Tameside Metropolitan Borough

ASHTON-UNDER-LYNE · AUDENSHAW · DENTON · DROYLSDEN · DUKINFIELD · HYDE · LONGDENDALE · MOSSLEY · STALYBRIDGE

HEALTH AND WELLBEING BOARD

Day: Thursday
Date: 15 September 2022
Time: 10.00 am
Place: Tameside One, Market Square, Ashton-Under-Lyne, OL6 6BH

Item No.	AGENDA	Page No
1.	**APOLOGIES FOR ABSENCE** To receive any apologies from Members of the Health and Wellbeing Board.	
2.	**DECLARATIONS OF INTEREST** To receive any declarations of interest from Members of the Health and Wellbeing Board.	
3.	**MINUTES** To receive the Minutes of the meeting of the Health and Wellbeing Board held on 17 March 2022.	1 - 8
4.	**THE ROLE OF THE HEALTH AND WELLBEING BOARD** To consider a report of the Director of Population Health.	9 - 14
5.	**TAMESIDE HEALTH AND WELLBEING BOARD CHARTER** To consider a report of the Interim Assistant Director of Population Health.	15 - 18
6.	**PHARMACY NEEDS ASSESSMENT 2022-25** To consider a report of the Public Health Intelligence Manager.	19 - 124
7.	**DESIGN, DELIVERY AND ASSURANCE: THE TAMESIDE INTEGRATED CARE SYSTEM** To consider a report of the Assistant Director of Integration (Tameside), NHS Greater Manchester Integrated Care.	125 - 132
8.	**BETTER CARE FUND 2022-23 PLAN** To consider a report of the Director of Adult Services.	133 - 144
9.	**DATE OF NEXT MEETING** To note that the next meeting of the Health and Wellbeing Board is scheduled for 17 November 2022.	

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Charlotte Forrest, Senior Democratic Services Officer on 0161 342 2346 or charlotte.forrest@tameside.gov.uk, to whom any apologies for absence should be notified.

10. URGENT ITEMS

To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Charlotte Forrest, Senior Democratic Services Officer on 0161 342 2346 or charlotte.forrest@tameside.gov.uk, to whom any apologies for absence should be notified.

HEALTH AND WELLBEING BOARD

17 March 2022

Commenced: 10.00 am **Terminated:** 11.40 am

Present:	Councillor Warrington (Chair)	Executive Leader
	Councillor Cooney	Executive Member for Housing, Planning and Employment
	Councillor Wills	Executive Member for Health, Social Care and Population Health
	Steven Pleasant	Chief Executive, Tameside MBC and Accountable Officer, Tameside and Glossop CCG
	Stephanie Butterworth	Director of Adult Services
	Alison Stathers-Tracey	Director of Children's Services
	Debbie Watson	Interim Director of Population Health
In Attendance:	Shaun Higgins	Active Tameside
	Chris Rushton	Active Tameside
	Chris Foster	GMP
	David Swift	Tameside and Glossop CCG
	Brendan Ryan	Tameside and Glossop ICFT
	Jane McCall	Chair of Tameside and Glossop ICFT
	Andrew Searle	Tameside Adult's Safeguarding Board
	Henri Giller	Tameside Children's Safeguarding Board
	Jenny Callaghan	Tameside Primary School Head teachers Representative
Officers In Attendance:	Sarah Threlfall	Director of Transformation
	Jessica Williams	Director of Commissioning
	Caroline Barlow	Assistant Director of Finance
	James Mallion	Interim Assistant Director of Population Health
	Jacqui Dorman	Public Health Intelligence Manager
	Charlotte Lee	Public Health Programme Officer
	Tom Quayle	Finance Manager
	Neil Walmsley	Senior Management Accountant

Apologies for Absence: Councillor Fairfoull and Liz Windsor-Welsh

13. DECLARATIONS OF INTEREST

There were no declarations of interest.

14. MINUTES

The Minutes of the meeting of the Health and Wellbeing Board held on 18 November 2021 were agreed as a correct record.

15. COVID-19 UPDATE AND LIVING WITH COVID-19 NATIONAL STRATEGY

The Interim Assistant Director of Population Health delivered a presentation that provided an update on the situation in Tameside in respect of Covid-19 and outlined the Covid-19 national strategy.

The Board were shown a graph detailing the new positive cases per 100,000 people each week, which indicated that the current rate of new cases in Tameside was 383.1 per 100,000 people in the

past seven days – 870 new cases each week. This placed Tameside as the sixth highest Borough in Greater Manchester and 134th highest nationally. There had been a large spike in cases over the winter months due to the Omicron variant, however the peak of the latest wave had now passed and the rate had reduced significantly since January 2022. There was some cause for concern as the data indicated that rates were beginning to increase again. This concern was further compounded by caveats in the data due to recent changes in testing and a requirement for individuals to register their results, resulting in lower testing rates. The data now represented a proportion of cases and was not a true picture of the real rates of cases. There had also been a reduction in reported outbreaks due to the change in testing.

It was reported that the R had increased slightly across the North West region and it was estimated to be in-between 0.8 and 1.1, an indication that the epidemic had started to increase again. There was a broad prevalence of the virus across the Tameside community with increases in all age groups. This was consistent with the picture across Greater Manchester and nationally, with Southern England experiencing a sharp increase in new cases. There had been a steady increase in hospital admissions due to the Omicron wave but due to the success of the vaccination programme there were fewer cases of severe illness, ICU admissions and deaths. There had been severe disruption in the health and social care system over the winter months due to Omicron and there continued to be ongoing non-Covid pressures.

The next steps and local actions were outlined, which included a continuation of promoting behaviours to reduce transmission in the community and maintaining the momentum on local communication messages. There was an ongoing drive to promote vaccinations, in particular in hard to reach areas, with a focus on addressing inequalities in vaccination uptake, such as geographically, ethnicity and within certain age groups. The vaccine rollout continued and would include 5 – 11 year olds from April and the over 75s would be eligible for a further booster. Members were reminded that it was still possible to catch Covid-19 if you were fully vaccinated but the impact of the vaccine prevented serious illness. There was ongoing support for settings with public health advice and support provided to care homes, educational establishments and wider health and social care settings. Preparations were underway for further guidance changes, for example the Living with Covid-19 Strategy and changes from April 2022.

With regards to the Covid-19 national strategy, it was announced that the remaining regulations would continue to be scaled back with further changes and guidance from April 2022, however, there was still a requirement for public health advice and actions in order to reduce risk. The changes were summarised as follows:-

- From 21 February, regular, asymptomatic Lateral Flow testing in most education settings was no longer advised
- From 24 February the legal requirement to self-isolate following a positive test was removed (isolation was however still advised)
- End of routine contact tracing and close contacts no longer asked to test daily or isolate (advice remained)
- End of self-isolation support and practical support offers
- The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations were revoked
- From 24 March the Covid-19 provisions within the Statutory Sick Pay and Employment and Support Allowance regulations would be removed
- From 01 April guidance on voluntary Covid-status certification would be removed and it would no longer recommend that venues had to use the NHS Covid Pass
- Updated guidance setting out the ongoing steps that people with Covid-19 should take to minimise contact with other people
- Free universal symptomatic and asymptomatic testing for the general public in England would not be provided
- Consolidate guidance to the public and businesses, in line with public health advice
- Remove the health and safety requirement for every employer to explicitly consider Covid-19 in their risk assessments
- Replace the existing set of ‘Working Safely’ guidance with new public health guidance.

It was emphasised that the pandemic was not over and there remained high levels of infection circulating in the community, which disproportionately affected certain groups. It was therefore sensible and important for the public to follow guidance in order to limit the spread of infection wherever possible. Some settings, such as schools, particularly special schools and alternative provision, and health and social care settings still had enhanced guidance due to increased risk and support would continue within these settings. Local outbreak management remained a key role for local authorities and there would continue to be the need for a local response from the public health workforce to ensure risks were managed and appropriate actions taken.

The Covid-19 priorities moving forward were outlined and included continuing to support the government's messaging for communities on safer behaviours to reduce the risk of Covid-19 transmission (vaccination; ventilation; face coverings; hand hygiene and cleaning). Support for higher risk settings, larger outbreaks and more vulnerable residents. Retaining surge capacity at a local and regional level in the event of future surges, which may be driven by new variants. Ongoing delivery of the Covid-19 vaccination programme and a continuation of addressing inequalities in uptake and prepare for the future (new cohorts such as eligibility of 5-11 year olds, and looking ahead at further boosters and next flu season).

Members voiced their concerns around the removal of free testing from 1 April and the affect this would have upon tracking the situation within the community and the discovery of new variants. The Interim Assistant Director of Population Health explained this would be a challenge moving forward as they would not have access to the same information, which had been vital in tackling the pandemic. However, data could be used in a different way and there would be a greater reliance on the national surveillance, which would continue. Strong relationships had been forged within the community and in various settings, such as care homes and educational establishments, which would remain and help to identify outbreaks. The representative from Tameside and Glossop Integrated Care NHS Foundation Trust advised that the arrangements that had been in place at the hospital since the start of the pandemic would remain in place.

Members stated that parents needed to be educated on the situation for both themselves and also their children. In response, it was confirmed that a leaflet had been created, which would be distributed to schools imminently and access to testing would remain an option for the Borough's educational settings. Access points to receive vaccinations remained open but had been scaled back in response to a reduction in demand. It was hoped that the vaccine bus, which had been frequently utilised and had proved vital in reaching hard to reach groups and tackling health inequalities, would continue to be used.

The Chair thanked the Interim Assistant Director of Population Health for an informative presentation and asked for their thanks to be extended to the team for their continuing hard work.

RESOLVED
That the content of the presentation be noted.

16. CHILDREN AND YOUNG PEOPLE'S JOINT STRATEGIC NEEDS ASSESSMENT

Consideration was given to a report of the Executive Member for Health, Social Care and Population Health / Director of Transformation detailing the Tameside Joint Strategic Needs Assessment for children and young people that provided a snapshot of some of the key issues affecting children and young people in Tameside.

It was reported that the Health and Wellbeing Board had a statutory responsibility to publish and keep an up to date Joint Strategic Needs Assessment that looked at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area. The aim was to develop local evidence-based priorities for commissioning, which would improve the public's health and wellbeing, reduce inequalities and address the wider determinants that affected the health and wellbeing of a

population.

The Joint Strategic Needs Assessment examined the wider detriments to health and wellbeing and focussed on pre-birth and early years, the physical health, mental health and wellbeing of five up to 24 year olds, vulnerable children and young people and the impact of the Covid-19 pandemic on Tameside's children and young people. The key challenges across the different age groups were outlined and included:-

- Deprivation
- A higher birth rate than the national average especially in under 18s
- A significantly higher number of children in care than the national average
- Low levels of educational attainment
- High rates of childhood obesity
- Poor oral health
- Poor mental health
- Poor sexual health

The Board were notified that the findings and recommendations contained within the Joint Strategic Needs Assessment would inform and be incorporated into the development of the 5-year Children & Young Peoples Strategic Plan for Tameside. Engagement work had taken place with groups of children and young people in Tameside to understand what was important to them with the ambition to deliver outstanding outcomes.

RESOLVED
That the report be noted.

17. TAMESIDE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2020/21

Consideration was given to the annual report of the Independent Chair of Tameside Safeguarding Children Partnership that set out the work of the partnership and the business that had been completed as a result of the arrangements and how effective the arrangements had been in practice during 2020/21. These arrangements had been tested by the impact of the Covid-19 pandemic and exacerbated existing problems that people faced.

The report reflected the incidence of Covid-19 and the impact that the pandemic had on children and families and the workforce. There had been a significant rise in demand for services throughout the period and the report highlighted several incidents that demonstrated the impact of Covid-19 and how business had been discharged as usual despite the difficulties. The pandemic had provided a learning curve and an opportunity to challenge assumptions and expectations of how services were triggered and operated.

It was reported that the new safeguarding arrangements, introduced by the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018, required that they included provision for the scrutiny by an independent person of the effectiveness of the arrangements. The Acts directed Local Children Safeguarding Partnerships to publish a report at least once in every 12-month period in order to bring transparency for children, families and all practitioners about the activity undertaken by the safeguarding partners. The annual report provided the scrutiny of the Independent Chair of the Tameside Partnership of the second working year of the new partnership arrangements that brought with it new policies, ways of working and new pathways .

The Chair of the Tameside Safeguarding Children Partnership reported that the volume of contacts and referrals remained high with the last three quarters of 2020/21 receiving over 3,000 contacts per quarter and averaging over 600 referrals to social care. The number of Looked after Children and Child Protection Plans remained stable during the period, the number of Children in Need had increased but was at lower level than 2018/19 and there had been a decline in the number of children with an Early Help Assessment.

The partnership structure and strategic priorities of 2020/21 were outlined as follows:-

- Implement the neglect strategy and support universal services to tackle neglect as part of their early help to families.
- Implement the Achieving Change Together programme so that young people were protected from exploitation and felt empowered to protect themselves.
- Sustain effective models while developing new ways to prevent / reduce harm from domestic abuse.
- Improve access to mental health provision including early help provision across universal services.
- Review points of transition and improve the offer of support where there were gaps or identified weaknesses.

The Independent Chair of the Tameside Safeguarding Children Partnership was thanked for a comprehensive report.

RESOLVED
That the Tameside Safeguarding Children Partnership Annual Report 2020/21 be noted.

18. TAMESIDE ADULTS SAFEGUARDING PARTNERSHIP BOARD ANNUAL REPORT 2020/21

Consideration was given to the annual report of the Independent Chair, Tameside Adults Safeguarding Partnership Board, setting out the activity and delivery of the objectives of the strategic plan of the Safeguarding Board in Tameside during 2020/21.

The report highlighted the strategic direction of the Safeguarding Board and its partners in accordance with the duties and responsibilities set out in the Care Act 2014. There was a statutory duty for the Safeguarding Board to produce an annual report setting out the work of the Board to improve the outcomes for Adults at risk of abuse. The Board was represented by three statutory partner organisations – Tameside MBC, Tameside and Glossop Clinical Commissioning Group and Greater Manchester Police – and six partner organisations – Healthwatch, National Probation Service, Tameside and Glossop Integrated Care Foundation Trust, Pennine NHS Foundation Trust, North West Ambulance Service and Greater Manchester Fire and Rescue Service. There was elected Member representative through the Executive Member for Health, Social Care and Population Health.

It was reported that the Tameside Safeguarding Adult Safeguarding Board had continued to support local safeguarding arrangements and partners to help protect adults who had needs for care and support, were experiencing or at risk of abuse and neglect and were unable to protect themselves from either the risk or experience of abuse or neglect. The three priorities were outlined as follows:-

1. Making Safeguarding Personal – the Board promoted and supported partner organisations to provide a means of promoting and measuring practice that supported an outcomes focus and person led approach.
2. Quality Assurance – the Board would seek assurance of the effectiveness of safeguarding activity and that safeguarding practice was continuously improving and enhancing the quality of life for adults with care and support needs in Tameside.
3. Prevention – the Board would endeavour to keep those people safe who, as a result of their care and support needs, were unable to protect themselves from abuse or neglect.

The Chair of the Tameside Adult Safeguarding Partnership Board reported that the Board had been successful during 2020/21 in meeting their identified priorities, through the unprecedented challenges that the pandemic had posed meaning a different way of working had to be adopted. They had responded to 581 safeguarding concerns, 27% of which prompted a Section 42 enquiry. There had been 156 enquiries and neglect and acts of omission were the most prevalent type of abuse in Tameside with the most common location of abuse occurring in a person's home. The Board had a statutory obligation to undertake Safeguarding Adult Reviews, ten referrals were

received from partner organisations for consideration during the period, two of which met the criteria and were available to view on the Board's website https://www.tameside.gov.uk/taspbadultreview. Despite the challenges due to Covid-19, World Elder Abuse Awareness Day was recognised and promoted in June 2020 and National Safeguarding Week was marked in November 2020 via a virtual event.

The Independent Chair of Tameside Adults Safeguarding Partnership Board was thanked for a comprehensive report.

RESOLVED
That the Tameside Adults Safeguarding Partnership Board Annual Report 2020/21 be noted.

19. BETTER CARE FUND 2021/22

Consideration was given to a report of the Executive Member for Adult Social Care and Population Health / Director of Adult Services / Director of Finance, which provided an update on the Better Care Fund for 2021/22.

It was reported that the Better Care Fund was one of the government's national vehicles for driving health and social care integration. It required the CCG and local government to agree a joint plan, owned by the Health and Wellbeing Board. These were joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006). Given the ongoing pressures in systems, there had been minimal change made to the Better Care Fund this year. The 2021/22 Better Care Fund policy framework was designed to build on progress made during the COVID-19 pandemic by strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.

The national conditions for the Better Care Fund in 2021/22 were outlined as follows:-

- a jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board;
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution;
- invest in NHS commissioned out-of-hospital services and
- a plan for improving outcomes for people being discharged from hospital.

The Board were notified that following the 2020 spending round the national CCG contribution to the Better Care Fund had risen in actual terms by 5.3%. Minimum contributions to social care had also increased by 5.3%. There was a mandated overall increase of 5.05% to the CCG contribution to Tameside Council and 4.83% to Derbyshire County Council. A return was completed in November 2021 setting out a detailed breakdown of the schemes being funded by the CCG contribution in 2021/22. A summary of the income and expenditure for the Better Care Fund for Tameside was appended to the report along with the key metrics and a breakdown of the individual schemes. A summary of the Better Care Fund income for Derbyshire was also appended to the report along with a breakdown of the major schemes.

RESOLVED
That the update on the Better Care Fund 2021/22 be noted.

20. DEVELOPING THE ROLE OF THE HEALTH AND WELLBEING BOARD

The Interim Director of Population Health delivered a presentation on developing the role of the Health and Wellbeing Board. It was important that the Board was working effectively and doing all it could to develop integration and prevention, providing the shared vision, principles and outcomes needed to improve the health and wellbeing of the population.

The current role and responsibilities of the Health and Wellbeing Board were outlined as follows:-

- Encourage integrated working across the health and social care system – supporting the development of integrated arrangements, such as joint commissioning and pooled budgets.
- Produce Joint Strategic Needs Assessments.
- Produce a Joint Health and Wellbeing Strategy.
- Have oversight of relevant local authority and CCG plans to make sure they were aligned with Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategy.
- Statutory membership required representation from at least one local authority elected member, from the CCGs within the Health and Wellbeing Board area, Local Healthwatch, and Directors of Adult Social Services, Children's Services and Public Health.
- A Health and Wellbeing Board should address the wider social, environmental and economic factors that impact on health and should work closely with other partners, such as housing providers, DWP, police and crime commissioners, the voluntary and community sector and many others.
- Building on the core membership, a Health and Wellbeing Board should identify ways to engage with a wide range of people from local communities.

The Greater Manchester model of a population health system and a summary of draft governance, detailing how the Tameside Health and Wellbeing Board would align with the Greater Manchester Integrated Care Board, was explained to the Board.

It was proposed that the Health and Wellbeing Board should review its priorities / work plan / membership in the new landscape of system, place and neighbourhood working to ensure that it was anchored into system architecture in the development of Integrated Care System plans. It was further proposed that the next Health and Wellbeing Board meeting be held as a development session in order to agree areas of focus to inform a 2022/23 forward plan for the Board.

RESOLVED

(i) That the content of the presentation be noted;

(ii) That the updates in relation to the various actions being undertaken by the locality be noted and

(iii) That the next Health and Wellbeing Board meeting be held as a Development Session to agree a 12 month forward plan for the Board.

21. DATE OF NEXT MEETING

RESOLVED

That the next meeting of the Health and Wellbeing Board provisionally scheduled for 16 June 2022 be noted.

22. URGENT ITEMS

There were no urgent items.

CHAIR

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Report to:	**HEALTH AND WELLBEING BOARD**
Date:	15 September 2022
Executive Member / Reporting Officer:	Councillor Eleanor Wills – Executive Member for Population Health & Wellbeing Debbie Watson - Director of Population Health
Subject:	**THE ROLE OF THE HEALTH AND WELLBEING BOARD**
Report Summary:	This report updates on the role of Tameside's Health and Wellbeing Board and the government's new draft guidance on Health and Wellbeing Boards in the context of the newly established Integrated Care System. It also sets out three key priorities, based on extensive discussion across Health and Wellbeing Board members, which the Board will work to address going forward.
Recommendations:	That the Health and Wellbeing Board note the updates in the report and accept the proposed priorities for the Board to tackle and deliver Poverty; Work & Skills; and Healthy Places. Also to note the proposed next steps.
Links to Health and Wellbeing Strategy:	The updated guidance for Health and Wellbeing Boards emphasises the oversight role that the Board should have, linking in to the Integrated Care System and particularly the partnership role across the wider system in the locality. There is a strong ongoing focus on the need for local Joint Health and Wellbeing Strategies and Joint Strategic Needs Assessments, which sit with the Board. These updates and this renewed focus of the Board will ensure that prevention is prioritised and inequalities are addressed in improving the health of our communities, particularly through the three priorities identified.
Policy Implications:	The Board should note the updated national guidance for Health and Wellbeing Boards as this sets out the role and purpose of the Health and Wellbeing Board, as well as the elements of continuity and change in the relationship between the Health and Wellbeing Board and the newly established Integrated Care System.
Financial Implications: **(Authorised by the Section 151 Officer & Chief Finance Officer)**	As this is a general update, there are not any direct financial implications to consider.
Legal Implications: **(Authorised by the Borough Solicitor)**	As this is a general update report and no decisions are required, there are no immediate legal implications.
Risk Management:	This updated position on the role of Tameside's Health and Wellbeing Board is directly relevant for the mandated functions of this statutory committee of the Council. It is important that these functions continue to be delivered by the Board.

Access to Information:

All papers relating to this report can be obtained by contacting: James Mallion, Interim Assistant Director of Population Health

 Telephone: 07970946485

 e-mail: james.mallion@tameside.gov.uk

1. INTRODUCTION

1.1 Health and Wellbeing Boards were created with the introduction of the Health & Social Care Act (2012). The ambition was to build strong and effective partnerships to improve the commissioning and delivery of services across the NHS and local government, leading to improved health and wellbeing for local people[1].

1.2 The Health and Wellbeing Board in Tameside has continued to be a statutory committee of the Council with statutory membership and functions including oversight of the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Wellbeing Strategy (JHWS), which up to now has been the Tameside Corporate Plan.

1.3 The introduction of the Health & Care Act (2022) has introduced new architecture to the health and care system, establishing Integrated Care Systems (ICS) and ending Clinical Commissioning Groups (CCG).

1.4 New draft guidance from the government sets out the continued role that Health and Wellbeing Boards have in this system to set the strategic direction to improve health and wellbeing.

1.5 In the context of these changes, a development session of the Tameside Health and Wellbeing Board was held in June 2022 to focus on the key challenges and opportunities faced in the wider system and the role that members of the Board could play in addressing these. From this session and subsequent work, three clear objectives were identified, focussing on tackling inequalities and the wider determinants of health. These priorities are Poverty; Work & Skills; and Healthy Places.

1.6 Some next steps are proposed in terms of refining the Health and Wellbeing Board's role in tackling these issues and how this work will be taken forward.

2. UPDATED DRAFT GUIDANCE FOR HEALTH AND WELLBEING BOARDS

2.1 The latest updated guidance for Health and Wellbeing Boards on the back of the Health & Care Act (2022) outlines the important role that Health and Wellbeing Boards will play in instilling mechanisms for joint working across health and care organisations; and setting strategic direction to improve the health and wellbeing of people locally[2].

2.2 The new guidance places a focus on greater integration between local partners across the health and social care sector, specifically, but also the wider system. This also includes working with a range of partners who can address the wider determinants of health. Some of the areas in which joint working should be explored include removing barriers to data-sharing; and enabling joint decision making.

2.3 The JHWS should directly inform the development of joint commissioning arrangements in each local area.

2.4 Health and Wellbeing Boards should continue to provide a forum where political, clinical, professional and community leaders from across the system can come together to improve the health and wellbeing of their local population, and look to reduce health inequalities.

2.5 The Health and Wellbeing Board will retain its separate statutory duty to develop a Pharmaceutical Needs Assessment for the area.

2.6 The Health and Wellbeing Board should have a clear relationship with the ICS building on

[1] The general duties and powers relating to health and wellbeing boards (publishing.service.gov.uk)
[2] Health and wellbeing boards: draft guidance for engagement - GOV.UK (www.gov.uk)

the following set of principles: building from the bottom up; subsidiarity; having clear governance; collaborative leadership; and avoid duplication of existing governance mechanisms.

2.7 Decisions should continue to be taken as close as possible to local communities and work should be informed by local communities.

2.8 There will continue to be accountability to the Health and Wellbeing Board of the wider health and care system, which now sits with the ICS. Previous forward plans, annual reports and performance assessments that sat with the CCG, will now be the responsibility of the ICS and will report in to the Health and Wellbeing Board. These should also be produced in conjunction with the Health and Wellbeing Board. NHS England will also liaise with the Health and Wellbeing Board to determine if the local ICS is meeting its duty to have regard for the JSNA and JHWBS. The Health and Wellbeing Board will also receive a copy of the ICSs capital resource plan, which will provide an opportunity to align local priorities and resource commitments.

2.9 It should be noted that these proposals are part of the draft guidance only and further changes or clarifications could be introduced. There is also further work to determine what level of input will come from the wider Integrated Care Board (ICB) at GM level, and how much of the relationship with the Health and Wellbeing Board will be at the local Tameside ICS system level.

3. PRIORITIES FOR TAMESIDE AND OUTPUTS FROM THE DEVELOPMENT SESSION

3.1 With the changes in the guidance and the wider system, with the introduction of the ICS in Tameside, a development session was held in June 2022 to focus what the priorities of the Health and Wellbeing Board should be, at least over the next 12 months. A face-to-face session was held with a series of workshops to gather views from the members of the Health and Wellbeing Board. Tameside MBC Policy team presented a range of 'pen portraits' of a range of issues, which we know are prevalent in our communities across Tameside. These included poverty; environment emergency; children & young people; community wealth building; transition into adulthood; work & skills; neighbourhood working; and mental health. The key points and insights for these were drawn from wider data and soft intelligence from engagement sessions, partly via the Tameside Partnership Engagement Network (PEN). These PEN portraits guided discussions around the key principles of how the Health and Wellbeing Board can influence and tackle the issues. The workshop discussions had a particular focus on tackling inequalities; and considering where there is currently a lack of system-wide leadership on certain issues.

3.2 The discussions in the workshops highlighted a number of themes and recurring issues. Below is a list of common points and issues raised:

- The importance of having an asset-based approach
- Need to help people navigate public systems, particularly while in crisis
- Measuring the impact of work already happening and capturing learning
- Better use of the existing PACT agreement to support the third sector
- We need core policies in place and to be reviewed (e.g. cumulative impact)
- Need a balanced town centre offer to deliver healthier places
- Development of good work and skills is also rooted in education
- Businesses have a key role in addressing the wider determinants of health

3.3 From these discussions, three clear priorities were identified which were broad, cross-cutting issues that had an impact on inequalities and long-term health outcomes within the borough, and also which could benefit from additional support and leadership driven by the Health and Wellbeing Board. These priorities are:

- Poverty

- Work & Skills
- Healthy Places

3.4 It was agreed that further discussions would be held on each of these priorities in initial Task and Finish groups, which were held throughout August 2022 to explore further these issues and how Health and Wellbeing Board members can influence to improve outcomes. A series of further steps and key work was identified through these discussions and the proposed Charter for the Health and Wellbeing Board was also discussed, which is detailed in a further report to the Health and Wellbeing Board.

4. NEXT STEPS

4.1 It was agreed that the Health and Wellbeing Board Charter would be presented to the Board and agreed, as per the separate report

4.2 There was further work identified at each of the initial Task and Finish groups to help move forward some of the practical steps that came forward in the discussions, as well as further defining the asks of Health and Wellbeing Board members and how the Board can continue to lead these agendas going forward. Particularly for the Poverty work, there were some immediate actions around the current work that Policy are doing on the Poverty Needs Assessment, which will be finalised and shared during September 2022. There were also practical suggestions as to how partners coordinate front line support for those struggling and in poverty in the short term, in the context of the cost of living increases. Into the medium-term, work will be ongoing within Policy to develop a Poverty Strategy for Tameside. With this ongoing work, it was agreed that the Task and Finish groups would continue to meet, potentially in a combined format.

4.3 As the Task and Finish groups will continue to meet, further discussions will be held around establishing a Health and Wellbeing Board Executive group. This is where the officer leadership of this work could sit to ensure there is oversight and the work continues to deliver. Membership is to be agreed.

4.4 Work will continue to ensure that the role of the Health and Wellbeing Board links closely with the new ICS structure, including that the Health and Wellbeing Board has good oversight of the JSNA and JHWBS and work will be ongoing and will be brought back to the Board on these to ensure they are fit for purpose

4.5 An important next step will be to identify the policy priorities. Some policy and strategy already exists, which is a key opportunity to address some of the issues identified, including the Tameside Housing Strategy and Tameside Inclusive Growth Strategy. While there are some areas, which need to be revisited, such as the borough's cumulative impact policies for licensing.

5. RECOMMENDATIONS

5.1 As per the front of the report.

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Report to:	**HEALTH AND WELLBEING BOARD**
Date:	15 September 2022
Executive Member / Reporting Officer:	Councillor Eleanor Wills – Executive Member for Population Health & Wellbeing James Mallion - Interim Assistant Director of Population Health
Subject:	**TAMESIDE HEALTH AND WELLBEING BOARD CHARTER**
Report Summary:	This paper outlines a new Charter for Tameside's Health and Wellbeing Board. This will accompany the formal terms of reference for the group and sets out the expectations of and commitments from Board members and their organisations, as well as the outcomes that the Tameside Health and Wellbeing Board will strive to achieve.
Recommendations:	The Health and Wellbeing Board accept and adopt the Charter for the Board and ask that members of the Board sign up and commit to this Charter.
Links to Health and Wellbeing Strategy:	This Charter will hold members of the Health and Wellbeing board to account for working in ways that prioritise prevention and address inequalities in improving the health outcomes of our communities. It contains specific outcomes that the Board will strive to achieve, which look to directly improve the health of the population in Tameside. The Charter also seeks to commit to and address wider determinants of health across the life course.
Policy Implications:	Having the commitment of members and partners through this Charter will help to support the Health and Wellbeing Board to deliver on its statutory duties. The areas covered in the Charter will also link in with wider policies and strategies across the local authority and wider system
Financial Implications: (Authorised by the Section 151 Officer & Chief Finance Officer)	There are no financial implications arising from this report. This new charter for the Health and Wellbeing Board is a set of principles that is being asked of board members to sign up to but does not replace the formal Terms of Reference, which still stand for the group.
Legal Implications: (Authorised by the Borough Solicitor)	Since 2013 Health and Wellbeing Boards have been required as a statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of the population in Tameside and reduce health inequalities. This role of acting as 'the glue' between all of these partners is all the more critical during this time of challenge and change including the new Integrated Care System, the Health and Care Bill, the adult social care white paper, the Build

Back Better Plan and the forthcoming health disparities white paper.

It is expected that the attached charter will further strengthen the role of the Board and the delivery of good outcomes by all of the partners.

Risk Management:

The purpose of this Charter is to hold partners to account to achieve improvements in overarching health outcomes across the population. While some of the intended outcomes are ambitious, such as increasing life expectancy and healthy life expectancy, they are supported by a wide range of individual strategies across the system.

Access to Information:

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Health & Wellbeing Board Charter

The Health and Social Care Act 2012 required local authorities to create a Health and Wellbeing Board. The development of the Integrated Care System across Greater Manchester in 2022 prompted a refresh of the Health & Wellbeing Board to complement the new arrangements.

This charter aims to galvanise Partners in Tameside to deliver a range of strategies and programmes aimed at improving health and reducing inequalities. The Charter provides clarity on the role of the Board and seeks a commitment to a set of principles.

Through this Charter the Board and its members will:

- Provide strategic leadership based on evidence: focusing on those areas where the Board can make the biggest difference to health and well-being.
- Focus on the wider determinants of health, with particular priority around tackling poverty, alongside other priorities of employment & skills and delivering healthy places.
- Promote transparency in decision making so that the public can understand the decisions being taken and the rationale behind them.
- Be 'Prevention Focused': Developing a system-wide shared understanding and commitment to prevention and early intervention.
- Involve the public in decision-making allowing people to have their say and an opportunity to influence decisions, with a 'bottom-up' approach.
- Acting with courage and conviction to ensure that decisions are taken in the long-term interests of the whole population.
- Have collaborative leadership across all members and partners on the Board and encourage critical self-assessment of our work across all Partners on the Board.
- Pursue a strengths-based approach where we encourage discussion in a positive way which values health but recognises that it takes effort to retain and improve it.
- Work in tandem with the Voluntary, Community, Faith and Social Enterprise Sector using the principles of the Tameside PACT as our guide.
- Advocate for preventative approaches which tackle inequalities and address the key priorities of poverty, employment & skills and creating healthy places in members' individual organisations across the borough.

The Board will deliver the following Outcomes for the people of Tameside:

- Improved life-expectancy and healthy life-expectancy and self-reported wellbeing for everyone.
- Reduction in inequalities around life-expectancy, healthy life-expectancy and self -reported wellbeing and reduced inequalities across all measures.
- Everyone in Tameside is given the opportunity to thrive and lead meaningful, enriching lives.
- People live in healthy, safe and sustainable places.
- All people in Tameside can access good quality employment and lifelong learning.
- Reduce the impact of poverty including access to benefits, enough healthy food and a warm home.
- Reduce levels of air pollution.
- Identify a work programme on key cross-cutting issues that drive long term socio-economic and health inequalities.

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Report to:	**HEALTH AND WELLBEING BOARD**
Date:	15 September 2022
Executive Member / Reporting Officer:	Councillor Eleanor Wills – Executive Member for Population Health & Wellbeing Michelle Foxcroft - Public Health Intelligence Manager
Subject:	**PHARMACY NEEDS ASSESSMENT 2022-25**
Report Summary:	This report contains a copy of the 2022/25 Pharmacy Needs Assessment. This is a document outlining current Pharmaceutical provision within the Borough. The Health and Social Act (2012) and the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 states that there is a requirement for all Health & Wellbeing Board's to produce a Pharmacy Needs Assessment. Owing to COVID-19 there had been an allowance from the government to suspend production of a Pharmacy Needs Assessment, however it is now expected that all authorities publish their Pharmacy Needs Assessment by 1 October 2022. The conclusion of this Pharmacy Needs Assessment is that the population of Tameside has sufficient service provision (including pharmacy contractors) and no identified gaps to meet their essential pharmaceutical needs. This is clearly demonstrated by the following points:- • The higher number of pharmacies per 100,000 population (24) compared with the England average (22). • Since 2012 the number of community pharmacies has increased across Tameside from 47 to 53. • This figure includes five distance selling or internet pharmacies who do not exclusively serve the Tameside population as they are a service with a England wide footprint. • This is still an increase of six face to face pharmacies across Tameside since the 2011 Pharmacy Needs Assessment. There have been no increases in pharmacy provision since the last Pharmacy Needs Assessment in 2018. • Public consultation results indicate high levels of satisfaction with current pharmacy services in Tameside. • There is good access to a range of pharmacies with almost all the population (90%) able to access pharmacies within one mile of their home. • There is good location of pharmacies in relation to GP Practices across all four Tameside neighbourhoods. • Choice of pharmacy is good for the majority of local residents as most people tend to prefer to use a

	familiar or 'usual' pharmacy that they tend to stay with for a relatively long period of time and this is to be encouraged as it promotes continuity of care." • Analysis of opening hours and trading days shows there is adequate provision for out of hour's services across Tameside. • The maps and data contained in this document clearly show that services meet identified health and care needs in Tameside.
Recommendations:	The Health and Wellbeing Board sign the report off so that it can be released in the public domain by the deadline date of the 1 October 2022.
Links to Health and Wellbeing Strategy:	As previously reported, The Health and Social Act (2012) and the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013; states that there is a requirement for all Health and Wellbeing Board's to produce a Pharmacy Needs Assessment. The Pharmacy Needs Assessment is key to supporting the decision making process for new pharmacy applications in Tameside, however this Pharmacy Needs Assessment also reflects upon the wider public health potential of pharmacy across Tameside.
Policy Implications:	From the 1 April 2013, every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment. Health and Wellbeing Boards have until 1 October 2022 to publish their latest Pharmacy Needs Assessment.
Financial Implications: (Authorised by the Section 151 Officer and Chief Finance Officer)	No financial implications at this stage.
Legal Implications: (Authorised by the Borough Solicitor)	The Health and Social Act (2013) and the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013; states that there is a requirement for all Health and Wellbeing Board's working through Local Authorities and Clinical Commissioning Group's (CCGs) to produce a Pharmacy Needs Assessment. The local Pharmacy Needs Assessment provides vital information that helps local areas plan the provision of community pharmacies for their local population. The Pharmacy Needs Assessment is a way of making sure that pharmacies across the borough are providing the right services in the right locations to support its residents.
Risk Management:	The Health and Wellbeing Board need to ensure the delivery of the Pharmacy Needs Assessment, which is robust enough to inform local commissioning plans. The

Health and Wellbeing Board must be able to demonstrate need within Tameside to enable NHS England to make decisions about pharmacy applications and services delivered through pharmacies across Tameside. Without a robust Pharmacy Needs Assessment, applicants who want to open a new pharmacy may appeal decisions made by NHS England on the grounds that the Pharmacy Needs Assessment was not delivered or robust enough to identify need in Tameside.

Access to Information:

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Pharmaceutical Needs Assessment For Tameside

2022-2025

Table of Content

Abbreviations

CARA	Community Assessment and Rapid Action
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CSP	Commissioning Strategic Plan
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractors
DDA	Disability Discrimination Act
GTD	Go to Doc
HWB	Health and Well Being Board
JSNA	Joint Strategic Needs Assessment
LIPS	Language and Interpretation Service
LPC	Local Pharmaceutical Committee
LPS	Local pharmaceutical services
LTC	Long-Term Conditions
MoM	Map of Medicine
MUR	Medicine Use Review
NHS	National Health Service
NMP	Non-Medical Prescriber
OOA	Out of Area
OOH	Out of Hours
PCC	Primary Care Centre
PCT	Primary Care Trust
PEC	Professional Executive Committee
PNA	Pharmaceutical Needs Assessment
PPI	Patient and Public Involvement
SHA	Strategic Health Authority
TMBC	Tameside Metropolitan Borough Council

Acknowledgements

This PNA was produced by Jacqui Dorman (Public Health Intelligence), Policy, Performance and Intelligence team, TMBC and was supported throughout by the Pharmacy Needs Assessment steering group. (Please see appendix 1 for membership)

Preface

This Pharmaceutical Needs Assessment (PNA) is an important strategic document produced on behalf of the Tameside Health and Wellbeing Board. It reviews the current provision of pharmaceutical services across the Borough, examines whether the pattern of services provided meets the identified health needs of local communities and assesses if there are any gaps or any over provision in both place and type of services available.

The PNA is an important reference for the NHS England Local Area Team to use in their determination of applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (http://www.legislation.gov.uk/uksi/2013/349/introduction/made).

This PNA builds on, and supersedes previous PNAs for Tameside, produced in 2015 and 2018 and at the time concluded:

There was adequate access to pharmaceutical services and choice of pharmacy within the area and in the immediate bordering areas for essential and advanced services

- There is also a good range of locally commissioned enhanced services,
- Pharmacies are eager to extend their role in prevention given the increasing levels of people managing long term conditions. The footprint of pharmacies within and across local communities in Tameside also plays an important role in terms of social capital and therefore needs to be explored in more depth

The range of NHS services provided is crucially affected by the will and ability of commissioning bodies to commission them. Many existing pharmacies are willing and able to provide any local service that is commissioned from them. To maximise value for public money, any service to meet a local need will be offered to existing community pharmacy contractors in the first instance

The 2018 assessment recognised the rapidly developing potential for pharmacy to have a much greater role in health improvement and prevention, the management of long-term conditions, and the reduction of health inequalities but it warned there needs to be a very careful balance performed between understanding need and suggesting un-evidenced further pharmacy developments.

Since then the importance of this issue has grown even further as across the country pharmacies have become much more involved in wider public health programmes, sometimes directly commissioned and sometimes developing their own role. This PNA does not constitute a commissioning intention for these wider services but it does provide the context against which decisions about commissioning further services should be considered.

Following the wide range of structural and governance changes over the last few years the responsibility for producing the Pharmacy Needs Assessment lies with Tameside Health and Wellbeing Board, hence this Assessment only examines need in Tameside. However need in Glossop has been reviewed in some detail due to the unique relationship Glossop has with Tameside via Tameside & Glossop CCG and the Single Commissioning Board for Health and Social Care. Analysis has also been undertaken for the Boroughs, which border Tameside relating only to any cross border issues that may affect residents across Tameside in relation to access to health and pharmacy services.

Note: *Glossop primary care services will be transferring from Greater Manchester to Derby and Nottinghamshire Integrated Care System (ICS) / Joined Up Care in Derbyshire ICS / Midlands NHS England and Improvement (NHSE/I), when the ICS arrangements take effect on 01/07/22. Glossop is currently/will continue to be included in the Derby City Council and Derbyshire County Council Health & Wellbeing Boards co-produced PNA*

Tameside Council and Tameside & Glossop CCG have developed a new approach to commissioning its wider health and social care services and therefore this PNA reflects this and how we deliver health and social care services to its population and in particular the way we can encourage our population to take better care of themselves through social prescribing and social capital interventions. Pharmacy services are a vital part of this provision within most communities as they are often people's first point of contact and, for some, their only contact with a healthcare professional. They are also valuable community assets in themselves because they can often be the only healthcare facility located directly within an area.

Taking all of this into consideration, this document looks at pharmaceutical need and provision from a number of different perspectives including

- Spatial (how far from a pharmacy do people live or work),
- Opening hours
- Access,
- What services are provided in pharmacy etc.?
- It also starts to think about pharmacy from an infrastructure point of view by understanding their potential contribution to social capital and social prescribing in communities.

Executive Summary

The conclusion of this Pharmacy Needs Assessment is that the population of Tameside has sufficient service provision (including pharmacy contractors) and no identified gaps to meet their essential pharmaceutical needs. This is clearly demonstrated by the following points:

- The higher number of pharmacies per 100,000 population (24) compared with the England average (22)
- Since 2012 the number of community pharmacies has increased across Tameside from 47 to 53
- This figure includes 5 distance selling or internet pharmacies who do not exclusively serve the Tameside population as they are a service with a England wide footprint
- This is still an increase of 6 face to face pharmacies across Tameside since the 2011 PNA. There have been no increases in pharmacy provision since the last PNA in 2018.
- Public consultation results indicates high levels of satisfaction with current pharmacy services in Tameside
- There is good access to a range of pharmacies with almost all the population (90%) able to access pharmacies within one mile of their home
- There is good location of pharmacies in relation to GP Practices across all four Tameside neighbourhoods
- Choice of pharmacy is good for the majority of local residents as most people tend to prefer to use a familiar or 'usual' pharmacy that they tend to stay with for a relatively long period of time and this is to be encouraged as it promotes continuity of care."
- Analysis of opening hours and trading days shows there is adequate provision for out of hour's services across Tameside.
- The maps and data contained in this document clearly show that services meet identified health and care needs in Tameside.

The potential future role of pharmacy to help meet the demands of a changing Tameside have been highlighted and future population changes and building developments that may alter population densities have been anticipated. Any future development of housing and industry that may have further impact will be re-assessed at the point that it becomes relevant and a supplementary statement will be issued if it affects the findings of this PNA.

Review of the current policy drivers raised some interesting strategic issues about the potential future contribution of pharmacy to the broader health challenges facing Tameside. Whilst not strictly a core part of the PNA they have been included for further consideration by local partners.

A consultation on this PNA was undertaken for 60 days between the 1st June 2022 and the 30th July 2022, in line with the statutory requirements. Analysis and any feedback has been incorporated into this document where possible, with the full consultation responses being included in the appendices.

Introduction and Background

This Tameside pharmaceutical needs assessment (PNA) is a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing and appliance contractors and (where relevant) doctors' services and will identify if, and where, there are gaps in provision.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, effective from 1 April 2013, now require each health and wellbeing board (HWB) to:

- Produce an updated PNA which complies with the regulatory requirements;
- Publish its third PNA by 1st October 2022;
- 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;
- Produce supplementary statements in certain circumstances when needed and relevant

Before a registered pharmacy can dispense prescriptions issued under the National Health Service, it must be included in the pharmaceutical list relating to a Health and Wellbeing Board Area, maintained by NHS England (administered by the local team). The process for dealing with applications is set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which can be found in the Market Entry section, and application forms are available from NHS England

Pharmacists play a key role in providing quality healthcare. They're experts in medicines, and use their clinical expertise, together with their practical knowledge, to advise on common problems, such as coughs, colds, aches and pains, as well as healthy eating and stopping smoking. Community pharmacists are the health professionals most accessible to the public. In addition to ensuring an accurate supply of appropriate products, their professional activities also cover counselling of patients at the time of dispensing of prescription and non-prescription drugs, drug information to health professionals, patients and the general public, and participation in health-promotion programmes.

The main purpose of the PNA is to enable effective commissioning of community pharmacy services. A person who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on a relevant list after meeting the appropriate regulatory tests and proving they are able to meet pharmaceutical needs as set out in the relevant Pharmaceutical Needs Assessments.

The guidance on PNAs makes clear that it needs to include not only essential services, which all pharmacies provide. The PNA should also take account of other services which might be commissioned by NHS England, local authorities and CCGs.

The main services reviewed in this PNA:

Essential services: In order to assess the adequacy of provision, all providers of essential services have been mapped. Essential services are those which every community pharmacy providing NHS pharmaceutical services must provide as set out in their terms of service, this includes the dispensing of medicines but also elements of health promotion and self-care.

The requirements also include ensuring fair access to services to those with physical disability or sensory disability. The complete list of essential service requirements is set out in the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013; parts 4-6 (http://www.legislation.gov.uk/uksi/2013/349/part/4/made).

Advanced Services: These are services community pharmacy contractors and dispensing appliance contractors can provide subject to specific accreditation for example New Medicines Service (NMS) which may only be undertaken by community pharmacists, plus, Appliance Use Reviews (AURs) and the Stoma Appliance Customisation (SAC) which may be undertaken by dispensing appliance contractors.

Other Enhanced/Locally Commissioned Services: current provision Enhanced Services are commissioned directly by NHS England and the Council and the CCG commission other locally determined services. These are usually commissioned outside the general contracting process and may apply to some or all the pharmacies in the area.

This assessment has also considered services provided or secured by the Health and Wellbeing Board, NHS England, CCG and local NHS Trusts which could in theory be provided by pharmaceutical services contractors even if they are not currently provided in this way.

Improvements, better access and gaps in provision: The PNA must also identify services that are not currently being provided but which in the future may be needed to secure future improvements to pharmaceutical services – common examples of this are major industrial, communications or housing developments, service redesign or re-provision. The rapid

development of new or altered lifestyle habits such as the rise of nicotine vaporisers is also an example of emerging considerations to be taken into account.

It is important to recognise that even if well evidenced and clearly presented NHS England does not have to meet the needs identified by the Health and Wellbeing Board.

Local Policy Drivers

Health and Wellbeing Board

Since April 2013 the Tameside Health and Wellbeing Board has been a statutory partnership board of Tameside Council, acting as a forum where commissioners across the NHS, public health and social care, elected members, voluntary and community representatives of Health Watch agree how to work together to achieve better health and wellbeing for local people.

The Health and Wellbeing Board is the principal statutory partnership through which this needs assessment will be managed and to which partners will be called to account for delivery.

The Health and Wellbeing Board will also use its powers and duties to promote the Our People Our Place Our Plan vison, shared commissioning and the integration of health and social care, and wellbeing services to maximize the benefits for residents. It will therefore be a key driver towards meeting the overarching priorities for both the council and health care commissioners of improving local life expectancy and reducing the health inequalities gap.

Corporate Plan

Tameside Council and NHS Tameside & Glossop CCG have come together to form one commissioning organisation – Tameside & Glossop Strategic Commission. We have developed together a new corporate plan that reflects the priorities and guiding principles for our joint work in the area. The corporate plan pulls together the objectives of the Strategic Commission.

'Our People Our Place Our Plan' outlines our aims and aspirations for the area, its people and how we commit to work for everyone, every day.

The plan is structured across the life course – Starting Well, Living Well and Ageing Well, underpinned by the idea of ensuring that the local area is a Great Place, and has a Vibrant Economy. Within each life course we have identified a set of goals that set out what we want to achieve for people in the area throughout their life.
The plan is supported by a list of our public service reform principles that define the ways of working we will take on to achieve those goals. The principles are Greater Manchester-wide

idea that we have adopted locally and will redefine our relationship with residents – doing with, not to.

The Corporate Plan identifies 8 priority areas that the Health and Wellbeing Board has committed to work together on, to make our shared vision a reality. The plan is not about tackling everything at once, but about setting priorities for joint action and making a real impact on people's lives, particularly in relation to reducing health inequalities. Although not all of the health and wellbeing challenges facing the Borough have been identified as specific priorities, the plan aims to improve outcomes for all residents.

Our plan adopts a life course approach detailed in the Marmot Review, "Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England".[1]

1. Very best start in life where children are ready to learn and encouraged to thrive and develop
2. Aspiration and hope through learning and moving with confidence from childhood to adulthood
3. Resilient families and supportive networks to protect and grow our young people
4. Opportunities for people to fulfil their potential through work, skills and enterprise
5. Modern infrastructure and a sustainable environment that works for all generations and future generations
6. Nurturing our communities and having pride in our people, our place and our shared heritage
7. Longer and healthier lives with good mental health through better choices and reducing inequalities
8. Independence and activity in older age, and dignity and choice at end of life

Our People Our Place Our Plan – Corporate Plan for Tameside & Glossop

Key elements in the pharmacy needs assessment

The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA must contain:

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area;
- A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision);

[1] http://www.instituteofhealthequity.org/resources-reports

- A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area;
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area;
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services;
- An explanation of how the assessment has been carried out (including how the consultation was carried out); and
- A map of providers of pharmaceutical services.

PNAs are closely related to, informed by, and inform the wider joint strategic needs assessment (JSNA). This means that the JSNA should cross reference to the assessment of need for pharmaceutical services and can also include details of the various roles that community pharmacy providers can carry out. This PNA should therefore be considered closely alongside the most recent JSNA for Tameside. Which can be found here https://www.lifeintamesideandglossop.org/document/

Wider drivers and strategies taken into account:

This PNA could not be undertaken in isolation as there is large-scale change taking place across the health and social care economy in which pharmacies operate. The main current strategic drivers affecting local health and social care at primary and secondary service level have therefore also been considered alongside the specific drivers for community pharmacy provision.

NHS England's Pharmacy Call to Action (Community Pharmacy Call to Action : PSNC Main site) was a consultation designed to gather views from pharmacy, patients and others with an interest in the sector on what community pharmacy services should look like in the future.

During the consultation period, PSNC, LPCs and pharmacies gathered views and responses outlining what community pharmacy have to offer. In total NHS England received more than 800 responses to the CTA, which it has confirmed is more than it received for the CTA for general practice.

At a local level many LPCs and Area Teams hosted meetings which pharmacy teams may have attended and which were designed to gather local views. In particular Area Teams held events designed to:

a) Work with local communities to develop strategies based on the emerging principles set out in the CTA, with close engagement with patients and the public and Health and Wellbeing Boards, to ensure that community pharmacy develops in ways that reflect their pharmaceutical needs and priorities and build on their insights;

b) Through pharmacy Local Professional Network (LPN) chairs, discuss with local community pharmacists and contractors, CCGs, CSUs, local authorities and other health and social care partners what changes NHS England needs to make to support these local needs and emerging strategies;

c) Ensure that all outcomes are linked appropriately to the five domains of the NHS Outcomes Framework and help reduce inequalities.

The Call to Action places community pharmacies as a key, frontline health service that can and does provide healthcare, advice/education and triage as an effective alternative to what the consultation suggested are the many over-subscribed primary care services in communities, particularly GP practices.

The geographical position of pharmacies within communities is particularly important as, contrary to most other health facilities; areas of deprivation in general are better served by pharmacies than communities in wealthier neighbourhoods. This fact may provide a vital opportunity in priority communities for targeting prevention initiative. In addition the pharmacies themselves may also be an essential community asset adding greatly to the social capital of an area as they sell a range of essential goods, provide a range of services such as vaccinations and testing/monitoring and provide a meeting point for local people in the way that other former community assets like launderettes and post offices did before they fell into decline.

Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

The HLP framework is underpinned by three enablers:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- Engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

Community Pharmacies were required to become an HLP in 2020/21 after the NHS Terms of Service were amended in 2020 to include HLP requirements. Pharmacy contractors were required to ensure they were compliant with the HLP requirements from 1st January 2021, with Distance Selling Pharmacies having to ensure they were compliant by 1st April 2021.

Quality Payments Scheme

Achieving HLP level 1 (self-assessment) is now a Quality Payment criterion for the Quality Payments Scheme. Further details on the Quality Payments Scheme can be found on the Quality Payments hub on the PSNC website. http://psnc.org.uk/services-commissioning/essential-services/quality-payments/

Healthy Living Pharmacies (HLP) are a concept born and supported by Public Health England. HLP is in essence a kite mark of quality. Each pharmacy has a HLP Leader and Champion and their learning is dissolved to the whole Community Pharmacy team. HLP is key in terms of enabling successful delivery of prevention messages. Going forward HLP will be core to the delivery of all services delivered within community pharmacy acting as a baseline in which services such as screening etc. can be bolted on.

The Greater Manchester Local Pharmaceutical Committee

Greater Manchester LPC is the statutory organisation representing community pharmacists in our area. It represents pharmacy members in discussions with the NHS, local authorities and partners to plan and agree local services. Their aim is to act in members' best interests and ensure local people reap the benefits community pharmacy can bring in improving health and wellbeing.

More information about Greater Manchester LPC can be found here:
http://psnc.org.uk/greater-manchester-lpc/localities/

Greater Manchester Health and Social Care Partnership.[2] On April 1 2016, Greater Manchester became the first city region in the country to take control of its combined health and social care budgets – a sum of more than £6 billion. It means that – for the first time – local leaders and NHS clinicians are working together to tailor budgets and priorities to improve the health and wellbeing of 2.8 million residents.

Greater Manchester Health and Social Care Partnership is the body made up of the NHS organisations and councils in the city region that is overseeing the work.

[2] https://www.gmhsc.org.uk/about-devolution/

Governed by the Health and Social Care Partnership Board, the partnership comprises the local authority and NHS organisations in Greater Manchester, plus representatives from primary care, NHS England, the community, voluntary and social enterprise sector, Health Watch, Greater Manchester Police and the Greater Manchester Fire and Rescue Service.

The Partnership continues consultation with local people to tackle some of the inequalities and poor health outcomes that blight the region. For example, more than two thirds of early deaths in Greater Manchester are caused by things like smoking, alcohol dependency and poor diet, behaviours that could be changed. Nearly 25% of the population have a mental health or wellbeing issue that can affect everything from health to employment, parenting and housing. This has to change.

The outcomes the partnership aims to achieve are:

- More GM children will reach a good level of development cognitively, socially and emotionally.
- Fewer GM babies will have a low birth weight resulting in better outcomes for the baby and less cost to the health system.
- More GM families will be economically active and family incomes will increase.
- Fewer will die early from cardio-vascular disease (CVD)
- Fewer people will die early from cancer
- Fewer people will die early from respiratory disease
- More people will be supported to stay well and live at home for as long as possible.

More detail of the plans can be found here: Greater Manchester Health & Social Care Partnership | about devolution (gmhsc.org.uk)

Integrated Health and Care

The **Health and Social Care Act** (2012)[3] set out an explicit focus on the importance of integrated care. Recent reforms to the health and care system have enabled local communities to increase focus on commissioning and ensure the kind of care and support that best meets their needs, with local practitioners in the driving seat.

NHS Tameside and Glossop Clinical Commissioning Group and Tameside Metropolitan Borough Council have been working together to develop, introduce and commission an integrated system of health and social care in Tameside and Glossop.

[3] http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

The programme of change has the challenge of supporting local people with less money to spend and by local organisations across health and social care working better together to reduce demand on more intensive and expensive health and social care services; by implementing community based prevention and early intervention initiatives and promoting self-care and health proficiency.

There is a firm commitment to achieving a seamless health and social care service where organisational boundaries do not get in the way. This is being achieved by a range of methods such as joint funding, sharing resources and jointly building integrated services that are centred on the health and social needs of individuals and communities.

Integration includes care that is closer to home and involves neighbourhood care teams. Health & Social Care integration is very much about how the people of Tameside and Glossop, along with GPs, the local Council, care providers, hospital, community services and charities can work effectively together to deliver improved health and social care services and outcomes; placing the person at the centre of the care that is required.

The key to this approach is to prevent people becoming ill in the first place. We want the residents of Tameside and Glossop to remain well for as long as possible. Health & Care integration is allowing us to work with residents, and communities to address the things that contribute to ill health; designing services, places and spaces, to support healthier choices and outcomes. This also means providing better information and support to people who have ongoing health and care needs to live healthy and independent lives for as long as possible. Pharmacies across the borough are ideally situated to be an integral part of the ‘’Care Closer to Home’ agenda.

Integrated care systems (ICSs)

ICS’s are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

ICSs are intended to bring about major changes in how health and care services are planned, paid for and delivered, and are a key part of the future direction for the NHS as set out in the NHS Long Term Plan. It is hoped that ICS’s will be a vehicle for achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and helping the NHS to support social and economic development.

The ICS NHS body will be responsible for NHS strategic planning and allocation decisions, and accountable to NHS England for NHS spending and performance within its boundaries. Key responsibilities of the ICS NHS body will include:

- Securing the provision of health services to meet the needs of the population by taking on the commissioning functions that currently reside with clinical commissioning groups (CCGs) alongside some of those that currently reside with NHS England
- Developing a plan to meet the health needs of the population
- Setting out the strategic direction for the system
- Developing a capital plan for NHS providers within the geography.

The ICS health and care partnership will be responsible for bringing together a wider set of system partners to promote partnership arrangements and develop a plan to address the broader health, public health and social care needs of the population (the ICS NHS body and local authorities will be required to 'have regard to' this plan when making decisions). Membership will be determined locally but alongside local government and NHS organisations is likely to include representatives of local VCS organisations, social care providers, housing providers, independent sector providers, and local Healthwatch organisations. The responsibility for the commissioning of primary care services, including pharmaceutical services will be ICS's from April 1st 2022.

Scope

The Steering group for the Tameside Pharmacy Needs Assessment began the 2022/25 PNA by reviewing the 2018/21 document. Finding it still fit for purpose in its structure and key sections, they proposed to build the 2022/25 PNA around a similar template.

The Tameside "neighbourhood" approach aims to capture the benefits of a more focussed consideration on community needs and access to services. This approach will achieve budget reductions whilst maximising engagement with communities and partners to deliver those services that are most important to local residents. The approach/offer aims to support prosperity and reduce dependency on specialist and costly council and health services by promoting self-sufficiency. The structure proposed is designed to be future proofed. It can absorb other services over time to deliver further budget reductions and it can accommodate changes in service provision as demand and funding vary overtime.

Cross border issues have been included in the scope as pharmacies in Stockport, Oldham, Manchester and Derbyshire may well be the most local facilities for some residents living near the edges of Tameside, or indeed may be more convenient to where their GP is sited, on the

route to or near their workplace/shopping route etc. Similarly these neighbouring areas may also have residents whose usual or preferred pharmacy is in Tameside. This issue is particularly relevant to the Glossop area.

To continue to be fit for purpose for the next three years this assessment has ensured that all relevant strategic drivers that influence need have been reviewed. In summary the PNA will:

- Enhance and contribute to the JSNA
- Inform the wider health and wellbeing plans of the Health & Wellbeing Board
- Support the priorities of the Corporate plan
- Reflect and inform neighbouring Boroughs JSNAs

Process followed for the 2022/25 PNA

The first step was to consider the 2018/21 PNA against the subsequent changes in Tameside demographically, structurally and from a policy perspective. This included a consideration of changing needs and provision in the last three years, and also, examined emerging structural and policy impact of the recent health and social care reforms and their influence on pharmacy provision.

Stakeholder engagement was undertaken to determine the key issues to consider and debate from the 1st draft of this PNA over a 60 day consultation period. The results of the consultation are included in this final draft.

To guide the process a steering group met every twelve weeks virtually to guide the assessment consisting of the main stakeholders. (Membership listed in Appendix 1).

A parallel process of public consultation through electronic questionnaires was undertaken to capture the public's own views of access and experience of local pharmacies and representation of the PNA. The public consultation was also presented to the Partnership Engagement Network (PEN) conference on the 28th February where discussions took place with members of the PEN on pharmacy services.

The Tameside Council Corporate Policy, Performance and Intelligence Team (population health intelligence) completed the public and stakeholder engagement and produced the PNA. (Further details of the process and consultations undertaken are outlined Appendix 2)

Context: The growing health challenge in Tameside

Life expectancy is improving in Tameside; however people in Tameside still have overall worse health and lower life expectancy than England. The top causes of this difference are deaths from heart disease, cancer and respiratory disease. Over the next decade it is

predicted that life expectancy will continue to improve, although these gains will be overshadowed by the worrying parallel of increased prevalence of limiting long term illness brought on by the relatively high local levels of obesity, tobacco use and alcohol consumption.

There are also marked inequalities in health across Tameside with people living in poorer areas having lower life expectancy and even higher levels of limiting long-term conditions and disability.

The recent Covid 19 pandemic as exacerbated these health inequalities, with Tameside experiencing high levels of Covid 19 cases, hospital admissions and the 6th highest mortality rate from Covid 19.

Life Expectancy

Improvements in life expectancy at birth, which had seen around a one year increase every five years for women and a one year increase every three and a half years for men, have slowed since 2010 to a one-year increase every 10 years for women and every six years for men.[4]

There are many potential explanations for this reduced level of improvement in this key indicator. However a key factor is the increasing role played by deaths at older ages. There has been a sudden and sustained increase in the number of people reaching 80 years plus. This is both as a result of improved survival to old age and a sustained level of births and greatly improved chances of surviving infancy and childhood.

This has placed substantial pressure on all forms of social protection such as the NHS, social care and pensions.[5] At the same time there has been increased recognition of age related mental health conditions, in particular Dementia. Dementia is now the most common cause of death in women aged 80 years and over and in men aged 85 years and older.

The implications for services of both a greater rate of dementia at death and a relatively rapid increase in the population at the most vulnerable ages is considerable and puts social protection activities under considerable strain.[6]

Within local authorities there are considerable variations in the inequality gradient in life expectancy between small areas based on deprivation, with healthy life expectancy following the same pattern.

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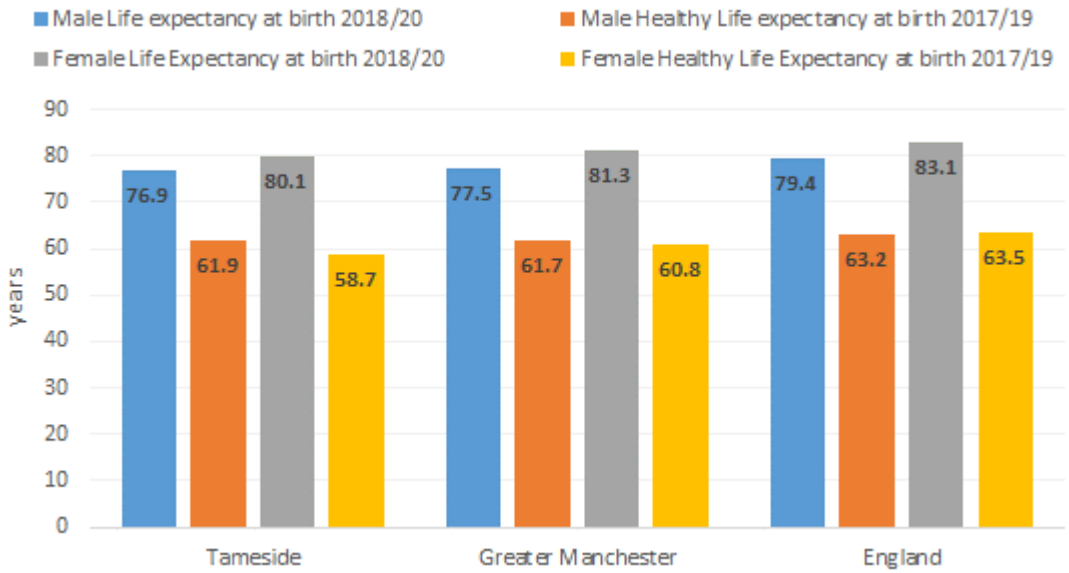
[4] http://www.instituteofhealthequity.org/resources-reports/marmot-indicators-2017-institute-of-health-equity-briefing/marmot-indicators-briefing-2017-updated.pdf

[5] http://www.instituteofhealthequity.org/resources-reports/marmot-indicators-2017-institute-of-health-equity-briefing/marmot-indicators-briefing-2017-updated.pdf

[6] Marmot review 2017

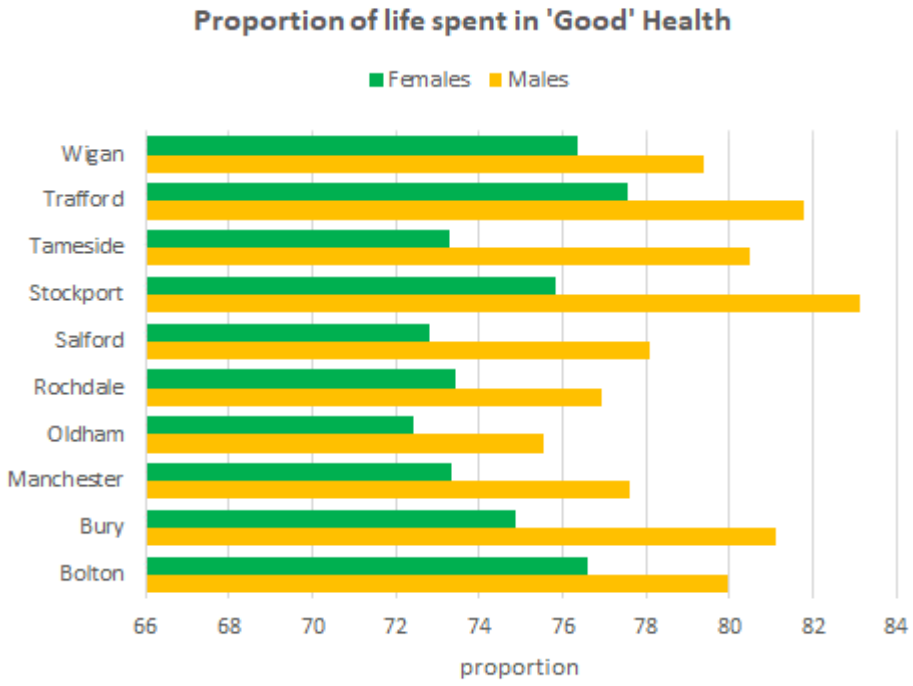
Overall Life Expectancy in Tameside for both males and females is below the average for England and Greater Manchester as seen in chart 1.

Chart 1: Life Expectancy and Healthy Life Expectancy at Birth (2017-2020); 3 year rolling average



Source: PHE and ONS (please note Health status life expectancies had not been updated at the time of production of this PNA)

Chart 2: Proportion of life spent in 'Good' Health by local authorities across Greater Manchester 2017/2019



Source PHE and ONS

Healthy Life expectancy (HLE)

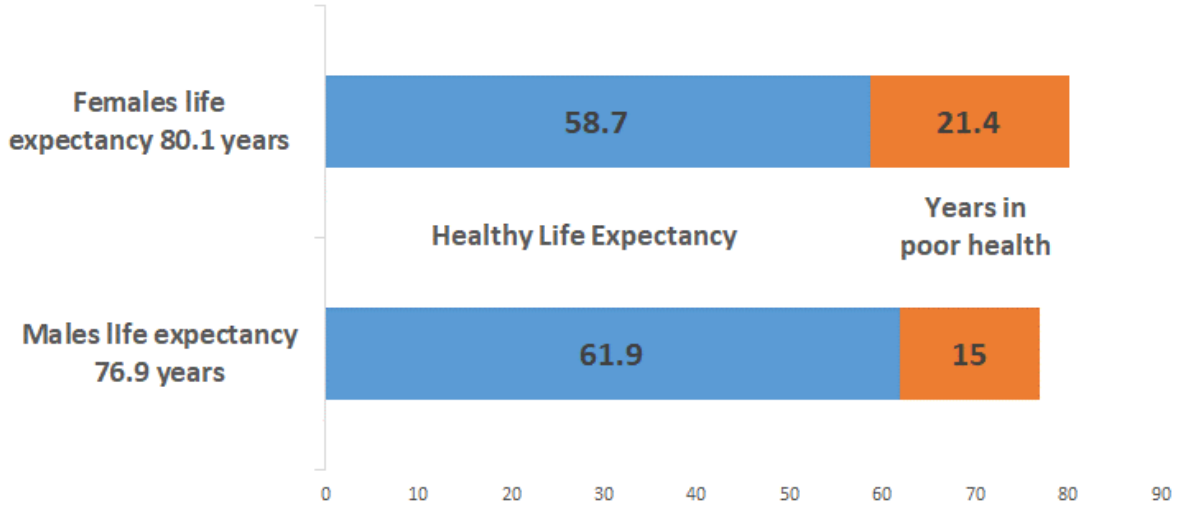
Health expectancies (HEs) divide predicted lifespan into time spent in given states of health thereby adding a quality of life dimension to estimates of Life Expectancy. Healthy life expectancy (HLE), estimates lifetime spent in 'Very good' or 'Good' health based upon self-perceived general health and Disability-free life expectancy (DFLE), which estimates lifetime free from a limiting persistent illness or disability based upon a self-rated functional assessment of health.

HLEs are used as a high level outcome to contrast the health status of different populations at specific points in time and to monitor changes in population health over time, giving context to the impacts of policy changes and interventions at both national and local levels. HLEs have value across state, private and voluntary sectors, in the assessment of healthy aging, fitness for work, health improvement monitoring, and extensions to the state pension age, pension provision and health and social care need.

Healthy life expectancy in Tameside is currently 57.9 years for males and 57.4 years for females, which is significantly lower than the England average of 63 years for males and 64 years for females.

The impact of rising life expectancy but decreasing age at which people begin to suffer illness or disability is quite stark as it results in a growing population of people who are living longer but becoming sicker younger. As this is the population age group that is also expanding rapidly in numbers it produces the combined impact of an increasing and unsustainable demand for more health and social care and support.

Chart 3: Life and Healthy Life Expectancy (2017/19, 2018/20)



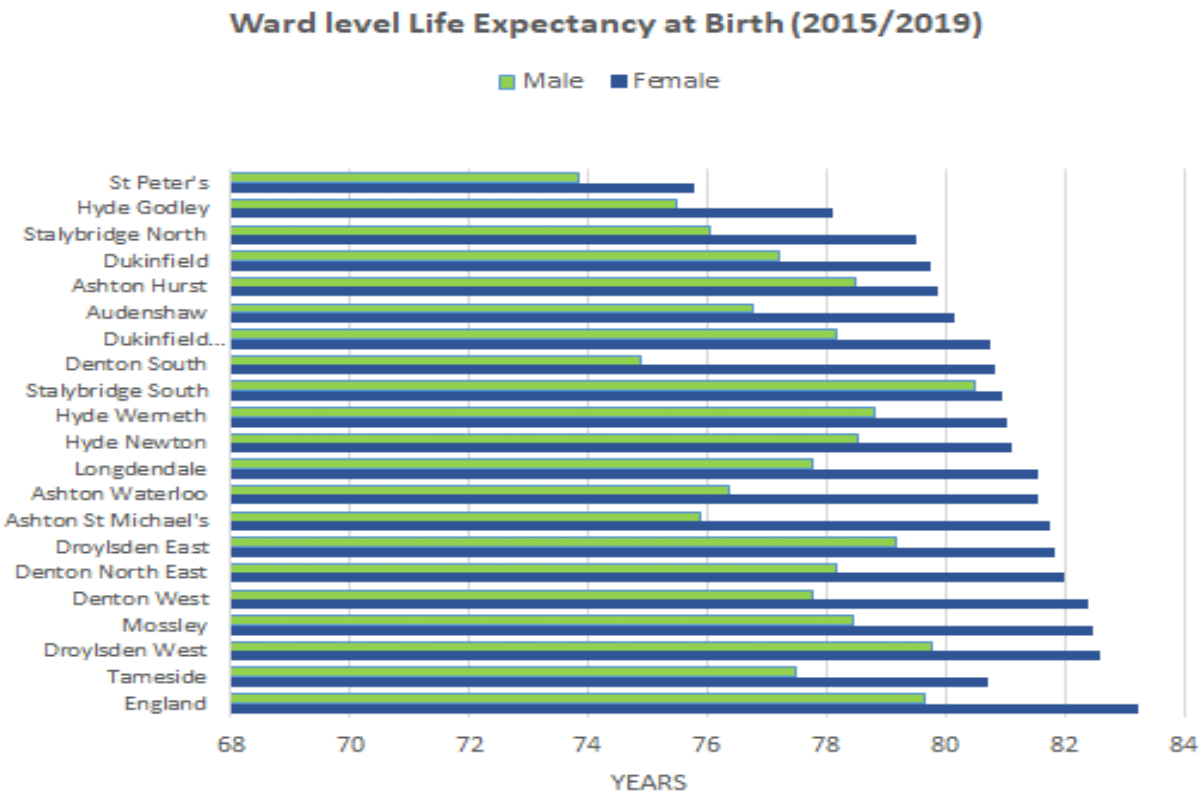
Furthermore there are particular at-risk or vulnerable groups:

- People living in deprived areas
- People experiencing financial pressures and insecure employment
- Children and families living in poverty and poor housing
- Black and Minority Ethnic Groups
- Adults with poor educational attainment

Deprivation is a major factor influencing our population's health needs, health inequalities and life expectancy and there is a link between areas of higher deprivation and areas with low life expectancy levels. This link can be seen in Tameside Ashton St Peters and Hyde Godley, two of the most deprived wards in Tameside and correspondingly they suffer some of the lowest life expectancy.

Across Tameside wards there is nearly a seven-year difference in male life expectancy from 73.8yrs in Ashton St. Peter's to 80.5yrs in Stalybridge South, and, nearly a seven year difference between in female life expectancy from 75.8yrs in Ashton St. Peters to 82.6yrs in Droylsden West. The chart below illustrates these differences in life expectancy across Tameside wards.

Chart 4: Life Expectancy at Birth (Tameside wards 2015/2019)



Source: Local Health PHE Fingertips

The persistent gap between life expectancy raises much concern about the sustainability of current ways of providing health and social care. As the demand for resources to support poor health and long term conditions are rising steeply, it makes the development of prevention and early intervention strategies and a focus on self-care and social prescribing vitally important.

Tameside's changing population

The 2020 population of Tameside was estimated to be 227,117, an increase of 1,920 people since the last PNA (2018). The mean age of the Tameside population as measured within this estimate is 45 years, which is approximate to the England average of 41 years.

There are around 48,552 children aged 16 years and under (20% of the population), 39,976 people aged 65 years and over (18% of the population) and 138,589 people of working age (61% of the population).

Tameside is ethnically diverse with very established Indian, Pakistani and Bangladeshi communities, especially in Ashton and Hyde. The estimated proportion of people in Tameside from a British Minority Ethnic group is approximately 14%.

Deprivation

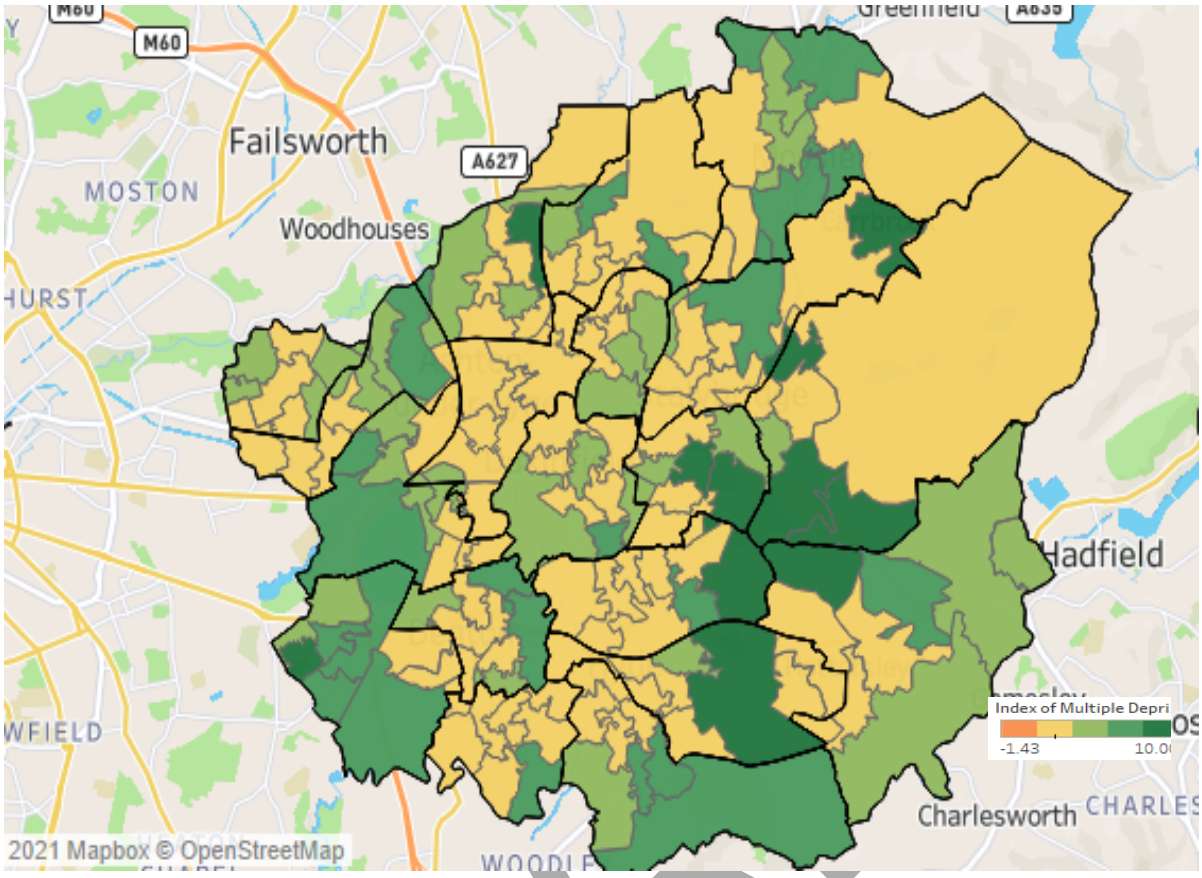
Deprivation from income, housing, employment and health are key drivers in health and wellbeing outcomes. People born into and living in deprivation tend to have poorer health outcomes than people from more affluent areas. Tameside as a local authority is relatively deprived and is placed as the 28th most deprived local authority out of 317 in the Index of Multiple Deprivation (IMD). 21% of the 141 LSOAs in Tameside are among the 10% most deprived LSOA in England.[7]

This growing health challenge also affects Tameside economically with 28.6% of the working age population of Tameside having a 'long term health problem or disability' being economically inactive compared to 22.8% in England.[8]

Periods of economic downturn often result in a rise in health problems, especially for those affected by long-term unemployment. In many cases losing a job can lead to social isolation and mental health problems and this combined effect can impact on general health and well-being leading to pressure on health services.

[7]https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019
[8] https://www.nomisweb.co.uk/reports/lmp/la/1946157088/report.aspx?c1=2013265922&c2=2092957699

Map 1: Deprivation in Tameside (IMD 2019)



Source: Policy, performance and communication team Tameside

The map above illustrates the LSOAs across Tameside by deprivation quintile. The darker the green areas the more deprived the LSOA is.

Employment

Figures covering the period between January 2020 and December 2020 show that the employment rate in Tameside was 72.9%. This is slightly higher than the Greater Manchester average (72.5%) but lower than the England average (75.7%).

As of July 2021, there were 9,550 (6.8%) residents in Tameside claiming out of work benefits. Under Universal Credit a broader span of claimants are required to look for work than under Jobseeker's Allowance. As Universal Credit Full Service is rolled out in particular areas, the number of people recorded as being on the Claimant Count is therefore likely to rise.[9] This is similar to the Greater Manchester average (6.9%) but higher than the England average (5.5%).

[9] https://www.nomisweb.co.uk/reports/lmp/la/1946157088/report.aspx?c1=1967128590&c2=2092957699

Other indicators of Tameside's economic health include:

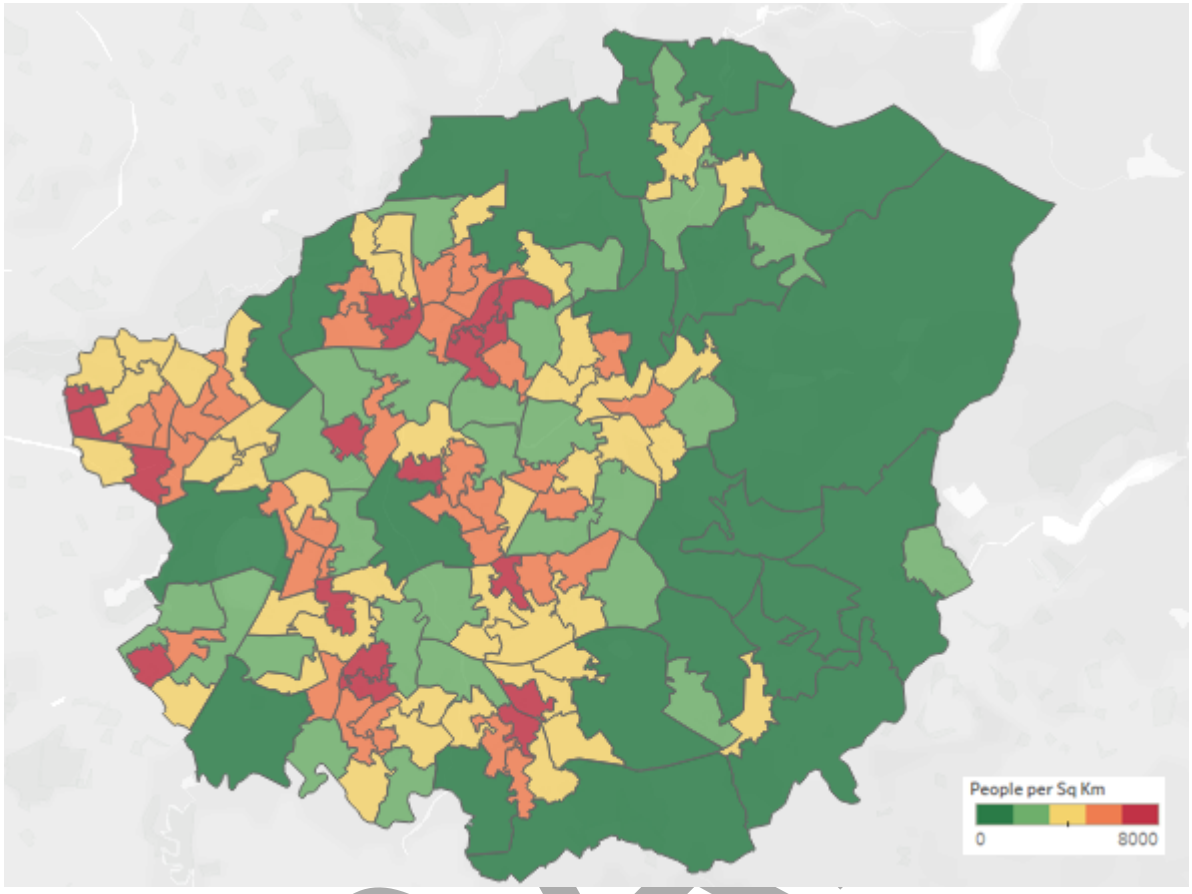
- Gross weekly earning average at £480 in Tameside which is lower than both the Greater Manchester (£550) and England (£590) averages
- 19.6% of the population of Tameside are caring responsibilities
- Housing tenure in Tameside is mixed with houses mainly owner occupied (63.4%), rented from a Housing Association (22%), private rented (14%). 22.4% of households (23,498) live in affordable accommodation
- The percentage of pensioners aged 65 and above living alone in Tameside is 35.5% but this varies across wards from 41.5% in St. Peter's ward to 27.6% in Stalybridge South.
- A high proportion of people in Tameside are employed in occupation groups 6-9 (38.4%). These occupations groups cover roles such as caring, leisure, services, and processing, manufacturing and elementary occupations. This is higher than both GM and England. Around 35% of the Tameside population work in higher professional/technical occupations, this is lower than the GM and England averages (47.6% & 50.7% respectively)

Tameside has a residential population density overall of around 2,199 people per square kilometre.[10] The Borough covers 40 square miles centred on the River Tame but the living environment within that varies with a mix of urban and rural landscapes, the area includes historic market towns, a canal network and industrial heritage areas as well as modern fast transport links (rail, motorway and tram) links and is bordered by the boroughs of Stockport and Oldham to the south and north respectively, the city of Manchester to the west and the borough of High Peak in Derbyshire to the east.

Some parts to the East of the Borough are sparsely populated whilst areas of the main towns are highly populated (e.g. Ashton, Droylsden and Hyde).

10 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019

Map 2: Tameside population density map



Source: ONS mid-year population estimates

Tameside's local economy is inter-connected with that of the wider Greater Manchester Region. The workforce is well placed, particularly in the west of the borough, to benefit from this geographic concentration of economic activity and the improved transport links. Tameside accounts for 5% of all employment in Greater Manchester and is home to 5.9% of the GM business base.

Tameside's share of the Greater Manchester working age (16-64) population is 9.3%, which means that there is a net outflow of workers to other areas including to the regional centre of Manchester, itself. (Further details may be found in the Tameside Housing Strategy at http://www.tameside.gov.uk/housing/strategy.

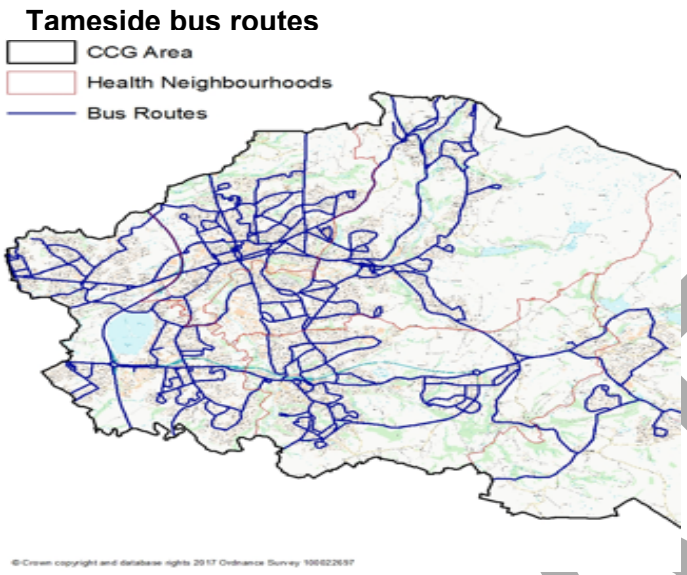
It can be clearly seen from the next three maps that the populations in both rural and urban parts of the Borough are well served by public transport routes and on the whole Tameside is very accessible.

There is a good degree of mobility between the towns within Tameside and there are clear transport links between towns and specific areas outside of Tameside. For instance,

Audenshaw, Droylsden and Denton strongly interact with Manchester; Mossley with Oldham; Hyde with Stockport and Longdendale with High Peak.

The establishment of the Metrolink tram network line to Ashton in 2013 enabled further connections and access across parts of Tameside and increased public transport routes to the rest of Greater Manchester.

Map 3: Tameside Public Transport – Bus

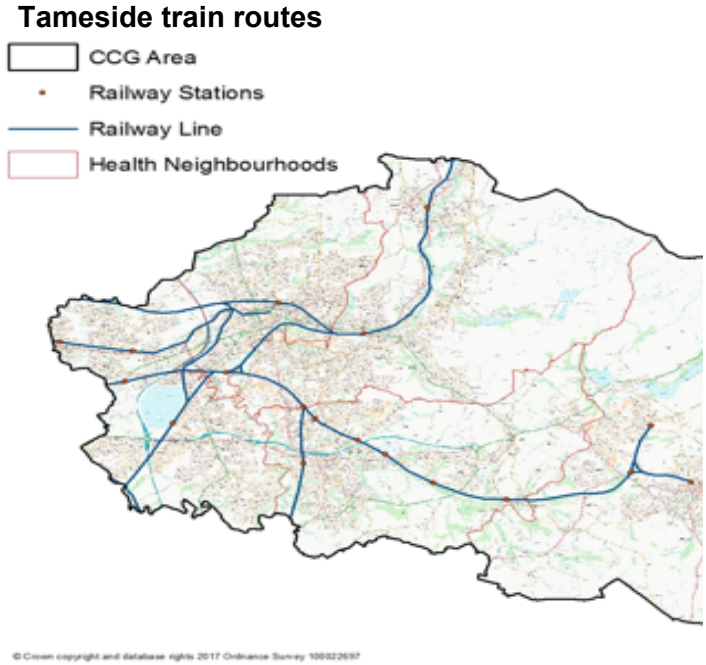


Source: GMPTE, 2020

The new Ashton-Under-Lyne Interchange which opened in August 2021 provides passengers with much-improved facilities and a modern, accessible gateway to the town and inter-connects with the Metrolink.

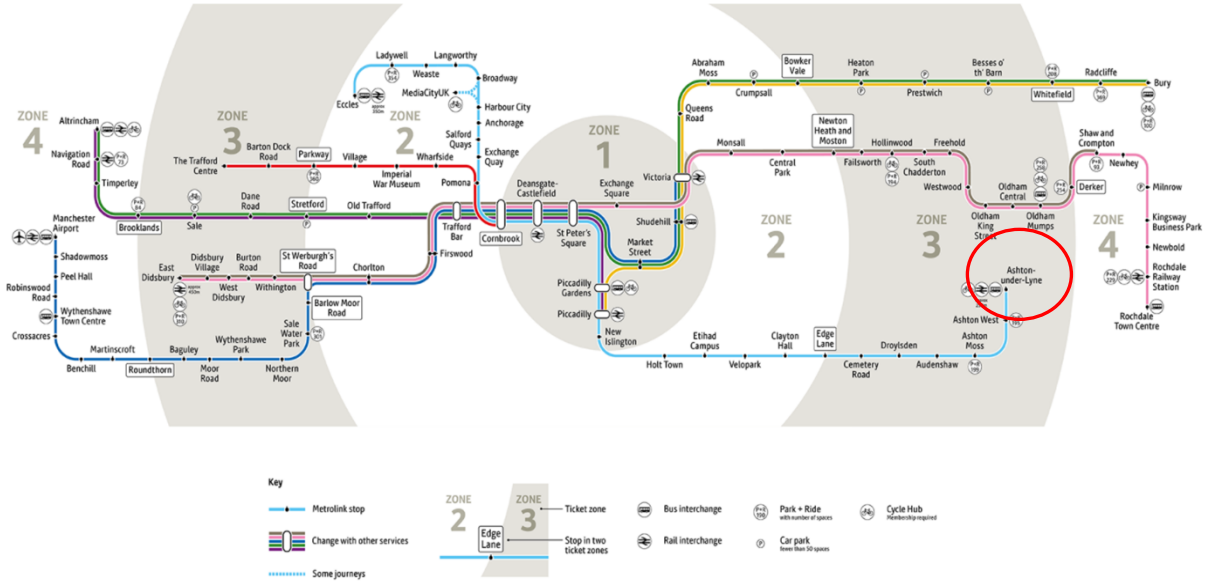
The Interchange supports the economic growth of the town and helps people to get to and from their places of work.

Map 4: Tameside Public Transport – Rail



Source: GMPTE, 2020

Map 5: Tameside Public Transport – Metrolink routes connecting Tameside to the rest of Greater Manchester



Source: GMPTE, 2021

Further information on population demographics and health and wellbeing needs across Tameside can be found within the Tameside JSNA available alongside the PNA on the Tameside JSNA website. (Life in Tameside & Glossop)

The Life in Tameside and Glossop website provides easy access to statistics and indicators at differing geographical levels across the borough. The statistics cover a number of themes including demographics, educational achievement, health, social care, employment and published reports. www.lifeintamesideandglossop.org

Infrastructure Developments

Vision Tameside

Tameside Metropolitan Borough Council has been working in partnership with Tameside College on a strategy to bring greater economic prosperity and transform learning and skills in Tameside. The multi million pound 'Vision Tameside' has seen three new Advanced Learning Centres built, based in Ashton Town Centre and at the Beaufort Road site since the last PNA. These new Learning and Skills Centres offer people in Tameside "state of the art" facilities that equip them for the challenges of a changing economy requiring a highly skilled workforce. These facilities bring more students into the Ashton town centre footprint alongside the teaching and support staff that work across the 2 sites. As part of phase 2 of the project a Joint Public Service Centre for Tameside Council and partners opened its doors in April 2019. Partners include Tameside & Glossop CCG staff and Job Centre Plus. This has inevitably increased the population of the town centre during

the week. It is therefore crucial that consideration is taken into account on the impact of the rise in population during the working day may have on health and pharmacy provision.

Strategic Planning

Greater Manchester Places for Everyone[11]

Places for Everyone is a long-term plan of nine Greater Manchester districts (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Tameside, Trafford and Wigan) for jobs, new homes, and sustainable growth. It has been published by the GMCA on behalf of the nine districts.

The plan is a joint development plan of the nine districts which will determine the kind of development that takes place in their boroughs, maximising the use of brownfield land and urban spaces while protecting Green Belt land from the risk of unplanned development.

It will also ensure all new developments are sustainably integrated into Greater Manchester's transport network or supported by new infrastructure.

The plan is the result of a process that began as the Greater Manchester Spatial Framework (GMSF) in 2014, and has been informed by the feedback received from residents, businesses and the development industry to previous consultations on that Plan. The nine districts decided to continue to produce a joint plan following the withdrawal of Stockport Council from the GMSF.

The plan:

- sets out how the nine boroughs should develop up until 2037;
- identifies the amount of new development that will come forward across the 9 districts, in terms of housing, offices, and industry and warehousing, and the main areas in which this will be focused;
- supports the delivery of key infrastructure, such as transport and utilities;
- protects the important environmental assets across the city region;
- allocates sites for employment and housing outside of the existing urban area; and
- defines a new Green Belt boundary for Greater Manchester

[11] https://www.greatermanchester-ca.gov.uk/what-we-do/planning-and-housing/places-for-everyone/

Tameside Local Plan

Tameside is preparing a new Local Plan which will be the main land use planning document for the Borough. The Local Plan will replace the Councils currently adopted Unitary Development Plan, adopted in 2004 and will incorporate the strategic policies and allocations as they evolve in the 'Place for People' plan for Greater Manchester.

The Greater Manchester Strategic Housing Market Assessment (SHMA) 2019 concluded that there was an overall housing need for Tameside of 6,320 additional dwellings between 2018 and 2028, an average of 632 dwellings per annum. Commissioning of health and pharmacy services in Tameside needs to consider the impact of the increased population this will bring into Tameside.

Housing delivery: A total of 4,482 net residential units were delivered within Tameside over the ten year period 2010/11 to 2019/20 at an average of 448 net residential units per annum. Hyde has seen a huge addition of new residential houses, including new-build estates across Hattersley and Newton; whilst Stalybridge has also seen the Summer Quays apartment development in the town centre. 195 new homes and play spaces have recently started to be constructed on the former Hartshead School site, also in Ashton-Under-Lyne. In Hattersley there are plans to see 91 new affordable care apartments open on the site of the former district centre on Hattersley Road East. The mix of homes is designed to cater to 'independent' people or couples aged over 55, who are either retired or looking to retire, or to downsize into 'more modern and flexible housing' that can adapt to care requirements. There are also plans for a garden village in Godley, Hyde, this would unlock up to 2,350 new homes over the next 17 years.

The local Integrated Assessment of the Tameside Local Plan can be found here

Tameside Wellness Centre

Tameside Council has invested more than £20 million in the provision of high quality sports and leisure facilities across Tameside, creating a platform upon which to increase physical activity and develop a sustainable model for Active Tameside.

The Wellness Centre, Denton was opened in March 2020, replacing the existing Active Denton leisure centre. The Wellness Centre has moved away from the traditional model of simply providing leisure facilities. In addition to ensuring Tameside residents have access to sport and leisure facilities, the Tameside Wellness Centre will help and encourage residents to become more active and socially involved.

The impact the Wellness centre may have on the Denton Neighbourhood and pharmacy provision should be minimal, as most of the footfall of people would be as visitors. However it is worth noting

that if there are pharmacy facilities within the locality of the Wellness Centre, this could offer a convenient service for residents to deal with any minor injuries or illnesses while visiting the Wellness Centre and this as a facility would give users of the Wellness Centre a wide range of opportunities to improve their health.

Meeting Pharmacy Need and Priorities in Tameside

The issues for health & wellbeing in Tameside are complex and often lie outside the traditional health and care services. It is widely recognised that social and environmental determinants and their interdependencies influence the health and wellbeing outcomes of our population and communities.

As the population continues to grow, age and change, so too will the demand for health and care services across the area, thus a need to enable our population to live as long as possible in good health, free from illness and disability. This will ensure services can cope with increased demand and that health and care are affordable to the local economy.

Changes in the ageing population are currently contributing to the increased demand on health and care services. People in Tameside are now living longer than they have ever done. With 13% of the 2020 population being 70 years and over. However, this longer life is not always in good health so the demands on services that support people with long term health and care will continue as people live longer and the dynamics of the ageing population changes. The number of carers will also increase as more people live longer and therefore it is important to have responsive flexible arrangements in place to support people caring for others and to support people who want to live independently; this will create an health and care culture where the need for secondary hospital services are a last resort.

Demand for early years and school age children's services is also on the increase, in 2021 there were 1461.8 children in need per 10,000; 2,683 referrals to children's social services related to child protection; 385 children with child protection plans in place and 682 cared for children. Therefore children's services will need to adapt and respond to take into account the changing diversity of the population going forward.

More information relating to the health and wellbeing need in Tameside can be found here

JSNA: Summary of health and wellbeing 2020/21

Local Authority health profile 2021

The main causes of morbidity and mortality in Tameside mirror those of England and the Greater Manchester Region. The most recent morbidity and mortality data shows that

circulatory diseases (heart disease and stroke) and cancers remained the main causes of ill health and mortality. Respiratory Diseases and alcohol related conditions follow next.

Morbidity

Disease prevalence in Tameside is high, with many people living with more than one long term condition. Key long term conditions in Tameside include the following

Table 1: Registered Disease Prevalence 2020/21

Indicator	Period	Tameside And Glossop			England			
		Recent Trend	Count	Value	Value	Lowest	Range	Highest
Atrial fibrillation: QOF prevalence (Persons, All ages)	2020/21	↑	4,952	2.0%	2.0%	0.9%		3.3%
CHD: QOF prevalence (all ages) (Persons, All ages)	2020/21	↓	9,466	3.8%	3.0%	1.8%		4.9%
CKD: QOF prevalence (18+) (Persons, 18+ yrs)	2020/21	↓	5,470	2.8%	4.0%	2.0%		6.9%
COPD: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	7,541	3.0%	1.9%	0.9%		3.8%
Asthma: QOF prevalence (all ages) - retired after 2019/20 (now 6+ yrs) (Persons, All ages)	2019/20	↑	18,806	7.5%	6.5%	4.7%		8.3%
Cancer: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	8,021	3.2%	3.2%	1.6%		4.7%
Dementia: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	1,902	0.8%	0.7%	0.4%		1.2%
Depression: Recorded prevalence (aged 18+) (Persons, 18+ yrs)	2020/21	↑	33,216	16.8%	12.3%	7.3%		19.8%
Diabetes: QOF prevalence (17+) (Persons, 17+ yrs)	2020/21	↑	16,478	8.2%	7.1%	4.3%		9.6%
Epilepsy: QOF prevalence (18+) (Persons, 18+ yrs)	2020/21	→	1,956	1.0%	0.8%	0.5%		1.2%
Osteoporosis: QOF prevalence (50+) (Persons, 50+ yrs)	2020/21	↑	606	0.6%	0.8%	0.2%		1.7%
Rheumatoid Arthritis: QOF prevalence (16+) (Persons, 16+ yrs)	2020/21	→	1,632	0.8%	0.8%	0.5%		1.2%
Stroke: QOF prevalence (all ages) (Persons, All ages)	2019/20	→	5,218	2.1%	1.8%	1.0%		2.8%
Obesity: QOF prevalence (18+) (Persons, 18+ yrs)	2020/21	→	13,651	6.9%	6.9%	4.2%		11.5%
Mental Health: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	2,209	0.88%	0.95%	0.61%		1.55%
Hypertension: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	39,876	15.8%	13.9%	9.6%		18.8%

Source NHS Digital/ Office for Health Improvement and Disparities fingertips

The disease prevalence table above illustrates the number and proportion of the Tameside population registered with a health condition. It shows that across many diseases and conditions Tameside has a similar prevalence to the England average with some exceptions. Levels of hypertension, COPD, Asthma, depression and diabetes are higher than the England average.

Mortality

Deaths that occur in people under 75 years are considered mainly preventable and therefore premature. In Tameside a higher proportion of people die prematurely than they do in other parts of England. Premature deaths from cancer, heart disease and respiratory conditions are particularly high.

More information on mortality in Tameside can be found here

Lifestyle factors especially smoking, harmful alcohol consumption, poor diet and lack of exercise contribute to these largely preventable diseases. They also contribute to other risk

factors including diabetes, high blood pressure, obesity and high cholesterol which have a direct impact on heart disease and stroke, cancer and respiratory disease.

The Health and Wellbeing Board considers that the key to ensuring a more healthy population is significant investment and prioritisation in prevention services and flexible personalised services closer to home. The current drivers will inevitably mean a change in investment profiles and service redesign to ensure a preventative and early intervention approach to improving health, increasing life expectancy and tackling health inequalities.

The 'Be Well' services and the local 'Social Prescribing and self-care programmes make it clear that intervention and prevention is key to improving the health outcomes of the population and we as a health economy need to;

- Facilitate access to universal services
- Build social capital within local communities
- Ensure people have greater choice and control over meeting their needs
- Integrate services to deliver holistic services and interventions
- Focus on the health and care needs of the individual, rather than the organisation
- Enable local people to take more responsibility for their own health and care

The potential contribution pharmacy services can make to the prevention and early intervention approach to meeting these needs includes three key strands:

1. **Delivering public health programmes** through the health promotion campaigns carried out in community pharmacies annually for NHS England including action on pandemic and seasonal flu services and the provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:
   - have diabetes
   - be at risk of coronary heart disease, especially those with high blood pressure; or
   - who smoke; or
   - are overweight,

Pharmacies may voluntarily assist with ad hoc campaigns when they are able to do so, on top of their contractual ones.

2. **Providing support for long-term conditions and promotion of independent living**. Pharmacies play a key role in helping people to understand and manage their medicines by providing advice and signposting to relevant services, through prescribing and referrals to health professionals, and providing enhanced services. If commissioned, or chose to

deliver voluntarily pharmacies could deliver any of the following services to promote self-care and independent living:

- Anticoagulant Monitoring Service
- Care home service
- Disease specific medicines management service
- Emergency hormonal contraception services through patient group directions
- Gluten free food supply service
- Home delivery service
- Independent prescribing service
- Language access service
- Medication review service
- Medication support following hospital discharge
- Medicines assessment and compliance support service
- Minor ailments service
- Needle and syringe exchange
- NHS Health Checks
- On demand availability of specialist drugs service
- Out of Hours service
- Patient group direction service (This would include supply of any prescription only medicines via PGD)
- Pharmacists prescribers (supplementary and independent)
- Prescriber support services
- Schools service
- Screening services such as Chlamydia screening
- Stop smoking
- Supervised administration of medicines service
- Supplementary prescribing service
- Support for long term conditions and expert patient
- Therapeutic monitoring

Updated details of Advanced Services commissioned by NHS England can be found here https://psnc.org.uk/services-commissioning/advanced-services/

3. **Contributing to social capital**. Particularly on housing estates the presence of a community pharmacy is one of the key businesses, which can make a difference between a viable shopping area, and one that fails commercially and thus helps community sustainability and building local social capital. With an aging population this may become

increasingly more important as for many older people who live alone, a visit to a pharmacy can provide a valued social interaction. Furthermore the investment pharmacies make into a community (for example through local facilities and providing employment) can be an important link into the rest of the health infrastructure, which is important in maintaining community resilience.

Contributing to Urgent and Intermediate Care Demand Reduction. Up to 30% of all calls to NHS 111 services on a Saturday are for urgent requests for repeat medication. This can block GP out of hours (GPOOH) appointments, disrupt the usual repeat prescribing and dispensing cycle, and increase the potential for medicines waste. A small number of patients also attend A&E to obtain urgently needed medicines.[12] Tameside & Glossop are currently part of the GM UEC pilot to redirect patients who are screened out as being appropriate from A&E to out of hours to participating pharmacies.

There are 53 community pharmacies in Tameside many of which are open for extended hours at evenings and weekends. Pharmacists can be consulted without an appointment about a range of minor conditions providing self-care advice and medicines and advising when symptoms may indicate something more serious and what action should be taken. NHS 111 and other health professionals should signpost to this advice.

Minor Ailment Services (MAS) (also known as Common Ailment services or Pharmacy First schemes) have been commissioned so that pharmacies can manage minor ailments with a range of NHS medicines. A local scheme will soon move to the GM scheme, A Systematic Review of 26 schemes found low re-consultation rates and high symptom resolution rates. It was estimated that 3% of A&E consultations and 5.5% of GP consultations for common ailments could be managed in community pharmacy at significantly reduced cost.[13] The Urgent and Emergency Care Review recommends these services are commissioned to local need.[14]

Dental pain is the second most common reason for calls to NHS 111, particularly at weekends. Early referral to community pharmacy to provide support for dental pain is critical. Analgesics available from community pharmacy can be effective if started early. NHS 111 pilots have

[12] https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf
[13] http://pharmacyresearchuk.org/our-research/our-projects/the-minor-ailment-study-mina/
[14] https://www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf

been triaging dental pain and referring non-urgent cases to pharmacy for pain relief until dental treatment is available.

Following high levels of patient satisfaction with locally commissioned pharmacy flu vaccination services NHS England introduced a nationally commissioned, community pharmacy seasonal influenza vaccination advanced service to increase choice for 'at risk' patient groups who are over 18 years of age regarding where they receive their flu vaccination. No appointment is needed and vaccinations can be offered and given when people collect their repeat prescriptions, ensuring people under the age of 65 years with an eligible long term condition receive their annual flu vaccination. Some pharmacies also delivered Covid vaccines during the pandemic.

A project supporting patients to manage their COPD showed increased medicines adherence, decreased use of NHS resources and improved quality of life for patients.[15] The Domiciliary MUR initiative aims to support housebound people to make better use of their medicines. From April 2012 to February 2013, over 230 domiciliary MURs were conducted, estimated to avoid over 130 emergency admissions, saving over £400,000, and costing £42,880.[16]

Refer to pharmacy schemes allow hospital pharmacists and pharmacy technicians to refer people directly to community pharmacists for support on leaving hospital through the New Medicine Service and Discharge Medication Usage Reviews. Reablement Service: Developed in partnership with the Local Authority and Social Services, supports people with poor physical and mental health to better manage their medicines by providing one-to-one support from the time they come into hospital to when they return home. The service has run for 3 years and already it has reduced readmissions, made hospital stays shorter, and released over £800,000 worth of health care resource for local patients.[17]

Greater details of health needs at the community level are provided later in this document in the sections on each of the four Neighbourhoods.

Overview of Pharmaceutical Service Provision in and around Tameside

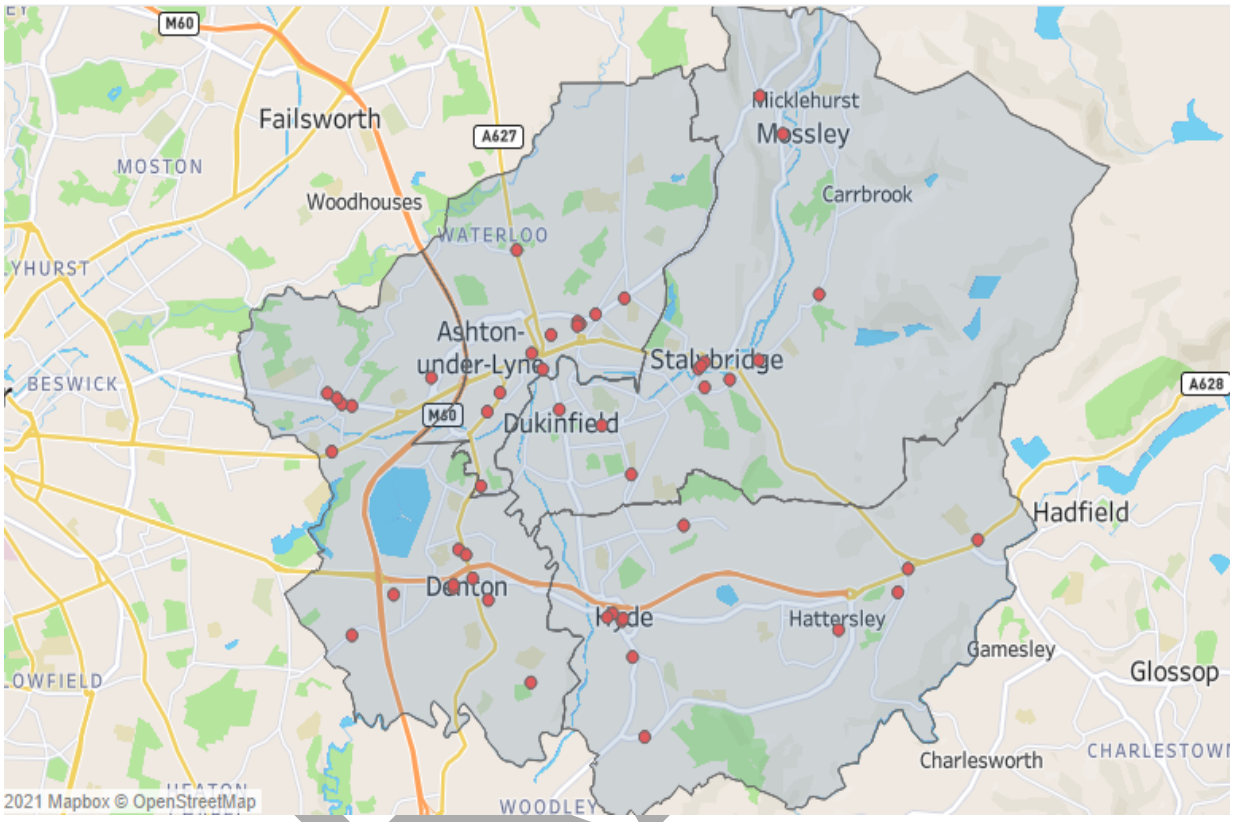
The purpose of this section is to provide an overview of the current pharmaceutical provision in terms of geographical coverage and access, including relevant cross-border pharmacies,

[15] http://www.communitypharmacyfuture.org.uk/pages/copd_229724.cfm
[16] https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/quick-guid-comm-pharm-urgent-care.pdf
[17] http://www.iow.nhs.uk/default.aspx.locid-02gnew08v.Lang-EN.htm

as of December 2021. Access and services will be described in more detail, relative to need, in the subsequent individual locality sections.

Map 6 and 7 shows the locations of Tameside pharmacies (map 6) and out of area pharmacies (map 7).

Map 6: Locations of pharmacies in Tameside

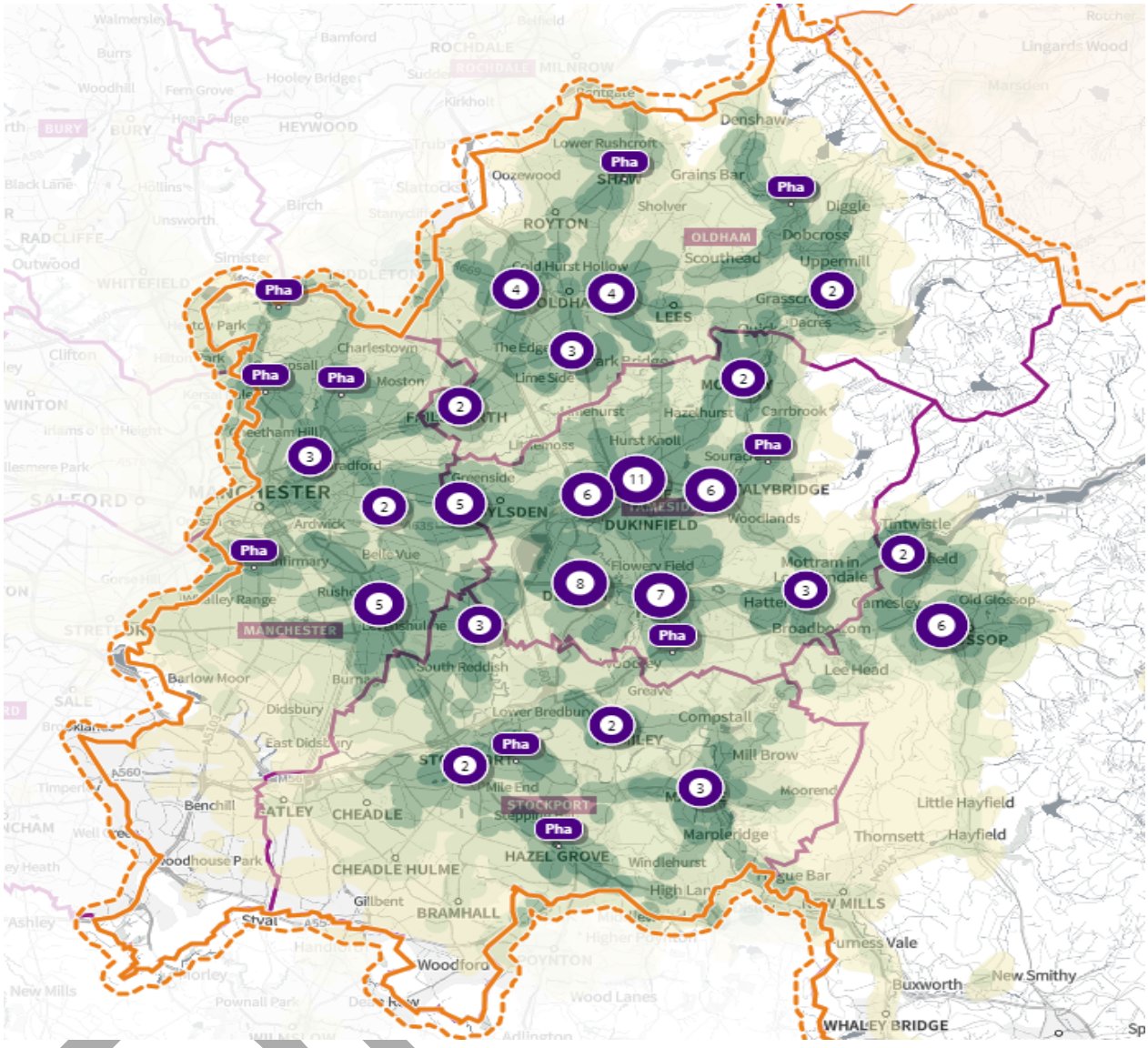


Source: Policy, Communication & Intelligence team TMBC

As can be clearly seen in maps 6 and 7, previous maps of transport routes and the maps throughout this report; with regard to locations of pharmacies across Tameside, there is both a good spatial correlation between GP surgeries and pharmacies and all populated parts of Tameside are in good local reach of their pharmacies by foot, public transport or by car. A list of pharmacies in Tameside can be found in appendix two.

There are some areas of the maps where this may not be immediately obvious and it is these areas that are studied in more depth in the subsequent neighbourhood sections.

Map 7: Out of area Pharmacies



Source: https://shapeatlas.net/place

Note: (Numbers in the map represent the number of pharmacies within the area)

Locally, the number of pharmacies has grown over the last decade, from 47 in 2011 within Tameside to 53 as of January 2022. These include five internet or distance selling pharmacies'), 2 Dispensing Appliance Contractors and there are around 35 relevant out of area pharmacies. The map above illustrates the level of pharmacy provision within and outside the boundary of Tameside.

This equates to 24 pharmacies per 100,000 population. If out of area pharmacies are included this equates to 40 per 100,000 population. This compares with the England average of 22 pharmacies per 100,000 population average and is similar to the North West average.[18]

An e-pharmacy/internet/distance selling pharmacy is a pharmacy that operates over the Internet and sends the orders to customers through the mail or via other forms of delivery.

Out of area, Internet and distance selling pharmacies now account for a small but growing percentage of the total volume of prescription items. However there is significant confusion in the public's mind between Internet pharmacy and the other developments within community pharmacies that are using new technologies to streamline the ordering and distribution of medicines for patients.

It is important to recognise this growth in distance selling pharmacy locally as part of the national trend but also acknowledge that their users are not specifically Tameside residents. Whilst there may be some local residents using these pharmacies for non-face-to-face delivery of medicines, equally they may use any of the other virtual pharmacies across the country and therefore these pharmacies can be largely discounted from the assessment of local need and provision.

The development and utilisation of internet pharmacy will continue to be monitored in Tameside to ensure provision does not conflict with local needs and aligns with national policy.

During February 2022 a public consultation exercise was undertaken in collaboration with Healthwatch. The full set of survey results are detailed in Appendix 3.

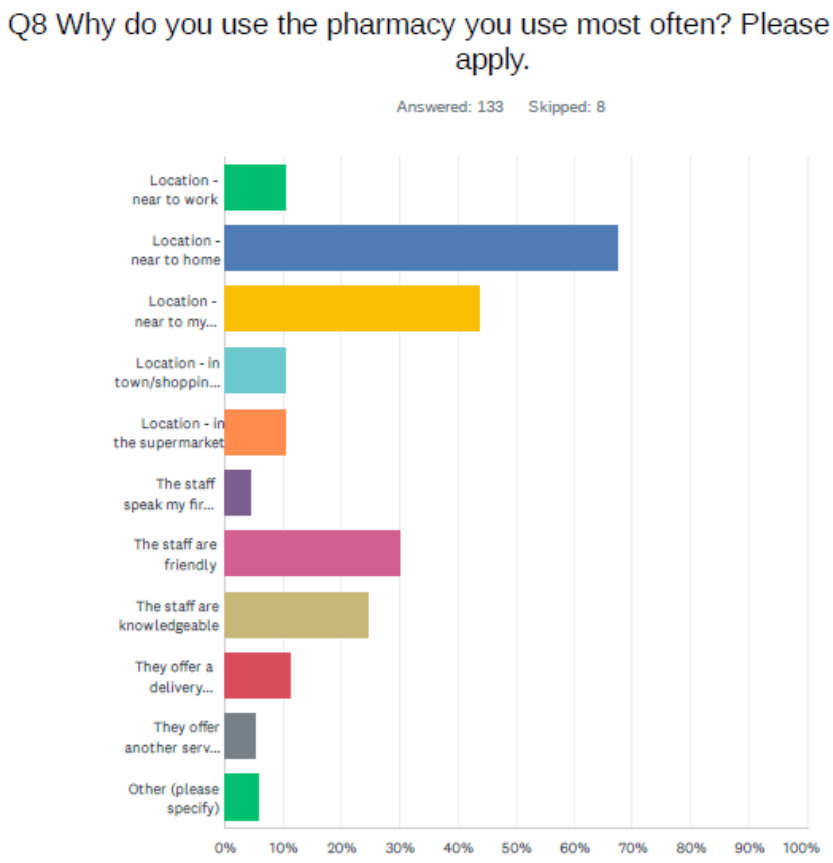
Views of residents on pharmacy provision (Choice and Access)

Among the key questions asked in the public consultation was 'how respondents prefer to access pharmacies' and 'how far they expect to travel' and 'what other location factors that are important to them'. What is clear from the results is that people prefer pharmacies to be near their home (68%) or GP surgeries (44%) Location near the workplace or in the town centre close to shops is also important to some people but for many more it is location in their own neighbourhood or close home and to their family doctors that matters most.

Most responded that they have a pharmacy that they usually use (86%) and this should be encouraged as this promotes continuity of care for patients.

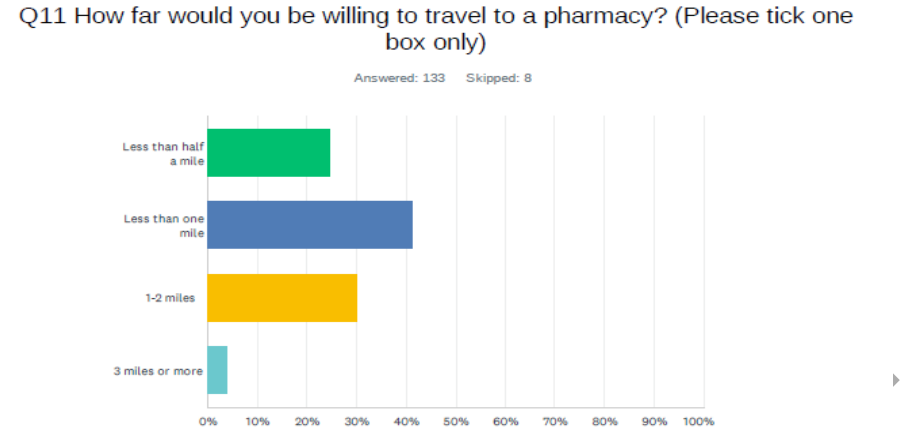
[18] NHS Prescription Services of the NHS Business Services Authority

Chart 5: Responses to public consultation; Reason residents use their chosen pharmacy



Respondents were also asked how far they were willing to travel to access pharmacy services with the highest proportion of people (41%) preferring a pharmacy no more than a mile away but 25% preferring closer to home at less than a mile.

Chart 6: Responses to public consultation; distance willing to travel to a pharmacy



ANSWER CHOICES	RESPONSES	
Less than half a mile	24.81%	33
Less than one mile	41.35%	55
1-2 miles	30.08%	40
3 miles or more	3.76%	5
TOTAL		133

This is worth noting when planning future pharmacy services and where pharmacies need to be located. As results illustrate that most people prefer their pharmacies to be within their communities.

Map 8: Locations of GP Practices in Tameside

All Tameside community pharmacies are contracted to provide a “Standard” minimum of 40 hours of essential services per week. These are the ‘core’ hours but many pharmacies also provide more hours than this and many in Tameside operate over 50 hours per week. (Appendix 4)

In total there are 53 pharmacies serving Tameside residents and patients, which include 10 pharmacies with a specific contract to provide a “100 hour service”, meaning contractually they must be open for a minimum of 100 hours per week. Therefore there is good access for Tameside residents to more community pharmacies and a greater proportion of the time per week they can be accessed (i.e. extended provision throughout the Borough as a whole of pharmacy in the evenings and at weekends).

This flexibility in provision is important because if it was to be considered that there is insufficient pharmacy service available to meet need within a community it may not necessarily follow that a new provider would be the solution but more hours of access. Particularly in an area with good geographical access to pharmacies, as in Tameside, it is more likely that extending provision from the current footprint would be more appropriate. If it is deemed that there is a lack of provision of pharmaceutical service in an area at a particular time, NHS England can request existing contractors to change their hours or open up and extend services.

Local integrated commissioning also ensures that it works closely with its community pharmacies to ensure that there is provision 365 days a year including throughout any festive periods. However, it is the responsibility of NHS England’s GM area team to ensure adequate access to pharmaceutical services out of hours. They do this by contracting all pharmacy contractors, such as Medicx Pharmacy (located in Ashton Primary Care Centre) which is contracted to open approximately 365 days per year, including Christmas Day as part of its contractual hours (not a separate arrangement). However the arrangement is not just with Medicx. In addition NHS England has a responsibility to negotiate additional hours over festive holiday. The local integrated commissioning organisation have in previous years commissioned further service provision to cover as appropriate, if required, and place adverts in local news as appropriate to inform residents of opening hours.

Levels of Service Provided

The 2022/25 PNA for Tameside found on the whole good provision across the range of essential, advanced and enhanced or locally commissioned pharmaceutical services.

Tameside as an area, still has adequate provision of essential pharmaceutical services through the increased number of pharmacies in and out of the area offering residents a great

amount of choice (even though the public consultation suggests that in fact most patients tend not to move from pharmacy to pharmacy but do stay faithful to a “usual” one).

The location and opening hours of pharmacies across Tameside is very good and most of the population can access a community pharmacy by public transport or walking within 1 mile or 20 minutes. It is recognised that many of these community pharmacies also provide free prescription collection and delivery services to patients homes as an added value service to patients. All carry out adaptation to service as required by disability.

It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

Table 2 summarises the service currently commissioned but it should be recognised that as highlighted in the earlier section of strategic drivers the rising demand for health and social care is demanding a new commissioning approach for prevention, early intervention and development of new types of wellbeing service. Pharmacy services are included in this new way of thinking.

All Tameside pharmacies have consultation rooms / areas that have been accredited by NHSE in accordance with the Standard Pharmacy Contract as suitable for provision of Advanced Pharmacy Services and there is confidence in the existing local pharmacies abilities to be able to respond to new commissions.

The appetite for delivering prevention and screening services locally is high and many services are offered from pharmacies as part of their overall commercial offer rather than being specifically commissioned by the NHS (for example a range of screening, testing, monitoring, vaccination services and minor ailment treatment and advice.

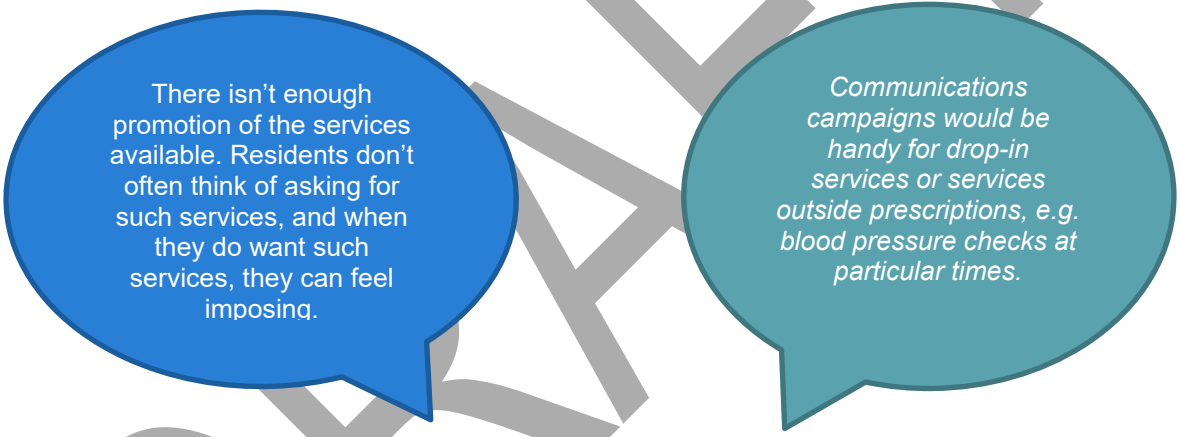
Table 2: Levels of local services provided:

Tameside locally-commissioned services		Updates
Minor Ailments Service	Minor-Ailment-Service-MAS.docx	
	Products and Prices Schedule	
	How to input a consultation	
Sexual Health	Service Specification	
	EHC client record form	
	How to input consultation on Pinnacle EHC	
	PGD EHC Levonorgestrel	

Drug Misuse service	Service Specification	
	Needle Exchange	Extension-letter.pdf (psnc.org.uk)
Alcohol	Service Information	Currently under review
Eye Condition	Service Specification	
	Minor eye conditions service formulary	
Flu Service	Detailed under GM Services Anti-viral stock holding	
Stop smoking	Smoking cessation	extension letter
End of Life	Palliative care stock holding	

Source GM LPC

It is worth noting that the discussion at the PEN conference in February 2022 discussed the services that pharmacies provide. Many residents in the discussion were not aware of some of the services offered and some of the comments below relate to service provision.



The responsibility for commissioning some of the services are in a state of transition and is moving across parts of the health and social care system both locally and Greater Manchester. In particular population health within the council has actively reshaped the way a range of enhanced services are being commissioned for example the 'Be Well' service has transferred into the councils population health directorate. The formation of the GM ICS may also impact on the way services are commissioned locally.

Healthy Living Pharmacies (HLP)

Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs) are required to become an HLP in 2020/21 as agreed in the Five year CPCF . The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

The HLP framework is underpinned by three enablers:

- Workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- Premises that are fit for purpose; and
- Engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

All Tameside pharmacies became HLP by April 2021.

Quality Payments Scheme

A Community Pharmacy Quality Payments Scheme (QPS), which forms part of the Community Pharmacy Contractual Framework (CPCF), was introduced in December 2016. The QPS was designed to reward community pharmacies for delivering quality criteria in all three of the quality dimensions: clinical effectiveness, patient safety and patient experience.

With the announcement of a five-year (2019/20 to 2023/24) agreement for the CPCF, and building upon the success of the previous schemes, NHS England and NHS Improvement have worked with stakeholders to develop the Pharmacy Quality Scheme (PQS) for 2021/22. Details are also published in the September 2021 Drug Tariff.

Cross Border Relationships

Whilst Tameside has no input into the commissioning of pharmacy services by neighbouring areas, an overview of existing services "over the border" may inform future commissioning and development of services within Tameside.

Derbyshire, Stockport, Manchester and Oldham's Pharmacy Needs Assessment should follow a similar consultation period and release date in 2022. PNAs produced to date do not highlight any major cross boundary issues with Tameside. We also work in conjunction with neighbours to allow cover across some schemes, for example cross boundary minor ailments schemes, Anti-Viral access during holiday period.

View of residents on pharmacy provision (open questions)

The public consultation found that there is a high degree of satisfaction with current pharmacy services. In particular residents have found their pharmacy has been very accessible over the Covid pandemic period.

PEN consultation comment below

"During the COVID-19 pandemic, pharmacies have been far more accessible. GP practices have been shut away and only able to contact them via phone. It feels like GP practices are aiming to avoid seeing patients."

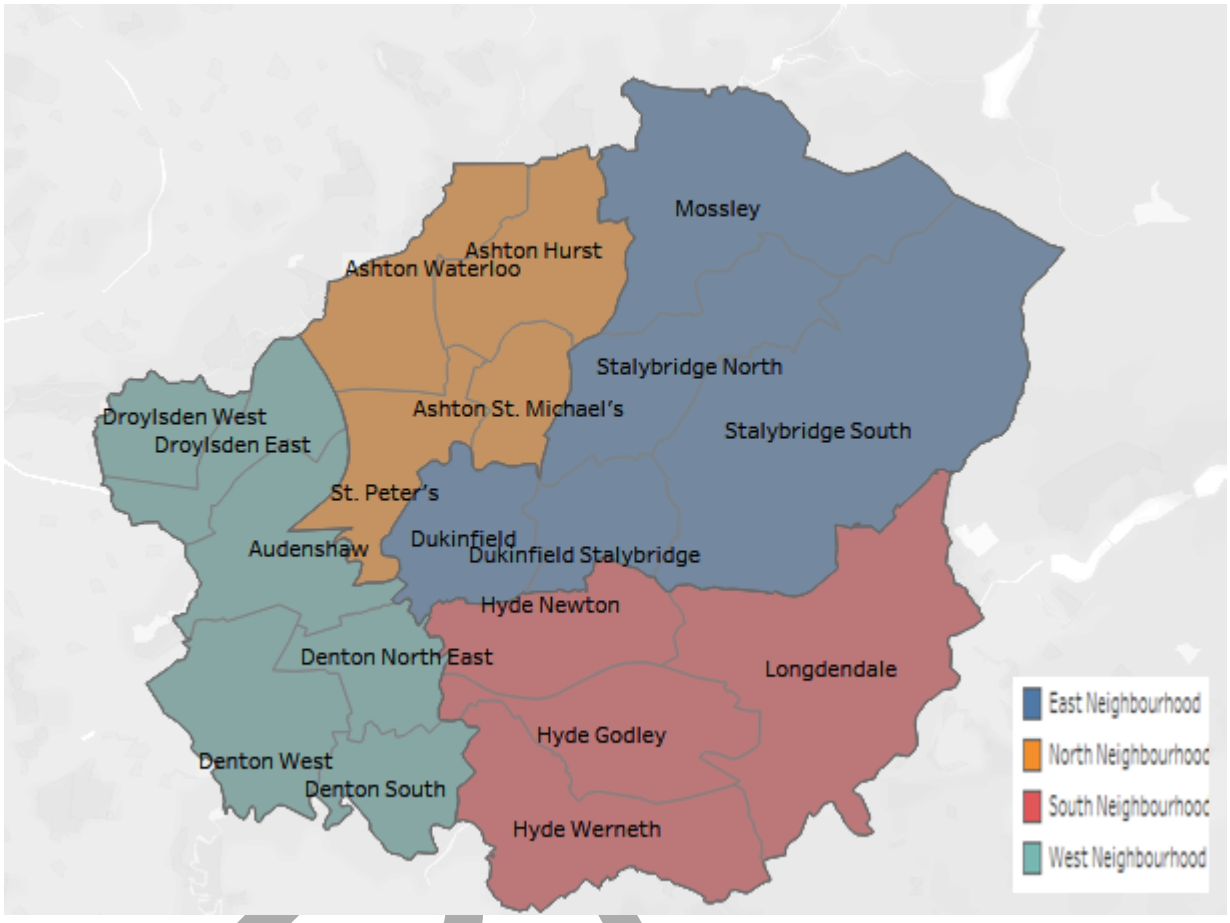
When consulted about delivery services provided by local pharmacies only 5% of those consulted used their pharmacy delivery services. Of those that did have their prescriptions delivered 94% said that their pharmacy did not charge for this service.

Opening Times of Tameside Pharmacies

Pharmacies across Tameside are open mainly 40 hours per week and match similar patterns to GP practice opening hours. For a list of opening hours of pharmacies across Tameside, NHS Choices provide this at the following link http://www.nhs.uk/service-search/Pharmacy/LocationSearch/10

Health Need and Pharmacy Provision by Neighbourhood

Map 9: The Four Neighbourhoods



This section of the pharmacy needs assessment provides a greater level of detail on the four defined neighbourhoods within Tameside and includes a supplement section for Glossop due to the unique relationship Glossop residents and services have and align with the Tameside borough. The following neighbourhoods defined within this report will aim to describe health need and pharmaceutical service provision, as follows:

- Ashton Neighbourhood
- Denton Neighbourhood
- Stalybridge Neighbourhood
- Hyde Neighbourhood

The neighbourhood sections include population demographic information, health need, vulnerable groups and pharmaceutical services information

THE ASHTON NEIGHBOURHOOD

Map 10: Ashton Neighbourhood - : Wards within the Ashton locality (coloured green)

Ashton neighbourhood has a total population of **49,387**[19]. This constitutes nearly a quarter (**22%)** of the total Tameside population with slightly more males than females (**50.1% males** and **49.9% females)**. The ward of Ashton St. Peters makes up the largest population in this neighbourhood. Under 5s make up 6% of the population (n=1,582) and the over 65s make up 16% (n=3,947) of the total population.

There are a number of communities in Tameside where people live in more deprived circumstances when compared to the rest of Tameside and England. These areas cluster around the towns of Ashton, Hyde, Denton and Stalybridge however the 2 most deprived wards in Tameside, St. Peter's and Ashton St. Michaels are located in the Ashton Neighbourhood.

Population estimates[20] illustrate that 80% of the Ashton neighbourhood's population is of 'White' ethnicity, compared to 91% average for the borough. The Ashton neighbourhood has a much higher than average proportion of 'Asian or Asian British' population than the Tameside average (16% vs. 6.2%), with slightly higher populations of 'Mixed', 'Black and 'Other' ethnic groups. Ashton St Peters in particular has a larger BME population than the Tameside average.

Health Need in the Ashton Neighbourhood

Taking into account the ethnic makeup of the area, some of the health issues of concern are: Coronary Heart Disease (CHD) as it is a major cause of death in ethnic minority groups particularly those of South Asian heritage. The Tameside electoral wards with the highest mortality from heart disease include Ashton's St. Peters. Cardiovascular disease is the main cause of premature mortality.

[19] Mid-2019 Population Estimates for Census Area Statistics (CAS) Wards in Tameside & Glossop PCT by Single Year of Age and Sex; Office for National Statistics (ONS) - 2020
[20] https://www.ethpop.org/

Type II diabetes is also an issue for the Ashton neighbourhood, with practices in St. Peters ward having the highest prevalence

Average life expectancy in the Ashton Neighbourhood is below the Tameside average for both males and females (2019), with an average of **76.2 years** compared to the Tameside average of **77.3 years** for males and **80.1 years** for females compared to the Tameside average of **80.7 years**. Ashton St. Peter's ward has the lowest life expectancy in Tameside at 72.2 years for males and 75.1 years for females.

Mortality

When considering mortality rates for the main causes of death: cancer, CHD (Coronary Heart Disease), COPD (Chronic Obstructive Pulmonary Disease), stroke and CVD (Cardio Vascular Disease) for all ages and for premature mortality (under 75). The Ashton neighbourhood is worse compared to England, the Northwest and Tameside averages.

The Ashton Neighbourhood has particularly high premature mortality rates for cancer, CHD, CVD and COPD. The premature mortality rate for stroke in the neighbourhood is lower than the Tameside average and approximate to the North-West average.

Table 3: Premature Mortality

2018/20 Ashton Neighbourhood	Persons				Males		females	
	<75 Cancer deaths		<75 CVD		All Causes < 75 years			
	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR
Ashton Hurst	50	261.31	31	161.77	71	460.92	55	333.43
Ashton St Michael's	38	90.82	33	80.22	72	517.62	48	326.38
Ashton Waterloo	55	170.76	39	123.71	104	653.99	60	373.53
St Peter's	60	207.4	40	139.76	112	710.85	79	589.54

Source: PCMD

With regard to the prevalence of long term conditions and morbidity, the Ashton neighbourhood has higher levels of illness and disability than the Tameside average. The table below (table 4) illustrates the main causes of morbidity and illness in the Ashton neighbourhood. The table illustrates that risk factors to heart disease such as hypertension and diabetes are a particular issue across the Ashton Neighbourhood.

Morbidity

The table below illustrates the key causes of morbidity for the Ashton Neighbourhood.

Table 4: Disease prevalence by Neighbourhood (2020/21) Ashton

Indicator	Period	Ashton PCN			CCGs (2020/21)	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Learning disability: QOF prevalence (Persons, All ages)	2020/21	↑	394	0.7%*	0.7%	0.5%	0.0%		
Stroke: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	961	1.7%*	2.1%	1.8%	0.0%		
Diabetes: QOF prevalence (17+) (Persons, 17+ yrs)	2020/21	↑	4,086	9.2%*	8.2%	7.1%	0.3%		
COPD: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	1,615	2.8%*	3.0%	1.9%	0.0%		
CKD: QOF prevalence (18+) (Persons, 18+ yrs)	2020/21	→	1,065	2.4%*	2.8%	4.0%	0.0%		
Heart Failure: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	439	0.8%*	1.1%	0.9%	0.0%		
CHD: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	2,026	3.6%*	3.8%	3.0%	0.0%		
Cancer: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	1,458	2.6%*	3.2%	3.2%	0.2%		
Atrial fibrillation: QOF prevalence (Persons, All ages)	2020/21	→	921	1.6%*	2.0%	2.0%	0.0%		
Asthma: QOF prevalence (6+ yrs) (Persons, 6+ yrs)	2020/21	-	3,532	6.7%*	7.6%	6.4%	2.0%		9.3%
Palliative/supportive care: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	491	0.9%*	1.0%	0.5%	0.0%		
Heart failure w LVSD: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	165	0.3%*	0.4%	0.4%	0.0%		
Osteoporosis: QOF prevalence (50+) (Persons, 50+ yrs)	2020/21	→	75	0.4%*	0.6%	0.8%	0.0%		
Mental Health: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	526	0.92%*	0.88%	0.95%	0.19%		
Rheumatoid Arthritis: QOF prevalence (16+) (Persons, 16+ yrs)	2020/21	→	354	0.8%*	0.8%	0.8%	0.0%		
PAD: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	444	0.8%*	0.9%	0.6%	0.0%		

Source: QOF-NHS Digital 2019/21

Risk factors

Obesity increases the risk of morbidity from diseases such as CVD, cancer and type 2 diabetes: which can lead to increased risk of premature mortality. We currently estimate that 71.3% of adults within Tameside are overweight or obese[21]. The anticipated rise in obesity and overweight for both adults and children is also expected to have a significant impact on life expectancy. Areas of high socio-economic deprivation are linked to high levels of obesity; therefore Ashton is expected to have a higher proportion of people who are obese.

With the exception of Ashton Hurst, wards in the Ashton Neighbourhood have a higher proportion of reception year children that are obese than both the Tameside and England Average. St. Peter's has the second highest rates of obesity within reception year children out of all Tameside wards. Ashton Hurst and Ashton Waterloo have the second and third highest rates of obesity within year 6 children out of all Tameside wards, and all have higher rates than the Tameside average

Ward level childhood obesity reception age

[21] *Public Health England (based on Active Lives survey, Sport England)*

Ward level childhood obesity year 6

Smoking contributes to excess mortality from cancer, circulatory and respiratory disease and lowers life expectancy in our population, with a large number of people dying each year due to smoking and a substantial number of hospital admissions caused.

Due to the high number of vulnerable groups within Ashton, it is expected that a larger proportion of the population will be vulnerable to tobacco related harm, e.g. socio-economically deprived/ Routine and Manual (R&M) groups, Bangladeshi adults and Pakistani men, people with existing health conditions, including poor mental health and those receiving treatment in hospital and children and unborn babies exposed to passive smoking, particularly amongst Routine and Manual families. The Ashton neighbourhood as the highest prevalence of adult smoking in Tameside with 21% of the adult population smoking.

Harmful drinking patterns contribute to increasing levels of alcohol related ill health and pressure on health services through long-term conditions such as liver disease. In the short term alcohol contributes to accidents and violent crime. Harmful drinkers tend to live in more deprived areas of the country and Tameside is listed as in the top ten in the country for estimates of harmful drinkers. Due to high levels of socio-economic deprivation in the Ashton locality it is expected that there will be high levels of harmful drinking.

Future Health Needs

Prevalence projections for Tameside[22] show that the numbers of people with CHD, and hypertension are expected to rise over the next five years, by 2.4% for CHD and 10.3% for hypertension. This equates to an extra 5,500 patients for just these two conditions.

Population projections are not available at neighbourhood level, however, it is expected that, between 2022 and 2027 in Tameside, there will be a 2.2% increase in total population, we will have an older population with a lower proportion of children and younger people, there will be an expected increases of 1,500 males in both 65+ and 15-44 cohorts, and 1,000 females in 65+ compared to 2,000 in 15-44 but as there are currently less than half as many people in the 65+ cohort as the 15-44 this represents a proportional increase in its share. The North neighbourhood is likely to see a similar percentage change of population and may therefore need to consider the extra pressure on pharmaceutical services for the aging population.

Access to Pharmacy – Ashton Neighbourhood

[22] **Source:** APHO Prevalence models, 2020

There are 13 pharmacies in the Ashton Neighbourhood and 1 pharmacy at the Tameside

Foundation Integrated Care Trust (ICFT) with a further pharmacies located in other parts of Tameside and out of area' pharmacies in Oldham that are also likely to be accessed by the residents living in the Ashton neighbourhood.

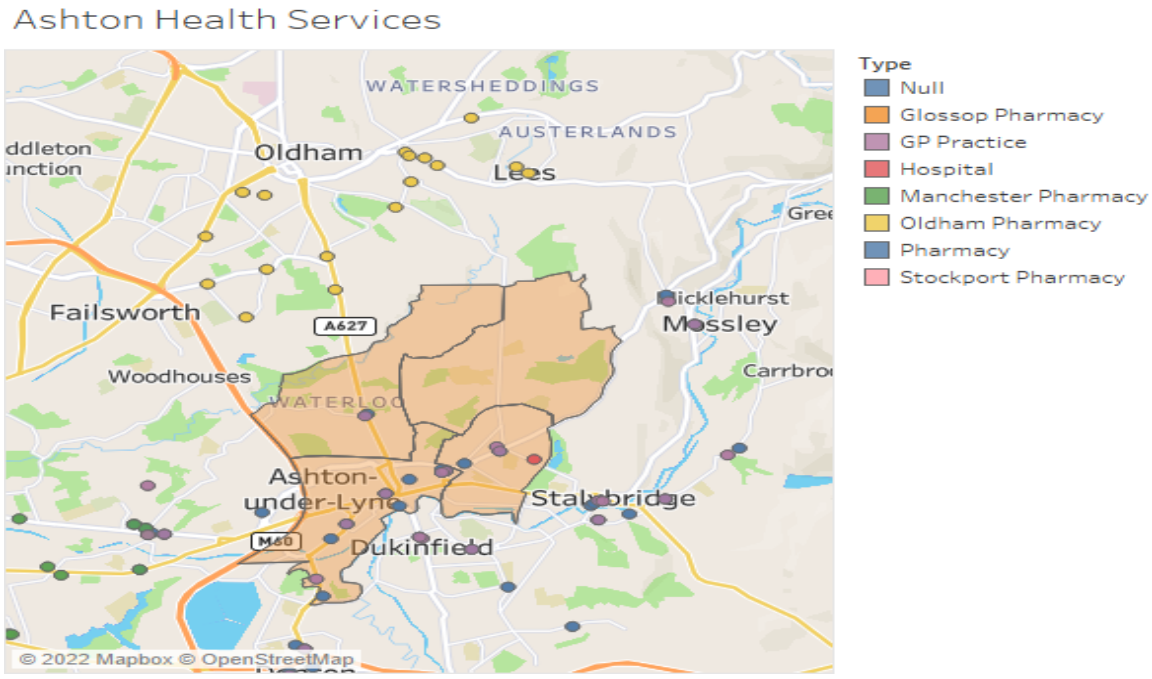
The pharmacies in the Ashton neighbourhood are available during core hours, out of hours and on weekends. They are easy to access and provide services at convenient locations. They include four 100 hours pharmacies.

People living in areas of socio-economic deprivation (e.g. St Peter's and St Michaels) in the Ashton Neighbourhood have good access to public transport and also have pharmacies within walking distance.

Pharmacies in the Ashton Neighbourhood provide a range of enhanced and advanced services to support the health need of the local population.

The pharmacy provision for essential and advanced services in the Ashton neighbourhood is very good and meets the needs of the local population.

Map 11: Locations of GPs and pharmaceutical services serving the Ashton Neighbourhood



Source: Tameside MBC Public Health Intelligence

NB: For information on pharmacies in neighbouring localities, please see relevant neighbourhood section.

Error! Reference source not found. clearly shows a concentration of pharmacies around the large town centre of Ashton with easy access from road, public transport and within walking distance of the majority of the neighbourhood. The North of the neighbourhood around Hurst has less concentration of pharmacies but access is still good to those in the neighbourhood, plus those in Stalybridge and Mossley, or those that are out of town in Oldham.

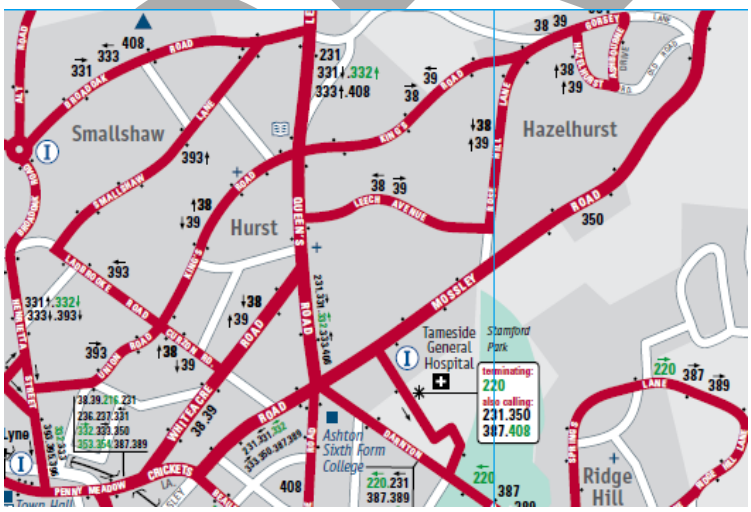
It is also important to consider the pharmacies location in relation to the 8 GP Practices in the Ashton neighbourhood (as respondents in the public consultation highlighted how important this is to them).

Access to both GP Practices and pharmacies in the north of the neighbourhood have been further cross-checked with public transport routes and nearest pharmacy locations in order to establish whether residents would be able to access essential pharmaceutical services via public transport.

Ashton St. Peter's: The whole of Ashton St. Peter's ward is classified as socio-economically deprived using the IMD2019. No further analysis was undertaken of this area as the majority number of pharmacies located across the ward; therefore most residents were considered able to access the pharmacies on foot and analysis of GMPTE public transport information reveals an extensive network accessible from all areas of the ward.

Ashton Hurst: There are no community pharmacies located within the Hurst Ward itself but the nap below shows that the area is served by a large number of bus routes into and away from the centre of Ashton.

Map 12: Public transport routes through the Hurst area of Ashton



Source: GMPTE, 2016

In summary: There is good provision through a range of Pharmacies in this neighbourhood providing essential services and a range of advanced and enhanced services and although some of the most deprived areas such as Ashton Hurst and St. Peter's may seem slightly

geographically isolated they do have access to good pharmacy provision and are connected with good public transport.

Even in the town centre with the increase in students and teachers through the multi-service centre and the new sixth form college now operating in the centre of Ashton, there is such a concentration of pharmacies within this part of the neighbourhood that even this level of increase will be well within their shared capacity.

It is recognised that many of these community pharmacies also provide free prescription collection and delivery services to patients homes as an added value service to patients.

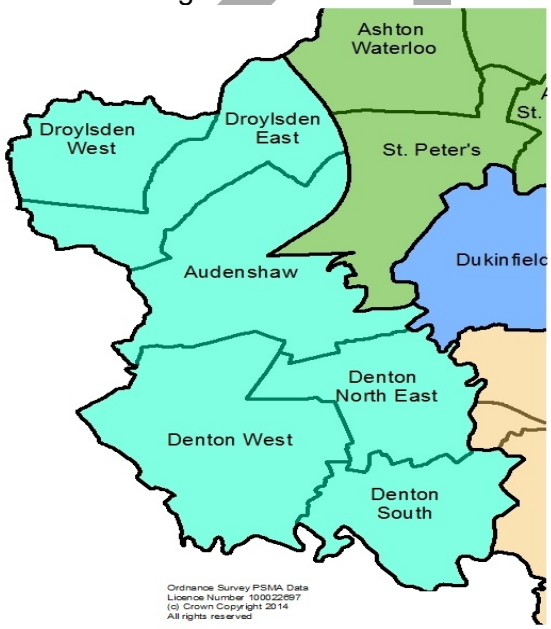
It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

The pharmacy provision in the Ashton neighbourhood is satisfactory in meeting the needs of the local population now and in the near future as any anticipated rises in demand due to demographic change should be easily responded to by existing local suppliers being able to flexibly increase staff levels and skill mix appropriate to the increased pressure.

THE DENTON NEIGHBOURHOOD (WEST)

Map 13: Denton Neighbourhood - (turquoise)

The Denton Neighbourhood is situated in the west of the borough of Tameside on the border with the neighbouring areas of Stockport and Manchester and has a total population of 69,107. This constitutes 30.5% of the total Tameside population with slightly more females than males (48.4% male and 51.6% female). There is a roughly equal split of the population between each of the wards. There are slightly more males in the younger age groups and slightly more females in the older groups.



Source: Tameside Public Health Intelligence

Denton South, Droylsden, Audenshaw and Denton wards are a mix of deprived and less deprived wards. But on the whole the Denton neighbourhood contains proportionately less of

the population categorised within the most deprived fifth of areas nationally, according to the Indices of Multiple Deprivation 2019, compared to the Tameside average. A higher proportion of the population of the Denton Neighbourhood live in quintiles 2 and 3 compared to the Tameside average.

At 94.9%, the Denton neighbourhood has a higher proportion of its population in the 'White' ethnic category than Tameside and a lower proportion of BME groups.

Health Need in the Denton Neighbourhood

Average life expectancy (LE) in the Denton Neighbourhood is above the Tameside average for both males and females. Exceptions are males in Audenshaw and Denton South, and females in Denton South, where life expectancy is lower than the Tameside average.

Mortality

When considering all age mortality rates for our main causes of death: cancer, CHD (Coronary Heart Disease), stroke and CVD (Cardio Vascular Disease) for all ages, the Denton Neighbourhood is worse for cancer compared to England, the Northwest and Tameside averages.

The Denton Neighbourhood also has higher rates for premature mortality (under 75s) for cancer and stroke compared to England, the Northwest and Tameside.

Table 5: Premature mortality in the Denton Neighbourhood

Denton Neighbourhood	Under 75 years All Causes				< 75 cancer		< 75 CVD	
	males		females		persons			
	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR
Audenshaw	87	539.41	58	353.79	55	168.62	32	99.37
Denton North East	77	509.22	47	300.40	45	147.55	36	117.74
Denton South	86	615.39	58	367.74	41	134.27	37	122.28
Denton West	65	409.79	58	346.25	44	133.13	32	95.35
Droylsden East	65	419.81	61	354.70	54	161.88	25	77.34
Droylsden West	65	463.19	54	356.62	50	175.26	17	57.81

Source: PCMD

Morbidity

According to QOF disease registers, patients registered in the Denton locality have a higher prevalence than both England and the Tameside average for: Atrial Fibrillation (2.1%), Cancer (3.3%), Depression (18%), Heart Failure (1.2%), and Hypertension (16%)

The table below illustrates the key causes of morbidity for the Denton Neighbourhood.

Table 6: Disease prevalence by Neighbourhood (2020/21) Denton

Indicator	Period	Denton PCN			CCGs (2019/20)	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Learning disability: QOF prevalence (Persons, All ages)	2020/21	↑	306	0.6%*	0.7%	0.5%	0.0%		
Stroke: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	1,099	2.1%*	2.1%	1.8%	0.0%		
Diabetes: QOF prevalence (17+) (Persons, 17+ yrs)	2020/21	↑	3,247	7.8%*	8.2%	7.1%	0.3%		
COPD: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	1,543	3.0%*	3.0%	1.9%	0.0%		
CKD: QOF prevalence (18+) (Persons, 18+ yrs)	2020/21	↓	1,221	3.0%*	2.8%	4.0%	0.0%		
Heart Failure: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	609	1.2%*	1.1%	0.9%	0.0%		
CHD: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	1,948	3.8%*	3.8%	3.0%	0.0%		
Cancer: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	1,702	3.3%*	3.2%	3.2%	0.2%		
Atrial fibrillation: QOF prevalence (Persons, All ages)	2020/21	→	1,111	2.1%*	2.0%	2.0%	0.0%		
Asthma: QOF prevalence (6+ yrs) (Persons, 6+ yrs)	2020/21	-	3,459	7.2%*	7.6%	6.4%	2.0%		9.3%
Palliative/supportive care: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	417	0.8%*	1.0%	0.5%	0.0%		
Heart failure w LVSD: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	207	0.4%*	0.4%	0.4%	0.0%		
Osteoporosis: QOF prevalence (50+) (Persons, 50+ yrs)	2020/21	↑	125	0.6%*	0.6%	0.8%	0.0%		
Mental Health: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	422	0.82%*	0.88%	0.95%	0.19%		
Rheumatoid Arthritis: QOF prevalence (16+) (Persons, 16+ yrs)	2020/21	→	347	0.8%*	0.8%	0.8%	0.0%		
PAD: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	433	0.8%*	0.9%	0.6%	0.0%		

Source: Office for Health Improvement & Disparities (PH Fingertips)

Risk factors

It is estimated that people living in the majority of wards in the Denton Neighbourhood are likely to choose unhealthy lifestyle behaviors'. However Denton has lower adult obesity rates than the Tameside average but remains higher for Reception and Year 6 children, and with the exception of Denton West and Denton East, residents in the Denton neighbourhood wards are more likely to binge drink compared to the Tameside average. With the exception of Audenshaw and Denton West, all other wards have a lower proportion of the population consuming 5 or more portions of fruit and vegetables daily and have lower than average physical activity levels..

Although Hospital admissions for acute alcohol intoxication are lower in the Denton neighbourhood compared to Tameside, high Admissions for alcohol intoxication in Denton South highlight a need to target efforts to reduce binge drinking in areas of deprivation.

Future Health Need

Prevalence projections for Tameside between 2022 and 2025 show that the numbers of people with CHD, stroke, diabetes and hypertension are expected to rise over the five years, by 0.3% for CHD and 10.1% for hypertension. This equates to over 3,400 extra patients by 2025, for just these four conditions.

As with the other three neighborhoods estimated numbers of people with depression and dementia in the over 65 population are expect to rise and the West Neighbourhood is likely to see a similar percentage change of population and may therefore need to consider how this will be expressed in demand for GP and pharmacy services.

The Denton South ward also has high rates of socio-economic deprivation and so is might be expected to be affected to a higher degree than the rest of Tameside; again this may also bring increased demand for pharmacy services.

In relation to increased demand for pharmacy services in the West Neighbourhood Pharmacy is a business that can easily increase staff levels and skill mix appropriate to the increased pressure but this is an area where provision has decreased as there is 1 less pharmacy than at the last PNA in 2018.

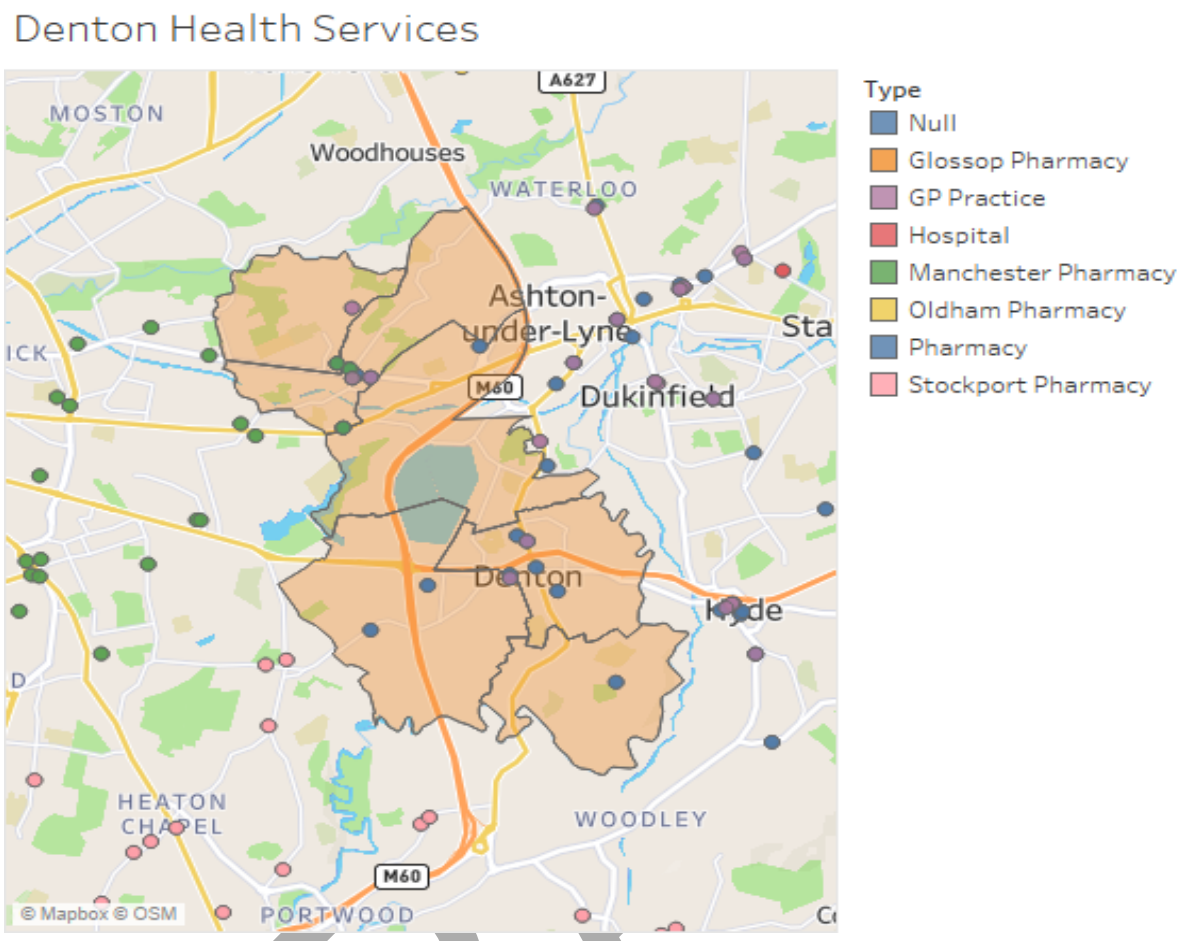
Access to Pharmacy – Denton Neighbourhood

The Denton neighbourhood contains 16 pharmacies and 6 GP practices at which pharmaceutical services can be accessed. As Map shows, there are also 19 pharmacies within Manchester and Stockport local authorities that can be easily accessed by the Denton Neighbourhood residents and the neighbouring localities of Ashton and Hyde Neighbourhoods have a number of pharmacies and GPs that residents are able to access. One dispensing appliance contractor, which serves the whole of the Tameside and Glossop population, is also located within this neighbourhood.

It is recognised that many community pharmacies also provide free prescription collection and delivery services to patients homes as an added value service to patients.

It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

Map 14: Locations of health services in the Denton Neighbourhood



Source: Tameside MBC Public Health Intelligence

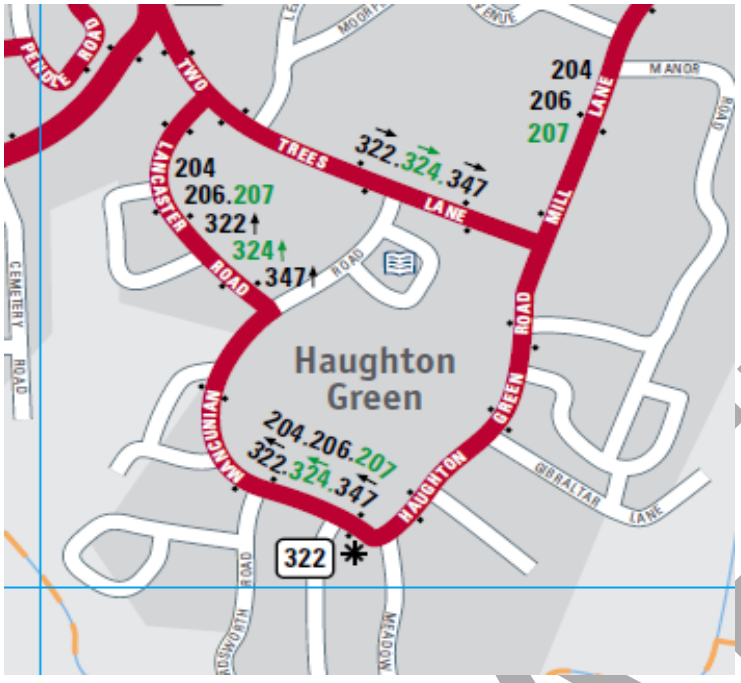
Considering pharmacy provision alongside access to GP services and in Denton Neighbourhood there are 6 GP Practices clustered in Droylsden and Denton with good correlation with the spread of pharmacies.

Clearly this area of Tameside has on the whole got good access to pharmacies, including two 100 hours pharmacies. However, further analysis has been undertaken to identify if there are any areas where residents live who may have difficulty accessing pharmaceutical services. Only Haughton Green was identified as an area of potential concern using socio-economic deprivation at LSOA (Lower Super Output Area) level as a proxy to identify areas likely to have low levels of car ownership and high levels of health need and that may be geographically isolated from the town centre. This area was then cross-checked with public transport routes and nearest pharmacy locations in order to establish whether residents would be able to access essential pharmaceutical services via public transport.

Haughton Green in the 'Denton South' ward is classified as socio-economically deprived according to the IMD2019. There is also likely to be a high proportion of people who do not

own a car or van in this ward and as the previous health need section showed, frequently have poor health outcomes. There is one pharmacy serving the immediate area of Haughton Green.

Map 15: Public transport routes through the Haughton Green area of Denton

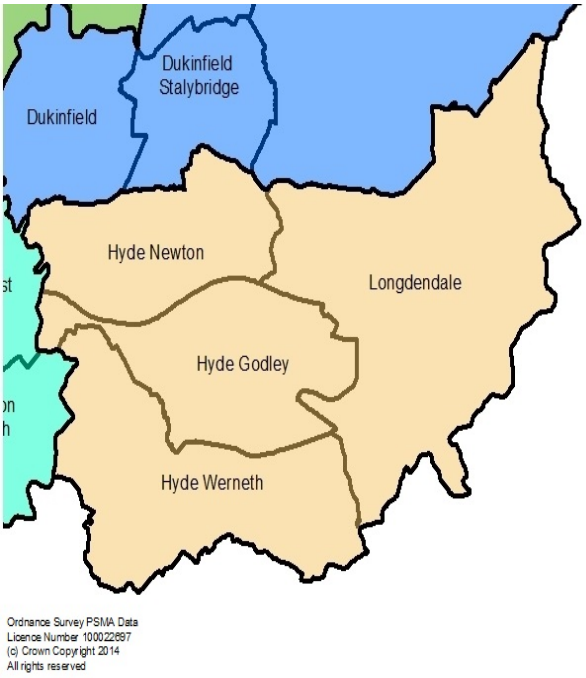


Source: GMPTE, 2020

In summary there has been an increase of pharmacies in the Denton neighbourhood and whilst demand may increase due to demographic change and deprivation having an impact, there is good provision and the existing providers should be able to easily respond and flexibly increase staff levels and skill mix appropriate to the increased pressure.

THE HYDE NEIGHBOURHOOD

Map 16: Hyde Neighbourhood - (coloured pink) (South)



The Hyde Neighbourhood encompasses the wards of Hyde Newton, Hyde Godley, Hyde Werneth and Longdendale and is situated in the south of the borough of Tameside on the border with the neighbouring local authority area of Stockport and has a total population of 48,541. This constitutes **21%** of the total Tameside population with slightly more females than males (**49% male** and **51% female)**. There is a roughly equal split of the population between each of the wards. The highest proportion of the population is within the 45-54 years age group, followed by the 35-44 and 25-34 groups. There are slightly more males in the younger age groups and slightly more females in the older groups.

This neighbourhood contains proportionately more population groups categorised as living within the most deprived fifth of areas nationally, according to the Indices of Multiple Deprivation 2019, compared to the Tameside average. This equates to just less than half (42%) of the neighbourhood population living in the 20% most deprived areas in the country.

Hyde Godley has a higher rate of people on out of work benefits in 2022 than Tameside as a whole whilst Hyde Newton and Hyde Werneth have lower rates.

The Hyde neighbourhood has a higher than average proportion of 'Asian or Asian British' population than the Tameside average (9% vs 8%), with smaller populations of 'Mixed', 'Black, or Black British', 'Chinese' and 'Other' ethnic groups than the Tameside average, and Hyde Werneth has the highest number of Bangladeshi residents of any ward in Tameside, accounting for 40% of the borough's total Bangladeshi population.

Pakistani and Bangladeshi communities in Tameside have a young age profile and it is expected that the older population will increase significantly in the future, significantly impacting on this locality.

Hyde Godley and Longdendale wards have the 3rd and 4th highest percentage of pensioners aged 65+ living alone in Tameside at 39.2% and 38.2% respectively.

Health Need in the Hyde Neighbourhood

Coronary Heart Disease (CHD) is a major cause of death in ethnic minority groups particularly those of South Asian descent and while cancer is decreasing in the general population, there has been a rise within the South Asian community. In addition type II diabetes is six times more common in South Asian populations.

Average life expectancy (LE) in the Hyde Neighbourhood is below the Tameside average for both males and females, however, at ward level, only Hyde Godley has a lower life expectancy compared to the Tameside average for males and females.

Mortality

Average Life expectancy in the Hyde Neighbourhood is similar to the Tameside average for both males and females, with a locality average being **77.6 years** and **81.1 years** respectively.

The Hyde neighbourhood has higher all age mortality for CHD, CVD and Stroke compared to the Tameside average. Premature mortality within the Hyde neighbourhood is higher than the Tameside and Glossop average for CHD, CVD, COPD and Stroke.

Table 7: Premature mortality in the Hyde Neighbourhood (2018/20)

Hyde Neighbourhood	Under 75 years All Causes				< 75 cancer		< 75 CVD	
	males		females		persons			
	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR
Hyde Godley	92	603.87	62	408.93	49	163.56	38	127.79
Hyde Newton	91	496.95	57	323.43	50	141.01	28	78.22
Hyde Werneth	79	537.79	50	329.48	43	139.33	36	122.01
Longdendale	66	465.18	66	442.75	33	106.16	25	80.43

Morbidity

QOF register data shows that the Hyde neighbourhood has a higher number on disease registers for the following Asthma (7.9%), Cancer (3.4%), CHD (4.0%), COPD (3.2%), Diabetes (8.9%), Heart failure (1.2%), Heart failure with LVSD (0.5%), Mental Health (1.0%), PAD (1.0%), Palliative/supportive care (1.3%), Stroke (2.2%)

The table below illustrates the key causes of morbidity for the Denton Neighbourhood.

Table 8: Disease prevalence by Neighbourhood (Hyde) 2020/21

Indicator	Period	Hyde PCN			CCGs (2019/20)	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Learning disability: QOF prevalence (Persons, All ages)	2020/21	↑	500	0.7%*	0.7%	0.5%	0.0%		
Stroke: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	1,488	2.2%*	2.1%	1.8%	0.0%		
Diabetes: QOF prevalence (17+) (Persons, 17+ yrs)	2020/21	↑	4,852	8.9%*	8.2%	7.1%	0.3%		
COPD: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	2,216	3.2%*	3.0%	1.9%	0.0%		
CKD: QOF prevalence (18+) (Persons, 18+ yrs)	2020/21	→	1,636	3.0%*	2.8%	4.0%	0.0%		
Heart Failure: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	800	1.2%*	1.1%	0.9%	0.0%		
CHD: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	2,740	4.0%*	3.8%	3.0%	0.0%		
Cancer: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	2,367	3.4%*	3.2%	3.2%	0.2%		
Atrial fibrillation: QOF prevalence (Persons, All ages)	2020/21	↑	1,408	2.0%*	2.0%	2.0%	0.0%		
Asthma: QOF prevalence (6+ yrs) (Persons, 6+ yrs)	2020/21	-	5,075	7.9%*	7.6%	6.4%	2.0%		9.3%
Palliative/supportive care: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	883	1.3%*	1.0%	0.5%	0.0%		
Heart failure w LVSD: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	321	0.5%*	0.4%	0.4%	0.0%		
Osteoporosis: QOF prevalence (50+) (Persons, 50+ yrs)	2020/21	↑	209	0.8%*	0.6%	0.8%	0.0%		
Mental Health: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	665	0.97%*	0.88%	0.95%	0.19%		
Rheumatoid Arthritis: QOF prevalence (16+) (Persons, 16+ yrs)	2020/21	→	446	0.8%*	0.8%	0.8%	0.0%		
PAD: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	654	1.0%*	0.9%	0.6%	0.0%		

Source: Office for Health Improvement & Disparities (PH Fingertips)

Risk factors

Modelled estimates show that people living in Hyde Newton and Hyde Godley areas are likely to exhibit unhealthy lifestyle behaviours. Residents in areas of Hyde Newton and Hyde Godley are likely to binge drink more, have greater levels of obesity and consume fewer fruit and vegetables than the Tameside average.

Smoking contributes to excess mortality from cancer, circulatory and respiratory disease and lowers life expectancy in our population, with a large number of people dying each year due to smoking and a substantial number of hospital admissions caused.

Due to the high number of vulnerable groups especially within Hattersley (Hyde Godley and Longdendale wards), it is expected that a larger proportion of the population will be vulnerable to tobacco related harm, e.g. socio-economically deprived/ Routine and Manual (R&M) groups, Bangladeshi adults and Pakistani men, people with existing health conditions, including poor mental health and those receiving treatment in hospital and children and unborn babies exposed to passive smoking.

Alcohol causes similar levels of concern for the neighbourhood as harmful drinkers also tend to live in more deprived areas of the country and Tameside is listed as in the top ten in the country for estimates of harmful drinkers. Due to high levels of socio-economic deprivation in areas of the Hyde Godley and Longdendale wards (Hattersley) and Hyde Newton ward, it is expected that there will be high levels of harmful drinking also.

Future Health Need – prevalence projections and demographic change

Prevalence projections for Tameside between 2022 and 2025 show that the numbers of people with CHD and hypertension are expected to rise over the next few years, by 0.3% for CHD and 10.1% for hypertension. This equates to more than an extra 5,400 patients by 2025, for just these two conditions.

Estimated numbers of people with depression and dementia in the over 65 population suggest that, across the whole of Tameside between 2022 and 2030, we may expect rise of 16% in the number of over 65s with dementia equating to an additional 513 people, a rise of 12% in over 65s with depression equating to an additional 475 people.[23] It is expected that Tameside's aging population will bring an increase in long-term mental health problems, including dementia with significant implications for services supporting carers.

Population projections are not available at neighbourhood level, however, it is expected that, between 2022 and 2027 in Tameside, there will be a 2.2% increase in total population, we will have an older population with a lower proportion of children and younger people, there will be an expected increases of 1,500 males in both 65+ and 15-44 cohorts, and 1,000 females in 65+ compared to 2,000 in 15-44 but as there are currently less than half as many people in the 65+ cohort as the 15-44 this represents a proportional increase in its share. The North neighbourhood is likely to see a similar percentage change of population and may therefore need to consider the extra pressure on pharmaceutical services for the aging population.

Access to Pharmacy- Hyde Neighbourhood

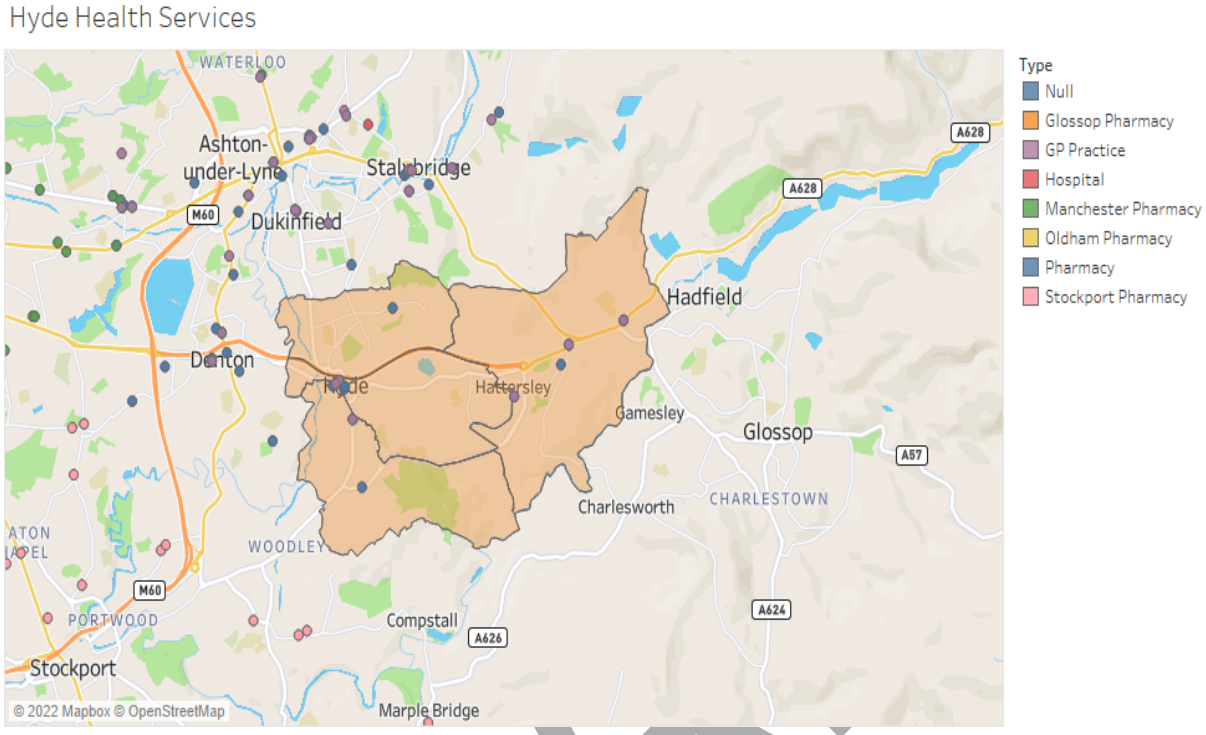
The Hyde Neighbourhood contains 12 pharmacies including five 100 hours pharmacies, and 7 GP practices at which the population can access pharmaceutical services. There is a particular concentration of pharmacies within the Hyde Town centre.

There are also 4 pharmacies within Stockport and 2 within high peak that can easily be accessed by Hyde Neighbourhood residents and the Denton and Ashton neighbourhoods also

[23] https://poppi.org.uk/index.php?pageNo=334&areaID=8373&loc=8373

have a number of pharmacies and GPs that residents are able to access. A dispensing appliance contractor is also situated within this locality.

Map 17: Pharmacies in the Hyde Neighbourhood.



Source: NHS Tameside and Glossop Pubic Health Intelligence

There is a good spatial correlation between pharmacists and GP Practices across the Hyde neighbourhood.

Whilst the distribution of both pharmacies and GP Practices across the Hyde neighbourhood is good, further analysis has been undertaken to identify any areas where residents live who may have difficulty accessing pharmaceutical services.

The area of Hattersley was identified as an area geographically isolated from the town centre and with high health need with many residents living in socio-economically deprived circumstances. This area was then cross-checked with public transport routes and nearest pharmacy locations in order to establish whether residents would be able to access essential pharmaceutical services via public transport.

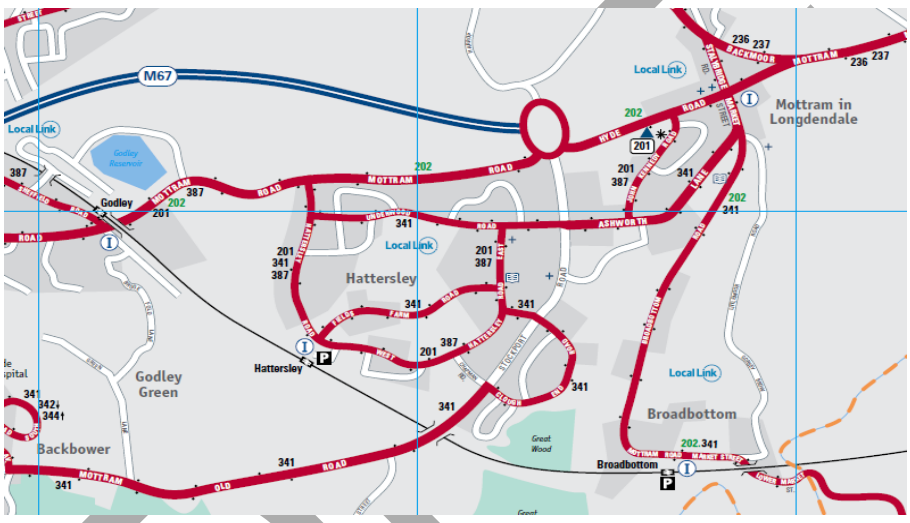
The Hattersley area is split across the wards of Hyde Godley and Longdendale. The relevant LSOAs are classified within the most socio-economically deprived decile in the country according to the IMD2019. There is also likely to be a high proportion of people who do not own a car or van in this area, and a high level of health need.

The Local Boots pharmacy and Hattersley Group Practice are located close to the centre of Hattersley and are therefore accessible to residents. Map also illustrates there are a number of bus services linking Hattersley to Mottram and also to Godley and on to Hyde, where connecting services link to the rest of Tameside, Stockport and Manchester. There is also a train station within Hattersley linking to Manchester.

It is also recognised that many of the community pharmacies serving this area provide free prescription collection and delivery services to patients homes as an added value service to patients.

It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

Map 18: Public transport routes through the Hattersley Area



Source: GMPTE, 2020

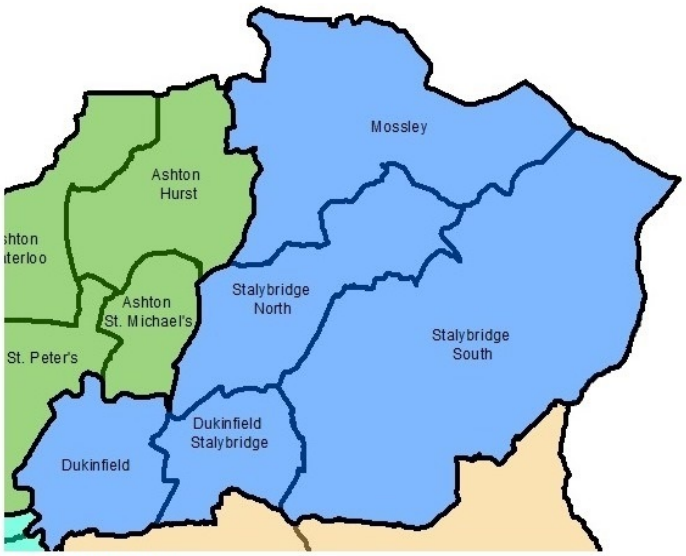
In summary good access to pharmacy is evident across the Hyde neighbourhood. Whilst there has been a slight decrease and official projections suggest an increase in households and a demographic shift towards an aging population any increasing pressure this may bring on pharmacy services provided within the neighbourhood should be able to be responded to positively as pharmacy is a business which can easily flex to increase staff levels and skill mix appropriate to the increased pressure.

It is worth noting that there are plans for a garden village to be built in the Hyde neighbourhood. (Godley Green) This potentially could see 2,150 new homes built over the next 16 years. The site will also include 0sqm of retail space, 1,600sqm of commercial space and 1,000sqm for local community uses, including a primary school. Planning permission for the village was submitted at the end of 2021, so development of the village may start during the lifetime of this needs assessment.

THE STALYBRIDGE NEIGHBOURHOOD (EAST)

Map 19: Stalybridge Neighbourhood - (coloured blue)

The Stalybridge neighbourhood has a total population of 59,458. This constitutes 26% of the total Tameside population with slightly more females than males (49% male and 51% female).



There is a roughly equal split of the population between each of the wards. The highest proportion of the population is the 45-54 years age group, followed by the 35-44 and 25-34 age groups. There are slightly more males in the younger age groups and slightly more females in the older groups.

Overall the neighbourhood is less deprived than the Tameside average, with less than a quarter of the local population living in the 20% most deprived areas in the country.

The Stalybridge Neighbourhood has a higher proportion of its population in the 'White' ethnic category than Tameside and a much lower proportion from BME groups.

Stalybridge South has the lowest percentage of people aged 65+ living alone in Tameside at 27.6%. Dukinfield has the highest percentage of people aged 65+ living alone out of the Stalybridge Neighbourhood wards at 37.4%.

Health Need in Stalybridge Neighbourhood

Average life expectancy (LE) in the Stalybridge Neighbourhood is higher than the Tameside average for both males and females except in Stalybridge North (where it is lower for both), and Dukinfield, where it is lower for males.

Mortality

When considering all age mortality rates for our main causes of death: cancer, CHD (Coronary Heart Disease), COPD (Chronic Obstructive Pulmonary Disease), stroke and CVD (Cardio Vascular Disease) for all ages, the East Neighbourhood is worse compared to Tameside averages for cancer.

With respect to premature mortality The Stalybridge neighbourhood has favourable comparable premature (under 75) mortality for the main causes of death compared to Tameside averages. Mossley has the lowest under 75 year mortality rate in the Stalybridge neighbourhood, with Stalybridge North having the highest.

Table 9: Premature mortality rates

Stalybridge Neighbourhood	Under 75 years All Causes				< 75 cancer		< 75 CVD	
	males		females		persons			
	OBS	DSR	OBS	DSR	OBS	DSR	OBS	DSR
Dukinfield	92	564.29	67	402.22	59	181.49	35	107.45
Dukinfield Stalybridge	82	477.74	55	320.15	50	146.28	36	102.85
Mossley	45	293.96	41	260.73	40	126.50	25	80.43
Stalybridge North	109	621.08	69	402.75	67	194.28	33	95.38
Stalybridge South	62	410.44	37	226.66	38	122.27	24	75.62

Morbidity

Additionally, when considering morbidity Quality Outcomes Data (QOF) for the Stalybridge Neighbourhood, GP registers shows their patients have a higher than average prevalence (compared with England, and the rest of Tameside) for: PAD (1.0%)

The table below illustrates the key causes of morbidity for the Denton Neighbourhood

Table 10: Disease prevalence by Neighbourhood (Stalybridge) 2020/21

Indicator	Period	Stalybridge PCN			CCGs (2019/20)	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
Learning disability: QOF prevalence (Persons, All ages)	2020/21	↑	271	0.7%*	0.7%	0.5%	0.0%		
Stroke: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	809	2.0%*	2.1%	1.8%	0.0%		
Diabetes: QOF prevalence (17+) (Persons, 17+ yrs)	2020/21	↑	2,485	7.5%*	8.2%	7.1%	0.3%		
COPD: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	1,098	2.7%*	3.0%	1.9%	0.0%		
CKD: QOF prevalence (18+) (Persons, 18+ yrs)	2020/21	→	791	2.4%*	2.8%	4.0%	0.0%		
Heart Failure: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	391	0.9%*	1.1%	0.9%	0.0%		
CHD: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	1,444	3.5%*	3.8%	3.0%	0.0%		
Cancer: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	1,238	3.0%*	3.2%	3.2%	0.2%		
Atrial fibrillation: QOF prevalence (Persons, All ages)	2020/21	→	793	1.9%*	2.0%	2.0%	0.0%		
Asthma: QOF prevalence (6+ yrs) (Persons, 6+ yrs)	2020/21	-	2,914	7.6%*	7.6%	6.4%	2.0%		9.3%
Palliative/supportive care: QOF prevalence (all ages) (Persons, All ages)	2020/21	↑	355	0.9%*	1.0%	0.5%	0.0%		
Heart failure w LVSD: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	109	0.3%*	0.4%	0.4%	0.0%		
Osteoporosis: QOF prevalence (50+) (Persons, 50+ yrs)	2020/21	↑	86	0.6%*	0.6%	0.8%	0.0%		
Mental Health: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	336	0.82%*	0.88%	0.95%	0.19%		
Rheumatoid Arthritis: QOF prevalence (16+) (Persons, 16+ yrs)	2020/21	→	277	0.8%*	0.8%	0.8%	0.0%		
PAD: QOF prevalence (all ages) (Persons, All ages)	2020/21	→	392	1.0%*	0.9%	0.6%	0.0%		

Source: QOF prevalence NHS Digital 2020/21

Risk factors

Model-based estimates of lifestyle show that people living in the majority of wards in the Stalybridge Neighbourhood area are more likely to binge drink and less likely to be obese than Tameside and England.

Two wards within the Stalybridge neighbourhood, Dukinfield and Stalybridge North, have an expected prevalence of 5 a day fruit and vegetable consumption that falls below that of Tameside and England as a whole

Obesity increases the risk of morbidity from diseases such as CVD, cancer and type 2 diabetes. This can lead to an increased risk of premature mortality. We currently estimate 71.3% of adults are overweight or obese within Tameside as a whole. The anticipated rise in obesity and overweight for both adults and children is also expected to have a significant impact on life expectancy.

Childhood obesity measurement at reception age and in year 6, show that children in this neighbourhood currently have rates of obesity below the Tameside and England averages.

Smoking contributes to excess mortality from cancer, circulatory and respiratory disease and lowers life expectancy in our population, with a large number of people dying each year due to smoking and a substantial number of hospital admissions caused.

Due to the high number of vulnerable groups especially within Stalybridge North and South wards, it is expected that a larger proportion of the population will be vulnerable to tobacco related harm, e.g. socio-economically deprived/ Routine and Manual (R&M) groups, Bangladeshi adults and Pakistani men, people with existing health conditions, including poor mental health and those receiving treatment in hospital and children and unborn babies exposed to passive smoking, particularly amongst R&M families.

Harmful drinking patterns contribute to increasing levels of alcohol related ill health and pressure on health services through long-term conditions such as liver disease. In the short term alcohol contributes to accidents and violent crime.

Harmful drinkers tend to live in more deprived areas of the country and Tameside is listed as in the top ten in the country for estimates of harmful drinkers. Due to high levels of socio-economic deprivation in areas of the Stalybridge North and South wards, it is expected that there will be high levels of harmful drinking.

The rates of hospital admissions for acute alcohol intoxication in the Stalybridge Neighbourhood are lower than the Tameside average, although not significantly so. The highest rate of hospital admissions for acute alcohol intoxication in this Neighbourhood is in Stalybridge North.

Future Health Need – prevalence projections and demographic change

Prevalence projections for Tameside between 2021 and 2025 show that the numbers of people with CHD and hypertension are expected to rise over the years, by 1.4% for CHD, and 9.8% for hypertension. This equates to an extra 3,500 patients by 2025, for just these two conditions.

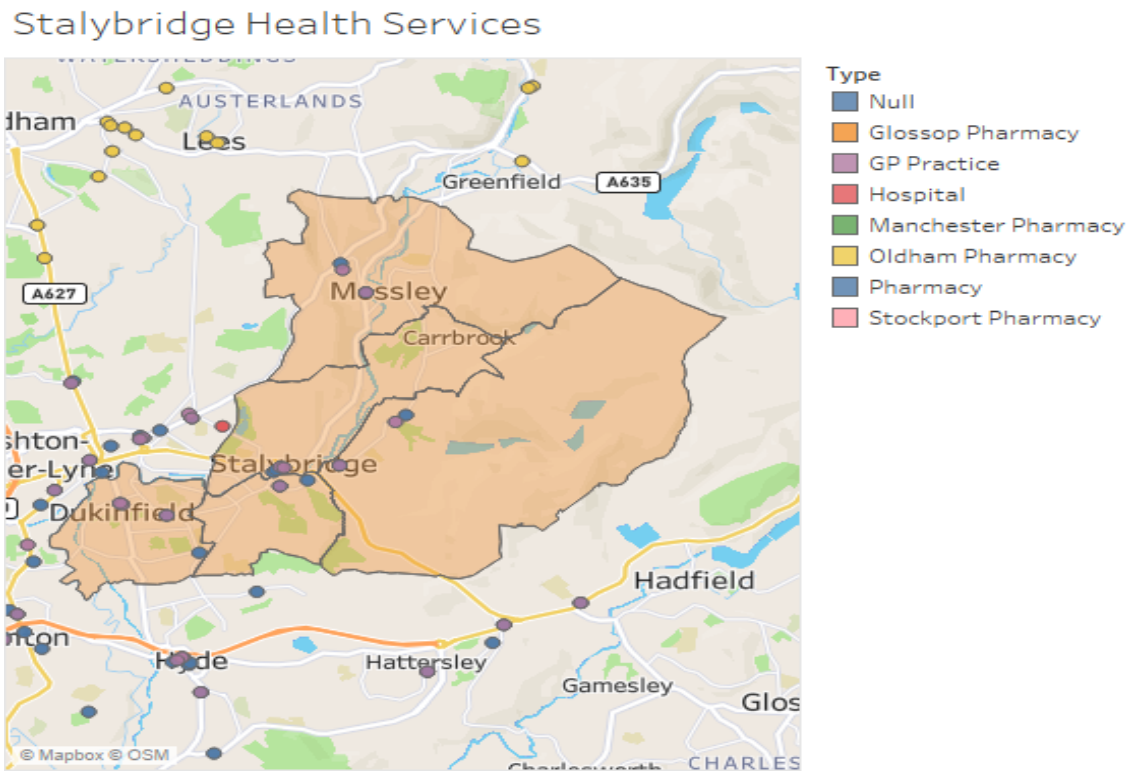
It is expected that Tameside's aging population will bring an increase in long-term mental dementia with significant implications for services supporting carers.

The Stalybridge neighbourhood is likely to see a similar percentage change of population as the rest of Tameside but spread more or less evenly across the area and may therefore extra pressure on pharmaceutical services from an aging population should be felt across the range of providers rather than in any defined specific location.

Access to Pharmacy – Stalybridge Neighbourhood

There are 12 pharmacies in the Stalybridge neighbourhood, including two 100 hours pharmacies, and 3 out of area pharmacies that are likely to be accessed by residents of this locality. These out of area pharmacies are located in Oldham, and a range of other pharmacy options exist throughout the rest of Tameside.

Map 20: Health Services in the Stalybridge Neighbourhood



Map 20 clearly shows the location of the current pharmacies within the Stalybridge neighbourhood, with a concentration of 7 in Stalybridge close to the Town Centre and the major

road and rail intersections/public transport hub. Dukinfield has 3 pharmacies, Mossley has 2 and there is a further pharmacy in Stalybridge at Millbrook.

It is also important to consider pharmacy provision alongside access to GP services and in the Stalybridge Neighbourhood there are 10 GP Practices.

The concentrations of the population within the Stalybridge Neighbourhood are largely in the urban or rural urban fringes and with very good access to the 12 pharmacies and 10 GP Practices in the area. Tameside & Glossop Integrated Care Foundation Trust (ICFT) to the west of the border is also available, Mossley residents are able to access 3 pharmacies within the Oldham boundary and within the 20 minute walk estimate, and, there are a further 34 pharmacies within the other Tameside neighbourhoods.

Spatially to the North East of the Neighbourhood there is an open area of this map where in fact there is very little population at all with this area being a combination of moorland, reservoirs and farms.

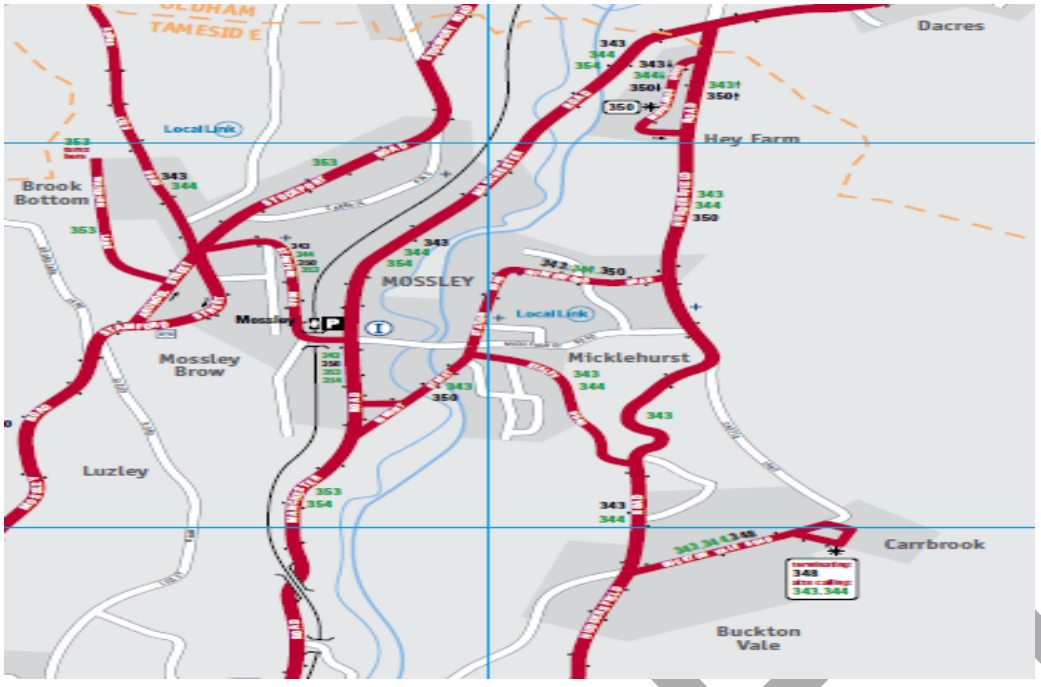
The areas of Micklehurst and Millbrook; Millbrook-Manor pharmacy on Huddersfield road is very close to the border; and may be identified as areas potentially more geographically isolated from the town centres. These areas have been cross-checked with public transport routes and nearest pharmacy locations in order to establish whether residents would be able to access essential pharmaceutical services via public transport.

Micklehurst is within the Mossley ward, and is classified as within the 10% most socio-economically deprived areas in the country according to the IMD2019. Micklehurst is also geographically isolated. Lloyds and ‘Chadwick and Hadfield’ pharmacies are located in Mossley, close to the Micklehurst area, and Pike and Mossley Medical Practices are also situated in the Mossley area and are accessible to Micklehurst residents. The map below (map 20) also illustrates there are a number of bus services linking Micklehurst to Mossley, Stalybridge, Ashton and Oldham where other services can be accessed.

It is also recognised that the majority of community pharmacies serving this area provide free prescription collection and delivery services to patients homes as an added value service to patients and that prescription delivery services are now included in the community pharmacy contractual framework for certain patients.

It should also be noted that the local Internet/distance selling contracts must ensure home delivery of all prescriptions by secure means. Patients cannot collect prescription items from the site of the internet pharmacy whatsoever.

Map 21: Public transport routes through the Micklehurst and Mossley areas



Source: GMPTE 2020

In summary there is good provision through a range of Pharmacies in this locality providing essential services and a range of advanced and enhanced services and although some of the most deprived areas like Micklehurst may seem geographically isolated they do have access to good pharmacy provision and are connected with good public transport.

The pharmacy provision in the Stalybridge neighbourhood is satisfactory in meeting the needs of the local population now and in the near future as any anticipated rises in demand due to demographic change should be easily responded to by existing local suppliers being able to flexibly increase staff levels and skill mix appropriate to the increased pressure.

Public Consultation and Stakeholder Engagement

Two specific elements of public consultation and stakeholder engagement have been undertaken through the PNA process.

Firstly the public consultation was undertaken through a survey available electronically on a number of websites including the Councils 'Big Conversation' and Tameside Healthwatch.

This consultation was undertaken during the month of February 2022, closing on 7th March. 141 completed surveys were returned and analysed. A specific section on these findings is appended (Appendix 5).

The PNA is also required to incorporate a statutory 60-day formal consultation with a range of stakeholders. This was undertaken between 1st June 2022 and 29th July 2022; further details of the process are outlined in Appendix 4.

This appendix will also include an account of any issues raised in the consultation phase and how responses have been incorporated into the revised document.

Wider Issues around Pharmacy Need for Tameside

This PNA has been undertaken during the ongoing Covid 19 pandemic and at a time of great change for both the local population and all who provide services or support them. Responsibilities are shifting regarding the commissioning of pharmacy services because of the abolishment of Clinical Commissioning Groups (CCGs) and the formation of regional Integrated Care System's (ICS's)

Whist locally commissioned services were not the central purpose of this PNA, (which in essence was to assess if there is sufficient pharmacy provision to meet need now and in the next three years), a number of issues emerged through analysis of the new policy drivers that need some further consideration by decision makers across the local health economy.

Over provision and competition:

Contrary to the focus of exploring if Tameside has any unmet pharmacy need the opposite problem is a bigger concern and that there may in fact be over-provision in some areas; parts of the Borough having simply too many to close together. This could have implications for service quality and the customer needs focus

This PNA did not set out to investigate this area and hence no specific tools were developed to investigate whether this is true. The core data used here would still be relevant but different lines of enquiry would need to be developed.

The future pharmacies role in Prevention and Self Care

How can the most be made of the local pharmacy footprint in priority neighbourhood locations?

With what is known from the evidence base about effective methods of engagement, methods of behaviour change, as well as the importance of building social capital.

Is the pharmacy health prevention and self-care role being considered thoroughly enough within current strategic discussions on care closer to home, integrated offers etc.?

'Maybe/maybe not'; however there is change occurring in the system with the evolution of the 'Self Care' and Social Prescribing model and Integrated Care now embedded across Tameside? This change should endeavour to ensure all perspective providers of care closer to home, including pharmacies are included in the process.

Local pharmacy aspiration:

The local pharmacies are keen to further develop services and have a track record of responding to local commissions. An accurate assessment of just how much of their capacity and facilities are being used at the moment is missing and it is suggested that an audit exercise should be undertaken over the next 3 years to ensure pharmacies are being utilised to their potential.

Once this audit is competed a better picture of how local need will match with both service requirement (i.e. what is being commissioned) but also pharmacy aspirations will be seen. However how pharmacies use their consulting rooms is a matter for each pharmacy to decide, as they are indeed independent contractors. Suffice this, community pharmacies are responsive organisations, willing and able to expand their capacity, if they have confidence in the long term stability of services commissioned from them, and their fair return justifies the investment.

This should also provide a valuable platform to a number of stakeholders for what should be the preferred approach for pharmacy developments in future across Tameside. There is a strongly expressed belief that the current provision is sufficient to meet need and that there is plenty of capacity for the existing providers to flex and respond flexibly to any future commissions and the Local Pharmaceutical Committee strongly supports this statement. This may be the case but further detail on the facilities and capacity will need to be mapped to provide that assurance to commissioning organisation. The GM LPC is happy to work with the council and other stakeholders to meet the needs identified in this PNA.

Pharmacy Funding

In July 2019, PSNC, NHS England and NHS Improvement (NHSE&I) and the Department of Health and Social Care (DHSC) agreed a five-year deal for community pharmacies, guaranteeing funding of £2.592bn per year until 2023/24.

Pharmacy funding under the national framework is distributed in two ways: i) fees and allowances, and ii) retained buying margin.

'Fees and allowances' refers to the payment pharmacies receive for the provision of pharmaceutical services, also commonly referred to as 'Remuneration'. All fees and allowances are recharged to NHS England. These consist of the 'global sum' elements covering Single Activity Fees, Item Fees and Establishment Payments.

National fees and allowances payments can be further categorised in two ways, i) payment for Essential Services, and ii) payment for Advanced Services. Essential Services are services which all community pharmacy contractors must provide, Advanced Services may be provided if the contractor chooses to provide them.

For more information on pharmacy funding please see document here

Conclusions

The population of Tameside is changing rapidly:

- The resident population of Tameside is estimated to be 227,117 (2020 mid-year estimate)) and 218,308 registered with a Tameside General Practice.
- Population forecasts predict a 3.5% increase in the local population by 2027.
- Tameside has an established Indian, Pakistani and Bangladeshi community, concentrated mainly in Ashton and Hyde.
- Overall, there is a 7 year difference between the wards with highest and lowest life expectancy in Tameside.
- Tameside at a population level is growing older but getting sicker younger.

Health need in Tameside is also increasing:

- Cancer, circulatory disease and respiratory disease are the main causes of mortality in England, in the North West and in Tameside. Life expectancy and Healthy Life expectancy is significantly lower in Tameside than the national average.
- Smoking is a major contributory factor for the main causes of mortality in Tameside (i.e. Cancer, circulatory disease and respiratory disease).

- Obesity and physical inactivity has a significant impact on the life expectancy of the local population.
- Tameside has significantly higher levels of alcohol related harm than England and the North West.
- CHD, Stroke, Diabetes, COPD, Asthma contribute the main burden of Long Term Conditions (LTCs) in Tameside.
- With an aging population, there will be a significant increase in LTCs in the future.
- The measures of general population health in Tameside demonstrate lower levels of health and wellbeing than for England.

Health needs and pharmacy provision:

- Pharmacy provision in Tameside has increased moderately over the last 10 years.
- Access to pharmacies is good across all four neighbourhoods both in location and hours of opening.
- Location of pharmacies within areas of deprivation brings a good platform to build an assets based approach and utilise their social capital.
- Public consultation indicates high levels of satisfaction with current pharmacy services in Tameside.
- The location of pharmacies in relation to GP Practices is good within all four neighbourhoods.
- Analysis of opening hours and trading days shows there is adequate provision for out of hours services and across the year including the festive periods.
- Local commissioning of health and social care is in a period of change and the future role of pharmacies in prevention, early intervention and self-care plus support for long term conditions needs to be fully considered within future models.

Neighbourhood provision

- In summary there is good provision through a range of Pharmacies in the Ashton neighbourhood (13 pharmacies) providing essential services and a range of advanced and enhanced services and although some of the most deprived areas such as Hurst and St. Peter's may seem slightly geographically isolated they do have access to good pharmacy provision and are connected with good public transport.
- In summary there has been an increase of pharmacies in the Denton neighbourhood (16 pharmacies) and whilst demand may increase due to demographic change and deprivation having an impact there is good provision and the existing providers should

be able to easily respond and flexibly increase staff levels and skill mix appropriate to the increased pressure

- In summary there is good provision through a range of Pharmacies in the Stalybridge neighbourhood (12 pharmacies) providing essential services and a range of advanced and enhanced services, and although some of the most deprived areas like Micklehurst may seem geographically isolated they do have access to good pharmacy provision and are connected with good public transport.
- In summary good access to pharmacy is evident across the Hyde neighbourhood (12 pharmacies) and there has been an increase in pharmacy provision in the Hyde since the PNA 2018. Whilst official projections suggest an increase in households and a demographic shift towards an aging population any increasing pressure this may bring on pharmacy services provided, the neighbourhood should be able to respond to this positively.

In terms of the content of this Pharmaceutical Needs Assessment there has been no identified gap in pharmaceutical provision.

Recommendations

This PNA builds on and supersedes the 2018/21 PNA, and read alongside the JSNA summary of health and wellbeing 2020/21 and other needs assessments and profiles, gives a more complete picture of health & wellbeing need and assets across Tameside.

The impact of the further growth of pharmacy should be further considered across all relevant strategic drivers, in particular the potential negative impact of over provision within certain geographic areas and competition and government funding reductions. This impact must be within current regulatory parameters, with any additional impact measures being fully transparent.

The position of pharmacy in providing Wellness and health improvement services should continue to be considered, both in relation to specific models such as the Healthy Living Pharmacy, and, with respect to further building of social capital.

The extent and type of pharmacy facilities currently available from individual premises (size and number of consultation rooms etc.) and the services being delivered in each location should be mapped to provide the benchmark and foundation for any further local developments.

As people are not fully aware of the services available to them through pharmacies, a public promotion of pharmacies should be designed and rolled out. Pharmacy First initiatives can provide the local population with rapid access to a pharmacist who can give self-care advice on a range of minor ailments and is a cost-effective way to manage patients presenting with minor ailments and medication issues. An audit exercise should be considered to ascertain the range of services that community pharmacies currently offer outside those that are currently commissioned locally.

Pharmacies are eager to extend their role in prevention and early intervention and are well placed to support 'Care Closer to Home'. Given the increasing levels of people managing long term conditions, the footprint of pharmacies within and across local communities in Tameside plays an important role in terms of social capital and supporting the Integrated Care agenda and therefore needs to be explored in more depth.

To support the decision making process of the NHS local area team who make the final decisions around pharmacy applications in Tameside; it is recommended that a pharmacy consultation group meet when relevant to discuss and report on incoming pharmacy applications and ensure any new process followed is fair for all parties. The panel, the applicant and interested parties along with sitting within the current regulatory pharmaceutical application consultation and determination process are to ensure responses have taken into consideration the 2022/25 PNA findings. This group should be made up of key members of the PNA steering group. and is to ensure any new process followed is fair for all parties; the panel, the applicant and interested parties along with sitting within the current regulatory pharmaceutical application consultation and determination process.

In order to support this decision making additionally a consideration for how the currently available pharmacy facilities provide a benchmark for identifying gaps in provision should also be provided. This would be supported by the provision of this report and any subsequent supplementary statements until the next Pharmaceutical Needs Assessment supersedes it in 2025.

Appendix One - Steering Group Membership

Member	Role
Peter Howarth	Medicines Management
Faisal Bokhari	Medicines Management
Jacqui Dorman (Retired)	Project manager and PNA author (policy, performances & intelligence TMBC)
Michelle Foxcroft	Project manager and PNA editor (policy, performances & intelligence TMBC)
Mohammed Anwar	LPC representative
Peter Denton	Health Watch
Gail Henshaw	NHS England
Tracy Turley	Policy and Communication
Mark Whitehead	Adult social care
Jonathan Peacock	Chief Pharmacist (ICFT)
Dr Asad Ali	GP representative
James Mallion	Population Health

Key Derbyshire Contact

Andrew Muirhead: Senior Public Health Manger, Derbyshire County Council

Appendix 2: List of pharmacies in Tameside

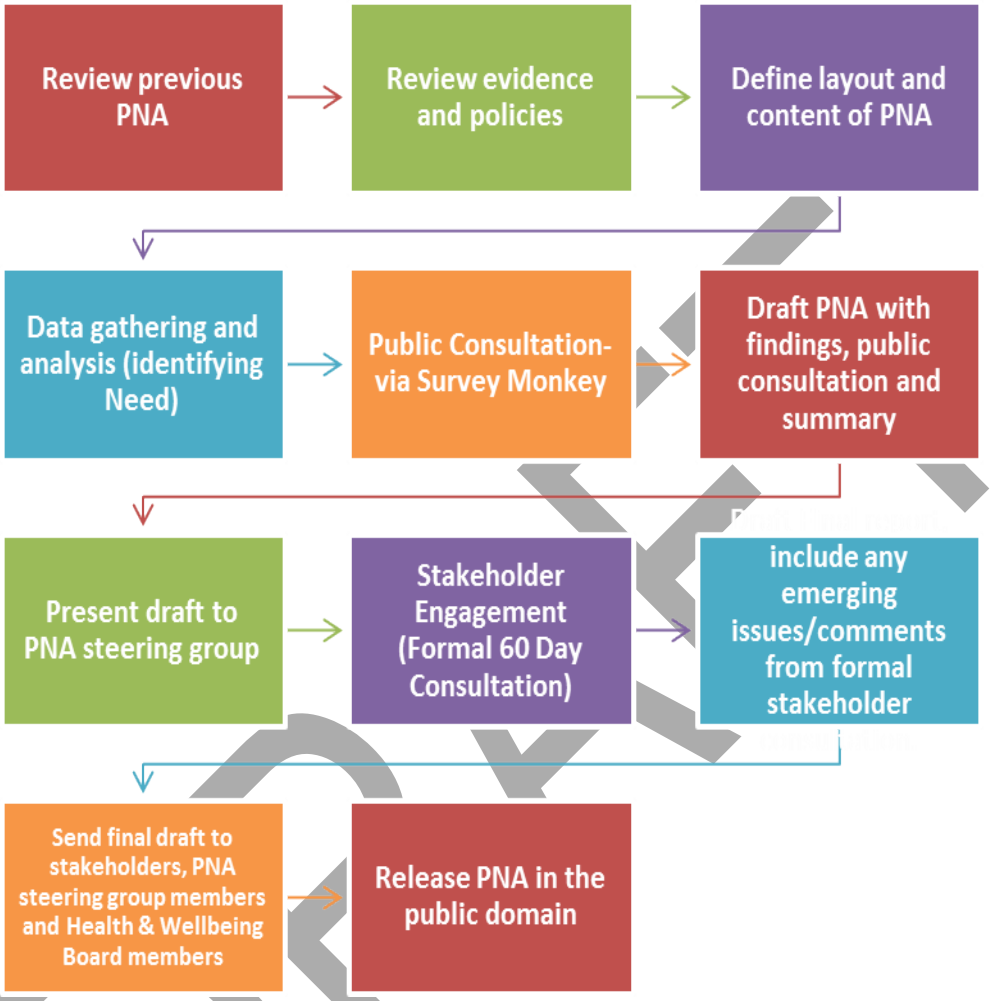
CODE	PHARMACY NAME	ADDRESS	AREA	POSTCODE
FTH04	Adams Pharmacy	169 Mossley Road	Ashton U Lyne	OL6 6NE
FXW73	Adams Pharmacy	Ground Floor, Stalybridge Resource Centre, 2 Waterloo Road	Stalybridge	SK15 2AU
FP879	Asda Pharmacy	Cavendish Street	Ashton U Lyne	OL6 7DP
FTC91	Asda Pharmacy	Water Street	Hyde	SK14 1BD
FV756	Ashton Primary Care Cen	Ashton Primary Care Centre	193 Old Street	OL6 7SR
FJE52	Audenshaw Pharmacy	3 Chapel Street	Audenshaw	M34 5DE
FEJ56	Boots the Chemist	15-17 Staveleigh Way	Ashton U Lyne	OL6 7JL
FRN15	Boots the Chemist	Crown Point North Retail Park, Ashton road	Denton	M34 3LY
FQR87	Boots the Chemist	33 Queens Walk	Droylsden	M43 7AD
FJ174	Boots the Chemist	1a Market Place	Hyde	SK14 2LX
FKK88	Chadwick & Hadfield Ltd	189 Manchester Road	Mossley	OL5 9AB
FCT75	Cohens Chemist	98-102 Ashton Road	Denton	M34 3JE
FC480	Cohens Chemist	Ann Street HC, Ann St	Denton	M34 2AJ
FX959	Cohens Chemist	2 Albion Street	Ashton U Lyne	OL6 6HF
FV867	Droylsden Pharmacy	54 Ashton Road	Droylsden	M43 7BP
FT341	E-Pharmacy	2 Chapel Street	Stalybridge	SK15 2AW
FMH19	Greencross Pharmacy	14 Ashton Road	Denton	M34 3EX
FM310	Group Pharmacy	Glebe Street	Ashton U Lyne	OL6 6HD
FAG81	Hyde Pharmacy	Thornley House Medical Centre , Thornley St	Hyde	SK14 1JY
FED07	Ipharmacy Direct	2 Raynham Street	Ashton U Lyne	OL6 9NU
FJ297	Lad RJ Pharmacy	201 Birch Lane	Dukinfield	SK16 5AT
FLK71	Lloydspharmacy	12 Stamford Street	Mossley	OL5 0HR
FDA52	Lloydspharmacy	Oldham St	Denton	M34 3SJ
FL619	Lloydspharmacy	Lord Sheldon Way	Ashton U Lyne	OL6 7UB
FR468	Manor Pharmacy	294-296 Stockport Road	Hyde	SK14 5RU
FA596	Manor Pharmacy	397 Huddersfield Road	Stalybridge	SK15 3ET
FNA75	Newton Pharmacy	132-138 Talbot Road	Hyde	SK14 4HH
FHT94	Pharmaco Chemist	1 Manchester Road	Audenshaw	M34 5PZ
FVA73	Pharmacy First	Unit 5, Crown Point South Ind Park	King St	M34 6PF
FF631	Rizwan Chemist	103-107 Manchester Road	Denton	M34 2AF
FYA54	S F Wain Pharmacy	4 Tatton Road	Haughton Green	M34 7PL
FRF38	Future Pharmacy	96 Stockport Road	Ashton U Lyne	OL7 0LH
FXK78	Tesco In-store Pharmacy	Manchester Road	Droylsden	M43 6TQ
FAK83	Tesco In-store Pharmacy	Trinity Street	Stalybridge	SK15 2BJ
FH401	Tesco In-store Pharmacy	Ashworth Lane	Hattersley	SK14 6NT
FQN19	Well	23 Market Street	Hyde	SK14 2AD
FLL29	Well	1 The Square	Hyde	SK14 2QR
FYE63	Well	104-106 King Street	Dukinfield	SK16 4JZ
FH003	Well	38-40a Market Street	Stalybridge	SK15 2AJ
FK014	Well	The Highlands Surgery, 156 Stockport Road	Ashton-u-Lyne	OL7 0NW
FFE81	Well	56 Ashton Road	Droylsden	M43 7BW
FCN77	Well	62 Grosvenor Street	Stalybridge	SK15 1RZ
FFP09	Well	85 Huddersfield Road	Stalybridge	SK15 2PT
FJG93	Well	53a Manchester Road	Denton	M34 2AF
FD408	Well	38 Market Street	Hollingworth	SK14 8LN
FLF52	Well	9-11 Mottram Moor	Mottram	SK14 6LA
FRT39	Windmill Pharmacy	709 Windmill Lane	Denton	M34 2ET
FTP74	Penny Meadow Pharmacy	61 Penny Meadow	Ashton U Lyne	OL6 6HE
FMT41	Your Local Boots Pharmac	348 Oldham Road	Ashton U Lyne	OL7 9PS
FKF06	Your Local Boots Pharmac	Hattersley Health Centre	Hattersley Road	SK14 3EH
FT207	Your Local Boots Pharmac	173 Mossley Road	Ashton U Lyne	OL6 6NE
FWP95	Market Street Pharmacy	33-35 Market Street	Hyde	SK14 2AD
FMW52	Your Local Boots Pharmac	30 Concord Way	Dukinfield	SK16 4DB

Appendix 3: Table of GP practices in Tameside

Practice Codes	Practice Name	Neighbourhood	Post Code
P89003	Albion Medical Practice	Ashton	OL6 6HF
P89008	Ashton Medical Group	Ashton	OL6 6HD
P89011	Gordon Street Medical Centre	Ashton	OL6 6NE
P89020	Ashton Primary Care Centre	Ashton	OL6 7SR
P89030	West End Medical Centre	Ashton	OL7 0LH
P89609	Stamford House	Ashton	OL6 9QH
P89613	Waterloo Medical Centre	Ashton	OL7 9EJ
Y02586	Ashton GP Led Service	Ashton	OL6 7SR
P89010	Medlock Vale Medical Practice	Denton	M43 7BW
P89015	Millgate Health Partnership	Denton	M34 2AJ
P89018	Denton Medical Practice	Denton	M34 3JE
P89029	Market Street Medical Practice	Denton	M43 6DE
Y02663	Droylsden Medical Practice	Denton	M43 7NP
Y02713	Guide Bridge Medical Practice	Denton	M34 5HY
P89002	The Brooke Surgery	Hyde	SK14 1AT
P89004	Awburn House Medical Practice	Hyde	SK14 6LA
P89012	Clarendon Medical Centre	Hyde	SK14 2AQ
P89013	Hattersley Group Practice	Hyde	SK14 3EH
P89014	Haughton Thornley Medical Centre	Hyde	SK14 1JY
P89016	Donneybrook Medical Centre	Hyde	SK14 2AH
P89021	Dukinfield Medical Practice	Hyde	SK16 4DB
P89602	The Smithy Surgery	Hyde	SK14 8LN
P89005	Lockside Medical Centre	Stalybridge	SK15 2PT
P89007	Staveleigh Medical Centre	Stalybridge	SK15 2AE
P89022	King Street Medical Centre	Stalybridge	SK16 4JZ
P89023	St Andrews House	Stalybridge	SK15 2AU
P89025	Town Hall Surgery	Stalybridge	SK16 4LD
P89026	Grosvenor Medical Centre	Stalybridge	SK15 1RZ
P89612	Mossley Medical Practice	Stalybridge	OL5 9AB
P89618	The Pike Medical Centre	Stalybridge	OL5 0HE
Y02936	Millbrook Medical Practice	Stalybridge	SK15 3BJ

Appendix 4: Process of the PNA and Consultations

Consultation and stakeholder engagement is an integral part of this PNA and was considered throughout the process of putting the Assessment together.



As part of the legislation the draft PNA must be available for local health partners to comment on the contents of the needs assessment before it is finalised and published, and the consultation must run for at least 60 days.

The key purpose of this consultation is to encourage constructive feedback from a variety of stakeholders between, 1st June 2022 and 29th July 2022 and to ensure that a wide range of primary care health professionals provide opinions and views on what is contained in the PNA.

To facilitate this, the Draft PNA document was uploaded onto the Tameside Council website and other appropriate websites linked to the stakeholders on the steering group. This method of consultation aimed to be more efficient and to save paper and limit the environmental impact, however paper copies were also made available, and were sent to those organisations from which a formal response was required.

All feedback was considered and the PNA steering group made the decision in August 2022, which sections of the PNA need amending so that it will be ready for sign off by the Health and Wellbeing board in September 2022 and final publication from October 1st 2022.

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, the HWB must formally consult with at least the following about the contents of the assessment it is making:-

- 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);
- 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;
- 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 HWB has an interest in the provision of pharmaceutical services in its area; and
- Any NHS trust or NHS foundation trust in its area;
- Tameside Single Commissioning Board
- Any neighbouring HWB

The following are link to the above organisations

http://www.tameside.gov.uk/

http://www.tamesideandglossopccg.org/

http://www.healthwatchtameside.co.uk/

https://www.tamesidehospital.nhs.uk/

Appendix 5: Public Consultation Results

Pharmacy Needs Assessment Public Consultation Survey 2022

Questionnaire Results Summary

The survey took place for 5 weeks between February 1st 2022 and March 7th 2022

Key Findings: *Demographic Information*

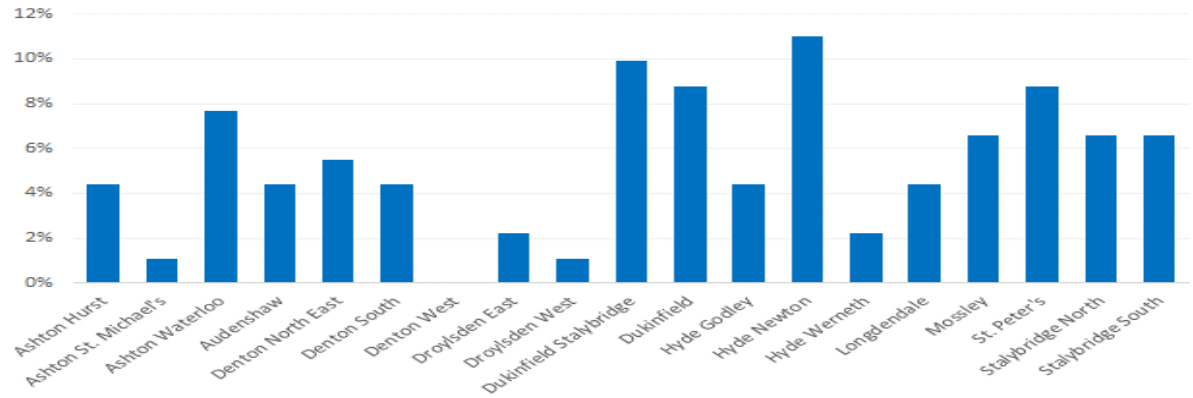
The total number of responses to the Pharmacy Needs Assessment consultation questionnaire was 141. This was made up of 141 online responses via the Big Conversation portal using Survey Monkey.

83% (n= 98) of responses were from females, 14% male (n=16) and 3% preferred not to say. 95% (n=105) of the people who completed the questionnaires were from the White: English/Welsh/Scottish/N Irish backgrounds.

Although the largest proportion of responses were in the 55-59 years age group (42%, n=50) there was a fairly even spread in numbers by age group between the 29 to 70 years plus age groups. (5% to 19% response rates by age bands) There were very few responses from younger people (16-29 years, 5%).

62% (n=73) of respondents said that they did not consider themselves to have health problem or a disability which has lasted, or is expected to last, at least 12 months that limited day to day activities.

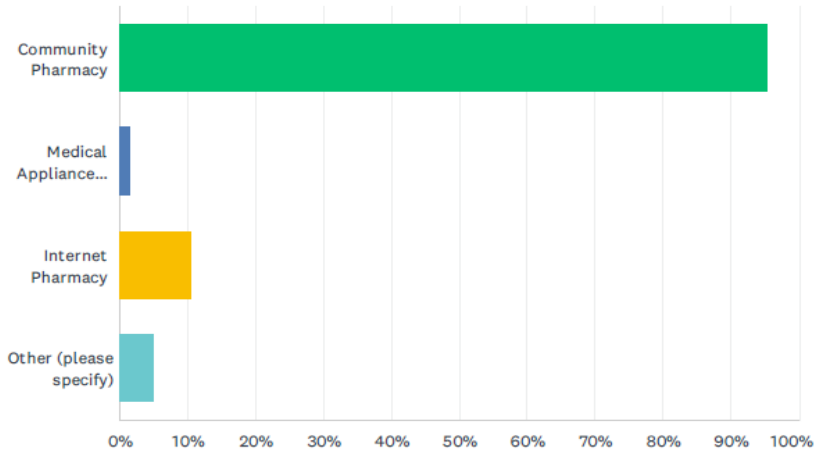
Of the residents that took part in the public consultation, a high proportion of wards were represented across Tameside with the highest proportion of respondents coming from Hyde Newton. 65% of the 141 consultation respondents left their full postcode to enable us to analyse respondent rate by wards.



Pharmacy Needs Assessment Public Consultation: 2022

Q1 Do you use any of the following services? (Please tick all that apply)

Answered: 135 Skipped: 6



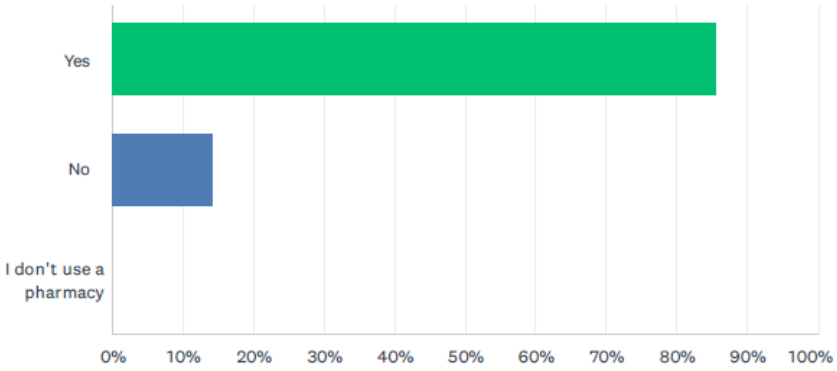
ANSWER CHOICES	RESPONSES	
Community Pharmacy	95.56%	129
Medical Appliance Supplier	1.48%	2
Internet Pharmacy	10.37%	14
Other (please specify)	5.19%	7
Total Respondents: 135		

Q2 If you have indicated that you use either a Medical Appliance Supplier or Internet Pharmacy, please give examples in the box below.

- Online pharmacy - Manchester pharmacy
- Generic Panadol from internet as cheaper and easier to get a quantity (mum in law needs 4 per day) Fluconazole internet pharmacy as doctor would not prescribe as breastfeeding despite being safe for babies at a higher dose than mine
- Chemist4u
- Coloplast Charter
- OTC products
- I use the pharmacy at Superdrug online.
- Lloyds direct
- Collect my prescription
- Order repeat prescriptions via Patient Access app
- I order my meds on the GP web site
- Pharmacy2U
- NHS order prescriptions online to a nominated pharmacy
- go to the local pharmacy
- Pharmacy2U
- Lloyds direct
- UK Meds for Naproxen
- Ostomy & continence products

Q3 When accessing a pharmacy do you use the same pharmacy each time?

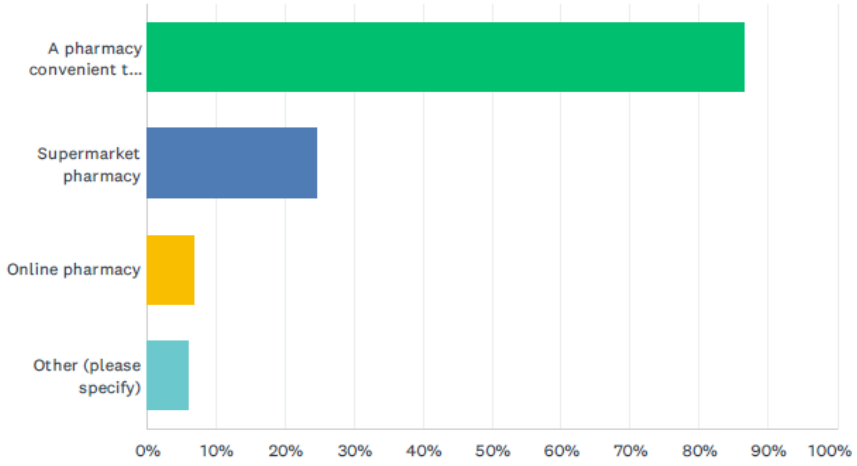
Answered: 141 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	85.82%	121
No	14.18%	20
I don't use a pharmacy	0.00%	0
TOTAL		141

Q4 What type of pharmacy do you access? (Please tick all that apply)

Answered: 133 Skipped: 8



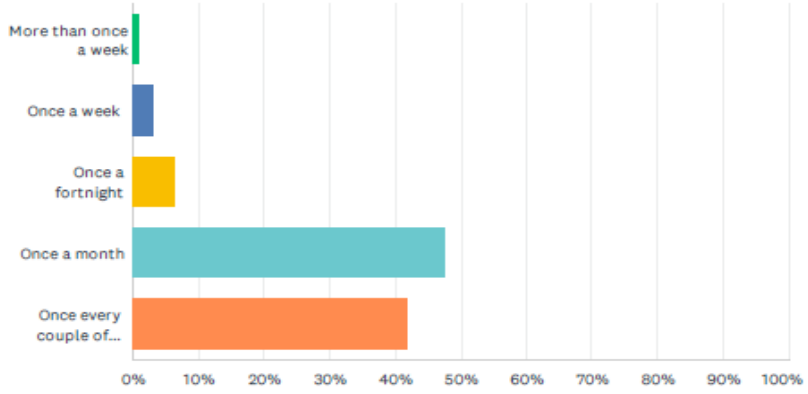
ANSWER CHOICES	RESPONSES	
A pharmacy convenient to you in your local community	86.47%	115
Supermarket pharmacy	24.81%	33
Online pharmacy	6.77%	9
Other (please specify)	6.02%	8
Total Respondents: 133		

Q5. If you have selected online pharmacy, please give examples in the box below

- Manchester pharmacy
- As above fluconazole as not prescribed and generic Panadol as cheaper and larger quantities
- Chemist 4u
- OTC products
- Superdrug
- Lloyds Direct
- Have a new pharmacy as the old one took anything up to 9 weeks to deliver a standard prescription.
- Pharmacy2U
- Pharmacy2U
- DELIVERY OF REPEART MEDICATION
- UK Meds

Q6 How often do you access the above for your health care needs? (E.g. prescription, medicines, advice)

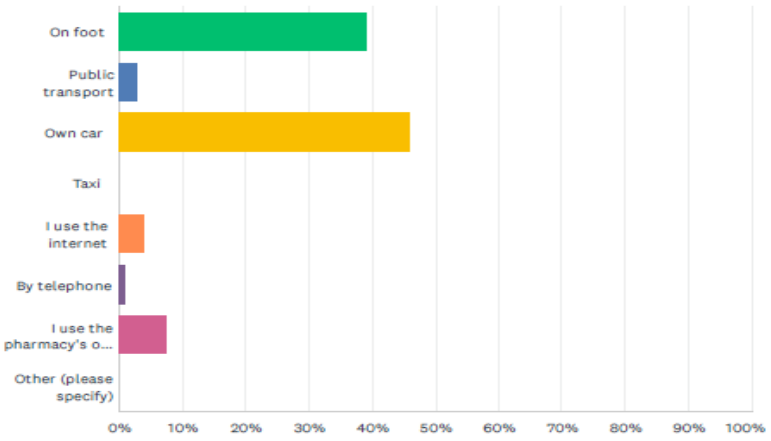
Answered: 126 Skipped: 15



ANSWER CHOICES	RESPONSES	
More than once a week	0.79%	1
Once a week	3.17%	4
Once a fortnight	6.35%	8
Once a month	47.62%	60
Once every couple of months	42.06%	53
TOTAL		126

Q7 Thinking about the pharmacy you use most often, how do you usually access it? (Please tick one box only)

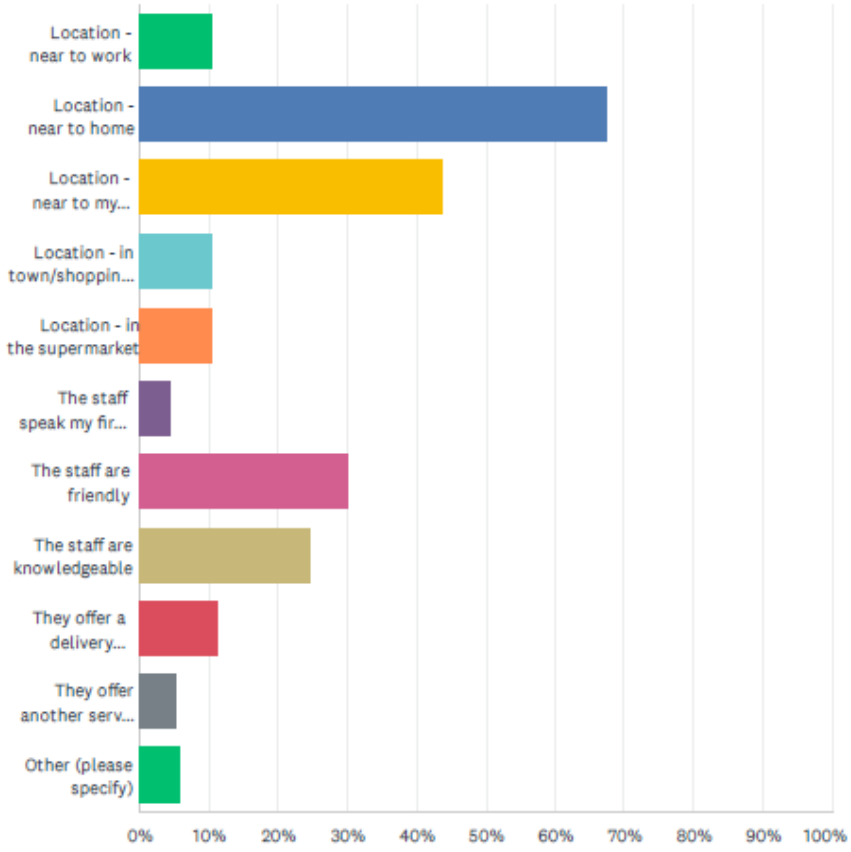
Answered: 133 Skipped: 8



ANSWER CHOICES	RESPONSES	
On foot	39.10%	52
Public transport	3.01%	4
Own car	45.86%	61
Taxi	0.00%	0
I use the internet	3.76%	5
By telephone	0.75%	1
I use the pharmacy's own delivery service	7.52%	10
Other (please specify)	0.00%	0
TOTAL		133

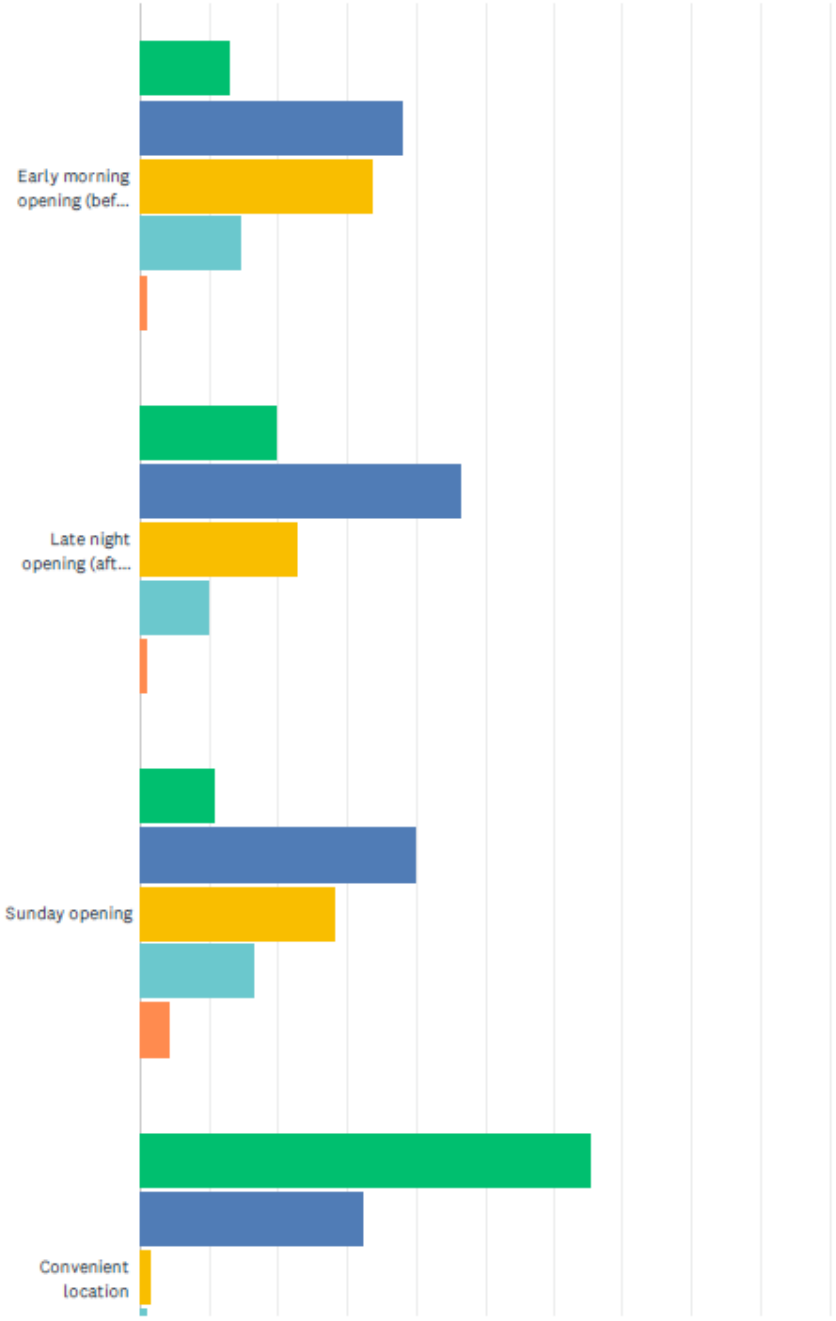
Q8 Why do you use the pharmacy you use most often? Please tick all that apply.

Answered: 133 Skipped: 8



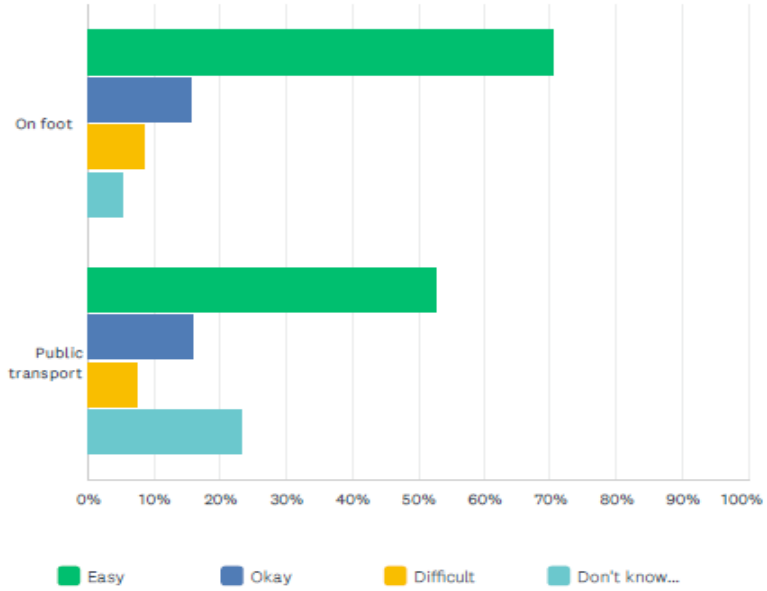
Q9 Please tell us which of the following community pharmacy services are important to you?

Answered: 133 Skipped: 8



Q10 If you visit a pharmacy in person, it is easy or difficult to get there on foot or by public transport?

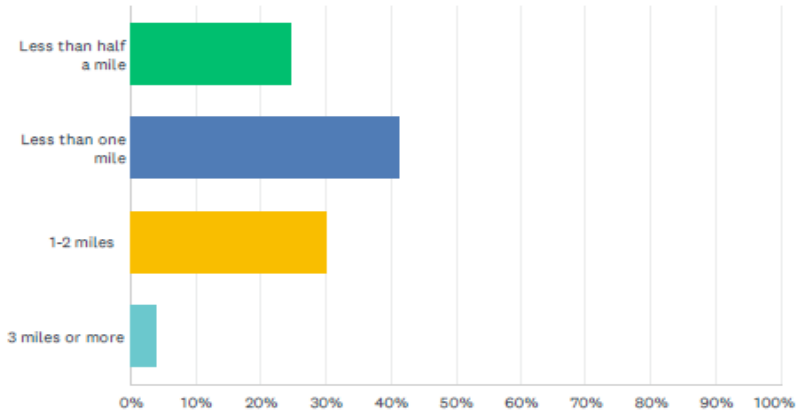
Answered: 132 Skipped: 9



	EASY	OKAY	DIFFICULT	DON'T KNOW/NOT SURE	TOTAL
On foot	70.54% 91	15.50% 20	8.53% 11	5.43% 7	129
Public transport	52.94% 63	15.97% 19	7.56% 9	23.53% 28	119

Q11 How far would you be willing to travel to a pharmacy? (Please tick one box only)

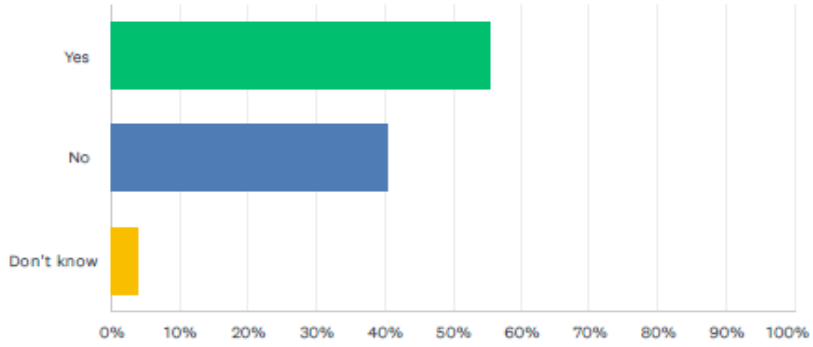
Answered: 133 Skipped: 8



ANSWER CHOICES	RESPONSES	
Less than half a mile	24.81%	33
Less than one mile	41.35%	55
1-2 miles	30.08%	40
3 miles or more	3.76%	5
TOTAL		133

Q12 Have you ever needed something from a pharmacy but couldn't access it at the time? (Please tick one box only)

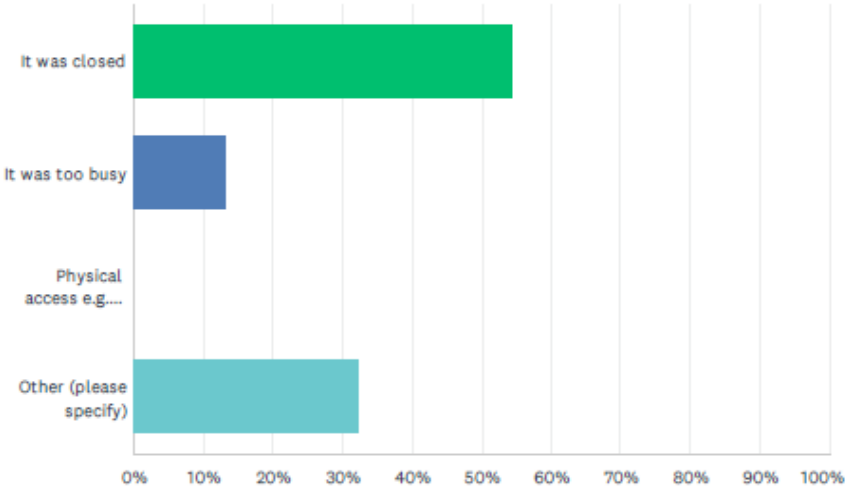
Answered: 133 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes	55.64%	74
No	40.60%	54
Don't know	3.76%	5
TOTAL		133

Q13 Why could you not access it? (Please tick one box only)

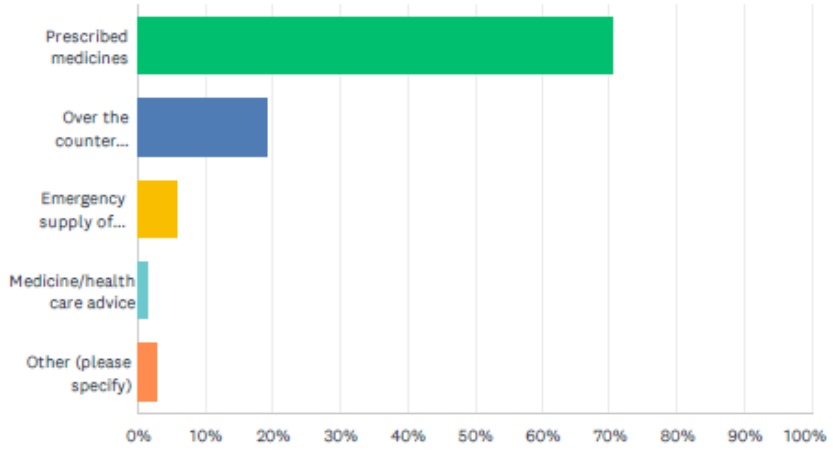
Answered: 68 Skipped: 73



ANSWER CHOICES	RESPONSES	
It was closed	54.41%	37
It was too busy	13.24%	9
Physical access e.g. stairs	0.00%	0
Other (please specify)	32.35%	22
TOTAL		68

Q14 What was it that you needed from the pharmacy? (Please tick one box only)

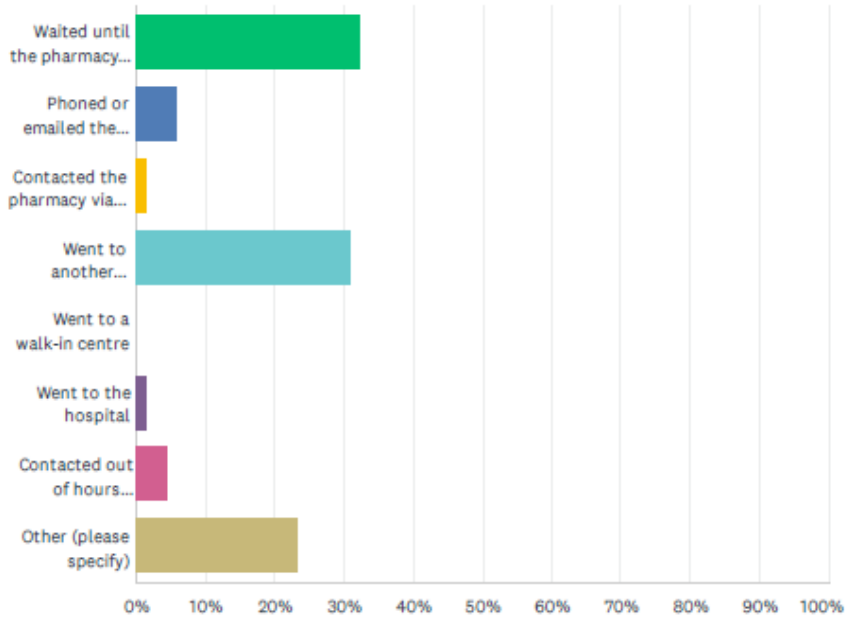
Answered: 68 Skipped: 73



ANSWER CHOICES	RESPONSES	
Prescribed medicines	70.59%	48
Over the counter medicines	19.12%	13
Emergency supply of medicines	5.88%	4
Medicine/healthcare advice	1.47%	1
Other (please specify)	2.94%	2
TOTAL		68

Q15 What did you do instead? (Please tick one box only)

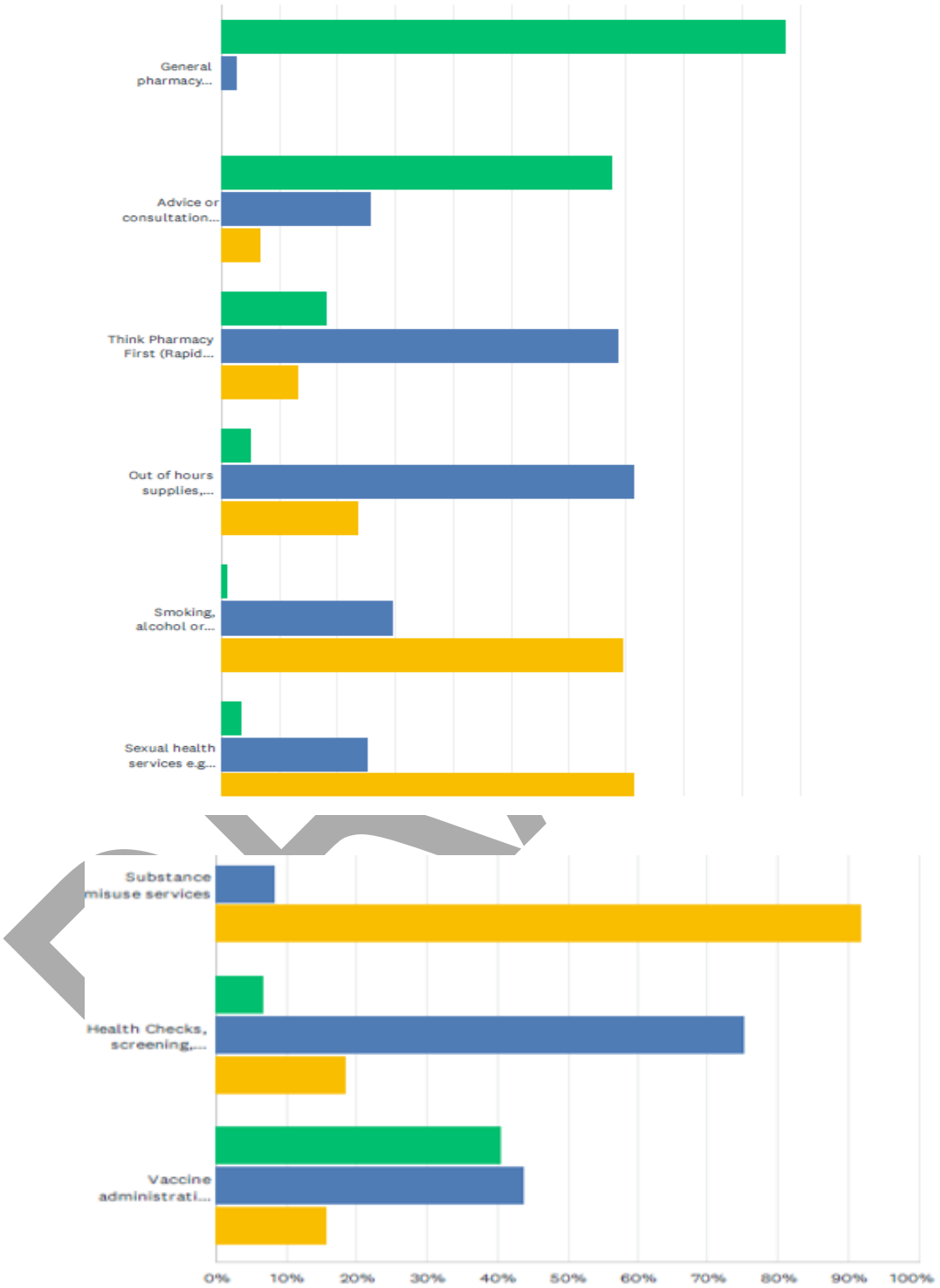
Answered: 68 Skipped: 73



ANSWER CHOICES	RESPONSES	
Waited until the pharmacy had opened	32.35%	22
Phoned or emailed the pharmacy	5.88%	4
Contacted the pharmacy via their website	1.47%	1
Went to another pharmacy	30.88%	21
Went to a walk-in centre	0.00%	0
Went to the hospital	1.47%	1
Contacted out of hours services (111, emergency services)	4.41%	3
Other (please specify)	23.53%	16
TOTAL		68

Q16 When you visit a pharmacy, which services do you use and are there any that you would be likely to use if they were available? (Please tick all that apply)

Answered: 122 Skipped: 19



USE THIS SERVICE	
I WOULD USE THISSERVICE IF IT WAS AVAILABLE	
I WOULD NOTUSE THIS SERVICE	

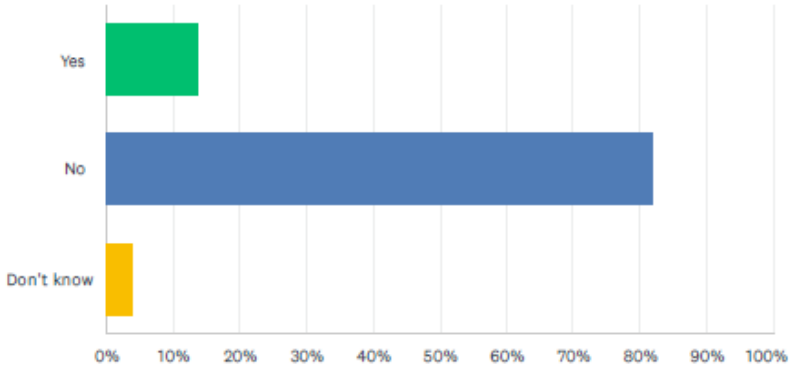
Q17. Are there any services not currently available at your usual pharmacy that you would use if they were offered to you? Please write in the box below.

Responses below are a summary of the main suggestions from the 141 survey respondents

- Vaccine administration, including Vaccinations necessary for travelling abroad
- Advice on vitamins
- consultations
- Blister pack medications
- I would like them to be able to issue prescriptions for minor ailments I.e. water infection
- UTI testing and emergency antibiotics prescribing
- Cholesterol check blood service to check A1Bc for diabetes or iron levels etc.
- Sunday opening
- Ear wax removal, blood pressure checks
- Being able to request information on medicines.
- Menopause management and help and advice including HRT support
- Delivery service
- General health check
- Think Pharmacy First
- More promotion of actual services offered

Q18 In the last 12 months, have you been offered a medicines review with your pharmacist? (Please tick one box only)

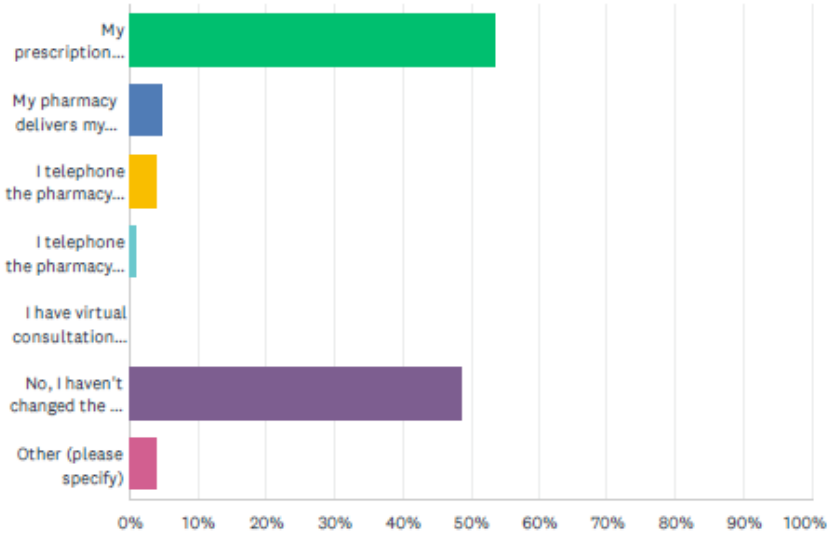
Answered: 122 Skipped: 19



ANSWER CHOICES	RESPONSES	
Yes	13.93%	17
No	81.97%	100
Don't know	4.10%	5
TOTAL		122

Q19 Have you changed the way you visit or use pharmacy services since the Covid-19 pandemic began in March 2020? (Please tick all that apply)

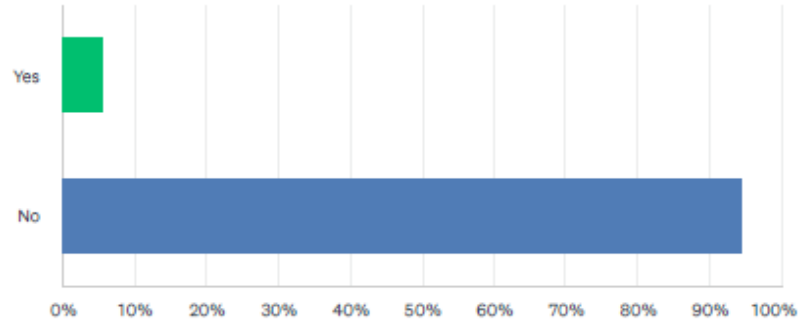
Answered: 121 Skipped: 20



ANSWER CHOICES	RESPONSES	
My prescriptions are now being sent electronically to my nominated pharmacy	53.72%	65
My pharmacy delivers my medication to me	4.96%	6
I telephone the pharmacy for advice instead of visiting in person	4.13%	5
I telephone the pharmacy for advice more frequently	0.83%	1
I have virtual consultations with pharmacist (e.g. zoom meeting)	0.00%	0
No, I haven't changed the way I visit the pharmacy	48.76%	59
Other (please specify)	4.13%	5
Total Respondents: 121		

Q20 If your pharmacy delivers, do they make a charge?

Answered: 72 Skipped: 69



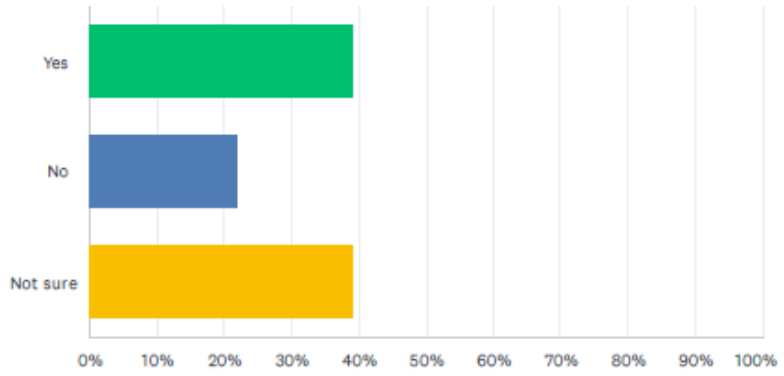
ANSWER CHOICES	RESPONSES	
Yes	5.56%	4
No	94.44%	68
TOTAL		72

Q21 If yes, how much? Please write in the box below

From the respondants you said their pharmacy charged for delivery prices range from a few pounds to £5

Q22 Given the challenges of Covid-19 and how pharmacy services have had to adapt, do you think these new ways of working improve the service you receive

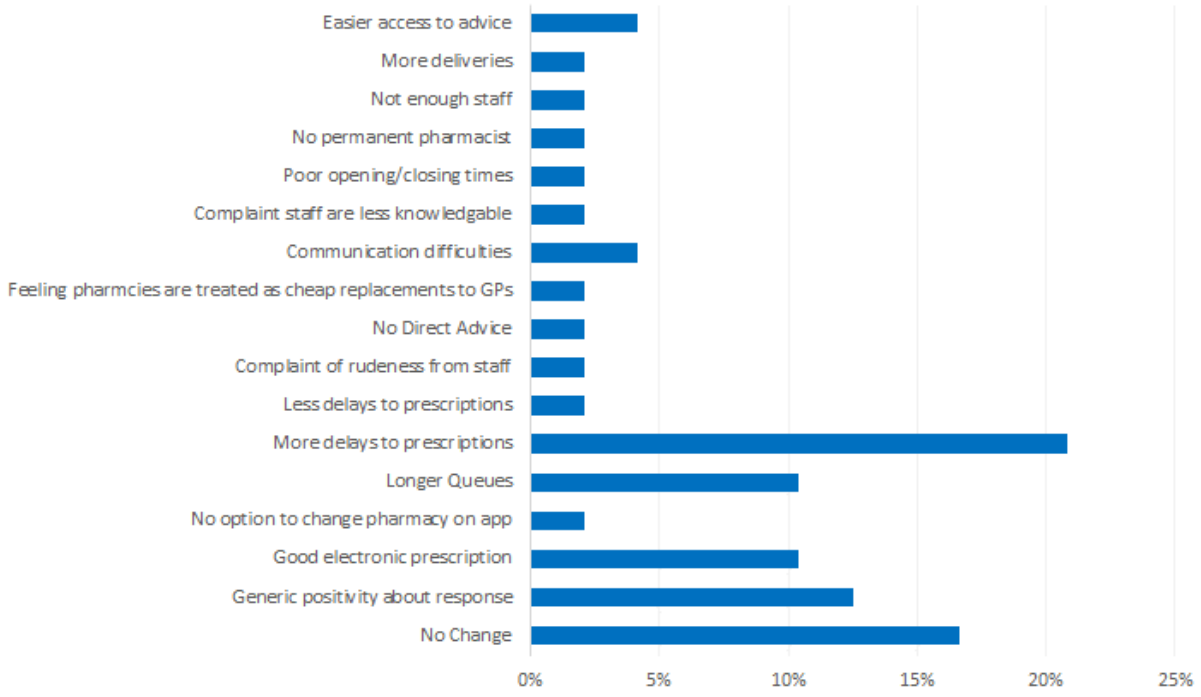
Answered: 118 Skipped: 23



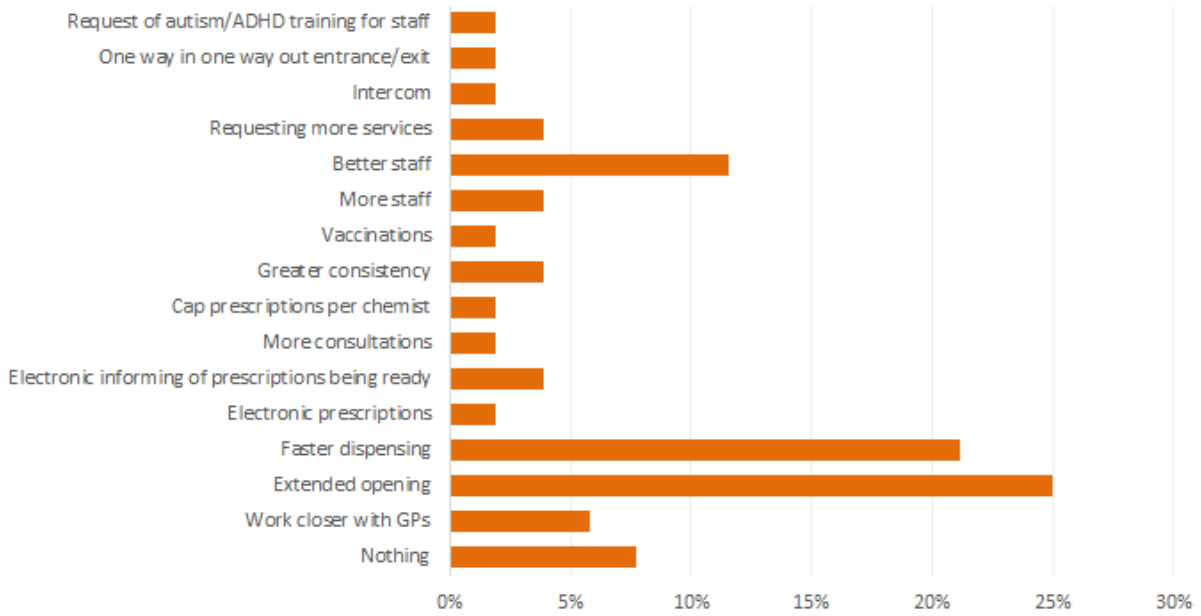
ANSWER CHOICES	RESPONSES	
Yes	38.98%	46
No	22.03%	26
Not sure	38.98%	46
TOTAL		118

Q23 Please give any comments you wish to share in support of your answer above in the box below.

The chart below illustrates some of the comments included



Q24 How can the pharmacy further improve their service for you? Please write in the box below. Here are some of the coments made



Appendix 6 - 60 Day Stakeholder Consultation

As part of the PNA process a 60 day stakeholder consultation takes place in order for key stakeholders of pharmacy and health provision to have their say on the PNA process and the final PNA report. In Tameside this took place between the 1st June 2022 and 29th July 2022.

Where possible all comments, changes and additions have been included in the final report.

Here are some of the stakeholder consultation responses:

1. The draft PNA aims to identify pharmacy need across Tameside. Does it achieve this? If not, please can you explain why?

Yes

2. Do you know of any relevant information that you think has not been included which could affect the conclusions and recommendations of this PNA. If yes, then please provide the additional information.

No

3. Does this draft 2022/25 PNA show that pharmaceutical provision in Tameside is satisfactory with few or no identified gaps? Do you agree? If not, what else should be considered?

The draft PNA conclusions clearly indicate that there are currently no identified gaps in pharmaceutical provision across Tameside and we therefore suggest that a clear statement to this effect is stated in the executive summary and conclusions of the document.

4. Do you have any other relevant comments to add regarding the 2022/25 draft PNA?

All of the below relate to the recommendations (page 74 of draft).

- With regards to the suggested recommendations of considering a range of strategic drivers on the impact of further growth of pharmacy provision within Tameside, this impact must be within current regulatory parameters, with any additional impact measures being fully transparent.

- Also, the pharmacy consultation group suggested as part of the recommendations must ensure any new process followed is fair for all parties - the panel, the applicant and interested parties along with sitting within the current regulatory pharmaceutical application consultation and determination process.

- It is not clear how the currently available pharmacy facilities provide a benchmark for identifying gaps in provision.

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Report to:	**HEALTH AND WELLBEING BOARD**
Date:	15 September 2022
Reporting Officer:	Martin Ashton - Assistant Director of Integration (Tameside), NHS Greater Manchester Integrated Care
Subject:	**DESIGN, DELIVERY AND ASSURANCE: THE TAMESIDE INTEGRATED CARE SYSTEM**
Report Summary:	This report gives an overview of the local response to the Health and Care Bill and formation of an Integrated Care System.
Recommendations:	Board members are asked to note and discuss: • The content of the report • The role of the Health and Wellbeing Board within the Tameside Integrated Care System.
Links to Health and Wellbeing Strategy:	The ambitions of the care system remain consistent with the strategy and corporate plan.
Policy Implications:	Health and Care Bill – National policy
Financial Implications: (Authorised by the Section 151 Officer and Chief Finance Officer)	There are no financial implications.
Legal Implications: (Authorised by the Borough Solicitor)	The system is still evolving it is important that we understand the legal and national policy framework as well as how it is intended the GM model works so we can align ourselves locally to deliver the best outcomes for the borough. We need to be sighted and be prepared to be flexible.
Risk Management:	This report provides an update on recent structural changes however, it is important that the Health and Wellbeing Board are sighted and engaged in this process to ensure it continues to deliver on its statutory duties. The report details how relevant risks in the health and care system are managed via relevant accountable partnerships, particularly the Tameside Strategic Partnership Board and the Tameside System Quality Group.
Access to Information:	All papers relating to this report can be obtained by contacting: Martin Ashton, Assistant Director of Integration (Tameside), NHS Greater Manchester Integrated Care Telephone: 07970 946485 e-mail: martinashton@nhs.net

1. INTRODUCTION

1.1 For many years, partners in Tameside and Glossop have made significant progress towards establishing a comprehensive integrated Health and Social Care system. The next stage of this transformation needs to respond to the White Paper and subsequent Health and Care Bill to develop Integrated Care Systems (ICS).

1.2 The White Paper builds on the ambition of the NHS Long Term Plan and intends to remove the barriers that stop the system from being truly integrated. It seeks to drive increased NHS Provider collaboration alongside increased partnership between wider systems including NHS, local authority, social care, public health and the voluntary sector.

2. THE CLOSE-DOWN OF TAMESIDE AND GLOSSOP CCG AND TRANSITION TO ICS

2.1 A significant change outlined in the Health and Care Bill was the abolition of Clinical Commissioning Groups (CCGs) from June 2022 alongside the the intention for ICS boundaries to be coterminous with Local Authority boundaries to support integration. In July 2021, the Secretary of State confirmed the decision to change the existing boundary and incorporate the Glossop area into the Derbyshire ICS.

2.2 Following the closure of Tameside and Glossop CCG, all statutory functions for Tameside transferred to Greater Manchester Integrated Care (GMIC) with Glossop functions transferring to 'Joined Up Care Derbyshire'. Delegated responsibilities from GMIC are passed to the Place Based Lead for Tameside who is also the Chief Executive of Tameside Council.

3. GREATER MANCHESTER OPERATING MODEL

3.1 The operating model for Greater Manchester incorporates three main elements as follows:

1) **The Locality Approach** – establishing place based integrated care at the neighbourhood and district level supported through strong partnership governance to jointly plan and deliver health, social care and public health services alongside other services that promote health and wellbeing in a defined place.
2) **GM Provider Collaboratives** – providers working at scale across multiple places, with a shared purpose and effective decision-making arrangements to: Reduce unwarranted variation and inequality in health outcomes, access to services and experience; improve resilience by, for example, providing mutual aid; and ensure that specialisation and consolidation occur where this will provide better outcomes and value.
3) The establishment of **GM Integrated Care and the GM Integrated Care Partnership** – bringing the contributions together through effective system working, planning and governance.

4. INTEGRATED CARE PRINCIPLES

4.1 Partners in Tameside continue to work across the system to design and implement changes needed locally in response to the formation of the GMICS. Local delivery models, following several years of integrated working are strong and the system remains committed to retaining these where they continue to add value. Partners will work to the following place-based principles to support integration and collaboration at all levels.

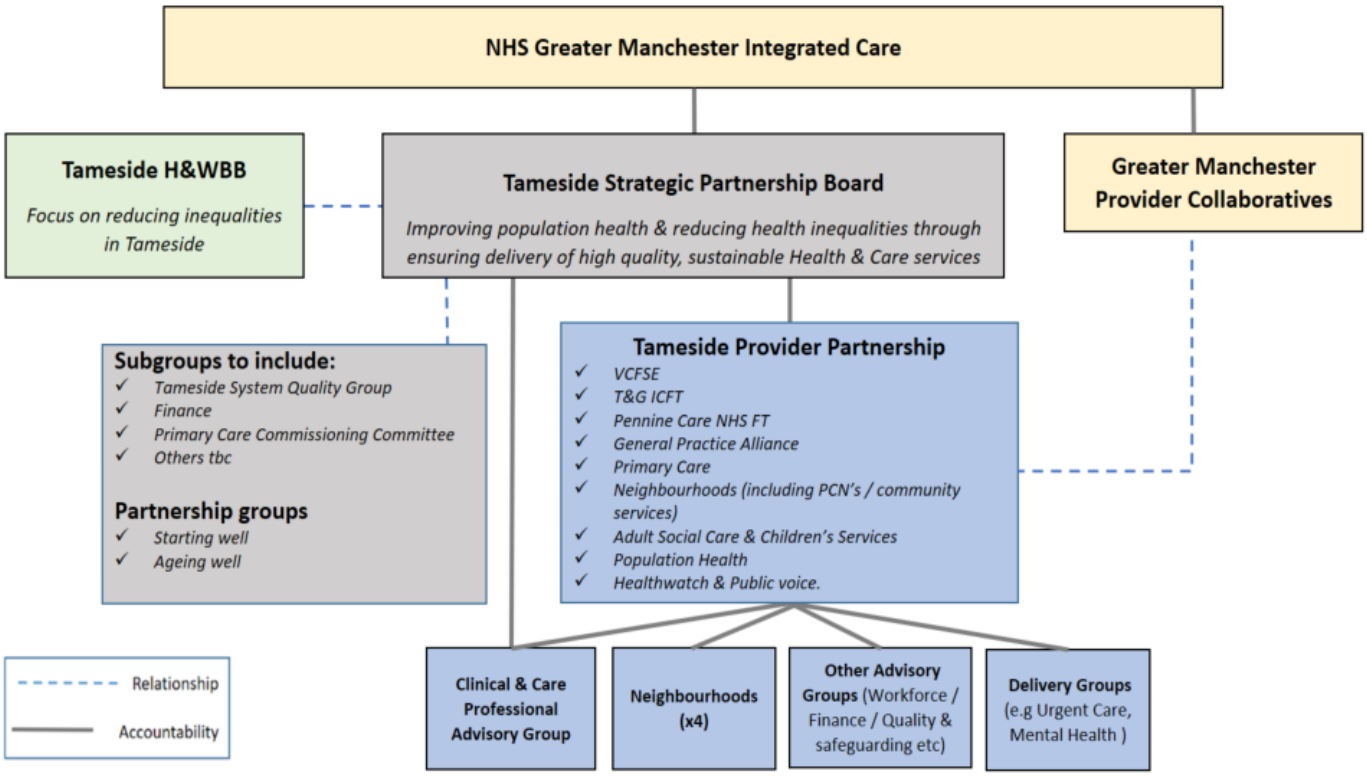
Principles	We will…
Partnership	✓ We will be accountable to the local population and to each other. ✓ We will co-design and co-produce services with residents and community partners.
Powered by people	✓ We will empower our population and support them to take responsibility for their own health and wellbeing. ✓ We will recognise and develop resident, voluntary, clinical, political and managerial leadership. ✓ We will empower our workforce to work in collaboration across organisational, professional and service boundaries.
Person-centred	✓ We will take a proactive and preventative approach, intervene early and respond to the person in the context of their community. ✓ We will develop place-based approaches to tackling the social determinants of health that build on the assets within our communities.
Productive	✓ We will implement ways of working that support collaboration not competition. ✓ We will work together to make best use of financial, workforce, estate and other resources. ✓ We will maximise social value and jointly manage the system budget sharing risks, deficits and surpluses.
Progressive	✓ We will create a 'can do' culture with a focus on innovation and continuous improvement. ✓ We will develop a strong learning culture where new ways of working are reviewed and evaluated.

5. TAMESIDE LOCALITY MODEL: DESIGN, DELIVERY, ASSURANCE

5.1 There are three principle components to our proposed local integrated care system; design, delivery and assurance at every level. This will be supported by integrated governance built around a Tameside Strategic Partnership Board, a Tameside Provider Partnership and 4 x neighbourhood partnerships.

5.2 Working together system partners will deliver the triple aim of the NHS:

- Better health and wellbeing for everyone with a system-level focus on reducing inequalities
- Better quality of health services
- Sustainable use of NHS resources



6. STRATEGIC DESIGN: TAMESIDE STRATEGIC PARTNERSHIP BOARD

6.1 The Tameside Strategic Partnership Board (TSPB) will provide a single strategic entity, which provides a forum for decisions and investment in Tameside within delegated limits. Tameside has operated a joint Strategic Commissioning Board for many years and the TSPB will take the learning from that approach and apply it the formation of the new locality board. The final Strategic Commissioning Board was June 2022.

6.2 Membership of the board will include TMBC Councillors, Tameside GMIC, TMBC executives, Tameside Provider Partnership chair (and T&G ICFT representative), VCFSE representative (and deputy Provider Partnership chair), Pennine Care NHS FT and Tameside GP Alliance.

6.3 The TSPB will:

- Foster a shared common purpose across the health and care system in Tameside to improve the health and wellbeing of the population.
- Develop strategy to improve outcomes and reduce inequalities in collaboration with a revamped Tameside Health and Wellbeing Board and life-course partnerships aligned to the Tameside Corporate Plan.
- Cultivate a population health system in partnership with our communities and neighbourhoods.
- Maintain the commitment to an equal partnership with the Voluntary, Community, Faith and Social Enterprise sector.
- Identify and agree shared outcomes for the system and oversee implementation and delivery of shared priorities.
- Provide a forum for strategic clinical, professional, managerial, voluntary and resident oversight.
- Manage shared risk.
- Address unwarranted variation in performance and outcomes.

7. DESIGN & DELIVERY: TAMESIDE PROVIDER PARTNERSHIP

7.1 Tameside Provider Partnership (TPP) is a collaborative partnership formed from the core health, care and voluntary, community, faith and social enterprise (VCFSE) providers within the Tameside locality. The TPP will design, oversee, deliver and transform health and care services, which meet the strategic priorities agreed with the TSPB. Working together the TPP will be stronger, more efficient and more resilient providing improved outcomes for Tameside residents.

7.2 The Provider Partnership will:

- Work as one system to address system-wide issues, acknowledging unintended consequences and remaining organisationally agnostic.
- Work collaboratively as a group of Providers to invest the 'Tameside £1' realising system-wide efficiencies.
- Maintain the commitment to an equal partnership with the VCFSE.
- Embed co-design and co-production in design & delivery models.
- Provide a forum for operational clinical, professional, managerial, voluntary and resident oversight.
- Identify and agree a set of priority programmes for the Provider partnership and for neighbourhoods and hold each other to account.
- Design, provide, sub-contract and commission services via a culture of collaboration not competition to deliver the strategic priorities of the GMICB and TSPB
- Develop and provide (where beneficial) a single provider infrastructure to support the TPP & neighbourhoods, including but not limited to financial services, management, estates, workforce, IM&T etc
- Harness knowledge, skills and expertise including clinical, VCFSE, commissioning, managerial, administrative etc to provide resilience and continuous improvement
- Work collaboratively to address inequalities
- Work together to implement H&C Strategy as set by TSPB.
- Create a unified view of Provider performance and hold each other to account for progress.

8. DELIVERY: INTEGRATED NEIGHBOURHOOD PARTNERSHIPS

8.1 Integrated neighbourhood working provides the biggest opportunity to improve the lives of our residents and remains the principal building block for the delivery model; our primary objective is to integrate services around local people, creating a system of multi-agency professionals from all public services working together as one integrated public service neighbourhood team. Delivery will remain person-centred and take a proactive and preventative approach, intervening early and responding to the person in the context of their community.

8.2 The Tameside and Glossop Provider collaborative will be accountable for integrated neighbourhood delivery, which will drive public service reform. The neighbourhood partnership will support the interface with wider public sector and VCFSE partners.

9. ASSURANCE: TAMESIDE SYSTEM QUALITY GROUP

9.1 The Tameside System Quality Group (TSQG) will provide the TSPB, TPP and wider partners within the ICS with a strategic mechanism to routinely and systematically share and triangulate intelligence, insight and learning on quality matters across Tameside. The group will identify quality concerns and opportunities for improvement and learning, test new ideas and celebrate best practice.

9.2 The TSQG will support the strategic priorities of Tameside regarding quality, including:

- Ensuring that quality is central to system planning, decision-making and delivery, and that there is a credible and focused strategy to improve quality across the place.
- Ensuring that inequalities are embedded in all discussions to improve quality
- Supporting a culture for quality management based on transparency, open sharing of information and learning, collective ownership of actions and issues.
- Ensuring a shared view of risks to quality and a shared approach to measurement, learning and improvement.
- Supporting place-based and provider collaborative engagement, intelligence and quality improvement.

10. RECOMMENDATIONS

10.1 As set out at the front of the report.

APPENDIX 1

System on a page

Vision for an Integrated Care System at every level in Tameside: Design, Delivery, Assurance

ORGANISATIONAL FORM	OVERVIEW
DELIVERY: **4 x Tameside Neighbourhood Partnerships** **Integrated neighbourhood delivery model*	*Clinical, managerial and VCFSE leadership provided by multi-agency partners. *Central role for PCNs. *Development of cross-system neighbourhood priorities. *Multi-agency neighbourhood collaboration recognising wider determinants of health. *Proactive and preventative approach, intervening early and responding to the person in the context of their community.
DESIGN & DELIVERY: **Tameside Provider Partnership** **Includes health and care delivery partners* **Mutually accountable to Tameside Strategic Partnership Board for the delivery of services and outcomes.*	*Collaborative of Tameside services, principally based in communities. *Identifies and agrees priorities for neighbourhood partnerships and holds them to account. *Provides infrastructure for neighbourhood partnerships including workforce, estate and digital infrastructure. *Drives proactive and preventative approaches to the wider determinants of health & Public Sector Reform. *Provides, sub-contracts and commissions services with partners *Collaboration not competition; build not buy. *Vehicle for receiving funding, transforming and delivering services.
STRATEGIC DESIGN: **Tameside Strategic Partnership Board** **System design board to address all determinants of health* **Integrated governance holds system to account* **Strategic direction for locality, ensures local sovereignty.*	*Strategic partnership board includes political, clinical, managerial and VCFSE leadership. *Bring together place-based investment to further strategic priorities and ensure system financial sustainability. *Implement collective investment models with a visible commitment to investment in earlier intervention, prevention and proactive care. *Population health management. *Understands and responds to the role of the wider determinants of health including education, employment, crime, housing, leisure, transport etc. *Incorporates integrated strategic commissioning function including Quality, assurance and policy development.
STRATEGIC DESIGN: **Greater Manchester Integrated Care**	**Greater Manchester Integrated Care Board:** Responsible for the day to day running, planning and resource allocation, accountable for NHS spend, performance and quality. **Greater Manchester Integrated Care Partnership:** Wider system integration.

ASSURANCE

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Report to:	**HEALTH & WELLBEING BOARD**
Date:	15 September 2022
Executive Member / Reporting Officer:	Councillor Eleanor Wills – Executive Member for Population Health & Wellbeing Councillor Taylor - Executive Member for Adult Social Care, Homelessness and Inclusivity Stephanie Butterworth - Director of Adult Services Kathy Roe - Director of Finance
Subject:	**BETTER CARE FUND 2022-23 PLAN**
Report Summary:	This report provides an update regarding the Better Care Fund for 2022/23 Plan and Assurance.
Recommendations:	The Health and Wellbeing Board is asked to approve the Plan.
Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	Following the 2021 spending round the NHS contribution to the Better Care Fund has risen in actual terms by 5.66%. Minimum contributions to social care have also increased by 5.66%, which results in a contribution by the Integrated Care Board (ICB) to Tameside Council of £19,470k. Overall planned spend on the Better Care Fund in 2022/23, including the ICB contribution, amounts to £34,904k.
Legal Implications: **(Authorised by the Borough Solicitor)**	The Better Care Fund Framework 2022-23 is a central government initiative intended to ensuring joint working between health, social care and housing services to help older people and those with complex needs and disabilities to live at home for longer. As part of this joint working, local authorities are required to develop capacity and demand plans for intermediate care covering both admissions avoidance and hospital discharge across health and social care to help the system prepare for winter. Further details in relation to the operation of the Fund are detailed in the main body of the report.
Links to the Health and Wellbeing Strategy:	The Better Care Fund is one of the government's national vehicles for driving health and social care integration. It requires ICB and local government to agree a joint plan, owned by the Health and Wellbeing Board. These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
Risk Management:	This report sets out how the funding is being used to avoid the risk of recovery.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer, Stephen Beswick Telephone: 07500 572584 e-mail: Stephen.beswick@nhs.net

1. INTRODUCTION

1.1 The information in this paper sets out the current situation for the Better Care Fund (BCF) and the 2022/23 BCF Plan Position. The Government has described 2022/23 as a transitional year for the Better Care Fund. A national engagement exercise will take place on the future of the BCF later this year.

1.2 The BCF is one of the government's national vehicles for driving health and social care integration. It requires Integrated Care Boards (ICB) and local government to agree a joint plan, owned by the Health and Wellbeing Board. These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006). In Greater Manchester, we have made the case to national government over several years that the depth and breadth of our integrated arrangements, including pooled budgets, have gone beyond the policy intent of the BCF. We reaffirmed this position as part of our response to the Integration White Paper earlier this year.

1.3 The response to the COVID-19 pandemic has demonstrated how joint approaches to the wellbeing of people, between health, social care and the wider public sector, can be effective even in the most difficult circumstances.

1.4 Given the ongoing pressures in systems, there have been minimal changes made to the BCF this year. The 2022/23 BCF policy framework was designed to build on progress made during the COVID-19 pandemic by strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.

1.5 The non-elective admissions metric has been replaced by a metric on avoidable admissions. This reflects better the focus of joint health and social care work to support people to live independently in their own home and prevent avoidable stays in hospital. Wider work on the metrics for the BCF programme will continue during the year to take into account improvements to data collection and to allow better alignment to national initiatives such as the Ageing Well programme.

1.6 As in previous years, the NHS contribution to the BCF includes funding to support the implementation of the Care Act 2014, which is set out via the Local Authority Social Services Letter.

1.7 Funding previously earmarked for reablement and for the provision of carers' breaks also remains in the NHS contribution.

2. BETTER CARE FUND 2022/23

2.1 The Government published the Policy Framework for the 2022/23 BCF on 19 July. It can be found at: https://www.gov.uk/government/publications/better-care-fund-policy-framework-2022-to-2023

2.2 At the same time, NHS England and the LGA published the Planning Requirements for the BCF. These can be found at: https://www.england.nhs.uk/wp-content/uploads/2022/07/B1296-Better-Care-Fund-planning-requirements-2022-23.pdf

2.3 The national conditions for the BCF in 2022/23 are:-

- A jointly agreed plan between local health and social care commissioner, signed off by the Health and Wellbeing Board.
- NHS contribution to adult social care at Health and Wellbeing Bard level to be maintained in line the uplift to NHS minimum contribution.

- Invest in NHS commissioned out-of-hospital services.
- A plan for improving outcomes for people being discharged from hospital.
- Implementing the BCF policy objectives.

2.4 The 2022/23 BCF Plans will consist of:-

- A completed narrative template (a narrative is required from each HW area in this year's BCF).
- A completed BCF Planning template, including
  - Planned expenditure from BCF sources
  - Confirmation that national conditions of the fund are met, as well as specific conditions attached to individual funding streams
  - Ambitions and plans for performance against BCF national metrics
  - Any additional contributions to BCF section 75 agreements.
- A completed intermediate care capacity and demand plan submitted alongside the BCF plan (These will not be subject to assurance)

2.5 Following the 2021 spending round the national ICB contribution to the BCF has risen in actual terms by 5.66% to £4,504 billion. Minimum contributions to social care have also increased by 5.66%.

2.6 A return is due to be completed for 26 September 2022 back to NHSE setting out a detailed breakdown of the schemes being funded by the ICB contribution in 2022/23. The timetable for requirements is listed in 2.8 below.

2.7 A summary of the income and expenditure Plan for the BCF for Tameside can be found at **Appendix 1**. The key metrics for Tameside can be found at **Appendix 2**. A breakdown of the individual schemes funded by the BCF for Tameside can be found at **Appendix 3**.

2.8 **Timetable**

The timescales for agreeing BCF Plans and assurance are set out below:

BCF planning requirements published	19/07/2022
Optional draft BCF planning submission (including capacity and demand plan) submitted to BCM and copied to the BCF team (england.bettercarefundteam@nhs.net)	18/08/2022
BCF planning submission from local HWB areas (agreed by ICBs and local government). All submissions will need to be sent to the local BCM, and copied to england.bettercarefundteam@nhs.net	26/09/2022
Scrutiny of BCF plans by regional assurers, assurance panel meetings and regional moderation	26/09/2022 - 24/10/2022
Regionally moderated assurance outcomes sent to BCF team	24/10/2022
Cross-regional calibration	01/11/2022
Approval letters issued giving formal permission to spend (NHS minimum)	30/11/2022
All section 75 agreements to be signed and in place	31/12/2022

3. RECOMMENDATIONS

3.1 As set out at the front of the report.

APPENDIX 1

TMBC Better Care Fund summary 2022-23

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: Tameside

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£2,849,319	£2,849,319	£0
Minimum CCG Contribution	£19,469,761	£19,469,761	£0
iBCF	£12,585,188	£12,585,188	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	**£34,904,268**	**£34,904,268**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£5,504,913
Planned spend	£7,666,133

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£10,366,334
Planned spend	£13,578,435

Scheme Types

Assistive Technologies and Equipment	£1,710,730	(4.9%)
Care Act Implementation Related Duties	£287,121	(0.8%)
Carers Services	£143,403	(0.4%)
Community Based Schemes	£20,143,616	(57.7%)
DFG Related Schemes	£2,849,319	(8.2%)
Enablers for Integration	£0	(0.0%)
High Impact Change Model for Managing Transfe	£48,000	(0.1%)
Home Care or Domiciliary Care	£924,076	(2.6%)
Housing Related Schemes	£40,000	(0.1%)
Integrated Care Planning and Navigation	£4,708,302	(13.5%)
Bed based intermediate Care Services	£594,543	(1.7%)
Reablement in a persons own home	£2,123,636	(6.1%)
Personalised Budgeting and Commissioning	£69,899	(0.2%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£60,935	(0.2%)
Residential Placements	£818,265	(2.3%)
Other	£382,423	(1.1%)
Total	**£34,904,268**	

APPENDIX 2

TMBC Better Care Fund key metrics 2022-23

Avoidable admissions

	21-22 Actual	22-23 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1467.2	1347.2

Discharge to normal place of residence

	21-22 Actual	22-23 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	91.6%	93.3%

Residential Admissions

		21-22 Actual	22-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	620	642

Reablement

		22-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	76.2%

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Telecare/Telehealth	continuation of investment in telehealth services to support individuals to live independent lives	Assistive Technologies and Equipment	Telecare		Community Health	CCG	Private Sector	Minimum NHS Contribution	£120,125	Existing
2	Community response	Community Response and Emergency Control Service	Community Based Schemes	Integrated neighbourhood services		Community Health	CCG	Local Authority	Minimum NHS Contribution	£71,315	Existing
3	Community assessment	Community Assessment and Rapid Access (CARA)	Community Based Schemes	Integrated neighbourhood services		Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£701,758	Existing
4	Integrated Community Equipment Service	Investment in assitive equipnment to support hospital discharge and independent living	Assistive Technologies and Equipment	Community based equipment		Social Care	CCG	Private Sector	Minimum NHS Contribution	£961,731	Existing
5	Integrated Care models to support hospital discharge and integrated care planning	Integrated Care models to support hospital discharge and integrated care planning	Integrated Care Planning and Navigation	Care navigation and planning		Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£1,977,109	Existing
6	Wheelchairs	Investment in the wheelchairs contract	Assistive Technologies and Equipment	Community based equipment		Community Health	CCG	Private Sector	Minimum NHS Contribution	£578,874	Existing
7	Integrated Care models to support hospital discharge and integrated care planning	Integrated Care models to support hospital discharge and integrated care planning	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£594,543	Existing
8	Integrated Response and Intervention Service (IRIS)	Integrated Response and Intervention Service (IRIS)	Community Based Schemes	Integrated neighbourhood services		Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£602,615	Existing
9	Carer Breaks (Adults)	Carer Breaks (Adults)	Carers Services	Respite services		Social Care	CCG	Private Sector	Minimum NHS Contribution	£143,403	Existing
10	Integrated Urgent Care Team	Integrated Urgent Care Team	Integrated Care Planning and Navigation	Care navigation and planning		Social Care	Joint	NHS Acute Provider	Minimum NHS Contribution	£2,180,827	Existing
11	Home based IC services (including crisis response)	Home based IC services (including crisis response)	Community Based Schemes	Other	Home-based IC	Community Health	CCG	NHS Community Provider	Minimum NHS Contribution	£1,194,987	Existing

12	Reablement Services	Reablement Services	Reablement in a persons own home	Reablement service accepting community and discharge referrals	Funding of reablement service to support hsopital discharge	Social Care	LA	Local Authority	Minimum NHS Contribution	£2,123,636	Existing
13	Community Occupational Therapists to undertake timely assessments and support discharge from hospital	Community Occupational Therapists to undertake timely assessments and support discharge from hospital	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		Social Care	LA	Local Authority	Minimum NHS Contribution	£504,780	Existing
14	Investment in Community and Residential Mental health Services	Investment in Community and Residential Mental health Services	Community Based Schemes	Integrated neighbourhood services	Community and Residential Mental Health Services	Social Care	LA	Private Sector	Minimum NHS Contribution	£2,701,402	Existing
15	Adult Social Care - Community based Services (Inc care Homes)	Adult Social Care - Community based Services (Inc care Homes)	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care		Social Care	LA	Private Sector	Minimum NHS Contribution	£3,586,623	Existing
16	Integrated care fund innovation	Integrated care fund innovation	Community Based Schemes	Integrated neighbourhood services		Social Care	LA	Local Authority	Minimum NHS Contribution	£1,376,033	Existing
17	Telecare/Telehealth	Digital Health subcontracting	Assistive Technologies and Equipment	Community based equipment		Community Health	LA	NHS Acute Provider	Minimum NHS Contribution	£50,000	Existing
18	Disabled Facilities Grant	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care	LA	Private Sector	DFG	£2,849,319	Existing
19	In house Home Care Service	management and staffing & through the night programme	Home Care or Domiciliary Care	Domiciliary care packages		Social Care	LA	Local Authority	iBCF	£419,296	Existing

20	Additional Social Work Capacity	Team to ensure prompt response to support admissions avoidance and prompt assessment and discharge from hospital. This resource will also support the timely review and closure of Reablement cases to maximise flow and capacity in the system	Integrated Care Planning and Navigation	Care navigation and planning		Social Care	LA	Local Authority	iBCF	£488,860	Existing
21	Housing Officer post based in the Urgent Integrated Care Team	Housing Officer post based in the Urgent Integrated Care Team	Housing Related Schemes			Other	CCG	Private Sector	iBCF	£40,000	Existing
22	Trusted assessor Role	These posts will build relationships with care providers and carry out assessments that will be accepted by the care providers and as a result reduce the timescales for providers being in a position to accept a placement. Where an individual is in hospital it is estimated that this can reduce length of stay by up to 5 days, thus improving the experience for the individual and also freeing up bed capacity.	High Impact Change Model for Managing Transfer of Care	Trusted Assessment		Social Care	LA	Local Authority	iBCF	£48,000	Existing
23	Voluntary Sector Support	to support the purpose of avoiding social isolation and thus avoiding primary care and hospital attendances and admission and/or supporting timely discharges	Community Based Schemes	Other	Voluntary sector support	Social Care	LA	Charity / Voluntary Sector	iBCF	£200,000	Existing

24	Use of i-BCF recurrent funding to fund a range of key social care services which support hospital discharges and independent living in a community based setting and support the local provider care market	Use of i-BCF recurrent funding to fund a range of key social care services which support hospital discharges and independent living in a community based setting and support the local provider care market	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care		Social Care	LA	Private Sector	iBCF	£9,176,361	Existing
25	Care Home Contract	Funding to support price increases from April 2021	Residential Placements	Care home	Early fee increase to support local provider market sustanability	Social Care	LA	Private Sector	iBCF	£609,006	Existing
26	Third Sector Capacity/Investment	Third Sector Capacity/Investment	Community Based Schemes	Other	Mixed voluntary sector partners	Social Care	LA	Charity / Voluntary Sector	iBCF	£35,000	Existing
27	Autism Social Worker	Specialist Social Work post	Community Based Schemes	Integrated neighbourhood services	Specialist social work post	Social Care	LA	Local Authority	iBCF	£48,614	Existing
28	Quality Assurance Team	Works closely with Care Homes to improve standards of care across Tameside	Residential Placements	Care home	Quality improvements in Car Homes across Tameside	Social Care	LA	Local Authority	iBCF	£209,259	Existing
29	Shared Lives - additional Social Work capacity	Shared Lives - additional Social Work capacity	Community Based Schemes	Other	Shared Lives-live-in support	Social Care	LA	Local Authority	iBCF	£55,216	Existing
30	LD Employment Services	LD Employment Services	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care	Supporting LD clients into paid employment	Social Care	LA	Local Authority	iBCF	£48,206	Existing
31	Direct Payment Capacity	Direct Payment Capacity	Personalised Budgeting and Commissioning			Social Care	LA	Local Authority	iBCF	£69,899	Existing
32	AMHP & CoP Capacity	Approved Mental Health Practitioner and COP capacity to support and review DOL's cases	Care Act Implementation Related Duties	Independent Mental Health Advocacy		Social Care	LA	Local Authority	iBCF	£287,121	Existing

33	PMO/Demographic Pressures	PMO/Demographic Pressures	Community Based Schemes	Other	Meeting increased demand for service	Social Care	LA	Private Sector	iBCF	£70,343	Existing
34	Preparing for Adulthood - Team Manager	Preparing for Adulthood - Team Manager	Prevention / Early Intervention	Other	Demand management	Social Care	LA	Local Authority	iBCF	£60,935	New
35	Safeguarding Lead	Safeguarding Lead	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care		Social Care	LA	Local Authority	iBCF	£60,735	New
36	Long Term Support - ASSISTANT TEAM MANAGER	Long Term Support - ASSISTANT TEAM MANAGER	Community Based Schemes	Integrated neighbourhood services		Social Care	LA	Local Authority	iBCF	£55,216	New
37	Neighbourhoods - Assistant Team Manager	Neighbourhoods - Assistant Team Manager	Community Based Schemes	Integrated neighbourhood services		Social Care	LA	Local Authority	iBCF	£52,703	New
38	Neighbourhoods - Assistant Team Manager	Neighbourhoods - Assistant Team Manager	Community Based Schemes	Integrated neighbourhood services		Social Care	LA	Local Authority	iBCF	£55,407	New
39	Neighbourhoods - OOB Social Worker	Neighbourhoods - OOB Social Worker	Community Based Schemes	Integrated neighbourhood services		Social Care	LA	Local Authority	iBCF	£51,082	New
40	IUCT - Assistant Team Manager	IUCT - Assistant Team Manager	Integrated Care Planning and Navigation	Care navigation and planning		Social Care	LA	Local Authority	iBCF	£61,506	New
41	Proposed Innovation Funding	Proposed Innovation Funding	Other		New schemes to be confirmed	Social Care	LA	Local Authority	iBCF	£382,423	New

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