 20-minute public transport journey.
- 83% within a 20-minute walk. Residents have to travel for longer if they walk.
- 11% over 30-minute walk away.
- Epping Forest residents can drive to a pharmacy within 20 minutes.
- Most residents can get to a pharmacy within a 20-minute journey on public transport in most districts. However, some districts see a relatively high % of their population having to travel for longer (Braintree, Maldon, Uttlesford 20-30 minutes; Braintree, Epping Forest, Uttlesford over 30 minutes).
- Most residents can get to a pharmacy within 20-minute walk in most districts. Some districts however see a relatively higher % of their population that'd have to walk further (Braintree, Brentwood, Uttlesford 20-30 minutes; Braintree, Maldon, Uttlesford over 30 minutes).

Travel time to access pharmaceutical services are no longer than journey times to access key services as shown in section 6 of this report.

From the results of the public survey (Appendix E) 83% of residents stated that they had a reasonable distance to travel to the pharmacy equating to less than 20 minutes, 14% had travelled between 20 and 30 minutes, and 3% had travelled between 30-45 minutes. 61% made the trip by car, and 34% had travelled on foot—only 3% used public transport and 2% a bicycle.

Epping Forest residents also have access to dispensing doctors, pharmacies in other HWB areas and distance selling pharmacies in England.

Analysis of dispensing flows in the West Essex CCG area shows that 86% of prescriptions generated in the CCG are dispensed within the area and 14% out of area including 5% by distance selling pharmacies.

Pharmaceutical services in the locality

Table 26 Number and type of providers of pharmaceutical services in the area

Type Of Contract	Epping Forest
Total Number of Community Pharmacies	24
Dispensing Doctors	1
Dispensing Appliance Contractors	0
Distance Selling Pharmacies	1

Table 27 Pharmacy contractors in the locality and provision of commissioned services

* Friday hours are taken as standard for Mon- Fri

Services key:

Services 1 & 2 are NHSE commissioned Advanced **necessary services**

Services 3-6 are NHSE commissioned Advanced services

Service 7 is an NHSE commissioned Enhanced service

Service 8 is a CCG locally commissioned services

Services 9-13 are local authority locally commissioned services

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FM777	AsvaCare Ltd	32 Queens Road	Buckhurst Hill	IG9 5BY	9.00 - 18.30 17.00 - 18.30	9.00 - 17.30	Closed	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	
FRL76	Boots	230 High Road	Loughton	IG10 1EZ	9.00 - 17.30 9.00 - 9.30 Closed 13.00 - 14.00	9.00 - 17.30 9.00- 10.00 & 16.00- 17.30 Closed 13.00 - 14.00	Closed		✓				✓		✓					
FVE03	Boots	18 The Broadway	Loughton	IG10 3ST	8.45- 17.30 8.45 - 9.00, 13.30 - 14.30 & 17.00 - 17.30	8.45- 17.30 8.45 - 9.00, 13.30 - 14.30 & 17.00 - 17.30		✓	✓				✓		✓					
							Closed													

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <i>SUPPLEMENTARY</i>	Hours: Sat OPENING HOURS <i>SUPPLEMENTARY</i>	Hours: Sun OPENING HOURS <i>SUPPLEMENTARY</i>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FKV13	Boots	223 High Street	Epping	CM16 4BL	9.00- 17.30 <i>9.00 - 10.00 & 17.00- 17.30</i>	9.00 - 17.30 <i>9.00 - 10.00 & 16.00 - 17.30</i> <i>Closed 14.00 - 15.00</i>	Closed	✓					✓		✓	✓				
FG311	Brook House Pharmacy	20 Brook Parade, High Road	Chigwell	IG7 6PF	9.00 - 19.00 <i>17.00 - 19.00</i>	<i>9.00 - 17.30</i>	Closed	✓				✓								
FA684	Chipping Ongar Pharmacy	205 High Street	Chipping Ongar	CM5 9JG	8.30 - 18.30 <i>8.30 - 9.00, 12.30 - 14.00 & 18.00 - 18.30</i>	9.00 - 13.00 <i>9.00 - 9.30 & 12.00 -13.00</i>	Closed	✓				✓	✓		✓	✓	✓			
FP522	Day Lewis Pharmacy	48 Pyrles Lane	Loughton	IG10 2NN	9.00 - 18.00	<i>9.00 - 13.00</i>	Closed	✓	✓			✓	✓	✓		✓			✓	✓
FCV41	Dees Pharmacy	100 High Street	Roydon	CM19 5EE	9.00 - 18.00	<i>9.00 - 17.00</i>	Closed	✓					✓			✓	✓			

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <i>SUPPLEMENTARY</i>	Hours: Sat OPENING HOURS <i>SUPPLEMENTARY</i>	Hours: Sun OPENING HOURS <i>SUPPLEMENTARY</i>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FTC47	Easter Pharmacy	54 Station Way	Buckhurst Hill	IG9 6LL	9.00 - 18.00 13.00 - 14.15 & 17.30 - 18.00	9.00 - 17.30	Closed	✓	✓		✓	✓		✓	✓	✓	✓			
FFQ99	Elgon Chemists	6-8 Nazeingbury Parade	Nazeing	EN9 2JL	9.00 - 17.30 13.00 - 13.30	9.00 - 13.00	Closed	✓												
FW13 9	Glennon Chemists	8 Hillhouse, Ninefields Estate	Waltham Abbey	EN9 3EL	9.00 - 18.30 Closed 13.00 - 14.30	9.00 - 17.00 10.30 - 17.00	Closed	✓	✓	✓			✓		✓					✓
FDC61	Hutchins Chemist	197 High Road	Loughton	IG10 4LF	9.00 - 18.30 17.30 - 18.30 Closed 13.00 - 14.00	9.00 - 17.00 11.30 - 17.00 Closed 13.00 - 14.00	Closed	✓			✓	✓	✓							
FTH60	Lloyds Pharmacy	Thrift Cottage Site, Sewardstone Road	Waltham Abbey	EN9 1NP	9.00 - 18.00 11.30 - 12.30	Closed	Closed	✓				✓				✓				
FX100	Lloyds Pharmacy	10 Sun Street	Waltham Abbey	EN9 1EE	8.39 - 18.30 8.30 - 9.00 & 12.30 - 15.30	8.30 - 17.00 8.30 - 9.00 & 12.30 - 13.00	Closed	✓	✓			✓								✓

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <i>SUPPLEMENTARY</i>	Hours: Sat OPENING HOURS <i>SUPPLEMENTARY</i>	Hours: Sun OPENING HOURS <i>SUPPLEMENTARY</i>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FER40	Morrisons Pharmacy	246-250 High Road	Loughton	IG10 1RB	8.30 - 20.00 8.30 - 9.00, 13.00 - 14.00 & 17.00 - 20.00	8.00 - 19.00 8.00 - 9.00, 13.00 - 14.00 & 15.00 - 19.00	11.00 - 17.00	✓					✓							
FLR33	North Weald Chemist	48 High Road	North Weald	CM16 6BU	9.00 - 18.30 13.00 - 14.00 & 17.30 - 18.30	9.00 - 17.30 11.30 - 17.30	Closed	✓	✓						✓					
FYE61	Oakwood Pharmacy Ltd	118 Roding Road	Loughton	IG10 3EJ	9.00 - 18.30 17.00 - 18.30	9.00 - 17.00		✓					✓			✓				
FPH02	Rosewood Pharmacy	283-284 High Street	Epping	CM16 4DA	9.00 - 18.00 12.30 - 14.30	9.00 - 17.30 11.30 - 15.00	Closed	✓				✓	✓							
FY418	The Pharmacy	36 The Broadway	Loughton	IG10 3ST	9.00 - 18.00 13.00 - 14.00 & 17.00 - 18.00	9.00 - 17.30 14.00 - 17.30	Closed	✓					✓						✓	

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <i>SUPPLEMENTARY</i>	Hours: Sat OPENING HOURS <i>SUPPLEMENTARY</i>	Hours: Sun OPENING HOURS <i>SUPPLEMENTARY</i>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FDE36	Theydon Bois Pharmacy	10 Forest Drive	Theydon Bois	CM16 7EY	9.00 - 17.30 <i>Closed 13.00 - 14.00</i>	9.00 - 17.00 <i>15.00 - 17.00</i>	Closed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
FEE11	Well Epping - The Limes Mc	The Limes Medical Centre, The Plain	Epping	CM16 6TL	9.00 - 18.30 <i>13.00 - 14.30</i>	Closed	Closed	✓				✓	✓		✓					
FG181	Well Loughton - Loughton Hc	Loughton Health Centre, The Drive	Loughton	IG10 1HW	8.30 - 18.30 <i>12.30 - 14.30</i>	Closed	Closed	✓				✓	✓					✓		
FAM66	Well Ongar - High Street	198-202 High Street	Ongar	CM5 9JJ	8.30 - 18.30 <i>8.30 - 9.00, 13.00 - 14.00 & 18.00 - 18.30</i>	Closed	Closed	✓				✓	✓		✓	✓				
FGE68	Total Medcare	Unit 1, Knight	Loughton	IG10 3UD	9.00 - 17.30	<i>9.00 - 12.00</i>	Closed	✓	✓			✓	✓		✓					

Service Key								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
	Limited (DSP)	House, Lenthall Road			Closed 13.00 - 13.30															

Epping Forest opening hours

- Weekday opening hours were taken from Friday as a standard.
Monday to Friday, all 24 community pharmacies are open between the hours of 9:00 to 17:00.
Earliest opening time is 8.30 and latest closing time is 20.00.
- On Saturdays 20 pharmacies are open in the morning and 16 of the pharmacies remain open in the afternoon. The latest closing time is 19.00.
- On Sundays 1 pharmacy is open between 11.00 and 17.00.

Services (data January 2022)

There is good access to commissioned services within the locality.

The necessary services of NMS and CPCS are provided by many of the pharmacies.

The NHSE commissioned services that are not provided by pharmacies are delivered by other organisations in the locality.

Housing (Appendix G)

The impact of local housing development plans on provision of pharmaceutical services has been considered but has not identified any gaps in pharmaceutical services provision in the area during the lifetime of this PNA.

No gaps in the provision of necessary pharmaceutical services have been identified in the
Epping Forest locality

No gaps in pharmaceutical services have been identified that if provided either now or in the future would
secure improvements or better access to relevant services across the Epping Forest locality

7.8 Harlow Locality



Harlow Locality

Harlow covers an area of 31 square kilometers and is one of several 'new towns' built in the 1950's to provide social housing to people living in London. The town was built on a theme of neighbourhood's around the town center. Each of the original seven neighbourhoods has necessary amenities – shops, schools, church, health center and district council neighbourhood offices. The aim across the town was to have large areas of green open spaces - most of which have been preserved.

Harlow has a population of 87,280 and is the most densely populated district in Essex with 2,858 people per square km. Harlow is also one of the more diverse districts with 16.1% of residents of Black Asian Minority Ethnicity (BAME), which is highest among all Essex districts.

In the Indices of Multiple Deprivation 2019 the Harlow Local Authority area was ranked 100 out of 317 lower tier authorities in England. This places Harlow in the lower 40% of most deprived Lower Tier Local Authorities nationally. As of 2019 the Harlow area contains 54 LSOAs of which 1 is ranked in the bottom two most deprived deciles nationally.



Population: **87,280**
Area (sq. Km): **31**
People/sq. Km: **2858**



Life expectancy at birth
Male : **78.6 years**
Female : **82.5 years**



Educational attainment (5 or more GCSEs) % of all children: **55.7%**



White British: **83.9%**
White non British: **5.2%**
Mixed: **2.1%**
Asian/Asian British: **4.6%**
Black/Black British: **3.8%**
Total BAME residents: **16.1%**



IMD rank: **100**
Residents living in most deprived decile: **2.5%**
Homelessness rate/1000: **7.4**



18+ overweight/obese: **63.5%**
Physically inactive adults: **22.3%**



Job density/ working age population: **0.84**
Unemployment: **5.3%**
% 16-64 year olds receiving employment support: **6.1%**



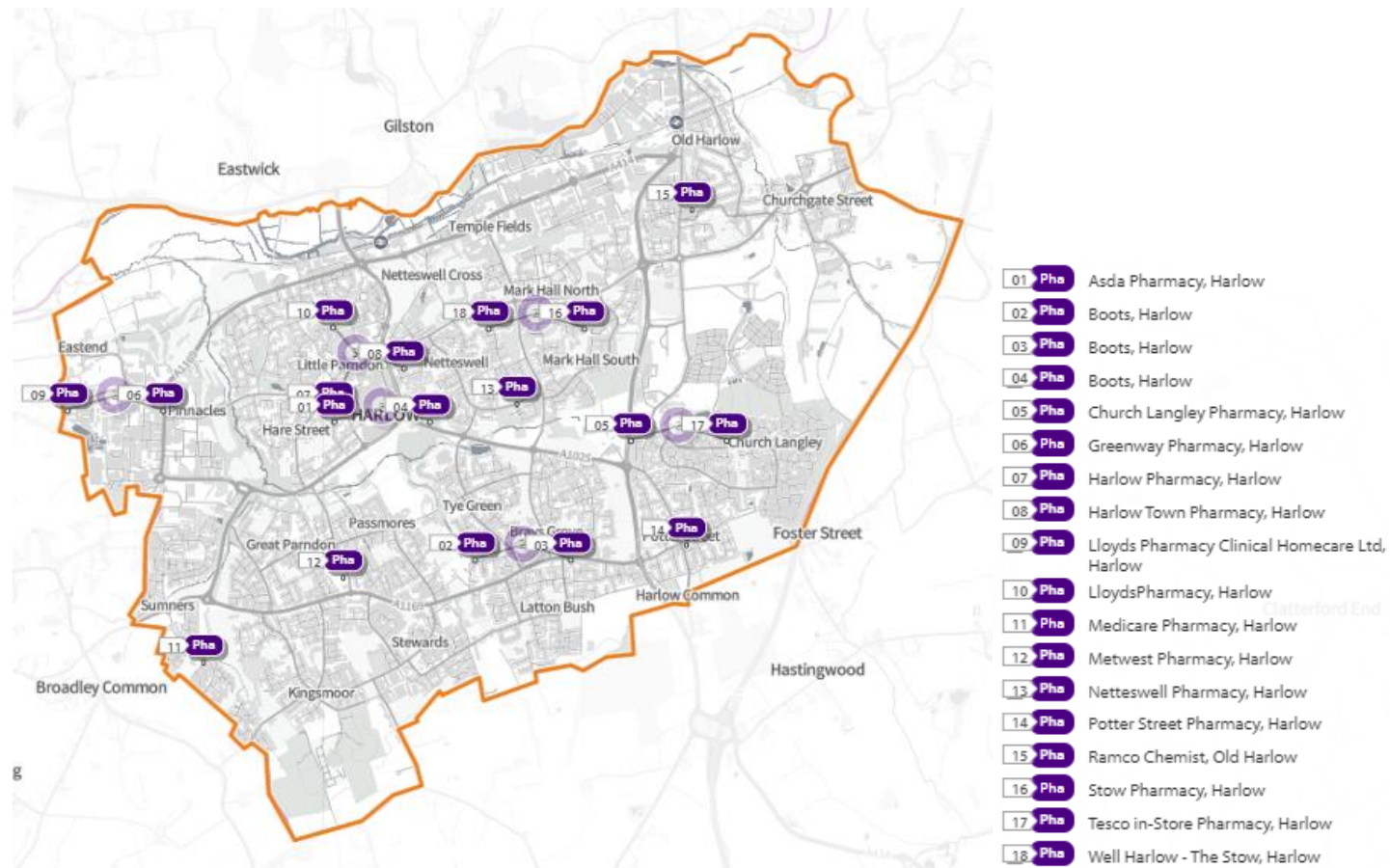
Depression QoF Incidence (18+): **1.7%**
Suicide rate/100000: **16.3**
Loneliness: **20.9%**



Fuel poverty: **13.3%**
Green infrastructure assets: **46.4%**

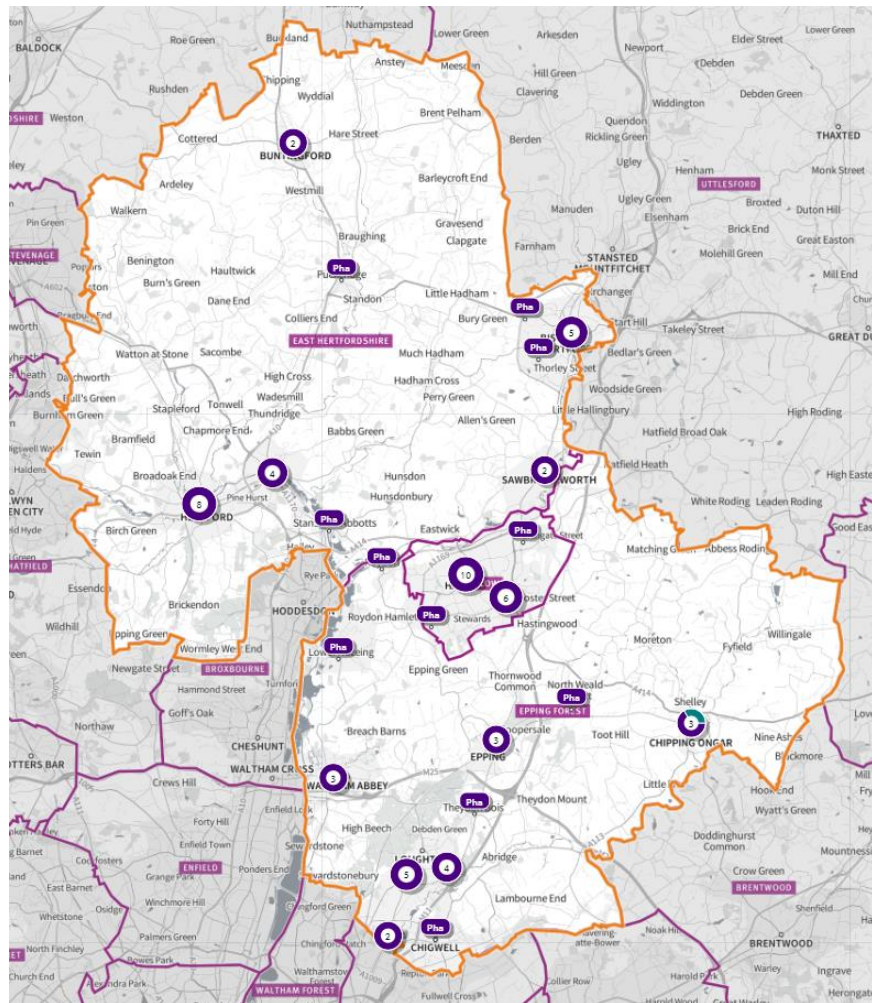
Further details can be accessed in the Essex Joint Strategic Needs Assessment <https://data.essex.gov.uk/>

Figure 47 Map of Harlow Pharmacies



Source: [Shape Place Atlas](#) (as at 22/03/22)

Figure 48 Map of Pharmacies and dispensing doctors within the Harlow locality, and neighbouring pharmacy provision



Source: [Shape Place Atlas](#)

Pharmaceutical services provision in the locality

Provision

The information contained in this report was obtained from NHSE, local commissioners and a contractor survey.

Opening hours were obtained via the NHSE pharmacy contracts team.

Service provision for advanced services was obtained via NHSE, NHSBSA and with the support of the local LPC.

Access

Appendix F shows that using the base population data on the SHAPE Place Atlas platform, it is possible to calculate the Essex population (and by district) that are estimated to have a journey time either within 20 minutes, 20 - 30 minutes or over 30 minutes to a pharmacy across Essex and within a 1.6KM buffer zone around Essex by each journey method.

Overall, across Essex, generally residents are within a relatively short travel time whichever method is chosen:

- 99.9% of the Essex population could get to a pharmacy in a 20-minute drive.
- 95% a 20-minute public transport journey.
- 83% within a 20-minute walk. Residents have to travel for longer if they walk.
- 11% over 30-minute walk away.
- Harlow residents can drive to a pharmacy within 20 minutes.
- Most residents can get to a pharmacy within a 20-minute journey on public transport in most districts. However, some districts see a relatively high % of their population having to travel for longer (Braintree, Maldon, Uttlesford 20-30 minutes; Braintree, Epping Forest, Uttlesford over 30 minutes).
- Most residents can get to a pharmacy within 20-minute walk in most districts. Some districts however see a relatively higher % of their population that'd have to walk further (Braintree, Brentwood, Uttlesford 20-30 minutes; Braintree, Maldon, Uttlesford over 30 minutes).

Travel time to access pharmaceutical services are no longer than journey times to access key services as shown in section 6 of this report.

From the results of the public survey (Appendix E) 83% of residents stated that they had a reasonable distance to travel to the pharmacy equating to less than 20 minutes, 14% had travelled between 20 and 30 minutes, and 3% had travelled between 30-45 minutes. 61% made the trip by car, and 34% had travelled on foot—only 3% used public transport and 2% a bicycle.

Harlow residents also have access to pharmacies in other HWB areas and distance selling pharmacies in England. Analysis of dispensing flows in the West Essex CCG area shows that 86% of prescriptions generated in the CCG are dispensed within the area and 14% out of area including 5% by distance selling pharmacies.

Pharmaceutical services in the locality

Table 28 Number and type of providers of pharmaceutical services in the area

Type Of Contract	Harlow
Total Number of Community Pharmacies	16
Dispensing Doctors	0
Dispensing Appliance Contractors	0
Distance Selling Pharmacies	2

Table 29 Pharmacy contractors in the locality and provision of commissioned services

* Friday hours are taken as standard for Mon- Fri

Services key:

Services 1 & 2 are NHSE commissioned Advanced **necessary services**

Services 3-6 are NHSE commissioned Advanced services

Service 7 is an NHSE commissioned Enhanced service

Service 8 is a CCG locally commissioned services

Services 9-13 are local authority locally commissioned services

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FLH17	Asda Pharmacy (100 Hour Pharmacy)	Water Gardens	Harlow	CM20 1AN	7.00 - 23.00	7.00 - 22.00	11.00 - 17.00	✓	✓			✓	✓		✓	✓	✓			✓
FCX16	Boots	5 Bush House, Bush Fair	Harlow	CM18 6NS	9.00 - 18.00 13.00 - 14.00	9.00 - 17.00	Closed		✓				✓							
FNQ36	Boots		Harlow	CM18 6PA	8.30 - 18.30	9.00 - 17.00			✓				✓		✓				✓	✓

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
		9 North House, Bush Fair			8.30 - 9.00, 12.30 - 13.30 & 18.00 - 18.30	12.30 - 17.00	Closed													
FTV09	Boots	37 Broadwalk	Harlow	CM20 1JA	8.30-17.30 8.30 - 10.00 & 17.00 - 17.30	8.30 - 18.00 8.30 - 10.00 & 16.00 - 18.00	10.00 - 16.00	✓	✓			✓	✓		✓					
FHF14	Church Langley Pharmacy	Florence Nightingale Health Centre, Minton lane	Harlow	CM17 9TG	9.00 - 18.30 13.00 - 14.00 & 18.00 - 18.30	Closed	Closed	✓	✓				✓							
FD523	Harlow Pharmacy (100 Hour Pharmacy)	Unit 2, Wych Elm	Harlow	CM20 1QR	8.00 - 23.00	8.00 - 22.00	8.00 - 22.00	✓	✓		✓	✓	✓	✓	✓	✓	✓			
FCP20			Harlow	CM20 1BL	9.00 - 17.30	Closed		✓	✓			✓	✓			✓	✓			✓

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
	Harlow Town Pharmacy	5 Market House, Stone Cross			13.00 - 13.30		Closed													
FE570	Lloyds Pharmacy	Fifth Avenue, Allende Ave	Harlow	CM20 2AG	8.30 - 21.00 8.30 - 9.00, 12.00 - 15.00 & 19.00 - 21.00	8.30 - 21.00 8.30 - 9.00 & 14.00 - 21.00	10.00 - 16.00	✓				✓	✓							
FLV19	Medicare Pharmacy	1 Sumners Hatch, Broadley Road	Harlow	CM19 5RD	9.00 - 18.30 18.00 - 18.30 & Closed 12.30 - 13.30	Closed	Closed	✓	✓			✓	✓			✓	✓			
FFP42	Metwest Pharmacy	Unit 2, Lister House	Harlow	CM18 6YJ	9.00 - 18.30		Closed	✓			✓	✓	✓			✓	✓		✓	✓

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
		Health Centre, Abercrombie Way			13.00 - 14.00 & 18.00 - 18.30	9.00 - 13.00														
FWF31	Netteswell Pharmacy	1 Pypers Hatch, Maddox Road	Harlow	CM20 3NG	9.00 - 19.00 13.00 - 14.00	9.00 - 13.00	Closed		✓				✓	✓			✓		✓	
FKE56	Potter Street Pharmacy	12 Prentice Place, Potter Street	Harlow	CM17 9BG	9.00 - 18.00 13.00 - 14.00	Closed	Closed	✓	✓				✓		✓	✓			✓	
FRC09	Ramco Dispensing Chemist	43/45 High Street	Old Harlow	CM17 0DN	9.00 - 18.30 13.00 - 13.30 & 17.00 - 18.30	10.00 - 17.00	Closed	✓					✓							✓
FCP78	Stow Pharmacy	16 The Stow, Mark Hall	Harlow	CM20 3AH	9.00 - 17.30	9.00 - 17.30	Closed	✓	✓			✓	✓	✓						✓

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
					9.00 - 10.00 & 17.00 - 17.30	9.00 - 10.00, 14.00 - 15.00 & 16.00 - 17.30														
FM358	Tesco In-store Pharmacy (100 Hour Pharmacy)	Church Langley Way	Harlow	CM17 9TE	6.30 - 22.30	6.30 - 22.00	10.00 - 16.00	✓							✓					
FW755	Well Harlow - The Stow	107 The Stow	Harlow	CM20 3AS	8.30 - 18.30 8.30 - 9.00, 13.00 - 14.00 & 18.00 - 18.30	Closed	Closed	✓			✓	✓	✓		✓			✓	✓	✓
FKL27	Lloyds Pharmacy Clinical Homecare Ltd (DSP)	Unit 4, Scimitar Park, Roydon Road	Harlow	CM19 5GU	9.00-17.30 17.00 – 17.30	Closed	Closed	N/A												
FR251		Unit 78 Greenway	Harlow	CM19 5QE	9.00-17.30	Closed	Closed	N/A												

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
	Greenway Pharmacy (DSP)	Business Centre (DSP)			17.00 – 17.30															

Harlow opening hours

- Weekday opening hours were taken from Friday as a standard.
Monday to Friday, all 16 community pharmacies are open between the hours of 9:00 to 17:00
Earliest opening time is 6.30 and latest closing time is 23.00
- On Saturdays 11 pharmacies are open in the morning and 9 of the pharmacies remain open in the afternoon. The latest closing time is 22.00
- On Sundays 5 pharmacies open, longest opening times are 8.00 to 22.00

Services (data January 2022)

There is good access to commissioned services within the locality.

The necessary services of NMS and CPCS are provided by many of the pharmacies.

The NHSE commissioned services that are not provided by pharmacies are delivered by other organisations in the locality.

Housing (Appendix G)

The impact of local housing development plans on provision of pharmaceutical services has been considered but has not identified any gaps in pharmaceutical services provision in the area during the lifetime of this PNA.

No gaps in the provision of necessary pharmaceutical services have been identified in the
Harlow locality

No gaps in pharmaceutical services have been identified that if provided either now or in the future would
secure improvements or better access to relevant services across the Harlow locality

7.9 Maldon Locality



Maldon Locality

The Maldon district has a coastal border stretching from the Burnham-on-Crouch estuary, round the Dengie peninsula up to the nuclear facility at Bradwell on the River Blackwater covering an area of 358 square kilometers.

The district is home to the towns of Maldon, Burnham-on-Crouch and Heybridge along with several smaller villages: it is sparsely populated outside of the towns. With a population of 65,401 it is one of the least populous Essex districts with 183 people living per square km. 95.8% of the population are of White British ethnicity.

In the Indices of Multiple Deprivation 2019 the Maldon Local Authority area was ranked 211 out of 317 Lower Tier Local Authorities (LTLAs) in England. This places Maldon in the upper 40% of least deprived LTLAs nationally. Maldon is also one of the three LTLAs in Essex which has no residents in the bottom 1&2 deciles.



Population: **65,401**
Area (sq. Km): **358**
People/sq. Km: **183**



Life expectancy at birth
Male : **80.5 years**
Female : **83.9 years**



Educational attainment
(5 or more GCSEs) % of
all children: **64.4%**



White British: **95.8%**
White non British: **2.3%**
Mixed: **0.8%**
Asian/Asian British: **0.8%**
Black/Black British: **0.2%**
Total BAME residents: **4.2%**



IMD rank: **211**
Residents living in most
deprived decile: **0 %**
Homelessness rate/1000: **0.6**



18+ overweight/obese: **59.6%**
Physically inactive adults: **15.3%**



Job density/ working age
population: **0.68**
Unemployment: **4%**
% 16-64 year olds receiving
employment support: **3.2%**



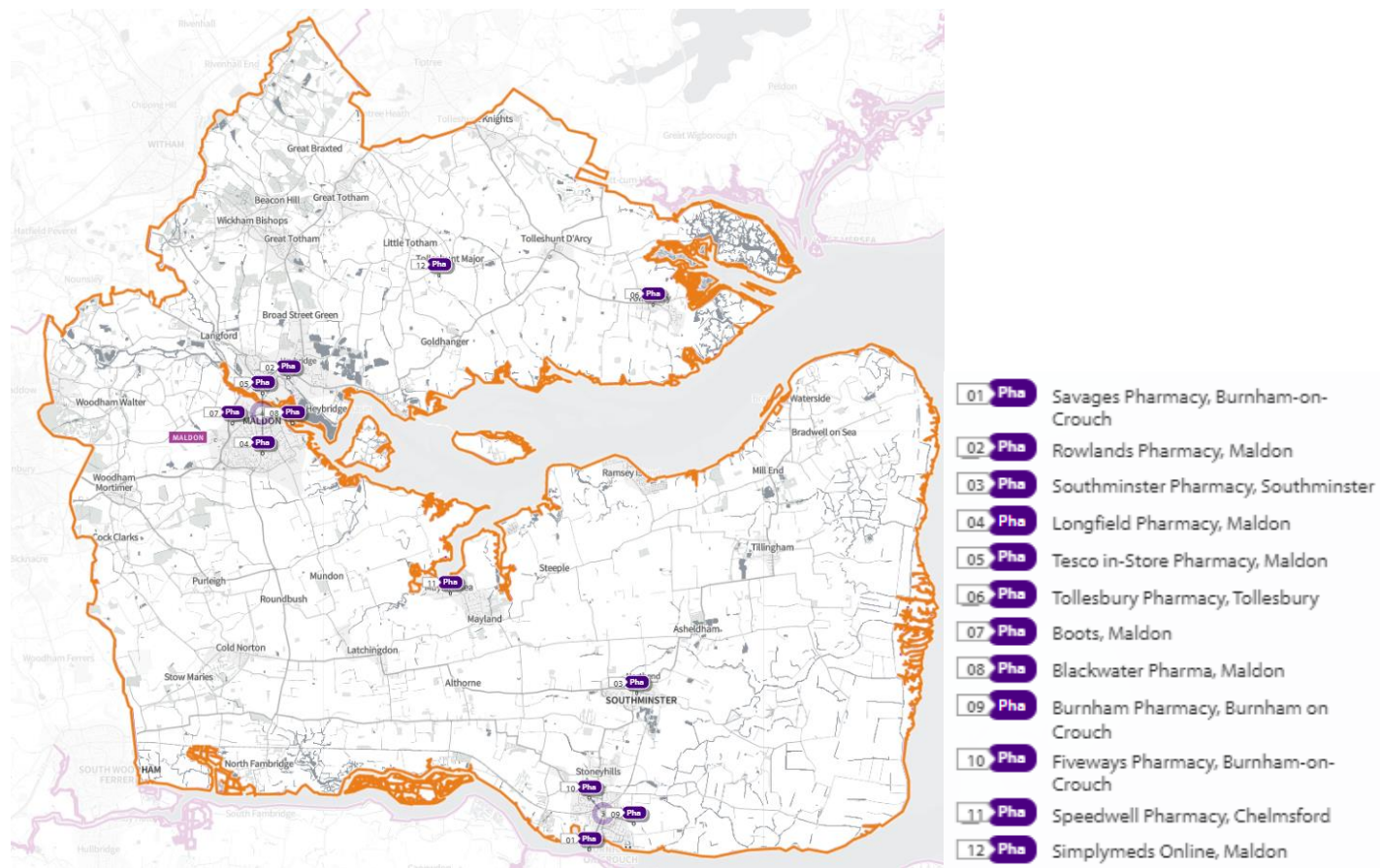
Depression QoF Incidence
(18+): **0.9%**
Suicide rate/100000: **13.2**
Loneliness: **15.4%**



Fuel poverty: **12.1%**
Green infrastructure
assets: **19.1%**

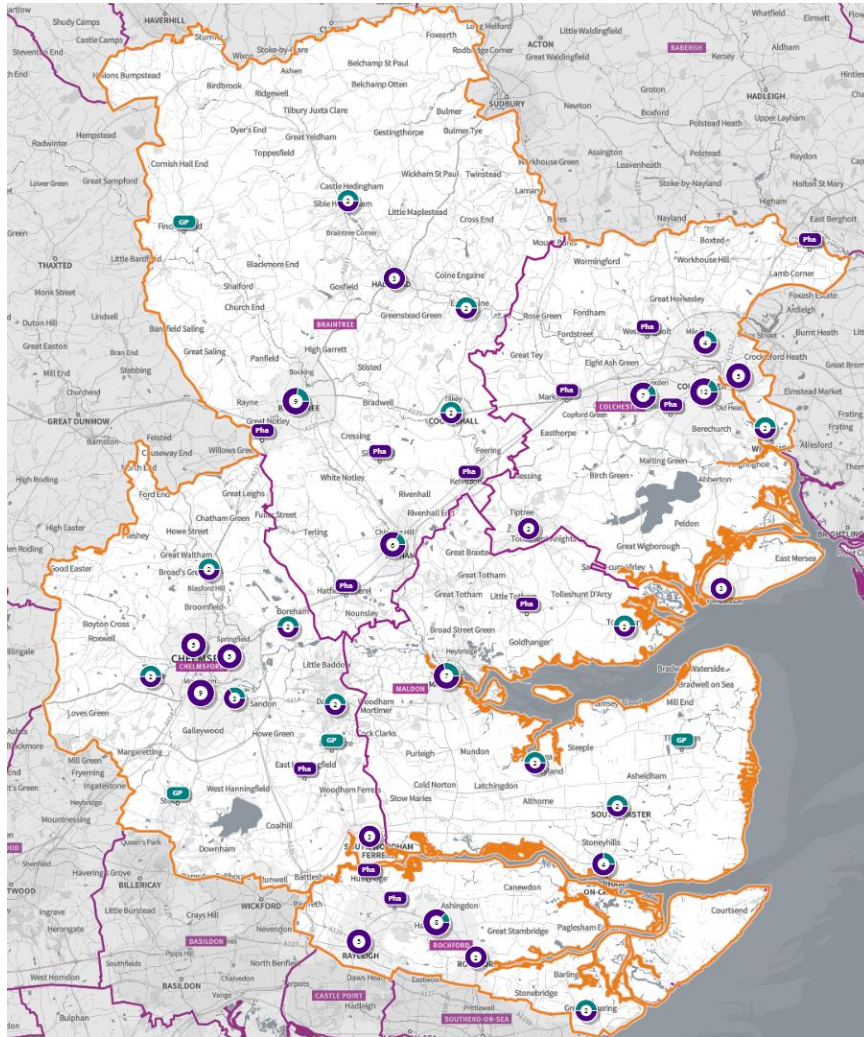
Further details can be accessed in the Essex Joint Strategic Needs Assessment <https://data.essex.gov.uk/>

Figure 49 Map of Maldon Pharmacies



Source: [Shape Place Atlas](#) (as at 22/03/22)

Figure 50 Map of Pharmacies and dispensing doctors within the locality, and neighbouring pharmacy provision



Source: [Shape Place Atlas](#)

Pharmaceutical services provision in the locality

Provision

The information contained in this report was obtained from NHSE, local commissioners and a contractor survey.

Opening hours were obtained via the NHSE pharmacy contracts team.

Service provision for advanced services was obtained via NHSE, NHSBSA and with the support of the local LPC.

Access

Appendix F shows that using the base population data on the SHAPE Place Atlas platform, it is possible to calculate the Essex population (and by district) that are estimated to have a journey time either within 20 minutes, 20 - 30 minutes or over 30 minutes to a pharmacy across Essex and within a 1.6KM buffer zone around Essex by each journey method.

Overall, across Essex, generally residents are within a relatively short travel time whichever method is chosen:

- 99.9% of the Essex population could get to a pharmacy in a 20-minute drive.
- 95% a 20-minute public transport journey.
- 83% within a 20-minute walk. Residents have to travel for longer if they walk.
- 11% over 30-minute walk away.
- Maldon residents can drive to a pharmacy within 20 minutes.
- Most residents can get to a pharmacy within a 20-minute journey on public transport in most districts. However, some districts see a relatively high % of their population having to travel for longer (Braintree, Maldon, Uttlesford 20-30 minutes; Braintree, Epping Forest, Uttlesford over 30 minutes)
- Most residents can get to a pharmacy within 20-minute walk in most districts. Some districts however see a relatively higher % of their population that'd have to walk further (Braintree, Brentwood, Uttlesford 20-30 minutes; Braintree, Maldon, Uttlesford over 30 minutes).

Travel time to access pharmaceutical services are no longer than journey times to access key services as shown in section 6 of this report.

From the results of the public survey (Appendix E) 83% of residents stated that they had a reasonable distance to travel to the pharmacy equating to less than 20 minutes, 14% had travelled between 20 and 30 minutes, and 3% had travelled between 30-45 minutes. 61% made the trip by car, and 34% had travelled on foot—only 3% used public transport and 2% a bicycle.

Maldon residents also have access to dispensing doctors, pharmacies in other HWB areas and distance selling pharmacies in England. Analysis of dispensing flows in the Mid Essex CCG area shows that 80% of prescriptions generated in the CCG are dispensed within the area and 20% out of area including 3% by distance selling pharmacies.

Pharmaceutical services in the locality

Table 30 Number and type of providers of pharmaceutical services in the area

Type Of Contract	Maldon
Total Number of Community Pharmacies	11
Dispensing Doctors	7
Dispensing Appliance Contractors	0
Distance Selling Pharmacies	1

Table 31 Pharmacy contractors in the locality and provision of commissioned services

* Friday hours are taken as standard for Mon- Fri

Services key:

Services 1 & 2 are NHSE commissioned Advanced **necessary services**

Services 3-6 are NHSE commissioned Advanced services

Service 7 is an NHSE commissioned Enhanced service

Service 8 is a CCG locally commissioned services

Services 9-13 are local authority locally commissioned services

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMEN TARY	Hours: Sat OPENING HOURS SUPPLEMEN TARY	Hours: Sun OPENING HOURS SUPPLEMEN TARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FPH83	Blackwater Pharma	Princes Road	Maldon	CM9 5GP	7.00 – 22.00	7.00 – 22.00	10.00 – 20.00	✓	✓			✓	✓		✓	✓	✓			
FT346	Boots	54 High Street	Maldon	CM9 5PN	9.00 – 17.30 9.00 - 9.15 & 17.00 - 17.30 Closed 14.00- 15.00	9.00 - 17.30 9.00 - 9.15 & 16.30 - 17.30 Closed 14.00- 15.00	Closed	✓					✓			✓			✓	✓
FKK89					7.00 - 22.30	7.00 - 22.30														

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
	Burnham Pharmacy (100 Hour Pharmacy)	Foundry Lane	Burnham-On-Crouch	CM0 8SJ			10.00 - 17.00	✓					✓							
FLK60	Fiveways Pharmacy	3 Foundry Lane	Burnham-On-Crouch	CM0 8BL	9.30 – 16.00 13.30 - 14.30	9.00 – 13.00	Closed	✓	✓			✓	✓						✓	
FMP05	Longfield Pharmacy	Longfield Medical Centre, Princes Road	Maldon	CM9 5DF	8.00 - 18.30 8.00 – 9.00, 13.00 – 14.00 & 18.15 - 18.30	9.00 – 13.00	Closed	✓			✓	✓	✓							
FA007	Rowlands Pharmacy	10,10A & 10B Bentalls Ctr, Colchester Road	Maldon	CM9 4GD	9.00 - 17.30 13.20 - 13.30 Closed 13.00 - 13.20	9.00 – 1.00		✓	✓				✓			✓	✓			

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMEN TARY	Hours: Sat OPENING HOURS SUPPLEMEN TARY	Hours: Sun OPENING HOURS SUPPLEMEN TARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FD637	Savages Pharmacy	22 Station Road	Burnham-On-Crouch	CM0 8BQ	9.00 – 18.00 Closed 12.30 - 13.30	9.00 – 13.00	Closed	✓	✓			✓	✓			✓				
FET17	Southminster Pharmacy	15 High Street	Southminster	CM0 7AA	8.45 - 17.45 Closed 13.00 – 14.00	9.00 – 13.00	Closed	✓					✓							
FPJ61	Speedwell Pharmacy	Imperial Avenue	Chelmsford	CM3 6AH	8.00 – 17.30 13.00 – 14.00 & 17.00 - 17.30	Closed	Closed	✓				✓	✓				✓			
FMY18	Tesco In-store Pharmacy	Fullbridge Road	Maldon	CM9 4LE	8.00 - 20.00 8.00 – 9.00, 14.00 – 15.00 & 16.30 – 20.00	8.00 - 20.00 8.00 – 9.00, 14.00 – 15.00 & 16.30 – 20.00	10.00 – 16.00	✓	✓				✓	✓		✓				
FRC59			Maldon		9.00 - 17.30															

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
	Tollesbury Pharmacy	12A East Street		CM9 8QD	13.00 - 13.30	9.00 – 13.00	Closed	✓	✓				✓	✓						
FX730	SimplyMeds Online (DSP)	Unit K2, Beckingham Business Park	Maldon	CM9 8LZ	9.00 – 18.00 Closed 13.00 – 14.00	Closed	Closed	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Maldon opening hours

- Weekday opening hours were taken from Friday as a standard.
Monday to Friday, all 11 community pharmacies are open between the hours of 9:00 to 17:00.
Earliest opening time is 7.00 and latest closing time is 22.30.
- On Saturdays 9 pharmacies are open in the morning and 3 of the pharmacies remain open in the afternoon. The earliest opening time is 7.00 and the latest closing time is 22.30.
- On Sundays 3 pharmacies open, longest opening times are 10.00 to 20.00.

Services (data January 2022)

There is good access to commissioned services within the locality.

The necessary services of NMS and CPCS are provided by many of the pharmacies.

The NHSE commissioned services that are not provided by pharmacies are delivered by other organisations in the locality.

Housing (Appendix G)

The impact of local housing development plans on provision of pharmaceutical services has been considered but has not identified any gaps in pharmaceutical services provision in the area during the lifetime of this PNA.

No gaps in the provision of necessary pharmaceutical services have been identified in the
Maldon locality

No gaps in pharmaceutical services have been identified that if provided either now or in the future would
secure improvements or better access to relevant services across the Maldon locality

7.10 Rochford Locality



Rochford Locality

Rochford covers an area of 167 square kilometers and is predominantly rural in its character. It has miles of coastline as well as vast areas of countryside. Rochford has a population of 87,627 with 524 people living per square km. 95.6% of the population are of a White British ethnicity.

In the Indices of Multiple Deprivation 2019 the Rochford Local Authority area was ranked 286 out of 317 lower tier authorities in England. This places Rochford in the upper 10% of least deprived Lower Tier Local Authorities (LTLAs) nationally. Compared to the other local authority areas in Essex, Rochford is ranked as 10th out of 12 in the county for overall deprivation.

Rochford is also one of three areas in Essex which fall into the 10% least deprived areas nationally. As of 2019 the Rochford area contains 53 LSOAs of which 1 is ranked in the bottom two most deprived deciles nationally.



Population: **87,627**
Area (sq. Km): **167**
People/sq. Km: **524**



Life expectancy at birth
Male : **81.1 years**
Female : **84.2 years**



Educational attainment (5
or more GCSEs) % of all
children: **61.7%**



White British: **95.6%**
White non British: **1.6%**
Mixed: **1.1%**
Asian/Asian British: **1.1%**
Black/Black British: **0.5%**
Total BAME residents: **4.3%**



IMD rank: **286**
Residents living in most
deprived decile: **1.8 %**
Homelessness rate/1000: **2.1**



18+ overweight/obese:
62%
Physically inactive adults:
20.2%



Job density/ working age
population: **0.59**
Unemployment: **3.9%**
% 16-64 year olds receiving
employment support: **2.9%**



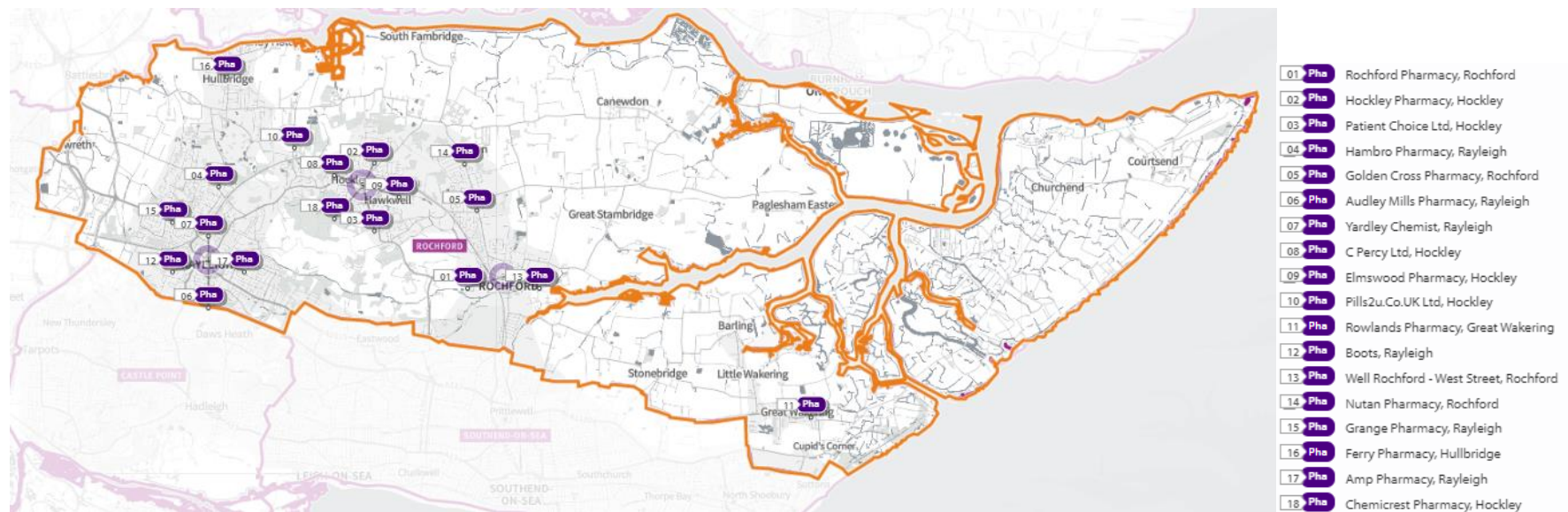
Depression QoF Incidence
(18+): **1.2%**
Suicide rate/100000: **8.3**
Loneliness: **11.2%**



Fuel poverty: **10%**
Green infrastructure
assets: **27.5%**

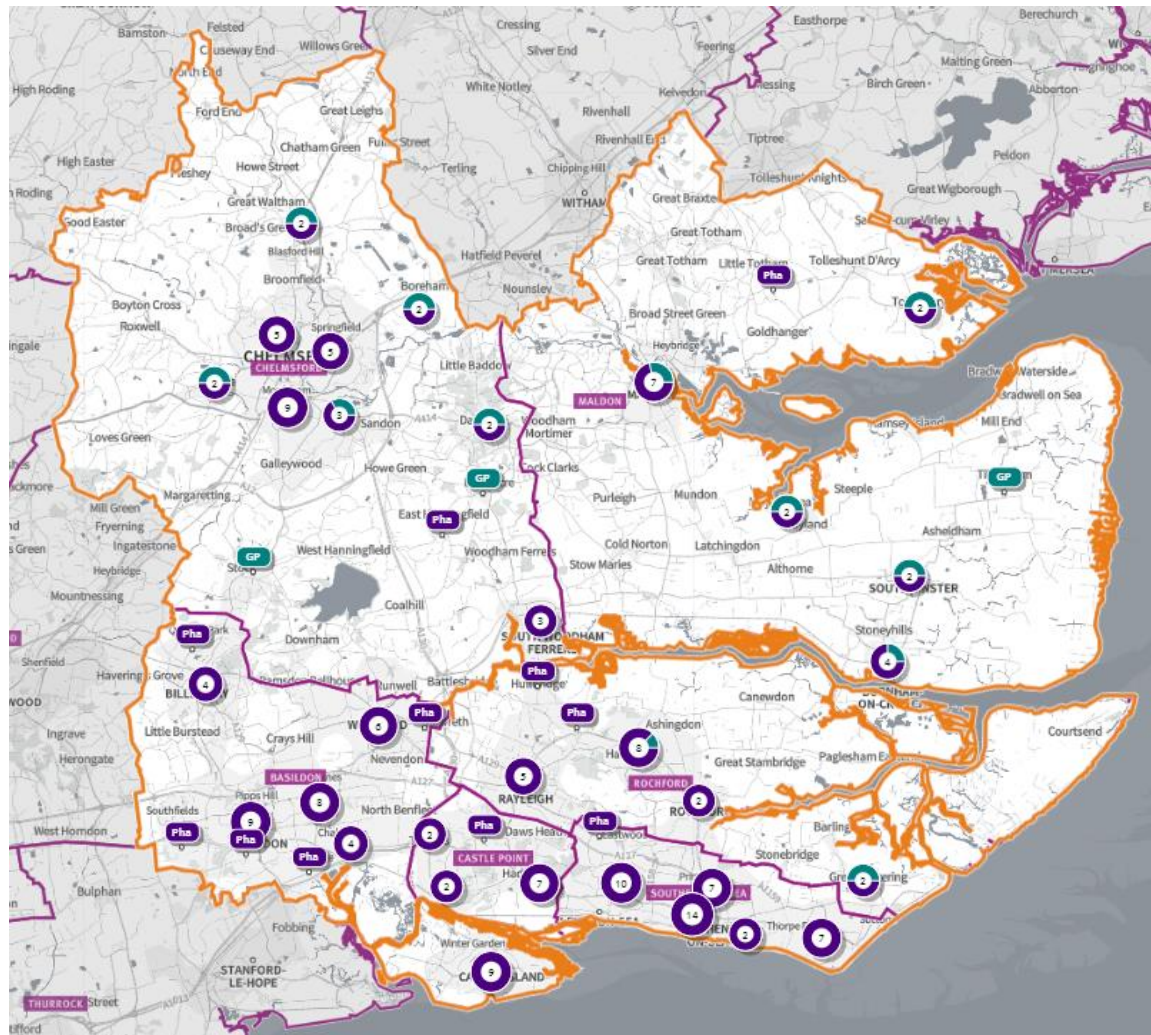
Further details can be accessed in the Essex Joint Strategic Needs Assessment <https://data.essex.gov.uk/>

Figure 51 Map of Rochford Pharmacies



Source: [Shape Place Atlas](#) (as at 22/03/22), Note: Pills2u Pharmacy closed August 2022 (source: NHSE)

Figure 52 Map of Pharmacies and dispensing doctors within the locality, and neighbouring pharmacy provision



Source: [Shape Place Atlas](#)

Pharmaceutical services provision in the locality

Provision

The information contained in this report was obtained from NHSE, local commissioners and a contractor survey.

Opening hours were obtained via the NHSE pharmacy contracts team.

Service provision for advanced services was obtained via NHSE, NHSBSA and with the support of the local LPC.

Access

Appendix F shows that using the base population data on the SHAPE Place Atlas platform, it is possible to calculate the Essex population (and by district) that are estimated to have a journey time either within 20 minutes, 20 - 30 minutes or over 30 minutes to a pharmacy across Essex and within a 1.6KM buffer zone around Essex by each journey method.

Overall, across Essex, generally residents are within a relatively short travel time whichever method is chosen:

- 99.9% of the Essex population could get to a pharmacy in a 20-minute drive.
- 95% a 20-minute public transport journey.
- 83% within a 20-minute walk. Residents have to travel for longer if they walk.
- 11% over 30-minute walk away.
- Rochford residents can drive to a pharmacy within 20 minutes.
- Most residents can get to a pharmacy within a 20-minute journey on public transport in most districts. However, some districts see a relatively high % of their population having to travel for longer (Braintree, Maldon, Uttlesford 20-30 minutes; Braintree, Epping Forest, Uttlesford over 30 minutes)
- Most residents can get to a pharmacy within 20-minute walk in most districts. Some districts however see a relatively higher % of their population that'd have to walk further (Braintree, Brentwood, Uttlesford 20-30 minutes; Braintree, Maldon, Uttlesford over 30 minutes).

Travel time to access pharmaceutical services are no longer than journey times to access key services as shown in section 6 of this report.

From the results of the public survey (Appendix E) 83% of residents stated that they had a reasonable distance to travel to the pharmacy equating to less than 20 minutes, 14% had travelled between 20 and 30 minutes, and 3% had travelled between 30-45 minutes. 61% made the trip by car, and 34% had travelled on foot—only 3% used public transport and 2% a bicycle.

Rochford residents also have access to dispensing doctors' pharmacies in other HWB areas and distance selling pharmacies in England. Analysis of dispensing flows in the Castle Point and Rochford CCG area shows that 93% of prescriptions generated in the CCG are dispensed within the area and 7% out of area including 3% by distance selling pharmacies.

Pharmaceutical services in the locality

Table 32 Number and type of providers of pharmaceutical services in the area

Type Of Contract	Rochford
Total Number of Community Pharmacies	15
Dispensing Doctors	2
Dispensing Appliance Contractors	1
Distance Selling Pharmacies	0

Table 33 Pharmacy contractors in the locality and provision of commissioned services

* Friday hours are taken as standard for Mon- Fri

Services key:

Services 1 & 2 are NHSE commissioned Advanced **necessary services**

Services 3-6 are NHSE commissioned Advanced services

Service 7 is an NHSE commissioned Enhanced service

Service 8 is a CCG locally commissioned services

Services 9-13 are local authority locally commissioned services

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FDX41	AMP Pharmacy	55-57 Eastwood Road	Rayleigh	SS6 7JE	8.00 - 21.00	9.00 - 17.00	10.00 - 17.00	✓	✓		✓		✓			✓	✓			
FKX68	Boots	77-79 High Street	Rayleigh	SS6 7EJ	8.30 - 5.30 8.30 - 9.30 & 13.00 - 14.00	8.30 - 15.30 8.30 - 9.30 & 13.00 - 14.00	10.00 - 16.00	✓	✓				✓			✓				

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FG175	C Percy Ltd	212 Main Road	Hockley	SS5 4EG	9.00- 18.00 13.00 - 14.00	9.00 - 13.00	Closed	✓	✓		✓	✓	✓	✓		✓	✓			
FJ339	Chemicrest Pharmacy	39-41 Spa Road	Hockley	SS5 4AZ	9.30 - 18.00 13.00 - 14.00 & 17.30 - 18.00	9.30 – 16.00 13.00 - 14.00 & 15.30 - 16.00	Closed	✓					✓	✓			✓			✓
FG511	Elmswood Pharmacy	53 Southend Road	Hockley	SS5 4PZ	9.00 - 18.00 13.00 - 14.00 & 17.30 - 18.00	9.00 - 13.00 11.30 - 13.00	Closed	✓					✓							
FY681	Ferry Pharmacy	167 Ferry Road	Hullbridge	SS5 6JH	9.00 - 18.30 17.00 - 18.30	9.00 - 13.00	Closed	✓	✓		✓		✓	✓		✓	✓			✓
FCP70	Golden Cross Pharmacy	10 Golden Cross Parade, Ashingdon Road	Rochford	SS4 1UB	9.00 - 18.45 17.00 - 18.45	9.00 - 16.30	Closed	✓				✓	✓							
FWV73		113 London Road	Rayleigh		9.00 - 18.30	9.00 - 17.00														

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
	Grange Pharmacy			SS6 9AX	13.00 - 14.00 & 17.30 - 18.30	12.00 - 13.00 & 16.00 - 17.00	Closed	✓	✓			✓	✓	✓						
FAC81	Hambro Pharmacy	53A Hullbridge Road	Rayleigh	SS6 9NL	9.00 – 19.00 17.00 – 19.00	9.00 – 17.00 9.00 – 17.00	10.00 - 14.00	✓					✓							
FW105	Hockley Pharmacy	5-7 Broad Parade	Hockley	SS5 5DA	9.00 - 18.15 13.00 - 14.00 & 18.00 - 18.15	9.00 - 17.30	Closed	✓	✓				✓	✓						
FT788	Nutan Pharmacy	456 Ashingdon Road	Rochford	SS4 3ET	9.00 - 19.00 17.00 - 19.00	9.00 - 17.00	Closed	✓					✓							
FEM75	Rochford Pharmacy (100 Hour Pharmacy)	15-17 West Street	Rochford	SS4 1BE	8.00 - 22.30	8.00 - 22.30	8.00 - 21.00	✓	✓		✓	✓	✓							
FKW03	Rowlands Pharmacy	62 High Steet	Great Wakering	SS3 0EQ	9.00 - 18.00	Closed	Closed	✓		✓			✓			✓	✓			

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
					Closed 13.00 - 14.00															
FT153	Well Rochford - West Street	42 West Street	Rochford	SS4 1AJ	8.00 - 18.00 8.00 - 9.00 & 13.00 - 14.00	9.00 - 13.00	Closed	✓				✓	✓					✓		
FEA38	Yardley Chemist	Burley House, 15 High Street	Rayleigh	SS6 7EW	8.30 - 18.30 8.30 - 9.00, 13.00 - 14.00 & 18.00 - 18.30	Closed	Closed	✓	✓		✓	✓	✓			✓	✓			✓
FWN89	Patient Choice Ltd (DAC)	10 – 12 Main Road	Hockley	SS5 4QS	9.00 - 17.30	Closed	Closed	N/A												

Rochford opening hours

- Weekday opening hours were taken from Friday as a standard.

Monday to Friday, all 15 community pharmacies are open between the hours of 9:00 to 17:00.

Earliest opening time is 8.00 and latest closing time is 22.30.

- On Saturdays 14 pharmacies are open in the morning and 9 of the pharmacies remain open in the afternoon. The earliest opening time is 8.00 and the latest closing time is 22.30.
- On Sundays 4 pharmacies open, longest opening times are 8.00 to 21.00.

Services (data January 2022)

There is good access to commissioned services within the locality.

The necessary services of NMS and CPCS are provided by many of the pharmacies.

The NHSE commissioned services that are not provided by pharmacies are delivered by other organisations in the locality.

Housing (Appendix G)

The impact of local housing development plans on provision of pharmaceutical services has been considered but has not identified any gaps in pharmaceutical services provision in the area during the lifetime of this PNA.

No gaps in the provision of necessary pharmaceutical services have been identified in the
Rochford locality

No gaps in pharmaceutical services have been identified that if provided either now or in the future would
secure improvements or better access to relevant services across the Rochford locality

7.11 Tendring Locality



Tendring Locality

Tendring is located in the Northeastern peninsula of Essex and covers an area of approximately 336 square kilometers. The main populous areas are those on the coastline such as Frinton, Walton, Brightlingsea, Clacton and Harwich.

Tendring is the fifth most populous district in Essex with a population of 147,353, with 438 people per square km. 95.4% of the population are of White British ethnicity.

In the Indices of Multiple Deprivation 2019 the Tendring Local Authority area was ranked 32 out of 317 lower tier authorities in England. This places Tendring in the bottom 10% of most deprived Lower Tier Local Authorities (LTLAs) nationally. Tendring is ranked as the most deprived area out of 12 districts in the county for overall deprivation. Tendring is the only area in Essex which falls into the 10% of most deprived areas nationally and is 68 places below the next lowest area in the county.



Population: **147,353**
Area (sq. Km): **336**
People/sq. Km: **438**



Life expectancy at birth
Male : **78.2 years**
Female : **82 years**



Educational attainment (5 or more GCSEs) % of all children: **48.8%**



White British: **95.4%**
White non British: **2.2%**
Mixed: **1.1%**
Asian/Asian British: **0.9%**
Black/Black British: **0.3%**
Total BAME residents: **4.6%**



IMD rank: **32**
Residents living in most deprived decile: **30.8 %**
Homelessness rate/1000: **2.1**



18+ overweight/obese: **68%**
Physically inactive adults: **23.5%**



Job density/ working age population: **0.66**
Unemployment: **6.2%**
% 16-64 year olds receiving employment support: **5.6%**



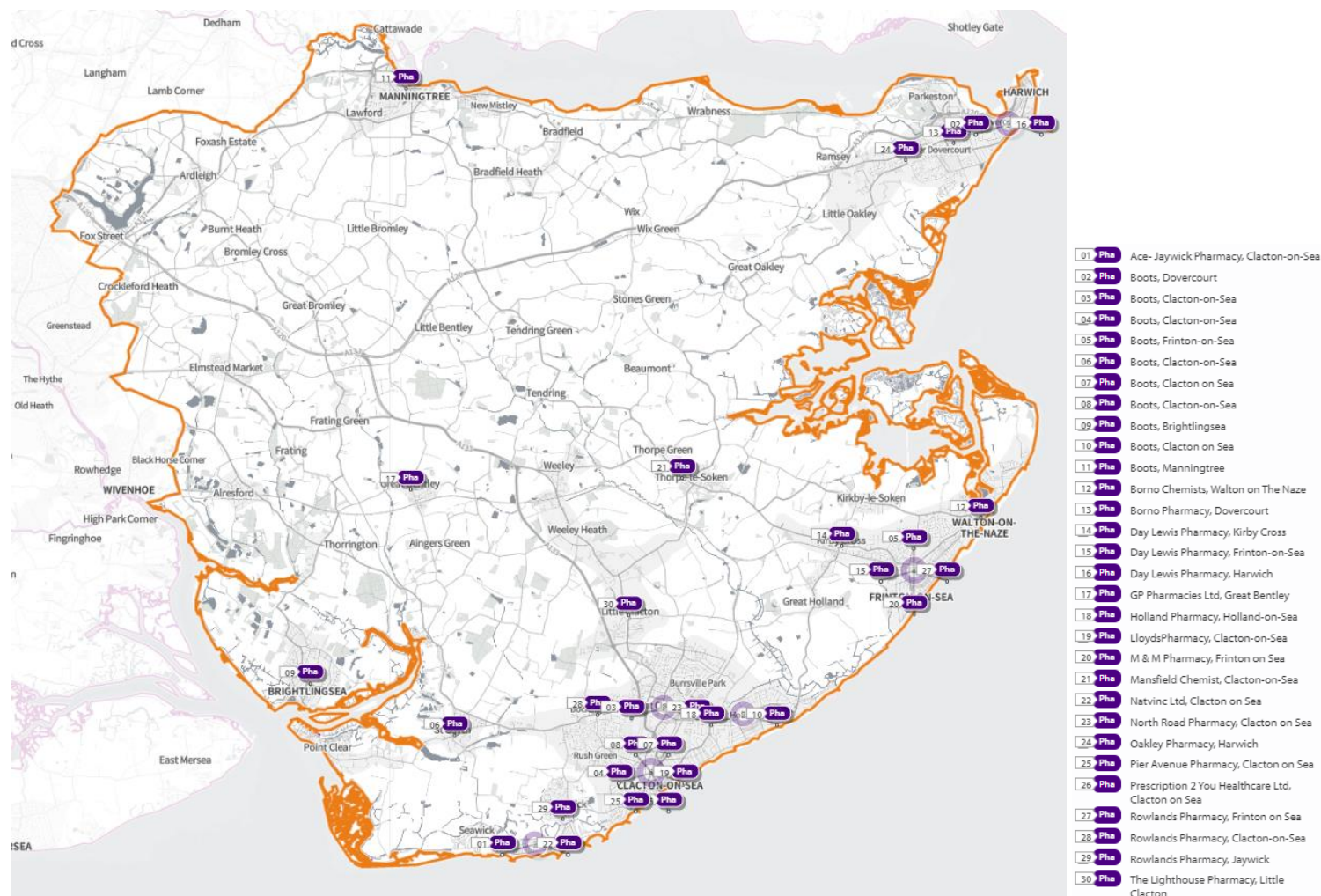
Depression QoF Incidence (18+): **1.4%**
Suicide rate/100000: **16.3**
Loneliness: **17%**



Fuel poverty: **15.3%**
Green infrastructure assets: **16.9%**

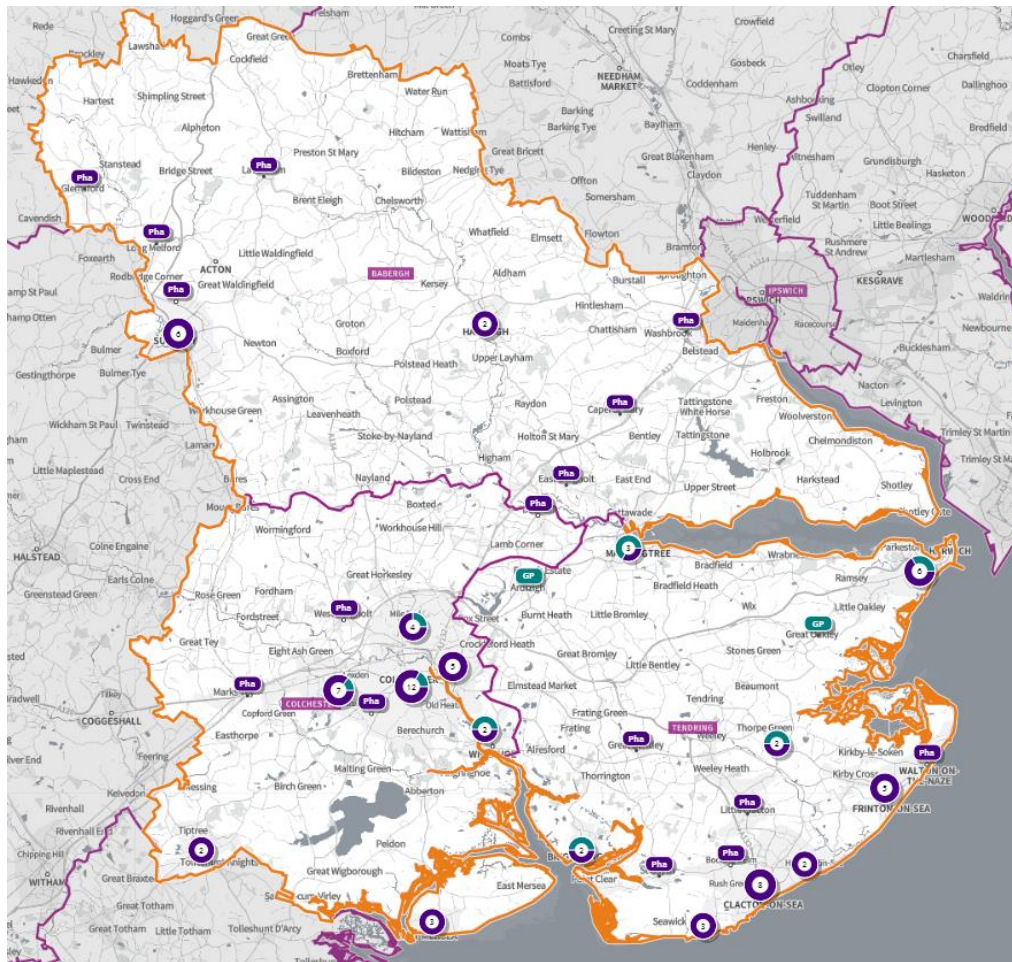
Further details can be accessed in the Essex Joint Strategic Needs Assessment <https://data.essex.gov.uk/>

Figure 53 Map of Tendring Pharmacies



Source: [Shape Place Atlas](#) (as at 22/03/22)

Figure 54 Map of Pharmacies and dispensing doctors within the Tendring locality, and neighbouring pharmacy provision



Source: [Shape Place Atlas](#)

Pharmaceutical services provision in the locality

Provision

The information contained in this report was obtained from NHSE, local commissioners and a contractor survey.

Opening hours were obtained via the NHSE pharmacy contracts team.

Service provision for advanced services was obtained via NHSE, NHSBSA and with the support of the local LPC.

Access

Appendix F shows that using the base population data on the SHAPE Place Atlas platform, it is possible to calculate the Essex population (and by district) that are estimated to have a journey time either within 20 minutes, 20 - 30 minutes or over 30 minutes to a pharmacy across Essex and within a 1.6km buffer zone around Essex by each journey method.

Overall, across Essex, generally residents are within a relatively short travel time whichever method is chosen:

- 99.9% of the Essex population could get to a pharmacy in a 20-minute drive.
- 95% a 20-minute public transport journey.
- 83% within a 20-minute walk. Residents have to travel for longer if they walk.
- 11% over 30-minute walk away.
- Tendring residents can drive to a pharmacy within 20 minutes.
- Most residents can get to a pharmacy within a 20-minute journey on public transport in most districts. However, some districts see a relatively high % of their population having to travel for longer (Braintree, Maldon, Uttlesford 20-30 minutes; Braintree, Epping Forest, Uttlesford over 30 minutes).
- Most residents can get to a pharmacy within 20-minute walk in most districts. Some districts however see a relatively higher % of their population that'd have to walk further (Braintree, Brentwood, Uttlesford 20-30 minutes; Braintree, Maldon, Uttlesford over 30 minutes).

Travel time to access pharmaceutical services are no longer than journey times to access key services as shown in section 6 of this report.

From the results of the public survey (Appendix E) 83% of residents stated that they had a reasonable distance to travel to the pharmacy equating to less than 20 minutes, 14% had travelled between 20 and 30 minutes, and 3% had travelled between 30-45 minutes. 61% made the trip by car, and 34% had travelled on foot—only 3% used public transport and 2% a bicycle.

Tendring residents also have access to dispensing doctors, pharmacies in other HWB areas and distance selling pharmacies in England. Analysis of dispensing flows in the North East Essex CCG area shows that 89% of prescriptions generated in the CCG are dispensed within the area and 11% out of area including 5% by distance selling pharmacies.

Pharmaceutical services in the Tendring locality

Table 34 Number and type of providers of pharmaceutical services in the area

Type Of Contract	Tendring
Total Number of Community Pharmacies	29
Dispensing Doctors	8
Dispensing Appliance Contractors	0
Distance Selling Pharmacies	0

Table 35 Pharmacy contractors in the locality and provision of commissioned services

* Friday hours are taken as standard for Mon- Fri

Services key:

Services 1 & 2 are NHSE commissioned Advanced **necessary services**

Services 3-6 are NHSE commissioned Advanced services

Service 7 is an NHSE commissioned Enhanced service

Service 8 is a CCG locally commissioned services

Services 9-13 are local authority locally commissioned services

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FAN43	Boots UK Ltd	224-226 High Street	Dovercourt	CO12 3AJ	8.30 - 17.30 8.30-9.30 13.30-14.30 & 17.15-17.30	8.30-17.30 8.30 - 9.30, 13.30-14.30 & 17.00-17.30	Closed	✓					✓						✓	✓
FAN97	Prescription 2 You Healthcare	89/91 Pier Avenue	Clacton-On-Sea	CO15 1QE	8.00 - 18.30	9.00 -17.00	10.00-13.00	✓					✓			✓	✓		✓	✓

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
					8.00 - 9.00, 12.00 - 14.00 & 18.00 - 18.30	9.00- 13.00 & 16.00- 17.00														
FAP95	GM Graham Pharmacies Ltd (100 Hour Pharmacy)	77-79 Frinton Road	Holland-On-Sea	CO15 5UH	8.00- 23.00	8.00- 22.00	8.00- 22.00	✓	✓			✓	✓		✓	✓				
FCX40	Boots UK Ltd	15 North Road	Clacton-On-Sea	CO15 4DB	8.45 - 20.00 8.45-9.00 & 17.00- 20.00	9am - 17pm	Closed	✓	✓				✓				✓	✓		✓
FD548	Natvinc Ltd	18 Broome Way	Clacton-On-Sea	CO15 2HN	9.00 - 18.00 13.00 - 14.00	9.00 - 16.00	Closed						✓							✓
FE590	Boots UK Ltd	54-62 Pier Avenue		CO15 1QN	8.00 - 17.30	8.30 - 17.30		✓	✓			✓				✓	✓			

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
			Clacton-On-Sea		8.00 - 9.30, 13.00 - 14.00 & 17.15 - 17.30	8.30 - 9.30, 13.00 - 14.00 & 17.00 - 17.30	10.00 - 16.00						✓							
FEV34	L Rowland & Co (Retail) Ltd	98 Connaught Avenue	Frinton-On-Sea	CO13 9PT	9.00 - 17.30 13.20 - 14.00	9.00 - 13.00 11.30 - 13.00	Closed	✓					✓							
FGR39	Lloyds Pharmacy Ltd	2 Jackson Road	Clacton-On-Sea	CO15 1JA	9.00 - 18.00 11.00 - 14.30	9.00 - 12.30	Closed	✓				✓	✓				✓			✓
FGR78	L Rowland & Co (Retail) Ltd	354 St Johns Road	Bockings Elm Clacton-On-Sea	CO16 8DS	9.00 - 18.00 13.20 - 14.00	Closed	Closed	✓					✓			✓			✓	
FJF03	GP Pharmacies Ltd	The Green Pharmacy	The Green Colchester	CO7 8PJ	9.00 - 18.30	9.00 - 13.00	Closed	✓	✓				✓			✓				

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
					17.00 - 18.30															
FK003	Fourth Dimensions Ltd	Maidshead Parade, High St	Clacton-On-Sea	CO16 0DY	9.00 - 18.00 13.00 - 14.00	9.00 - 13.00	Closed	✓					✓							
FWR90	GM Graham Pharmacies Ltd	78-80 Pier Avenue	Clacton-On-Sea	CO15 1NH	9.00 - 17.30 13.20 - 13.30	Closed	Closed					✓	✓						✓	
FKJ91	Prescriptions2You Limited (100 Hour Pharmacy)	25 North Road	Clacton-On-Sea	CO15 4DD	7.00 - 22.00	7.00 - 22.00	10.00 - 20.00	✓	✓				✓							
FLG31	Boots UK Ltd	10 Connaught Avenue	Frinton-On-Sea	CO13 9PW	9.00 - 17.30 9.00 - 9.30 & 13.00 - 14.15	9.00 - 17.30 9.00 - 9.30, 13.00 - 14.15 & 17.00 - 17.30	10.00 - 16.00	✓				✓	✓							
FLQ39	Day Lewis Plc	1-5 The Parade	Halstead Road Kirby Cross	CO13 0LN	8.30 - 17.30 13.00 - 14.00	Closed	Closed	✓	✓		✓	✓	✓							

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FLY44	Day Lewis Plc	8 The Triangle Shop Ctr	Rochford Way Frinton-On-Sea	CO13 0AU	9.00 - 17.30 17.00 - 17.30	9.00 - 13.00	Closed	✓	✓			✓	✓							
FN90	Borno Chemists Ltd	Fryatt Hospital	419 Main Road Dovercourt	CO12 4EX	8.30 - 18.30 8.30 - 9.00 & 17.00 - 18.30	Closed	Closed	✓					✓			✓	✓	✓		✓
FPT34	Borno Chemists Ltd	3 Portobello Buildings	High Street Walton On The Naze	CO14 8BB	9.00 - 18.30 17.00 - 18.30	9.00 - 13.00	Closed	✓	✓				✓				✓			✓
FPV12	Boots UK Ltd	19 Clacton Road	Clacton-On-Sea	CO16 8PA	9.00 - 17.30	9.00 - 17.00 14.00 - 17.00	Closed	✓	✓				✓				✓			✓

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
					13.00 - 14.00 & 17.00 - 17.30															
FQW40	M & M Farmacia Ltd (100 Hour Pharmacy)	152 Connaught Avenue	Frinton-On-Sea	CO13 9NE	8.00 - 22.00	7.00 - 22.00	7.00 - 22.00	✓	✓			✓	✓							
FRL06	Boots UK Ltd	158 Old Road	Clacton-On-Sea	CO15 3AY	9.00 - 18.30 13.00 - 14.00 & 18.00 - 18.30	9.00 - 17.00	Closed	✓					✓				✓			
FT720	The Lighthouse Pharmacy Ltd	19-21 The Street	Little Clacton	CO16 9LQ	9.00 - 17.00	9.00 - 14.00	Closed	✓			✓		✓			✓				
FTA65	Day Lewis PLC	151 High Street	Harwich	CO12 3AX	9.00 - 18.00	Closed	Closed	✓				✓	✓			✓	✓			
FVL26			32 Crossways	CO15 2NB																

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
	L Rowland & Co (Retail) Ltd	Jaywick Community Centre	Jaywick		8.30 - 18.00 8.30 - 9.30 & 13.20 - 14.00	Closed	Closed	✓		✓			✓			✓			✓	
FVP82	Boots UK Ltd	86 Pier Avenue	Clacton-On-Sea	CO15 1NJ	9.00-18.30 17.00 - 18.30	Closed	Closed	✓					✓			✓	✓			✓
FWE04	Boots UK Ltd	52 Victoria Place	Brightlingsea	CO7 0AB	8.30 - 18.30 8.30 - 9.00, 13.00 - 14.00 & 18.00 - 18.30	9.00 - 17.00 13.00 - 17.00	Closed		✓			✓	✓				✓			
FWL47	Boots UK Ltd	75 Frinton Road	Clacton-On-Sea	CO15 5UH	9.00 - 18.30 13.00 - 14.00 & 18.00 - 18.30	9.00 - 17.00	Closed	✓	✓				✓							
FWW87	Boots UK Ltd		Station Road	CO11 1AA		8.30 - 17.30														

Service Code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address line	Town	Postcode	Hours: M - F* OPENING HOURS SUPPLEMENTARY	Hours: Sat OPENING HOURS SUPPLEMENTARY	Hours: Sun OPENING HOURS SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
		Century House	Manningtree		8.30 - 19.00 8.30 - 9.00, 13.00 - 14.00 & 18.00 - 19.00	8.30 - 9.00 & 13.00 - 17.30	Closed	✓					✓				✓			
FXX36	Oakley Prescriptions Ltd	10 Oakley Road	Dovercourt	CO12 4QZ	9.00 - 18.00 13.00 - 14.00	9.00 - 13.00	Closed	✓	✓				✓		✓	✓		✓		

Tendering opening hours

- Weekday opening hours were taken from Friday as a standard.
Monday to Friday, all 29 community pharmacies are open between the hours of 9:00 to 17:00.
Earliest opening time is 7.00 and latest closing time is 23.00.
- On Saturdays 22 pharmacies are open in the morning and 13 of the pharmacies remain open in the afternoon. The earliest opening time is 7.00 and the latest closing time is 22.00.
- On Sundays six pharmacies open, longest opening times are 8.00 to 22.00.

Services (data January 2022)

There is good access to commissioned services within the locality.

The necessary services of NMS and CPCS are provided by many of the pharmacies.

The NHSE commissioned services that are not provided by pharmacies are delivered by other organisations in the locality.

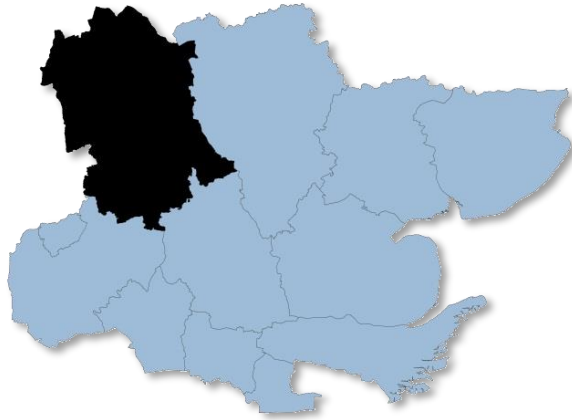
Housing (Appendix G)

The impact of local housing development plans on provision of pharmaceutical services has been considered but has not identified any gaps in pharmaceutical services provision in the area during the lifetime of this PNA.

No gaps in the provision of necessary pharmaceutical services have been identified in the
Tendring locality

No gaps in pharmaceutical services have been identified that if provided either now or in the future would
secure improvements or better access to relevant services across the Tendring locality

7.12 Uttlesford Locality



Uttlesford Locality

Uttlesford is located in the North West corner of Essex. It is the largest district in Essex covering approximately 641 square kilometers and is mainly rural in character with four market towns: Saffron Walden, Great Dunmow, Stansted Mountfitchet and Thaxted.

Uttlesford has a population of 92,759 and is the least densely populated district with 145 people living per square km. 92.3% of the population are of White British ethnicity.

In the Indices of Multiple Deprivation 2019 the Uttlesford Local Authority area was ranked 295 out of 317 lower tier authorities in England. This places Uttlesford in the upper 10% of least deprived Lower Tier Local Authorities (LTLAs) nationally.

As of 2019 the Uttlesford area contains 46 LSOAs of which none are ranked in the bottom two most deprived deciles nationally. Uttlesford is one of three LTLAs across the ECC area which do not have any LSOAs in the bottom 10% nationally.



Population: **92,759**
Area (sq. Km): **641**
People/sq. Km: **145**



Life expectancy at birth
Male : **82.6 years**
Female : **85.4 years**



Educational attainment
(5 or more GCSEs) % of
all children: **70.4%**



White British: **92.3%**
White non British: **4.3%**
Mixed: **1.2%**
Asian/Asian British: **1.4%**
Black/Black British: **0.5%**
Total BAME residents: **7.7%**



IMD rank: **295**
Residents living in most
deprived decile: **0 %**
Homelessness rate/1000: **0.5**



18+ overweight/obese: **62.6%**
Physically inactive adults: **19.1%**



Job density/ working age
population: **1.01**
Unemployment: **4.4%**
% 16-64 year olds receiving
employment support: **2.5%**



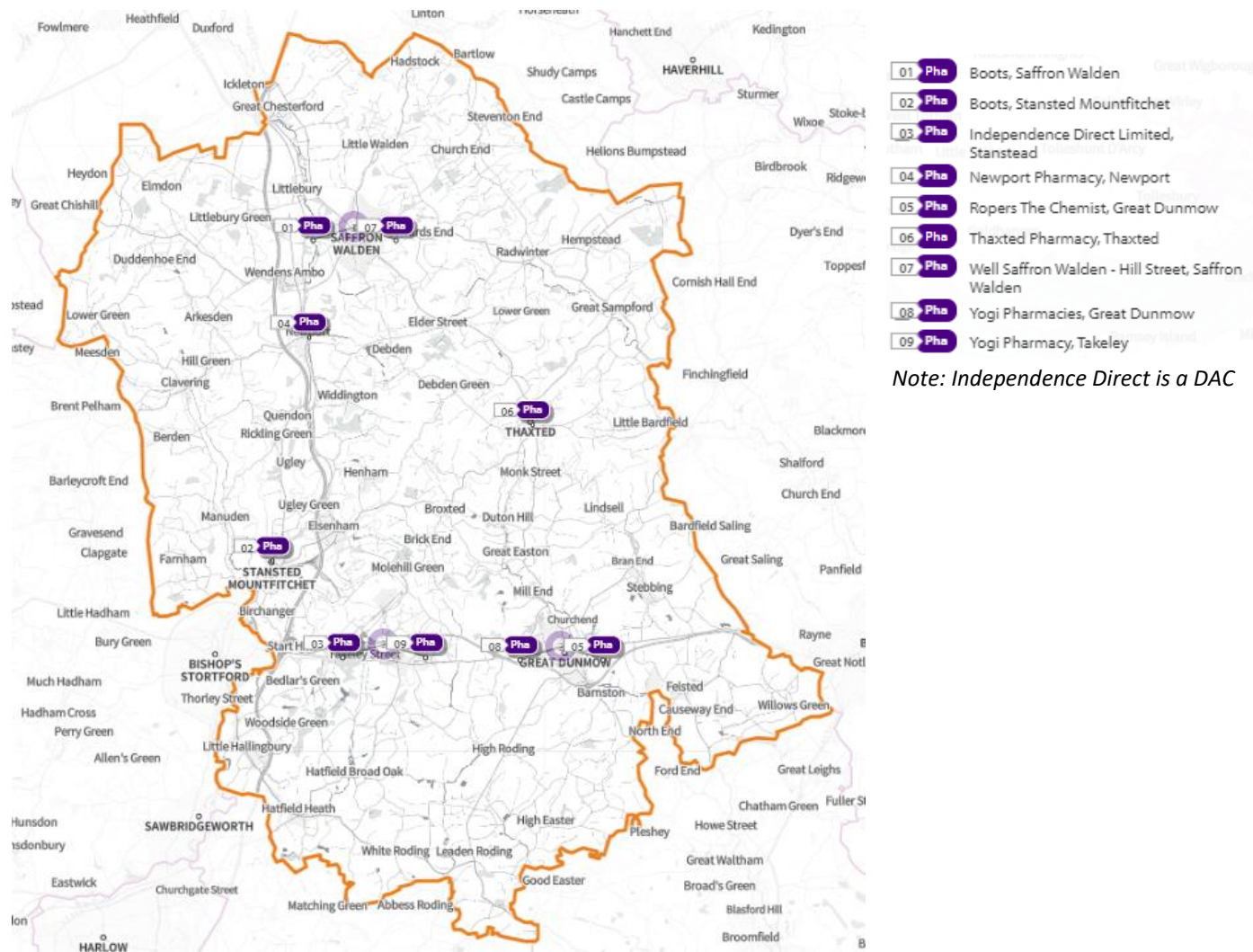
Depression QoF Incidence
(18+): **1.2%**
Suicide rate/100000: **10.5**
Loneliness: **15.9%**



Fuel poverty: **11.9%**
Green infrastructure
assets: **12.3%**

Further details can be accessed in the Essex Joint Strategic Needs Assessment <https://data.essex.gov.uk/>

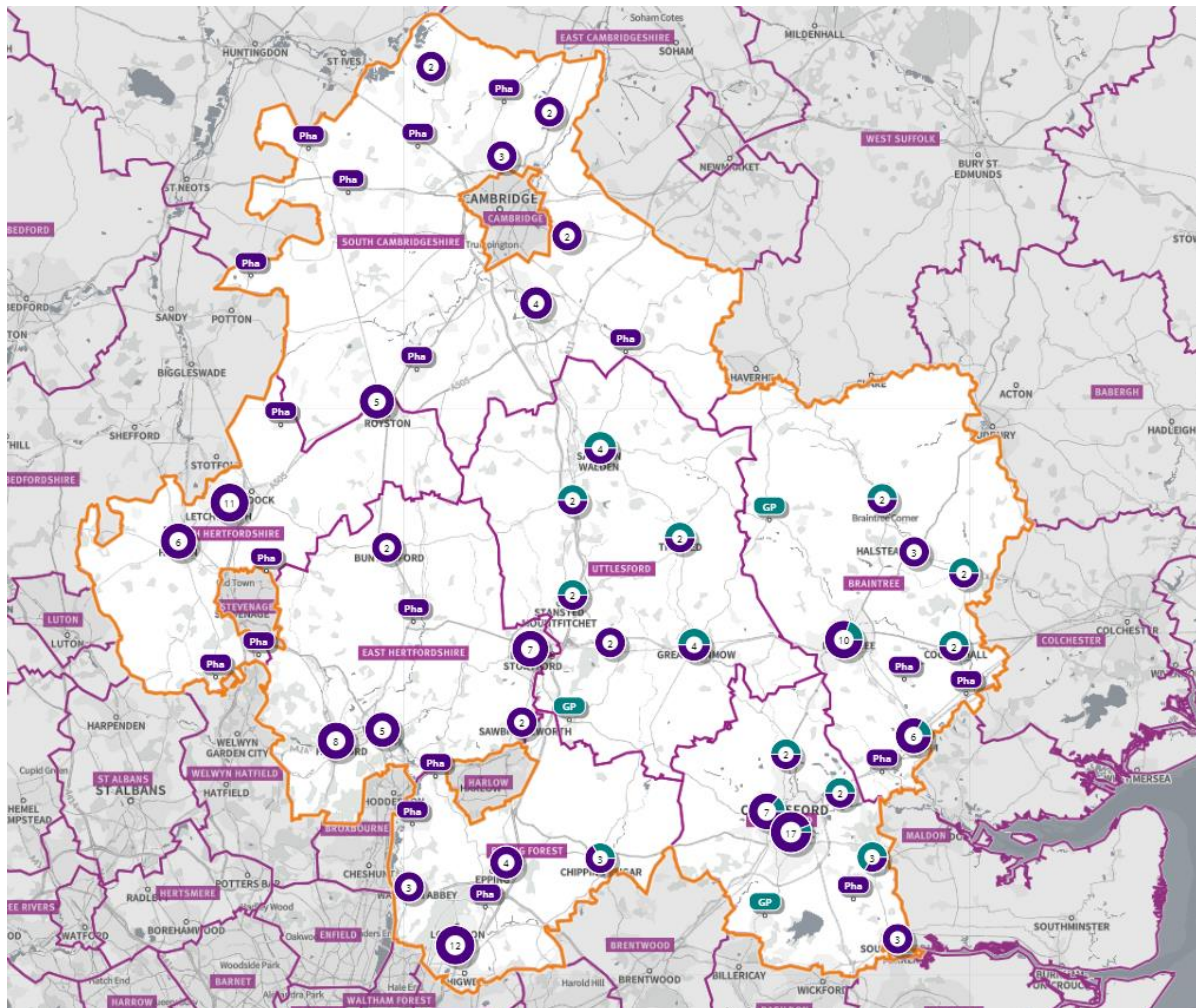
Figure 55 Map of Uttlesford Pharmacies



Note: Independence Direct is a DAC

Source: [Shape Place Atlas](#) (as at 22/03/22)

Figure 56 Map of Pharmacies and dispensing doctors within the Uttlesford locality, and neighbouring pharmacy provision



Source: [Shape Place Atlas](#)

Pharmaceutical services provision in the locality

Provision

The information contained in this report was obtained from NHSE, local commissioners and a contractor survey.

Opening hours were obtained via the NHSE pharmacy contracts team.

Service provision for advanced services was obtained via NHSE, NHSBSA and with the support of the local LPC.

Access

Appendix F shows that using the base population data on the SHAPE Place Atlas platform, it is possible to calculate the Essex population (and by district) that are estimated to have a journey time either within 20 minutes, 20 - 30 minutes or over 30 minutes to a pharmacy across Essex and within a 1.6KM buffer zone around Essex by each journey method.

- 99.9% of the Essex population could get to a pharmacy in a 20-minute drive.
- 95% a 20-minute public transport journey.
- 83% within a 20-minute walk. Residents have to travel for longer if they walk.
- 11% over 30-minute walk away.
- Uttlesford residents across can drive to a pharmacy within 20 minutes
- Most residents can get to a pharmacy within a 20-minute journey on public transport in most districts. However, some districts see a relatively high % of their population having to travel for longer (Braintree, Maldon, Uttlesford 20-30 minutes; Braintree, Epping Forest, Uttlesford over 30 minutes)
- Most residents can get to a pharmacy within 20-minute walk in most districts. Some districts however see a relatively higher % of their population that'd have to walk further (Braintree, Brentwood, Uttlesford 20-30 minutes; Braintree, Maldon, Uttlesford over 30 minutes).

Travel time to access pharmaceutical services are no longer than journey times to access key services as shown in section 6 of this report.

From the results of the public survey (Appendix E) 83% of residents stated that they had a reasonable distance to travel to the pharmacy equating to less than 20 minutes, 14% had travelled between 20 and 30 minutes, and 3% had travelled between 30-45 minutes. 61% made the trip by car, and 34% had travelled on foot—only 3% used public transport and 2% a bicycle.

Uttlesford residents also have access to dispensing doctors, pharmacies in neighbouring HWB areas and distance selling pharmacies in England. Analysis of dispensing flows in the West Essex CCG area shows that 86% of prescriptions in the CCG are dispensed within the area and 14% out of area including 5% by distance selling pharmacies.

Pharmaceutical services in the Uttlesford locality

Table 36 Number and type of providers of pharmaceutical services in the area

Type Of Contract	Uttlesford
Total Number of Community Pharmacies	8
Dispensing Doctors	8
Dispensing Appliance Contractors	1
Distance Selling Pharmacies	0

Table 37 Pharmacy contractors in the locality and provision of commissioned services

* Friday hours are taken as standard for Mon- Fri																				
Services code key:																				
Services 1 & 2 are NHSE commissioned Advanced necessary services																				
Services 3-6 are NHSE commissioned Advanced services																				
Service 7 is an NHSE commissioned Enhanced service																				
Service 8 is a CCG locally commissioned service																				
Services 9-13 are local authority locally commissioned services																				
Service code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address	Town	Postcode	Hours: M - F* OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sat OPENING HOURS <small>SUPPLEMENTARY</small>	Hours: Sun OPENING HOURS <small>SUPPLEMENTARY</small>	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FTG55	Boots	Market Place, Saffron Walden		CB10 1HR	8.30 - 17.30 <i>8.30- 9.00, 13.00 - 14.00</i>	9.00 - 11.30 <i>11.30 - 17.30</i>	<i>10.00 – 16.00</i>	✓	✓						✓	✓				✓
FW844	Boots	Unit 2,The Greens Building, 4/8 Cambridge Road, Stansted Mountfitchet	Stansted Mountfitchet	CM2 4 8BZ	9.00 - 18.00 <i>7.00 - 9.00, 13.00 - 14.00 & 18.00 - 19.00</i>	9.00 - 13.00 <i>13.00 - 17.00</i>	Closed	✓	✓						✓					

Service code								1	2	3	4	5	6	7	8	9	10	11	12	13
Organisation code	Trading Name	Address	Town	Postcode	Hours: M - F* SUPPLEMENTARY	Hours: Sat SUPPLEMENTARY	Hours: Sun SUPPLEMENTARY	NMS	CPCS	SAC	SCS	HYPERTENSION	FLU Vaccination	COVID Vaccination	PALLIATIVE CARE	SEXUAL HEALTH	SMOKING CESSATION	NHS Health Checks	NEEDLE EXCHANGE	SUPERVISED CONSUMPTION
FAG85	Newport Pharmacy	The Brown House, High Street, Newport	Saffron Walden	CB11 3QY	9.00 - 17.00 17.00 - 18.00	9.00 - 13.00	Closed	✓	✓			✓								
FTE06	Ropers The Chemist	3-5 High Street	Great Dunmow	CM6 1AB	9.00 - 18.00	9.00 - 17.00	Closed	✓				✓								
FN549	Thaxted Pharmacy	3 Town Street	Thaxted	CM6 2LD	9.00 - 18.00 13.00 - 14.00	9.00 - 13.00	Closed	✓	✓			✓		✓		✓				
FXV63	Well Saffron Walden - Hill Street	3 The Arches, Hill Street	Saffron Walden	CB10 1ED	9.00 - 17.30 13.30 - 14.30 & 17.30 - 18.30	9.00 - 11.30 11.30 - 13.00	Closed	✓	✓			✓						✓		
FK965	Yogi Pharmacies	7 Market Place	Great Dunmow	CM6 1AX	9.00 - 18.00 13.00 - 14.00	9.00 - 13.00	Closed	✓				✓							✓	
FAE08	Yogi Pharmacy	Ellesborough House, Dunmow Road	Takeley	CM2 2 6SH	9.00 - 18.00 13.00 - 14.00	9.00 - 13.00	Closed	✓				✓								
FJN80	Independence Direct Ltd (DAC)	Suite 16, 3rd Floor, Endeavour House, Coopers End Road	Stansted	CM2 4 1SJ	9.00 - 17.00	Closed	Closed	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Uttlesford opening hours

- Weekday opening hours were taken from Friday as a standard.
Monday to Friday, all 8 community pharmacies are open between the hours of 9:00am to 17:30.
Earliest opening time is 7.00 and latest closing time is 19.00.
- On Saturdays all the pharmacies are open in the morning and 3 of the pharmacies remain open in the afternoon. The latest closing time is 17.30.
- On Sundays one pharmacy is open between 10:00 until 16:00.

Services (data January 2022)

There is good access to commissioned services within the locality.

The necessary services of NMS and CPCS are provided by almost all the pharmacies.

The NHSE commissioned services that are not provided by pharmacies are delivered by other organisations in the locality.

Housing (Appendix G)

The impact of local housing development plans on provision of pharmaceutical services has been considered but has not identified any gaps in pharmaceutical services provision in the area during the lifetime of this PNA.

No gaps in the provision of necessary pharmaceutical services have been identified in the Uttlesford locality

No gaps in pharmaceutical services have been identified that if provided either now or in the future would secure improvements or better access to relevant services across the Uttlesford locality

8. Likely future needs to consider

8.1 Sustainability

The Royal Pharmaceutical Society¹⁵ has identified priorities for pharmacies in partnership with other partners to support sustainability and reduce the environmental impact of medicines use. Medicines account for about 25% of carbon emissions within the NHS. Community pharmacists can play a role in supporting sustainability by:

- Using digital tools to reduce the environmental impact of travel, such as virtual consultations where they are clinically appropriate and appropriate for the patient
- Improving organisational, departmental, and personal transport and travel plans, including maximising working from home to reduce travel
- Streamlining ordering and delivery of medicines to reduce carbon emissions
- Encouraging the public to use active transport
- Educating the public about not stockpiling medicines, only ordering the repeat medicines they need, and appropriate disposal of medicines
- Undertaking education on the impact of climate change, how to implement sustainable practices and carbon literacy.
- Sourcing environmentally friendly reusable alternatives to single use plastics in the pharmacy, such as medicine spoons, medicine cups, oral syringes and plastic compliance aids.
- Providing medication reviews to identify potential medicines waste, improve compliance, deprescribe medicines not required, and change from high-carbon products to low-carbon alternatives and low environmental impact alternatives where appropriate
- Collaborating with other health professionals to reduce use of medicines with the biggest environmental impact, for example inhalers and medical gases
- Lead audit work on environmental sustainability.

¹⁵ <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/future-of-pharmacy>

8.2 Inequalities

- 8.2.1 The NHS Long -Term Plan, NICE guidelines, the new community pharmacy contractual framework, and learning from the impact of COVID-19 come together to signal the potential for enhancing the role of community pharmacy teams in addressing health inequalities.
- 8.2.2 Public Health England (PHE) produced a briefing¹⁶ highlighting the unique role that pharmacy teams can play in helping to address health inequalities. The briefing, set out suggestions on how to make the most of pharmacy teams' potential to work with local community and faith leaders, reach out to under-served communities and those with the poorest health outcomes, and to take on a health inequalities leadership role. It also sets out recommendations for system leaders, commissioners and community pharmacy teams themselves.
- 8.2.3 The almost 11,200 community pharmacies in England are rooted in the heart of local communities. 80% of people can get to a pharmacy within a 20-minute walk (DHSC internal data – March 2019), with access highest in the most deprived areas, bucking the inverse care law.
- 8.2.4 Community pharmacy staff are drawn from local communities and reflect their make-up. Community pharmacy teams have a long history of delivering community health promoting interventions – engaging in an annual series of public health campaigns and rolling out initiatives such as stop smoking services, reducing alcohol consumption, sexual health services and dementia friends.
- 8.2.5 The Community Pharmacy Contractual Framework (CPCF) identifies the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.
- 8.2.6 The CPCF has also identified community pharmacy as a setting for clinical service delivery, with the potential to support important primary care services to reach further into the heart of communities with the greatest need. New services already introduced include - referrals from NHS111 and GPs to community pharmacists for minor illnesses, the urgent supply of a prescribed medicine, and the Discharge Medicines Service with referrals from hospitals to community pharmacists for patients discharged from hospital who need support with their medicines. From August 2021, blood pressure case finding and stop smoking services for patients discharged from hospital have been embedded within the community pharmacy contractual framework.

¹⁶ [Pharmacy-teams-seizing-opportunities-for-addressing-health-inequalities.pdf \(psnc.org.uk\)](https://www.psn.org.uk/pharmacy-teams-seizing-opportunities-for-addressing-health-inequalities.pdf)

- 8.2.7 From 1 January 2021¹⁷, being a Healthy Living Pharmacy (HLP) was an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.
- 8.2.8 Integrated Care System (ICS) pharmacists will have a critical leadership role in further enhancing the role of community pharmacy teams in addressing health inequalities.
- 8.2.9 In England there are an estimated 1.2 million health related issue visits to a pharmacy every day¹⁸ and these provide a valuable opportunity to support behaviour change through making every one of these contacts count.
- 8.2.10 Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing.
- 8.2.11 Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services and services commissioned by the Council and the CCGs.
- 8.2.12 COVID-19 has clearly demonstrated the value of virtual consultations and enabling people to engage with health professionals is critical to the sustainability of the NHS. Patients have benefited from the multi-disciplinary virtual ward rounds and meetings facilitated through digital technology across primary and secondary care. It is imperative that people can benefit from these digital options when consulting with a pharmacist where appropriate. Access to digital consultation tools and equipment in all pharmacy settings can help to deliver:
- Improved convenience
 - Reduced carbon footprint
 - Improved safety for patients

It is recognised that these platforms are not always suitable for all patients and should enhance, rather than replace access to face-to-face care. There needs to be flexibility in the delivery of service to balance access and not further the health inequalities gap.

¹⁷ [Healthy Living Pharmacies : PSNC Main site](#)

¹⁸ Public Health England, Royal Society of Public Health (2016) Building Capacity: Realising the potential of community pharmacy assets for improving the public's health rsph.org.uk

9. Conclusion

Conclusions for the purpose of schedule 1 to The Regulations.

When assessing the provision of pharmaceutical services in the Essex HWB area the steering group considered the following:

- The number and distribution of all contractors in each PNA locality and opening hours
- The location of and choice of pharmaceutical services
- Access to community pharmacies during weekdays, evenings and the weekend
- Access to community pharmacies via various types of transport (Appendix F)
- Provision of Essential, Advanced and Enhanced services in each locality
- Provision of necessary and relevant services
- Results of the public questionnaire (Appendix E)
- Results of the contractor questionnaires (Appendix H)
- Results of the statutory consultation (Appendix B)
- The health needs of the population from the JSNA
- Projected population growth
- Specific populations
- The Index of Multiple Deprivation and deprivation ranges as well as the other wider determinants of health
- The general lifestyle including smoking and drug and alcohol misuse
- The disease burden

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Necessary Services for the HWB are defined as Essential Services plus NMS and CPCS.

Other Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

Locally commissioned services are those that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Essex and are commissioned by the CCG or local authority, rather than NHSE.

Access to pharmaceutical services for the residents of Essex is good and the main conclusion of this PNA is that there are currently no gaps in the provision of necessary or relevant pharmaceutical services.

The PNA also looked at changes which are anticipated within the lifetime of the document, for example the predicted population growth.

Given the current population demographics, housing projections and the distribution of service providers across the HWB area, this document concludes that the current provision will be sufficient to meet the likely future needs of the residents during the three-year lifetime of this pharmaceutical needs assessment.

The HWB has not identified any services that would secure improvements, or better access, to the provision of pharmaceutical services either now or within the 3-year lifetime of this pharmaceutical needs assessment.

Based on the information available at the time of developing this PNA no current gaps in the provision of **essential services during normal working hours** have been identified in any of the localities

Based on the information available at the time of developing this PNA no current gaps in the provision of **essential services outside normal working hours** have been identified in any of the localities

Based on the information available at the time of developing this PNA no current gaps in the provision of the **New Medicine Service and Community Pharmacist Consultation Service** advanced services have been identified in any of the localities

Based on the information available at the time of developing this PNA no gaps in the need for the **necessary services** in specified future circumstances have been identified in any of the localities

Based on the information available at the time of developing this PNA no gaps in the current provision of other **relevant services** or in specified future circumstances have been identified in any of the localities

Based on the information available at the time of developing this PNA no gaps have been identified in **essential services** that if provided either now or in the future would secure improvements or better access to essential services in any of the localities

Based on the information available at the time of developing this PNA no gaps have been identified in the provision of **advanced services** that if provided either now or in the future would secure improvements or better access to advanced services in any of the localities

Based on the information available at the time of developing this PNA no gaps in respect of securing improvements or better access to the **enhanced services** in specified future circumstances have been identified in any of the localities

10. Appendices to this report (provided separately)

Appendix A	Development of PNA and Steering Group
Appendix B	Full consultation report
Appendix C	List of Pharmacies in the HWB area
Appendix D	List of Dispensing Doctors in the HWB area
Appendix E	Public survey report
Appendix F	Travel times and maps
Appendix G	Housing Report
Appendix H	Contractor Survey

11. Tables and Figures Index

Figure 1 Map of Essex showing localities	15
Table 1 Localities of the Essex PNA	15
Table 2 Provision included in the contractual framework for Essential services	17
Table 3 Provision included in the contractual framework for Advanced Services (as of May 2022)	18
Table 4 PhAS pharmacy list at June 2022 (Source NHSE)	25
Table 5 Population count for Essex and each Essex District	
Figure 2 Essex population pyramid for Essex in 2020	39
Figure 3 below shows the Essex projected population change by age (%):	40
Table 6 below provides the population current count and projections underlying Figure 3 above	41
Figure 4 General Fertility rate Essex – per 1,000 female population	42
Figure 5 Essex local authority populations by ethnic group	43
Figure 6 Essex local authority populations by religion	45
Figure 7 Index of Multiple Deprivation (IMD)	47
Figure 8 shows the population count and percentage living in the top 20% most deprived and top 20% least deprived areas nationally.....	49
Figure 9 Indices of Multiple Deprivation (2019) across Essex	50
Figure 10 of Income deprivation affecting children across the Essex area (2019)	51
Figure 11 of Income deprivation affecting older people across the Essex area (2019).....	52
Figure 12 Health benefiting physical activity levels by Essex local authority area	53
Figure 13 Excess weight adults by Essex local authority area	54
Figure 14 Sexually Transmitted Infections by Essex local authority area	55
Figure 15 Substance misuse – alcohol related harm by Essex local authority area	56
Figure 16 Substance misuse – illicit drugs by Essex local authority area	57
Figure 17 Adult smoking prevalence by Essex local authority area	58
Figure 18 GCSE Attainment by Essex local authority area	62
Figure 19 Residents claiming Jobseeker’s Allowance or Universal Credit Essex local authority area	63
Figure 20 Fuel Poverty by Essex local authority area	65
Figure 21 Homelessness by Essex local authority area	66

Figure 22 Households with no cars or vans by Essex local authority area.....	67
Figure 23 Trend in life expectancy from birth, males	69
Figure 24 Trend in life expectancy from birth, females	70
Figure 25 Disability-free life expectancy at birth, males	71
Figure 26 Disability-free life expectancy at birth, females	72
Figure 27 Provision of unpaid care	73
Table 7 Supporting the needs of specific populations.....	74
Table 8 Numbers of providers of pharmaceutical services in the Essex HWB area by locality as of August 2022	77
Table 9 Number of dispensing doctor practices in the HWB area by Clinical Commissioning Group (CCG)	80
Figure 29 Map showing pharmacies in and within a 1.6km buffer zone of the Essex HWB boundary, 347 pharmacies	82
Figure 30 Map showing Essex LAs & Neighbouring Local Authorities, Pharmacies only – 705 in total	83
Table 10 shows journey times to key services by mode of travel 2019.....	85
Table 11 Average minimum travel time to reach the nearest key services by mode of travel, Local Authority, England, 2019	87
Figure 31 Access to pharmacies	88
Table 12 Dispensing locations for prescription items issued by Essex CCGs prescribers	90
Table 13 the percentage of community pharmacies per locality signed up to provide Advanced Services (data sourced from NHSE).	91
Figure 32 Dispensing doctors in the Essex HWB area	92
Figure 33 Map of Basildon Pharmacies	98
Figure 34 Map of Pharmacies and dispensing doctors within the Basildon locality, and neighbouring pharmacy provision	99
Table 14 Number and type of providers of pharmaceutical services in the area.....	101
Table 15 Pharmacy contractors in the locality and provision of commissioned services	102
Figure 35 Map of Braintree Pharmacies	111
Figure 36 Map of Pharmacies and dispensing doctors within the Braintree locality, and neighbouring pharmacy provision	112
Table 16 Number and type of providers of pharmaceutical services in the area.....	114
Table 17 Pharmacy contractors in the locality and provision of commissioned services	115
Figure 37 Map of Brentwood Pharmacies	123
Figure 38 Map of Pharmacies and dispensing doctors within the Brentwood locality, and neighbouring pharmacy provision.....	124
Table 18 Number and type of providers of pharmaceutical services in the area.....	126

Table 19 Pharmacy contractors in the locality and provision of commissioned services	127
Figure 39 Map of Castle Point Pharmacies.....	134
Figure 40 Map of Pharmacies and dispensing doctors within the Castle Point locality, and neighbouring pharmacy provision	135
Table 20 Number and type of providers of pharmaceutical services in the area.....	137
Table 21 Pharmacy contractors in the locality and provision of commissioned services	138
Figure 41 Map of Chelmsford Pharmacies	145
Figure 42 Map of Pharmacies and dispensing doctors within the Chelmsford locality, and neighbouring pharmacy provision	146
Table 22 Number and type of providers of pharmaceutical services in the area.....	148
Table 23 Pharmacy contractors in the locality and provision of commissioned services	149
Figure 43 Map of Colchester Pharmacies	160
Figure 44 Map of Pharmacies and dispensing doctors within the Colchester locality, and neighbouring pharmacy provision	161
Table 24 Number and type of providers of pharmaceutical services in the area.....	163
Table 25 Pharmacy contractors in the locality and provision of commissioned services	164
Figure 45 Map of Epping Forest Pharmacies	174
Figure 46 Map of Pharmacies and dispensing doctors within the Epping Forest locality, and neighbouring pharmacy provision	175
Table 26 Number and type of providers of pharmaceutical services in the area.....	177
Table 27 Pharmacy contractors in the locality and provision of commissioned services	177
Figure 47 Map of Harlow Pharmacies	187
Figure 48 Map of Pharmacies and dispensing doctors within the Harlow locality, and neighbouring pharmacy provision	188
Table 28 Number and type of providers of pharmaceutical services in the area.....	190
Table 29 Pharmacy contractors in the locality and provision of commissioned services	191
Figure 49 Map of Maldon Pharmacies.....	200
Figure 50 Map of Pharmacies and dispensing doctors within the locality, and neighbouring pharmacy provision	201
Table 30 Number and type of providers of pharmaceutical services in the area.....	203
Table 31 Pharmacy contractors in the locality and provision of commissioned services	204
Figure 51 Map of Rochford Pharmacies	211
Figure 52 Map of Pharmacies and dispensing doctors within the locality, and neighbouring pharmacy provision	212
Table 32 Number and type of providers of pharmaceutical services in the area.....	214

Table 33 Pharmacy contractors in the locality and provision of commissioned services	215
Figure 53 Map of Tendring Pharmacies.....	222
Figure 54 Map of Pharmacies and dispensing doctors within the Tendring locality, and neighbouring pharmacy provision	223
Table 34 Number and type of providers of pharmaceutical services in the area.....	225
Table 35 Pharmacy contractors in the locality and provision of commissioned services	226
Figure 55 Map of Uttlesford Pharmacies	237
Figure 56 Map of Pharmacies and dispensing doctors within the Uttlesford locality, and neighbouring pharmacy provision.....	238
Table 36 Number and type of providers of pharmaceutical services in the area.....	240
Table 37 Pharmacy contractors in the locality and provision of commissioned services	241

Report title: Written Partner Update: Update from Essex Social Care	
Report to: Essex Health and Wellbeing Board	
Report author: Nick Presmeg, Executive Director for Adult Social Care	
Date: 21 September 2022	For: Information
Enquiries to: Nick Presmeg	
County Divisions affected: All Essex	

1 Purpose of Report

- 1.1 This report is provided to the Essex County Council Health and Wellbeing Board to provide a short written update on Social Care in Essex.

2 Recommendations

- 2.1 The Board is asked to note and discuss the update.

3 Background and Proposal

- 3.1 Adult social care pressures have reduced during August, meaning that the Council has lowered its LAPEL status (local authority pressures escalation level) from Level 3 to Level 2. This is due largely to a reduction in care home outbreaks and also due to a reduction in hours of care that are proving difficult to source (for example, on 28 August there were around 1,575 hours of care in the community proving difficult to source, down from 2,175 hours proving difficult on 31 July, down from 2,477 on 26 June). The level of unsourced packages has reduced by around 70% from the highs seen in December 2021.

- 3.2 Although the overall position has improved, pressures remain. Demand coming in as safeguarding concerns is persistently higher than pre-covid and July 2022 saw the second highest monthly volume of safeguarding concerns in the last three years. Referrals into the Mental Health Wellbeing Team are now consistently 40-50% higher than pre-pandemic levels. Self-referrals continue to be the highest source of referrals and the West of the county continues to be the source of the most referrals geographically; with anxiety and depression being the main reported reason adults are seeking support.

- 3.3 There continue to be workforce recruitment and retention challenges in the sector, especially in the domiciliary care market. This is creating some capacity challenges in domiciliary care.

- 3.4 There has been an increased use of residential beds in the system, with length of stay in interim placements growing. This is also driving an over-spend position on

adult social care budgets as the number of people in residential care is above budgeted-for.

- 3.5 Reablement provision has remain challenged and ECC has procured alternative reablement capacity (ARC) to supplement the existing reablement offer provided by ECL. This will replace the existing in-lieu of reablement provision. The new contracts will offer some certainty to the wider health and care system to 2024 and their mobilisation is being supported by the CONNECT team to ensure processes and practice is optimised to best effect.
- 3.6 Work is underway on a Market Shaping Strategy and a fair cost of care exercise, a significant piece of work that is expected to conclude in the autumn. The response rate from care providers has been positive so far.
- 3.7 The Government has published a consultation on funding allocations to local authorities for care charging reforms. The County Council is developing its response and will submit by the deadline at the end of September.

Report title: Update from Integrated Care Systems	
Report to: Essex Health and Wellbeing Board	
Report author: Jo Cripps (Mid and South Essex ICS),	
Date: 21st September 2022	For: Noting
Enquiries to: Jo Cripps, Mid and South Essex NHS Foundation Trust (jocripps@nhs.net)	
County Divisions affected: N/A	

1 Purpose of Report

- 1.1 This report is provided to the Essex County Council Health and Wellbeing Board to provide a short written update the activities of the three Integrated Care Systems that interact with ECC.

2 Recommendations

- 2.1 The Board is asked to note the update.

3 Updates

Mid and South Essex ICS

- The first (informal) meeting of the MSE Integrated Care Partnership was held on 6 July – this was an opportunity for partnership colleagues to meet and consider ways of working and to agree how we would work together to develop the MSE Integrated Care Strategy.
- The ICP is chaired by Professor Michael Thorne CBE, with the upper tier local authority health and wellbeing board chairs as vice chairs (Cllr Deb Huelin (Thurrock), Cllr Kay Mitchell (Southend) and Cllr John Spence (Essex)).
- National guidance and an expected timeline for integrated care strategy development was published in August. The expectation is for an initial integrated care strategy to be developed by the end of December.
- A series of workshops is planned over September/October to help us to develop the integrated care strategy and we will be offering lots of opportunities for partners and residents to be involved.
- Work is underway to set up a working group to oversee strategy development comprising colleagues from social care, public health, our three Healthwatch organisations and NHS colleagues.
- The Integrated Care Partnership will hold its first formal meeting on 28 September.

- Work is underway to release c£3m NHS funding towards addressing health inequalities at Alliance level. We are finalising plans with our four alliances and undertaking final due diligence checks against plans submitted.
- The MSE Integrated Care Board will hold its second meeting on 15 September. Papers can be found at <https://www.midandsouthessex.ics.nhs.uk/about/boards/integrated-care-board/>
- The Integrated Care Board will consider a paper to commence a public consultation on harmonising services to which access had previously differed across the five Clinical Commissioning Groups in MSE. Further detail will be provided to the Health and Wellbeing Board as the process develops.
- The ICS 'Moments that Matter' campaign continues, with a recent story on adult mental health. Further details can be found (<https://www.midandsouthessex.ics.nhs.uk/news/?category=moments-that-matter>)
- We have also launched our podcast series <https://anchor.fm/msexsex-ics> - the first on building resilience and the second on managing successful change.
- The ICS has been shortlisted in 8 out of 10 categories for the NHS Confederation/Academic Health Science Network 'Innovate' awards. Schemes include:
 - Enabling safer care with Raizer emergency lifting chair
 - Implementing Whzan telehealth technology in care homes and virtual wards
 - The Essex Vax Van: engaging and communicating with diverse audiences to drive up Covid vaccination in different communities.
 - Broomfield Hospital's advanced low carbon cooling to contribute towards net zero targets.
 - Supporting population health through innovation – the MSEFT partnership with Southend on Sea City Council's anchor work.
 - Our national trailblazer work on supporting people to monitor their blood pressure at home (BP@Home)
 - Excellence in Patient & Public Involvement with our Understanding Inequality programme.

Report title: Written Partner Update: Public Health	
Report to: Essex Health and Wellbeing Board	
Report author: Danny Showell	
Date: 21 st September 2022	For: Information
Enquiries to: Danny Showell, danny.showell@essex.gov.uk	
County Divisions affected: All Essex	

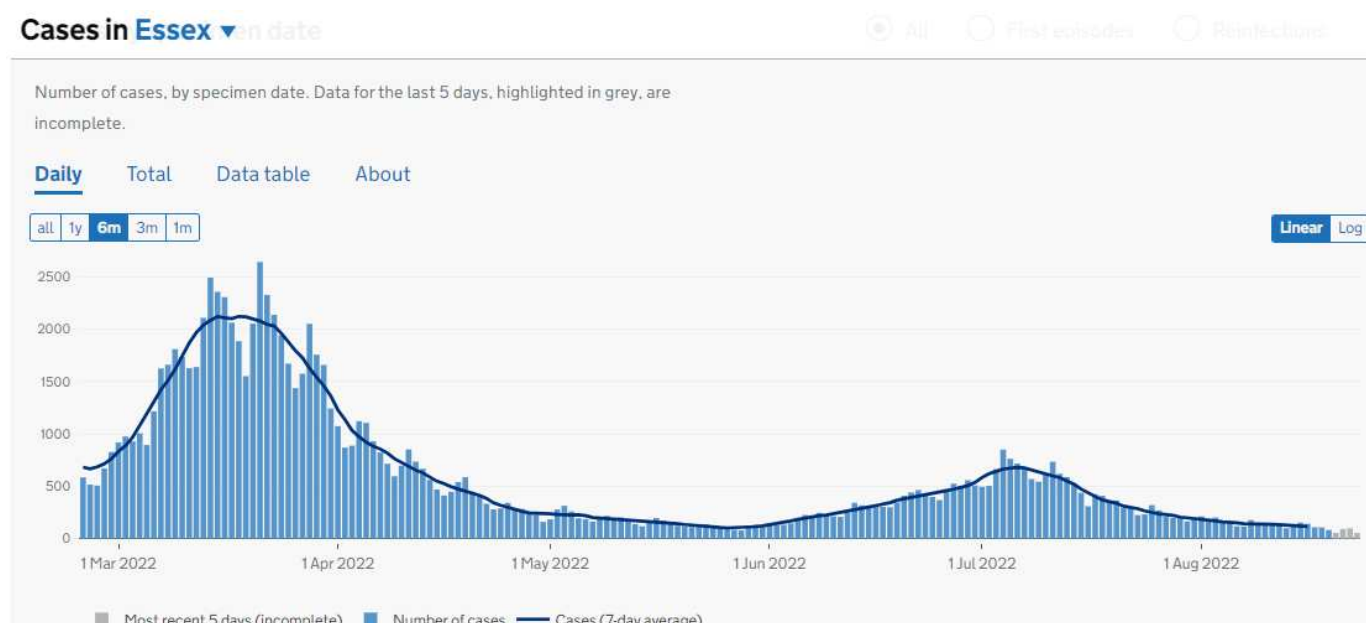
1 Purpose of Report

- 1.1 This briefing summarises the current position with regards to COVID-19 infections in Essex, and what is known about future COVID-19 immunisation plans, to inform the Health and Wellbeing Board.

2 COVID-19 infections in Essex

- 2.1 As of the 24th August, when data was accessed, recorded cases of COVID-19 infections in Essex have been decreasing since early July which was the third wave of infections this year. There are now approximately 100 recorded cases a day in Essex. This picture mirrors infections in England as a whole.

Fig. 1 Recorded COVID-19 infections in Essex



Taken from <https://coronavirus.data.gov.uk/> on 24th August

- 2.2 We know that only a fraction of cases are recorded. Despite this we can have confidence in the decreasing trend of infections as the numbers of people

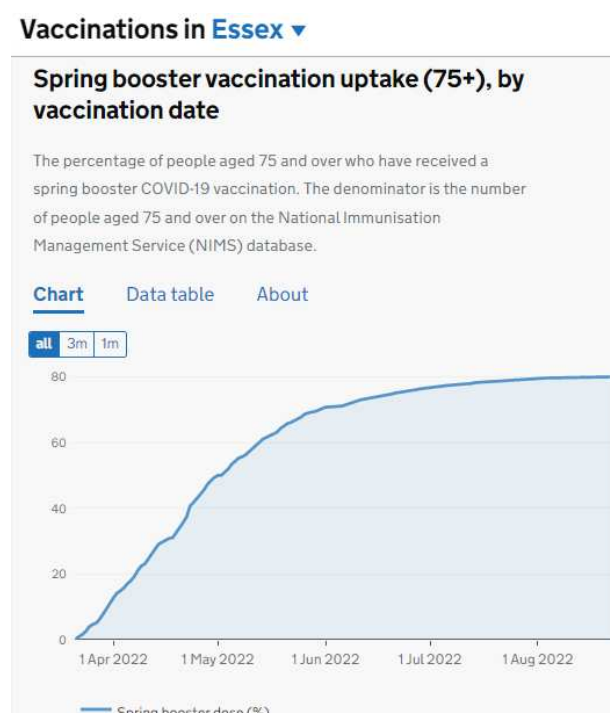
admitted to hospital who test positive for the virus that causes COVID-19 has also decrease since early July. All patients admitted to hospital are routinely tested for COVID-19.

- 2.3 Though numbers of patients admitted to hospital with clinically apparent COVID-19 has fluctuated, high levels of community infections are no longer translating into high numbers of people being admitted to hospital. The protective effect of COVID-19 vaccination is continuing to hold.
- 2.4 There will be further waves of COVID-19 infection. When they will occur and how large they will be is uncertain. Even if vaccine effectiveness continues to hold, as seems likely, a future wave of infection may place pressure on health and social care services if it coincides with a time of low resilience in those services.

3 Plans for further COVID-19 immunisations

- 3.1 As with England as a whole, Essex has a high rate of COVID-19 immunisation. The percentage of those over 75 years who have had their spring booster is 80% in Essex.

Fig. 2 Vaccination coverage in Essex



Taken from <https://coronavirus.data.gov.uk/> on 24th August

- 3.2 The NHS will be rolling out another round of COVID-19 vaccinations this winter. It will start with the most vulnerable and work down the list of vulnerable groups to cover the following.
- Residents and staff in a care home for older adults
 - Frontline health and social care workers
 - All adults aged 50 years and over
 - Persons aged 5 to 49 years in a clinical risk group
 - Persons aged 5 to 49 years who are household contacts of people with immunosuppression
 - Persons aged 16 to 49 years who are carers
- 3.3 High uptake of the winter COVID-19 vaccine offer will be crucial to preventing large numbers of people being seriously ill with COVID. In addition, efforts to encourage those under-vaccinated or unvaccinated to come forward will need to continue.

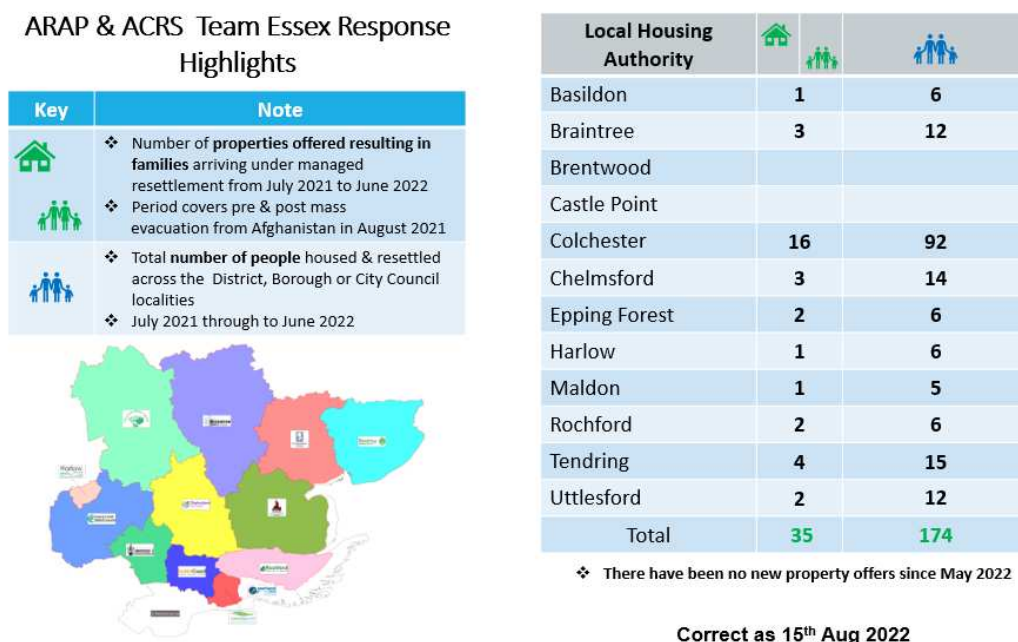
Report title: Written Partner Update: Afghan relocation and assistance policy & Afghan Citizens resettlement scheme	
Report to: Essex Health and Wellbeing Board	
Report author: Christopher White	
Date: 21 st September 2022	For: Information
Enquiries to: Christopher White, christopher.white@essex.gov.uk	
County Divisions affected: All Essex	

Afghan relocation and assistance policy & Afghan Citizens resettlement scheme

Now just over one year since first refugee arrivals into the County Councils administrative area so data is for a 12 month period.

According to the East of England LGA figures, which was 764 individuals at end of June 22, Team Essex collective humanitarian response contributed to just under 25% of regional total – which considering challenge is positive.

This diagram shows where families have been supported to move into homes and receive resettlement and integration support from commissioned delivery support provider.




Key points:


1. Tragic events in Ukraine and impact of LAs responding to the 2 visa schemes, in particular H4U visa scheme, has caused an understandable slowing of accommodation offers from Local Housing Authorities (LHAs). No further accommodation offers have come forward since May 22.
2. The last resettlement into homes where in June 22.

HO bridging facilities (hotels) operating in Essex (excluding Southend and Thurrock)


The following show the data of Afghan arrivals in 2 x HO bridging facilities - as at 15th August – *but subject to change as Home Office are managing the closure of some bridging facilities e.g. London and Luton and having to move (decant) families out to other bridging facilities.*



Number of families and people in the Home Office bridging facilities/hotels as of 15th August

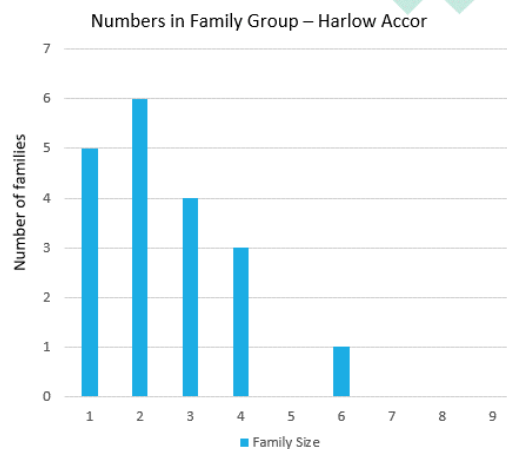
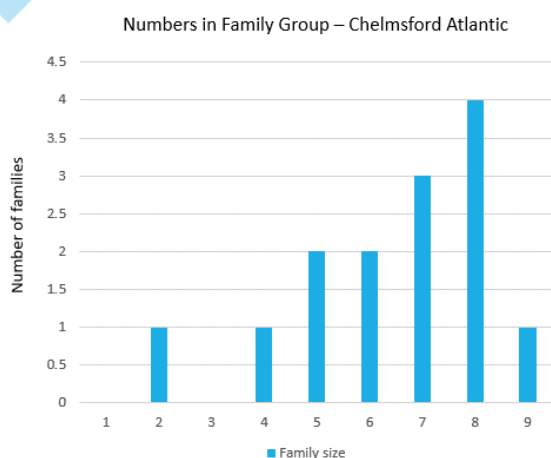


Hotel	Total No. Of Families	Total No. Of People
Atlantic Hotel (Chelmsford)	14	90
Accor Hotel (Harlow)	19	47



Correct as of 15th August 2022

Breakdown of family sizes in the Home Office bridging facilities/hotels as of 15th August



Correct as of 15th August 2022

Details on length of stay in the Home Office bridging facilities/hotels & proposed contract end dates

Hotel name	Numbers of families / (Including lone person with no family)	Arrived at hotel in Month / Year	Home Office Contracts with hotels extended until
Atlantic	2	December 2021	End of December 2023
	2	January 2022	
	8	February 2022	
	1	May 2022	
	1	July 2022	
Accor	10	September 2021	End of January 2023
	1	December 2021	
	1	January 2022	
	1	February 2022	
	2	April 2022	
	4	July 2022	

Correct as of 15th August 2022

Key points:

1. Challenge for LHAs to identify and offer affordable housing to 'home' families who may wish to remain in or around the local area to hotel, the LHA area or wider Essex the region or UK.
2. The expectations and aspirations of families.

3. Some capacity challenges for key services e.g. NHS primary and specialist care; educational providers for children / young people and adults (ESOL).
4. Challenges posed by welfare system and particularly affordability of rents especially in the private rented sector (PRS) across Essex.

DLUCH have initiated a policy called 'find your own accommodation pathway' for families in bridging facilities – summary of the govt policy below:

The find your own accommodation pathway aims to allow families to source their own accommodation without losing support and funding. This gives families more agency in the housing process and empowerment over their accommodation options. The overall aim is to enable families to be more involved in the process of finding their own accommodation and still be able to receive integration support once they move in, as well as support with deposits and furniture for example. Families will still need support beyond housing, including help with schools, healthcare and benefits etc. The pathway will be delivered through case-working by bridging support staff as part of the 'moving on' wraparound support and supported by Home Office Hotel Liaison Officers.

There are certain challenges that may arise under the PRS scheme in Essex. The majority of people in bridging hotels in Chelmsford and Harlow as at 15th Aug would like to move out of Essex. There are five families, one from the Harlow hotel, and four from Chelmsford who would like to stay in the Chelmsford/Colchester area specifically. Two of these families are a family of eight, and one is a family of nine. Unfortunately, having already discussed housing issues with CBC and CCC it is apparent that there is no availability in either district for 4/5 bedroom houses for these families

ECC Resettlement Programme Manager is working through with key stakeholders at local, regional and national level on how best to implement the policy utilising the associated Govt grant which ECC manages.

Health and Wellbeing Board Forward Plan 2022

Nov 2022	Item No	Agenda Item	Lead Officer	Summary/Comments
23 November	1	Questions on Written Partner Updates <u>Purpose</u> For board members to ask any questions arising from the written updates circulated in advance of the meeting. On the following items: <ul style="list-style-type: none"> • Adult Social Care • Children's Social Care • Public Health • ICS • Support for Ukraine 	Cllr John Spence	
	Deep Dive Session: Supporting long term independence			
Jan 2023	Item No	Agenda Item	Lead Officer	Summary/Comments
25 January	1	Questions on Written Partner Updates <u>Purpose</u> For board members to ask any questions arising from the written updates circulated in advance of the meeting. On the following items: <ul style="list-style-type: none"> • Adult Social Care • Children's Social Care • Public Health • ICS • Support for Ukraine 	Cllr John Spence	

	2	Suicide Surveillance Figures Update	Jane Gardiner	As agreed at July 22 meeting
	Deep Dive: Physical Activity and Healthy Weight			
March 2023	Item No	Agenda Item	Lead Officer	Summary/Comments
15 March	1	Questions on Written Partner Updates <u>Purpose</u> For board members to ask any questions arising from the written updates circulated in advance of the meeting. On the following items: <ul style="list-style-type: none"> • Adult Social Care • Children's Social Care • Public Health • ICS • Support for Ukraine 	Cllr John Spence	
	Deep Dive: Alcohol and Substance Misuse			
May 2023	Item No	Agenda Item	Lead Officer	Summary/Comments
17 May	1	Questions on Written Partner Updates <u>Purpose</u> For board members to ask any questions arising from the written updates circulated in advance of the meeting. On the following items: <ul style="list-style-type: none"> • Adult Social Care • Children's Social Care • Public Health • ICS 	Cllr John Spence	

		<ul style="list-style-type: none"> Support for Ukraine 		
	Deep Dive Session: TBC			
July 2023	Item No	Agenda Item	Lead Officer	Summary/Comments
19 July	1	Questions on Written Partner Updates <u>Purpose</u> For board members to ask any questions arising from the written updates circulated in advance of the meeting. On the following items: <ul style="list-style-type: none"> Adult Social Care Children's Social Care Public Health ICS Support for Ukraine 	Cllr John Spence	
	Deep Dive Session: TBC			
Sept 2023	Item No	Agenda Item	Lead Officer	Summary/Comments
20 September	1	Questions on Written Partner Updates <u>Purpose</u> For board members to ask any questions arising from the written updates circulated in advance of the meeting. On the following items: <ul style="list-style-type: none"> Adult Social Care Children's Social Care Public Health ICS Support for Ukraine 	Cllr John Spence	

	Deep Dive Session: TBC			
Nov 2023	Item No	Agenda Item	Lead Officer	Summary/Comments
22 November	1	Questions on Written Partner Updates <u>Purpose</u> For board members to ask any questions arising from the written updates circulated in advance of the meeting. On the following items: <ul style="list-style-type: none"> • Adult Social Care • Children's Social Care • Public Health • ICS • Support for Ukraine 	Cllr John Spence	
	Deep Dive Session: TBC			