

Wednesday, 31 August 2022

Meeting of the Health and Wellbeing Board

Thursday, 8 September 2022

3.30 pm

Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Councillor Stockman (Chairwoman)

Pat Harris, Healthwatch Torbay

Matt Fox, NHS Devon Clinical Commissioning Group

Jo Williams, Director of Adults Services

Nancy Meehan, Director Children's Services

Lincoln Sargeant, Director of Public Health

Councillor Law, Cabinet Member for Children's Services

Non-voting Co-opted Members of the Board

Adel Jones, Torbay and South Devon NHS Foundation Trust

Pat Teague, Ageing Well Assembly

Ian Ansell, Torbay Safeguarding Children Board

Alison Brewer, Primary Care Representative

Tara Harris, Divisional Director of Community and Customer Services

Alison Hernandez, Police and Crime Commissioner

Chris Forster, Torbay Community Development Trust

Tanny Stobart, Imagine This Partnership (Representing the Voluntary Children and Young People Sector)

Anthony Reilly, Devon NHS Partnership Trust

Paul Northcott, Adult Safeguarding Board

Sarah Newham, Department for Work and Pensions

Roy Linden, Devon and Cornwall Police

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Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

HEALTH AND WELLBEING BOARD AGENDA

1. **Apologies**
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 4 - 13)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 17 March 2022.
3. **Declaration of interest**
- 3(a) **To receive declarations of non pecuniary interests in respect of items on this agenda**
For reference: Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
- 3(b) **To receive declarations of disclosable pecuniary interests in respect of items on this agenda**
For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent items**
To consider any other items that the Chairman/woman decides are urgent.
5. **Torbay Pharmaceutical Needs Assessment 2022 - 2025** (Pages 14 - 120)
To consider a report on the 2022 - 2025 Pharmaceutical Needs Assessment.
6. **Torbay Suicide and Self-harm Prevention Action Plan Update** (Pages 121 - 145)
To consider the annual update of the Torbay Suicide and Self-Harm Prevention Action Plan.
7. **Family Hubs**
To receive a verbal update on the Family Hubs.

8. **Torbay Joint Health and Wellbeing Strategy progress report September 2022** (Pages 146 - 175)
To receive a progress report on the implementation of the refreshed Torbay Joint Health and Wellbeing Strategy.

9. **Cost of Living Crisis - Update on Activities**
To receive a verbal update on the above.

Meeting Attendance

Please note that whilst the Council is no longer implementing Covid-19 secure arrangements attendees are encouraged to sit with space in between other people. Windows will be kept open to ensure good ventilation and therefore attendees are recommended to wear suitable clothing.

If you have symptoms, including runny nose, sore throat, fever, new continuous cough and loss of taste and smell please do not come to the meeting.

Minutes of the Health and Wellbeing Board

17 March 2022

-: Present :-

Pat Harris, Councillor Jackie Stockman, Adel Jones, Lincoln Sargeant and Tanny Stobart

157. Apologies

Apologies were received from the following Board Members; Jo Williams, Matt Fox, Nancy Meehan and Liz Thomas; and the following Co-opted Board Members; Pat Teague, Tara Harris, Alison Hernandez, Neil Ralph, Anthony Reilly, Paul Northcott and Sarah Newham.

As a result of the absence of a number of the Board Members the meeting was not quorate, the meeting continued with those in attendance being briefed on the items listed on the agenda.

158. Minutes

This item was deferred.

159. Joint Health and Wellbeing Strategy

The Board received a presentation on the draft Joint Health and Wellbeing Strategy, the strategy would be subject to a period of public consultation. The Strategy set out five areas of focus and six cross-cutting areas against which progress would be reviewed quarterly by the Board. The priority and cross-cutting areas reflected those identified at the Board's workshops. Approval to launch the Strategy for consultation rested with the Cabinet whose approval was being sought on 22 March 2022.

160. Torbay Joint Strategic Needs Assessment 2022/23

The Board received a presentation on the data contained within the 2022/2023 Joint Strategic Needs Assessment (JSNA). The JSNA had been divided into the following four sections, together with a spotlight on particular issues:

- Population Overview;
- Starting and Developing Well;
- Living and Working Well;
- Ageing Well; and
- Spotlight on Torbay
 - Special Educational Needs
 - Covid-19

- Relative Deprivation across the Bay; and
- Cancer – Facts across the life course

161. Devon & Cornwall Health Protection Committee Annual Report 2020/21

Julia Chisnell, Consultant in Public Health, provided a briefing on the Devon and Cornwall Health Protection Committee Annual Report 2020/21. Members were informed that the report considers the following key domains of Health Protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections and antimicrobial resistance; and
- Emergency planning and response.

Julia advised that the health protection agenda in 2020/21 was dominated by the Covid-19 pandemic. The annual report therefore focused on the response to the pandemic, the impact on wider health protection activity, and work to recover screening and immunisation coverage for our population.

162. Health and Wellbeing Executive Group

The Board received an update on the arrangements being put in place at an officer level to support and drive the work of the Health and Wellbeing Board.

163. Devon General Practice Strategy

Su Smart gave a presentation on the Devon General Practice Strategy (a copy of the presentation is attached to these Minutes). Su advised that the General Practice Strategy review would be taking place between now and June 2022 and it would be co-designed with patients, healthcare professionals and system partners. People were being invited to share their experience and feedback on what general practice services should look like in the future through an [online survey](#). The survey will close on Friday 8 April 2022.

164. Torbay Young Carers Under 25 Strategy and Action Plan 2022 - 2025

The Board received a presentation from Jo Morrell, Director of Torbay Youth Trust and partner involved in the development of the Torbay Young Carers Under 25 Strategy. Jo advised that the Strategy for Young Carers Under 25, brings together plans for Young Carers (under 18) and Young Adult Carers (aged 16-25). The recent iteration of the Strategy provided a flexible and effective mechanism that confirmed the common intent to find the most effective ways of supporting Young Carers under 25 and their families. The Board were advised that the Strategy would be presented to the Cabinet on 22 March 2022 for formal approval.



Devon
Clinical Commissioning Group

Devon General Practice Strategy

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Refresh for 2022

Torbay Health and Wellbeing Board

Minute Item 163

Background

- Devon CCG published a five year strategy for general practice in 2019, which featured a set of priorities and objectives for the CCG to undertake and to support general practice.

Six pillars



Progress to date

Better access to care through technology	<ul style="list-style-type: none">• All practices now have access to eConsult and video consultations• Significant changes to remote working, shared practice systems and access to laptops and IT throughout pandemic• Extended Access commissioned across the county• Improved patient satisfaction survey results, including 70% patient satisfaction for online consultations• High levels of registrations for NHS App (37% of aged 13+ in Devon)• Additional staffing sessions as part of the Winter Access Fund. We have supported 27,000 additional hours for primary care between December 21 and March 22
Workforce	<ul style="list-style-type: none">• 335 whole time equivalent people recruited to additional roles and reimbursement scheme (ARRS) e.g. pharmacists, physio, community paramedics and social prescribing link workers• Flexible workforce bank in primary care. This was originally set up to support vaccine delivery but is being extended for longer term benefits• Digital locum pilot, which has seen early good progress, will become part of the overall bank offer in February once pilot concludes• Workforce Improvement Group established to agree priorities for investment including wellbeing and practice manager training• Recruitment successes e.g. working with British Medical Journal (BMJ)
Population health management	<ul style="list-style-type: none">• Devon system population health management programme underway for the system (although temporarily paused owing to system pressures)• Data sharing has started between some practices• Enhanced understanding of concepts and opportunities

Develop primary care networks	<ul style="list-style-type: none"> • All practices are in a primary care network (PCN) and are progressing along a maturity matrix • Closer working with local care partnerships (LCPs) • Delivering the vaccination programme and business continuity arrangements have really brought PCNs together • Work progressing to agree PCN development plans • Utilisation of additional roles reimbursement scheme (ARRS) • Establishment of and recurrent funding provided for Collaborative Board engagement with LCP processes • GP ownership of system level issues
Infrastructure – modernise estates and infrastructure	<ul style="list-style-type: none"> • Locality plans becoming more embedded within LCPs • Local projects have progressed/are progressing, including new build practice premises in Crediton (Redlands Primary Care) and Plymouth (West Hoe) and priorities such as the West End Health and Wellbeing Centre in Plymouth progressing well • Working with Section 106 teams to maximise opportunities for funding for primary care • Full utilisation of Minor Improvement Grant budget • ‘Covid proofing’ GP sites • Significant security upgrades to practices with identified challenges
Clinical leadership	<ul style="list-style-type: none"> • Dedicated funding for clinical leadership development • Clinical voice is part of primary care workplans • Nurse strategy agreed



Why a refresh?

- Learning from the pandemic has shown how different primary care can, and should be
- Increased pressure on the system and asks of general practice means it's now time to revise the strategy, taking in to account learning from experience

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The strategy refresh will take place between now and June 2022

It will be co-designed with patients, GPs, stakeholders and healthcare professionals

- It will describe how we will provide sustainable general practice across the Devon system, but at the same time deliver high quality services for patients in a changing world



Why a refresh?

- The revised strategy will challenge current conceptions about what general practice is and how it is delivered if general practice is going to survive the combined challenges of demand and workforce over the next decade
- Although, we currently have a very real challenge in Plymouth, we need to refresh the strategy for all general practice in Devon
- NHS England and Improvement are currently undertaking a stocktake of primary care commissioning and provision. The final report from this is due around March 2022 and Devon will seek to ensure that future strategy reflects the key findings of that review.
- A review of integration and our Long Term Plan is underway and this will factor in to the refresh of the GP strategy



Approach

The strategy refresh will consider:

- the impact of the General Practice 5 year forward view (2016)
- the existing and future workforce and demographic pressures which may impact on current and future access to GP services.
- the role of GP Practices, Primary Care Networks in the developing Integrated Care System
- areas of good practice (both national and international) in relation to -
 - workforce pressures and skill mix
 - delivery of primary care in urban (and rural areas)
 - recruitment and retention at start and end of career
 - access, quality and resilience
 - additional services to support primary care
- the role and responsibilities of local authorities in supporting GP services at a place and neighbourhood level



Three phases

- There are three phases identified in the work programme
 - **Phase 1:** Reference group sessions with key stakeholders, e.g., GP practices, Healthwatch, the Local Medical Committee, Collaborative Board Chairs, Local Care Partnerships, Healthwatch, providers, elected representatives, diverse communities and patient participation groups
 - Research, literature review, exemplar/case study models, best practice review, internal refresh
 - **Phase 2:** Collation of all content from phase 1 into a draft strategy document
 - **Phase 3:** Consultation on draft strategy with groups from phase 1
- Engagement sessions are already underway with partners and public
- It is anticipated that the refreshed strategy will go to the CCG's Primary Care Commissioning Committee in July 2022





Title: Torbay Pharmaceutical Needs Assessment 2022 - 2025
Wards Affected: All
To: Health and Wellbeing Board **On:** 8 September 2022
Contact: Simon Baker, Public Health Specialist - Intelligence
Telephone: 01803 207311
Email: simon.baker@torbay.gov.uk

1. Purpose

1.1 2022 - 2025 update of the Pharmaceutical Needs Assessment (PNA)

2. Recommendation

2.1 The following narrative is considered for approval, with issues discussed.

3. Supporting Information

3.1 What is a Pharmaceutical Needs Assessment (PNA)?

A PNA is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas (where relevant).

The Health and Social Care Act 2012 transferred the responsibility to develop and update PNAs from Primary Care Trusts to Health and Wellbeing Boards (H&WB) from 1 April 2013.

This means that Torbay's H&WB has a legal duty to ensure the production of a PNA for Torbay.

The H&WB were required to publish their first PNA by 1 April 2015 and publish a statement of its revised assessment within 3 years of its previous publication or sooner if changes to the need for pharmaceutical services are identified which are of significant extent. The publication of the PNA was postponed from April 2021 to October 2022 for all H&WBs due to the COVID pandemic.

3.2 What's in the PNA and what is a PNA used for?

The PNA for Torbay 2022-2025 presents a picture of community pharmacy need and provision in Torbay, and links to Torbay's Joint Strategic Needs Assessment (JSNA).

The PNA is used by NHS England to inform:

- decisions regarding which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors in Torbay

- whether new pharmacies or services are needed
- decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
- the commissioning of locally enhanced services from pharmacies

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

3.3 **Developing the PNA**

Torbay's PNA was developed in partnership with the Devon-wide PNA Steering Group on behalf of Torbay's H&WB.

This was to ensure that production of the PNAs for Plymouth, Devon and Torbay followed the same process and format but with locally relevant information.

Partners included:

- Torbay Council
- Devon County Council
- Plymouth City Council
- NHS Devon CCG
- NHS England
- Devon Local Pharmaceutical Committee
- Devon Local Medical Committee

3.4 **Main conclusion of PNA**

There have been no gaps identified in pharmaceutical provision within Torbay, the number of pharmacies in Torbay fell from 37 in 2018/19 to 31 in 2021/22, often through mergers of pharmacy premises in close proximity to each other. Torbay still has more pharmacies per head of population than the South West and England.

Going forward, close attention will be paid to housing developments within Collaton St Mary which could lead to a significant population rise in that area.

3.5 **Consultation**

The consultation period ran from 1st July to 29th August.

The survey questions were designed to gather feedback on whether the requirement of the PNA had been met and to offer the opportunity to highlight any gaps.

3 responses to the online consultation survey were received for Torbay.

Overall consultation feedback regarding the PNA was positive.

There was a specific comment on unscheduled closures of pharmacies at short notice which is a particular problem if commissioned to provide a 'supervised consumption service' for patients being provided with buprenorphine and methadone

3.6 **Next steps**

The recommendation is for the Health & Wellbeing Board to:

1. Formally accept the Torbay PNA for 2022-25
2. Agree to its publication on the Torbay Council website

2022-2025 PHARMACEUTICAL NEEDS ASSESSMENT FOR TORBAY



Document Information

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative.

Document status:	
Author:	Simon Baker. The document was developed by Torbay Council Public Health and the Devon PNA Steering Group, on behalf of Torbay's Health and Wellbeing Board.
Document version:	Version 1.0
Document date:	June 2022
Next review date	Every three years unless significant change to pharmaceutical service provision
Approved by:	Torbay Health and Wellbeing Board
Date approved:	Not yet approved
Links to: (JSNA)	http://www.southdevonandtorbay.info/

Amendment History

Version:	Status:	Date:	Reason for Change:	Authorised by:
1.0	Draft	30/06/2022	Initial draft – pre consultation	Devon PNA Steering Group
3.0	Final draft	31/08/22	Final draft for HWBB sign-off	Devon PNA Steering Group

Acknowledgments

The development of this Pharmaceutical Needs Assessment (PNA) was overseen by the Devon PNA Steering Group.

The authors of this report would like to thank Members of the Steering Group for their considerable input and support throughout the process.

In particular, special thanks are given to the South West Knowledge and Intelligence Team (Office for Health Improvements and Disparities) for their analysis of the NHS England data in a consistent format across the three Devon HWB areas.

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

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1 Executive Summary

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

The PNA for Torbay 2022-2025 presents a picture of community pharmacy need and provision in Torbay, and links to Torbay's Joint Strategic Needs Assessment (JSNA).

This PNA will be used by NHS England to inform:

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

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

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

The NHS Regulations 2013 set out the legislative basis for producing and updating PNAs, and specify a list of minimum information that must be included in the PNA.

Torbay's PNA is structured as follows:

- Introduction
- Overview of Torbay

- General health needs in Torbay
- Identified patient groups – particular health issues
- Health needs that can be influenced by pharmaceutical services
- Provision of pharmaceutical services
- Conclusion

Information regarding local provision of pharmaceutical services was made available by NHS England and analysed by the Public Health England Local Knowledge and Intelligence Service (PHE LKIS) on behalf of the Steering Group.

The consultation period ran from Friday 1 July 2022 to Monday 29 August 2022. The H&WBs for Devon, Plymouth and Torbay ran the consultation for each of their PNAs at the same time. This was to aid organisations who were asked to respond to consultations for more than one area at the same time. The method of consultation was agreed by the PNA Steering Group. The PNA Steering Group met following the end of the consultation period to discuss the feedback received across all three areas and agree appropriate action. Following this, some minor amendments were made to the report.

In conclusion, Torbay's ageing population means that the overall demand for health and social care services is likely to increase, particularly in terms of managing long-term conditions. However, pharmacies in Torbay are well-placed to deliver healthcare services to their local communities and current pharmaceutical provision is assessed as being sufficient to meet the anticipated needs over the next three years. However, it is anticipated that the role they play will continue to evolve over the coming years, particularly with changes to future pharmacy and primary care provision. Whilst the core activity of community pharmacies is commissioned by NHS England, they continue to provide a key role for Torbay Council and the South Devon and Torbay CCG, particularly in relation to improving the public's health and wellbeing, and addressing health inequalities.

2 Introduction

2.1 Purpose of a pharmaceutical needs assessment (PNA)

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

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

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

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

2.2 HWB duties in respect of the PNA

The legislation containing the HWB's specific duties in relation to PNAs can be found

in appendix 2, however in summary the HWB must:

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

NB: The Health and Wellbeing Board has a statutory responsibility to deliver the PNA every three years with the last full PNA published in March 2018. The publication of the next PNA was delayed from 2021 to 2022 due to Covid-19.

2.3 National changes since the last PNA

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

- **The NHS Long Term Plan (LTP)** was published in January 2019, and sets out the priorities for healthcare for the next 10 years <https://www.longtermplan.nhs.uk/>. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.
- **Clinical Commissioning Groups (CCGs)** are to be replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. There is a delay in ICSs becoming legal entities with decision-making authority, due to the COVID-19 pandemic, with some not due to go live until April 2023.

- All pharmacies were required to become **Level 1 Healthy Living Pharmacies** by April 2020.
- The **COVID-19 pandemic** placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.¹ During the pandemic there was a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.² In response to the pandemic, two Advanced Services were also created: the pandemic delivery service and COVID-19 lateral flow test provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSE/I. Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022. From 1 April, the government also stopped providing free universal symptomatic and asymptomatic testing for the general public in England.³
- From November 2020, community pharmacies had to facilitate **remote access** to pharmaceutical services at or from the pharmacy premises.⁴
- **Community Pharmacist Consultation Service (CPCS)**⁵ is an advanced service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Supply Advanced Scheme (NUMSAS) and local pilots of Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a

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

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

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

⁴ PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 2 June 2021. [Regs reminder \(#12\): Facilitating remote access to pharmacy services - PSNC Website](https://psnc.org.uk/national-pharmacy-services/advanced-services/community-pharmacist-consultation-service/)

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

consultation with pharmacist on referral from NHS 111, integrated urgent clinical assessment services and, in some cases, from 999. From 1 November 2020; GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aim to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care–level services, as part of the NHS LTP.

- **Discharge Medicines Service (DMS)** is a new essential service from 15 February 2021. NHS Trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE/I Medicines Safety Improvement Programme to be significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.⁶
- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced, including additional eligible patients for the New Medicine Service (NMS).
- **Pharmacy Quality Scheme (PQS)** is a voluntary scheme that forms part of the CPCF.⁷ It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing, the 2022-23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the Department of Health and Social Care (DHSC) and NHSE/I.

2.4 Primary Care Networks (PCNs)

Primary care plays a key role through the development of strong, inter-connected

⁶ Discharge Medicines Service. 17 June 2022 <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

⁷ NHSE&I. Pharmacy Quality Scheme Guidance 2021/22. September 2021. <https://www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf>

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

PCNs have been created to build on the joined-up working that already exists across Primary Care. This requires GPs and pharmacies to work even more closely with community and secondary care providers around an individual’s care needs. Culturally, there will be an emphasis placed on prevention, proactive personalised care and helping people to manage their own care where appropriate. The aim is to address health issues earlier on and reduce demand for hospital-based services, particularly urgent care. For community pharmacy services, this reinforces a continued shift from the traditional role of dispensing to one of providing a much broader range of clinical, health and wellbeing services. There is an expectation that each PCN will have a lead community pharmacy PCN lead as well as a lead clinician for GPs. Plymouth has three PCNs (as at May 2022):

Baywide

Paignton & Brixham

Torquay

2.5 The scope of this PNA: Contractors and services

2.5.1 Contractors

NHS England must keep lists of contractors who provide pharmaceutical services in the area of the HWB. The principal types of contractor are:

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

Within this group there are:

- **Community pharmacies** – These are pharmacies which provide services to patients in person from premises in (for example) high street shops, supermarkets or adjacent to doctors' surgeries. As well as dispensing medicines, they can sell medicines which do not need to be prescribed but which must be sold under the supervision of a pharmacist. They may also, but do not have to, dispense appliances. Community pharmacies operate under national terms of service set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).
- **Local pharmaceutical services (LPS) contractors** – A small number of community pharmacies operate under locally-agreed contracts. While these contracts will always include the dispensing of medicines, they have the flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national terms of service, and so can be more tailored to the area they serve.
- **Distance-selling pharmacies (DSPs)** – These pharmacies cannot provide most services on a face-to-face basis. They operate under the same terms of service as community pharmacies, so are required to provide the same essential services and to participate in the clinical governance system, but there is an additional requirement that they must provide these services remotely. For example a patient may post their prescription to a distance selling pharmacy and the contractor will dispense the item and then deliver it to the patient's address by post or using a courier. Distance selling pharmacies therefore interact with their customers via the telephone, email or a website and will deliver dispensed items to the customer's preferred address. Such pharmacies are required to provide services to people who request them wherever they may live in England and cannot limit their services to particular groups of patients.

- **Dispensing appliance contractors (DACs)** – DACs supply appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service set out in schedule 5 of the 2013 regulations and also in the 2013 directions.
- **Dispensing doctors** – Medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities”. Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule 6 of the 2013 regulations.

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

2.5.2 Pharmaceutical services provided by pharmacy contractors

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

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

2.5.2.1 Essential services

All pharmacies must provide these services. There are eight essential services:

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

- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so.
- **Disposal of unwanted drugs** – Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.
- **Promotion of healthy lifestyles** – The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions, and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods. NHSE&I can ask community pharmacy contractors to participate in mandated health campaigns.
- **Healthy Living Pharmacies** – The Healthy Living Pharmacy framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need and helping to reduce health inequalities. Being a Healthy Living Pharmacy became an essential service requirement from January 2021.
- **Signposting** – The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.
- **Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

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

Note: where a pharmacy contractor chooses to supply appliances as well as medicines, the requirements of the appliance services (listed below in section 2.3.3) also apply.

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

- **Dispensing of electronic prescriptions** received through the Electronic Prescription Service (EPS) – The ability for the pharmacy to receive prescriptions details from doctors' surgeries electronically. EPS Release 1 involved paper prescriptions including a bar code which the pharmacy could scan to retrieve an electronic copy of the patient's details and the medication prescribed. EPS Release 2 involves the prescription details being sent entirely electronically by the GP surgery to the pharmacy nominated by the patient. Under EPS Phase 4 patients can choose to take their token to any pharmacy in England.
- **Access to the NHS Summary Care Record** – The pharmacy has access to an electronic summary of key clinical information (including medicines, allergies and adverse reactions – and possibly additional information if the patient consents) about a patient, sourced from the patient's GP record to support care and treatment. This can, for example, be used to confirm that a patient requesting an emergency supply of a medicine has been prescribed that medicine before.

2.5.2.2 Advanced services

Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements

and must be fully compliant with the essential services and clinical governance requirements.

- **New medicine service** – The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is focused on specific patient groups and conditions and provides support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications. The service aims to enable the patient to make appropriate lifestyle changes and self-manage their condition.
- **Influenza vaccination service** – The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake.
- **Community Pharmacist Consultation Service (CPCS)** – The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs.

As well as referrals from general practices for minor illness consultation via a local referral pathway, the service takes referrals to community pharmacy from NHS 111 for both minor illness consultations and urgent supplies of repeat medicines and appliances (and NHS 111 online for requests for urgent supply of medicines).

- **Stoma appliance customisation service** – The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.
- **Appliance use review service (AUR)** – The improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary, making recommendations to prescribers.

- **Hepatitis C testing service** – The Community pharmacy Hepatitis C Antibody Testing Service is focused on the provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs i.e., Individuals who inject illicit drugs e.g., steroids or heroin but who haven't yet moved to the point of accepting treatment for their substance abuse.
- **Hypertension Case-Finding Service** – The service will support the NHS Long Term Plan ambitions for prevention of cardiovascular disease. The service aims to a) identify people with high blood pressure aged 40 years or older who have previously not had a confirmed diagnosis of hypertension and to refer them to general practice to confirm diagnosis and for appropriate management; at the request of a general practice, undertake ad hoc clinical measures and ABPM; and provide another opportunity to promote healthy behaviours to patients.
- **Smoking Cessation Advanced Service** – this service enables NHS Trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway including providing medication and behavioural support as required.

2.5.2.3 Enhanced services

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

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

NHS England currently commissions the following enhanced services in Torbay:

- On demand availability of specialist drugs.

Other enhanced services which may be, but are not currently, commissioned by NHS England are:

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

Some of the above services may be commissioned by CCGs, Integrated Care Systems or local councils, but in such cases those services are not 'pharmaceutical services' for the purposes of this PNA. See section 2.6 for further details.

2.5.2.4 Clinical governance

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

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme

- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme
- a premises standards programme.

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

2.5.2.5 Opening hours

Most pharmacies are required to open for at least 40 hours per week, and these are referred to as core opening hours. However, many choose to open for longer and these hours are referred to as supplementary opening hours – but a pharmacy can decide to stop providing supplementary hours by giving notice to NHS England (see below in section 2.8).

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

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

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

2.5.2.6 Recent changes to the contractual arrangements for pharmacies

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

- Pharmacy contractors must ensure that staff working at their pharmacy can access NHS Summary Care Records and that access is consistent and reliable during the pharmacy opening hours
- There must be a comprehensive and accurate profile for pharmacy services on the NHS website (www.nhs.uk)
- There must be a premises specific NHSmail account using the correct naming convention which the staff can access and can send and receive NHSmail from.
- There must be a comprehensive and accurate profile for the pharmacy in the Directory of Services (DoS), Information on the DoS must be updated and verified every quarter.
- Public health campaigns are now described as health campaigns
- Pharmacy contractors must ensure their staff have access to the Electronic Prescription Service (EPS) and that access must be constant and reliable throughout core and supplementary opening hours
- Pandemic Treatment Protocols – contractors can supply a prescription only medicine to a person in accordance with a Pandemic Treatment Protocol or Pandemic Treatment Patient Group Direction if and when one is issued.
- During a pandemic or in anticipation of a pandemic a pharmacy contractor may apply to NHS England to provide from its' premises a relevant immunisation service for a specified period and no other NHS pharmacy services.
- Pharmacy shared NHSmail accounts must be registered to receive Central Alerting System alerts direct from the MHRA
- Pharmacy contractors must give NHSE&I a commencement notice (e.g., to open a new pharmacy) no fewer than 30 days in advance unless a shorter period of notice has been agreed with NHSE&I prior to giving NHSE&I the commencement notice; and

- The contractor or applicant may change the date on which services will commence from the original to a new opening date.
- Pharmacy contractors must notify NHSE&I if the company enters administration
- Pharmacy Contractors must on request send to NHSE&I by electronic means any information that could be requested at an inspection if available in electronic form.
- Facilitation of remote access to pharmacy services to a reasonable extent; distance selling pharmacies must ensure that there are arrangements in place at the pharmacy which enables staff and patients to communicate confidentially by telephone or another live audio link and a live video link.
- Pharmacy premises must have a consultation room for confidential discussions

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

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

There are currently two pharmacies in Torbay included on the PhAS:

- Poolearth Pharmacy (Shiphay), 11 Collaton Road, Torquay, TQ2 7HH
- Lloyds Pharmacy, Sainsbury's, Yalberton Road, Paignton. TQ4 7PE

While the Pharmacy Access Scheme is currently expected to end before this PNA

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

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

2.5.3 Pharmaceutical services provided by dispensing appliance contractors

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

2.5.3.1 Appliance services

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

- **Dispensing of prescriptions** – The supply of appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers. Also, the urgent supply without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for appliances in partnership with the patient and the prescriber.
- **Home delivery service** – To preserve the dignity of patients, the delivery of certain appliances to the patient's home in a way that does not indicate what is

being delivered.

- **Supply of appropriate supplementary items** – The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.
- **Provision of expert clinical advice regarding the appliances** – To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.
- **Signposting** – Where the contractor does not supply the appliance ordered on the prescription passing the prescription to another provider of appliances, or giving the patient contact details for alternative providers.

All DACs must provide the above services.

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

2.5.3.2 Advanced services

DACs may choose whether to provide the appliance advanced services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements. There are two appliance advanced services – for descriptions of these services see section 2.3.2.2 above.

- Stoma appliance customization
- Appliance use review.

2.5.3.3 Clinical governance

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

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

2.5.3.4 Opening hours

DACs are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours – but a DAC can decide to stop providing supplementary hours by giving notice to NHS England (see below in section 2.8).

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

2.5.4 Pharmaceutical services provided by dispensing doctors

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

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

dispensing doctor.

2.5.4.1 Eligibility

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

- is registered as a patient with that dispensing doctor, and
- lives in a designated rural area (known as a 'controlled locality' – see below), and
- lives more than 1.6 kilometres (about 1 mile) in a straight line from a community pharmacy, and
- lives in the area for which the doctor has been granted permission to dispense or is a patient for whom the doctor has historic dispensing rights.

Designation of areas as 'controlled localities' is a responsibility of NHS England. This PNA is required to include maps of the controlled localities within the HWB's area. There are no controlled localities in Torbay.

2.5.4.2 Services

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

Dispensing doctors are not permitted to sell medicines available on the NHS but can sell medicines that are not. Some over-the-counter medicines can only be supplied by prescribing and then dispensing them.

If a dispensing doctor participates in the Dispensary Services Quality Scheme, then they will provide **dispensing reviews of the use of medicines (DRUMs)**, which are similar to the medicines use reviews carried out in pharmacies.

2.5.4.3 Clinical governance

Dispensing doctors can participate in the voluntary dispensary services quality scheme (DSQS) which includes requirements relating to:

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

2.5.4.4 Opening hours

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

2.6 Locally commissioned services

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

2.6.1 Services commissioned by Torbay council

Supervised consumption of substance misuse medicines

This service involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a pharmacy. There is compelling evidence to

support the effectiveness of substance misuse supervised administration services with long term health benefits to substance misusers and the whole population.

Needle exchange

This is an integral part of the harm reduction strategy for drug users. It aims to:

- Reduce the spread of blood borne viruses (BBVs) e.g. Hepatitis B, Hepatitis C, HIV
- Provide a gateway into treatment services
- Provide a referral point for service users to other health and social care services

There is a compelling evidence to support the effectiveness of needle exchange services in reducing the spread of BBVs with long term public health benefits to drug users and the whole population.

Emergency hormonal contraception (EHC)

There is a strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy with England. The rate of teenage pregnancy in Torbay is reducing, although it remains one of the highest rates in the South West.

Whilst GP practices are instrumental in contraception provision, in some circumstances female residents will either prefer, or will need, the relative anonymity of attending a pharmacy to access EHC. The drug levonorgestrel is used for EHC under the scheme commissioned by Torbay Council from pharmacies. Through this scheme levonorgestrel is supplied under a PGD to women who meet the criteria for inclusion of the PGD and service specification. It may also be bought as an over the counter medication from pharmacies, however the user must be 16 years or over, hence the need for a PGD service within pharmacies which provides access from 13 to 24 years of age. Anyone who requests EHC, will also be encouraged to take a chlamydia screen at the same time, as part of an integrated provision of sexual health services in pharmacies.

In addition the contraception and sexual health clinics (formerly known as family planning clinics) provide contraceptive services.

Chlamydia screening

This programme is commissioned as part of the Chlamydia Screening Programme in Torbay.

The aim of service is to improve the quality and accessibility of sexual health services to young people between the ages of 16–24 and increase the uptake of Chlamydia screens in young women and young men who have had an unprotected sex episode, thereby increasing the number of identified cases and opportunities for treatment and partner management. Pharmacists are commissioned to opportunistically signpost a young person between the ages of 16-24 (who are not presenting for EHC) to the counter-top Chlamydia screening kit.

Smoking cessation

Stopping smoking is one of the single most effective health care interventions that can be offered.

Working alongside the specialist provider of Smoking cessation services and GP practices, pharmacies provide behavioural support as well as Nicotine Replacement Therapy and access to medication for people who want to give up smoking. Unlike other providers, pharmacies offer a walk-in service across a wide number of opening hours.

TB Directly Observed Therapy

Tuberculosis is a treatable, infectious disease that is one of the leading causes of death for adults in the developing world. The prevalence of TB in Devon County is low. The treatment regimen for tuberculosis, recommended by the World Health Organisation and National Institute for Clinical Excellence, consists of a combination of specific antibiotics. A daily regime, using combination tablets is usually used; however some people need more support or monitoring – known as Directly observed Therapy, or DOT. In this instance, the drugs are given individually three times per week, on a Monday, Wednesday and Friday and pharmacies are commissioned to observe the consumption of the medication, similar to supervised consumption.

2.6.2 Services commissioned by NHS Devon CCG

The Community Pharmacy Minor Ailments Service (Pharmacy First)

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

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

The specific minor ailments currently covered by the service are uncomplicated urinary tract infections, impetigo, and mild inflammatory skin conditions.

For more information visit

<https://devonccg.nhs.uk/health-services/pharmacy-services/community-pharmacy-minor-ailments-service-pharmacy-first>

The Community Pharmacy Access to Medicines Service

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

2.7 Other NHS services

Other services which are commissioned or provided by NHS England, Torbay

Council and Devon CCG, which affect the need for pharmaceutical services, are also included within the PNA. These include hospital pharmacies and the GP out of hours service.

2.8 Changes to the existing provision of pharmaceutical services

A pharmacy or DAC can apply to NHS England to change their core opening hours – applications normally need to be submitted 90 days in advance of the date on which the contractor wishes to implement the change. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. NHSEI has 60 days to determine an application to vary core hours.

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

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

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

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

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

Two pharmacies (which could belong to the same contractor, or different contractors) can apply to consolidate their premises on to one site, in effect closing one of the

sites. This does not apply to distance-selling pharmacies or DACs. A consolidation application can only be approved if NHS England is satisfied that doing so will not result in the creation of a gap in pharmaceutical services. If an application is approved, then it is not possible for anyone else to apply to open a pharmacy in the same area by submitting an unforeseen benefit application claiming that a gap has been created.

If a new pharmacy opens in or near a controlled locality any dispensing doctors in the area will no longer be able to dispense medicines to any patients who live within 1.6 kilometres if the area is not deemed a reserved area (about 1 mile) of that pharmacy. However, NHS England may decide to allow a transitional period after the pharmacy opens during which the doctors can still dispense to patients living near the pharmacy.

2.9 How the assessment was undertaken

2.9.1 PNA steering group

The HWB has overall collective responsibility for the development and publication and of the PNA. Torbay HWB established a PNA steering group across the geographical footprint of Devon County (encompassing the local authorities of Devon, Plymouth and Torbay), the purpose of which was to ensure that the HWB develops a robust PNA that complies with the 2013 regulations and the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and a list of the group's members can be found in appendix 3.

2.9.2 PNA localities

The steering group agreed to use the same locality boundaries for the PNA as the local authority boundary of Torbay.

2.9.3 Other sources of information

Information was gathered from NHS England, Devon CCG, Devon LPC and Torbay council regarding:

- services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- changes to current service provision
- future commissioning intentions
- known housing developments within the lifetime of the PNA
- any other developments which may affect the need for pharmaceutical services.

The JSNA and Torbay's joint health and wellbeing strategy provided background information on the health needs of the population.

2.9.4 Equality and safety impact assessment

Torbay council uses equality analysis as a tool to ensure that everyone can access its services and that no particular group is put at a disadvantage. Equality impact assessments (EIAs) are carried out when policies, strategies, procedures, functions and services are developed and reviewed. The staff who develop the policy or service complete a template which gives them a series of prompts to consider how to promote equality and avoid unlawful discrimination. They consider the following nine protected characteristics as part of the assessment:

- Gender reassignment
- Race
- Disability
- Age
- Sex
- Sexual orientation
- Religion or belief
- Pregnancy and maternity
- Marriage and civil partnership

The EIA for the PNA can be found in appendix 4.

2.9.5 Consultation

The statutory 60 day consultation commenced 1st July 2022 till the 29th August 2022. A report on the consultation can be found in appendix 8 (P. 104).

2.9.6 Healthwatch Statement

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

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

Patients often contact us around issues with prescriptions or repeat prescriptions frequently caused by the electronic communication between GP Practice and dispensing pharmacy leaving patients frustrated as it is often they themselves who end up having to sort issues out.

A robust system to deal with prescribing issues needs to be in place to provide assurance to patients, particularly those managing long-term conditions, that issues arising will be dealt with in a timely manner. This is particularly important for those who rely on public transport or friends/family members to collect medication and to avoid multiple journeys.

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

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

3 Overview of Torbay

3.1 Introduction

This section details the key components of Torbay's population's age, sex, ethnicity and deprivation. This data compares the Torbay average against the national averages where available.

Torbay is located on the South Coast of Devon and is predominantly an urban area.

Figure 1: Map of Torbay

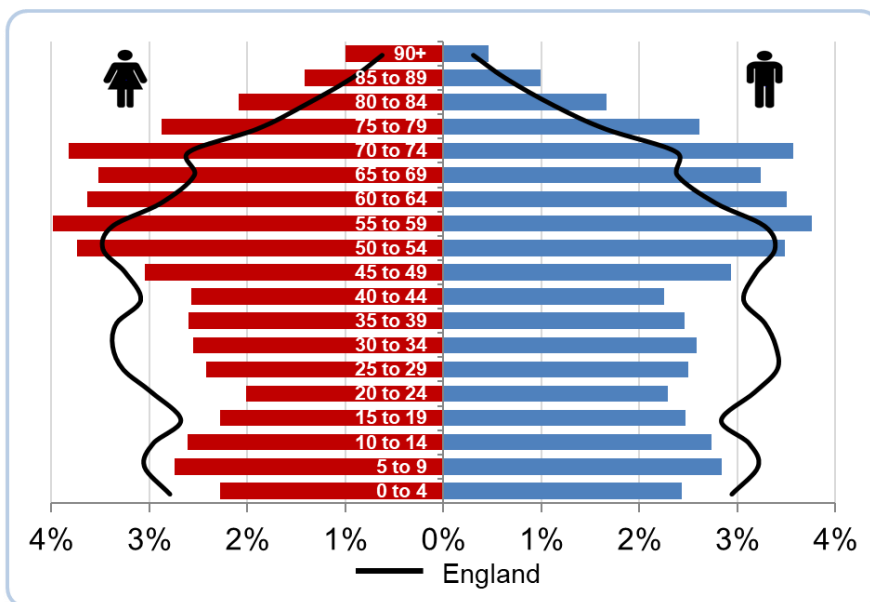


3.2 The population

Torbay's population has grown slowly over the last 10 to 15 years, unlike the England average which shows a 7.4% increase (Table 1). The population of Torbay is older than the England average, with a greater proportion of the population over the age of

50 years. There are noticeable differences in the 0-4 and 20-39 age groups compared to England (Figure 2).

Figure 2: Population pyramid for Torbay compared to England, 2020 ONS mid-year resident population estimates



Source: ONS Mid-year population estimates

Table 1: Mid-year population estimates for Torbay, 2010-2020

All Age	Torbay	England
2010	131,443	52,642,452
2012	131,480	53,493,729
2014	133,264	54,316,618
2016	134,406	55,268,067
2018	135,780	55,977,178
2020	136,218	56,550,138
% change		
(2010 to 2020)	3.6%	7.4%

Source: Mid-Year population estimates, Office for National Statistics

It is estimated that Torbay’s population will increase by around 12,000 (8.8%) by 2035 (Table 2). The largest increase will be seen in the population aged 85 years and over (60.9%), whilst it is estimated there will be a 2.6% reduction in those of working age (45-64 years).

Table 2: Sub-national population projections for Torbay, 2020-2035

Age group	2020	2022	2025	2030	2035	%
0 to 14	21,312	21,473	20,995	19,756	19,438	-8.8%
15 to 29	19,031	19,218	19,349	20,235	20,753	9.0%
30 to 44	20,468	21,398	22,037	22,078	21,296	4.0%
45 to 64	38,264	38,787	38,596	37,724	37,277	-2.6%
65 to 84	31,869	32,936	34,909	38,596	41,003	28.7%
85+	5,274	5,356	5,653	6,728	8,484	60.9%
All ages	136,218	139,168	141,539	145,117	148,251	8.8%

Source: Sub-national population projections, Office for National Statistics

3.3 'Protected Characteristics' (Equality Act 2010)

The Equality Act 2010 sets out nine personal characteristics that are protected by the law:⁸

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

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

In the following paragraphs, the nine protected characteristics have been described at the Torbay level. Where available, information at the locality level can be found on

⁸ <http://www.equalityhumanrights.com/private-and-public-sector-guidance/guidance-all/protected-characteristics>

Torbay's JSNA website⁹. The protected characteristics should be considered when examining whether or not existing pharmaceutical services provision meets need; consequently, due regard is given to these characteristics within the 'Market Entry' regulations.

3.3.1 Age

Torbay currently has a population of 136,218. Torbay has a higher proportion in all age groups from 50-90+, for both Males and Females, than the national population. Conversely Torbay has a lower proportion in all age groups from 0-49 than nationally.

3.3.2 Disability

According to the 2011 Census, 10.0% of Torbay residents reported having a long-term health problem or disability that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months (including problems related to old age). This was the second highest in the South West region. According to the 2011 Census, 41.7% of Torbay residents reported their general health as 'very good' placing Torbay lower down the Local Authority rankings, however Torbay does rank very high for those rating their health as only 'Fair'. Both Bad health (5.8%) and Very bad health (1.7%) have higher percentages in Torbay than in England (England 4.2%, 1.2% respectively), this equates to 9,892 people over both categories.

3.3.3 Faith, religion or belief

According to the 2011 Census, Christianity is the most common religion in Torbay with 63.3%. 27.5% of the Torbay population stated they had no religion. Both are higher than the national average. Numbers for each of the other main categories are below 750 persons (0.5%) each and range from 0.03% Sikh to 0.5% Other Religion. Of the 0.5% of the population who reported Other Religion; 177 people reported they were Pagan and 246 people were Spiritualist.

3.3.4 Gender – including marriage, pregnancy and maternity

Overall 51.2% of Torbay's population are female (ONS mid-2020 estimates).

⁹ <http://www.southdevonandtorbay.info/>

According to the 2011 Census, of those aged 16 and over, 46.6% are married – the same as the national average. There were 1,074 live births in 2020 with numbers decreasing steadily from 1,474 in 2013 and 1,220 in 2019.

3.3.5 Gender reassignment

The Gender Identity Research and Education Society estimates that 1% of the population is gender variant to some degree. This would be equivalent to approximately 1,350 people in Torbay. There is no precise number of the trans population in Torbay.

3.3.6 Race

There is relatively little ethnic diversity in Torbay. According to the 2011 Census 94.8% of Torbay’s population considered themselves White British. This is significantly higher than the England average (79.8%). Torbay has 3,260 (2.5%) resident ethnic minority population (excluding white ethnic groups). Of these, 1,420 residents (1.1%) are **Mixed/Multiple** ethnic background, 1,353 (1%) **Asian/Asian British**, 251 (0.2%) **Black British** and 236 (0.2%) **Other ethnic Group**.

Table 3: Ethnic group for Torbay, 2011

	White	Mixed/ multiple ethnic groups	Asian/Asi an British	Black/African/ Caribbean/ Black British	Other ethnic group
Torbay	97.5%	1.1%	1.0%	0.2%	0.2%
England	85.4%	2.3%	7.8%	3.5%	1.0%

Source: LC2109Ewls – 2011. Census table, Office for National Statistics

3.3.7 Sexual Orientation – including Civil Partnership

0.3% of the 16+ Torbay population are registered in a same-sex civil partnership (national average is 0.2%). 2.6% of people in Torbay are separated and still either legally married or legally in a same-sex civil partnership. There is also no precise local data on numbers of Lesbian, Gay and Bi-sexual (LGB) people in Torbay but

3.1% of those aged 16 and over in the South West identify as either Lesbian, Gay, Bisexual or Other, this would equate to approximately 3,500 people in Torbay. This is on an upward trend and is likely to be a significant under statement of the true figure.

3.4 Material deprivation

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

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

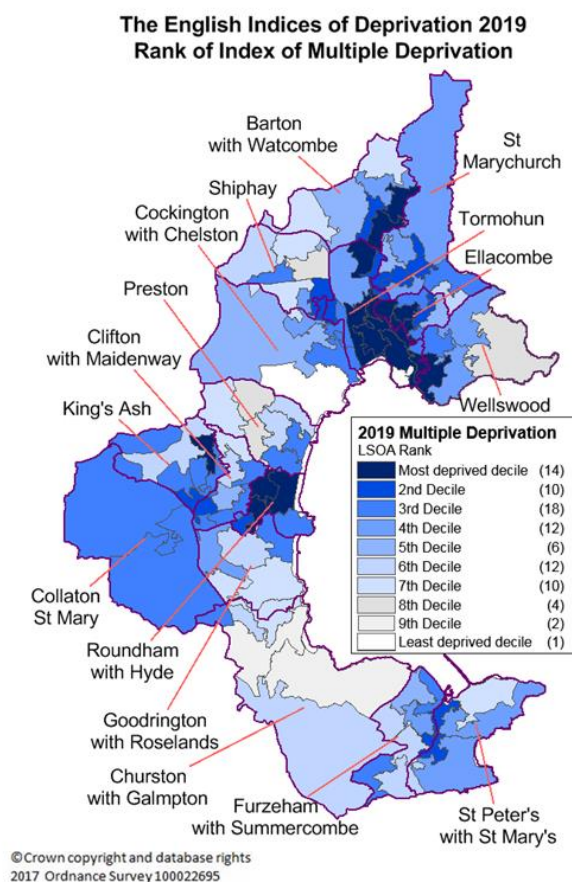
- It is not an absolute measure of deprivation.
- Not all people living in deprived areas are deprived and vice versa.
- It cannot be compared over time because an area's score is affected by the scores of every other area; so it is impossible to tell whether a change in score is a real change in the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

The IMD 2019 score is calculated for every Lower Super Output Area (LSOA) in England. LSOAs are part of a geographical framework developed for the collection and publication of small area statistics. Torbay is made up of 89 LSOAs. An LSOA typically contain a population of around 1,500.

The IMD 2019 score can be used to rank every LSOA in England according to their relative level of deprivation. Out of 32,844 LSOAs in England, Torbay has 24 LSOAs in the 20% most deprived. Torbay is ranked 48th out of the 317 local authority districts in England (1=most deprived; 317=least deprived). This places Torbay in the bottom 20% of local authorities in England.

Torbay is ranked as the most deprived local authority area in the South West region. Figure 3 shows the IMD 2019 ranks for the 89 LSOAs in Torbay

Figure 3: 2019 Index of Multiple Deprivation (IMD)



Source: English Index of Multiple Deprivation 2019, Ministry of Housing, Communities & Local Government

3.5 Car ownership (relevance to accessing pharmaceutical services)

Based on the 2011 Census, car ownership in Torbay is above the national average at 81.8% (Table 4). Car ownership is lower in Torquay (79.9%) compared to Paignton & Brixham locality (84.1%).

Table 4: Car or van availability by Torbay locality, 2011

	No cars or vans in household	1 car or van in household	2 cars or vans in household	1 or more cars or vans in household
Torbay	18.2%	42.1%	39.7%	81.8%
England	19.5%	39.0%	41.4%	80.5%

Source: LC4109EW. Census 2011, Office for National Statistics

4 General health needs of Torbay

This section details the overall health profile for Torbay. This data includes both positive and negative areas of the population's health.

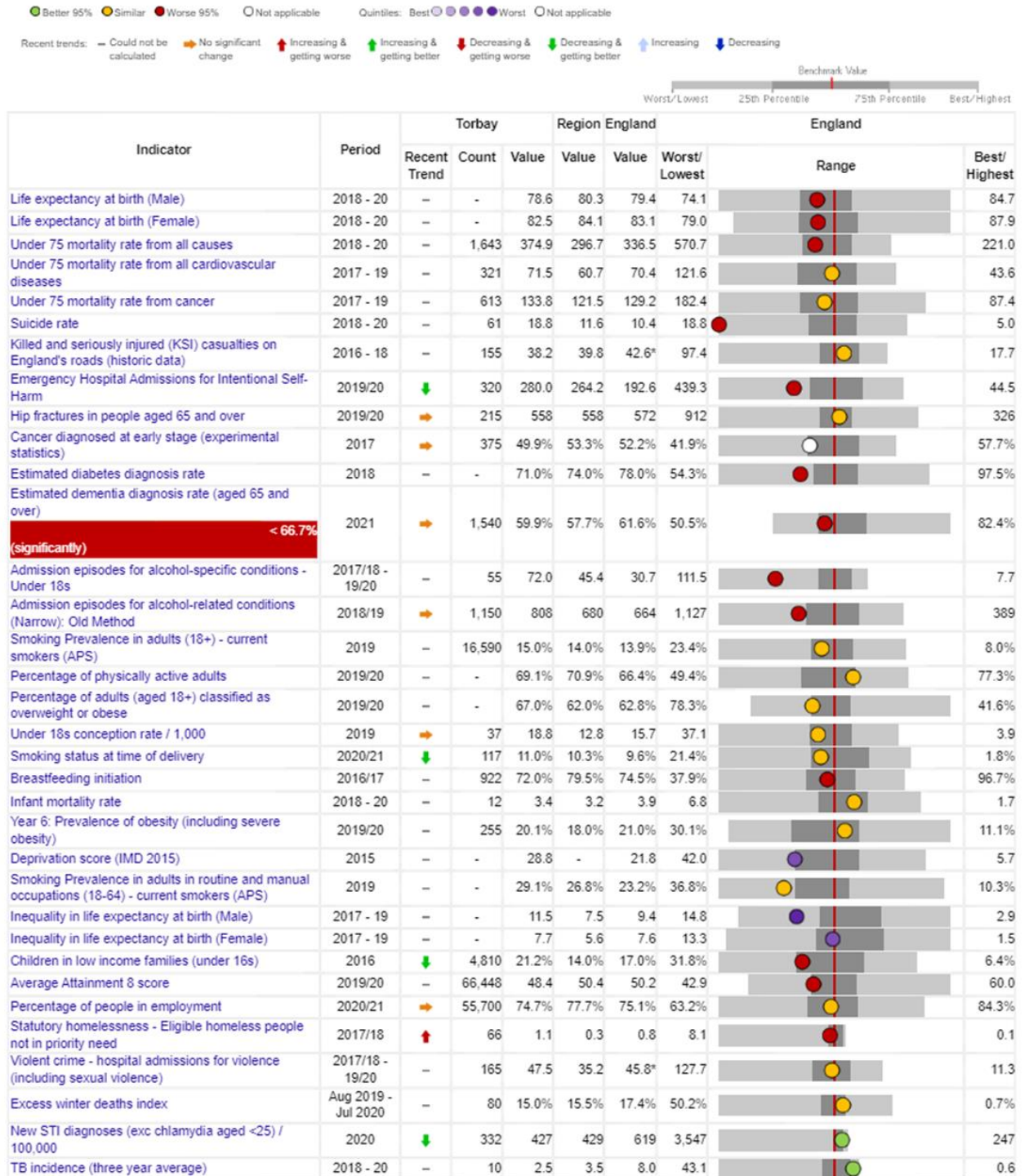
4.1 Introduction

Health Profiles, published by Office for Health Improvement and Disparities (OHID), provide an overview of the general health of the local population. They present a set of key indicators that, through comparison with other areas and with the national average, can highlight potential problems locally. They are designed to help local government and health services identify problems and decide how to tackle them to improve health and reduce health inequalities. Torbay's Health Profile for 2021 is included overleaf (Figure 4) followed by the Child Health Profile also produced by OHID (Figure 5).

4.2 OHID England's Health Profile for Torbay 2021

The profile can be viewed on the following page.

Figure 4: The Health summary for Torbay 2021



Indicators where Torbay's value is better than the England average:

- New sexually transmitted infections (STI)
- Incidence of TB

Indicators where Torbay's value is worse than the England average:

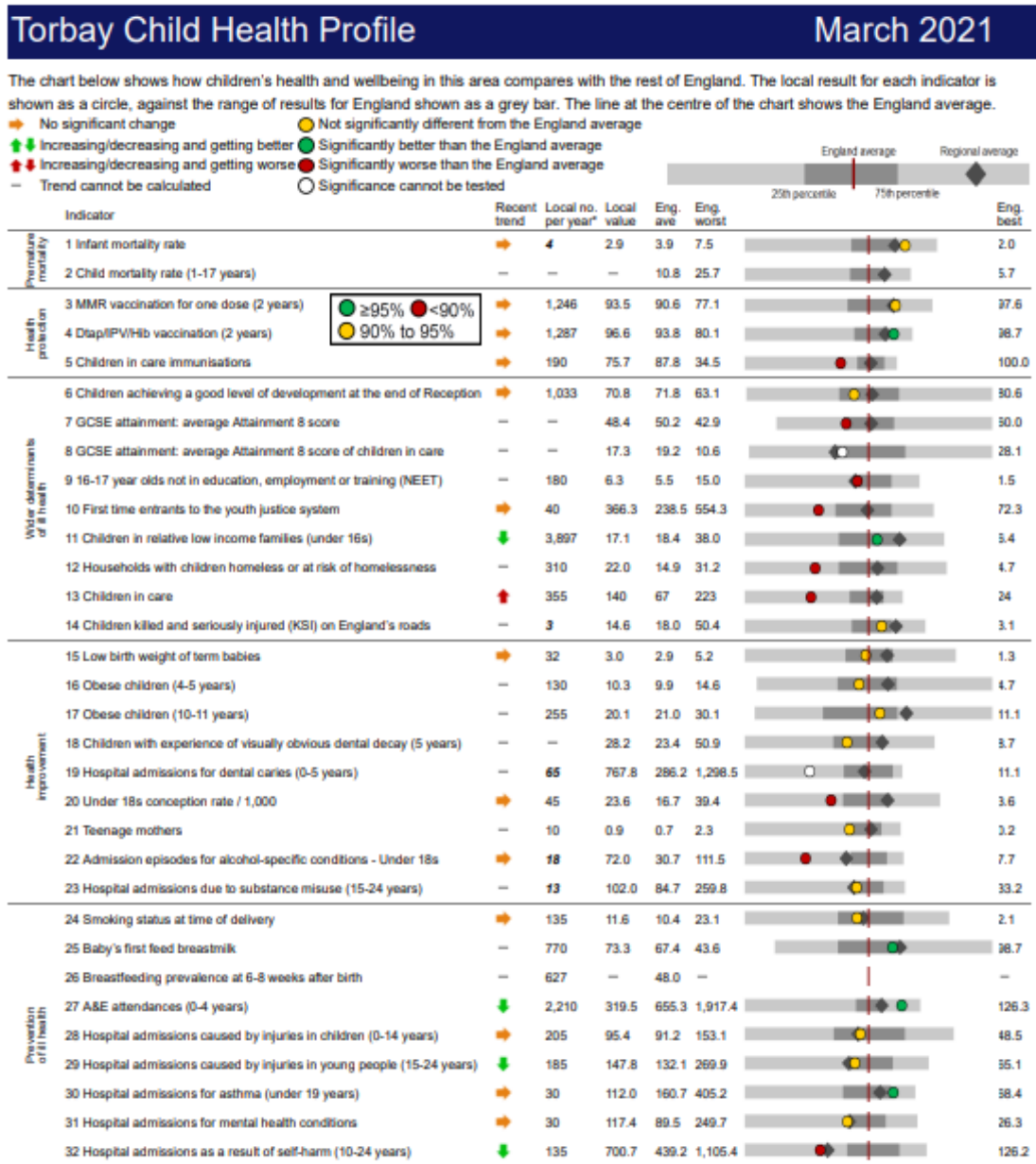
- Life expectancy at birth (Male & Female)
- Under 75 mortality rate from all causes
- Suicide rate
- Emergency hospital admissions for intentional self-harm
- Estimated diabetes diagnosis rate
- Estimated dementia diagnosis rate (aged 65 and over)
- Admission episodes for alcohol-specific conditions – Under 18s
- Admission episodes for alcohol-related conditions
- Breastfeeding initiation
- Children in low income families (under 16s)
- Average Attainment 8 score
- Statutory homelessness – Eligible homeless people not in priority need

Indicators where Torbay's value is not significantly different to the England average:

- Under 75 mortality rate: cardiovascular disease and cancer
- Killed and seriously injured on roads
- Hip fractures in people aged 65 years and over
- Smoking prevalence in adults
- Percentage of physically active adults
- Percentage of adults classified as overweight or obese
- Under 18s conception rate
- Smoking status at time of delivery
- Infant mortality rate
- Year 6 (10 to 11 years old) obesity prevalence
- Smoking prevalence in adults in routine and manual occupations
- Percentage of people in employment
- Hospital admissions for violence
- Excess winter deaths

4.3 The Child Health Profile for Torbay 2021

Figure 5: The Child Health Profile for Torbay 2021



Notes and definitions

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

Various indicators where Torbay's value is better than the England average:

- Dtap / IPV / Hib vaccination (2 years)
- Children in relative low income families (under 16s)
- Baby's first feed breastmilk
- A&E attendances (0-4 years)
- Hospital admissions for asthma (under 19 years)

Various indicators where Torbay's value is worse than the England average:

- Children in care immunisations
- GCSE attainment: average Attainment 8 score
- 16-17 years olds not in education, employment or training (NEET)
- First time entrants to the youth justice system
- Households with children homeless or at risk of homelessness
- Children in care
- Under 18s conception rate
- Hospital admissions for alcohol-specific conditions (Under 18)
- Hospital admissions as a result of self-harm (10-24 years)

Various indicators where Torbay's value is not significantly different to the England average:

- Infant mortality
- MMR vaccination for one dose (2 years)
- Children achieving a good level of development at the end of reception
- Children killed and seriously injured (KSI) on England's roads
- Low birth weight of term babies
- Obese children (4-5 years)
- Obese children (10-11 years)
- Children with experience of visually obvious dental decay (5 years)
- Teenage mothers
- Hospital admissions due to substance misuse (15-24 years)

- Smoking status at time of delivery
- Hospital admissions caused by injuries in children (0-14 years)
- Hospital admissions caused by injuries in young people (15-24 years)
- Hospital admissions for mental health conditions

4.4 Housing growth and significant housing developments

Torbay's growing population (see Table 2) means that the overall demand for pharmaceutical services will continue to grow, particularly for services relating to the older age groups. For example, it is predicted that the number of 65+ year olds in Torbay will increase by 22% from 2020 to 2030.

There are a number of planned or commenced developments that could impact on the anticipated demand for pharmaceutical services in Torbay (Figure 7). These include:

The South Devon Link Road, has improved travel time into and out of the Bay. The improved access to Torbay and South Devon is expected to bring lasting economic benefits, leading to the creation of nearly 8,000 jobs in South Devon, with around 3,500 of these in Torbay¹⁰. The road was recently completed (2015) and it is anticipated that Torbay will increasingly see the impact of this new link through increased demand for growth in the coming years. The increase in population and therefore pharmaceutical demands are unknown at this stage.

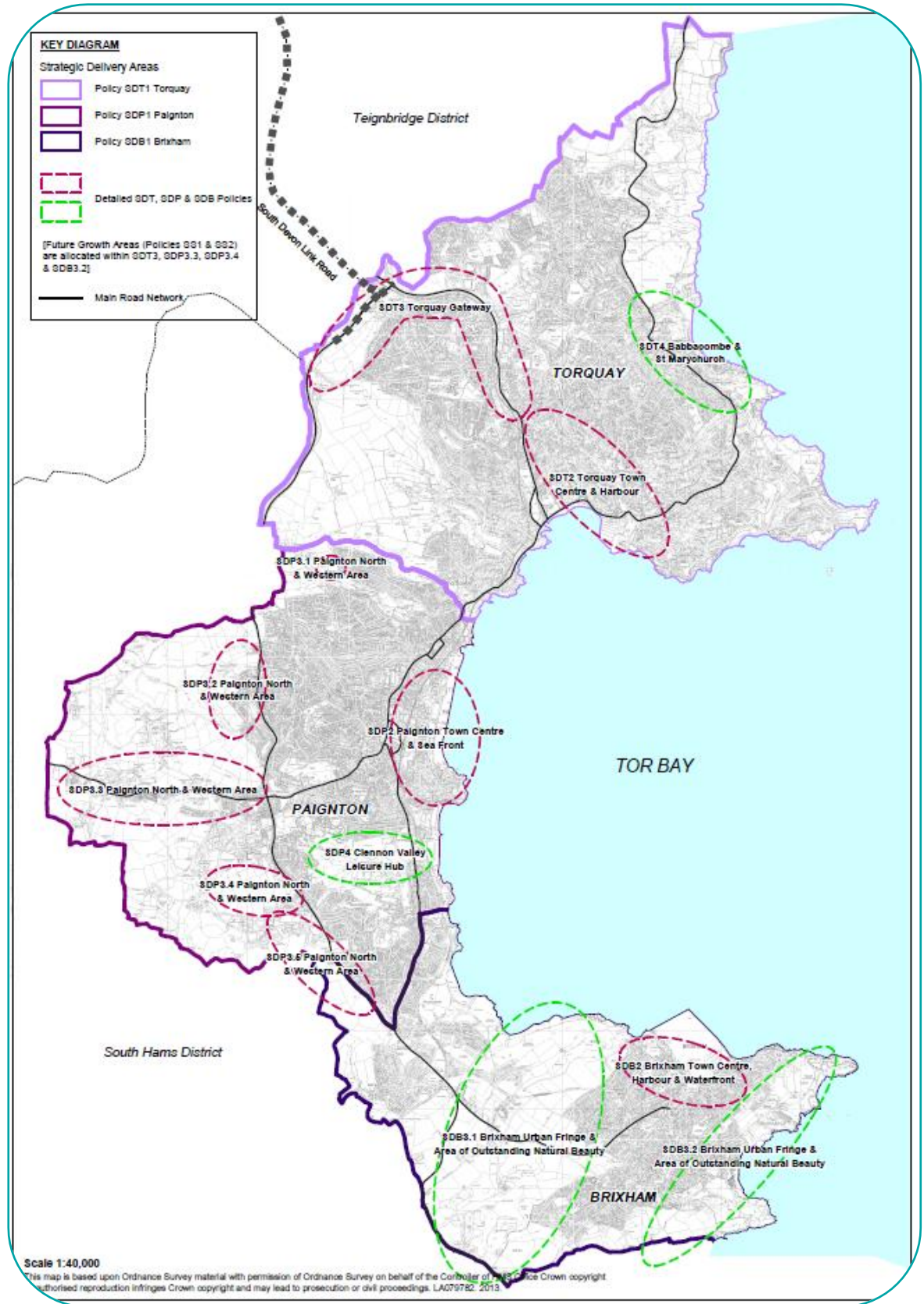
Preparation for a new railway station at Edginswell, Torquay. Planning permission has been granted and the Council is exploring means to deliver this station in partnership with Network Rail. The exact date of delivery is unknown at this stage.

Expansion of Torbay Hospital, including further residential properties in the Shiphay area of Torquay (SDT3 Torquay Gateway – Figure 7). Shiphay anticipates a build of 745 homes which will accommodate approximately 1,600 residents.

Developments in Paignton (SDP 3.2/3/4/5 Paignton North & Western Area – Figure x); at Great Parks, Collaton St Mary and Whiterock will all increase Torbay's population further. The biggest development at Collaton St Mary (SDP 3.3 Paignton North & Western Area) anticipates a build of 2,625 homes which will accommodate approximately 5,300 residents, although completion may not be for another 15 years.

¹⁰ <http://www.southdevonlinkroad.co.uk/>

Figure 6: Map showing the anticipated development areas for Torbay based on the 20 year Local plan (Spatial Planning, Torbay Council).



5 Identified patient groups – particular health issues

The following patient groups have been identified as living within the HWB's area:

- Those sharing one of more of the following protected characteristics:
 - Age;
 - Disability which is defined as a physical or mental impairment, that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities;
 - Gender reassignment;
 - Marriage and civil partnership;
 - Pregnancy and maternity;
 - Race which includes colour, nationality, ethnic or national origins;
 - Religion (including a lack of religion) or belief (any religious or philosophical belief)
 - Sex;
 - Sexual orientation.
- Homeless
- Students
- Tourists

Although some of these groups are referred to in other parts of the PNA, this section focusses on their particular health issues.

5.1 Age

- Health issues tend to be greater amongst the very young and the very old
- The number of chronic conditions increases with age

5.2 Disability

- There is a strong relationship between physical and mental ill health; being physically disabled can increase a person's chances of poor mental health and vice versa

- Increased likelihood of co-morbidity of disabling conditions

5.3 Gender re-assignment

- Transgender individuals can face discrimination and harassment; they may be possible targets for hate crime

5.4 Marriage and civil partnership

- Victims of domestic violence are at high risk of serious injury or death.

5.5 Pregnancy and maternity

- There are many common health problems that are associated with pregnancy such as backache, constipation and sleeplessness. Additionally, there are health issues such as morning sickness that are specific to pregnancy.

5.6 Race

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, HIV, TB and diabetes.
- An increase in the number of older BAME people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- BAME populations may face discrimination and harassment and may be possible targets for hate crime.

5.7 Religion and belief

- Possible link with 'honour based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals.
- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is a practice that raises serious health related concerns.
- There is a possibility of hate crime related to religion and belief.

5.8 Sex

- Inequalities in health are greater for men; there is a difference in life expectancy of 8.7 years for men between the most deprived and least deprived areas of Torbay, and 7.6 years for women (2016 to 2020).

5.9 Sexual orientation

- Gay or lesbian individuals may be possible targets for hate crime
- Certain sexual health issues may be more prevalent in gay and lesbian populations eg gay men are in a higher risk group for HIV.
- Research suggests that gay and lesbian people may be less likely to be screened for certain conditions meaning problems are not picked up as early as they could be.
- Mental illness, such as depression and anxiety, is more common amongst lesbian, gay and bisexual people.

5.10 Homeless

- Homeless Link completed a nationwide study of the health needs of homeless people in 2014¹¹. Key findings of the audits conducted on homeless people were:
 - 80% reported some form of mental health problem (diagnosed or undiagnosed)
 - 45% had a diagnosed mental health problem (compared to 25 in the general population)
 - 39% are currently, or in recovery from, misusing drugs
 - 27% are currently, or in recovery from, misusing alcohol
 - Almost 50% used drugs or alcohol to cope with mental health issues
 - Close to 66% consumed more than the recommended daily allowance of alcohol, each time they drunk
 - 73% had physical health issues, of which 41% said this was a long term condition.

¹¹ [The Unhealthy State of Homelessness: health audit results 2014 - Resource Library - Resources - Housing LIN](#)

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

5.11 Students

- Torbay has 3 grammar schools which draw young people on a daily basis from both Torbay and the surrounding areas of South Devon.
- Torbay also has South Devon College, based in Paignton, which has a wide variety of academic and vocational courses, as well as adult learning and university degree courses, which draws young people and adult students from a wide area of South Devon.
- Health considerations for this patient group include (but are not limited to):
 - Mumps
 - Chlamydia testing
 - Contraception, including EHC provision
 - Mental health problems are more common among students than the general population.
- Torbay is highly popular with foreign students with a significant number of young people staying with host families in Torbay and the surrounding area. These students can be from a diverse range of countries and therefore may bring, or be susceptible to, a range of foreign diseases or ailments.

5.12 Tourists

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

6 Health needs that can be met by pharmaceutical services

6.1 Introduction

Everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in section 5. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long term condition. This health need can only be met within primary care by the provision of pharmaceutical services, be that by pharmacies, DACs or dispensing doctors, and is applicable to the following themes.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both NHS England and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal.

Many of the pharmacies in Torbay will offer a collection and delivery service on a private basis.

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

Mental health

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

Smoking

Smoking cessation is commissioned as a locally commissioned service and

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

Long term conditions

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

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include long term conditions.
- Signposting people using the pharmacy to other providers of services or support.
- Provision of the eight advanced services will also assist people to manage their long term conditions in order to maximise their quality of life.

6.2 Joint Strategic Needs Assessment (JSNA)

The purpose of the JSNA is to provide an objective view of the health and wellbeing needs of the population. JSNA identifies “the big picture” in terms of the health and wellbeing needs and inequalities of a local population. It provides an evidence base for commissioners to commission services, according to the needs of the population. A JSNA is not a needs assessment of an individual, but a strategic overview of the local community need – either geographically such as local authority / localities or for specific groups such as younger or older people or people from different backgrounds

JSNA is not a standalone document but a suite of documents, web tools and presentations which help to analyse the health needs of populations to inform and

guide commissioning of health, wellbeing and social care services within local authority areas. JSNA will be the means by which local leaders work together to understand and agree the needs of the local population. JSNAs, along with health and wellbeing strategies will enable commissioners to plan and commission more effective and integrated services to meet the needs of the South Devon and Torbay population, in particular for the most vulnerable, and for groups with the worst health outcomes, and to help reduce the overall inequalities that exist.

Helping people to live longer and healthier lives is not simply about the healthcare received through GPs or at hospital, it is also about the wider social determinants of where we live and work. The collective action of agencies is needed today to promote the health of tomorrow's older population. Preventing ill health starts before birth, and continues to accumulate throughout individual's lives. A life course approach enables an understanding of needs and risks to health and wellbeing at different points along the path of life. For example, our needs as babies and in our early years differ significantly to our needs and risks to health and wellbeing as we enter adulthood or retirement. Understanding the risks to health and wellbeing at different points along the path of life enables opportunities to promote positive health and wellbeing and to prevent future ill health, or to understand the potential burden of disease that may need to be considered in delivering services.

JSNA in Torbay is presented across the life course:

Population Overview sets the scene for the current & future population structure across South Devon and Torbay. It includes top level population overviews

- Starting and Developing Well is about understanding the needs of the population through pregnancy, birth through to young adults. This includes understanding the anticipated need for maternity services, health visiting services, early years' services and schools.
- Living and Working Well is about understanding the needs of the working age population. This includes understanding the lifestyles and health outcomes experienced by this group, and the risks that prevent positive health and wellbeing.
- Ageing Well is about understanding the needs of those from around 65 years and over. It is about reducing and preventing long term conditions, promoting active ageing and tackling inequalities into older age.

Torbay's JSNA can be accessed through the following link:

<http://www.southdevonandtorbay.info/>

Further information is hosted on the 'Health Needs Interactive Tool' hosted at

<https://www.devonhealthandwellbeing.org.uk/pharmaceutical-need-assessment/pharmaceutical-needs-assessment-2022-2025/>

Figure 7: Home page of the Torbay JSNA website

The screenshot shows the home page of the South Devon and Torbay Knowledge and Intelligence website. At the top, there is a dark blue header with the text "South Devon and Torbay Knowledge and Intelligence" and a search bar. Below the header, the main content area is divided into several sections. On the left, there is a green box with the heading "Sharing knowledge and intelligence to understand the needs of the community" and two paragraphs of text. To the right of this text is a map of the South Devon and Torbay region, showing various towns and geographical features like Dartmoor National Park. Below the map, there are three blue boxes: "Needs Assessment and Strategy" with a list of items, "Performance Frameworks" with a list of frameworks, and "Datasets" with a short paragraph. At the bottom, there is a dark blue footer with the text "Health and Wellbeing Knowledge and Intelligence", copyright information, and the Torbay Council logo.

South Devon and Torbay Knowledge and Intelligence Enter your search term...
Search

Sharing knowledge and intelligence to understand the needs of the community

This website provides an opportunity to bring together knowledge and intelligence from different perspectives, to enable a wider understanding of the needs within the South Devon and Torbay community.

The information contained within this website forms a wider Joint Strategic Needs Assessments (JSNA) for South Devon and Torbay. JSNAs provide an analysis of the health needs of populations to inform and guide commissioning of health, well-being and social care services.

Needs Assessment and Strategy

- JSNA Narratives
- Area/Community Based Overviews
- Topic Based Overviews
- Health Needs Assessments (HNAs)
- Annual Reports

Performance Frameworks

- Adult Social Care Outcomes Framework (ASCOF)
- NHS Outcomes Framework (NHSOF)
- Public Health Outcomes Framework (PHOF)
- Clinical Commissioning Group Outcomes Indicator Set (CCGOIS)

Datasets

Torbay Council's Public Health Knowledge and Intelligence Team has access to various datasets, and produces area or topic reports for council and partner colleagues.

Health and Wellbeing Knowledge and Intelligence

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7 Provision of pharmaceutical services

7.1 Necessary services

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

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

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

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

7.2 Current provision of necessary services

There are currently 31 pharmacies in Torbay (see figure 9).

22 pharmacies are owned by national pharmacy chains:

- 8 by Day Lewis Pharmacy
- 6 by Boots Pharmacy
- 5 by Well Pharmacy (Best way National Chemists)
- 2 by Lloyds pharmacy
- 1 by Superdrug Pharmacy.

4 pharmacies are owned by a local chain, Poolearth, 2 by O'Brien Ltd and 3 other pharmacies are owned by independent providers.

There are two 100 hour pharmacies (Boots Pharmacy at Wren Retail Park, Torquay and Lloyds Pharmacy at Sainsbury's, Brixham Road, Paignton).

There are twenty-nine 40-hour pharmacies. Thirty pharmacies are Community Pharmacist Consultation Service (CPCS) accredited providing a total of 1,545 CPCS consultations in the first 9 months of 2021/22 (April to December). In addition, all pharmacies have access to EPS.

There are no pharmacies with local pharmaceutical services contracts, distance-selling pharmacies, dispensing appliance contractors or dispensing doctors in Torbay.

Since the last PNA was published six pharmacies have closed in Torbay:

- Boots Pharmacy on Bolton Street in Brixham closed in December 2019 (i.e. 2019/20). Merged with Boots Pharmacy on Fore Street in Brixham.
- Boots Pharmacy on The Strand in Torquay closed during 2019/20.
- Boots Pharmacy at 27 Fore Street, St Marychurch, Torquay closed during 2019/20.
- Day Lewis Pharmacy at 237 Torquay Road, Paignton closed in December 2018 (i.e. 2018/19). Merged with Day Lewis Pharmacy at 266-276 Torquay Road, Paignton.
- Lloyds Pharmacy on Palace Avenue, Paignton closed during 2019/20.
- Well Pharmacy on New Road, Brixham closed during 2019/20.

No new pharmacies have opened since the last PNA was published.

Over the last four years provision in Torbay has been as follows:

Year	Population	Number of pharmacies	Pharmacies per 100,000 population	Number of items dispensed	Items per head	Items per pharmacy
2018/19	135,780	37	27.2	3,221,995	23.7	87,081
2019/20	136,264	36	26.4	3,267,461	24.0	90,763
2020/21	136,218	31	22.8	3,118,734	22.9	100,604
2021/22*	136,218	31	22.8	3,165,085	23.1	102,100
South West 20/21	5,659,143	1,065	18.8	95,328,352	16.8	89,510
England 20/21	56,550,138	11,748	20.8	1,016,769,042	18.0	86,548

Notes:

* assumption that population is same for 2021/22 as for 2020/21. Prescribed items based on first 9 months of 2021/22

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

The number of pharmacies in Torbay fell by 6 between 2018/19 and 2020/21. The number of items dispensed fell by 3.2% between 2018/19 and 2020/21.

Nationally the number of pharmacies has fallen in the last few years: in 2021/22 there were 11,358, down from 11,923 in 2018/19, a fall of 4.7%. The number of prescription items dispensed has increased slightly from 2018/19 to 2020/21: in 2020/21 approximately 1016.2 million items were dispensed, up 0.2% on 2018/19. However, 2020/21 figures were 1.5% lower than 2019/20.

The number of pharmacies per 100,000 population in Torbay (22.8 in 2020/21) is higher than the South West and national figures (18.8 and 20.8 respectively), however when considering the higher number of items dispensed per resident population; the increased elderly, daytime transient and tourist populations, there is a higher number of items dispensed per pharmacy in Torbay (100,604 in 2020/21) than

either the South west or National levels (89,510 and 86,548 respectively). In considering these two facts and the urban nature of Torbay, it is concluded that this does not equate to a significant difference and therefore suggests Torbay is neither over nor under served in terms of pharmacy provision.

7.3 Current provision outside the HWB's area

As stated above, distance-selling pharmacies are required to provide the essential services to patients anywhere in England, and will deliver medication to a patient's home address. Their services are therefore available to residents of the HWB's area. In addition to those located within the HWB area, there are numerous such pharmacies located around the country. An alphabetical list of distance-selling pharmacies is available at www.nhs.uk/service-search/pharmacies/InternetPharmacies

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

For the period July to December 2021, 91.6% of the 1,729,220 Torbay GP prescriptions were fulfilled by pharmacies within Torbay. 3.1% were fulfilled in Devon and Plymouth, just over a third at 2 pharmacies (Lloyds, Den Road, Teignmouth and Boots, Courtney Street, Newton Abbot). A further 5.4% of prescriptions were fulfilled outside Torbay, Devon and Plymouth, this equates to 92,683 prescriptions. 31,790 of these were fulfilled by Pharmacy2U Ltd in Leeds, a further 16,199 by Metabolic Healthcare Ltd.

Figure 8: Location of pharmacies in Torbay

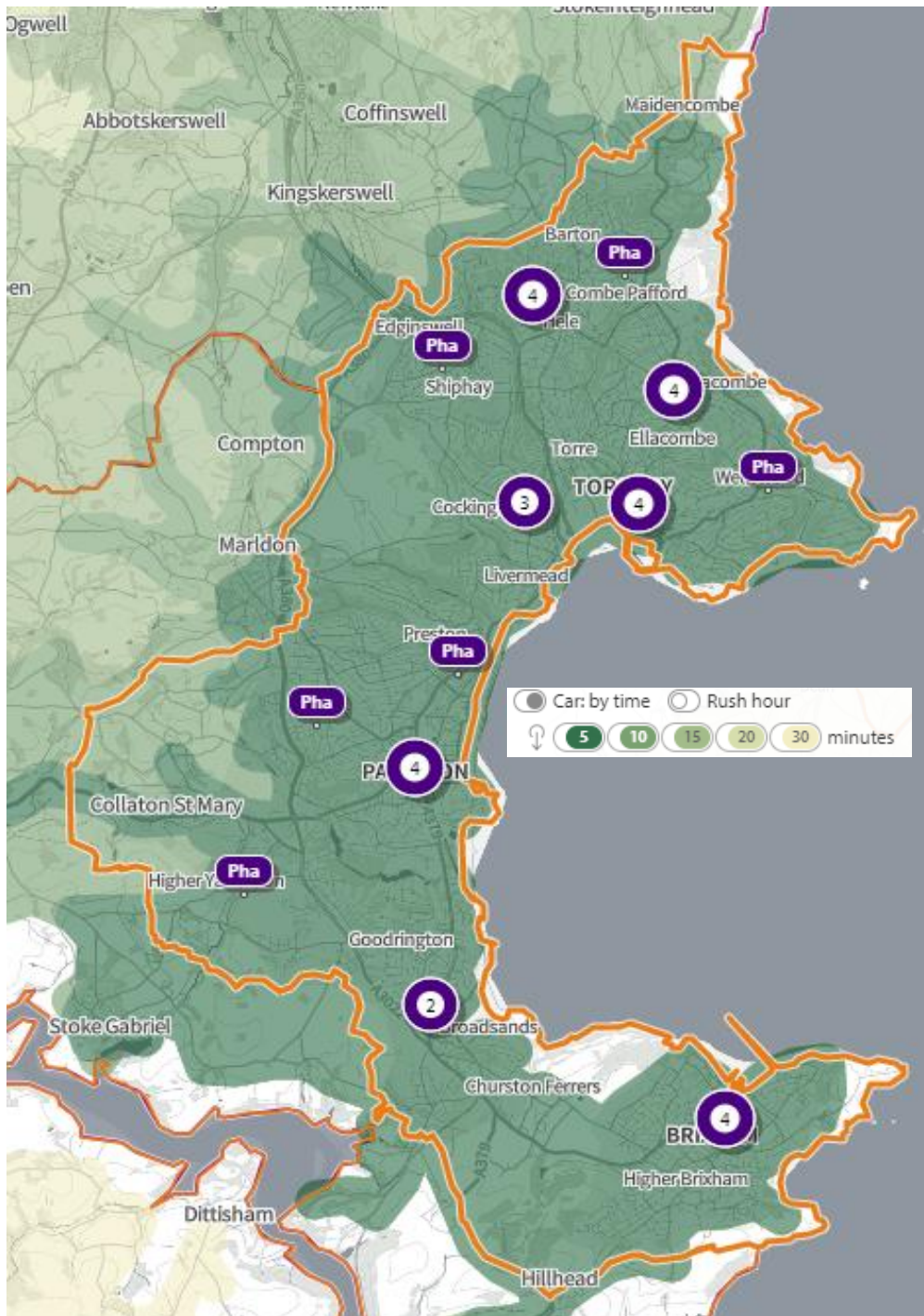


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7.4 Access to premises

Torbay's population is served by 31 pharmacies, with well over 95% of the population within a 5 minute car journey of a pharmacy, and the total population being within a 10 minutes car journey of a pharmacy. Pockets of Torbay not covered in the following map are the coast line and golf courses.

Figure 9: drive times around pharmacies in Torbay



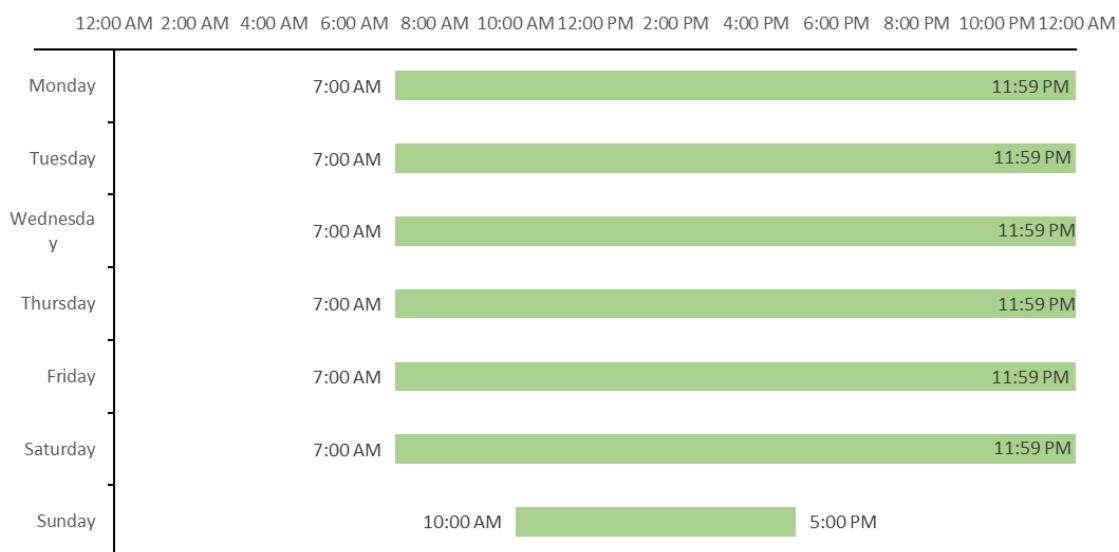
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7.4.1 Access to the essential services (core plus supplementary opening hours)

- 5 pharmacies are routinely open 7 days per week: 3 in Torquay and 2 in Paignton
- 19 pharmacies are open Monday to Saturday only. Of these pharmacies, 14 pharmacies close at or before 1pm on Saturdays and 5 pharmacies close after 1pm on Saturdays.
- 7 pharmacies open Monday to Friday only.
- 1 pharmacy is open before 8am Monday to Friday: Lloyds Pharmacy inside Sainsbury’s in Paignton
- 4 pharmacies open later than 6.30pm Monday to Friday, 2 in Paignton and 2 in Torquay

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

Figure 10: Earliest opening time and latest closing time for any given pharmacy, by day of the week



Note:

⁹⁰⁰. Earliest opening and latest closing times are based on current total opening hours i.e. core plus supplementary opening hours

7.4.2 Access to Medicines Use Review (MUR)

The Medicines Use Review has been decommissioned. Based on data for the first 9 months of the 2021/22 financial year, a total of 0 MURs were carried out in Torbay. This is compared to 2020/21 where 2,523 reviews were performed, 2018/19 where 12,566 reviews were performed.

7.4.3 Access to New Medicines Service (NMS)

30 out of 31 pharmacies had NMS accreditation in 2021/22. Over the first 9-month period of 2021/22, 5,438 NMSs were undertaken. This is compared to the whole of 2020/21 where a total of 4,380 NMSs were undertaken.

7.4.4 Access to the 'on demand availability of specialist medicines' enhanced service

As of 2021/22, 3 pharmacies in Torbay provided the specialist medicines advanced service. These were:

- Boots Pharmacy, Wren Retail Park, Torquay
- Day Lewis Pharmacy, Barton Hill Road, Torquay
- Mayfield Pharmacy, Mayfield Medical Centre, Paignton

7.4.5 Access to dispensing of appliances

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

7.5 Other relevant services

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

For the purposes of this PNA, 'other relevant services' includes:

- the advanced services not classed as 'necessary' (influenza vaccination and

urgent supply, stoma appliance customization and AUR)

- services commissioned from pharmacies by Devon CCG or Torbay council
- other NHS services
- services provided by other organisations.

7.6 Advanced services

7.6.1 Influenza vaccination advanced service

28 out of 31 pharmacies in Torbay delivered the influenza vaccination advanced service in 2021/22. A total of 14,199 vaccinations were given according to the NHSBSAs Advanced Flu Vaccination Service report dataset during the 2021/22 flu season (September 2020 to March 2021) in locality pharmacies matched with the Devon STP influenza report pharmacies.

7.6.2 Stoma appliance standardized advanced service

14 stoma customisations were provided in the first 9 months of 2021/22 by one pharmacy compared to 17 stoma customisations in 2020/21 and 31 stoma customisations in 2018/19. However many stoma appliances will be dispensed by DACs based around the country, who may provide this service.

7.6.3 Appliance Use Review (AUR) advanced service

No pharmacy in Torbay provided this service. However many appliances will be dispensed by DACs based around the country, who may provide this service.

7.6.4 Hepatitis-C Antibody Testing Service

2 pharmacies provide the Hepatitis-C Antibody Testing Service. They are:

- Well Pharmacy, Churchill Court, Brixham
- Well Pharmacy, Croft Road, Torquay

7.6.5 Hypertension Case-Finding Service

21 pharmacies provide the Hypertension Case-Finding Service in Torbay. 10 are in Torquay, 8 in Paignton and 3 are in Brixham.

7.6.6 Stop Smoking Service

5 pharmacies provide the Stop Smoking Service in Torbay. 2 are in Torquay and Paignton, 1 is in Brixham.

7.7 Services commissioned by the CCG or Council

As noted in section 2.6, the CCG or council may commission pharmacies or DACs to provide services.

7.7.1 Services commissioned by the CCG

Currently 191 pharmacies across Devon (including Torbay and Plymouth) are accredited to provide the Community Pharmacy Minor Ailments Service. Between May and September 2021, there were 771 interactions with the service.

7.7.2 Services commissioned by the council

Supervised consumption of substance misuse medicines

27 pharmacies were commissioned to provide this service by Torbay council in 2021/22. 2,771 doses of sublingual Subutex and 36,487 doses of Methadone were supervised in pharmacies in 2021/22.

Needle exchange

18 pharmacies were commissioned in Torbay to provide needle exchange services in 2021/22. The following number of packs was provided through pharmacies in 2021/22:

- 1ml packs – 4,182
- 2ml packs – 2,639
- Blue needle packs – 1,666
- Green needle packs – 1,512
- Orange needle packs – 413

Emergency hormonal contraception (EHC)

24 pharmacies were commissioned in Torbay to provide EHC services in 2021/22. 659 assessments were undertaken in 2021/22. There were 576 provisions of EllaOne and 82 provisions of Levonelle, with one interaction where no medication was dispensed to Torbay residents through pharmacies in 2021/22.

Chlamydia screening

28 pharmacies were commissioned in Torbay in 2021/22 to provide the Chlamydia Countertop kit service (including those who provide chlamydia screening as part of the EHC provision).

Smoking cessation

In 2021/22, 13 pharmacies were commissioned in Torbay to provide stop smoking services. In that year, 1 person has been recorded as quitting smoking through pharmacies.

TB Directly Observed Therapy

In 2021/22, 15 pharmacies were commissioned in Torbay to provide TB DOT services, although no-one received the TB DOT service through pharmacies in that year.

7.8 Other NHS services

7.8.1 Hospital pharmacies

Hospital pharmacies reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service. Some hospital pharmacies are operated by commercial providers which manage outpatient dispensing services, but they are not able to dispense prescriptions issued by other prescribers, for example GP surgeries.

There is one hospital in Torbay, which has a pharmacy on site, although this is not an NHS community pharmacy and therefore does not dispense FP10 prescriptions; it only dispenses hospital outpatient prescriptions. This pharmacy is based on the main hospital site at Lowes Bridge in Torquay.

7.8.2 Personal administration of items by GPs

Under their medical contract with NHS England there will be occasion where a GP practice personally administers an item to a patient.

Generally when a patient requires a medicine or appliance their GP will give them a prescription which they take to their preferred pharmacy. In some instances however the GP will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

Personal administration thus reduces the demand for the dispensing essential service.

7.8.3 GP Out of Hours service

Beyond the normal working hours GP practices open, there is an out of hours service operated as an initial telephone consultation where the doctor may attend the patients home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and, in appropriate cases, may issue medicines from stock, for example:

- a full course of antibiotics for an infection, or
- sufficient pain relief medication to tide them over until a prescription can be

dispensed.

Alternatively the service may issue a prescription for dispensing at a pharmacy.

7.9 Services provided by other organisations

It has been assessed that there are no other services, provided by other organisations in Torbay that is applicable to the PNA.

8 Conclusion

8.1 Current provision

Torbay HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

8.2 Necessary services: current gaps in provision

There are currently **no gaps** in pharmaceutical provision in Torbay, and thus there is currently **no need** for a new pharmacy in Torbay.

With regards to the 'on demand availability of specialist drugs' enhanced service, current provision is considered **to be adequate** and thus there are no gaps. If a need for this provision to be extended is identified then NHS England (or the CCG's if commissioning of this service transfers to them) could commission additional existing pharmacies to provide it. Therefore it would not be necessary for new pharmacies to open in order to meet any such need, and accordingly there is not a gap.

8.3 Necessary services: future gaps in provision

We recognize that there are housing developments proposed, especially in Collaton St Mary, however, this is **not** expected to make a significant difference within the life of this PNA. However, there would be a future need if the housing developments accelerated, and substantially more houses were built within Collaton St Mary. As Torbay is an urban authority, there are significant numbers of pharmacies already close to Collaton St Mary.

Across the rest of Torbay there are not expected to be any gaps in pharmaceutical provision and thus there is **currently no future need** for a new pharmacy elsewhere in Torbay.

We tandardi increasing demand pressure in primary care, and that the role of community pharmacy may significantly change, as a result, over the lifetime of this PNA. The direction of travel for primary care, as set out in the GP Forward View, is

for GP services to become available from 8am to 8pm, and for pharmacies to become the first point of contact with health services for some health issues. It is anticipated that pharmacies' business interests will lead them to adapt their provision of pharmaceutical services to these changes, although innovative approaches in contractual arrangement may be needed in some locations to support these changes. Across the existing services in Torbay there is unused capacity for further NMS services; as a result there is no gap in provision and **no need for additional capacity**.

With regards to the 'on demand availability of specialist drugs' enhanced service, future provision within this PNA is **considered to be adequate** and thus there will not be any future gaps. If a need for this provision to be extended is identified then NHS England (or the CCG's if commissioning of this service transfers to them) could commission additional existing pharmacies to provide it. Therefore it would not be necessary for new pharmacies to open in order to meet any such need, and accordingly there is not a gap.

8.4 Other relevant services: current and future gaps in provision

With regards to Influenza vaccination advanced service, current provision is deemed to be adequate and there are not expected to be any future demands for this service over the lifetime of this PNA.

Services commissioned through the local authority and CCG, as well as other relevant NHS services, are represented in the PNA for reference but are outside the scope for assessment of need and therefore no statement will be made in this document as to the adequacy of these services.

Appendix 1: Acronyms and definitions

A&E	accident and emergency
AUR	appliance use review
BAME	black and Asian minority ethnic
CCG	clinical commissioning group
CHD	coronary heart disease
COPD	chronic obstructive pulmonary disease
DAC	dispensing appliance contractor
DH	Department of Health
DRUM	dispensing review of the use of medicines
DSP	distance-selling pharmacy
DSQS	dispensary services quality scheme
EHC	emergency hormonal contraception
EIA	equality impact assessment
EPS	electronic prescription service
GIRES	Gender identity research and education society
GUM	genito–urinary medicine
HIV	human immunodeficiency virus
HSCIC	Health and Social Care Information Centre
HSV	herpes simplex virus
HWB	health and wellbeing board
I	integrated household survey
IMD	index of multiple deprivation
JSNA	joint strategic needs assessment
LAPE	local alcohol profiles for England
LARC	long–acting reversible contraception
LGBT	lesbian, gay, bisexual and transgender
LPS	local pharmaceutical services
LSOA	lower layer super output area
LTC	long term condition
MSM	men who have sex with men
MSOA	medium layer super output area
MUR	medicines use review
NCMP	national child measure programme

NCSP	national chlamydia screening programme
NMS	new medicine service
NHSCB	NHS Commissioning Board (NHS England)
NUMSAS	NHS urgent medicine supply advanced service
OCU	opiate or crack cocaine user
ONS	Office for national statistics
PCT	primary care trust
PGD	patient group direction
PHO	public health observatories
PhAS	pharmacy access scheme
PNA	pharmaceutical needs assessment
POPPI	projecting older people population information
QOF	quality and outcomes framework
QPS	Quality Payment Scheme
SADL	simple aid to daily living
SMR	standardized mortality rate
STI	sexually transmitted infections
TB	tuberculosis
UK	United Kingdom

The 2013 directions – The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, as amended

The 2013 regulations – The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

Appendix 2: Legislation relating to PNAs

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health powers to make regulations.

Section 128A Pharmaceutical needs assessments

- (1) Each Health and Well-being Board must in accordance with regulations—
 - (a) assess needs for pharmaceutical services in its area, and
 - (b) publish a statement of its first assessment and of any revised assessment.

- (2) The regulations must make provision—
 - (a) as to information which must be contained in a statement;
 - (b) as to the extent to which an assessment must take account of likely future needs;
 - I specifying the date by which a Health and Well-being Board must publish the statement of its first assessment;
 - (d) as to the circumstances in which a Health and Well-being Board must make a new assessment.

- (3) The regulations may in particular make provision—
 - (a) as to the pharmaceutical services to which an assessment must relate;
 - (b) requiring a Health and Well-being Board to consult specified persons about specified matters when making an assessment;
 - I as to the manner in which an assessment is to be made;
 - (d) as to matters to which a Health and Well-being Board must have regard when making an assessment.

The regulations referred to are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, in particular Part 2 and Schedule 1.

Part 2: Pharmaceutical needs assessments

3. Pharmaceutical needs assessments

901. The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a “pharmaceutical needs assessment”.

- (2) The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for—
- (a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
 - (b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or
 - © the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

902. Information to be contained in pharmaceutical needs assessments

903. Each pharmaceutical needs assessment must contain the information set out in Schedule 1.

- (2) Each HWB must, in so far as is practicable, keep up to date the map which it includes in its pharmaceutical needs assessment pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement).

904. Date by which the first HWB pharmaceutical needs assessments are to be published

Each HWB must publish its first pharmaceutical needs assessment by 1st April 2015.

905. **Subsequent assessments**

906. After it has published its first pharmaceutical needs assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment.

- (2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to—
- (a) the number of people in its area who require pharmaceutical services;
 - (b) the demography of its area; and
 - © the risks to the health or well-being of people in its area,
- unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.
- (3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust's pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where—
- (a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and
 - (b) the HWB—
 - (i) is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or
 - (ii) is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

- (4) Where chemist premises are removed from a pharmaceutical list as a consequence of the grant of a consolidation application, if in the opinion of the relevant HWB the removal does not create a gap in pharmaceutical services provision that could be met by a routine application—
- (a) to meet a current or future need for pharmaceutical services; or
 - (b) to secure improvements, or better access, to pharmaceutical services, the relevant HWB must publish a supplementary statement explaining that, in its view, the removal does not create such a gap, and any such statement becomes part of its pharmaceutical needs assessment

7. Temporary extension of Primary Care Trust pharmaceutical needs assessments and access by the NHSCB and HWBs to pharmaceutical needs assessments

- (1) Before the publication by an HWB of the first pharmaceutical needs assessment that it prepares for its area, the pharmaceutical needs assessment that relates to any locality within that area is the pharmaceutical needs assessment that relates to that locality of the Primary Care Trust for that locality immediately before the appointed day, read with—
- (a) any supplementary statement relating to that assessment published by a Primary Care Trust under the 2005 Regulations or the 2012 Regulations; or
 - (b) any supplementary statement relating to that assessment published by the HWB under regulation 6(3).
- (2) Each HWB must ensure that the NHSCB has access to—
- (a) the HWB's pharmaceutical needs assessment (including any supplementary statement that it publishes, in accordance with regulation 6(3), that becomes part of that assessment);
 - (b) any supplementary statement that the HWB publishes, in accordance with regulation 6(3), in relation to a Primary Care Trust's pharmaceutical needs assessment; and

© any pharmaceutical needs assessment of a Primary Care Trust that it holds,

which is sufficient to enable the NHSCB to carry out its functions under these Regulations.

- (3) Each HWB must ensure that, as necessary, other HWBs have access to any pharmaceutical needs assessment of a Primary Care Trust that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.

8. Consultation on pharmaceutical needs assessments

- (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—

(a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

© any persons on the pharmaceutical lists and any dispensing doctors list for its area;

(d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;

© any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and

(f) any NHS trust or NHS foundation trust in its area;

(g) the NHSCB; and

(h) any neighbouring HWB.

- (2) The persons mentioned in paragraph (1) must together be consulted at least

once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

- (3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—
 - (a) must consult that Committee before making its response to the consultation; and
 - (b) must have regard to any representations received from the Committee when making its response to the consultation.
- (4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.
- (5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.
- (6) If a person consulted on a draft under paragraph (2)—
 - (a) is treated as served with the draft by virtue of paragraph (5); or
 - (b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

9. Matters for consideration when making assessments

- (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to

do so, to the following matters—

- (a) the demography of its area;
 - (b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;
 - © any different needs of different localities within its area;
 - (d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—
 - (i) the need for pharmaceutical services in its area, or
 - (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and
 - © any other NHS services provided in or outside its area (which are not covered by sub-paragraph (d)) which affect—
 - (i) the need for pharmaceutical services in its area, or
 - (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.
- (2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—
- (a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and
 - (b) having regard to likely changes to—
 - (i) the number of people in its area who require pharmaceutical services,
 - (ii) the demography of its area, and
 - (iii) the risks to the health or well-being of people in its area.

Schedule 1: Information to be contained in pharmaceutical needs assessments

907. **Necessary services: current provision**

A statement of the pharmaceutical services that the HWB has identified as services that are provided—

- (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
- (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

2. Necessary services: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

- (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

3. Other relevant services: current provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—

- (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area,

nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

- © in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

908. Improvements and better access: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

- (a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,
- (b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

909. Other NHS services

A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—

- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
- (b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

910. How the assessment was carried out

An explanation of how the assessment has been carried out, and in particular—

- (a) how it has determined what are the localities in its area;
- (b) how it has taken into account (where applicable)—
 - (i) the different needs of different localities in its area, and
 - (ii) the different needs of people in its area who share a protected characteristic; and
- © a report on the consultation that it has undertaken.

7. Map of provision

A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

Finally, specifically in relation to controlled localities, regulation 39 provides:

39. Process of determining controlled localities: formulation of the NHSCB's decision

...

- (2) Once it has determined whether or not an area is or is part of a controlled locality, the NHSCB must—
 - (a) if it determines that the area is to become or become part of a controlled locality, or is to cease to be part of a controlled locality—
 - (i) delineate precisely the boundary of the resulting controlled locality on a map,
 - (ii) publish that map, and
 - (iii) make that map available as soon as is practicable to any HWB that has all or part of that controlled locality in its area;

...

- (4) A HWB to which a map is made available under paragraph (2)(a)(iii) must—
 - (a) publish that map alongside its pharmaceutical needs assessment map (once it has one); or

- (b) include the boundary of the controlled locality (in so far as it is in, or part of the boundary of, the HWB's area) in its pharmaceutical needs assessment map (once it has one).

Appendix 3: Steering Group membership

Name	Job Title	Organisation
Simon Baker	Public Health Specialist – Intelligence	Torbay Council
David Bearman	Chair	Devon Local Pharmaceutical Committee
Andrew Binding	Senior Public Health Analyst	Plymouth City Council
Tom Davies	GP	Devon Local Medical Committee
Carol Harman	Senior Public Health Analyst	Plymouth City Council
Donna Lockett	Senior Public Health Information Analyst	Devon County Council
Sarah Macleod	Senior Public Health Analyst	Plymouth City Council
Maria Moloney-Lucey	Public Health Specialist – Intelligence	Devon County Council
Miranda Montano	Public Health Data and Admin Assistant	Devon County Council
Robert Nelder	Consultant in Public Health	Plymouth City Council
Matthew Peasley	Public Health Analyst	Devon County Council
Sue Taylor	Chief Officer	Devon Local Pharmaceutical Committee
Charles Thomas	Senior Medicines Optimisation Pharmacist	NHS Devon CCG
Michelle Toy	Senior Commissioning Manager	NHS England & NHS Improvement South West

We acknowledge the support and contributions from colleagues in Office for Health Improvement and Disparities.

Appendix 4: Equality impact assessment

STAGE 1: What is being assessed and by whom?	
What is being assessed – including a brief description of aims and objectives?	<p>The purpose of the pharmaceutical needs assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health and Wellbeing Board's (H&WB's) area for a period of up to three years, linking closely to the Joint Strategic Needs Assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of Torbay, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England and NHS Improvement (NHSEI).</p> <p>If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHSEI to be included in the pharmaceutical list for the H&WB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the H&WB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').</p> <p>As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.</p> <p>Whilst the PNA is primarily a document for NHSEI to use to make commissioning decisions, it may also be used by local authorities (Las) and Clinical Commissioning Groups (CCGs). A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.</p>
Author	Simon Baker

STAGE 1: What is being assessed and by whom?	
Department and Service	Knowledge & Intelligence Team, Public Health Department
Date of Assessment	June 2022

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
		See the guidance on how to make this judgement.		
Age	Torbay has a population of around 136,200 (2020 mid year estimates) The population of Torbay is older than the England average, with a greater proportion of the population over the age of 50 years. The proportion of the population under 50 is significantly lower than England.	Pharmaceutical services will be provided on the basis of clinical need – this document specifies the needs within Torbay. Any missing provision should have been identified in the document and should therefore have a positive impact.	The predicted population increases within age bands has been estimated. The document will be reviewed in three years' time. It is assumed the age-specific predictions of population growth will be within tolerance, which will ensure provision of pharmaceutical services in an equitable manner.	NHSEI. Throughout the life of the document.
Disability	According to the 2011 Census, 11.8% of Torbay residents reported having a long-term health problem or disability	The provision of adequate pharmaceutical services responds to these statistics (which	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is	NHSEI. Throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	<p>that limits their day-to-day activities a lot and has lasted, or is expected to last, at least 12 months (including problems related to old age). The England average was 8.3%.</p> <p>According to the 2011 Census, 41.7% of Torbay residents reported their general health as 'very good' placing Torbay lower down the Local Authority rankings, however Torbay does rank very high for those rating their health as only 'Fair'. Both Bad health (5.8%) and Very bad health (1.7%) have higher percentages in Torbay than in England (England 4.2%, 1.2% respectively), this equates to 9,892 people over both categories</p>	<p>potentially show a relatively high demand when compared to national averages). The aim of the document is to enable the provision of adequate and appropriate pharmaceutical services to meet the needs of this population.</p>	<p>assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.</p> <p>It is important that physical access to pharmacy buildings is ensured.</p>	

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
Faith/Religion or Belief	According to the 2011 Census, Christianity is the most common religion in Torbay with 63.3%. 27.5% of the Torbay population stated they had no religion. Both are higher than the national average. Numbers for each of the other main categories are below 750 persons (0.6%) each and range from 0.03% Sikh to 0.5% Other Religion.	Pharmaceutical services are not targeted at any particular religion. The aim of the document is to ensure the provision of adequate and appropriate pharmaceutical services to meet the needs of this population.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.	NHSEI. Throughout the life of the document.
Gender – including marriage, pregnancy and maternity	Overall 51.2% of Torbay's population are female (ONS mid-2020 estimates). According to the 2011 Census, of those aged 16 and over, 46.6% are married – the same as the national average. There were 1,074 live births in 2020 with numbers decreasing	The need for pharmacy services in relation to sexual health have been identified within the document. This will ensure provision of adequate and appropriate pharmaceutical services to meet	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable	NHSEI. Throughout the life of the document.

STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	steadily over the last decade.	the needs of this population.	distribution of services.	
Gender Reassignment	There is no precise number of the transgender population in Torbay. The best estimate is that around 1% of the population is gender variant to some degree. This would be equivalent to approximately 1,300 to 1,400 people in Torbay.	The PNA aims to ensure adequate provision of pharmaceutical services throughout Torbay taking into consideration any particular needs identified. Gender-related pharmaceutical needs should have been identified within the document to ensure provision of adequate and appropriate pharmaceutical services to meet the needs of this population.	The document aims to meet the needs identified. The document will be reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services. Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. This is a factor that should also be taken into account for the whole population.	NHSEI. Throughout the life of the document.

STAGE 2: Evidence and Impact

Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
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Race	<p>There is relatively little ethnic diversity in Torbay. According to the 2011 Census 94.8% of Torbay’s population considered themselves White British. This is significantly higher than the England average (79.8%). Torbay has 3,260 (2.5%) resident ethnic minority population (excluding white ethnic groups). Of these, 1,420 residents (1.1%) are Mixed/Multiple ethnic background, 1,353 (1%) Asian/Asian British, 251 (0.2%) Black British and 236 (0.2%) Other ethnic Group.</p>	<p>Pharmaceutical services are not targeted at a specific ethnic group. The PNA attempts to ensure provision of adequate and appropriate pharmaceutical services to meet the needs of the population.</p> <p>There are some diseases which are more prevalent amongst specific ethnic groups however the PNA, if successful, will ensure adequate services to meet any additional needs.</p>	<p>The document aims to meet the needs identified. The document will be reviewed in three years’ time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services.</p> <p>Access to translation services may sometimes be required as it is important that pharmacies are able to provide services to all, taking into account diversity.</p>	<p>NHSEI. Throughout the life of the document.</p>
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Sexual Orientation -including Civil Partnership	<p>0.3% of the Torbay population are registered in a same-sex civil partnership</p>	<p>Pharmaceutical services are not targeted people with a specific</p>	<p>The document aims to meet the needs identified. The document will be</p>	<p>NHSEI. Throughout the life of the document.</p>
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STAGE 2: Evidence and Impact				
Protected Characteristics (Equality Act)	Evidence and information (e.g. data and feedback)	Any adverse impact?	Actions	Timescale and who is responsible?
	(national average is 0.2%). 2.6% of people in Torbay are separated and still either legally married or legally in a same-sex civil partnership. There is no precise local data on numbers of Lesbian, Gay and Bi-sexual (LGB) people in Torbay but it is nationally estimated that 2.7% of the population aged over the age of 16 years would identify as LGB. This would equate to approximately 3,000 – 3,100 people aged 16 years and over in Torbay identifying as LGB.	sexual orientation. The PNA attempts ensure provision of adequate and appropriate pharmaceutical services to meet the needs of the population.	reviewed in three years' time. It is assumed provision of pharmaceutical services in accordance with the recommendations in the report will result in an equitable distribution of services. Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. This is a factor that should also be taken into account for the whole population.	

Appendix 5: List of contractors and opening times

Pharmacy name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Babbacombe Pharmacy, Poolearth, 100 Reddenhill Road, Babbacombe, Torquay, TQ1 3NT	0900-1730	0900-1730	0900-1730	0900-1730	0900-1730	0900-1700	Closed
Barton Pharmacy, Georgian Pharma Ltd, Barton Health Centre, Barton Hill Way, Torquay, TQ2 8JG	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed
Boots Pharmacy, Boots UK Ltd, 11 Fore St, Brixham, TQ5 8AA	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	09:00-13:00 14:00-17:00	Closed
Boots Pharmacy, Boots UK Ltd, 1 Cherrybrook Square, Hookhills Road, Paignton, TQ4 7LY	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300 1330-1730	0900-1300	Closed
Boots Pharmacy, Boots UK Ltd, Wren Retail Park, Torquay, TQ2 7BJ	08:30-23:59	08:30-23:59	08:30-23:59	08:30-23:59	08:30-23:59	08:30-23:59	10:00-17:00
Boots Pharmacy, Boots UK Ltd, 66-68 Union Street, Torquay, TQ2 5PS	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	10:30-16:30
Boots Pharmacy, Boots UK Ltd, 8 Fore Street, St Marychurch, Torquay, TQ1 4NE	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Boots Pharmacy, Boots UK Ltd, 12-14 Victoria Street, Paignton, TQ4 5DN	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	09:00-13:00 14:00-17:30	Closed
Broadway pharmacy, Churston Broadway, Dartmouth Road, Paignton, TQ4 6LE	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00	Closed
Day Lewis Pharmacy, Day Lewis plc, 28 Walnut Road, Chelston, TQ2 6HS	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Day Lewis Pharmacy, Day Lewis plc, Bronshill Road, Torquay, TQ1 3HD	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
Day Lewis Pharmacy, Day Lewis plc, Units 2&3, Pembroke House, 266-276 Torquay Road, Paignton, TQ3 2EZ	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-13:00	Closed
Day Lewis Pharmacy, Day Lewis plc, 19 Ilsham Road, Wellswood, Torquay, TQ1 2JG	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed

Day Lewis Pharmacy, Day Lewis plc, 52 Fore Street, Brixham, TQ5 8DZ	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Day Lewis Pharmacy, Day Lewis plc, 99 Foxhole Road, Paignton, TQ3 3SU	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed
Day Lewis Pharmacy, Day Lewis plc, 168 Bartonhill Road, Torquay, TQ2 8HN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	Closed
Day Lewis Pharmacy, Day Lewis plc, Compass House Medical Centre, King Street, Brixham, TQ5 9TF	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Dowricks Chemist, Chelston Hall, Old Mill Road, Torquay, TQ2 6HW	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Lloyds Pharmacy, Lloyds Pharmacy Ltd, Sainsbury's, Brixham Road, Paignton, TQ4 7PE	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
Lloyds Pharmacy, Lloyds Pharmacy Ltd, Sainsbury's, The Willows, Nicholson Road, Torquay, TQ2 7HT	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-20:00	10:00-16:00
Mayfield Pharmacy, Mayfield Medical Centre, 37 Totnes Road, Paignton, TQ4 5LA	08:30-19:00	08:30-19:00	08:30-19:00	08:30-20:00	08:30-19:00	09:00-16:00	10:00-13:00
Sherwell Valley Pharmacy, Poolearth, 37 Sherwell Valley Road, Chelston, Torquay, TQ2 6EJ	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	Closed	Closed
Shiphay Pharmacy, Poolearth, 11 Collaton Road, Shiphay, Torquay, TQ2 7HH	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
Superdrug Pharmacy, Superdrug Stores Plc, 21-25 Union Street, Torquay, TQ1 1ES	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30	Closed
Torwood Street Pharmacy, 37a Torwood Street, Torquay, TQ1 1ED	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
Watcombe Pharmacy, Poolearth, 69 Fore Street, Watcombe, Torquay, TQ2 8BP	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	Closed	Closed
Well Pharmacy, Bestway National Chemists Ltd, 5 Palace Avenue, Paignton, TQ3 3EF	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
Well Pharmacy, Bestway National Chemists Ltd, 2-3	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	Closed	Closed

**Churchill Court, Bolton
Street, Brixham, TQ5 9DW**

**Well Pharmacy, Bestway
National Chemists Ltd, 159
St Marychurch Road,
Babbacombe, Torquay,
TQ1 3HP**

09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-18:00 09:00-13:00 Closed

**Well Pharmacy, Bestway
National Chemists Ltd, 19
Croft Road, Torquay, TQ2
5UA**

08:30-13:00 08:30-13:00 08:30-13:00 08:30-13:00 08:30-13:00 09:00-13:00 Closed
13:30-18:00 13:30-18:00 13:30-18:00 13:30-18:00 13:30-18:00

**Well Pharmacy, Bestway
National Chemists Ltd,
46B Dartmouth Road,
Paignton, TQ4 5AH**

08:30-20:00 08:30-18:00 08:30-18:00 08:30-18:00 08:30-18:00 09:00-11:30 Closed

Appendix 6: List of contractors and advanced services provided

Pharmacy	Contractor and address	CPCS	New Medicines Service	Flu Vaccs	Hypertension case finding	Stop Smoking Service	Appliance Use Review	Stoma Appliance Custom	Hep C Testing Service
FJP38	Babbacombe Pharmacy, Poolearth, 100 Reddenhill Road, Babbacombe, Torquay, TQ1 3NT	Yes	Yes	Yes	Yes	No	No	No	No
FLG36	Barton Pharmacy, Georgian Pharma Ltd, Barton Health Centre, Barton Hill Way, Torquay, TQ2 8JG	Yes	Yes	Yes	No	No	No	No	No
FD894	Boots Pharmacy, Boots UK Ltd, 11 Fore St, Brixham, TQ5 8AA	Yes	Yes	Yes	No	No	No	No	No
FEW47	Boots Pharmacy, Boots UK Ltd, 1 Cherrybrook Square, Hookhills Road, Paignton, TQ4 7LY	Yes	Yes	Yes	Yes	No	No	No	No
FEW75	Boots Pharmacy, Boots UK Ltd, Wren Retail Park, Torquay, TQ2 7BJ	Yes	Yes	Yes	Yes	No	No	No	No
FJN75	Boots Pharmacy, Boots UK Ltd, 66-68 Union Street, Torquay, TQ2 5PS	Yes	Yes	Yes	No	No	No	No	No
FLH76	Boots Pharmacy, Boots UK Ltd, 8 Fore Street, St Marychurch, Torquay, TQ1 4NE	Yes	Yes	Yes	No	No	No	No	No
FVP01	Boots Pharmacy, Boots UK Ltd, 12-14 Victoria Street, Paignton, TQ4 5DN	Yes	Yes	Yes	Yes	No	No	No	No
FKQ69	Broadway pharmacy, Churston Broadway, Dartmouth Road, Paignton, TQ4 6LE	Yes	Yes	Yes	Yes	No	No	No	No
FAF97	Day Lewis Pharmacy, Day Lewis plc, 28 Walnut Road, Chelston, TQ2 6HS	Yes	Yes	Yes	Yes	No	No	No	No
FEC86	Day Lewis Pharmacy, Day Lewis plc, Bronshill Road, Torquay, TQ1 3HD	Yes	Yes	Yes	Yes	No	No	No	No
FEL62	Day Lewis Pharmacy, Day Lewis plc, Units 2&3, Pembroke House, 266-276 Torquay Road,	Yes	Yes	Yes	Yes	No	No	No	No

	Paignton, TQ3 2EZ								
FEW76	Day Lewis Pharmacy, Day Lewis plc, 19 Ilsham Road, Wellswood, Torquay, TQ1 2JG	Yes	Yes	Yes	Yes	No	No	No	No
FKE05	Day Lewis Pharmacy, Day Lewis plc, 52 Fore Street, Brixham, TQ5 8DZ	Yes	Yes	Yes	Yes	No	No	No	No
FLE57	Day Lewis Pharmacy, Day Lewis plc, 99 Foxhole Road, Paignton, TQ3 3SU	Yes	Yes	Yes	Yes	No	No	No	No
FJT72	Day Lewis Pharmacy, Day Lewis plc, 168 Bartonhill Road, Torquay, TQ2 8HN	Yes	No	No	Yes	No	No	No	No
FWC17	Day Lewis Pharmacy, Day Lewis plc, Compass House Medical Centre, King Street, Brixham, TQ5 9TF	Yes	Yes	Yes	Yes	No	No	No	No
FXL17	Dowricks Chemist, Chelston Hall, Old Mill Road, Torquay, TQ2 6HW	Yes	Yes	Yes	No	No	No	No	No
FHL28	Lloyds Pharmacy, Lloyds Pharmacy Ltd, Sainsbury's, Brixham Road, Paignton, TQ4 7PE	Yes	Yes	Yes	Yes	No	No	No	No
FM400	Lloyds Pharmacy, Lloyds Pharmacy Ltd, Sainsbury's, The Willows, Nicholson Road, Torquay, TQ2 7HT	Yes	Yes	Yes	Yes	No	No	No	No
FTX34	Mayfield Pharmacy, Mayfield Medical Centre, 37 Totnes Road, Paignton, TQ4 5LA	Yes	Yes	No	No	No	No	No	No
FV361	Sherwell Valley Pharmacy, Poolearth, 37 Sherwell Valley Road, Chelston, Torquay, TQ2 6EJ	Yes	Yes	Yes	No	No	No	No	No
FLD28	Shiphay Pharmacy, Poolearth, 11 Collaton Road, Shiphay, Torquay, TQ2 7HH	Yes	Yes	Yes	Yes	No	No	No	No
FM565	Superdrug Pharmacy, Superdrug Stores Plc, 21-25 Union Street, Torquay, TQ1 1ES	Yes	Yes	Yes	No	No	No	No	No
FJ134	Torwood Street Pharmacy, 37a Torwood Street, Torquay, TQ1 1ED	No	Yes	No	No	No	No	No	No

FJE51	Watcombe Pharmacy, Poolearth, 69 Fore Street, Watcombe, Torquay, TQ2 8BP	Yes	Yes	Yes	No	No	No	No	No
FA041	Well Pharmacy, Bestway National Chemists Ltd, 5 Palace Avenue, Paignton, TQ3 3EF	Yes	Yes	Yes	Yes	Yes	No	No	No
FJP75	Well Pharmacy, Bestway National Chemists Ltd, 2-3 Churchill Court, Bolton Street, Brixham, TQ5 9DW	Yes	Yes	Yes	Yes	Yes	No	No	Yes
FKF90	Well Pharmacy, Bestway National Chemists Ltd, 159 St Marychurch Road, Babbacombe, Torquay, TQ1 3HP	Yes	Yes	Yes	Yes	Yes	No	No	No
FMJ40	Well Pharmacy, Bestway National Chemists Ltd, 19 Croft Road, Torquay, TQ2 5UA	Yes	Yes	Yes	Yes	Yes	No	No	Yes
FPA99	Well Pharmacy, Bestway National Chemists Ltd, 46B Dartmouth Road, Paignton, TQ4 5AH	Yes	Yes	Yes	Yes	Yes	No	No	No

Appendix 7: List of contractors and locally commissioned services provided (list relates to re-procurement in October 2021)

Pharmacy	Contractor and address	Supervised consumption	Needle Exchange	EHC	Chlamydia screening	Smoking cessation	TB Directly Observed Therapy
FJP38	Babbacombe Pharmacy, Poolearth, 100 Reddenhill Road, Babbacombe, Torquay, TQ1 3NT	Yes	No	Yes	Yes	Yes	Yes
FLG36	Barton Pharmacy, Georgian Pharma Ltd, Barton Health Centre, Barton Hill Way, Torquay, TQ2 8JG	Yes	Yes	Yes	Yes	Yes	Yes
FD894	Boots Pharmacy, Boots UK Ltd, 11 Fore St, Brixham, TQ5 8AA	Yes	No	Yes	Yes	No	Yes
FEW47	Boots Pharmacy, Boots UK Ltd, 1 Cherrybrook Square, Hookhills Road, Paignton, TQ4 7LY	Yes	No	Yes	Yes	No	Yes
FEW75	Boots Pharmacy, Boots UK Ltd, Wren Retail Park, Torquay, TQ2 7BJ	Yes	Yes	Yes	Yes	Yes	Yes
FJN75	Boots Pharmacy, Boots UK Ltd, 66-68 Union Street, Torquay, TQ2 5PS	Yes	Yes	Yes	Yes	No	Yes
FLH76	Boots Pharmacy, Boots UK Ltd, 8 Fore Street, St Marychurch, Torquay, TQ1 4NE	Yes	No	Yes	Yes	No	Yes
FVP01	Boots Pharmacy, Boots UK Ltd, 12-14 Victoria Street, Paignton, TQ4 5DN	Yes	Yes	Yes	Yes	Yes	Yes
FKQ69	Broadway pharmacy, Churston Broadway, Dartmouth Road, Paignton, TQ4 6LE	No	No	Yes	Yes	Yes	No
FAF97	Day Lewis Pharmacy, Day Lewis plc, 28 Walnut Road, Chelston, TQ2 6HS	Yes	Yes	Yes	Yes	Yes	Yes
FEC86	Day Lewis Pharmacy, Day Lewis plc, Bronshill Road, Torquay, TQ1 3HD	Yes	Yes	Yes	Yes	Yes	Yes
FEL62	Day Lewis Pharmacy, Day Lewis plc, Units 2&3, Pembroke	Yes	Yes	Yes	Yes	Yes	Yes

	House, 266-276 Torquay Road, Paignton, TQ3 2EZ						
FEW76	Day Lewis Pharmacy, Day Lewis plc, 19 Ilsham Road, Wellswood, Torquay, TQ1 2JG	Yes	Yes	Yes	Yes	Yes	Yes
FKE05	Day Lewis Pharmacy, Day Lewis plc, 52 Fore Street, Brixham, TQ5 8DZ	Yes	Yes	Yes	Yes	Yes	Yes
FLE57	Day Lewis Pharmacy, Day Lewis plc, 99 Foxhole Road, Paignton, TQ3 3SU	Yes	Yes	Yes	Yes	Yes	Yes
FJT72	Day Lewis Pharmacy, Day Lewis plc, 168 Bartonhill Road, Torquay, TQ2 8HN	Yes	No	No	No	No	No
FWC17	Day Lewis Pharmacy, Day Lewis plc, Compass House Medical Centre, King Street, Brixham, TQ5 9TF	Yes	Yes	Yes	Yes	Yes	Yes
FXL17	Dowricks Chemist, Chelston Hall, Old Mill Road, Torquay, TQ2 6HW	Yes	No	No	Yes	No	No
FHL28	Lloyds Pharmacy, Lloyds Pharmacy Ltd, Sainsbury's, Brixham Road, Paignton, TQ4 7PE	No	No	No	No	Yes	No
FM400	Lloyds Pharmacy, Lloyds Pharmacy Ltd, Sainsbury's, The Willows, Nicholson Road, Torquay, TQ2 7HT	No	No	Yes	Yes	Yes	No
FTX34	Mayfield Pharmacy, Mayfield Medical Centre, 37 Totnes Road, Paignton, TQ4 5LA	No	Yes	Yes	Yes	Yes	Yes
FV361	Sherwell Valley Pharmacy, Poolearth, 37 Sherwell Valley Road, Chelston, Torquay, TQ2 6EJ	Yes	No	Yes	Yes	Yes	Yes
FLD28	Shiphay Pharmacy, Poolearth, 11 Collaton Road, Shiphay, Torquay, TQ2 7HH	Yes	No	Yes	Yes	Yes	Yes
FM565	Superdrug Pharmacy, Superdrug Stores Plc, 21-25 Union Street, Torquay, TQ1 1ES	Yes	Yes	Yes	Yes	Yes	Yes
FJ134	Torwood Street Pharmacy, 37a	Yes	No	Yes	Yes	No	No

	Torwood Street, Torquay, TQ1 1ED						
FJE51	Watcombe Pharmacy, Poolearth, 69 Fore Street, Watcombe, Torquay, TQ2 8BP	Yes	Yes	Yes	Yes	Yes	Yes
FA041	Well Pharmacy, Bestway National Chemists Ltd, 5 Palace Avenue, Paignton, TQ3 3EF	Yes	Yes	Yes	Yes	Yes	No
FJP75	Well Pharmacy, Bestway National Chemists Ltd, 2-3 Churchill Court, Bolton Street, Brixham, TQ5 9DW	Yes	Yes	Yes	No	Yes	Yes
FKF90	Well Pharmacy, Bestway National Chemists Ltd, 159 St Marychurch Road, Babbacombe, Torquay, TQ1 3HP	Yes	Yes	Yes	Yes	Yes	Yes
FMJ40	Well Pharmacy, Bestway National Chemists Ltd, 19 Croft Road, Torquay, TQ2 5UA	Yes	Yes	Yes	Yes	Yes	Yes
FPA99	Well Pharmacy, Bestway National Chemists Ltd, 46B Dartmouth Road, Paignton, TQ4 5AH	Yes	No	Yes	Yes	No	Yes

Appendix 8: Consultation report

The consultation period ran from Friday 1st July 2022 to Friday 29th August 2022. The Health and Wellbeing Boards (HWBs) for Plymouth, Devon and Torbay held the consultation process for each of their PNAs at the same time to aid organisations who were asked to respond to consultations for more than one area at the same time.

The method of consultation was agreed by the PNA Steering Group. Individual areas also liaised with their Health and Wellbeing Boards regarding the consultation process. The consultation was hosted by Plymouth City Council Consultation webpage. The survey questions were designed to gather feedback on whether the requirement of the PNA had been met and to offer opportunity to highlight any gaps. The web link for the consultation was emailed directly to the following organisations:

- Devon Local Pharmaceutical Committee
- Devon Local Medical Committee
- Persons on the pharmaceutical list and any dispensing doctors for the area
- Any LPS chemist in Torbay with whom NHS England has made arrangements for the provision of local pharmaceutical services
- Healthwatch Torbay
- Torbay Health and Wellbeing Board
- Torbay and South Devon NHS Foundation Trust
- Devon Partnership NHS Trust
- NHS Devon CCG
- All GP surgeries in Torbay
- All Pharmacies in Torbay

Torbay received 3 responses to the consultation. Overall consultation feedback regarding the PNA was positive. A specific comment was made about unscheduled closures of pharmacies at short notice which is a particular problem if the pharmacy is commissioned to provide a 'supervised consumption service' for patients being provided with buprenorphine and methadone.

Title: Torbay Suicide and Self-harm Prevention Action Plan Update
Wards Affected: All

To: Health and Wellbeing Board **On:** 8 September 2022

Contact: Rachel Bell
Email: Rachel.Bell@torbay.gov.uk

1. Purpose

To receive an annual update of the Torbay Suicide and Self-Harm Prevention Action Plan.

2. Recommendation

Members are asked to endorse the updated action plan.

3. Supporting Information

This Torbay Suicide and Self-harm Prevention Action Plan is owned and monitored via the Torbay Mental Health and Suicide Prevention Alliance (statutory and CVSE membership), with a multi-agency sub-group formed to identify priorities for the year and to co-produce and monitor interventions in line with priorities. The annual plan seeks endorsement from the Torbay Health and Wellbeing Board.

Torbay also contributes to a wider Devon Suicide Prevention Strategy, a collaborative document produced and shared by Devon County Council, Plymouth City Council and Torbay Council: [Devon-wide Suicide Prevention Strategic Statement](#). This aligns to the Devon Integrated Care Partnership geographic area.

Suicide Prevention Plans are produced by each local authority area and are co-owned by a range of respective statutory and CVSE agencies. Plans are made available on each local authority's website and undergo annual review. Where appropriate, work is undertaken on a Devon-wide level to take advantage of economies of scale and maximise finite resource.

Last year's plan (2021-22), aimed for **no increase in Torbay's suicide rate from 19.0 per 100,000** over the course of the year. We are pleased to report that this was achieved with our **current rate of 18.8 per 100,000**. However, we should not become complacent, as our rate is still significantly higher than most areas in the country and this is combined with an economic position that currently challenges the most vulnerable individuals in our society.

The following infographic highlights our achievements over the last financial year.

What did we achieve last financial year			
Saw no increase in the suicide rate from the previous year		Saw no inpatient suicides in Devon and Torbay mental health settings	
Created a resilient and more sustainable mental health offer within the Torbay Community Helpline		Trained 4 local trainers to deliver online and face-to-face Community Suicide Awareness and Emotional Resilience training	
Supported 139 people with their mental health via the Torbay Community Helpline over a 7-month period. 13 callers had suicidal thoughts or intent.		Saw reductions in self-harming thoughts, frequency and intensity and improved happiness in <u>the majority of</u> young people who engaged with the school based self-harm prevention pilot.	
Awarded £50,000 to 20 local CVSE groups for creative suicide prevention activity		Commissioned qualitative research into self-harm in Torbay from local academics with lived experience.	

The Torbay and Devon-wide priorities for 2022/23 are outlined below.

3.1 **Torbay specific priorities for action this year include:**

1. Reduce social isolation and loneliness

2. Promote a 'culture of curiosity' both publicly and professionally
3. Address system gaps for people with severe mental illness (in partnership with the Community Mental Health Framework redesign)
4. Tackle high frequency locations
5. Support research and data collection [NEW PRIORITY]
6. Tackle basic needs first [NEW PRIORITY]
7. Tailor approaches to improving mental health in children and young people [NEW PRIORITY]

3.2 **Devon-wide priorities for action include:**

1. Devon-wide real-time suicide surveillance
2. Devon-wide suicide prevention training (for public, professionals and primary care)
3. Devon-wide media and communications programme
4. Devon & Torbay – Embedding National Confidential inquiry into Suicide and Safety in Mental Health '10 ways to improve patient safety' in acute and community mental health provision
5. Devon-wide online mental health and wellbeing support (adults) [NEW PRIORITY]

3.3 Further detail is presented in the action plan document attached at Appendix

4. **Relationship to Joint Strategic Needs Assessment**

4.1 Priorities of the JSNA are reflected in the strategy.

5. **Relationship to Joint Health and Wellbeing Strategy**

5.1 Mental health is a priority area in the Joint Health and Wellbeing Strategy 2022-26.

6. **Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy**

6.1 None currently.

Appendices

Torbay Suicide and Self-harm Prevention Plan

2022-2023









August 2022

Torbay Mental Health and Suicide Prevention Alliance

Authored by: Rachel Bell (Torbay Council Public Health)

Contributors: Torbay Samaritans, Age UK Torbay, Devon Partnership Trust, Torbay and South Devon NHS Foundation Trust, Action to Prevent Suicide

What did we achieve last financial year

<p>Saw no increase in the suicide rate from the previous year</p>		<p>Saw no inpatient suicides in Devon and Torbay mental health settings</p>	
<p>Created a resilient and more sustainable mental health offer within the Torbay Community Helpline</p>		<p>Trained 4 local trainers to deliver online and face-to-face Community Suicide Awareness and Emotional Resilience training</p>	
<p>Supported 139 people with their mental health via the Torbay Community Helpline over a 7-month period.</p> <p>13 callers had suicidal thoughts or intent.</p>		<p>Saw reductions in self-harming thoughts, frequency and intensity and improved happiness in the <u>majority</u> of young people who engaged with the school based self-harm prevention pilot.</p>	
<p>Awarded £50,000 to 20 local CVSE groups for creative suicide prevention activity</p>		<p>Commissioned qualitative research into self-harm in Torbay from local academics with lived experience.</p>	

Background

1.1 National Context

The government's national strategy for England, [Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives](#) recommends that local areas should develop multi-agency suicide prevention strategies and action plans in order to help reduce local suicides. In England, responsibility for the suicide prevention strategy and action plan usually lies with local government through health and wellbeing boards¹. Every local area has a multi-agency suicide prevention plan in place or in development with STP areas across the country receiving part of the £25 million investment in suicide prevention.

” Suicide prevention is everybody’s business.”

The national strategy outlines two principle objectives: reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide. The following are the seven areas of action:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring
7. Reducing rates of self-harm as a key indicator of suicide risk

¹ [PHE LA Guidance 25 Nov.pdf \(publishing.service.gov.uk\)](#)

[Local Suicide Prevention Planning](#) from Public Health England recommends that local areas should aim to tackle all seven areas of the national strategy in the long-term, with the following priorities for short-term action with a coordinated system approach set out by Professor Louis Appleby, Chair of the Suicide Prevention Strategy Advisory Group outlined below:

1. Reducing risk in men, especially middle age with a focus on economic factors
2. Preventing and responding to self-harm with a range of service for adults and young people in crisis, and psychosocial assessment for self-harm patients
3. Mental health of children and young people with joint working between health and social care, schools and youth justice, and plans to reduce drastic increase in suicide risk 15-19 years
4. Treatment of depression in primary care with safe prescribing of painkillers and antidepressants
5. Acute mental health care with safer wards and hospital discharge, adequate bed numbers and no out of area admissions
6. Tackling high frequency locations including working with local media to prevent imitative suicides
7. Reducing social isolation, for example through community based supports, transport links and working with third sector
8. Bereavement support, especially for people bereaved by suicide

The [Samaritans and University of Exeter independent progress report](#) on local suicide prevention planning in England recommended that local areas should consider the following when refreshing or redeveloping their Suicide Prevention Plans:

1. LGA and ADPH should encourage local authorities to consider working with other local authorities to achieve economies of scale and maximise resources.
2. LAs and multi-agency groups should avoid spreading their resources too thinly by trying to cover all areas of the national strategy too soon. Those at the earlier stages of their response may benefit from embedding and improving the quality of activity already taking place rather than implementing multiple new activities. Similarly, it may be helpful to begin by playing to local strengths and focusing efforts on strategy areas where there is already effective partnership working before tackling national strategy areas that prove more difficult to implement in the local context.
3. LGA and ADPH should support local areas to move past the preparatory stage of building partnerships and planning actions, and into delivery of actions themselves where this is not already happening.

1.2 Local Context

In wider Devon our **Suicide Prevention Strategy** is a collaborative document produced and shared by Devon County Council, Plymouth City Council and Torbay Council: *Devon-wide Suicide Prevention Strategic Statement*. This aligns to the Devon Integrated Care Partnership geography area. **Suicide Prevention Plans** are produced by each local authority area and will be co-owned by a range of respective statutory and CVSE agencies. Plans will be made available on each local authority's website and will undergo annual review. Where appropriate, work will be undertaken on a Devon-wide level to take advantage of economies of scale and maximise finite resource.

This plan is owned and monitored via the **Torbay Mental Health and Suicide Prevention Alliance** (statutory and CVSE membership), with a multi-agency Task & Finish group formed to identify priorities for the year and to co-produce interventions in line with priorities. The plan will be endorsed by the **Torbay Health and Wellbeing Board**.

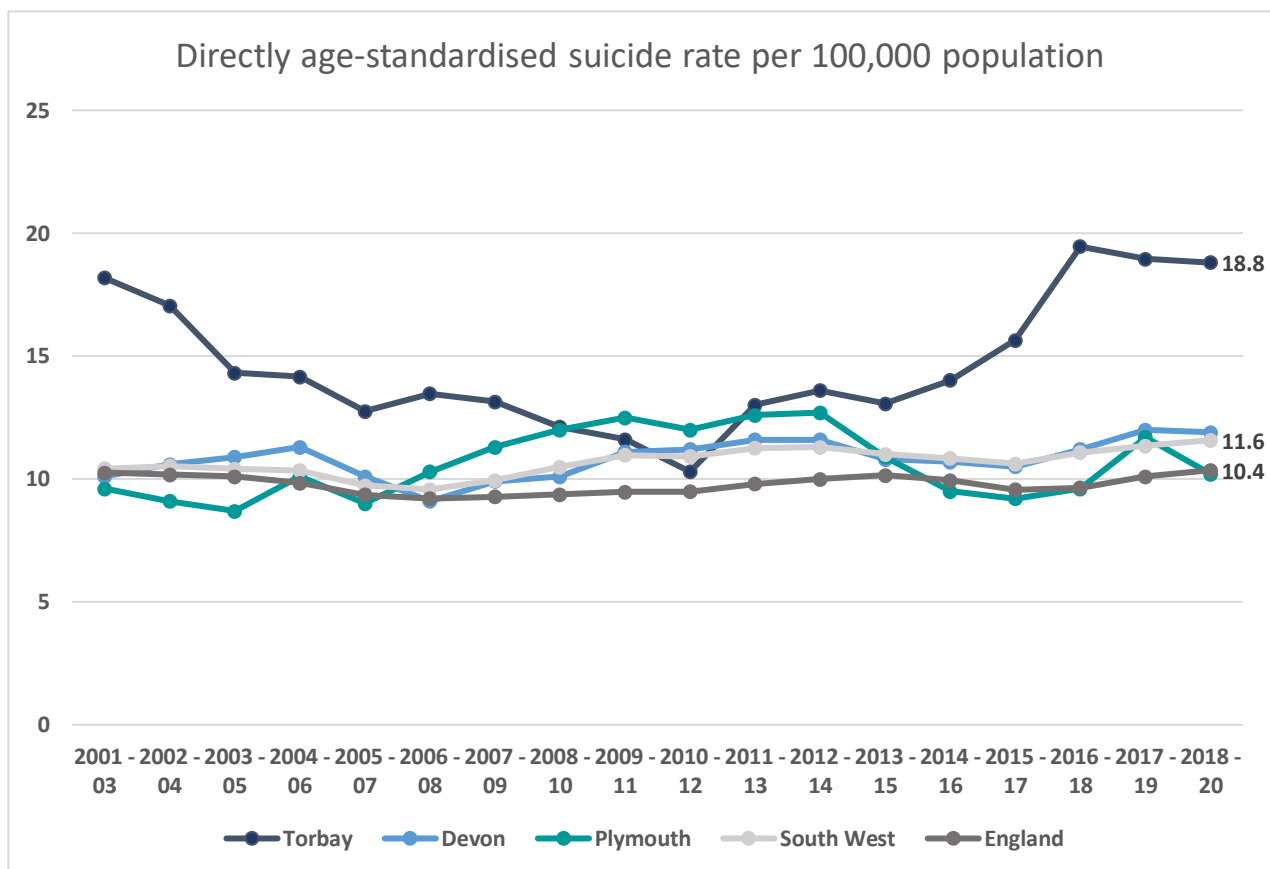
In the light of the national recommendations above, it was felt by the Suicide Prevention Implementation & Monitoring Group that the Torbay Suicide and Self-harm Prevention Plan should:

- Focus on a few, critical local priorities that lend themselves to multi-agency collaborative working;
- Provisionally steer away from targeting by sex and age-group until further exploration of local data could justify such an approach;
- Recognise that needs are greater in more deprived communities;
- Embed and improve the quality of existing activity and systems that are already taking place before implementing new initiatives;
- Wherever possible, play to local strengths and build upon partnership working that is already working well;
- Work alongside and complement new models of care such as the redesign of the Community Mental Health Framework; and
- Where possible, develop, implement and monitor initiatives in collaboration with Devon and Plymouth Local Authorities.

1.3 Aim

There is no acceptable number of suicides in Torbay – the aim should be to have zero suicides. In Torbay we are still in the midst of a global Covid-19 pandemic and have had a significantly² high suicide rate since 2014-16. This couples with a general upward trend in suicides since 2010-12 (see Figure 1). In recognition of this, this plan aspires for a consistent downward trajectory which will bring it closer to the regional average. Given the challenge – this will take years of system and society-wide effort to achieve.

Last year’s plan (2021-22), over the course of a year, aimed for no increase in Torbay’s suicide rate from 19.0 per 100,000. We are very pleased to announce that this was achieved with our current rate of 18.8 per 100,000. However, we should not become complacent, as our rate is still significantly higher than most areas in the country and this is combined with an economic position that currently challenges the most vulnerable individuals in our society.



Source: OHID Public Health Outcomes Framework

² Statistically based on the overlap of 95% confidence intervals

1.5 Priorities for action

Priorities for Torbay are:

1. Reduce social isolation and loneliness
2. Promote a 'culture of curiosity' both publicly and professionally
3. Address system gaps for people with severe mental illness (in partnership with the Community Mental Health Framework redesign)
4. Tackle high frequency locations
5. Support research and data collection [NEW PRIORITY]
6. Tackle basic needs first [NEW PRIORITY]
7. Tailor approaches to improving mental health in children and young people [NEW PRIORITY]

Priorities being taken on a Devon-wide basis are:

8. Devon-wide real-time suicide surveillance
9. Devon-wide suicide prevention training (public, professionals and primary care)
10. Devon-wide media and communications programme
11. Devon & Torbay – Embedding NCISH '10 ways to improve patient safety' in acute and community mental health provision
12. Devon-wide online mental health and wellbeing support (adults) [NEW PRIORITY]

These are detailed in the action plan below. Where the programme of work has already commenced, progress is RAG (red, amber, green) rated.

Torbay Priorities

	Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners
1. Reduce social isolation and loneliness							
Aligns to the following national priorities: Government Strategy p2; Prof Louis Appleby p3, p7; Samaritans & Exeter University p2							
1.1	Identify and promote existing befriending services using a range of accessible communication methods based on target audience	March 2023	Provision mapped Communication channels used and estimated reach		To be actioned by Suicide Prevention Plan Implementation and Monitoring Group. Capacity preventing this moving forward to date.	Torbay CDT & Age UK Torbay	Torbay Council, Brixham Does Care, Torbay Healthwatch, Brixham YES, Age UK Torbay
Page 131	Provide resilience and sustainability to mental health and befriending element of Torbay Community Helpline	June 2021 Ongoing	Provision in operation until March 2023 Outcomes reported.		Full funding secured until September 2022. 66 supported including Specialist Befriending. Intervention deficit likely between Oct-March 2023. Seeking sustainable funding.	Torbay Council & Age UK Torbay	NHS Devon
	1.3	Share bereavement support information with local funeral directors	March 2023	Provision mapped. Info shared.		To be actioned by Suicide Prevention Plan Implementation and Monitoring Group and Pete's Dragons. Pete's Dragons working on an info pack to share.	Pete's Dragons

Torbay Priorities

	Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners	
2. Promote a ‘culture of curiosity’ both publically and professionally								
Aligns to the following national priorities: Government Strategy p1, p2; Prof Louis Appleby p1, p3; Samaritans & Exeter University p2								
Page 132	2.1	Co-design a campaign to raise awareness of: ‘suicide prevention is everybody’s business’; highlight warning signs to watch out for publically and professionally; and link to training (aligns to Devon-wide priority 10 below) and support.	March 2023	TBC		To be actioned by Suicide Prevention Plan Implementation and Monitoring Group. Capacity and coherency with local suicide prevention trainers preventing this moving forward to date. Support to include a big push for the local Samaritans Call back service.	DPT & Torbay Council	TSDFT Hospital, NHS Devon, Torbay CDT, Age UK Torbay, Torbay Healthwatch, South Devon Samaritans
		Incorporate mental health and suicide prevention awareness raising, training and support into workplace wellbeing	March 2023	TBC		Wellbeing Guardians Model being use within the ICS. Torbay Council reviewing how to improve mental wellbeing signposting and referrals as well as wider training needs for managers. Scoping how to incorporate suicide prevention within this. Wellbeing Supporters already in place who are trained in Connect 5. Public health scoping how best to work with the business sector to improve staff health and wellbeing.	TSDFT Torbay Council	TDA, Business sector, CVSE networks & social prescribing networks
	2.3	Include suicide prevention as a priority area in appropriate system policies	Ongoing	Referenced within major system policies		TBC	TBC	TBC

Torbay Priorities

	Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners
3. Address system gaps for people with severe mental illness (in partnership with Community Mental Health Framework redesign)							
Aligns to the following national priorities: Government Strategy p1; Samaritans & Exeter University p2)							
Page 133	3.1 Support Community Mental Health Service provision and re-design.	Ongoing	Provision in place until March 2022.		Funding awarded to TCDT. Provision supplied by Devon Clinic CIC for a clinical psychotherapy and Torbay Age UK for peer lead training courses in key areas including: bereavement, anxiety hoarding. Final outcomes to be reported.	Torbay Council	TCDT, Devon Clinic CIC, Torbay Age UK
					Partners linked to the Wellbeing Front Door Project who are co-designing support for people on Torbay Community Mental Health Teams waiting list. Table-top case review completed.	TSDFT	DPT, Torbay Council, TCDT, Shekinah, Torbay Age UK
					Ensure public health presence in key CMHF related meetings.	Torbay Council	DPT
4. Tackle high frequency locations							
Aligns to the following national priorities: Government Strategy p3; Prof Louis Appleby p6							
4.3	Improve data collection and analysis to highlight high frequency locations.	December 22	High frequency locations are being monitored		Devon-wide data map developed recording suicides in public spaces (where possible). Torbay unable to access Power BI map. Pete's Dragons beginning to map real time suicide surveillance data. Regular reporting required.	Pete's Dragons	Torbay Council

Torbay Priorities

	Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners
5. Support research and data collection [NEW PRIORITY]							
Aligns to the following national priorities: Government Strategy p6; Prof Louis Appleby p2							
6.1	Lead an all-age self-harm needs assessment for Devon	March 2023	HNA is produced		Literature review complete. Quantitative and qualitative data collection underway. Multi-agency reference group in place.	Torbay Council	Devon Council, Plymouth Council, NHS Devon,
6.2	Lead an adult's mental health needs assessment focusing on where people are falling through the gaps in Torbay	March 2023	HNA is produced		Planning sessions in place. System-awareness and support required to move forward.	Torbay Council	Torbay Mental Health and Suicide Prevention Alliance
6.3	Revise coroners file suicide audit process for Torbay	March 2023	Audit process in place		Working alongside Plymouth LA to streamline this process.	Plymouth Council	Torbay Council
6. Tackle basic needs first [NEW PRIORITY]							
Aligns to the following national priorities: Government Strategy p1; Prof Louis Appleby p1							
7.1	Support the continuation and development of the Torbay Community Helpline	Ongoing	Number of signposts to basic needs provision and mental health support		Update required.	TCDT	Torbay CVSE sector
7.2	Support appropriate actions from the Cost-of-Living Summit	Summit date TBC	TBC		TBC	Torbay Council	TBC

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Torbay Priorities

	Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners
7. Tailor approaches to improving mental health in children and young people [NEW PRIORITY]							
Aligns to the following national priorities: Government Strategy p1, 2, 7; Prof Louis Appleby p2, 3							
8.1	Improve pathways of support for children and young people who self-harm and show suicidal ideation (and for the people who support them).	March 2023	Pathways are clear for: practitioners, supporters and children and young people.		Links closely with the Devon-wide self-harm needs assessment. TOR for multi-agency group to be confirmed.	Torbay Council	CFHD, DPT, Torquay Academy, Youth Mental Health Foundation, Pete's Dragons, Children's Society
Page 135	Establish a local multi-agency strategic group which focuses on children and young people's emotional health and wellbeing. This will feed into the ICS group similar to Devon and Plymouth.	March 2023	Group established, TOR and chair agreed, regular meetings scheduled.		Draft TOR in place. Chair to be agreed. Potential to sit within the existing SEND WOSA governance structure.	Torbay Council	TBC

Devon-wide priorities

	Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners
8. Devon-wide real-time suicide surveillance							
Aligns to the following national priorities: Government Strategy p4, 6; Prof Louis Appleby p8, Samaritans & Exeter University p1)							
9.1	Respond appropriately to potential and confirmed suicide clusters in accordance with PHE guidance.	Ongoing – continuous cycle of improvement	Develop a suicide cluster response plan		Torbay draft plan written. To be reviewed and shared with multi-agency partners for agreement.	Torbay Council, PHE	Pete's Dragons, Torbay Early Help, South Devon College, Coroners, Police, Children & Family Health Devon (CAMHS), DPT
9. Devon-wide suicide prevention training (public, professionals and primary care)							
Aligns to the following national priorities: Government Strategy p1, p2; Prof Louis Appleby p1, p3; Samaritans & Exeter University p1)							
10.1	Commission suicide prevention training for primary care based on what's worked well previously	Dec 2022	Training available Numbers trained		Delayed as unable to recruit a Devon-wide Coordinator. Training courses being scoped and to be agreed with primary care.	Devon, Plymouth and Torbay Councils	Devon PCNs, NHS Devon, Devon Training Hub
10.2	Promote suicide prevention, mental health and mental wellbeing training offers	TBC based on funding	Training offers accessible to right audience		Community suicide prevention training element agreed with Devon Training Hub. Training pyramid drafted.	Devon, Plymouth and Torbay Councils	Devon PCNs, NHS Devon, local training providers

Devon-wide priorities

	Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners
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10. Devon-wide media and communications programme

Aligns to the following national priorities: Government Strategy p5; Prof Louis Appleby p6; Samaritans & Exeter University p1)

11.1	Co-design an initiative to improve local media reporting of suicides in line with media recommendations by the Samaritans.	March 2024	TBC	█	Delayed as unable to recruit a Devon-wide Coordinator. Project moved to year 3 of funding allocation.	DPT	Devon, Torbay and Plymouth Councils
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11. Devon & Torbay – Embedding NCISH '10 ways to improve patient safety' into acute and community mental health provision

Aligns to the following national priorities: Government Strategy p1, 3; Prof Louis Appleby p1, 5; Samaritans & Exeter University p2)

12.1	Embed National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) 10 key elements for safer care into DPT organisational process, policies and culture.	Ongoing. Continuous cycle of improvement	NCISH 10 key elements indicator dashboard	█	<p>DPT suicide prevention plan remains valid. DPT Safe from Suicide Programme Board provides effective monitoring and assurance that the plan is on schedule and concordant with related Trust programme boards.</p> <p>No inpatient deaths in the last financial year. DPT highly commended in the HSJ Patient Safety Training Category.</p>	DPT	Torbay & Devon Council, Devon & Cornwall Police, VCSE, Devon NHS DEVON, NHS England, Primary Care, Pete's Dragons, Drug and Alcohol Services, Devon-wide hospitals, SWAST
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12. Devon-wide online mental health and wellbeing support (adults)

Aligns to the following national priorities: Government Strategy p1, 2; Prof Louis Appleby p1, Samaritans & Exeter University p1)

Devon-wide priorities

	Action required	Target date	Progress measure	Status (RAG)		Comments	Leads	Partners
13.1	Jointly commission and monitor an adults online mental health and wellbeing support service (prevention and early intervention) which will work within existing statutory and CVSE provision.	June 22 Ongoing	Contract monitoring KPIs			Officially launched in July 22, key stakeholder engagement events taking place Sept 22.	Devon County Council	NHS Devon, Torbay Council, Plymouth Council

APPENDIX 1: Torbay & Devon-wide Completed Priorities*

	Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners
1. Reduce social isolation and loneliness							
Aligns to the following national priorities: Government Strategy p2; Prof Louis Appleby p3, p7; Samaritans & Exeter University p2							
1.3	Co-design an initiative to help people who are anxious about leaving their homes (as a result of the Covid-19 pandemic) to mix back into society	Aug 2021	Provision in operation until March 2022. Outcomes reported.		Handyperson and transport in place. Some funding diverted to support the Standing Tall Partnership (links to 14.1) for counselling. Real promise of using a 'handyperson' to break down the barrier of someone admitting they are lonely and could do with interaction.	Torbay Council	Torbay CDT, Standing Tall Partnership
3. Build upon and grow peer-support within the mental health system							
Aligns to the following national priorities: Government Strategy p1, p2; Prof Louis Appleby p2, p3; Samaritans & Exeter University p2							
		March 2022	Suicide prevention peer support offers in place. Outcomes reported		Two suicide prevention CVSE community funding pots launched with local awards made which prioritised: peer-support, self-harm, online support and community safe spaces. Devon Community Foundation fund to extend for an additional year.	Torbay Council	TCDT & Devon Community Foundation

4. Better understand Torbay's high suicide and self-harm rate

Aligns to the following national priorities: Government Strategy p2, p6, p7; Prof Louis Appleby p2, p3

4.1	Commission qualitative research to explore the drivers for Torbay's high suicide and self-harm rates.	April 2022	Research provider commissioned and action plan in place			Intervention literature review instigated, focus groups and interviews being arranged.	Torbay Council	Make Space CIC, T&F Group
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5. Monitor and evaluate Torbay's secondary school based, self-harm prevention pilot (in the context of the pandemic)

Aligns to the following national priorities: Government Strategy p2, p6, p7; Prof Louis Appleby p2, p3

4.1	Commission a secondary school and family-based self-harm prevention intervention	April 2020-23	Service in place. Contract monitoring measures			Additional year of funding secured from NHS DEVON to better test approaches and evaluation.	Devon NHS DEVON	Torbay Council, Spires Academy, Children's Society
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8. Devon-wide postvention suicide bereavement support service

Aligns to the following national priorities: Government Strategy p4; Prof Louis Appleby p8, Samaritans & Exeter University p1)

8.1	Commission a postvention bereavement support service in Torbay and Plymouth to complement current provision in Devon	April 2021	Service in place Contact monitoring measures			Service working well and benefitting from the internal analyst for Real-time Suicide Surveillance.	Devon Council & Devon NHS DEVON	Torbay Council, Plymouth Council
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9. Devon-wide real-time suicide surveillance

Aligns to the following national priorities: Government Strategy p4, 6; Prof Louis Appleby p8, Samaritans & Exeter University p1)

Page 141	Co-design a real-time suicide surveillance system to help identify the following: suicide clusters, support for those bereaved by suicide and timely preventative intervention if possible	Oct 2020	Clusters responded to			Data analysts contact extended for three years. Data flowing weekly from the police. Part of the national pilot for RTSS. Scoping how to incorporate wider system knowledge and data and how to disseminate findings.	Devon Council & Pete's Dragons	Torbay Council, Plymouth Council, DPT, Safeguarding teams
		Ongoing	Trends identified System actions taken					

10. Devon-wide suicide prevention training (public, professionals and primary care)

Aligns to the following national priorities: Government Strategy p1, p2; Prof Louis Appleby p1, p3; Samaritans & Exeter University p1)

10.1	Commission suicide prevention training (which can be delivered virtually) to be targeted to public and professionals who are likely to come into contact with individuals in need of support.	April 2021	Trainers in place and training available. Numbers trained (including key target audiences)			Specialist, targeted and universal offers scoped. Alignment agreed with CMHF. 4 trainers now able to deliver in Torbay. Admin and monitoring being managed by Pete's Dragons.	Devon, Plymouth and Torbay Councils	DPT, Action to Prevent Suicide, TSDFT, Step One Charity, Pete's Dragons, Devon Training Hub
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12. Devon-wide men's mental health promotion campaign

Aligns to the following national priorities: Government Strategy p1; Prof Louis Appleby p1; Samaritans & Exeter University p1)

Page 142	12.1	Delivery of Men's Mental Health Promotion campaign including BarberTalk training to hair students and hair professionals; and Pop-up Barbers in male-settings.	April 2020 - 21	Numbers trained: students & hair professionals Qualitative feedback from above and males (at pop-ups)		Delivered BarberTalk training to all final year college students across Devon, delivered BarberTalk training events to barbers across Devon, Pop-up events on hold due to lock-down.	Plymouth Council	Torbay Council, Devon Council
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*Priorities have been completed when the action required has occurred. Ongoing monitoring and outcome reporting may still continue but will not be the multi-agency focus for action in the coming year.

APPENDIX 2: Torbay & Devon-wide Priorities to Stand Down*

	Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners
1. Reduce social isolation and loneliness							
Aligns to the following national priorities: Government Strategy p2; Prof Louis Appleby p3, p7; Samaritans & Exeter University p2							
Page 143	1.5	Provide tiered support on hospital discharge based on measurable suicide risk factors			Risk factor criteria and triage support agreed. Leaflet finalised and distributed to patients on discharge		Brixham Bee Well Torbay Council, TSDFT, Brixham & Paignton PCN
3. Build upon and grow peer-support within the mental health system							
Aligns to the following national priorities: Government Strategy p1, p2; Prof Louis Appleby p2, p3; Samaritans & Exeter University p2							
	3.1	Map current peer support projects and offers in Torbay and identify gaps in reference to local mental health need	June 2021		Provision mapped and gaps identified		Some mapping completed via the Torbay Wellbeing Engagement Project Coordinator. Discussion with NHS Devon on how to improve Torbay Council Step One, Torbay CDT, Age UK Torbay

APPENDIX 2: Torbay & Devon-wide Priorities to Stand Down*

	Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners
3.2	Support peer support provision via local community based mental health networks	Ongoing	TBC		Draft charter written by Networks T&F, however, primary aim not achieved. Other networks in existence that can lead better and be supported for CYP and adults.	Toray Council, Primary Care, Devon Clinic CIC	Torbay Council, CVSE sector
7. Tackle high frequency locations							
Aligns to the following national priorities: Government Strategy p3; Prof Louis Appleby p6							
7.1	Local community action group Brixham Bee Well working with partners to reduce suicides in the area including in local high frequency locations (locations not identified to avoid potential imitative behaviour). Actions include: reducing means where possible, signposting to support and providing suicide prevention training to people who frequent the area.	Ongoing	Interventions in place. Numbers trained.		Signage in area with no recent deaths. Other suicide prevention interventions including training taking priority over tackling means in a specific location.	Brixham Bee Well	Torbay Council, TSDFT, PHE
7.2	Align tackling high frequency location action to the Police Drowning Prevention Strategy due to the high number of suicide by drowning (aligns to Devon-wide priority 10 below - training).	June 2021	Group established and meeting regularly. Collective priorities and actions agreed.		Multi-Agency Drowning Prevention T&F no longer meeting.	Torbay Council (Community Safety) & Devon & Cornwall Police	RLNI, Harbors, HM Coastguard

APPENDIX 2: Torbay & Devon-wide Priorities to Stand Down*

	Action required	Target date	Progress measure	Status (RAG)	Comments	Leads	Partners
14. Devon & Torbay suicide prevention for people with a history of domestic abuse and sexual violence							
Aligns to the following national priorities: Government Strategy p1; Samaritans & Exeter University p1)							
14.1	Action to be agreed by DASV Task & Finish group.	TBC	TBC		Agreed priority of Devon and will follow and support their project plan from a Torbay perspective. No current movement in Devon.	Devon Council	Torbay Council, PCC, SARCs

*Priorities have been stood down due to lack of multi-agency capacity and traction to deliver and re-prioritisation of suicide prevention activities.

Title: Torbay Joint Health and Wellbeing Strategy progress report
 September 2022

Wards Affected: All

To: Health and Wellbeing Board **On:** 8 September 2022

Contact: Julia Chisnell, Consultant in Public Health
Email: Julia.Chisnell@Torbay.gov.uk

1. Purpose

The refreshed Torbay Joint Health and Wellbeing Strategy was published in July 2022. This paper provides a first progress report on implementation.

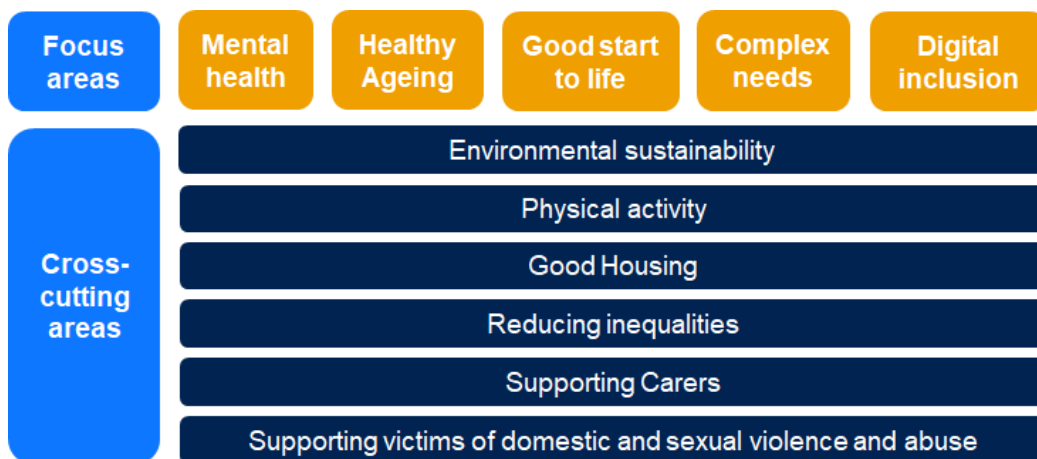
2. Recommendation

Members are asked to note the report on progress.

3. Supporting Information

The Joint Health and Wellbeing Strategy is a statutory requirement for all upper tier local authorities and represents the priorities and work programme of the Health and Wellbeing Board.

The Joint Health and Wellbeing Strategy 2022-26 set out five areas of focus and six cross-cutting areas:



Progress on delivery to August 2022

An outcome framework has been created to monitor delivery of the Strategy. Each priority area is required to report on progress against key indicators to the Health and Wellbeing Board on a six monthly basis. In addition, quarterly workshops focus in more detail on the cross cutting areas and how all partners are working collaboratively to support delivery.

Progress reports have been received from each priority area covering:

- Progress on delivering the objectives
- Progress on delivering the cross cutting themes
- Engagement activity undertaken with communities
- Data report showing latest outcome indicators and trends

Key points:

- The data report at Appendix 1 summarises the latest available data against each priority area. Data outcome indicators represent a longer time period than the progress reports and many of the indicators cover the year 2020/21 or earlier.
- Progress reports on each priority area are included at Appendices 2-6. Positive progress is being made on all of the main areas of delivery including the cross-cutting themes.
- To support the delivery of the cross-cutting 'asks', simplified routes into relevant training is being coordinated centrally (DSVA, trauma informed approaches, suicide awareness). These will also be offered to all members of the Health and Wellbeing Board to promote uptake throughout our constituent organisations.

4. Relationship to Joint Strategic Needs Assessment

4.1 Priorities of the JSNA are reflected in the strategy.

5. Relationship to Joint Health and Wellbeing Strategy

5.1 This paper outlines progress against the priorities of the Joint Health and Wellbeing Strategy 2022-26.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

6.1 As above.

Appendices

Progress reports:

- 1 Data report
- 2 Best start in life
- 3 Mental health and wellbeing

- 4 Supporting people with multiple complex needs
- 5 Healthy ageing
- 6 Digital inclusion

Title: Torbay Joint Health and Wellbeing Strategy Outcomes Framework update and progress, August 2022
Wards Affected: All
To: Health and Wellbeing Board **On:** Thursday 8 September 2022
Contact: Claire Truscott, Public Health Intelligence Analyst
Telephone: 01803 208377
Email: claire.truscott@torbay.gov.uk

1. Purpose

- 1.1 August 2022 update of the Torbay Joint Health and Wellbeing Strategy Outcomes Framework

2. Recommendation

- 2.1 The following tables and narrative are considered for information purposes, with issues discussed

3. Supporting Information

- 3.1 The tables below include measures for each of the priority areas of Torbay's Joint Health and Wellbeing Strategy 2022-26. The main issues shown by each table are in the narrative below each table.

3.1.1 Good mental health

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
Good mental health									
1	People with a low happiness score - self reported (aged 16+)	2020/21	%	8.3%	7.6%	9.2%		Lower is better	●
2	People with a high anxiety score - self reported (aged 16+)	2020/21	%	27.7%	24.7%	24.2%		Lower is better	●
3	Prevalence of mental health issues (all ages)- on GP registers (schizophrenia, bipolar affective disorder and other psychoses) ¹	2020/21	%	1.25%	0.99%	0.95%		Lower is better	Highest quintile in England
4	Prevalence of depression (aged 18+) - on GP registers ¹	2020/21	%	14.3%	13.0%	12.3%		Lower is better	2nd highest quintile in England
5	Hospital admissions as a result of self-harm (aged 10-24 years)	2020/21	Per 100,000	931.0	538.1	421.9		Lower is better	●
6	Suicide rate	2018-20	Per 100,000	18.8	12.3	10.4		Lower is better	●

¹ Changes in the Quality and Outcomes Framework (completed by GPs) during the pandemic mean that indicator data may be inaccurate for the 2020/21 reporting year, and comparisons with data from previous years could be misleading

There has been an upward trend in the percentage of people self reporting **high anxiety levels** (2) in the last few years, both in Torbay and nationally. In 2020/21 this has increased to 27.7% compared to 24.2% in England. This information is based on the Annual Population Survey.

The GP Quality and Outcomes Framework (QOF) records the proportion of patients with various mental health issues. Changes in the QOF in 2020/21 due to the Covid pandemic mean that there could be some inaccuracies so comparison of 2020/21 with previous years could be misleading, but trends from several years of data show that:

- The recorded percentage of patients with **schizophrenia, bipolar affective disorder and other psychoses** in Torbay (3) has remained in the highest quintile (i.e. the highest fifth) in England for the eight years shown
- The prevalence of patients with **depression** (4) has been in the second highest quintile in England for five years with an increasing trend

The hospital admission rate for **self-harm in 10-24 year olds** (5) has increased to 931.0 per 100,000 in 2020/21. The rate fluctuates but it has remained significantly higher than England for at least 10 years. As this data shows admissions rather than individuals it will be influenced by individuals admitted more than once, sometimes several or many times.

Torbay's **suicide rate** (6) of 18.8 per 100,000 in 2018-20 has levelled off and slightly decreased since the previous two periods where it was 19.5 and then 19.0. However, it remains significantly worse than England and has been so for the most recent five periods (2014-16 onwards).

3.1.2 A good start to life

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
A good start to life									
7	Children in relative low income families (aged under 16)	2020/21	%	17.2%	15.3%	18.5%		Lower is better	●
8	Early years good development at the end of Reception ²	2018/19	%	70.8%	71.4%	71.8%		Higher is better	●
9	Key Stage 2 pupils meeting the expected standard in reading, writing and maths ³	2019	%	66.0%	64.0%	65.3%		Higher is better	●
10	Pupils with SEND (special educational needs and disabilities)	2021/22	%	17.6%	18.5%	16.3%		Lower is better	●
11	Children in care/ looked after	2021	Per 10,000	126	71	67		Lower is better	●
12	Population vaccination coverage- MMR (Measles, mumps and rubella) for two doses (aged 5 years)	2020/21	%	91.6%	92.6%	86.6%		Higher is better	●
13	Children overweight or obese in year 6 ⁴	2019/20	%	34.6%	30.9%	35.2%		Lower is better	●
14	16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2020	%	5.1%	5.5%	5.5%		Lower is better	●
The statistics release for 2019/20 and 2020/21 were cancelled due to Covid-19									
The statistics release for 2020 was cancelled due to Covid-19									
⁴ 2017/18 value not published for data quality reasons									

The percentage of **children in relative low income families** (7) is 17.2% in Torbay in 2020/21 which is lower than the England value as it has been for the last five years. A relative low income family is defined as being in low income Before Housing Costs (BHC) and has claimed Universal Credit, Tax Credits and/or Housing Benefit in the year. Relative low income sets a threshold as 60% of the UK average (median) income and moves each year as average income changes. It is used to measure the number and proportion of individuals who have income below this threshold.

The percentage of school pupils with **special educational need and disabilities (SEND)** (10) is significantly higher than England at 17.6% in 2021/22. This encompasses children at Torbay state funded schools with special educational needs (SEN) support or an education, health and care (EHC) plan. The trend has stayed similar for the last seven years shown in the data, between 17.2% and 18.0%.

The rate of **Children Looked After** (11) reduced in March 2021 to 126 per 10,000 but remained much higher than England as it has for the 11 years shown. Figures exclude children looked after under an agreed series of short term placements.

MMR vaccine coverage (two doses for five year olds) (12) has been amber compared to the goal of 95% coverage for the last six years (2015/16 – 2020/21) with 91.6% coverage in 2020/21. Torbay coverage is higher than the England figure and has been for eight years.

The percentage of **16/17 year olds who are NEET** (not in education, employment or training) or whose activity is not known (14) has reduced to 5.1% in 2020 compared to 5.5% in England. This fluctuates for the five years shown with the 2020 figure lower than the other four years. The figures for each year are the average of December of the year and January and February of the following year.

3.1.3 Supporting people with complex needs

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
Supporting people with complex needs									
15	Domestic abuse crimes and incidents	2022/23 (Apr-Jun 22)	Number	884				Lower is better	N/A
16	Households owed a duty (prevention or relief) under the Homelessness Reduction Act	2020/21	Per 1,000	16.6	15.1	11.3		Lower is better	●
17	Hospital admissions for alcohol related conditions (Narrow definition)	2020/21	Per 100,000	599	449	456		Lower is better	●
18	Successful drug treatment- opiate users (aged 18+)	Oct 20 - Sept 21 ⁵	%	4.62%	5.49%	5.04%		Higher is better	●
19	Successful alcohol treatment (aged 18+)	Oct 20 - Sept 21 ⁵	%	47.76%	39.55%	36.63%		Higher is better	●
Reported quarterly as a rolling annual figure in this report									

The quarterly number of **domestic abuse crimes and incidents** (15) fluctuates but remains broadly flat over the four years shown (from the start of 2018/19). These are crimes and incidents recorded by the police. It should be taken into account that figures only relate to crimes and incidents that are reported. Domestic abuse is often not reported to the police so data held by the police can only provide a partial picture of the actual level of domestic abuse experienced.

Households owed a duty (prevention or relief) under the Homelessness Reduction Act (16) is where a statutory duty is owed to assist eligible households who are threatened with homelessness within 56 days (prevention) or who are already homeless (relief). The Act came into force in 2018. Torbay is red compared to England for both years at 16.6 per 1,000 households compared to 11.3 in England in 2020/21.

Hospital admissions for alcohol related conditions (narrow definition) (17) is where the primary diagnosis is an alcohol-related condition. Torbay has had significantly higher rates than England for the five years reported (2016/17 – 2020/21).

Drug and alcohol treatment (18 & 19)- this is successfully completing treatment and then not re-presenting to treatment services within six months. The data is quarterly in this report, each is a rolling annual figure

- **Drugs**- the rate for opiates has been on a decreasing trend for the last five years (Jan-Dec 2017 to Oct 2020–Sept 2021). It has increased in the last period to 4.62%, compared to 5.04% in England
- **Alcohol**- this is on an increasing trend and has risen to 47.76% in Oct 2020-Sept 2021 compared to 36.63% in England. This makes successful alcohol treatment rates green compared to England so a positive outcome

3.1.4 Healthy ageing

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
Healthy ageing									
20	Proportion who use adult social care services who reported that they had as much social contact as they would like (aged 65+)	2020/21	%	32.3%	No data ⁶			Higher is better	Not calculated
21	Healthy life expectancy at 65 (Female)	2018-20	Years	11.4	12.9	11.3		Higher is better	●
22	Healthy life expectancy at 65 (Male)	2018-20	Years	10.9	12.1	10.5		Higher is better	●
23	Population vaccination coverage - Flu (aged 65+)	2021/22	%	81.7%	84.4%	82.3%		Higher is better	●
24	Emergency hospital admissions due to falls (aged 65+)	2020/21	Per 100,000	1,931	1,764	2,023		Lower is better	●
25	Emergency hospital admissions due to hip fractures (aged 65+)	2020/21	Per 100,000	550	535	529		Lower is better	●
26	Dementia- estimated diagnosis rate (aged 65+)	2022	%	59.5%	55.6%	62.0%		Higher is better	●

⁶ Due to Covid-19, the 2020-21 Adult Social Care survey was voluntary for councils to participate. Only 18 councils (including Torbay) chose to take part so data is not available for the majority of other areas and the England outcome cannot be calculated

The proportion of Adult Social Care users aged 65+ who reported that they had **as much social contact as they would like** (20) dropped sharply in Torbay in 2020/21 to 32.3% (from 46.6% in the previous year). As there were social restrictions due to Covid-19 during this year it is likely that this has affected the figures.






Healthy life expectancy at 65 (21 & 22) shows the average number of years beyond the age of 65 that a person can expect to live in good health (rather than with a disability or in poor health). In 2018-20 for females and males the number of years is similar to previous periods at 11.4 years and 10.9 years respectively. Values for both females and males are amber compared to the England figure.

In 2020/21 the percentage of **flu vaccinations of those aged 65+** (23) increased sharply and has continued to increase in 2021/22. It is higher than the World Health Organisation target of 75% (Torbay is 81.7%). The increase follows the England trend.

The rate of **emergency hospital admissions due to falls** (24) for those aged 65+ has increased in Torbay in 2020/21 whereas the England rate has decreased. For the previous two years Torbay's rate had fallen. **Emergency admissions due to hip fractures** in people aged 65+ (25) has remained at a similar rate to previous years.

The **estimated diagnosis rate of dementia** (aged 65+) (26) has in 2022 remained similar to the year before at 59.5% compared to 59.9% in 2021 both of which are red compared to the goal of 66.7%. This indicator measures the percentage of people diagnosed with dementia out of the number estimated to have it- therefore higher is better.

3.1.5 Digital inclusion and access

Number	Measure	Time period	Unit type	Torbay	Devonwide	England	Trend of previous figures	Which way is better	RAG rating compared to England/goal
Digital inclusion and access									
154 ²⁷	Percentage of adults who have used the Internet in the last 3 months (aged 16+)	2020	%	96.3%	91.3%	92.1% (UK)		Higher is better	Not calculated
28	Broadband capability- Residential premises capable of receiving full fibre broadband	Sept 2021 ⁷	%	47%	26%	27%		Higher is better	
29	Broadband capability- Commercial premises capable of receiving full fibre broadband	Sept 2021 ⁷	%	32%	19%	17%		Higher is better	
⁷ Data points are 4 monthly- January, May and September of each year									

The measure for percentage of adults who have **used the internet in the last three months** (27) has fluctuated but is generally increasing in Torbay in the nine years shown, at 96.3% in 2020. This is higher than the UK figure for 2020. The UK is on a steadily increasing trend.

Broadband capability (28 & 29)- the percentages of residential and commercial premises capable of receiving full fibre broadband in Torbay (if they choose to connect to it) are significantly higher than England as a whole. In Torbay percentages have risen from 8% of residential and 3% of commercial premises in January 2019 to 47% of residential and 32% of commercial premises in September 2021.

Key

RAG (Red, amber, green) rating:	
	Torbay value is statistically significantly worse than the England value/ Torbay value is worse compared to the goal
	Torbay value is not statistically significantly different to the England value/ Torbay value is similar compared to the goal
	Torbay value is statistically significantly better than the England value/ Torbay value is better compared to the goal
* All indicators below with the Office of Health Improvement and Disparities (OHID) as a source can be found at: https://fingertips.phe.org.uk	
No.	Name of measure, Goal (where applicable), Source
1	C28c- Self-reported well-being- people with a low happiness score (Annual Population Survey) - Public Health Outcomes Framework, OHID
2	C28d- Self-reported well-being- people with a high anxiety score (Annual Population Survey) - Public Health Outcomes Framework, OHID
3	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on GP practice registers (Quality and Outcomes Framework) - OHID
4	The percentage of patients aged 18 and over with depression, as recorded on GP practice registers (Quality and Outcomes Framework) - OHID
5	Hospital admissions as a result of self-harm (aged 10-24 years) - OHID
6	E10- Suicide rate - Public Health Outcomes Framework - OHID
7	B01b- Children aged under 16 in relative low income families (experimental statistics) - Public Health Outcomes Framework, OHID
8	B02a- School Readiness: percentage of children achieving a good level of development at the end of Reception - Public Health Outcomes Framework, OHID
9	Key stage 2 pupils meeting the expected standard in reading, writing and maths - OHID
10	Percentage of pupils with special educational needs and disabilities (SEND)- state funded schools, academic year- Department for Education, https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england RAG rating calculated by Torbay Public Health Team
11	Children looked after at 31 March of the year (rate per 10,000 population aged under 18 years)- OHID
12	D04c- Population vaccination coverage- MMR for two doses (5 years old). Benchmarking against goal- <90%= red, 90%-95%= amber, ≥95%= green - Public Health Outcomes Framework, OHID
13	C09b- Year 6: Prevalence of overweight (including obesity) - Public Health Outcomes Framework, OHID
14	B05- 16-17 year olds in education, employment or training (NEET) or whose activity is not known - Public Health Outcomes Framework, OHID
15	Domestic abuse crimes and incidents- Torbay Council Community Services

16	B15a- Households owed a (prevention or relief) duty under the Homelessness Reduction Act (experimental statistics) - Public Health Outcomes Framework, OHID
17	C21- Admission episodes for alcohol-related conditions (narrow definition) - Public Health Outcomes Framework, OHID
18	Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months - C19a in the Public Health Outcomes Framework, quarterly rolling annual figures sourced from https://www.ndtms.net/Monthly/PHOF RAG rating calculated by Torbay Public Health Team
19	Proportion of alcohol users that left alcohol treatment successfully who do not re-present to treatment within 6 months - C19c in the Public Health Outcomes Framework, quarterly rolling annual figures sourced from https://www.ndtms.net/Monthly/PHOF RAG rating calculated by Torbay Public Health Team
20	Proportion of people who use services who reported that they had as much social contact as they would like (aged 65+) - 1i(1) in the Adult Social Care Outcomes Framework but in this outcomes table only includes those aged 65+. Source- NHS Digital, https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/
21	A01a- Healthy life expectancy at 65 (Female) - Public Health Outcomes Framework, OHID
22	A01a- Healthy life expectancy at 65 (Male) - Public Health Outcomes Framework, OHID
23	D06a - Population vaccination coverage - Flu (aged 65+). Benchmarking against goal- <75%= red, ≥75%= green - Public Health Outcomes Framework, OHID
24	C29 -Emergency hospital admissions due to falls in people aged 65 and over - Public Health Outcomes Framework, OHID
25	E13- Emergency hospital admissions due to hip fractures in people aged 65 and over - Public Health Outcomes Framework, OHID
26	E15- Estimated dementia diagnosis rate (aged 65 and over)- as in March of the year. Benchmarking against goal- <66.7%(significantly)= red, similar to 66.7%= amber, >66.7%(significantly)= green - Public Health Outcomes Framework, OHID
27	17.8.1- Percentage of adults who have used the internet in the last 3 months - Office for National Statistics, a measure for Sustainable Development Goal number 17- https://sdgdata.gov.uk/17-8-1/
28	Broadband coverage/ capability- Percentage of residential premises capable of receiving full fibre broadband - Ofcom, https://www.ofcom.org.uk/research-and-data/multi-sector-research/infrastructure-research RAG rating calculated by Torbay Public Health Team
29	Broadband coverage/ capability- Percentage of commercial premises capable of receiving full fibre broadband - Ofcom, https://www.ofcom.org.uk/research-and-data/multi-sector-research/infrastructure-research RAG rating calculated by Torbay Public Health Team

1 Best start in life

Progress against programme delivery measures

	0to19 Integrated Contract	Public Health Wider Working	Children's services/Early Help
Shift resources to sustain preventative early help services & expand our offer from pre birth to 25		<p>Partnership working to enable investment in:</p> <ul style="list-style-type: none"> 1- Young people's emotional health and wellbeing 2- Social prescribing pilot funded for 1 year focussed on children and young people and families 3- Play Strategy – see below 	<p>The new model of Early Help for Torbay was implemented in June 2021 and is progressing well in terms of maturation. The model is based on partnership working across the statutory agencies, non-statutory agencies and the voluntary sector.</p> <p>The internal Local Authority's internal Early Help service has been reorganised into 6 teams where following a shift of some services from statutory areas of Early Help as follows:</p> <ul style="list-style-type: none"> 1. Family Intervention Team 1 (core parenting work with a specialism in early response to domestic abuse) 2. Family Intervention Team 2 (core parenting work with a specialism in early response to child exploitation) 3. Homelessness and Poverty Reduction Team 4. Community Engagement and Partnership Support Team 5. Family Group Conferencing 6. Early Help Analytical Team

			The Governance around Early Help has been restructured to reflect the new model and strategic approach based on early identification and prevention.
Commission services jointly with NHs Devon & the Integrated Care System to ensure emotional health & wellbeing is prioritised by all partners		Reprocurement Task and Finish group with NHS Devon for Young People’s Mental health with regional colleagues	Commissioning is integrated into the Early Help governance with representation on the Early Help Strategic Board as well as a number of other groups and boards connected to Early Help activity.
Improve data collection and presentation, mapping inequalities and moving to monthly data flows	<ol style="list-style-type: none"> 1. SEND WSOA Pillar 2 Joint Commissioning – includes interactive Joint Strategic Needs Assessment work to improve “live” data recording 2. Data recording at Local Super Output Area (LSOA) level of Ages and Stages developmental check at 2.3 years. 3. Data recording at LSOA level for group work offering early help to children and families 4. My health My School -Torbay wide survey data collection 5. Booked in pregnancy data at monthly level to improve forward capacity planning 		<p>The implementation of the new Liquid Logic case recording system has allowed for more complex data collection, management and analysis. An Early Help management performance dashboard is currently being constructed that will be shared with partners.</p> <p>Work has been undertaken with the University of Exeter to map deprivation across the Bay and marry this data up with child protection and cared for children data.</p> <p>Work has been undertaken to map resources across the bay.</p> <p>The Early Help Analytical Team collate and analyse quarterly data that in turn is used to maintain the Supporting Families Programme and demonstrate sustained change for families attached to the programme.</p>

<p>Implement the recommendations from the joint area inspection of Special Educational Needs and Disabilities (SEND)</p>	<p>1.Active partner in all SEND Written Statement of Action strategic and operational groups 2 Early language Pathway consolidated and embedded (0-5) 3 School Ready focus on sleep and developmental support for 3-4 year olds aligned to those eligible for 2 year funding</p>	<p>1.Active partner in all written statement of action strategic and operational groups 2. Specific project research with Mayfield College into emotional health and wellbeing and citizenship curriculum and support for young people 16-19 with SEND.</p>	<p>Early Help are an active partner within the statement of action strategic and operational group with particular involvement in the graduated response and the 'tell it once story' work streams.</p> <p>The Local Authority's Early Help service processes the social care element of the Education Health and Care Plans.</p> <p>Agreement has been given to employ a designated SEND coordinator in Early Help as well as a SEND parent advice worker.</p>
<p>Other comments on progress?</p>			<p>Torbay is now progressing well with the establishment of a network of family hubs throughout the bay where the focus will be on collating services across all agencies in order to provide wrap around services to families from pre-birth to the age of 25.</p>
<p>Progress against delivery of cross-cutting measures</p>			
<p>➤ Include environmental sustainability as a key element in all policies</p>	<p>Agenda Item 0to19 Q1</p>		<p>As part of the Youth Investment Fund project work with partners, environmental impact and sustainability are key factors of consideration with regards to repurposing buildings.</p>
<p>➤ Make environmental sustainability a factor in decision making in all new policies & procurement contracts</p>			<p>See above.</p>

<ul style="list-style-type: none"> ➤ Explore how physical activity can be included ➤ Work with us to implement Torbay on the Move 		<p>Play strategy completed following consultation and alignment with Torbay on the Move</p> <p>Play Infrastructure (Adventure Playgrounds) reviewed.</p>	<p>Collaborative work is currently being undertaken with Active Devon and other partners on projects such as the Youth Investment Fund.</p>
<p>Page 160</p> <ul style="list-style-type: none"> ➤ Participate in a system wide approach to housing including homeless prevention, quality of accommodation and availability of affordable accommodation ➤ Work in partnership with other agencies to identify and prevent homelessness in those accessing your service 	<p>Review of data collection in Paris to ensure housing status is recorded for all families to gain accurate data set of current need and trends. Initial reporting Q1 – Q2 0to19 2022-23</p>		<p>There is a Housing Officer collocated in the Local Authority’s Homelessness and poverty reduction team.</p> <p>A new youth homeless prevention joint housing / Children’s Services protocol has been developed and has now been implemented.</p> <p>The Youth Homeless and Resource Allocation Panel meets fortnightly to have oversight of all 16/17 year olds who are homeless or at risk of homelessness and also all 18 to 25 year old care experienced young people at risk of homelessness. This is a multiagency panel.</p>
<ul style="list-style-type: none"> ➤ Carry out an Equality Impact Assessment (EIA) for all service changes ➤ All employees trained to recognise the needs of minority & ethnic groups ➤ Ensure that digital care pathways increase inclusion 	<p>EIA is a standardised process as part of procurement activity and is completed at all significant service or contract change.</p> <p>Training completed on accessibility of digital services for those with SEND or trauma related processing challenges.</p>		<p>All staff complete diversity training as part of their mandatory induction programme.</p>

<ul style="list-style-type: none"> ➤ Sign up to the Devonwide Commitment to Carers ➤ Proactively identify & report on carers in the workforce ➤ Health & care set targets for identifying carers ➤ Become 'carer-friendly' organisations 	<p>Under review. Agenda item 0to19 Performance Monitoring Q1 September 2022.</p>		
<p>➤ Health & Care provide training on domestic and sexual violence and abuse (DSVA) & use a trauma-informed approach</p>	<p>Provider partnership commitment to all staff trained in and supervised on DASV. Provider partnership commitment to trauma informed approach across 0to19 – includes training and policy and procedure implementation.</p>		<p>The Local Authority's internal Early Help service has a matured programme of training delivery activity around domestic abuse with one of the Family Intervention Teams leading on this work as a priority specialism. Training is delivered internally and externally to partners.</p>
<p>Citizen feedback</p>			
<p>Describe any engagement, co-design or co-production work you have undertaken in your workstream</p>	<p>Communication and engagement plan The document provides a framework to support an effective Communications and Engagement Strategy for 0 to 19 Torbay which sets out the external and internal communication and engagement aims for 0 to 19 Torbay, who we communicate with, how</p>		<p>Work has been undertaken with Exeter University whereby parents have been interviewed about their experiences of Early Help – this is ongoing.</p> <p>Community engagement activity has been undertaken with the voluntary sector and parents over the last 9 months with regards to co-production of the new family hub model.</p> <p>A participation worker has now been appointed to Children's Services who will</p>

and when we communicate with staff, partners, families and young people and other stakeholders and how we measure the quality and success of our communication.

QR code for families to scan introduced Q4. We have updated our communication & engagement plan to reflect gathering

service user feedback as shown - **Family feedback questionnaire (includes friends & family)**

The operations group has agreed to give the QR cards out at the following interventions:

- 12 – 18 weeks
- 1 year developmental
- 2.3 year developmental
- February and September for families accessing the children's centres

4 keys questions feedback developed by The Children's Society

We have agreed that the 4 key questions will be used as follows:

- After every contact with young people accessing Return home interviews, substance misuse and independent visitors. Advocacy ask 3 questions
- Children's centres have incorporated them into other evaluations such as baby massage,
- family support.

be working with Early Help to look at the following so that engagement, feedback and co-production with parents becomes embedded in everyday business for Early Help:-

- Who are we collecting participation / feedback from? (children, young people, parents and / or carers)
- What is the focus / what themes are we asking for feedback on?
- What activities / projects do we do to gather participation / feedback? (forums, focus groups, survey's, questionnaires, reviews)

TORBAY JOINT HEALTH & WELLBEING STRATEGY
PROGRESS REPORT – MENTAL HEALTH & WELLBEING

2 Mental Health & Suicide Prevention	
Progress against programme delivery measures	
Undertake a collaborative needs assessment into mental health & wellbeing & self-harm	Torbay Council Public Health is leading on a Devon-wide self-harm needs assessment across the life-course. The literature review on effective interventions is almost complete. Quantitative and qualitative data collection has started. The target month for completion is March 2023. The team is also working with local partners to define and explore the needs of people currently experiencing challenges obtaining support for their mental health through mainstream routes.
Incorporate mental health & wellbeing into the Multiple Complex Needs alliance from 2022	The MCN alliance recognises mental health and wellbeing as key components to delivering a successful alliance and work is taking place to consider how this can best be incorporated.
Support the creation of mental health promoting communities through training, safe spaces & peer support	Torbay Council has awarded £60,000 in funding to twenty-five local CVSE organisations for creative suicide prevention activity. Examples of activity have included: awareness and suicide prevention training for parents of children and young people with special educational needs, one-to-one and group mentoring of secondary school pupils struggling with their emotional health and wellbeing and running peer-support and wellbeing-based workshops.
Promote & support workplace wellbeing across all sectors	Mapping exercise as part of Torbay Council's 'Wellbeing Guardian' rollout includes a section on mental health and wellbeing has been completed. Assurance provided against some national standards alongside identification of gaps. Further discussion at Council SLT for resourcing and sequencing of the action plan. Further recruitment of Wellbeing Supporters in the council alongside enhanced training has taken place. Initial conversations with commercial sector produced limited interest, however, a new bottom-up approach is being adopted.
Promote approaches which tackle physical & mental wellbeing together, including use of green spaces	Active Devon is working with the Healthy Ageing partnerships on promoting physical and mental wellbeing together, including through the Connecting Actively to Nature project and work with care homes.

	The Torbay Wellbeing Engagement Project focused on supporting people through a range of activities to strengthen social, physical and mental resilience.
Work with VCS & Health partners to co-design a 'front door' to Adult Social Care	Collaborating with multi-agency partners and people with lived experience on co-producing alternative mental health provision that can support people on Community Mental Health Team waiting lists whilst preventing a future requirement for adult social care support.
Other comments on progress?	
Progress against delivery of cross-cutting measures	
➤ Include environmental sustainability as a key element in all policies	Considering how to incorporate environmental sustainability into the multi-agency Torbay Suicide and Self-Harm Prevention Action Plan.
➤ Make environmental sustainability a factor in decision making in all new policies & procurement contracts	A methods statement on sustainability was included in the tender of the Torbay Wellbeing Engagement Project with 10% weighting.
➤ Explore how physical activity can be included ➤ Work with us to implement Torbay on the Move	Considering how to incorporate physical activity into the multi-agency Torbay Suicide and Self-harm Prevention Action Plan. Plans to broaden the membership of the Torbay Mental Health and Suicide Prevention Alliance to include physical activity related partners and show-case Torbay on the Move.
➤ Participate in a system wide approach to housing including homeless prevention, quality of accommodation and availability of affordable accommodation ➤ Work in partnership with other agencies to identify and prevent homelessness in those accessing your service	Alignment of Torbay Councils housing strategy with the multi-agency Torbay Suicide and Self-harm Prevention Action Plan. Homelessness and its impact on mental health and wellbeing is identified via the Torbay Community Helpline which will signpost callers to housing support as well as support their mental health. The mental health support within the helpline is currently part-funded by Torbay Council until September 2022.
➤ Carry out an EIA for all service changes ➤ All employees trained to recognise the needs of minority & ethnic groups ➤ Ensure that digital care pathways increase inclusion	No service changes during this period. Digital inclusion has been included in the contract specification for QWELL – online mental health and wellbeing support for adults aged 18+ years.
➤ Sign up to the Devonwide Commitment to Carers ➤ Proactively identify & report on carers in the workforce ➤ Health & care set targets for identifying carers ➤ Become 'carer-friendly' organisations	No specific activity during last two months.
➤ Health & Care provide training on domestic abuse and	Use of a person-centred and trauma informed approach has been included in larger grants and procurements.

<p>sexual violence & use a trauma-informed approach</p>	<p>Trauma informed training was offered for those hosting and supporting Ukrainian refugees.</p>
<p>Citizen feedback</p>	
<p>Describe any engagement, co-design or co-production work you have undertaken in your workstream</p>	<p>Collaborating with multi-agency partners and people with lived expertise on co-producing alternative mental health provision that can support people on Community Mental Health Team waiting lists whilst preventing a future requirement for adult social care support.</p> <p>Commissioned qualitative research from Make Space CIC (academics with lived experience of self-harm) into self-harming in Torbay.</p>

TORBAY JOINT HEALTH & WELLBEING STRATEGY
PROGRESS REPORT – MULTIPLE COMPLEX NEEDS
SEPTEMBER 2022

3 Support for people with multiple complex needs (MCN)	
Progress against programme delivery measures	
Commission a Multiple Complex Needs Alliance from 2023, delivering integrated support for people who experience homelessness, substance misuse problems & domestic violence	Alliance procurement successfully completed, with two of three Lots awarded (Drug & Alcohol Treatment and Domestic Abuse Service). Homeless Hostel service being brought into Torbay Council and forming part of the Alliance. Mobilisation prior to commencement being progressed under the oversight of an Independent Chair.
Expand the commissioning alliance to incorporate mental health & wellbeing	Continuing to be progressed. MCN Oversight Board standing agenda item.
Develop & introduce trauma informed approaches across the system	Core requirement of the Alliance specification. Services being trained in the Trauma Informed work delivered by Zebra to ensure consistency across Torbay. Broadening to relational approach to incorporate Restorative Practice and consistency of approach when working with families.
Review housing & support requirements to allow access to suitable accommodation	In boarding of the Hostel permitting review and redesign of the provision within the Alliance. Prioritisation is successful transfer of Hostel into council
Work with the Innovation Unit to develop a Torbay-wide, shared understanding & definition of complexity, & shared priorities	Work completed, with learning being incorporated in the MCN Alliance. Meeting held with representatives of the Health and Wellbeing Board where agreed greatest benefit from integrating into the Family Hubs work as that develops and with the Local Care Partnership. Mapping exercise across system needed to understand what data is collected, any gaps and to analyse to develop a dashboard that can inform a systems wide approach. No capacity to complete this is the limiting factor.
Establish a Multiple Complex Needs sub-group to oversee & support implementation	Responsibility of the MCN Alliance. Being progressed as part of the mobilisation process.
Other comments on progress?	
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Progress against delivery of cross-cutting measures	
➤ Include environmental sustainability as a key element in all policies	Nil to report
➤ Make environmental sustainability a factor in decision making in all new policies & procurement contracts	Nil to report
➤ Explore how physical activity can be included ➤ Work with us to implement Torbay on the Move	Bid submitted to Back to Sport Torbay II for people in recovery.
➤ Participate in a system wide approach to housing including homeless prevention, quality of accommodation and availability of affordable accommodation ➤ Work in partnership with other agencies to identify and prevent homelessness in those accessing your service	Alliance core to homeless response
➤ Carry out an EIA for all service changes ➤ All employees trained to recognise the needs of minority & ethnic groups ➤ Ensure that digital care pathways increase inclusion	Nil to report
➤ Sign up to the Devonwide Commitment to Carers ➤ Proactively identify & report on carers in the workforce ➤ Health & care set targets for identifying carers ➤ Become 'carer-friendly' organisations	Nil to report
➤ Health & Care provide training on domestic abuse and sexual violence & use a trauma-informed approach	Central to the MCN Alliance contract and work
Citizen feedback	
Describe any engagement, co-design or co-production work you have undertaken in your workstream	This work is based on extensive insights work in the production of the tender for the MCN Alliance. In addition, the Innovations Unit was commissioned to inform a partnership approach that was predicated on coproduction and codesign

TORBAY JOINT HEALTH & WELLBEING STRATEGY

PROGRESS REPORT – HEALTHY AGEING

SEPTEMBER 2022

<h2>4 Healthy Ageing</h2>	
<h3>Progress against programme delivery measures</h3>	
<p>Adopt a holistic and whole family approach & require the same of our partners</p>	<p>Healthy Ageing - Live Longer Better, This funding has enabled us to run a healthy ageing pilot project to improve longevity, fitness and health outcomes for people – and continuation of the Ageing Well work. The approaches are person-centred, asset based, holistic and the project enables codesign and self-directed learning as well as supported learning. The programme works to improve fitness, cognitive functioning and emotional resilience.</p> <p>One of the main lessons is that it takes time and coordination to build meaningful and sustainable relationships, that lead to long term improvements and cost savings for people’s health and wellbeing.</p> <p>The other lesson is that the period of Covid has had large impact on our population that will take a considerable amount of time to heal.</p>
<p>Ensure health & care services are shaped by people with lived experience & from diverse backgrounds</p>	<p>We have carried forward the work of the Ageing Well teams, which was all about putting people in the lead.</p> <p>We consult widely across our networks and Torbay Assembly has an oversight role for Live Longer Better and the Healthy Ageing Strategy. We are at the beginning of building relationships with Live Longer Better champions so that people who have come through the programme / or improved their health through activity start to support others.</p> <p>People are learning that as you age it is more important to stay active and fit, not less. When you are active and also engaged socially in the community it also improves your cognition, reduces the impacts of dementia, mental health resilience, the likely hood of injuries from falls, improves recovery from accidents, illness and surgery.</p>

	<p>Frailty and Healthy Ageing (NHS) – have signed up to the Torbay Charter – and are currently improving their website through user consultation.</p> <p>Age UK – Wellbeing Coordinators work closely with their clients to evolve the way they work.</p> <p>Healthwatch is working with care home residents to improve their opportunities to be more physically active and connect with nature.</p>
<p>Ensure support is targeted at prevention & is determined by need, not age</p>	<p>The project is starting to link professionals and organisations across Torbay to work more closely together on the Healthy Ageing strategy. There is a steering group made up of 14 organisations and action group planning delivery, a full time coordinator working on the Healthy Ageing agenda including supporting Torbay Assembly and running the Ageing Well Festival.</p> <p>We purchased 600 licences from Optimal Ageing for people and professionals to undertake Live Longer Better training. These are being distributed into the community through our Healthy Ageing coordinator – who is also coaching and training both the public and professionals, raising awareness and trialling approaches of engagement.</p> <p>The number of licences for learning participants is 100. Our strategy has been to provide support around online learning with facilitated shared sessions (IT learning is not favoured by many of our older people). We are taking a supportive approach, using this to start to build ongoing relationships with people needing some assistance or guidance.</p>
<p>Actively challenge discrimination</p>	<p>Professionals (Social Prescribers, Wellbeing Coordinators, Community Builders, GPs, NHS and Care home staff, fitness instructors etc) are learning appropriate ways to engage with older people, encourage them in safe exercise practices as well as respecting their experiences, ambition and independence. We have been undertaking coaching around ageist barriers and language organisations. We are also starting to work with care homes and carer networks.</p> <p>Recent videos through Healthwatch promote awareness and we have made recent presentations to Frailty and Healthy Ageing teams, Torbay Health and Wellbeing Network, Torbay Wellbeing Network Group, Community Builders etc.</p>
<p>Ensure that when care is needed it is accessible, compassionate & of high quality</p>	<p>The network we support includes: Torbay Community Development Trust Torbay Council - Public Health Torbay Council - Adult Social Care Age UK Torbay</p>

	<p>Active Devon NHS Devon CCG Torbay Assembly Engaging Communities SW Frailty & Health Ageing Partnership Torbay and South Devon NHS Foundation Trust Healthy Lifestyles Local Motion Learning with Experts Optimal Ageing Health & Wellbeing Coaches Active Devon Torbay Primary Care Networks Sustrans</p> <p>So there is a wide range of care across the project. Examples are: Training of postural stability instructors, promotion of Falls Fighters, mapping, streng and balance delivery and activity providers. Training care professionals in Live Longer Better approaches – tools, resources and presentations.</p>
<p>Promote communities that support safe, healthy, active, independent, & socially connected intergenerational living</p>	<p>We have promoted the work across our networks, including the recent Imagine This festival for families. We take an intergenerational and family approach to our engagement, aiming to build long term relations with the people we work with.</p> <p>We are supporting a Sustrans Age Friendly pilot in Watcombe for active travel / independent living.</p> <p>Example: one of the champions volunteering with Active Devon has overcome chronic pain through walking and activity. She creates opportunities for others through her Winner Street walking group.</p>
<p>Promote a change in how we all think about ageing, to see each stage as an opportunity for new, positive experiences</p>	<p>We are piloting new evaluation strategies through consultation with the national Optimal Ageing group and their advisor Andy Brogan, and providing feedback to the national strategy. The grant has allowed us to contribute to the Health and Wellbeing Board strategy, Torbay on the Move strategy and Live Longer Better community of practice.</p>
<p>Ensure housing provision that is suitable and adaptable for people as they age, promoting independent living</p>	<p>We lobby through Torbay Assembly on Housing strategies and promote independent living, with an aim for supported housing to become a more active environment.</p>
<p>Other comments on progress?</p>	<p>Our aim is to build and fund a three year programme based on the learning of this pilot as a way to build preventative measures into the community.</p> <p>We are starting a review of the first 6 months, guided by an evaluation consultant. From that we will draft a three year sustainability proposal with all partners.</p>
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Progress against delivery of cross-cutting measures	
<p>➤ Include environmental sustainability as a key element in all policies</p>	<p>Partners have their own organisational environmental policies</p>
<p>➤ Make environmental sustainability a factor in decision making in all new policies & procurement contracts</p>	<p>CDT principles:</p> <ul style="list-style-type: none"> • Integrate the consideration of environmental concerns and impacts into all of our decision making and activities • Promote environmental awareness among our employees and encourage them to work in an environmentally responsible manner • Train, educate and inform our employees about environmental issues that may affect their work • Reduce waste through re-use and recycling and by purchasing recycled, recyclable or re-furnished products and materials where these alternatives are available, economical and suitable • Promote efficient use of materials and resources throughout our facility including water, electricity, raw materials and other resources, particularly those that are non-renewable • Avoid unnecessary use of hazardous materials and products, seek substitutions when feasible, and take all reasonable steps to protect human health and the environment when such materials must be used, stored and disposed of • Purchase and use environmentally responsible products accordingly • Where required by legislation or where significant health, safety or environmental hazards exist, develop and maintain appropriate emergency and spill response programmes • Communicate our environmental commitment to clients, customers and the public and encourage them to support it • Strive to continually improve our environmental performance and minimise the social impact and damage of activities by periodically reviewing our environmental policy in light of our current and planned future activities
<p>➤ Explore how physical activity can be included</p>	<p>Physical activity is the foundation of this pilot and a core part of our delivery. As you age you need to increase, not decrease your physical activity to slow the effects of ageing.</p>
<p>➤ Work with us to implement Torbay on the Move</p>	<p>Steering Group members contributed to Torbay on The Move and Active Devon's Strategies and will continue to engage in the initiative.</p>
<p>➤ Participate in a system wide approach to housing including homeless prevention, quality of accommodation and availability of affordable accommodation</p> <p>➤ Work in partnership with other agencies to identify and</p>	<p>Torbay Assembly are working with Sustrans and Torbay council on an age friendly pilot for active travel / independent living in Watcombe. The Assembly have also contributed to Housing strategies. For the Age Friendly baseline report and three year action plan – consultations were undertaken with residents (by the Ageing Well team) - with housing and independent living showing as a major themes for older people.</p>

<p>prevent homelessness in those accessing your service</p>	<p>Steering Group partners are contributing to the Making Melville Marvellous programme.</p> <p>Torbay Community Helpline, Community Builders and Age UK (Wellbeing Coordinators) play a significant role in finding pathways for people to access suitable housing.</p>
<ul style="list-style-type: none"> ➤ Carry out an EIA for all service changes ➤ All employees trained to recognise the needs of minority & ethnic groups ➤ Ensure that digital care pathways increase inclusion 	<p>Equality Impact Assessment – no service changes planned.</p> <p>The work we undertake with people supports equality of access and opportunity, with specific work to overcome ageism and ageist language. Recent world wide studies have shown that ageist practises can short a persons life by up to 7 years. Ageing Well supported the development of NetFriends and contributed to the Torbay Digital Inclusion strategy and the group meetings.</p>
<ul style="list-style-type: none"> ➤ Sign up to the Devon wide Commitment to Carers ➤ Proactively identify & report on carers in the workforce ➤ Health & care set targets for identifying carers ➤ Become 'carer-friendly' organisations 	<p>The local and national Live Longer Better team are working with Adult Social Care colleagues to develop training packages for domiciliary care workers.</p> <p>Torbay Carers Service also contributes to the Live Longer Better initiative through Torbay Assembly.</p> <p>Our Healthwatch lead is trialling care home and green spaces work with care homes to promote physical and mental activity.</p>
<ul style="list-style-type: none"> ➤ Health & Care provide training on domestic abuse and sexual violence & use a trauma-informed approach 	<p>Domestic Abuse coordinators are booked to present to the Assembly in October on issues related to older people. Trauma Informed training will be offered to the group.</p>
<p>Citizen feedback</p>	
<p>Describe any engagement, co-design or co-production work you have undertaken in your workstream</p>	<p>Codesign is integrated into our work process. We consult regularly with participants from the public and professionals to improve our work. Examples are group learning and feedback sessions, starting to add local content to training modules, consultation with Torbay Assembly members and promotion of the Torbay Charter where partners make commitments to engage with users to develop better service delivery.</p>

TORBAY JOINT HEALTH & WELLBEING STRATEGY

PROGRESS REPORT – DIGITAL INCLUSION

SEPTEMBER 2022

5 Digital inclusion	
Progress against programme delivery measures	
Cross-sectoral Digital Inclusion Group to enable digital inclusion within Torbay	Digital Inclusion Network established with the primary focus on collaboration and promoting a community-led model to support digital participation.
Support people to get online & use digital health & care resources	The Network has grown to include much wider ranging representatives from the statutory, voluntary and charity sectors, particularly those that provide digital support to the local community. These Network members are kept informed of local digital offers and initiatives and linked up with joint working opportunities with other members. This had led to hundreds of local people supported digitally by Network members in the last 12 months alone.
Incorporate digital inclusion & accessibility in NHS & Council strategic planning	Digital inclusion and accessibility incorporated in Torbay Council, TSDFT and ICS. Collaboration within the network has led to the production of two feedback reports centred on digital inclusion which are being shared with NHSE and the AHSN to potentially influence future digital planning.
Other comments on progress?	COMF funding has been extended to support Engaging Communities South West to lead on the development of this work to 31 March 2023. After this date, without further investment there will be risk to continuation of this work. At scale interventions will not be possible without funding.
Progress against delivery of cross-cutting measures	
➤ Include environmental sustainability as a key element in all policies	Redistribution of pre-owned IT equipment part of the programme of work
➤ Make environmental sustainability a factor in decision making in all new policies & procurement contracts	Redistribution of pre-owned IT equipment part of the programme of work
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<ul style="list-style-type: none"> ➤ Explore how physical activity can be included ➤ Work with us to implement Torbay on the Move 	<p>Nil to report</p>
<ul style="list-style-type: none"> ➤ Participate in a system wide approach to housing including homeless prevention, quality of accommodation and availability of affordable accommodation ➤ Work in partnership with other agencies to identify and prevent homelessness in those accessing your service 	<p>Nil to report</p>
<ul style="list-style-type: none"> ➤ Carry out an EIA for all service changes ➤ All employees trained to recognise the needs of minority & ethnic groups ➤ Ensure that digital care pathways increase inclusion 	<p>Inclusion and digital pathways integral to this work</p>
<ul style="list-style-type: none"> ➤ Sign up to the Devonwide Commitment to Carers ➤ Proactively identify & report on carers in the workforce ➤ Health & care set targets for identifying carers ➤ Become 'carer-friendly' organisations 	<p>Carers are a key target population, with a number of projects focused on this cohort.</p>
<ul style="list-style-type: none"> ➤ Health & Care provide training on domestic abuse and sexual violence & use a trauma-informed approach 	<p>Nil to report</p>
<p>Citizen feedback</p>	
<p>Describe any engagement, co-design or co-production work you have undertaken in your workstream</p>	<p>An online presence for the Network was established on the Devon Connect website, which included a private dashboard for members to further connect with each other between meetings and collaborate.</p> <p>There are also plans in place to bring the Network together face-to-face in a public event to support local residents in October 2022, provided COVID-19 protocols continue to reduce.</p>